



**Wednesday, 23 November
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, 23 NOVEMBER 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 7 - 14)

To confirm as a correct record the Minutes of the meeting of the Performance and Overview Committee held on Wednesday 7th September 2022.

ITEMS REQUIRING DISCUSSION/DECISION

2 Finance Report - Quarter 2, 2022-23

(Pages 15 - 24)

3 Programme Report - Quarter 2, 2022-23

(Pages 25 - 36)

4 Performance Report - Quarter 2, 2022-23

(Pages 37 - 76)

5 HMICFRS Inspection 2021 (Round 2) Action Plan Update

(Pages 77 - 98)

6 Health, Safety and Wellbeing Annual Report 2021 - 22

(Pages 99 - 110)

7 The Prevention Department's Annual Partnership Report 2021-2022

(Pages 111 - 124)

8 Interim Bonfire Report 2022

(Verbal Report)

An officer will attend to provide an initial overview of the Service's

performance during the bonfire period.

9 Forward Work Programme

(Pages 125 -
126)

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

PART 2 - BUSINESS TO BE DISCUSSED IN PRIVATE

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**MINUTES OF THE MEETING OF THE PERFORMANCE AND OVERVIEW COMMITTEE
held on Wednesday, 7 September 2022 at Lecture Theatre - Training Centre, Sadler
Road, Winsford, Cheshire CW7 2FQ at 10.00 am**

PRESENT: Councillors Phil Harris, Razia Daniels, Gina Lewis, James Nicholas,
Peter Walker, 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 Wheeler.

C Declaration of Members' Interests

There were no declarations of Members' interests.

D Minutes of the Performance and Overview Committee

RESOLVED:

**That the minutes of the Performance and Overview Committee held on
Wednesday 6th July 2022, be confirmed as a correct record.**

2 FINANCE REPORT, QUARTER 1, 2022-23

The Treasurer introduced the report, which provided Members with a review of the Service's forecast financial performance and information about progress with the 2022-23 capital projects.

He drew Member's attention to the Forecast Revenue Spending with the overall position at the end of Quarter 1 forecasting an overspend of £68k. He stated that no pay awards for 2022/23 had been agreed. A 3% increase had been included in the budget and if a pay award exceeded this it would have a significant impact.

The Treasurer referred Members to Appendix 2, the Movement in Reserves 2022-23 and outlined the proposed movements to and from the reserves.

A Member asked about progress with the purchase of 9 houses in Wilmslow. The Assistant Chief Fire Officer advised that 5 properties were in the process of being purchased and that work was continuing to identify other potential properties. Hybrid crewing options were also being investigated to enable the project to proceed.

A Member asked how the increased energy costs were affecting the budget. The Treasurer advised Members that the Service had agreements in place for the supply of energy, that the bills were being regularly monitored and that any significant concerns would be reported back to the Authority.

Members were satisfied with the content of the report and approved the movement in reserves set out in Appendix 2.

RESOLVED: That

[1] the Finance Report – Quarter 1 2022-23 be noted; and

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

3 PERFORMANCE REPORT, QUARTER 1, 2022-23

The Head of Service Improvement introduced the report, which provided an update on the Service's Quarter 1 2022-23 performance for each of the Key Performance Indicators (KPIs). The report included the Corporate Scorecard, which reflected the Quarter 1 position against targets set and the year-on-year direction of travel for the KPIs.

The Head of Service Improvement focussed on the KPIs where targets had not been achieved, providing further context.

- The figure for the Number of Deaths in Primary Fires stood at 4 for Quarter 1. Two of the victims were registered on SAFFIRE and the fire investigation reports were being compiled on two of the victims from June. The Safe and Well targeting methodology was under review and this would be incorporated within the Service Improvement Review.
- The Number of Deliberate Primary Fires, 22 of the incidents (41.5%) involved the deliberate ignition of a road vehicle. Of these 10 involved motorcycles, all of which occurred in Runcorn, Warrington and Widnes. The Prevention department and individual crews were working with the police, local authorities, and other partners to reduce the incidents.
- The number of Safe and Well (SaW) visits delivered to properties of Heightened Risk was impacted due to staff shortages within the Prevention department. 4744 SaW visits were completed in Quarter 1, against a target of 7500. The Service is continuing with a recruitment campaign to fill the vacant positions.

- The Risk Based Inspection Programme (RBIP) Quarter 1 target was missed by 59 audits, due to resources being redirected. The missed audits had been arranged for Quarter 2.
- The On-Call Fire Engine Availability was at 53% in Quarter 1 against a target of 85%. The ongoing Fire Cover Review would assess the long-term sustainability of the On-Call model and its conclusions would be reported back to the Fire Authority.

A Member questioned if electric vehicles were more likely to cause fatalities if they were involved in a road traffic accident. The Head of Service Improvement advised that electric vehicles were not any less safe. However, there were more issues to deal with in extinguishing a fire involving an electric vehicle. The Head of Operational Policy and Assurance advised that the North West Region were looking to collaborate to purchase a water skip system to be used to extinguish electrical vehicle fires.

RESOLVED: That

[1] the Performance Report – Quarter 1, 2022-23 be noted.

4 PROGRAMME REPORT, QUARTER 1, 2022-23

The Head of Service Improvement provided Members with an update on the Service's programmes and projects. He mentioned the following:

- There had been a delay in the temporary fire station being available at Crewe, which was a pre-requisite before the existing fire station could be demolished and replaced. A full update on overall the station modernisation programme would be given at the Members' Planning Day;
- The purchase of the water carrier was now complete and stationed at Crewe for deployment around the county;
- The Emergency Services Mobile Communications Programme status was red. This is a Government led project and not under CFRS control; and
- In September the first draft of the Road Safety Strategy Plan for Cheshire was due to be issued.

A Member questioned how the Crewe Fire Station build programme was being impacted by the rising build costs. The Treasurer advised that an additional £375k had been allocated and included in the build contract. This was intended to protect the Authority from certain cost increases associated with the project. Regular project team meetings were taking place, with costs being closely monitored.

A Member asked how On-Call was impacted by the migration of On-Call firefighters to Wholetime positions. The Assistant Chief Fire Officer advised that migration did

affect On-Call. However, migration was encouraged as it was a key route into a Wholetime role with dual roles helping to support the On-Call system.

RESOLVED: That

[1] the Programme Report – Quarter 1 2022-23 be noted.

5 INTERNAL AUDIT PROGRESS REPORT QUARTER 1, 2022-23

Charles Black, Principal Auditor from Mersey Internal Audit Agency (MIAA), was in attendance to present the Internal Audit Progress Report Quarter 1, 2022-23

He drew Members' attention to the key messages:-

- the National Fraud Initiative (NFI) Briefing Report had been issued
- the Business Continuity Planning Draft Report was in progress
- two audits (Blue Light Collaboration and Microsoft 365) had been deferred until Quarter 4, January 2023.

Charles Black advised that the plan was on track and no concerns were brought to Members' attention.

RESOLVED: That

[1] the Internal Audit Progress Report Quarter 1 2022-23 be noted.

6 SAFETY CENTRAL ANNUAL REPORT 2021-22

The Safety Central Manager introduced the report, which presented a review of the performance of Safety Central between 1st April 2021 and 31st March 2022.

She explained the report was briefer in format due to the closure of the Centre during the Covid Pandemic and the phased re-introduction of the Centre's activity during 2021/22.

The Safety Central Manager outlined the changes to the staffing team and the engagement of the volunteers throughout the year. 23 volunteers had been retained with 1 more going through the recruitment process. A priority for 2022 was the recruitment of further volunteers.

She explained the performance figures for visiting schools and those schools identified within the top 10% and 20% of the multiple deprivation index (MDI) within Cheshire.

A Member asked how volunteers were recruited. The Safety Central Manager advised that recruitment was done through many channels, using social media, recruitment events, open days at the Centre, radio and word of mouth. A Member suggested the CFRS Step Away programme could be used to encourage volunteers from staff about to retire.

A Member asked why there were no schools falling within the MDI booked into the Centre from within the Cheshire West and Chester area. The Safety Central Manager advised that they would have been contacted; however, they had not booked yet. It was agreed that the Members would be sent a list of the schools that had booked so that they could promote the Centre to those that had yet to take up the offer. It was also noted that Councils had a discretionary budget which could be used to help with the transport costs if this was a barrier preventing a school visit.

RESOLVED: That

[1] the Safety Central Annual Report 2021-22 be noted.

7 EQUALITY, DIVERSITY AND INCLUSION ANNUAL REPORT 2021-22

The Head of Communications and Engagement introduced the report, which provided a summary of key issues covered in the Service's Equality, Diversity and Inclusion Annual Report 2021-22. He stated that Benji Evans, had now left the Service and the position of Equality & Inclusion Officer was being advertised.

The Head of Communications and Engagement referred Members to the Key Accomplishments, in particular:

- the Service achieved second place in the Stonewall Top 100 Workplace Equality Index (WEI), it's highest-ever ranking, and retained its position as the UK's most inclusive emergency service;
- the Service had seen a slight increase in ethnic diversity amongst its staff. Non-White British staff now make up 4.7% of the workforce, compared to 4.3% in 2021;
- 3.4% of the Service's employees declare a disability, which was a slight increase on 2.9% last year;
- strengthening of staff networks including, Limitless Women's Network, the Race Equality and Cultural Heritage (REACH) Network, and the Neurodiversity Network;

A Member questioned how the Service supports staff who are transitioning. The Head of Communications and Engagement advised that the Trans Guidance and the Service's LGBT+ allies booklet had been updated and there was clear guidance on transitioning within the manager's handbook to enable managers to support staff at every stage.

RESOLVED: That

[1] the Equality, Diversity and Inclusion Annual Report 2021-22 be noted.

8 PROSECUTIONS ANNUAL REPORT 2021-22

The Protection Group Manager introduced the report which presented an update on Cheshire Fire Authority's prosecutions under the Regulatory Reform (Fire Safety) Order 2005 during the financial year 2021-22. Last year there was one successful prosecution.

There were currently eight cases in various stages of the prosecution process. These include 3 cases going to trial in the Crown Court, 1 case due in the Magistrate's Court and 4 cases with individuals under investigation.

The Protection Group Manager summarised the successful prosecution case of the owner of Mr Pizza in Crewe.

A Member observed that the prosecution had taken 3 years and asked if this was typical. The Protection Group Manager advised that there had been disruption to investigating cases and a backlog in prosecutions due to the Covid Pandemic. It was also possible that fire safety may not be one of the highest priority areas for the courts, which appeared to be under pressure.

A Member questioned if the Service worked with local authorities on houses of multiple usage. The Protection Group Manager advised that such properties engaged dual enforcement; a local authority would have the jurisdiction for private areas and the Service would have authority over the commercial areas.

RESOLVED: That

[1] the contents of the Prosecutions Annual Report 2021-22 be noted.

9 NORTH WEST FIRE CONTROL ANNUAL REPORT 2021-22

A Station Manager, who acted as the Single Point of Contract with North West Fire Control introduced the report which provided information about the performance of North West Fire Control (NWFC) during the year 1st April 2021 to 31st March 2022.

He summarised the call handling performance comparing 2020-21 and 2021-22, which showed a rise of 19% in the number of calls. This increase was in part due to Covid Pandemic creating a false reduction in calls in 2020- 21 e.g. due to the impact of lockdown.

The two incident types seeing the biggest increases were Road Traffic Collisions up 64.8% (147 incidents) and NWAS Gain Entry incidents, up 41.1% (67 incidents).

The Station Manager outlined new technology that was being utilised by NWFC; 999eye, a technical solution where NWFC could use a caller's smart mobile phone to view the incident being reported; Rapid Rescue Response Units went live at NWFC in June; Fire Survival Guidance power app, an electronic solution to enhance

CFRS and NWFC ability to co-ordinate major incidents for example, high-rise fires where there were multiple calls received at NWFC; and LifeX, an upgraded telephony system to identify a caller's location down to 1 metre.

A Member questioned if the new technology could be a hindrance if NWFC received multiple calls for the same incident. The Station Manager advised that the technology was used to enhance the information and it does not prevent the initial mobilisation and was not used to downgrade an incident. When NWFC receives multiple calls for the same incident this was managed in the room by a team leader and they were well trained to interpret the information being received.

RESOLVED: That

[1] the North West Fire Control Annual Report 2021-22 be noted.

10 ENVIRONMENT AND CLIMATE CHANGE 6 MONTH UPDATE REPORT, SEPTEMBER 2022

The Environment and Sustainability Lead, Joint Corporate Services introduced the report, which provided an update on the progress that was being made by the Service in relation to the environment and climate change agenda.

The report showed a reduction of 59% of carbon emissions from the 2017 baseline.

A Member questioned if battery storage connected to a photovoltaic system was worth the cost. The Environment and Sustainability Lead advised that it was very beneficial because in certain areas, not all the self-generated power could be returned to the grid. The stored energy could be used during periods when no power was being generated by the system.

RESOLVED: That

[1] the Environment and Climate Change 6 Month Update Report, September 2022 be noted.

11 FORWARD WORK PROGRAMME 2022-23

The table included those items that had been identified/agreed to date. On this occasion the plan was not altered and no items were added.

RESOLVED: That

[1] the Forward Work Programme be noted.

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CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 23RD NOVEMBER 2022
REPORT OF: TREASURER
AUTHOR: PAUL VAUGHAN

SUBJECT: FINANCE REPORT – QUARTER 2 2022-23

Purpose of report

1. This report provides an overview of the Service's forecast revenue financial outturn at the end of Quarter 2 2022-23 and contains a high-level view of the capital programme.

Recommended: That Members

[1] note the forecast outturn position.

Background

2. On 9th February 2022, the Authority approved the 2022-23 revenue budget of £46.6m together with an addition to the capital programme of £16.2m. This report provides an indication of the forecast level of expenditure in 2022-23 when compared to the approved budget and capital programme.

Forecast Revenue Spending

3. Table 1 below summarises the forecast position at the end of Quarter 2 with some of the key reasons for variances shown in subsequent paragraphs. Further details can be found in Appendix 1. Proposed movements to and from reserves in year are itemised in Appendix 2. None are proposed at the end of Quarter 2. At the end of the Quarter 2 there is an anticipated overspend of £235k, but as explained in paragraphs 5 to 7 below this does not include the potential impact of pay awards. At the end of Quarter 1 the Authority was anticipating an overspend of £68k. The position will continue to be monitored and every effort will be made to ensure that the final outturn is contained within budget.

Table 1 - Summary for Quarter 2, 2022-23

	Original Budget	Forecast Outturn	Variance
	£000	£000	£000
Firefighting and Rescue Operations	29,614	29,990	376
Protection	1,887	1,865	(22)
Prevention	2,465	2,477	12
Support Services	11,044	10,993	(51)
Unitary Performance Groups	100	100	-
Centrally held costs & contingencies	(800)	(800)	-
Pay and Pension costs	873	873	-
Capital Financing (incl. investment income)	1,308	1,228	(80)
S.31 Grants	(2,104)	(2,104)	-
Contribution to / from capital reserves	2,199	2,199	-
Net Revenue Position	46,586	46,821	235
Funding	(46,586)	(46,586)	-
Total (under)/overspend	-	235	235

4. The Authority included an allowance for a 3% pay award for all staff in its 2022-23 budget. Members will be aware that a pay offer of 5% has been made to Grey Book staff. An additional 1% on the Authority's Grey Book pay budget costs around £260k, so if this offer became the pay award, it would cost the Authority around £520k above budget.
5. An offer of a flat £1,925 per member of staff has been accepted in respect of Green Book employees. It is estimated that offer will cost the Authority around £276k above budget.
6. These additional costs for staffing are not included in the figures contained in this report. As can be seen the costs are substantial and will lead to a considerable overspend against the Authority's budget, with the minimum cost likely to be £796k as shown above. It is not considered likely that any funding will be available to offset this cost. The final estimated impact will be reported to the Committee when the position is confirmed.

7. Firefighting and Rescue Operations encompasses Service Delivery and Operational Policy and Assurance (OPA). Service Delivery continues to run at slightly over establishment to mitigate risk in relation to recruitment and retention, but not to the extent which is likely to cause significant overspending. There continues to be some use of overtime but this is offset by an underspend against on-call budgets. The main reason for the anticipated overspend of £109k is additional bank holiday costs. This has also been impacted by the timing of COVID reward days for operational staff.
8. Operational Policy and Assurance is projected to overspend by £267k. This is as the result of a number of factors, but in particular it is unlikely that the budgeted vacancy provision will be met (£135k). Vacancy provisions are factored into budgets as a means of reducing them to allow for the likelihood that, at times, departments will not be fully staffed or that staff in some posts will be paid less than the budgeted amount. Uniforms will overspend as a result of the impact of the new Firefighter apprentice cohort (£40k). Other factors include the previously reported additional costs of driver training and other pay costs, and the cost of the trip to Ukraine.
9. At the end of Quarter 1, Prevention projected an overspend of £60k largely as a result of pension strain costs in relation to early retirements through ill health. This will be offset by a projected underspend as a result of lower than budgeted smoke alarm usage identified during Quarter 2 which at present is projected to be around £30k.
10. Support Services comprise the departments of the Fire Authority that support the work of the operational teams.
11. Executive Management is projecting an overspend of £50k as a result of changes to the Service Leadership Team and the costs of recruiting the new Chief Fire Officer and Chief Executive.
12. Corporate Communications has been delivered by staff employed by the Authority since February 2022, having previously been supplied through Blue Light Collaboration. When the budget was set for 2022-23 there were still some costs to be finalised. The team has now bedded in and savings of £49k have been identified.
13. In addition to a one-off saving on Business Rates reported in Quarter 1, Property Management is reporting a further £28k underspend as a result of a business rates reduction at Sadler Road and additional rental and co-location income (£44k). This is offset by overspends on the restaurant (£20k) and additional works on the Sadler Road site (£16k). The latter work relates to changes to accommodate the People and Organisational Development Department.

14. A report to the Staffing Committee on 29th June 2022 indicated that the return of the People and Organisational Development Department would incur one-off organisational costs in respect of technology, furniture, and equipment and to date this has cost around £28k. PDRpro software development will increase costs by £20k but this is offset by a saving on Corporate Training of a similar amount.
15. Fleet Services has an additional lease cost of an estimated £40k, partly due to timings of leases and partly due to the increased costs of new vehicles.
16. The current financial turmoil impacts on the Authority's own financial position in a number of ways. The potential impact of pay awards is covered earlier. The recent increase in interest rates has increased the estimated income receivable from cash balances by £80k. Members will be aware that such income is used to offset the revenue cost of supporting the capital programme. Because the Authority only has fixed rate loans, there is no increase of interest payable this year. However increased interest rates will make borrowing in the future to support the capital programme more expensive.
17. The Authority budgets centrally for inflation. The level of the inflation provision in 2022-23 will allow a recent increase in fuel costs for vehicles estimated to be £50k in the current year to be absorbed. For electricity and gas, the 2022-23 budget included growth of £69k and £45k respectively, which represented increases of about 22% and 43% on the 2021-22 budgets. This, combined with the contract the Authority has with its energy supplier, means that at this stage no significant overspends in year are anticipated. The situation will continue to be closely monitored. The Authority is likely to require significant growth in its budget in 2023-24 to accommodate predicted future energy costs.
18. At this stage there is no variation to report on funding. The Authority will continue to liaise with the constituent authorities in respect of collection rates of Business Rates and Council Tax, as if those collection rates do not meet their targets this will reduce funding payable to the Authority.

Reserves

19. Table 2 shows the level of revenue reserves held on 1 April 2022. Details of reserve movements are shown in Appendix 2, but all relate to Quarter 1 and no further reserve movements have been made at the end of Quarter 2. Further reserve movements will be made during the financial year as appropriate with most anticipated to occur in Quarter 4 as the outturn position becomes clearer.

Table 2 - Reserve Movements

	At 1 Apr 2022 £000	Quarter 1 Movement £000	At 30 Sept 2022 £000
General Fund	2,210	-	2,210
Resource Centre Managers ¹	8,476	343	8,819
Community Risk Reduction ²	371	-	371
Unitary Performance Groups	226	-	226
Total	11,283	343	11,626

1. This reserve has been earmarked to meet future identified commitments across the Authority.
2. This reserve has been earmarked to support the costs of Home Safety Assessments and other community related activity.

20. The Authority also holds capital reserves and these are used to help fund the capital programme. Movements to and from capital reserves are undertaken at the end of the financial year.

Capital Programme

21. At the end of Sept 2022, the Authority's approved capital programme is £27.71m with a forecast outturn spend of £27.33m, an underspend of £0.38m. Details of all the capital schemes are contained in Appendix 3.
22. Included in the spend to date is the purchase of four properties at Wilmslow. Agreement has now been reached on the purchase of the remaining five. The full impact of this on the capital programme will be reported after the purchase of all these properties is completed, but the cost will be within the approved capital budget.
23. The conversion of the remaining chassis cab to a hook lift capability is to be considered as part of the wider welfare and contaminants unit project which is ongoing. The project will deliver the most efficient and cost effective method of providing the capability in conjunction with other demountable assets the service holds. The requirement for a new breathing apparatus unit has been deferred at this time and will be the subject of a new capital programme bid as part of the next Community Risk Management Plan.

Financial implications

24. This report considers financial matters.

Legal Implications

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

Equality and diversity implications

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

Environmental implications

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

BACKGROUND PAPERS: NONE

**CONTACT: KIRSTY JENNINGS, GOVERNANCE OFFICER
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CHESHIRE FIRE AUTHORITY QUARTER 2 2022-23

	Original Budget	Forecast Outturn	Income/ expenditure variance
	£000	£000	£000
Firefighting and rescue operations			
Service Delivery	24,467	24,576	109
Operational Policy and Assurance	5,147	5,414	267
Protection	1,887	1,865	(22)
Prevention			
Community Safety	2,022	2,050	28
Safety Centre	443	443	-
Support Services			
Executive Management	1,222	1,272	50
Communications and engagement	702	653	(49)
Property Management	1,905	1,763	(142)
Finance	456	456	-
ICT	1,888	1,882	(6)
Legal and Democratic Services	565	565	-
People and Development	1,924	1,977	53
Planning & Performance	525	525	-
Procurement and Stores	302	302	-
Fleet services	1,555	1,582	27
Unitary Performance Groups	100	100	-
Corporate Finance costs			
Centrally held costs & contingencies	(800)	(800)	-
Pension costs	873	873	-
Capital Financing (incl. investment income)	1,308	1,228	(80)
S.31 Grants	(2,104)	(2,104)	-
Total Service Expenditure	44,387	44,622	235
Contribution to Capital Reserve	2,199	2,199	-
	46,586	46,821	235
Funding:			
Revenue Support Grant (RSG)	(4,136)	(4,136)	-
Business Rate Retention Scheme	(9,302)	(9,302)	-
Council Tax Precept	(1,956)	(31,956)	-
Business rates S.31 grant	(1,595)	(1,595)	-
Collection Fund Deficit (business rates)	1,042	1,042	-
Collection Fund deficit (council tax)	14	14	-
Service Grant Allocation	(653)	(653)	-
Total Funding	(46,586)	(46,586)	-
Forecast net overspend			235

Appendix 2

MOVEMENT IN RESERVES 2022-23

<u>Quarter 1</u>		TOTAL
<u>Department</u>	<u>Description</u>	£000
Corporate Finance-Pension	LGPS secondary rate – employers contribution	321.0
Corporate Finance Costs	Business Rates Collection Fund deficits reserve	(17.0)
Property Management	Annual contribution Poynton Maintenance	4.5
ICT	Annual contribution MDTs	34.0
		<hr/> 342.5 <hr/>

CHESHIRE FIRE AUTHORITY CAPITAL QUARTER 2 2022-23

		2022-23 Capital Budget	Total Programme Budget	2022-23 Expenditure to end of Sept22	Total Expenditure to date	Expected Scheme Outturn	Variance
	Description	£000	£000	£000	£000	£000	£000
Prior year schemes:	Crewe Fire Station	5,975	7,375	551	922	7,375	-
	Fire Station Modernisation Programme	4,350	11,500	-	7,131	11,500	-
	Fire Houses Refurbishment programme (3 year programme)	250	1,130	246	1,105	1,130	-
2020-21 Schemes	Rapid Response Rescue Units (13 units)	-	520	9	410	475	(45)
	Water carrier unit	-	140	1	48	90	(50)
	Saffire IT system – Community Fire Risk Mgt Information	-	100	52	52	100	-
	Mobile Data terminals (MDT) replacement programme	-	370	-	296	300	(70)
	Technical rescue vehicle	50	50	55	56	56	6
2021-22 Schemes	Two New Appliance 2021-22 Programme	-	540	211	512	522	(18)
	Support vehicles replacement 2021-22 programme	-	60	15	37	51	(9)
2022-23 Schemes	Replacement thermal image cameras (phased replacement)	28	28	26	26	26	(2)
	Three New Appliance 2022-23 Programme	810	810	-	-	810	-
	Chassis cab and hook lift	159	159	-	-	159	-
	Breathing Apparatus unit	130	130	-	-	-	(130)
	Welfare and contaminants unit	140	140	-	-	140	-
	Support vehicles replacement 2022-23 programme	60	60	-	-	-	(60)
	ICT Review/Server Replacement Prog. (incl. £50k 2020-21)	100	100	-	-	100	-
	Wilmslow	4,500	4,500	1,881	1,881	4,500	-
	Total	16,552	27,712	3,047	12,476	27,334	(378)

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CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 23RD NOVEMBER 2022
REPORT OF: CHIEF FIRE OFFICER AND CHIEF EXECUTIVE
AUTHOR: SUSAN WATKINS

SUBJECT: PROGRAMME REPORT – QUARTER 2, 2022-23

Purpose of Report

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

Recommended: That

- [1] members review and note 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 contained in the Authority's annual IRMP action plans.
4. The Programme Health Report for Quarter 2, 2022-23 is attached to this report as Appendix 1.

Financial Implications

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

Legal Implications

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

Equality and Diversity Implications

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

Environmental Implications

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

CONTACT: KIRSTY JENNINGS, GOVERNANCE OFFICER

TEL [01606] 868814

BACKGROUND PAPERS: NONE

APPENDIX 1 – Quarter 2 - Programme Health Report 2022-23 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 July 2022	TO	30th September 2022
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DECISIONS TAKEN AT PERFORMANCE AND PROGRAMME BOARD

The following Closure Report was approved:

1554 Protection Review

The following PIDs were approved:

1613 – Service Improvement Review – International Search & Rescue Team (ISAR)

1614 – Welfare / Contaminants Unit

1615 – Intermediate Command Support Vehicle

1612 - PDRPro

1616 – Service Improvement Review - Fire Cover Review

Governance and Commissioning

1226	BLUE LIGHT COLLABORATION PROGRAMME		
PROGRAMME SPONSOR		Chief Fire Officer	PROGRAMME MANAGER
			Head of Service Improvement
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		Head of Service Improvement	PROJECT MANAGER	Group Manager - Projects
Previous status	Current status	<u>Explanation</u> (where status is red or amber)		
				
Project Update				
Operational crews moved in to the temporary accommodation on the 19th October and works to commenced on the new fire station on the 24th October. There has been a delay of three weeks from the original programme, which was due to supply chain issues with the temporary appliance bay structure.				

1557		STATION MODERNISATION PROGRAMME		
PROGRAMME SPONSOR		Head of Service Improvement	PROGRAMME MANAGER	Group Manager - Projects
Previous status	Current status	<u>Explanation</u> (where status is red or amber)		
		Programme paused, specifications and requirements are being reviewed		
Programme Update				
Following the retirement of the Estates Project Manager from the project team, Estates are recruiting for a new member of the team to fill this vacancy. The Group Manager (GM) is currently working with a temporary member of the Estates team to review year three, four and five stations and exploring alternative methods of delivering the requirements of the modernisation programme. These recommendations are to be presented in an SLT paper by the Area Manager for Service improvement before they are considered by members.				
The GM is regularly in contact with the Wates account director and the Procure North West team ensuring a continued working relationship in support of the modernisation programme.				



1606		Wilmslow Transition to DC1	
PROJECT SPONSOR		Assistant Chief Fire Officer	PROJECT MANAGER
Head of Service Delivery			
Previous status	Current status	<u>Explanation</u> (where status is red or amber)	
			
Project Update			
<p><u>Phase 1 – House purchases</u></p> <p>5 house purchases are now complete. The remaining four are still going through the conveyancing process, with 3 expected to complete in December and the final one completing in January. It is expected that Phase 1 will be completed by end of January 2023.</p> <p>There is a risk that that the sales could still fall through so the project team are keeping one eye on the market in case this occurs. The market has slowed since September, but there are still new properties coming onto the market in the right location.</p> <p><u>Phase 2 – Duty System Transition</u></p> <p>The transition and redeployment process has been agreed and was presented to the Joint Consultation and Negotiation Panel (JCNP) in September. A 30-day staff consultation period will commence during November. Once completed the redeployment and house allocation process will commence and is expected to be completed by mid January 2023.</p> <p>The Station Manager (SM) and Service Delivery Manager (SDM) are keeping the teams at Wilmslow up to date with progress.</p> <p>Based on timeframes for the houses to complete and for the completion of the redeployment the transition over to the new duty system is expected to be completed by the end of March 2023.</p>			



1591		MICROSOFT 365 IMPLEMENTATION	
PROJECT SPONSOR		Head of Service Improvement	PROJECT MANAGER
PROJECT SPONSOR		Project Business Manager- Systems and Business Improvement	
Previous status	Current status	<u>Explanation</u> (where status is red or amber)	
			
Project Update			
<p>Progress with the project throughout Quarter 2 has been slow. This has been in part due to unavailability of the IT team to begin to plan next steps, but mainly due to a purposeful slowing of the project. This was to allow for all users to get to grips with the new version of Office and various changes it brings (including 2 Factor authentication) and so the IT service Desk could catch up with the unprecedented volume of calls and incidents linked to users moving onto M365 PCs and laptops. It must be remembered that a change of technology on this scale has not been completed previously with over 400 new devices built and given out to staff.</p> <p>A key issue picked up during the hardware roll-out revolved around the insufficient number of licences for the Service. Previously the Service had paid for an unlimited number of licences for the basic Microsoft products. Now the Service has to pay a licence fee per user. Initially only 763 licences were purchased, but this did not take into consideration, volunteers, joint corporate service users and Fire Authority Members. A further 117 licences have since been purchased and the process around licence allocation, and de-allocation, is being reviewed to ensure that the Service has enough licences for all staff.</p> <p>Although the most difficult element of the move to M365 has been completed, there are still a number of phases required to complete the initial migration of CFRS to M365.</p> <p>These are: 'Teams Lite' implementation Upgrade of CFRS Smartphones Migration of Mailboxes to MS Exchange online (moving users email accounts to the Cloud servers) Migration of all users home drive content to OneDrive and ensuing decommissioning of the H drive</p> <p>Planning for these next phases commenced in late September and a Pilot of Teams “lite” began on the 29th September.</p>			



Operational Policy Assurance

1553		OPERATIONAL TRAINING GROUP REVIEW			
PROJECT SPONSOR		Deputy Chief Fire Officer	PROJECT MANAGER		Head of Operational Policy and Assurance
Previous status	Current status	<u>Explanation</u> (where status is red or amber)			
Project Update					
<p>The Group Manager (GM) for Operational Assurance has commenced a review of training delivered for the previous 12 months against the number of available training days and training staff within the Operational Assurance and Testing Team (OATT). This will form part of the negotiation scheduled for November 2022 with the representative bodies at the Joint Consultative Negotiating Panel (JCNP).</p>					

1586		PURCHASE A WATER CARRIER			
PROJECT SPONSOR		Head of Operational Policy and Assurance	PROJECT MANAGER		Station Manager – Policy and Planning
Previous status	Current status	<u>Explanation</u> (where status is red or amber)			
Project Update					
<p>The water carrier (water pod and prime mover) are now situated at Ellesmere Port Fire Station. The water pod has some minor issues identified and will require a day back with the manufacturer to remedy.</p> <p>All driver training for the water carrier has been completed.</p> <p>The hooklift operator training is outstanding owing to instructor resourcing issues.</p> <p>All mobilising has been embedded at North West Fire Control (NWFC) and the water carrier can be deployed to incidents and utilised. The restriction that prevails is the inability to demount the water pod from the prime mover, however this does not prevent its use.</p> <p>A training package has been developed to cascade training for the use of the pod to crews.</p>					



1313		EMERGENCY SERVICES MOBILE COMMUNICATIONS PROGRAMME (ESMCP)		
PROJECT SPONSOR		Head of Operational Policy and Assurance	PROJECT MANAGER	Station Manager - Projects
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>Investigations continue with shared IT into securing a specialist resource to undertake the testing of critical operational locations in line with newly agreed project standards with Mobile Subscriber Server (MSS) - this means that when testing for a network signal it is testing for a data connection. Previously the standard was voice signal only (MCC – mobile customer care app).</p> <p>Meetings arranged for Q3 (Oct to Dec 22) to work through a re-baselining of critical operational locations, this will establish which emergency service has primacy for gap fixing.</p> <p>Work package completed regarding CFRS digital strategy moving forward and willingness to adopt an Emergency Services Network solution. The roll out of new Mobile Data Terminals (MDTs) began in October. This will provide a platform for the ESN network.</p> <p>Meetings with IT and Motorola discussing the replacement of SANJ hand held radios which should take place in Q4 (Dec 22 to Feb 23).</p> <p>The national project still appears to be stalling with unconfirmed projections as far as 2028. Regional meeting in the next month which should provide more detail on direction.</p>				

Service Delivery

1556		ON-CALL PROGRAMME		
PROGRAMME SPONSOR		Head of Service Delivery	PROGRAMME MANAGER	Service Delivery Manager - East
Previous status	Current status	<u>Explanation</u> (where status is red or amber)		
N/A	N/A	Project due to be closed.		
Programme Update				
Closedown Report Expected Q3				



1578		EXPANSION OF RAPID RESPONSE RESCUE UNITS (RRRU)		
PROJECT SPONSOR		Assistant Chief Fire Officer	PROJECT MANAGER	
			Head of Service Improvement	
Previous status	Current status	<u>Explanation</u> (where status is red or amber)		
Project Update				
Closedown Report Expected Q3				

1588		DEVELOP A NEW WILDFIRE CAPABILITY		
PROJECT SPONSOR		Head of Service Delivery	PROJECT MANAGER	
			Station Manager - Policy and Planning	
Previous status	Current status	<u>Explanation</u> (where status is red or amber)		
Project Update				
<p>The mobilising of the All Terrain vehicle has been embedded with North West Fire Control (NWFC).</p> <p>All training has been completed and recorded on PDRPro.</p> <p>Whilst Poynton await their Rapid Response Rescue Units (RRRU) to be delivered, they are using the DEFRA Landrover to transport the All Terrain Vehicle to incidents.</p> <p>A further six CFRS personnel have completed the Fire Operations Group (FOG) wildfire course in Buxton.</p> <p>Meeting to be arranged with project manager and project sponsor to discuss lessons learnt and close down record on CPS.</p>				



1549		HIGH RISE SPRINKLER CAMPAIGN 2018		
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				
<p>Sanctuary Housing (9 Blocks in Chester) – The service is awaiting return of a signed agreement in order that the funds of £52k can be released to Sanctuary. Numerous attempts have been made to encourage the return but as yet no progress has been made. Once funds have been exchanged a media release will be prepared.</p> <p>Guinness Housing (Waverley Court Project, Cheshire East) – A media release including a photo opportunity with representatives from Guinness and Cheshire Fire is being arranged jointly by the respective comms teams</p> <p>Torus Housing (Kingsway, Warrington) – Renovations of the block are ongoing and the Protection team are in regular communications with the project team. Completion is scheduled for November 2023.</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				
<p>Now that agreement has been reached with the three relevant representative bodies, work is now taking place to recruit to the relevant roles. The Crew Manager (CM) roles are being recruited as part of the service’s annual promotion board process. Events have taken place with prospective CMs to discuss the roles and a transfer process has also been communicated.</p> <p>The Green Book roles are also currently advertised and it is hoped that roles will be filled over the course of October / November.</p> <p>Closedown Report signed off during Performance and Programme Board.</p>				



1577 REVIEW OF THE RISK BASED INSPECTION PROGRAMME (RBIP)				
PROJECT SPONSOR		Head of Prevention and Protection	PROJECT MANAGER	Group Manager - Protection
Previous status	Current status	<u>Explanation</u> (where status is red or amber)		
				
Project Update				
RBIP project has been implemented. Full analysis of 12 months data and reporting required before success of risk based programme can be verified.				

ROAD SAFETY STRATEGY PLAN CHESHIRE				
PROJECT SPONSOR		Head of Prevention and Protection	PROJECT MANAGER	Head of Prevention and Station Manager - Deliberate Fire Reduction and Road Safety
Previous status	Current status	<u>Explanation</u> (where status is red or amber)		
		The creation of the Strategic Road Safety Plan was originally delayed by Covid and despite now being progressed by the Group, remains behind schedule.		
Project Update				
<p>Further discussion and consultation has taken place with Cheshire Road Safety Group (CRSG) members over the past few months regarding the proposed Road Safety Strategy. It is clear that the group would like to adopt the 'Road Safety Safe Systems' concept with the UN Zero Vision embedded into the strategy also. There was also the recognition of the need to develop a clear communication strategy that will link into national, regional, and local road safety campaigns and themes moving forward.</p> <p>Since the July meeting there have been delays in moving the strategy development work forward. As a result of this the partnership has contacted two external companies, RSS and Agilisys to discuss how they can assist in converting the groups vision and objectives into a working strategy.</p> <p>At the September CRSG board meeting, discussions were held regarding the potential to have a small group from the CRSG with some level of autonomy to make quicker decisions relating to the Road Safety Strategy. This group was agreed and will consist of one member from each unitary area, Cheshire Police, and Cheshire Fire & Rescue service.</p> <p>The aim is for the subgroup to meet with external companies and commission one to develop the strategy.</p>				

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CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 23RD NOVEMBER 2022
REPORT OF: HEAD OF SERVICE IMPROVEMENT
AUTHOR: GM AARON COLLIS

SUBJECT: PERFORMANCE REPORT – QUARTER 2, 2022-23

Purpose of Report

1. To present the Quarter 2, 2022-23 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 2, 2022-23.

Information

3. The Service's Performance and Programme Board (members of the Service Leadership Team supported by various officers) 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.
4. The Corporate Performance Scorecard in Appendix 1 reflects the Quarter 2 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 to improve performance, is provided in the Performance Health Report which is Appendix 2 to this report.

Safe and Well Visits

6. The Service refocussed and revised its Safe and Well targeting methodology this year (2022/23). As part of the revised methodology, we expected to deliver 30,000 safe and well visits to heightened risk addresses based on previous experience. However, following review it was identified that Prevention staff are finding more complex issues with the addresses they visit, and consequentially visits are taking longer to undertake, and outcomes are taking longer to address.

Whilst this demonstrates that the target methodology is focussing on the highest risk it has proven that the volume of safe and well visits will be lower than expected. This is compounded by reduced capacity and difficulties recruiting to vacant posts due to the challenging external jobs market. The expected output will now be 'a minimum of 20,000' Safe and Well to heightened risk addresses. In addition, the service delivers Safe and Well visits to other addresses as part of its methodology. The overall output is expected to be more than double the national average number of Safe and Well visits per service.

7. A detailed paper was submitted for consideration by the Service Performance and Programme Board to review the above findings and to confirm a change to the output. This was approved.
8. The service continues to analyse and use a range of data to target the most at risk.

Financial implications

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

Legal implications

10. There are no issues to report at the end of Quarter 2 that should impact upon the Service's ability to meet its statutory or other legal obligations.

Equality and Diversity implications

11. 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

12. 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 - Scorecard

Appendix 2 - Health Report

Annex 1 - RTC Performance Report

Annex 2 - Safe and Well Infographic

Annex 3 - Business Safety Infographic

Annex 4 - Safety Central Infographic

Year to Date 2022/23 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	Q2 Year on Year	Q2 2021-22
Deaths in Primary Fires	3	0	↑	0
Injuries in Primary Fires	16	20	↑	13
Accidental dwelling fires	159	164	↑	157
- % starting in kitchens	82 (52%)		↓	85 (54%)
- % in homes with residents over pensionable age	39 (25%)		↑	24 (15%)
Deliberate fires (Primary and Secondary)	689	572	↑	479
Fires in Non Domestic Premises	72	86	↓	82
AFAs in Non Domestic Premises	243	266	↓	264

	Actual	Target	Q2 Year on Year	Q2 2021-22
S&Ws Delivered to Heightened Risk	9,853	15,000	↑	4,012
Platinum address success rate	74%	65%	↓	79%
Thematic Inspections Completed	1,032	1,002	↑	974
Total NDP Fire Safety Audits Completed	729	525	↓	896
Risk Based Inspections Completed	520	620	↑	164

Responding to Emergencies

	Actual	Target	Q2 Year on Year	Q2 2021-22
10 Minute Standard	88%	80%	↑	86%
Wholetime Availability	100%	100%	N/app	N/app
On Call Availability	52%	85%	↓	61%
Nucleus OC pumps	81%			
Primary OC pumps	51%			
Secondary OC pumps	36%			
NWFC: Time to Answer Call	6 secs	10 secs	N/app	N/app
NWFC: Time to Mobilise Appliance	121 secs	90 secs	N/app	N/app

Developing the organisation

	Actual	Target	Q2 Year on Year	Q2 2021-22
Average Days/Shifts Lost to sickness	3.41	2.75	↓	3.4
Working Days Lost To Injury	11	20	↓	55

Performance 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%	

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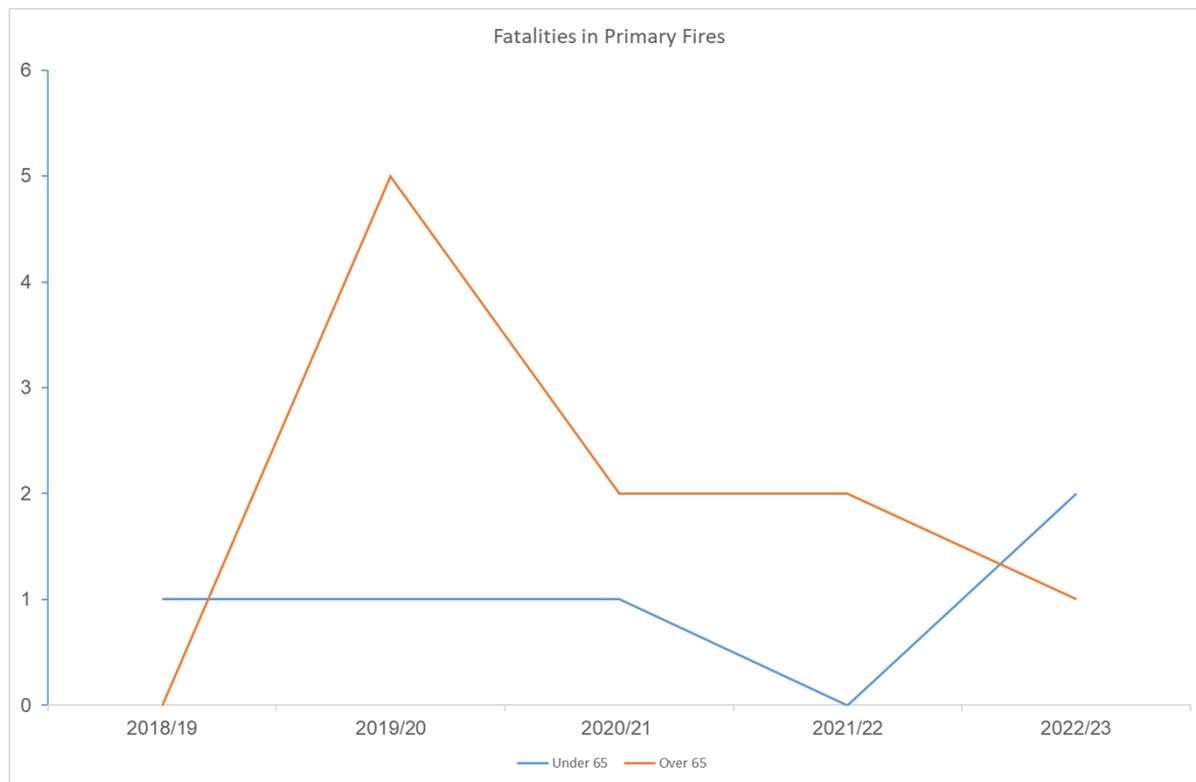
Performance and Overview Committee – Performance Health Report

Indicator: [Number of Deaths in Primary Fires]

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

Reporting Period Q2		01/07/2022 to 30/09/2022	
Q1 Target	0	Q1 Actual	3
Q2 Target	0	Q2 Actual	0
Q3 Target		Q3 Actual	
Q4 Target		Q4 Actual	
YTD Cumulative Target	0	YTD Cumulative Actual	3
Previous Status	Current Status		
			

Summary of Current Performance



Action taken to improve performance

There have been no deaths in primary fires during Quarter 2.

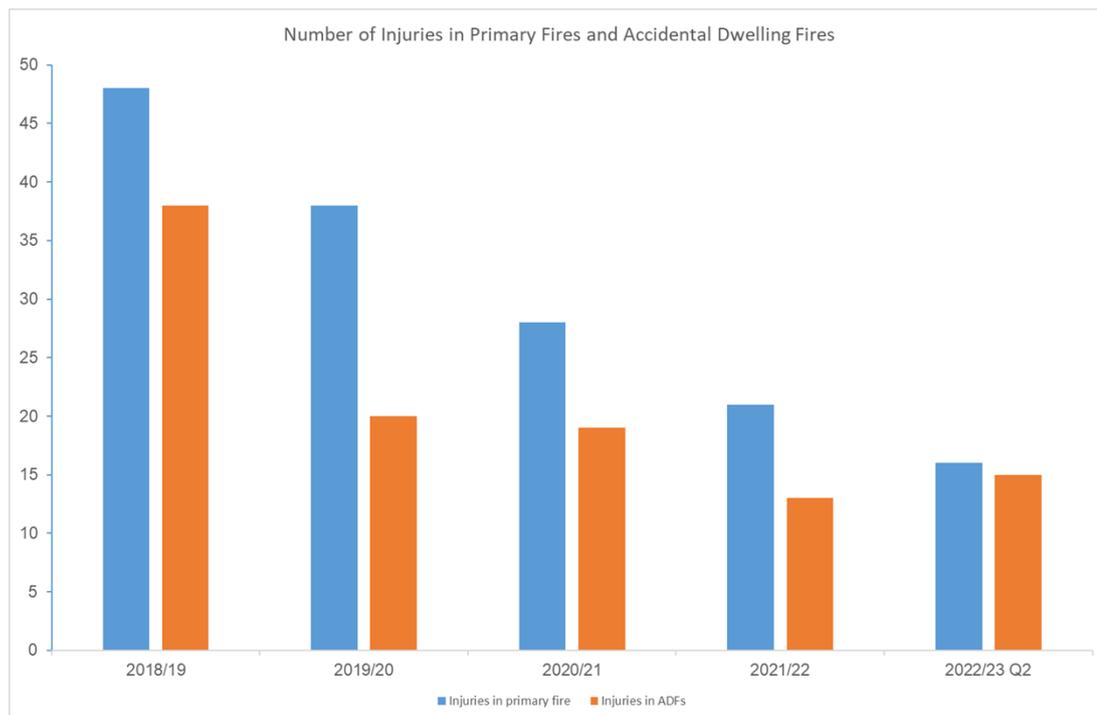
Performance and Overview Committee – Performance Health Report

Indicator: [Injuries in Primary Fires]

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

Reporting Period Q2		01/07/2022 to 30/09/2022	
Q1 Target	11	Q1 Actual	9
Q2 Target	9	Q2 Actual	7
Q3 Target		Q3 Actual	
Q4 Target		Q4 Actual	
YTD Cumulative Target	20	YTD Cumulative Actual	16
Previous Status	Current Status		
			

Summary of Current Performance



16 injuries occurred in the year to date against a target of 20.

- 15 of the 16 injuries occurred in accidental dwelling fires.
- 4 incidents involved people aged between 30-39, making this the age bracket with the highest number of injuries in Quarter 2.
- 6 injuries were classified as serious, all of which were in accidental dwelling fires.

Unitary Authority	Number of Injuries (year to date)
Cheshire East	3
Cheshire West & Chester	3
Halton	7
Warrington	3
Total	16

Cause	Number of Injuries
Cooking	5
Smoking related	4
Apparatus/generators	4
Heating equipment	1
Fuel/chemical related	1
Audio equipment	1
Total	16

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

Injury Description	Number of Injuries Serious	Number of Injuries Slight
Burns - severe	3	0
Burns - slight	0	4
Combination of burns and overcome by gas/smoke	1	1
Overcome by gas, smoke or toxic fumes; asphyxiation	2	4
Other	0	1
Total	6	10

Action taken to improve performance

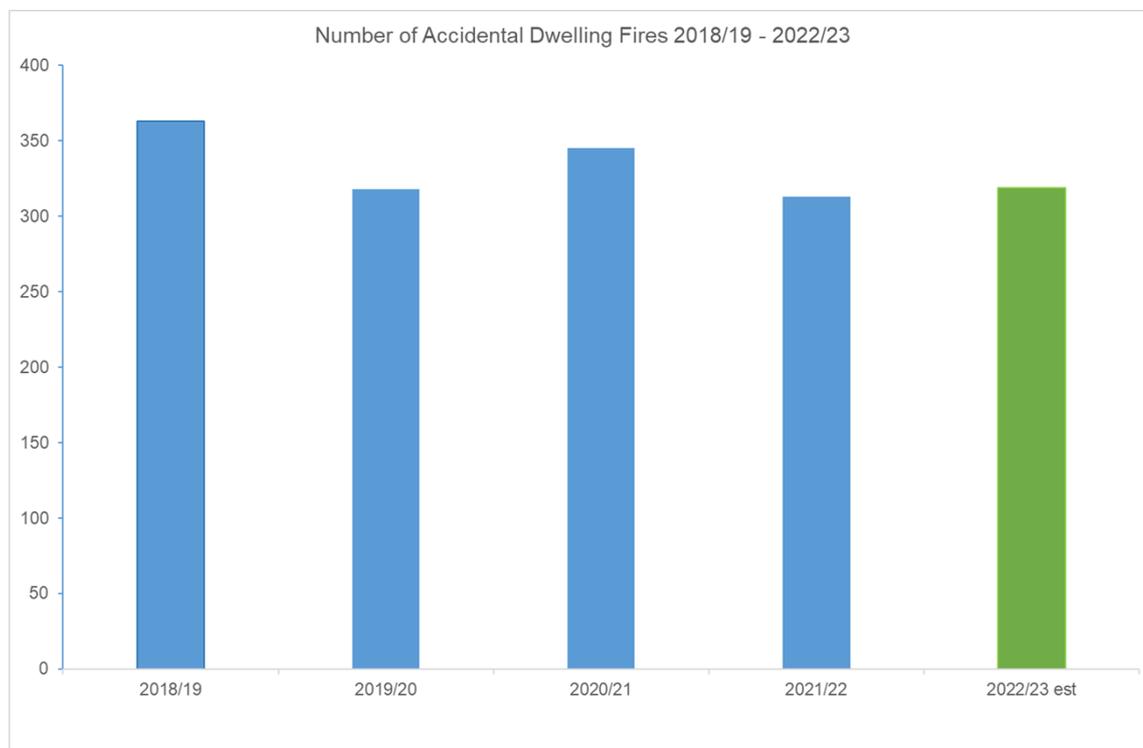
Information relating to our overall approach to reducing accidental dwelling fires (and subsequent injuries) is included within the subsequent section of the performance health report for this indicator.

Performance and Overview Committee – Performance Health Report

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

Reporting period Q2		01/07/2022 to 30/09/2022	
Q1 Target	89	Q1 Actual	79
Q2 Target	75	Q2 Actual	80
Q3 Target		Q3 Actual	
Q4 Target		Q3 Actual	
YTD Cumulative Target	164	YTD Cumulative Actual	159
Previous Status	Current Status		
			

Summary of Current Performance



At the end of Quarter 2 there were 159 Accidental Dwelling Fires compared to a target of 164. There was no firefighting action required at 34.6% (55) of incidents.

Looking at the key occupancy types, there has been an increase in the number of fires involving lone persons over pensionable age. The numbers have risen from 24 to 39 incidents between April and September, of which 26 started in the kitchen.

Overall, 57% of incidents involve single occupancy and single parent households, which is our core target group. These households only account for 19% of the population of Cheshire.

Summary of YTD Performance

Unitary Authority	Total
Cheshire East	52
Cheshire West & Chester	51
Halton	26
Warrington	30
Total	159

Fire Location	Total
Kitchen	82
Bedroom	27
Living Room	9
External Structures	9
External Fittings	8
Other	24

Cause of Fire	Number Incidents	of
Cooking		70
Electrical Supply		25
Smoking Materials/Cigarette Lighter		21
Domestic Appliance		13
Other		30

Fire Spread	Number incidents	of
None		27
Confined to item first ignited		55
Limited to Room of Origin		53
Other		24

Occupancy Type	Was a smoke alarm present? Yes
Lone person over pensionable age	94.87%
Lone Person under pensionable age	100%
Lone parent with dependent children	93.33%
Couple one or more over pensionable age, no children	81.82%
Couple with dependent children	86.36%
Couple both under pensionable age with no children	88.24%
Other	91.7%
Total	91.82%

Occupancy Type	No of ADFs	Dwellings	Indexed Score
Lone person over pensionable age	83	56533	474
Lone person under pensionable age	52	73421	228
Lone parent with dependent children	34	82396	133
Couple one or more over pensionable age, no children	21	80559	84
Other	36	209308	55
Couple both under pensionable age with no children	38	167332	73
Couple with dependent children	51	347436	47

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. The data in this table reflects the last 12 months.

Action taken to improve performance

The occupancy types which have the highest indexed score continue to be those which are targeted by the Service in our Safe and Well activity. Lone persons over and under pensionable age are defined as heightened risk within Exeter and 'New Cheshire' datasets; this activity is therefore continuing to align to those most likely to have an accidental dwelling fire.

Examples of Activity within Service Delivery areas include:

Cheshire East: In Quarter 2 there were 23 ADFs in Cheshire East, 13 of which were cooking related. Stations across the unitary have held open days to engage with their communities and deliver safety advice. Wilmslow also attended the family fun day at Oakenclough children's centre and interacted with approximately 150 people in relation to home safety.

Cheshire West and Chester: In Quarter 2 there were 29 ADFs in Cheshire West and Chester. Stations delivered burns awareness information to their communities and a session by Ellesmere Port was attended by students from Cheshire College South and The Princes Trust Team. Due to the current energy crisis and potential for increased candle usage, crews across the area will be engaging with local communities for Candle Safety Week.

Halton: In Quarter 2 there were 10 ADFs in Halton, five of which occurred in the kitchen. As a result, crews from Widnes and Runcorn have been tasked with arranging community safety events with the kitchen safety unit to highlight the common causes of fires in the kitchen. Runcorn held their station open day in July and engaged with a large number of attendees with safety advice and a chip pan fire demonstration.

Warrington: In Quarter 2 there were 18 ADFs in Warrington, 13 of which occurred in the kitchen. Watches from Warrington attended the Whitecross community event and Monks sport rugby festival to promote home safety, and also hosted an open day in September. Lymm have created a partnership with their local radio station and have begun to promote fire safety on a platform with over 1500 listeners.

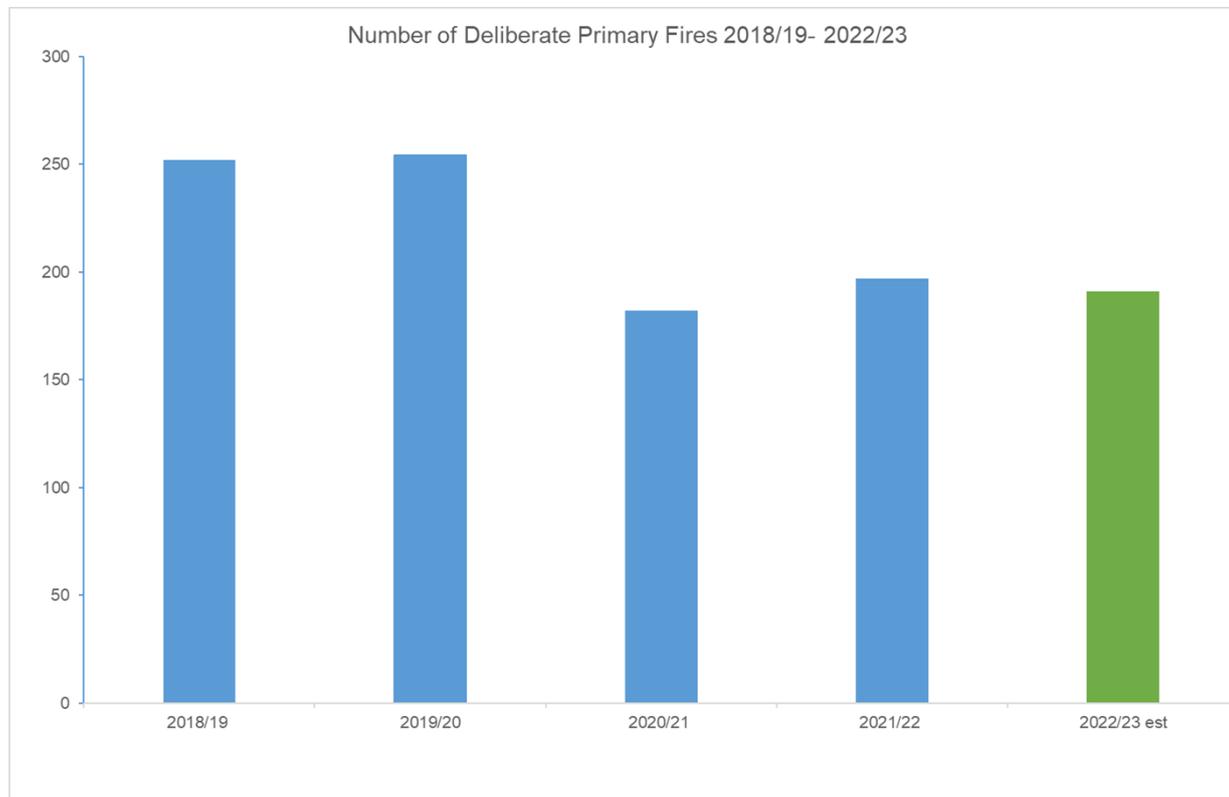
Performance and Overview Committee – Performance Health Report

Indicator: [Number of Deliberate Fires]

Reporting Period Q2		01/07/2022 to 30/09/2022	
Q1 Target (Primary) (Secondary)	68 244	Q1 Actual (Primary) (Secondary)	54 298
Q2 Target (Primary) (Secondary)	65 195	Q2 Actual (Primary) (Secondary)	52 285
Q3 Target (Primary) (Secondary)		Q3 Actual (Primary) (Secondary)	
Q4 Target (Primary) (Secondary)		Q4 Actual (Primary) (Secondary)	
YTD Cumulative Target (Primary) (Secondary)	133 439	YTD Cumulative Actual (Primary) (Secondary)	106 583
Deliberate Primary Fires		Deliberate Secondary Fires	
Previous Status	Current Status	Previous Status	Current Status
			

Summary of Current Performance

Deliberate Primary Fires



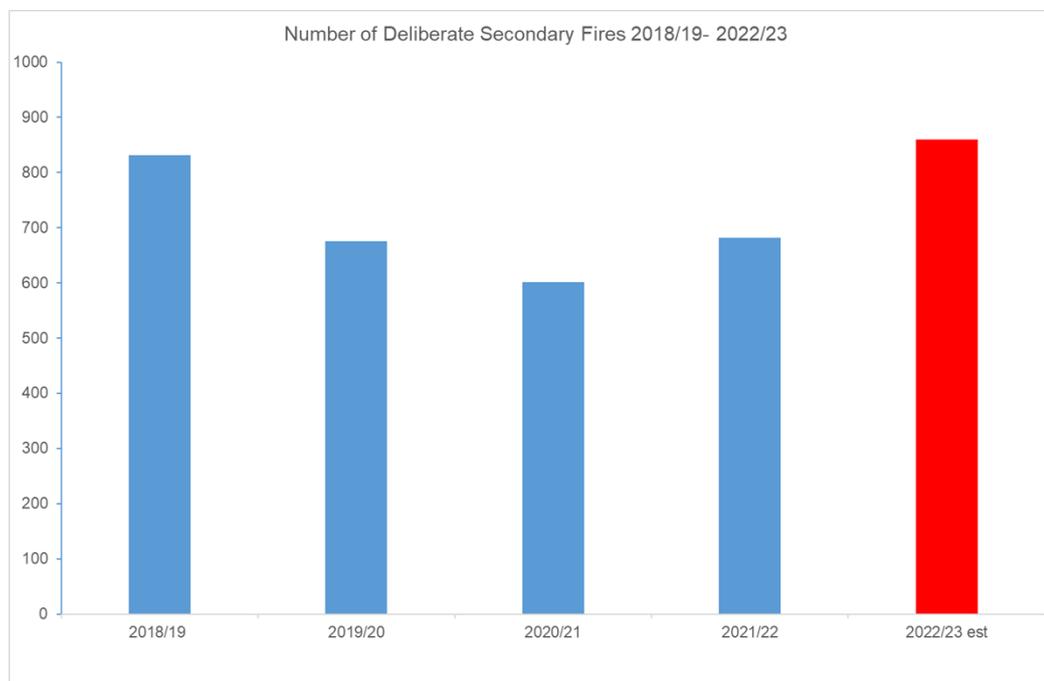
As defined in the Incident Recording System (IRS) primary fires include all fires in buildings, vehicles and outdoor structures or any fire involving casualties, rescues or fires attended by five or more appliances.

Overall, 106 deliberate primary fires were recorded at the end of Quarter 2, against a target of 133. The station areas with the highest number of incidents are **Runcorn** (18), **Warrington** (16) and **Wilmslow** (11).

Across Cheshire, 43 incidents (40.6%) involved the deliberate ignition of a road vehicle. Of these 19 involved motorcycles, of which 13 occurred in Widnes and Warrington.

Unitary area	Number of Deliberate Primary Fires
Cheshire East	27
Cheshire West and Chester	22
Halton	32
Warrington	25
Total	106

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 2 was 583, against a target of 439. The highest number of incidents have been in the following station areas – **Runcorn** (108), **Widnes** (79), and **Warrington** (75). These three station areas account for 45% of all incidents. The two areas highlighted are Victoria Park in Widnes where the main problem is fires involving wheelie bin/recycling bins and Phoenix Park in Runcorn. The number of incidents in Widnes and Runcorn have increased by 90 compared to the same period last year.

Unitary area	Number of Deliberate Secondary Fires
Cheshire East	126
Cheshire West and Chester	160
Halton	194
Warrington	103
Total	583

Action taken to improve performance

Due to the higher numbers of deliberate fires, analysis has been completed. However, no overarching trends have been found which indicate a concerning increase in incidents focused within a single geographical area. In advance of an anticipated increase in activity during bonfire period, leaflet drops promoting Wheelie bin safety, firework safety, and the benefits of attending organised bonfires will take place prior to the 30th Oct. A media campaign will also be delivered utilising radio and social media platforms including new reels for TikTok. Diversionary events have also been planned as outlined in the Service Delivery examples below.

A pilot scheme between Runcorn and the Cheshire Police Scrambler team is working well. Crews are sharing Service arson information and routes with the Police who are utilising them to plan their own routes into locations that are less accessible for fire crews. The examples of activity, below, further outline work that has been completed in Quarter 2 regarding reducing deliberate fires.

Examples of Activity within Service Delivery areas include:

Cheshire East: There were 12 deliberate primary fires and 49 deliberate secondary fires in Quarter 2 in Cheshire East. Across the unitary there have been deliberate small fires involving grass or refuse which were exacerbated by the dry weather.

In Crewe, there continues to be an issue with unsecured buildings on Electricity Street which have been subject to a number of arson incidents. This has been raised at the Multi Agency Action Group (MAG) and Cheshire East Council are working with the owner to address the issue.

Cheshire West & Chester: There were 14 deliberate primary fires and 84 deliberate secondary fires in Quarter 2 in Cheshire West and Chester. Due to a significant increase in incidents within Frodsham, the On the Streets Team will be working alongside the police to engage with young people.

In Winsford, Ward Walks and joint meetings with partners continue to take place. The Station is also involved with Operation Treacle and is delivering bonfire talks to local school children. A UPG funding bid to support the police and other partners in youth engagement activities during the bonfire season has also been agreed. 'Make your own pizza' and 'power your own slush drink' are two examples of the diversionary events that are planned. A further bid has been placed which would allow the On the Streets Team to hand out event tickets to organised firework displays.

Halton:

There were 8 deliberate primary fires and 96 deliberate secondary fires in Halton in Quarter 2. Crews continue to patrol arson routes in hotspot areas, and wheelie bin safety continues to be advised. Crews are also organising leaflet drops in the run up to the bonfire period.

In Runcorn, Police Notification Records are being used effectively to identify, and work on, trends and the On the Streets Team have focussed on hotspot areas which appears to be having an impact.

In Widnes, a meeting has been held with Halton Borough Council to organise a community initiative that will engage young people and reduce deliberate fires. The Station have also liaised with the Protection department to reduce large bin fires at a pub.

Warrington:

There were 18 deliberate primary fires and 57 deliberate secondary fires in Warrington in Quarter 2. Several deliberate fires were set in derelict properties at the start of the quarter, and three individuals have been arrested on four charges of arson. The Prevention department are working with the Police to put together a bespoke fire setting intervention for the three individuals, who have additional learning needs.

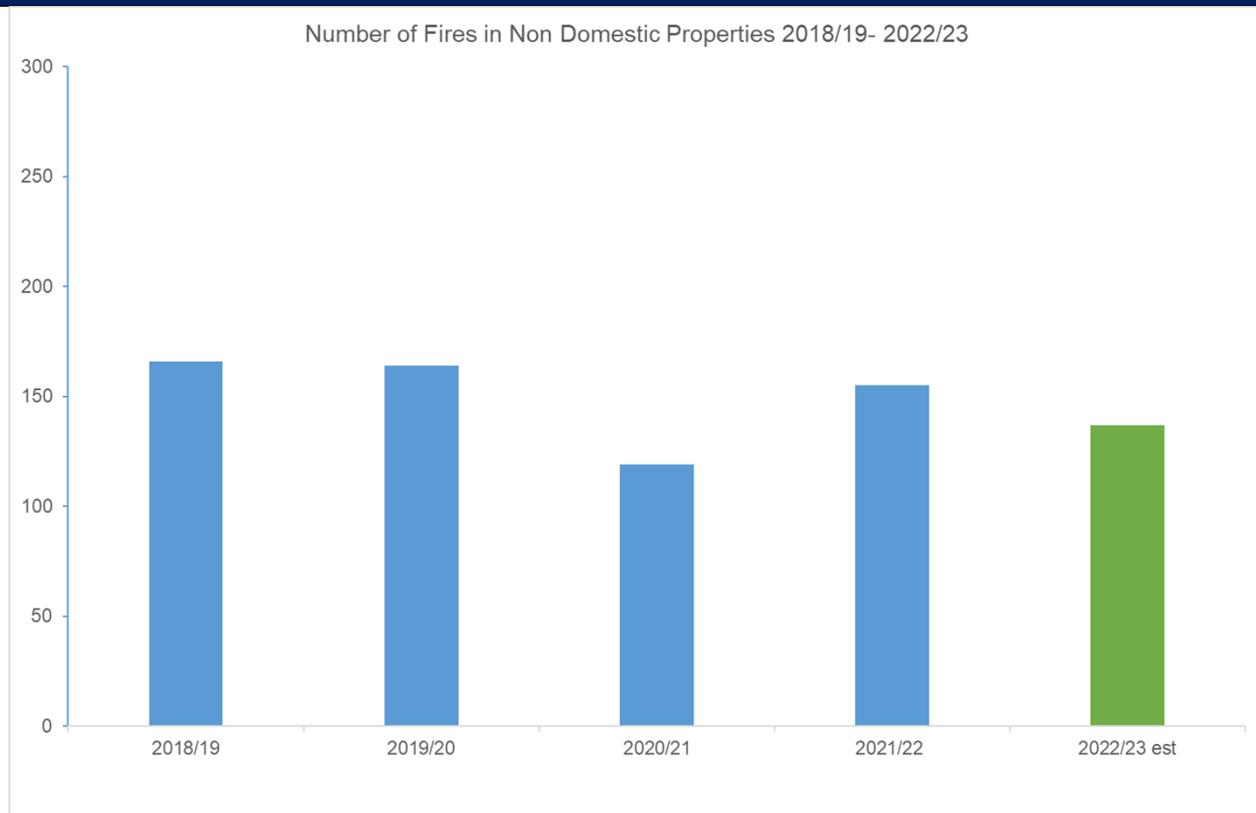
There were also several deliberate fires in the Radley Common area of Warrington in August. Local intelligence gathered by Green Watch included names and addresses of suspects. This information has been sent to the Police who are going to visit these individuals and provide a warning against fire setting.

Performance and Overview Committee – Performance Health Report

Indicator: [Fires in Non-Domestic Premises]

Reporting Period Q2		01/07/2022 to 30/09/2022	
Q1 Target	43	Q1 Actual	39
Q2 Target	43	Q2 Actual	33
Q3 Target		Q3 Actual	
Q4 Target		Q4 Actual	
YTD Cumulative Target	86	YTD Cumulative Actual	72
Previous Status	Current Status		
			

Summary of Current Performance



There have been 72 Non-Domestic Premises fires up to the end of Quarter 2, which is 14 below target.

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

Type	Number of occurrences
Prison	13
Pub/wine bar	6
Recycling	4

In Quarter 2, there were seven fires in prisons, with four at HMP Styal (all in September), two at HMP Risley and one at HMP YOI Thorn Cross, none of which spread beyond the room of origin. Five of the seven fires in Quarter 2 were caused by vaping devices.

. The main causes for fires in Non-Domestic Premises were:

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

50% of the 72 fires (36 incidents) were either confined to the item first ignited (31) or involved smoke and heat damage only (5). Whilst a further 17 fires (24%) were confined to the room of origin.

Unitary Area	Accidental	Deliberate	Unknown
Cheshire East	10	12	1
Cheshire West & Chester	18	2	0
Halton	9	4	0
Warrington	9	7	0
Grand Total	46	25	1

Property Type	Number of Properties	Number of Incidents	Index Score
Prison	3	22	194871
Factory/Manufacturing	438	12	728
Public House / Bar / Nightclub	805	11	363
Care / Nursing Home	220	3	362
Fast Food Outlet / Takeaway (Hot / Cold)	518	4	205
Farm / Non-Residential Associated Building	1077	8	197
Restaurant / Cafeteria	703	5	189

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 in this table reflects the last 12 months.

Action taken to improve performance

In Quarter 2 the Business Safety Team have completed 238 engagements with businesses/non-domestic premises across Cheshire. This interaction improves the compliance with the Regulatory Reform (Fire Safety) Order 2005 for those businesses and educates the responsible persons in reference to their duties.

Examples of Activity within Service Delivery areas include:

In September there were four attendances at HMP Styal which were all caused by the same inmate. Discussions are ongoing with the Crown Premises Fire Safety Inspectorate (CPFSI) to identify a suitable solution to this issue. One potential remedy is the cessation of vapes which can be used as an ignition source. A meeting with the CPFSI colleague for the North West is planned.

Following a fire within a bedroom of a children's home in Poynton, the Protection team issued prohibition and enforcement notices to address issues such as an inappropriate fire alarm system for the premise type, compartmentation issues, and extended travel distances. The company responsible for the home have worked with Protection to resolve these issues.

A fire at an industrial site in Widnes was caused by a discarded Li-on battery. New processes have been put in place including the installation of proximity and temperature sensors to provide early warning of foreign objects or an increase in temperature. The inspection of the premises was broadly compliant.

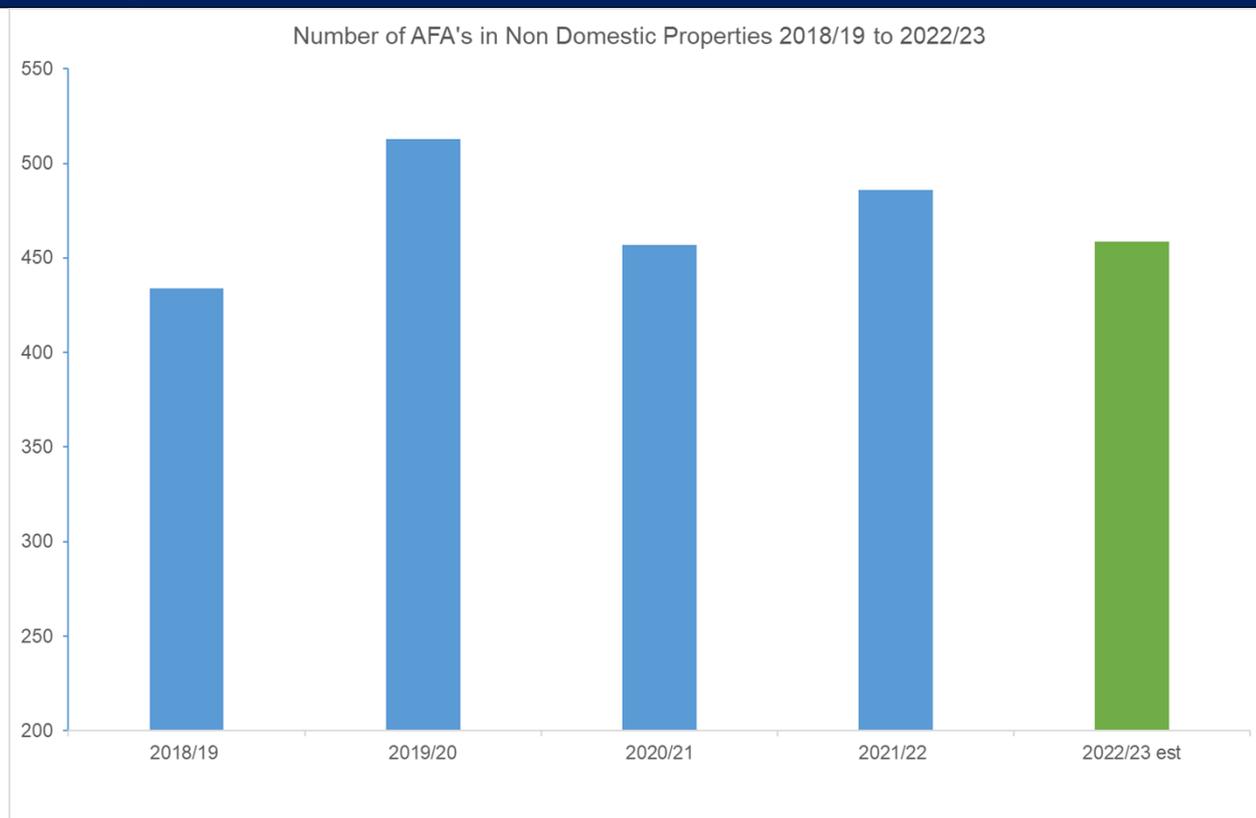
A post-fire inspection at a pub in Warrington highlighted an issue with their grill in the kitchen. Residual fat and grease were able to build up in an inaccessible part of the grill and ignited. The small fire was extinguished by staff before the operation of the suppression system. This finding has been shared by the premises General Manager to all within the pub chain.

Performance and Overview Committee – Performance Health Report

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

Reporting Period Q2		01/07/2022 to 30/09/2022	
Q1 Target	115	Q1 Actual	112
Q2 Target	151	Q2 Actual	131
Q3 Target		Q3 Actual	
Q4 Target		Q4 Actual	
YTD Cumulative Target	266	YTD Cumulative Actual	243
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 2, there were 243 attendances to AFAs in Non-Domestic Premises against a target of 266. The station areas with the highest number of calls are Chester, Macclesfield and Warrington which together account for 48.3% (117) of the overall total.

The main property types for AFAs are hospitals (86) and nursing, retirement or care homes (74), whilst the most common reason for the alarm to be activated was a fault (81), followed by accidentally/carelessly set off (40) and cooking/burnt toast (38).

Unitary area	Number of AFAs
Cheshire East	79
Cheshire West and Chester	96
Halton	18
Warrington	50
Total	243

North West Fire Control uses a call challenging approach, set by the Service to ask additional questions and prevent our attendance at unnecessary alarm activations. In Quarter 2, **79.3%** of the alarm activations NWFC was advised of, did not result in the attendance of a fire engine. This is significantly above national averages for call challenging and unlikely to improve without removal of automatic attendance at those premises which are classified as sleeping risk.

Action taken to improve performance

Nationally, CFRS and NWFC are amongst the best performing Services in relation to challenging AFA's and there are therefore no current areas of concern for this indicator.

Performance and Overview Committee – Performance Health Report

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

Reporting Period Q2		01/07/2022 to 30/09/2022	
Q1 Target	7500	Q1 Actual	4447
Q2 Target	7500	Q2 Actual	5411
Q3 Target		Q3 Actual	
Q4 Target		Q4 Actual	
YTD Cumulative Target	15000	YTD Cumulative Total	9858
Previous Status	Current Status		
			

Summary of Current Performance

Number of Safe and Well Visits

Up to the end of Quarter 2, Prevention and operational staff have completed 9858 heightened risk visits, which is 5142 visits behind the original target YTD.

Total Number of Heightened Risk Safe and Well visits (year to date)	New Cheshire Data	Exeter Data	Other
9858	4487	3226	2145

Visit types:

New Cheshire Data – Heightened risk occupiers under pensionable age. These visits are completed by our operational staff.

Exeter Data – Heightened risk occupiers over pensionable age, identified using NHS data. These visits are completed by Prevention staff.

Other – High risk visits which are completed as result of a referral by another agency, specialist interventions and post incident visits (at heightened risk addresses).

Operational crews delivered a total of 5736 visits against a target of 5000. Prevention Teams have not met their targets to date due to the team spending increasing amounts of time dealing with complex high-risk cases and specialist interventions; this is diverting capacity away from completing high volume visits. The department also had several staff on long term sick and maternity leave in the first 6 months which coupled with a difficult recruitment environment has impacted on delivery against the target. In response to the issues identified above a paper was submitted to the Performance and Programme Board earlier in November recommending a reduction in the target to 'a minimum of 20,000 high risk visits'. This paper was approved. The new targets will be reflected in the next P&O Performance report.

The Safe and Well infographic (Annex 2), shows a higher number of visits completed. This includes those conducted in premises which are not defined as heightened risk.

Action taken to improve performance

Recruitment is regularly taking place to fill Advocate vacancies within Prevention. The new staff require an induction training period before they can be fully effective in contributing to targets. Overtime has also been offered to Prevention teams and consideration is being made to utilising On-Call staff to support delivery of additional visits to Exeter addresses. Operational staff are also delivering an extra 2000 visits between November 2022 and March 2023.

Indicator: [B] Platinum Address Success Rate

Reporting Period Q2		01/07/2022 to 30/09/2022	
Q1 Target	65%	Q1 Actual	74%
Q2 Target	65%	Q2 Actual	74%
Q3 Target		Q3 Actual	
Q4 Target		Q4 Actual	
YTD Cumulative Target	65%	YTD Cumulative Total	74%
Previous Status	Current Status		
			

Summary of Current Performance

Platinum Address Success Rate –

“Platinum” – the households identified at most risk from fire.

The percentage of platinum addresses where we have completed a Safe and Well visit is 74%

Unitary area	Platinum address success rate
Cheshire East	67%
Cheshire West and Chester	72%
Halton	72%
Warrington	77%
Total	74%

Action taken to improve performance

There are no current areas of concern for this indicator.

Performance and Overview Committee – Performance Health Report

Indicator: [Thematic Inspections Completed by Operational Crews]

Reporting Period Q2		01/07/2022 to 30/09/2022	
Q1 Target	501	Q1 Actual	516
Q2 Target	501	Q2 Actual	516
Q3 Target		Q3 Actual	
Q4 Target		Q4 Actual	
YTD Cumulative Target	1002	YTD Cumulative Total	1032
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 audited by specialist officers within the Protection department. Thematic inspection targets are allocated to all stations with the exception of on-call.

Unitary area	Q2 Target	Actual	Yearly Target
	Thematic Inspections		
Cheshire East	101	102	404
Cheshire West and Chester	158	162	632
Halton	88	96	352
Warrington	154	156	616
Totals	501	516	2004

Action taken to improve performance

There are no current areas of concern for this indicator.

Performance and Overview Committee – Performance Health Report

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

Reporting Period Q2		01/07/2022 to 30/09/2022	
Q1 Target	261 audits	Q1 Actual	328 audits (126%)
Q2 Target	264 audits	Q2 Actual	401 audits (151.8%)
Q3 Target		Q3 Actual	
Q4 Target		Q4 Actual	
YTD Cumulative Target	525	YTD Cumulative Total	729 (138.8%)
Previous Status	Current Status		
			

Summary of Current Performance

Unitary area	Q2 Target & Capacity	Actual
	Fire Safety Audits	
Cheshire East	100	135
Cheshire West and Chester	72	128
Halton	28	25
Warrington	64	113
Totals	264	401

Action taken to improve performance

There are no current areas of concern for this indicator.

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

Reporting Period Q2		01/07/2022 to 30/09/2022	
Q1 Target	310 audits	Q1 Actual	251 audits (81%)
Q2 Target	310 audits	Q2 Actual (cumulative)	269 audits (86.7%)
Q3 Target		Q3 Actual (cumulative)	
Q4 Target		Q4 Actual (cumulative)	
YTD Cumulative Target	620 audits	YTD Cumulative Actual	520 audits (83.8%)
Previous Status	Current Status		
			

Summary of Current Performance

Unitary area	Q2 Target	Actual	Yearly Target
	RBIP		
Cheshire East	103	86	413
Cheshire West and Chester	103	84	413
Halton	31	22	124
Warrington	73	77	290
Totals	310	269	1240

Action taken to improve performance

The cumulative figure at the end of Quarter 2 is 100 inspections behind the target for this point in the year. This is due to the number of qualified and competent inspectors within Protection who can inspect the riskiest premises across Cheshire. Quarter 2 also covers the period of summer where most inspectors take annual leave away from the Service, which has affected the total output.

The number of inspections completed is expected to increase in Quarters 3 and 4 as Inspectors are due to gain competence and start RBIP inspections.

Performance and Programme Board – Performance Health Report

Indicator: [North West Fire Control Performance]

Reporting Period Q1				01/04/2022 to 30/06/2022			
Time Taken to Answer				Time Taken to Mobilise			
Q1 Target	10s	Q1 Actual	6s	Q1 Target	90s	Q1 Actual	121s
Q2 Target		Q2 Actual		Q2 Target		Q2 Actual	
Q3 Target		Q3 Actual		Q3 Target		Q3 Actual	
Q4 Target		Q4 Actual		Q4 Target		Q4 Actual	
YTD Cuml. Target	10s	YTD Cuml. Actual	6s	YTD Cuml. Target	90s	YTD Cuml. Actual	121s
Previous Status		Current Status		Previous Status		Current Status	
N/A				N/A			

Summary of Current Performance

The average time taken to answer emergency 999 calls is 6 seconds which is under the <10 seconds target.

The average (mean) time from time of call to the time that the appliance is mobilised for life risk incidents is 2 minutes and 1 second. However, when assessed for different incident types this is notably different; average times for dwelling fires are 1 minute 23 seconds and 2 minutes 19 seconds for road traffic collisions. This reflects the challenges in call handling 999 calls from the scene of RTCs; in these scenarios a caller is often not at an address or location for which they would know the postcode or street name. Additional questions must therefore be asked by the control operator which extends the call handling duration.

The reporting and availability of NWFC data lies outside the timeframe of our quarterly performance reporting, and so is reported retrospectively for the previous quarter.

In addition to the quantitative measures above, officers are now assessing the application of the standby and coverage move policy where any incident of 6 pumps and above occurs. During the quarter, there were three incidents which met this criteria; the standby and coverage model was not fully applied during any of these incidents.

Action taken to improve performance

Officers have held a meeting with NWFC managers to explore how their performance can be better reflected and scrutinised through CFRS internal assurance processes. The intention of this section is to provide the Service with ongoing performance information in relation to its control room function. This is as opposed to the annual review which currently takes place and will allow a more reactive approach to identifying and resolving issues as they arise.

A detailed review of the large incidents was completed, and feedback provided to NWFC in relation to the standby moves. Our liaison manager in NWFC has ensured this was fed back into their internal debriefing. This will continue to be closely monitored during subsequent quarters to determine if this is a continuing trend.

Performance and Overview Committee – Performance Health Report

Indicator: [10 Minute Response Standard]

Reporting Period Q2		01/07/2022 to 30/09/2022	
Q1 Target	80%	Q1 Actual	89%
Q2 Target	80%	Q2 Actual	88%
Q3 Target		Q3 Actual	
Q4 Target		Q4 Actual	
YTD Cumulative Target	80%	YTD Cumulative Total	88%
Previous Status	Current Status		
			

Summary of Current Performance

Overall, 88% 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 twenty seconds.

Unitary area	Cheshire Standard
Cheshire East	83%
Cheshire West and Chester	83%
Halton	100%
Warrington	96%
Total	88%

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.

Dwelling Fires							
	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				3			3
CWAC							
Halton							
Warrington		1					1
Totals		1		3			4

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	3	2	1	1			7
CWAC	4	2	1				7
Halton							
Warrington		1					1
Totals	7	5	2	1			15

Performance and Overview Committee – Performance Health Report

Indicator: [Wholetime Fire Engine Availability]

Reporting Period Q2		01/07/2022 to 30/09/2022	
Q1 Target	100%	Q1 Actual	100%
Q2 Target	100%	Q2 Actual	100%
Q3 Target		Q3 Actual	
Q4 Target		Q4 Actual	
YTD Cumulative Target	100%	YTD Cumulative Actual	100%
Previous Status	Current Status		
			

Summary of Current Performance

During Quarter 2, wholetime appliance availability was 99.96%. Availability of these fire engines is guaranteed almost 24 hours a day. Where necessary, staff are brought in on overtime to maintain a suitable number of Firefighters. The Service aims to have 17 wholetime fire engines available during the day (07:00-19:00) and 14 overnight (19:00-07:00). It consistently meets these targets.

Action taken to improve performance

There are no current areas of concern for this indicator.

Performance and Overview Committee – Performance Health Report

Indicator: [On-Call Fire Engine Availability]

Reporting Period Q2		01/07/2022 to 30/09/2022			
Q1 Target	85%	Q1 Actual	53%		
Q2 Target	85%	Q2 Actual	50%		
Q3 Target		Q3 Actual			
Q4 Target		Q4 Actual			
YTD Cumulative Target	85%	YTD Cumulative Actual	52%		
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 fire engine availability at the end of Quarter 2 was 52% (crew of four) compared with 61% in the same period for the previous year (2021/22).

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

- Primary on-call appliance (e.g., Malpas, Poynton etc.) availability was **51%**
- Nucleus on-call appliance (e.g., Birchwood) availability was **81%**
- Secondary on-call appliance (e.g., Winsford second appliance etc.) availability was **36%**

The availability increases to **58%** when measured with only 3 firefighters, who can respond to certain incident types as a small incident unit (SIU).

A detailed breakdown of availability during Quarter 2 for each On-Call fire engine is included below.

Station	Type	2021/22 Q2	2022/23 Q2
Macclesfield	Nucleus OC	100%	98.13%
Wilmslow	Nucleus OC	96.31%	96.92%
Nantwich	Primary OC	96.73%	79.42%
Middlewich	Primary OC	84.27%	77.95%
Bollington	Primary OC	80.93%	64.87%
Alsager	Primary OC	90.53%	63.54%
Audlem	Primary OC	75.84%	63.02%
Penketh	Secondary OC	73.61%	49.41%
Poynton	Primary OC	79.08%	49.16%
Malpas	Primary OC	71.62%	48.78%

Birchwood	Nucleus OC	99.84%	46.89%
Knutsford	Primary OC	43.46%	42.93%
Sandbach	Primary OC	82.48%	40.97%
Stockton Heath	Primary OC	55.15%	39.39%
Northwich	Secondary OC	43.84%	35.39%
Winsford	Secondary OC	44.09%	33.34%
Macclesfield	Secondary OC	57.53%	29.32%
Runcorn	Secondary OC	44.16%	26.90%
Holmes Chapel	Primary OC	40.84%	24.49%
Tarporley	Primary OC	36.46%	23.98%
Frodsham	Primary OC	30.40%	23.48%

The new detailed On-call performance report is included as Annex 5 to this report. Due to the amount of detail, it is not intended to include this within the P&O report.

Action taken to improve performance

Despite significant efforts and financial investment made by the Service in our On-Call duty system in recent years, including the creation of a dedicated support team to provide extra resource, the availability performance of these fire engines continues to decline. Availability reduced further in Quarter 2 to 50% and this is reflective of a national trend of declining availability with many Services reporting a similar picture. This decline in performance is exaggerated somewhat by artificially inflated levels of availability during the pandemic years when a national lockdown meant that more On-Call Firefighters were able to work from home. Cultural changes as a result of the pandemic mean that retaining experienced On-Call staff using the current model and pay structure is becoming increasingly challenging. The socio demographics of many towns and villages where the Service employs On-Call Firefighters are also some of the most challenging in the UK; many of these communities have evolved into 'commuter' settlements where residents do not typically remain during the daytime to undertake primary employment. Property prices are some of the most expensive in the North of England, meaning that the average annual income of an On-Call Firefighter (circa £5-7k after initial training for a very sizeable time commitment) is not appealing to many residents who have the means to live in these areas. For all these reasons the current On-Call model is unlikely to deliver the necessary resources.

Implementing a more sustainable and resilient response model is a key objective which will be included within the Service's next CRMP covering the period 2024 to 2028. To support this, officers have already begun a detailed fire cover review to determine the most efficient and effective response model. Proposals will be presented to members in Spring 2023, ahead of public consultation in Autumn 2023, and will seek to strengthen the availability of fire engines, improving response times and resilience whilst providing better value for money.

In the meantime, Officers continue to review performance closely with an aim of improving it where possible, whilst recognising that for the reasons explained above, a return to the previous levels of availability seen around five years ago is not likely to be possible. Activity is ongoing to attract new On-call firefighters and develop staff to replace experienced and qualified On-Call Firefighters who have Emergency Fire Appliance Driving and Incident Command skills.

Performance and Overview Committee – Performance Health Report

Indicator: [Average Days/Shifts Lost to Sickness]

Reporting Period Q2		01/07/2022 to 30/09/2022	
Q1 Target	1.38	Q1 Actual (cumulative) <i>(exc. COVID absences)</i>	1.64 <i>(1.45)</i>
Q2 Target (cumulative)	2.75	Q2 Actual (cumulative) <i>(exc. COVID absences)</i>	3.41 <i>(3.00)</i>
Q3 Target (cumulative)		Q3 Actual (cumulative) <i>(exc. COVID absences)</i>	
Q4 Target (cumulative)		Q4 Actual (cumulative) <i>(exc. COVID absences)</i>	
YTD Cumulative Target	2.75	YTD Cumulative Actual <i>(exc. COVID absences)</i>	3.41 (3.00)
Previous Status	Current Status		
			

Summary of Current Performance

The Quarter 2 figure for all staff is 3.41, which is comparable to the Quarter 2 figure for 21/22 which was 3.42. Based on Quarter 2 figures, the projected figure for 22/23 is 6.82 which significantly exceeds the target of 5.5 days. Excluding COVID-19 sickness absences, the projected figure would reduce to 6 days.

The Quarter 2 figure for whole-time operational staff is 2.95, which is comparable to the 21/22 figure which was 2.91. The figure for On-Call staff is 3.39, which is a small decrease on the 21/22 figure which was 3.69. The overall Quarter 2 figure for operational staff is 3.11, which is a decrease on the 21/22 figure which was 3.22. Long-term absence (28 calendar days and over) accounts for 60.9% of all absences.

The Quarter 2 figure for Fire Staff of 4.55 shows a higher average of days lost than for Operational Staff (3.22). This is a slightly higher than the 21/22 Quarter 2 figure which was 4.23. Long-term absence (28 calendar days and over) accounts for 63.4% of all absences.

In terms of total days lost, the cumulative Quarter 2 figure for 22/23 is 3150, which is an increase of 3% compared with the figure of 3064.5 days for the same period in 21/22. For 22/23 the actual days lost in Quarter 2 is 1710 which is 18.75% higher than the actual days lost in Quarter 1 which was 1440.

There were 40 new sickness absences due to COVID-19 in Quarter 2 which accounts for 170 days lost compared to 28 occasions and 135 days lost in Quarter 1. This does not include absences due to self-isolation.

Table: Sickness absence for Quarter 2 2022-23 (excluding COVID sickness)

Staff Category	# of sickness days/shifts	Headcount	Average working days lost to sickness per person
Whole-time	1,043	452	2.31
On-call	635	280	2.27
Uniform Total	1,678	732	2.29
Fire Staff	709	191	3.71
Q2 Total	2,387	923	2.39

The latest national benchmarking data (22/23 Quarter 1) available from Cleveland Fire Brigade indicates that:

- CFRS has the 2nd lowest whole-time sickness absence rate of all Services;
- CFRS has the 5th lowest on-call staff sickness absence rate of all Services;
- CFRS has the 29th lowest Fire Staff sickness absence rate of all Services; and
- All whole-time and on-call staffing groups remain below the national average. Fire Staff were above the national average by 0.78 days.

What actions will be required to improve performance?

- Monthly scrutiny at the Attendance Management Board continues to be applied to all absence cases to ensure that the appropriate actions are taken, 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.

Performance and Overview Committee – Performance Health Report

Indicator: [Working Days Lost to Injury]

Reporting Period Q2		01/07/2022 to 30/09/2022	
Q1 Target	10	Q1 Actual	0
Q2 Target	10	Q2 Actual	11
Q3 Target		Q3 Actual	
Q4 Target		Q4 Actual	
YTD Cumulative Target	20	YTD Cumulative Actual	11
Previous Status	Current Status		
N/A			

Summary of Current Performance

There have been two injuries reported to the Health and Safety Executive and two RIDDOR cases where a CFRS employee was off work for over 7 days.

The top three injury categories are manual handling, hit by objects, and slip, trips and falls. Manual handling remains the highest frequency injury with 55% of lost time days attributed to it. Other lost time has been due to impact injuries from routine duties (2 days) and onsite station training (3 days).

Events that have led to lost time injuries in Quarter 2

- A Vehicle Technician injured their back whilst removing a battery from a vehicle, despite the lifting being carried out by two technicians. The technician was off work for 6 days and a task risk assessment has been reviewed by the Fleet Manager.
- A Firefighter was injured when rolling out a length of Dutch rolled hose on the drill yard. The hose flicked up and cut the skin above the eyebrow. The Firefighter attended hospital and the cuts were glued. The wearing of a helmet may have prevented this injury and communication has been made to operational teams to reinforce personal protective equipment requirements.
- A Firefighter was injured at an incident after the Enforcer fell on their foot from the appliance locker. An X-ray confirmed no bones had been broken but bruising was present. The storage location of the Enforcer is being reviewed by Technical Services.

Action taken to improve performance

Although manual handling is included in all safety inductions at CFRS and there are available e-learning modules, manual handling training needs to be refreshed at higher frequency and should include practical examples of CFRS equipment. In response to the HMICFRS recommendation around Health and Safety training, action is currently being taken to increase provision across the workforce, including additional IOSH Managing Safely refresher courses.

The reporting of near misses remains beneficial when actions are taken to prevent future injuries. Completion rates of incident investigations within 21 days remains high, averaging at 90%. Some accident investigation timelines have approved extensions if the incident is complex and it is deemed necessary.

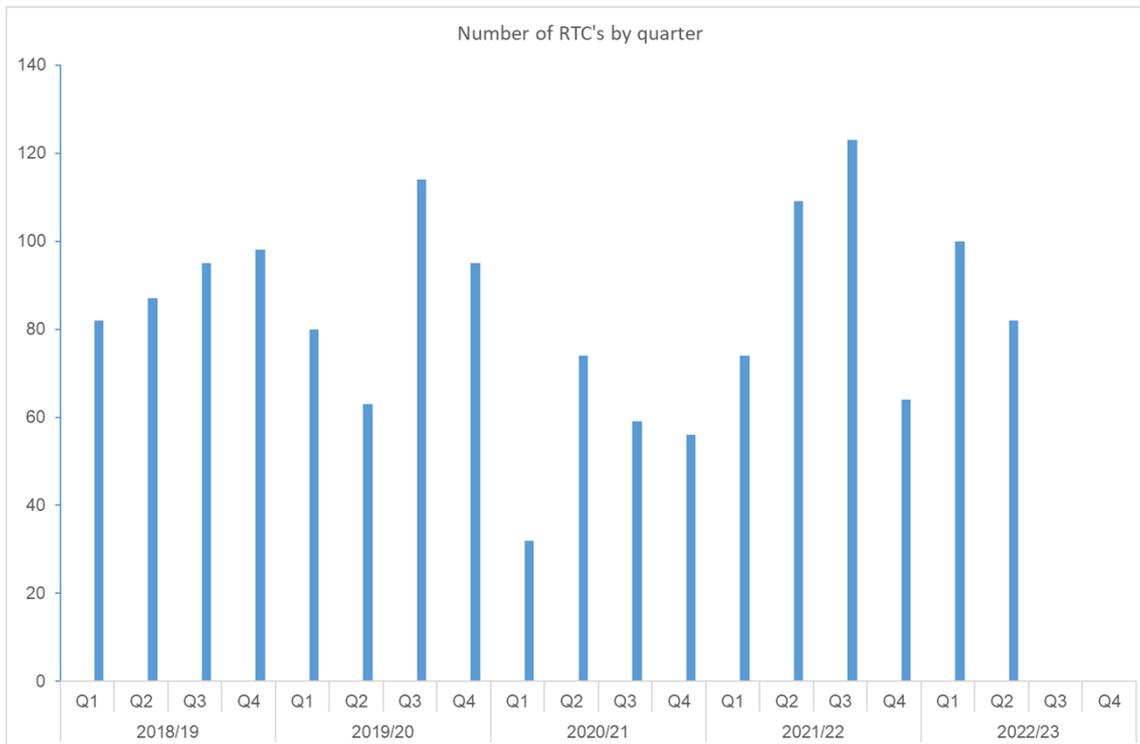
Performance and Overview Committee – Performance Health Report

Indicator: [Road Traffic Collisions Attended]

Reporting Period Q2	01/07/2022 to 30/09/2022	Q1 Actual	100
		Q2 Actual	82
		Q3 Actual	
		Q4 Actual	
		YTD Cumulative Actual	182

Summary of Current Performance

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



This chart shows the number of RTCs attended by the Service per quarter from April 2018. Overall, the trend was upwards up to December 2019 with a subsequent decrease. 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.

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 developing a Strategic Road Safety Plan.

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

It is recognised that not all collisions are attended by the Service; we therefore also monitor data collated by Cheshire Constabulary. The table below relates to the calendar year 2020-21. There are many additional incidents included in this dataset which do not require the attendance of the Service to release trapped persons.

Severity	1 st April 2020 to 31 st March 2021	1 st April 2021 to 31 st March 2022	% of total	Year on year change
Fatal	25	27	1.3%	↑ 8%
Serious	274	292	14.2%	↑ 7%
Slight	1407	1735	84.5%	↑ 23.3%
Total	1706	2054		↑ 7%

Action taken to improve performance

During Quarter 2, the road safety team have reviewed, developed, and redesigned all three education packages that are used to deliver road safety messages into junior, secondary and higher education school settings. All packages have been given their own distinct identity and they are:

- Juniors - 'Road Craft the building blocks to safety';
- Secondary – 'Dare'; and
- Higher Education – 'THINK, DRIVE, SURVIVE'.

These education packages are now being delivered and evaluation is taking place. The Cheshire East commissioned education provision for 2022-23 has been delivered to 10 schools so far, with a further 35 booked in.

A road safety resource library is also being developed on the internal intranet which will allow crews to utilise road safety resources and briefing sheets whilst standardising road safety messages.

The road safety team have been supporting stations with open days across the Service, providing resource support and localised advice linking into station road safety data. Planning has also begun for the calendar campaigns of Tyre Safety month, Winter Road Safety, and Brake Road Safety week.

At Safety Central in Quarter 2, 583 children and 80 supporting adults received road safety lessons across the Key Stage 1 'Safety Stars' programme, and Key Stage 2 'Safety Quest' programme. These sessions have taught children key messages regarding road safety such as how to safely cross the road, identify hazards and safety measures, to turn off technology when crossing the road, how to safely use an electric scooter/bike, and to 'be bright be seen'.



Cheshire
Fire & Rescue Service

SAFE & WELL Initiative

1ST APRIL 2022 - 30TH SEPTEMBER 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.

Data within this report was taken from the SAFFIRE Safe and Well Infographic report on 11/10/2022 using a date range of 01/04/2022 - 30/09/2022. This report shows the number of referrals based on geographical area of referral.

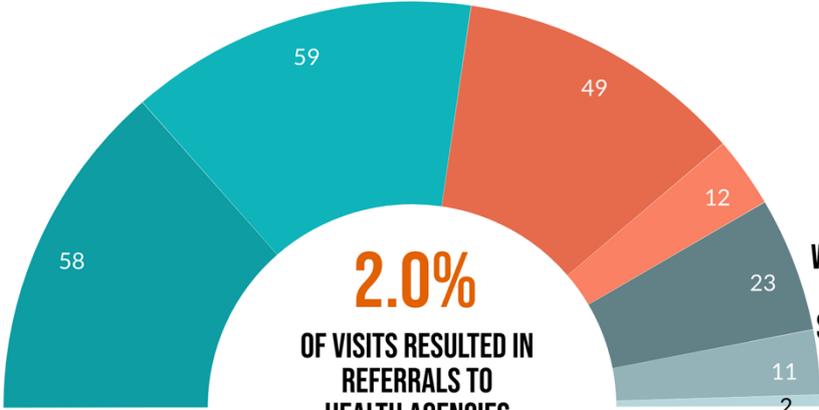
736

ATRIAL FIBRILLATION SCREENINGS



WITH **59** PEOPLE BEING SIGNPOSTED TO SEE THEIR GP

10,540 VISITS COMPLETED



769

LONELINESS & ISOLATION SCREENINGS



WITH **12** PEOPLE BEING SIGNPOSTED TO BRITISH RED CROSS



58



LOCAL AUTHORITY FALLS TEAM REFERRALS

77

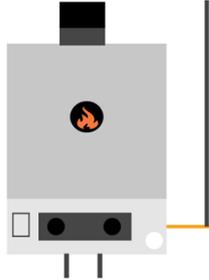


BLOOD PRESSURE TESTS TAKEN

WITH **23** PEOPLE SIGNPOSTED TO HEALTH FOR SECOND TEST



49*



AFFORDABLE WARMTH REFERRALS

2



ALCOHOL REDUCTION TEAM REFERRALS

11



SMOKING CESSATION TEAM REFERRALS

(*1 referral per household)

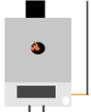


SAFE & WELL Initiative

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SAFE & WELL UNITARY OVERVIEW

UNITARY AREA	 Cheshire East Council	 Cheshire West and Chester	 HALTON BOROUGH COUNCIL	 Warrington Borough Council
FALLS REFERRAL 	17	11	15	15
ATRIAL FIBRILLATION SCREENINGS 	248	273	52	163
ATRIAL FIBRILLATION SIGNPOSTS 	26	5	3	25
SMOKING CESSATION REFERRALS 	6	0	3	2
ALCOHOL REDUCTION TEAM REFERRALS 	1	0	0	1
AFFORDABLE WARMTH REFERRALS 	16	10	4	19
BLOOD PRESSURE TESTS TAKEN 	1	66	1	9
BLOOD PRESSURE SIGNPOSTS 	0	23	0	0
LONELINESS & ISOLATION SCREENINGS 	417	210	65	77
LONELINESS & ISOLATION REFERRALS 	3	1	4	4

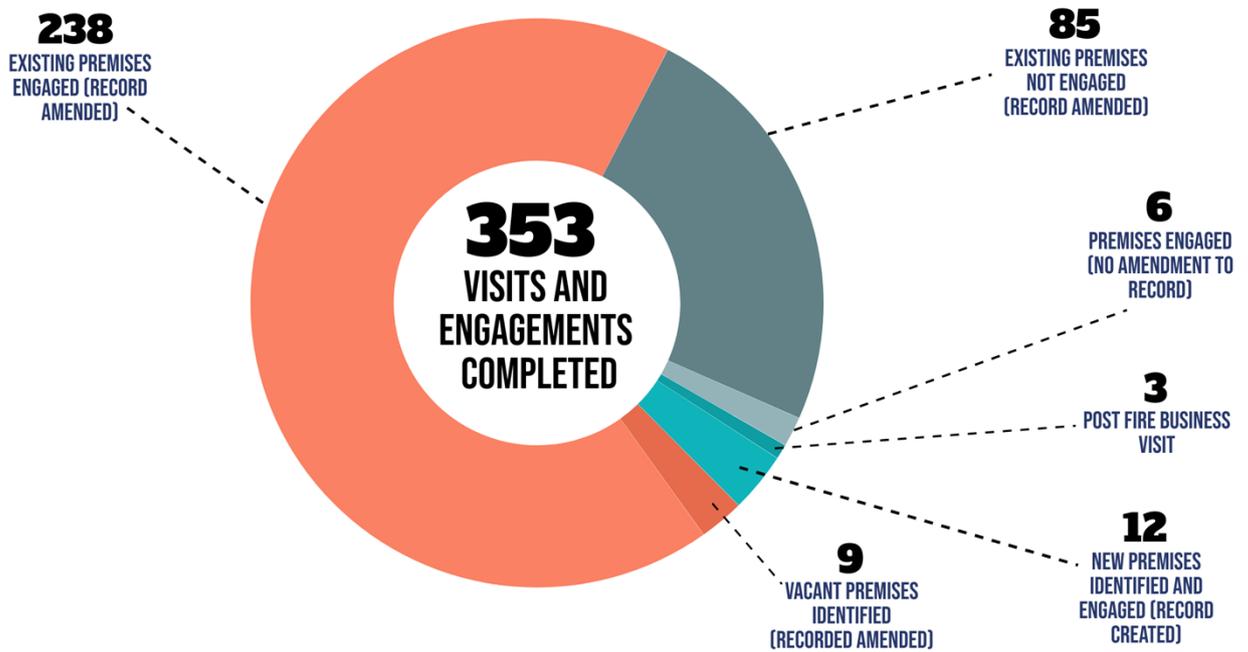


Cheshire
Fire & Rescue Service

BUSINESS SAFETY TEAM

1ST APRIL 2022 - 30TH SEPTEMBER 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



Job Type	Cheshire East	Cheshire West	Halton	Warrington	Total
Post Fire Business Visit	0	1	2	0	3
New Premises Identified and Engaged (record amended)	1	5	4	2	12
Vacant Premises Identified (record amended)	2	1	0	6	9
Existing Premises Engaged (record amended) <i>*4 records with no location</i>	62	77	42	53	238
Existing Premises not Engaged (record amended)	18	29	20	18	85
Premises Engaged (no amendment to record) <i>*1 record with no location</i>	0	4	1	0	6
Total	83	117	69	79	353



Cheshire
Fire & Rescue Service

Our Performance

Q2 2022/23 update

TOTAL VISITORS SINCE APRIL 2022: 3,348
(33,666 since July 2017)

School visits July - Sept 22

Mainstream

565 children,
68 supporting adults

Non- mainstream

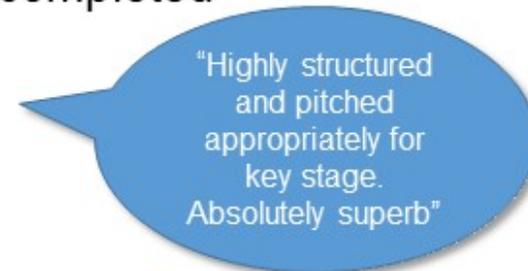
18 children,
12 supporting adults

Repeat visit Schools	8
New schools	9



Volunteer information

22 volunteers active
2 in recruitment process
325.5 volunteer hours completed



"Highly structured and pitched appropriately for key stage. Absolutely superb"

C19 Restrictions lifted April 22

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

Additional visitors:

- 423 visitors attending training / meetings
- 63 Tours of the centre

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CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 23RD NOVEMBER 2022
REPORT OF: HEAD OF SERVICE IMPROVEMENT
AUTHOR: GM AARON COLLIS

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

Purpose of Report

1. To provide an update on progress against the Round 2 Action Plan and information about the expected arrangements for the Round 3 inspection.

Recommended: That

- [1] members note the progress and remaining actions detailed in the plan and any remaining areas to resolve are discussed.

Background

2. The Service was last inspected in April 2021 and, in the December 2021 report, achieved a 'Good' grading against each of the three pillars of Effectiveness, Efficiency and People. The Service achieved 'Good' in ten of the eleven diagnostics. One area was deemed to 'Require Improvement'; to how well the Service develops leadership and capability in its people.
3. Within an inspection report, HMICFRS will formally identify 'Areas for Improvement' (AFIs) where it believes a 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 lesser significance but are still notable reflections of the evidence gathered during the inspection.
4. HMICFRS identified nine AFIs in our last inspection. There is an expectation that the Service takes appropriate steps to resolve these and improve performance in advance of the next inspection. Several other suggestions of a lesser significance were also included within the report. These are all included within the HMICFRS Action Plan which is included as Appendix 1 to this report.

Information

5. In October, the Organisational Performance team completed a review using the HMICFRS judgement criteria and assessment methodology to assess progress against each AFI and the other suggestions. Heads of Departments and action

owners have since been provided with feedback and submitted further commentary and evidence relating to progress which is included within the appended version of the Action Plan. The Action Plan includes reference to completed actions, ongoing actions, and those that remain open.

6. HMICFRS is intending to resume its third round of inspections in early 2023 which will again involve a rounded assessment of services across the themes of effectiveness, efficiency and people. It will introduce a fifth grading of 'Adequate' which will sit between the previous 'Good' and 'Requires Improvement' grades. Pillar judgments will also be removed, and instead inspectors will provide 11 separate gradings for each diagnostic. Based on the timing of Round 2 inspections, the Service is likely to be one of the first to be inspected within Round 3.

Financial Implications

7. There are no direct financial implications associated with the Action Plan. However, departments may have specific financial requirements to deal with the areas of concern. These will be managed at a departmental level.

Legal Implications

8. None

Equality and Diversity Implications

9. None

Environmental Implications

10. None

Appendix 1 – HMICFRS Inspection 2001 Action Plan

**CONTACT: KIRSTY JENNINGS, GOVERNANCE OFFICER
TEL [01606] 868814**

BACKGROUND PAPERS: NONE



HMICFRS INSPECTION 2021 ACTION PLAN

Version Number: 7

Date: 9th November 2022

Part 1: Areas for Improvement

Pillar: Effectiveness						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	Evidence Review and Outstanding Actions	Action Lead	Target Date	Status
1	Enable NWFC to access to Firecore/MDT software	Evidence that NWFC can easily access risk information (1.1.6)	<p>Following consultation with another regional FRS who has received this AFI (Lancashire), we are satisfied that NWFC holds all the risk information required to mobilise resources effectively and safely. This includes:</p> <ul style="list-style-type: none"> • High rise premises and their default evacuation strategies • Premises with specific hazards such as COMAH premises • Premises with known arson threats • Premises with known violent or hostile occupiers • Premises with other occupancy hazards e.g., hoarding, oxygen users • Entry door codes and access details • Markers or 'hazard zones' which may impact FRS response, added following receipt of confidential information from NILOs in other agencies <p>This risk information is updated using our gazetteer software five times a week to ensure the provision of accurate and up to date information. Where there is a need for risk information to be added to a premises outside of business hours, a procedure is also in place to allow this to be added with fire control directly until such time that it can be updated in the gazetteer.</p>	Tony Hughes / Tony O'Dwyer	Jul 2022	Complete

Page 79



			The operating model for the regional control centre does not allow, or necessitate, control operators accessing the SSRI information in its full format. This information is provided to operational commanders via our MDTs and is designed for their use in operational decision making at the scene of an incident.			
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Pillar: Effectiveness	Page no. in report:
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1.2. AFI: Preventing Fires and other Risks: The Service should improve how Safe and Well (S&W) visits are targeted to individuals that are most at risk or are harder-to-reach and how information gathered during visits is used.	12
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No.	Action to be taken	Measure of Success	Evidence Review and Outstanding Actions	Action Lead	Target Date	Status
1 <small>(pg13)</small>	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).	<p>On an ongoing basis, Prevention and operational staff utilise the information gathered during visits to manage vulnerable person cases and ensure referrals to relevant partner agencies. This information is recorded in our software application SAFFIRE which holds details of all S&W visits completed by the Service.</p> <p>To ensure that the information gathered is used in a systematic way, development work is taking place in SAFFIRE to include a risk score which will be produced following all visits based on the information and occupancy characteristics which are observed. This will allow the service to determine a re-visit frequency specific to that address and occupier. It is expected that this development work will be concluded in late 2023.</p> <p>ACTION: Implement the required software development in SAFFIRE to produce a quantitative risk score based on information gathered during S&W visits</p>	Duncan Palin / Steve McCormick	Sep 2023	Open
2 <small>(pg13)</small>	Review the targeting methodology for Safe and Well	Evidence of a S&W methodology which uses data and information to ensure	The service already has a well-developed methodology which uses various datasets to target S&W visits through both Exeter and the 'New Cheshire' data. As an interim measure, the re-visit frequency for 'Platinum' Exeter addresses has been reduced from five to three years to ensure those most at risk are engaged	Duncan Palin / Steve McCormick	Mar 2022	Complete (with additional)



Cheshire

Fire & Rescue Service

	visits to ensure it targets high-risk groups.	it is focused on those most at risk (1.2.1).	<p>with more frequently. This will be reviewed when the implementation of the latter action is completed.</p> <p>Work is ongoing to further enhance the targeting methodology through the introduction of Combined Intelligence for Population Health Action (CIPHA), which uses real-time health data from NHS partners. Ultimately, the SAFFIRE development work will allow us to merge the post-visit risk score and CIPHA data to provide an overall view of risk at Unique Property Reference Number (UPRN) level. This will also be delivered in late 2023.</p> <p>ACTION: Integrate CIPHA data into the S&W targeting methodology</p> <p>ACTION: Implement the required software development in SAFFIRE to merge the post visit risk score and CIPHA data</p>			work ongoing)
3 Page 81 (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).	<p>A revised Safeguarding E-learning package was introduced in 2021 which has been completed by 97% of operational staff and 85% of non-operational staff. This is accompanied by a revised Safeguarding toolkit which will be launched across the service in quarter 3 to coincide with adults safeguarding week campaigns.</p> <p>A quality assurance process is in place whereby the Lead Advocate will review and sign off individual 'Hazard Reduction Plans' before they are issued to an occupier and partner agencies.</p> <p>ACTION: Launch the revised Safeguarding Toolkit</p>	Duncan Palin / Steve McCormick	Dec 2022	Complete (with additional work ongoing)



Pillar: Effectiveness						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	Evidence Review and Outstanding Actions	Action Lead	Target Date	Status
1 <small>(pg13)</small> Page 82	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).	<p>There is a positive culture in relation to how performance and quality is discussed in 1:1 meetings with Prevention staff. Assurance of operational staff who undertake S&W visits is now also included within the Station Performance and Operational Assurance (SPOA) audits.</p> <p>The Prevention department has several quality assurance (QA) standards. There is extensive evidence of an active QA programme prior to 2020, and some evidence of this re-starting in recent months.</p> <p>A future action for the service is to ensure that QA is planned and completed in a systematic way using the QA framework and schedule that was in place before the pandemic. QA activity should be co-ordinated in a structured manner and have oversight from departmental managers.</p> <p>ACTION: Implement a structured framework to plan QA activity across the Prevention department</p>	Duncan Palin / Steve McCormick	Dec 2022	Open

Pillar: Effectiveness						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	Evidence Review and Outstanding Actions	Action Lead	Target Date	Status



Cheshire Fire & Rescue Service

1 (pg20) Page 83	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).	<p>The service has an Operational Learning Group (OLG) which meets on a regular basis to review issues identified from a range of sources. These include Ops Debrief returns, learning from national incidents, incident command audit themes, Ops Discretion events and structured debriefs.</p> <p>Structured debriefs are now added to the LearnPro platform for all staff to access. A quarterly 'Ops Learning Bulletin' has also been designed and will be disseminated to all operational staff to highlight key learning points identified by the OLG.</p> <p>There is still a need for the Service to strengthen its approach to debriefing, particularly in ensuring that recommendations identified through the debriefing process are clearly tracked and resolved. A new debrief strategy has been drafted using nationally identified best practice. However due to the current capacity in OPA being prioritised for industrial action planning, this will not be implemented until 2023. In the meantime, Officers continue to make improvements to the existing process.</p> <p>ACTION: Publish the 1st Operational Learning Bulletin to all staff, obtaining evidence this has been read and understood</p> <p>ACTION: Communicate that structured debriefs are published on Learn Pro as a tool for staff to use as training materials locally</p> <p>ACTION: Review the OLG terms of reference, minutes and action tracker to ensure these are fit for purpose</p> <p>ACTION: Ensure all recommendations identified in structured debriefs held in the last 12 months have been identified at OLG, recorded and have a plan for resolution.</p>	Jon Caulfield / Tony O'Dwyer	Dec 2022	Open
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Pillar: Efficiency						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 (NWFC) and that all staff understand the arrangements and their associated responsibilities.						
No.	Action to be taken	Measure of Success	Evidence Review and Outstanding Actions	Action Lead	Target Date	Status
1 <small>(pg28)</small> Page 84	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).	<p>NWFC have a detailed business continuity plan covering a range of scenarios. The document was last reviewed in Feb 2022. NWFC undertakes a fall-back mobilising exercise at the control room on a twice-yearly basis, the last of which occurred in Oct 2022. These exercises simulate a failure of the IT software and a reversion to manual mobilising. NWFC formally debriefs these fallback events and collates learning to inform future events. We have seen detailed evidence of these debriefs.</p> <p>Whilst a full fall-back to the secondary fire control facility has not been tested since 2018, plans are now in place for a controlled evacuation to this facility on 14th February 2023. This will:</p> <ul style="list-style-type: none"> Operate the NWFC function from the standby control room for approximately 12 hours Engage with all stakeholders to ensure they are prepared for the controlled evacuation and all services operating correctly, e.g., Ops Support, Telent, GMFRS & G10, ICT, buddy controls Test and adapt NWFC's ways of working for an evacuation of the primary fire control site Identify learning and good practice to revise the evacuation procedure as required <p>ACTION: NWFC to successfully undertake a full evacuation to the secondary fire control facility in February 2023.</p>	Tony Hughes / Tony O'Dwyer	Feb 2023	Open
2 <small>(pg28)</small>	Create a methodology for regularly and	Evidence of a process to review and update the BC	A regional approach has been agreed with the other partner FRSs which will see each service support NWFC's business continuity planning for a 12-month period and rotated between each FRS. Cheshire are supporting NWFC for the first	Tony Hughes /	Nov 2022	Open



	directly reviewing the business continuity plans for Fire Control.	plans at an appropriate frequency (2.1.7).	<p>period. A business continuity management group has been established at NWFC and met for the first time on 12th October 2022.</p> <p>Officers are also conducting a review of the NWFC business continuity plan which will be completed on an annual basis to ensure corporate ownership of this risk by CFRS.</p> <p>ACTION: Undertake a review of the NWFC business continuity plans to provide assurance for CFRS that these are fit for purpose</p>	Tony O'Dwyer		
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Pillar: Efficiency						Page no. in report: 29
2.20 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	Evidence Review and Outstanding Actions	Action Lead	Target Date	Status
1 (Pg30)	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	Evidence of a fleet strategy which is directly linked to and supports future service provision (2.2.4).	<p>A detailed fleet strategy has been drafted which includes the following:</p> <ul style="list-style-type: none"> • Overview of function and departmental structure • Fleet profile • Links to financial planning and the CRMP • Vehicle life and management strategy • Environmental considerations • A detailed long term vehicle replacement programme for front line appliances <p>This document is awaiting approval from SMT.</p> <p>ACTION: Obtain sign off for the fleet strategy as a live document.</p>	Phill Cooper / Tony O'Dwyer	Nov 2022	Open



<p>success and achievements. This will provide opportunities to identify areas for improvement.</p>					
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Area: People						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	Evidence Review and Outstanding Actions	Action Lead	Target Date	Status
1 <small>(pg36)</small>	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).	<p>Records indicate that 21 personnel across the service have completed an IOSH refresher in 2022; this is currently an optional course. Some of these records are also missing from employee training records on HR Pro. A plan is being developed more advanced content and IOSH refresher training to those staff who completed the initial training over three years ago.</p> <p>The Service is creating a mandatory E-Learning package on LearnPro for all CFRS staff which will cover H&S procedures. This would need to be completed by all staff by the end of Feb 2023.</p> <p>ACTON: Launch an E-Learning module to provide a basic level of H&S awareness and training to all CFRS employees.</p> <p>ACTION: Ensure that all IOSH refresher courses are recorded on employee training records in HR Pro.</p>	Stephen Hulse / Tony O'Dwyer	Feb 2023	Open



			ACTION: Implement a structured plan to provide a higher level of safety training and/or IOSH input to managers identified as requiring further knowledge.			
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Area: People						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	Evidence Review and Outstanding Actions	Action Lead	Target Date	Status
1 <small>(pg 87)</small>	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).	<p>During April and May a series of workshops were delivered to reinforce the value and importance of appraisals as a means of supporting performance, wellbeing, career development and identification of training needs. The workshops were offered to all staff and a total of 13 workshops were delivered to approximately 150 staff.</p> <p>Work is ongoing to automate the appraisal system within PDR Pro. This is on schedule to be delivered by April 2023 and will significantly improve the user experience enabling higher completion rates.</p> <p>A verbal update will be provided in P&O regarding current completion rates for the 2022/23 appraisals.</p> <p>ACTION: L&D to continue providing a high level of visibility around appraisal completion to line managers to encourage completion. Data to be shared with HODs on a regular basis.</p> <p>ACTION: Implement the required software development in PDR Pro to fully automate the appraisal process.</p>	Victoria Wraxton / Carmine Rabhani	June 2023 (allowing time following go-live of new system)	Open



Pillar: People						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	Evidence Review and Outstanding Actions	Action Lead	Target Date	Status
1 <small>(pg39, 41,42)</small> Page 88	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>In July 2022 a focus group was conducted to understand the type of development that would support non-operational staff development and progression into leadership roles. This, coupled with the HMICFRS feedback, has prompted the development of a campaign called “Broader Horizons” which comprises of two elements which are:</p> <ol style="list-style-type: none"> 1. A Job, Family and Career Pathways directory for non-operational roles to raise awareness of opportunities across the service and to support discussions around career planning, progression and development particularly during the appraisal process. This directory has been developed with direct input from people in relevant roles to provide an accurate insight. The directory is in production and will be launched by January 2023. 2. A new development programme has been designed for launch during Quarter 4 2022. This programme will be aimed at aspiring leaders from non-operational roles and will provide bespoke training and development opportunities over a period of 18 months. Entry onto the programme will be by means of a development centre. <p>In addition to the development of the “Broader Horizons” programme, work has been ongoing to develop a schematic that illustrates all of the other development opportunities on offer. All of these are accessible to any member of staff who has an express need or desire to develop skills in pursuit of career progression whether lateral or vertical.</p> <p>ACTION: Implement both elements of the “Broader Horizons” programme.</p>	Victoria Wraxton / Carmine Rabhani	Feb 2023	Open



<p>2 (pg41-42)</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 89</p>	<p>Undertake a review to ensure promotion processes are fair, transparent and have more tangible links to on the job performance.</p>	<p>Evidence that staff think that the selection and promotion process is fair (3.4.4).</p>	<p>The service completes a feedback and evaluation process involving all candidates that have engaged in promotion processes. This is done formally on an annual basis and changes to the process are made based on feedback. After the 2021 survey the following changes were made:</p> <ul style="list-style-type: none"> • Improvements made to further support neuro-diverse applicants. • Further guidance provided on submission of evidence and its suitability; • Workshops rolled out for managers to provide guidance on endorsing and supporting application forms; • Mandatory interview training for all panel members – including unconscious bias training; • Personalised feedback now offered to unsuccessful candidates at application stage; • Learning & Development interview workshops are now tailored to the NFCC Framework and Code of Ethics in relation to interview questions; and • Interview questions are printed out and given to the candidate during the interview and each now states which element of the NFCC framework or Code of Ethics it falls under to provide further clarity to the interviewee. <p>The annual survey, to date, has provided extensive evidence that staff think that the promotional processes are fair and follow an established and recognised process. This includes moderation at each stage of the process and scoring and assessment by multiple managers. To eliminate any surprise and to improve preparation for promotion processes, Learning & Development have designed and delivered a number of workshops to staff on what to expect during the process. Guidance documents have also been produced to enhance transparency and understanding of the process. Upon completion of the process, feedback is routinely offered to candidates whether they have been successful or unsuccessful.</p> <p>Following conclusion of the Autumn 2022 Promotion boards, a survey has been circulated to all staff who have been involved in either a temporary or permanent</p>	<p>Zoe Garland / Carmine Rabhani</p>	<p>Feb 2023</p>	<p>Complete (with additional work ongoing)</p>
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Cheshire

Fire & Rescue Service

			<p>promotion process. The survey seeks direct feedback on the transparency, fairness, process, and timescales associated with promotion processes.</p> <p>ACTION: Review the feedback within 2022 promotion board survey, and provide clear evidence (as in 2021) of any changes made to the process as a direct result of the feedback.</p>			
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HMICFRS INSPECTION 2021 ACTION PLAN

Version Number: 7

Date: 9th November 2022

Part 2: Suggestions

Pillar: Effectiveness						Page no. in report: 12
1.2. Suggestion: Preventing Fires and other risks						
No.	Action to be taken	Measure of Success	Evidence Review and Outstanding Actions	Action Lead	Target Date	Status
1 <small>(pg14)</small> Page 91	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).	<p>The service produces an annual road safety report which is provided to the Performance and Overview Committee. This includes Killed and Seriously Injured (KSI) performance data and relevant information about the Cheshire East road safety contract, including delivery against metrics defined within the contract. A detailed evaluation report has also been drafted for Cheshire East Council which provides both qualitative and quantitative evaluation of the delivery in 2021/22.</p> <p>ACTION: Provide a final version of the evaluation report to Q4 P&PB for the 2021/22 Cheshire East contracted delivery.</p>	Duncan Palin / Steve McCormick	Dec 2022	Open



Pillar: Effectiveness						Page no. in report: 18
1.4. Suggestion: Responding to Fires and other Emergencies						
No.	Action to be taken	Measure of Success	Evidence Review and Outstanding Actions	Action Lead	Target Date	Status
1 <small>(pg20)</small> Page 92	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).	<p>NWFC continue to have limited involvement in the service's command training and assurance activities. The service has completed a single marauding terrorist attack (MTA) no-notice exercise to test the control room's response to this type of incident and has further exercises planned during the next quarter. The service has not yet tested the application of its 'IBE' high rise procedure within NWFC. Despite the service attending several large and major incidents, NWFC have not been involved in any structured incident debriefs in the last 12 months. There has been no provision of WM7 or SMMI training to NWFC staff as was originally intended, although it is appreciated that their capacity to release staff for such events is challenging.</p> <p>ACTION: Continue with the planned programme of no-notice exercises testing NWFC's response to an MTA incident.</p> <p>ACTION: Fully test the application of the immediate building evacuation (IBE) procedure within NWFC and the process for communicating information with Cheshire FRS resources.</p> <p>ACTION: Ensure NWFC are invited to and encouraged to participate in all structured debriefs. Obtain evidence of active contribution to a minimum of 2 debriefs.</p>	Tony Hughes / Tony O'Dwyer	Feb 2023	Open



Pillar: Effectiveness						Page no. in report: 21
1.5. Suggestion: Responding to Major and Multi-agency Incidents						
No.	Action to be taken	Measure of Success	Evidence Review and Outstanding Actions	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).	Whilst discussions with surrounding FRSs are ongoing there has been no change to the process used to exchange risk information with neighbouring services. This is still completed using Resilience Direct and the current repository of sites held has not been updated for 13 months. There is no co-ordinated process to ensure that the information held is accurate, and that Cheshire MDTs are updated with revised risk information when a change is made by another service (and vice versa).	Tony Hughes / Tony O'Dwyer	Feb 2023	Open
2 (pg22) pg 23	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>The service has introduced a requirement for all stations to plan and facilitate cross border training with each of our neighbouring FRSs on a periodic basis. This is recorded using the Cheshire Planning System and audited by the Organisational Performance team. This was introduced in September 2022 so requires more time for evidence to be gathered.</p> <p>A review of cross-border activity is being completed to ensure that the frequency of exercises is based on risk and the frequency with which we work with each FRS. This will be incorporated into the draft Exercise Policy.</p> <p>ACTION: Complete analysis of cross-border response activity to provide a risk-based approach to exercises with clearly defined targets.</p> <p>ACTION: Ensure all cross-border training completed in the last 12 months is recorded in CPS.</p>	Gareth Scott / Steve Barnes	Feb 2023	Open
3 (pg23)	Provide evidence that the service	Evidence that all staff are sufficiently prepared to respond	The service continues to provide JESIP input as part of its WM7 and SMMI training programmes. Interoperability is tested as an integral part of command assessments at all levels.	Tony Hughes / Tony O'Dwyer	Sep 2022	Complete



	consistently follows the JESIP principles	to multi-agency incidents, including those of an MTA nature (1.5.4).	Reality testing during Station Performance and Operational Assurance audits is indicating that managers have a good understanding of JESIP and major incident procedures, and most commanders can explain how they would respond to an undeclared MTA incident.			
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Pillar: Efficiency Page no. in report: 26

2.1. Suggestion: Making Best use of Resources:

No.	Action to be taken	Measure of Success	Evidence Review and Outstanding Actions	Action Lead	Target Date	Status
1 <small>(pg 94)</small>	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).	The PBB process is now well established in the organisation and is being used again by Heads of Department (HoDs) to formulate budgets and plans for the 2023/24 financial year. It will be important for HoDs to be able to evidence to HMICFRS during interviews that the process is used to influence departmental decision making and directly linked to the allocation of resources.	Paul Vaughan	Sep 2022	Complete
2 <small>(pg28)</small>	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).	Whilst NWFC reports on its performance on an annual basis, this is done at a regional level and without sufficient detail to understand performance within Cheshire. As a result, a quarterly performance scrutiny meeting has been introduced between the NWFC SPOC, GM – Organisational Performance and our nominated Operations Manager at NWFC. The outcomes of these meetings will be included in the Performance Health Report at P&O Committee on a quarterly basis. The first meeting was held in September 2022 and is included in the Quarter 2 report.	Aaron Collis / Tony Hughes / Tony O'Dwyer	Sep 2022	Complete



Area: People						Page no. in report: 35
3.1. Suggestion: Promoting the Right Values and Culture						
No.	Action to be taken	Measure of Success	Evidence Review and Outstanding Actions	Action Lead	Target Date	Status
1 <small>(pg35)</small> Page 95	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>The service has continued to promote mental health awareness with a range of highly visible campaigns and events such as Mental Health Day. These continue to be used by senior leaders to demonstrate our ongoing commitment in this area. A mosaic sponsored by the Mental Health Steering Group has been designed and created and is now visibly hung on the wall in the training centre as a continued reminder of the support and commitment across the service. The service has also continued to increase its offering of TRiM, Mental Health First Aid, and a suicide prevention toolkit was launched in Summer 2022 which was supported by a suite of suicide prevention workshops.</p> <p>The Mental Health Advisor remains visible and conducts mental health MOTs in a structured programme of station visits. This is in partnership with the Service's Fitness Advisor undertaking physicals and fitness tests. This is raising the profile of mental health and encouraging the same level of parity between mental and physical health.</p>	Andrea Harvey	Sep 2022	Complete

Area: Effectiveness / People						Page no. in report: 36
1.2. Suggestion: Preventing fires and other risks						
3.2. Suggestion: Getting the Right People with the Right Skills						
No.	Action to be taken	Measure of Success	Evidence Review and Outstanding Actions	Action Lead	Target Date	Status
1 <small>(pg36)</small>	Undertake a review to identify what aspects of	Evidence that staff are appropriately trained for their role	The service continues to provide detailed prevention training when employees join the organisation. This is included within induction processes and recruit courses for operational staff.	Duncan Palin / Steve McCormick	Feb 2023	Open



prevention training requires improvement and to identify which staff groups do not have full access to training.	and that the service ensures its teams have the right mix of skills and capabilities (3.2.2).	<p>However, the service would benefit from ongoing refresher prevention training for staff, particularly operational teams and those who have responsibility for delivering Safe & Well visits.</p> <p>ACTION: Implement provision of refresher training for operational staff who deliver S&W visits.</p>			
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Area: People						Page no. in report:
3.3-6 Suggestion: Ensuring Fairness and Promoting Diversity						37
No	Action to be taken	Measure of Success	Evidence Review and Outstanding Actions	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>The dedicated Positive Action Group has been merged into the Attraction and Recruitment Working group, ensuring that positive action is considered as an integral part of the recruitment process. A structured meeting takes place monthly. A standing item to discuss positive action has also been added to the Equality Steering Group agenda.</p> <p>Action this year has included:</p> <ul style="list-style-type: none"> • Newly designed 'One team, many superpowers' campaign and promotional material; • A specific social media campaign which used targeted advertising for females and BAME residents both in and outside of Cheshire; and • Maintaining contact and providing ongoing coaching to female applicants who don't pass practical tests or succeed at interview with the aim of supporting a future application by them. 	Mark Shone/Zoe Garland	Dec 2022	Complete (with additional work ongoing)
2 <small>(pg41)</small>	Develop a plan to target diverse groups for	Evidence that the service engages with under-represented	Whilst the recent CFO vacancy was open to those from a non-operational background to apply, there continues to be no formal strategy to recruit into middle and strategic roles through direct entry. This is because we are awaiting	Andrea Harvey/ Mark Shone	Sep 2023	Open

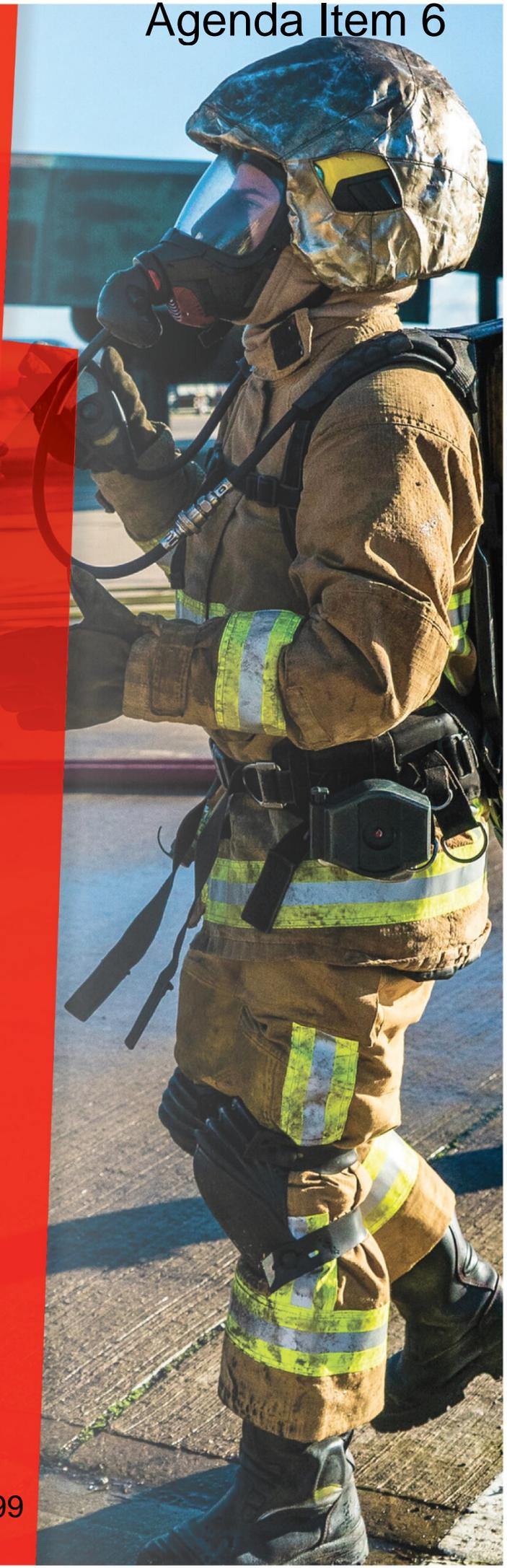


Cheshire

Fire & Rescue Service

	middle and senior management roles and explore viability of a Direct Entry Scheme	groups to remove disproportionality and promote fair and open opportunities for all (3.3.4).	the results of the ongoing national pilot and are unlikely to progress this internally until the outcomes of the pilot are clear. However, other plans are being progressed to encourage a more diverse middle and senior leadership team such as sponsorship of degree qualifications, coaching, and mentoring. It is also expected that the new 'Broader Horizons' programme, aimed at green book staff, will help to develop and prepare more females within the service for future promotion.			
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**Health and Safety
Annual Report
2021/22**

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www.cheshirefire.gov.uk

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Health, Safety and Wellbeing

Annual Report

2021 – 2022

1. Summary

Health, Safety and Wellbeing (HSW) is an important and integral part of duties and obligations at Cheshire Fire and Rescue Service. HSW is a fundamental aspect that is encompassed in all management systems.

This annual report highlights the HSW performance over the previous financial year (1 April 2021 – 31 March 2022).

Performance monitoring and evaluation was measured by the number and severity of accidents reported, lost time days as a result of injuries and the proactive measures taken for continual improvement.

Overall performance has been satisfactory, although accident rates have remained flat, with no significant increase or decrease in the number of accidents reported in the last three years.

Manual handling injuries and slips, trips and falls remain the most frequent contributor to injury events, which can be expected given the high number of manual handling activities undertaken during operational and training activities.

Key points to note during the period include:

- A return to more normal activities post Covid-19.
- A decrease in the number of injuries.
- A decrease in the number of lost time days.

2. Background

The Pandemic that started to affect the country in January 2020 continued to have an impact on the Service, however as the year progressed, the Service was able to adopt a less cautious approach and able to relax restrictions that had kept staff safe during the Pandemic. Throughout the Pandemic the Service has remained committed to operating safely and to look for continual improvement in its HSW performance.

As the Health & Safety Executive continues to update legislation and guidance, the Service must implement the necessary changes in its management system.

Changes to legislation are monitored via external providers and internal checks ensure that our policies and procedures remain compliant with changes issued by the HSE, the Home Office and National Fire Chiefs Council.

During the Pandemic the HSE commissioned contractors to carry out Covid-19 Secure checks on several Service premises and no issues were raised.

Serious accidents reports from other fire and rescue services were reviewed to identify any learnings that may need to be considered in our own operational procedures and Coroners' letters published under regulation 28 to prevent future deaths are monitored for continual improvement.

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

3. Key Achievements

Relaxation of the Covid-19 restrictions and reintroduction of fitness testing and alcohol and drug testing.

The development of initiatives to manage the risks to staff from contaminants including the introduction of a clean cab policy and personal protective equipment disrobing procedure.

The creation and introduction of training videos for the disrobing process and banksperson signalling.

The Service continues to perform better than the national average for fire and rescue services.

4. Accident rates

The Reportable Accident Rate (RAR) is the way in which HSE calculates accident rates for various industries; the rate is expressed as the number of accidents per 100,000 employees. Of the RIDDOR injuries the Service reported, four were to operational staff giving an RAR for 2021/22 of 564 which is higher than the previous year.

National statistics for 2021/22 show the rate for injuries to operational FRS staff in England for 2020-21 was 1059. The national RAR for all employers is 185 although the HSE recognises that, due to underreporting, this is artificially low. The Labour Force Survey (LFS), which is generally seen as more accurate, puts the national injury accident rate for this period at 1410.

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) requires the Service to report certain classes of accident, work-related illness and specified dangerous occurrences to the HSE. Four injury incidents were reported under these regulations, which is an increase of one from the previous year. One dangerous occurrence was reported which is a decrease of one from the previous year.

5. Minor accidents and Near Misses

The electronic accident reporting system introduced to make the reporting and investigation of accidents easier and quicker is achieving its aim.

Reports and investigations are being completed in a timelier manner; by the end of the reporting year 97% of accident investigations were completed within the deadline.

Those outside of the allocated time were more complex incidents that required more detailed investigations.

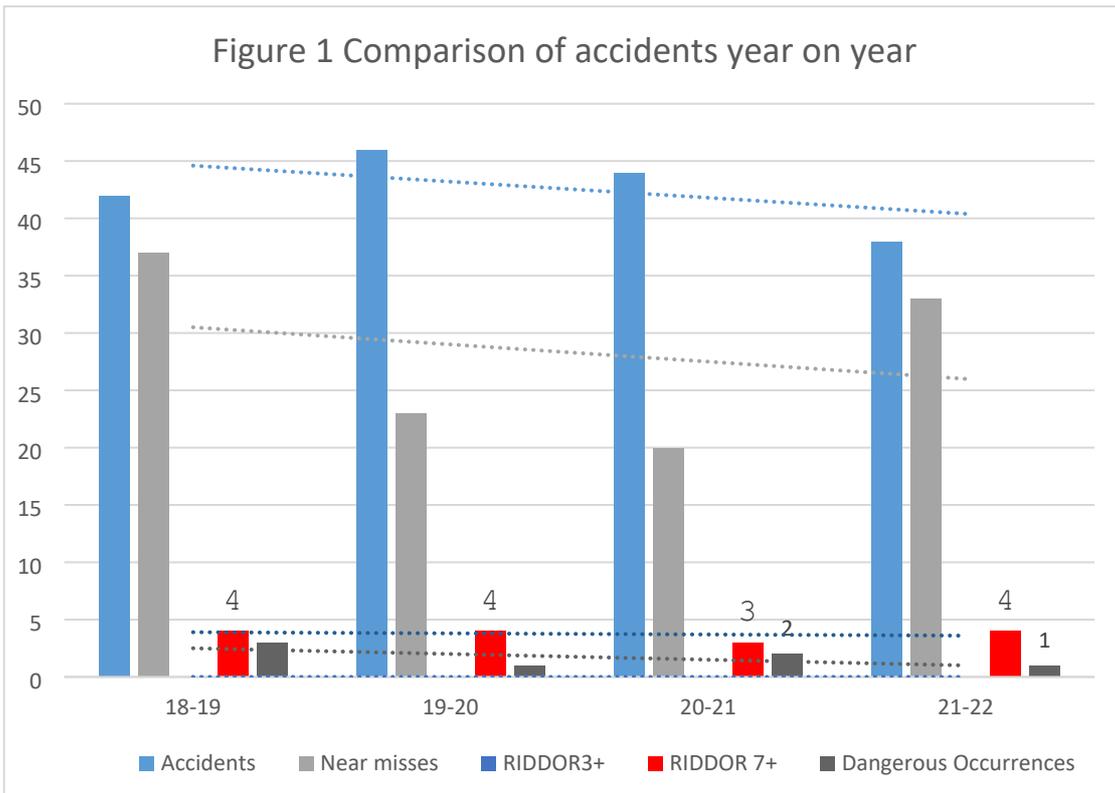


Figure 1 shows a comparison of the number of minor accidents, RIDDOR reports, near misses and dangerous occurrences for the last four years.

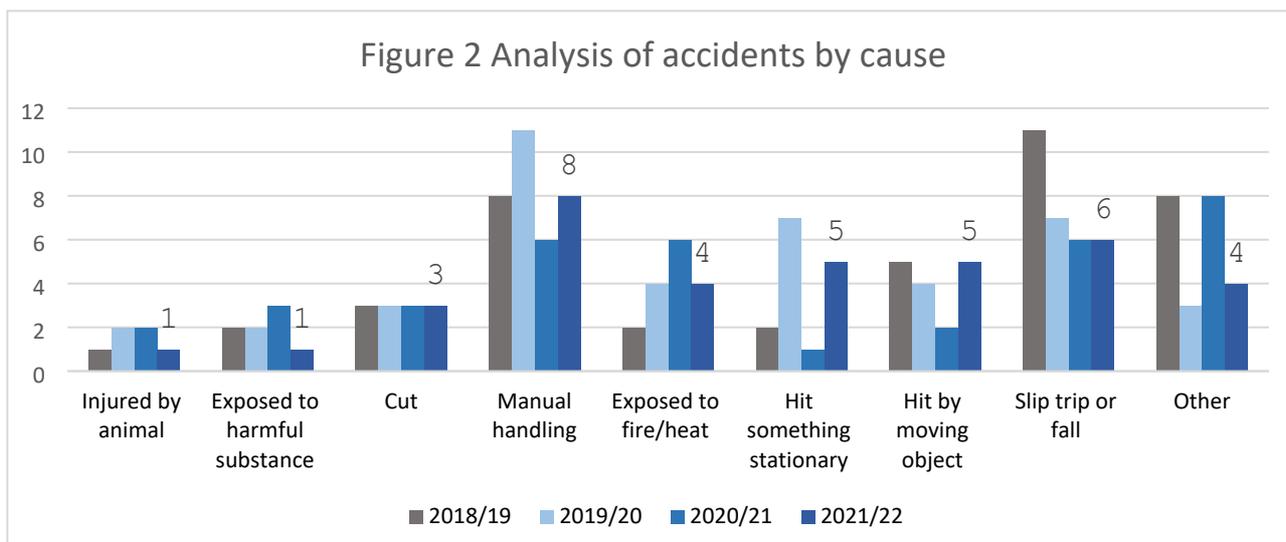
In 2021/22 the Service recorded thirty-eight injuries to employees, a decrease of six compared to forty-four the previous year. There was an increase in the number of near miss reports, which is promising as this type of report allows us to learn from incidents where there was no injury or damage in order to prevent future injuries.

The proactive programme of workplace inspections aimed at identifying and rectifying any issues that may contribute to workplace accidents continues to run quarterly.

6. Response to accident data

Figure 2 shows a breakdown of accidents in the Service by cause. Comparative data is shown for the past four years (numbers are for 2021/22).

The analysis of the Service's accident reports in 2021/22 shows that slips, trips and falls and manual handling incidents have been the cause of the most accidents. We have seen an increase in the number of people injured whilst in training.



All accidents are investigated at an appropriate level to ensure that we learn from these events with the aim of preventing a recurrence. The accident data helps identify future areas for campaigns and to direct training and resources where they will achieve the greatest effect.

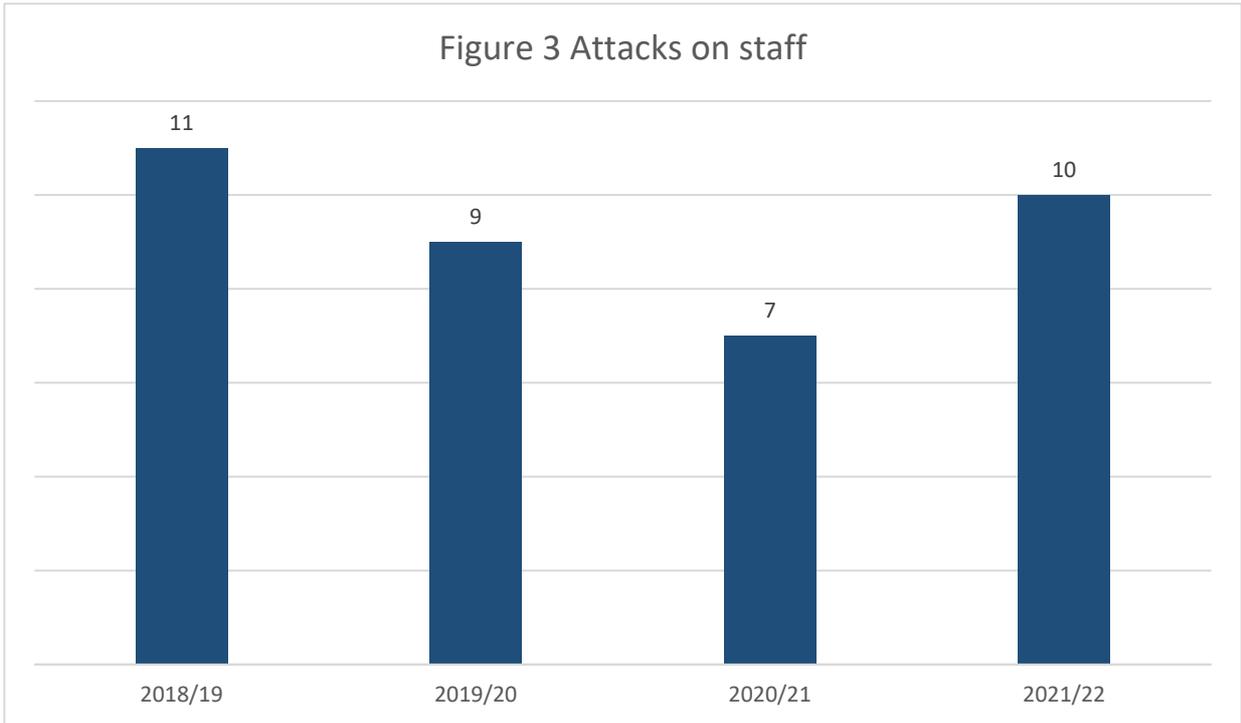
7. Violence and aggression towards staff

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

The Service performance compares well with other FRSs in the north west, where the average number of attacks on employees in a year is twenty-seven across the fire and rescue services.

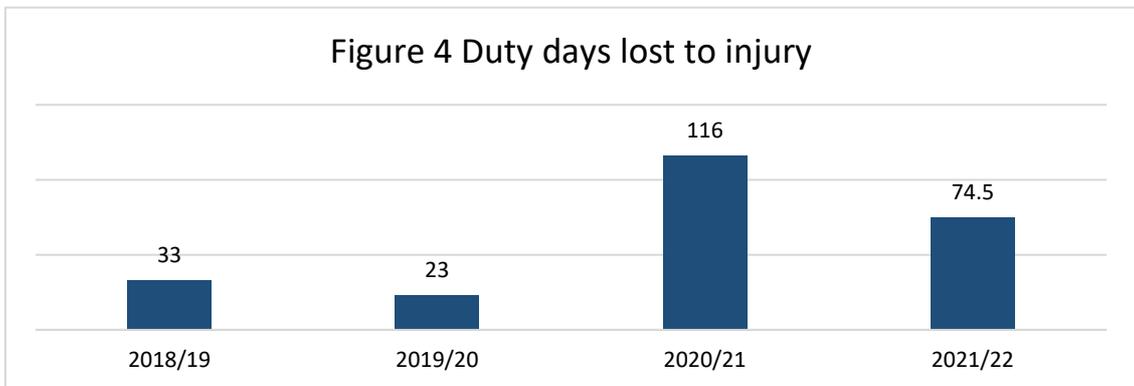
The Service will continue to collect information about violence and aggression towards firefighters and work to address the causes of this type of behaviour.

When appropriate, we will report violent attacks to the police and provide evidence from the closed-circuit television cameras mounted on appliances.



8. Duty days lost as a result of injury accidents

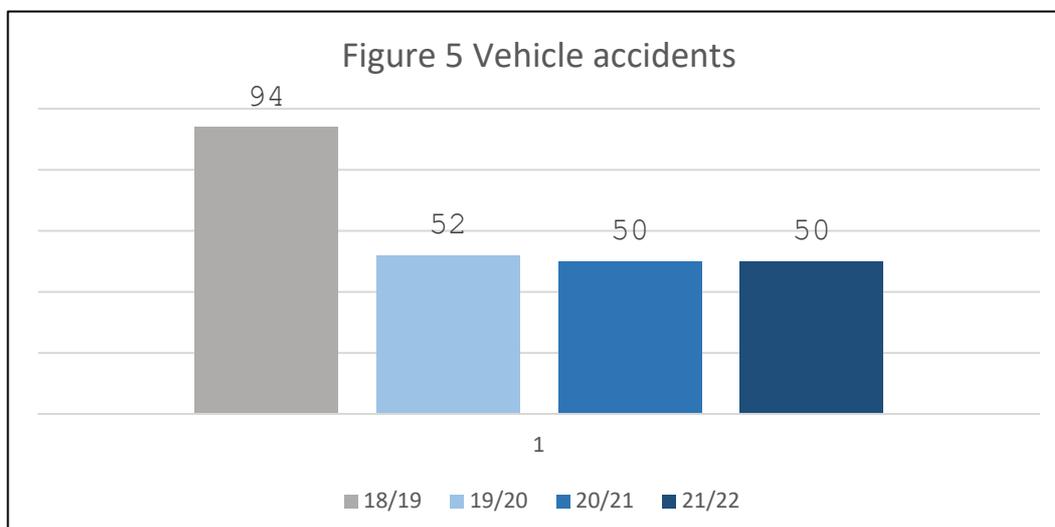
As part of its accident reporting procedure the Service records the number of duty days lost as a result of accidents.



This data point is one of the performance measures reported to the Government. The number of days lost as a result of injuries in 2021-22 is 74.5; a reduction on last year, but an increase on 2018 and 2019.

9. Vehicle accidents

The number of vehicle accidents reported was fifty; this was the same as last year. The majority of these accidents are of a minor nature and in six of the reports our vehicle was hit by another vehicle or object. Figure 5 shows a comparison of vehicle accident numbers since 2018.

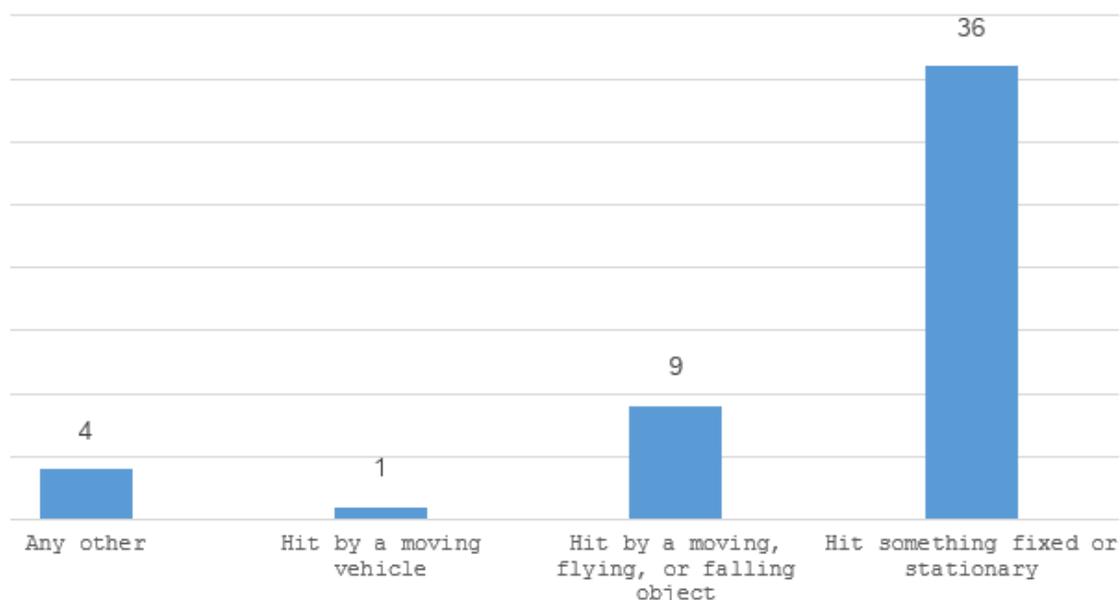


The Service has a Road Risk Management Group, the purpose of which is to examine vehicle accident reports and introduce measures to drive down both the severity and number of vehicle accidents and so reduce the risks to the Service that arise from the use of Service vehicles. There has been a sustained and successful campaign to reduce the number of incidents when Service vehicles have been driven in excess of the speed limit.

During 2021-22 the Service had a programme of licence checks to ensure that drivers had the correct licences for the vehicles they drove and a programme of retention and accreditation for all blue light and LGV drivers.

Of the fifty vehicle accidents reported during the year, sixteen occurred when fire engines were responding to emergency incidents under blue lights. The majority occurred when manoeuvring vehicles in narrow spaces, particularly some of the narrower domestic streets where there are often vehicles parked on both sides of the road. An indication of vehicle accident types can be found below.

Figure 6 (vehicle accident category)



The Service investigates all vehicle accident reports with a view to preventing a recurrence, while it also continues to invest in driver training and assessment to improve their skills.

The Service has produced a video to train the banksperson who helps guide the driver when manoeuvring in tight spaces. The Service has strict guidelines for reversing vehicles agreed with the representative bodies and failure to follow these guidelines has resulted in disciplinary action against individuals.

Vehicle technicians ensured that all Service vehicles were maintained and met all the relevant road safety requirements and there was a requirement that the driver carried out a pre-use check before driving to ensure that there were no problems that may affect the vehicle's operational performance.

10. Claims and complaints

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

11. Corporate Governance

The Fire Authority continues to demonstrate its commitment to Health, Safety and Wellbeing by appointing a dedicated Member Champion. Principal Officers are provided with regular information about accidents, progress with personal injury insurance claims and other health and safety related issues to encourage continual improvement.

12. Risk Management

The main thrust of risk management in the year was with regard to a gradual, risk assessed reduction of Covid-19 controls and a return to more normal work activities. The Service monitored Government and NFCC advice and adopted a cautious approach to relaxing the Covid-19 measures. We consulted the representative bodies on the new and amended risk assessments and procedures.

The Service has retained some of the flexible working arrangements introduced during the Pandemic recognising the value to both staff and the Service.

A full programme of training for operational staff has been reinstated whilst incorporating the training for a new cohort of recruits at the beginning of 2022.

A process for ensuring that all of our HSW policies and procedures are reviewed and remain up to date is working well. We monitor legislation to ensure that the policies reflect the latest legal requirements and, when appropriate, we comment on published drafts and consultations of proposed legislation.

The HSW department has an overview of the HSW practices of contractors working on Service premises and is involved in the refurbishment projects to ensure a consistent approach to all health and safety matters.

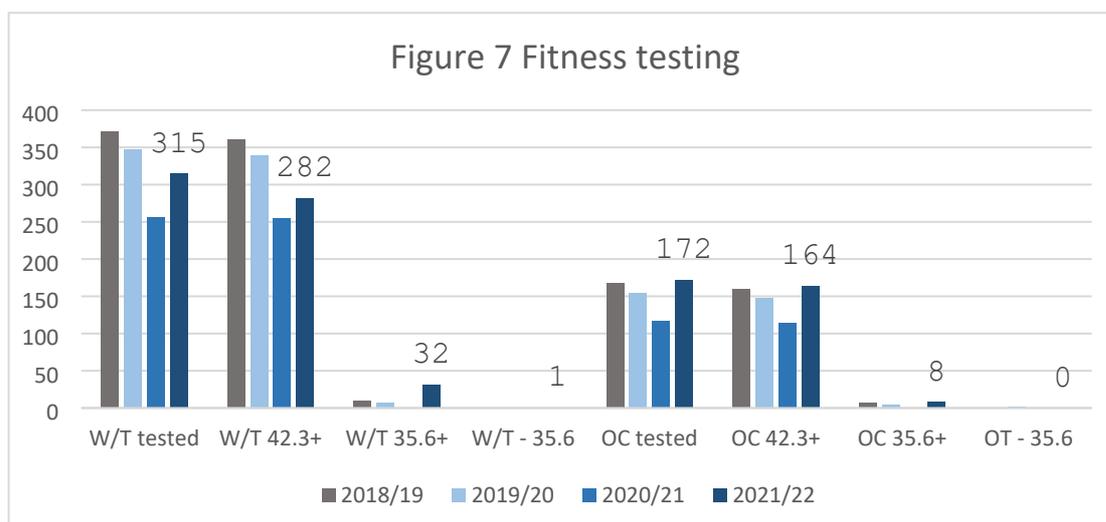
The Service is reintroducing its programme of random drug and alcohol testing to reduce the risk of staff working whilst under the influence of drugs or alcohol.

The Service has continued to implement guidance issued by NFCC regarding firefighter fitness.

Fitness testing was put on hold in the early stages of the Pandemic to reduce the risks of spreading the virus between stations, however the fitness advisor continued to work with staff with specific fitness issues. During the year the Service has reintroduced fitness testing on stations

Figure 7 shows the results for fitness testing during the year and, whilst not back to pre-Pandemic numbers, the increase in the number of tests conducted is evident. It may be seen from the data that only one firefighter failed to meet the minimum fitness standard and was removed from operational duties. The Service Fitness Adviser is on maternity leave and a replacement has been recruited to ensure that testing of and support for firefighters continues. The interim Fitness Adviser has worked with both the new recruits to the Service and the apprentices to develop their fitness to the required standard.

The Service has recruited a new Health and Safety Manager on the retirement of the previous post holder. This was managed in a way that allowed a handover period to familiarise the new manager with the Service.



(W/T Whole time & OC On call)

(42.3% VO2 MAX is the fitness requirement, <42.3 > 35.6 stay on duty and issued a with fitness plan. <35.6 restricted duty & issued a with fitness plan)

13. Training

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

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

The Service has recommenced the IOSH Managing Safely training courses that were suspended during the Pandemic and has formalised the arrangements for providing refresher training for managers.

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

14. Consultation

The Service HSW Committee meets quarterly and was the main mechanism for consulting representative bodies and staff on matters relating to their HSW; during the reporting year these meetings were held online. The meeting was the mechanism for consulting staff on new and revised policies. The meeting also enables representative bodies to raise any concerns that they have about the HSW of their members.

The minutes from these meetings are published on the Service's intranet with hard copies displayed on HSW notice boards.

15. Health and Wellbeing

The annual programme of health and wellbeing campaigns is now planned in a HSW sub-group that includes members of Occupational Health and Human Resources to ensure the most efficient use of resources and avoid the possibility of duplicating effort. This group has identified a trend towards an increase in the body mass index (BMI) of firefighters attending in-service medicals which was accompanied by an increase in the number of people struggling to meet the fitness standard. This has resulted in the formation of a working party to look at developing a holistic approach to fitness that includes nutrition advice and mental health support alongside a physical training regime.

The Service organised a number of online events to support the wellbeing of employees and their families during the Pandemic. Senior managers held virtual meetings with operational staff to offer support and hear about staff concerns and suggestions.

The campaigns this year have continued and included mental health awareness campaigns led by the Mental Health and Wellbeing Adviser; these are the subject of a separate report on Mental Health submitted to Members.

16. Conclusion

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

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

CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 23RD NOVEMBER 2022
REPORT OF: HEAD OF PREVENTION AND PROTECTION
AUTHOR: JENNY MASKELL

SUBJECT: THE PREVENTION DEPARTMENTS' ANNUAL PARTNERSHIP REPORT 2021-2022

Purpose of Report

1. To present an overview of the performance of the prevention departments' Partnerships portfolio during the period April 1st 2021 to March 31st 2022.

Recommended: That

- [1] the report be noted.

Background

2. The Prevention department has a breadth of partnership activity that supports fire prevention within the community. The Partnerships include (but are not limited to), the Safe and Well Programme, and the Early Help and Prevention Partnership led by Cheshire West and Chester Council (CWaC).

Information

3. The report attached as Appendix 1, contains an overview of the Prevention Department's larger partnerships, end of year performance information for 2021-2022 and their current outlook.
4. The report also contains an overview of the response to the Covid-19 Pandemic, including headline performance, a summary of the Safety Central partnerships and the Prevention Departments' current workstreams.

Financial Implications

5. Some partnerships require funding for staff or vehicles. These costs are part funded by the Prevention Department's budget and by the partner where appropriate. A Partnership Agreement or a Memorandum of Understanding (MoU) support partnerships with financial implications.

Legal Implications

6. The Fire and Rescue National Framework 2018 details a requirement for all fire and rescue services to collaborate with emergency services and other local and national partners to increase the efficiency and effectiveness of the service they provide.

Equality and Diversity Implications

7. New partnerships led or engaged in by the Service are subject to Equality Impact Assessments (EIAs) prior to commencement to ensure accessibility and promote equality and diversity throughout their duration. Existing partnerships have been updated to include EIAs. As the partnerships evolve, the EIAs are reviewed periodically to ensure they are still fit for purpose.

Environmental Implications

8. There are no environmental implications to consider.

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BACKGROUND PAPERS: NONE



Cheshire
Fire & Rescue Service

The Prevention Partnerships Annual Report 2022



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Partnership Management

The Fire and Rescue National Framework (2018) outlines the national requirement for fire and rescue services to work in partnership with a wide range of partners locally and nationally to deliver services and manage community risk via prevention and protection activity.

For many years, working with key partners has proven to be a vital component in delivering prevention objectives and managing community risk. The partnership arrangements in place support the provision of risk reduction services offered including home fire safety, arson reduction, road safety, working with children and young people and improving health and wellbeing.

There are many benefits to working collaboratively with trusted agencies, including maximising the use of limited resources, building capacity, enhancing delivery, sharing critical information and promoting good practice. Working with carefully selected partners, challenges Cheshire Fire and Rescue Service (CFRS, the Service) to work more innovatively and draw upon the expertise of industry professionals. It also creates opportunities to explore different ways of engaging with communities, develop skills and create fresh concepts. Partnerships that consider and promote equality and diversity are also central to eliminating barriers that prevent access to services, information and employment. All new CFRS partnerships are subject to an Equality Impact Assessment (EIA) to ensure accessibility and promote equality and diversity.

Cheshire Fire and Rescue Service defines partnerships in four ways:

Collaboration: A voluntary arrangement providing a forum for cross-agency discussion and information sharing. The Service will have no direct powers or specific responsibilities to achieve outcomes.

Statutory Collaborations: Requirement for co-operation between local partners to agree and deliver national or local priorities set down by statute. The partners are defined and national and local funding is directed towards achieving shared priorities and outcomes.

Joint Delivery: Services are delivered jointly with other organisations. Additional capacity or efficiencies are achieved through partnership working. Responsibilities are documented in service level agreements.

Strategic: Set up to deliver specific, jointly agreed, possibly time-limited outcomes. Aims to better align and streamline ways of working to ensure resources are better allocated. There are usually formal governance arrangements in place. Co-operation is sometimes dependent on member organisations working together voluntarily (non-statutory).

Governance, Monitoring and Evaluation

The Service employs a dedicated Partnerships Coordinator who oversees the Partnership Policy and management arrangements with Prevention teams. Live partnerships are managed through our internal database system, the Cheshire Planning System (CPS). Each partnership record contains; legal agreements, progress updates, associated risk management information, outstanding actions, review and monitoring documentation and is held on record in an accessible format. The system provides a platform that allows partnership managers to easily record and review outputs and outcomes, which is critical to measuring the success of the partnership and providing ongoing resilience to workstreams.

Each partnership is subject to a cyclical review process, which is carried out by the Partnership lead to maintain optimum performance, manage issues and resolve problems as they arise.

Included within this report is an overview of performance of some partnerships during the 2021-2022 financial year, led by the prevention teams including those involving seconded staff, and additional funding.

Governance, Monitoring and Evaluation Updates

The Prevention and Protection Department introduced the Prevention Partnership Board in July 2022 to provide more formal support to partner leads in the monitoring and ongoing governance of prevention partnership and collaboration activity. Membership of the Board includes representatives from across Prevention teams and governance departments such as Information Governance and Legal.

Following heavy involvement with COVID-19 activity within Prevention workstreams, the Board has provided a formal structure to support the re-introduction of collaborative activity. The Board provides the opportunity to discuss the status of the Prevention Partnership toolkit, review and evaluate current activity, consider local and national contexts, new partnership activity and driving forward improvements.

Progress to improve the partnership toolkit utilised by the Department is ongoing and supported by ISO 9001 recommendations. Upcoming improvements will include the introduction of specific tabs within the toolkit to record contact details and lessons learnt, alongside the ability to record different types of collaborative working (data sharing agreements, contracts, light touch collaborations) in different departmental workstreams. A partner feedback form template will be used to invite independent feedback from partner agencies regularly going forward and guidance on a document to support evaluating partnership activity has been created. The Protection team are considering utilising the Partnership toolkit to support their collaborative working activity in the future.

The Partnership Policy will be updated later this year and will reflect the above updates, once implemented.

Partnership Overview and Performance

Early Help and Prevention Partnership

For several years, a seconded member of staff from the Prevention Community Safety team (Family Fire Engagement Officer) has worked in the Early Help and Prevention department at Cheshire West and Chester Local Authority (CWAC). The department offers a wide range of services for families including supporting young people and children with specific risks. Support for victims and perpetrators of domestic abuse, family intervention, youth work and home safety are some of the services utilised. The primary objective of the role is to work with families and individuals in relation to fire prevention, feeding into a wider agenda of improving preventative health and wellbeing and reducing the likelihood of complex issues occurring.

2021-2022 Performance

The Family Fire Engagement Officer supported the family intervention team by completing Safe and Well visits and risk assessments. In total 243 Safe and Well referrals were made during the year.

Referral numbers were similar for Ellesmere Port (90) and Winsford and Northwich (99) but lower in Chester (50). At the time of running the report, of the 243 referrals, 113 referrals were completed, 92 had closed due to the family declining and/or non-engagement and 37 referrals were open whilst the Advocate attempted contact with the family, 3 were out of area. Over the course of the year 134 smoke alarms were fitted by the postholder. Fireproof letter boxes were also installed at 30 properties to help reduce the risk of a fire developing within a property (e.g., due to a threat of arson, Chart 1).

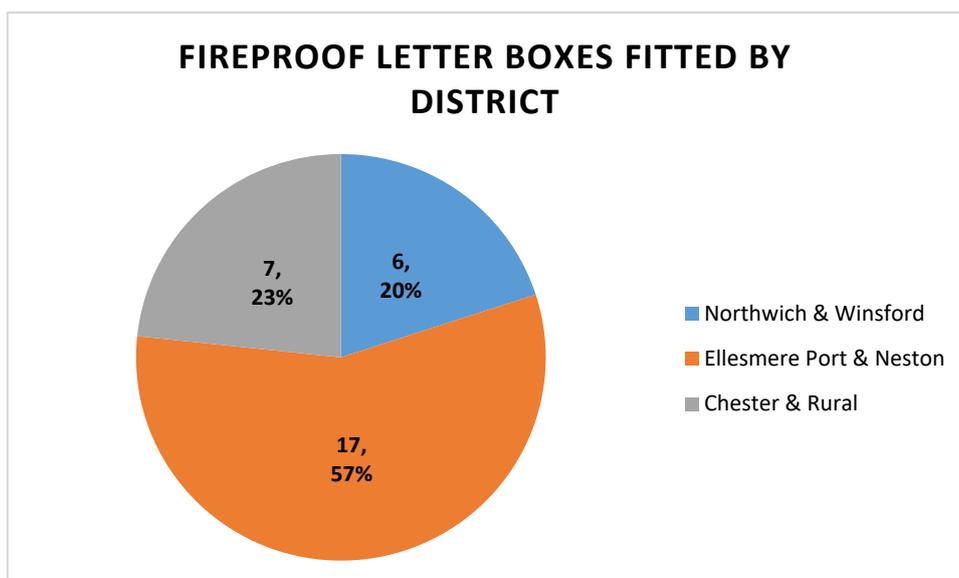


Chart 1: Fireproof Letterbox Data: April 01 2021 – 31 March 2022

Completed Safe and Well visits included 8 properties, which were deemed high risk, and additional risk assessments were completed. These were highlighted due to issues such as significant hoarding or fire setting behaviour.

Outlook

The Family Fire Engagement officer role was established in CWAC in 2015 and is reviewed annually. Cheshire West and Chester Local Authority evolved their reporting in March 2022, introducing a new referral form for Safe and Well visits within their electronic systems. The new form supports the gathering of data related to the risks and hazards posed within properties so overall fire risk can be determined (low, medium, high) and evaluated within the new reporting year. Partnership leads within Cheshire Fire and Rescue Service are supporting the ongoing evaluation of the role prior to its potential renewal in March 2023.

Health and Wellbeing Partnerships through Safe and Well activity

Safe and Well (SAW) visits screen individuals who may be at heightened risk of fire due to several contributory factors. Working with statutory and third sector partners and with householder consent, individuals are also invited to discuss topics related to their health and wellbeing. The service then signposts or refers eligible residents for further support or information in relation to the following:

- falls,
- alcohol and smoking cessation,
- loneliness and social isolation,
- affordable warmth,
- atrial fibrillation
- high blood pressure.

2021-2022 Performance

Safe and well visits recommenced in March 2022 following a period of amended delivery due to the COVID-19 pandemic. During the 2021-2022 financial year, 74 referrals were made to partner organisations (see table one below) for further support for residents, with 448 residents screened for loneliness and social isolation (268) or atrial fibrillation (180).

	Cheshire East	Cheshire West and Chester	Halton	Warrington	Total Referrals
Falls Referral	6	4	10	12	32
Smoking Referral	1	1	1	2	5
Alcohol Referral	0	0	0	1	1
Affordable Warmth Referral	2	2	8	3	15
Atrial Fibrillation Referral	1	0	0	12	13
BP Signposts	0	0	0	0	0
Loneliness Referral	2	0	5	1	8
Total Referrals	12	7	24	31	74
Visits Completed	3642	3834	1760	2247	11484

Table 1: Safe and Well Referrals: 2021-2022

Outlook

In April 2022, Safe and Well delivery resumed in accordance with Business-as-Usual activity following the COVID-19 pandemic. All workstreams of the visit were re-introduced, from 1st April 2022 to 30th September 2022, 214 referrals have occurred to partner organisations to offer onward support to residents.

The Service commissioned an evaluation report led by Dr Julian Clarke of Edge Hill University to review the impact and effectiveness of the Blood Pressure testing partnership with health.

The research used public value methodology to evaluate the outputs and outcomes of the partnership and considered four main areas:

- Strategic adaptability
- Capacity for innovation
- Understanding views of stakeholders and staff
- Outputs and Outcomes (including cost benefits).

The report concluded that the blood pressure testing has been an important addition to the Safe and Well programme and was a worthwhile use of Service resources. The research showed real and tangible savings and cost benefits for householders and health partners and contributed to broader health agenda pan-Cheshire. The research also suggested some areas for improvement to further strengthen the work. This included training for new staff and performance management recommendations.

Blood pressure and atrial fibrillation work will be temporarily paused whilst new equipment and further training is rolled out to staff in line with recent structural and policy changes within health.

Discussions with an integral Safe and Well partner, Energy Projects Plus (EPP) confirmed they have capacity to support an increase in affordable warmth referrals from the Service over the Winter Period. This is following a successful bid EPP sourced earlier this year from the Energy Saving Trust for additional resource. The successful application was supported by Cheshire Fire and Rescue Service and provides two years funding for a “Warm and Well” programme, raising awareness and providing new dedicated support to help residents with the “Cost of Living” Crisis.

The programme aims to support residents in reducing their energy demand, access financial support, understand and manage fuel bills and participate in the energy market when competitive tariffs recommence. Energy Projects plus is committed to supporting households across Cheshire with telephone and face -to-face advice and casework support, also training frontline and community staff, delivering home visits, and creating regional forums to increase collaborative approaches to tackling the fuel crisis.

Supporting the Community through the Covid-19 pandemic

In March 2020, the Service made a commitment to support third sector and statutory partners throughout the pandemic by helping them to provide essential items, health care provision, welfare support and education supplies to support community continuity and prevent crisis.

In February 2021, The Service further enhanced its offer to health partners, via the provision of firefighters and fire staff to support co-ordination and vaccination at COVID-19 vaccination clinics.

The Community Safety team also supported the continuation of elective surgery at hospitals within the region from September 2020 by delivering COVID-19 swab tests to patients' homes for completion, prior to returning them to hospital laboratories for testing before the patient attended hospital for surgery. Prevention Department volunteers also supported this workstream by driving NHS staff to patients' homes to complete the swab and returning the staff member to the hospital.

2021-2022 Performance

The central COVID-19 Community Support Management Team (CSMT) continued to manage requests from partners relating to support the Service could offer. Within the team, Single Points of Contacts (SPOCS) were appointed aligned to specific workstreams and managed requests based on this.

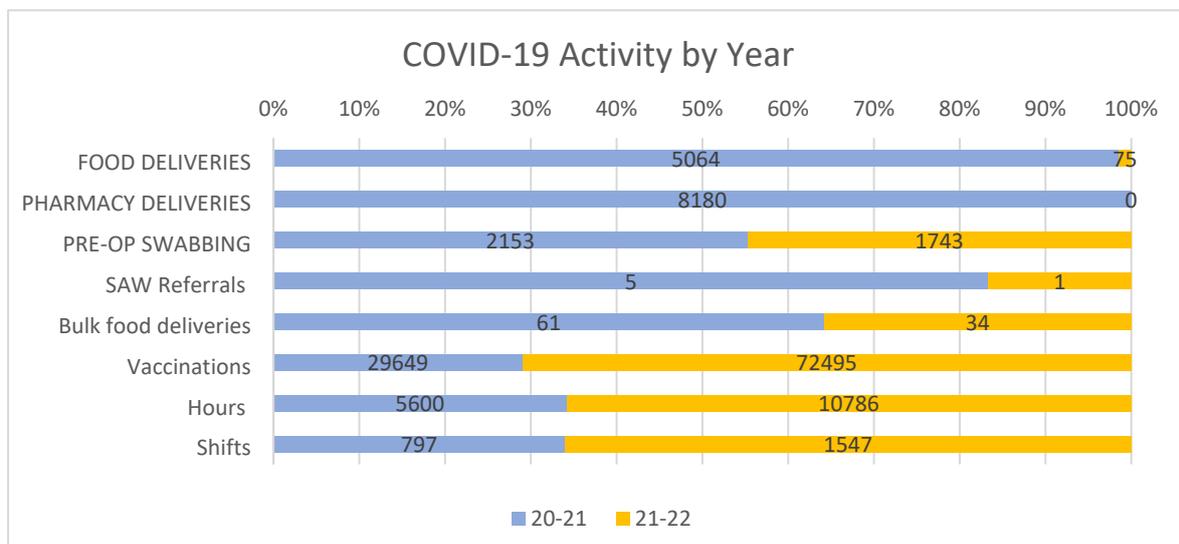


Chart two: COVID-19 activity by year

Chart two above shows the trend change in community support requests as the Service moved through the pandemic, 2020-2021 saw heavy involvement in initiatives to help keep people safe and at home, whereas 2021-2022 saw the Service support more preventative health activities to help control the spread of COVID-19, and maintain community and business resilience.

Requests mirrored the pandemics course nationally with requests from health partners becoming more frequent than requests from local authorities and third sector organisations.

During the year, The Service contributed the following resilience to partner organisations (table 2):

Workstream Support	Activity totals:
Food Deliveries	109
Pre-Operative COVID-19 testing	1,743
Welfare packs to Veterans	18
Vaccination Support	
	Activity totals:
Number of Hours	10,786
Number of Shifts	1,547
Number of Vaccinations	72,384

Table two: Overview of 2021-22 COVID-19 support

Outlook

All Covid community support, aided by the Service ceased as of 31st March 2022. The Service commissioned an evaluation report led by Dr Julian Clarke of Edge Hill University to review the response provided by CFRS during the pandemic.

The research comprised qualitative research and interviews with Cheshire FRS staff delivering the work, partner agencies and analysis of CFRS data. It also comprised quantitative research looking at CFRS data.

In particular, the research and evaluation work examined:

- Strategic adaptability
- Capacity for innovation
- Understanding views of local authority and health managers and Cheshire FRS staff
- Outputs and Outcomes (including social value)

Recommendations related to prevention partnership activity were given within the report and include the following:

1. If support work is to be offered in future emergencies using the pandemic model, critical reflection should take in a review of the working of the structure developed to underpin community support work.
2. A review should occur to look at the recording of outputs, how they are done and by whom. The Service should examine how collaborative responsibility and action on the recording of information can be made more effective.
3. Introduction of a planning function to support not just short-lived emergencies but long terms ones which may impact all Cheshire communities should be considered.

4. It would be useful to review different partnership arrangements in the four local authority areas and determine what accounted for the variation in work requested and undertaken.
5. There would be value in a Prevention Department day/half day conference with all prevention staff invited to discuss the issues and discuss how to take forward collaborations and learning from partner and community engagement

Analysis of how to take these recommendations will be taken forward is currently being considered by the Prevention and Protection Department management team.

Safety Central Collaborations:

Warrington and Halton Teaching Hospitals NHS Foundation Trust

The trust utilised Safety Central's First Aid/Quiet Room to hold antenatal appointments for expectant women living in the Lymm area and work with Safety Central to support accident prevention education to expectant parent's.

2020-2021 Performance:

The trust previously utilised Safety Central's First Aid/Quiet Room as part of a trial to confirm its appropriateness for antenatal appointments. The room was well used by the midwives and expectant parents. The work was paused whilst formal governance arrangements were put in place to support the longevity of the collaboration and the clinic will recommence shortly.

It is hoped that the NHS trust and Safety Central staff can collaborate to support accident prevention education to expectant parent's and relevant documentation is being put together to support this.

Scottish Power Energy Networks

SP Energy Networks provided Safety Central with a mock substation to demonstrate the dangers of entering compounds, and overhead cables in the centre's countryside area. These simulations are used in a number of safety and life skills programmes at the centre.

The company also provides a monetary donation each year to Safety Central, to support the running and development of the volunteer ranger programme.

This supports both safety education locally and supports SPENS OFGEM obligations to actively support community development and the promotion of public safety.

2020-2021 Performance:

SPEN continue to support the promotion of public safety at the Centre. Governance documentation is currently being renewed to support the continuity of the Volunteer Ranger programme.

Current Work streams

Prevention staff are currently working with a range of organisations to support and enhance the safety of the community.

The Service works with many different organisations daily, although these do not always warrant full partnership documentation as detailed in the policy.

Following the COVID-19 pandemic, Partnership Leads are currently working to review and update the governance arrangements around some of their “business as usual” partnership activity, which paused whilst the Service focused its efforts on community resilience to the COVID-19 virus. The Partnership Co-ordinator and Partnership Leads constantly look to improve partnership activity via enhancements in the quality of recording, feedback from partner agencies and improvements identified via external auditing agencies such as NQA (ISO9001 accreditation) and His Majesties Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS).

In addition to this the Prevention Community Safety team are exploring a preliminary collaboration relating to modernising the way we use data to inform and stratify fire risk.

This work is ongoing with colleagues from Merseyside Fire and Rescue Service and the “Combined Intelligence for Population Health Action” (CIPHA) programme, an NHS funded regional business intelligence platform within Cheshire and Merseyside with information from all parts of the care system (acute trusts, GP practices, community trusts, mental health trusts, local authorities and emergency services) providing consistent outputs (at least daily where required) to care organisations.

The collaboration will look to provide “real time” health fire risk stratification scores related to unique property reference numbers (UPRN) within East and West Cheshire, Halton and Warrington with data updated at least quarterly. The working group is currently awaiting the finalisation of the Data Sharing Agreement and is taking steps to perform pilot activities within certain areas, whilst also ensuring that the system aligns with other risk stratification processes in use by The Service.

The Prevention Community Safety team have also attended an exploratory Cheshire Hoarding Improvement Consortium event which looks to replicate learning from Merseyside, in Cheshire. The Consortium aims to support and improve outcomes for people with hoarding tendencies by reducing associated stigma, enabling group support sessions that encourage mutual aid and motivational change and encouraging multi-agency service improvements and evaluations. The

Consortium was attended by individuals with hoarding tendencies, local housing associations, local authorities, health agencies and fire service representatives who were challenged to take forward the learning from other areas and implement it within Cheshire.

The Community Safety team are also in regular contact with Local Authorities to explore how The Service can support the “Cost of Living” crisis, talks are currently ongoing relating to the distribution of Winter Warmth packs, the use of Safe and Well visits to promote the flu jab to over 65’s and offer an onward referral to Energy Projects Plus and the use of data to support those most vulnerable to the cold during the winter period.

The Service is also a member of boards such as the CWAC Domestic Abuse Partnership, Cheshire Anti-Slavery Partnership and the Cheshire and Merseyside No More Suicide Board. The Service aims to work closely with other member organisations and collaborate on any specific areas of work from these partnerships, which can enhance the offer to the communities of Cheshire.

ELECTED MEMBER MONITORING TABLE 2022-23

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	LS	Q2 Performance Report	LS	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/ ST	Q2 Programme Report	SW/ ST	Q3 Programme Report
4	NG	UPG Annual Report 2021-22	PV/ CA	Q1 Internal Audit Report	PV/ CA	Q2 Internal Audit Report	PV/ CA	Q3 Internal Audit Report
5	JC/ SB	Annual Training Performance Report	BE	Annual Equality Monitoring Report	SB/ S. Hulse	Annual Health, Safety and Wellbeing Report	SMc/ AG	Annual Bonfire Report
6	SMc/SB	Safeguarding Children, Young People and Adults Annual Report 2021-22	LS/ HC	Safety Central Annual Report	RS	Annual Road Safety Report	MS	Equality Monitoring – 6 Monthly Update
7	LS	Annual Prosecutions Report (defer to 07.09.22)	LS	Annual Prosecutions Report	RS	Interim Bonfire Report	LW/ CA	Progress Update on Internal Audit Recommendations (half yearly update) (Removed from P&O, now reports to Audit Committee)

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Agenda Item 9

ELECTED MEMBER MONITORING TABLE 2022-23

8	LW/ CA	Annual Risk Management Report 2021-22	LS/ JM	Annual Partnership Report (defer to 23.11.22)	SMc	On the Streets Project – Annual Report	NMcE/ PH	Environment & Climate Change – Annual Report
9	LS/ JM	Annual Partnerships Report (defer to 07.09.22)	NMcE / PH	Environment & Climate Change – 6 Monthly Update	LH	Annual Mental Health Report	SMc	On the Streets Project – Annual Report
10	SB/ TB/ AL	NWFC Performance Annual Report – Call Handling	SB/ TB/ AL	NWFC Performance Annual Report – Call Handling	SMc	Annual Partnerships Report		
11	LH	Mental Health Report Six Month Review			AC	HMICFRS Update		
12	AW	HMICFRS 2021 Inspection Report New Action Plan						
NOTES	Standing Items: Items 1 and 2 Annual Items: Items 3,4 ,5, 6,7,8,9 and 10		Standing Items: Items 1,2,3 and 4 Annual Items: Items 5,6, 10		Standing Items: Items 1,2,3 and 4 Annual Items: Items 5,6,7,8 and 9		Standing Items: Items 1,2,3 and 4 Annual Items: Items 5 and 8	

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