

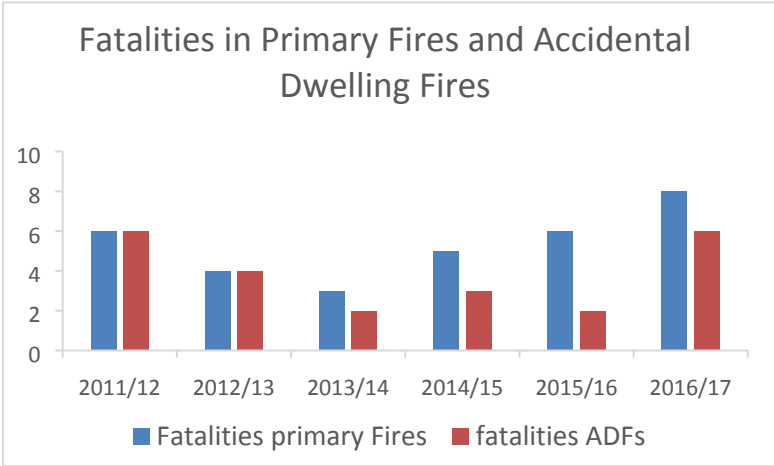


## Performance and Programme Board – Performance Report

Reporting Period	Quarter Q1	From	01/04/2017	To	30/06/2017
Target	0	Actual	0		

### Indicator: [Number of Deaths in Primary Fires]

Previous Status	Current Status	Summary of Current Performance																					
		<p style="text-align: center;"><b>Fatalities in Primary Fires and Accidental Dwelling Fires</b></p>  <table border="1"> <caption>Data for Fatalities in Primary Fires and Accidental Dwelling Fires</caption> <thead> <tr> <th>Year</th> <th>Fatalities primary Fires</th> <th>Fatalities ADFs</th> </tr> </thead> <tbody> <tr> <td>2011/12</td> <td>6</td> <td>6</td> </tr> <tr> <td>2012/13</td> <td>4</td> <td>4</td> </tr> <tr> <td>2013/14</td> <td>3</td> <td>2</td> </tr> <tr> <td>2014/15</td> <td>5</td> <td>3</td> </tr> <tr> <td>2015/16</td> <td>6</td> <td>2</td> </tr> <tr> <td>2016/17</td> <td>8</td> <td>6</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>At the end of Q1 there have not been any fatalities.</li> </ul>	Year	Fatalities primary Fires	Fatalities ADFs	2011/12	6	6	2012/13	4	4	2013/14	3	2	2014/15	5	3	2015/16	6	2	2016/17	8	6
Year	Fatalities primary Fires	Fatalities ADFs																					
2011/12	6	6																					
2012/13	4	4																					
2013/14	3	2																					
2014/15	5	3																					
2015/16	6	2																					
2016/17	8	6																					

### What actions will be required to improve performance during the following quarter?

- The Service continues to work with partners and stakeholders, completing a fatal fire review after each incident. Findings and outcomes continue to be recorded and actions are monitored at Head of Department level.
- The Service will continue to make recommendations to the Coroner (where appropriate) and will work with partner agencies to prevent these instances occurring in the future.
- Discussions are also underway with local mental health and alcohol reduction teams around the NHS's Sustainability and Transformational Plan and we continue to work with partners regarding the assessment of risk from fire at the time of patient discharge. They have been supplied with our Heightened Risk Referral form to inform their processes.

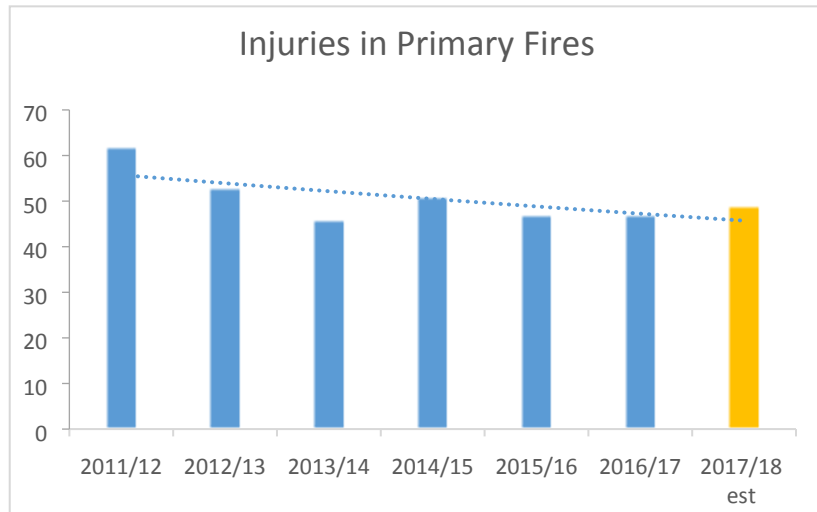
## Performance and Programme Board – Performance Report

Reporting Period	Quarter Q1	From	01/04/2017	To	30/06/2017
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Target	12	Actual	13
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### Indicator: [Number of Injuries in Primary Fires]

Previous Status	Current Status	Summary of Current Performance
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- Currently performance is above target with 13 injuries in Primary Fires recorded in Q1.
- There were 10 individual incidents resulting in injury, compared to 12 incidents for Q1 in 2016/17.

		Description	Number of Injuries	incidents resulted in multiple injuries (7 from smoke inhalation and 2 from burns) incidents involved residential dwellings, non-domestic premises (NDPs) and were outdoors. firefighter sustained a fractured finger at one of the incidents.
		Burns - severe	3	
		Burns – slight	3	
		Fracture	1	
		Overcome by gas, smoke or toxic fumes or asphyxiation	6	
		<b>Total</b>	<b>13</b>	
		Unitary Authority	Number of Injuries	
	• 3	Cheshire East	7	
		Cheshire West and Chester	4	
		Halton	0	
		Warrington	2	
		<b>Total</b>	<b>13</b>	
		Age	Number of Injuries	
	• 5	0-9	1	
		10-19	3	
		20-29	1	
		30-39	1	
	3	40-49	2	
		50-59	3	
		60-69	0	
		70-79	1	
	2	80-89	1	
		<b>Total</b>	<b>13</b>	
	• A	Room of Origin	Number of Injuries	
		Kitchen	2	
		Living Room	3	
		External Fittings	3	
		Other	2	
		Open area next to house	1	
		Store Room	1	
		Not Stated	1	
		<b>Total</b>	<b>13</b>	

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**What actions will be required to improve performance during the following quarter?**

- Officers meet quarterly at the Performance Scrutiny and Campaigns Group to interrogate performance, utilising local intelligence from UPGs and to create targeted prevention campaigns.
- We continue to validate IRS records to confirm the accuracy of the data, as there is an indication that some incidents may have been mis-coded and the individual concerned may have received a 'precautionary check' rather than suffering an injury.
- Relevant messages are communicated to our local communities with the support of the Communications team.
- Target-led initiatives and campaigns are promoted via the Service's website, e.g. white goods and Home Safety Direct.
- A Risk Rater App is available to download which residents can use to risk assess their own homes.

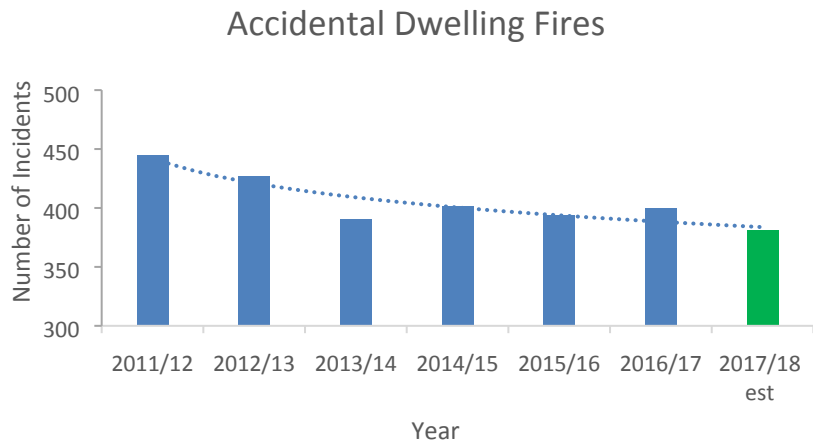
## Performance and Programme Board – Performance Report

Reporting Period	Quarter Q1	From	01/04/2017	To	30/06/2017
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Target	95	Actual	93
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### Indicator: [Number of Accidental Dwelling Fires]

Previous Status	Current Status	Summary of Current Performance
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- 93 accidental dwelling fires (ADFs) were recorded in Q1 as against 117 recorded for the same period last year.
- 43 (47%) were out on arrival.
- 86 (92%) ADFs were confined to the room of origin.

Unitary Authority	Total
Cheshire East	29
Cheshire West and Chester	27
Halton	15
Warrington	22
<b>Total</b>	<b>93</b>

Occupancy Type	Total
Lone person over pensionable age	21
Couple with dependant children	20
Lone person under pensionable age	15
Other	13
Couple both under pensionable age with no children	11
Lone parent with dependant children	8
Couple one or more over pensionable age, no children	5
<b>Total</b>	<b>93</b>

Location	Total
Kitchen	53
Living room	7
Bedroom	11
Bathroom/Toilet	3
Utility room	3
Garage	1
Other	15
<b>Total</b>	<b>93</b>

- There has been a reduction in the number of ADFs involving lone persons over pensionable age (21), compared to 32 in the same period last year - supporting our targeting methodology.



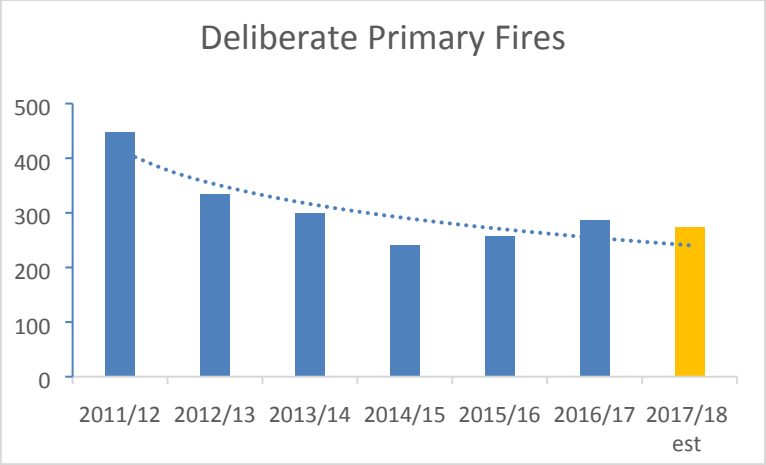
#### What actions will be required to improve performance during the following quarter?

- Officers meet quarterly at the Performance Scrutiny and Campaigns Group to interrogate performance, utilising local intelligence from UPGs and to create targeted prevention campaigns.
- Cooking is still the most common cause of ADFs and it is also the cause of the most injuries. We will continue with targeted campaigns, interventions and educational programmes with an aim to reducing these figures.
- ADF activity is reducing or static within all unitary areas except Halton. Halton has been affected by an increase in the number of ADFs in the Runcorn station area (12 ADFs), with 73% of these starting within the kitchen; unitary managers are scrutinising the detail to support prevention campaigns.
- Relevant messages are communicated to our local communities with the support of the Communications team. Target-led initiatives and campaigns are promoted via the Service's website, e.g. white goods and Home Safety Direct. A Risk Rater App is available to download which residents can use to risk assess their own homes.
- Feedback from health partners has been really positive regarding the new Safe and Well visits.

## Performance and Programme Board – Performance Report

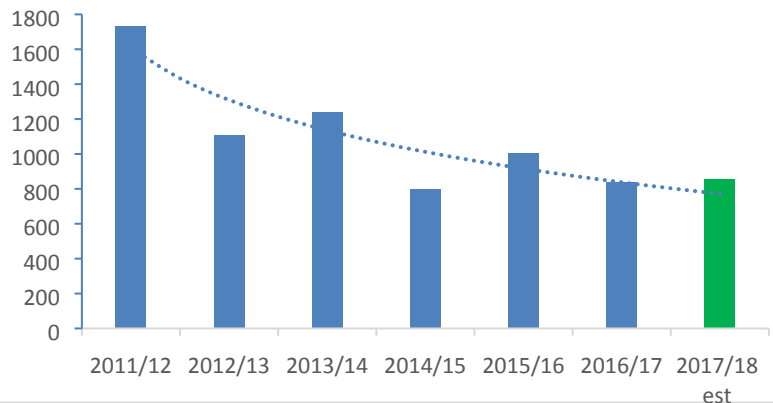
Reporting Period	Quarter Q1	From	01/04/2017	To	30/06/2017
Target (Primary)	359	Actual	410		
Target (Secondary)	69		75		
	290		335		

### Indicator: [Number of Deliberate Fires]

Previous Status	Current Status	Summary of Current Performance																
		<p style="text-align: center;"><b>Deliberate Primary Fires</b></p>  <table border="1"> <caption>Deliberate Primary Fires Data</caption> <thead> <tr> <th>Year</th> <th>Number of Fires</th> </tr> </thead> <tbody> <tr> <td>2011/12</td> <td>450</td> </tr> <tr> <td>2012/13</td> <td>340</td> </tr> <tr> <td>2013/14</td> <td>300</td> </tr> <tr> <td>2014/15</td> <td>250</td> </tr> <tr> <td>2015/16</td> <td>260</td> </tr> <tr> <td>2016/17</td> <td>290</td> </tr> <tr> <td>2017/18 est</td> <td>280</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>• 75 Deliberate Primary Fires were reported in Q1.</li> <li>• The target is 69 (estimated to be 10 % over target at year end).</li> <li>• Increase of 5 incidents compared to the same period last year.</li> <li>• The peak times for incidents was between 19:00-00:00.</li> </ul> <p>The highest number of incidents:</p> <ul style="list-style-type: none"> <li>• 32 involved a road vehicle. 21 of these were cars (the same as for Q1 in 16/17).</li> <li>• 23 occurred in non-domestic premises.</li> </ul>	Year	Number of Fires	2011/12	450	2012/13	340	2013/14	300	2014/15	250	2015/16	260	2016/17	290	2017/18 est	280
Year	Number of Fires																	
2011/12	450																	
2012/13	340																	
2013/14	300																	
2014/15	250																	
2015/16	260																	
2016/17	290																	
2017/18 est	280																	



### Deliberate Secondary Fires



- There were 335 Deliberate Secondary Fires reported during Q1, against a target of 290.
- We have estimated that our year-end projected number of incidents is 855, which should bring us under target (based on seasonal variations and historical data).
- The areas with the highest recorded numbers are Warrington, Winsford, Runcorn and Crewe.
- The main items ignited are loose refuse (104 incidents), tree scrub (42) and refuse/recycling containers (32).

#### What actions will be required to improve performance during the following quarter?

##### Primary Fires

- Analysis of car fires continues with any relevant information being shared with the Police. Police Notification Reports are completed after each incident.

##### Secondary Fires

- Halton continue to see a significant reduction in small fires, countering the Service wide trend. Best practice noted in Halton is to be shared across the Service. The Station Manager works closely with the Police Single Point of Contact (SPOC) and liaison takes place at watch level with the beat managers to obtain a police log and record small fires as a crime.
- Service Delivery and Prevention teams continue to work with local partners via problem solving groups, Police SPOCs and the use of the Services "On the Streets" youth teams, who are deployed within the targeted areas.

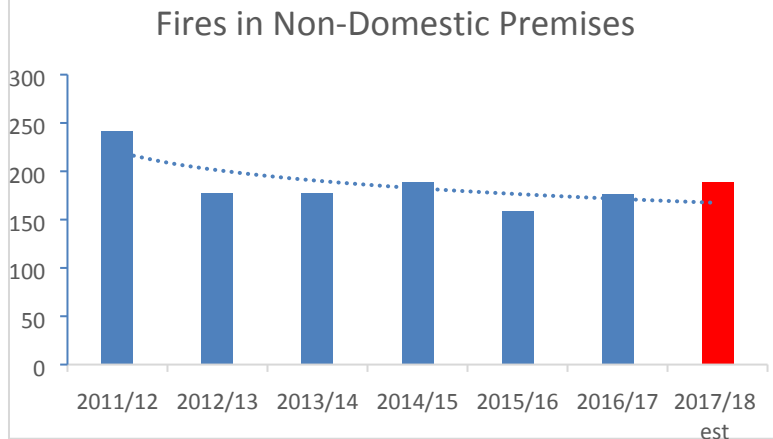


## Performance and Programme Board – Performance Report

Reporting Period	Quarter Q1	From	01/04/2017	To	30/06/2017
Target	42	Actual	55		

### Indicator: [Fires in Non-Domestic Premises]

Previous Status	Current Status	Summary of Current Performance
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Fires in NDPs are over target with 55 incidents, whilst for the same period last year there were 49 incidents.

The property types with the highest number of incidents in Q1 are:

- Industrial Manufacturing and Processes (14).
- Retail (8).
- Food and drink establishments (8).
- There have been no prison fires this quarter at Styal, which was highlighted as a concern last year.

Unitary Authority	Total
Cheshire East	14
Cheshire West and Chester	27
Halton	2
Warrington	12
<b>Total</b>	<b>55</b>

- 56% of incidents were confined to the item first ignited or there was just heat and smoke damage, whilst a further 24% were confined to the room of origin.

<b>Fire Spread</b>	<b>Total</b>
Limited to item first ignited	21
Limited to room of origin	13
Confined to heat and smoke damage	10
Affected two or more floors	6
Limited to floor of origin (not whole building)	3
Other	2
<b>Total</b>	<b>55</b>



### What actions will be required to improve performance during the following quarter?

- Our risk-based inspection programme is driven by life safety and not necessarily directed where the fires are presently occurring although the Service Policy allows for directing audits following local or national incidents or trends.
- The Protection team will continue to work with the Health and Safety Executive regarding the issue of fires occurring in work processes.
- Where appropriate enforcement action will continue to be taken in accordance with our enforcement management model.
- The Business Safety Team has delivered four fire safety seminars during Q1. The team will look at these incidents to ascertain any trends and target future awareness campaigns and initiatives as appropriate.
- Impact days will take place in each unitary authority area to promote compliance with fire safety legislation.
- The Service's website has been improved in Q1 to assist business occupiers comply with fire safety legislation and reduce the number of NDP fires.
- We will continue to prosecute duty holders where necessary. Successful prosecutions will be highlighted to the media by means of a deterrent.

## Performance and Programme Board – Performance Report

Reporting Period	Quarter Q1	From	01/04/2017	To	30/06/2017
Target	294	Actual	144		

### Indicator: [AFAs in Non Domestic Premises]

Previous Status	Current Status	Summary of Current Performance																
		<div data-bbox="564 584 1401 999" data-label="Figure"> <table border="1"> <caption>Automatic Fire Alarms Data</caption> <thead> <tr> <th>Year</th> <th>AFAs</th> </tr> </thead> <tbody> <tr> <td>2011/12</td> <td>2000</td> </tr> <tr> <td>2012/13</td> <td>1700</td> </tr> <tr> <td>2013/14</td> <td>1500</td> </tr> <tr> <td>2014/15</td> <td>1300</td> </tr> <tr> <td>2015/16</td> <td>1100</td> </tr> <tr> <td>2016/17</td> <td>1150</td> </tr> <tr> <td>2017/18 est</td> <td>600</td> </tr> </tbody> </table> </div> <p>AFAs in NDPs are under target – 144 as at the end of Q1 (against a target of 294). There has been a reduction of 44.8% compared to the same period last year.</p> <p>Property types with the highest number of AFAs are:</p> <ul style="list-style-type: none"> <li>• hospitals (49)</li> <li>• retirement homes (19)</li> <li>• residential care homes (14).</li> </ul> <p>The main causes of AFAs are faults on the system, accidental or carelessly being set off and burnt toast which together account for 68% of all calls.</p> <p>The majority of AFAs at hospitals occurred at the Countess of Chester Hospital and Warrington General Hospital.</p> <p>The peak time for AFAs is between 8am and 12pm.</p>	Year	AFAs	2011/12	2000	2012/13	1700	2013/14	1500	2014/15	1300	2015/16	1100	2016/17	1150	2017/18 est	600
Year	AFAs																	
2011/12	2000																	
2012/13	1700																	
2013/14	1500																	
2014/15	1300																	
2015/16	1100																	
2016/17	1150																	
2017/18 est	600																	

### What actions will be required to improve performance during the following quarter?



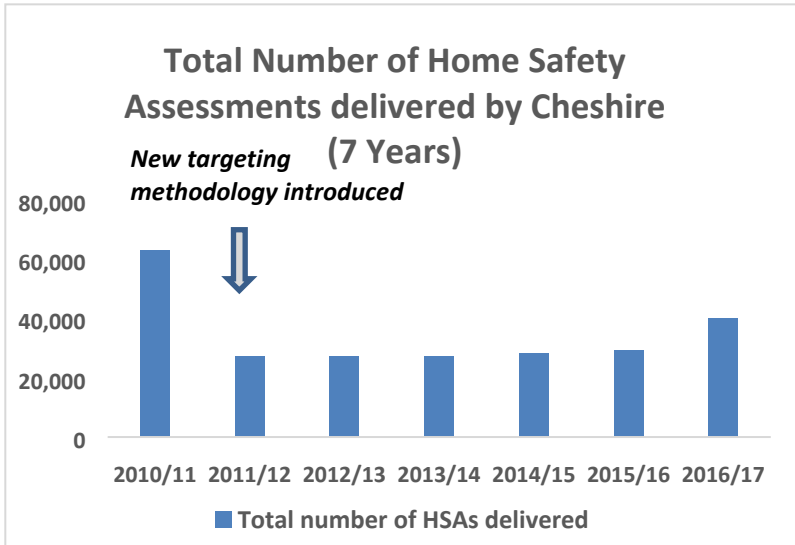
- The revised Unwanted Fire Signals (UwFS) Policy went live on 3<sup>rd</sup> April 2017 and significant reductions have been seen in Q1 of 17/18.
- We now have a non-attendance policy 24 hours a day, seven days a week to all non-sleeping risk NDPs, such as businesses, offices, and shops etc. unless supported by a phone call to confirm there is a fire. Those higher risk and sleeping risk premises, e.g. hospitals, residential care homes, COMAH sites and high rise buildings will continue to get an attendance.



- Fire inspecting officers continue to work to reduce the number of false alarms with representatives on the hospital groups across the unitary areas, although year on year performance has significantly improved.
- Local fire inspecting officers continue to liaise with repeat offenders to bring numbers down further. Two dedicated seminars took place in May 2017 aimed at schools which focussed on UwFS, fire safety, business continuity, electrical safety and the benefits of sprinklers.

## Performance and Programme Board – Performance Report

Reporting Period	Quarter Q1	From	01/04/2017	To	30/06/2017
Target	A) 10,000 B) 65%	Actual	A) 10,355 B) 61%		

**Indicator: A) [Number of Safe and Well visits delivered to properties of Heightened Risk]  
B) [Platinum Address Success Rate : Percentage]**



Previous Status	Current Status	Summary of Current Performance																
		<p><u>Number of Safe and Well Visits</u></p> <div style="text-align: center;">  <p><b>Total Number of Home Safety Assessments delivered by Cheshire</b> <i>New targeting (7 Years) methodology introduced</i></p> <table border="1"> <caption>Data for Home Safety Assessments Chart</caption> <thead> <tr> <th>Year</th> <th>Total number of HSAs delivered</th> </tr> </thead> <tbody> <tr> <td>2010/11</td> <td>~65,000</td> </tr> <tr> <td>2011/12</td> <td>~30,000</td> </tr> <tr> <td>2012/13</td> <td>~30,000</td> </tr> <tr> <td>2013/14</td> <td>~30,000</td> </tr> <tr> <td>2014/15</td> <td>~30,000</td> </tr> <tr> <td>2015/16</td> <td>~30,000</td> </tr> <tr> <td>2016/17</td> <td>~40,000</td> </tr> </tbody> </table> </div> <p>The total number of HSAs (excluding Non-High Risk Data visits) completed as a service during Q1 was 10,355 against a yearly target of 40,000.</p> <p>Target 17/18 - Ops= 20,000, Prevention = 20,000</p> <p>Actual 17/18 Q1 – Ops = 5,027, Prevention = 5,328</p> <p>In Q1 we have conducted a total of 11,137 (incl. Non-HRD) Safe and Well visits, resulting in:</p> <ul style="list-style-type: none"> <li>• 775 referrals to NHS England Bowel Cancer Screening Hub for a kit to be sent out to the householder.</li> <li>• 183 referrals to Local Authority falls teams.</li> <li>• 34 referrals to Local Authority smoking cessation.</li> <li>• 2 referrals to Local Authority alcohol reduction teams.</li> <li>• 534 Atrial Fibrillation screening tests for Halton, resulting in advice for 19 people to make an urgent GP appointment.</li> </ul> <p>During 2017/18 Q1, 9.1% of Safe and Well visits have resulted in a referral to health agencies.</p>	Year	Total number of HSAs delivered	2010/11	~65,000	2011/12	~30,000	2012/13	~30,000	2013/14	~30,000	2014/15	~30,000	2015/16	~30,000	2016/17	~40,000
Year	Total number of HSAs delivered																	
2010/11	~65,000																	
2011/12	~30,000																	
2012/13	~30,000																	
2013/14	~30,000																	
2014/15	~30,000																	
2015/16	~30,000																	
2016/17	~40,000																	

		<p><u>Platinum Address Success Rate</u></p> <ul style="list-style-type: none"> <li>• Currently 61% of platinum safe and well visits have been completed during Q1 which is slightly below target. (Platinum are those households identified at most risk from fire).</li> <li>• 41% of platinum households and 31% gold households have been engaged with, which is ahead of target.</li> </ul>
<p><b>What actions will be required to improve performance during the following quarter?</b></p>		
<ul style="list-style-type: none"> <li>• In Q1 of 17/18 we are moving forward with a full cohort of staff, the majority of whom are competent.</li> <li>• Individual and team targets have been adjusted, should anyone leave in a particular team, other individual staff targets will be adjusted upwards until vacancies can be filled to ensure the team targets will be met. This more rigorous method of performance management will no doubt see an improvement in performance.</li> <li>• Feedback from health partners has been really positive regarding the Safe and Well visits. They are delighted with the number and quality of referrals we are making to their agencies to help protect older and vulnerable people.</li> </ul>		

## Performance and Programme Board – Performance Report

Reporting Period	Quarter Q1	From	01/04/2017	To	30/06/2017
Target	400	Actual	448		

### Indicator: [Thematic Inspections Completed]

Previous Status	Current Status	Summary of Current Performance
		<p>448 thematic inspections were completed in Q1 compared to 438 in the same quarter last year</p> <p>Protection officers carried out audits/re-inspections of premises following issues identified by operational crews during thematic inspections, resulting in:</p> <ul style="list-style-type: none"> <li>• Educate and Inform: 4</li> <li>• Notification of Deficiencies: 3</li> <li>• Action Plan: 3</li> <li>• Enforcement Notice: 2</li> <li>• Prohibition: 1</li> <li>• Alteration Notice: 0</li> </ul>



### What actions will be required to improve performance during the following quarter?

- We will continue to monitor and identify any appropriate trends for thematic inspections and the Protection team will continue to follow-up on any issues operational crews find during their visits and enforce where appropriate.

## Performance and Programme Board – Performance Report

Reporting Period	Quarter Q1	From	01/04/2017	To	30/06/2017
Target	450	Actual	428		

### Indicator: [Number of NDP Fire Safety Audits Completed]

Previous Status	Current Status	Summary of Current Performance
		<p>At the end of Q1 there have been 428 audits complete, with 36 more audits completed when compared to the same period last year.</p> <p>Outcomes of Audits:</p> <ul style="list-style-type: none"> <li>• Educate and Inform: 273</li> <li>• Notification of Deficiencies: 122</li> <li>• Action Plan: 25</li> <li>• Enforcement Notice: 7</li> <li>• Prohibition: 1</li> <li>• Alteration Notice: 0</li> </ul>

### What actions will be required to improve performance during the following quarter?



- Our risk-based inspection programme is driven by life safety and not necessarily directed where the fires are presently occurring, although the Service policy also allows for directing audits following local or national incidents or trends.
- The Protection team will continue to work with the Health and Safety Executive regarding the issue of fires occurring in work processes.
- Where appropriate enforcement action will continue to be taken in accordance with our enforcement management model.
- The Business Safety team has delivered four fire safety seminars during Q1. The team will look at these incidents to ascertain any trends and target future awareness campaigns and initiatives as appropriate.
- Impact days will take place in each unitary authority area to promote compliance with fire safety legislation.
- The Service's website has been improved in Q1 to assist business occupiers comply with fire safety legislation and reduce the number of NDP fires.
- We will continue to prosecute duty holders where necessary. Successful prosecutions will be highlighted to the media by means of a deterrent.



## Performance and Programme Board – Performance Report

Reporting Period	Quarter Q1	From	01/04/2017	To	30/06/2017
Target	80%	Actual	88%		

### Indicator: [10 Minute Standard]

Previous Status	Current Status	Summary of Current Performance
		<ul style="list-style-type: none"> <li>• The response standard to life risk incidents was 88%</li> <li>• This is significantly above the target of 80%</li> <li>• The response standard for dwelling fires was 97% (Three failures within Q1)</li> <li>• The response standard to RTCs was 78%.</li> <li>• There were 15 failures to RTCs.</li> <li>• The majority of the failures for RTCs occurred on the M6</li> </ul>

### What actions will be required to improve performance during the following quarter?



- Performance is improving but we will continue to analyse all incidents where we failed to achieve the standards to identify any patterns and possible interventions that will improve performance.

## Performance and Programme Board – Performance Report

Reporting Period	Quarter Q1	From	01/04/2017	To	30/06/2017
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Target	1.37	Actual	1.03
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### Indicator: [Average Days/Shifts Lost to Sickness]

Previous Status	Current Status	Summary of Current Performance																																																				
		<p>The Q1 statistics for sickness show that performance is still strong. Against the Q1 target of 1.37 working days lost to sickness (annual target of 5.5 days/shifts). Results were as follows:</p> <table border="1"> <thead> <tr> <th>Staff Category</th> <th># of sickness days/shifts</th> <th>Headcount</th> <th>Average working days lost to sickness per person</th> </tr> </thead> <tbody> <tr> <td>Wholetime</td> <td>373.5</td> <td>396</td> <td>0.94</td> </tr> <tr> <td>On Call</td> <td>264</td> <td>284</td> <td>0.93</td> </tr> <tr> <td>Support</td> <td>307</td> <td>234</td> <td>1.31</td> </tr> <tr> <td>CFRS Q1 Total</td> <td>944.5</td> <td>914</td> <td>1.03</td> </tr> </tbody> </table> <p>Sickness is also monitored at a national level and a report is compiled by Cleveland FRS on a quarterly basis. The Q1 national results are not yet available but the end of year results for 2016/17 showed that Cheshire is now the highest overall performing FRS in the UK for sickness when compared against 37 other FRS. The year end report 2016-17 showed that Cheshire was ranked as follows:</p> <table border="1"> <thead> <tr> <th>Staffing Categories</th> <th>Rank</th> <th>% of Days Lost to Sickness per person</th> <th>Average % of Days Lost to Sickness pp across all FRS</th> </tr> </thead> <tbody> <tr> <td>Whole-time</td> <td>1</td> <td>1.71%</td> <td>4.23%</td> </tr> <tr> <td>Green Book</td> <td>1</td> <td>1.31%</td> <td>3.13%</td> </tr> <tr> <td>On Call</td> <td colspan="3"><i>Not applicable as total working days per annum used for calculation varies</i></td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Staffing Categories</th> <th>Rank</th> <th># of Days Lost to Sickness per person</th> <th>Average # of Days Lost to Sickness pp across all FRS</th> </tr> </thead> <tbody> <tr> <td>Whole-time</td> <td>1</td> <td>3.13</td> <td>7.5</td> </tr> <tr> <td>On Call</td> <td>1</td> <td>3.23</td> <td>10.02</td> </tr> <tr> <td>Green Book</td> <td>2</td> <td>3.41</td> <td>7.97</td> </tr> </tbody> </table>	Staff Category	# of sickness days/shifts	Headcount	Average working days lost to sickness per person	Wholetime	373.5	396	0.94	On Call	264	284	0.93	Support	307	234	1.31	CFRS Q1 Total	944.5	914	1.03	Staffing Categories	Rank	% of Days Lost to Sickness per person	Average % of Days Lost to Sickness pp across all FRS	Whole-time	1	1.71%	4.23%	Green Book	1	1.31%	3.13%	On Call	<i>Not applicable as total working days per annum used for calculation varies</i>			Staffing Categories	Rank	# of Days Lost to Sickness per person	Average # of Days Lost to Sickness pp across all FRS	Whole-time	1	3.13	7.5	On Call	1	3.23	10.02	Green Book	2	3.41	7.97
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## What actions will be required to improve performance during the following quarter?

- Whilst there are no specific actions for improvement, monthly scrutiny at the Attendance Management meetings continues to be applied to all absence cases to ensure that the appropriate interventions are put in place to ensure staff are given adequate support to assist with their return to the workplace.
- Quarterly contract meetings with OHU are also ongoing to monitor service delivery and performance.

## Performance and Programme Board – Performance Report

Reporting Period	Quarter Q1	From	01/04/2017	To	30/06/2017
Target	11	Actual	8		

### Indicator: [Working Days Lost to Injury]

Previous Status	Current Status	Summary of Current Performance
		<ul style="list-style-type: none"> <li>• There have been 8 working days lost to injury</li> </ul> <p>The improvement in performance has occurred for a number of reasons:</p> <ul style="list-style-type: none"> <li>• The improved absence management by HR,</li> <li>• There has been fewer accidents,</li> <li>• The severity of the accidents has reduced.</li> </ul> <p>All of which together have contributed to the average number of working days lost to injury being reduced significantly.</p>

### What actions will be required to improve performance during the following quarter?

The Service will continue to monitor accident and injury trends and respond accordingly.

# Performance and Programme Board – Performance Report

Reporting Period	Quarter Q1	From	01/04/2017	To	30/06/2017
Target	85%	Actual	66%		

## Indicator: [On-Call Availability]

Previous Status	Current Status	Summary of Current Performance and Intelligence
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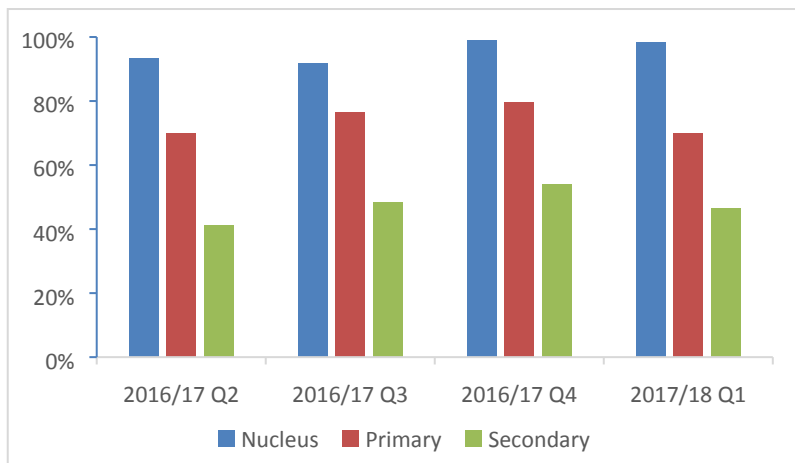
### Nucleus on-call



### Primary on-call



### Secondary on-call



- Q1 performance for on-call availability across all pumps is 66%.

There are significant variations of availability between the differing on-call shift systems, where an:

- On-call pump is part of nucleus crewing, availability is 98%, a significant improvement on target
- On-call pump is the primary pump, availability is 70%. (e.g. Malpas, Poynton etc.).
- On-call pump is the second pump, availability is 47% (e.g. Winsford, Congleton etc.)

The Individual figures for each pump are shown in appendix 1.

<b>All OC Pumps (average)</b>	<b>66%</b>
Nucleus OC Pumps	98%
Primary OC Pumps	70%
Secondary OC Pumps	47%

## What actions will be required to improve performance during the following quarter?

### RECRUITMENT

- Full complement recruited for Alsager went live April 17.
- IRMP 14 review at Crewe and Ellesmere Port has resulted in the suspension of further on-call recruitment at these locations at this time, staff already in the recruitment system will continue to be processed.
- A Watch Manager has been appointed to facilitate on-call recruitment and initial training courses. The initial course (MOD1) and sessions for the written and practical tests are scheduled monthly - the aim being to provide more and regular opportunities for new candidates.

### REWARDS / RETENTION (Increase pay, rewards and job satisfaction thus improving retention)

- Introduced Forced Entry across all stations
- Introduced Cardiac Response Pilot at Holmes Chapel & Frodsham. This is currently being evaluated with the aim of rolling it out across all stations as per IRMP objective.
- Continue to facilitate on-call staff to work full shifts on whole-time stations and further increase opportunities by including on-call in the new Resilience Register which was launched in May 17.
- Continue to use 'shadow pump' concept for new on-call teams
- To further improve pay and link it directly to performance, officers have recently introduced a new on-call Availability Reward Scheme (OCARS). This scheme will mean an individual financial reward of between £550 and £1000 for staff working at stations that achieve the on-call availability target of 85%. OCARS Payments made to on-call teams during quarter 1 amounted to £4,377.50.

### MANAGEMENT/SUPERVISION

- Appointed an additional on-call Support Officer Station Manager thereby increasing the number of support managers from 2 to 3.
- Introduced a pilot for a new 'Whole-time on-call Watch Manager' role. This new role will oversee Knutsford and Holmes Chapel, providing both managerial capacity and operational daytime cover, thus helping to improve pump availability. Interviews have been completed and a manager has been appointed, start date tbc.
- Delivered regular meeting/conferences for on-call managers so they can interact with senior officers and feedback issues and concerns.
- Continue pilot at a number of stations, which means those stations can employ an extra supervisory manager on a temporary basis.

### DAYTIME COVER

- Considering the possibility of using technology to allow the on-call pumps to be available - in certain circumstances - but on a delayed turnout, thus maximizing resources.
- Currently developing a partnership with Howdens Joinery to increase day cover at Runcorn.
- Participants from the WM Step-Up Programme have developed new ideas and initiatives which will be taken forward with the aim of improving day cover.

### PERFORMANCE MONITORING

- Revised quarterly monitoring and reporting processes  
Scoping further changes to Gartan reporting of on call performance and availability.

## Appendix 1

Shift System	Appliance Location	Call Sign	Quarter 2 2016/17			Quarter 3 2016/17			Quarter 4 2016/17			Quarter 1 2017/18			Percentage
			July 2016	August 2016	September 2016	October 2016	November 2016	December 2016	January 2017	February 2017	March 2017	April 2017	May 2017	June 2017	
Nucleus OC	Birchwood	E02P1	87%	89%	75%	92%	97%	87%	99%	100%	98%	100%	99%	96%	93%
Nucleus OC	Macclesfield	E19P1	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Nucleus OC	Wilmslow	E23P1	92%	99%	99%	97%	95%	99%	100%	97%	97%	95%	90%	95%	96%
Primary OC	Frodsham	E06P1	81%	76%	79%	92%	97%	92%	83%	95%	96%	67%	82%	39%	81%
Primary OC	Tarporley	E10P1	60%	58%	58%	60%	69%	57%	67%	56%	58%	58%	48%	54%	59%
Primary OC	Malpas	E11P1	79%	76%	74%	65%	77%	75%	83%	78%	73%	64%	69%	77%	74%
Primary OC	Nantwich	E12P1	80%	83%	76%	86%	90%	90%	92%	91%	93%	92%	90%	93%	88%
Primary OC	Audlem	E13P1	63%	59%	57%	66%	69%	58%	75%	65%	66%	50%	67%	59%	63%
Primary OC	Alsager	E14P1										75%	70%	62%	69%
Primary OC	Sandbach	E16P1	96%	95%	84%	95%	92%	90%	94%	94%	93%	88%	81%	78%	90%
Primary OC	Holmes Chapel	E17P1	76%	81%	76%	79%	83%	82%	93%	89%	85%	72%	77%	70%	80%
Primary OC	Bollington	E20P1	46%	35%	54%	71%	52%	40%	59%	63%	55%	61%	48%	47%	52%
Primary OC	Poynton	E22P1	71%	68%	65%	81%	88%	85%	88%	79%	83%	90%	77%	81%	80%
Primary OC	Middlewich	E26P1	71%	53%	65%	73%	78%	63%	78%	86%	80%	76%	76%	66%	72%
Secondary OC	Stockton Heath	E03P2	27%	46%	36%	53%	51%	48%	51%	46%	49%	33%	51%	46%	45%
Secondary OC	Runcorn	E05P2	44%	42%	25%	50%	53%	40%	78%	45%	59%	60%	66%	64%	52%
Secondary OC	Congleton	E18P2	55%	54%	50%	55%	60%	45%	65%	64%	62%	54%	55%	58%	56%
Secondary OC	Macclesfield	E19P2	38%	24%	55%	74%	60%	49%	67%	74%	79%	60%	56%	50%	57%
Secondary OC	Northwich	E25P2	49%	42%	39%	53%	46%	36%	53%	52%	47%	45%	47%	50%	47%
Secondary OC	Winsford	E27P2	32%	46%	33%	42%	40%	15%	30%	30%	21%	22%	14%	21%	29%
Secondary OC	Penketh	E29P2										50%	39%	38%	42%
			66%	65%	63%	73%	74%	66%	77%	74%	73%	67%	67%	64%	69%