HMICFRS INSPECTION 2021 ACTION PLAN

Version Number: 7
Date: 9th November 2022
Part 1: Areas for Improvement

Pillar: Effectiveness						Page no. in report:
1.1. AFI: Understanding the risk of Fires and other Emergencies: The Service should ensure that Fire Control have direct access to relevant and up-to-date risk information.						9
No.	Action to be taken	Measure of Success	Evidence Review and Outstanding Actions	Action Lead	Target Date	Status
1 (Pg11)	Enable NWFC to access to Firecore/MDT software	Evidence that NWFC can easily access risk information (1.1.6)	Following consultation with another regional FRS who has received this AFI (Lancashire), we are satisfied that NWFC holds all the risk information required to mobilise resources effectively and safely. This includes: - High rise premises and their default evacuation strategies - Premises with specific hazards such as COMAH premises - Premises with known arson threats - Premises with known violent or hostile occupiers - Premises with other occupancy hazards e.g., hoarding, oxygen users - Entry door codes and access details - Markers or 'hazard zones' which may impact FRS response, added following receipt of confidential information from NILOs in other agencies This risk information is updated using our gazetteer software five times a week to ensure the provision of accurate and up to date information. Where there is a need for risk information to be added to a premises outside of business hours, a procedure is also in place to allow this to be added with fire control directly until such time that it can be updated in the gazetteer.	Tony Hughes / Tony O'Dwyer	Jul 2022	**Complete**

			The operating model for the regional control centre does not allow, or necessitate, control operators accessing the SSRI information in its full format. This information is provided to operational commanders via our MDTs and is designed for their use in operational decision making at the scene of an incident.			

Pillar: Effectiveness						Page no. in report:
1.2. AFI: Preventing Fires and other Risks: The Service should improve how Safe and Well (S&W) visits are targeted to individuals that are most at risk or are harder-to-reach and how information gathered during visits is used.						**12**
No.	**Action to be taken**	**Measure of Success**	**Evidence Review and Outstanding Actions**	**Action Lead**	**Target Date**	**Status**
1 (pg13)	Review how we utilise information gathered during visits to inform future visits.	Evidence of service using activity to inform and adapt its prevention plan (1.2.1).	On an ongoing basis, Prevention and operational staff utilise the information gathered during visits to manage vulnerable person cases and ensure referrals to relevant partner agencies. This information is recorded in our software application SAFFIRE which holds details of all S&W visits completed by the Service. To ensure that the information gathered is used in a systematic way, development work is taking place in SAFFIRE to include a risk score which will be produced following all visits based on the information and occupancy characteristics which are observed. This will allow the service to determine a re-visit frequency specific to that address and occupier. It is expected that this development work will be concluded in late 2023. **ACTION: Implement the required software development in SAFFIRE to produce a quantitative risk score based on information gathered during S&W visits**	Duncan Palin / Steve McCormick	Sep 2023	**Open**
2 (pg13)	Review the targeting methodology for Safe and Well	Evidence of a S&W methodology which uses data and information to ensure	The service already has a well-developed methodology which uses various datasets to target S&W visits through both Exeter and the 'New Cheshire' data. As an interim measure, the re-visit frequency for 'Platinum' Exeter addresses has been reduced from five to three years to ensure those most at risk are engaged	Duncan Palin / Steve McCormick	Mar 2022	**Complete (with additional**

	visits to ensure it targets high-risk groups.	it is focused on those most at risk (1.2.1).	with more frequently. This will be reviewed when the implementation of the latter action is completed. Work is ongoing to further enhance the targeting methodology through the introduction of Combined Intelligence for Population Health Action (CIPHA), which uses real-time health data from NHS partners. Ultimately, the SAFFIRE development work will allow us to merge the post-visit risk score and CIPHA data to provide an overall view of risk at Unique Property Reference Number (UPRN) level. This will also be delivered in late 2023. **ACTION: Integrate CIPHA data into the S&W targeting methodology** **ACTION: Implement the required software development in SAFFIRE to merge the post visit risk score and CIPHA data**			**work ongoing)**
3 (pg13)	Review the vulnerable person processes to ensure they are fit for purpose	Evidence of processes which effectively identify and safeguard vulnerable persons (1.2.4).	A revised Safeguarding E-learning package was introduced in 2021 which has been completed by 97% of operational staff and 85% of non-operational staff. This is accompanied by a revised Safeguarding toolkit which will be launched across the service in quarter 3 to coincide with adults safeguarding week campaigns. A quality assurance process is in place whereby the Lead Advocate will review and sign off individual 'Hazard Reduction Plans' before they are issued to an occupier and partner agencies. **ACTION: Launch the revised Safeguarding Toolkit**	Duncan Palin / Steve McCormick	Dec 2022	**Complete (with additional work ongoing)**

Pillar: Effectiveness					Page no. in report:
1.2. AFI: Preventing Fires and other Risks: The service should ensure it quality assures its prevention activity, so staff carry out Safe and Well visits to an appropriate standard.					**12**

No.	Action to be taken	Measure of Success	Evidence Review and Outstanding Actions	Action Lead	Target Date	Status
1 (pg13)	Review the quality assurance process for S&W activity.	Evidence of S&W visits being quality assured to ensure they are effective in reducing risk (1.2.1).	There is a positive culture in relation to how performance and quality is discussed in 1:1 meetings with Prevention staff. Assurance of operational staff who undertake S&W visits is now also included within the Station Performance and Operational Assurance (SPOA) audits. The Prevention department has several quality assurance (QA) standards. There is extensive evidence of an active QA programme prior to 2020, and some evidence of this re-starting in recent months. A future action for the service is to ensure that QA is planned and completed in a systematic way using the QA framework and schedule that was in place before the pandemic. QA activity should be co-ordinated in a structured manner and have oversight from departmental managers. **ACTION: Implement a structured framework to plan QA activity across the Prevention department**	Duncan Palin / Steve McCormick	Dec 2022	**Open**

Pillar: Effectiveness					Page no. in report:
1.4. AFI: Responding to Fires and other Emergencies: The service should ensure it has an effective system for learning from operational incidents.					**19**

No.	Action to be taken	Measure of Success	Evidence Review and Outstanding Actions	Action Lead	Target Date	Status

1 (pg20)	Review the Structured Debrief process	Evidence of the service consistently evaluating operational performance and using this learning to improve response and incident command (1.4.7).	The service has an Operational Learning Group (OLG) which meets on a regular basis to review issues identified from a range of sources. These include Ops Debrief returns, learning from national incidents, incident command audit themes, Ops Discretion events and structured debriefs. Structured debriefs are now added to the LearnPro platform for all staff to access. A quarterly 'Ops Learning Bulletin' has also been designed and will be disseminated to all operational staff to highlight key learning points identified by the OLG. There is still a need for the Service to strengthen its approach to debriefing, particularly in ensuring that recommendations identified through the debriefing process are clearly tracked and resolved. A new debrief strategy has been drafted using nationally identified best practice. However due to the current capacity in OPA being prioritised for industrial action planning, this will not be implemented until 2023. In the meantime, Officers continue to make improvements to the existing process. **ACTION: Publish the 1st Operational Learning Bulletin to all staff, obtaining evidence this has been read and understood** **ACTION: Communicate that structured debriefs are published on Learn Pro as a tool for staff to use as training materials locally** **ACTION: Review the OLG terms of reference, minutes and action tracker to ensure these are fit for purpose** **ACTION: Ensure all recommendations identified in structured debriefs held in the last 12 months have been identified at OLG, recorded and have a plan for resolution.**	Jon Caulfield / Tony O'Dwyer	Dec 2022	**Open**

Pillar: Efficiency						Page no. in report:
2.1. AFI: Making Best use of Resources: The Service should ensure the corporate ownership of business continuity at North West Fire Control (NWFC) and that all staff understand the arrangements and their associated responsibilities.						26
No.	Action to be taken	Measure of Success	Evidence Review and Outstanding Actions	Action Lead	Target Date	Status
1 (pg28)	Conduct regular training sessions with staff from both CFRS and NWFC in relation to business continuity and fall-back arrangements to secondary control.	Evidence of the service testing its fallback arrangements at an appropriate frequency (2.1.7).	NWFC have a detailed business continuity plan covering a range of scenarios. The document was last reviewed in Feb 2022. NWFC undertakes a fall-back mobilising exercise at the control room on a twice-yearly basis, the last of which occurred in Oct 2022. These exercises simulate a failure of the IT software and a reversion to manual mobilising. NWFC formally debriefs these fallback events and collates learning to inform future events. We have seen detailed evidence of these debriefs. Whilst a full fall-back to the secondary fire control facility has not been tested since 2018, plans are now in place for a controlled evacuation to this facility on 14th February 2023. This will: • Operate the NWFC function from the standby control room for approximately 12 hours • Engage with all stakeholders to ensure they are prepared for the controlled evacuation and all services operating correctly, e.g., Ops Support, Telent, GMFRS & G10, ICT, buddy controls • Test and adapt NWFC's ways of working for an evacuation of the primary fire control site • Identify learning and good practice to revise the evacuation procedure as required **ACTION: NWFC to successfully undertake a full evacuation to the secondary fire control facility in February 2023.**	Tony Hughes / Tony O'Dwyer	Feb 2023	**Open**
2 (pg28)	Create a methodology for regularly and	Evidence of a process to review and update the BC	A regional approach has been agreed with the other partner FRSs which will see each service support NWFC's business continuity planning for a 12-month period and rotated between each FRS. Cheshire are supporting NWFC for the first	Tony Hughes /	Nov 2022	**Open**

| | | | period. A business continuity management group has been established at NWFC and met for the first time on 12th October 2022.

Officers are also conducting a review of the NWFC business continuity plan which will be completed on an annual basis to ensure corporate ownership of this risk by CFRS.

ACTION: Undertake a review of the NWFC business continuity plans to provide assurance for CFRS that these are fit for purpose | Tony O'Dwyer | | |
|---|---|---|---|---|---|
| directly reviewing the business continuity plans for Fire Control. | plans at an appropriate frequency (2.1.7). | | | | |

Pillar: Efficiency					Page no. in report: 29
2.2. AFI: Making the Fire and Rescue Service Affordable Now and in the Future: The Service needs to ensure that it has a robust and comprehensive fleet strategy which is regularly reviewed and evaluated to maximise potential efficiencies.					
No.	Action to be taken	Measure of Success	Evidence Review and Outstanding Actions	Action Lead	Target Date	Status
1 (Pg30)	Review and update the fleet strategy to provide more detail including overall objectives and targets, expected performance levels and service standards, and how the service measures	Evidence of a fleet strategy which is directly linked to and supports future service provision (2.2.4).	A detailed fleet strategy has been drafted which includes the following: • Overview of function and departmental structure • Fleet profile • Links to financial planning and the CRMP • Vehicle life and management strategy • Environmental considerations • A detailed long term vehicle replacement programme for front line appliances This document is awaiting approval from SMT. **ACTION: Obtain sign off for the fleet strategy as a live document.**	Phill Cooper / Tony O'Dwyer	Nov 2022	**Open**

success and achievements. This will provide opportunities to identify areas for improvement.						

Area: People						Page no. in report:
3.1. AFI: Promoting the Right Values and Culture: The service should ensure staff are appropriately trained and up to date in relation to health and safety.						**34**
No.	**Action to be taken**	**Measure of Success**	**Evidence Review and Outstanding Actions**	**Action Lead**	**Target Date**	**Status**
1 (pg35)	Develop a health and safety training strategy to deliver health and safety refresher training to all staff	Evidence of training which ensures H&S procedures are effective and well understood by all staff (3.2.2 supporting 3.1.4).	Records indicate that 21 personnel across the service have completed an IOSH refresher in 2022; this is currently an optional course. Some of these records are also missing from employee training records on HR Pro. A plan is being developed more advanced content and IOSH refresher training to those staff who completed the initial training over three years ago. The Service is creating a mandatory E-Learning package on LearnPro for all CFRS staff which will cover H&S procedures. This would need to be completed by all staff by the end of Feb 2023. **ACTON: Launch an E-Learning module to provide a basic level of H&S awareness and training to all CFRS employees.** **ACTION: Ensure that all IOSH refresher courses are recorded on employee training records in HR Pro.**	Stephen Hulse / Tony O'Dwyer	Feb 2023	**Open**

			ACTION: Implement a structured plan to provide a higher level of safety training and/or IOSH input to managers identified as requiring further knowledge.			

Area: People						Page no. in report:
3.4. AFI: Managing Performance and Developing Leaders: The service should improve all staff understanding and application of the performance development review process						41
No.	Action to be taken	Measure of Success	Evidence Review and Outstanding Actions	Action Lead	Target Date	Status
1 (pg41)	Improve staff understanding and application of the appraisal process.	Evidence of the service assessing and developing individual performance of all staff (80% target) (3.4.1).	During April and May a series of workshops were delivered to reinforce the value and importance of appraisals as a means of supporting performance, wellbeing, career development and identification of training needs. The workshops were offered to all staff and a total of 13 workshops were delivered to approximately 150 staff. Work is ongoing to automate the appraisal system within PDR Pro. This is on schedule to be delivered by April 2023 and will significantly improve the user experience enabling higher completion rates. A verbal update will be provided in P&O regarding current completion rates for the 2022/23 appraisals. ACTION: L&D to continue providing a high level of visibility around appraisal completion to line managers to encourage completion. Data to be shared with HODs on a regular basis. ACTION: Implement the required software development in PDR Pro to fully automate the appraisal process.	Victoria Wraxton / Carmine Rabhani	June 2023 (allowing time following go-live of new system)	Open

Cheshire Fire & Rescue Service

Pillar: People						Page no. in report:
3.4. AFI: Managing Performance and Developing Leaders: The service should put in place a system to actively manage staff careers, with the aim of diversifying the pool of future and current leaders.						**41**
No.	**Action to be taken**	**Measure of Success**	**Evidence Review and Outstanding Actions**	**Action Lead**	**Target Date**	**Status**
1 (pg39, 41,42)	Widen support for non-operational staff looking for career progression into leadership roles	Evidence of the service actively managing career pathways of all staff (3.4.2).	In July 2022 a focus group was conducted to understand the type of development that would support non-operational staff development and progression into leadership roles. This, coupled with the HMICFRS feedback, has prompted the development of a campaign called "Broader Horizons" which comprises of two elements which are: 1. A Job, Family and Career Pathways directory for non-operational roles to raise awareness of opportunities across the service and to support discussions around career planning, progression and development particularly during the appraisal process. This directory has been developed with direct input from people in relevant roles to provide an accurate insight. The directory is in production and will be launched by January 2023. 2. A new development programme has been designed for launch during Quarter 4 2022. This programme will be aimed at aspiring leaders from non-operational roles and will provide bespoke training and development opportunities over a period of 18 months. Entry onto the programme will be by means of a development centre. In addition to the development of the "Broader Horizons" programme, work has been ongoing to develop a schematic that illustrates all of the other development opportunities on offer. All of these are accessible to any member of staff who has an express need or desire to develop skills in pursuit of career progression whether lateral or vertical. **ACTION: Implement both elements of the "Broader Horizons" programme.**	Victoria Wraxton / Carmine Rabhani	Feb 2023	**Open**

Cheshire Fire & Rescue Service

| 2 (pg41 – 42) | Undertake a review to ensure promotion processes are fair, transparent and have more tangible links to on the job performance. | Evidence that staff think that the selection and promotion process is fair (3.4.4). | The service completes a feedback and evaluation process involving all candidates that have engaged in promotion processes. This is done formally on an annual basis and changes to the process are made based on feedback. After the 2021 survey the following changes were made:

• Improvements made to further support neuro-diverse applicants.
• Further guidance provided on submission of evidence and its suitability;
• Workshops rolled out for managers to provide guidance on endorsing and supporting application forms;
• Mandatory interview training for all panel members – including unconscious bias training;
• Personalised feedback now offered to unsuccessful candidates at application stage;
• Learning & Development interview workshops are now tailored to the NFCC Framework and Code of Ethics in relation to interview questions; and
• Interview questions are printed out and given to the candidate during the interview and each now states which element of the NFCC framework or Code of Ethics it falls under to provide further clarity to the interviewee.

The annual survey, to date, has provided extensive evidence that staff think that the promotional processes are fair and follow an established and recognised process. This includes moderation at each stage of the process and scoring and assessment by multiple managers. To eliminate any surprise and to improve preparation for promotion processes, Learning & Development have designed and delivered a number of workshops to staff on what to expect during the process. Guidance documents have also been produced to enhance transparency and understanding of the process. Upon completion of the process, feedback is routinely offered to candidates whether they have been successful or unsuccessful.

Following conclusion of the Autumn 2022 Promotion boards, a survey has been circulated to all staff who have been involved in either a temporary or permanent | Zoe Garland / Carmine Rabhani | Feb 2023 | **Complete (with additional work ongoing)** |

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

HMICFRS INSPECTION 2021 ACTION PLAN

Version Number: 7
Date: 9th November 2022
Part 2: Suggestions

Pillar: Effectiveness						Page no. in report:
1.2. Suggestion: Preventing Fires and other risks						**12**
No.	**Action to be taken**	**Measure of Success**	**Evidence Review and Outstanding Actions**	**Action Lead**	**Target Date**	**Status**
1 (pg14)	Evaluate the Road Safety contract in Cheshire East.	Evidence of the service effectively working with partners to reduce the number of people KSI (1.2.5).	The service produces an annual road safety report which is provided to the Performance and Overview Committee. This includes Killed and Seriously Injured (KSI) performance data and relevant information about the Cheshire East road safety contract, including delivery against metrics defined within the contract. A detailed evaluation report has also been drafted for Cheshire East Council which provides both qualitative and quantitative evaluation of the delivery in 2021/22. **ACTION: Provide a final version of the evaluation report to Q4 P&PB for the 2021/22 Cheshire East contracted delivery.**	Duncan Palin / Steve McCormick	Dec 2022	**Open**

Pillar: Effectiveness					Page no. in report:
1.4. Suggestion: Responding to Fires and other Emergencies					18

No.	Action to be taken	Measure of Success	Evidence Review and Outstanding Actions	Action Lead	Target Date	Status
1 (pg20)	Consider increasing the scope of NWFC staff involvement in the service's command, training, exercise, debrief and assurance activities	Evidence of activity which improves training and operational learning for NWFC staff (1.4.7 and 3.2.2 supporting 1.4.2).	NWFC continue to have limited involvement in the service's command training and assurance activities. The service has completed a single marauding terrorist attack (MTA) no-notice exercise to test the control room's response to this type of incident and has further exercises planned during the next quarter. The service has not yet tested the application of its 'IBE' high rise procedure within NWFC. Despite the service attending several large and major incidents, NWFC have not been involved in any structured incident debriefs in the last 12 months. There has been no provision of WM7 or SMMI training to NWFC staff as was originally intended, although it is appreciated that their capacity to release staff for such events is challenging. **ACTION: Continue with the planned programme of no-notice exercises testing NWFC's response to an MTA incident.** **ACTION: Fully test the application of the immediate building evacuation (IBE) procedure within NWFC and the process for communicating information with Cheshire FRS resources.** **ACTION: Ensure NWFC are invited to and encouraged to participate in all structured debriefs. Obtain evidence of active contribution to a minimum of 2 debriefs.**	Tony Hughes / Tony O'Dwyer	Feb 2023	**Open**

Pillar: Effectiveness					Page no. in report:
1.5. Suggestion: Responding to Major and Multi-agency Incidents					**21**

No.	Action to be taken	Measure of Success	Evidence Review and Outstanding Actions	Action Lead	Target Date	Status
1 (pg22)	Consider how the service can review the information it exchanges with neighbouring services more frequently.	Evidence that staff can access accurate and up-to-date risk information within neighbouring FRS areas (1.4.3).	Whilst discussions with surrounding FRSs are ongoing there has been no change to the process used to exchange risk information with neighbouring services. This is still completed using Resilience Direct and the current repository of sites held has not been updated for 13 months. There is no co-ordinated process to ensure that the information held is accurate, and that Cheshire MDTs are updated with revised risk information when a change is made by another service (and vice versa).	Tony Hughes / Tony O'Dwyer	Feb 2023	**Open**
2 (pg22)	Create a structured cross-border exercise programme. Extend the formality of locally led exercises	Evidence of a joint exercise programme which tests response arrangements with each of the 6 bordering FRS (1.5.3).	The service has introduced a requirement for all stations to plan and facilitate cross border training with each of our neighbouring FRSs on a periodic basis. This is recorded using the Cheshire Planning System and audited by the Organisational Performance team. This was introduced in September 2022 so requires more time for evidence to be gathered. A review of cross-border activity is being completed to ensure that the frequency of exercises is based on risk and the frequency with which we work with each FRS. This will be incorporated into the draft Exercise Policy. **ACTION: Complete analysis of cross-border response activity to provide a risk-based approach to exercises with clearly defined targets.** **ACTION: Ensure all cross-border training completed in the last 12 months is recorded in CPS.**	Gareth Scott / Steve Barnes	Feb 2023	**Open**
3 (pg23)	Provide evidence that the service	Evidence that all staff are sufficiently prepared to respond	The service continues to provide JESIP input as part of its WM7 and SMMI training programmes. Interoperability is tested as an integral part of command assessments at all levels.	Tony Hughes / Tony O'Dwyer	Sep 2022	**Complete**

		Reality testing during Station Performance and Operational Assurance audits is indicating that managers have a good understanding of JESIP and major incident procedures, and most commanders can explain how they would respond to an undeclared MTA incident.			
consistently follows the JESIP principles	to multi-agency incidents, including those of an MTA nature (1.5.4).				

Pillar: Efficiency					Page no. in report:
2.1. Suggestion: Making Best use of Resources:					26
No.	Action to be taken	Measure of Success	Evidence Review and Outstanding Actions	Action Lead	Target Date	Status
1 (pg26)	We are interested to see how the service realises the full potential of priority-based budgeting.	Evidence that the service allocates financial resources using rationale which is clearly linked to the IRMP. Financial controls which support the appropriate use of public money (2.1.3).	The PBB process is now well established in the organisation and is being used again by Heads of Department (HoDs) to formulate budgets and plans for the 2023/24 financial year. It will be important for HoDs to be able to evidence to HMICFRS during interviews that the process is used to influence departmental decision making and directly linked to the allocation of resources.	Paul Vaughan	Sep 2022	**Complete**
2 (pg28)	Demonstrate improvements following the review of the way CFRS works with NWFC.	Evidence that the service comprehensively monitors, reviews and evaluates the benefits of this collaborative activity (2.1.6).	Whilst NWFC reports on its performance on an annual basis, this is done at a regional level and without sufficient detail to understand performance within Cheshire. As a result, a quarterly performance scrutiny meeting has been introduce between the NWFC SPOC, GM – Organisational Performance and our nominated Operations Manager at NWFC. The outcomes of these meetings will be included in the Performance Health Report at P&O Committee on a quarterly basis. The first meeting was held in September 2022 and is included in the Quarter 2 report.	Aaron Collis / Tony Hughes / Tony O'Dwyer	Sep 2022	**Complete**

Area: People						Page no. in report:
3.1. Suggestion: Promoting the Right Values and Culture						**35**

No.	Action to be taken	Measure of Success	Evidence Review and Outstanding Actions	Action Lead	Target Date	Status
1 (pg35)	Ensure continued visibility and availability of mental health support and education across the Service.	Evidence that the service has effective wellbeing policies which are understood by staff (3.1.3).	The service has continued to promote mental health awareness with a range of highly visible campaigns and events such as Mental Health Day. These continue to be used by senior leaders to demonstrate our ongoing commitment in this area. A mosaic sponsored by the Mental Health Steering Group has been designed and created and is now visibly hung on the wall in the training centre as a continued reminder of the support and commitment across the service. The service has also continued to increase its offering of TRiM, Mental Health First Aid, and a suicide prevention toolkit was launched in Summer 2022 which was supported by a suite of suicide prevention workshops. The Mental Health Advisor remains visible and conducts mental health MOTs in a structured programme of station visits. This is in partnership with the Service's Fitness Advisor undertaking physicals and fitness tests. This is raising the profile of mental health and encouraging the same level of parity between mental and physical health.	Andrea Harvey	Sep 2022	**Complete**

Area: Effectiveness / People						Page no. in report:
1.2. Suggestion: Preventing fires and other risks **3.2. Suggestion: Getting the Right People with the Right Skills**						**36**

No.	Action to be taken	Measure of Success	Evidence Review and Outstanding Actions	Action Lead	Target Date	Status
1 (pg36)	Undertake a review to identify what aspects of	Evidence that staff are appropriately trained for their role	The service continues to provide detailed prevention training when employees join the organisation. This is included within induction processes and recruit courses for operational staff.	Duncan Palin / Steve McCormick	Feb 2023	**Open**

| | | | prevention training requires improvement and to identify which staff groups do not have full access to training. | and that the service ensures its teams have the right mix of skills and capabilities (3.2.2). | However, the service would benefit from ongoing refresher prevention training for staff, particularly operational teams and those who have responsibility for delivering Safe & Well visits.

ACTION: Implement provision of refresher training for operational staff who deliver S&W visits. | | | |

Area: People						**Page no. in report:**
3.3. Suggestion: Ensuring Fairness and Promoting Diversity						**37**
No.	**Action to be taken**	**Measure of Success**	**Evidence Review and Outstanding Actions**	**Action Lead**	**Target Date**	**Status**
1 (pg39)	Develop plan to improve diversity within recruitment with specific emphasis on addressing the under-representation of female and BAME staff in the workforce.	Evidence of the service exploiting opportunities to ensure its workforce better reflects the community it represents (3.3.3).	The dedicated Positive Action Group has been merged into the Attraction and Recruitment Working group, ensuring that positive action is considered as an integral part of the recruitment process. A structured meeting takes place monthly. A standing item to discuss positive action has also been added to the Equality Steering Group agenda. Action this year has included: • Newly designed 'One team, many superpowers' campaign and promotional material; • A specific social media campaign which used targeted advertising for females and BAME residents both in and outside of Cheshire; and • Maintaining contact and providing ongoing coaching to female applicants who don't pass practical tests or succeed at interview with the aim of supporting a future application by them.	Mark Shone/Zoe Garland	Dec 2022	**Complete (with additional work ongoing)**
2 (pg41)	Develop a plan to target diverse groups for	Evidence that the service engages with under-represented	Whilst the recent CFO vacancy was open to those from a non-operational background to apply, there continues to be no formal strategy to recruit into middle and strategic roles through direct entry. This is because we are awaiting	Andrea Harvey/ Mark Shone	Sep 2023	**Open**

| middle and senior management roles and explore viability of a Direct Entry Scheme | groups to remove disproportionality and promote fair and open opportunities for all (3.3.4). | the results of the ongoing national pilot and are unlikely to progress this internally until the outcomes of the pilot are clear.

However, other plans are being progressed to encourage a more diverse middle and senior leadership team such as sponsorship of degree qualifications, coaching, and mentoring. It is also expected that the new 'Broader Horizons' programme, aimed at green book staff, will help to develop and prepare more females within the service for future promotion. | | | |