If only we’d known...
Data Protection vs. Duty of Care
A message from Nick Evans - Head of Prevention

We constantly strive to target the most vulnerable people in our community. We have systems in place to try to do this as efficiently as possible, but in reality, our software and current data can only give us so much insight.

Partnerships are key to ensuring we can reach those who really need our support. Our partners in the community have direct access to the people we need to make safe from fire. We have a number of data sharing protocols (including Exeter health data), and referral agreements in place which ensure that we know exactly where some of the most vulnerable live so we can give them vital safety information and individual help.

However, we are limited by the number of partners who have agreed to share data with us. Under the banner of “Data Protection” we come across many obstacles that make it hard for us to access information that could help us save lives. To improve the services we provide to the most vulnerable people in our communities we need to strike a balance between data protection (protecting personal information) and data sharing. Sadly, time and again, where we see a vulnerable person falling victim to fire, opportunities for shared understanding of vulnerability have been missed.

If we don’t know about a persons vulnerabilities they may slip through the net unnoticed. We each have a duty of care and we need to share information. If we don’t, we can’t offer them the contact and support they need to keep them safe from the devastating consequences of fire.

This booklet has been put together to illustrate the importance of partnership work, especially around data sharing. The case studies in the leaflet are based on real incidents across Cheshire – the names of those involved have been changed, but the photos you will see are real photos from the incidents.

Sadly, in each case, an individual lost their life in the fire. We know that better partnership working can stop this from happening again.

I sincerely hope that you can work with us to ensure that we eradicate deaths by fire and help us achieve our vision of ‘Making Cheshire Safer’.

Nick Evans
Nick Evans, Head of Prevention
Cheshire Fire and Rescue Service
Over the last few years, working in partnership has become an integral part of Cheshire Fire and Rescue Service’s mission to keep our residents safe from the devastating effects of fire. We understand that working with the most vulnerable people in our society is a team effort and by working with other organisations this enables us to help and support countless residents who would otherwise be at serious risk of death or injury by fire.

Unfortunately, we still have too many serious fires which could be prevented. We need more organisations to work with us to ensure that we can keep every vulnerable person in the Cheshire area safe from fire.

A big part of our work is to reach those who are most vulnerable in our communities. People within the following groups are examples of those that we would need to reach, because incident data over the years has proved that these are the individuals most at risk of dying or being injured in a fire:

- older people (especially those in receipt of domiciliary care)
- smokers
- people with disabilities or mobility issues
- those suffering from mental health problems or dementia
- people affected by the misuse of drugs and alcohol.

This booklet uses specific case studies of real people who have needlessly lost their lives to illustrate the effects and cost of fire. Cases where early intervention would have made all the difference.

The leaflet also explains how you can refer people at heightened risk from fire to Cheshire Fire and Rescue Service for a Safe and Well visit.

**You can do this by phoning 0800 389 0053**

This is the number of Message Pad, a contact service company, who handle and pass requests for Safe and Well visits to us.

They only need the following information from you:

- referring agents name and contact details
- confirmation of householder consent
- householder details - name, address, post code and a contact number.

Annex A provides full details of how to make a Heightened Risk Referral to us.
The following case studies are based on real fire deaths in the Cheshire area over the past few years – the names of those involved have been changed but the stories and images shown are real.

We hope that these case studies demonstrate how working in partnership with us could help protect vulnerable people and how tragedies like these could be avoided in the future.
Case Study One

Audrey and Douglas

Audrey (aged 62) and Douglas (aged 76) shared a house together in Cheshire West & Chester. They were in-laws. Douglas had been married to Audrey’s sister.

Audrey was bed-ridden with a degenerative neurological condition which had left her almost completely paralysed. She retained some movement in her arms and could move her head, but she was unable to speak, walk or even change her position in bed. Audrey was a heavy smoker and despite all attempts to dissuade her from smoking in bed, she maintained that this was her only pleasure in life and refused to stop smoking. A care package was in place at the address. Carers visiting Audrey noted burns to her hand, thigh and chest. A risk assessment by the care provider carried out five months before her death identified smoking in bed as a risk factor. Unfortunately, despite the risk being identified, no effective steps were taken to diminish the risk.

Douglas had mobility issues, and used a mobility scooter to get out and about. Ramps were fitted at the address to assist both Audrey being taken out by carers in her wheel chair and Douglas with his mobility scooter.

A fire broke out in the property in September 2011. Both Audrey and Douglas died in the fire. The fire investigation report into the incident identified smoking in bed by Audrey as the cause of the incident.

What can we learn from this?

Cheshire Fire and Rescue Service had previously conducted a Home Safety Assessment at the address when Douglas was living there on his own prior to Audrey moving in with her significant health issues.

It is our view that any person or organisation responsible for the care of the disabled and elderly should contact us for advice and assistance. Had the carers contacted us about Douglas and Audrey’s situation we could have supplied fire-resistant bedding. The fire investigation concluded that fire-resistant bedding could have avoided this double fire fatality. Furthermore, we would have considered installing additional fire mitigation devices, such as a mobile sprinkler system in Audrey’s bedroom.

These interventions could have helped save Douglas and Audrey’s lives.
Case Study Two

Alfred

Alfred, a man in his early 80s lived alone in his semi-detached house in Cheshire East. He was in receipt of a domiciliary care package, which consisted of four visits per day with food provided by meals-on-wheels. Alfred was a smoker, but he did not drink alcohol due to his medication.

Cheshire Fire and Rescue Service had previously carried out a joint visit with a district nurse to see Alfred in 2014, to complete a Home Safety Assessment. At that time Alfred had two working smoke alarms in his hallway and landing. Another smoke alarm was fitted in his living room due to his smoking and reduced mobility and advice was given regarding the risk of smoking, electrical safety and means of escape. On 25th May, the eve of his death, Alfred was seen by his carer.

Following the fire in which he died the report from Alfred’s Doctor stated that he had been seen on multiple occasions over the previous two years - with respiratory problems being by far the main reason for his medical reviews. He suffered from chronic obstructive pulmonary disease resulting in shortness of breath, coughing, and from valvular heart problems. He was also partially sighted which further impaired his functional ability.

It is understood that Alfred had a habit of covering the lower half of his body with a blanket whilst sitting in his chair by the window. It was reported by people who knew him that his blanket had numerous burn marks caused by either dropped cigarettes or where he had allowed them to come into contact with his blanket.

The fire investigation into Alfred’s death found that the most likely cause was due to careless use of smoking materials.

What can we learn from this?

Whilst we had previously engaged with Alfred two years before his death, it was clear from the fire investigation and Coroner’s report that his medical circumstances had subsequently deteriorated significantly and that he was at high risk from fire.

If we had known about his change in circumstances we could have ensured that despite his mobility problems we could have reduced his risk from perishing in a fire. For example, we could have supplied a flame retardant blanket, fire-safe ashtrays, and possibly installed a portable misting system by Alfred’s chair.

There are lots of people who we are either unaware of, or whose circumstances may have changed since our last visit. This is why we are keen to work with domiciliary and other care providers, to ensure they refer people like Alfred to us for a Safe and Well visit to help reduce the risk of fire.
Annex A

Heightened Risk Referral Briefing Sheet

Do you know someone at risk from fire?

Whether you’re a professional working with a vulnerable client, a landlord with tenants who could be at risk or look after a friend or family member in their home, Cheshire Fire and Rescue Service can help.

The following are some risk factors that may be apparent:

• Targeted arson attack, or threat of arson
• Fire-setting activity within the household
• Unsafe home oxygen use
• Lack of working smoke detection in the property
• Burns to the person, clothing, bedding, carpets or furniture
• Overflowing ashtrays or cigarettes lying discarded around the property
• Immobility affecting the ability to escape in a fire
• Air-filled pressure relieving mattress user
• Emollient cream user
• Unsafe cooking practices such as pans or grill being left on when not in use
• Candle use for economic reasons
• Hoarder.

This is not an exhaustive list, contact us for further advice and support.

What you should do:

• Explain the risk to the person and take any immediate steps to reduce the risk.
• Obtain consent for you to contact Cheshire Fire and Rescue Service for a Safe and Well Visit which includes a Home Fire Safety Assessment.
• Contact 0800 389 0053. This is the number of a service called Message Pad who handle requests to us.
• Explain to the person receiving the call that you wish to make a Safe and Well Referral.
• DO NOT discuss sensitive information or vulnerabilities whilst making the referral.

When making a referral you must provide the following:

• Your name and your agency.
• Confirmation of householder consent.
• Householder details; their name, address, post code and a contact number.
• The post code is essential so that the request can be assigned for completion.
• Your contact details so that someone can contact you to confirm the appointment.

What happens next?

• Message Pad will pass the details to Cheshire Fire and Rescue Service who will make an appointment with the householder.
• If you wish to discuss the circumstances of the referral or arrange a joint visit with a member of our team please contact us on 01606 868490.
Cheshire Fire and Rescue Service’s Prevention Data Privacy Statement

Cheshire Fire and Rescue Service works to keep people safe at home, on the roads and in the community. In order to do this work we will often need the name and address of our service users.

To ensure people get the right services we may ask for further information such as age and any health requirements. This helps us to understand what peoples needs are and who else may be able to help.

We work closely with other agencies, and may offer assistance from other agencies such as Councils, Health Services, Adult & Children’s Services or Age Concern. We will usually explain if we want to share personal information with other agencies and allow people to say no if they prefer. This may mean that people will not get all the help they may need.

There are some circumstances where we will not be able to ask for agreement. This is where the law requires us to contact other agencies, usually relating to crime or where there is a serious risk to personal safety.

Want to know more?

We recognise that people trust us to handle information correctly and keep it safe. We will not use information for marketing, and we will only use it for the purpose we collected it.

If you want to know more details about how we use personal information, or if you would like to opt out of any of our services, please either –

• visit www.cheshirefire.gov.uk or
• contact the Prevention team on 01606 868490
Further Information

**Safe and Well visits** – we record name, and address and any details about risks in the home, such as smoking, use of oxygen or disabilities.

We may share information with other agencies who can provide more help, and we will usually give the householder the chance to say no if they don’t want us to share information. If householders don’t want to give us information we may be unable to fully assist.

**Fire-Safe** – we work with children and young people who may be at risk of causing fires to try and change their behaviour. These individuals may have been referred for our Fire-Safe work by the parent/guardian, school, Police or Children’s Services, or because we are concerned about a fire incident. We only provide Fire-Safe work with parent/guardian agreement and we aim to include parents or guardians in our work.

We recognise the privacy rights of those aged under 18. We must retain records of any work with children or young people in case of future queries.

We may have to share Fire-Safe information with other agencies if there is a significant risk or if we are required by law. Where possible we will advise before we share information but there may be exceptions to this.

**Assisting Support** – with householder consent we will provide person-specific information to Age UK to offer assistance to people over 65.

**Safeguarding Referrals** – in cases of abuse or neglect or where we feel the making of a safeguarding referral is appropriate we will refer matters to the local authority in accordance with Adult or Children’s Services referral procedures.