



**Wednesday, 6 July 2022
10.00 am**

**Meeting of
Performance and
Overview Committee
Sadler Road
Winsford
CW7 2FQ**

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. Most business is dealt with in the first part which is open to the public. On some occasions some business may need to be considered in the second part of the agenda, in private session. There are limited reasons which allow this to take place, e.g. as confidential information is being considered about an individual, or commercial information is being discussed.

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MEETING OF THE PERFORMANCE AND OVERVIEW COMMITTEE WEDNESDAY, 6 JULY 2022

Time : 10.00 am

**Lecture Theatre - Training Centre, Sadler Road, Winsford,
Cheshire, CW7 2FQ**

AGENDA

PART 1 - Business to be discussed

1 PROCEDURAL MATTERS

1A Recording of Meeting

Members are reminded that this meeting will be audio-recorded.

1B Apologies for Absence

1C Declaration of Members' Interests

Members are reminded to disclose any interests that are relevant to any item on the Agenda.

1D Minutes of the Performance and Overview Committee

(Pages 5 - 10)

To confirm as a correct record the Minutes of the meeting of the Performance and Overview Committee held on Wednesday, 2nd March 2022.

ITEMS REQUIRING DISCUSSION/DECISION

2 Performance Report - Quarter 4, 2021-22

(Pages 11 - 56)

3 Programme Report - Quarter 4, 2021-22

(Pages 57 - 74)

4 Internal Audit Annual Report and Head of Internal Audit Opinion 2021-22: Internal Audit Progress Report: and Internal Audit Follow Up Summary Report

(Pages 75 - 112)

5 Annual Risk Management Report 2021-22

(Pages 113 - 122)

6 Annual Training Performance Report 2021-22

(Pages 123 - 136)

7 Unitary Performance Group Annual Report 2021-22

(Pages 137 - 144)

8	Safeguarding Children and Young People (CYP) and Adults Annual Report 2021-22	(Pages 145 - 154)
9	Mental Health Report - 6 Month Update July 2022	(Pages 155 - 160)
10	HMICFRS Action Plan - Round 2 Inspection 2021	(Pages 161 - 178)
11	Forward Work Programme	(Pages 179 - 180)

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



MINUTES OF THE MEETING OF THE PERFORMANCE AND OVERVIEW COMMITTEE held on Wednesday, 2nd March 2022 at Lecture Theatre - Training Centre, Sadler Road, Winsford, Cheshire CW7 2FQ at 10.00 am.

PRESENT: Councillors Phil Harris (Chair), Razia Daniels, Phil Eastty, Gina Lewis, James Nicholas, Peter Wheeler, Norman Wright and independent (non-elected) member Derek Barnett.

1 PROCEDURAL MATTERS

A Recording of Meeting

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

B Apologies for Absence

Apologies for absence were received from Councillor Jonathan Parry.

C Declaration of Members' Interests

There were no declarations.

D Minutes of the Performance and Overview Committee

RESOLVED:

That the minutes of the Performance and Overview Committee held on Wednesday 24th November 2021 be confirmed as a correct record.

2 FINANCE REPORT - QUARTER 3, 2021-22

The Head of Finance introduced the report, which provided Members with a review of the Service's forecast financial outturn and reported on progress against 2021-22 capital projects. She drew Members attention to the underspend of £130k in Quarter 3, taking the cumulative underspend for 2021-22 to £147k.

She summarised elements of the report and referred Members to the Grey Book pay award of 1.5% and the newly agreed pay award for Green Book staff of 1.75% backdated to July 2021, payable from March 2022; and confirmed that good progress had been achieved with the capital programme.

A Member questioned if the Service had any financial exposure due to the war in Ukraine and the sanctions involving Russia. The Head of Finance confirmed that the Service did not.

A Member queried the cost to obtain scrap cars. The Deputy Chief Fire Officer advised that the cost was considered fair: the scrap cars had to be prepared before delivery e.g. drained of all liquids then transported to site and ultimately disposed of once the Service had finished with them.

RESOLVED: That Members

[1] note the forecast outturn position; and

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

3 PERFORMANCE REPORT - QUARTER 3, 2021-22

The Business Support Manager introduced the report, which provided an update on the Service's Quarter 3, 2021-22 performance for each of the Service's Key Performance Indicators (KPIs).

She drew Members attention to the Corporate Performance Scorecard and gave a more detailed description on: the Number of Deaths in Primary Fires; the Number of Automatic Fire Alarms (AFAs) in Non-Domestic Premises; and the Thematic Inspections Completed by Operational Crews.

The Assistant Chief Fire Officer talked through the On-call Availability section of the report, which detailed the cumulative availability of 60% against the target figure of 85%. He explained that the availability had been impacted by the loss of Crew and Watch Managers, whose skills took time to replace. An on-call performance meeting was taking place monthly chaired by AM Neil Griffiths, to actively manage the on-call availability with a view to improving performance.

A Member questioned the overall impact of the reduced on-call availability across the County and if the Fire Authority should be concerned. The Chief Fire Officer commented that in reality the on-call stations were used as resilience fire engines at incidents and were not generally the primary fire engine at the scene. The Deputy Chief Fire Officer added that there was a review being carried out looking at the entire on-call system and that this was a nationwide issue, not one restricted to Cheshire.

A Member requested the Covid sickness and isolation figures were split from non-Covid cases to gain a true picture. The Business Support Manager advised that the data could be split for the Quarter 4 report.

A Member requested information on the two fatalities that had occurred e.g. if there was any previous contact with the deceased and if so what was the outcome and if there was any external scrutiny in a Fatal Fire Review. The Chief Fire Officer advised that the Fatal Fire Review was an internal investigation to try to understand the cause of the fire and determine any lessons to be learned for the Service. A Serious Case Review could be initiated if there were any issues found. This was an external investigation. The findings of fire investigations were not reported to the Fire

Authority but it was agreed that a summary Fatal Fire Reviews could be included in future reports.

RESOLVED: That

[1] the Performance Report – Quarter 3 2021-22 be noted.

PROGRAMME REPORT - QUARTER 3, 2021-22

The Chief Fire Officer and Chief Executive provided Members with an update on the Service's programmes and projects (including those contained within the Authority's annual IRMP action plan). He highlighted the following:

- The Crewe Fire Station project will imminently move into the delivery phase, Work on site will begin in the next few months;
- A plan for the drone project was being produced with the latest information. Drone technology had improved and the costs had reduced. It was acknowledged that the Service requires the capability;
- The M365 project was behind schedule due to several technical issues found in the testing. Lessons from the technical pilot would inform the full roll-out;
- A closedown report would be issued for the project that saw the creation of an in-house Communication and Engagement Department. Thanks were expressed to the key people in successfully completing the project;
- The High Reach Fire Engine was now operational and was used to great effect at two incidents within the last week;
- The Emergency Services Mobile Communications Programme (ESMCP), was a national project that was experiencing major delays. The red status would not change until there was progress made on a national level; and
- The project to create a Road Safety Strategy Plan for Cheshire was on amber status due to delays engaging partners. The Service would continue to work with partners to progress this project.

A Member commented that the Sprinkler Campaign was paying dividends with an occupant in a flat being saved last week by sprinklers going off when a fire was started by a faulty e-bike charger.

A Member questioned if the Service was continuing to support the vaccination programme and if the associated costs had been recouped. The Chief Fire Officer commented that the vaccination campaign was still being supported, however, the work was tailing off. He advised that the costs were recovered from the NHS. He thanked SM Andy Gray for coordinating the work.

A Member noted the rise in social isolation, especially in the older generation. The Chief Fire Officer commented that it was the role of the advocates to visit community centres and groups to engage with individuals and refer them for further support. The Deputy Chief Fire Officer added that pre-Covid community groups were invited onto the fire stations and that this activity would be restarted.

RESOLVED: That

[1] the Programme Report – Quarter 3 2021-22 be noted.

5 INTERNAL AUDIT - QUARTER 3, 2021-22 PROGRESS REPORT

Anne-Marie Harrop (the Auditor), a representative from Mersey Internal Audit Agency (MIAA) was in attendance to present the Internal Audit Quarter 3 Progress Report.

She provided Members with a brief overview of the progress made on:

- Financial Systems was given Substantial Assurance. One medium level risk recommendation was agreed in respect of budget setting;
- Health and Wellbeing was given Substantial Assurance;
- National Fraud Initiative led to a position statement that was issued in Dec 2021 following evaluation of the potential data matches; and
- Reviews into Cyber and Working Time Arrangements were ongoing.

The Audit Plan was on track and no concerns were brought to Members' attention.

RESOLVED: That

[1] the Internal Audit - Quarter 3, 2021-22 Progress Report be noted.

6 ANNUAL BONFIRE REPORT 2021

The Deliberate Fire Reduction and Road Safety Manager introduced the report, which summarised the preventative and operational activities of the Service and partners during the bonfire period (24th October 2020 to 7th November 2021).

He advised that the Service attended 55 Small Deliberate Fires during the 2021 bonfire period, in comparison to 41 Small Deliberate Fires during the 2020 bonfire period (which occurred when Covid-19 restrictions were in place).

The Deliberate Fire Reduction and Road Safety Manager outlined how the Service had actively promoted safety messages about bonfire safety across Cheshire. He noted that two cases of missiles thrown at fire crews had occurred and that a direct link with Cheshire Police enabled swift assistance to the fire crews.

A Member questioned if the Service visits non-organised bonfires. The Deliberate Fire Reduction and Road Safety Manager confirmed that crews may visit informal resident's bonfires and the incident commander makes a risk assessment on-site and takes appropriate action if required.

A Member questioned why the figures for Cheshire East were different to the rest of the county. The Deliberate Fire Reduction and Road Safety Manager confirmed that this had been historically the case. It was presumed that this was because Cheshire East was a more rural part of the county.

RESOLVED: That

[1] the Annual Bonfire Report 2021 including the recommendations be noted.

7 EQUALITY, DIVERSITY AND INCLUSION SIX-MONTH UPDATE, MARCH 2022

The Equality and Inclusion Officer introduced the report, which provided an update about the key areas of focus and accomplishments as well as priorities for the next 6 months. He highlighted the following:

- Cheshire ranks fourth out of 45 services for gender equality in operational roles;
- Staff networks had played key roles in promoting positive action within the Service. The Race Equality and Cultural Heritage (REACH) network would play a significant role in organising AFSA's Winter Conference in November. The Limitless women's network had progressed work on buddying, maternity, menopause and appearance. The Firepride LGBT+ network hosted the third 'Proud to Provide' conference which was delivered virtually to great success;
- Equality Impact Assessment training workshops had been delivered to more than 100 staff over the past six months; and
- The Service had been ranked 2nd in the Stonewall Workplace Equality Index. Whilst this was a great achievement the feedback from the submission had been reviewed and an action plan developed with the intention of progressing areas of improvement that had been highlighted.

A Member questioned how the percentage of BAME recruits compared with the ethnic percentage for Cheshire. The Equality and Inclusion Officer advised that the Service was above the county average. However, this was not a reason for complacency because staff were recruited from throughout the UK.

A Member questioned if the Service had any staff who were transitioning and if so how they were supported. The Equality and Inclusion Officer advised that the Service do have staff who identified as trans and they were supported by their managers and HR. All employees also undertake a Trans Awareness course.

RESOLVED: That

[1] the Equality, Diversity and Inclusion Six-Month Update, March 2022 Report be noted.

8 ENVIRONMENT AND CLIMATE CHANGE REPORT

The Environment and Sustainability Lead introduced the report, which provided an update on the progress that was being made by the Service concerning the environment and climate change agenda.

He advised that the Service was well ahead of expectation for the reduction in carbon emissions. He highlighted the following:

- The building modernisation programme had enabled green technologies to ensure buildings were energy efficient;
- The biomass boiler at the Training Centre was carbon neutral, saving carbon emissions with a fuel cost (certified UK wood pellets) of £20,000;
- Electric vehicles were being added into the fleet helping to reduce emissions; and
- Carbon literacy training was being rolled out to staff and Environmental Impact Assessments were to become embedded within policies and proposals.

A Member questioned if there was space for a solar field on any of the Services sites. The Lead advised that a solar field would need to generate 1 megawatt of energy and the Service did not have a large enough site. There was also a restriction on the amount of energy that could be sold back to the grid. It was, therefore, more realistic for the Service to concentrate on energy that could be produced, stored in batteries and used on site.

A Member questioned if carbon sequestration was an option rather than carbon removal. The Lead advised that it was possible to use a carbon offset organisation, but, this was seen as 'Green Washing' and was a reputational danger. There were other ways such as adding biodiversity and tree planting, and this was being looked at by an environment sub-group.

A Member questioned if hydrogen-powered vehicles were considered for the larger fleet appliances. The Lead advised that they may be in the future, however, the infrastructure needs to be in place first.

RESOLVED: THAT

[1] the Environment and Climate Change Report be noted.

9 FORWARD WORK PROGRAMME

The table included those items that had been identified/agreed to date.

Members requested that an Environment and Climate Change update be presented every 6 months.

RESOLVED: That

[1] the Forward Work Programme be noted.

CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 6TH JULY 2022
REPORT OF: DEPUTY CHIEF FIRE OFFICER
AUTHOR: GROUP MANAGER AARON COLLIS

SUBJECT: PERFORMANCE REPORT – QUARTER 4, 2021-22

Purpose of Report

1. To present the Quarter 4, 2021-22 review of performance for each of the Service's Key Performance Indicators (KPIs).

Recommended that:

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

Background

2. This 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, 2021-22. As the final report within the 2021-22 performance year, it also provides an overview of performance over the whole year.

Information

3. The Service's Performance and Programme Board receives a quarterly review of performance against the 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 this Committee.
4. The Corporate Performance Scorecard is Appendix 1 to this report. It reflects the Quarter 4 position against targets set and the year-on-year direction of travel for the Service's KPIs.
5. A more detailed description of each KPI, including a summary of current performance and any actions required to improve performance, is set out in the Performance Health Report. It is Appendix 2 to this report.

Financial implications

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

Legal implications

7. There are no issues to report at the end of Quarter 4 that should impact upon the Service's ability to meet its legal obligations.

Equality and Diversity implications

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

Environmental implications

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

Appendix 1 – Corporate Scorecard

Appendix 2 – Performance Health Report

Annex 1 - RTC Performance Report

Annex 2 - False alarms Performance Report

Annex 3 - Safety Central Infographic

Annex 4 - Safe and Well Infographic

Annex 5 - Business Safety Infographic

Annex 6 - COVID-19 Infographic

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Year to Date 2021/22 Performance

Performance and Programmes Board - Performance Report

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

Vision

IRMP Theme

Outcomes

Outputs

Protecting Local Communities

	Actual	Target	Q4 Year on Year	Q4 2020-21
Deaths in Primary Fires	3	0	↔	3
Injuries in Primary Fires	21	44	↓	28
Accidental dwelling fires	313	359	↓	343
- % starting in kitchens	168 (54%)		↓	172 (50%)
- % in homes with residents over pensionable age	68 (22%)		↓	70 (20%)
Deliberate fires (Primary and Secondary)	890	1,045	↑	794
Fires in Non Domestic Premises	155	160	↑	119
AFAs in Non Domestic Premises	493	479	↑	453

	Actual	Target	Q4 Year on Year	Q4 2020-21
SaWs Delivered to Heightened Risk	11,268	10,000	↑	9,055
Platinum address success rate	81%	65%	↓	83%
Thematic Inspections Completed	2,015	2,004		N/App
NDP Fire Safety Audits Completed	1,677	1,533		N/App
Percentage of Risk Based Programme Completed	102%	100%		N/App

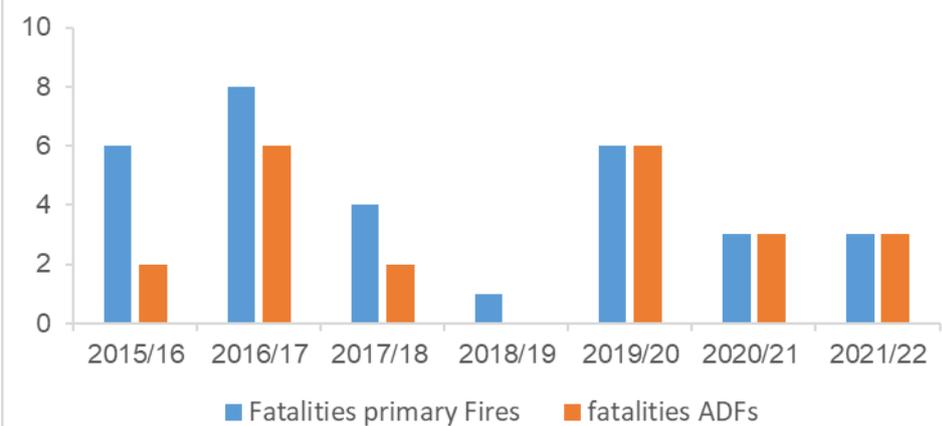
Responding to Emergencies

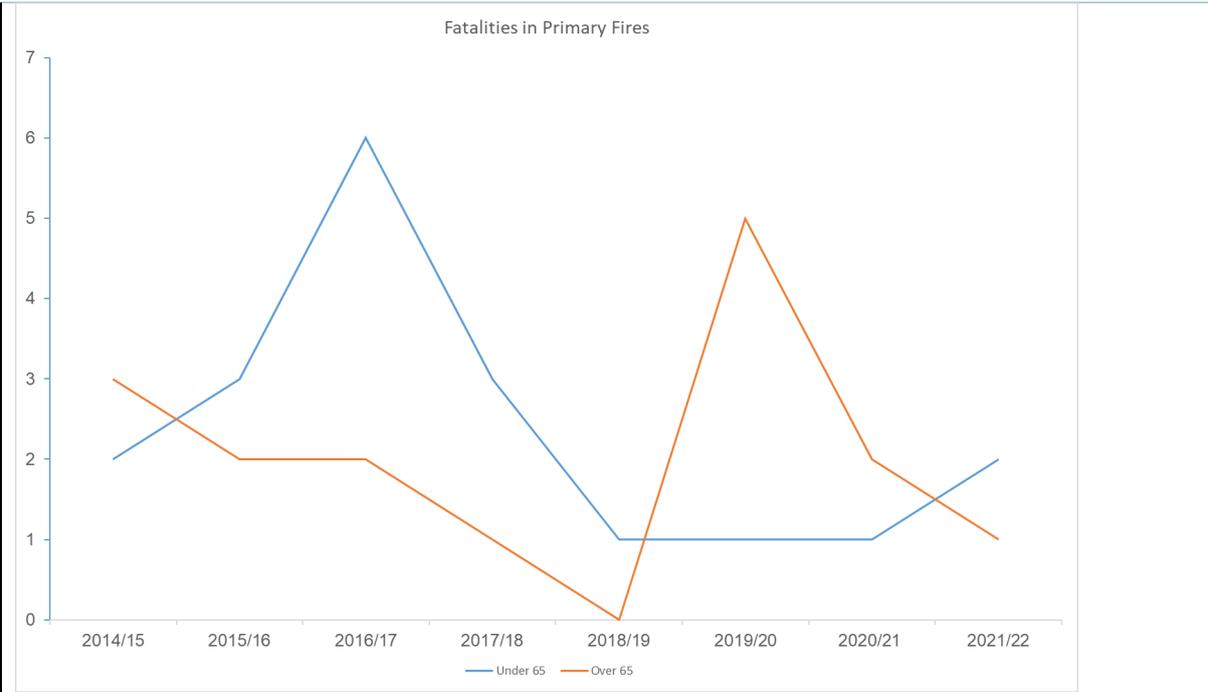
	Actual	Target	Q4 Year on Year	Q4 2020-21
10 Minute Standard	85%	80%	↓	86%
On Call Availability	60%	85%	↓	75%
Nucleus OC pumps	91%			
Primary OC pumps	60%			
Secondary OC pumps	38%			

Developing the organisation

	Actual	Target	Q4 Year on Year	Q4 2020-21
Average Days/Shifts Lost to sickness	6.71	5.50	↑	4.1
Working Days Lost To Injury	88	40	↓	130

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		01/04/2021 to 31/03/2022																									
Q1 Target	0	Q1 Actual	0																								
Q2 Target	0	Q2 Actual	0																								
Q3 Target	0	Q3 Actual	2																								
Q4 Target	0	Q4 Actual	1																								
YTD Cumulative Target	0	YTD Cumulative Actual	3																								
Previous Status	Current Status																										
																											
Summary of Current Performance																											
<p style="text-align: center;">Fatalities in Primary Fires and Accidental Dwelling Fires</p>  <table border="1"> <caption>Data for Fatalities in Primary Fires and Accidental Dwelling Fires</caption> <thead> <tr> <th>Year</th> <th>Fatalities primary Fires</th> <th>fatalities ADFs</th> </tr> </thead> <tbody> <tr> <td>2015/16</td> <td>6</td> <td>2</td> </tr> <tr> <td>2016/17</td> <td>8</td> <td>6</td> </tr> <tr> <td>2017/18</td> <td>4</td> <td>2</td> </tr> <tr> <td>2018/19</td> <td>1</td> <td>0</td> </tr> <tr> <td>2019/20</td> <td>6</td> <td>6</td> </tr> <tr> <td>2020/21</td> <td>3</td> <td>3</td> </tr> <tr> <td>2021/22</td> <td>3</td> <td>3</td> </tr> </tbody> </table>				Year	Fatalities primary Fires	fatalities ADFs	2015/16	6	2	2016/17	8	6	2017/18	4	2	2018/19	1	0	2019/20	6	6	2020/21	3	3	2021/22	3	3
Year	Fatalities primary Fires	fatalities ADFs																									
2015/16	6	2																									
2016/17	8	6																									
2017/18	4	2																									
2018/19	1	0																									
2019/20	6	6																									
2020/21	3	3																									
2021/22	3	3																									



Fatal Incident Details

January 2022

A late fire call was received from North West Ambulance Service (NWAS) following their attendance at an incident in **Cheshire West and Chester**. This involved a lone person over pensionable age. A cause of death is still to be confirmed but a Fatal Fire meeting has taken place and the fire investigation report is being compiled.

The victim was registered on SAFFIRE as High-Risk Data (HRD) Gold and was therefore on a 5-year visit cycle for S&W. They were last visited in May 2018 and were not due another visit until 2023.

Action taken to improve performance

Due to the circumstances surrounding the incident, a number of communications strategies will be formulated, including:

- A package aimed at the care sector to encourage notification of change of individual's care requirements which may impact home fire safety
- External communications around responding to domestic alarms – encourage the public to check on neighbours when alarms are sounding and call 999.

Following an increase in fire deaths across the Cheshire East area during the last two years, Prevention are conducting a separate analysis of fire deaths in Cheshire with the Business Intelligence unit.

A review of the 5-year HRD re-visit cycle for individuals that are most vulnerable, particularly for those over the age of 80 is also underway. This may result in a different frequency of visit informed by information gathered during a previous visit. A review of this methodology is also linked to an 'Area for Improvement' identified in the Service's latest HMICFRS report.

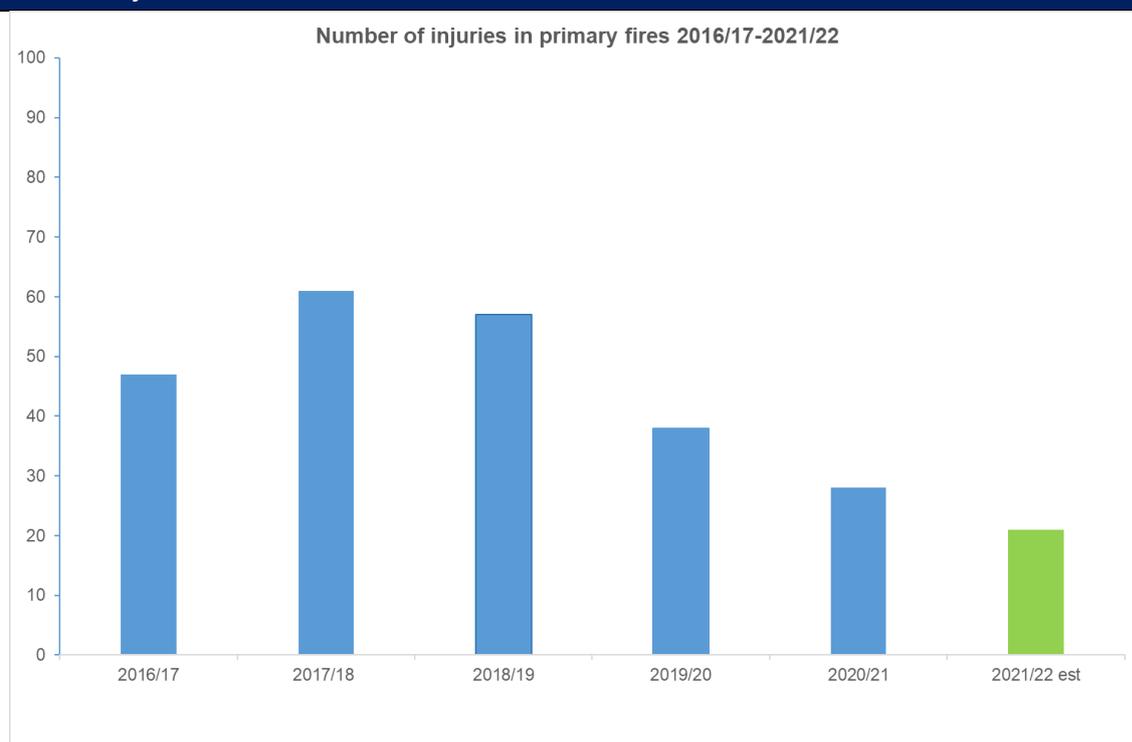
Performance and Programme Board – Performance Report

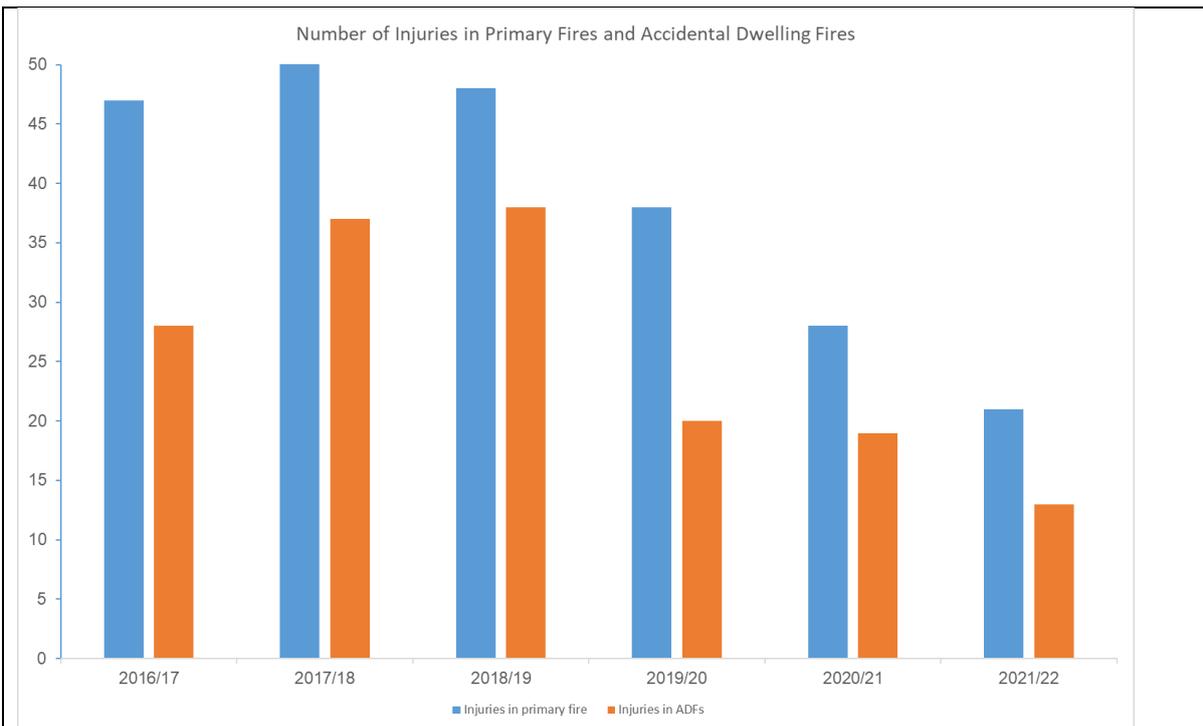
Indicator: [Injuries in Primary Fires]

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		01/04/2021 to 31/03/2022	
Q1 Target	11	Q1 Actual	4
Q2 Target	10	Q2 Actual	9
Q3 Target	12	Q3 Actual	2
Q4 Target	11	Q4 Actual	6
YTD Cumulative Target	44	YTD Cumulative Actual	21
Previous Status	Current Status		
			

Summary of Current Performance





21 injuries occurred in the year to date against a target of 44.

- 13 of the 21 injuries occurred in accidental dwelling fires.
- 7 incidents involved people aged 40-49 with a further 5 injuries involving people aged 50-59.
- 5 injuries were classified as serious, four of which were in accidental dwelling fires.

Unitary Authority	Number of Injuries (year to date)
Cheshire East	3
Cheshire West & Chester	11
Halton	5
Warrington	2
Total	21

Cause	Number of Injuries
Cooking	4
Matches and Candles	1
Naked Flame	5
Other domestic appliance	2
Batteries/generators	5
Heating Equipment	3
Fuel/Chemical related	1
Total	21

Age Group	Number of Injuries Serious	Number of Injuries Slight
0-9	0	0
10-19	0	2
20-29	0	1
30-39	0	2
40-49	3	4
50-59	1	4
60-69	0	0
70-79	1	2
80-89	0	1
90+	0	0
Total	5	16

Injury Description	Number of Injuries Serious	Number of Injuries Slight
Burns - severe	2	0
Burns - slight	0	3
Breathing difficulties	0	1
Overcome by gas, smoke or toxic fumes; asphyxiation	2	11
Other	1	1
Total	5	16

Quarter 4 data:

Cheshire East

There was one injury in Cheshire East, which was described as a serious injury. The occupancy type was a lone person over pensionable age.

Cheshire West & Chester

There were two injuries in Chester West and Chester in Quarter 4. One was described as a serious injury and the other slight. The occupancy types were lone person over pensionable age and couple with dependant children.

Halton

There was one injury in Halton, which was described as a slight injury. The occupancy type was a lone person under pensionable age.

Warrington

There was one injury in Warrington in Quarter 4, which was described as a slight injury. The occupancy type was a lone person over pensionable age.

Action taken to improve performance

Cheshire East

There has been 1 injury in Quarter 4, which occurred in an accidental dwelling fire (ADF) in **Malpas** in February. CFRS had previously visited the occupiers in 2016 to deliver Fire Safety advice. A Serious Injury Review was conducted which has resulted in the Prevention

department working with Guinness Housing to review how it manages the use of portable electric heaters in its properties. The Prevention team visited properties in the vicinity of the incident and conducted 12 safe and well visits.

Cheshire West and Chester

There was a total of two injuries in Quarter 4. One injury in **Winsford** was classed as serious with the victim suffering burns from a chip pan fire. The Prevention team have been working with the family and have provided them with an air fryer. The other injury was not serious and is being reviewed.

Halton:

There was one slight injury in an ADF, again caused by a chip pan fire in **Runcorn**. The household occupancy type was lone person under pensionable age. The property had been visited previously and flagged to the Prevention team. CFRS are working with the Housing Officer to complete a joint visit once the occupier is back at home.

Warrington:

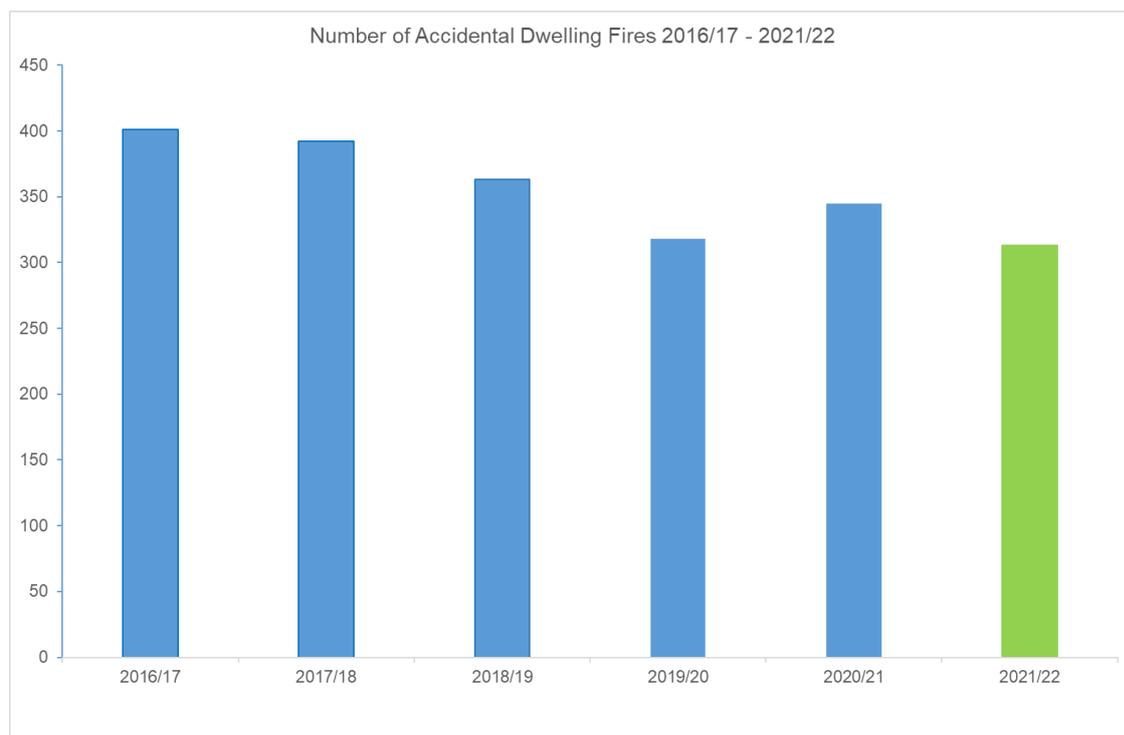
Slight injury of smoke inhalation from an ADF at a house of single occupancy in **Lymm**. The service has supported the occupier with a post-incident health and safety assessment (PIHS) following their release from hospital.

Performance and Programme Board – Performance Report

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

Reporting period Q4		28/03/2022 to 31/03/2022	
Q1 Target	96	Q1 Actual	91
Q2 Target	85	Q2 Actual	66
Q3 Target	93	Q3 Actual	68
Q4 Target	85	Q3 Actual	88
YTD Cumulative Target	359	YTD Cumulative Actual	313
Previous Status	Current Status		
			

Summary of Current Performance



At the end of Quarter 4 there were 313 Accidental Dwelling Fires compared to a target of 359. There was no firefighting action required at 33.1% (104) of incidents.

Looking at the key occupancy types, there has been an increase in the number of fires involving lone parents with dependant children. The number has risen from 24 to 32 incidents, 22 of which started in the kitchen.

Unitary Authority	Total
Cheshire East	117
Cheshire West & Chester	111
Halton	34
Warrington	51
Total	313

Fire Location	Total
Kitchen	168
Bedroom	27
Living Room	40
External Structures	12
Garage	10
External Fittings	6
Other	50
Total	313

Cause of Fire	Number Incidents	of
Cooking		129
Electrical Supply		45
Domestic Appliance		47
Smoking Materials/Cigarette Lighter		25
Other		67

Fire Spread	Number incidents	of
None		62
Confined to item first ignited		101
Limited to Room of Origin		107
Other		43

Occupancy Type	Was a smoke alarm present? Yes
Lone person over pensionable age	91.18%
Lone Person under pensionable age	88.24%
Lone parent with dependant children	96.88%
Couple one or more over pensionable age, no children	73.91%
Couple with dependant children	90%
Couple both under pensionable age with no children	73.81%
Other	84.21%
Total	86.62%

Location	Was an alarm present and did it operate
Kitchen	75.6%
Bedroom	70.37%
Living Room	57.5%

Occupancy Type	No of Incidents	Dwellings	Indexed Score
Lone person over pensionable age	68	56533	391
Lone person under pensionable age	51	73421	226
Lone parent with dependant children	32	82396	126
Couple one or more over pensionable age, no children	23	80559	93
Other	37	209308	57
Couple both under pensionable age with no children	42	167332	82
Couple with dependant children	60	347436	56

The indexed score is a risk score that 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

The Quarter 4 data above highlights the necessity to engage with lone occupiers under the age of 65, which we are doing through our New Cheshire Data (NCD) trial. The NCD provides information on lone parents, single occupancy dwellings, and other at risk groups for us to engage with. These groups reflect some of the highest risk levels in the indexed scoring above.

A service improvement review of the service's Prevention function will be commencing shortly. To ensure we can effectively engage with those most vulnerable within budgetary means, the service is also dealing with national smoke alarm shortages and significant price rises of available stocks. We will therefore review our current "post incident" engagement approach, in early 2022-23, to ensure that this activity continues to re-assure the public, whilst ensuring it is targeting the most vulnerable residents based on our intelligence and data.

When the national picture is more stable, we will also review the type of equipment we install in certain properties, given the most significant room of fire origin is still the kitchen. Historically, smoke detection has not been installed in the kitchen area, due to the increase in false alarms this can cause. Heat detectors are available for domestic use, but the type, cost, and availability of these units would have to be carefully considered against the benefits they can provide.

Examples of Activity within Service Delivery areas include:

- Social media posts targeted to react to specific incidents or trends, regional and/or national campaigns, and special dates, for example Chinese New Year
- 'Hot spotting' to engage with residents in areas close to where a fire has just occurred
- Community engagement specific to trends in each area which are monitored using our community action plans

Further detail about local initiatives and campaigns are discussed at Unitary Performance Group meetings.

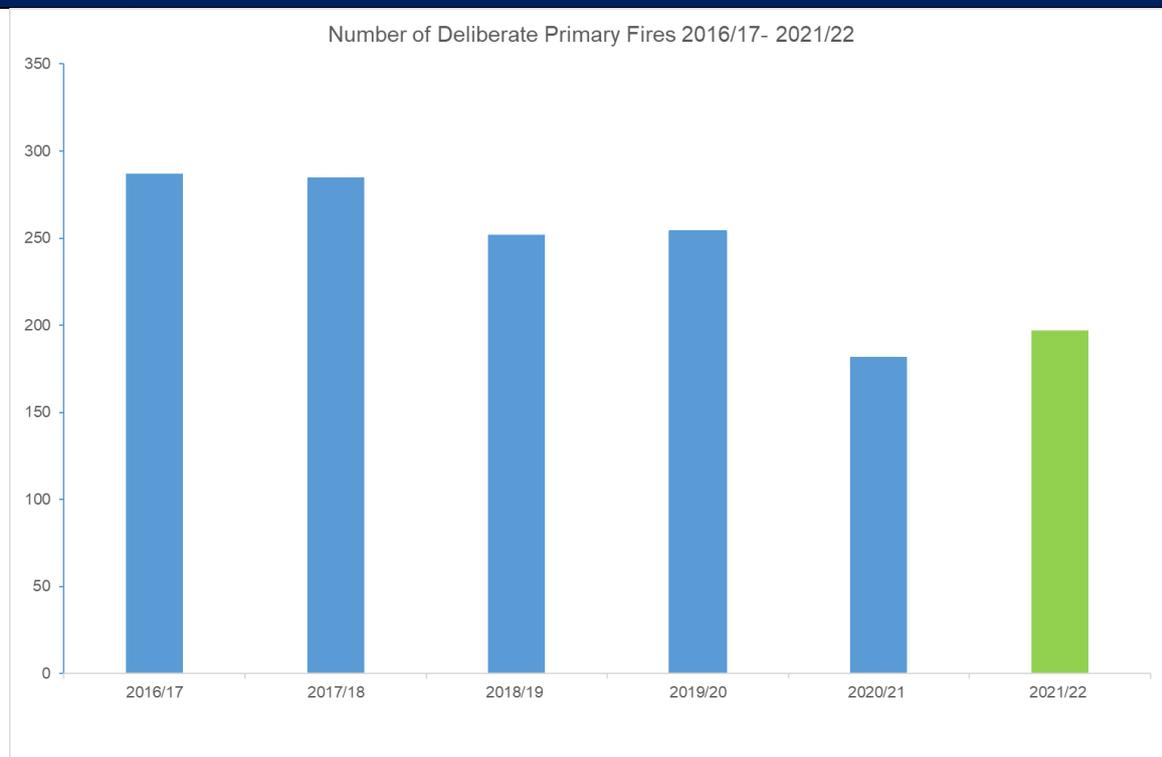
Performance and Programme Board – Performance Report

Indicator: [Number of Deliberate Fires]

Reporting Period Q4		01/04/2021 to 31/03/2022	
Q1 Target (Primary) (Secondary)	65 245	Q1 Actual (Primary) (Secondary)	58 227
Q2 Target (Primary) (Secondary)	67 218	Q2 Actual (Primary) (Secondary)	45 149
Q3 Target (Primary) (Secondary)	59 200	Q3 Actual (Primary) (Secondary)	49 178
Q4 Target (Primary) (Secondary)	57 134	Q4 Actual (Primary) (Secondary)	53 132
YTD Cumulative Target (Primary) (Secondary)	248 797	YTD Cumulative Actual (Primary) (Secondary)	205 685

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

Summary of Current Performance



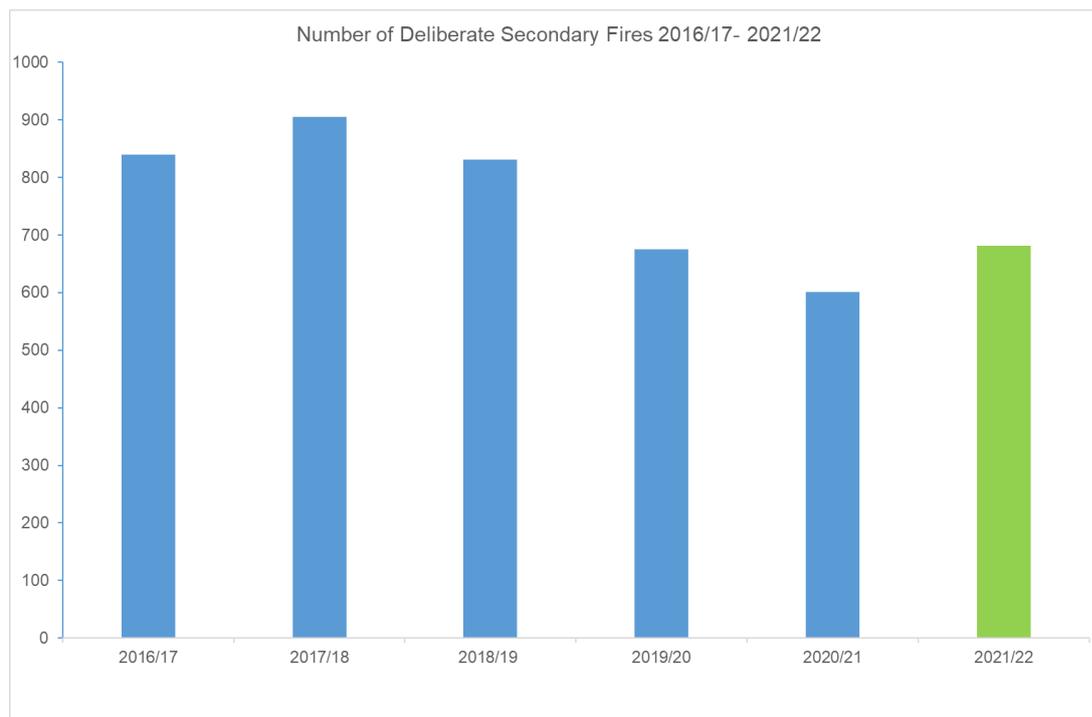
Deliberate Primary Fires

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, 205 deliberate primary fires were recorded at the end of Quarter 4, against a target of 248. Individually all 4 quarters have all been on target. Overall, the station areas with the highest number of incidents are **Warrington** (27) and **Widnes** (31).

Across Cheshire, 97 incidents (47.3%) involved the deliberate ignition of a road vehicle. Of these, 42 involved cars. 38 incidents involved the deliberate ignition of motorcycles of which 12 occurred in Quarter 4.

Unitary area	Number of Deliberate Primary Fires
Cheshire East	48
Cheshire West and Chester	65
Halton	54
Warrington	38
Total	205



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 4 was 685, which is 113 incidents under target. The highest number of incidents have been in the following station areas – **Ellesmere Port** (99), **Warrington** (119), and **Widnes** (94). These three station areas account for 44% of all incidents.

Unitary area	Number of Deliberate Secondary Fires
Cheshire East	99
Cheshire West and Chester	245
Halton	183
Warrington	158
Total	685

Action taken to improve performance

Work continues with the close monitoring of the Police Notification Reports from operational staff following deliberate fires. These are quality assured by the Prevention team to ensure consistent information is being gathered and shared with partners. All incidents are scrutinised monthly by the Service Delivery Managers to identify and resolve emerging trends. Meetings are conducted locally with Cheshire Police to discuss local anti-social behaviour and deliberate fires; these discussions assist both organisations in understanding and responding to local issues. Local activity is recorded within each station's community action plan.

Examples of Activity within Service Delivery areas include:

Cheshire East:

During Quarter 4, **Wilmslow** have attended 3 deliberate primary fires at Styal Prison. Fire Investigation Officers (FIOs) have attended all incidents, and regular contact has been made by the Protection team to liaise with the Prison Service at Styal. Crown premise forms are completed and forwarded to the Fire Safety Inspectorate Group. This allows the service to analyse and identify any potential issues/trends such as human factors (fires started by inmates), fire start location (fires started in private cells), cause (all fires started utilising vapes), and time (all fires started between 11:00-22:00).

Cheshire West and Chester:

There has been a rise in incidents noted in **Ellesmere Port**, including a large deliberate fire at a site of special scientific interest in Parkgate. Crews are liaising with local police to provide them with information regarding suspects believed to be responsible for at least two of the deliberate fires. Police investigations are ongoing and CFRS are assisting with evidence as necessary. Natural England and the Royal Society for the Protection of Birds have also visited the site and are providing an ecological assessment. Further partnership meetings are planned.

Halton:

As was reported in Quarter 3, crews in **Widnes** are liaising with the council to close the gates of historically problematic Albert Square. This is ongoing. Crews carried out arson routes/audits around the problematic areas of large bin fires to come up with ideas to reduce the numbers occurring. Following the audits and community engagement, the situation has improved.

Warrington:

There have been a small number of deliberate fires in **Warrington** in Quarter 4. There has been activity in continued problem areas, such as Grasmere Avenue. Crews have been in contact with Cheshire Police but, unfortunately, no further information relating to suspects has been obtained yet.

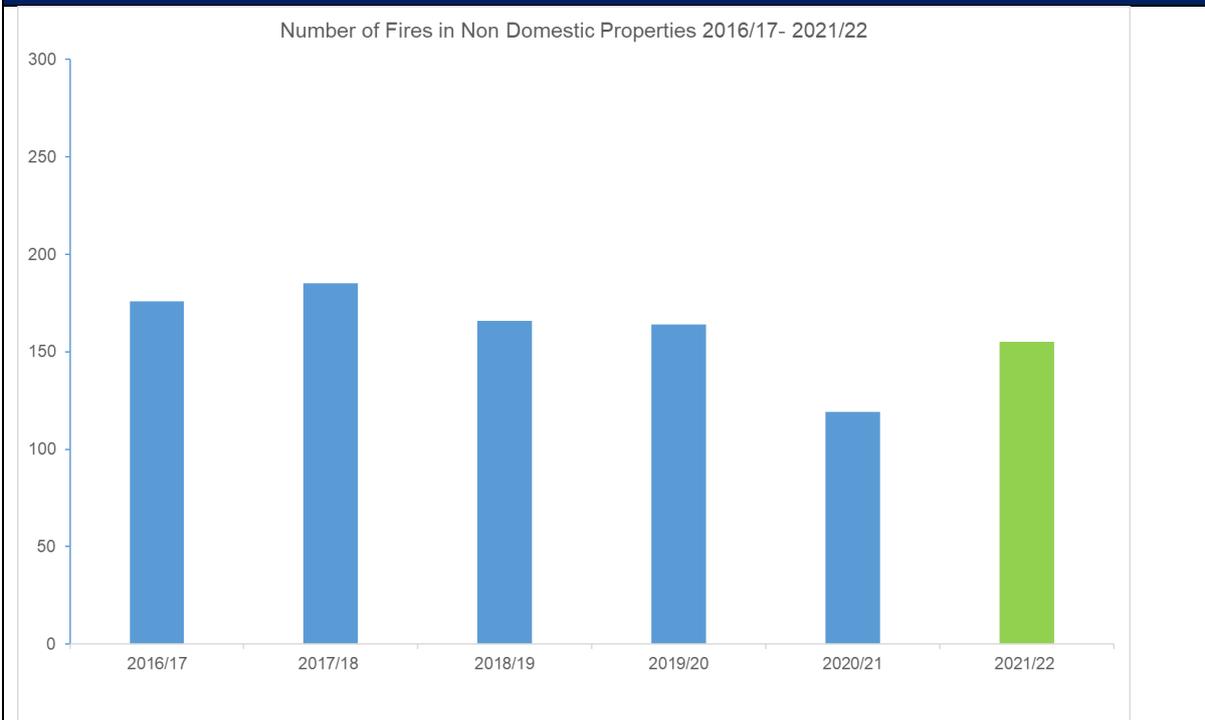
A particular area of concern has arisen around Densham Avenue, Poole Park, and Junction 9 Retail Park where there were 8 incidents in 7 days in March. A strategy has been agreed with the police and local council to increase patrols and clean up the area. Firefighters will host another meeting with the Police in mid-April to discuss effectiveness of current strategies.

Performance and Programme Board – Performance Report

Indicator: [Fires in Non-Domestic Premises]

Reporting Period Q4		01/04/2021 to 31/03/2022	
Q1 Target	45	Q1 Actual	38
Q2 Target	40	Q2 Actual	44
Q3 Target	36	Q3 Actual	36
Q4 Target	39	Q4 Actual	37
YTD Cumulative Target	160	YTD Cumulative Actual	155
Previous Status	Current Status		
			

Summary of Current Performance



There have been 155 Non-Domestic Premises fires up to the end of Quarter 4, which is five below target.

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

Type	Number of occurrences
Barn	15
Prison	13
Single Shop	9

In Quarter 4, there were four fires in prisons (all at HMP Styal), of which all four were confined to the item first ignited.

The main causes for fires in Non-Domestic Premises:

- 40 Electrical causes - including fluorescent lights, other lights, batteries, wires and cabling.
- 18 cooking related incidents - including cookers, deep fat fryers and microwaves.
- 22 industrial equipment including kilns and dryers.

57% of the 155 fires (88 incidents) were either confined to the item first ignited (66) or involved smoke and heat damage only (22). Whilst a further 42 (27%) fires were confined to the room of origin.

Unitary Area	Accidental	Deliberate
Cheshire East	37	17
Cheshire West & Chester	45	7
Halton	17	5
Warrington	16	11
Grand Total*	115	40

Property Type	Number of Properties	Number of Incidents	Index Score
Prison	3	13	58349
Hospital / Hospice	40	6	1094
Factory/Manufacturing	438	24	1598
Care / Nursing Home	220	8	1193
Fast Food Outlet / Takeaway (Hot / Cold)	518	3	168
Farm / Non-Residential Associated Building	1077	18	406
Restaurant / Cafeteria	703	6	186
Public House / Bar / Nightclub	805	7	163

The indexed score is a risk score that 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

Performance is on target for both Quarter 4 and the year. Business Safety campaigns have been delivered throughout the year to support both national and local fire safety initiatives. The business safety seminars haven't taken place to so far due to COVID-19, however it is hoped that there will now be a restart on full activities.

Local data shows that there have been 6 fires in hospitals for the year, and 4 in the last quarter (2 deliberate, 2 accidental). Hospital group meetings take place to ensure both hospitals and inspectors have the latest available information.

Due to the number of barn fires over the last 12 months, there will be more safety messages disseminated via social media with the aim of reducing their occurrence further. There is a

specific task in the Protection Departmental Plan to hold two business safety seminars to promote farm fire safety.

A prison fire initiative is now set up with the Crown Premises Inspection Group with the aim of sharing information. Whilst CFRS attends the prison fires, it has no jurisdiction over these premises and ultimately the Crown Premises Group are the enforcers. The aim of sharing information is to build closer relationships and allow for any intelligence gained from attending the incidents to be shared without delay. This will ultimately feed into the prisons improvement plans.

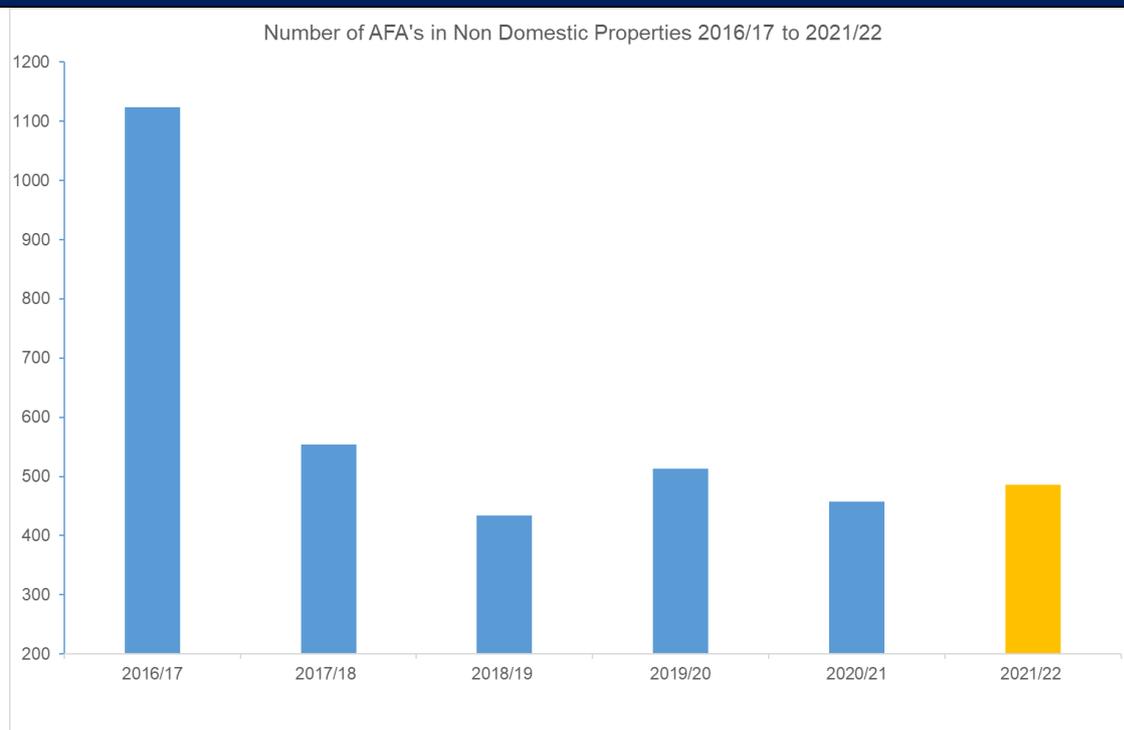
33 Business Safety campaigns have been delivered throughout 2021/22. These have been a mixture of national NFCC campaigns and local CFRS campaigns, and have provided advice, education, and support on local issues and the sprinkler campaign which is running throughout 2022. Delivery of these campaigns has been more problematic due to staffing of the Business Safety team, however they have been successful and a number of different initiatives have been utilised to keep them interesting, current, and educational.

Performance and Programme Board – Performance Report

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

Reporting Period Q4		01/04/2021 to 31/03/2022	
Q1 Target	116	Q1 Actual	104
Q2 Target	145	Q2 Actual	160
Q3 Target	111	Q3 Actual	120
Q4 Target	107	Q4 Actual	109
YTD Cumulative Target	479	YTD Cumulative Actual	493
Previous Status	Current Status		
			

Summary of Current Performance



A false alarm, subsequently passed to the fire and rescue service from an Automatic Fire Alarm (AFA), is defined by the British Fire Protection System Association as “any alarm signal other than a genuine fire or test signal”.

At the end of Quarter 4, there were 493 attendances to AFA's in Non-Domestic Premises against a target of 479. The station areas with the highest number of calls are **Chester**, **Macclesfield** and **Warrington** which together account for 48.5% (239) of the overall total.

The main property types for AFA's are hospitals (144) and nursing, retirement or care homes (137), whilst the most common reason for the alarm to be activated was a fault (179), followed by accidentally/carelessly set off (92) and cooking/burnt toast (69).

Unitary area	Number of AFAs
Cheshire East	170
Cheshire West and Chester	187
Halton	46
Warrington	90
Total	493

Since the introduction of the revised policy in 2017/18, AFA's 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 that would result in non-attendance to all AFA's without a confirmatory phone call.

Action taken to improve performance

Work is ongoing to address the single alarm activations that are received from premises on an infrequent basis. We also provide ongoing support to NWFC to assist them in following CFRS policy. Single activations on an infrequent basis are not picked up directly by the current policy, however work is ongoing to ensure Protection makes contact following each activation.

Importantly, Inspectors make the effect of false alarms on road users and Fire Service resources clear to premises. In addition, Inspectors are reminding the premises of the need to ensure that the alarm receiving centre is notified. Inspectors are scrutinising all the fire alarm activations and liaising with NWFC where, it is thought that, these attendances by fire engines are outside of policy.

Performance and Programme Board – Performance Report

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

Reporting Period Q4		01/04/2021 to 31/03/2022	
Q1 Target	2500	Q1 Actual	2307
Q2 Target	2500	Q2 Actual	2261
Q3 Target	2500	Q3 Actual	3055
Q4 Target	2500	Q4 Actual	3645
YTD Cumulative Target	10000	YTD Cumulative Total	11268
Previous Status	Current Status		
			

Summary of Current Performance

Number of Safe and Well Visits

Up to the end of Quarter 4, Prevention and operational staff have completed 11268 heightened risk visits. The Safe and Well infographic, attached below as Annex 4, shows a higher number due to additional post incident visits carried out by on-call staff which are not reported here.

Unitary area	Number of Safe and Well visits (year to date)
Cheshire East	2739
Cheshire West and Chester	3864
Halton	2356
Warrington	2309
Total	11268

Action taken to improve performance

In Quarter 4 Service Delivery personnel have recommenced the delivery of safe and well visits and visited over 1000 properties. This had previously been suspended due to pandemic restrictions. No issues or concerns have been raised as a result of reintroducing this workstream. We are therefore, in a position to reintroduce a full yearly target of 30,000 S&W visits in the 2022-23 delivery year.

Indicator: [B] Platinum Address Success Rate]

Reporting Period Q4		01/04/2021 to 31/03/2022	
Q1 Target	65%	Q1 Actual	88%
Q2 Target	65%	Q2 Actual	81%
Q3 Target	65%	Q3 Actual	80%
Q4 Target	65%	Q4 Actual	79%
YTD Cumulative Target	65%	YTD Cumulative Total	81%
Previous Status	Current Status		
			

Summary of Current Performance

Platinum Address Success Rate –

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

The percentage of platinum addresses where we have completed a Safe and Well visit is 81%.

Unitary area	Platinum address success rate
Cheshire East	95%
Cheshire West and Chester	73%
Halton	96%
Warrington	97%
Total	81%

Action taken to improve performance

The priority for our S&W work continues to be aimed at properties identified to fall within the Platinum and Gold fire risk category. At this time, this risk stratification is only done on properties where the occupier is aged 65 or over. Work will continue into 2022-23, to utilise risk stratification to those under the age of 65, based on fire risks present within their home. This will be done in collaboration with the Business Intelligence team.

There is also a national risk-scoring tool under development that may further assist with this process. This is being managed by the NFCC and the service is involved to see how this could support our safe and well delivery effectively.

Performance and Programme Board – Performance Report

Indicator: [Thematic Inspections Completed by Operational Crews]

Reporting Period Q4		01/04/2020 to 31/03/2022	
Q1 Target	501	Q1 Actual	474
Q2 Target	501	Q2 Actual	511
Q3 Target	501	Q3 Actual	522
Q4 Target	501	Q4 Actual	508
YTD Cumulative Target	2004	YTD Cumulative Total	2015
Previous Status	Current Status		
			

Summary of Current Performance

A thematic inspection is a fire safety assessment carried out by operational crews of Non-Domestic Premises which are of a lower risk than those premises visited by the Protection Department inspectors. Thematic inspection targets are allocated to all stations with the exception of on-call.

Unitary	Q4 Target	No. completed during Q4
Cheshire East	101	107
Cheshire West and Chester	158	165
Halton	88	86
Warrington	154	150
Total	501	508

Action taken to improve performance

Thematic inspections are carried out by Service Delivery, and in the last three quarters stations have exceeded their targets. The addresses that are provided to stations come from the new Risk Based Inspection List. Crews have initially received training on how to conduct a thematic inspection and there have been some excellent qualitative examples of the value added through the thematic process, examples of which are included below.

Examples of Activity within Service Delivery areas include:

Whilst completing a thematic inspection at a takeaway in **Runcorn** crews identified breaches of the Fire Safety Order. This resulted in a Prohibition Notice/Enforcement Notice with sleeping prohibited until Fire Safety was improved. This was an immediate risk to life which Fire Crews spotted.

Crews at **Lymm** highlighted issues with a Chip Shop in the **Warrington** area and Protection worked with the premises to improve Fire Safety measures. This included improvements to the Fire Risk Assessment, change of firefighting equipment, and fire alarm maintenance.

At a premises selling carpets in **Ellesmere Port**, crews wetted combustibles at the rear of the property to prevent deliberate ignition. Fire Inspectors returned at a later date to undertake an audit.

Performance and Programme Board – Performance Report

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

Reporting Period Q4		01/04/2020 to 31/03/2022	
Q1 Target	450	Q1 Actual	504
Q2 Target	408	Q2 Actual	392
Q3 Target	380	Q3 Actual	354
Q4 Target	295	Q4 Actual	427
YTD Cumulative Target	1,533	YTD Cumulative Total	1,677
Previous Status	Current Status		
			

Summary of Current Performance

Unitary area	Q4 Target	Number of Fire Safety Audits Completed in Q4
Cheshire East	105	137
Cheshire West and Chester	85	121
Halton	52	59
Warrington	53	110
Total	295	427

The majority of inspections are now able to be completed following the pandemic, however there have been a small number of care homes that were still subject to restrictions due to local outbreaks. Inspectors have worked with these premises to agree re-scheduled inspection dates. Some of the admin process changes made in the last 18 months as a result of COVID are likely to continue moving forward and are now seen as best practice. All audits are now in person and not telephone based.

Inspector's individual targets are being followed for competent inspectors and, with new inspectors having recently been taken on in the department, a significant amount of development will take place for these team members.

Action taken to improve performance

As can be noted above, in Quarter 4, the target for Fire Safety Audits has come down but the actual number of audits completed has gone up. This is as a result of the target being altered in line with the number of qualified and competent inspectors. A full compliment of competent inspectors should provide a capacity of 450 audits per quarter, as was the case in Quarter 1. Due to staff levels, Quarter 4 capacity was actually 295.

However, lower level inspectors can audit lower risk buildings which is the reason why the actual number of audits is high.

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

Reporting Period Q4		01/04/2020 to 31/03/2022	
Q1 Target	100% (81 audits)	Q1 Actual	98.8% (80 audits)
Q2 Target	100% (89 audits)	Q2 Actual (cumulative)	94.5% (84 audits)
Q3 Target	100% (87 audits)	Q3 Actual (cumulative)	140.2% (122 audits)
Q4 Target	100% (310 audits)	Q4 Actual (cumulative)	94.2% (292 audits)
YTD Cumulative Target	100% (567 audits)	YTD Cumulative Actual	101.9% (578 audits)
Previous Status	Current Status		
			

Summary of Current Performance

As with thematic inspections, all audits are now taking place in person. Inspectors continue to ensure the correct control measures are in place. For example, should there be a local COVID issues/outbreak at a care home, then a rescheduled appointment may be necessary.

Unitary	Q4		Cumulative	
	Target	Actual	Target	Actual
Cheshire East	104	105	212	213
Cheshire West and Chester	103	71	175	149
Halton	31	32	56	66
Warrington	72	80	124	150
TOTAL	310	292	567	578

Action taken to improve performance

The new Risk Based Inspection Programme (RBIP) has been fully implemented in Quarter 4, which is why the target number of premises has increased. The third quarter was used as a transitional phase where addresses could be picked from either the old or the new RBIP list.

The complete list of 38,000 non-domestic premises across Cheshire have been ranked in order using 9 attributes which vary in terms of risk – those premises at the top of the list have a higher risk rating than those towards the bottom. The top 2480 premises from this list constitute the new RBIP which will be refreshed on a two-yearly basis.

As mentioned in Indicator A above, only Fire Safety Inspectors qualified to Level 4 Diploma are competent in inspecting the highest risk buildings in the RBIP. A Crew Manager cohort has recently been taken on in line with the new structure, however these individuals will take time before they reach competent inspector level. In addition, several technical Fire Safety Officers were taken on several months ago to improve establishment levels, some of whom have existing relevant skills and/or qualifications. A further recruitment process is currently

underway and the initial number of applications is strong, which is likely due in part to the 10% market supplement. Collectively this should ensure the department has the necessary resources to continue to meet the increased RBIP target in the next performance year.

Performance and Programme Board – Performance Report

Indicator: [10 Minute Standard]

Reporting Period Q4		01/04/2021 to 31/03/2022	
Q1 Target	80%	Q1 Actual	82%
Q2 Target	80%	Q2 Actual	91%
Q3 Target	80%	Q3 Actual	83%
Q4 Target	80%	Q4 Actual	84%
YTD Cumulative Target	80%	YTD Cumulative Total	85%
Previous Status	Current Status		
			

Summary of Current Performance

Overall 85% 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 32 seconds.

Unitary area	Cheshire Standard
Cheshire East	80%
Cheshire West and Chester	85%
Halton	92%
Warrington	91%
Total	85%

When scrutinising the 10 Minute Standard Life risk incidents are broken down into two categories Dwelling Fires and Road Traffic Collisions. The tables below capture the incidents that have failed to make the 10-minute standard with the common causes.

Dwellings							
	Nearest pump was more than 10 minutes from the incident	Traffic problems impeding pump	Incorrect Address	Delay in on-call turnout - compared to target	Delay in Whole-time turnout - working in community	Other Explanation	Totals
Cheshire East	1			2		1*	4
CWAC		2					2
Halton							0
Warrington							0
Totals	1	2		2		1	6

* Other Explanation -There was a delay in crew reaching the incident due to the OIC incorrectly using the MDT. The GM Organisational Performance will provide SMG with guidance on this particular issue to be disseminated to staff across the service.

Road Traffic Collisions							
	Nearest pump was more than 10 minutes from the incident	Traffic problems impeding pump	Incorrect Address	Delay in on-call turnout - compared to target	Delay in Whole-time turnout - working in community	Other Explanation	Totals
Cheshire East	1	1	2	3		1*	8
CWAC	2						2
Halton			2				2
Warrington	1	4					5
Totals	4	5	4	3		1	17

*Other Explanation – Stockton Heath arrived on scene first but failed to book in attendance using their MDT. There is therefore no available data to confirm the time the first appliance arrived.

Performance and Programme Board – Performance Report

Indicator: [On-Call Availability]

Reporting Period Q4		01/04/2021 to 31/03/2022			
Q1 Target	85%	Q1 Actual	64%		
Q2 Target	85%	Q2 Actual	58%		
Q3 Target	85%	Q3 Actual	58%		
Q4 Target	85%	Q4 Actual	62%		
YTD Cumulative Target	85%	YTD Cumulative Actual	60%		
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 Quarter 4 was 60% (crew of four) and 65% (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 91%
- Primary on-call appliance (e.g. Malpas, Poynton etc.) availability was 60%
- Secondary on-call appliance (e.g. Winsford second appliance etc.) availability was 38%

Action taken to improve performance

The data provided in Table 1 shows a breakdown of on-call availability over a period of years from 2017/18 – 2021/22, and a % change over this period.

For clarity, on-call stations have been RAG rated with green showing improved % performance since 2017/18 as well achieving the 85% target in the current actual year to date performance. Those stations that are achieving between 40% - 84% have been rated as amber with stations performing below 40% rated as red and in most need of attention.

The sustainability of the on-call duty system at some stations continues to be an ongoing challenge. This will be reviewed in detail as part of the service improvement review for fire cover commencing this summer and may provide alternative more viable options for the authority to consider.

Station	2017/18	2018/19	2019/20	2020/21	2021/22	% change over time	Type
E19P1 Macclesfield**	100.00%	99.73%	100.00%	100.00%	99.73%	-0.27%	Nucleus
E23P1 Wilmslow**	93.86%	98.59%	96.75%	98.13%	95.87%	2.01%	Nucleus
E26P1 Middlewich	79.65%	76.61%	89.24%	89.61%	85.78%	6.13%	Primary
E12P1 Nantwich	90.77%	94.48%	95.13%	97.21%	85.17%	-5.60%	Primary
E14P1 Alsager	71.73%	74.04%	93.17%	96.04%	78.87%	7.14%	Primary
E13P1 Audlem	62.24%	64.88%	85.02%	87.66%	78.79%	16.55%	Primary
E02P1 Birchwood**	99.46%	99.69%	97.20%	99.21%	77.40%	-22.06%	Nucleus
E20P1 Bollington	67.43%	62.11%	82.34%	89.33%	69.69%	2.26%	Primary
E22P1 Poynton	81.50%	78.21%	81.19%	86.92%	68.44%	-13.06%	Primary
E16P1 Sandbach	81.89%	75.24%	80.59%	84.22%	67.13%	-14.76%	Primary
E11P1 Malpas	71.76%	61.34%	74.21%	80.50%	61.57%	-10.19%	Primary
E24P1 Knutsford	41.86%	47.50%	60.12%	67.25%	59.41%	17.55%	Primary
E29P2 Penketh	50.26%	49.51%	69.64%	76.03%	59.29%	9.03%	Primary
E19P2 Macclesfield	59.21%	60.15%	65.34%	67.49%	49.78%	-9.43%	Secondary
E03P2 St. Heath	52.30%	39.02%	51.06%	63.24%	48.38%	-3.92%	Primary
E25P2 Northwich	56.14%	56.92%	55.54%	63.66%	41.20%	-14.94%	Secondary
E27P2 Winsford	26.82%	20.58%	40.64%	50.92%	36.86%	10.04%	Secondary
E17P1 H Chapel	66.32%	57.35%	26.25%	35.91%	27.77%	-38.55%	Primary
E10P1 Tarporley	52.10%	51.95%	43.44%	50.62%	27.71%	-24.39%	Primary
E06P1 Frodsham	43.32%	23.90%	30.07%	38.24%	25.09%	-18.23%	Primary
E05P2 Runcorn	59.53%	32.63%	41.80%	49.14%	24.75%	-34.78%	Secondary

*It should be noted that availability in this period significantly benefitted from the impact of pandemic lockdowns

**Availability provided is only for hours where this appliance is staffed by On-Call Firefighters (19:00-07:00 daily).

Performance and Programme Board – Performance Report			
Indicator: [Average Days/Shifts Lost to Sickness]			
Reporting Period Q4		01/04/2021 to 31/03/2022	
Q1 Target	1.38	Q1 Actual	1.76
Q2 Target (cumulative)	2.75	Q2 Actual (cumulative) (exc. COVID absences)	3.42 (3.21)
Q3 Target (cumulative)	4.13	Q3 Actual (cumulative) (exc. COVID absences)	5.31 (4.81)
Q4 Target (cumulative)	5.5	Q4 Actual (cumulative) (exc. COVID absences)	6.71 (5.66)
YTD Cumulative Target	5.5	YTD Cumulative Actual (exc. COVID absences)	6.71 (5.66)
Previous Status	Current Status		
			
Summary of Current Performance			
<p>The Quarter 4 figure for all staff is 6.71, which exceeds the target by 1.21 and is a significant increase on the 20/21 figure for Quarter 4. If COVID sickness absences are excluded, the figure for Quarter 4 is 5.66 which still exceeds the target of 5.5.</p> <p>The Quarter 4 figure for whole-time operational staff is 6.33, which is an increase on the 20/21 figure of 3.94. The figure for on-call staff is 6.99, which is an increase on the 20/21 figure of 3.68. Overall, the Quarter 4 figure for Operational Staff is 6.61, which is a significant increase on the 20/21 figure of 3.84.</p> <p>The Quarter 4 figure for Fire Staff is 7.06. This is higher than last year's figure of 4.95 and shows higher average days lost than for Operational staff.</p> <p>In terms of total days lost, the cumulative figure for Quarter 4 21/22 is 6,327. This is a 65% increase compared with the same time last year.</p> <p>There were 55 new absences due to COVID-19 in Quarter 4, which accounts for 341 days lost (this does not include absences due to self-isolation). If COVID-19 sickness absences were discounted, the Quarter 4 cumulative figure of 6.71 days lost would reduce to 5.66. Please see the table below for a further breakdown of these figures.</p>			

Table: Sickness absence for 2021-22 (excluding COVID sickness)

Staff Category	# of sickness days/shifts	Headcount	Average working days lost to sickness per person
whole-time	2376.5	436	5.5
On-call	1779	308	5.77
Uniform Total	4155.5	744	5.59
Fire Staff	1220.5	206	5.92
Q4 Total	5376	950	5.66

The latest national benchmarking data available from Cleveland Fire & Rescue Service for Quarter 3 show that:

- CFRS has the 8th lowest whole-time absence rate of all services;
- CFRS has the 6th lowest on-call sickness absence rate of all services;
- CFRS was the 23rd lowest for Fire Staff absence, which is a significant change from the same period in 20/21 when Fire Staff were 8th lowest; and
- CFRS remain below the national average for whole-time and on-call sickness absence rates, though there has been a significant increase in the national average across all groups.

What actions will be required to improve performance?

- A further review of the Quarter 4 figures will be undertaken to ascertain trends and underlying causes.
- Monthly scrutiny at the Attendance Management Board continues to be applied to all absence cases to ensure that the appropriate actions are taken and that staff are given adequate support to assist with their return to the workplace.
- Monthly monitoring of staff who have reached an Attendance Review Point continues to take place.
- Quarterly contract meetings with the Occupational Health Unit are ongoing to monitor service delivery and performance.
- 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.
- Covid-19 absences continue to be monitored on a twice-weekly basis.

Performance and Programme Board – Performance Report

Indicator: [Working Days Lost to Injury]

Reporting Period Q4		01/04/2021 to 31/03/2022	
Q1 Target	10	Q1 Actual	48
Q2 Target	10	Q2 Actual	7
Q3 Target	10	Q3 Actual	27
Q4 Target	10	Q4 Actual	6
YTD Cumulative Target	40	YTD Cumulative Actual	88
Previous Status	Current Status		
			

Summary of Current Performance

The total days lost due to injury in 2021/22 was 88.

In Quarter 4 one accident resulted in 6 duty days lost. This accident occurred during swift water training when an eddy in the current pushed the individual off his intended course down the river and he hit submerged rocks injuring his coccyx and middle finger on his left hand.

All of the trainees had been briefed regarding the course to take down the river, the location of submerged rocks and the measures necessary to avoid them. The water level and conditions were reviewed before each training session to ensure that they remained safe for the training.

Action taken to improve performance

The total days lost due to a workplace injury in 2021/22 was 88, more than double the target, although a reduction on the 123 recorded in 2020/21.

The 88 days were lost as a result of 7 separate events.

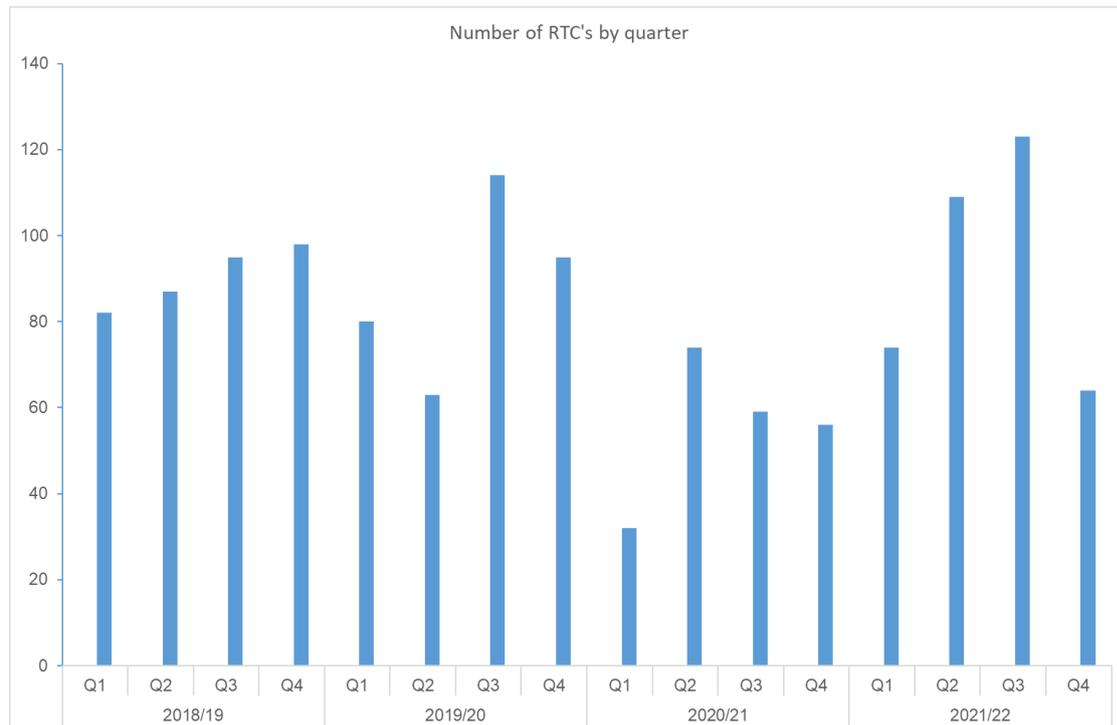
None of the events were significant injuries according to the Health and Safety Executive definition of injuries.

During the year we reviewed how we record time lost for on-call staff as this had the potential to skew the figures; a more equitable apportionment of lost time for these staff was agreed.

All of the accidents were investigated, the associated risk assessments and procedures reviewed, and additional control measures were implemented as appropriate.

Performance and Programme Board – Performance Report				
Indicator: [Road Traffic Collisions Attended]				
Reporting Period Q4	01/04/2021 to 31/03/2022	Q1 Actual	74	
		Q2 Actual	109	
		Q3 Actual	123	
		Q4 Actual	64	
		YTD Cumulative Actual	370	
Summary of Current Performance				
<p>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.</p> <p>As a consequence, the Service has taken a decision to monitor and report the number of road traffic collisions (RTCs) that we attend.</p> <p>Fatalities and injuries occurring as a result of Road Traffic Collisions.</p> <p>Please note, the following information is collated from data owned by Cheshire Constabulary and relates to the calendar year.</p>				
Severity	1 st October 2019 to 30 th September 2020	1 st October 2020 to 30 th September 2021	% of total	Year on year change
Fatal	32	23	1.3%	↓ 28%
Serious	253	270	14.9%	↓ 7%
Slight	1569	1522	83.9%	↓ 3%
Total	1854	1815		↓ 2%

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



This chart 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 during 2020/21 is partially due to the travel restrictions placed on households due to Covid-19, since the start of 2021/22 the numbers have increased to expected levels.

Action taken to improve performance

The Road safety team continue to deliver Cheshire Fire and Rescue Services key road safety interventions 'Bikerdown' and 'Think Drive Survive'. This is designed to target at risk vulnerable road user groups.

The Service Delivery plan has been updated for the coming year, this reflects an increase in activity from the Service in Cheshire East to help align activity levels across the County.

Cheshire Road Safety Group (CRSG), with support from Cheshire Fire and Rescue Service, successfully obtained £25k of funding to support an increase in the reach of the Service's 'Share the Road' campaign. This will consist of radio adverts, bus mounted adverts across Cheshire, artwork, and a mobile TV rig to utilise at events. The launch will occur with a week of action across Cheshire during the 17th to the 20th of May 2022.

A CRSG meeting took place on the 31/3/2022. Prior to the meeting the Chair of the CFA and the Road Safety Champion jointly wrote to all local authorities and the PCC to seek support and commitment for a shared strategic road safety plan. A number of replies were received prior to the meeting.

At that meeting, an update was given on the contractual status of the group's current legal agreement, which has expired and discussions took place regarding renewal of the current

contract in its current terms for a further 12 months. This has been the norm for previous contract extensions.

CFRS outlined that this would be an ideal opportunity to refresh sections with the existing contract such as the group's vision and purpose alongside strategic objectives to reflect the ambition to implement a shared Strategic Road Safety Plan. It was agreed that a subgroup would be arranged to discuss potential amendments to the contract.

Annex 2 – False Alarms Performance Report

Performance and Programme Board – Performance Report																																						
Indicator: [Total number of False Alarms attended]																																						
Reporting Period Q3	01/04/2021 to 31/03/2022	Q1 Actual	890																																			
		Q2 Actual	958																																			
		Q3 Actual	838																																			
		Q4 Actual	746																																			
		YTD Cumulative Actual	3442																																			
Summary of Current Performance																																						
<p>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 that are actively managed. Therefore the Service will be monitoring all false alarms, both malicious and those of good intent, to review where we can improve performance.</p>																																						
<table border="1" style="margin: 10px auto; border-collapse: collapse; font-size: small;"> <caption>Number of False Alarms by Quarter (Estimated from Chart)</caption> <thead> <tr> <th>Year</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>2016/17</td> <td>930</td> <td>1050</td> <td>950</td> <td>780</td> </tr> <tr> <td>2017/18</td> <td>830</td> <td>850</td> <td>730</td> <td>670</td> </tr> <tr> <td>2018/19</td> <td>850</td> <td>1030</td> <td>870</td> <td>740</td> </tr> <tr> <td>2019/20</td> <td>800</td> <td>910</td> <td>830</td> <td>740</td> </tr> <tr> <td>2020/21</td> <td>940</td> <td>920</td> <td>780</td> <td>800</td> </tr> <tr> <td>2021/22</td> <td>880</td> <td>960</td> <td>830</td> <td>740</td> </tr> </tbody> </table>				Year	Q1	Q2	Q3	Q4	2016/17	930	1050	950	780	2017/18	830	850	730	670	2018/19	850	1030	870	740	2019/20	800	910	830	740	2020/21	940	920	780	800	2021/22	880	960	830	740
Year	Q1	Q2	Q3	Q4																																		
2016/17	930	1050	950	780																																		
2017/18	830	850	730	670																																		
2018/19	850	1030	870	740																																		
2019/20	800	910	830	740																																		
2020/21	940	920	780	800																																		
2021/22	880	960	830	740																																		
<p>Over the last 12 months (January – December 2021), 3434 incidents have been classified as a false alarm. This is a reduction of 42 incidents over the previous year.</p>																																						
<p>57.8% of false alarms are accounted for by automatic false alarm calls (1984) and 39.7% by false alarm good intent calls (1363). In both categories the highest number of calls relate to dwellings, accounting for 63.6% of all false alarms.</p>																																						
<p>The highest number of calls are from dwellings, particularly AFAs linked to “faulty alarms” and “cooking/burnt toast” which account for 47.5% of all calls from dwellings.</p>																																						
<p>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.</p>																																						

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.

Count by Unitary Area

Unitary Area	Number of False Alarms April 2021-March2022*
Cheshire East	1261
Cheshire West and Chester	1119
Halton	466
Warrington	687

Data April 2021-March 2022

Count by false alarm type

Type of False Alarm	Number of False Alarms
False alarm due to apparatus	1984
False Alarm Good Intent	1363
False Alarm Malicious	87

Count by false alarm reason and property type

Reason	Dwelling	Non Residential	Other Residential	Outdoor	Outdoor Structure	Road Vehicle	Total
Cooking/burnt toast	588	17	52	0	2	0	650
Faulty	449	120	59	0	0	1	629
Controlled burning	68	8	1	230	30	0	337
Other	70	15	4	12	6	4	111
Accidentally/carelessly set off	148	56	36	0	0	0	240
Not required	152	8	0	8	5	12	185
Fire - Reported Incident/Location not found	106	5	0	71	11	16	209

Count by Station Area

Station Area	Number of False Alarms
Chester	418
Warrington	365
Runcorn	284
Crewe	259
Macclesfield	237



Cheshire
Fire & Rescue Service

Our Performance

Q4 2021/22 update

TOTAL VISITORS SINCE APRIL 2021: 3,385

(28,315 since July 2017)

School visits Jan – March 22

28 mainstream

1,094 children,

116 supporting adults

1 non- mainstream

19 children,

2 supporting adults

Repeat visit Schools	15
New schools	17



Volunteer information

25 volunteers active

2 in recruitment process

485 volunteer hours completed



Current C19 Recovery Phase

4	Full programme recommences
3	Primary school groups of max 60
2	Family groups of up to 6 people only
1	Closed to visitors, workplace only

Additional visitors:

- 104 visitors attending training / meetings
- 13 Tours of the centre



Cheshire
Fire & Rescue Service

SAFE & WELL Initiative

1ST APRIL 2021 - 31ST MARCH 2022

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

*These activities took place during Covid-19 restrictions

Data within this report was taken from the SAFFIRE Safe and Well Infographic report on 13/04/2022. This report shows the number of referrals based on geographical area of referral.

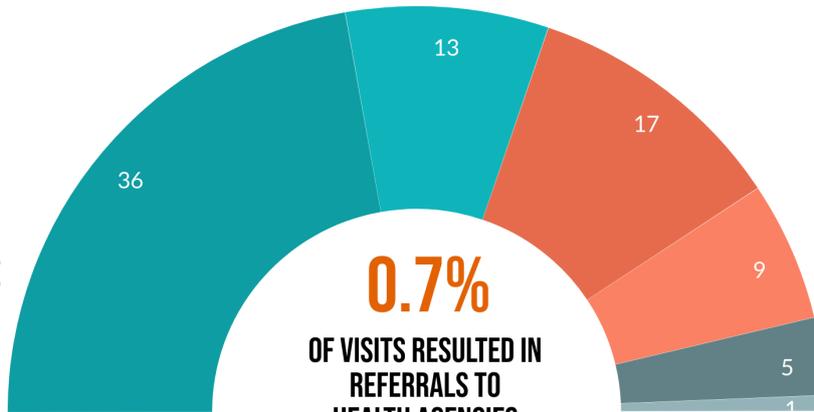
180

**ATRIAL FIBRILLATION
SCREENINGS**



**WITH 13 PEOPLE
BEING
SIGNPOSTED TO
SEE THEIR GP**

11,465
VISITS COMPLETED



0.7%
**OF VISITS RESULTED IN
REFERRALS TO
HEALTH AGENCIES**

290

**LONELINESS &
ISOLATION
SCREENINGS**



**WITH 9 PEOPLE
BEING
SIGNPOSTED TO
BRITISH RED
CROSS**



36



**LOCAL AUTHORITY FALLS
TEAM REFERRALS**

0

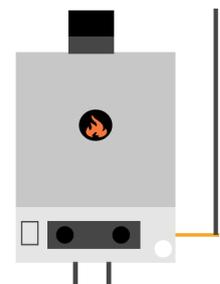


**BLOOD PRESSURE TESTS
TAKEN**

**WITH 0 PEOPLE
SIGNPOSTED TO
HEALTH FOR
SECOND TEST**



17*



**AFFORDABLE WARMTH
REFERRALS**



1
**ALCOHOL REDUCTION TEAM
REFERRALS**



5
**SMOKING CESSATION TEAM
REFERRALS**

(*1 referral per household)



SAFE & WELL Initiative

1ST APRIL 2021 - 31ST MARCH 2022

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

*These activities took place during Covid-19 restrictions

**The number of referrals were reduced due to partners not accepting them during the pandemic.

SAFE & WELL UNITARY OVERVIEW

UNITARY AREA	 Cheshire East Council	 Cheshire West and Chester	 HALTON BOROUGH COUNCIL	 Warrington Borough Council
FALLS REFERRAL 	8	5	11	12
ATRIAL FIBRILLATION SCREENINGS 	22	22	19	117
ATRIAL FIBRILLATION SIGNPOSTS 	1	0	0	12
SMOKING CESSATION REFERRALS 	1	1	1	2
ALCOHOL REDUCTION TEAM REFERRALS 	0	0	0	1
AFFORDABLE WARMTH REFERRALS 	3	3	8	3
BLOOD PRESSURE TESTS TAKEN 	0	0	0	0
BLOOD PRESSURE SIGNPOSTS 	0	0	0	0
LONELINESS & ISOLATION SCREENINGS 	105	83	17	85
LONELINESS & ISOLATION REFERRALS 	2	1	5	1
VISITS COMPLETED	3630	3830	1759	2245
% TO REFERRAL	0.4%	0.3%	1.4%	1.4%



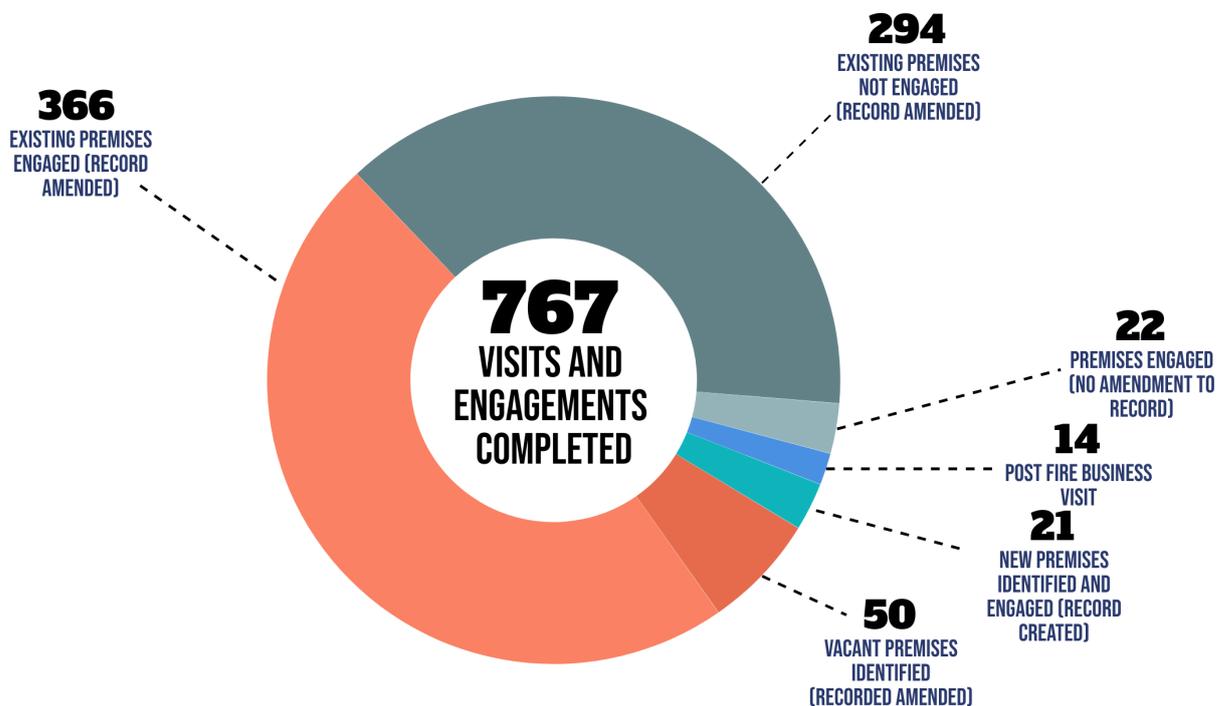
Cheshire
Fire & Rescue Service

BUSINESS SAFETY TEAM

1ST APRIL 2021 - 31ST MARCH 2022

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	Halton	Warrington	Total
Post Fire Business Visit	2	3	8	1	14
New Premises Identified and Engaged (record amended)	10	0	2	9	21
Vacant Premises Identified (record amended)	9	11	11	19	50
Existing Premises Engaged (record amended)	104	147	65	50	366
Existing Premises not Engaged (record amended)	76	117	46	55	294
Premises Engaged (no amendment to record)	1	3	9	9	22
Total	202	281	141	143	767



Cheshire
Fire & Rescue Service

Vaccination Support

15 February 2021 - 1 April 2022

COVID-19 Activity for the whole of Cheshire April 2020 - 1 April 2022

- 5,139 Food Deliveries
- 8,180 Prescription Deliveries
- 1,447 Welfare Calls
- 1,374 Shielding Visits
- 95,000 PPE Items delivered
- 3,896 Pre Operation Swab Test Kits delivered
- 252 Education/Welfare Packs delivered
- 441 Meals for young people
- 95 Bulk food pickup for young people



Up to
1 April 2022

173,275 vaccines

administered at sites, of which
101,958 were given
by CFRS personnel



354
Safe and Well addresses visited

6
Vaccine appointments booked



16,386
Number of hours worked



2,344
Number of shifts worked

CHESHIRE FIRE AND RESCUE SERVICE

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 6TH JULY 2022
REPORT OF: CHIEF FIRE OFFICER AND CHIEF EXECUTIVE
AUTHOR: JULIE PEACH AND SANDRA TAUBINGER

SUBJECT: PROGRAMME REPORT – QUARTER 4, 2021-22

Purpose of Report

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

Recommended: That

- [1] members review and approve 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. The Board is responsible for ensuring the successful delivery of programmes and projects (including those contained in the Authority's annual IRMP action plans).
4. The Programme Health Report for the Quarter 4 of 2021-22 is attached to this report as Appendix 1.

Financial Implications

5. Specific financial and budget impacts are detailed in the finance performance report. The Quarter 4 report was considered recently by the Fire Authority.

Legal Implications

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

Equality and Diversity Implications

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

Environmental Implications

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

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

TEL [01606] 868804

BACKGROUND PAPERS: NONE

APPENDIX 1 – Quarter 4 - Programme Health Report 2021-22 v1.0

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 2022	TO	31st March 2022
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DECISIONS TAKEN AT PERFORMANCE AND PROGRAMME BOARD

The following Closure Reports and PIDs were approved:

1587 Purchase of a High Reach Fire Engine
1604 Corporate Comms
1589 Fire Protection in HMOs
1058 Sprinkler Campaign 12/13
1582 Floodwater Response

PIDs:

1558 Replacement of Crewe Fire Station
1606 Wilmslow Transition to DC1

Governance and Commissioning

1226		BLUE LIGHT COLLABORATION PROGRAMME		
PROGRAMME SPONSOR		Chief Fire Officer	PROGRAMME MANAGER	Director of Governance and Commissioning
Previous status	Current status	<u>Explanation</u> (where status is red or amber)		
				
Programme Update				
Awaiting Closedown Report				

1558		REPLACEMENT OF CREWE FIRE STATION			
PROJECT SPONSOR		Director of Governance and Commissioning	PROJECT MANAGER		Group Manager Governance and Commissioning
Previous status	Current status	<u>Explanation</u> (where status is red or amber)			
					
Project Update					
The award of the build contract has been approved by Members of the Estates and Property Committee, with the contract now signed by CFRS and ISG. The manufacture of the temporary fire station will begin on the 25th April 2022 and all non-operational staff who are based at Crewe fire station have now been allocated new locations to work from.					

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)			
N/A		Programme paused, specifications and requirements to be reviewed			
Programme Update					
Following the decision to pause the fire station modernisation programme, the team have been reviewing all aspects of the programme. This will allow officers to present a range of options to Members before they make a decision about how to proceed. The team now includes a number of additional professional external advisors. This ensures that sufficient challenge will take place before proposals are presented to Members.					
Ellesmere Port and Warrington fire stations are undergoing a feasibility study and comparison of costs, exploring the potential for a new build at each location vs the refurbishment of the existing structures.					

1606		Wilmslow Transition to DC1	
PROJECT SPONSOR		Assistant Chief Fire Officer	PROJECT MANAGER
			Head of Service and Delivery
Previous status	Current status	<u>Explanation</u> (where status is red or amber)	
			
Project Update			
<p>Prior to the decision by the Fire Authority to proceed to purchase 9 houses in Wilmslow, officers had proposed a checklist to assist with: assessment of suitability of the property; and approval to proceed to make an offer.</p> <p>Whilst no properties were under offer and proceedings in Quarter 4, as it stands at the date of the release of this report 3 houses are proceeding.</p> <p>Crews at Wilmslow have been kept up to date with developments through regular briefings via the Station Manager and Service Delivery Manager.</p> <p>Station Managers are developing and refining the Redeployment and Transition policy and process. They plan to perform a dry run test of the process to establish the intentions of individuals who work at Wilmslow.</p>			

1591		MICROSOFT 365 IMPLEMENTATION	
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)	
		Defects with testers are minimal full roll out is progressing as planned	
Project Update			
<p>Phase 1 - Azure build, configure and test</p> <p>Comms Care successfully completed testing and the design and build of the Azure environment which has now been signed off. This is the environment to store information.</p> <p>Phase 2 -Technical Pilot (User Testing)</p> <p>The Technical Pilot commenced in early March 2022, with 25 users testing M365 for a period of 4-5 weeks. Very few defects and issues have been identified and a number of benefits have been identified in the shape of faster applications</p>			

and faster devices. Pending sign-off by the organisation on the 26th April, a move into Phase 3 (the wider roll out of M365) looks highly likely.

Phase 3 - Training material prep and Full roll-out

Planning for the Laptop and Desktop roll-out has started and the roll-out will begin in earnest on the 4th May. An M365 Intranet section has been created and houses a range of useful guides and information linked to the roll out process and to M365 itself. On the run up to the roll-out, a weekly M365 Green article is being published to ensure the organisation is fully aware of the upcoming changes.

The full roll-out is due to complete by early June 2022. It is expected that there will be some on-going mop up required for users that were unable to attend the upgrade dates.

Following this the team will roll-out the upgraded Virtual Desktops to the joint corporate service teams and then begin to plan the upgrade of mobile phones to the Service.

Phase 4 - Teams implementation and business pilot

An initial workshop with Valto is due to take place on April 20th to begin the discussion around how the Service wants to implement Microsoft Teams. Once requirements are understood, more accurate planning for the roll out of Teams can commence.

NB: Teams is much more than video conferencing.

1604 RE-ESTABLISHMENT OF IN-HOUSE COMMUNICATIONS AND ENGAGEMENT DEPARTMENT			
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)	
	N/A		
Project Update			
This project is now closed, following the successful transfer of staff from joint corporate services to employment of the Service.			

Operational Policy Assurance

1553		OPERATIONAL TRAINING GROUP REVIEW			
PROJECT SPONSOR		Deputy Chief Fire Officer	PROJECT MANAGER		Service Delivery Station Manager
Previous status	Current status	<u>Explanation</u> (where status is red or amber)			
					
Project Update					
<p>The Head of Department has met with the whole Operational Assurance and Testing Team (OATT) on 29th March and reviewed progress against the objectives to date. The team have been tasked with reviewing some of their existing practices to ensure the objectives can be delivered. Due to the impact of covid and the fact that the pilot has straddled two training years it is very difficult to evaluate the pilot comprehensively. As such the management team are considering whether to extend the pilot for a further 12 months from 1st April 2022 to 31st March 2023. This decision will be made following the April Joint Consultative and Negotiation Panel (JNCP).</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>Fabrication of the water pod continues on schedule at PrimeX/Leach Steel. Fabrication and paint forecast to be completed by the middle of April. Once collected the pod will require further work by CFRS fleet to add batteries, lighting and livery.</p> <p>The converted Prime mover has different hook lift controls to our existing prime movers in fleet and so hook lift operators at Ellesmere Port will require further training from the three hook lift instructors.</p> <p>Driving school have also confirmed that familiarisation training will be required for the drivers due to the shifting load of a 9000l water tank. This training will be organised in liaison with the Station managers at Ellesmere Port and Powey Lane, Driving School Manager and Project Manager.</p>					

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)		
	N/A			
Project Update				
<p>High Reach Extending Turrent (HRET) is now an operational appliance based at Macclesfield Fire Station, a feedback form has been produced and will be completed by Crew Managers and Watch Managers at Macclesfield when attending incidents that have utilised the new HRET features such as foam delivery or spike / lance.</p> <p>The HRET appliance was sent back to E1 after being on station for several weeks, due to crews reporting issues with the camera and control hardware, this was quickly rectified.</p>				

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)		
		The National programme continues to experience major delays. Therefore, the projected savings from decommissioning Airwave are also delayed.		
Project Update				
<p>Assure 1.9 handheld devices have now been released to region enabling testing of data signals in buildings and critical operational locations (COL's). Testing is yet to resume as adequate resources are identified and trained by the project.</p> <p>Work has been undertaken at regional level to ascertain if the bandwidth of data connections to North West Fire Control (NWFC) are adequate for the adoption of the Emergency Services Network (ESN). This work is ongoing with other NWFC partners.</p> <p>Financial restructuring of the project at regional level has been carried out by Fire Customer Group, this has resulted in the loss of the regional Project Manager and increased workloads for Service Project Managers. Further work is being undertaken with the support of finance to ensure the service is meeting its commitments when drawing down funding.</p> <p>A Station Manager has taken up the regional role on the operational assurance working group. This group aims to test the devices and network from a fire service perspective through scripted exercises. It is not envisaged at this time that Cheshire will be hosting an exercise but the opportunity may arise to take part in cross border events.</p>				

Major risks remain potential financial implications for the organisation should the project fail to meet current predicted implementation timescales (2025/26).

Cheshire Planning System (CPS) risk profile and critical milestones have been reviewed and updated.

1593		SPECIALS REVIEW	
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)	
N/A	N/A		
Project Update			
<p>PID submitted to SMT for consideration at the 28th March 2022 meeting.</p> <p>SMT had a detailed discussion about the PID and it was felt that further information was required that included the following:-</p> <ul style="list-style-type: none"> - Comms Team to be included in the Stakeholder list / Project Team - Critical Milestones to be included along with implementation dates - Responsible person to be listed against each of the Critical Milestones - Inter-dependencies - EIA to be built into the Project Management Process - Post Implementation Review - Link to Fleet Strategy - List what proposing to purchase this year including costs - Link to the Fire Cover Service Improvement Review <p>It was agreed that:</p> <p>[1] the report and comments raised be noted.</p> <p>[2] further work to be undertaken on the Specials Review PID and submitted as part of the Budget Bid</p> <p>PID expected Q1 - July 2022.</p>			

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				
Closedown report expected Q1 – July 22.				

1578		EXPANSION OF RAPID RESPONSE RESCUE UNITS (RRRU)		
PROJECT SPONSOR		Head of Service Delivery	PROJECT MANAGER	Service Delivery Manager – Halton and Warrington
Previous status	Current status	<u>Explanation</u> (where status is red or amber)		
				
Project Update				
<p>The first ten Toyota hi-luxes (Middlewich, Alsager, Malpas, Audlem, Knutsford, Stockton Heath, Tarporley, Frodsham, Sandbach & Holmes Chapel) have completed workshop checks, have had additional conspicuity lighting fitted and equipped with the agreed inventory of equipment. They are being delivered to stations currently.</p> <p>The driver training for the existing Emergency Fire Appliance Driver (EFAD) drivers is ongoing with all of the stations now having some drivers in place, driving courses are currently booked until the end of May 2022 to capture the remaining and upskill them to RRRU.</p> <p>The final piece of work to be completed is to configure the Gartan Availability software to reflect the new crewing rules and availability of RRRUs. This will allow their status to be passed accurately to North West Fire Control to ensure they are deployed to the right types of incidents. Testing of this is due to take place week commencing 2nd May 2022.</p> <p>CFRS are still awaiting the 11th Toyota Hilux which has an uprated engine and towing capacity for the wildfire capability for Poynton. There is also the Mercedes Sprinter which will double as the ARU (Animal Rescue Unit) for Bollington. The anticipated delivery date for that vehicle is later this month.</p> <p>The working group meetings are continuing, the anticipated "Go live" date for the project should be during May 2022.</p>				

1582		REVIEW OF FLOOD/WATER RESPONSE PROVISION		
PROJECT SPONSOR		Head of Service Delivery	PROJECT MANAGER	Group Manager - Cheshire East
Previous status	Current status	<u>Explanation</u> (where status is red or amber)		
				
Project Update				
<p>The initial review was completed and a report submitted to SMT. One immediate outcome involved the creation of a further project which was established to rollout individual floodsuits to non swiftwater rescue specialist responder operational personnel. A further outcome was that the data that was utilised for the review received further analysis to establish what, who and how operational resources were utilised in the 450+ incidents that were considered. In addition, a process to monitor the deployment of teams in swiftwater rescue scenarios or when floodsuits are required for a further twelve months has also been implemented. This is to enable more accurate understanding of the need and to determine, as part of the Fire Cover review, whether further changes in locations of swiftwater assets are required. A closedown report has been submitted and is currently under sponsor review.</p>				

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>The initial elements of the project have been delivered, with the four designated wildfire stations receiving specialist equipment. All firefighters based at Congleton, Poynton, Macclesfield and Bollington have been issued with wildfire specific personal protective equipment (PPE). Firefighters at these stations have received training in the use of all equipment and completed a 1 day introduction to wildfire / Fire Operations Group Course (FOG).</p> <p>The mobilisation of this capability went live at North West Fire Control (NWFC) at 9am on 4th April 2022. Following this incident commanders can request the attendance of a wildfire unit with the specialist equipment and training at an incident.</p> <p>The All-Terrain vehicle elements of the Wildfire Capability Project have interdependencies with other elements of the organisation and ongoing projects that have presented challenges to deliver this project as forecasted.</p> <p>The All-Terrain vehicle will be towed by a Toyota Hilux vehicle procured through the RRRU project. CFRS Fleet department do not have a confirmed delivery date for the vehicle but the estimated delivery is due April to May. The</p>				

initial order of the vehicle was delayed due to comprehensive engagement with firefighters at Poynton, considering all vehicle options.

All Emergency Fire Appliance Driver (EFAD) drivers at Poynton require driver training for use of the Rapid Response Rescue Units (RRRU). Delivery of this training has been delayed due to various challenges, including the number of driving instructors available and the prioritisation of other driving functions. To date four of the drivers at Poynton have now had this training.

To safely tow the All-Terrain vehicle, the drivers will also receive a trailer familiarisation one day course. Due to challenges this will be delivered by a third party. Driving school have now received three quotes for this training under procurement rules and are in a position to organise dates. The crew at Poynton are liaising with the training supplier to arrange dates.

The All-Terrain vehicle requires driver and operational training for the vehicle and ancillary equipment. CFRS have received three quotes for this training and can proceed following successful completion of the trailer course.

Prevention and Protection

1058		SPRINKLER CAMPAIGN 2014			
PROJECT SPONSOR		Deputy Chief Fire Officer	PROJECT MANAGER		Head of Prevention and Protection
Previous status	Current status	<u>Explanation</u> (where status is red or amber)			
					
Project Update					

1549		HIGH RISE SPRINKLER CAMPAIGN 2018			
PROJECT SPONSOR		Deputy Chief Fire Officer	PROJECT MANAGER		Head of Prevention and Protection
Previous status	Current status	<u>Explanation</u> (where status is red or amber)			
					
Project Update					
<p>Work is ongoing to arrange a media opportunity with Guinness Housing Trust to celebrate and publicise the installation at Waverley Court, Crewe and Sanctuary Housing for the 9 installations in Cheshire West. The funding is yet to be transferred to Sanctuary Housing but the agreement to do so is being consulted on at present.</p> <p>A sprinkler save took place at one of the Sanctuary properties in the last quarter when a fire started in an e-bike and the sprinkler system extinguished it.</p> <p>Work is ongoing with Torus Housing regarding Kingsway House, Warrington regarding their sprinkler project which will be the 18th sprinklered high rise.</p>					

1554		PROTECTION REVIEW			
PROJECT SPONSOR		Deputy Chief Fire Officer	PROJECT MANAGER		Head of Prevention and Protection
Previous status	Current status	Explanation (where status is red or amber)			
					
Project Update					
Closedown report expected Q1- July 2022.					

1577		REVIEW OF THE RISK BASED INSPECTION PROGRAMME (RBIP)			
PROJECT SPONSOR		Head of Prevention and Protection	PROJECT MANAGER		Protection Manager
Previous status	Current status	Explanation (where status is red or amber)			
		There has been some slippage against key milestones, but inspection activity continues.			
Project Update					
The RBIP is fully operational and teams are working from the new risk lists. Communication is taking place regularly to ensure smooth operation of the RBIP and staff are clear on expectations and processes. The import of the RBIP data in to SAFFIRE has taken place but unfortunately due to the data quality this has created a number of duplicate records. Work is now taking place to determine the best long term fix for this. Interim work arounds have been implemented and all staff have been made aware.					

1594 SPRINKLERS SAVE LIVES CAMPAIGN 2021/22				
PROJECT SPONSOR		Deputy Chief Fire Officer	PROJECT MANAGER	Head of Prevention and Protection
Previous status	Current status	<u>Explanation</u> (where status is red or amber)		
				
Project Update				
<p>The 12 month campaign is now complete. Themed monthly campaigns have been run and opportunities to raise the profile of and promote sprinklers have been taken alongside these themes. Promotion, campaigning and lobbying will continue with members and through stakeholders at all opportunities. A closedown report will be completed in due course.</p>				

1589 FIRE PROTECTION IN HOUSES OF MULTIPLE OCCUPATION				
PROJECT SPONSOR		Deputy Chief Fire Officer	PROJECT MANAGER	Head of Prevention and Protection
Previous status	Current status	<u>Explanation</u> (where status is red or amber)		
				
Project Update				
<p>Agreement now signed by all parties and distributed in final version PDF. Leaflet to be sent out and departmental instruction note now issued. Project complete in line with Critical Milestone date of 31/03/2022. Inspection being carried out in the offices. Business as usual for this project commenced on 1st April and will look at 40-60 audits per unitary office which will be included as part of RBIP audits.</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	Explanation (where status is red or amber)		
		The Covid 19 Pandemic caused significant delays to the review process being led by the Cheshire Road Safety Group (CRSG) chair. Although that work is now reported to be back underway limited progress has been made by the group to develop a joint strategy.		
Project Update				
<p>The Cheshire Road Safety Group (CRSG) meeting took place on the 31/3/2022. Prior to the meeting the Chair of the Cheshire Fire Authority (CFA) and the Road Safety Champion jointly wrote to all local authorities and the Police and Crime Commissioner (PCC) to seek support and commitment for a shared strategic road safety plan. A number of replies were received prior to the meeting.</p> <p>At that meeting, an update was given on the contractual status of the group’s current legal agreement, which has expired. Discussions took place regarding renewal of the current contract in its current terms for a further 12 months. This has been normal for previous contract extensions.</p> <p>The majority of the group (all financial contributors) were content to approve the extension. CFRS (a non-financial contributor) were not content with the approach and raised concerns that renewing in its current format could delay the implementation of changes identified in the ongoing review including the creation of a shared strategic road safety plan. CFRS suggested that this would be an ideal opportunity to refresh sections with the existing contract such as the group’s vision and purpose alongside some strategic objectives to reflect the ambition to develop a shared strategic plan. The thought was that this would then enable further work in relation to objectives, focus and expected outcomes. It was agreed that a subgroup would be arranged to discuss potential amendments to the contract.</p> <p>The recent letters from the Cheshire Fire Authority were also discussed and it was acknowledged that the authority wants to see further progress towards the strategic road safety plan to reduce those killed or seriously injured on our roads.</p> <p>Work has also commenced to review the existing financial model and to explore possible options that could be implemented in the future such as a full time road safety coordinator to support the work of the CRSG.</p>				

RISK MANAGEMENT

CPS Ref	Risk Detail	Risk Owner	Risk Score	Progress Update – Mitigation / Progress
806	Uncertainty of the future funding model for CFRS with the introduction of the outcome of the ESMCP.	Wendy Bebbington	16	Home Office have confirmed that they will be moving away from the shared Regional Project Manager transition model from 2022/23 but whether this places additional impact on Cheshire and other local FRS is still to be confirmed along with a new funding model for transition activity in 2022/23. There is still no clear national business case regarding funding and costings which was anticipated to have been received by now although the high-level current position remains that costs of change for the Fire sector will be met by the Home Office. Until confirmation of detailed costs and funding arrangements is received, a risk remains that HO funding does not cover all the financial implications locally.

The impact of a 3rd wave of Covid-19 infections and the increasing requirement to self-isolate is yet to be fully understood, but agile working arrangements mean that most project work can continue although this may still affect supply chains.

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CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 6TH JULY 2022
REPORT OF: DIRECTOR OF GOVERNANCE AND COMMISSIONING
AUTHOR: LOUISE WILLIS/CHRIS ASTALL

SUBJECT: INTERNAL AUDIT ANNUAL REPORT AND HEAD OF
INTERNAL AUDIT OPINION 2021-22:
INTERNAL AUDIT PROGRESS REPORT:
INTERNAL AUDIT FOLLOW UP SUMMARY REPORT

Purpose of Report

1. To present to Members the Internal Audit Annual Report and Head of Internal Audit Opinion 2021-22, a progress report on audit plan delivery and Recommendations Follow Up Report.

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

Internal Audit Annual Report and Head of Internal Audit Opinion 2021-22

6. 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).
7. The Internal Audit Annual Report and Head of Internal Audit Opinion 2021-22 is attached to the report as Appendix 1. Members will see that the Internal Auditor's overall opinion at 4.2.2 is that 'Substantial Assurance', can be given that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied 'consistently'.

Internal Audit Progress Report

8. The report provides an update on progress with delivery of the internal audit plan. The Progress Report is attached to the report as Appendix 2.

Internal Audit Follow Up Summary Report

8. The report provides an update to members on the implementation of prior year audit recommendations and notes good progress has been made in taking forward the improvements in internal control. The Follow Up Summary Report is attached to the report as Appendix 3.

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 - Internal Audit Annual Report and Head of Internal Audit Opinion 2021/ 22

Appendix 2 - Internal Audit Progress Report

Appendix 3 - Internal Audit Follow Up Summary Report

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Internal Audit Annual Report & Head of Internal Audit Opinion 2021/22

Cheshire Fire Authority/ Fire and Rescue Service

Contents

- 1 Introduction
- 2 2021/22 Internal Audit Service Delivery
- 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 Introduction

The purpose of this Head of Internal Audit Opinion is to contribute to the assurances available to the Accountable Officer and the Fire 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 Fire Authority in the completion of its 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 organisation like many in the public sector has continued to faced unprecedented challenges due to COVID-19.

2 2021/22 Internal Audit Service Delivery

COVID-19 has continued to impact all public services, however, our response during 2020/21 and the need to work differently has provided a strong basis for the delivery of planned work in 2021/22. We have continued to act as a critical friend throughout the pandemic providing key assurances across a range of areas.

We would like to take this opportunity to thank the Fire Authority and Cheshire Fire and Rescue Service for their ongoing support during the year.

3 Executive Summary

This annual report provides the 2021/22 Head of Internal Audit Opinion for Cheshire Fire Authority and Cheshire Fire and Rescue Service, together with details of the planned internal audit coverage and outputs during 2021/22 and MIAA Quality of Service Indicators.

Key Area	Summary
<p>Head of Internal Audit Opinion</p>	<p>The overall opinion for the period 1st April 2021 to 31st March 2022 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>Planned Audit Coverage and Outputs</p>	<p>The 2021/22 Internal Audit Plan has been delivered with the focus on the provision of your Head of Internal Audit Opinion. Progress has been reported during the financial year. Coverage has been focused on:</p> <ul style="list-style-type: none"> • The organisation’s Risk Management Framework through attendance at Risk Management Board. • Core and mandated reviews, including follow up; and • A range of individual risk based assurance reviews. <p><i>Please include the summary text in the table above when referring to the Head of Internal Audit Opinion in your Annual Governance Statement.</i></p>

MIAA Quality of Service Indicators	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.
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4 Head of Internal Audit Opinion

4.1 Roles and responsibilities

The Fire Authority is 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 (AGS) is an annual statement by the Accountable Officer, on behalf of the Fire Authority, setting out:

- how the individual responsibilities of the Accountable Officer are discharged with regard to maintaining a sound system of internal control that supports the achievements 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, including the Assurance Framework process; and
- 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.

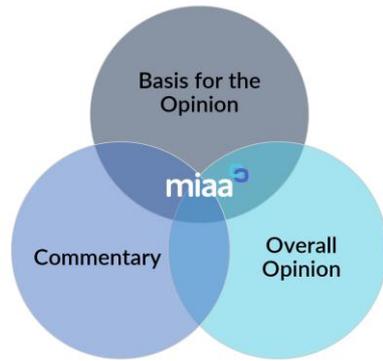
The organisation’s Statement of Assurance should bring together all of the evidence required to support the AGS requirements.

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 Framework. As such, it is one component that the Fire Authority takes 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:

- 1 An assessment of the design and operation of the underpinning Risk Management Framework achieved through attendance at the Risk Management Board.
- 2 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.
- 3 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 2021 to 31st March 2022 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. 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 2021 to 31st March 2022 inclusive, and is underpinned by the work conducted through the risk based internal audit plan.

4.3.1 Core & Risk Based Reviews Issued

We issued:

Zero high assurance opinions:	
Two substantial assurance opinions:	Financial Systems Health and Wellbeing
Two moderate assurance opinions:	Working Time Monitoring Arrangements Operational Debrief and Learning
Two limited assurance opinions:	Blue Light Collaboration (Carry Forward 20/21) Cyber – Organisational Controls
Zero no assurance opinions:	
One review without an assurance rating	National Fraud Initiative Briefing

4.3.2 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 19 recommendations as part of the reviews undertaken during 2021/22. All recommendations raised by MIAA have been accepted by management.

Of these recommendations: none were **critical and eight were high risk recommendations** in relation to the reviews of Working Time Monitoring, Cyber Organisational Controls, Operational Debrief and Blue Light Collaboration.

4.3.3.4 Wider organisation context

This opinion is provided in the context that the Fire Authority/ Fire and Rescue Service like other organisations across the Public Sector is facing a number of challenging issues and wider organisational factors particularly with regards to the ongoing pandemic response and wider transformation. The challenges have included continuing to ensure an effective pandemic response, delivering business as usual requirements, meeting the challenges and needs of modern societies, embracing new technology and recognising the changing risk landscape within communities.

In providing this opinion we can confirm continued compliance with the definition of internal audit (as set out in your Internal Audit Charter), code of ethics and professional standards. We 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
May 2022

Louise Cobain

Assurance Director, MIAA
May 2022

5 Internal Audit Coverage and Outputs

The 2021/22 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 six cases. 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.

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

	Review	Assurance Opinion	Recommendations Raised				
			Critical	High	Medium	Low	Total
1	Financial Systems	Substantial	0	0	1	0	1
2	Health and Wellbeing	Substantial	0	0	0	1	1
3	Working Time Monitoring Arrangements	Moderate	0	2	2	1	5
4	Operational Debrief and Learning	Moderate	0	1	3	0	4
5	Cyber – Organisational Controls	Limited	0	2	3	0	5
6	Blue Light Collaboration (Carry Forward)	Limited	0	3	0	0	3
7	National Fraud Initiative Briefing	N/A	N/A	N/A	N/A	N/A	N/A
		TOTAL	0	8	9	2	19

We will continue to follow up progress against all recommendations as part of the 2022/23 Internal Audit Plan.

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

Detailed insight into the overall Governance and Risk Management processes gained from liaison throughout the year with the Director of Governance and Commissioning / Senior Management Team,

Involvement with the organisation in respect of advice and guidance relating to the development of an Audit Committee.

Attendance at Risk Management Board in year.

Regular liaison and updates with the Joint Corporate Team in relation to recommendation tracking.

Member training in relation to Internal Audit and risk.

Opportunities/ Involvement through MIAA events. Including the NW Collaborative 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; but other third party assurances should also be considered. In addition the organisation should take account of other independent assurances that are considered relevant.

We have identified a number of other strategic challenges that should be considered by the Fire Authority/ 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:

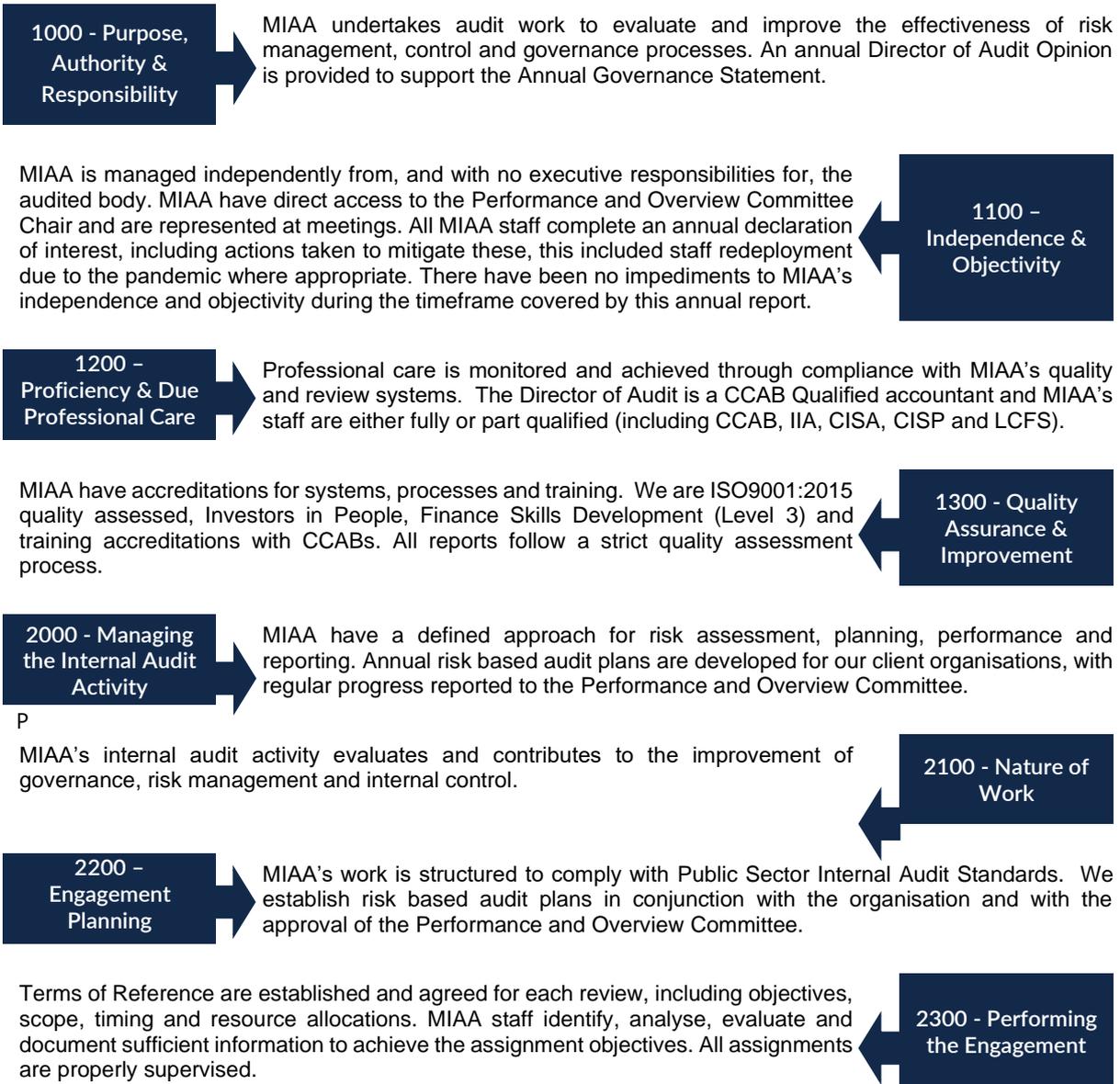
- Compliance with all relevant laws, standards and regulations.
- HMICFRS inspection and feedback during 2021/22 including any actions taken to address any areas of development.
- Response to Covid19 and the considerable support provided by the service to partner organisations.
- Organisational performance and service pressures managed in year.
- Any risks associated with achieving the Financial Plan.
- 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 and the strengthening of health and wellbeing support.
- Cyber security, information governance risks and any associated reportable incidents to the Information Commissioner.
- The changes to the Senior Leadership Team in year.

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

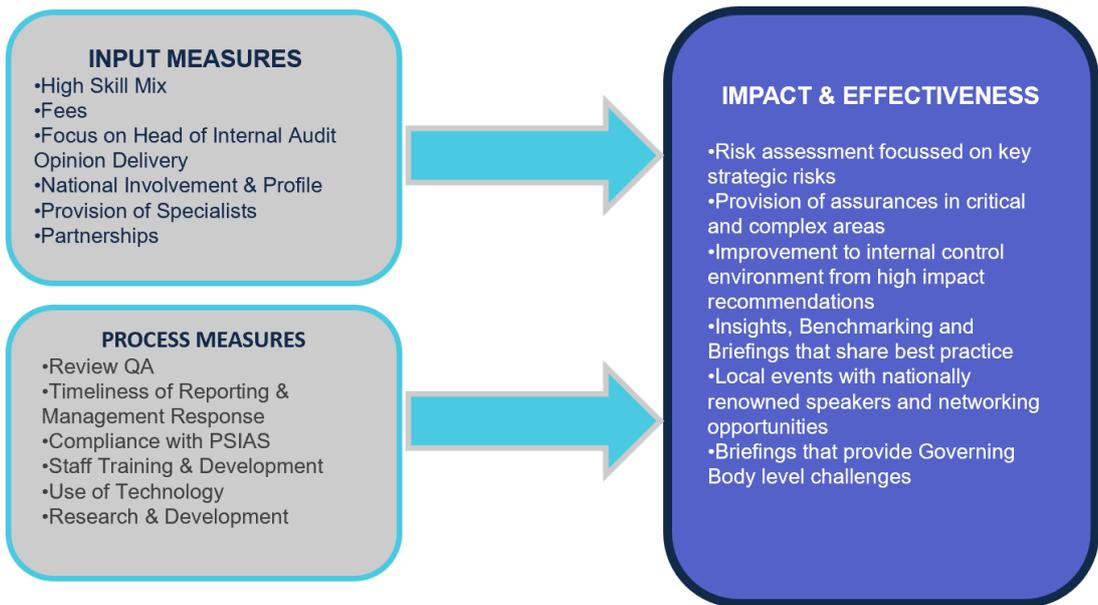
MIAA comply fully with professional best practice, internal audit standards and legal requirements. We assess our compliance with the Public Sector Internal Audit Standards (PSIAS) each year.





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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Internal Audit Progress Report Performance & Overview Committee (July 2022)

Cheshire Fire and Rescue Service

Contents

1 Introduction

2 Key Messages for Performance and Overview Committee Attention

Appendix A: Contract Performance

Appendix B: Performance Indicators

Appendix C: Key Areas from our Work and Actions to be Delivered

Your Team

Name	Role	Contact Details
Anne-marie Harrop	Engagement Lead	Anne-marie.harrop@miaa.nhs.uk 07920 150313

Limitations

The matters raised in this report are only those which came to our attention during our internal audit work and are not necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required. Whilst every care has been taken to ensure that the information in this report is as accurate as possible, based on the information provided and documentation reviewed, no complete guarantee or warranty can be given with regards to the advice and information contained herein. Our work does not provide absolute assurance that material errors, loss or fraud do not exist.

Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management and work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify all circumstances of fraud or irregularity. Effective and timely implementation of our recommendations by management is important for the maintenance of a reliable internal control system.

Reports prepared by MIAA are prepared for your sole use and no responsibility is taken by MIAA or the auditors to any director or officer in their individual capacity. No responsibility to any third party is accepted as the report has not been prepared for, and is not intended for, any other purpose and a person who is not a party to the agreement for the provision of Internal Audit and shall not have any rights under the Contracts (Rights of Third Parties) Act 1999.

Public Sector Internal Audit Standards

Our work was completed in accordance with Public Sector Internal Audit Standards.

1 Introduction

This report provides an update to the Performance and Overview Committee in respect of the progress made against the Internal Audit Plan for 2021/22 and brings to your attention matters relevant to your responsibilities as members of the Committee.

This progress report provides a summary of Internal Audit activity and complies with the requirements of the Public Sector Internal Audit Standards.

Comprehensive reports detailing findings, recommendations and agreed actions are provided to the organisation, and are available to Committee Members on request. In addition a consolidated follow up position is reported on a periodic basis to the Performance and Overview Committee.

This progress report covers the period January 2022 to June 2022.

2 Key Messages for Performance and Overview Committee Attention

Since the last meeting of the Committee, there has been focus on the following areas:

2021/22 Audit Reviews

The following reviews have been issued and the 2021/22 plan is complete:

- Cyber – Organisational Controls (Limited Assurance)

Our review identified a number of areas where controls needed to be strengthened including overarching security framework (policies and procedures), management of third party risks, cyber training and the management of personal devices.

- Working Time Monitoring Arrangements (Moderate Assurance)

Overall, we confirmed that controls regarding data collection and validation were producing accurate data to the Working Time Group. However, the multiple systems and handoffs create an inherent risk of error and the process is time consuming and labour intensive.

- Operational Debrief and Learning (Moderate Assurance)

Cheshire Fire and Rescue are currently developing new structures and processes in relation to the management of debriefs and as such new arrangements have yet to be fully rolled out and developed. A high-level recommendation was raised in respect of shared learning.

	<p>The following reviews are in progress:</p> <ul style="list-style-type: none">• Business Continuity Planning <p>Refer to Appendix C for details of Key Areas from our Work and Actions to be Delivered.</p>
Follow Up	<p>Work is underway to evaluate the implementation status of prior year recommendations.</p>
Audit Plan Changes	<ul style="list-style-type: none">• The audit plan for 21/22 is complete and work is underway on the 22/23 plan.
Insights	<p>Briefings</p> <p>Our latest briefings/blogs are:</p> <ul style="list-style-type: none">• MIAA Review of the year 2021/22• Reframing Adult Social Care• Outlook for the public sector• Key NHS Publications – May 2022• Conflicts of Interest through the Audit Committee Lens <p>Audit Committee Chairs Webinars</p> <p>We are continuing to hold webinars with groups of NHS / Client Audit Committee Chairs focusing upon governance challenges and other key issues.</p> <p>Collaborative Masterclass Events - book via our website: www.miaa.nhs.uk</p> <ul style="list-style-type: none">• How can strengths based working lead to healthier and happier communities? – 7th July 2022 (9:15 am - 12:00) via Zoom.

Appendix A: Contract Performance

The Public Sector Internal Audit Standards (PSIAS) state that ‘The chief audit executive must deliver an annual internal audit opinion and report that can be used by the organisation to inform its governance statement.’

Audit Plan 2021/22

HOIA Opinion Area	Status	Assurance Level
-------------------	--------	-----------------

Core/ Mandated Assurances

Key Financial Controls	Complete	Substantial
National Fraud Initiative	Complete - Briefing issued May 21 and Dec 21	N/A

Risk Based Assurances

Risk Management Board	Qtr 1 - 4	N/A
Cyber – Organisational Controls	Complete	Limited
Working Time Monitoring Arrangements	Complete	Moderate
Operational Debrief and Learning	Complete	Moderate
Health and Wellbeing	Complete	Substantial
Blue Light Collaboration (Carry forward)	Complete	Limited

Follow Up

Qtr 1	Complete	N/A
Qtr 4	Complete	N/A

If due to circumstances beyond our control we are unable to achieve sufficient depth or coverage, we may need to caveat opinions and explain the impact of this and what will be done to retrieve the position in future.

Audit Plan 2022/23

HOIA Opinion Area	Status	Assurance Level
Core/ Mandated Assurances		
Key Financial Controls (including Reserves)	Q3	
Risk Based Assurances		
Risk Management Board	Qtr 1 - 4	N/A
Business Continuity	Fieldwork	
Blue Light Collaboration	Q2/3	
Microsoft 365 Delivery	Q2	
Follow Up		
Qtr 1	Fieldwork	N/A
Qtr 4	Q4	N/A

Appendix B: Performance Indicators

The primary measure of your internal auditor’s performance is the outputs deriving from work undertaken. The following provides performance indicator information to support the Committee in assessing the performance of Internal Audit.

Element	Reporting Regularity	Status	Summary
Delivery of the Head of Internal Audit Opinion (Progress against Plan)	Each Audit Committee	Green	There is ongoing engagement and communications regarding delivery of key reviews to support the Head of Internal Audit Opinion.
Issue a Client Satisfaction Questionnaire following completion of every audit.	Every Report	Green	
Percentage of recommendations which are implemented	Twice per year	Green	Follow up reports are provided twice per year.
Qualified Staff	Annual	Green	MIAA have a highly qualified and diverse workforce which includes 75% qualified staff. The Senior Team delivering the Internal Audit Service are CCAB/IIA qualified.
Quality	Annual	Green	MIAA operate systems to ISO Quality Standards. The External Quality Assessment, undertaken by CIPFA, provides assurance of MIAA’s compliance with the Public Sector Internal Audit Standards. MIAA conforms with the Public Sector Internal Audit Code of Ethics.

Appendix C: Key Areas from our Work and Actions to be Delivered

Report Title	Cyber – Organisational Controls			
Executive Sponsor	Director of Governance and Commissioning			
Objective	To assess the effectiveness of the current cyber control framework arrangements in place.			
Assurance Level	Limited Assurance			
Recommendations	0 x Critical	2 x High	3 x Medium	0 x Low
Summary	<p><i>Due to the sensitive and confidential nature of the findings a high-level summary is provided.</i></p> <p>The organisation did not have an approved set of policies and security reference framework outlining its unified approach to security. As a result, operational processes may not therefore align to industry standards, regulation, and best practice.</p> <p>Cybersecurity awareness training is key to enabling cyber awareness to become embedded and this needs to be taken forward as a priority.</p> <p>IT support is provided by the Joint Corporate IT service under the Blue Light Collaboration agreement. Regular performance meetings were in place however security arrangements in place for Fire Service third party service providers such as for a finance system and website provider, and estates systems such as CCTV may benefit from further clarity as these were not part of the Joint Corporate IT Service arrangement.</p>			
Key Areas Agreed for Action	<p>A number of areas were agreed to strengthen the control environment which are themed below.</p> <ul style="list-style-type: none"> • Third party and partner management • Positive cyber culture / training and awareness and Cyber security expertise • Governance structure and objectives and Risk Management • Cyber security threat reporting and Cyber security measures • Incident management 			

Key Risks Highlighted with No Agreed Action	N/A
---	-----

Report Title	Working Time Arrangements			
Executive Sponsor	Paul Binyon, Assistant Chief Fire Officer			
Objective	To provide assurance in respect of the current processes for working time arrangements data collection, to ensure there are adequate management controls and to identify potential areas for improvements in efficiency and service improvements.			
Assurance Level	Moderate Assurance			
Recommendations	0 x Critical	2 x High	2 x Medium	1 x Low
Summary	<p>The Service has appropriate policies in place to support the monitoring of working time arrangements. The current data collection process involves several separate systems to produce the reports required to then be merged into a master spreadsheet which is used to report to the Working Time Group. Overall, we confirmed that controls regarding data collection and validation were producing accurate data to the Working Time Group. However, the multiple systems and handoffs create an inherent risk of error and the process is time consuming and labour intensive. Longer term the Service should look for digital solutions to streamline and we have also raised a control risk in relation to the single point of failure for maintenance and knowledge of the master spreadsheet.</p> <p>Our review focused on the internal controls and monitoring arrangements within Cheshire Fire and Rescue Service. The Fire Service have also conducted an internal review of the Working Time Directive process. This is focusing on best practice of other fire services relating to working time monitoring and has also reviewed the use of the 'W code' within the Gartan rostering software platform and it's General Data Protection Regulation (GDPR) implications.</p> <p>Two high-risk recommendations have been raised due to the lack of formal actions of opt-out agreements, and the single point of failure regarding the 'master spreadsheet'.</p>			

Key Areas Agreed
for Action

- Ensure that formal actioning and reporting of opt-out agreements is in place within the Working Time Monitoring group, and ensure opt out agreements are reviewed on a consistent basis.
- Address the risk of the single point of failure and longer term consider how and where they can streamline and develop digital solutions to support.
- Fatigue management guidance states ‘discussions with those individuals who have exceeded 48 hours should be recorded on self-serve under ‘Working Time Discussions’. This should be implemented on a formal basis and be monitored by the working time group to ensure any 48-hour breaches are backed up by a completed self-serve ‘working time discussion’.
- The Fire Service should also ensure that the Working Time Group has mechanisms in place to monitor repeat working time breaches and develop fatigue management ‘triggers’ which outline what processes managers should take if repeat breaches are occurring.
- The Service should update policies and procedures to ensure that roles and responsibilities, reporting requirements and contracts are monitored and managed. These should include guidance on the reporting requirements for the Working Time Group as the current master spreadsheet macros are managed by 1 member of staff who is competent. If this member of staff leaves or is off for a period of time, there is an ongoing risk of working time monitoring being delayed and becoming inaccurate.

Key Risks
Highlighted with
No Agreed Action

N/A

Report Title	Operational Debrief and Learning			
Executive Sponsor	Steve Barnes, Head of Operational Policy and Assurance			
Objective	To review the systems and processes in place relating to operational debriefs and learning, providing assurance that controls are established and are operating effectively.			
Assurance Level	Moderate Assurance			
Recommendations	0 x Critical	1 x High	3 x Medium	0 x Low
Summary	<p>Cheshire Fire and Rescue are developing new structures and processes in relation to the management of debriefs.</p> <p>Guidance and direction is provided through National Operational Guidance (NOG) which provides strategic and tactical actions for Fire and Rescue Services to follow. The Fire Service have conducted an internal review and developed an Operational Assurance Plan, identifying the gaps in current processes and addressing best practice guidance issued by the National Operational Guidance (NOG). It is acknowledged that an Operational Assurance Plan has been developed for 2022 – 2026, however this is yet to be formally ratified.</p> <p>A high risk recommendation has been raised in relation to monitoring and reporting of lessons learnt. Although there is evidence to demonstrate that hot debriefs are conducted following an incident, the findings from these appears to be isolated and the wider learning, best practice and trend analysis doesn't appear to be demonstrated or easily extracted from the IRS/FireCore system.</p> <p>Whilst we recognise the positive steps taken by the Service, this work is ongoing and as such will require more time to be implemented and embedded. The recommendations raised in this review are designed to support the development of these systems and processes.</p>			
Key Areas Agreed for Action	<ul style="list-style-type: none"> In line with the developed Operational Assurance Plan, action should be taken to address how data relating to debriefs is recorded, monitored and extracted to ensure that cross learning can take place. It is acknowledged that the Service have developed a quarterly Operational Policy and Assurance Bulletin, to share learning and good practice updates, however this is yet to be formalised and issued. The Service should implement a more robust process for sharing of lessons learnt across and within all departments. 			

	<ul style="list-style-type: none">• The current Incident/Event Debriefing document should be reviewed to ensure it reflects up-to-date processes and procedures. This should be updated to reflect any changes made as a result of the implementation of the Operational Assurance Plan and communicated to all staff.• Review the training needs of all staff involved in the process and any training requirements with the implementation of the Operational Assurance Plan.• Develop a Terms of Reference for the Operational Learning Group. In line with the Operational Assurance Plan and best practice guidance, the Service should ensure that data relating to debriefs is gathered and any notable outcomes and actions are reported to the OLG and tracked.
Key Risks Highlighted with No Agreed Action	N/A

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Internal Audit Follow Up Summary Report (June 2022)

Cheshire Fire and Rescue Service

Contents

- 1 Report Distribution
- 2 Introduction and Background
- 3 Summary of Findings

Appendix A: Risk Classifications

Acknowledgement and Further Information

Limitations

The matters raised in this report are only those which came to our attention during our internal audit work and are not necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required. Whilst every care has been taken to ensure that the information in this report is as accurate as possible, based on the information provided and documentation reviewed, no complete guarantee or warranty can be given with regards to the advice and information contained herein. Our work does not provide absolute assurance that material errors, loss or fraud do not exist.

Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management and work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify all circumstances of fraud or irregularity. Effective and timely implementation of our recommendations by management is important for the maintenance of a reliable internal control system.

Reports prepared by MIAA are prepared for your sole use and no responsibility is taken by MIAA or the auditors to any director or officer in their individual capacity. No responsibility to any third party is accepted as the report has not been prepared for, and is not intended for, any other purpose and a person who is not a party to the agreement for the provision of Internal Audit and shall not have any rights under the Contracts (Rights of Third Parties) Act 1999.

Public Sector Internal Audit Standards

Our work was completed in accordance with Public Sector Internal Audit Standards

1 Report Distribution

This report has been compiled and issued solely for the consideration of the intended recipients named below.

Name	Position
Paul Vaughan	Treasurer
Andrew Leadbetter	Director of Governance and Commissioning g
Alex Waller	Deputy Chief Fire Officer
Chris Astall	Planning, Performance and Risk Officer
Performance and Overview Committee	

2 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 recommendations 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 Internal Audit plan, to revisit previous assignments. Internal Audit will follow up a review when the last due date for the recommendations has passed.

3 Summary of Findings

The table below sets out the areas and recommendations which have been reviewed this time and the level of progress which has been made. Our review confirms that good progress has been made in implementing recommendations.

Audit Report	Total No. of Recs to be followed up	Implemented	Partial				Not Implemented				Superseded/ Not Accepted				Not Yet Followed Up				Comments
			C	H	M	L	C	H	M	L	C	H	M	L	C	H	M	L	
2015/16																			
NW Control Centre	1																		Recommendation superseded as no longer relevant.
2018/19																			
Performance Reporting	4	3			1														One Medium recommendation partially implemented – Original Date Sept 2020. Update June 2022: Following a post holder change for the GM - Organisational Performance Manager and a period of several months where this role was vacant, limited progress has yet been made on this task. We have also been waiting for the release of the new CRM and Data Management Fire Standards which are pivotal to ensuring the new PMF policy meets relevant national guidelines. The former has now been released and the latter is currently in consultation phase.

Follow Up Summary Report

Cheshire Fire and Rescue Service

Audit Report	Total No. of Recs to be followed up	Implemented	Partial				Not Implemented				Superseded/ Not Accepted				Not Yet Followed Up				Comments
			C	H	M	L	C	H	M	L	C	H	M	L	C	H	M	L	
																			Now the new OPM has commenced in role, work will be continuing on this policy review with a target date for completion of autumn 2022. There is a commitment to have this finished prior to commencing work on the development of the next CRMP 2024-2028 which will also be during Autumn 2022. Revised Date: 31st October 2022.
2019/20																			
Collaborations /Partnerships FRIC	4	4																	Complete
2020/21																			
Pensions	3	3																	Complete
Blue Light Collaboration	3		3																Recommendations will be considered as part of our BLC review within the 22/23 audit plan.
2021/22																			
Financial Systems	1	1																	Complete
Cyber	5																		Not yet Due

Follow Up Summary Report

Cheshire Fire and Rescue Service

Audit Report	Total No. of Recs to be followed up	Implemented	Partial				Not Implemented				Superseded/ Not Accepted				Not Yet Followed Up				Comments
			C	H	M	L	C	H	M	L	C	H	M	L	C	H	M	L	
Health & Wellbeing	1					1													One Low level recommendation agreed original date April 2022. June 22 Update: A new lead has been appointed and requested additional time as new to role. Revised Date: 30th September 2022.
Working Time Arrangements	5																		Not yet due
Operational Debrief and Learning	4																		Not yet due

Appendix A: Risk Classifications

Risk Rating	Assessment Rationale
Critical	<p>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:</p> <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	<p>Control weakness that has or could 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.</p>
Medium	<p>Control weakness that:</p> <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	<p>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.</p>

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CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 6TH JULY 2022
REPORT OF: DIRECTOR OF GOVERNANCE AND COMMISSIONING
AUTHOR: LOUISE WILLIS/CHRIS ASTALL

SUBJECT: ANNUAL RISK MANAGEMENT REPORT 2021-22

Purpose of Report

1. To present the Annual Risk Management Report 2021-22

Recommended: That Members

- [1] Note the report at Appendix 1.

Background

2. The Service's 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.
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. RMB minutes are presented to members of the Fire Authority for information.
4. The Risk Management function for Fire and Police is facilitated by the Planning Performance and Risk team, Joint Corporate Services.

Information

5. The Service is committed to continually improving the risk management process and practices. The Annual Risk Management Report 2021-22 is attached to this report as Appendix 1. It looks back to the start of 2021 and highlights some of the key activities and improvements progressed by RMB.
6. There is no doubt that 2020-21 will go down as a year to remember. Whilst the Service was dealing with the ongoing impact of the C19 pandemic, the Annual Risk Management report attached highlights that the organisation's proactive focus on risk management activities ensured that operational resilience and delivery of priorities was not adversely impacted.

Financial Implications

7. 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 (SMT) for funding decision.

Legal Implications

8. 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 the Service's risk registers.

Equality and Diversity Implications

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

Environmental Implications

10. 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:

Appendix 1 – Annual Risk Management Report 2021-22



Annual Risk Management Report

2021-22

.....
www.cheshirefire.gov.uk

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Risk Management - Overview

1. Risk Management is how Cheshire Fire and Rescue Service (CFRS) identifies, quantifies and manages the risks it faces as it seeks to achieve organisational objectives. It is fundamental to governance and contributes greatly to the successful delivery of CFRS activities and key priorities.
2. 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.
3. RMB meetings are scheduled every six months and chaired by the Chief Fire Officer and Chief Executive. Having valuable and up to date risk information enables RMB to function effectively. RMB is also responsible for promoting and supporting compliance with the Risk Management Policy and for managing and overseeing the Strategic Risk Register.
4. The Terms of Reference for RMB is reviewed annually and was last presented to RMB in March 2022. [See Annex 2]
5. The Risk Management function for Fire and Police is facilitated by the Planning Performance and Risk team, which is part of the Joint Corporate Services (JCS).
6. Since March 2020, a significant amount of risk management focus has been on the ongoing work related to the COVID 19 Pandemic. CFRS resources have and will continue to be impacted by the Pandemic for some time to come which suggests that additional risk management activity may be required to ensure that any new and evolving risks are identified and mitigated.

Risk Management Process

7. The risk management framework is the guide that sets out how CFRS identifies, manages and monitors risks. The approach to managing risk is outlined in the Risk Management Policy [see Annex 1].
8. A full review of the Risk Management Policy and Practitioners Guide was undertaken in 2020 and the next review is scheduled for 2023.
9. In summary, the risk management process is broken down into the following 4 steps:



10. All risks are recorded on comprehensive risk registers in the Cheshire Planning System (CPS), and it is these registers that are used to generate risk information across the organisation.

Annual Risk Management Report 2021-22

11. Risks are identified at two levels, **Departmental** and **Strategic**. There is a direct link between the two risk levels. Where an individual or group of operational risks start to have an impact on delivery of corporate objectives consideration is given to escalating a risk to the Strategic Risk Register.

Departmental Risks – These risks tend to be dynamic and subject to change. They are identified as part of day to day business but also as part of the annual corporate planning cycle. Risks are identified, assessed, reviewed, and mitigated by the Heads of Department on a regular basis. Any risks scoring **15** or above will be considered for escalation to the Strategic Risk Register.

Strategic Risks – These risks are overseen by RMB and inherently carry a higher impact level as they affect multiple services and or the organisation’s ability to achieve its corporate objectives .

12. In order to understand the scale of risks a common risk scoring matrix is in place and embedded in the policies for both Fire and Police:

15-25	Red – these risks are within the upper limit of risk appetite controls and should be explored to bring risk down.
9-14	Amber – these risks do not pose an immediate threat but should remain under regular review.
Below 8	Green – these are low level risks and are monitored less frequently.

Quarterly Risk Register Reviews

13. Quarterly risk register review meetings continue to take place and 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:

- Consider any new risks
- Determine if current risks are still valid
- Ensure that risk descriptions reflect the current risk
- Assess risk scores
- Assign mitigating actions
- Identify any risks that can be closed or need to be escalated

Deep Dive Reporting

14. The following thematic reports have been presented to RMB:

- COVID 19 Interim De-brief Report
- On Call Availability Update
- Fire Pension increase in employers contribution
- McCloud/Sergeant Judgement
- Prince’s Trust Funding

Risk Maps

15. RMB members receive the current Fire Risk Map at every meeting. This offers a visual high level overview of all CFRS organisational risks mapped out by each department, which also provides an opportunity for Board members to ask questions regarding any of the risks and seek further clarity if required. [See Annex 3].

Risk Champions

16. CFRS has appointed departmental joint Risk Champions. The Champions receive additional training so that they can support the promotion and implementation of effective risk processes. A Risk Champions event was scheduled for January 2021 but due to COVID 19 this was postponed and a new date will be scheduled for 2022.

Risk Management Governance

17. Risk information is reported to RMB every six months. It reviews and refreshes the Strategic Risk Register to ensure that risks are being consistently identified, assessed, escalated and closed when required. RMB also monitors implementation of actions to treat/mitigate the risk to an acceptable level.
18. Strategic Risks take some time to respond to risk treatments and by their very nature are complex. Some of the risk scores have remained static for some time despite intervention. The table below illustrates the changes to the Service's key risks since last reported:

No	Risk	Opened	Closed	Risk Score increased or reduced	Escalated to SRR	De-escalated
1	Fire in Iconic Heritage Buildings			Reduced March 21		
2	Competing Demands on Resource and achieving MTFP		Oct 21			
3	Future Funding Uncertainty	Oct 21 Superseded 2 above				
3	COVID 19			Reduced March 21		
4	Media communications at large incident		Feb 22			
5	Unable to secure future funds for housing programme		Feb 22	Reduced March 21		
6	ESN National Programme				Oct 21	
7	Sprinklers high rise premises		Nov 21			
8	External Audit Market	March 21	Feb 22			

Risk Management Training

19. The Planning Performance and Risk team delivered training to Members of the Fire Authority in February 2021 and October 2021 as part of the Member Development Programme. Feedback after these events has been extremely positive with Members keen to enhance their understanding of the risk management arrangements. Risk management training for relevant staff can be requested through Learning & Development if required for the role.

Annual Risk Management Report 2021-22

20. The Planning, Performance and Risk team has continued to facilitate ad-hoc training during 2021 when requested. An accredited two day course was delivered in March 2021 by the Police insurers Gallagher Basset RMP; places were offered to Fire staff and a number of delegates did take up the opportunity.

Risk Management Assurance

21. An audit of the Service's 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 which are now complete. The auditors MIAA also maintain a watching brief of our risk management arrangement through attendance at RMB.
22. The Annual Governance Statement (AGS) is a key feature of the Service's annual accounts. It is a document which is intended to provide assurance publicly regarding the management and controls which are in place in relation to risk management.

COVID 19- Response

23. In March 2020, the UK went into the first of two national lockdowns as a result of rising cases of COVID 19. The response to the COVID 19 Pandemic has required all organisations to operate in a different way to 'business as usual'. The Service maintained robust and flexible management processes to ensure the continued delivery of services.
24. The Covid 19 SMT group met twice weekly during the whole of 2020 moving to weekly in 2021. The Service's response to the C19 Pandemic was categorised by 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 adapted working practices during the Pandemic, developed a specific Covid-19 business continuity plan and have completed an interim debrief into its response.

1. Throughout the Pandemic absence levels have remained manageable. However, the height of the Omicron variant coinciding with the Christmas 2021 annual leave period proved to be challenging. As the omicron strain of C19 receded in the spring of 2022, the Service will reviewed its ongoing approach to the Pandemic whilst considering changes to government guidance.

HMICFRS Covid-19 inspection

25. In August 2020, HMICFRS was commissioned by the Home Secretary to inspect how fire and rescue services in England are responding to the Covid-19 pandemic.
26. 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

27. 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.
28. Business continuity exercises are planned and a full test of the Crisis Management Plan is due to take place in 2022. The emphasis will be on the notification, cascade and membership of the group. Business Continuity Plans (BCPs) for all Joint Corporate Services teams have been reviewed in 2021/22 and a schedule of review and testing has been approved for 2022-23.
29. 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 and Rescue Services Act 2004, the Service does undertake regular exercising with other Category 1 and 2 responders for recognised risks within Cheshire including those which are flooding related.

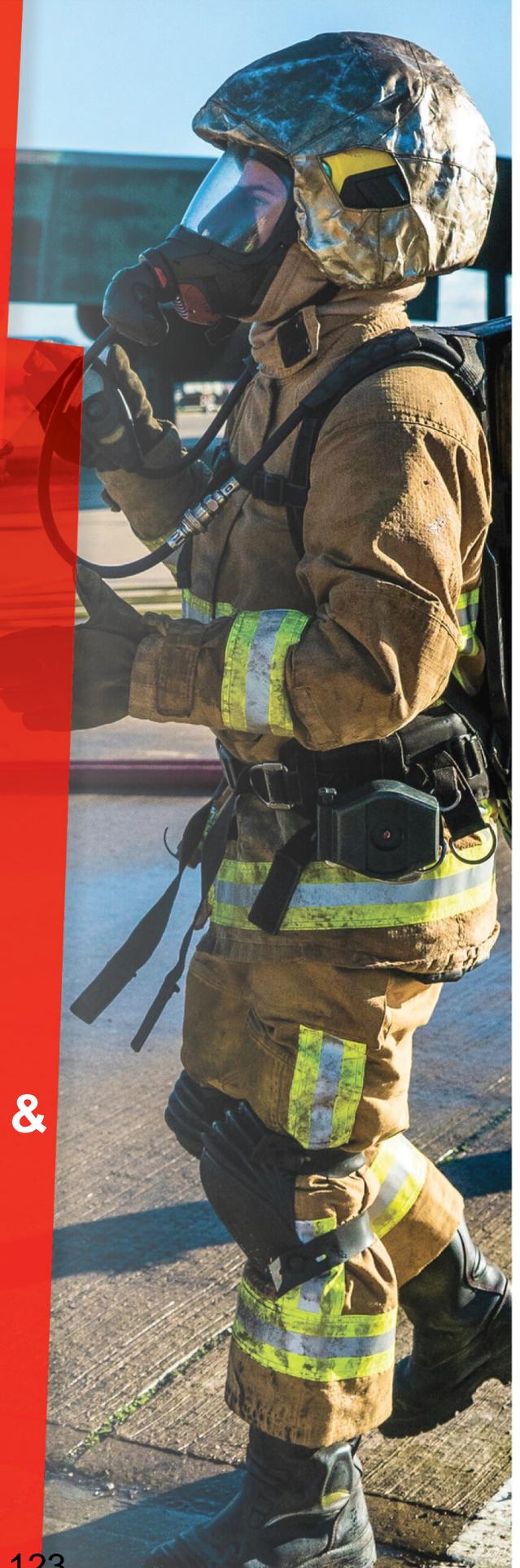
Next Steps

30. In order for risk management to remain relevant and valuable, it must be updated and maintained. The actions below will be our focus for 2022-23:
- Continued ongoing discussions in the development of an e-learning package with Learning & Development, overseeing the risk management process in a more interactive and effective environment for risk practitioners;
 - Risk Champions Group – work with OP&A on supporting training events postponed due to COVID.
 - Improve Risk Register recording on Cheshire Planning System to facilitate full self-serve for users.
 - Review of Risk Management Framework in 2023

Background Information

Annex 1 – Risk Management Policy - (2020)	 Final Risk Management Policy 2
Annex 2 – Risk Management Board Terms of Reference	 RMB Terms Of Reference 2021-22.d
Annex 3 – Risk Map (Fire)	 Fire Risk Map February 2022 v1.do

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Operational Assurance & Training Team

2021/22
Annual Training Performance
Report

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www.cheshirefire.gov.uk

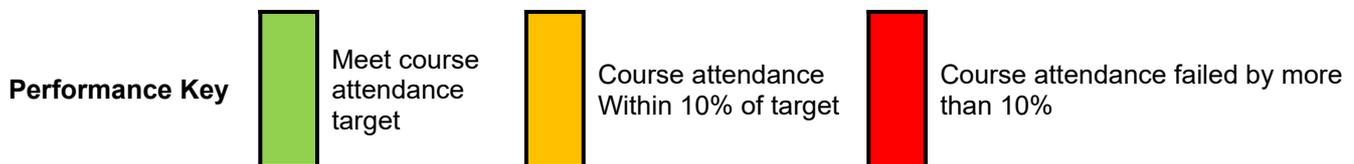
Introduction

This performance report presents the training outcomes, which have been achieved during the training year 2021 – 2022.

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 Coronavirus on Operational Training has been challenging. Whilst the 'Traffic Light' dashboard shows areas of under-performance, Members 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.



This training year has seen the pilot of a new training department structure called the Operational Assurance & Training Team, which has merged the former Operational Training Group and the Command Training Group. The aim of the pilot is to provide synergy between all aspects of training and to utilise the new Training Centre to its full potential.

This training year has seen the grand opening of the new Training Centre and has allowed the Operational Assurance & Training Team, to deliver initial and refresher training in a world class training environment. Further complimented by a positive change supporting On-Call training utilising the training centre and the introduction of local Practical Incident Command Courses (PICC) at the centre. Feedback from attending crews has been very positive across all courses.

Figures Explained

Members can be assured that every Operational Staff member who was 'eligible' for these refresher-training programmes was monitored. Where for any reason they were not able to attend this compulsory training within the Service's competence timeframe, they are being managed accordingly in order that they undertake 'catch up' training early in the new training year as per our training policies.

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
ICA – Incident Command Assured
SMMI- Station Manager Managing Incidents
PICC – Practical Incident Command Course
EFAD- Emergency Fire Appliance Driving
PDRPRO- Electronic training record
EFAD – Emergency Fire Appliance Driving
BAR- Breathing Apparatus Refresher course
PPV- Positive Pressure Ventilation
CFB- Compartment Fire Behaviour
OTG- Operational Training Group
CTG- Command Training Group
LGV- Large Goods Vehicle
OBL- Officer Blue Light course
PICC- Practical Incident Command Course.

Operational Training – Performance Dashboard

Performance Key		Meeting target	Within 10% of target						Falling against target by at least 10%								
	Core Refresher Courses 2021/22	Target number of delegates for year	Quarter 1 number of course 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 126	BA Day 1 Refresher at HQ 100% of eligible staff to attend	506	39	478	93.36%	2	19	3.71%	0	6	1.17%	0	0	0.00%	41	503	99.41%
	BA Day 2 Refresher at HQ 50% of eligible staff to attend first year	255	0	0	0.00%	7	73	28.63%	13	107	41.96%	9	73	28.63%	29	253	99.22%
	RTC Refresher To Mop up staff due to expire	11	1	11	100.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	1	11	100.00%
	RTACC Refresher 33% of eligible staff to attend	167	2	22	13.17%	22	199	119.16%	2	17	10.18%	4	42	25.15%	30	280	167.66%
	Hazardous Materials Refresher 100% of eligible staff to attend	506	7	75	14.65%	13	133	25.98%	18	155	30.27%	12	116	22.66%	50	479	94.66%
	Height Safety Refresher To Mop up staff due to expire	6	0	0	0.00%	1	6	100.00%	0	0	0.00%	0	0	0.00%	1	6	100.00%
	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%	8	85	53.46%	13	92	57.86%	0	0	0.00%	21	177	111.32%
	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%	20	144	90.57%	20	144	90.57%

Level 1 (WM7) Assessment 100% of eligible staff to attend	75	14	14	18.67%	28	28	37.33%	5	5	6.67%	34	34	45.33%	81	81	108.00%
Level 1 (ICA) Assessment Voluntary	70	10	10	14.29%	36	36	51.43%	8	8	11.43%	25	25	35.71%	79	79	112.86%
Level 2 (EFSM2) Assessment 100% of eligible staff to attend	20	4	4	20.00%	6	6	30.00%	3	3	15.00%	10	10	50.00%	23	23	115.00%
Level 1 (WM7) Day 1 100% of eligible staff to attend	180	23	167	90.27%	0	0	0.00%	0	0	0.00%	0	0	0.00%	23	167	92.78%
Level 1 (WM7) Day 2 100% of eligible staff to attend	180	0	0	0.00%	0	0	0.00%	26	127	68.65%	2	14	7.57%	28	141	78.33%
Level 2 (SMMI) Days 100% of eligible staff to attend	68	4	31	45.59%	0	0	0.00%	4	31	45.59%	0	0	0.00%	8	62	91.18%
Practical Incident Command Course(PICC) Desirable to attend	60	0	0	0.00%	0	0	0.00%	3	35	38.89%	2	29	32.22%	5	64	106.67%
EFAD Refresher	72	17	17	23.61%	8	8	11.11%	8	8	11.11%	30	30	41.67%	63	63	87.50%
Totals for all Core Refreshers	2104	121	829	39.40%	131	593	28.18%	103	594	28.23%	148	517	24.57%	503	2533	120.39%

Operational Refresher Training

Breathing Apparatus Day 1 Refresher		
Target number of delegates for year: BA Day 1 = 506	Cumulative % of delegates attended: Day 1 = 99.41%	
Previous Status	Current Status	Reporting period:
		01/04/21 to 31/03/22
Summary of Current Performance		
<p>BA Day 1 courses were frontloaded in this training year to ensure that all staff attended as early as possible during the year. This was due to the new IBE (Immediate Building Evacuation), High Rise Procedures and associated Equipment needing to be introduced, with the added benefit of staff being formally assessed in the training centre post Covid. Last year staff mainly attended BA light refreshers because of Covid-19 restrictions so it was important to get them in for central training in a timely manner. Attendance was good and only a small number of staff number were unable to attend due to sickness absence or restricted duties. As a solution to this, a programme of online learning and station visits from BA instructors was devised to ensure that the staff were provided with the necessary input and that operational performance was assured.</p>		
What actions will be required to improve performance?		
<p>On conclusion of the delivery of BA Day 1, it has been decided to once again spread further BA training throughout the year in 22/23 to support instructor welfare.</p> <p>On call attendance is now being monitored in a Quarterly Attendance Report shared with the Training Manager and OATT Group Manager. In addition, short notice bookings of floating leave when staff are due to attend courses will no longer be granted except with SM approval.</p>		
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 = 99.22%	
Previous Status	Current Status	Reporting period:
		01/04/21 to 31/03/22
Summary of Current Performance		
<p>BA Day 2 courses have taken place at our new training centre rather than offsite at Manchester Airport. Most of those that did not physically attend the Day 1 course were able to make the Day 2, with only 2 people unable to attend overall. A new contamination procedure has been successfully introduced, which includes a new post BA wear cleaning regime in line with a new Service decontamination policy.</p>		
What actions will be required to improve performance?		
<p>A stock of spare kit is to be kept at the training centre so that attendees no longer need to use their own kit, which will have a positive impact on appliance and fire kit availability.</p> <p>On call attendance is now being monitored in a Quarterly Attendance Report shared with the training manager and OATT Group Manager. In addition, short notice bookings of floating leave when staff are due to attend courses will no longer be granted except with SM approval.</p>		

RTC Training

Target number of delegates for year: 11		Cumulative % of delegates attended: RTC = 100%
Previous Status	Current Status	Reporting period:
		01/04/21 to 31/03/22
Summary of Current Performance		
Due to Covid-19 restrictions, and courses being done predominantly online, one mop up course was delivered to ensure that no skills expired and to catch up any outstanding personnel from the previous training year.		
What actions will be required to improve performance?		
RTC training will be required for 100% of staff in the 24/25 training year.		

RTACC Training

Target number of delegates for year: 167		Cumulative % of delegates attended: RTACC 167.66%
Previous Status	Current Status	Reporting period:
		01/04/21 to 31/03/22
Summary of Current Performance		
RTACC refresher lights were delivered on station during the 20/21 training year due to Covid-19 restrictions. This year we returned to central training. The 33% of staff who were due to attend did so, the target was considerably exceeded to include others who had only received 'light' training where possible. A number of extra courses were available, so we were able to maximise attendance through the use of Whole-time pump crews as well as On-call individuals.		
What actions will be required to improve performance?		
Following advice from the Service Medical Director, the RTACC trauma training plan will be changed next year to increase the amount of practical input. This is due to changes in HSE (Health and Safety Executive) regulations and National Guidance. In 22/23, there will be 50% of staff attending an RTACC course and there will also be an element of trauma training on other courses. This will also be supplemented by more station based training, with an increase in training resources at station level.		
On call attendance is now being monitored in a Quarterly Attendance Report shared with the training manager and OATT Group Manager. In addition, short notice bookings of floating leave when staff are due to attend courses will no longer be granted except with SM approval.		

Hazardous Materials Training

Target number of delegates for year: 512		Cumulative % of delegates attended: Hazmat 94.66%
Previous Status	Current Status	Reporting period:
		01/04/21 to 31/03/22

Summary of Current Performance

Hazmat Refreshers were due to be delivered to 100% of staff this year, however, due to the continuing impact of Covid-19, this target was not met. There were several occasions when Whole-time staff had to be removed from, or could not be booked onto, courses due to low numbers on global staffing because of Covid-19 absences. There were also issues with courses being fully booked and then staff having to cancel, due to isolation or sickness.

What actions will be required to improve performance?

Four mop up courses have been planned into the diary for early in the 22/23 training year to cover the remaining staff. These are all fully booked.

On call attendance is now being monitored in a Quarterly Attendance Report shared with the training manager and OATT Group Manager. In addition, short notice bookings of floating leave when staff are due to attend courses will no longer be granted except with SM approval.

Height Training

Target number of delegates for year: 6		Cumulative % of delegates attended: Height Safety 100%
Previous Status	Current Status	Reporting period:
		01/04/21 to 31/03/22

Summary of Current Performance

Due to Covid-19 restrictions, and courses being done predominantly online, one mop up course was needed to ensure that no skills expired and to catch up anyone outstanding from the previous training year.

What actions will be required to improve performance?

There will be a requirement for 100% of staff to attend a Height refresher during the 22/23 training year. The courses will take place at Lymm due to the specialist height training located at that station.

On call attendance is now being monitored in a Quarterly Attendance Report shared with the training manager and OATT Group Manager. In addition, short notice bookings of floating leave when staff are due to attend courses will no longer be granted except with SM approval.

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: Combined day 1 and 2 = 100.95%
Previous Status	Current Status both days	Reporting period:
		01/04/21 to 31/03/22

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.

Following the reduction in Covid-19 restrictions, training returned to practical courses in Llangollen. Across the two training days, all eligible staff attended at least one day, with most attending both. There was one course cancelled this year due to high water levels, which meant that instructors had to work to rearrange. OATT have also introduced boat capsize training at Delamere and this will continue in the next training year to bring staff up to date in this area from a resulting change in National Guidance.

What actions will be required to improve performance?

To reduce the impact of potential cancellation of courses due to high water levels OATT are exploring future training at both North Wales and in local Cheshire risks on an annual basis.

Short notice bookings of floating leave when staff are due to attend courses will no longer be granted except with SM approval.

Incident Command Training

Level 1 (WM7) Training Day 1 & 2		
Target number of delegates for year: <ul style="list-style-type: none"> Day 1 = 180 Day 2 = 180 	Actual cumulative % of delegates attended: <ul style="list-style-type: none"> Day 1 = 92.78% Day 2 = 78.33% Overall Day 1 and 2 = 85.55%	
Previous Status	Current Status	Reporting period:
		01/04/21 to 31/03/22

Summary of Current Performance

All staff who hold a Command Skill are required to attend a Day 1 and Day 2 training course. Due to staffing levels, station/watch moves and sickness levels due to Covid the majority of staff were booked and re-booked to attend multiple times. These courses can accommodate a maximum of eight delegates but due to staffing levels it has proved very difficult to detach this number of Commanders to attend. The Day 1 course is held in the summer months when sickness levels tend to be lower and this is reflected in the higher attendance level of Day 1 to Day 2. A number of 'Mop up' sessions were rearranged due to Whole Time staffing levels, sickness and On Call primary work commitments.

Level 1 Step in to Command training sessions have been delivered to potential commanders.

What actions will be required to improve performance?

Staffing levels on station have resulted in the cancellation of assessments on occasion, due to the Covid-19 pandemic and operational establishment levels. This has had an impact on the number of available instructor days to re-book staff in within their expiry period. Hopefully these factors will improve going forward.

On call attendance is now being monitored in a Quarterly Attendance Report shared with the training manager and OATT Group Manager. In addition, short notice bookings of floating leave when staff are due to attend courses will no longer be granted except with SM approval. An increase in whole time recruitment will see global staffing figures increased.

An increase in whole time recruitment will see global staffing figures increased.

Level 1 (ICA) Assessment		
Target number of delegates for year: 70	Actual cumulative % of delegates attended: 112.86%	
Previous Status	Current Status	Reporting period:
		01/04/21 to 31/03/22

Summary of Current Performance

Level 1 Incident Command Assured (ICA) Commanders are assessed every six months. The number exceeds 100% due to reassessments for a number of staff who fail to reach the benchmark the first time. OATT also respond to the needs of the Service for additional assessments for new commanders when required. ICA qualified Staff now attend Level 1 Day 1 and 2 training days in order to align their learning with Level 1 training.

What actions will be required to improve performance?

Staffing levels on station have resulted in the cancellation of assessments on occasion, due to the Covid-19 pandemic and operational establishment levels. This has had an impact on the number of available instructor days to re-book staff in within their expiry period. Hopefully these factors will improve going forward.

Level 1 (WM7) Assessment

Target number of delegates for year: • Assessment = 75		Actual cumulative % of delegates attended: • Assessment = 108%
Previous Status	Current Status	Reporting period:
		01/04/21 to 31/03/22

Summary of Current Performance

In line with National Guidance, the Command Training Strategy has now moved to a biennial assessment schedule, therefore a number of expiry dates were brought forward in order to re-align staff. The number exceeds 100% due to reassessments for a number of staff fail to reach the benchmark the first time. OATT also conduct a number of assessments for the annual promotional process in line with HR requirements, as well as responding to the needs of the service for additional assessments when required.

What actions will be required to improve performance?

Staffing levels on station have resulted in the cancellation of assessments on occasion, due to the Covid-19 pandemic and operational establishment levels. This has had an impact on the number of available instructor days to re-book staff in within their expiry period. Hopefully these factors will improve going forward.

Level 2 (SMMI) Days

Target number of delegates for year: 68		Actual cumulative % of delegates attended: 91.18%
Previous Status	Current Status	Reporting period:
		01/04/21 to 31/03/22

Summary of Current Performance

All SM's and GM's are required to attend two Level 2 training days in the ICTS annually. Due to sickness and organisational requirements, six did not manage to attend both training days, however, all attended at least one of the two training days.

Level 2 Familiarisation training sessions have been delivered to potential SMs.

What actions will be required to improve performance?

Level 2 commanders are also observing Level 1 commander's assessments who they have line manager responsibilities for, which further exposes and sharpens the skills of the Level 2 commander.

The Training Manager and GM Operational Assurance are monitoring attendance.

Level 2 (EFSM2) Assessment		
Target number of delegates for year: 20		Actual cumulative % of delegates attended: 115.00%
Previous Status	Current Status	Reporting period: 01/04/21 to 31/03/22
		
Summary of Current Performance		
<p>Level 2 (EFSM2) Assessments are now completed biennially as per National Guidance, which has resulted in a slight increase of assessments in the year. A small number of delegates were required to attend on more than one occasion due to not reaching the required benchmark. OATT also conduct a number of assessments for the annual promotional process in line with HR requirements, as well as responding to the needs of the service for additional assessments when required.</p> <p>On 19 occasions Level 2 Commanders attended the Kirby based SPOA exercises and took overall charge of the incident, performance was audited by OATT at these events.</p>		
What actions will be required to improve performance?		
Assessments will continue to be provided on a business need and for promotional requirements to ensure SM roles are fulfilled.		

Practical Incident Command Course (PICC)		
Target number of delegates for year: 60		Actual cumulative % of delegates attended: 106.67%
Previous Status	Current Status	Reporting period: 01/04/21 to 31/03/22
		
Summary of Current Performance		
<p>The PICC has replaced the Weekend Incident Command course that was previously held at the Fire Service College. This course is a one-day practical command course held at the Training Centre and five dates were offered in 2021/22. A number of challenging practical scenarios are simulated throughout the day. The course is designed to be as realistic as possible utilising CFRS staff, appliances and equipment. Due to sickness and staffing levels, attendance was not as high as hoped. The feedback from those who attended the course was very positive. This should encourage more to attend the course next year. It is a requirement of the role map to attend this course regularly.</p>		
What actions will be required to improve performance?		
<p>The up take of weekend dates was lower than expected therefore in 2022/23 more weekday courses will be offered.</p> <p>An article in the weekly bulletin was written to remind Development firefighters of their requirement to attend. Successful delivery of the PICC was also promoted in The Alert magazine and through social media to raise staff awareness.</p>		

Driver Training

EFAD Training

Target number of delegates for year: 72		Actual cumulative % of delegates attended: 87.50%
Previous Status	Current Status	Reporting period:
		01/04/21 to 31/03/22

Summary of Current Performance

This Training year has seen the Driving School affected by a large number of challenges. These have been

- the Covid pandemic
- the long term injury of a lead instructor
- the early retirement of an instructor

As well as having to support EFAD refreshers the school has also had to focus on delivering driver training for the roll out of the new Rapid Response Rescue Units and the introduction of the High Reach Extending Turret appliance at Macclesfield.

What actions will be required to improve performance?

The Driving School staffing levels need to be brought up to the agreed number of three Instructors in order to ensure training capacity can be achieved. Whilst this is being managed there has been an interim solution put in place. This has seen a uniformed member of staff placed in the department for 12 months and two associate uniform staff members identified to provide instructor resilience.

The plan is to work with these three individuals and ensure they are competent to plan, deliver and review Emergency Response Driver Training in accordance with the new NFCC ERDT Standards.

Additional Information

On Call Training

- 6 initial training programmes in pumps and ladders
- 4 BA initials
- 3 RTC initials
- 4 Hazardous Material Initials
- 3 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.

Trainee Firefighter course

The first four weeks of this training year saw the completion of the 16-week Trainee FF course that commenced in January 2021.

Driver Training

The following courses were delivered in 21/22:

- 3 EFAD Initials (8 days each)
- 38 RRRU Courses (2 days each)
- 4 LGV Initials (includes 1 terminated early)
- 5 LGV Theory Tests
- 3 OBL Initial (5 days each)
- 4 OBL refreshers (1 day each)
- 18 HRET Courses (1 day. Also counts as an EFAD Refresher)

CHESHIRE FIRE AND RESCUE SERVICE

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 6 JULY 2022
REPORT OF: HEAD OF SERVICE DELIVERY
AUTHOR: LIZ THOMPSON

SUBJECT: UNITARY PERFORMANCE GROUPS ANNUAL REPORT 2021-22

Purpose of Report

1. To provide Members with an update on the initiatives supported and funded by the Unitary Performance Groups (UPGs) during 2021- 22.

Recommended: That

[1] the report be noted;

Background

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

Information

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

Financial Implications

5. There are no known financial implications.

Legal Implications

6. There are no known legal implications.

Equality and Diversity Implications

7. The funding bids outlined within Appendix 1 are aimed at engaging a range of audiences and ensuring that the access to safety messaging and protective equipment is as inclusive as possible. This approach seeks to educate young people in reducing harm and understanding risk and enables those most vulnerable to the risk of fire and other emergencies to be supported.

Environmental Implications

8. There are no known environmental implications.

CONTACT: KIRSTY JENNINGS, GOVERNANCE OFFICER

TEL [01606] 868814

BACKGROUND PAPERS: NONE

Appendix 1 - 2021/22 Funding Bids

Event	Details
All UPG Areas - CF&RS Choir	<p>£1500.00 – Cheshire East £1500.00 – Halton £1500.00 – Warrington £1500.00 – Cheshire West & Chester</p> <p>The work of the Cheshire Fire Choir has been impacted throughout the pandemic with opportunities to both practice and perform severely curtailed by restrictions on social distancing at public venues and events. This has meant that the funds that the choir have been allocated have not been fully spent. Subsequently, Members agreed that the usual funding for the choir should be reduced during the past year to ensure that any built up funds that are not excessive. Despite the difficult times, the choir continued to rehearse virtually throughout the pandemic and also managed to record and release two songs on YouTube and social media, one of which was in support of the Services' VE Day celebrations.</p> <p>Link to "We'll Meet Again" https://youtu.be/lo1LNQeZbTo</p> <p>Link to "Chasing Cars" https://youtu.be/_8W7e9wU2Jg</p> <p>The choir are currently rehearsing monthly at Safety Central and working towards supporting an event for the Queens Platinum Jubilee and also planning a recruitment singing workshop event to hopefully increase their numbers due to a number of members retiring.</p>
All UPG Areas – Warrington Wolves – WIRE	<p>£7000.00</p> <p>The overall aim of the Service involvement with the Warrington Wolves WIRE is to promote key safety messages, supporting our communities through raising awareness about the factors involved in road traffic collisions and the number of people killed and injured in fires to achieve a reduction in the occurrence of deliberate fire-setting and anti-social behaviour.</p> <p>The bid supports social media messaging across the whole county of Cheshire, not just the Warrington area. Partnership working includes promoting Station Open Days and recruitment initiatives which include positive action events. Through raising awareness through this partnership provides opportunities to explore similar schemes with other sports teams across the county.</p> <p>The Rugby Super League match day at the Halliwell Jones Stadium attracts an average audience of 15,000 spectators. Match days are high profile events held in the heart of the community and are an ideal way to engage with a large number of local people as well as fans from across the county and beyond.</p> <p>CFRS work alongside the Warrington Wolves WIRE and are the main training kit partner for the women's open age team – the CFRS badge is displayed on all the players training tops.</p> <p>CFRS utilises a number of social media posts highlighting key safety messages and these are split between the Service and Wolves foundation accounts and used to deliver messages pan Cheshire and beyond to anyone connected to the Rugby Super League online community.</p>

Appendix 1 - 2021/22 Funding Bids

	<p>The partnership also delivers a number of other benefits including:</p> <ul style="list-style-type: none"> • Women’s Open Age rugby training day events are held at Fire Stations in conjunction with Positive Action Events which supports both recruitment and community safety initiatives and are supported through the Services Equality Diversity and Inclusion Officer. • CFRS is also a Development Academy Training Kit Partner. The Development Academy is a dual career pathway for boys and girls who attend Priestley College. The dual career pathway allows them to gain their academic studies while still developing as a rugby league player. • Firefighter Michelle Davis (Chester), captain of the Warrington Wolves women’s team also works with the Foundation and delivered 6 training sessions within local schools. • CFRS utilise space within the Match Day Programme to promote community safety messages warning if the dangers and risks around home fire safety, road safety and arson reduction. • The CFRS logo appears on the Warrington Wolves Foundation website with an additional link to the CFRS website.
<p>Halton & Warrington – Prevention Department Provision of Extension Leads, Kitchen Timers, Deep Fat Fryers & Air Fryers</p>	<p>£6264.00 (split equally between Halton & Warrington UPG)</p> <p>Extension Leads (£348.00 per Unitary)</p> <ul style="list-style-type: none"> • The leads are for use at high risk domestic dwellings where vulnerable people are identified. • Specialist smoke alarms for people with a hearing impairment require an electric socket near the bed to power the strobe unit however, this is not always available. The provision of extension leads will enable CFRS to install the specialist alarms in the correct locations. • Block type electric adaptors can often be overloaded and have been identified as a cause of some fires and extension leads are the preferred safety choice. • High risk dwellings are identified by Prevention team Advocates through the delivery of Safe and Well visits to vulnerable members of the community. • Recipients are assessed on factors such as having a high risk of fire from overloading sockets or require a specialist impaired hearing smoke alarm. • Safe and Well visits often identify trip hazards due to trailing wires and leads from electrical appliances. The provision of extension leads can alleviate this type of hazard in the home. <p>Kitchen Timers (284.00 per Unitary)</p> <ul style="list-style-type: none"> • Unattended cooking causes many of the accidental kitchen fires that our crews attend. • A kitchen timer provides a way of reminding people that they still have food cooking. • Conditions such as dementia means we are more aware of the risk from people living alone with issues involving memory. <p>Deep Fat Fryers & Air Fryers (£2500.00 per Unitary)</p>

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	<ul style="list-style-type: none"> • The aim of the bid is to swap existing chip pans with deep fat fryers or air fryers to remove a common cause for kitchen fires. • The criteria that is applied involves residents are either at risk from fire due to the unsafe use of a chip pan, or have previously had a fire involving a chip pan. • Deep fat fryers or air fryers will only be issued upon surrender of chip pan. • Deep fat fryers or air fryers are removed from the packaging upon issue to prevent the item being sold on. • Homes are identified by Advocates and firefighters through Safe and Well visits and after attending fire incidents. • This practice has operated within Cheshire for many years and numerous chip pans have been taken out of circulation. • We are including air fryers in our range of cooking appliances for residents because of the known healthy eating benefits they can provide.
<p>Halton – maintenance of the Runcorn Community Garden</p>	<p>£400.00</p> <p>This is an annual funding bid which purchases consumables for the Runcorn Community Garden in order to replenish the raised beds and greenhouse.</p> <p>6 local primary schools visit the gardens regularly for input on how to prepare the flower and vegetable beds, sow seeds, care for and harvest the vegetables. In addition, the garden is used by the community Gym users to relax in as part of the Healthy Heart initiative. The relaxation of social distancing restrictions has meant that our community facilities are now able to reopen.</p>
<p>Halton – Road Safety team – Provision of Cycle Helmets</p>	<p>£900.00</p> <p>The cycle helmets are used by both Widnes and Runcorn firefighters to engage with young people, helping to keep them safe when they are using a bicycle for recreation or physical activity. The helmets purchased through the bid meet the required safety standard EN1078. Operational firefighters, as part of the Service’s Road Safety delivery plan, engage with at risk road user groups (particularly cyclists and the young) over the course of a year, at a range of events. The ability to provide free helmets assists firefighters to engage with these groups and educate them to change attitudes, knowledge and behaviour in relation to staying safe whilst riding bicycles.</p>
<p>Warrington – Impact Day in Bewsey & Whitecross Areas</p>	<p>£84.00</p> <p>This collaborative work with Cheshire Police focuses on the issues of arson and anti social behaviour related crime within the Bewsey and Whitecross areas. CFRS is committed to working with partners to engage local services to meet the needs of local communities to protect life and property through providing advice.</p>
<p>Cheshire FF ‘Virtual’ Challenge</p>	<p>£185.00 (Cost of trophies)</p> <p>This bid relates to the trophies for competitors who take part in the Cheshire Firefighter Challenge and the “Virtual” firefighter challenge that has become an annual event throughout the pandemic. The previous events have all proved successful and competitors from Europe and beyond raised over £1000 for the Firefighters Charity. The event is designed to promote fitness and wellbeing within</p>

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	<p>CFRS as well as the additional benefits of promoting recruitment, especially On Call firefighters. The event is accessible for all to enter and demonstrates the inclusive and supportive nature of Cheshire Fire and Rescue Service as an employer.</p>
<p>Warrington – Warrington Fire Station ‘Virtual’ Open Day</p>	<p>£265.00 (Cost of bikes & accessories) The station completed a “Virtual Open Day” in 2021, which comprised a number of videos that were placed on the station’s social media pages. The station usually carry out a competition for the Open Day where children can win a bicycle. Due to supply issues with the local cycling provider (as a result of the pandemic), it was necessary to source a bicycle from another supplier for this year only. The winner was also provided with bicycle lights and safety information from the Road Safety team.</p>
<p>Warrington – Warrington Rowing Club Water Awareness Training</p>	<p>£450.00 (Cost of throw lines) Firefighters across the Warrington Unitary area completed drowning prevention sessions with schools as part of the curriculum. Other methods of raising water awareness to the communities of Warrington were explored and Warrington Fire station decided to work closely with the local rowing club to support summer training sessions for 20 children. Two sessions were provided by the firefighters at the station including the use of throw lines. At the end of the session the children are gifted with the throwline that they have been using during the session. The sessions were completed in July and August.</p>
<p>Warrington – Warrington Wolves Under 7s Events</p>	<p>The overall aim of CFRS involvement in this event is to promote key safety messages, supporting our communities through raising awareness about the factors involved in road traffic collisions and the number of people killed and injured in fires to achieve a reduction in the occurrence of deliberate fire-setting and anti-social behaviour</p> <p>CFRS support the Warrington Wolves Foundation to engage with over 700 young people plus a further 3000 children within local schools through the rugby coaching sessions. The Rugby Super League match day at the Halliwell Jones Stadium attracts an average audience of 15,000 spectators. Match days are high profile events held in the heart of the community and are an ideal way to engage with a large number of local people as well as fans from across the county and beyond. The match day programme features the CFRS logo on the Foundation double page.</p> <p>The kits used by participating teams in the Finals day display key messages and a large ‘pitch flag’ provides a focal point prior to the start of the match. CFRS also use space within the Match Day Programme to promote safety messages highlighting key issues of home fire safety, road safety and arson reduction.</p> <p>Throughout the match the public announcements within the stadium highlight the fact that Cheshire Fire and Rescue Service sponsor the event and further emphasise key safety messages, directing the audience to the relevant page in the match day programme. Certificates featuring Cheshire Fire and Rescue Service branding are presented to all participants.</p> <p>The CFRS logo appears on the Warrington Wolves Foundation website with an additional link to the CFRS website. The event provides further opportunity to promote our Fire Cadets and Community Safety apprentices who attend on match days and finals day. The Fire Cadets and Community Safety apprentices also carry out a collection in aid of charity and worthy causes.</p>

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<p>Cheshire East – Chromebooks/Laptops for Princes Trust Teams</p>	<p>£2967.60 The funding purchased 6 laptops to assist with the delivery of the Prince's Trust 12-week personal development programme across Cheshire East. The Prince's Trust helps to equip young people aged 16-25 with a range of skills and behaviours to help them enter or re-join education programmes or find employment in the workplace.</p>
<p>Cheshire East - Doddington Parish Council Defibrillator (AED) Project</p>	<p>£1000.00 The funding enabled the installation of a 24/7 publically accessible Automatic External Defibrillator (AED) at Bridgemere CE Primary School, CW5 7PX. The aim of this project is to assist CFRS realise its vision of "a Cheshire where there are no deaths, injuries or damage from fires or other emergencies".</p>
<p>Cheshire East – Knutsford Fire Station Open Day – Thank You 999 Event</p>	<p>£85.00 (Cost of scrap vehicle) The funding was used to provide a scrap vehicle for a road traffic collision demonstration during the Open Day to educate and inform the local community of the rescue capability of the local firefighters.</p>
<p>Cheshire East – Christmas Present Appeal at Macclesfield Hospital</p>	<p>£200.00 The funding was spent on toys for different age groups which were donated to children who were in hospital over the festive period. The toys were all purchased from the Firefighters Charity.</p>
<p>CWAC – Chester Spider Project</p>	<p>£500 The Spider Project is a mental health charity that provides support for those suffering self-defined crisis through providing advice and information to any person, on any topic. The funding supported the creation of a mural on the side of the building, giving the Project users both a creative output and a relaxing space.</p>
<p>CWAC – Prevention Equipment</p>	<p>£1593.46 The following items were purchased for distribution to the most at risk groups and individuals by the CWAC Prevention Team:</p> <ul style="list-style-type: none"> • 4-way socket extensions (£211.80) • Metal Waste paper bins (£221.70) • Small & Large Deep Fat Fryers (£713.96) • Air fryers (£456)
<p>CWAC – Winsford Community Forum</p>	<p>£2,000 The request for funding was to support the Winsford Youth and Community forum to continue to run sessions throughout the summer and into the winter months. In turn the Forum anticipate that this will encourage a continual increase in attendance and reduce Anti Social Behaviour and deliberate fires throughout the summer months and the traditional Bonfire night period. The funding was used to contribute to:</p> <p>Venue Hire Professional staffing costs</p>

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	<p>Food Resources Covid cleaning and PPE.</p> <p>The firefighters from Winsford Fire Station committed to attending several of the events over the summer period across the town to link in with the community forum and to engage with the youths and community of Winsford.</p>
<p>CWAC - Chester Firework Display</p>	<p>£1,500 A donation was made to support the fireworks display and contribute funds along with partners to provide an alternative and diversionary event around the bonfire period.</p>
<p>CWAC – Winsford Open Day</p>	<p>£180 20 Blaze Bears were purchased as token gifts for distribution at a drive through event specifically for children with additional needs from the local schools as part of the Winsford Virtual Open day.</p>

CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 6TH JULY 2022
REPORT OF: HEAD OF PREVENTION AND PROTECTION
AUTHOR: SEAN BARLOW AND STEVE MCCORMICK

SUBJECT: SAFEGUARDING CHILDREN AND YOUNG PEOPLE (CYP)
AND ADULTS – ANNUAL REPORT, 2021-22

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 (the Service) from the 1st of April 2021 to the 31st March 2022. This report focusses on both Children and Young People (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.

Background

2. 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 must be 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 Children and Young People 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 help the Service comply with the requirements in the Children Act 1989 and expectations of the 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 help the Service comply with the requirements in the Care Act 2014 and Mental Capacity Act 2005.

Information

CYP Safeguarding

Overview

6. During this reporting period, there have been 21 CYP's safeguarding referrals submitted relating to 25 CYP. This is an increase of 61% since the last report. All of the referrals have complied with the Service's policy.

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 annual audit shows that the number of referrals has increased during 2021/2022 (table 1) by comparison with the previous year. It is believed that the impact of COVID-19 in the previous year is the cause of the lower figures. The delivery of the Service's youth programmes and activities varied throughout the year with some being suspended or restricted in delivery and others were delivered remotely before youth activities returned to full operation. As a consequence, most of the referrals have come from operational incidents. The breakdown of referrals by activity and Service Delivery Area is highlighted below (Tables 2 & 3).

Table 1: Number of referrals by year:

Year	2021/2022	2020/21
No.	21	13

Table 2: 2020/2021 referrals by area:

Area Referral Split	2021/2022	2020/2021
Cheshire East	4	5
Cheshire West and Chester	6	2
Halton	3	4
Warrington	7	2
Other	1	0

Table 3: A breakdown of the referrals received:

Breakdown of referrals by source	2021/2022	2020/2021
Fire Cadets	0	0
Firesafe Scheme	1	0
Safe and Well visits	0	0
Operational Incidents	20	9
Prince's Trust Team	0	2
Targeted Youth Support Team	0	0
Arson Threat Assessment	0	2

Referral Case Overview

9. The reason for a referral differs from case to case but included concerns around home conditions, poor mental health, drug and alcohol misuse and children being left at home unattended. It is positive to note that we are still seeing an increase in referrals made by operational staff following incidents. This demonstrates that recent training and information materials, including tool kits, are having a positive effect on recognising the signs of young people at risk. The three incidents below provide anonymised details of the type of referrals made to Children's Social Care following concerns being identified by firefighters.

- a. One referral arose after crews attended a cross border incident which saw one young person referred to the Service's Designated Safeguarding Officer. The Macclesfield Hydraulic Platform was deployed to a residential school in Buxton to provide support to a young person who had climbed onto a rooftop. On arrival the crews were stood down and local police dealt with the incident. This does, however, demonstrate good safeguarding practice and records the Service's operational staff ensuring that information is shared regardless of which agency takes primacy for safeguarding at incidents attended by multiple agencies.
 - b. Crews attended a deliberate fire set in a domestic property by a child. On arrival firefighters found that the child had left the property in the middle of the night and had been found in the street by passers-by. The incident was referred to Social Care by the Service's Family Advocate who is seconded to the Early Help and Prevention Team in Cheshire West and Cheshire. This initiated an emergency TAF (Team Around the Family) intervention, and a care package was put in place for the family. This demonstrates the benefits of having seconded staff embedded in multi-agency teams and saw a swift response to a family in need of support.
 - c. Crews in attendance at another deliberate fire set in a domestic property raised concerns about a child's welfare that resulted in the young person being referred to Social Care. As a result of the concerns raised by the Incident Commander (IC), Social Care carried out a Child Sexual Exploitation screening and assisted in the temporary rehousing of the young person concerned. The young person was taken into police custody at the time of the incident. However, the IC's vigilance brought to light further concerns, beyond the initial fire setting incident, that were subsequently reported to the local Integrated Care Team.
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 Children's Social Care intervention. In these instances, support was identified for the individuals and referrals were made to external services such as mental health, drug and alcohol teams and early intervention services. This is common practice when working with children and young people who often require additional services to meet their complex needs.

Adult Safeguarding

Overview

11. During the reporting period, the Service was again significantly impacted by the ongoing COVID-19 Pandemic. Throughout this period a number of amendments were made to safe systems of work and risk assessments to allow more face-to-face interaction with the community. In 2021-2022 there were 44 cases where adult safeguarding thresholds were met, requiring engagement with the local authority Adult Social Care Teams, where a referral for additional support was processed.

Reporting Data

12. The 44 cases referred in 2021-2022, represented a significant increase from 2020-2021, where the Service referred 28 adults at risk. This means the Service increased its adult at risk referrals by 63% in 2021-2022 when compared with the previous year.
13. The Service was able to deliver 11268 Safe and Well interventions in 2021-2022. This compares to 9000 delivered in 2020-2021. Therefore, a number of the adult at risk referrals would come from direct prevention intervention, but referrals were also generated from attending operational incidents.
14. The number of referrals, referrals by area and causation of referral are shown Tables 4, 5 and 6 below.

Table 7 also shows which part of the Service made the referral.

Table 4: Number of referrals by year

Year	2018-2019	2019-2020	2020/2021	2021-2022
No.	19	29	28	44

Table 5: 2020/21 Referrals by area

Area Referral Split	2021-2022	2020-2021
Cheshire East	9	11
Cheshire West and Chester	11	6
Halton	8	5
Warrington	16	6

Table 6: The causation of referral by area 2021-2022

Area referral split:	Cheshire East	Cheshire West and Chester	Halton	Warrington
Suicide attempt	2	2	1	7
Domestic abuse	1	2	0	0
Mental health, (including capacity and dementia)	3	2	4	4
Self-neglect	0	4	1	1
Substance misuse	1	1	2	0
Hoarding	1	0	0	3
Arson	1	0	0	0
Abuse	0	0	0	1
Total	9	11	8	16

Table 7: A breakdown of referrals received:

Unitary Area	Operational crews referral	Prevention department referral	Total
Cheshire East	9	0	9
Cheshire West and Chester	6	5	11
Halton	7	1	8
Warrington	14	2	16

Referral Case Summary

15. The most significant increase in referral causation was attempted suicide cases. These cases were highlighted by operational personnel when responding to emergency incidents that were followed up with a safeguarding referral.
16. There was a decrease in self neglect cases referred from 11 in 2020-2021 to 6 in 2021-2022.
17. In addition to the 44 adult safeguarding referrals, there have been 157 Vulnerable Persons (VP) Folders created by the Prevention teams.
18. VP Folders are established where safeguarding thresholds are not met, but further intervention or case management work by the Service is required. Of the VP folders established the most common causation was high risk smoking and lower-level hoarding issues. Other common reasons for VP Folder creation included lower-level self-neglect, and previous history of fire in the home, where the Service has attended further fires at the same address. 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

19. Progress and key achievements implemented by the safeguarding leads for the Service in 2021-2022 include.
20. The Volunteer Recruitment Policy has been updated to reflect safer recruitment practices.
21. The Children'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.
22. Safer recruitment trained personnel have been deployed to all interview panels for staff vacancies relating to posts working with CYP and adults at risk.
23. Safer recruitment questions have been included in interviews for posts that involve working with CYP and adults at risk.
24. All new wholetime operational personnel, inclusive of trainees, migration and Apprentice Firefighters have received 1-day CYP and adult safeguarding input.
25. The lead for Adult Safeguarding has completed the NFCC commissioned safeguarding train the trainer course.
26. The services Safeguarding policy and Equality Impact Assessment has been externally peer reviewed by Safe Associates who are an external safeguarding consultancy.

27. A safeguarding Toolkit has been created and is out for consultation. This will be rolled out to all CFRS staff in 2022-2023. This will also feature on a new Safeguarding portal on the CRFS intranet.
28. Quarterly update meetings were held with the Fire Authority Member Champion for Equality and Diversity, Cllr Razia Daniels to provide a safeguarding update.
29. A new mandatory safeguarding e-learning package for Service personnel has been introduced.

Future Developments/Recommendations

30. A number of future developments have been identified to improve the services safeguarding processes including:
31. Online safeguarding awareness sessions will be devised for Volunteer Cadet Leaders as the service looks to expand its Cadet provision post Pandemic
32. Quarterly Safeguarding Planning Meetings will be introduced to ensure an information sharing process is in place between Senior 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 arrangement.
33. An NFCC formulated self-assessment of Safeguarding policy and procedure will be carried out this year.
34. CYP safeguarding lead will undertake the NFCC train the trainer course.
35. New Prevention Department managers will undertake accredited safeguarding courses appropriate to their roles.

Financial Implications

36. The external training courses required will be funded through existing Prevention Department budgets.

Legal Implications

37. The Service has a legal responsibility under the Care Act 2014, the Children's Act 1989 and the Working together to Safeguard Children 2018, due to our work with Adults at Risk and Children, to safeguard them from harm and risk in the home and community. This involves the implementation of Safeguarding leads, referral systems and staff training and awareness.

Equality and Diversity Implications

39. 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

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

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

TEL [01606] 868804

BACKGROUND PAPERS: NONE

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CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 6TH JULY 2022
REPORT OF: DIRECTOR OF TRANSFORMATION
AUTHOR: LAWRENCE HOWARD

SUBJECT: MENTAL HEALTH REPORT - 6 MONTH UPDATE,
JULY 2022

Purpose of Report

1. This report provides an update in respect of the work that is ongoing in respect of Mental Health and provides insight regarding upcoming work.

Recommended:

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

Background

2. The post of Mental Health and Wellbeing Advisor was introduced into the Service in July 2019, following the recommendation of the Staff Engagement Forum and approval by the Fire Authority.
3. The Service's first ever Mental Health Strategy was approved by the Fire Authority in January 2021. This was developed by the Mental Health Steering Group (MHSG) following consultations across the Service. The Strategy provides strategic direction and clear aims for the Service to ensure sufficient emphasis is placed around mental health to give it parity of esteem with physical health. The Strategy also incorporates the wider notion of the Service's values and its links to the wider communities it serves and aims to support the Service's ambition to become an employer of choice and a beacon of excellence in mental health.
4. An Action Plan was produced by the MHSG and was signed off on the 2 June 2021. The MHSG is monitoring and supporting the progression of the Action Plan.

Progress over the last 6 Months

5. Despite the ongoing challenges of the Pandemic, the MHSG has continued to meet on a quarterly basis. After almost 2 years of being established and meeting virtually, the MHSG was able to meet for the first time face-to-face in May 2022. The MHSG took this opportunity for a group photograph to support an article in the Alert reminding staff of the role of the MHSG.

6. The revised TRiM process and procedure has been in place for approximately two years and the number of TRiM practitioners now stands at 50 across the Service.
7. During the last six months, a project team was set up to undertake a review of the TRiM process. The review was commissioned by the MHSG with the task of looking at the take-up levels of the TRiM offer and to identify how the Service can ensure the programme is promoted and delivered effectively. The initial draft recommendations were reported back to the MHSG in January 2022 and as a result a pilot project has been launched in Cheshire East to further develop our understanding of what is required and the strength of our proposed solution.
8. In addition to TRiM, the Service has also maintained its appetite to grow the network of Mental Health First Aiders (MHFAs). Currently the Service has 27 Mental Health First Aiders. Their last refresher day was the 28th April 2022.
9. The aim is to significantly increase these numbers year on year. Following the completion of the September 2022 training session, the Service will have 43 MHFAs. Further dates are being planned in conjunction with the external trainers for the Prince's Trust team and other staff members.
10. In January 2022 the Service noted that suicide rates were rising within Cheshire communities. The most significant area of increase was in men aged 45 to 55 years and they remain the most vulnerable group. As a Service, we have several staff who fall within this demographic. With this in mind work has commenced to develop a Suicide Prevention Toolkit supported by training for staff in accredited Suicide First Aid training.
11. The Wellbeing Community Group continues to offer informal and flexible support. It remains based around a Facebook group that individuals can join and engage with as they please. The Group offers socially distanced walks, meditation, and a variety of wellbeing activities. There are currently over 70 staff members on this Group.
12. Another area that has been discussed at the MHSG is widening the offer of the Sports and Welfare Association. Historically the Committee's main focus has been around physical activities which is not deemed to be entirely inclusive. In an attempt to provide a wider range of activities the MHSG have offered to assist, and two members of the MHSG have joined the Sports and Welfare Association.
13. The Service celebrated World Mental Health Day in October 2021. From those celebrations the bespoke "Cheshireopoly" board game which prompted discussion around mental health themes is now available within Learning and Development for use during inductions and other development programmes within the Service.
14. Of note was the development of a mosaic to mark World Mental Health Day 2021. This idea was progressed based on the experience of one of the MHSG members who had articulated how mosaic making had had a

positive impact on her mental health during lockdown. The design below was chosen through consultation with the Wellbeing Community Group and the MHSG and the mosaic was developed at Sadler Road during Mental Health Week 2021.



15. The black tiles represent the distress associated with poor mental health and are framed by bright colours and patterns that remind us there are many positive ways to maintain our well-being. The mosaic, mounted on the wall outside the canteen at Sadler Road, was unveiled on the 15th March 2022 by the Chair of the Fire Authority, Cllr Bob Rudd in the presence of Cllr Gina Lewis, Mental Health Champion, the Chief Fire Officer and members of the MHSG.
16. Other Mental Health events and campaigns hosted during the last six months included:
 - A “Time to Talk” campaign in February 2022, encouraging staff to take time to talk to each other over a cup of tea. The aim being to encourage staff to make time to get to know and support each other.
 - A Four Week Stress Management Programme running throughout April to mark National Stress Awareness month. Weekly stress management sessions were hosted in addition to information and signposting relating to stress issues published in the Green and on the Intranet.
 - Webinars provided in May to mark Maternal Mental Health Awareness Week’. During this week the Service also joined with the Perinatal Mental Health Partnership and Motherwell, a Crewe based charity run by women for women. There were different themes each day throughout the week and daily webinars on Maternal Mental Health topics. With Motherwell, the service provided information and signposting to events available nationwide marking Maternal Mental Health Awareness Week.
 - During Mental Health Awareness Week the Service also signposted staff to a range of activities and events run by Mind and the Mental Health Foundation throughout the week.

- During June the Service supported National Carer's Week in conjunction with Carers UK. All events were promoted through the Intranet, the weekly Green and the monthly Alert.
17. Mental Health and Wellbeing awareness has also continued to be promoted through Inductions, the Step-Up programme, the Step-In programme, and the Apprentice programmes.
 18. The Mental Health Advisor has continued to be visible making, at least one visit to every watch, section, department, and team across the Service each year. This averages approximately 110 visits. At the beginning of the year, the Mental Health Advisor partnered with the Service Fitness Advisor to start offering joint visits. This is to emphasise the parity of esteem between physical and mental health. Whilst the Fitness Advisor runs the fitness test, those being tested can also have a Mental Health MOT if they wish.
 19. Over the course of the last six months the Mental Health Advisor has continued to support and attend staff network groups, Limitless; Firepride; REACH; Armed Forces Network; and the Neurodiversity Network. On the 18th May 2022 a new network was launched in the form of a Fathers Group at the request of male staff who are parents and/or new fathers looking for a peer support network.

Priorities for the Next 6 Months

20. The TRiM review pilot project will be supported in Cheshire East and an interim evaluation will be prepared for consideration by the MHSG at the October 2022 meeting. Recommendations from the review will be added to the Mental Health Action Plan for implementation.
21. Further TRiM Refresher Days and TRiM open sessions are being scheduled from the Autumn through to April next year to raise awareness and promote the offer.
22. Further work is planned to continue to support and develop the fathers/parenting network. This will provide advice and support and a safe space for new and existing fathers to discuss issues relating to home and family life.
23. Work is being planned to scope the viability of launching a Carers network within the Service. The Police have a network called 'Enable' which may provide an opportunity to collaborate on the provision of support to Carers rather than setting up an independent network just for Fire.
24. The Mental Health Advisor's Station and Department visits will continue to maintain visibility. It is planned that this cycle of approximately 110 visits will be completed by mid-March 2023 and these will continue to be done in tandem with the Fitness Advisor this year. After 12 months of joint visits an evaluation will be undertaken to determine the extent to which the messaging and the commitment to achieve parity of esteem between mental health and physical health has impacted on staff.

25. In support of this planning has also commenced for a series of events and a conference to be held in October to mark International Mental Health Day. The theme currently being explored to make the link between mental and physical health is “Mind and Body”. As in previous years, all staff will be encouraged to engage in some mindful activity relation to both their mental and physical health during this period. The date of the conference is Monday 10th October 2022. All Members of the Fire Authority are very welcome to attend.
26. The programme of Suicide First Aid training will continue, the next date being the 14th July 2022. It is proposed to launch the internal Service Suicide Prevention Toolkit during July 2022 to supplement the suicide prevention framework within the Service.
27. As part of the “Step Away” element of the new People Strategy, the Service intends to improve the support offered to staff both before and after retirement. With loneliness being a factor for many retirees, the Mental Health Advisor is considering the viability of establishing a periodic alumni gathering for retirees to encourage ongoing friendships and to provide an opportunity for interaction with ex-colleagues.

Legal Implications

28. The Service recognises its legal duties to tackling stress and anxiety which could lead to mental ill health. The Health and Safety Executive (HSE) expects the Service to carry out suitable and sufficient risk assessments and to take action to tackle any problems identified.
29. The HSE risk management standards have been incorporated into the new appraisal process to facilitate discussions on an individual basis and to help identify any risks.

Equality and Diversity Implications

30. 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. Mental Health is now included as a factor for consideration within the Service’s Equality Impact Assessment process.
31. 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

32. None

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TEL [01606] 868641
BACKGROUND PAPERS: NONE

CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 6TH JULY 2022
REPORT OF: DEPUTY CHIEF FIRE OFFICER
AUTHOR: GROUP MANAGER AARON COLLIS

SUBJECT: HMICFRS ACTION PLAN – ROUND 2
INSPECTION (2021)

Purpose of Report

1. To provide an update on the formulation of an action plan to address areas for improvement and other suggestions contained in the HMICFRS inspection report following its 2021 inspection of the service.

Recommended: That

- [1] the action plan is noted and agreed for use; and
- [2] The proposed process for internal monitoring is agreed to ensure the action plan is successfully implemented.

Background

2. During Spring 2021 the service was inspected by HMICFRS against its three pillars of effectiveness, efficiency and people. This formed part of the second full round of inspections of all English fire and rescue services to be completed by the inspectorate.
3. As part of the inspection process each pillar is graded as either 'Outstanding', 'Good', 'Requires Improvement', or 'Inadequate'.
4. The report for Cheshire was published in December 2021 which encouragingly provided gradings of 'Good' against each of the three pillars. Below the three pillars the service is graded against 11 'diagnostics'. It achieved a 'Good' grading in 10 of the 11 diagnostics. One area was deemed to 'Require Improvement'; how well the service develops leadership and capability in its people.
5. Inspections are delivered nationally in each round using three groups (known as 'tranches'). Of the 12 services inspected in the same group as Cheshire last year, only three other fire and rescue services achieved a 'Good' grading across each pillar.

6. Within an inspection report, HMICFRS will formally identify 'Areas for Improvement' where it believes the service needs to take action to improve performance and deliver a better service to the public. It may also make suggestions in the narrative of the report which are of a lesser significance but are still notable reflections of the evidence gathered during the inspection. HMICFRS identified nine 'Areas for Improvement' in the latest inspection.

Information

7. To provide a structure and process for monitoring progress against these areas, Heads of Department have developed an action plan which outlines how the service will respond to the HMICFRS Report and improve its performance. The Action Plan is attached to this report as Appendix 1. Members will see that it is split into two sections: one dealing with the Areas for Improvement; the other dealing with the suggestions identified in the HMICFRS Report.
8. Intelligence from HMICFRS suggests that a third round of national inspections is likely to commence in early 2023. It is therefore possible that the Service will be inspected again within the next 12 months.
9. As part of the next inspection the service will need to demonstrate sufficient progress against the identified Areas for Improvement. To assist in this, the Organisational Performance team will undertake an audit of the Action Plan with action owners in July 2022 and again in October 2022. This will be completed using the HMICFRS judgment criteria. The service will aim to complete all actions in advance of the next inspection by HMICFRS.

Financial Implications

10. There are no direct financial implications from the creation of the Action Plan. Specific financial requirements arising as a result of delivery of the actions will be managed at a departmental level.

Legal Implications

11. None

Equality and Diversity Implications

12. None

Environmental Implications

13. None

**CONTACT: DONNA LINTON, GOVERNANCE AND CORPORATE PLANNING
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BACKGROUND PAPERS: NONE

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HMICFRS INSPECTION 2021 ACTION PLAN

Version Number: 4

Date: 20th June 2022

Part 1: Areas for Improvement

Area: Effectiveness				Lead:			Page no. in report: 9
1.1. AFI: Understanding the risk of Fires and other Emergencies: The Service should ensure that Fire Control have direct access to relevant and up-to-date risk information.							
No.	Action to be taken	Measure of Success	Commentary	Evidence	Action Lead	Target Date	Status
1 (Pg 165)	Enable NWFC to access to Firecore/MDT software	Evidence that NWFC can easily access risk information (1.1.6)	Ensure that staff in Fire Control can access the required levels of risk information to effectively mobilise assets to incidents and disseminate risk critical information which is not otherwise available to fire crews via MDTs and SSRI records. Discuss common solutions with CuFRS, LFRS and GMFRS.	To be internally audited in due course.	Steve Barnes/Tam Blair	Jul 2022	Open



Area: Effectiveness						Lead:		Page no. in report: 12
1.2. AFI: Preventing Fires and other Risks: The Service should improve how Safe and Well visits are targeted to individuals that are most at risk or are harder-to-reach and how information gathered during visits is used.								
No.	Action to be taken	Measure of Success	Commentary	Evidence	Action Lead	Target Date	Status	
1 (pg13)	Review how we utilise information gathered during visits to inform future visits.	Evidence of service using activity to inform and adapt its prevention plan (1.2.1).	Review completed by Prevention department. Findings incorporated in to targeting methodology.	To be internally audited in due course.	Lee Shears	Mar 2022	Open	
2 (pg13)	Review the targeting methodology for Safe and Well visits to ensure it targets high-risk groups.	Evidence of a S&W methodology which uses data and information to ensure activity is focused on those most at risk (1.2.1).	Review completed by Prevention department. Findings incorporated in to targeting methodology.	To be internally audited in due course.	Lee Shears	Mar 2022	Open	
3 (pg13)	Review the vulnerable person processes to ensure they are fit for purpose	Evidence of processes which effectively identify and safeguard vulnerable persons (1.2.4).	Review completed by Prevention department. Findings incorporated in to the VP process.	To be internally audited in due course.	Lee Shears	Mar 2022	Open	



Area: Effectiveness					Lead:		Page no. in report: 12
1.2. AFI: Preventing Fires and other Risks: The service should ensure it quality assures its prevention activity, so staff carry out Safe and Well visits to an appropriate standard.							
No.	Action to be taken	Measure of Success	Commentary	Evidence	Action Lead	Target Date	Status
1 (pg13)	Review S&W training for Prevention and Service Delivery staff	Evidence of staff across the service receiving suitable, and auditable training in the delivery of prevention activity (3.2.2 supporting delivery of 1.2.1).		To be internally audited in due course.	Lee Shears	Dec 2022	Open
2 (pg17)	Review the quality assurance process for S&W activity.	Evidence of S&W visits being quality assured to ensure they are effective in reducing risk (1.2.1).	Process developed and policy produced. Requires implementation.	To be internally audited in due course.	Lee Shears	Dec 2022	Open



Area: Effectiveness					Lead:		Page no. in report: 19
1.4. AFI: Responding to Fires and other Emergencies: The service should ensure it has an effective system for learning from operational incidents.							
No.	Action to be taken	Measure of Success	Commentary	Evidence	Action Lead	Target Date	Status
1 (pg20)	Review the Structured Debrief process	Evidence of the service consistently evaluating operational performance and using this learning to improve response and incident command (1.4.7).	Review the existing policy, including hot debriefs, operational debriefs and structured debriefs. Provide a quarterly report to the Operational Learning Group. The annual training report is to incorporate a list of completed audits aligned to the training year.	To be internally audited in due course.	Steve Barnes/ Jon Caulfield	Jul 2022	Open



Area: Efficiency					Lead:		Page no. in report: 26
2.1. AFI: Making Best use of Resources: The Service should ensure the corporate ownership of business continuity at North West Fire Control and that all staff understand the arrangements and their associated responsibilities.							
No.	Action to be taken	Measure of Success	Commentary	Evidence	Action Lead	Target Date	Status
1 (pg28)	Conduct regular training sessions with staff from both CFRS and NWFC in relation to business continuity and fall-back arrangements to secondary control.	Evidence of the service testing its fallback arrangements at an appropriate frequency (2.1.7).	Test the BC arrangements with NWFC staff and other North West FRSs to ensure business continuity arrangement are effective and consistent.	To be internally audited in due course.	Steve Barnes/ Tam Blair	July 2022	Open
2 (pg28)	Create a methodology for regularly and directly reviewing the business continuity plans for Fire Control.	Evidence of a process to review and update the BC plans at an appropriate frequency (2.1.7).	Work closely with CFRS business continuity champions and develop BC plans that are fit for purpose and are tested annually.	To be internally audited in due course.	Steve Barnes/ Tam Blair	July 2022	Open

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Area: Efficiency				Lead:			Page no. in report: 29
2.2. AFI: Making the Fire and Rescue Service Affordable Now and in the Future: The Service needs to ensure that it has a robust and comprehensive fleet strategy which is regularly reviewed and evaluated to maximise potential efficiencies.							
No.	Action to be taken	Measure of Success	Commentary	Evidence	Action Lead	Target Date	Status
1 <small>(Pg30)</small>	Review and update the fleet strategy to provide more detail including overall objectives and targets, expected performance levels and service standards, and how the service measures success and achievements. This will provide opportunities to identify areas for improvement.	Evidence of a fleet strategy which is directly linked to and supports future service provision (2.2.4).	This strategy should be interdependent with the following: <ul style="list-style-type: none"> • Community Risk Model • Fire Cover Review • IRMP • Environmental Plan • Capital Spend Strategy. • 15 year appliance rotation plan • Specials review programme. 	To be internally audited in due course.	Steve Barnes/Phill Cooper	Jul 2022	Open

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Area: People					Lead:		Page no. in report: 34
3.1. AFI: Promoting the Right Values and Culture: The service should ensure staff are appropriately trained and up to date in relation to health and safety.							
No.	Action to be taken	Measure of Success	Commentary	Evidence	Action Lead	Target Date	Status
1 (pg35)	Develop a health and safety training strategy to deliver health and safety refresher training to all staff	Evidence of training which ensures H&S procedures are effective and well understood by all staff (3.2.2 supporting 3.1.4).	Incorporate refresher training into the Health and Safety annual training planner and make the training mandatory for all applicable managers.	To be internally audited in due course.	Steve Barnes/Neil Wilson	Jul 2022	Open

Area: People					Lead:		Page no. in report: 41
3.4. AFI: Managing Performance and Developing Leaders: The service should improve all staff understanding and application of the performance development review process							
No.	Action to be taken	Measure of Success	Commentary	Evidence	Action Lead	Target Date	Status
1 (pg41)	Undertake a review and improve staff understanding and application of the appraisal process.	Evidence of the service assessing and developing individual performance of all staff (80% target) (3.4.1).	Workshops to improve staff understanding and application of the appraisal process to be delivered in April and May 2022. Pilot to be set up to automate the existing appraisal process in conjunction with members of the Staff Engagement Forum. Will look to ensure reduced bureaucracy and improved levels of engagement and perceived value in appraisal process.	To be internally audited in due course.	Andrea Harvey / Nicola Bailey/ Lynne Roberts	May 2022 Pilot for new system complete by Jan 23	



Area: People				Lead:			Page no. in report: 41
3.4. AFI: Managing Performance and Developing Leaders: The service should put in place a system to actively manage staff careers, with the aim of diversifying the pool of future and current leaders.							
No.	Action to be taken	Measure of Success	Commentary	Evidence	Action Lead	Target Date	Status
1 (pg39, 41,42) Page 172	Widen support for non-operational staff looking for career progression into leadership roles	Evidence of the service actively managing career pathways of all staff (3.4.2).	<p>Career Pathways Directory to be developed to support discussions around progression and transferrable skills during the appraisal process.</p> <p>Wider opportunities available for fire staff to develop new and transferrable skills for future roles.</p> <p>Increased engagement of fire staff in coaching and mentoring and leadership development programmes.</p> <p>“Springboard” high potential development programme to be created and launched to provide bespoke training and personal development opportunities for non operational staff.</p>	To be internally audited in due course.	Andrea Harvey/ Nicola Bailey	September 2022	Open
2 (pg41 – 42)	Undertake a review to ensure promotion processes are fair, transparent and have more tangible links to on the job performance.	Evidence that staff think that the selection and promotion process is fair (3.4.4).	<p>Review undertaken to identify and understand perceptions around fairness and transparency and proposals developed for launch by Autumn 2022.</p> <p>Survey to be launched to gain feedback around current promotion board process in respect of fairness and transparency.</p>	To be internally audited in due course.	Andrea Harvey/ Nicola Bailey	April 2022	Open



HMICFRS INSPECTION 2021 ACTION PLAN

Version Number: 4

Date: 20th June 2022

Part 2: Suggestions

Area: Effectiveness						Lead:		Page no. in report: 12
1.2. Suggestion: Preventing Fires and other risks								
No.	Action to be taken	Measure of Success	Commentary	Evidence	Action Lead	Target Date	Status	
1 (pg14)	Evaluate the Road Safety contract in Cheshire East.	Evidence of the service effectively working with partners to reduce the number of people KSI (1.2.5).	Regular evaluation reports produced detailing activity and KSI data. Develop relevant measures of success for the contract to be incorporated in the contract.	To be internally audited in due course.	Lee Shears	Sep 2022	Open	

Area: Effectiveness						Lead:		Page no. in report: 18
1.4. Suggestion: Responding to Fires and other Emergencies								
No.	Action to be taken	Measure of Success	Commentary	Evidence	Action Lead	Target Date	Status	
1 (pg20)	Consider increasing the scope of NWFC staff involvement in the service's command, training, exercise, debrief and assurance activities	Evidence of activity which improves training and operational learning for NWFC staff (1.4.7 and 3.2.2 supporting 1.4.2).	Work with NWFC and provide additional training aligned to role and responsibilities. Expand the delivery of WM 7 and SMMI training days to include NWFC staff. This training could be incorporated into CFRS annual training planner and completed at CFRS incident command training suite. Alternatively, address the training need through the NWFC SPOC, and assign them to undertake the training locally at NWFC. This approach would provide greater flexibility.	To be internally audited in due course.	Steve Barnes	Sep 2022	Open	



Area: Effectiveness						Lead:		Page no. in report: 21
1.5. Suggestion: Responding to Major and Multi-agency Incidents								
No.	Action to be taken	Measure of Success	Commentary	Evidence	Action Lead	Target Date	Status	
1 (pg22)	Consider how the service can review the information it exchanges with neighbouring services more frequently.	Evidence that staff can access accurate and up-to-date risk information within neighbouring FRS areas (1.4.3).	<p>A recognised process is already in place through Resilience Direct. A review is required to be undertaken to ensure it is the best model to use and is consistent across bordering FRS's.</p> <p>This process is already in place with our neighbours for SSRI information.</p> <p>Each service uploads SSRI's within 3km of the border as a pdf to their services repository. The repository can then be accessed by each neighbouring service to download and use. CFRS currently upload 10km from our border.</p>	To be internally audited in due course.	Steve Barnes / Dave Buckland	Sep 2022	Open	
2 (pg22)	Create a structured cross-border exercise programme. Extend the formality of locally led exercises	Evidence of a joint exercise programme which tests response arrangements with each of the 6 bordering FRS (1.5.3).	<p>Use the new SPOA framework (*from April 1st 2022) which places a responsibility on individual stations to include cross border training within their exercise schedule. This should be inclusive and consider neighbouring FRS's on all of the borders to CFRS.</p> <p>Assess data relating to cross border responses to exercise proportionately based on risk and demand.</p>	To be internally audited in due course.	Neil Griffiths	Sep 2022	Open	
3 (pg23)	Provide evidence that the service consistently follows the JESIP principles	Evidence that all staff are sufficiently prepared to respond to multi-agency incidents, including those of an MTA nature (1.5.4).	<p>Already in place and evidenced. Review how we record this with the national lead.</p> <p>Multi agency JESIP training events delivered. CFRS attendees names are recorded as evidence of the completion of JESIP training. Records can be obtained from OPA Admin Team. A JESIP news page is available on Service Intranet for staff to access. Operational staff have been issued with JESIP aide memoir cards.</p>	To be internally audited in due course.	Steve Barnes/ Marcus Beechey	Sep 2022	Open	



Area: Efficiency						Lead:	Page no. in report: 26
2.1. Suggestion: Making Best use of Resources:							
No.	Action to be taken	Measure of Success	Commentary	Evidence	Action Lead	Target Date	Status
1 (pg26)	We are interested to see how the service realises the full potential of priority based budgeting.	Evidence that the service allocates financial resources using rationale which is clearly linked to the IRMP. Financial controls which support the appropriate use of public money (2.1.3).	Agreed PBB process adequately described at the outset. PBB process followed, and outcomes documented. Outcomes presented in an accessible/understandable way. SMT able to articulate the PBB processes and benefits. Resources directed to priorities.	BMB agenda and minutes. Member Planning Day presentation etc. Budget Report	Treasurer	Sep 2022	Open
2 (pg26)	Demonstrate improvements following the review of the way CFRS works with NWFC.	Evidence that the service comprehensively monitors, reviews and evaluates the benefits of this collaborative activity (2.1.6).	OPA have commenced discussions with NWFC to develop the way in which performance of the control room is measured using a wider range of metrics.	To be internally audited in due course.	Steve Barnes	Sep 2022	Open



Area: People					Lead:		Page no. in report: 35
3.1. Suggestion: Promoting the Right Values and Culture							
No.	Action to be taken	Measure of Success	Commentary	Evidence	Action Lead	Target Date	Status
1 (pg35)	Ensure continued visibility and availability of mental health support and education across the Service.	Evidence that the service has effective wellbeing policies which are understood by staff (3.1.3).	<p>MHA remains visible and engages with every watch and department on an annual basis via a structured programme of visits.</p> <p>We have seen increased take up rates and staff interactions with TRiM practitioners and Mental Health Aiders resulting in greater resilience and support across the workforce in respect of mental health.</p> <p>We will look to provide evidence of structured and varied programme of education and awareness events/activities.</p>	To be internally audited in due course.	Andrea Harvey	Sep 2022	Open

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Area: People					Lead:		Page no. in report: 36
3.2. Suggestion: Getting the Right People with the Right Skills							
No.	Action to be taken	Measure of Success	Commentary	Evidence	Action Lead	Target Date	Status
1 (pg36)	Undertake a review to identify what aspects of prevention training requires improvement and to identify which staff groups do not have full access to training.	Evidence that staff are appropriately trained for their role and that the service ensures its teams have the right mix of skills and capabilities (3.2.2).	<p>Automation of appraisal process will help to more easily identify gaps and record training and development activity.</p> <p>Positive feedback from Prevention Training evaluation.</p>	To be internally audited in due course.	Andrea Harvey / Lee Shears / Nicola Bailey	Sep 2022	



Area: People					Lead:		Page no. in report: 37
3.3. Suggestion: Ensuring Fairness and Promoting Diversity							
No.	Action to be taken	Measure of Success	Commentary	Evidence	Action Lead	Target Date	Status
1 <small>(pg39)</small>	Develop plan to improve diversity within recruitment with specific emphasis on addressing the under-representation of female and BAME staff in the workforce.	Evidence of the service exploiting opportunities to ensure its workforce better reflects the community it represents (3.3.3).	<p>Creative positive action campaigning that achieves wider reach to under-represented communities.</p> <p>Wider use of the buddying scheme resulting in increased number of female and BAME applicants translating into new recruits.</p> <p>Positive action working group has been disbanded as a standalone entity. Positive action activity now embedded into new monthly Attraction and Recruitment Working Group, chaired by Head of Service Delivery and attended by Head of Communications and Engagement and Senior HR Business Partner, to ensure holistic approach to planning.</p>	To be internally audited in due course.	Mark Shone/ Senior HR Business Partner	Dec 2022	Open
3 <small>(pg41)</small>	Develop a plan to target diverse groups for middle and senior management roles and explore viability of a Direct Entry Scheme	Evidence that the service engages with under-represented groups to remove disproportionality and promote fair and open opportunities for all (3.3.4).	<p>Increased number of applicants and recruits from under-represented groups.</p> <p>Awaiting launch of national Direct Entry scheme after which time we will review and consider adoption.</p> <p>Positive action working group has been disbanded as a standalone entity. Positive action activity now embedded into new monthly Attraction and Recruitment Working Group, chaired by Head of Service Delivery and attended by Head of Communications and Engagement and Senior HR Business Partner, to ensure holistic approach to planning.</p>	To be internally audited in due course.	Andrea Harvey/ Mark Shone	Sep 2022	

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PERFORMANCE AND OVERVIEW COMMITTEE

Meeting Date:	6 July 2022		7 September 2022		23 November 2022		1 March 2023	
Report Deadline	20 June 2022		22 August 2022		7 November 2022		13 February 2023	
Agenda Deadline	28 June 2022		30 August 2022		15 November 2022		21 February 2023	
1	AC	Q4 Performance Report	WB	Q1 Finance (budget monitoring) Report	WB	Q2 Finance (budget monitoring) Report	WB	Q3 Finance (budget monitoring) Report
2	SW/JP	Q4 Programme Report	AW	Q1 Performance Report	AW	Q2 Performance Report	AW	Q3 Performance Report
3	AL/ CA/ MIAA	Internal Audit Follow Up Report, Internal Audit Annual Report and Head of Internal Audit Opinion 2021-22	SW	Q1 Programme Report	SW	Q2 Programme Report	SW	Q3 Programme Report
4	NG	UPG Annual Report 2021-22	AL/ CA	Q1 Internal Audit Report	AL/ CA	Q2 Internal Audit Report	AL/ CA	Q3 Internal Audit Report
5	JC/ SB	Annual Training Performance Report	BE	Annual Equality Monitoring Report	SB/ NW	Annual Health, Safety and Wellbeing Report	LS/ AG	Annual Bonfire Report
6	Steve McCormick and Sean Barlow.	Safeguarding Children, Young People and Adults Annual Report 2021-22	LS/ HC	Safety Central Annual Report	AG	Annual Road Safety Report	BE	Equality Monitoring – 6 Monthly Update
7	LS	Annual Prosecutions Report (defer to 07.09.22)	LS	Annual Prosecutions Report	AG	Interim Bonfire Report	LW/ CA	Progress Update on Internal Audit Recommendations (half yearly update)
8	LW/ CA	Annual Risk Management Report 2021-22	LS/ JM	Annual Partnership Report (defer to 23.11.22)	LS	On the Streets Project – Annual Report	MJ	Environment & Climate Change – Annual Report

9	LS/JM	Annual Partnerships Report (defer to 07.09.22)	MJ	Environment & Climate Change – 6 Monthly Update	LH	Annual Mental Health Report		
10	SB/ TB/ AL	NWFC Performance Annual Report – Call Handling (defer to 07.09.22)	SB/ TB/ AL	NWFC Performance Annual Report – Call Handling	LS	Annual Partnerships Report		
11	LH	Mental Health Report Six Month Review						
12	AW	HMICFRS 2021 Inspection Report New Action Plan						
NOTES Page 180	Standing Items: Items 1 and 2		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 3,4 ,5, 6,7,8,9 and 10		Annual Items: Items 5,6		Annual Items: Items 5,6,7,8 and 9		Annual Items: Items 5,6 and 7	