



**Wednesday, 22 November
2023
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, 22 NOVEMBER 2023

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 20th September 2023.

ITEMS REQUIRING DISCUSSION/DECISION

2 Finance Report - Quarter 2, 2023-24

(Pages 15 - 24)

3 Programme Report - Quarter 2, 2023-24

(Pages 25 - 60)

4 Performance Report - Quarter 2, 2023-24

(Pages 61 - 84)

5 HMICFRS 2023 Inspection Action Plan

(Pages 85 - 92)

6 Update on HMICFRS Values and Culture Report Recommendations

(Pages 93 - 104)

7 Health and Safety Annual Report 2022-23

(Pages 105 -
116)

8 Mental Health Annual Report 2022-2023

(Pages 117 -
124)

9 Partnerships Annual Report 2022-2023

(Pages 125 -

10 Interim Bonfire Report

136)
(Verbal Report)

11 Forward Work Programme

(Pages 137 -
138)

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, 20 September 2023 at Lecture Theatre - Training Centre, Sadler
Road, Winsford, Cheshire CW7 2FQ at 10.00 am**

PRESENT: Councillors Phil Harris (Chair), John Bird, Steve Collings, Razia Daniels, Nick Mannion, Rob Polhill (Substitute), Margaret Simon, 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 Councillors Peter Wheeler (Substitute Rob Polhill) and Norman Wright.

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 12th July 2023, be confirmed as a correct record.

2 FINANCE REPORT, QUARTER 1, 2023-24

The Treasurer introduced the report, which provided Members with an overview of the Service's forecast revenue financial outturn at the end of Quarter 1, 2023-24 and information about progress against the capital programme.

He drew Members' attention to the Forecast Revenue Spending with the overall position at the end of Quarter 1 forecasting an overspend of £378k. The overspend was largely due to the grey book pay award, 6% had been included in the budget with the actual pay award being 7%. It was also noted that the green book pay award was not yet agreed, however, 5% was included in the budget.

The Treasurer advised Members that the position would continue to be monitored and every effort would be made to reduce the overspend utilising existing budgets.

The Treasurer informed Members that the recent rise in interest rates had increased the estimated income receivable from cash balances and that the additional income would be used to offset the capital programme costs.

The Treasurer referred Members to the section on Treasury Management Activities. The updated Chartered Institute of Public Finance and Accountancy (CIPFA) Code of Practice for Treasury Management recommends that Members are updated on treasury management activities at least quarterly.

He confirmed that the Authority's investments were with Santander, Aberdeen Liquidity Money Market Fund and NatWest, all of which were used regularly to manage day to day cashflows.

The Treasurer reassured Members that there had been no instances of non-compliance with approved Annual Investment Strategy limits during the year.

RESOLVED: That

[1] the Finance Report – Quarter 1, 2023-24 be noted.

3 PERFORMANCE REPORT, QUARTER 1, 2023-24

The Group Manager for Organisational Performance and Planning introduced the report, which provided an update on the Service's Quarter 1, 2023-24 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 Group Manager focussed on the KPIs where targets had not been achieved, providing further context:

- The figure for the number of Deaths in Primary Fires was 3 for Quarter 1. Two deaths were accidental, caused by smoking materials. The third incident was awaiting a determination at HM Coroner's Court. Smoking continues to be the leading cause of fire related deaths in Cheshire during the last five years.
- The number of Deliberate Secondary Fires, was 272 incidents against a target of 237 for Quarter 1. The highest number of incidents had been in Runcorn, Widnes and Warrington, accounting for 54% of all incidents;
- The number of Safe and Well visits was 5942 visits against a target of 6250. It was noted that this was an ambitious target and the number that had been completed was well above the national average.
- The figure for Fires in Non-Domestic Premises was 52 against a target of 37. 12 of the incidents were minor fires within prisons;
- The figure for Automatic Fire Alarms in Non-Domestic Premises was at 119 against a target of 106. The largest increases had occurred in care homes

and student halls of residence;

- The percentage of alarm activations not attended was 78%, which shows that the call challenging approach at North West Fire Control is working;
- The Risk Based Inspection Programme figure was 288 against a target of 310 for Quarter 1. The shortfall is within Cheshire East and resource from other offices would be re-distributed in the coming months to enable the target across all Service areas to be met; and
- The On-Call Fire Engine Availability was at 50% in Quarter 1 against a target of 85%.

A Member questioned the approach to call challenging for Automatic Fire Alarms in Non-Domestic Premises. The Chief Fire Officer outlined that this was a decision made a number of years ago, by the Fire Authority, to reduce the number of times fire engines were mobilising to false alarms. He stated that this approach was only used for commercial premises where there was no one sleeping on the premises.

A Member asked if the decision by the Police to no longer attend mental health calls would affect the Service. The Deputy Chief Fire Officer advised that multi agency meetings were taking place nationally where this was being discussed and there was not a requirement for Fire Services to be involved at this stage.

RESOLVED: That

[1] the Performance Report – Quarter 1, 2023-24 be noted.

4 PROGRAMME REPORT, QUARTER 1, 2023-24

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

- The Station Modernisation Programme is now moving forward and the plans and budget for Congleton had been agreed. The next stage of the modernisation programme would be presented to Members at the Fire Authority Meeting in September.
- The Microsoft 365 Implementation, the funding for Phase 6 is now in place and Phase 7, would commence shortly.
- The International Search And Rescue Team (ISAR) Review had been carried out, however this report had been on hold since April 2023 due to the recent deployments to Turkey and Morocco.
- The Welfare/Contaminants Unit Project was now in the driver training stage.

- Reduction In False Alarms In Domestic Premises had been added as a new project. 40 repeat offenders had been identified so far and they would receive guidance to reduce the number of false alarms.
- The Road Safety Strategy Plan for Cheshire was now progressing. The external company had now been appointed by the Cheshire Road Safety Group and work on the plan would commence shortly.

A Member requested an update on the Road Safety Strategy Plan for Cheshire at a future Members' Planning Day. The Chief Fire Officer confirmed that once the Road Safety Strategy Plan is available it would be presented to a future Members' Planning Day.

RESOLVED: That

[1] the Programme Report – Quarter 1 2023-24 be noted.

5 EQUALITY, DIVERSITY AND INCLUSION ANNUAL REPORT 2022-23

The Equality Diversity and Inclusion Officer introduced the report, which provided a summary of key issues covered in the Service's Equality, Diversity and Inclusion Annual Report 2022-23. She referred Members to the progress made and plans for the coming year

- the Service developed a Wider Horizons development package for non-operational colleagues, in response to feedback from fire staff and HMICFRS recommendations;
- the Service had seen a slight increase in representation of women amongst its staff in the year 2022-23. Furthermore, in the next two cohorts of new recruits women would outnumber men for the first time ever; and
- positive action activity to support underrepresented groups through the recruitment process attracted 60 people to taster days held at the Training Centre.

The Equality Diversity and Inclusion Officer outlined there was an opportunity for the next EDI strategy to be developed in tandem with the new Community Risk Management Plan (CRMP) for 2024-28. The aim would be that the EDI objectives directly support the delivery of CRMP projects, particularly those relating to prevention, protection and workplace culture.

A Member questioned if the Service recorded if the new recruits came from disadvantaged communities. The Equality Diversity and Inclusion Officer stated that 3 from the current cohort had attended one of the positive action events for underrepresented groups.

RESOLVED: That

- [1] the Equality, Diversity and Inclusion Annual Report 2022-23 be noted.**

6 SAFETY CENTRAL ANNUAL REPORT 2022-23

The Safety Central Manager introduced the report, which presented a review of the performance of Safety Central between 1st April 2022 and 31st March 2023.

The Safety Central Manager outlined the changes to the staffing team and the engagement of the volunteers throughout the year. 21 volunteers had been retained giving a total of 2,339 hours to the centre. A priority for 2023 was the recruitment of further volunteers.

She explained that due to receiving feedback from the rangers about the reduced attention span of school groups following lockdown, they would focus on year 2 and year 5 students.

A focus group with high school teachers was formed to encourage high school take up at the centre. The Manager was considering running themed visits for high schools, topics could include county lines drug gangs and water safety.

The Safety Central Manager highlighted the increased cost of coach travel impacting school visits especially from Cheshire East. The centre had submitted a joint bid to Gas Safe Charity for £16,500 towards coach travel for 2023 - 2024. This will enable the centre to support schools especially in higher risk areas and schools that had never visited Safety Central before.

A Member asked if the centre had approached the governor's conference as a way to reach more schools. The Safety Central Manager advised Members that it was an excellent opportunity and she would make enquires.

RESOLVED: That

- [1] the Safety Central Annual Report 2022-23 be noted.**

7 'ON THE STREETS' YOUTH WORK ANNUAL REPORT 2022 - 23

The Youth Engagement Manager introduced the report, which provided a summary of the work that the On the Streets team had completed between April 2022 and March 2023.

The Youth Engagement Manager advised Members that the On the Streets provision is 'detached' youth work. It is delivered in places where young people congregate, working with them in an area they were most comfortable. This could be on streets or estates where they live, waste ground, open spaces, shopping areas, cafes etc.

The aim of the On the Streets programme is to mitigate anti-social behaviour and deliberate fire setting through engaging with young people in areas of identified need and areas at highest risk from these activities. The On the Streets team, work to develop activities and facilitate positive links between young people and others in their community.

She advised Members that 4 Youth Work Staff were employed to carry out the work, 3 working 9 hours per week and 1 working 11 hours. Working in teams of 2 this posed a challenge when staff absence occurred through illness or leave.

A Member asked how they decided on the areas to target. The Youth Engagement Manager commented that they used information from a wide variety of sources, for example the joint Business Intelligence Team, Police Notification Reports, Station Managers, the Road Safety and Deliberate Fire Reduction Manager and fire crews.

RESOLVED: That

[1] the 'On The Streets' Youth Work Annual Report 2022-23 be noted.

8 NORTH WEST FIRE CONTROL ANNUAL REPORT 2022-23

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 2022 to 31st March 2023.

He summarised the Call Handling Performance and highlighted the Calls Challenged, where a fire engine was not mobilised was 43.25%. This enabled the crews to be used on other jobs and reduced the cost of false alarm calls.

The Station Manager advised that the percentage of calls answered within 10 seconds dropped between Quarters 2 and 4 where a dip in performance below 90% was observed. This was due to a change in the telephone systems which led to the data being recorded differently. This was now rectified.

The Station Manager outlined the new technology that was being utilised by NWFC to improve the mobilising performance and he advised that a new Computer Aided Dispatch system was to be procured.

RESOLVED: That

[1] the North West Fire Control Annual Report 2022-23 be noted.

9 NATIONAL FIRE CHIEF'S COUNCIL FIRE STANDARDS COMPLIANCE

The Group Manager for Organisational Performance and Planning introduced the report, which provided an update on the Service's current compliance and progress in implementing the National Fire Chief's Council (NFCC) Fire Standards.

He advised Members that there were sixteen fire standards that had been published to date, each with individual desired outcomes. The NFCC had released an implementation tool with each standard and a set of criteria with tasks to action and measure compliance against.

A further report will be presented to members at the March 2024 meeting of Performance and Overview Committee providing an update on progress.

RESOLVED: That

[1] the National Fire Chief's Council Fire Standards Compliance Report be noted.

10 FORWARD WORK PROGRAMME 2023-24

The table included those items that had been identified/agreed to date. It was agreed to add the Fire Standards Implementation Six Month Review to the March Performance and Overview Committee Meeting.

RESOLVED: That

[1] the Fire Standards Implementation Six Month Review to be added to the forward plan for the March 2024 Performance and Overview Committee Meeting; and

[2] the Forward Work Plan 2023-24 be noted.

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CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 22ND NOVEMBER 2023
REPORT OF: TREASURER
AUTHOR: PAUL VAUGHAN

SUBJECT: FINANCE REPORT – QUARTER 2, 2023-24

Purpose of report

1. The report provides an overview of the Service's forecast revenue financial outturn at the end of Quarter 2 2023-24 and an update on progress against the capital programme.

Recommended: That Members

[1] note the forecast outturn position.

Background

2. On 15th February 2023, the Authority approved the 2023-24 revenue budget of £51.7m and a capital budget of £9.6m.

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 may be found in Appendix 1. As can be seen from the Table, at the end of Quarter 2 there is an anticipated overspend of £458k (at the end of Quarter 1 the estimated overspend was £378k). The position will continue to be monitored and every effort will be made to meet the overspend from existing budgets.

Table 1 - Summary for Quarter 2 2023-24	Original Budget	Forecast Outturn	Variance
	£000	£000	£000
Firefighting and Rescue Operations	32,029	32,335	306
Protection	2,042	2,042	-
Prevention	2,694	2,730	36
Support Services	11,906	12,022	116
Unitary Performance Groups	40	40	-
Centrally held costs & contingencies	128	118	(10)
Pay and Pension costs	562	562	-
Capital Financing (incl. investment income)	1,405	1,105	(300)
S.31 Grants	(2,104)	(2,104)	-
Corporate Finance Resources			
- Contribution to / from capital reserves	3,042	3,352	310
Net Revenue Position	51,744	52,202	458
Funding	(51,744)	(51,744)	-
Total (under)/overspend	-	458	458

4. At the time the 2023-24 budget was set by the Authority, the Grey Book (operational staff) pay award for 2022-23 had not been settled. The 2023-24 budget included an estimated 6% to cover the impact of the settlement, but the actual settlement was 7%. This means that there is a budget pressure of an estimated £290k in 2023-24 and the impact of this is included in Table 1 and Appendix 1. No additional funding has been made available to the Authority to cover any additional costs arising from the pay award.
5. This additional impact of the 2022-23 pay award will be built into the 2024-25 budget.
6. The 2023-24 budget included an allowance for a 5% pay award for all staff. The Grey Book award has been agreed at 5% from July 2023. The Green Book (non-operational staff) pay award for 2023-24 has now been agreed, at an average increase of around 6% (backdated to 1st April 2023). This will cost an estimated additional unbudgeted £65k. This potential overspend is not included in the forecast at this stage, but as soon as agreement has been reached the full estimated impact will be reported to the Committee.

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. The overspend reported reflects the impact of the Grey Book pay award for 2022-23 (see paragraph 4 above). There is a potential underspend of £600k relating to on call pay, but this will offset a likely underachievement of the vacancy provision built into the Authority's budgets. The original budget also included £354k additional expenditure relating to cardiac response which it was hoped would commence in 2023-24. This expenditure was anticipated to be funded from reserves, so that funding will not now be necessary in 2023-24.
8. Operational Policy and Assurance is projecting a slight overspend, which is mainly due to additional expenditure of £49k on North West Fire Control. This is offset by a £31k saving on the Gartan staffing system, mainly because a planned upgrade project being deferred pending the results of a broader systems review.
9. Protection is projected to spend close to budget. Members will be aware of the ongoing prosecution case involving Beechmere. The Authority holds an earmarked reserve to which it allocates awards of costs by the Court. It is planned to use this reserve to fund the prosecution costs of the Beechmere case as far as possible.
10. Members will be aware that due to staffing issues Prevention underspent against its budget in 2022-23. A review of the team is being undertaken but it is too early to fully estimate the impact of the review and the projection at this stage is that spend will be close to budget.
11. During 2023-24 staff vacancies in the Prince's Trust team have led to a reduction in courses run in Crewe. In addition, the costs of minibus hire for Prince's Trust courses have increased significantly, leading to an estimated overspend of £458k. This is offset by income from Respect courses.
12. Support Services comprise the departments that support the work of the operational teams. Support Services are forecasting an overspend of £116k. The main reasons for this are covered in the following paragraphs.
13. Members will be aware of the ongoing reviews of services being delivered jointly with the Police under the Blue Light Collaboration arrangements. The results of the reviews in 2023-24 have so far led to the disaggregation of Planning and Performance, Strategic Change, Information Management and Finance. This follows the successful disaggregation of Communications and People and Organisational Development last year. To date the moves have not incurred significant costs, but some relating to Finance are reported below in paragraph 17. As services delivered from Sadler Road increase there will be some

financial impact as a result of the remodelling of the building. The details of this are still being considered and proposals will be reported to Members as soon as possible. Ongoing budgets for running the services are also being considered, and it is likely that Finance and Information Management will incur additional costs. The impact of this will be considered as part of the budget proposals for 2024-25.

14. The anticipated overspend on Executive Management is as a result of exit costs and some back pay cost, offset by the deletion of the Director of Transformation post.
15. In relation to Communications and Engagement, Members will be aware that the Authority undertook a pre-consultation exercise in addition to the usual consultation on the Community Risk Management Plan for 2024-28. The extensive involvement of the Consultation Institute to help ensure that the processes around consultation are robust has led to an overspend of around £30k.
16. A new valuation list came into effect for business rates in April 2023. The full impact of this on the Authority will be assessed by external consultants with a view to challenge if appropriate. The Authority continues to benefit from underspending on business and water rates already agreed at Sadler Road, leading to an underspend on Property Management.
17. The overspend in Finance is as a result of additional costs associated with the move to Sadler Road and the transition from the existing management structure to the new Head of Finance. It is possible that some of these costs will be met from reserves.
18. The impact of additional software and administration charges in respect of the McCloud remedies is estimated to be around £94k which will be met from reserves.
19. In respect of Corporate Finance Costs, the recent increase in interest rates has increased the estimated income receivable from cash balances. Members will be aware that such additional income is used to offset the revenue cost of supporting the capital programme. Because the Authority only has fixed rate loans, there is no estimated increase of interest payable this year. However increased interest rates will make borrowing in the future to support the capital programme more expensive.

Reserves

20. Table 2 below shows the level of revenue reserves held by the Authority on 1st April 2023 and 31st October 2023. Reserve levels are regularly reviewed in detail by the Service Leadership Team, and the results of reviews undertaken this year have identified that some Resource Centre Manager reserves (earmarked reserves designed to support a variety of activities across the Authority) are no longer needed at the level at which previous estimates have indicated. Where this is the case, surplus amounts have been transferred to the Capital Reserve, which will be used to support the funding of the Authority's capital programme (it has increased by just over £1m).
21. Budgeted reserve movements for the year are shown in Appendix 2. Transfers relating to one-off items shown in the Appendix will be undertaken as they become necessary to match expenditure, and movements to and from capital reserves will be undertaken at year end. Movements from capital reserve will be used to fund capital expenditure not funded from borrowing and the amount will be determined when the actual spend on the capital programme is known. No movements relating to these are included in Table 2.
22. Also shown on Appendix 2, is a list of further anticipated movements for 2023-24 which will be actioned as necessary. No movements relating to these are included in Table 2.

Table 2 - Reserve balances	At 1 Apr 2023 £000	At 31 Oct 2023 £000
General Fund	1,926	1,926
Resource Centre Managers	7,778	6,913
Community Risk Reductions	366	186
Unitary Performance Groups	286	318
Capital Reserve	14,233	15,246
Total	24,589	24,589

Capital Programme

23. At the end of September 2023, the Authority's approved capital programme is £27.733m with a forecast outturn spend of £27.796m, an overspend of £0.063m. Details of all the capital schemes are shown in Appendix 3.
24. The new fire station at Crewe is nearing completion, with the operational crews moving back in during November 2023.
25. Members will be aware that under the Fire Station Modernisation Programme work is ongoing at Congleton Fire Station with an anticipated completion date at the end of January 2024. The Fire Authority recently approved schemes at Macclesfield and Wilmslow Fire Stations, and it is anticipated that these schemes will commence before the end of the financial year. Scoping work is now being undertaken on the remaining stations included in the Programme. The estimated cost of the work will be considered in the context of the remaining budget, and reports will be brought to Members offering options for the funding of the next of the Programme.
26. Consideration continues to be given to the fire stations at Warrington and Ellesmere port. No detailed plans have yet been developed, and funding for potential schemes has not yet been identified.
27. Both the 2022-23 and 2023-24 fire appliance replacement projects (three each year) are expected to overspend as a result of increased costs. These cost increases will be considered in developing the capital programme budget for 2024-25, which will also consider the need for new appliances in the context of the Fleet Strategy.

Treasury Management activities

28. The Authority's Treasury Management Strategy requires a mid-year report on treasury activity. This report is on the agenda for the Authority meeting in December.

Financial implications

29. This report considers financial matters.

Legal Implications

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

Equality and diversity implications

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

Environmental implications

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

BACKGROUND PAPERS: NONE

**CONTACT: KIRSTY JENNINGS, GOVERNANCE OFFICER
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Appendix 1

CHESHIRE FIRE AUTHORITY QUARTER 2 2023-24

	Original Budget £000	Forecast Outturn £000	Variance £000
Firefighting and rescue operations			
Service Delivery	26,341	26,631	290
Operational Policy and Assurance	5,688	5,704	16
Protection	2,042	2,042	-
Prevention			
Community Safety	2,187	2,223	36
Safety Centre	507	507	-
Support Services			
Executive Management	980	1,010	30
Service Improvement	800	816	16
Communications and engagement	757	790	33
Property Management	2,121	2,073	(48)
Finance	496	556	60
ICT	2,096	2,096	-
Legal and Democratic Services	592	594	2
People and Development	2,014	2,039	25
Customer Services	106	96	(10)
Procurement and Stores	331	331	-
Fleet services	1,613	1,621	8
Unitary Performance Groups	40	40	-
Corporate Finance costs			
Centrally held costs & contingencies	128	118	(10)
Pay and Pension costs	562	562	-
Capital Financing (incl. investment income)	1,405	1,105	(300)
S.31 Grants	(2,104)	(2,104)	-
Contribution to Capital Reserve	3,042	3,352	310
Total Service Expenditure	51,744	52,202	458
Funding:			
Revenue Support Grant (RSG)	(4,556)	(4,556)	-
Local Business rates Income	(4,488)	(4,488)	-
Business Rate Top Up Grant	(5,288)	(5,288)	-
Council Tax Precept	(34,396)	(34,396)	-
Collection Fund surplus (business rates)	(57)	(57)	-
Collection Fund surplus (council tax)	(203)	(203)	-
Business rates S.31 grant	(2,388)	(2,388)	-
Service Grant Allocation	(368)	(368)	-
Total Funding	(51,744)	(51,744)	-
Forecast net overspend			458

MOVEMENT IN RESERVES 2023-24**Budgeted reserve movements**

		£000
Property Management	Annual contribution Poynton Maintenance	5
Property Management	Invest to save	25
ICT	Annual contribution MDTs	34
Corporate finance resources	Contribution to earmarked capital reserve	3,042
		3,106
One-off transfers from reserves		
Service Delivery	Cardiac Response pilot	(354)
Safety Central	Refreshment and replacement kit / scenes	(110)
Operational Policy and Assurance	Operational Equipment	(49)
Community Safety	Portable Fire Suppression Unit	(29)
		(542)
2023-24 budgeted transfers to / from reserves		2,564

Additional anticipated reserve movements**Movements to reserves.**

Corporate finance resources	Additional investment income to Capital	300
Corporate finance resources	Realign £10k from revenue to capital	10
Service Delivery	Cardiac Response pilot – (not now required)	354
Protection	Protection Uplift Grant	42
Protection	Prosecutions reserve	6
		712

Movements from reserves

Operational Policy and Assurance	Operational Equipment	(5)
People and Development	Pensions issues (McCloud / Matthews)	(94)
People and Development	HPDS - laptop	(1)
Corporate Communications	Staff Survey	(13)
Corporate Communications	Choir	(7)
Property	Year end slippage on projects	(79)
Executive Management	Pension costs	(201)
BLC	BLCX	(3)
Customer Services	Digital sign in	(5)
		(408)
Additional reserve movements		304

CHESHIRE FIRE AUTHORITY CAPITAL QUARTER 2 2023-24

		2023-24 Capital Budget	Total Programme Budget	2023-24 Expenditure to end of Sept23	Total Expenditure to date	Expected Scheme Outturn	Variance
	Description	£000	£000	£000	£000	£000	£000
Prior year schemes:	Crewe Fire Station	3,804	7,375	3,114	6,279	7,375	-
	Fire Station Modernisation Programme	4,000	17,500	225	7,243	17,500	-
	Rapid Response Rescue Units (2020-21)	-	520	-	440	480	(40)
	ICT Review/Server Replacement Programme	-	100	-	-	100	-
	Three New Appliance 2022-23 Programme – 3 vehicles	-	810	545	887	887	77
	Welfare and contaminants unit (2022-23)	-	140	-	-	140	-
2023-24 Schemes	Three New Appliance 2023-24 Programme – 3 vehicles	870	870	-	-	917	47
	Intermediate command support vehicle – modification of existing vehicle.	75	75	-	-	75	-
	Flatbed Sled	15	15	-	-	15	-
	Replacement thermal image cameras.	28	28	7	7	7	(21)
	ICT Review/Server Replacement Prog.	50	50	-	-	50	-
	Fire Houses Refurbishment Programme	250	250	-	-	250	-
In year approvals	None to date						
	Total	9,092	27,733	3,891	14,856	27,796	63

CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 22ND NOVEMBER 2023
REPORT OF: CHIEF FIRE OFFICER AND CHIEF EXECUTIVE
AUTHOR: PETER HAYES / HAZEL MARSH

SUBJECT: PROGRAMME REPORT – QUARTER 2, 2023-24

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 approve the information provided.

Background

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

Information

3. Progress on delivery of the programmes and projects is reported in the form of a quarterly health report to the Service's Performance and Programme Board. The Board is responsible for ensuring the successful delivery of programmes and projects contained in the Authority's annual IRMP action plans.
4. The Programme Health Report for the second quarter of 2023-24 is attached to this report as Appendix 1.
5. The IRMP Project Master Tracker is attached to this report as Appendix 2.
6. Closedown Reports for approval are attached to this report as Appendices 3-4.

Financial Implications

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

Legal Implications

8. 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

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

Environmental Implications

10. 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 2023-24

APPENDIX 2 – IRMP Projects Master Tracker

APPENDIX 3 - Closedown Report 1612 PDR Pro Appraisal Module

APPENDIX 4 - Closedown Report 1606 Wilmslow Transition to DC1



Cheshire

Fire & Rescue Service

2023-2024 Programme Health Report

Quarter 2

Programme Health Report – Status Summary

No.	Project Title	Previous Status	Current Status
1558	Replacement of Crewe Fire Station		
1633	Fire Station Modernisation – Year 3		
1606	Wilmslow Transition to DC1		
1591	Microsoft 365 Implementation		
1613	Service Improvement Review - ISAR		
1616	Fire Cover Review		
1626	CRMP 2024-28 Planning		
1614	Welfare / Contaminants Unit Project		
1615	Intermediate Command Support Vehicle		
1549	High-Rise Sprinkler Campaign – 18/19 additional £144k sprinkler funding offer		
1621	Reduction in false alarms in Domestic Premises		
1568	WSR Road Safety		
1619	Prevention Department Review		
1612	PDRpro Appraisal Automation		
1611	Water Safety Awareness		

Service Improvement

1558 Replacement of Crewe Fire Station			
Programme Sponsor	Head of Service Improvement	Programme Manager	Project Manager
<p>The modernisation of Crewe fire station is nearing its completion date. The move in date is the 1st of November 2023 and this is in line with the programme of works from ISG. Estates and IT teams are briefed and ready for this date and will ensure a seamless transfer of the operational staff to the new fire station before handing the temporary fire station back to ISG for dismantling and removal from the site.</p> <p>Work on the Bungalow to house the community safety teams will continue until the new year and further ground works are still required to be completed.</p>			
1591 Microsoft 365 Implementation			
Programme Sponsor	Head of Service Improvement	Programme Manager	Corporate Programme Manager
<p>Phase 6 – H Drive Removal</p> <p>A date has been set for H drives to be made read only. This will take place throughout week commencing 20th November.</p> <p>Initial comms for H drive removal have been agreed. The Comms team are working on graphics to accompany the messages which are due to go out in late October.</p> <p>Phase 7 – Azure Virtual Desktops (AVD)</p> <p>SLT agreement to fund the ongoing use of AVD was received in August.</p> <p>The AVD solution is now set up and we are currently conducting a 1-month pilot period with operational staff from Bollington, Middlewich, and Nantwich. Once completed, any final tweaks to the system will be made and it will be rolled out across the service. Webmail will no longer be available outside of AVD.</p>			

Skype servers have been decommissioned, so users will no longer be able to use Skype.

The project will enter closedown once Phases 6 and 7 are completed.

A new programme has been created, the 'M365 Adoption Programme', and will feature in the next quarterly update following a kick off meeting in November 2023.

1606 Wilmslow Transition to DC1

Programme Sponsor	Head of Service Delivery	Programme Manager	Corporate Programme Manager
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The Project closedown report has been completed and is included as part of the Quarter 2 Performance and Programme Board pack for sign off.

1633 – Station Modernisation Programme Year 3

Programme Sponsor	Head of Service Delivery	Programme Manager	Corporate Programme Manager
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Year 3 of the modernisation programme is underway at Congleton fire station, with the operational staff now decanted into the temporary accommodation on site and responding to incidents as normal. The station has been cleared of all fixtures, fittings and has had identified areas of asbestos removed and disposed of. Scaffolding works are nearing completion around the external areas of the roof structure, with roofing works due to commence in schedule with the programme. Operational staff are liaising with the Wates site manager on a regular basis and are comfortable in the temporary accommodation.

Approval to proceed for work at Macclesfield and Wilmslow was approved by the CFA in September with work at Macclesfield commencing in October and in the new year for Wilmslow.

1616 Fire Cover Review				
Programme Sponsor	Head of Service Improvement	Programme Manager	Group Manager – Service Improvement	
<p>Scopes 1-3 of the project have been completed during Quarter 2; the proposals resulting from these parts of the review are included within the Draft CRMP 2024-2028 which has now been published for public consultation. This includes proposals to change the way we measure our response times and how we should resource and use a number of our fire engines. To support the consultation process a detailed options document was also produced which outlined how the Fire Cover Review has been completed and the process used to determine the final proposal for consultation.</p> <p>Work has begun on Scope 4 which relates to the location and crewing of our special appliances. SLT were provided with an update on 16th September which generated further areas for analysis to shape the final proposals.</p>				
1626 CRMP 2024-2028 Planning				
Programme Sponsor	Head of Service Improvement	Programme Manager	Group Manager – Service Improvement	
<p>The Service concluded it's extensive pre-consultation activity during Quarter 2 and considered the how the feedback from this process should be used to influence development of the Draft CRMP. This feedback was presented and explored with Members during several planning days to assist in the iterative development of key proposals for the new plan.</p> <p>The Draft CRMP 2024-2028 was completed during September and presented by the Chief Fire Officer during Combined Fire Authority on 27th September. Members approved the publication of the plan for a formal 12-week consultation period to commence on 2nd October.</p>				

Operational Policy Assurance

1613 Service Improvement Review – International Search and Rescue				
Programme Sponsor	Head of Service Improvement	Programme Manager	Service Delivery Manager	
<p>The project has recommenced, and the project manager has met with the working group to continue discussions. The working group have been tasked with considering what additional benefits could be achieved for the communities of Cheshire and what that would look like and are set to present to the project manager at the end of October.</p>				
1614 Welfare/Contaminants Unit Project				
Programme Sponsor	Head of Operational Policy & Assurance	Programme Manager	Station Manager – Operational Support & Risk	
<p>Due to ongoing safety concerns the decision to introduce a smaller 12-person unit has been agreed. This is lighter and shorter in length than the previous vehicle. The unit has a welfare area and seating for 12, has one gender neutral toilet and one lockable changing area at the rear. This unit will still deliver the IRMP objective of improved welfare arrangements.</p> <p>Training for use and towing of the vehicle is planned for early 2024 prior to the commencement of a 12-month trial of the unit in March 2024. This will help ensure the unit delivers value for money and to ensure the unit's capabilities meet operational requirements during large scale incidents.</p> <p>In advance of the trial an electronic feedback form for all staff to complete has been created to allow for detailed evaluation of the unit.</p> <p>A short video to showcase the unit once it is fully operational is all planned to be completed. This will be narrated by a member of the project working group and internally advertised on the Intranet to promote the capabilities of the unit.</p>				

1615 Intermediate Command Support Vehicle			
Programme Sponsor	Head of Operational Policy & Assurance	Programme Manager	Station Manager – Operational Support & Risk
<p>This project is in the process of being closed down and a new project will be created to manage the implementation and introduction of the proposed new ICSV to the Service. Options are currently being discussed as to whether the Service will choose a new vehicle or repurpose an older vehicle.</p> <p>This project has provided a robust research and development position to inform the future project. Agreement is now required by the SLT as to the preferred option. A review of the risks and lessons learnt is being conducted to help shape the new project scope moving forward.</p> <p>The new project will form part of the next CRMP (2024-2028).</p>			

Protection

1549 High Rise Sprinkler Campaign				
Programme Sponsor	Head of Prevention & Protection	Programme Manager	Group Manager - Protection	
<p>The service is awaiting return of a signed agreement in order that funds of 52K can be released to Sanctuary Housing, which has 9 blocks in Chester. Numerous attempts have been made to encourage the return and once funds have been exchanged a media release will be prepared.</p> <p>A media release including a photo opportunity with representatives from Guinness Housing (Waverley Court Project, Cheshire East) and Cheshire Fire is being arranged jointly by the respective Comms teams.</p> <p>Renovations of the Torus Housing block in Warrington are ongoing and the Protection team are in regular communication with the Project team. Completion is scheduled for November 2023.</p>				
1621 Reduction in False Alarms in Domestic Premises				
Programme Sponsor	Head of Prevention & Protection	Programme Manager	Group Manager - Protection	
<p>All areas of the project are progressing and working towards completion by the end of March 2024 as scheduled. Protection audits are being undertaken in premises identified as having 3 or more activations within the previous 12-month period (2022-23).</p> <p>A letter to responsible persons for the premises is currently awaiting sign off by the Area Manager but can then be distributed.</p>				

A number of social media posts are being developed to support the project. These will be posted intermittently throughout the rest of the calendar year to provide an ongoing message.

Protection training to be carried out in December (4th) to provide an update on fire alarm arrangements in Sheltered Housing premises.

Prevention

1568 Road Safety Strategy Plan Cheshire				
Programme Sponsor	Head of Prevention & Protection	Programme Manager	Station Manager – Deliberate Fire Reduction & Road Safety	
<p>Cheshire Road Safety Group (CRSG) have now concluded the procurement process and have agreed that Agilysis can be instructed to develop and produce the road safety strategy for Cheshire. The contract will therefore be signed in November.</p> <p>Sub groups will be developed, and they will work on the various workstreams generated by the development of the strategy.</p> <p>Renewal of the CRSG agreement has been discussed and the chair of CRSG confirmed that a new agreement will be signed via a 12-month extension.</p>				
1619 Prevention Department Review				
Programme Sponsor	Deputy Chief Fire Officer	Programme Manager	Head of Prevention & Protection	
<p>The Prevention Department review remains on schedule as per the milestones. The first iteration of the departmental structure has now been drafted and is due for presentation to SLT on 16/10/2023. The structure has been provisionally costed, but further work will be required to officially Hay Grade the positions and stress test the proposed structure to identify any areas of risk.</p>				

1611 – Raise awareness of water safety				
Programme Sponsor	Head of Protection & Prevention	Programme Manager	Group Manager - Prevention	
<p>It has been agreed that as the Water Safety Group now meets on a regular basis this project can be closed. The Water Safety Group has now become part of BAU activities for the Prevention department.</p> <p>A closedown report will be completed and submitted to the next quarterly review.</p>				

People and Development

1612 PDR Pro Appraisal Automation				
Programme Sponsor	Head of Service Improvement	Programme Manager	Project Business Manager	
<p>The closedown report is contained as part of the performance and programme board pack for sign-off.</p>				

Post Implementation Review Tracker

HMO - 1589	Feb 2024
Floodwater - 1582	Feb 2024
Protection Review - 1554	Feb 2024

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Current Status of IRMP 2020-2024 Projects

Project No	Project Outcome	Status	Department	Dates	Comment
1576	Moved the second fire engine at Ellesmere Port to Powey Lane, enabling a fire engine to be moved from Powey Lane back to Chester.	Completed	Service Delivery	Feb-21	
1586	Reviewed our provision of water for firefighting and introduced a water carrier.	Completed	OPA	May-23	Additional work was carried out in Oct-23.
1582	Reviewed our flood/water response provision across Cheshire to ensure that it meets emerging risks. This included investing in the provision of bespoke flood suits for all non-specialist responders.	Completed	Service Delivery	Apr-22	
1577	Reviewed our Risk-based Inspection Programme for businesses and implement outcomes.	Completed	Protection	Jul-23	Working Group set up in Oct-24 to review the programme for the next iteration.
1549	Expanded our Sprinklers Save Lives campaign, promoting the use of sprinklers in businesses and high-rise residential properties.	Completed	Protection	Oct-23	
No CPS Record	Changed our approach to how we manage heritage risks and introduced a dedicated officer.	Completed	Protection		
1589	Launched a Cheshire-wide campaign aimed at owners and occupiers of houses of multiple occupation (HMO).	Completed	Protection	Mar-22	
1587	Replaced the aerial appliance and a fire engine at Macclesfield with a high reach extendable turret (HRET) fire engine.	Completed	OPA	Mar-23	Project was initially closed down May-22 but reopened Sept-22.
1578	Provided Rapid Response Rescue Units (RRRUs) on all of our primary on-call fire stations.	Completed	Service Delivery	Sep-23	
1588	Developed a new, specialist wildfire capability.	Completed	OPA	Jun-23	
1579	Extended Safe and Well home visits to a broader range of people at risk.	Completed	Prevention	Nov-22	
1606	We will introduce a day crewing system at Wilmslow in April 2023 following the purchase of nine houses for the firefighters who will provide 24/7 cover.	Completed	Service Delivery	Oct-23	
1611	Further develop prevention work to raise awareness of water safety.	Completed	Prevention	Oct-23	Water Safety is now setup to meet on a quaterly basis. Project entering closedown phase

IRMP 2020-24 projects to complete in 2023/24

	Review the need for new equipment to improve the effectiveness of our response.	In Progress	OPA	Please see Sheet 2 for a detailed breakdown	This project will now form part of the Fire Cover Review; proposals will therefore be included within CRMP 2024-2028.
	Review our specialist vehicles and resources and implement outcomes.	In Progress	Service Improvement		This project will now form part of the Fire Cover Review; proposals will therefore be included within CRMP 2024-2028.
1568	Work with partners to develop a strategic road safety plan.	In Progress	Prevention	Dec-24	Update included on Health report
1619	Undertake a Service Improvement Review of the Prevention Department.	In Progress	Prevention	Mar-25	Update included on Health report
1621	Reduce the number of false alarms within domestic premises.	In Progress	Protection	Mar-24	Update included on Health report
	Review the range of education programmes to ensure content is consistent, engaging and relevant to its audience.	In Progress	Prevention	Mar-25	Work being undertaken as part of the wider Prevention review.
New and revised projects to complete in 2023/24					
1318	Develop an emergency cardiac response capability.	Yet to Start	OPA	On-hold	Project remains on hold until a national decision is made regarding whether Fire Services can provide this Service.
	Review the duty system for wholetime fire stations that operate 24/7.	Yet to Start	Service Delivery		This project won't be commenced until completion of the Fire Cover Review and will therefore be moved into CRMP 2024-2028.

Closedown and Evaluation Report



Cheshire
Fire & Rescue Service

Department: People and Development

Project Number on CPS: 1612

Project Manager: Peter Hayes

Project Sponsor: Neil McElroy

Date of Report: 25/07/23

Version No: 1

Project title and brief description

A project to automate appraisals in PDR Pro which will capture development, objectives, promotion, wellbeing and CPD data with full reporting functionality providing real time data.

Page 41 Achievement of Project Outputs and Outcomes

Project Outputs

Explain the outputs of the project (as described in the PID) and whether they have been achieved or not.

- A new fully functioning automated appraisal system within PDR Pro – **Yes this was achieved on time and within budget.**
- Communiques to the Service prior to go live – **Green, Intranet front page, briefing sessions, staff engagement day, SMG attendance were utilised to inform the Service of the change to the system.**
- Training on the system for staff and line managers – **Briefing sessions held and system and appraisal instructions provided on the system designed to help improve the quality of appraisal forms,**
- 1:1 discussions and feedback on the new system to help ensure it is developed appropriately – **a Pilot period allowed for incremental development of the system and allowed it to be geared appropriately to the various users groups.**
- Training guides and work instructions available on the Intranet – **completed and available in time for go live**

Closedown and Evaluation Report

<p>Page 12 Project Outcomes</p>	<ul style="list-style-type: none">▪ To have one system where staff and managers can complete appraisals with workflows that move the information requests seamlessly without the need for emails – achieved ▪ To have an appraisal process where individual development requests are acted upon and where individuals see the value in appraisals because they can see their appraisal requests being met – to be measured as part of a benefit / Post implementation review (PIR) ▪ The PDRpro system will support individuals to be able to capture aligned organisational and NFCC goals, 1:1 - Real time feedback regular feedback in the moment – rather than at a point in the year and meaningful regular conversations providing opportunities to discuss blockers, feedback and identify coachable moments – achieved ▪ This should help encourage regular contact with an individual’s line manager – to be reviewed with the benefits ▪ Improved data quality available either real-time or on a monthly/quarterly basis – data is now available in real-time via the reporting functionality. Data quality will need to be reviewed as usage increases - a number of duplicates and errors have been picked up since go-live in April. Data will be monitored by the ‘people board’ moving forward. ▪ Improved reporting functionality providing a Promotion / Talent mgt snapshot of individual career aspirations and wellbeing data enabling an analysis of areas of where support should be undertaken across the Service – achieved. Reports are available to deliver this data, Quality of data is yet unknown but will be reviewed. ▪ It should also remove wasted hours on admin trying to collate data, remove the issue of lack of visibility of the data, flag hard to identify top performers and improve completion rates. Additional benefits such as reduced admin on CPD collation should also be realised as a result of this project. – the project has realised some instant benefits in not having to log appraisals, course lists have been prepared much more quickly etc. Further additional benefits will be reviewed as part of the PIR

Closedown and Evaluation Report

- Removal of the need for use of word documents and spreadsheets improving tracking and maintenance of appraisals – **achieved**
- Pre-population of objectives at job level for On Call Fire Fighters - **achieved**
- CPD section to only show for Operational staff / those eligible – **achieved, only shows when staff are competent**
- Lower ongoing costs of development for the system moving forward - benefits of having 32 fire services using PDR Pro is that updates will be provided at a reduced rate it benefits all services. Also updates are provided by PDR pro in line with emerging NFCC requirements – **to be reviewed when future development is requested. Other Fire Services have benefitted from the changes made to the system for CFRS. It is expected that further benefits will be reaped from development requests from other FRS**

Benefits

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 43</p> <p>Project Benefits</p>	More users receive the training they have requested and if training is declined, then a clear trail and feedback is logged for reference.		Feedback from staff - via surveys Will be picked up as part of the PIR
	Time spent logging appraisals	It is estimated 75+ hours will be saved from logging annual appraisals 18+ hours logging closedown Additional time savings are also being sought -CPD logging 7 hours+ -reports updating HRpro Potential cost savings Scale 4 @ 18.70 per hour = £1870	Benefits have been realised as part of the initial project rollout
	Simplification of appraisal process for users, allowing for easier provision of feedback and		Will be reviewed as part of the PIR.

Closedown and Evaluation Report

	ongoing performance discussions with line managers.		
	Improved appraisal completion rates to above 80%	N/A	<p>A comparison of completion rates in previous Years will form part of the PIR process.</p> <p>For reference appraisal rates as captured in October 2023 were</p> <p>Pre appraisals: 92% Appraisals: 75% (without on-call staff rates are 80%)</p> <p>It is worth noting that historically pockets of low completion rates have also seen improvements</p>
	Improved reporting functionality allowing access to real time data and a range of new data.	This will reduce the time required to compile reports and produce the associated analysis	This benefit was realised following initial rollout.
	Users will be able to write up their appraisals quicker using the module as they won't need to battle with the awkwardly formatted word document. Also, the online forms will be more streamlined to take out entering duplicate information again reducing the amount of time required to complete the process.		Feedback received shows that staff have already benefited from use of the system. This will also be reviewed as part of the PIR. A User survey will be conducted following completion of Year 1 process in April 2024.
	Pre-appraisals provide a more accurate view of how staff feel about their current positions		Initial feedback and analysis suggests that due to the increased completion rates the service will

Closedown and Evaluation Report

			benefit from a much richer data set. Will be reviewed further as part of the PIR.
<u>Performance against forecast time, cost and resources</u>			
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 45</p> <p>Review of performance against forecast time, cost and resources</p>	<p>Project completed under-budget – money saved from choosing the cheaper CPD option.</p> <p>System went live on time and users were able to commence pre-appraisals in April 2023.</p> <p>Briefing sessions continued throughout April and May and were well attended</p> <p>The project was delivered by staff on top of their day jobs – more support should be provided in future projects to better share the work load. Consideration should be given for future setup and build of PDR pro by PDR pro themselves.</p> <p>System administrator role may require further support with future implementations – imparting of knowledge to others to provide resilience for the service.</p>		
<u>Lessons Learned</u>			
Review of what worked well and what			

Closedown and Evaluation Report

<p>could have been done differently.</p> <p>Page 46</p>	<p>Pilot - whilst the Pilot provided some decent feedback and allowed for development specification and implementation of the majority of system changes. Due to the small sample size It failed to look at staff moves and all the other associated moves linked to that change. A larger pilot group would be beneficial in the future. All OPA was planned to be involved but only 30 people got involved.</p> <p>System build development/Reporting – all delivered on time. Specification was detailed enough to ensure very limited changes were required during implementation. PDR Pro were responsive to issues raised and accepted and implemented changes quickly.</p> <p>System roll-out/go-live – automated emails to users from PDR Pro caused some confusion as some users thought the appraisals had to be completed by the date mentioned on the emails. There is a need to prep users in advance when appraisals need to be completed by.</p> <p>Communication – very comprehensive. Presentation at staff engagement days and articles in Green and Intranet prepared users for the arrival of the new system and also provided comprehensive guidance. Briefing sessions/help clinics were held online to help provide early life support and briefings at SMG helped provide the station managers with the necessary information to brief their staff members.</p> <p>It was agreed that the Service doesn't need an overall rating in the appraisal system – updates can be added to the objectives report if required. A future requirement for this functionality has not yet been properly identified.</p> <p>Reporting has shown that some duplicate data is being displayed – need to review the reports and data from future updates or fixes.</p> <p>Workforce Pro will allow Green book staff to run the suite of reports – removing further burden from the admin teams workload.</p>
<p><u>Future requirements</u></p>	
<p>Progression into business as usual</p>	<p>The system is now live and is the system administrators are utilising the system capabilities. This is now firmly established as part of BAU activity.</p>

Closedown and Evaluation Report

Post implementation review	<p>A post implementation review will be conducted in April 2024 to look at the benefits the system has provided following 12 months of use. A user survey will form a key part of the review as well as review of completion rates and general usage of the system.</p> <p>A part of this process will be to look at system improvements to see what we can do to improve the appraisal process further.</p>	
<u>Project Managers Commentary</u>		
No further commentary		
<u>Approval of Closedown and Evaluation Report</u>		
	Name	Approval Date
Project Manager	Peter Hayes	02/10/23
Project Sponsor	Carmine Rabhani	03/10/23
Relevant Board / Committee	Performance and Programme Board	06/10/23

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Closedown and Evaluation Report



Cheshire
Fire & Rescue Service

Department: Service Improvement, Service Delivery

Project Number on CPS: 1606

Project Manager: Peter Hayes

Project Sponsor: Neil Griffiths

Date of Report: 17th October 2023

Version No: 1

<p>Page 49</p> <p>Project title and brief description</p>	<p>Wilmslow Duty System Transition</p> <p>As part of the IRMP 2020-2024, Members of the Fire Authority took the decision to transition Wilmslow Fire Station from a Nucleus duty system (Full time staff in the day and on-call staff at night) to a Day Crewed System (DC1). To operate a DC1 model there was a requirement for accommodation to be provided for the DC1 firefighters to ensure response times can be met.</p> <p>The project was split into 2 workstreams:</p> <ol style="list-style-type: none">1) Purchase of houses within 3.5-5 minute travel time2) Redeployment of staff to the new DC1 system.
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Achievement of Project Outputs and Outcomes

<p>Project Outputs</p>	<ul style="list-style-type: none">• Providing options and specification for purchase of houses helping to establish potential costs and viability of securing houses appropriately situated – this was completed successfully and a specification for houses was produced to aid in the purchase of houses. This specification document also provided further details, required condition of property and a
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Closedown and Evaluation Report

Page 50	<p>method through which sign-off and approval was to be agreed. This method worked well in general and allowed for an informed decision to be made. It's worth noting that the original per house budget ceiling provided was, in some circumstances, raised to allow for better quality houses to be sourced. House offers and purchases were approved via the Project board, Director of Governance and Commissioning, Chief Fire Officer and Chair of the CFA.</p> <ul style="list-style-type: none"> • 9 houses purchased – 3 bedroom properties, with the option of buying a 10th if required – 9 houses were procured in to ensure the date deadline for implementation within the 2024 IRMP timescale was met. This project actually realised the benefits a full year earlier than required. • A new DC1 duty system to incorporate Wilmslow and the staff redeployment procedure – The DC1 agreement has been temporarily amended to include Wilmslow. A clear staff deployment procedure was created and successfully implemented together with formal consultation involving the Trade Union. • Temporarily amended the existing Nucleus system agreement to recognise that Wilmslow is no longer part of the Nucleus arrangements – this has been successfully updated
Project Outcomes	<ul style="list-style-type: none"> • Provide a guaranteed 100% availability of the fire engine 24/7 without the need to recruit and retain On-Call firefighters or bring in supplementary resources – This has been achieved. The DC1 system was implemented on 31st March 2023. • The new DC1 duty system will cost £253K less to run per annum – This saving has not yet been realised fully as the project has not run for a whole year and the PIR will allow the Service to evaluate the costs savings from this • Increased income from rent – The firefighters are now occupying the new houses. All DC1 firefighters have signed up to the terms and conditions of the DC1 system and are paying appropriate fees (pay and recognition policy). • Provision of a sustainable and proportionate level of cover for the risk and activity levels in the area – the Service will no longer need to provide backfill to support the On Call duty system on a regular basis – this has been achieved as the station no longer has an On Call duty system team. • Authority still able to meet its 10 minute life risk response standard on 80% of occasions. This will include a 5 minute delay for firefighters to respond from home outside of core hours (during evenings and some weekends) – this will be captured by the PIR which is planned to be completed In June 2024.

Closedown and Evaluation Report

- **Reduced environmental impact due to less travel required from firefighters supporting the On Call at night from other fire stations in Cheshire** – achieved. Some estimates can be provided as to the environmental benefits this will have reaped for the station. As part of the PIR the number of movements for firefighters cover/out staffing will be looked at and an average CO2 impact for each journey will be established.
- **The Service will own 9 houses which over time will continue to increase in value** – a review of house prices/property value is conducted every 2 years by the Estates team.

Benefits

Page 51 Project Benefits	Benefit	Description of Financial Saving (if applicable)	Evaluation Method	Closedown comments
	Improved availability of appliances – immediate benefits to the organisation to the local public.	None	Review of appliance availability – by the Staffing team	This will be reviewed as part of the PIR in 2024.
	Reduced salary costs of Fire Fighters	Immediate benefit to the organisation - £253K p.a	Review salary costs following completion of the transition - Finance	This will be reviewed as part of the PIR in 2024 It will be worth reviewing this against any increased costs related to maintenance of the properties and for any increases in Council Tax the Service will have to pay.

Closedown and Evaluation Report

Page 52	<p>New houses will become an asset for the Service. Wilmslow is a highly sought after area and as a result the houses will rise in value significantly making them a financial investment.</p>	None	2 yearly valuation of houses - Estates	<p>This will be reviewed in 2025 – 2 years following purchase of the houses</p>
	<p>Increased rental income from accommodation</p>	£20,489.04 per year.	Review rent received against estimates	<p>This will be reviewed as part of the PIR in 2024.</p>
	<p>Improved reputation and image with local residents from the implementation of a duty system that guarantees 24/7 cover.</p>	None	Local survey of perceptions of the new duty system	<p>As part of project commencement, the local authority and town council and local residents were consulted regarding the changes and the benefits that this would bring. Following the implementation of the new duty system a similar consultation was completed to let the key stakeholders know that the changes are now in place.</p> <p>The annual IRMP update covers what has been completed and will be available to local parties of interest to help communicate the changes in Wilmslow.</p>
	<p>Improved operational efficiency of Wilmslow fire station – no requirements to have to arrange backfill cover for the On Call duty system on a regular basis</p>	<p>Increased efficiency and effectiveness – anticipated to be lower costs from less staff PAS and less appliance movements.</p>	<p>The staffing hub will ascertain the impact of the changes.</p> <p>Explore the savings made from no backfill requirements – Finance team</p>	<p>Savings to be reviewed as part of the PIR</p>

Closedown and Evaluation Report

	Reduced environmental impact due to less travel required from firefighters supporting the On Call at night from other fire stations in Cheshire	Lower fuel bills for both the Red and Grey fleet.	Estimates of fuel savings to be provided by the Fleet manager within the OPA team. Review of the Fleet Management System (Chevin) will highlight reduction in miles and thus cost savings from less fuel used.	This will be reviewed as part of the PIR and all movements that have been reduced will be used as a measure of the potential reduction in emissions achieved via the duty system transition.
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Performance against forecast time, cost and resources

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 5</p> <p>Review of performance against forecast time, cost and resources</p>	<p><u>Time</u></p> <p>The project delivered ahead of schedule as the IRMP highlighted an end date of April 2024 and it was actually delivered in March 2023, a year early.</p> <p>Originally the project team set a very ambitious completion date for December 2022 and the project did not complete until March 2023. The root cause for not completing in December 2022 was because we were reliant on the availability of suitable houses within a defined distance and travel time to the station and also from delays in house completion. Looking back at the original plan, and despite the overall project finishing a year early, it is clear that the project team were overly optimistic on the time involved with the conveyancing process and did not necessarily take into account the seasonality of the housing market and property availability.</p> <p><u>Costs</u></p> <p>The project completed comfortably within budgetary constraints. Whilst the ceiling budget for houses was raised to secure some of the more desirable properties other suitable properties were purchased well under the expected budget.</p> <p><u>Resources</u></p> <p>The project was well resourced and all parties performed their roles well, once involved and engaged.</p>
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Closedown and Evaluation Report

<p>Page 54</p>	<p>The Joint Organisational Services of Procurement, Payroll and Legal resources were not engaged early enough in the process and also not regularly enough which led to some delays when starting the house buying process. To improve a project of this type for the future, representatives from all teams need to be involved in update meetings and at project inception/kick-off to ensure they are aware of requirements and understand the project fully.</p> <p>The initial engagement of the conveyancing solicitor was slow due to lack of Procurement team involvement. This led to some delays in the purchase of properties.</p> <p>Clear delineation of roles for Procurement and Legal resources were not established at the project outset and should be involved at inception to ensure availability when required.</p> <p>A new resource was brought into the Estates team mid project which meant they had to get up to speed quickly with the processes in place and with the condition of the houses.</p> <p>The project team has now been disbanded.</p>
<p>Lessons Learned</p>	
<p>Review of what worked well and what could have been done differently.</p>	<p><u>House search and selection</u></p> <p>Establishing an early working relationship and keeping regular contact with the local Estate Agents in Wilmslow and ensuring they knew both our requirements and constraints worked well. A range of houses were sent our way in good time.</p> <p>A daily review of the online Estate Agent app Rightmove was essential to ensure the project team saw new houses coming onto the market quickly – resourcing was key to this to ensure the Services finger remained alert to new postings.</p> <p>GIS mapping was utilised to establish a response/travel time perimeter in which to look for houses was a good start; however it did not reflect reality. Therefore, it was essential for those with local knowledge to drive the routes from prospective properties to the station to ensure they were viable. If a project of this nature is conducted again it will be important to ensure that those tasked with reviewing runs times do not have vested interests in the properties as this could potentially affect their views on them.</p> <p>A list of minimum requirements/specification for houses was essential and worked well. This enabled the creation of a checklist which allowed for easy challenge on properties which may have not met all the criteria and enabled an informed decision to be made prior to viewing and prior to making an offer.</p>

Closedown and Evaluation Report

Viewing of properties – The process worked well, although some houses were only available to view at weekends which made viewing difficult. The Estates team were responsive to getting viewings booked in good time.

The Project Management team delegated the responsibility of visiting the houses under offer to the Estates team – Given the varying condition of the nine properties it could have helped with the moving in process and understanding the licensees issues more clearly if members of the Project team had visited the properties.

Offer process – Estates led the offer process which worked well. However, the proforma detailed a number of Senior/Principal officers which had to provide approval to make an offer – 4 in total. This occasionally slowed the decision-making process and added the risk of delay to offers which could have resulted in the loss of a viable property. The number of decision makers also elongated the process when having to determine whether the Project Team could make a counteroffer if required.

House Purchase Process

The house purchase process was slow – This linked directly to the fact that the Procurement team were not engaged from project outset which contributed to the slow procurement of conveyancing solicitors took some time, which resulted in some frustration raised by the Estates agents and vendors.

The house purchasing process was handled between the Estates, Procurement and Legal joint corporate teams. At times it was unclear who had responsibility for managing the progress of individual instructions, so next time it would be useful to ensure a defined process is agreed prior to entering into the procurement process.

Moving in

The usual process for VOID properties was not followed once the new houses were handed over to the Service and this did result in damage to one new property on Cumber Drive. The tanks in the loft were not drained down and a period of cold weather caused pipes to freeze and then flood the kitchen area.

Closedown and Evaluation Report

Not acting early enough to rectify issues prior to accommodation – it is important to understand that the Service properties are, in some cases becoming the staff members family homes so even minor issues should be given a greater emphasis to be completed. If another project of this nature is conducted the Service needs to make sure that the houses are up to standard prior to any future occupation.

It is worth noting that it is important to set the new residents expectations accordingly as to who is responsible for what elements of upkeep and what responsibilities Estates have to bring the houses up to liveable standards. Therefore a review of the current residents handbook is recommended.

On reflection, some remedial and decorative work could have done been completed on houses once they were purchased, rather than leaving it until all the properties were purchased. Whilst remedial works etc should be commenced upon ownership, sufficient time should be included in any future projects to enable necessary works to be completed ahead of occupation. (Last completions were in February and March 2023).

Constraints linked to the partial VAT exemption (connected to our wider capital build programme) restricted what work could be completed on the houses purchased. This meant that any large items of work could not be completed prior to April 2023. The Service will need to consider prioritising the work on the newly purchased houses, over existing stock, if another set of houses are obtained.

Allowing occupants into the new houses a month in advance of the new duty system go-live worked well and gave them (and families) an opportunity to get more settled prior to the new duty system going live.

Upon occupation of houses or just prior a number of the new tenants got in touch with the local Council themselves to work out what reductions they were eligible for if the houses weren't going to be their primary residence. This caused a lot of confusion and delay. Staff should be directed towards the Service house resident handbook early on. This identifies that the Estates team are responsible for council tax arrangements and that if the residents have any questions they should go via the Estates team.

There was not a lot of time between house allocation and the residents moving into the properties. Consideration should be given to the Estates team resources which are required to meet tenant's needs and expectations. This is in regards to required maintenance and those properties when they transition to a new tenant (to cover areas such as licence, Council Tax and utility bills) as this can take some time. It is worth noting that this point applies to future planned moves of staff into any Service accommodation. If there is minimal notice given to the Estates team then they may not be able to complete the necessary works prior to occupation.

Closedown and Evaluation Report

It was difficult to gather all the required information from the residents prior to their occupation due to the multiple ways of communicating with the Estates team. To combat this a Proforma is required for tenants to complete to cover their occupancy details, i.e. single/multiple, full time/part time current, residency address etc. Applicable to all new occupancy changes going forward.

Redeployment

Staff engagement

Communications throughout the project were carried out face to face with staff at Wilmslow and worked well.

House allocation

This was achieved by setting clear criteria, a questionnaire was produced, an equality impact assessment and Data Protection Impact Assessment was also produced to ensure the questionnaires were as inclusive as possible. All staff were pleased with the outcomes and were allocated the houses requested. The detailed and robust questionnaire and process has helped to protect the Service enabling compliance with responsibilities under the Equality Act.

HR elements

Consultation with On-call staff – the consultation took much longer than anticipated and was very labour intensive as it involved firefighters on different contracts with different notice periods etc. Engagement earlier with stakeholders, Payroll, Finance and Legal may have improved the situation.

Key HR lessons:

Ideally sufficient time should be factored into the project timeline and task completion dates to allow final consultation and administration with impacted staff to take place prior to the scheduled go live date. As described in this case it was not possible due to the short time

Closedown and Evaluation Report

window from taking possession of the final house required to go live and the scheduled go live date. This did not cause any issues but resulted in On-call staff still contracted in Service after the date which they were theoretically no longer required to provide fire cover as part on an On-call duty system at Wilmslow.

Due to delays purchasing the remaining house required to implement the DC 1 system at Wilmslow, this made it difficult to identify a go live date that gave sufficient notice to On-call staff in advance of their individual notice periods to be worked for those staff choosing to leave the organisation. This resulted in a payment in lieu of notice (PILON) in addition to their individually calculated severance payments on voluntary termination of contracts.

The redeployment process including consultation with impacted teams worked well with no issues recruiting the correct mix of staff with the required skills to implement the DC1 duty system at Wilmslow. No wholetime member of the nucleus team was required to be compulsory redeployed to another location not of their preference. Of the remaining five On-call staff, two were redeployed into wholetime positions and the remaining three all chose to leave the organisation as they were all dual role wholetime and On-call firefighters in GMCFRS or CFRS.

On-call staff redeploying into wholetime positions needed to attend a 4-week migration course. This could have impacted the redeployment dates for those staff. In this case the two On-call members of staff redeploying attended a bespoke course that was being delivered to a unique group of apprentices who were already On-call members of staff. Following this they were posted to station and detached back to OATT for elements of the migration course that was being delivered to new recruits on the wholetime recruits course.

Production of Frequently Asked Questions (FAQ's) in relation to the reorganisation and redeployment process worked well in supporting impacted teams in advance of the formal consultation period.

What were the opportunities that had the biggest impact on success?

Delivery of the project a year earlier than required – prior to end of IRMP 2020-2024. Helping the Service to begin realising benefits a full year earlier than expected.

Closedown and Evaluation Report

	<p>Partial VAT exemption limits meant that work on the houses could not be completed until after March 2023. This meant that work on houses, such as the one on Sylvan Avenue, had to wait until after the licensee moved in.</p> <p>The project team initially looked at a new development for 9 new houses (which would have ensured a good standard of property in the right condition for each member of staff and a simple allocation process) however the timescales and costs of the new builds were prohibitive and would have delayed realisation of benefits.</p>
<u>Future requirements</u>	
Progression into business as usual	<ul style="list-style-type: none"> Ensure that CPS has been updated, risks closed and or reassigned, and key documents uploaded to the system Close out of all work required on houses – ensuring that all issues are captured on the Estates issue/defect log for rectification
Post implementation review	<p>A post implementation review is required in twelve months' time (June 2024) to review the benefits of the new operating model and to establish if the intended benefits have been realised.</p>
<u>Project Managers Commentary</u>	
<p>Whilst the project was in the main very successful there are a lot of useful lessons learnt that will should be considered when embarking on other similar projects.</p> <p>Key take aways as the Project Manager include:</p> <ul style="list-style-type: none"> Earlier engagement with Payroll, Procurement and Legal – help to streamline the conveyancing process and ensure better internal communication. Begin rectification work on the houses as soon as we own them – budget allowing of course. This would need to be carefully managed alongside the house modernisation programme. Visit the properties under offer to get a good feel for the condition of them – provides a reality check on what the member of staff will be moving into Streamline the offer decision making process to ensure timely decisions. 	

Closedown and Evaluation Report

- Ensure expectations of staff moving into properties are set accordingly.
- Ensure a clear process for dealing with conveyancers and estates agents regarding the purchases is established.

Key actions arising from this review are:

- Review the Residents handbook to ensure it is up to date and clearly highlights responsibilities, especially around Council tax
- Produce a proforma to complete for residents moving in which details their personal circumstances so the council can be informed appropriately.
- Determine and agree a reasonable timeframe which should be given to Estates, prior to occupation of a property, to enable them to complete necessary work on a house.

Approval of Closedown and Evaluation Report

	Name	Approval Date
Project Manager	Peter Hayes	17/10/23
Project Sponsor	Neil Griffiths	30/10/23
Relevant Board / Committee	Performance and Programme Board	

CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 22ND NOVEMBER 2023
REPORT OF: HEAD OF SERVICE IMPROVEMENT
AUTHOR: GM AARON COLLIS

SUBJECT: PERFORMANCE REPORT – QUARTER 2, 2023-24

Purpose of Report

1. To present the Quarter 2 2023-2024 review of performance for each of the Service's Key Performance Indicators (KPI's).

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, 2023-24.

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 Performance Health Report is attached as Appendix 1 to this report. The Health Report presents a scorecard for the KPI's for the areas of Prevention, Protection and Response. Summaries and commentaries are provided, by exception, for those KPI's which are not currently achieving their target or are performing notably well.
5. The Performance Scorecard at the start of the report reflects the Quarter 2 position across all three areas against targets set and the year-on-year direction of travel for the Service's KPIs.

Financial implications

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

Legal implications

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

Equality and Diversity implications

8. The Service collects and reports equality monitoring data across a number of indicators. This is reported quarterly to the Equality Steering Group and annually to the Performance and Overview Committee so that trends can be identified and addressed.

Environmental implications

9. There are no specific environmental implications.

Appendix 1 – Performance Health Report

Appendix 2 – Five-year Directional Graphs

Appendix 3 – On-Call Availability by Station



Cheshire

Fire & Rescue Service

2023-2024 Performance Health Report

Quarter 2

Performance Key	
	Meeting Target
	Within 10% of Target
	Failing against target by at least 10%
	Target Suspended

Year on Year Direction Key		
		Improved Direction by more than 10%
		No change
		Directional change by up to 10%
		Directional change by more than 10%

Performance Scorecard

Performance Indicators	2023/24 Target	2023/24 Q2 Actual	2022/23 Q2 Actual	Trend year on year
Deaths in Primary Fires	0	3	2	
Injuries in Primary Fires	18	6	16	
Accidental Dwelling Fires	159	156	159	
Deliberate Primary Fires	110	93	106	
Deliberate Secondary Fires	442	427	584	
Safe & Wells Delivered to Heightened Risk	12500	12979	9853	
Safe & Well visits per 1000 population	N/A	12.9	9.5	
% of Safe & Wells in heightened risk addresses	N/A	92%	74%	
Fires in Non-Domestic Premises	74	80	71	
AFA's in Non-Domestic Premises	245	284	246	
% of alarm activations not attended	N/A	78%	79%	
Thematic Inspections Completed	993	1047	1032	
Total Fire Safety Audits per 100 known premises	N/A	1.65	1.09	
Risk Based Inspections Completed	620	729	520	
Fire Control - Time Taken to Answer	10s	6s	6s	
Fire Control - Time Taken to Mobilise	90s	92s	97s	
10 Minute Standard	80%	90%	88%	
Wholetime Fire Engine Availability	100%	100%	100%	
On-Call Fire Engine Availability	85%	50%	52%	
Primary OC pumps	N/A	53%	51%	
Nucleus OC pumps	N/A	83%	81%	
Secondary OC pumps	N/A	31%	36%	
% of SSRI's completed within target	N/A	100%	N/A*	N/A*

Prevention

Performance Indicator	Q2 Target	Q2 Actual	2022/23 Q2 Actual	Trend year on year
Deaths in Primary Fires	0	3	2	↑
Injuries in Primary Fires	18	6	16	↓
Accidental Dwelling Fires	159	156	159	↓
Deliberate Primary Fires	110	93	106	↓
Deliberate Secondary Fires	442	427	584	↓
Safe & Wells Delivered to Heightened Risk	12500	12979	9853	↑
Safe & Well visits per 1000 population	N/A*	12.9	9.5	↑
% of Safe & Wells in heightened risk addresses	N/A**	92%	74%	↑

These metrics were not included when our target setting process was completed but can be benchmarked against HMICFRS data.

*The latest available national average from 2021/22 was **7.84** per 1000 for the whole year

The latest available national average from 2021/22 was **60.74% using the Home Office vulnerability definition

Deaths in Primary Fires

The Service has attended three deaths in primary fires during Quarters 1 and 2, two of which were accidental in origin caused by the careless disposal of smoking materials. This continues to be the leading cause of fire related deaths in Cheshire during the last five years and is an area which all staff conducting Safe and Well visits provide advice around. The third incident is inconclusive in nature and awaiting a determination at HM Coroner's Court, a hearing for which has been scheduled for January 2024.

Occupancy Group	Number of Deaths
Lone person over pensionable age	1
Lone person under pensionable age	2
Lone parent with dependent children	
Couple one or more over pensionable age, no children	
Couple both under pensionable age with no children	
Couple with dependent children	
Other	

Injuries in Primary Fires

Six injuries occurred in Quarter 1 and 2 against a target of 16; of those 5 occurred in accidental dwelling fires. The occupancy types consisted of three people (50%) aged 65 or over, making this the age bracket with the highest number of injuries year to date. One injury was classified as serious (attending hospital as an in-patient resulting in an overnight stay). Of the 5 injuries which occurred in dwelling fires, four occurred in single occupancy properties (3 incidents involved lone persons over pensionable age). One incident did not occur in a dwelling fire therefore does not have an occupancy type.

Occupancy Group	Number of Injuries
Lone person over pensionable age	3
Lone person under pensionable age	1
Lone parent with dependent children	
Couple one or more over pensionable age, no children	
Couple both under pensionable age with no children	
Couple with dependent children	
Other	1

Accidental Dwelling Fires

Unitary Area	Total	Previous Year
Cheshire East	65	52
Cheshire West and Chester	41	51
Halton	21	26
Warrington	29	30

Fire Location	Total	Previous Year
Kitchen	76	82
Bedroom	16	27
Living Room	11	9
External Structures	8	9
Other	45	32

Cause of Fire	Total	Previous Year
Cooking	65	70
Electrical Supply	26	25
Smoking Materials/Cigarette	20	21
Domestic Appliance	19	13
Other	26	30

Occupancy Type	Dwellings	Incidents	Indexed Score
Lone person over pensionable age	64700	57	309
Lone person under pensionable age	80392	55	240
Lone parent with dependent children	85700	36	147
Couple both under pensionable age with no children	173063	35	71
Couple one or more over pensionable age, no children	102173	17	58

Other	223630	44	69
Couple with dependent children	352247	64	63

The indexed score is a risk score that compares the prevalence of incidents for each occupancy type against the average rate of accidental dwelling fires. The average rate for Cheshire is represented by a score of 100. 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.

The highest three categories reflect lone person properties which reflects part of the occupancy profile at which the service targets it's Safe and Well visits. This affirms that our current prevention strategy continues to be appropriate in targeting those most at risk.

Deliberate Fires

Overall, 93 deliberate primary fires were recorded at the end of Quarter 2, against a target of 110. The station areas with the highest number of incidents were **Warrington** (18), **Birchwood** (12) and **Crewe** (10). A primary fire is one which involves insurable property, e.g. a house or vehicle.

Across Cheshire, 38 incidents (40.8%) involved the deliberate ignition of a road vehicle.

Unitary Area	Total	Previous Year
Cheshire East	27	28
Cheshire West and Chester	17	22
Halton	17	31
Warrington	32	25

The number of deliberate secondary fires recorded at the end of Quarter 1 was 427, against a target of 443. The highest number of incidents have been in the following station areas – **Runcorn** (104), **Widnes** (81), and **Warrington** (48). These three station areas account for 55% of all incidents. A secondary fire is one which involves non-insurable property, e.g., nuisance fires involving rubbish.

Fire Location	Total	Previous Year
Cheshire East	60	126
Cheshire West and Chester	88	160
Halton	201	195

Warrington	78	103
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The On the Streets Team utilised data and analysis from June to August to co-ordinate direct youth engagement in Widnes and Winsford. The original targeted engagement has been extended for a further eight weeks in these two locations. This activity is hoped to translate into real data over the next quarter and a decline in deliberate fires in these areas.

Runcorn continues to work effectively with partner agencies, sharing information, locations, and carrying out monthly intervention days. This provides a visible presence to the local community of the local agencies that are working to reduce anti-social behaviour and deliberate fire activity.

In relation to the pattern of primary fires involving vehicles in Warrington and Birchwood, work will be carried out with local reference holders from both stations alongside requests for joint working with Police and local authorities. Although there has been an increase in primary fires during Quarter 2 the total is within target.

Safe and Well Visits

Total Number of Heightened Risk Safe and Well visits (year to date)	Targeted Data Visits	Agency Referrals	Other Heightened Risk
12979	9350	1328	2301

Prevention staff completed 3860 of these visits, and Service Delivery (our operational Firefighters) completed 9119.

Visit Types

Targeted Data Visits – Visits where the Service identifies an occupier who we believe to need a S&W visit through various data sources. This may include ‘Exeter’ data which sourced from our NHS colleagues, or ‘New Cheshire Data’ which uses Experian data to predict where lone occupiers under the age of 65 might live.

Agency Referrals – Visits which originate from one of our partner agencies who has had contact with an occupier and believes they would benefit from a S&W visit.

Other Heightened Risk – Visits which originate from other sources, such as an occupier requesting a visit themselves or staff completing post incident engagements in local areas following a serious fire.

Protection

Performance Indicator	Q2 Target	Q2 Actual	2022/23 Q2 Actual	Trend year on year
Fires in Non-Domestic Premises	74	80	71	↑
AFA's in Non-Domestic Premises	245	284	246	↑
% of alarm activations not attended	N/A*	78%	79%	↓
Business Safety Inspections Completed (lower risk audits completed by operational Firefighters)	993	1047	1032	↑
Total Fire Safety Audits per 100 known premises	N/A**	1.65	1.09	↑
Risk Based Inspections Completed (high risk audits completed by specialist Protection staff)	620	729	520	↑

These metrics were not included when our target setting process was completed but can be benchmarked against HMICFRS data.

*The latest national average from 2022/23 was 38%.

**The latest national average from 2021/22 was 2.0 per 100 for the whole year.

Fires in Non-Domestic Premises

During the last quarter there was an increase in calls to HMP Styal due to a known inmate who lights fires within her cell. Attending Fire Investigators gather evidence and ensure it is shared with the enforcing authority for prisons, the Crown Premises Fire Safety Inspectorate. Quarter 2 also included our summer holiday period where we see an increase in barn fires coupled with the harvesting process. Both of these factors account for the amber in this reporting area.

Fire Location	Total	Previous Year
Cheshire East	29	22
Cheshire West and Chester	16	20
Halton	9	13
Warrington	26	16

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

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

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

Type	Number of occurrences
Prison	15
Barn	5

There has been an increase in the number of incidents from 71 to 80. The main property which has seen the increase is prisons from 13 to 15, however every prison fire was minor in that 14 incidents either involved just heat and smoke damage or were limited to the item first ignited. This is a trend which has continued across all incident types as 76% of incidents involved those two damage categories compared to 49% in Q2 last year, indicating that whilst the volume has increased, the severity of fires has not.

Occupancy Type	No of Properties	Incidents	Indexed Score
Prison	3	22	191304

Hospital	51	7	3580
Recycling	61	3	1283
Factory/Manufacturing	438	10	595
Care / Nursing Home	220	6	711
Restaurant / Cafeteria	703	7	259
Farm / Non-Residential Associated	1077	10	242
Public House / Bar / Nightclub	805	7	226

The indexed score is a risk score that compares the prevalence of incidents for each building type against the average rate of non-domestic property fires. The average rate for Cheshire is represented by a score of 100. For example, an indexed score of 200 indicates a building type is twice as likely as average to have a fire. The data in this table reflects the last 12 months.

AFA's in Non-Domestic Premises

The Unwanted Fire Signals (UwFS) in the CWAC area increased in Quarter 2 because of an ongoing issue with a student accommodation premises in Chester. This is being dealt with by Protection officers from the unitary office. They are also working with Bowmere Hospital, which has seen a rise in the number of activations. Inspectors from the unitary office are engaged with the responsible persons and identifying root causes and means to reduce activations and attendances.

Fire Location	Total	Previous Year
Cheshire East	85	79
Cheshire West and Chester	115	98
Halton	38	18
Warrington	46	51

Type	Number of occurrences
Hospital	76
Nursing/Care Home	52
Retirement/Elderly Home	46
Student Halls of Residence	28

Increases have been seen in retirement homes (+13) nursing/care homes (+12) and student halls of residence (+26). 61% of the incidents in student halls of residence occurred in one location within Chester.

Risk Based Inspection Programme (RBIP)

The risk-based inspection programme defines our approach to auditing and ensuring compliance within non-domestic premises across Cheshire. It uses data and analysis to identify those premises which present the highest risk and ensures we direct our resources to inspect these premises. This includes 2480 premises which we aim to inspect during the two-year period of the programme.

Due to challenges in recruiting the required number of Technical Fire Safety Inspectors we have been unable to meet our challenging target for some time; this was identified in our latest HMICFRS report. Encouragingly, this is the first quarter since the current RBIP commenced in April 2022 where we have achieved and exceeded our target number of audits.

Response

Performance Indicator	Q2 Target	Q2 Actual	2022/23 Q2 Actual	Trend year on year
Fire Control - Time Taken to Answer	10s	6s	6s	↔
Fire Control - Time Taken to Mobilise	90s	92s	97s	↓
10 Minute Standard	80%	90%	88%	↑
Wholetime Fire Engine Availability	100%	100%	100%	↔
On-Call Fire Engine Availability	85%	50%	52%	↓
Primary OC pumps	N/A	53%	51%	↑
Nucleus OC pumps	N/A	83%	81%	↑
Secondary OC pumps	N/A	31%	36%	↓
% of SSRI's completed within target	N/A	100%	N/A*	N/A*

* This is a new metric which was not measured during Q1 2022/23 so is not available for comparison

NWFC Time Taken to Mobilise

In Quarter 2, the average time to mobilise was 92 seconds. However, when assessed for the different incident types this was notably different; 75 seconds for dwelling fires and 108 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.

10 Minute Standard

Unitary Authority	Pass Rate
Cheshire East	88%
Cheshire West and Chester	92%
Halton	94%
Warrington	95%

Reason for Delay	Incidents
Nearest fire engine 10+ mins from incident	7
Traffic issues	1
Incorrect Address	
Delay in turnout vs target	2
Other	2

On-Call Fire Engine Availability

On-call fire engine availability at the end of Quarter 2 was 50% (crew of four) compared with 52% in the same period for the previous year (2022/23).

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

- Primary On-Call availability (where On-Call staff crew the only fire engine based at that station, e.g., Holmes Chapel.) was **53%**

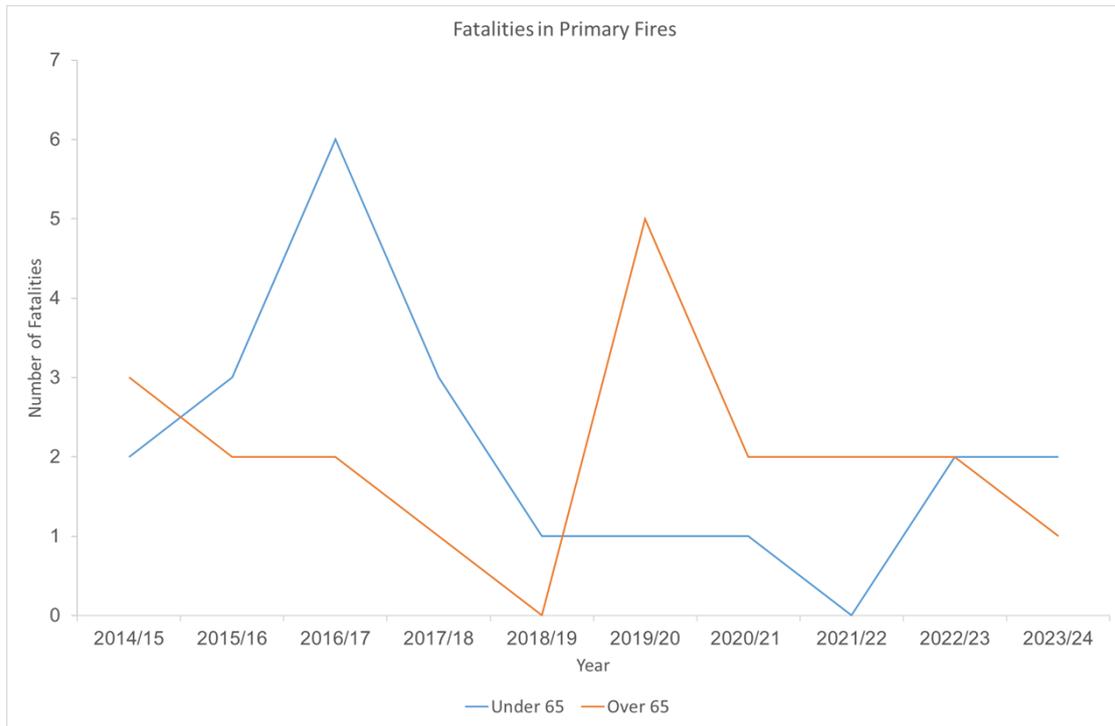
- Nucleus On-Call availability (where On-Call staff only provide overnight cover e.g., Birchwood) was **83%**
- Secondary On-Call availability (where the On-Call fire engine supplements a Wholetime one e.g., Runcorn) was **31%**

Appendix 3 provides a detailed breakdown for each On-Call fire engine.

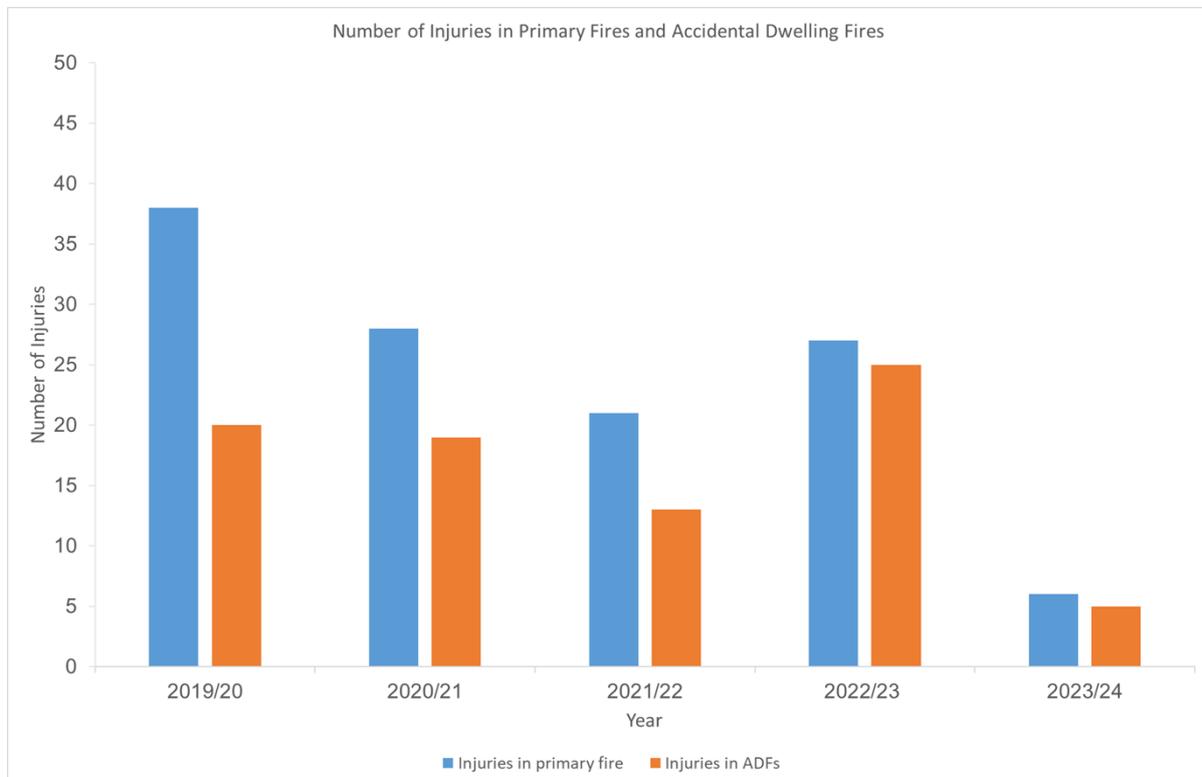
The Primary OC pumps and Nucleus OC pumps have seen an increase in availability compared to Q2 2022/23 data by 4%. The overall availability of all OC pumps is adversely affected by the Secondary OC pumps which have seen a decrease of 5% against last year's data. These pumps form part of the CRMP proposals that are currently out for consultation which if approved, will see them change to weekday pumps that will provide 100% availability during the week.

APPENDIX 2: FIVE-YEAR DIRECTIONAL GRAPHS

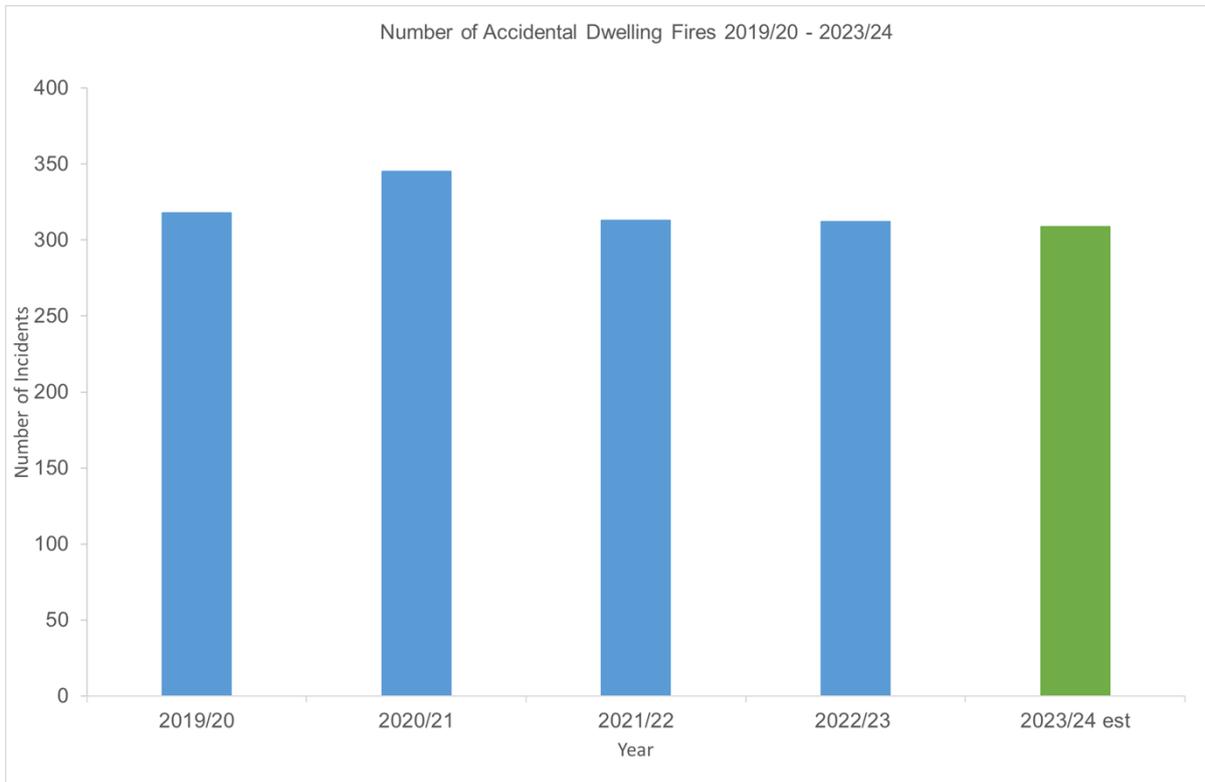
Fatalities in Primary Fires



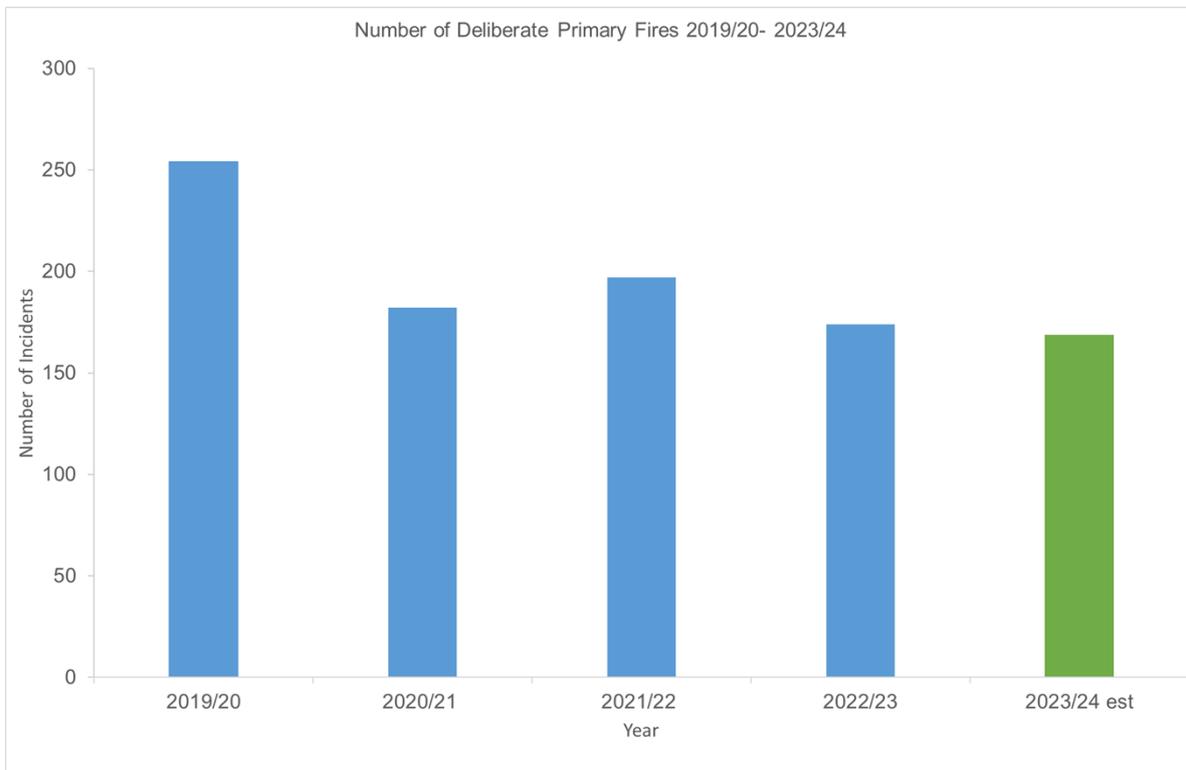
Injuries in Primary Fires and Accidental Dwelling Fires



Number of Accidental Dwelling Fires

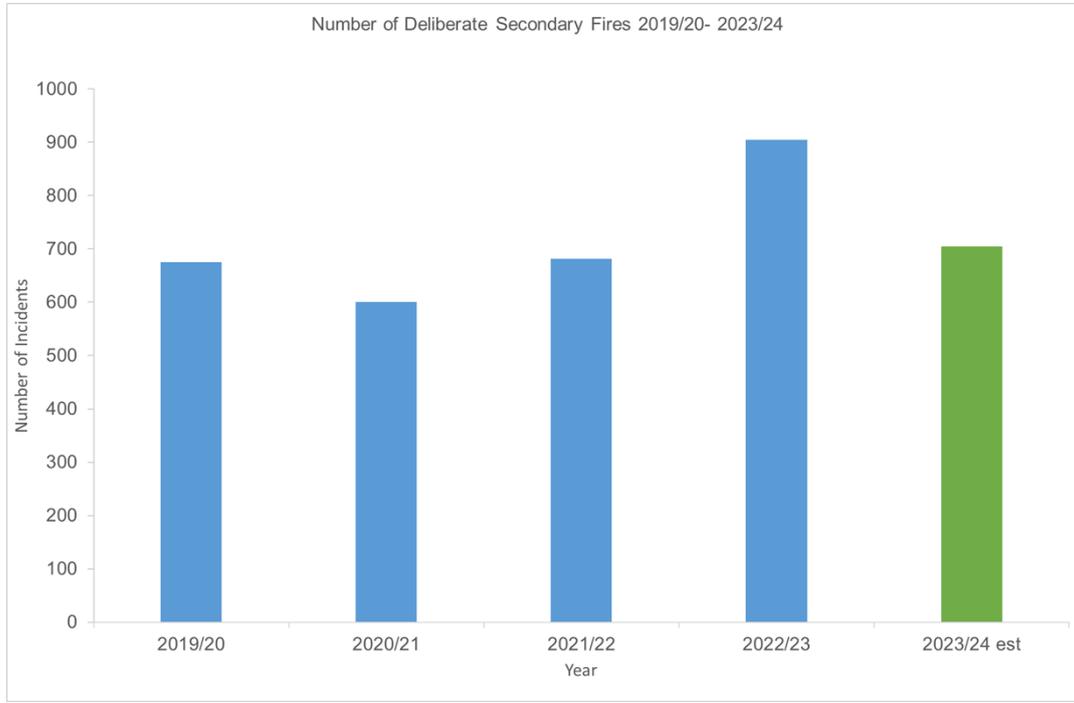


Number of Deliberate Primary Fires

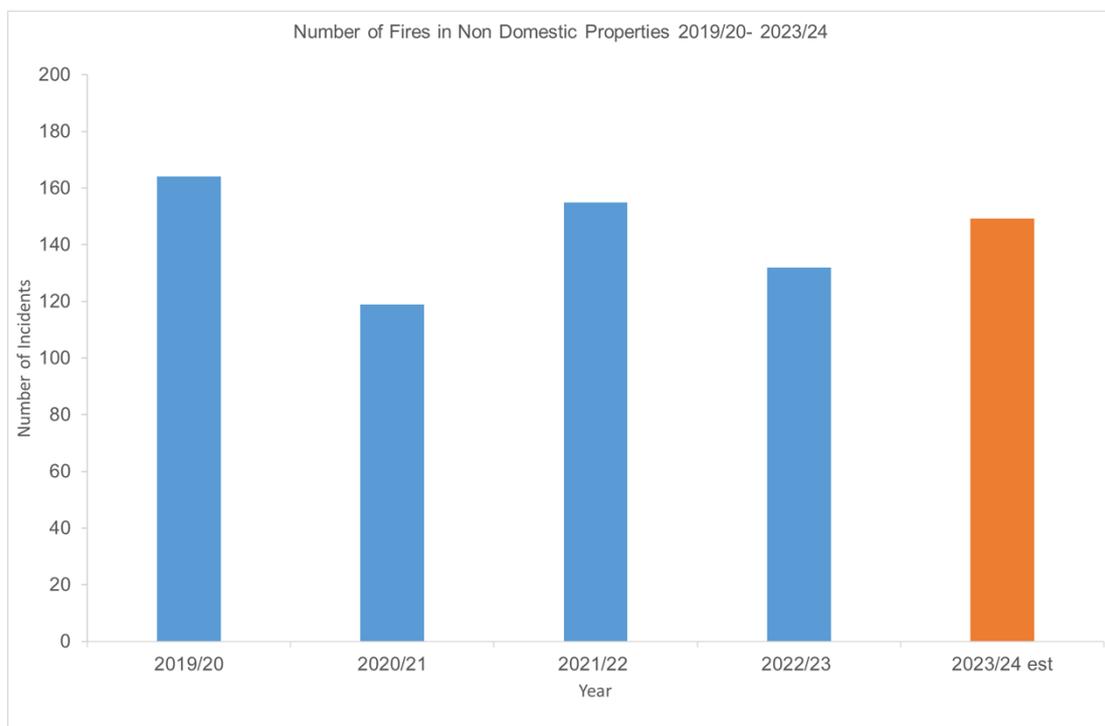




Number of Deliberate Secondary Fires

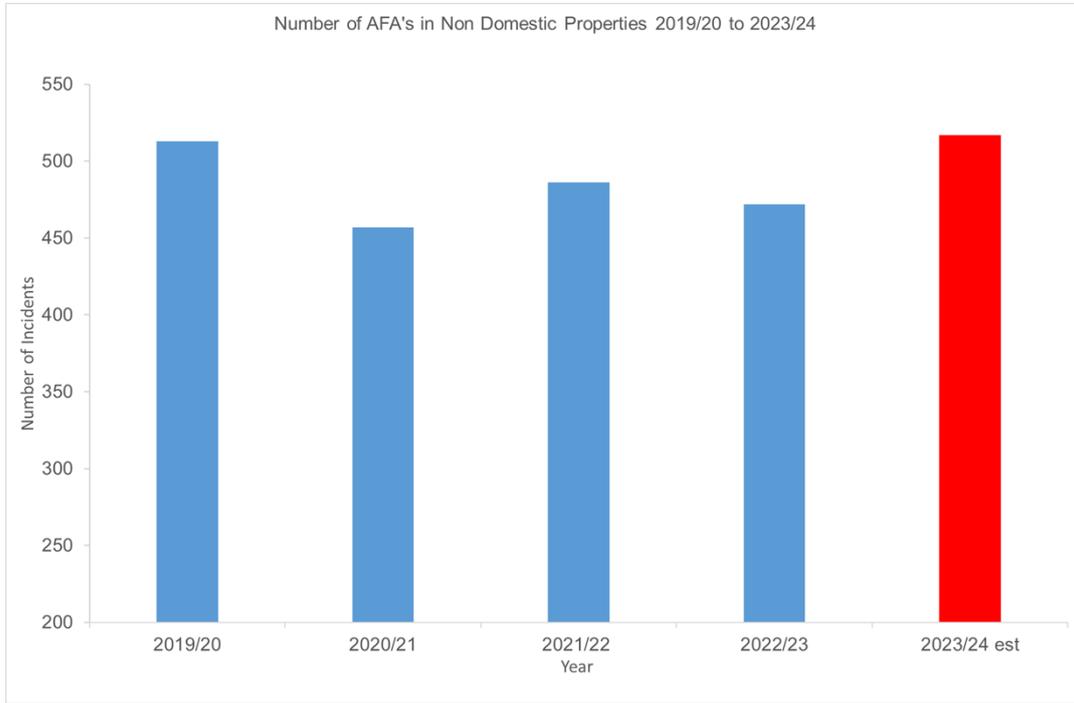


Number of Fires in Non-Domestic Properties

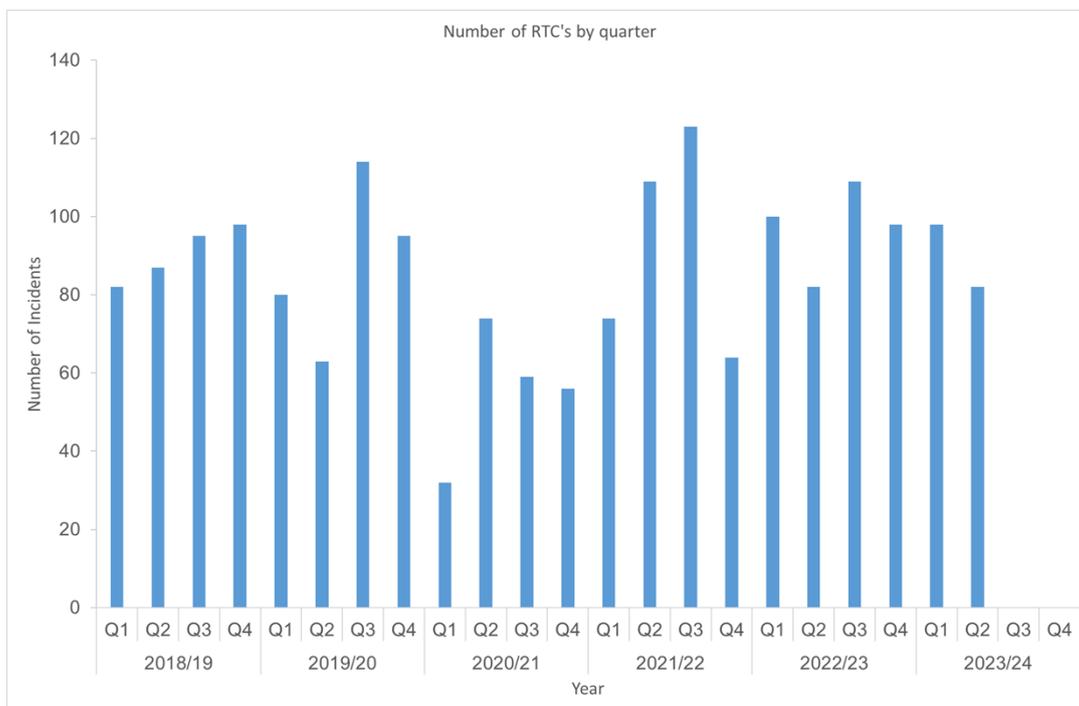




Number of AFA's in Non-Domestic Properties



Number of RTC's





APPENDIX 3: ON-CALL AVAILABILITY BY STATION

Shift System	Station	Q2 2023/24
Nucleus OC	Macclesfield	98%
Nucleus OC	Birchwood	69%
Primary OC	Nantwich	79%
Primary OC	Sandbach	55%
Primary OC	Poynton	52%
Primary OC	Middlewich	78%
Primary OC	Alsager	60%
Primary OC	Malpas	42%
Primary OC	Bollington	78%
Primary OC	Holmes Chapel	40%
Primary OC	Audlem	61%
Primary OC	Stockton Heath	32%
Primary OC	Tarporley	34%
Primary OC	Knutsford	42%
Primary OC	Frodsham	34%
Secondary OC	Macclesfield	32%
Secondary OC	Runcorn	32%
Secondary OC	Northwich	21%
Secondary OC	Penketh	50%
Secondary OC	Winsford	21 %

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CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 22ND NOVEMBER 2023
REPORT OF: HEAD OF SERVICE IMPROVEMENT
AUTHOR: GM AARON COLLIS

SUBJECT: HMICFRS 2023 INSPECTION ACTION PLAN

Purpose of Report

1. To update Members of the proposed action plan to resolve areas for improvement (AFIs) identified in the Service's 2023 HMICFRS inspection report.

Recommended: That

- [1] Members note the contents of the report.

Background

2. The previous Action Plan from the 2021 HMICFRS inspection was signed off in July 2023 following confirmation in our published report that eight of the nine AFIs had now been satisfied.
3. The inspection team found that insufficient progress had been made in one AFI (relating to operational learning); this remains as an AFI in the 2023 report. It should be noted that failure to resolve this area in a third inspection would present the risk of the Service being issued with a more serious 'Cause of Concern'.

Information

4. In the latest report, HMICFRS graded the service as 'Good' in six diagnostic areas and 'Adequate' in five others. They also identified an area of Innovative Practice relating to the way in which we develop the career pathways of Green Book staff. Within each of the adequate grades we were issued with an 'Area for Improvement' (AFI); this is where inspectors have identified a weakness and provide a recommendation for the Service to resolve the issue in advance of a future inspection which is likely to take place in 2025.
5. The Action Plan attached as Appendix 1 includes proposed actions to resolve each of the five AFIs. The Service Improvement department will track the

progress against each AFI and provide regular updates on progress to Members.

Financial Implications

6. None.

Legal Implications

7. None.

Equality and Diversity Implications

8. None.

Environmental Implications

9. None.

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

TEL [01606] 868804

BACKGROUND PAPERS: NONE

APPENDICES:

Appendix A – HMICFRS Action Plan

Appendix A - HMICFRS Round 3 Inspection Action Plan

Area for Improvement		Responsible HoD	Status
The service should make sure it gathers and records relevant and up-to-date risk information to help protect firefighters, the public and property during an emergency.		AM Tony O'Dwyer	Open
Actions	Progress and Evidence	Due Dates	
<ul style="list-style-type: none"> • Evaluate the monthly SSRI performance report to ensure Station Managers have the necessary information to ensure completion of re-inspections with planned timescales. • Undertake a detailed review of Op/Plan/15 Site Specific Risk Information to ensure this document provides sufficient guidance and oversight for the risk information process. • Review how the risk footprint process is conducted to ensure consistency between sites in different areas. • Review the quality assurance framework. • Introducing a more robust quality assurance/peer review process. • Reviewing the risk scoring and reinspection programme (and consider returning to 1,3 and 5-year inspection frequencies). • Review how the service quality assures the contents of over the border risk information. 	<p>This area of work is encompassed within the Premises Risk Identification Group. The team have reviewed the actions and have a targeted plan to address the areas of improvement identified following the recent HMICFRS report.</p> <p>A small task and finish group has evaluated the impact of the current low and high-risk categories and are currently compiling a report to be presented to SLT in December with proposals for change.</p> <p>The service is considering how it can improve the quality of over the border risk information with some improvements identified and suggestions for enhancements made; however, the responsibility for producing SSRIs and the associated quality, remains the responsibility of each service. CFRS have limited ability to influence the quality of SSRIs conducted by other FRSs.</p>	April 2024	

1.1

	Area for Improvement		Responsible HoD	Status
	The service should make sure it allocates enough resources to meet its prevention strategy.		AM Steve McCormick	Open
1.2	Actions	Progress and Evidence	Due Dates	
	<ul style="list-style-type: none"> • Complete the Service Improvement Review of the Prevention department. • Implement the review outcomes and new structure within Prevention and recruit to all vacant posts. • Review our Safe & Well target for the 2024/25 year in accordance with changes to the structure and introduction of new data sources to improve the targeting methodology. 	Good progress has been made with the departmental review, with a proposed new structure awaiting agreement by SLT.	April 2024	

	Area for Improvement	Responsible HoD	Status
	The service should make sure it has an effective system for learning from operational incidents.	AM Tony O'Dwyer	Open
1.4	Actions	Progress and Evidence	Due Dates
	<ul style="list-style-type: none"> Review the structure and allocation of roles within OPA to improve ownership of the operational learning which is currently spread across several different posts. Review the SI and Policy documents associated with debriefing, specifically ensuring that the requirement criteria for a structured debrief remains suitable and proportionate. Improve the methodology used to record, track and monitor improvements and actions identified through the Operational Learning Group. 	<p>The Operational Learning Group are addressing the actions identified within the meeting structure and considering how best to deliver the improvements identified.</p> <p>Plans are in place to secure an Organisational Learning board which will be chaired by the Assistant Chief Fire Officer.</p> <p>NWFC are included in all structured operational debriefs and are included in several operational exercises planned for 2023/4.</p>	April 2024

	Area for Improvement		Responsible HoD	Status
	The service should make sure it has an effective method for sharing multiple fire survival guidance information with multiple callers and that it has a dedicated communication link in place		AM Tony O'Dwyer	Open
1.5	Actions	Progress and Evidence		Due Dates
	<ul style="list-style-type: none"> • Resource and implement an electronic solution to be used by North West Fire Control (NWFC) to communicate the location and status of callers in an immediate building evacuation scenario. • Test and exercise the application of the electronic solution to provide assurance it can be used successfully. • In conjunction with the Command Support Vehicle project consider which teams will specialise in the IBE process in the future to best support the resolution of incidents. 	Discussions are ongoing within the NWFC Mobilising and Communications Sub-Committee to identify and procure a regional solution for this AFI; this is complicated by the fact that not all FRSs use the same MDT gateway meaning the provision of information via a dedicated application will need significant technical investment.		April 2024

	Area for Improvement	Responsible HoD	Status
	The service should assure itself it has adequate resources available for future industrial action.	AM Tony O'Dwyer	Open
2.1	Actions	Progress and Evidence	Due Dates
	<ul style="list-style-type: none"> Implement the 'Operational Resilience Team' contracts which were proposed for internal staff earlier in 2023. Re-commence recruitment of resilience Firefighters and implement a process to train and retain these staff on an ongoing basis. 	<p>The Service are monitoring the Minimum Service Levels legislation which has received royal ascent. The NFCC have issued a consultation document which the Service have provided a response.</p> <p>Dependent upon any guidance received, the Service will continue to monitor and implement a procedure to suit.</p> <p>The current ORT members have been briefed on developments.</p>	April 2024

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CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 22ND NOVEMBER 2023
REPORT OF: HEAD OF PEOPLE & ORGANISATIONAL DEVELOPMENT
AUTHOR: CARMINE RABHANI

SUBJECT: UPDATE ON HMICFRS VALUES AND CULTURE REPORT RECOMMENDATIONS

Purpose of Report

1. This report provides an update on the work undertaken to address the recommendations of the HMICFRS Spotlight Report into Values and Culture in Fire and Rescue Services

Recommended: That

[1] the progress outlined in the report be noted.

Background

2. Due to a number of concerns HMICFRS undertook a review of values and culture in the Fire and Rescue Service based on the inspections they had undertaken.
3. The report highlighted examples of bullying, harassment, discrimination and racism, sexism and homophobia across a number of Services.
4. The spotlight report was published on 31st March 2023 and contained 35 recommendations. 20 of these recommendations were specifically to be actioned by individual Fire and Rescue Services.
5. Prior to this spotlight report the independent culture review of London Fire Brigade was published in November 2022 and highlighted a number of similar concerns but was focused more specifically on that particular organisation. Work has been undertaken to feed the learning and/or recommendations from the LFB into our wider improvement plans.
6. Following the publication of the spotlight report, an action plan was drafted for CFRS and good progress has been made in relation to meeting the majority of recommendations within the required timescale. Only two areas require further work, these being the use of EDI data, and having plans in place to ensure the Service can meet the two key Fire Standards.

7. Therefore, 15 out of 17 (88%) recommendations where the deadline has passed, have been completed. Of the 3 remaining recommendations which have deadlines which fall in 2024, the work in relation to DBS has already commenced, with the other two relating to misconduct and grievances requiring further information to be published by the NFCC before we can take any meaningful action.

Information

8. The table below outlines the activity which has been undertaken in relation to each recommendation.

Number on Spotlight report	Recommendation	Due date	Service Update summary	Is action complete?	Date completed
34	With immediate effect, chief fire officers should review their implementation of the Core Code of Ethics and make sure it is being applied across their services.	30/3/23	The Code of Ethics was rolled out across the service in Spring 2023. Workshops and e-learning have been launched and the code has been incorporated into HR processes and policies. For example a Code of Ethics based question is now included within interviews for selection processes at all levels. Display boards on stations and in Headquarters have been updated for visibility.	Yes	30/3/23
17	With immediate effect, chief fire officers should notify HMICFRS of any allegations that have the potential to constitute staff gross misconduct that: <ul style="list-style-type: none"> - involve allegations of a criminal nature that have the potential to affect public confidence in FRSs; - are of a serious nature; or - relate to assistant chief fire officers or those at equivalent or higher grades. 	30/3/23	Information was provided in February 2023 in respect of live cases, following the initial HMICFRS request. A process is now in place as part of the service's fact find and investigation process to identify future cases which require disclosure. This will be co-ordinated by the Service Liaison Officer and Head of People and Development.	Yes	30/3/23

32	By 1 June 2023, chief fire officers should, as a priority, specify in succession plans how they intend to improve diversity across all levels of the service. This should include offering increased direct-entry opportunities.	1/6/23	<p>CFRS has existing plans in place to improve the diversity of its workforce and is achieving good results. CFRS has a High Potential Development scheme and is also developing an Accelerated Progression Scheme for existing staff which will help to improve diversity at all levels.</p> <p>An action plan has been drafted to outline the steps the Service will make to diversify its workforce further.</p> <p>Currently CFRS is focusing its energy and resources on development and progression for existing staff rather than a direct entry scheme for new staff.</p> <p>The recruitment and attraction group meets quarterly to consider how the service should target and advertise roles to those from specific backgrounds, including the provision of dedicated positive action events in advance of all Wholetime recruitment campaigns. The service monitors the progression of those with protected characteristics in key recruitment campaigns to ensure there is no disproportionality and to inform areas to focus on within future positive action and pre-recruitment engagements.</p>	Yes	1/6/23
28	By 1 June 2023, chief fire officers should review how they gather and use equality and diversity data to improve their understanding of their staff demographics, including applying and meeting the requirements of the National Fire Chiefs Council equality, diversity and inclusion data toolkit.	1/6/23	CFRS has been gathering and analysing EDI data in its business-as-usual activity for many years. An Equality Steering Group meets quarterly to review that data and an annual report is provided to the Performance and Overview committee. Work is underway to review our current data format against the NFCC toolkit to ensure our existing approach complies with these requirements.	Ongoing	

			Due to our long standing commitment to collecting workforce equality data, the service already has higher than average disclosure rate for all characteristics when compared with the England average. Data from the Digital Analysis Pack indicates: Ethnicity: 3.7% non-disclosed vs 8.8% average, Sexual Orientation: 19.3% non-disclosed vs 32.0% average, Religion: 21.1% non-disclosed vs 29.8% average.		
23	By 1 June 2023, chief fire officers should seek regular feedback from staff about values, culture, fairness and diversity, with due regard to the 'leading and developing people' standard. They should show how they act on this feedback.	1/6/23	<p>CFRS have an active Staff Engagement Forum that incorporates a wide range of interventions and schemes, and which generates direct feedback from staff. The forum also meets directly with the CFO on a monthly basis. A staff suggestion scheme, Ignite, is open to all staff and submissions are considered by the staff engagement forum who then progress the best suggestions for consideration by the SLT.</p> <p>A staff survey is conducted every two years, the results of which are discussed with staff at departmental and stations levels as well as service-wide. There is also an ongoing "You said, we did" campaign which demonstrates how the service acts on feedback.</p> <p>A continuous programme of station visits by SLT members is in place to facilitate open dialogue.</p>	Yes	1/6/23
21	By 1 June 2023, chief fire officers should make sure there is a full, 360-degree feedback process in place for all senior leaders and managers (assistant chief fire officer equivalent and above) in service.	1/6/23	The existing 360 degree feedback process is fit for purpose for all levels of leadership across the service and is already regularly used as a personal development tool. Consideration has been given since the recommendation was issued as to how we increase its use and expand across a greater number of managers.	Yes	1/6/23

			<p>Timetabling of wider implementation has now been agreed commencing with all of SLT and those undertaking promotion boards in September 2023. Further expansion will take place in due course, with cognisance of 'survey fatigue' if this is launched to all managers immediately, and capacity constraints for our Learning and Development Team to conduct the process which includes individual feedback sessions.</p>		
20	<p>By 1 June 2023, chief fire officers should have plans in place to ensure they meet the "Fire Standards Boards leading the service standard" and its "leading and developing people standard".</p>	1/6/23	<p>The implementation and gap analysis tools for both standards have been completed with an action plan being developed to address any areas of non-compliance. The Service's People Board will satisfy itself that the Service is meeting the relevant standards during Autumn 2023.</p>	Ongoing	
5	<p>By 1 June 2023, chief fire officers should make sure they provide accessible information for all staff and members of the public on how they can raise concerns and access confidential support (including through external agencies). Chief fire officers should also make sure accessible information is provided on how concerns and allegations will be investigated in a way that ensures confidentiality and is independent of the alleged perpetrator.</p>	1/6/23	<p>Our service intranet includes a dedicated "Who do I turn to" section containing information as to how staff can raise concerns. This includes an independent 'Safecall' facility whereby staff can confidentially report concerns to an external company who will report this into a single point of contact within the service for further consideration. This has been in place for over 10 years.</p> <p>For the public, there is a dedicated section of the website which includes details on our complaints procedure the option to escalate unsatisfactory resolution of concerns to the monitoring officer and/or the local government ombudsman. Whilst we encourage the public to address concerns directly with us this section of the website also includes links to both the 'Safecall' facility described above and the HMICFRS independent reporting line.</p>	Yes	1/6/23

			Concerns and allegations are investigated in accordance with our disciplinary policy which requires a minimum level role to be appointed as the investigating manager dependent on the seriousness of the allegation. Investigations are conducted objectively and discreetly with oversight from HR Business Partners; for more serious allegations, the investigating manager may be appointed from another area of the service to ensure an independent assessment takes place.		
4	By 1 June 2023, chief fire officers should assure themselves that updates on how concerns are being handled are shared with those who have raised them. The updates should be given in an accessible way that encourages trust and confidence in the service response. Consideration should be given to creating a professional standards function to handle conduct concerns in service (or from an external service) to have oversight of cases, to make sure they are conducted in a fair and transparent way and to act as a point of contact for all staff involved.	1/6/23	<p>HR Business Partners (HRBP) oversee internal matters of complaint in conjunction with relevant managers, and structured grievance and disciplinary policies are in place and available for all staff to access; these outline the process for handling and investigating a concern in detail. A personal contact officer who isn't involved in the investigation is assigned to cases of allegations of serious misconduct to provide a single point of contact. This applies for both internal and external complainants. They will provide ongoing updates regarding the investigation (where appropriate), welfare checks, and signpost to additional sources of support/information.</p> <p>Consideration has been given to the professional standards function in respect of casework, however appetite is low based on the current arrangements that work well with the HRBP as they have oversight and ensure fairness and transparency. The low number of cases which require investigation would also mean that a dedicated function would not necessarily provide an efficient solution from a value for money perspective.</p> <p>Consideration is to be afforded to the reintroduction of KPIs to encourage more timely resolution of</p>	Yes	1/6/23

			complaint by investigating managers in discipline and grievance cases. In future this would be reported to the People Board.		
3	By 1 June 2023, chief fire officers should review the support available for those who have raised concerns and take any action needed to make sure these provisions are suitable.	1/6/23	Support is provided to complainants through the personal contact officer role. The new Personal Contact Officer will be the liaison between the complainant and the service and will provide any required welfare support including signposting to other services such as mental health first aiders and our occupational health provision. A guidance document has been produced that outlines their role. The external complaints procedure and website have been updated to reflect the introduction of the Personal Contact Officer role.	Yes	1/6/23
27	By 1 June 2023, chief fire officers should make sure their equality impact assessments are fit for purpose and, as a minimum, meet the requirements of the National Fire Chiefs Council equality impact assessment	1/6/23	There is a well-established process in place for EIAs, with a template and toolkit available on the intranet and support offered from the services EDI advisor. This is in line with the NFCC toolkit and template which has been reviewed and adopted with some local additions. The NFCC screening template has also been adopted.	Yes	1/6/23
33	By 1 August 2023, chief fire officers should develop plans to promote progression paths for existing staff in non-operational roles and put plans in place to reduce any inequalities of opportunity.	1/8/23	As a result of an AFI identified in our Round 2 inspection, the Service has taken extensive steps to improve the progression and development opportunities available to our Green Book staff. This has included development of our Wider Horizons programme which aims to encourage development and progression for these staff across the Service. This work has been identified by HMICFRS as innovative practice in our Draft R3 report. All of the service's development activities including our 'Step Into Leadership' and 'Step Up' programmes are open to non-operational staff as are all other development opportunities including our degree apprenticeship programme. The improvements we	Yes	1/8/23

			have made to our appraisal process also support managers in identifying and developing these staff in the same way as we do for operational colleagues.		
18	By 1 August 2023, chief fire officers should provide assurances to HMICFRS that all parties are supported in relation to ongoing investigations.	1/8/23	<p>As per earlier recommendations, the Service has extensive provisions in place to provide welfare support to individuals involved in ongoing investigations; this includes individuals who are being investigated, those who have raised concerns, or other parties such as witnesses. The personal contact officer role provides a dedicated manager for individuals to speak with should they have any concerns. As per other recommendations the PCO can signpost individuals to additional support including mental health resources and our occupational health provider who can provide counselling if this is required.</p> <p>The Service's Attendance Management board provides a strategic oversight to review the progress of ongoing investigations on a monthly basis to ensure they are progressing quickly enough and will also assure that the parties involved have been provided with sufficient support and that welfare considerations have been made by the investigating manager and the PCOs assigned to each party.</p>	Yes	1/8/23
22	By 1 September 2023, chief fire officers should make sure there is a full, 360-degree feedback process in place for all other leaders and managers in service. The process should include gathering feedback from a wide range of sources including colleagues and direct reports.	1/9/23	As per earlier recommendation 21, a timetable to roll out the existing 360 feedback tool to all managers in the Service has been agreed by SLT. Due to resource constraints within the L&D team, and the impact of 'survey fatigue' on colleagues across the Service which would be experienced if all managers were completed simultaneously, this will take place using a phased approach over the next 18 months.	Yes	1/9/23
26	By 1 October 2023, as a precursor to the development of the College of Fire and Rescue, chief fire officers and the National Fire Chiefs Council should work with the	1/10/23	The Service has a range of internal leadership programmes in place as well as access to a number of external programmes. Our OD Manager is currently on the project group for the NFCC Middle Manager	Yes	1/10/23

	Home Office to consider how they can improve the training and support they offer to staff in management and leadership development. This should include authority members in respect of their assurance leadership roles and should ensure that opportunities are offered fairly across all staff groups.		Leadership Programme and has helped to shape it ready for launch.		
24	By 1 October 2023, chief fire officers should put plans in place to monitor, including through the gathering and analysis of staff feedback, watch and team cultures and provide prompt remedial action for any issues they identify.	1/10/23	As outlined earlier, the Service already has a range of staff engagement channels available to staff to provide feedback or alternatively to report any concerns. There is now additional monitoring of culture within the organisation through the People Board.	Yes	1/10/23
1	By 1 October 2023, chief fire officers should make sure their services provide a confidential way for staff to raise concerns and that staff are aware of whistleblowing processes.	1/10/23	The Service has had Safecall in place for 10 plus years. The Whistleblowing procedures have been re-publicised to staff.	Yes	1/10/23
9	By 1 January 2024, chief fire officers should: - immediately review their current background checks arrangements, and make sure that suitable and sufficient background checks are in place to safeguard their staff and communities they serve; and - make sure that appropriate DBS check requests have been submitted for all existing, new staff, and volunteers, according to their roles as identified by the Fire Standards Board.	1/1/24	A significant piece of work is currently underway within People & OD to review our current arrangements and how the changes to legislation on DBS should be implemented within CFRS. A final proposal for implementing the new DBS arrangements will be presented to SLT on 11 th December 2023.	Ongoing	
14	By 1 March 2024, chief fire officers should provide assurances to HMICFRS that they have implemented the standard on	1/3/24	At time of writing no new standards in relation to this area have been published. However the Service	Ongoing	

	misconduct allegations and outcomes handling.		already has robust procedures in place which comply with the Grey Book, and the ACAS Statutory Code.		
12	By 1 March 2024, chief fire officers should provide assurances to HMICFRS that they have implemented the standard on staff disclosure, complaint and grievance handling.	1/3/24	At time of writing no new standards in relation to this area have been published. However the Service already has robust procedures in place which comply with the Grey Book, and the ACAS Statutory Code.	Ongoing	

Financial Implications

9. The additional work arising from these recommendations will largely be resourced from existing budgets and resources, where this is not possible additional budget growth bids will be submitted.

Legal Implications

10. No specific legal impact identified, other than changes to legislation enabling the DBS work to be carried out.

Equality and Diversity Implications

11. Any subsequent changes to policy will also require a review of the existing EIA.

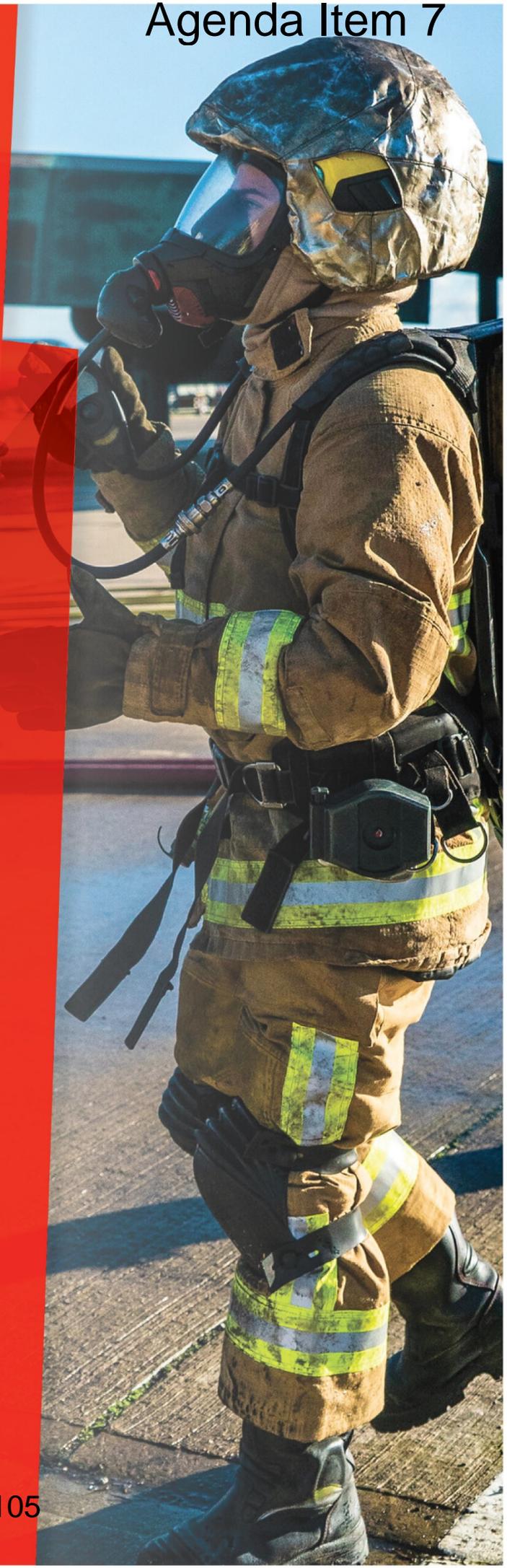
Environmental Implications

12. No impacts identified.

CONTACT: KIRSTY JENNINGS, GOVERNANCE OFFICER

TEL [01606] 868814

BACKGROUND PAPERS: NONE



**Health and Safety
Annual Report
2022/23**

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www.cheshirefire.gov.uk

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Health and Safety

Annual Report

2022 – 2023

1. Summary

This annual report highlights the Health & Safety (H&S) performance over the previous financial year (1 April 2022 – 31 March 2023).

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

Overall performance has been satisfactory, accident numbers remained low although minor accident numbers did increase on the previous year.

Manual handling injuries and slips, trips and falls remained the most frequent contributor to injuries for operational employees, which is not unexpected given the high number of manual handling activities undertaken by the Service. For fire support employees, mental health issues remained to be the main contributor to absenteeism.

Key points to note during the period include:

- A small increase in the number of minor injuries; however,
- A decrease in the number of lost time days;
- Significant improvement in operational employee fitness; and
- A focus on managing safely training for managers.

2. Background

In April 2022 the Service appointed a new Health, Safety and Wellbeing Manager following the retirement of the post holder after fourteen years' service. This was managed in a way that allowed a handover period to familiarise the new manager with the Service.

The new Health, Safety and Wellbeing Manager is a chartered member of the Institute of Occupational Safety and Health, has extensive knowledge and experience gained over twenty-eight years' within the chemical sector.

Throughout this change the Service has remained committed to operating safely and driving continual improvement in its H&S performance.

As the Health & Safety Executive continues to update legislation and guidance, the Service has implemented the necessary changes in our management system.

Changes to legislation are monitored via external providers and, internal checks ensure that our policies and procedures remained compliant to changes issued

by the Health and Safety Executive, the Home Office and National Fire Chiefs Council.

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 were monitored for lessons learned.

3. Key Achievements

There has been an increase in the number of operational employees passing the Service fitness test. The Service is now back to pass rates seen prior to the Corona Virus pandemic.

Eighty random screening tests carried out for alcohol and substance abuse has not identified any related concerns within the Service.

An audit schedule and plan was introduced by the health and safety department to ensure that all Service facilities are visited annually to identify any health and safety issues and to share best practice improvements. No major health and safety concerns were identified.

A new eLearning package was developed for new starters ensuring that all employees have a basic awareness of health and safety expectations and how to raise their health and safety concerns when necessary.

Institute of Occupational Safety and Health (IOSH) managing safely refresher courses were introduced, for all relevant employees to be refreshed every three years. This year has seen significant attendance ensuring that management level employees are provided with mandatory training.

A wellbeing focus group named 'StayWell', was created from Service employees that had stakeholder interest in improving overall health and fitness, this group now meets quarterly to discuss employee fitness, nutrition and overall health.

An opportunity was provided to a small number of employees to obtain a level three personal trainer qualification. Following the training the Service now has eleven additional fitness instructors that are able to provide support to all employees following the guidance and support of the fitness advisors.

The further development of initiatives to manage risks to operational employees from contaminants by the refinement of training videos for the disrobing process, preventing exposure from contaminants after incidents and training exercises.

Four accidents were reported under the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations, which is the same number the previous year. One of the incidents reported was regarding Service activities that injured a member of the public who has now fully recovered.

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, three were to operational employees giving an RAR of 349 which is lower than the previous year [564].

5. Minor accidents and Near Misses

The electronic accident reporting system introduced to make the reporting and investigation of accidents easier and quicker has achieved its aim, however newer software platforms are now available which could improve the quality and efficiency of data reporting and identification of trends.

Reports and investigations are being completed in a timely manner, typically with 21 days with those outside of the allocated time being more complex incidents that required more thorough investigations or external support.

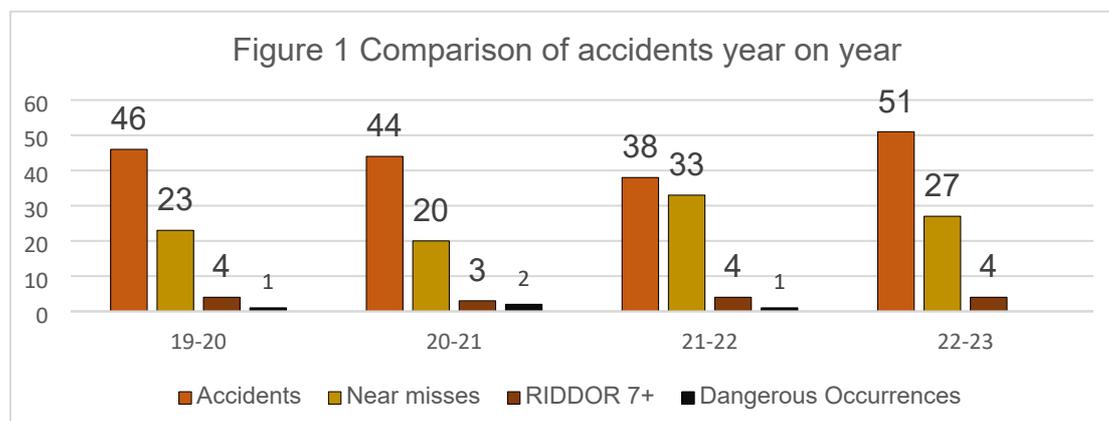


Figure 1 shows a comparison of the number of minor accidents, near misses, RIDDOR reports and dangerous occurrences for the last four years.

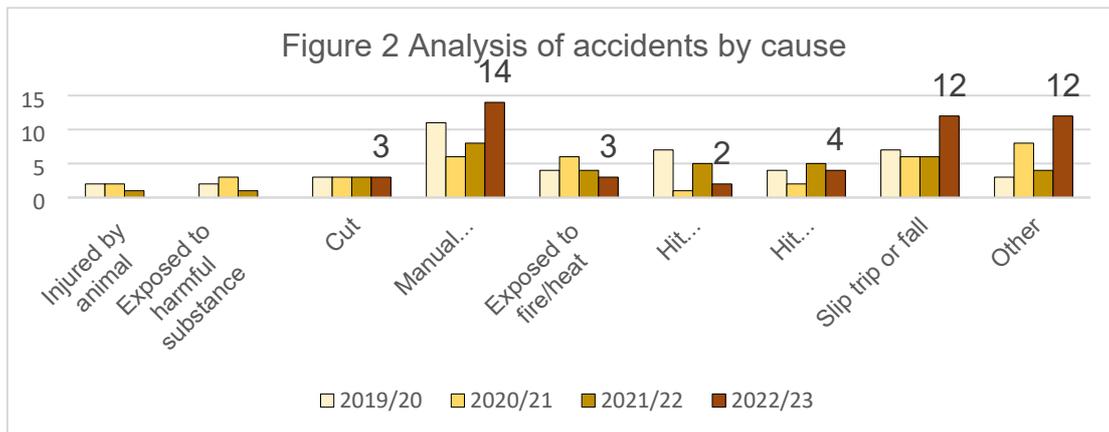
This year the Service recorded fifty-one injuries to employees, an increase of thirteen compared to thirty-eight the previous year, however, there has been a reduction in the injury severity evident in the number of lost time days.

Disappointingly there was a reduction in the number of near misses reported, this type of event report allows the Service to learn from incidents without injury or damage, but aids in the prevent of future injuries.

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.

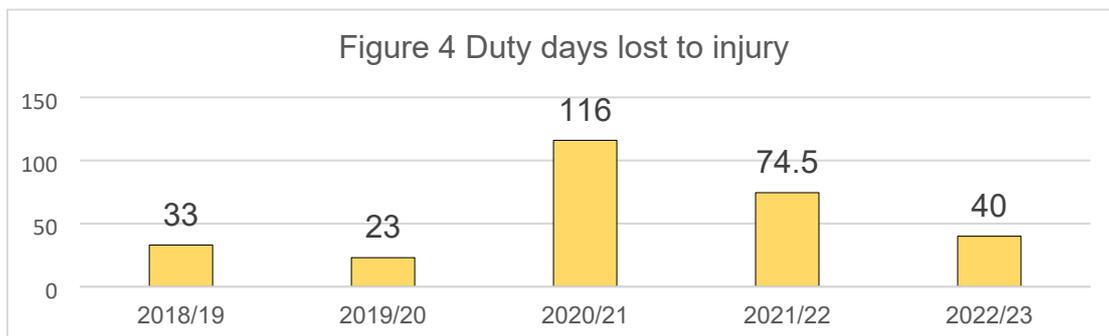
The analysis of the Service's accident reports shows that manual handling and slip, trip and fall incidents have been the cause of the most accidents.



All accidents are investigated at an appropriate level to ensure that learnings are identified with the aim of preventing a recurrence. Accident data helps identify future areas for campaigns and to focus training and resources where they will achieve the greatest benefit.

7. 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.



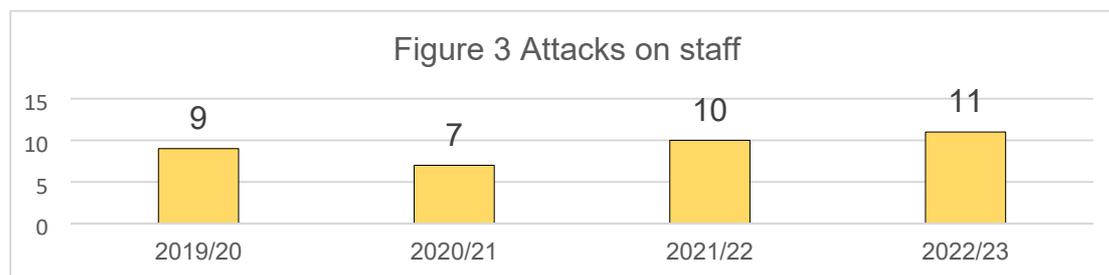
This data point is one of the performance measures reported to the Government. The number of days lost as a result of injuries this year is 40, a significant reduction on last year [74.5].

8. Violence and aggression towards staff

The Service recorded eleven incidents of violent and abusive behaviour towards employees which is one 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 anti-social behaviour. Data from the last four years is provided in Figure 3.

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

When appropriate, the Service employees will report violent attacks to the police and provide evidence from the closed-circuit television cameras mounted on Fire Engines.

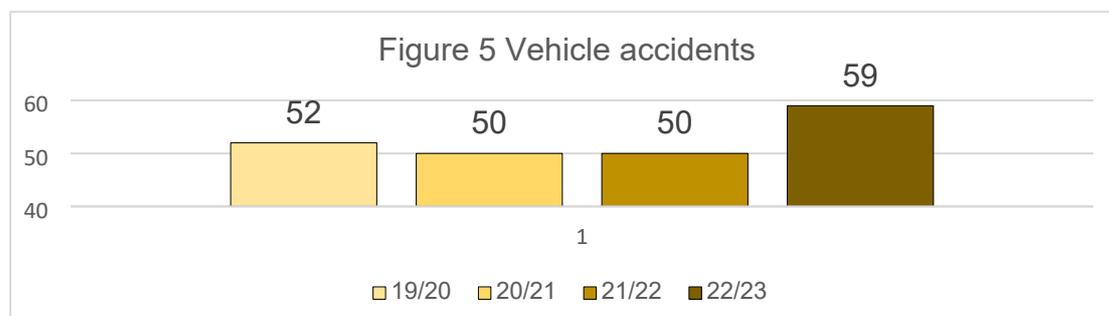


Attacks on firefighters have primarily occurred during the Bonfire Night period. There were three occasions where crews were called to small outdoor fires, that resulted in items such as fireworks and pieces wood being thrown or directed towards the appliance causing some very minor damage.

Verbal attacks were more frequent, eight events were recorded in total, three were abusive comments directed at firefighters and four were laser pens shone directly at appliance drivers and firefighters on scene. One event was recorded for the Protection Department, which was abusive language from a business owner.

9. Vehicle accidents

The number of vehicle accidents reported was fifty-nine; this is a slight increase over last year. All vehicle accidents were minor resulting in low-cost damage. Figure 5 shows a comparison of vehicle accident numbers for the last four years.



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.

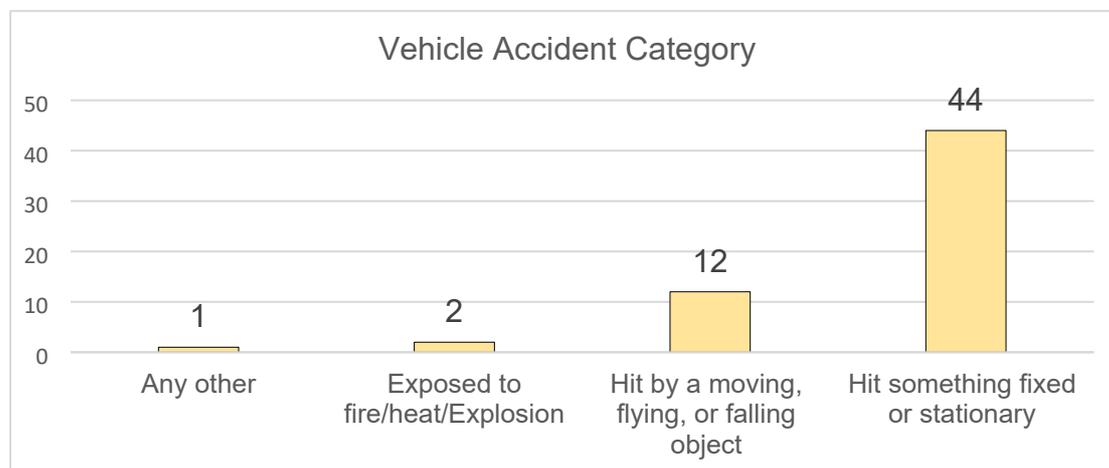
There has been a sustained and successful campaign to reduce the number of serious accidents when Service vehicles are being driven at higher speed.

Of the fifty-nine vehicle accidents reported, thirty-six occurred when fire engines were responding to emergency incidents. The majority occurred when manoeuvring vehicles in narrow spaces at low speed, particularly in some of the narrower domestic streets where there are often vehicles parked on both

sides of the road. Accident reduction focus has now transitioned to lower speed manoeuvring improvements.

An indication of vehicle accident types can be in figure 6.

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 driver skills.

The Service has refined a video to train the banks person who helps guide the driver when manoeuvring in tight spaces.

Vehicle technicians ensured that Service vehicles are maintained and meet all the relevant road safety requirements and drivers carry out a pre-use check before driving to ensure there are no problems that may affect a vehicles operational performance.

10. Claims and complaints

In the last year the number of personal insurance claims made against the Service has remained low at two, one injury was sustained at a bungalow fire in Runcorn where the employee suffered burns to one hand, and the second was a cut to the hand during boat training.

The Service continues to contest any claims, if on the balance of probabilities its duty of care has not been breached.

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 H&S-related issues to encourage continual improvement.

12. Risk management

The Service has a process for ensuring that all of our H&S policies and procedures are reviewed and remain up to date. 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.

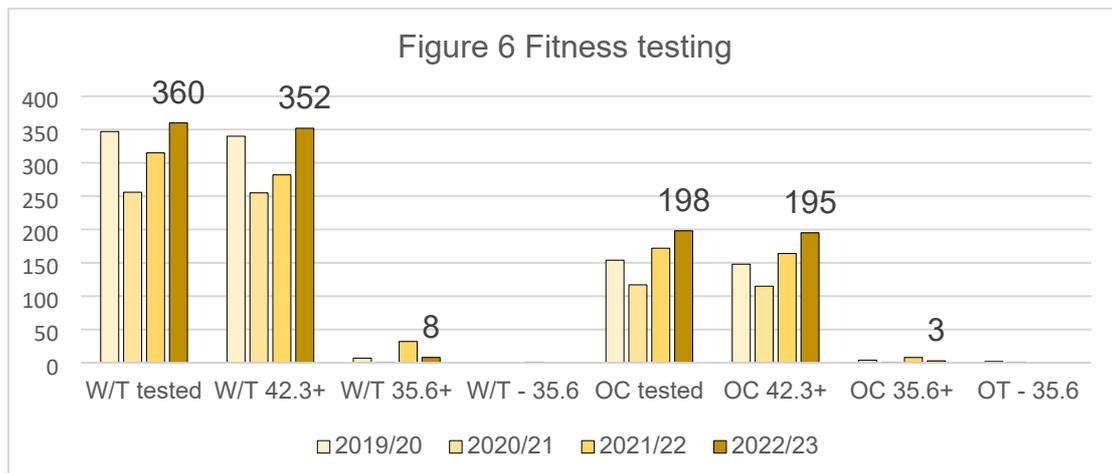
The H&S department has an overview of the practices of contractors working on Service premises and is involved in the refurbishment projects to ensure a consistent approach.

The Service has continued to implement guidance issued by NFCC regarding firefighter fitness. Currently two fitness advisors are fulfilling the role via job share arrangements. The fitness advisor that was on maternity leave has returned requesting a shorter working week, which was accepted by the Service.

Fitness testing schedules and employee pass rates have returned to back to pre-pandemic levels, after a short period of reduction, and future fitness programmes will continue to drive continual improvement.

Figure 6 shows the results for fitness testing during the year and, the increase in the number of tests conducted is evident.

It may be seen from the data that no employees failed to meet the minimum fitness standard.



(W/T Whole time & OC On call)

(42.3% VO2 MAX is the fitness requirement)

13. Training

Training was a key element of the organisation's strategy for maintaining and improving the H&S culture in the Service. It enables managers to identify and

meet the H&S responsibilities for their area, while encouraging staff to be aware of their personal responsibilities and for the impact of their actions on others.

As well as ensuring all basic and refresher training was provided according to the programme, the Operational Training Group (OTG) has developed new training modules to reflect the nature of incidents staff may have to attend and 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 be reinstated and, has formalised the arrangements for providing refresher training for managers periodically.

14. Consultation

The Service H&S Committee meets quarterly and is the main mechanism for consulting representative bodies and staff on matters relating to their H&S; during the reporting year these meetings were held in person at Sadler Road. 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 H&S of their members.

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

15. Health and Wellbeing

The annual programme of health and wellbeing (H&W) campaigns is now planned in a H&W sub-group that includes members of Occupational Health and Human Resources to ensure the most efficient approach.

Last year this group 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 trend has now been reversed by the formation of a working group to look at developing a holistic approach to fitness that includes nutrition advice and mental health support alongside a physical training regime.

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

16. Conclusion

The Service has continued to achieve its aim of a continual 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 Leadership Team, a continuing improvement in the health and safety culture of both managers and employees and the

cooperation of all employees including the participation of the representative bodies.

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

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CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 22ND NOVEMBER 2023
REPORT OF: STEPHEN HULSE, HEALTH & SAFETY MANAGER
AUTHOR: LAWRENCE HOWARD, MENTAL HEALTH ADVISOR

SUBJECT: MENTAL HEALTH ANNUAL REPORT 2022-23

Purpose of Report

1. This report provides an update in respect of the work that has been undertaken over the last 12 months to deliver the objectives and priorities contained within the Service's Mental Health Strategy.

Recommended: That

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

Background

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

1	Leadership and Responsibility	We believe that mental health is everyone's responsibility and requires visible commitment from all staff across the Service, regardless of role or pay grade.
2	Communication and Education	We believe that the key to maintaining good mental health and wellbeing is through a systematic programme of engagement, promotion, and education.

3	Support and Intervention	We will continue to support and intervene to improve mental health and are committed to increasing organisational confidence, skills and capability in addressing risks and dealing with mental health issues.
4	Culture and Compassion	We believe an open and compassionate culture around mental health is essential to eliminating stigma and promoting a positive environment that reduces the exacerbation of existing mental health problems and concerns.

5. An initial Action Plan was produced by the MHSG and was signed off on the 2 June 2021. The MHSG has been monitoring and supporting the progression of the action plan on a quarterly basis. On the 20th June 2023, the Director of Transformation shared a proposal to integrate and streamline a number of meetings with similar agendas across the Service to avoid any duplication of work.
6. As the areas within the MH action plan have been delivered and all remaining items were deemed to now be 'business as usual', it was agreed that the MHSG should transition in to the new StayWell Group. The group has been established to discuss and co-ordinate all physical and mental wellbeing activities.
7. The information contained below provides an update against the key areas contained within the Mental Health Strategy and the corresponding action plan. It is worth noting that this will be the final report under the banner of the MHSG and all future mental health activity will be part of the StayWell Group which will report to the new People Board.

Information

Leadership and Responsibility

8. One of the ways in which the Service has normalised mental health is through regular engagement with staff and through maintaining regular dialogue with line managers about stress and the mental wellbeing of staff. Senior officers are also expected to demonstrate a visible, active commitment and to speak openly about mental health in the workplace whilst inviting feedback on how the Service can continue to provide support.
9. One example of this is the priority that the Chief Fire Officer placed on mental health in his first video to staff. He made a direct reference to mental health and pledged his ongoing commitment to improving and supporting the mental health of staff within the workplace.
10. Over the course of the year other senior leaders have also actively supported events and activities relating to mental health such as the World Mental Health Day Event on 10th October 2023. The Assistant Chief Fire Officer now chairs the re-established Sports and Wellbeing Committee.

11. The Mental Health Advisor has continued to be visible across the Service making, at least one visit to every watch, section, department, and team across the Service each year. This averages approximately 110 visits. At the beginning of March 2022, the Mental Health Advisor partnered with the Service Fitness Advisor to start offering joint visits. This was also to emphasise the parity of esteem between physical and mental health. Whilst the Fitness Advisor undertakes the fitness testing, staff are also invited to undertake a Mental Health MOT. To date, 25% of staff have accessed the MOT.

Communication and Education

12. It is vital to educate staff about why good mental health is important, to understand trends and to provide access to training to increase knowledge and better equip employees to deal with their own mental health concerns and/or support colleagues.
13. In January 2022 the Service identified that suicide rates were rising within Cheshire communities. The most significant area of increase was in men aged 45 to 55 years and they remain the most vulnerable group. With many of our employees in this demographic and with the ongoing aim to maintain zero suicides within CFRS, the Service developed and launched a Suicide Prevention Toolkit in September 2022. This was also supported by training for staff in accredited Suicide First Aid training. To date, 96 members of staff have voluntarily accessed this training.
14. As part of the “Step Away” element of the People Strategy, the Service has been working towards improving the support offered to staff both before and after retirement. In November 2023, the Service is delivering the new “Step Away” workshop programme. This programme was shaped by retiree and pre-retirement colleagues through a range of focus groups and individual consultations. The programme will be reviewed following the first round of delivery.
15. Over the last year the Mental Health Advisor has continued to support and attend the various staff network groups, Limitless, FirePride, REACH and the new Armed Forces network and Divergence, the Neurodiversity network. The Mental Health Advisor has also facilitated sessions on the possible mental health challenges faced by members of a specific network.
16. In terms of the ongoing education, the Mental Health Advisor has a monthly column in the Service Alert magazine and uses the weekly Green staff newsletter to promote mental health themes, events, and support.
17. One of the most visual reminders that art, craft, exercise and enjoying nature can be positive for our mental health is illustrated by the mosaic of a firefighters helmet (Figure 1) which is mounted on the wall outside the canteen at Sadler Road. This mosaic was created by members of the MHSB and was unveiled on the 15th March 2022 by the Chair of the Fire Authority, Cllr Bob

Rudd in the presence of Cllr Gina Lewis, Mental Health Champion, the Chief Fire Officer and members of the MHSG.

Figure 1.



The black tiles represent the distress associated with poor mental health and are framed by bright colours and patterns that remind us there are many positive ways to maintain our well-being.

18. To further promote wider understanding and awareness a mental health awareness e-learning package was launched in December 2022. The package aims to raise awareness of mental health conditions and concerns and describes and signposts staff to the various support offered across the Service. This is a mandatory e-learning package that will also be incorporated into the induction checklist for all new starters.
19. Other Mental Health events and campaigns hosted during the year included:
 - A “Time to Talk” campaign in February 2023.
 - A four week Stress Management Programme running throughout April 2023 to mark National Stress Awareness month.
 - Webinars provided in May 2023 to mark Maternal Mental Health Awareness Week’. During this week the Service also joined with the Perinatal Mental Health Partnership and Motherwell, a Crewe based Charity run by women for women.
 - Support for National Carer’s Week in conjunction with Carers UK
 - Marking World Suicide Prevention Day (Saturday 10th September 2023) by reminding staff of the Suicide Prevention Toolkit and how to access the Suicide First Aid training.
 - A conference was held at Sadler Road to mark International Men’s Day. 2022

Support and Intervention

20. Significant provision is already in place, but work is continuing to ensure that the Service can offer comprehensive support to staff in a range of ways.
21. The MHSG have continued to explore how to enhance the Trauma Risk Management (TriM) process and have determined that there is a strong case for the proactive deployment of peer TRiM practitioners routinely following a serious or traumatic incident. This is currently being piloted in Cheshire East

to further develop our understanding of what is required and the strength of the proposed solution. The pilot in Cheshire East will conclude in December 2023 followed by an evaluation report for consideration by the StayWell Group.

22. The number of TRiM practitioners currently stands at 42 across the Service. Refresher days have been delivered twice a year to support and sustain TRiM practitioners' competence.
23. In addition to TRiM, the Service has also maintained its appetite to grow the network of Mental Health First Aiders (MHFAs). The number of qualified Mental Health First Aiders currently stands at 45. Further work is planned to continue to support and develop our MHFAs. There will be refresher days and the opportunity for others to obtain this qualification.
24. The Wellbeing Community Group continues to offer informal and flexible support. It remains based around a Facebook group that individuals can join and engage with as they please. The Group offers walks, meditation, and a variety of wellbeing activities. There are currently over 70 staff members on this Group.
25. The MHSG also suggested widening the offer of the Sports and Welfare Association. Historically the Association's focus has been around purely physical activities but there is a need to look at a wider range of activities which will be more inclusive.
26. The StayWell Group meets on a quarterly basis and consists of Cheshire Fire and Rescue Service managers and staff from across departments who are engaged in co-ordinating activities which support and promote wellness across the organisation.

Culture and Compassion

27. The achievement and maintenance of a healthy and supportive culture and work environment is reliant on good leadership and a consistent and positive approach to staff wellbeing. It is also dependant on both staff and managers adhering to the Service's core values.
28. Changing culture is a long and challenging process, but through the range of interventions, communications, and ongoing efforts to engage staff in discussions around mental health, we continue to raise awareness and are making progress towards achieving a culture where staff feel it is safe to talk and know that they are being listened to.
29. Part of this approach is incorporating consideration of mental health within every policy and within all change management processes so that there is an absence of discrimination. To facilitate this, wellbeing has now been incorporated into the Equality Impact Assessment process.

30. Providing feedback is another means of achieving a positive and open culture where discussions around mental health are normalised. As already stated, there is a wellbeing section within the appraisal and all managers are expected to check the welfare of both individuals and staff groups during meetings and visits. Wellbeing has also been incorporated as a key theme within the staff engagement framework and will continue to be a topical theme of discussion on staff engagement days and within future staff surveys.
31. The “Who do I turn to” campaign has been refreshed and there is a tab on the new intranet. This campaign reminds staff of our zero tolerance approach to bullying, harassment and discrimination and the range of support available to staff.
32. Mental Health and Wellbeing awareness also continues to be promoted through Corporate Inductions, the Step-In programme, the Step-Up programme, and the Apprentice programmes.

Financial Implications

33. By having a dedicated Mental Health Advisor, the Service has made a significant financial investment coupled with the cost of training for staff and hosting of events. This is now considered as business as usual for the organisation and it is anticipated that this investment will generate savings and greater productivity through a reduction in the levels of absence associated directly with mental health concerns.

Legal Implications

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

Equality and Diversity Implications

36. Equality and diversity are closely aligned with mental health. This includes making reasonable adjustments for staff with a mental health condition, protecting the privacy of a staff member who has a mental health condition, and ensuring that we do not take any adverse action against a staff member because of a mental health condition. Mental Health is now included as a factor for consideration within the Service’s Equality Impact Assessment process.

37. More recently there has been an emphasis on the ageing workforce due to greater life expectancy. Based on workforce planning predictions it is inevitable that there will be an increase of staff in older age groups. This places more emphasis on the need to create a healthy workforce to sustain an older population of staff who may have greater health needs in the workplace.

Environmental Implications

38. There are no environmental implications associated with the contents of this report.

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CHESHIRE FIRE AUTHORITY

MEETING OF: PERFORMANCE AND OVERVIEW COMMITTEE
DATE: 22ND NOVEMBER 2023
REPORT OF: HEAD OF PREVENTION AND PROTECTION
AUTHOR: DENISE BOWMAN

SUBJECT: PARTNERSHIP ANNUAL REPORT 2022-2023

Purpose of Report

1. To present an overview of the performance of the prevention departments Partnerships portfolio during the period April 1st 2022 to March 31st 2023.

Recommended: That

[1] the report be noted.

Background

2. The Prevention department has a range of partnership activity that supports our prevention work within the community. They 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 2022-2023 and their current outlook.
4. The report also contains an overview of our current and future partnership work such as the Combined Intelligence for Population Health Action (CIPHA) project, headline performance, a summary of the Safety Central partnerships and the Prevention Departments' current work streams.

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. Proportionate, suitable documentation is put in place for the partnerships.

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 diversity and inclusion 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 - 2023



Contents

Partnership Management	3
Governance, Monitoring and Evaluation	4
Governance, Monitoring and Evaluation Updates	4
Partnership Overview and Performance	5
Early Help and Prevention Partnership	5
Health and Wellbeing Partnerships through Safe and Well activity	6
Safety Central Collaborations:.....	9
Warrington and Halton Teaching Hospitals NHS Foundation Trust	9
Scottish Power Energy Networks	9
Current Work streams	9

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, ensures Cheshire Fire and Rescue Service (CFRS), (the Service) works more innovatively and draws 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, diversity and inclusion 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).

CFRS 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.

These records are also able to be scrutinised by external agencies such as HMICFRS and to affirm our commitment to the NQA (ISO9001 accreditation) standards.

Included within this report is an overview of partnership performance during the 2022-2023 financial year.

Governance, Monitoring and Evaluation Updates

The Prevention 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.

This also ensured that all partnerships were meeting the corporate objective set by the service and partners. Membership of the board includes Prevention managers and internal partnership leads as well as other governance departments such as Information Governance and Legal.

Following significant involvement with COVID-19 community activity within the Prevention workstreams between 2020 - 2022, the board has introduced a formal structure that supported the re-introduction of collaborative activity within our normal day to day business.

The Partnership Board provides the opportunity to discuss the status of each partnership and the completion of the Prevention Partnership toolkit, a review and evaluation of current activity, consideration of local and national contexts and identifying any new partnership activity and driving forward improvements.

It was identified that improvements were still required to the partnership toolkit utilised by the department and this will be picked up in 2023 - 2024. This will take account of the staff feedback and the outcomes raised and supported by the ISO 9001 recommendations.

These improvements were needed to ensure that the continual success of our partnerships in the event of changes to personal, priorities or budgetary issues.

It will also include a partner feedback form template that will be used to invite regular independent feedback from partner agencies going forward.

This work will support our effective evaluation of Prevention Partnerships. The new toolkit was also presented to the Protection department with the plan to implement this across Protection Partnerships, the impact of this will be reported in following reports.

The Partnership Policy was reviewed and updated accordingly.

Partnership Overview and Performance

Early Help and Prevention Partnership

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) for several years. 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.

2022-2023 Performance

The Family Fire Engagement Officer supported the family intervention team by completing Safe and Well visits and risk assessments. In total **301** Safe and Well referrals were requested during the year (01/04/22 – 31/03/23).

Of the **301** referrals made **157** referrals were completed and **144** families refused a visit or would not engage with CFRS. The top four highest risk referrals were:

- Arson
- Under the age of 5 years old in property
- Disability mobility
- Substance misuse.

Over the course of the year **146** smoke alarms were fitted by the postholder. Fireproof letter boxes were also installed at **32** properties to help reduce the risk of a fire developing within a property (e.g., due to a threat of arson, Chart 1).

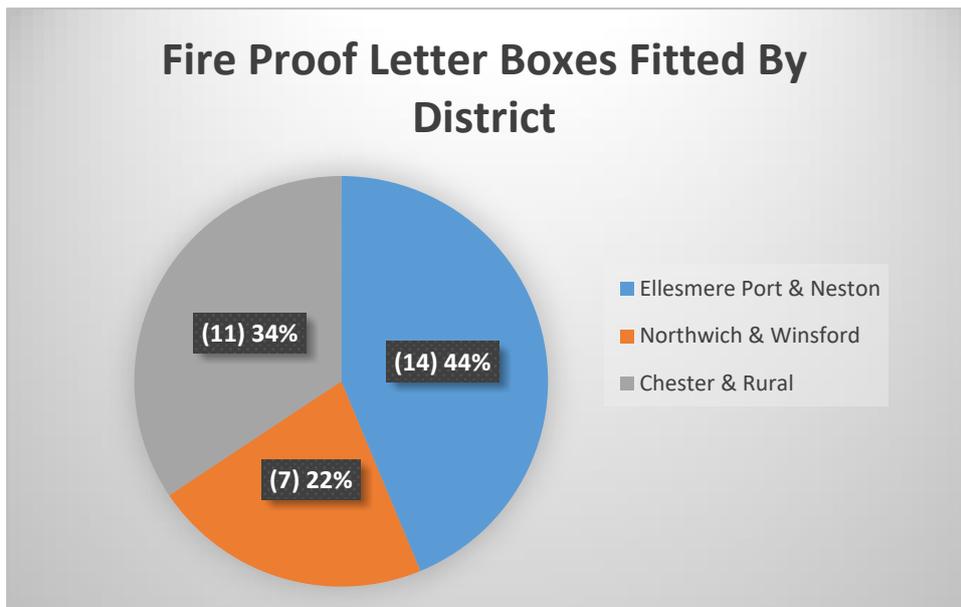


Chart 1: Fireproof Letterbox Data: April 01, 2022 – 31 March 2023

Completed Safe and Well visits included 16 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. Partnership leads within Cheshire Fire and Rescue Service are supporting the ongoing monthly evaluation of the role prior to its potential renewal in March 2023, this was renewed April 2023 with the long-term proposal for this role being considered during the prevention department review.

This was due to the identified risk of this role not being replicated in the other three unitary areas of Cheshire at the time of this report and the funding risks of the partnership in the current format.

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 were also be 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 & smoking cessation
- Affordable warmth
- Loneliness & social isolation
- Atrial fibrillation (this offer was removed at the request of health partners in November 2022)

- High blood pressure (this offer was removed at the request of health partners in November 2022)

A referral from the service involves (with consent) the sharing of personal information to a partner agency to support an occupant. A signpost involves a member of CFRS highlighting the services and support provided by a partner agency but where we do not provide any personnel information.

2022-2023 Performance

During the 2022-2023 financial year, 661 referrals were made to partner organisations (see table one below).

This is a marked increase in referrals compared to 2021 - 2022 (74). This is partly due to the total number of visits completed almost doubling (20,949) 2022-2023 vs (11,484) 2021 - 2022. Affordable warmth has been particularly relevant with the cost-of-living crisis on the back of the COVID-19 crisis.

	Cheshire East	Cheshire West and Chester	Halton	Warrington	Total Referrals
Falls Referral	91	23	37	31	182
Smoking Referral	10	0	5	2	17
Alcohol Referral	1	0	3	0	4
Affordable Warmth Referral	96	57	111	60	324
Atrial Fibrillation Referral	40	5	7	7	59
BP Signposts	0	21	0	2	23
Loneliness Referral	19	4	22	7	52
Total Referrals	257	110	185	109	661
Visits Completed	5194	7365	3970	4420	20949

Table 1: Safe and Well Referrals: 2022-2023

The rate of referrals/signpost following a safe and well visit is approx. 3.6%

Outlook

In November 2022, our NHS partners requested that we stop testing for atrial fibrillation and blood pressure due to recent structural and governance changes within health. Since April 2023, discussions had re commenced with health partners to re integrate these health offers. This will include ongoing dialogue with the NHS Cardiovascular Disease Prevention group and Cardiac Network across Cheshire and Merseyside Integrated Care Board, to see whether they could be reintroduced. This work is of a high priority and will be re-introduced once equipment guidance and refresher training.

Safe and Well partner, Energy Projects Plus (EPP) continue to provide funding and awareness and are still within their two-year period of funding for a “Warm and Well” programme, raising awareness and providing 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 identify competitive tariffs recommence.

Energy Projects plus also supported households across Cheshire with telephone calls, face-to-face advice and casework support. April 2022 – March 2023 the project has supported 324 households as stated in the table above. This shows an increase in referrals compared to April 2021 – March 2022 where the project supported 15 households.

Due to the demand post Covid on the third sector industry our provider for loneliness and isolation support withdraw their offer of new referrals at the end of 2022 – 2023 this resulted in loneliness and isolation support only being offered in Cheshire East and Halton by the Red Cross. Further work to identify suitable providers in 2023 – 2024 for Cheshire West and Chester and Warrington was ongoing.

The issues identified with the withdrawal of support identifies the impact on providing a standardised approach on service provision across Cheshire with partnerships of this type, this further highlights the importance of the newly established partnership board.

Since April 2023, the Service have had a representative at the council Health and Wellbeing boards for Cheshire East, Cheshire West and Chester, and Halton, which provides extra opportunities to gain information regarding health and wellbeing initiatives within the local authority, NHS and third sector, along with the possibility of collaborative working.

Part of the Service's HMICFRS action plan was to evaluate the training of our staff on their delivery of Safe & Well visits. To achieve this, we are trialling Motivational Interviewing training for Prevention and Service Delivery staff. This training is designed to support staff in having routine conversations with members of the public about a broad range of topics related to changes in behaviour, particularly Health and Wellbeing which will promote better understanding and retention of fire risk information.

The training provider has already carried out site visits to get a greater understanding of our Safe & Well visits and will be conducting two trial training sessions in November 2023. If this training is successful, we will roll this out to staff commencing in late 2023.

Safety Central Collaborations

Warrington and Halton Teaching Hospitals NHS Foundation Trust

The governance arrangements were finalised during 2022 - 2023 financial year seeing the Midwifery team returning to the centre in January 2023 to restart the weekly clinical appointments. The clinic was also extended to a Monday evening offering further support to expectant parents.

Safety Central staff have had further discussions with the NHS team to introduce some parent classes of an evening and to collaborate with the Warrington health visitors to develop a new programme targeting parents and carers of 0 – 4yrs. This is in the early stages, but they are hoping to progress this in the near future.

Scottish Power Energy Networks

SP Energy Networks continues to support Safety Central by providing a £10,000 donation each year to support the running and development of the volunteer ranger programme. The funding is used to help recruit new volunteers and provide training and support social activities to retain existing rangers. This supports both safety education locally and supports SPENS OFGEM obligations to actively support community development and the promotion of public safety it also helps to keep safety messages within the centre relevant as they are quality assured annually.

Delivery Partners

Safety Central have worked closely with local organisations who commit staff to deliver sessions that are part of the core programmes. This reporting period they have included Cheshire Polices Safer Schools and Young Peoples Partnership, Magistrates in the Community and Youth Fed – All supporting the Safe Wise programme for Princes Trust and High School visitors.

Lymm Rotary Club – who provide Heart start first aid sessions of an evening for members of the community.

Current Work streams

The Prevention department is currently undergoing a departmental structure review, as part of a wider departmental review. An outcome of this review will be to focus on highest-risk priority groups with a pan Cheshire approach. This is to be inclusive of all four unitary areas working with a range of organisations to support and enhance the safety of their community in standardised way.

Work is currently being done to standardise the approach of referrals coming into the department. Since the launch of the new Service internet page, two forms have been created to cater for self-referrals from the public and a Partner agency form.

We are in the process of reviewing the risk rating submitted on these forms, this will help identify the residents most at risk. Training for Partnership agencies on awareness and the new process will be available and evaluated on in future reports.

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). Partnership Leads are currently working to review and update the governance arrangements around some of their “business as usual” partnership activity.

There is a significant amount of work ongoing with colleagues from Merseyside Fire and Rescue Service and the “Combined Intelligence for Population Health Action” (CIPHA) programme to provide more detailed information related to health and fire risk to better prioritise our home safety safe and well activity. Further information will be provided in future reports.

The Prevention Community Safety team have also attended a 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.

ELECTED MEMBER MONITORING TABLE 2023-24

PERFORMANCE AND OVERVIEW COMMITTEE

Meeting Date:	12 July 2023		20 September 2023		22 November 2023		6 March 2024	
Report Deadline	26 June 2023		5 September 2023		6 November 2023		19 February 2024	
Agenda Deadline	3 July 2023		12 September 2023		13 November 2023		26 February 2024	
1			P Vaughan	Finance Report - Quarter 1, 2023-24	P Vaughan	Finance Report - Quarter 2, 2023-24	P Vaughan	Finance Report - Quarter 3, 2023-24
2	A Collis / H Marsh	Performance Report - Quarter 4, 2022-23	A Collis / H Marsh	Performance Report - Quarter 1, 2023-24	A Collis / H Marsh	Performance Report - Quarter 2, 2023-24	A Collis / H Marsh	Performance Report - Quarter 2, 2023-24
3	Seren Challand	Programme Report - Quarter 4, 2022-23	H. Marsh	Programme Report - Quarter 1, 2023-24	H. Marsh	Programme Report - Quarter 2, 2023-24	H. Marsh	Programme Report - Quarter 3, 2023-24
4	S Barnes	UPG Annual Report 2022-23	R Saxon	Equality, Diversity and Inclusion Annual Report 2022-23	S Hulse	Health, Safety and Wellbeing Annual Report 2022-23	R Swindells	Bonfire Annual Report 2022-23
5	JCaulfield / SBarnes	Training Performance Annual Report 2022-23	H Crampton	Safety Central Annual Report 2022-23	R Swindells	Interim Bonfire Report (verbal)	M. Johnston	Environment & Climate Change Annual Report 2022-23
6	D Palin / J Burton	Safeguarding Children, Young People and Adults Annual Report 22-23	J McTigue	'On the Streets' Youth Work Annual Report 2022 - 23	L Howard	Mental Health Annual Report 2022-23		
7	L McGarity	Prosecutions Annual Report 2022-23	O Tremain	North West Fire Control Annual Report 2022-23	C. Rabhani	HMICFRS 2023 Inspection Culture and Values		

Page 137

Agenda Item 11

ELECTED MEMBER MONITORING TABLE 2023-24

8	C Astles	Risk Management Annual Report 2022-23	A Collis	National Fire Chief's Council Fire Standards Compliance	D Bowman	Partnerships Annual Report 2022-23		
9	A Collis	HMICFRS 2021 Inspection Closedown Report						
10	R Swindells	Road Safety Annual Report 2022-23						
11								
12								
NOTES								

Page 13 of 22