



HMICFRS INSPECTION 2021 ACTION PLAN

Version Number: 9

Date: 26th June 2023

Part 1: Areas for Improvement

Pillar: Effectiveness						Page no. in report: 9
1.1. AFI: Understanding the risk of Fires and other Emergencies: The Service should ensure that Fire Control have direct access to relevant and up-to-date risk information.						
No.	Action to be taken	Measure of Success	Evidence Review and Outstanding Actions	Action Lead	Target Date	Status
1 (Pg11)	Enable NWFC to access to Firecore/MDT software	Evidence that NWFC can easily access risk information (1.1.6)	<p>Following consultation with another regional FRS who has received this AFI (Lancashire), we are satisfied that NWFC holds all the risk information required to mobilise resources effectively and safely. This includes:</p> <ul style="list-style-type: none"> • High rise premises and their default evacuation strategies • Premises with specific hazards such as COMAH premises • Premises with known arson threats • Premises with known violent or hostile occupiers • Premises with other occupancy hazards e.g., hoarding, oxygen users • Entry door codes and access details • Markers or 'hazard zones' which may impact FRS response, added following receipt of confidential information from NILOs in other agencies <p>This risk information is updated using our gazetteer software five times a week to ensure the provision of accurate and up to date information. Where there is a need for risk information to be added to a premises outside of business hours, a procedure is also in place to allow this to be added with fire control directly until such time that it can be updated in the gazetteer.</p>	Tony Hughes / Tony O'Dwyer	Jul 2022	Complete



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			<p>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.</p> <p>A letter outlining our position in relation to this AFI was provide to HMICFRS in February 2023.</p>			
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Pillar: Effectiveness						Page no. in report: 12
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.						
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).	<p>Prevention and operational staff utilise the information gathered during visits to manage vulnerable person (VP) cases and ensure referrals to relevant partner agencies where appropriate. This information is recorded in our SAFFIRE software which holds details of all S&W visits completed. The Service currently has 889 VP cases on file, of which 91 are currently requiring ongoing involvement from CFRS.</p> <p>Future Focus: To further improve the way information, 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, ensuring a systematic and standardised approach. It is expected that this development work will be concluded in September 2023.</p>	Duncan Palin / Steve McCormick	Sep 2023	Complete
2 (pg13)	Review the targeting methodology for	Evidence of a S&W methodology which uses data and	Since the last inspection the Service has completed a detailed and evidence-based review of its targeting methodology and significantly expanded our approach to include 'New Cheshire Data'. Using our own data, particularly	Duncan Palin / Steve McCormick	Mar 2022	Complete



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	Safe and Well visits to ensure it targets high-risk groups.	information to ensure it is focused on those most at risk (1.2.1).	<p>relating to serious injury fires, our offering was expanded to include additional occupancy characteristics who are also at significant risk. These include lone person households and those with disabilities under the age of 65 which are targeted using an Experian MOSAIC dataset. This approach compliments our use Exeter data to target the S&W offering at residents over the age of 65.</p> <p>Future Focus: The Service is looking to introduce a new dataset during 2023 called CIPHA. This will amalgamate our targeted approach for all age ranges and use 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 UPRN level. This will also be delivered in late 2023.</p>			
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).	<p>A revised Safeguarding E-learning package was introduced in 2021 which has been completed by 97% of operational staff and 85% of non-operational staff. This is accompanied by a revised Safeguarding toolkit which will be launched across the service in quarter 3 to coincide with adults safeguarding week campaigns.</p> <p>A quality assurance process is in place whereby the Lead Advocate will review and sign off individual 'Hazard Reduction Plans' before they are issued to an occupier and/or partner agencies.</p> <p>The revised Safeguarding Toolkit was launched in December 2023.</p>	Duncan Palin / Steve McCormick	Dec 2022	Complete



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Pillar: Effectiveness						Page no. in report: 12
1.2. AFI: Preventing Fires and other Risks: The service should ensure it quality assures its prevention activity, so staff carry out Safe and Well visits to an appropriate standard.						
No.	Action to be taken	Measure of Success	Evidence Review and Outstanding Actions	Action Lead	Target Date	Status
1 (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).	<p>The Service has reviewed and re-launched its quality assurance framework for Prevention activity which includes a co-ordinated annual schedule for the QA of activity across all outputs (including S&W visits, youth interventions, road safety delivery and the handling of vulnerable person files). Where appropriate these include an assessment of compliance with data handling and confidentiality requirements. QA activity is recorded on the Cheshire Planning System (CPS) and scrutinised by the Locality Safety Managers.</p> <p>Operational staff are audited by a prevention specialist delivering S&W visits as part of the SPOA (station performance and operational assurance) process.</p> <p>The Prevention department also engages in an accreditation scheme against ISO standard 9001 which includes a quality policy which is applied to all activity within the department. This provides an additional layer of external scrutiny to ensure departmental processes promote a culture of continuous improvement.</p>	Duncan Palin / Steve McCormick	Dec 2022	Complete



Pillar: Effectiveness						Page no. in report: 19
1.4. AFI: Responding to Fires and other Emergencies: The service should ensure it has an effective system for learning from operational incidents.						
No.	Action to be taken	Measure of Success	Evidence Review and Outstanding Actions	Action Lead	Target Date	Status
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).	<p>The service has an Operational Learning Group (OLG) which meets monthly to review issues identified from a range of sources. These include Ops Debrief returns, learning from national incidents, incident command audit themes, Ops Discretion events and structured debriefs.</p> <p>The OLG terms of reference, minutes and action tracker have been reviewed and a new tracker introduced to ensure that areas of learning identified are thoroughly recorded and monitored to ensure that actions are completed.</p> <p>Following each structured debrief a document is issued to all operational staff via PDR Pro summarising the learning and outcomes. This includes a more detailed PowerPoint presentation which watches are encouraged to read through and use to facilitate tabletop exercises allowing wider learning from each event.</p> <p>A quarterly 'Ops Learning Bulletin' is now also issued to all operational staff to highlight key learning points identified by the OLG. This is published via the new Operational Learning Hub on the intranet and covers:</p> <ul style="list-style-type: none"> • Level 1 and 2 fire ground audits • operational training and exercises • structured debriefs • Operational Learning Platform submissions • NFCC National Operational learning (fire sector) • Joint Organisational Learning (JESIP) • National Resilience Assurance Team (NRAT) updates. 	Jon Caulfield / Tony O'Dwyer	Dec 2022	Open



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			Following the services, Round 3 Hot Debrief it is recommended that this action is carried forward to the next action plan to ensure that the improvements made to date continue to be fully embedded.			
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Pillar: Efficiency	Page no. in report:
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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
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No.	Action to be taken	Measure of Success	Evidence Review and Outstanding Actions	Action Lead	Target Date	Status
1 <small>(pg28)</small>	Conduct regular training sessions with staff from both CFRS and NWFC in relation to business continuity and fall-back arrangements to secondary control.	Evidence of the service testing its fallback arrangements at an appropriate frequency (2.1.7).	<p>NWFC have a detailed business continuity plan covering a range of scenarios. The document was last reviewed in Feb 2022.</p> <p>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.</p> <p>Resilience tests with each of the four buddy FRS controls are completed by each watch on an annual basis (four yearly per FRS) which tests the application of Op Willowbeck call re-distribution with our partners (LFB, West Midlands, Warwickshire and Northamptonshire).</p> <p>NWFC formally debriefs all these fallback events and collates learning to inform future events. We have seen detailed evidence of these debriefs.</p> <p>A controlled evacuation to the secondary fire control facility took place on 14th February 2023. This included:</p> <ul style="list-style-type: none"> • Operating the NWFC function from the standby control room for approximately 12 hours 	Tony Hughes / Tony O'Dwyer	Feb 2023	Complete



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			<ul style="list-style-type: none"> Engaging with all stakeholders to ensure they were prepared for the controlled evacuation and all services operated correctly including: Ops Support, Telnet, GMFRS & G10, ICT, Buddy Controls (LFB, West Midlands). Testing and adapting NWFC's ways of working for an evacuation of the primary fire control site <p>Learning and good practices have been identified from this test. Moving forward, NWFC have committed to testing these arrangements on a bi-annual basis.</p>			
2 (pg28)	Create a methodology for regularly and directly reviewing the business continuity plans for Fire Control.	Evidence of a process to review and update the BC plans at an appropriate frequency (2.1.7).	<p>A business continuity management group has been established at NWFC and met for the first time on 12th October 2022. This group now meets bi-monthly to provide assurances to each of the FRSs around resilience and BCM in the control room.</p> <p>Officers have undertaken a review of the NWFC business continuity plan BCI (Business Continuity Institute) principles. This will be completed on an annual basis to ensure corporate ownership of the risk by CFRS and provide assurance that the plans are fit for purpose and reflect any changing risks.</p>	Tony Hughes / Tony O'Dwyer	Nov 2022	Complete

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	Evidence of a fleet strategy which is directly linked to and supports future service provision (2.2.4).	<p>A detailed fleet strategy has been written which includes the following:</p> <ul style="list-style-type: none"> Overview of function and departmental structure Fleet profile Links to financial planning and the CRMP process Vehicle life and management strategy Environmental considerations 	Phill Cooper / Tony O'Dwyer	Nov 2022	Complete



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<p>targets, expected performance levels and service standards, and how the service measures success and achievements. This will provide opportunities to identify areas for improvement.</p>		<ul style="list-style-type: none"> A detailed long term vehicle replacement programme for front line appliances <p>This document has been approved by SLT in November 2022.</p>			
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Area: People

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3.1. AFI: Promoting the Right Values and Culture: The service should ensure staff are appropriately trained and up to date in relation to health and safety.

No.	Action to be taken	Measure of Success	Evidence Review and Outstanding Actions	Action Lead	Target Date	Status
1 <small>(pg35)</small>	Develop a health and safety training strategy to deliver health and safety refresher training to all staff	Evidence of training which ensures H&S procedures are effective and well understood by all staff (3.2.2 supporting 3.1.4).	<p>A mandatory E-Learning package to provide H&S awareness and training to all CFRS employees has been launched and had been completed by 92% of staff as of March 2023. This supplements H&S information provided to all employees as part of their initial induction training when they first join the organisation and will ensure ongoing maintenance of H&S awareness for all staff.</p> <p>The service continues to use IOSH to upskill those with line management responsibilities and has run a number of IOSH initial courses during Q4. Further courses are planned throughout 2023.</p>	Stephen Hulse / Tony O'Dwyer	Feb 2023	Complete



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		<p>Additionally, an IOSH refresher programme has been launched which now all managers are required to re-validate their H&S knowledge on a 5-yearly basis. 76 managers have already been refreshed during Q4 with a further 7 courses planned for the remainder of 2023 to ensure all line managers receive this refresher training (unless recently promoted and have recently completed the full IOSH initial).</p> <p>All IOSH refresher courses are now recorded on employee training records in HR Pro.</p>			
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Area: People	Page no. in report:
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3.4. AFI: Managing Performance and Developing Leaders: The service should improve all staff understanding and application of the performance development review process	41
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No.	Action to be taken	Measure of Success	Evidence Review and Outstanding Actions	Action Lead	Target Date	Status
1 <small>(pg41)</small>	Improve staff understanding and application of the appraisal process.	Evidence of the service assessing and developing individual performance of all staff (80% target) (3.4.1).	<p>The L&D team delivered a series of workshops during April and May 2022 to reinforce the value and importance of appraisals as a means of supporting performance, wellbeing and career development. 150 managers received this training. This resulted in a significant improvement for 2022/23 with 89% of staff successfully engaging in the process and having an active appraisal for the 22/23 performance year. This comprised of the following staff groups:</p> <ul style="list-style-type: none"> Ops Wholetime – 92% Ops On-Call – 88% Green Book Fire Staff – 84% <p>For 2023/24 the appraisal process has now been fully automated in PDR Pro and consists of a simplified template and workflow for managers to use. Much of the feedback around the process centred around how user friendly the previous forms were and the volume of work this generated for managers. It is hoped this advancement in technology will improve user experience and further increase engagement rates with the process during the coming year.</p>	Victoria Wraxton / Carmine Rabhani	June 2023 (allowing time following go-live of new system)	Complete with Ongoing Progress



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Pillar: People						Page no. in report: 41
3.4. AFI: Managing Performance and Developing Leaders: The service should put in place a system to actively manage staff careers, with the aim of diversifying the pool of future and current leaders.						
No.	Action to be taken	Measure of Success	Evidence Review and Outstanding Actions	Action Lead	Target Date	Status
1 <small>(pg39, 41,42)</small>	Widen support for non-operational staff looking for career progression into leadership roles	Evidence of the service actively managing career pathways of all staff (3.4.2).	<p>In July 2022 a focus group was conducted to understand the type of development that would support non-operational staff development and progression into leadership roles. This, coupled with the HMICFRS feedback, has prompted the development of a campaign called “Wider Horizons” which comprises of two elements which are:</p> <ol style="list-style-type: none"> 1. A Job Family and Career Pathways directory for non-operational roles to raise awareness of opportunities across the service and to support discussions around career planning, progression and development particularly during the appraisal process. This directory has been developed with direct input from people in the roles to provide an accurate insight. 2. Several bespoke career development events delivered to all green book staff in early 2023 which provided an opportunity to formally launch the career pathways directory and a range of interactive and engaging carer planning sessions, highlighting the opportunities available for progression and how the Service can help staff achieve their goals. This also included panel discussions from non-operational staff who had, through development, progressed to more senior positions in the Service. <p>All managers with line management responsibility for green book staff have received a briefing on the campaign to enable them to intrude this into personal development and appraisal conversations.</p>	Victoria Wraxton / Carmine Rabhani	Feb 2023	Complete



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<p>2 (pg41 - 42)</p>	<p>Undertake a review to ensure promotion processes are fair, transparent and have more tangible links to on the job performance.</p>	<p>Evidence that staff think that the selection and promotion process is fair (3.4.4).</p>	<p>The service completes a feedback and evaluation process involving all candidates that have engaged in promotion processes. This is done formally on an annual basis and changes to the process are made based on feedback. After the 2021 survey the following changes were made:</p> <ul style="list-style-type: none"> • Improvements made to further support neuro-diverse applicants. • Further guidance provided on submission of evidence and its suitability; • Workshops rolled out for managers to provide guidance on endorsing and supporting application forms; • Mandatory interview training for all panel members – including unconscious bias training; • Personalised feedback now offered to unsuccessful candidates at application stage; • Learning & Development interview workshops are now tailored to the NFCC Framework and Code of Ethics in relation to interview questions; and • Interview questions are printed out and given to the candidate during the interview and each now states which element of the NFCC framework or Code of Ethics it falls under to provide further clarity to the interviewee. <p>The annual survey, to date, has provided extensive evidence that staff think that the promotional processes are fair and follow an established and recognised process. This includes moderation at each stage of the process and scoring and assessment by multiple managers. To eliminate any surprise and to improve preparation for promotion processes, Learning & Development have designed and delivered a number of workshops to staff on what to expect during the process. Guidance documents have also been produced to enhance transparency and understanding of the process. Upon completion of the process, feedback is routinely offered to candidates whether they have been successful or unsuccessful.</p> <p>Following conclusion of the Autumn 2022 Promotion boards, a survey has been circulated to all staff who have been involved in either a temporary or permanent</p>	<p>Zoe Garland / Carmine Rabhani</p>	<p>Feb 2023</p>	<p>Complete</p>
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			promotion process. The survey seeks direct feedback on the transparency, fairness, process, and timescales associated with promotion processes. Notably the 2022 survey saw a significant improvement in staff who perceive the process to be fair and transparent, increasing to 63% from 35% in 2021.			
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HMICFRS INSPECTION 2021 ACTION PLAN

Version Number: 9

Date: 26th June 2023

Part 2: Narrative 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).	A detailed evaluation report is now produced on an annual basis to assess the effectiveness of the Cheshire East Road Safety contract. This is presented to Performance and Overview Committee and contains a summary of quantitative outputs (against the contract specification) and a range of qualitative feedback including pre and post engagement questionnaires which school participants fill in, allowing to assess if the input we provide is effective in changing behaviour.	Duncan Palin / Steve McCormick	Dec 2022	Complete

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	Evidence of activity which improves training and operational learning	NWFC continue to have limited involvement in the service's command training and assurance activities. The service has completed a two marauding terrorist attack (MTA) no-notice exercises to test the control room's response to this type of incident (Ex Bi-Polarity).	Tony Hughes / Tony O'Dwyer	Feb 2023	Open



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<p>involvement in the service's command, training, exercise, debrief and assurance activities</p>	<p>for NWFC staff (1.4.7 and 3.2.2 supporting 1.4.2).</p>	<p>We have also involved NWFC in the testing of our 'Immediate Building Evacuation' (IBE) high rise procedure. This involved large exercise in January 2023 which included live 999 callers allowing us to robustly test the application of the communications procedure from the control room to evacuation teams (Exercise Kirkby). Whilst there have been some exercises completed, the Service should look to increase this number.</p> <p>NWFC involvement in structured debriefs continues to be limited due to constraints around staff availability and the ability to release Team Leaders from the Control Room to attend. It has been agreed in future that all structured debriefs will be held at North West Fire Control, on a day where the team/watch on duty will be available. It is hoped this will facilitate increased engagement of NWFC staff in the debriefing process.</p> <p>This action is to be left open for further review.</p>			
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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 <small>(pg22)</small>	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).	We have reviewed our methodology for this although in the absence of all neighbouring FRSs using the same software application to store and manage risk information, ensuring 100% currency of SSRI files is difficult to achieve. When a neighbouring FRS uploads an updated SSRI to Resilience Direct, a notification is sent to officers in CFRS; the file is subsequently uploaded to our SC Response software to enable CFRS crews to access them via MDTs. This process is reliant on neighbouring FRSs regularly reviewing and checking the accuracy of the SSRI files stored on Resilience Direct.		Feb 2023	Complete



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			To provide information to our neighbouring FRSs a monthly report is run to confirm if changes have been made to any Cheshire SSRIs within 10km of the border. Where necessary, updated SSRIs are uploaded to Resilience Direct allowing other FRSs to update their own systems and MDTs with this information.			
2 (pg22)	Create a structured cross-border exercise programme. Extend the formality of locally led exercises	Evidence of a joint exercise programme which tests response arrangements with each of the 6 bordering FRS (1.5.3).	<p>Cross border exercising is now monitored as a CAP using the Cheshire Planning System. All watches are required to locally arrange an exercise with an OTB station at least once in every 12 month. Between April 2022 and February 2024, there were 54 cross border exercises completed.</p> <p>Centrally, the OATT team who plan large scale and multi-agency exercises involve neighbouring FRSs where the location of the exercise is likely to require a cross border response.</p>	Gareth Scott / Steve Barnes	Feb 2023	Complete
3 (pg23)	Provide evidence that the service consistently follows the JESIP principles	Evidence that all staff are sufficiently prepared to respond to multi-agency incidents, including those of an MTA nature (1.5.4).	<p>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.</p> <p>Reality testing during SPOA 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.</p>	Tony Hughes / Tony O'Dwyer	Sep 2022	Complete

Pillar: Efficiency						Page no. in report: 26
2.1. Suggestion: Making Best use of Resources:						
No.	Action to be taken	Measure of Success	Evidence Review and Outstanding Actions	Action Lead	Target Date	Status
1 (pg26)	We are interested to see how the service	Evidence that the service allocates financial resources	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	Paul Vaughan	Sep 2022	Complete



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	realises the full potential of priority-based budgeting.	using rationale which is clearly linked to the IRMP. Financial controls which support the appropriate use of public money (2.1.3).	HMICFRS during interviews that the process is used to influence departmental decision making and directly linked to the allocation of resources.			
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).	NWFC has a strategic steering committee attended by its board of directors and Chief Officers of the four partner FRSs; this forum provides a high-level scrutiny of the control rooms performance. Additionally, the service now monitors performance as part of the quarterly performance cycle. A few indicators (including time to answer 999 calls, and call handling times for life risk incidents) are reported to the Performance and Overview Committee. Officers regularly meet with NWFC managers to discuss this performance and understand the reasons behind any emerging trends.	Aaron Collis / Tony Hughes / Tony O'Dwyer	Sep 2022	Complete

Area: People						Page no. in report: 35
3.1. Suggestion: Promoting the Right Values and Culture						
No.	Action to be taken	Measure of Success	Evidence Review and Outstanding Actions	Action Lead	Target Date	Status
1 (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.	Andrea Harvey	Sep 2022	Complete



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			<p>The Mental Health Advisor remains visible and conducts mental health MOTs in a structured programme of station visits. This is in partnership with the Service's Fitness Advisor undertaking physicals and fitness tests. This is raising the profile of mental health and encouraging the same level of parity between mental and physical health.</p>			
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Area: Effectiveness / People	Page no. in report:
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1.2. Suggestion: Preventing fires and other risks 3.2. Suggestion: Getting the Right People with the Right Skills	36
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No.	Action to be taken	Measure of Success	Evidence Review and Outstanding Actions	Action Lead	Target Date	Status
1 <small>(pg36)</small>	Undertake a review to identify what aspects of prevention training requires improvement and to identify which staff groups do not have full access to training.	Evidence that staff are appropriately trained for their role and that the service ensures its teams have the right mix of skills and capabilities (3.2.2).	<p>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.</p> <p>Specialist prevention staff have undertaken a range of additional training this year including courses on advanced safeguarding, complex dependencies and fire setter awareness.</p> <p>A programme of training to refresh all operational staff in Safe & Well delivery has commenced. Phase 1 is in progress and provides input on the new tablets and Saffire with the aim of improving data quality and consistency. Phase 2 will analyse areas for improvement identified in the new quality assurance process in order to develop a qualitative training programme to improve the contents of Safe and Well delivery, specifically around health elements.</p> <p>This action is to be left open for further review once there is evidence of the Phase 2 being delivered.</p>	Duncan Palin / Steve McCormick	Feb 2023	Open



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Area: People						Page no. in report: 37
3.3. Suggestion: Ensuring Fairness and Promoting Diversity						
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).	<p>The dedicated positive action group has been merged into the Attraction and Recruitment Working group, ensuring that positive action is considered as an integral part of the recruitment process. A meeting takes place monthly and has minute evidence. A standing item to discuss positive action has also been introduced within the Equality Steering Group.</p> <p>Action this year has included:</p> <ul style="list-style-type: none"> • Newly designed 'One team, many superpowers' campaign and promotional material; • A specific social media campaign which used targeted advertising for females and BAME residents both in and outside of Cheshire; and • Action to maintain contact and provide ongoing coaching to female applicants who don't pass practice tests or interview with the aim of supporting a future application. • Specific high profile positive action campaigns in advance of Wholetime recruitment campaigns. 	Mark Shone/Zoe Garland	Dec 2022	Complete
2 (pg41)	Develop a plan to target diverse groups for middle and senior management roles and	Evidence that the service engages with under-represented groups to remove disproportionality and promote fair and	<p>There continues to be no formal strategy to recruit into middle and strategic roles through direct entry. This is because we are awaiting the results of the ongoing national pilot for SM and AM direct entry. The service is not progressing this internally until the outcomes of the pilot are clear.</p> <p>However, it should be noted that the recent CFO vacancy was open to applicants from a non-operational background who held the necessary professional skills</p>	Andrea Harvey/ Mark Shone	Sep 2023	Complete



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explore viability of a Direct Entry Scheme	open opportunities for all (3.3.4).	and experience. Several other SLT roles including the Head of People and Head of Communications roles have been filled with green book staff via direct external recruitment to these senior positions.			
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