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Contact Us

Accessibility

If you require any of the information contained within this document in a more accessible format, please contact us. Please advise us which information you would like to access and provide your name and email address.

In an emergency

In an emergency, dial 999 and ask for the fire service.

If you are inside a building when a fire starts, remember to get out, stay out and call 999. Never try and put out a fire unless you have received sufficient training.

Contacting us when it's not an emergency

Visit our website: rbfrs.co.uk

Email us at: performance@rbfrs.co.uk

Call us on: 0118 945 2888

Write to us at: Newsham Court, Pincents Kiln, Calcot, Reading, Berkshire, RG31 7SD





Introduction

This is the Quarter Two Performance Report, summarising our progress across the Service.

In our Annual Plan for 2023-24, we set 9 Annual Objectives for the year, which can be found at Appendix B. The Objectives are delivered through our Service Plans and Local Safety Plans and our projects and programmes. Ongoing analysis of performance data and information supports decision-making across the organisation. We monitor performance across four quadrants:

Service Provision: Monitoring the delivery of our statutory obligations and the services provided by RBFRS.

Corporate Health: Monitoring how key resources are managed, which includes measures relating to staff, finance and health and safety.

Priority Programmes: Progress against our key programme activity (our Community Risk Management Plan (CRMP), RBFRS Development Programme and Strategic Asset Investment Framework).

Assurance: Monitoring corporate risk management and other assurance activity including internal audit and our HMICFRS Action Plan.

The Strategic Performance Board monitors performance quarterly, before key data and analysis is provided in this report for the Audit and Governance Committee to scrutinise.





Key

Performance Measures

| | Target exceeded by more than 10% | | |
|-------------------|---|------------------------|--|
| | Target met or exceeded by up to 10% | | |
| | Target missed by up to 10% | Comparison with target | |
| | Target missed by more than 10% | | |
| | NA or data accuracy issues affect confidence in | | |
| | reporting | | |
| | Improvement in performance from equivalent period | | |
| | the previous year | | |
| \leftrightarrow | Maintenance of performance from equivalent period | Comparison with actual | |
| | the previous year | the previous year | |
| | Decline in performance from equivalent period the | | |
| | previous year | | |

Priority Programme Project Status

| С | Project complete |
|----|---|
| G | Project on Track |
| Α | There are issues with the project but these are being managed |
| R | Issues are having an impact on delivery |
| NS | Project not yet due to start |

Classification of Risk Scores and Risk Movement

| 20 - 25 | Outside assumed Risk Appetite and requires mitigation to proceed |
|-------------------|---|
| 19 | Inside Risk Appetite only because of extremely low probability. Mitigate if necessary and possible, accept only if no further action can be justified |
| 17 & 18 | Inside Risk Appetite. Mitigate further if cost effective to do so - discuss with a Director |
| 7-16 | Inside Risk Appetite. Mitigate further if cost effective to do so |
| 1-6 | Inside Risk Appetite and unlikely to need further mitigation |
| ↑ | Risk increasing |
| \leftrightarrow | No risk movement |
| \ | Risk decreasing |





Quarter Two Summary



2097

Total number of emergency incidents in Berkshire



72.9%

% of occasions we responded to emergency incidents within 10 minutes



13.8%

% increase in the number of Referrals for Safe and Well visits received from our partners



60.4%

% of Full Fire Safety Audits with a 'Broadly Compliant' result



L6

Number of complaints received



4.8%

% of working time lost to staff sickness across all groups



100.0%

Compliant spend as a % of overall spend





Incident Trends

We responded to 2097 emergency incidents in Berkshire in Quarter 2 2023-24. Chart 1 below shows the trend in incidents over time, and for the most recent quarters includes the five year maximum, minimum and average incident levels for comparison. The chart illustrates the fall in overall incident numbers during the Covid-19 pandemic, and shows the hot, dry summers of 2018 and 2022. The level of emergency incidents in Quarter 2 of this year was below the five year average. This is as expected as this summer was significantly cooler and wetter than both 2022 and 2018.

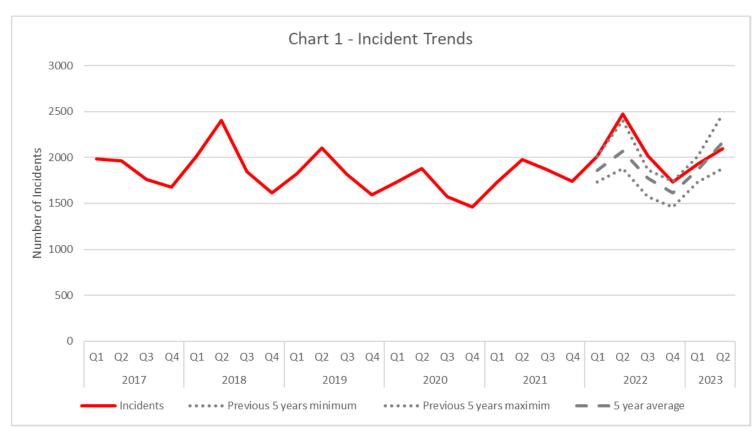
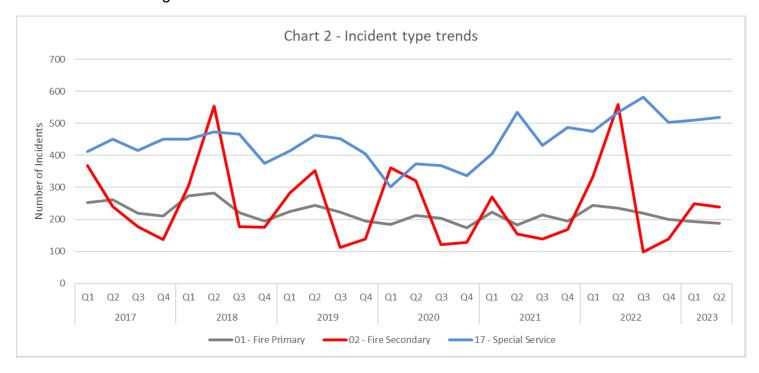






Chart 2 shows trends for major incident types, and clearly illustrates the seasonal and weather related patterns of secondary fires. Both primary and secondary fires are following a gradual downward trend over the past six years. Special service incidents dipped during the pandemic but levels are now higher than they were pre 2020. This incident group covers a range of emergencies which show different trends. The key highlights are:

- Number of hazmat and road traffic incidents are relatively similar to they were prepandemic.
- Services to assist other agencies, to people locked in or out, and to flooding incidents are higher than they were pre-pandemic. Rescue incidents, particularly rescues from water, are also higher.







Quadrant One – Service Provision

Hub working across Protection, Prevention and Response

A fire occurred in July 2023 at a local car wash which resulted in one casualty who was treated for smoke inhalation by the ambulance service. Our response to this incident resulted in increased prevention work in the local area and a prosecution progressed at the address due to concerns raised by the response crews to the protection team.

The fire was in the kitchen of a commercial café located on the car wash premises. This would usually be considered a simple premises and categorised as low risk. However, the risk was elevated when we received a request from a fire crew who had attended a fire and noticed sleeping accommodation on site. They had also expressed maintenance concerns regarding exposed wiring, no fire detection, cooking in oil, smoking materials, and combustibles present. Access to the sleeping area was limited, meaning a fire in this area would make any escape difficult for the occupants of the inner room.

A Fire Safety Inspector responded immediately after triaging the concern. On arrival, it became clear the crew had been well founded in their concerns and that the sleeping premises would need to be considered for prohibition for sleeping. On occasion the Local Authority may need to be contacted to help house those being made homeless by a prohibition, but this was not required in this case as the Responsible Person was able to rehouse the individuals.

Over the following weeks, crews attended the site during the evening to ensure compliance with the prohibition order. Following a meeting with the legal team, a decision was made to pursue a prosecution case due to the breaches identified on the premises. At the time of writing, the prosecution is ongoing.

This incident demanded a swift response and communication across several departments and working with outside agencies to make our communities safer. The premises have now removed the sleeping accommodation and the area is used for storage.





Demand on Protection Teams impacting Performance

A combination of high sickness levels, team members on light duties and work demands from post-fire inspections, complaints and Higher Risk Residential Buildings (HRRBs) activity completion continues to challenge delivery against the Risk Based Inspection Programme (RBIP). In addition the Protection team suffered a bereavement in September, which impacted staff (with a second bereavement in early Q3). Managers have prioritised staff wellbeing and supporting teams through this challenging period.

Work to integrate the management of HRRBs into business-as-usual activity via the RBIP remains a high priority following the completion of the Built Environment Programme.

Protection teams continue to engage with Local Authorities to understand how they have progressed in auditing Housing of Multiple Occupation (HMOs) and how we can support them in understanding the risk associated with these properties. This is important work as we recognise that the responsibility for licensing and inspecting HMOs remains with Local Authorities. However, they remain an area of risk in the county. Teams continue to liaise with Local Authorities in regard to HMOs to see where we can support.

In addition to the above work demands, there is an increased number of staff in development, which we have recorded as a risk on the corporate risk register. This investment in new staff will bolster team capacity in the future as they work through the necessary qualifications, but the ongoing development currently adds to workloads. We have sought to create a recruitment pipeline to mitigate this impact in the long-term.

Hub Managers continue to share resources across Hubs, continuing to identify and address areas of highest risk.





Appliance availability and the impact on our Response Standard.

Whilst not as high as the same quarter in previous years, Quarter Two remains one of our busier periods. When combined with a peak level period and critical training demands, our performance has fallen just short of the Response Standard target during this Quarter.

High numbers of staff in development and high staff turnover further increased pressure on appliance availability across the Service. Our management of crewing is robust and achieved through the Operational Support team and Hub Managers, who proactively review and forecast crewing through the Response Resourcing Group to ensure impacts are minimal, particularly in known peak periods.

It is essential that we continue to deliver a programme of risk critical training, which has been challenged by the high number of staff in development and the knock-on effect of flooding at the Training Centre. In Q2 we saw an increased number of appliances on delays for risk critical training including the introduction of an enhanced water rescue capability in the East of the county. We recognise the importance of investing time to support the development of staff. However, whilst releasing staff to attend training courses is essential, it does result in increased pressures in crewing.

However, even with the additional training demands in this quarter, it is pleasing to see an improvement in this measure compared to Q2 last year which is partly due to the introduction of the Operational Support Team which have improved crewing oversight.









| QUADRANT ONE | ARY | | | | | | | |
|--------------------------|--|-----|----|----|------------|--|--|--|
| Overall Measures | | | | | | | | |
| 1. Number of Fire Deaths | 1. Number of Fire Deaths 2023/24 Target: 0 | | | | | | | |
| | Q1 | Q2 | Q3 | Q4 | Year to Q2 | | | |
| Previous Year (22/23) | 0 | 1 | 3 | 0 | 1 | | | |
| Target (max) 0 0 0 0 | | | | | | | | |
| 2023/24 Actual | 2 \ | 1 ↔ | | | 3 ↓ | | | |

The three hubs continue to target prevention activity to the most vulnerable to fire and those most likely to suffer serious consequences due to fire.

| 2. Number of non-fatal fire | 2023/24 | Target: 34 max | | | |
|-----------------------------|---------|----------------|----|----|------------|
| | Q1 | Q2 | Q3 | Q4 | Year to Q2 |
| Previous Year (22/23) | 13 | 5 | 17 | 1 | 18 |
| Target (max) | 8 | 9 | 8 | 9 | 17 |
| 2023/24 Actual | 7 ↑ | 14 ↓ | | | 21 ↓ |

There has been an increase in fire injuries compared to Q2 from the previous year particularly in the Wokingham and West Berkshire areas. Incident information indicates no particular themes or trends. All injuries recorded from the incidents are non-life changing and relatively minor. Examples being smoke inhalation and minor burns from smaller fires relating to a variety of incident types such as electrical, cooking, boat and candles.

| 3. Number of deliberate Primary Fires 2023/24 Target: 135 max | | | | | | | |
|---|------|------|----|----|------------|--|--|
| | Q1 | Q2 | Q3 | Q4 | Year to Q2 | | |
| Previous Year (22/23) | 34 | 30 | 43 | 22 | 64 | | |
| Target (max) | 33 | 34 | 34 | 34 | 67 | | |
| 2023/24 Actual | 19 ↑ | 23 ↑ | | | 42 ↑ | | |

| 4. Number of deliberate S | 2023/24 Ta | 2023/24 Target: 244 max | | | |
|---------------------------|------------|-------------------------|----|----|------------|
| | Q1 | Q2 | Q3 | Q4 | Year to Q2 |
| Previous Year (22/23) | 91 | 115 | 23 | 41 | 206 |
| Target (max) | 78 | 87 | 38 | 41 | 165 |
| 2023/24 Actual | 68 ↑ | 62 ↑ | | | 130 ↑ |

During the school summer holidays, we have seen an increase in deliberate secondary fires in the Royal Borough Windsor and Maidenhead (RBWM). The locations have been mapped to three separate areas. Arson alert boards have been placed in the two main areas and information shared with RBWM High Demand and Complex Case meeting, RBWM Community Safety Partnership, RBWM Wardens and TVP neighbourhood team. East Hub Prevention teams will continue engaging with partners and monitoring for on-going trends.





| Increase the number of F received from our partner | | Safe and Well v | isits | 2023/24 Target: 10% | | |
|---|--------------------------------------|-------------------------------|-------------------------------|---------------------|--|--|
| | Q1 | Q2 | Q3 | Q4 | Year to Q2 | |
| Previous Year (22/23) % change | 30.4% | 26.4% | 41.6% | 38.8% | 28.2% | |
| Target percentage change | 10% | 10% | 10% | 10% | 10% | |
| 2023/24 Actual Number | 1053 | 1008 | | | 2061 | |
| 2023/24 Percentage Change | 18.4% ↓ | 13.8% ↓ | | | 16.1% ↓ | |
| 6. Percentage of Safe and \ a threat or incidence of a | | • | | 2023 | 3/24 Target: 100% | |
| | Q1 | Q2 | Q3 | Q4 | Year to Q2 | |
| Previous Year (22/23) | 100% | 100% | 100% | 100% | 100% | |
| Target | 100% | 100% | 100% | 100% | 100% | |
| 2023/24 Actual | 100% ↔ | 100% ↔ | | | 100% ↔ | |
| | | | | | | |
| | | nd Well Referral | s | 2 | 023/24 Target: 35% | |
| 7. Percentage of Very High completed within 72 hou | | nd Well Referral | s | | | |
| completed within 72 hou | rs | | | Q4 | 023/24 Target: 35% Year to Q2 28.2% | |
| completed within 72 hou Previous Year (22/23) | rs Q1 | Q2 | Q3 | | Year to Q2 | |
| completed within 72 hou Previous Year (22/23) Target | Q1 25.0% | Q2 31.1% | Q3 28.0% | Q4 21.0% | Year to Q2 28.2% | |
| completed within 72 hou Previous Year (22/23) Target 2023/24 Actual | Q1 25.0% 35% 37.5% ↑ | Q2 31.1% 35% 47.1% ↑ | Q3 28.0% 35% | Q4 21.0% 35% | Year to Q2 28.2% 35% | |
| completed within 72 hou Previous Year (22/23) Target 2023/24 Actual 8. Percentage of High Risk | Q1 25.0% 35% 37.5% ↑ | Q2 31.1% 35% 47.1% ↑ | Q3 28.0% 35% | Q4 21.0% 35% | Year to Q2 28.2% 35% 42.9% ↑ | |
| completed within 72 hour Previous Year (22/23) Target 2023/24 Actual 8. Percentage of High Risk within target time | Q1 25.0% 35% 37.5% ↑ | Q2 31.1% 35% 47.1% ↑ | Q3 28.0% 35% npleted | Q4 21.0% 35% | Year to Q2 28.2% 35% 42.9% ↑ | |
| Previous Year (22/23) Target 2023/24 Actual 8. Percentage of High Risk | RS Q1 25.0% 35% 37.5% ↑ Safe and We | Q2 31.1% 35% 47.1% ↑ | Q3 28.0% 35% npleted | Q4 21.0% 35% | Year to Q2 28.2% 35% 42.9% ↑ 022/23 Target: 50% Year to Q2 | |





| Protection Measures | | | | | | | | |
|---|-------|---------|-------|-------|------------|--|--|--|
| 9. Proportion of Fire Safety Audits conducted against premises identified 2023/24 Target: Monitor | | | | | | | | |
| as High or Very High Risk in our Risk Based Inspection Programme | | | | | | | | |
| | Q1 | Q2 | Q3 | Q4 | Year to Q2 | | | |
| Previous Year (22/23)* | N/A | 20.6% | 21.6% | 27.8% | 20.6% | | | |
| Target | | | | | | | | |
| 2023/24 Actual | 28.1% | 23.7% ↑ | | | 26.1% ↑ | | | |

^{*}The Risk Based Inspection Programme was launched on the 28th April 2022. Monitoring data available from Q2 22/23.

10. Percentage of Full Fire Safety Audits with a 'Broadly 2023/24 Target: 60% max Compliant' result *

| | Q1 | Q2 | Q3 | Q4 | Year to Q2 |
|-----------------------|---------|---------|-------|-------|------------|
| Previous Year (22/23) | 78.7% | 72.8% | 75.2% | 69.2% | 75.5% |
| Target (max) | 60% | 60% | 60% | 60% | 60% |
| 2023/24 Actual | 69.5% ↑ | 60.4% ↑ | | | 65.4% ↑ |

^{*}As part of the Risk Based Inspection Programme the Fire Safety Inspecting Officers should be visiting premises which are less likely to conform to the RRO 2005 and are therefore a higher risk to life. This measure illustrates the percentage of closed Fire Safety Audits carried out in commercial premises, where the result was 'Broadly Compliant' (satisfactory) and no further action or follow-up was required.

Our new Risk Based Inspection Programme (RBIP) was launched at the end of April 2022 and includes many premises that have not been inspected before. This means we have less information available about their risk level and may mean that initially more 'Broadly Compliant' premises will be inspected. As we visit these premises we will learn more about them and incorporate this into their risk score.

11. Percentage success when cases go to court 2023/24 Target: 80%

| | Q1 | Q2 | Q3 | Q4 | Year to Q2 |
|-----------------------|---------|---------|---------|---------|------------|
| Previous Year (22/23) | 0 cases |
| Target | 80% | 80% | 80% | 80% | 80% |
| 2023/24 Actual | 0 cases | 0 cases | | | 0 cases |

12. Percentage of Statutory fire consultations completed within the required timeframes 2023/24 Target: 95% Q1 Q2 Q3 Q4 Year to Q2 Previous Year (22/23) 96.3% 98.9% 96.8% 93.8% 97.5%

| Previous Year (22/23) | 96.3% | 98.9% | 96.8% | 93.8% | 97.5% |
|-----------------------|---------|--------|-------|-------|---------|
| Target | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% |
| 2023/24 Actual | 97.0% ↑ | 97.2%↓ | | | 97.1% ↓ |
| | | | | | |





| Response Measures | | | | | | |
|--|---------|---------|-------|-------|------------|--|
| 13. Percentage of occasions where the first fire engine arrives at an emergency incident within 10 minutes from time the emergency call was answered | | | | | | |
| | Q1 | Q2 | Q3 | Q4 | Year to Q2 | |
| Previous Year (22/23) | 76.0% | 69.3% | 74.2% | 76.3% | 73.3% | |
| Target | 75% | 75% | 75% | 75% | 75% | |
| 2023/24 Actual | 74.6% ↓ | 72.9% ↑ | | | 73.7% ↓ | |

See case study on page 11 for further information about performance in this area.

| 14. Percentage of wholetime frontline pumping appliance availability | | | | 202 | 23/24 Target: 99% |
|--|--------|--------|-------|-------|-------------------|
| | Q1 | Q2 | Q3 | Q4 | Year to Q2 |
| Previous Year (22/23) | 97.6% | 97.4% | 96.6% | 98.2% | 97.5% |
| Target | 99% | 99% | 99% | 99% | 99% |
| 2023/24 Actual | 97.3%↓ | 97.1%↓ | | | 97.2% ↓ |

See case study on page 11 for further information about performance in this area.

| 15. Percentage of hours where there is adequate crewing on on- call frontline pumping appliances (based on 24/7 crewing) | | | | 202 | 23/24 Target: 50% |
|---|---------|---------|-------|-------|-------------------|
| | Q1 | Q2 | Q3 | Q4 | Year to Q2 |
| Previous Year (22/23) | 44.4% | 40.3% | 35.9% | 41.7% | 42.4% |
| Target | 50% | 50% | 50% | 50% | 50% |
| 2023/24 Actual | 46.5% ↑ | 38.4% ↓ | | | 42.5% ↑ |

See case study on page 11 for further information about performance in this area.





| Resilience Measures | | | | | | | |
|--|---------|---------|-------|-------|------------|--|--|
| 16. Percentage of visits to Very High, High and Medium Operational Risk sites completed in timescale | | | | | | | |
| | Q1 | Q2 | Q3 | Q4 | Year to Q2 | | |
| Previous Year (22/23) | 14.8% | 30.5% | 42.9% | 60.9% | 14.8% | | |
| Target | 100% | 100% | 100% | 100% | 100% | | |
| 2023/24 Actual | 57.1% ↑ | 80.0% ↑ | | | 65.9% ↑ | | |

Response Managers continue to encourage stations to be proactive in the planning of Operational Risk visits and performance continues to be a substantial improvement from the previous year. On occasions it can be challenging to attend sites within timeframes allocated due to availability of the Responsible Person (RP) and site access

| 17. Number of Service Delivery Hub exercises completed | | | | 2023 | 2023/24 Target: 12 | |
|--|-----|----|----|------|--------------------|--|
| | Q1 | Q2 | Q3 | Q4 | Year to Q2 | |
| Previous Year (22/23) | 3 | 1 | 4 | 4 | 4 | |
| Target | 3 | 3 | 3 | 3 | 6 | |
| 2023/24 Actual | 4 ↑ | 1↔ | | | 5↑ | |

All hub exercises completed in Q1 including East Hubs Q2 exercise. Central Hubs Q2 exercise remains outstanding in the reporting figures, due to it being rescheduled to the end of October to accommodate a multi-agency attendance.

| 18. Percentage of Automatic Fire Alarm calls where RBFRS did not attend | | | | 2023/24 | Target: 30% min |
|---|---------|--------|-------|---------|-----------------|
| | Q1 | Q2 | Q3 | Q4 | Year to Q4 |
| Previous Year (22/23) | 26.7% | 23.0% | 24.2% | 25.4% | 24.8% |
| Target | 30% | 30% | 30% | 30% | 30% |
| 2022/24 Actual | 25.7% ↓ | 25.8%↑ | | | 25.7% ↓ |

The service will be evaluating how it delivers against the Unwanted Fire Signals policy, looking at how effectively we work with businesses to reduce false alarms. This activity will address the HMICFRS AFI related to false alarms. This activity will take place from Q4 23/24 - Q1 24/25.





| 19. Percentage of domes | tic respondents | satisfied with t | he | 2023 | 3/24 Target: 100% |
|---|---|---|--------------------------------------|--|--|
| overall service | • | | | | J |
| | Q1 | Q2 | Q3 | Q4 | Year to Q2 |
| Previous Year (22/23) | 100% | 100% | 100% | 100% | 100% |
| Target | 100% | 100% | 100% | 100% | 100% |
| 2023/24 Actual | 100% ↔ | 100% ↔ | | | 100% ↔ |
| | | 4 41 61 1 14 | | | |
| 20. Percentage of comme overall service | ercial responden | ts satisfied with | n the | 202 | 23/24 Target: 95% |
| 0.0.0.0.00 | Q1 | Q2 | Q3 | Q4 | Year to Q2 |
| Previous Year (22/23) | 100% | 100% | No returns | 100% | 100% |
| Target | 95% | 95% | 95% | 95% | 95% |
| 2023/24 Actual | 100% ↔ | 100% ↔ | | | 100% ↔ |
| | 1.0075 | .0070 | | | 1.0070 |
| 21. Percentage of respon | | with the service | es with | 202 | 23/24 Target: 90% |
| regards to Fire Safety | Audits | | | | |
| | Q1 | Q2 | Q3 | Q4 | Year to Q2 |
| Previous Year (22/23) | 100% | 96.9% | 100% | 100% | 100% |
| | | | / | / | 000/ |
| | 90% | 90% | 90% | 90% | 90% |
| | 90% 100% ↔ | 90% 100% ↑ | 90% | 90% | 90% 100% ↑ |
| | | | 90% | 90% | |
| Target 2023/24 Actual 22. Percentage of domes | 100% ↔ | 100% ↑ satisfied with t | | | |
| 2023/24 Actual | 100% ↔ tic respondents Safe and Well Vi | 100% ↑ satisfied with t | he | 2023 | 100% ↑ 3/24 Target: 100% |
| 2023/24 Actual 22. Percentage of domes service regards their | tic respondents Safe and Well Vi | satisfied with t | he Q3 | 202 3 | 100% ↑ 3/24 Target: 100% Year to Q2 |
| 2023/24 Actual 22. Percentage of domes service regards their Previous Year (22/23) | tic respondents Safe and Well Vi Q1 99.1% | satisfied with t sit Q2 100% | Q3 99.0% | 202 : Q4 100% | 100% ↑ 3/24 Target: 100% Year to Q2 99.5% |
| 2023/24 Actual 22. Percentage of domes service regards their Previous Year (22/23) Target | tic respondents Safe and Well Vi Q1 99.1% 100% | satisfied with to the sit Q2 100% 100% | he Q3 | 202 3 | 100% ↑ 8/24 Target: 100% Year to Q2 99.5% 100% |
| 2023/24 Actual 22. Percentage of domes service regards their Previous Year (22/23) Target | tic respondents Safe and Well Vi Q1 99.1% | satisfied with t sit Q2 100% | Q3 99.0% | 202 : Q4 100% | 100% ↑ 3/24 Target: 100% Year to Q2 99.5% |
| 2023/24 Actual 22. Percentage of domes service regards their Previous Year (22/23) Target 2023/24 Actual | tic respondents Safe and Well Vi Q1 99.1% 100% 100% ↑ | satisfied with to the sit Q2 100% 100% | Q3 99.0% | Q4 100% 100% | 100% ↑ 8/24 Target: 100% Year to Q2 99.5% 100% 100% ↑ |
| 2023/24 Actual 22. Percentage of domes service regards their Previous Year (22/23) Target 2023/24 Actual | tic respondents Safe and Well Vi Q1 99.1% 100% 100% ↑ | 100% ↑ satisfied with t sit Q2 100% 100% 100% → | Q3 99.0% 100% | Q4 100% 100% | 100% ↑ 3/24 Target: 100% Year to Q2 99.5% 100% 100% ↑ 4 Target: Monito |
| 2023/24 Actual 22. Percentage of domes service regards their Previous Year (22/23) Target 2023/24 Actual 23. Number of complaints | tic respondents Safe and Well Vi Q1 99.1% 100% 100% ↑ s received Q1 | 100% ↑ satisfied with t sit Q2 100% 100% 100% Q2 | Q3 99.0% 100% | 2023 Q4 100% 100% | 100% ↑ 3/24 Target: 100% Year to Q2 99.5% 100% 100% ↑ 4 Target: Monito Year to Q2 |
| 2023/24 Actual 22. Percentage of domes service regards their Previous Year (22/23) Target 2023/24 Actual 23. Number of complaints | 100% ↔ tic respondents Safe and Well Vi | 100% ↑ satisfied with t sit Q2 100% 100% 100% Q2 6 | Q3 99.0% 100% Q3 11 | 2023 Q4 100% 100% 2023/2 Q4 4 | 100% ↑ 3/24 Target: 100% Year to Q2 99.5% 100% 100% ↑ 4 Target: Monito Year to Q2 13 |
| 2023/24 Actual 22. Percentage of domes service regards their Previous Year (22/23) Target 2023/24 Actual 23. Number of complaints Previous Year (22/23) Target | 100% ↔ tic respondents Safe and Well Vi | 100% ↑ satisfied with t sit Q2 100% 100% 100% Q2 6 - | Q3 99.0% 100% | 2023 Q4 100% 100% | 100% ↑ 3/24 Target: 100% Year to Q2 99.5% 100% 100% ↑ 4 Target: Monito Year to Q2 13 - |
| 2023/24 Actual 22. Percentage of domes service regards their Previous Year (22/23) Target 2023/24 Actual 23. Number of complaints Previous Year (22/23) Target | 100% ↔ tic respondents Safe and Well Vi | 100% ↑ satisfied with t sit Q2 100% 100% 100% Q2 6 | Q3 99.0% 100% Q3 11 | 2023 Q4 100% 100% 2023/2 Q4 4 | 100% ↑ 3/24 Target: 100% Year to Q2 99.5% 100% 100% ↑ 4 Target: Monito Year to Q2 13 |
| 2023/24 Actual 22. Percentage of domes service regards their Previous Year (22/23) Target 2023/24 Actual 23. Number of complaints Previous Year (22/23) Target 2023/24 Actual | 100% ↔ tic respondents Safe and Well Vi Q1 99.1% 100% 100% ↑ s received Q1 7 - 7 ↔ | 100% ↑ satisfied with t sit Q2 100% 100% 100% Q2 6 - | Q3 99.0% 100% Q3 11 | 2023/2 Q4 100% 100% 2023/2 Q4 4 | 100% ↑ 3/24 Target: 100% Year to Q2 99.5% 100% 100% ↑ 4 Target: Monito Year to Q2 13 - 13↔ |
| 2023/24 Actual 22. Percentage of domes service regards their Previous Year (22/23) Target 2023/24 Actual 23. Number of complaints Previous Year (22/23) Target 2023/24 Actual | tic respondents Safe and Well Vi Q1 99.1% 100% 100% ↑ s received Q1 7 - 7 ↔ nts received | 100% ↑ satisfied with t sit Q2 100% 100% 100% ← Q2 6 - 6 ← 6 ← | Q3 99.0% 100% | 2023/2 Q4 100% 100% 2023/2 Q4 4 - | 100% ↑ 3/24 Target: 100% Year to Q2 99.5% 100% 100% ↑ 4 Target: Monito Year to Q2 13 - 13↔ 4 Target: Monito |
| 22. Percentage of domes service regards their Previous Year (22/23) Target 2023/24 Actual 23. Number of complaints Previous Year (22/23) Target 2023/24 Actual | 100% ↔ tic respondents Safe and Well Vi Q1 99.1% 100% 100% ↑ s received Q1 7 - 7 ↔ | 100% ↑ | Q3 99.0% 100% Q3 11 - | 2023/2 Q4 100% 100% 2023/2 Q4 4 | 100% ↑ 3/24 Target: 100% Year to Q2 99.5% 100% 100% ↑ 4 Target: Monito Year to Q2 13 - 13↔ |
| 2023/24 Actual 22. Percentage of domes service regards their Previous Year (22/23) Target 2023/24 Actual 23. Number of complaints | 100% ↔ tic respondents Safe and Well Vi Q1 99.1% 100% 100% ↑ s received Q1 7 - 7 ↔ nts received Q1 | 100% ↑ satisfied with t sit Q2 100% 100% 100% ← Q2 6 - 6 ← 6 ← | Q3 99.0% 100% | 2023/2 Q4 100% 100% 2023/2 Q4 4 - | 100% ↑ 3/24 Target: 100% Year to Q2 99.5% 100% 100% ↑ 4 Target: Monito Year to Q2 13 - 13↔ 4 Target: Monito Year to Q2 Year to Q2 |





Key – Performance Measures

| | Target exceeded by more than 10% | |
|-------------------|---|----------------------------|
| | Target met or exceeded by up to 10% | |
| | Target missed by up to 10% | Comparison with target |
| | Target missed by more than 10% | Companson with target |
| | NA or data accuracy issues affect confidence in | |
| | reporting | |
| 1 | Improvement in performance from equivalent period | |
| | the previous year | |
| \leftrightarrow | Maintenance of performance from equivalent period | Comparison with actual the |
| | the previous year | previous year |
| | Decline in performance from equivalent period the | |
| + | previous year | |





Quadrant Two – Corporate Health

Revenue Budget Update - Q2 2023/24

The 2023/24 Revenue Budget agreed by Members in February 2023 was set at £41.975m. Income was anticipated to exceed expenditure by £573,000 meaning that the Fire Authority was replenishing its reserves – specifically the Budget Contingency Reserve.

The forecast revenue outturn for 2023/24 shows an anticipated surplus of £26,000 compared to the original budget. Variances against individual revenue lines are explained below:

Employee costs. A settlement was reached in 2022/23 for the rates of pay for Grey book staff that also covered the current year. The Service was under establishment for April and May. The 23 new recruits that joined in February are now all on station. A further eight new recruits have been taken on and after training will join the stations in November. Taking into account known leavers the net result is anticipated to be net cost savings of around £124,000. The overtime forecast is showing at £207,000 over budget for the year. These figures do not take into account any further leavers beyond those that are currently known.

On-call stations are currently showing a net negative variance across the county of £101,000, mainly at Lambourn and Crowthorne.

The Green book pay award has not been finalised at 30th September 2023. A forecast rise of 4% (from 1 April 2023) has been used, which is the same as budgeted. There are various posts that have been or remain vacant.

The cost of new trainee firefighters has been built into the forecast with an additional 18 forecast to be taken by the end of the financial year, at an additional budgetary pressure of £82,000. This is shown on the non-stations line, which is where new recruit costs are posted while in training and before they go onto stations.

Repairs and Maintenance. Repairs to the Firehouse at Whitley Wood are ongoing. The total cost of completing works is estimated to be around £92,000.

Rates. The Authority continues to work with a third party to challenge historical and future business rate charges for stations. Since budget setting, an appeal for Newbury Fire Station was successful resulting in an £11,000 refund and a 6.5% decrease in future bills. The final historical refunds in respect of Dee Road were received in Q1 2023/24 and were slightly greater than anticipated, explaining the rest of the forecast underspend.

Cleaning. From April 2023 an additional, above inflation, price increase of 8.2% has been applied, due to the living wage increase. In addition, Management Committee agreed a six-month extension to the current contract that expires in September to allow a re-tendering exercise to be undertaken. Cleaning costs are about £22,500 per month, giving a total yearly cost of £270,000, an increase of £27,000 over the budgeted amount.

Community Fire Safety – reanalysis of required costs in this area shows £50,000 less supplier costs and activities than was anticipated post Covid.





Transport – The cost of the fleet maintenance contract with Hampshire FRS is forecast to be £42,000 over budget. Part of the increase is due to the increased charge rate for vehicle technicians, and costs to alter the vehicle used for the new Water Rescue provision in the East of the county.

Cross border charges - These have been agreed with Thames Valley partners for the quarter and, based on this, it is estimated that charges will be £48,000 lower (under Contracts Other) and income £34,000 (under Income Other) lower than the budgeted targets. These figures include a net adjustment to the 2022/23 figures of £20,000 for cross border activities with Surrey.

Interest receivable – Increases in interest rates will result in increased investment income of £151,000 more than originally budgeted.

Budget Update - Revenue Position Quarter 2 2023/24

| | Annual Budget | Q2 Outturn | Forecast to YE | Fcast – Budget Variance |
|--|---------------|------------|----------------|----------------------------|
| | £'000 | £'000 | £'000 | £'000 |
| EMPLOYEES | | | | |
| STATIONS | 18,890 | 9,362 | 18,873 | (17) |
| NON-STATIONS | 12,664 | 6,058 | 12,691 | 27 |
| TRAINING | 542 | 188 | 545 | 3 |
| OTHER | 300 | 131 | 304 | 4 |
| | 32,396 | 15,739 | 32,413 | 17 |
| PREMISES | | | | |
| REPAIRS & MAINTENANCE | 865 | 587 | 977 | 112 |
| RATES | 888 | 482 | 857 | (31) |
| CLEANING | 275 | 150 | 302 | 27 |
| UTILITIES | 880 | 249 | 880 | 0 |
| | 2,908 | 1,468 | 3,016 | 108 |
| SUPPLIES | | | | |
| INSURANCE | 443 | 233 | 443 | 0 |
| EQUIPMENT | 489 | 273 | 502 | 13 |
| IS EQUIPMENT & LICENCES | 1,002 | 642 | 1,008 | 6 |
| CLOTHING/PPE | 361 | 251 | 372 | 11 |
| COMMUNICATIONS | 787 | 265 | 788 | 1 |
| OCCUPATIONAL HEALTH | 268 | 123 | 268 | 0 |
| PRINT/STATIONERY/PUBLICATION S/SUBSCRIPTIONS | 141 | 90 | 141 | 0 |





| • | | | | |
|---|----------|----------|----------|-------|
| COMMUNITY FIRE SAFETY | 160 | 45 | 111 | (49) |
| SUPPLIES | | | | |
| SUPPLIES OTHER | 211 | 118 | 222 | 11 |
| | 3,862 | 2,040 | 3,855 | (7) |
| CONTRACTS | | | | |
| CONTRIBUTION TO TVFCS & COLLABORATION | 977 | 469 | 988 | 11 |
| LEGAL | 50 | 15 | 51 | 1 |
| CONTRACTS OTHER (incl | 871 | 352 | 811 | (60) |
| Professional Services) | | | | , |
| , | 1,898 | 836 | 1,850 | (48) |
| TRANSPORT | | | | |
| VEHICLE RUNNING COSTS | 800 | 385 | 842 | 42 |
| TRAVEL | 248 | 99 | 247 | (1) |
| | 1,048 | 484 | 1,089 | 41 |
| PENSIONS | | | | |
| PENSIONS | 456 | 225 | 456 | 0 |
| | 456 | 225 | 456 | 0 |
| INCOME | | | | |
| GRANTS | (2,080) | (1,861) | (2,089) | (9) |
| RENTAL INCOME | (216) | (115) | (216) | 0 |
| TVFCS RECHARGE INCOME | (394) | (197) | (394) | 0 |
| INCOME OTHER | (526) | (66) | (503) | 23 |
| | (3,216) | (2,239) | (3,202) | 14 |
| NET COST OF SERVICES | 39,352 | 18,553 | 39,477 | 125 |
| DEBT CHARGES INTEREST | 333 | 108 | 333 | 0 |
| INVESTMENT INTEREST | (474) | (181) | (625) | (151) |
| REVENUE FUNDING OF CAPITAL | 1,582 | | 1,582 | 0 |
| APPROPRIATION TO/(FROM) | 498 | | 498 | 0 |
| RESERVES | | | | _ |
| FINANCING COSTS | 684 | | 684 | 0 |
| NET EXPENDITURE | 41,975 | 18,480 | 41,949 | (26) |
| GOV GRANTS/PRECEPTS | (41,975) | (24,989) | (41,975) | 0 |
| (SURPLUS)/DEFICIT BEFORE USE OF RESERVES | 0 | (6,509) | (26) | (26) |





Green book sickness absence management

The total days lost to sickness absence across all staff groups increased by 394 days (29%) in Q2 23/24. An increase of 244 days lost amongst green book staff this quarter accounted for the majority (62%) of the total increase in days lost.

Following a consistent decrease in green book staff absence this is the second consecutive quarter that an increase has been observed.

An audit of a random sample of sickness cases is undertaken, at the end of each quarter. This audit enables HR to identify where managers are not complying with policy in terms of completing return to work interviews, referring staff to Occupational Health referrals, or addressing absence trigger points.

Previous quarterly audits have revealed that managers of green book staff are not managing absence correctly. To address this individual department managers have been given input from HR to improve knowledge and skills in this area. We would expect to see this result in improved management of absence, which would be evidenced during the audit.

Monitoring reasons for absence amongst green book staff allows us to spot trends in particular departments for example increases in mental health absence. Where observed these are highlighted to department managers and / or Directors to enable them to address any work-related aspects and offer appropriate support to the whole department to minimise future absence.

To support all managers execute their responsibilities in relation to absence management the Sickness Absence and Attendance Policy has been reviewed to ensure it is succinct and clear to follow. Additionally, the manager's guidance has been reviewed and rebranded into a Manager's Toolkit. Although there has been no meaningful change to the policy a series of workshops will be delivered from Q3 onwards to reiterate the absence management responsibilities and processes. Service Delivery have instructed all their managers attend these workshops which will ensure new in post managers are receiving input in this respect.





Equality, Diversity and Inclusion Objectives Progress Update

The table below illustrates progress against our Equality, Diversity and Inclusion Objectives.

| | End 22/23 | Q1 | Q2 | Q3 | Q4 |
|--|--------------|----|----|----|----|
| Objective: Increasing the diversity of staff at all levels We recognise the value that a diverse workforce brings and will take action to increase the diversity of job applicants, seeking individuals with the right behaviours and skills to help us reflect and engage with our local communities. | G | G | G | | |
| Objective: Leadership and corporate commitment We will support our organisational leaders to understand their role in tackling inequalities and demonstrating inclusive behaviours, in line with our Behavioural Competency Framework. This commitment means we will be strong and visible in our leadership and ensure that all staff and members of our local communities have confidence in our commitment to equality, diversity and inclusion. | G | G | G | | |
| Objective: Improving our service delivery by creating strong links with our community We will connect and communicate with our diverse local community to develop meaningful and sustainable links, which help us to increase our understanding of their needs. We will ensure that we tailor our prevention, protection and response activities accordingly and target the most vulnerable people with the greatest risk. | А | А | G | | |
| Objective: Building on our inclusive culture We will continue taking action to ensure we have a culture where everyone feels valued and is treated with dignity and respect, and support all staff to contribute to the creation of an inclusive working environment. | G | G | G | | |

Tables containing relevant Equality, Diversity and Inclusion data are presented quarterly and are available in Appendix A.

Key - Project or Action Plan Status

| С | Project complete |
|----|---|
| G | Project on Track |
| А | There are issues with the project but these are being managed |
| R | Issues are having an impact on delivery |
| NS | Project not yet due to start |

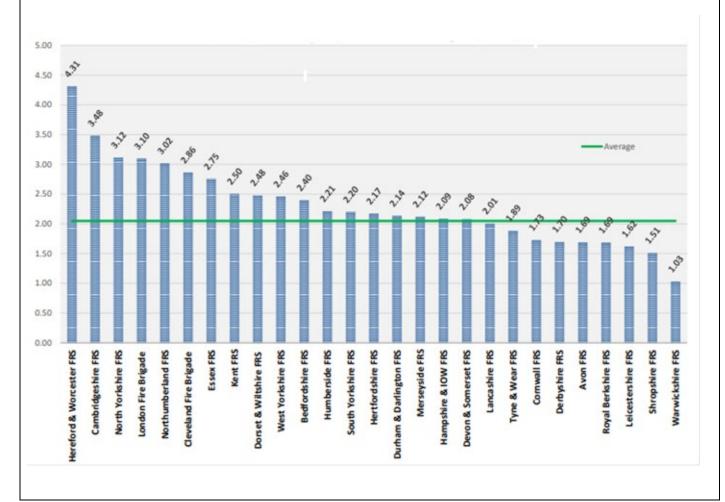




QUADRANT TWO - CORPORATE HEALTH **DATA SUMMARY** 2023/24 Target: 5% max 25. Percentage of working time lost to sickness across all staff groups Q2 Q4 Year to Q2 Previous Year (22/23) 4.9% 5.5% 5.4% 6.2% 4.6% 5.0% 5.0% 5.0% 5.0% Target 5.0% 202/24 Actual 4.0% 4.8% 4.4%

Health Partners (Occupational Health) benchmarking data shows for the rolling 12 months to end of September 2023 that 28% of RBFRS cases are related to mental health issues. This compares to 31% for their emergency services clients and 35% across their client base. For the same peirod 37% of RBFRS cases related to musculoskeletal issues. This compares to 35% for their emergency services clients and 22% across their client base.

The chart below compares the percentage of days lost per employee for Quarters 1 and 2 for Fire and Rescue Services. RBFRS has a lower than average figure.







| 26. Percentage of eligib Appraisals | 2023/24 Ta | rget: 100% | | | |
|--|------------|------------|-------|-------|------------|
| | Q1 | Q2 | Q3 | Q4 | Year to Q2 |
| Previous Year (22/23) | 30.0% | 81.0% | 86.0% | 88.0% | 81.0% |
| Target | 100% | 100% | 100% | 100% | 100% |
| 2023/24 Actual | 62.5% ↑ | 86.0% ↑ | | | 62.5% ↑ |

The deadline for completion of PDR meetings was July 2023. We have seen a large number of the returns received during Q2. Managers have access to reports to monitor performance locally and HR are contacting Managers on a regular basis to ensure meetings have been recorded accurately and that paperwork has been returned.

| 27. Number of formal g | rievances | | | 2023/24 Targ | et: Monitor |
|------------------------|------------------|------------------|---------|--------------|--------------|
| | Q1 | Q2 | Q3 | Q4 | Year to Q2 |
| Previous Year (22/23) | 2 | 1 | 10 | 5 | 3 |
| Target (max) | | | | | |
| 2023/24 Actual | 2 ↔ | 3 ↑ | | | 5↑ |
| | | | | | |
| 28. Number of RIDDOR | accidents and | diseases | | 2023/24 Ta | rget: 4 max |
| | Q1 | Q2 | Q3 | Q4 | Year to Q2 |
| Previous Year (22/23) | 3 | 1 | 3 | 2 | 3 |
| Target (max) | 1 | 1 | 1 | 1 | 1 |
| 2023/24 Actual | 1 ↑ | 0 ↑ | | | 1 ↑ |
| | | | | | |
| 29. Percentage of spen | d subject to cor | npetition | | 2023/24 | Target: 85% |
| <u> </u> | Q1 | Q2 | Q3 | Q4 | Year to Q2 |
| Previous Year (22/23) | 85.7% | 82.2% | 87.4% | 85.5% | 85.7% |
| Target Target | 85% | 85% | 85% | 85% | 85% |
| 2023/24 Actual | 80.5%↓ | 85.1%↑ | | | 82.8% |
| | | | | | |
| 30. Compliant spend a | s a percentage | of overall spend | | 2023/24 Ta | arget: 100% |
| | Q1 | Q2 | Q3 | Q4 | Year to Q2 |
| Previous Year (23/24) | 100% | 100% | 100% | 100% | 100% |
| Target | 100% | 100% | 100% | 100% | 100% |
| 2023/24 Actual | 98.8% ↓ | 100% ↔ | | | 99.9% |
| | ' | | | · | |
| 31. Number of Informat | ion Commission | ner assessments | finding | 2023/ | 24 Target: 0 |
| that the Service has | | | | | |
| | Q1 | Q2 | Q3 | Q4 | Year to Q2 |
| Previous Year (22/23) | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 |
| Target | 1 0 | 1 0 | 1 0 | 1 0 | 1 0 |





Key - Performance Measures

| | Target exceeded by more than 10% | |
|-------------------|---|----------------------------|
| | Target met or exceeded by up to 10% | |
| | Target missed by up to 10% | Comparison with target |
| | Target missed by more than 10% | Companson with target |
| | NA or data accuracy issues affect confidence in | |
| | reporting | |
| ^ | Improvement in performance from equivalent period | |
| 1 | the previous year | |
| \leftrightarrow | Maintenance of performance from equivalent period | Comparison with actual the |
| | the previous year | previous year |
| | Decline in performance from equivalent period the | |
| ↓ | previous year | |





Quadrant Three – Priority Programmes

Our Priority Programmes Quadrant brings together progress updates on our areas of work where we are delivering defined outcomes that are different to, or improve on, current working practices, policies and procedures.

Updates are provided on our CRMP, RBFRS Development Programme and Strategic Asset Investment Framework (SAIF), assessing progress against the projects and objectives set in our 2023-24 Annual Plan.

Key - Priority Programme Project Status

| С | Project complete |
|----|---|
| G | Project on Track |
| А | There are issues with the project but these are being managed |
| R | Issues are having an impact on delivery |
| NS | Project not yet due to start |





CRMP

RBFA is required to publish a Community Risk Management Plan (CRMP – formerly known as an Integrated Risk Management Plan). In early 2023, we consulted on and published a CRMP for 2023-27, which reflects the priorities and requirements of the Fire and Rescue National Framework for England.

The below shows progress against our CRMP commitments published in our 2023-24 Annual Plan.

| Berkshire due to climate change, societal and technological shifts. | Q´ | 1 G | Q2 | Q3 | Q4 |
|--|---------|---------|-----------|---------|-------|
| We will build on our horizon scan and evidence base developed for our CRMP to mprove our understanding of climate change, societal and technological risks. | A | \ | Α | | |
| We will develop our water rescue capability to respond to the impact of climate change. | C | 3 | G | | |
| We will develop our wildfire capability to respond to the impact of climate change. | (| 9 | Α | | |
| Priority 2: We will develop a Risk Based Prevention Programme to target thoses is known to target the second secon | se mos | t vuln | nerak | ole and | d at |
| | Q1 | (| Q2 | Q3 | Q4 |
| We will use our evidence base to identify who is most at risk in our communities, to ensure our resourcing is targeted in the most effective and efficient way. | N | s | Α | | |
| We will continue to work with our partner agencies to ensure high quality referrals for the most vulnerable. | C | 3 | G | | |
| Priority 3: We will develop our response model to ensure that we are providing response to incidents within Berkshire, ensuring that it is aligned to the risks provides value for money | identii | fied, s | susta | ainabl | |
| esponse to incidents within Berkshire, ensuring that it is aligned to the risks | | fied, s | | | e and |
| esponse to incidents within Berkshire, ensuring that it is aligned to the risks | identii | fied, s | susta | ainabl | |
| response to incidents within Berkshire, ensuring that it is aligned to the risks provides value for money In preparation for a project commencing in 2024/25 to improve our response to incidents, we will use our CRMP evidence base and our annual review of risk to assess our response model to determine the areas that will form part of this | Q1 | fied, s | Q2 G | Q3 | Q4 |





| Priority 5: We will develop our Service to reduce the impact of fire safety iss | | Q1 | Q2 | Q3 | Q4 |
|---|-------|---------|---------|---------------|-----------|
| We will evaluate our new Risk-Based Inspection Programme to ensure we are targeting the premises with the greatest risk | | NS | А | | |
| We will evaluate the changes we have made to our call challenge policy and review our response | | G | G | | |
| Priority 6: We will maintain 19 frontline fire appliances, and a baseline servi- | ce pr | ovision | n of 14 | frontli | ine |
| Priority 6: We will maintain 19 frontline fire appliances, and a baseline servi- fire appliances, utilising wholetime and on-call staff as effectively as possib management | | | | frontli | ine |
| fire appliances, utilising wholetime and on-call staff as effectively as possib | | | | frontli Q3 | ine Q4 |





RBFRS Development Programme

We continue to report to HMICFRS on our activities supporting the values and cultures actions as a result of the published national recommendations report. Two all staff conferences were held which launched our vision and engaged our organisation in Active Bystander training. The conferences and the stakeholder group engagement sessions set up provided further opportunities for people to provide feedback on various aspects. We also consulted our stakeholder group on the People Strategy objectives. This feedback will be taken into consideration when preparing the objectives and plan for our development programme. Our second Summer internship programme also took place with five interns working in several service areas to learn new skills and to understand more about the service and what we can offer them. Our annual awards ceremony was held in September celebrating the successes of our colleagues.





Strategic Asset Investment Framework

The Strategic Asset Investment Framework sets out how we will maintain and renew the vital capital assets, necessary to support our services. Our capital assets include our fire stations and HQ, fleet and equipment and our ICT systems. All together, they represent a major capital investment.

ICT Network Equipment Upgrade

RBFRS network equipment has been in need of replacement due to its old age, supportability, and its capacity to support increased data traffic and system changes described in RBFRS ICT Strategies since 2019. A project to this effect was specified in 2020 and commissioned with BT in 2021 as part of the Unicorn contract extension, in support of Strategic Asset Investment Framework and RBFRS ICT Strategy.

The timing of the project's commissioning coincided with global issues in chipset supply which caused significant delays in deliveries of equipment. Furthermore, the contractor suffered from staffing issues which compounded the effect of chipset shortages adding to delays. Finally, an issue with the specification of a critical piece of equipment was discovered as project preparation progressed, resulting in a need to increase the spend and adding further time to the project. The issues outlined took the project to mid-2023 when information about Unicorn arrangements coming to a definitive end in August 2024 was made clear.

As a result of all the above, a request to review the original hardware contract was made including a review and update of the original specification and design, since a risk of it no longer been current and delivering the best value for the Service was identified. The efforts on parts of the service resulted in BT re-engaging in a meaningful discussion which are now progressing.

| Buildings | | | | | | |
|---------------------------|-----------|--------------|----|--------|----|----|
| | | | | Status | | |
| | | End 22/23 | Q1 | Q2 | Q3 | Q4 |
| Estates Development | On Track | G | G | G | | |
| | On Budget | G | G | G | | |
| Fleet and Equipment | | | | • | | |
| | | | | Status | | |
| | | End 22/23 | Q1 | Q2 | Q3 | Q4 |
| Fleet: Special Appliances | On Track | G | G | G | | |
| | On Budget | G | G | G | | |
| Fleet: Other Ancillary | On Track | G | G | G | | |
| Vehicles | On Budget | G | G | G | | |
| Equipment | On Track | G | G | G | | |
| | On Budget | G | G | G | | |





| ICT | | | | | | |
|----------|-----------|--------------|----|--------|----|----|
| | | | | Status | | |
| | | End 22/23 | Q1 | Q2 | Q3 | Q4 |
| Hardware | On Track | G | G | G | | |
| | On Budget | G | G | G | | |
| Software | On Track | G | G | G | | |
| | On Budget | G | G | G | | |
| Networks | On Track | А | А | А | | |
| | On Budget | А | А | А | | |
| Services | On Track | G | G | G | | |
| | On Budget | G | G | G | | |
| ESMCP | On Track | R | R | R | | |
| | On Budget | R | R | R | | |





Quadrant Four – Assurance Risk Register

RBFRS has a comprehensive Organisational Risk Management Policy, along with a framework for monitoring and managing risks and uncertainties to ensure that organisational objectives can be achieved. Strategic Risks and those with a current score of 17 or above, are escalated to the Corporate Risk Register and monitored monthly by the Senior Leadership Team.

Risk Movement Highlights

This section highlights organisational risks which have been added, closed or substantially changed risk score over the course of Quarter 4. To ensure the most up to date picture for risk, the updates include information about progress since the end of the quarter.

Key - Classification of Risk Scores and Risk Movement

| 20 - 25 | Outside assumed Risk Appetite and requires mitigation to proceed |
|-------------------|---|
| 19 | Inside Risk Appetite only because of extremely low probability. Mitigate if necessary and possible, accept only if no further action can be justified |
| 17 & 18 | Inside Risk Appetite. Mitigate further if cost effective to do so - discuss with a Director |
| 7-16 | Inside Risk Appetite. Mitigate further if cost effective to do so |
| 1-6 | Inside Risk Appetite and unlikely to need further mitigation |
| ↑ | Risk increasing |
| \leftrightarrow | No risk movement |
| <u></u> | Risk decreasing |





| Key Risk: 918: Wildfire Capability – New risk Risk Owner: Katie Mills | | | | |
|---|----|----|-----|----|
| | | | | |
| Risk Description: If we do not prepare for the impact of a changing climate on the likelihood and severity of wildfires and ensure we are suitably prepared to respond to operational incidents in changing conditions, which may become more likely given resource pressures and the speed of climate change, then we can expect to see increased harms from fire which are significant in respect of our statutory responsibilities to mitigate risk within our communities and our duties to ensure the health, safety and wellbeing of our staff. | NA | 18 | New | 18 |

The Community Risk Management plan has identified climate change as an area of focus due its impact on risk. The impact of seasonal pressures such as the risk of wildfire are impacting the Service and this risk identifies how the Service will respond in terms of operational preparedness.

| Current Mitigations | Progress on Mitigations |
|---|-------------------------|
| Risk posed by climate change identified through CRMP and Priority 1 | New treatment |
| Develop SSRIs for wildfire risk | New treatment |
| Implement learning from NFCC Wildfire Review 2022 | New treatment |
| Operational Preparedness e.g. NOG alignment, FRS best practice, Operational Competence, Training and Exercising | New treatment |
| Consideration of wildfire risk as part of Fleet and Equipment Strategy and holistic review of PPE requirements | New treatment |
| Operational learning | New treatment |
| Dynamic management of operational resources | New treatment |
| Targeted wildfire prevention programme | New treatment |
| Working in collaboration with Local Resilience in accordance with the Wildfire Framework for England | New treatment |





| Key Risk: 893: National Power Outage Planning – Risk score increased Risk Owner: Mark Arkwell | | | | | |
|---|----------------------------|----------------------------|---------------------|-------------------------------|--|
| THOR OWNER. Mark Arkwell | End of Q1 Risk Score | End of Q2 Risk Score | Direction of travel | Risk score as at Dec 23 | |
| Risk Description: If we do not have appropriate business continuity arrangements in place for a widespread power outage, which is increasing likely due to gaps in current Business Continuity Planning processes, then we can expect severe and critical impacts on service delivery and our staff, which is significant in meeting our statutory duties and impacts on community safety | 18 | 21 | \leftrightarrow | 21 | |

Following a review, the score for this risk was increased in Q2 due to lack of progress in delivering the mitigation relating to the production of the business continuity plan relating to National or widespread power outages. This was primarily due to an ongoing issue with lack of organisational resource and capability to manage business continuity activity and the need to re-profile existing resource to deliver critical work in other areas. Funding has been secured to provide an additional resource to build capability and delivery in this area, and across a range of Business Continuity activities, and is expected to be in place in Q3 23/24. This risk and the associated mitigations will be considered as part of that work once the new role is in place. There has been some success in relation to installing and testing a Starlink capability at headquarters, part of a Local resilience Forum initiative, and the service is considering how this could be further developed across the service.

| Current Mitigations | Progress on Mitigations | |
|--|--|--|
| Engage with local, regional and national partners and events to draw on best practice and identified learning | SLT members have attended LRF exercises and will feed learning into developing National Power Outage (NPO) specific Business Continuity Plan (BCP) - Learning from Might Oak (28-30 March) due late April early May. Update - awaiting ops comms plan from OFRS Lead TacAd. OFRS have supplied for review OFRS NPO plan. | |
| Through working group assess and agree planning assumptions, risks/issues and impacts to inform development of NPO BCP | Planning assumptions being developed using Op Lemur Learning and building on TVLRF widespread electricity loss plan and the Electricity Supply Emergency Code (ESEC) - no change draft plan and strategic objectives agreed, individual department actions being developed - UPDATE - work essential paused at this time due to capacity issues and review of direction. | |
| Produce and agree NPO BCP aligned to statutory requirement and strategic objectives | Draft plan commenced but significant work still required to deliver. UPDATE - No change at this time, work essentially paused | |
| Identify capability gaps and develop business case (S) where appropriate and necessary. | LRF starlink installed at HQ. RBFRS purchase of more units TBC | |





| Key Risk: 906: IT Disaster Recovery – Risk score mitigated | | | | | | | |
|--|----------------------------|----------------------------|---------------------|-------------------------------|--|--|--|
| Risk Owner: Nikki Richards | | | | | | | |
| | End of Q1 Risk Score | End of Q2 Risk Score | Direction of travel | Risk score as at Dec 23 | | | |
| Risk Description: If we suffer a system(s) or data loss, which may become increasingly likely due to ageing systems and increased risks from cyber incidents, then we may be exposed to a disruption in the continuity of key digitally delivered services for a prolonged period of time, which are significant in respect to our capability to deliver all services, reputation, statutory reporting timeframes, or staff wellbeing. | 21 | 18 | ↓ | 18 | | | |

The IT Disaster recovery risk score was reduced due to implementation of further enhancements to security measures including:

- Investment in expanding storage and licensing for backups and migrating to new geographical location,
- Further increasing frequency of backups of systems re-graded as critical,
- Working with vendors to address deficiencies identified,
- Identifying and preparing adequate stock of equipment in readiness for use should an issue occur.

Further details of current mitigations and progress are not included for this Risk due to security sensitivity of the information.





Corporate Risk Register risks as at December 2023

Each risk has 3 risk scores:

- Inherent Score the risk score at the risk's initial assessment
- Current Score the risk score as of this current moment in time
- Treated Score the risk score we expect to reach once the treatments have been completed and have mitigated the impact or likelihood of the risk.

Strategic Risks

| Risk ID | Risk Short Name | Risk Description | Inherent Score | Current Score | Treated Score |
|------------|--------------------|---|-------------------|------------------|------------------|
| 417 | Firefighter Safety | If we do not maintain the safety, health and wellbeing of our operational staff through effective training; operational policy and guidance; safe systems of work and; means to capture and respond to operational learning, we risk a significant firefighter injury or fatality, a failure to comply with our legal duty and an undermining of the operational effectiveness and competence of our staff. This could significantly impact the effectiveness of our operational response, have a long term impact on staff welfare and damage our public reputation and trust levels. | 25 | 20 | 19 |
| 418 | ESMCP | If we do not make sufficient provision of resources and budget to support the development, transformation to and implementation of ESMCP products and capabilities at a Service level, then we will not be a part of the proposed Emergency Services Network and we will be out of step with national and regional partners across the three emergency services. This could significantly impact on the effectiveness of our operational mobilization and response and limit access and use of operational technology to support incident command and joint emergency services interoperability. Consequently, this could impact negatively on our collaborative and partnership working and our public and political reputation. | 23 | 23 | 10 |





| Risk ID | Risk Short Name | Risk Description | Inherent Score | Current Score | Treated Score |
|------------|--|--|-------------------|------------------|------------------|
| 506 | Volatility of funding | If RBFRS fails to receive sufficient funding, which is becoming more likely given the level of national debt, the Government's fiscal policy, increasing volatility in local funding and increasing budget pressures, we can expect to face further reductions in service delivery and a loss of public trust, which will severely impact on our ability to deliver our statutory duties and strategic objectives. | 24 | 18 | 16 |
| 629 | Management of Cyber Security | If we fail to ensure compliance with Cyber Security best practices and guidelines, which is increasingly likely due to ongoing evolution in the sophistication of attack methodologies, we may be exposed to operational degradation, financial loss and/or reputational damage due to reduced availability, integrity or currency of our data and systems. | 21 | 18 | 12 |
| 663 | Capital Projects - Effective Estate Management | If we fail to effectively manage our property assets to ensure they are fit for purpose and in the right locations, which may become increasingly likely given the funding challenges and the increasing age of our fire stations, then we can expect our revenue expenditure to increase, our services to be less effective and our stations to further decline which would be significant in respect to our strategic objectives; to ensure value for money and ensure fire stations are suitable and accessible for our own staff and the communities they serve. | 23 | 17 | 10 |
| 681 | WDS Operational Availability, Crewing and Capabilities | If we do not maintain the necessary numbers, skills and knowledge requirements of WDS personnel, which requires constant attention with our lean operating model, we may see adverse impacts on the provision of appliance availability, delivery of our response standard and our wider service plans and this could significantly impact community safety and our organizational reputation. | 23 | 21 | 12 |





| Risk ID | Risk Short Name | Risk Description | Inherent Score | Current Score | Treated Score |
|------------|--|---|-------------------|------------------|------------------|
| 682 | On-Call Operational Availability, Crewing and Capabilities | If we do not sustain activity to ensure our on-call provision has the appropriate numbers of personnel with the necessary skills, knowledge and availability then we risk undermining organisational resilience in our response capability and this could impact community safety and organizational reputation. | 21 | 18 | 12 |
| 742 | Management of premises risk information | If we do not manage the capture, processing, storage and access of premises risk information which is increasingly likely due to the quantity and complexity of the data involved, staff may be unaware of hazards within the built environment or be presented with inaccurate or out of date information which may result reduced staff safety and or a breach of GDPR. | 18 | 14 | 12 |
| 774 | Comms Resource | If we fail to resource the Communications and Engagement Team adequately, in line with our current and anticipated work demands, then this could significantly impact the effectiveness of the support provided across the Service and risk delivery against our strategic objectives as set out in the Annual Plan and Corporate Plan | 21 | 15 | 15 |
| 798 | Environmental/Sustainability | If RBFRS fails to develop, fund and implement an environmental and sustainability plan, then we can expect an increase in financial pressure with rising energy costs, and RBFRS' reputation as a public sector organisation to be negatively impacted through being out of alignment to wider societal progress towards creating a more sustainable future which will significantly impact our ability to deliver our statutory duties and strategic objectives. | 23 | 21 | 10 |





| Risk ID | Risk Short Name | Risk Description | Inherent Score | Current Score | Treated Score |
|------------|--|---|-------------------|------------------|------------------|
| 842 | Volatility of operational staff numbers | If Prevention, Protection and Response staff turnover increases, which may become more likely with changes in pension rules and recruitment of neighbouring services, then we can expect to have a challenge in retaining required levels of PP&R staff, which may affect our ability to meet our strategic commitment to ensure a swift and effective response when called to emergencies. | 25 | 23 | 15 |
| 843 | Proportion of operational staff in development | If PP&R staff turnover increases, which may become more likely with changes in pension rules and recruitment of other services, then we can expect to have a greater number of new members of staff who will be in development being recruited to replace experienced leavers, which may affect our ability to meet our strategic commitment to ensure a swift and effective response when called to emergencies and impact corporate memory. | 25 | 23 | 15 |
| 844 | Cost of living rise impact on staff | If the cost of living continues to increase, which is very likely with the rate of inflation expected to continue at high levels, then we can expect to see our staff members struggling financially, which would reduce staff wellbeing and increase the risk of industrial action. This risk may affect our ability to meet our strategic commitment to recruit, train and develop our people to ensure we create a safe, professional, capable and diverse workforce that are supported to become the best public servants they can be for the residents of Berkshire. | 18 | 18 | 13 |
| 875 | Industrial Action – ability to deliver statutory services impact | If the Fire Brigades Union elect to take national industrial action as a consequence of the ongoing pay award negotiations for Grey Book Staff, then we can expect there to be a significant impact on our ability to deliver our statutory services, which we must seek to mitigate through best endeavours and business continuity arrangements. | 24 | 6 | 6 |





| Risk ID | Risk Short Name | Risk Description | Inherent Score | Current Score | Treated Score |
|------------|--------------------------------------|--|-------------------|------------------|------------------|
| 876 | Industrial Action – financial impact | If the Fire Brigades Union elect to take national industrial action as a consequence of the ongoing pay award negotiations for Grey Book Staff, then we can expect there to be a significant financial impact on the Service due to the requirement to make best endeavours to mitigate the impact through its business continuity arrangements. | 24 | 6 | 6 |
| 879 | Organisational Capacity | If RBFRS does not effectively align its organisational resource capacity to priority areas, which is becoming increasingly likely given internally and externally driven demand within an environment of greater spending restriction, then we can expect reduced delivery of core services, negatively impacting on the wellbeing and retention of staff, which will significantly impact our ability to deliver all our annual objectives. | 23 | 23 | 13 |
| 891 | FDO numbers, skills & knowledge | If we do not maintain the necessary numbers, skills and knowledge requirements of Flexi Duty Officers personnel, which requires constant attention with our lean operating model, we may see adverse impacts on the provision of incident command and specialist capability, which could significantly impact community safety, firefighter safety and our organizational reputation. | 23 | 18 | 12 |
| 892 | MEN Arena Inquiry | If we do not evaluate and respond to the recommendations made within the Manchester Arena report which is becoming increasingly likely given current demands on capacity then we can expect potential impact to the safety of our staff and members of the public which is significant in respect to our public reputation and managing our community risk. | 17 | 16 | 10 |





| Risk ID | Risk Short Name | Risk Description | Inherent Score | Current Score | Treated Score |
|------------|--------------------------------|--|-------------------|------------------|------------------|
| 893 | National Power Outage planning | If we do not have appropriate business continuity arrangements in place for a widespread power outage, which is increasing likely due to gaps in current Business Continuity Planning processes, then we can expect severe and critical impacts on service delivery and our staff, which is significant in meeting our statutory duties and impacts on community safety. | 21 | 21 | 12 |
| 906 | IT Disaster recovery | If we suffer a system(s) or data loss, which may become increasingly likely due to ageing systems and increased risks from cyber incidents, then we may be exposed to a disruption in the continuity of key digitally delivered services for a prolonged period of time, which are significant in respect to our capability to deliver all services, reputation, statutory reporting timeframes, or staff wellbeing. | 21 | 18 | 16 |
| 917 | Culture | High profile investigations have culminated in the LFB independent review of culture and HMICFRS spotlight report on values and culture in FRS's. Whilst RBFRS conducts staff surveys and has a HMICFRS 'good' rating for promoting values and culture, the service is not immune to poor behaviours. If we don't take action to manage our culture in light of both the findings of the recent sector wide cultural reviews and our own subsequent internal listening exercises then we can expect to lose existing staff, fail to attract new staff and potentially lose public trust. This will directly affect our ability to deliver our statutory duties and therefor impact our ability to protect both the public and staff. | 21 | 21 | 8 |





| Risk | Risk Short Name | Risk Description | Inherent | Current | Treated |
|------|---------------------|---|----------|---------|---------|
| ID | | | Score | Score | Score |
| 918 | Wildfire Capability | If we do not prepare for the impact of a changing climate on the likelihood and severity of wildfires and ensure we are suitably prepared to respond to operational incidents in changing conditions, which may become more likely given resource pressures and the speed of climate change, then we can expect to see increased harms from fire which are significant in respect of our statutory responsibilities to mitigate risk within our communities and our duties to ensure the health, safety and wellbeing of our staff. | 22 | 18 | 13 |
| 924 | PTSN Switch Off | If we lose access to our PSTN lines, which may become likely given BT's announcement relating to switching off PSTN at the end of 2025, then we can expect disruption to our telephony service including our ability to receive 999 calls or maintain resilience in our mobilising system, which could be significant to our ability to deliver our core service. | 25 | 24 | 15 |
| 926 | New Finance System | If we do not implement a new Finance System by December 2024, which is a possibility given the suggested length of time for implementation from pre-market engagement then we can expect to receive no updates from Sage in relation to legislative changes and limited workarounds from Datel, which will impact the integrity of financial reporting. | tbc | 18 | 10 |





Service Plan Risks

| Risk ID | Risk Short Name | Risk Description | Inherent Score | Current Score | Treated Score |
|------------|-----------------------------------|--|-------------------|------------------|------------------|
| 664 | Management of Budget Pressures | If we fail to accurately capture budget pressures over the medium term, which is becoming more likely given the volatility in the macro-economic environment, then resource allocation will become sub-optimal, impacting negatively on our ability to deliver an efficient and effective service to the public. | 24 | 18 | 16 |
| 685 | Pensions Case Law | If we do not keep informed of pension case law and prepare records and establish adequate arrangements to meet the expected changes to pension regulations and ensure the Pensions Administrator undertakes the necessary action; which is becoming increasingly difficult due lack of understanding and clear direction, the technical complexity associated with changes and competing demands, then we can expect to be in breach of the regulations, subject to potential legal challenge and adversely impact employees and pensioners, which are significant in respect to our financial security, employer duties and our reputation. | 24 | 22 | 18 |
| 686 | Pensions Governance | If we do not employ an effective pension governance, management and administration strategy; which is becoming increasingly important given the complexity and changes made to pension regulations, limited pensions expertise and capacity within the HR department, then we can expect to fail in our employer duties, breach regulations, be subject to legal challenge and scrutiny from The Pensions Regulator resulting in potential for enforcement and penalty notices, which are significant in respect to our financial security, statutory duty and our reputation. | 21 | 21 | 15 |





| Risk ID | Risk Short Name | Risk Description | Inherent Score | Current Score | Treated Score |
|------------|---|--|-------------------|------------------|------------------|
| 767 | TVFCS staffing resilience | If we do fail to develop and implement resilient TVFCS staffing arrangements, which is becoming likely due to the impacts of crewing deficiencies on managerial capacity, then we can expect to experience impacts on service delivery in the control room and the health and wellbeing of our staff, which is significant in respect of FRS delivering their statutory duties. | 18 | 18 | 12 |
| 768 | Capacity to adopt National Operational Guidance (TVFCS) | If we are unable to resource the activities required to adopt and embed Control Room N.O.G. into TVFCS, which is likely given the limited capacity available within the Control room's management team, then there is the potential for personnel to train in or deploy procedures which do not align to industry best practice and which do not maximise safety and operational effectiveness which is significant in respect of delivery of statutory duties and legislative responsibilities. | 18 | 18 | 6 |
| 791 | Responding to high levels of demand in TVFCS | If we are unable to increase levels of staffing within TVFCS to deal with high call volumes or complex incidents at short notice, which is likely given that TVFCS staff are not contractually required to attend work other than for their scheduled shifts, then we can expect to experience impacts on TVFCS ability to deliver an efficient, effective and resilient service which is significant in respect of delivering the statutory functions of a fire a rescue service and the primary objectives set out in the TVFCS legal agreement. | 18 | 18 | 12 |





| Risk ID | Risk Short Name | Risk Description | Inherent Score | Current Score | Treated Score |
|------------|--|---|-------------------|------------------|------------------|
| 853 | IBIS capability and limitations | If we are unable to record and access timely and accurate data in relation to Prevention and Protection activities which is likely due to the bespoke, 'inhouse' nature of IBIS software then we can expect an impact on the accuracy of our identification and prioritisation of risk and our ability to comply with legislative requirements which is significant in respect of public safety and the reputation of RBFRS. | 21 | 20 | 12 |
| 861 | Hydrant Inspection and Repair | If we fail to appropriately resource and fund the hydrant inspection and repair programme, which is increasing likely given financial restrictions and difficulty recruiting personnel, then we can expect to see an increase in hydrant failure rates, already noted through operational feedback, which is significant is respect of Firefighter safety and providing an effective response to incidents. | 21 | 18 | 12 |
| 867 | Training Centre Refurbishment/Renewal | If RBFRS does not provide appropriate training centre facilities following a severe flooding incident, then we can expect operational training activities to be severely impacted leading to staff being unable to train and or maintaining competence of skills, which will significantly impact our ability to deliver our front line services and strategic objectives. | 23 | 17 | 9 |
| 882 | Building Safety Regulator | If the BSR were to required RBFRS to provide fully qualified FSIs to support its function from October 2023 which is increasingly likely given the national shortage of qualified FSIs across England FRS and given the powers granted to the HSE under the Building Safety Act RBFRS may have insufficient qualified FSIs to discharge our legal duties in relation to enforcement and regulation which is significant because these are statutory requirements. | 18 | 17 | 12 |





| Risk ID | Risk Short Name | Risk Description | Inherent Score | Current Score | Treated Score |
|------------|-----------------|--|-------------------|------------------|------------------|
| 902 | R&D Staffing | If we are not able to fill vacancies in the R&D department quickly and retain existing employees, which is likely given the high employment rate and affluent demographic within the Berkshire area, we can expect to have significant difficulty in meeting the demand for recruitment, training and development activity and in supporting staff fulfil their roles effectively, increasing the pressure placed on current R&D staff and line managers; reducing overall performance and impacting productivity; delaying filling operational vacancies, staff development and the attainment of competence in role and impacting capacity to lead and engage in organisational development projects, leading to the risk of compliance failure, EDI implications, a failure to meet contractual obligations (DAPs) and associated pay implications, increased complaint (demanding more time), absence of training to meet need and ultimately a risk to FF safety, operational and organisational effectiveness. | 18 | 18 | 6 |
| 903 | NILO Resilience | If we do not maintain our NILO establishment in line with the Thames Valley Procedure, which is likely due to current Flexi Duty Officer establishment and staff turnover, then we can expect to be unable to deliver a safe and effective response which is significant in line with strategic commitments and may be of detriment to firefighter and public safety. | 21 | 18 | 12 |





| Risk ID | Risk Short Name | Risk Description | Inherent Score | Current Score | Treated Score |
|------------|--------------------|---|-------------------|------------------|------------------|
| 909 | Fire Investigation | If we are unable to effectively investigate Tier 2 Accidental and Deliberate fires within RBFRS and support a multi-service approach to ISO 17020 accreditation, which is possible due to a lack of internal capability and reliance on a 1 month notice period contract with West Midlands FRS for all accidental Tier 2 fire investigations, then we can expect to encounter issues in supporting Criminal Prosecutions as well as Inquests, Safety boards and other Prevention activities which is significant in respect of public safety and the reputation of RBFRS | 21 | 17 | 12 |
| 910 | Driving Licences | If we fail to review and update our process for ensuring individuals who drive service vehicles have a valid driving licence then we can expect potential impacts to how we can respond to incidents which is significant to our public reputation and legal obligations | 21 | 18 | 12 |
| 913 | External Audit | If the Authority's statutory accounts are not audited in a timely manner, which is currently the case given the lack of audit capacity across the sector then we can expect increasing workloads and costs to clear the audit backlog or the prospect of the accounts being qualified, all of which would significantly impact the Authority in terms of cost and public reputation. | 17 | 17 | 16 |
| 914 | Training Delivery | If we fail to deliver training and assessment events which underpin operational qualifications, which is increasingly likely due to crewing pressures, the development profile in L&D, reliance on the availability of ARA instructors and no additional capacity in the training calendar, we can expect to see an erosion of operationally qualified staff that impacts staff safety, appliance availability and public safety. | 18 | 21 | 15 |





| Risk ID | Risk Short Name | Risk Description | Inherent Score | Current Score | Treated Score |
|------------|-----------------------|--|-------------------|------------------|------------------|
| 922 | Lithium Ion Batteries | If we do not consider the impact and emerging risks from Lithium Ion Batteries , Battery Energy Storage Systems (BESS) and other decarbonisation of our economy that impact vehicles, properties and other forms of leisure transport, which is increasing in complexity and scope, we may fail to effectively mitigate and respond to this risk within our communities for which we have statutory responsibility and be suitably prepared to respond to operational incidents in changing conditions, which could have implications for the for the health, safety and wellbeing of our staff and residents. | 20 | 20 | 13 |

Project Risks

| Risk ID | Risk Short Name | Risk Description | Inherent Score | Current Score | Treated Score |
|------------|-------------------------------|---|-------------------|------------------|------------------|
| 897 | Command Support effectiveness | If we fail to assure that we have effective and robust command support arrangements that are aligned across the Thames Valley, there is an increasing likely hood, given the aging command support equipment and arrangements that the command support arrangements would be operating sub-optimally. This could impact our operational response, and affect the safety of our staff and members of the public. | 18 | 18 | 10 |





Audit Plan

Audits provide assurance that the Service is run properly and in ways that have been agreed by our Officers and Members. They demonstrate that the business is conducted in accordance with relevant legislation, government expectations, good practice and organisational policy.

Our Audit Programme is agreed by the Audit and Governance Committee at the start of the year. Progress against all actions open at the start of Quarter 2, or opened during the quarter, is detailed below.

Key - Project or Action Plan Status

| С | Project complete |
|----|---|
| G | Project on Track |
| А | There are issues with the project but these are being managed |
| R | Issues are having an impact on delivery |
| NS | Project not yet due to start |

| Audit title and date | Audit Action | Date due (revised where applicable) | Priority | Statu s | Open / Closed |
|--------------------------|--|--|------------|------------|------------------|
| Risk and | 2022: RAG:1 | 31/10/2023 | Low | Α | Open |
| Governance | The Performance Management Framework will | | | | |
| 26/05/2022 | be updated to clearly outline that the SLT is the main group responsible for review of the Corporate Risk Register. | | | | |
| Progress: To be progress | l gressed alongside actions from more recent Audit. | | | | |
| Health & Safety | 2022: HS:2 | 31/12/2023 | Medium | G | Open |
| Trouitir & Guroty | 2022. 110.2 | 01/12/2020 | Wicarani | Ŭ | Орон |
| 13/12/2022 | We will review all managers who have been with the Service for more than three years and ensure that health and safety refresher training has been provided in a timely manner. | | | | |
| Progress: Refresher | courses are now mandatory every 3 years. Courses | are arranged | by R&D. Ti | nis action | n has |
| widened to include a | review of health and safety training for green book re | oles. Revised | completion | date of 3 | 31/12/23. |
| Health & Safety | 2022: HS:6 | 31/12/2023 | Low | G | Open |
| 13/12/2022 | We will introduce lessons learned in the quarterly meetings to the Health and Safety Committee and cascade the information to employees. | | | | |
| Progress: Context: I | n progress | 1 | I | | |
| Facilities Management | 2022: FM2b | 30/04/2023 | Medium | G | Open |





| Audit title and date | Audit Action | Date due (revised where applicable) | Priority | Statu s | Open / Closed |
|--|---|--|--------------|------------|------------------|
| 10/03/2023 | We will ensure all overdue works are picked up and completed work certificates are saved within the shared drive. | | | | |
| Progress: In progre | SS. | I. | | | |
| Facilities Management | 2022: FM3a We will ensure that the PPM is formally reviewed | 30/04/2023 | Low | G | Open |
| 10/03/2023 | and monitored with progress notes and actions recorded against the PPM. | | | | |
| Progress: In progre | I SS. | l . | <u> </u> | | |
| Facilities | 2022: FM5 | 01/06/2023 | Medium | С | Complete |
| Management | We will ensure that inspections are undertaken | | | | |
| 10/03/2023 | on a six-monthly basis for all sites and completed workplace inspection reports will be signed off and sighting in accordance with the Policy. | | | | |
| Progress: All workp | ace inspections received. Early warning sent to work | place manage | rs, also cop | pied to th | e RAM/Hul |
| Manager, and other will be reported to H | workplace managers. On-going process, managed b | | - | | |
| Manager, and other will be reported to His Facilities Management | workplace managers. On-going process, managed b SWC in Q2 and Q4. | y H&S team. C | verview of | inspection | on findings |
| Manager, and other will be reported to His Facilities Management 10/03/2023 | workplace managers. On-going process, managed b SWC in Q2 and Q4. 2022: FM6 We will ensure that defects are appropriately monitored, tracked and implemented in accordance with the prioritisation schedule where possible. | y H&S team. C | verview of | inspection | on findings |
| Manager, and other will be reported to His Facilities Management 10/03/2023 Progress: In progress | workplace managers. On-going process, managed b SWC in Q2 and Q4. 2022: FM6 We will ensure that defects are appropriately monitored, tracked and implemented in accordance with the prioritisation schedule where possible. | y H&S team. C | verview of | inspection | on findings |
| Manager, and other will be reported to His Facilities Management 10/03/2023 Progress: In progress Facilities Management | workplace managers. On-going process, managed b SWC in Q2 and Q4. 2022: FM6 We will ensure that defects are appropriately monitored, tracked and implemented in accordance with the prioritisation schedule where possible. SS. 2023: FM7 | 30/04/2023 | Medium | G G | Open |
| Manager, and other will be reported to His Facilities Management 10/03/2023 Progress: In progres Facilities Management 10/03/2023 Progress: Sustainal | workplace managers. On-going process, managed b SWC in Q2 and Q4. 2022: FM6 We will ensure that defects are appropriately monitored, tracked and implemented in accordance with the prioritisation schedule where possible. SS. 2023: FM7 We will ensure that a sustainability plan is developed to identify and plan ways to embed | 30/04/2023 31/07/2023 | Medium Low | G G | Open Open |
| Manager, and other will be reported to His Facilities Management 10/03/2023 Progress: In progress Facilities Management 10/03/2023 Progress: Sustainal | workplace managers. On-going process, managed b SWC in Q2 and Q4. 2022: FM6 We will ensure that defects are appropriately monitored, tracked and implemented in accordance with the prioritisation schedule where possible. ss. 2023: FM7 We will ensure that a sustainability plan is developed to identify and plan ways to embed sustainability in the Facilities Department. | 30/04/2023 31/07/2023 | Medium Low | G G | Open Open |





| Audit title and date | Audit Action | Date due (revised where applicable) | Priority | Statu s | Open / Closed |
|---|---|--|----------------|------------|------------------|
| | surrently being reviewed to include the new wording a to exceeded due date. Amended due date end Q4. | and will be sha | red with SL | ₋T for ag | reement. |
| Risk Management and Governance 09/06/2023 | 2022: RAG: 1b We will establish a process for de-escalating risks including a guideline to outline when prior approval is needed before risks can be removed. | 31/10/2023 | Medium | Α | Open |
| • | currently being reviewed to include the new wording at exceeded due date. Amended due date end Q4. | and will be sha | red with SL | T for ag | reement. |
| Risk Management and Governance 09/06/2023 | 2022: RAG: 2 We will ensure the risk management training is completed at all required levels. A method to monitor compliance regarding training completion will be introduced. | 31/10/2023 | Medium | G | Open |
| Progress: Training of | ompletion continues to be reviewed and reminders s | sent to manage | ers. | 1 | |
| Risk Management and Governance 09/06/2023 | 2022: RAG: 4 We will ensure the skill-based questionnaires are completed for all members to ensure the right training can be signposted for members. | 31/09/2023 | Low | С | Complete |
| Progress: Questionr | laire has been sent to members and responses have | e been receive | <u>l</u> d. | | |
| IT General Controls 11/07/2023 | 2023: IT: 1 IT Security Policy | 31/07/2023 | Medium | С | Complete |
| Progress: Complete | | | | | |
| IT General Controls 11/07/2023 | 2023: IT: 2 Training | 01/08/2023 | High | G | Complete |
| Progress: Handed o | l ver to L&D to work with the supplier of the LMS to in | l nprove reportin | g features. | | |
| IT General Controls | 2023: IT: 3 | 01/06/2023 | High | С | Complete |





| Audit title and date | Audit Action | Date due (revised where applicable) | Priority | Statu s | Open / Closed |
|--------------------------------------|---|--|------------------|------------|------------------|
| 11/07/2023 | Endpoint anri-virus | | | | |
| Progress: Complete | , anti-virus configuration updated. | | | • | |
| IT General | 2023: IT: 4 | 31/07/2023 | High | С | Complete |
| Controls | Boundary Firewall | | | | |
| 11/07/2023 | Boundary Filewaii | | | | |
| Progress: Complete | | | | | |
| IT General | 2023: IT: 5 | 31/07/2023 | High | G | Open |
| Controls | Firewall Rules | | | | |
| 11/07/2023 | | | | | |
| Progress: All rules a | lure being reviewed at each point a change to firewall | is requested a | l nd being in | nplement | led. |
| IT General | 2023: IT: 6 | 31/07/2023 | Low | С | Complete |
| Controls 11/07/2023 | Physical Access | | | | |
| will be fixed to all doo signage. | produced giving a bullet point safety briefing, visitors ors giving access to the server/equipment rooms. All | ICT staff have | been made | e aware | of the new |
| IT General Controls | 2023: IT: 7 | 31/07/2023 | Medium | С | Complete |
| | User access policy and review | | | | |
| 11/07/2023 | | | | | |
| Progress: Complete | 1 | 1 | I | | |
| IT General Controls | 2023: IT: 8a | 31/07/2023 | Low | G | Open |
| 11/07/2023 | User Access Management | | | | |
| | | | | | |





Quarterly Performance Report

| Audit title and date | Audit Action | Date due | Priority | Statu | Open / |
|---------------------------|---|-----------------|------------|------------|-----------|
| | | (revised | | s | Closed |
| | | where | | | |
| | | applicable) | | | |
| | | , | | | |
| • | ended to require users to add the setup forms to thei | | | | |
| | mplete and attached to tickets. Looking to automate | the system usi | ng MS pow | er autom | ate |
| systems. | | | | | |
| | | ı | 1 | | 1 |
| IT General | 2023: IT: 8b | 31/07/2023 | High | G | Open |
| Controls | Han Anna Managana | | | | |
| 44/07/0000 | User Access Management | | | | |
| 11/07/2023 | | | | | |
| | | | | | |
| | | | | | |
| Progress: Reminde | r sent to all staff via Workplace. Now ongoing via viv | a engage notifi | cation. MS | form/lists | and vFire |
| • | re of leavers and movers. | 3 3 | | | |
| ľ | | | | | |
| IT General | 2023: IT: 9 | 31/07/2023 | Medium | С | Complete |
| Controls | | | | | - |
| | Back up management | | | | |
| 11/07/2023 | | | | | |
| | | | | | |
| | | | | | |
| Drawnas Camplete | Regular back up/restore testing that is then recorde | | | | |
| Progress: Complete | e. Regular back up/restore testing that is then records | eu. | | | |
| IT General | 2023: IT: 10 | 31/07/2023 | Medium | С | Complete |
| Controls | 2020.11.10 | 01/01/2020 | Wicalaili | | Complete |
| Controls | Firmware patches | | | | |
| 11/07/2023 | ' | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Progress: Complete | e, patch management policy updated. | | | | |
| | | | | | |





HMICFRS ACTION PLAN

The HMICFRS report for RBFRS was published in 2019 rating us good in each of the three areas of effectiveness, efficiency and people. Improvements were identified within the report and the actions to address these are being tracked through this report. Our latest HMICFRS report was published in January 2023 and we have added the actions from this report to the update below.

Key - Project or Action Plan Status

| С | Project complete |
|----|---|
| G | Project on Track |
| А | There are issues with the project but these are being managed |
| R | Issues are having an impact on delivery |
| NS | Project not yet due to start |

| Section One: Effectiveness | | | | | | | |
|--|---|--------------|--|-----|------|----|----|
| Improvement | Delivered via | Status | | | | | |
| | | End 21/22 | | Q1 | Q2 | Q3 | Q4 |
| Prevention evaluation to better understand benefits | Service Plans (Service Delivery & Collaboration and Policy) | A | | G | С | | |
| Prevention quality assurance | Collaboration and Policy Service Plan | С | | | | | |
| Protection quality assurance | Collaboration and Policy Service Plan | С | | | | | |
| Addressing the burden of false alarms | Collaboration and Policy Service Plan | G | | G | G | | |
| Keeping the public informed during ongoing incidents | Corporate Services Service Plan | С | | | | | |
| Effective system to use for learning and debriefs | Collaboration and Policy Service Plan | С | | | | | |
| Post Incident prevention activity | Collaboration and Policy Service Plan | G | | G | С | | |
| Up to date site specific risk information | | G | | G | С | | |
| MDTs | | G | | G | G | | |
| Response Model | | NS | | G | С | | |
| Section two: Efficiency | | | | | | | |
| Improvement | Delivered via | | | Sta | atus | | |





| | | End 21/22 | Q1 | Q2 | Q3 | Q4 |
|--|------------------------------------|--------------|-----|------|----|----|
| Best use of available technology | ICT Strategy | С | | | | |
| Productive Workforce | | NS | Α | Α | | |
| | | | | | | |
| Section three: People | | | | | | |
| Improvement | Delivered via | | Sta | atus | | |
| | | End 21/22 | Q1 | Q2 | Q3 | Q4 |
| Values and behaviours understood and demonstrated | HR & L&D Service Plan | С | | | | |
| Effective use of competence recording system | HR & L&D Service plan | С | | | | |
| Effective grievance procedures in place | HR & L&D Service plan | С | | | | |
| Staff are confident in using feedback mechanisms | Corporate Services Service plan | С | | | | |
| Process to identify, develop and support high-potential staff and aspiring leaders | HR & L&D Service plan | А | Α | G | | |
| Absence/Attendance procedures | | G | G | G | | |
| Workforce Planning | | | G | G | | |
| Tools and opportunities to increase diversity | | G | G | G | | |
| Understanding and application of PDRs | | G | G | G | | |





Fire Standard Implementation Tracking

Key - Project or Action Plan Status

| С | Project complete |
|----|---|
| G | Project on Track |
| Α | There are issues with the project but these are being managed |
| R | Issues are having an impact on delivery |
| NS | Project not yet due to start |





| | | Fire Standard | Owner | Manager | FS consultation | FS publication date | Gap analysis | SLT Review | Action Plan progress | Commentary |
|-----------------------|---|---|--------------------|--------------------|-----------------|---------------------------|-----------------|---------------|----------------------------|---|
| | 1 | Emergency Response Driving | Becci Jefferies | Becci Jefferies | С | Feb-21 | С | С | G= | Action Plan in progress. |
| | 2 | Operational Response - Preparedness | Ben Cairns | Ben Cairns | С | Feb-21 | С | С | A= | Action Plan in progress. |
| | 3 | Operational Response - Competence | Becci Jefferies | Becci Jefferies | С | Feb-21 | C | С | G = | Action Plan in progress. |
| rogress | 4 | Operational Response - Learning | Jim Powell | | С | Feb-21 | С | С | С | Action plan completed - moved into BAU. Next steps to determine BAU review cycle |
| <u>п</u> | 5 | Code of Ethics | Nikki Richards | Lucy Greenway | С | May-21 | C | С | G = | Action Plan in progress. |
| Standards in progress | 6 | Community Risk Management Planning | Nikki Richards | Tim Readings | С | May-21 | С | С | G = | New implementation tool created and completed for 2023-2027 CRMP. Recent revisions made in the light of CRMP audit, needs to be signed off. |
| | 7 | Protection | Jess James | Matt Hoult | С | Sep-21 | С | С | G= | FS Protection Gap Analysis complete and approved by SLT on 4 May 2023. Gap Analysis now with AM P&P for prioritisation of recommended actions and transfer to Implementation Tool document. |





| 8 | Prevention | Jess James | Matt Hoult | С | Jul-21 | С | С | G = | FS Prevention Gap Analysis complete and approved by SLT on 4 May 2023. Gap Analysis now with AM P&P for prioritisation of recommended actions and transfer to Implementation Tool document. |
|----|---|-------------------|--------------------|---|--------|-----|----|-----|--|
| 9 | Safeguarding | Jim Powell | Darci Hellend | С | Jan-22 | С | С | С | Action Plan in progress. |
| 10 | Fire Investigation | Jess James | Tim Benham | С | Apr-22 | С | С | G= | GAP Analysis delivered to and approved by SLT on 14th June 2023. Actions will be picked up in the project being commissioned. PID being prepared for review by Change Board and Programme Board in October. PID complete 06/10/23. Business case currently being prepared. |
| 11 | Emergency Preparedness and Resilience | Jim Powell | Alison Hazelton | С | May-22 | С | С | G= | Gap analysis signed off at SLT 14 June. Next steps to fully develop and sign off implementation tool. Delayed due to resourcing. Aiming to develop implementation tool by end Nov'23. |
| 12 | Data management | Nikki Richards | Becca Chapman | С | Aug-22 | G = | NS | NS | Awaiting NFCC guidance before completing the gap analysis. Guidance was subject to consultation closing early Sept with publication expected later in 2023. |





| | 13 | Leading and Developing People | Wayne Bowcock | Becci Jefferies | С | Dec-22 | G = | NS | NS | Fire standard published 21st December 2022. Gap analysis underway. Review commenced but disrupted by R&D restructure and other work matters - recommencing July reflecting completion of DAPS review which is now nearly finalised. |
|---------------|----|---|------------------|--------------------|---|--------|-----|----|----|---|
| | 14 | Leading the Service | Wayne Bowcock | Becci Jefferies | С | Dec-22 | G = | NS | NS | Fire standard published 21st December 2022. Gap analysis being reviewed. |
| | 15 | Fire Control | Jim Powell | Simon Harris | O | Mar-23 | NS | NS | NS | Fire standard published 30th March 2023 and gap analysis template provided. GAP Analysis to be taken to November SLT meeting. |
| | 16 | Communication & Engagement Consultation | Paul Bremble | Jo Watson | G | Mar-23 | С | С | G= | Fire standard published 31st March 2023 and gap analysis. GAP Analysis went to SLT on 14th June and was approved. Implementation tool to be completed by end of November 2023 |
| | | | | | | | | | | |
| Not published | 17 | Commercial and Procurement | Conor Byrne | | | Sep-23 | | | | Proposed publication date September 2023 |
| | 18 | Finance and Assurance | Conor Byrne | | | Sep-23 | | | | Proposed publication date September 2023 |
| | 19 | Asset Management | | | | Sep-23 | | | | Proposed publication date September 2023 |





APPENDICES

Appendix A - Additional Data

Equality, Diversity and Inclusion Data

| Measure | Q1 Actual | Q2 Actual | Q3 Actual | Q4 Actual | 2023/24 YTD | Previous year (22/23) to date | Number of authorised posts at end Q2 2023/24 |
|----------------------------------|--------------|--------------|--------------|--------------|----------------|--|---|
| STAFF IN POST | | | | | | | |
| Wholetime | 363 | 365 | | | 365 | 36 | 0 360 |
| On-call | 63 | 57 | | | 57 | 6 | 8 65 |
| Control | 41 | 42 | | | 42 | 4 | 1 40 |
| Green Book | 171 | 171 | | | 171 | 17 | 1 176 |
| Total Number of Staff in Post | 638 | 635 | | | 635 | 64 | 0 641 |
| STAFF TURNOVER | | | | | | | |
| Wholetime | 15 | 7 | | | 22 | 1 | 3 |
| On-call | 5 | 6 | | | 11 | | 0 |
| Control | 0 | 2 | | | 2 | | 2 |
| Green Book | 5 | 14 | | | 19 | | 6 |
| Total Number of | 25 | 20 | | | E 4 | 2 | 4 |
| Leavers (Heads) | 25 | 29 | | | 54 | 2 | 1 |
| Staff in Post (SIP) | 638 | 635 | | | 637 | 64 | 0 |
| Percentage of Leavers vs. SIP | 3.9% | 4.6% | | | 8.5% | 3.3% | 6 |
| FEMALE STAFF PER | CENTAGI | E: TARGE | T 4% | | | | |
| Wholetime | 6.1% | 6.8% | | | 6.8% | 5.3 | % |
| On-call | 12.7% | 10.5% | | | 10.5% | 16.1 | |
| Control | 68.3% | 66.7% | | | 66.7% | 73.8 | |
| Green Book | 56.7% | 59.6% | | | 59.6% | 56.7 | |
| Total | 24.3% | 25.6% | | | 25.6% | 24.4 | % |
| ETHNICITY (PERCEN | NTAGE O | F STAFF I | NON WHI | TE BRITIS | H): TARGE | T 5% | |
| Wholetime | 3.9% | 4.4% | | | 4.4% | 4.49 | 6 |
| On-call | 3.2% | 3.5% | | | 3.5% | 4.49 | |
| Control | 7.3% | 7.1% | | | 7.1% | 7.39 | |
| Green Book | 14.6% | 14.6% | | | 14.6% | 149 | |
| Total | 6.9% | 7.2% | | | 7.2% | 7.2 | % |





Staff Ethnicity Profile

| Ethnicity | Wholetime | On-call | Control | Green Book | All Staff |
|-----------------|-----------|---------|---------|------------|-----------|
| White British | 349 | 55 | 39 | 146 | 589 |
| Other Ethnicity | 16 | 2 | 3 | 25 | 46 |
| Total | 365 | 57 | 42 | 171 | 635 |

Staff Age Profile

| Age Group | Wholetime | On-call | Control | Green Book | Total |
|--------------|-----------|---------|---------|------------|-------|
| 25 and Under | 21 | 4 | 8 | 19 | 52 |
| 26 - 35 | 104 | 18 | 15 | 31 | 168 |
| 36 - 45 | 123 | 21 | 7 | 30 | 181 |
| 46 - 55 | 104 | 10 | 9 | 54 | 177 |
| 56 - 65 | 13 | 4 | 3 | 32 | 52 |
| 66 and Over | 0 | 0 | 0 | 5 | 5 |
| Total | 365 | 57 | 42 | 171 | 635 |

Staff Gender Profile

| Gender | Wholetime | On-call | Control | Green Book | All Staff |
|--------|-----------|---------|---------|------------|-----------|
| Female | 25 | 6 | 28 | 102 | 161 |
| Male | 339 | 51 | 14 | 69 | 473 |
| Other | 1 | 0 | 0 | 0 | 1 |
| Total | 365 | 57 | 42 | 171 | 635 |





Appendix B - 2023-24 Annual Objectives

- 1. Prevention: We will reduce the risk to our communities through our partnership duties and prevention education activities, ensuring that our services are accessible to all.
- 2. Protection: We will support those with responsibility for premises to understand their duties in ensuring the safety of all people using buildings covered by the Building Safety Act 2022 and Regulatory Reform (Fire Safety) Order 2005, whilst ensuring that our services are accessible to all.
- 3. Response: We will ensure that our people are trained and resources are located to provide the most effective response and to have a positive impact on incidents in our communities.
- 4. Resilience: We will ensure we are resilient and work with our partners to promote and build resilience in the communities we serve.
- 5. Sustainability: We will ensure that we provide a financially sustainable and environmentally friendly service to our communities.
- 6. People: We will support our staff by providing a safe and inclusive environment for them to thrive in, building a diverse organisation that is engaged with, and accessible to, our communities.
- 7. Culture: We will continue to develop our One Team culture, to ensure it is visible both within and outside the service to inspire trust, confidence and pride amongst our staff and within our communities.
- 8. Capability: We will continue to manage RBFRS in accordance with best practice and national professional standards and we will continuously improve, learning from events and holding ourselves to account.
- 9. Collaboration: We will explore collaboration opportunities to ensure we deliver effective and efficient services to the people we serve.





Appendix C – 2023-24 Performance Measures and Definitions

Service Provision

| | Measure | 2023/24 Target | Definition/ Rationale |
|-------|---|-------------------|--|
| 1 | Number of fire deaths | 0 | The number of deaths that occur as the result of a fire, even when the death occurs weeks or months later. |
| 2 | Number of non-fatal fire casualties | 34 max | The number of non-fatal casualties requiring hospital treatment that occur as a result of a fire. The target is a 10% reduction on the five-year average. |
| 3 | Number of deliberate primary fires | 135 max | The total number of primary fires that have been started deliberately. The target is a 5% reduction on the five-year average. |
| 4 | Number of deliberate secondary fires | 244 max | The total number of secondary fires that have been started deliberately. The target is a 5% reduction on the five-year average. |
| Preve | ention | | |
| 5 | Increase the number of Referrals for Safe and Well Visits received from our partners | 10% | We receive referrals from other agencies for individuals at risk from fire in their homes. These referrals are a high-quality source of information about those at risk in our communities. |
| 6 | Percentage of Safe and Well referrals, where there has been a threat or incidence of arson, completed within 48 hours | 100% | Safe and Well Referrals are risk assessed, with each category of risk having an expected timescale for completion. Cases where there is a threat of arson are the highest risk. |
| 7 | Percentage of Very High-Risk Safe and Well Referrals completed within 72 hours | 35% | Safe and Well Referrals are risk assessed, with each category of risk having an expected timescale for completion. Very High-Risk referrals have a timescale of 72 hours. Over the duration of the CRMP period (2023 to 2027) we aim to bring the proportion completed in timescale up to 50% |
| 8 | Percentage of High Risk Safe and Well Referrals completed within 14 days | 50% | Safe and Well Referrals are risk assessed, with each category of risk having an expected timescale for completion. High-Risk referrals have a timescale time of 14 days. |





| | | | Over the duration of the CRMP period (2023 to 2027) we aim to bring the proportion completed in timescale up to 70% |
|-------|--|---------|--|
| Prote | ection | | |
| 9 | Proportion of Fire Safety Audits conducted against premises identified as High or Very High- Risk in our Risk-Based Inspection Programme | monitor | A Fire Safety Audit is carried out to enforce the Regulatory Reform Order (RRO) 2005. Our Risk-Based Inspection Programme targets the riskiest premises in the county for inspection. Fire Safety Audits can also result from complaints or can be carried out after an incident or for training purposes. This measure allows us to monitor how our resources are being targeted at risk. |
| 10 | Percentage of Fire Safety Audits with a 'Broadly Compliant' result | 60% max | The percentage of completed Fire Safety Audits carried out in commercial premises, where the result was 'Broadly Compliant' (satisfactory) and no further action or follow-up was required. If we are successfully targeting our resources at the riskiest properties, we would expect to see a high percentage that are not 'Broadly Compliant'. |
| 11 | Percentage success when cases go to court | 80% | RBFRS prosecute serious cases following Fire Safety Audits. A successful outcome at court is a finding or admission of guilt. |
| 12 | Percentage of statutory fire consultations completed within the required timeframes | 95% | Statutory fire consultations have a legally defined timeframe in which they must be completed. Types of consultation include licensing and building regulations. |
| Resp | onse | | |
| 13 | Percentage of occasions where the first fire engine arrives at an emergency incident within 10 minutes from time the emergency call was answered | 75% | This is our Response Standard and looks at the time taken from when the Fire Control Room Operator answers the phone until the time the first fire engine (appliance) arrives at the scene of the incident. We aim to attend 75% of emergency incidents in under 10 minutes. |
| 14 | Percentage of wholetime frontline pumping appliance availability | 99% | This measure shows the percentage of time that our wholetime pumping appliances are available for mobilisation. Reasons for unavailability include mechanical defects and crewing. |





| 15 | Percentage of hours where there is adequate crewing on on-call frontline pumping appliances (based on 24/7 crewing) | 50% | This is the percentage of hours where there are sufficient qualified firefighters on on-call pumping appliances (fire engines) to enable the appliance to be available. On-call fighters are ready to leave their place of work or home and attend emergencies from the local on-call station. |
|--------|---|-----------|---|
| Resil | lience | | |
| 16 | Percentage of visits to Very High, High and Medium Operational Risk sites completed in timescale | 100% | Operational Risk sites are those locations with particular characteristics (e.g. use, location) that pose a specific or unusual risk to our firefighters and the surrounding communities. Regular familiarisation visits by crews and support staff are required to ensure understanding of the risk is up to date. |
| 17 | Number of Service Delivery Hub exercises completed | 12 | Service Delivery Hub-level operational exercises are an important part of ensuring RBFRS is prepared for incidents that might occur through testing our planning assumptions, guidance and site-specific response plans. |
| Effici | ency | | |
| 18 | Percentage of Automatic Fire Alarm calls where RBFRS did not attend | 30% (min) | In some circumstances we are able to seek confirmation before attending an Automatic Fire Alarm Call, enabling us to be more efficient. |
| Custo | omer Experience | | |
| 19 | Percentage of respondents experiencing a domestic fire satisfied with the service received | 100% | A customer feedback questionnaire is sent to those who have experienced a dwelling fire asking about their satisfaction and experience with the service they received from RBFRS. |
| 20 | Percentage of respondents experiencing a commercial fire satisfied with the service received | 95% | A customer feedback questionnaire is sent to business owners/ managers who have experienced a fire in their commercial premises asking about their satisfaction and experience with the service they received from RBFRS. |
| 21 | Percentage of respondents satisfied with the Fire Safety Audit service they received | 90% | A customer feedback questionnaire is sent to business owners/ managers who have had a full fire safety audit, asking about |





| | | | their satisfaction and experience with the service they received from RBFRS. |
|----|---|---------|--|
| 22 | Percentage of respondents satisfied with the Safe and Well service received | 100% | A customer feedback questionnaire is sent to a sample of individuals who have received a Safe and Well Visit and asks about their satisfaction and experience with the service they received from RBFRS. |
| 23 | Number of complaints received | Monitor | The number of complaints made to RBFRS about any aspect of our service or staff. |
| 24 | Number of compliments received | Monitor | The number of compliments received by RBFRS about any aspect of our service or staff. |

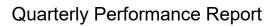




Corporate Health

| | Measure | 2023-24 Target | Definition/ Rationale | |
|------|---|-------------------|--|--|
| Hur | man Resources and Learning & Develo | opment | | |
| 25 | Percentage of working time lost to sickness across all staff groups | 5% | This measure looks at sickness across the whole organisation and the percentage of time lost, based on the number of working hours available to the organisation. | |
| 26 | Percentage of eligible staff with Personal Development Reviews | 100% | This measure reflects the percentage of eligible employees who have had a Personal Development Review meeting. Eligible staff are those who have completed their initial probation period, before the end of the PDR period and who have not been absent for over 50% of the reporting period. Employees moving within the Organisation to new roles on trial or probation periods will still be eligible for a PDR. | |
| 27 | Number of formal grievances | Monitor | The number of formal grievances raised by staff under the Grievance, Bullying and Harrassment Policy. | |
| Hea | alth and Safety | | | |
| 28 | Number of RIDDOR accidents and diseases | Max 4 | RIDDOR (Reporting of Injuries Diseases and Dangerous Occurrences Regulations) are more serious injury accidents and diseases. | |
| Fina | ance and Procurement | | | |
| 29 | Percentage of spend subject to competition | 85% | This measure looks at all items of expenditure over £10k as RBFA must obtain quotes or tenders for all these purchases. This excludes statutory payments such as local authority charges or HMRC. | |
| 30 | Compliant spend as a percentage of overall spend | 100% | This measure calculates the supplier spend that is in a compliant contract as a percentage of the total spend to external bodies and suppliers (as per RBFA contract regulations). | |
| Free | Freedom of Information | | | |







| that the Service Information Righ (Freedom of Info | ssessments finding has breached ts Legislation ormation Act, legulations or Data | 0 | RBFRS are required to conform to Data Protection and Freedom of Information legislation. The Information Commissioner is responsible for determining compliance and issuing advice or penalties. This measure includes only incidents where there is a finding of a breach (not complaints which are subsequently dismissed). |
|--|--|---|---|
|--|--|---|---|





Appendix D - Glossary

| Abbreviation | Mooning | Contaxt |
|--------------|--|--|
| | Meaning | Context |
| ACFO | Assistant Chief Fire Officer | |
| AFA | Automatic False Alarms | |
| AIO | Accident Investigation Officers | |
| ALP | Aerial Ladder Platform | |
| AM | Area Manager | |
| APB | Additional Pensionable Benefit | |
| AR3 | Animal Rescue Level 3 | Officer or team specialising in animal rescue |
| ARA | Additional Responsibility Allowance | |
| ARP | Adults at Risk Programme | |
| ARU | Animal Rescue Unit | |
| ASB | Anti-Social Behaviour | |
| AWE | Atomic Weapons Establishment | |
| BA | Breathing Apparatus | |
| BAU | Business As Usual | |
| BCF | Behavioural Competency Framework | |
| BFBC | Bracknell Forest Borough Council | |
| BME | Black and Minority Ethnic | |
| BMKFRS | Buckinghamshire & Milton Keynes Fire & Rescue Service | |
| BPI | Business Process Improvement | |
| CAFS | Compressed Air Foam System | Most appliances have this for extinguishing small fires quickly |
| CEMT | Corporate Emergency Management Team | |
| CFO | Chief Fire Officer | |
| CM | Crew Manager | |
| COMAH | Control of Major Accident Hazards | Top tier and low tier sites throughout Berkshire. High risk sites. |
| CRP | Community Risk Programme | |
| CS | Community Safety | |
| CSA | Community Safety Adviser | |
| DAPs | Development Assessment Pathways | |
| DCFO | Deputy Chief Fire Officer | |
| DIM | Detection Identification Monitoring | Mobilised from Oxfordshire Fire and Rescue Service |





| DDA | Data Protection Act | |
|-------|--|--|
| DPA | Data Protection Act | |
| DRA | Dynamic Risk Assessment | One of the methods for identifying risk in the workplace and recording it for legal reasons |
| DSS | Director of Support Services | |
| DVR | Digital Voice Recorder | |
| EDI | Equality, Diversity and Inclusivity | |
| EIR | Environmental Information Regulations | |
| EPM | Emergency Planning Manager | One for each of the six Unitary Authorities |
| EPO | Emergency Planning Officer | Some of the EPM's have a EPO, such as Reading Borough Council |
| ESMCP | Emergency Services Mobile Communications Programme | |
| ESN | Emergency Services Network | |
| FARRG | Fire and Rescue Risk Group | |
| FBU | Fire Brigades Union | |
| FCP | Forward Control Point | A nominated point area where resources can be deployed from to meet the needs of an incident |
| FDO | Flexi Duty Officer | |
| FF | Firefighter | |
| FI | Fire Investigation | |
| FIO | Fire Investigation Officer | A nominated Officer with the skills to assess what caused a fire and why |
| FOIA | Freedom of Information Act | |
| FPS | Firefighters' Pension Scheme | |
| FRIC | Fire and Rescue Indemnity Company | |
| FRSA | Fire and Rescue Service Association | |
| FS | Fire Safety | Green/Grey book personnel carrying out inspections within buildings and events |
| FSG | Fire Survival Guidance | |
| FSIOs | Fire Safety Inspecting Officers | |
| GDPR | General Data Protection Regulation | |
| GM | Group Manager | |
| HERU | Hazardous Environmental Response Unit | |
| HFRS | Hampshire Fire and Rescue Service | |
| HGV | Heavy Goods Vehicle | |





| НМЕРА | Hazardous Materials Environmental Protection Advisor | Was known as a Hazmat Officer. Specialist Officer with the skills to deal with chemical incidents. |
|------------|---|--|
| HMICFRS | Her Majesty's Inspectorate of Constabulary & Fire and Rescue Services | |
| НМО | House of Multiple Occupancy | |
| HoS | Head of Service | |
| HRRBs | High Risk Residential Buildings | |
| HRU | Heavy Rescue Unit | Attends road traffic collisions of 3 or more cars HGVs |
| HR and L&D | Human Resources and Learning and Development | |
| HSE | Health and Safety Executive | |
| IBIS | Incident & Building Information System | The ICT system where all incident and building information is held. |
| ICO | Information Commissioner's Office | |
| ICT | Information Communication Technology | |
| ICU | Incident Control Unit | Large bus mobilised on 7 pump or more incidents |
| IEC | Immediate Emergency Care | |
| IRMP | Integrated Risk Management Plan | |
| IRS | Incident Recording System | |
| ITHC | Information Technology Health Checks | |
| JESIP | Joint Emergency Services Interoperability Principles | |
| JO | Junior Officer | |
| JY | Juliet Yankee | RBFRS call sign in Control for all appliances |
| L&D | Learning and Development | |
| L1 | Level 1 Officer | Incident Command Level - Crew and Watch Manager |
| L2 | Level 2 Officer | Incident Command Level - Station Manager/Group Manager A |
| L3 | Level 3 Officer | Incident Command Level - Group Manager A & B |
| L4 | Level 4 Officer | Incident Command Level - Area Manager and Principal Officer |
| LGPS | Local Government Pension Scheme | |
| LGV | Light Goods Vehicle | |
| LMS | Learning Management System | |
| LPP | Light Portable Pump | |





| LRF | Local Resilience Forum | Multi-agency partners collaborate to fulfil their duties under the Civil Contingencies Act 2004 |
|-------|--|--|
| LSP | Local Safety Plan | |
| MAC | Media Advisory Cell | |
| MAPS | Multi-Agency Problem Solving | |
| MDT | Mobile Data Terminal | |
| MHCLG | Ministry of Housing Communities and Local Government | |
| MORRG | Management of Road Risk Group | |
| MRV | Multi Roll Vehicle | |
| MSK | Musculoskeletal-(sickness) | |
| NAG | Neighbourhood Action Group | |
| NFCC | National Fire Chiefs Council | |
| NILO | National Interagency Liaison Officer | |
| NOG | National Operational Guidance | |
| NVQ | National Vocational Qualification | |
| OFRS | Oxfordshire Fire and Rescue Service | |
| OiC | Officer in Charge | |
| OJEU | Official Journal of the European Union | |
| ONR | Office for Nuclear Regulations | |
| OPAS | Operational Policy and Support | |
| OQP | Operational Qualifications Planner | |
| OSEP | Operational Support and Emergency Planning | |
| OSR | Operational Support Room | |
| OSU | Operational Support Unit | |
| ОТВ | Over the Border | |
| ОТР | Officer Training Programme | |
| P2P | Purchase to Pay | |
| PDA | Pre-determined Attendance | |
| PDI | Personal Development Interview | |
| PDR | Personal Development Review | |
| PFI | Post Fire Inspection | |
| PID | Project Initiation Document | The formal document used to define project objectives, deliverables, costs and timescales for approval |





| PPE | Personal Protective Equipment | |
|--------|--------------------------------------|---------------|
| PPV | Positive Pressure Ventilation | |
| PQA | Personal Qualities and | |
| ועה | Attributes | |
| PRF | Personal Record File | |
| PSAA | Public Sector Audit | |
| | Appointments | |
| PSO | Programme Support Office | |
| QCF | Qualifications Credit | |
| | Framework | |
| WBDC | West Berkshire District Council | |
| RA | Risk Assessment | |
| RBFA | Royal Berkshire Fire Authority | |
| RBIP | Risk Based Inspection Programme | |
| RBWM | Royal Borough of Windsor and | |
| | Maidenhead | |
| RDS | Retained Duty System | |
| RIDDOR | Reporting of Injuries Diseases | |
| | and Dangerous Occurrences | |
| | Regulations | |
| RMS | Remotely Managed Stations | |
| RRT | Risk Reduction Team | |
| RTC | Road Traffic Collision | |
| RTW | Return To Work | |
| S&W | Safe and Well visit | |
| SAG | Safety Advisory Group | |
| SAIF | Strategic Asset Investment Framework | |
| SCAS | South Central Ambulance | |
| | Service | |
| SCC | Strategic Command Centre | |
| SCG | Strategic Coordinating Group | |
| SDMT | Service Delivery Management | |
| SECTI | Team South Fact Counter Terrorism | |
| SECTU | South East Counter Terrorism Unit | |
| SJCC | Staff Joint Consultative Committee | |
| SLT | Senior Leadership Team | |
| SM | Station Manager | |
| SPB | Strategic Performance Board | |
| Stn 1 | Station 1 – Caversham Road | Wholetime |
| Stn 10 | Station 10 – Wokingham | Wholetime |
| Jul 10 | Glation to - Wokingham | AALIOICIIIIIC |





| Stn 11 | Station 11 – Mortimer | Retained (On Call) |
|--------|--|---|
| Stn 14 | Station 14 – Ascot | Satellite Station (operates from 0900-1800 |
| 311 14 | Station 14 – Ascot | hours daily) |
| Stn 15 | Station 15 – Crowthorne | Retained (On Call) |
| Stn 16 | Station 16 – Bracknell | Wholetime |
| Stn 17 | Station 17 – Slough | Wholetime |
| Stn 18 | Station 18 – Langley | Wholetime |
| Stn 19 | Station 19 – Maidenhead | Wholetime |
| Stn 2 | Station 2 – Wokingham Road | Wholetime |
| Stn 20 | Station 20 – Whitley Wood | Wholetime |
| Stn 21 | Station 21 – Windsor | Satellite Station (operates from 0900-1800 hours daily) |
| Stn 3 | Station 3 – Dee Road | Wholetime |
| Stn 4 | Station 4 - Newbury | Wholetime |
| Stn 5 | Station 5 - Hungerford | On Call (Retained) |
| Stn 6 | Station 6 - Lambourn | On Call (Retained) |
| Stn 7 | Station 7 – Pangbourne | On Call (Retained) |
| Stn 9 | Station 9 – Wargrave (closed September 2020) | On Call (Retained) |
| ToA | Threat of Arson | |
| TCG | Tactical Coordinating Group | |
| TCR | Training Course Request | |
| TIC | Thermal Image Camera | |
| TVFCS | Thames Valley Fire Control Service | |
| TVP | Thames Valley Police | |
| UA | Unitary Authority | |
| USAR | Urban Search and Rescue | |
| WAH | Working at Height | |
| WDS | Wholetime Duty System | |
| WM | Watch Manager | |
| WRT | Water Rescue Team | |
| WT | Wholetime | |
| WYPF | West Yorkshire Pension Fund (from context) | |



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