Quarterly Performance Report

Q4 2023-2024 January - March

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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](mailto:communications@rbfrs.co.uk). 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](http://www.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 Four 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% | Comparison with target |
|  | Target met or exceeded by up to 10% |
|  | Target missed by up to 10% |
|  | Target missed by more than 10% |
|  | NA or data accuracy issues affect confidence in reporting |
| ↑ | Improvement in performance from equivalent period the previous year | Comparison with actual the previous year |
| ↔ | Maintenance of performance from equivalent period the previous year |
| ↓ | Decline in performance from equivalent period the previous year |

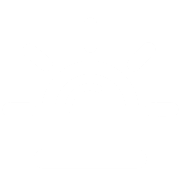
**Priority Programme Project Status**

|  |  |
| --- | --- |
| C | Project complete |
| G | Project on Track |
| A | 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**

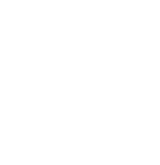
|  |  |
| --- | --- |
| 20 - 25 | Outside assumed Risk Appetite and requires mitigation to proceed |
| 19 | Inside Risk Appetite only because of extremely low probability. Mitigate if necessary and possible, accept only if no further action can be justified |
| 17 & 18 | Inside Risk Appetite. Mitigate 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 |
| ↔ | No risk movement |
| ↓ | Risk decreasing |

**Quarter Four Summary**



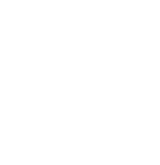
**1925**

Total number of emergency incidents in Berkshire



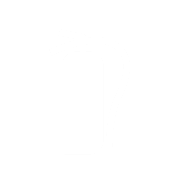
**70.1%**

% of occasions we responded to emergency incidents within 10 minutes



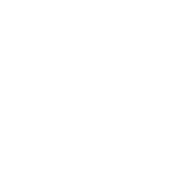
**-1.4%**

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



**76.1%**

% of Full Fire Safety Audits with a ‘Broadly Compliant’ result



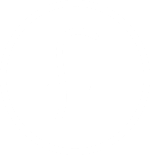
**2**

Number of complaints received



**6.3%**

% of working time lost to staff sickness across all groups



**100%**

Compliant spend as a % of overall spend

**Incident Trends**

We responded to 1925 emergency incidents in Berkshire in Quarter 4 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 4 of this year was substantially higher than any equivalent quarter in the past five years. This is partly due to a large number of weather-related flooding incidents in January.

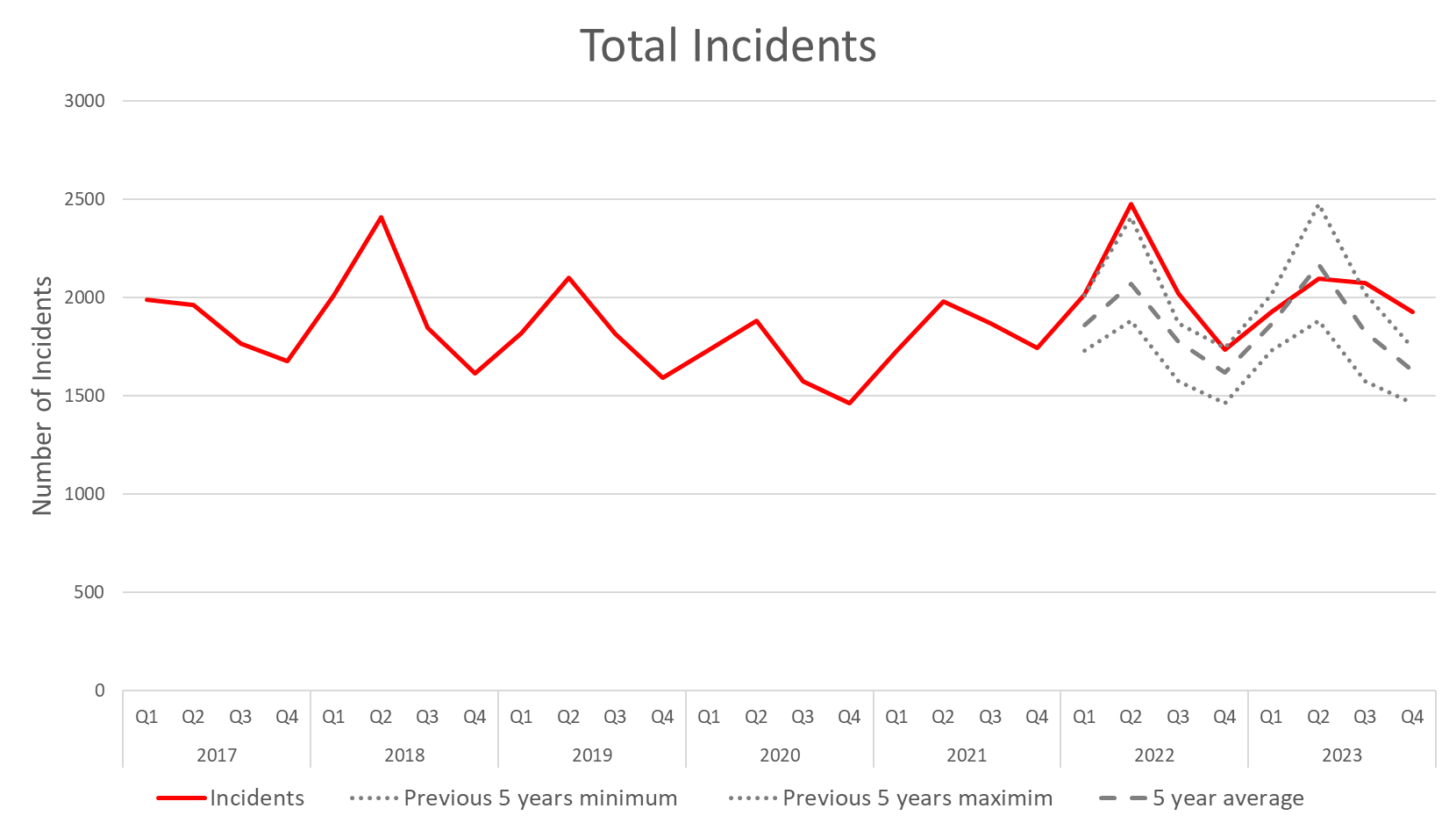
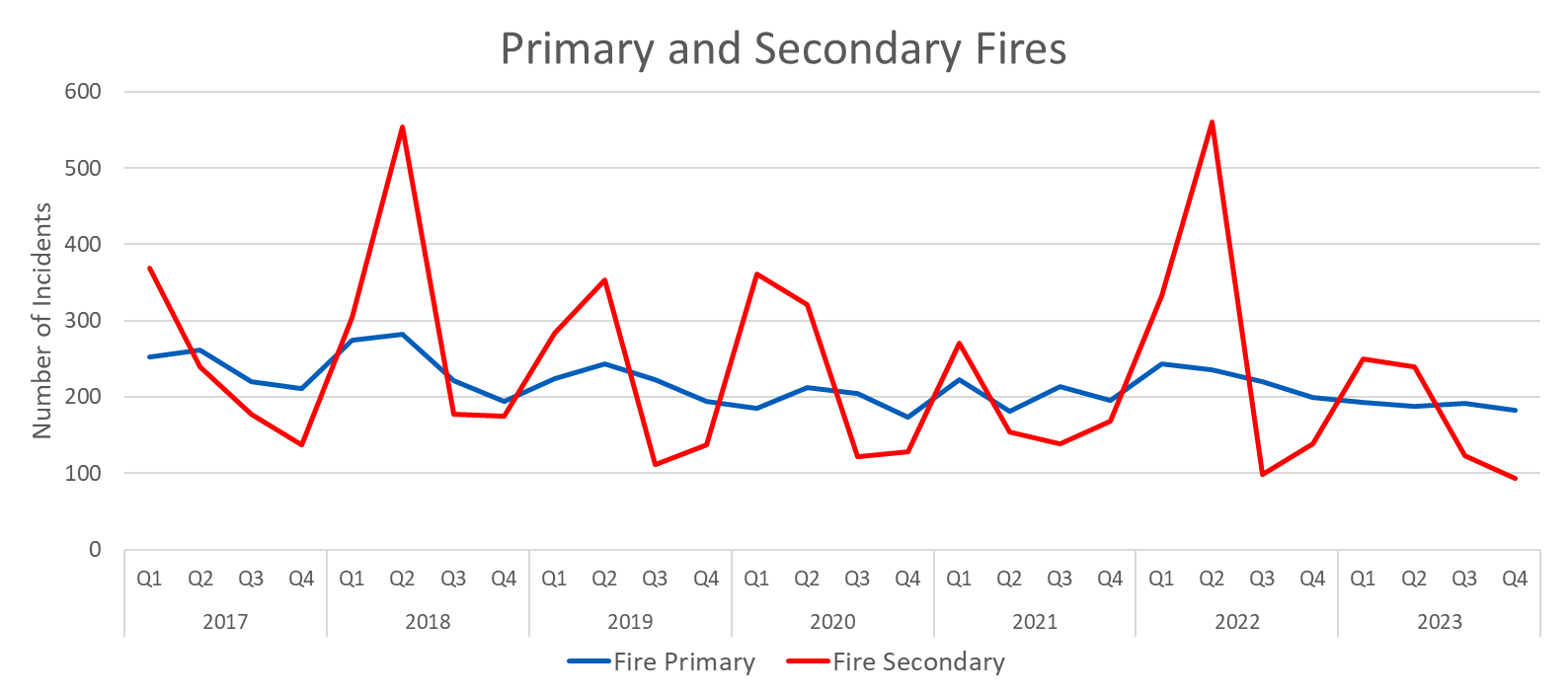


Chart 2 shows trends for fires, and clearly illustrates the seasonal and weather related patterns of secondary fires. Both primary and secondary fires are following a gradual downward trend over the past six years.



Special service incidents dipped during the pandemic, but levels are now higher than they were pre-2020. This rise is being driven primarily by False Alarm calls, and calls to assist other agencies.

**Quadrant One – Service Provision**

**Enforcement activity**

The protection department has made significant strides in enhancing the efficiency and integrity of our enforcement processes. The protection teams aim to inspect the highest-risk premises in the county in accordance with our Risk Based Inspection Programme (RBIP). Teams work with responsible persons striving to make buildings as safe as possible.

In addition to the RBIP work, FSIs conduct post-fire audits and respond to complaints.

On occasion, when Fire Safety Inspectors (FSIs) find breaches that present an immediate risk to public safety, they are required to take a formal approach using the regulatory powers of the Fire Safety Order 2005 and the more recent Building Safety Act 2022.

Consistency is crucial to any enforcement activity to ensure that we act proportionately in the best interests of public safety. Our in-house Legal and Enforcement hub comprises a regulated paralegal and legal secretary, who ensure fairness and comprehensive legal oversight across all formal investigations.

Alongside leading enforcement activities, the legal and enforcement hub has undertaken significant work over the last couple of years to provide underpinning guidance in the form of Technical Guidance Notes (TGNs) to complement RBFRS’ practical in-house Enforcement Guide. These notes serve as a cornerstone for consistent and informed enforcement actions, ensuring we adhere to established clear timeframes for all formal investigations, reinforcing our dedication to swift yet thorough examinations, and strengthening public trust in our processes.

The hub’s creation has been pivotal in ensuring that all serious cases, particularly those warranting prohibition notices due to inadequate fire safety measures, are formally investigated. This rigorous approach has led to the initiation of four formal investigations in the last year:

* 1. **Carwash and Cafe** - On 05 July 2023, RBFRS issued one Prohibition Notice upon the person in control of the premises, prohibiting using a Portakabin as sleeping accommodation due to alleged inadequate fire safety prevention and protection measures.

Update: The legal team is now reviewing the case with a view to prosecution.

* 1. **Chinese Takeaway** - On 12 July 2023, RBFRS issued one Prohibition Notice upon the person in control of the premises, prohibiting the use of accommodation rooms above the takeaway business for sleeping purposes due to allegedly inadequate fire safety prevention and protection measures. The seriousness of the legal breaches required a formal investigation.

Update: The legal team has reviewed the case, and the team is now preparing for prosecution, concluding lines of enquiry and considering the charges. It is anticipated that the defendant will be served in August 2024.

* 1. **Pizza Takeaway -** RBFRS served two Prohibition Notices to the Responsible Person prohibiting sleeping accommodations (two flats).

Update: The case is listed for the first hearing in Reading Magistrates’ Court on 19 June 2024.

* 1. **Indian Takeaway Restaurant -**  On 26 June 2023, RBFRS issued one Prohibition Notice upon the person having control of the premises prohibiting sleeping at the rear of the shop.

Update: The prosecution case was closed on 22 March 2024. The accused admitted guilt during a formal interview. Due to the circumstances of the case, a simple caution was administered.

**Safe & Well Agency Referrals East Hub**

**Safe and Well Referrals**

Safe & Well (S&W) agency referrals are encouraged from partner agencies such as South Central Ambulance Service, Adult Social Care and Thames Valley Police. RBFRS also proactively train staff from other agencies through the Adults at Risk Programme (ARP), who are in regular contact with vulnerable people, to recognise fire risk and refer their clients.

S&W visits are carried out by RBFRS Station crews and S&W Technicians who are trained to recognise and refer any safeguarding concerns. Visits are coordinated through Hubs in the East, West and Central areas of Berkshire and are overseen by Prevention Managers and Community Safety Advisors (CSAs). More sensitive visits may be carried out jointly with RBFRS personnel being accompanied by external professionals e.g. Social Services, Thames Valley Police and Housing Associations.

Each Hub is responsible for assessing the priority of a S&W visit using the Risk to Individual Stratification Matrix and considering the health, behaviour and needs of a person based on the information provided.

**Referrals and Risk in Slough**

The number of S&W agency referrals received in Slough remains the lowest of all Unitary Authorities within Berkshire. Our CRMP, using the NFCC Domestic Fire Risk Model, identifies some areas of Slough as amongst the highest risk in the county. The risk factors used in the model include high population density, high levels of deprivation and housing type.

Over the previous twelve months, the East Hub Prevention Team has been working to build on existing relationships with partner agencies. Over this time period, the team have contacted partners advertising ARPs and encouraging an increase of referrals.

We have also been working on building new relationships by attending relevant community events and advertising ARPs via Slough Safer Partnership (SSP).

We have identified some further specific challenges in Slough, including continued impact of covid restrictions on the numbers of home visits being carried out by agency partners, and high staff turnover within the agencies.

We have also been exploring the nature of the risk in Slough. Our policy across Berkshire has been to target agencies who work with vulnerable adults over the age of 65. Slough has a comparatively young population compared with the other Berkshire Unitary Authority areas which may be contributing to the lower number of referrals.

Slough has a high proportion (around 27%) of residents for whom English is not their main language, and belong to communities who may not be engaged with as many agencies.

**Action Plan**

The East Hub Prevention Team will engage with relevant partners and agencies to increase the number of S&W referrals for Slough. To date, this has included, ARP delivered to Slough Poverty Forum, attendance at an event at the Curve and targeted work being carried out with the Refugee and asylum seeker lead.

In January, our East Hub Manager met councillors in Slough to discuss and share some of the challenges RBFRS has in sharing resources to the most vulnerable particularly from underrepresented groups. The meeting aimed to improve community engagement but also look at how we can increase safe and well referrals in this area. Connections were made with their housing teams to support referrals for homes and residents that were vulnerable. As a result of this meeting several actions were taken including reviewing our Adult Referral Programme and how this can be fed to different teams in Slough, an awareness presentation will be given to the whole council in May on what RBFRS is trying to achieve with regards to community engagement, what barriers we are facing and how they can support us with he hope to develop and create stronger links with the community.

Following discussions with Slough Safety Partnership (SSP) the increase of S&W referrals will be added to the SSP strategy and will therefore be a responsibility of all SSP partners to increase Sloughs agency referrals by 10%.This will ensure all SSP partners understand the importance of S&W visits and that they are able to signpost relevant teams to RBFRS ARP training.

To increase capacity in the RBFRS team, an additional fixed term S&W Technician post in Slough has been agreed and advertised with interviews to be held in early July.

We will continue to explore the different demographic profile in Slough to enable us to target on the basis of the most appropriate risk factors.

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| **QUADRANT ONE – SERVICE PROVISION** |  |
| **Overall Measures** |  |

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| 1. **Number of Fire Deaths** | | | | **2023/24 Target: 0** | |
|  | Q1 | Q2 | Q3 | Q4 | Year to Q4 |
| Previous Year (22/23) | 0 | 1 | 3 | 0 | 4 |
| Target (max) | 0 | 0 | 0 | 0 | 0 |
| 2023/24 Actual | 2 ↓ | 1 ↔ | 0 ↑ | 1↓ | 4 ↔ |

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| Q4 saw a tragic incident in Slough where an individual sadly lost their life as the result of a fire in a parked vehicle in February. The investigation into this incident is ongoing.  Prevention teams and response crews continue to work with the community, building relationships to increase engagement opportunities so that RBFRS can maximise its Prevention messaging and practical advice. |

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| 1. **Number of non-fatal fire casualties** | | | | **2023/24 Target: 34 max** | |
|  | Q1 | Q2 | Q3 | Q4 | Year to Q4 |
| Previous Year (22/23) | 13 | 5 | 17 | 1 | 36 |
| Target (max) | 8 | 9 | 8 | 9 | 34 |
| 2023/24 Actual | 7 ↑ | 16 ↓ | 8 ↑ | 7 ↓ | 38 ↓ |

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| Q4 figures for this measure were over 10% below the target maximum of nine in the Quarter, which is pleasing. However, due to a significant peak in Q2, we have not achieved the annual target of a maximum of 34 for the year. |

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| 1. **Number of deliberate Primary Fires** | | | | **2023/24 Target: 135 max** | |
|  | Q1 | Q2 | Q3 | Q4 | Year to Q4 |
| Previous Year (22/23) | 34 | 30 | 43 | 22 | 129 |
| Target (max) | 33 | 34 | 34 | 34 | 135 |
| 2023/24 Actual | 20 ↑ | 26 ↑ | 25 ↑ | 29↓ | 100↑ |
| Whilst an increase in deliberate primary fires has been identified across Q4 from those reported during Q3, the service area remains under the target maximum of 135, which is positive. Data indicates that most deliberate primary fires relate to car and motorbike fires linked to local and organised crime. | | | | | |

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| 1. **Number of deliberate Secondary Fires** | | | | **2023/24 Target: 244 max** | |
|  | Q1 | Q2 | Q3 | Q4 | Year to Q4 |
| Previous Year (22/23) | 91 | 115 | 23 | 41 | 270 |
| Target (max) | 78 | 87 | 38 | 41 | 244 |
| 2023/24 Actual | 68 ↑ | 65 ↑ | 39 ↓ | 15 ↑ | 187 ↑ |

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| Q4 has seen a substantial decrease in the number of recorded incidents compared to Q3. Whilst the inclement weather has undoubtedly been a factor, prevention and response teams continue to work closely with local communities, Thames Valley Police, Community Safety Partnerships and Problem Solving Task groups to reduce occurrences of anti-social behaviour and fire setting within the community. |

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| **Prevention Measures** |

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| 1. **Increase the number of Referrals for Safe and Well visits received from our partners** | | | | **2023/24 Target: 10%** | | |
|  | Q1 | Q2 | Q3 | | Q4 | Year to Q4 |
| Previous Year (22/23) % change | 30.4% | 26.4% | 41.6% | | 38.8% | 34.6% |
| Target percentage change | 10% | 10% | 10% | | 10% | 10% |
| 2023/24 Actual Number | 1053 | 1006 | 1139 | | 1068 | 4266 |
| 2023/24 Percentage Change | 18.4% ↓ | 13.5% ↓ | 8.6% ↓ | | -1.4% ↓ | 9.2% ↓ |

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| Prevention teams have continued to experience staff shortages for various reasons across Q3 and Q4, reducing the capacity for the promotion of the Adult Referral Programme (ARP). Prevention managers have prioritised other areas of work due to capacity concerns regarding our ability to meet the potential demand increases in this area.    Work is ongoing to increase capacity across the teams to add resilience at all levels. This has had a particular impact in the East of the county, where the impact of reduced capacity across the prevention teams has been most felt, with referrals in Slough continuing to remain below that of other unitary authorities, see case study on page 11. |

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| 1. **Percentage of Safe and Well referrals, where there has been a threat or incidence of arson, completed within 48 hours** | | | | **2023/24 Target: 100%** | | |
|  | Q1 | Q2 | Q3 | | Q4 | Year to Q4 |
| Previous Year (22/23) | 100% | 100% | 100% | | 100% | 100% |
| Target | 100% | 100% | 100% | | 100% | 100% |
| 2023/24 Actual | 100% ↔ | 100% ↔ | 100% ↔ | | 100% ↔ | 100% ↔ |
| The Service continues to perform well in this area. Ongoing engagement and joint working across prevention and response teams has enabled high performance against this measure. | | | | | | |

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| 1. **Percentage of Very High Risk Safe and Well Referrals completed within 72 hours** | **2023/24 Target: 35%** |

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|  | Q1 | Q2 | Q3 | Q4 | Year to Q4 |
| Previous Year (22/23) | 25.0% | 31.1% | 28.0% | 21.0% | 28.1% |
| Target | 35% | 35% | 35% | 35% | 35% |
| 2023/24 Actual | 37.5% ↑ | 49.0% ↑ | 32.7% ↑ | 30.2% ↑ | 37.3% ↑ |
| During Q4, performance against this measure did not meet the target, however, the overall target for the year was achieved. This has largely been due to capacity issues across all three Hubs, with reductions in technician numbers contributing.  Of the occasions where the Service did not meet the 72-hour target, all but two were contacted within the 72 hour timescale with visits not taking place due to the requirement for multiple contacts, the individual being in hospital or difficulty aligning with partner agencies for joint visits due to the complex nature of the referrals requiring multiple agency involvement.  Of the two visits where contact was not achieved within the timeframe, one was related to an IT issue which is being rectified.  More high-risk referrals continue to be allocated to operational crews to support managing workloads across Hubs and achieving targets. This has supported an increase in completion rates over the Quarter. | | | | | |

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| 1. **Percentage of High Risk Safe and Well Referrals completed within target time** | | | | **2022/23 Target: 50%** | | |
|  | Q1 | Q2 | Q3 | | Q4 | Year to Q4 |
| Previous Year (22/23) | 45.2% | 33.8% | 44.9% | | 51.7% | 41.3 |
| Target | 50% | 50% | 50% | | 50% | 50% |
| 2023/24 Actual | 43.1% ↓ | 52.5% ↑ | 52.2% ↑ | | 52.6% ↑ | 50.2% ↑ |
| Overall performance across the Service for this measure remains positive and above the stated target. The ongoing monitoring of backlogs (in and out of timescale) takes place regularly to support technicians and response crews and is reported into Hub Managers meetings and through Prevention Protection Assurance Board. | | | | | | |

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| **Protection Measures** |

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| 1. **Proportion of Fire Safety Audits conducted against premises identified as High or Very High Risk in our Risk Based Inspection Programme** | | | | | **2023/24 Target: Monitor** | |
|  | Q1 | Q2 | Q3 | Q4 | | Year to Q4 |
| Previous Year (22/23)\* | N/A | 20.6% | 21.6% | 27.8% | |  |
| Target | - | - | - | - | | - |
| 2023/24 Actual | 28.1% | 24.1% ↑ | 22.3% ↑ | 29.2% ↑ | | 26.2% ↑ |

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| \*The Risk Based Inspection Programme was launched on the 28th April 2022. Monitoring data available from Q2 22/23.  A large amount of work has been undertaken during Q4 to create an inspection plan for RBIP and HRRB inspections that incorporates both priority workstreams. It is pleasing to see that improvements have been made over Q3.  The Annual Plan agreed for 2024-25 replaces this measure with one which will look at completion in timescale for RBIP premises inspections. We found that the current measure was not easy to understand. As our RBIP matures, we are better able to set clear timescales for inspection and the new measure monitors our performance against these. |

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| 1. **Percentage of Full Fire Safety Audits with a ‘Broadly Compliant’ result \*** | | | | **2023/24 Target: 60% max** | | |
|  | Q1 | Q2 | Q3 | | Q4 | Year to Q4 |
| Previous Year (22/23) | 78.7% | 72.8% | 75.2% | | 69.2% | 75.4% |
| Target (max) | 60% | 60% | 60% | | 60% | 60% |
| 2023/24 Actual | 69.6% ↑ | 62.4% ↑ | 65.3% ↑ | | 76.1% ↓ | 69.0% ↑ |

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| \*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.  It is disappointing that performance in this area has declined during Q4  A triage mechanism has now been established to reduce the number of unnecessary inspections of premises resulting from compliants and other reactive sources,and deal with them either via a phone call, local knowledge and recent visits or through the planned upskilling of response crews, which is anticipated to bring improvements moving forward.  Protection managers are undertaking a programme of work developing prioritisation guidance, allowing for a more professional judgement-based approach on risk for reactive Protection work. This will create more capacity for Fire Safety Inspection Officers to address those premises identified within the Risk Based Inspection Programme. |

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| 1. **Percentage success when cases go to court** | | | | **2023/24 Target: 80%** | | |
|  | Q1 | Q2 | Q3 | | Q4 | Year to Q4 |
| Previous Year (22/23) | 0 cases | 0 cases | 0 cases | | 0 cases | 0 cases |
| Target | 80% | 80% | 80% | | 80% | 80% |
| 2023/24 Actual | 0 cases | 0 cases | 0 cases | | 0 cases | 0 cases |

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| Whilst no cases have proceeded to court during Q4, a large amount of work has been undertaken to complete a number of outstanding cases. |

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| 1. **Percentage of Statutory fire consultations completed within the required timeframes** | | | | **2023/24 Target: 95%** | | |
|  | Q1 | Q2 | Q3 | | Q4 | Year to Q4 |
| Previous Year (22/23) | 96.3% | 98.9% | 96.8% | | 93.8% | 97.3 |
| Target | 95.0% | 95.0% | 95.0% | | 95.0% | 95.0% |
| 2023/24 Actual | 97.0% ↑ | 98.4% ↓ | 95.5% ↓ | | 96.4%↑ | 96.9%↑ |

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| The Service continues to perform well across this measure with both Reading and Wokingham achieving 100% completion. |

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| **Response Measures** |

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| 1. **Percentage of occasions where the first fire engine arrives at an emergency incident within 10 minutes from time the emergency call was answered** | | | | **2023/24 Target: 75%** | | |
|  | Q1 | Q2 | Q3 | | Q4 | Year to Q4 |
| Previous Year (22/23) | 76.0% | 69.3% | 74.2% | | 76.3% | 72.9% |
| Target | 75% | 75% | 75% | | 75% | 75% |
| 2023/24 Actual | 74.6% ↓ | 72.9% ↑ | 71.5%↓ | | 70.1% ↓ | 72.3% ↓ |

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| In 2023/24, we attended 72.3 percent of all emergency incidents within 10 mins of receiving the call. We did not achieve our Response Standard target of 75 percent. There are several factors associated with the fall in performance in this area. The total numbers of incidents this year was high which impacts travel times. We are also seeing a higher proportion of false alarm and special service calls, which require longer call handling times. |

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| 1. **Percentage of wholetime frontline pumping appliance availability** | | | | **2023/24 Target: 99%** | | |
|  | Q1 | Q2 | Q3 | | Q4 | Year to Q4 |
| Previous Year (22/23) | 97.6% | 97.4% | 96.6% | | 98.2% | 97.2% |
| Target | 99% | 99% | 99% | | 99% | 99% |
| 2023/24 Actual | 97.3%↓ | 97.1%↓ | 97.6%↑ | | 97.8% ↓ | 97.4% ↓ |
| Performance for this measure is below the 99% target for Q4, however, a slight improvement has been identified over previous quarters.  Whilst leave has not been a significant factor during Q4, the Service continues to face challenges related to crewing shortfalls caused by sickness and light duties, the volatility of overall establishment and the increasing training requirements associated with high numbers of staff in development roles.  Staff retention and turnover continue to add significant pressure, with several staff leaving or in the process of leaving the Service during Q4. Recruitment of new apprentices taking place through Q4 will hopefully support the overall establishment resilience in the long term. | | | | | | |

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| 1. **Percentage of hours where there is adequate crewing on on-call frontline pumping appliances (based on 24/7 crewing)** | | | | **2023/24 Target: 50%** | | |
|  | Q1 | Q2 | Q3 | | Q4 | Year to Q4 |
| Previous Year (22/23) | 44.4% | 40.3% | 35.9% | | 41.7% | 40.2% |
| Target | 50% | 50% | 50% | | 50% | 50% |
| 2023/24 Actual | 46.5% ↑ | 38.4% ↓ | 33.5%↓ | | 41.5% ↓ | 40.0% ↓ |
| Availability in Q4 has improved at Crowthorne, Hungerford, Maidenhead, and Mortimer fire stations when compared to Q3 figures.  As expected, Lambourn remains in single-digit figures due to the loss of critical members of staff from the station.  Even with Lambourn's significant drop in availability from the previous Quarter, overall, On-Call availability for Q4 has increased by 8 percentage points compared to Q3. | | | | | | |

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| **Resilience Measures** |

|  |  |
| --- | --- |
| 1. **Percentage of visits to Very High, High and Medium Operational Risk sites completed in timescale** | **2023/24 Target: 100%** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Q1 | Q2 | Q3 | Q4 | Year to Q4 |
| Previous Year (22/23) | 14.8% | 30.5% | 42.9% | 60.9% | 29.0% |
| Target | 100% | 100% | 100% | 100% | 100% |
| 2023/24 Actual | 57.7% ↑ | 80.0% ↑ | 83.3% ↑ | 56.0%↓ | 69.8%↑ |

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| Within the West hub, three visits were completed outside of the period, with one visit remaining on the system; however, crews have requested that its risk rating be reassessed due to changes to the site. An additional site within the East hub has a similar issue which is now being rectified.  Within the East hub, response crews have been met with challenges relating to the visits from responsible persons at three sites, which have been highlighted by the Hub management team, with assistance sought from the Risk Information Emergency Planning Officers. This issue is now nearing resolution.  The additional remaining visit is part of a complex of buildings. All other buildings have been visited, and the failure appears to be an anomaly in the system, which is now being rectified. |

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| --- | --- | --- | --- | --- | --- | --- |
| 1. **Number of Service Delivery Hub exercises completed** | | | | **2023/24 Target: 12** | | |
|  | Q1 | Q2 | Q3 | | Q4 | Year to Q4 |
| Previous Year (22/23) | 3 | 1 | 4 | | 4 | 8 |
| Target | 3 | 3 | 3 | | 3 | 9 |
| 2023/24 Actual | 4 ↑ | 1↔ | 4 ↔ | | 3 ↓ | 12 ↔ |
| All service delivery hub exercises have been completed within the required timeframes. | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| 1. **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% | 24.6% |
| Target | 30% | 30% | 30% | | 30% | 30% |
| 2023/24 Actual | 25.7% ↓ | 25.8%↑ | 24.8%↑ | | 25.1% ↓ | 25.3% ↑ |

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| The Service is currently reviewing its operational response to Automatic Fire Alarm Calls in line with the priorities set out in CRMP 2023-27. This will be subject to Fire Authority approval and public consultation which is currently underway.  Whilst not the primary focus of any proposed change, it is anticipated that any change will also positively impact performance in this area. |

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| **Customer Experience Measures** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Percentage of domestic respondents satisfied with the overall service** | | | | **2023/24 Target: 100%** | | |
|  | Q1 | Q2 | Q3 | | Q4 | Year to Q4 |
| Previous Year (22/23) | 100% | 100% | 100% | | 100% | 100% |
| Target | 100% | 100% | 100% | | 100% | 100% |
| 2023/24 Actual | 100% ↔ | 100% ↔ | 100% ↔ | | No returns | 100% ↔ |

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| --- | --- | --- | --- | --- | --- | --- |
| 1. **Percentage of commercial respondents satisfied with the overall service** | | | | **2023/24 Target: 95%** | | |
|  | Q1 | Q2 | Q3 | | Q4 | Year to Q4 |
| Previous Year (22/23) | 100% | 100% | No returns | | 100% | 100% |
| Target | 95% | 95% | 95% | | 95% | 95% |
| 2023/24 Actual | 100% ↔ | 100% ↔ | 100% ↔ | | No returns | 100% ↔ |

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| --- | --- | --- | --- | --- | --- | --- |
| 1. **Percentage of respondents satisfied with the services with regards to Fire Safety Audits** | | | | **2023/24 Target: 90%** | | |
|  | Q1 | Q2 | Q3 | | Q4 | Year to Q4 |
| Previous Year (22/23) | 100% | 96.9% | 100% | | 100% | 98.9% |
| Target | 90% | 90% | 90% | | 90% | 90% |
| 2023/24 Actual | 100% ↔ | 90.9%↓ | 100% ↔ | | 100% ↔ | 96.3%↓ |

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| --- | --- | --- | --- | --- | --- | --- |
| 1. **Percentage of domestic respondents satisfied with the service regards their Safe and Well Visit** | | | | **2023/24 Target: 100%** | | |
|  | Q1 | Q2 | Q3 | | Q4 | Year to Q4 |
| Previous Year (22/23) | 99.1% | 100% | 100% | | 100% | 99.7% |
| Target | 100% | 100% | 100% | | 100% | 100% |
| 2023/24 Actual | 100% ↑ | 100% ↔ | 98.8% ↓ | | 100% ↔ | 99.6%↓ |

|  |
| --- |
| We continue to see relatively low levels of returns to our satisfaction surveys. The responses we receive are positive, and where a respondent is not satisfied, these are explored through the complaints process.  We have now been using an online form for our Fire Safety Audits for 5 months. To date this has not improved the response rate as hoped. We will review this in 2024-25. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Number of complaints received** | | | | **2023/24 Target: Monitor** | | |
|  | Q1 | Q2 | Q3 | | Q4 | Year to Q4 |
| Previous Year (22/23) | 7 | 6 | 11 | | 4 | 28 |
| Target | - | - | - | | - | - |
| 2023/24 Actual | 7 ↔ | 6 ↔ | 6 ↑ | | 2 ↑ | 21 ↑ |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| In Quarter 4 2023/2024, the service received 2 complaints. The subject matter of the complaints are shown below:     |  |  | | --- | --- | | Complaint subject | Number of complaints in Quarter | | Safety Concern |  | | Customer Service | 1 | | Behaviour |  | | Accidental Damage | 1 | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Number of compliments received** | | | | **2023/24 Target: Monitor** | | |
|  | Q1 | Q2 | Q3 | | Q4 | Year to Q4 |
| Previous Year (22/23) | 7 | 5 | 5 | | 5 | 17 |
| Target | - | - | - | | - | - |
| 2023/24 Actual | 4 ↓ | 4 ↓ | 5 ↔ | | 8 ↑ | 21 ↓ |

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| --- |
| Of the compliments received during Quarter 4, one was for a member of control who had given valuable advice during the floods of January.  Four compliments involved praise for crews that had carried out school visits and community events. Another compliment was for a Safe and Well technician following his visit and another two for crews that carried out Safe and Well visits. |

**Key – Performance Measures**

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

**Quadrant Two – Corporate Health**

**Management of overtime spend – Improvements.**

The management of overtime has been a focus of RBFRS to ensure that the service is utilising it effectively and efficiently. There are several occasions where the utilisation of overtime is required to maximise the resilience of fire cover, in essence to keep fire appliances available and crewed with the appropriate resources and skillsets. Overtime is used to cover staff for extractions such as risk critical training, to cover sickness and staff on modified duties, to conduct leadership seminars, incident related overtime, backfill vacancies and payments for staff contracted to work bank holidays.

For the past 9 months we have developed a more robust monitoring and assurance method for managing the utilisation of overtime, whereas previously overtime was difficult to forecast and scrutinise, this is now not the case.

The Response and Resilience Area Manager together with the Operational Support Coordinator now conduct in depth monthly meetings with finance to accurately forecast the overtime budget, following close scrutiny and monitoring to ensure the application and utilisation of overtime is appropriate. There have been several changes made to reduce overtime and improve accuracy, including, new codes and guidance being issued to staff, challenging and cancelling overtime through close monitoring where no longer appropriate (i.e. return from sickness) and the creation of an overtime report template identifying trends and detailing rationale. Included within the new reporting template is a holistic view of establishment strength versus optimum establishment figures, this provides a more rounded narrative as to why overtime is utilised when carrying vacancy underspend which is an important metric to understand. As a result of increased scrutiny and challenge we have seen a much more accurate budget forecast and a reduction in unnecessary or misappropriated overtime expenditure.

The way in which we continue to scrutinise overtime expenditure is viewed through a lens of continual improvement and we are continually making changes to manage resources as effectively and efficiently as possible. The service is assured that overtime expenditure is closely monitored, scrutinised and challenged and where appropriate changes are enacted to further reduce the overtime expenditure.

**Revenue Budget Update – Q4 2023/24**

The 2023/24 Revenue Budget was set at £41.975m with income exceeding expenditure by £573,000 to replenish the Budget Contingency Reserve.

The revenue outturn for 2023/24 shows a surplus of £113,000. The main variances are explained below.

*Employee Costs* - these were below budget due to reduced expenditure at on-call stations although this was partly offset by the salary costs and their associated training costs.

*Repairs and Maintenance*. Increased expenditure in this area relates to major repairs to the firehouse as well as key improvements to the working environment.

*Rates.* The Authority continued to challenge business rate charges on its stations during the year and was successful in several appeals leading to refunds.

*Utilities* – the cost of utilities has come down and this is reflected in a reduction in expenditure compared to budget.

*Communication* – the WAN (Wide Area Network) project, aimed at increasing the efficiency of the MS 365 environment, has been delayed which resulted in a short-term reduction in revenue costs. In addition, the charge for Firelink radios by the Home Office was lower than budgeted.

*Interest receivable –* Increases in interest rates resulted in additional investment income of £275,000 compared to the budget.

*Revenue Funding of Capital* - Delays in obtaining planning permission for the rebuild of the Training Centre resulted in reduced revenue funding of capital compared to the budget. The underspend of £335,000 has been used to fund an increase to the Authority’s voluntary revenue provision to ensure that overall revenue resources devoted to funding capital expenditure remained in line with the budget.

*Government Grants/Precepts.* As part of budget setting, unitary authorities within Berkshire have to estimate income in relation to business rates relief payments. The actual amount due to the Authority is calculated at the end of the financial year and is £56,000 less than budget.

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| **Royal Berkshire Fire Authority** | | | | |  | | **APPENDIX A** | |
| **Revenue Outturn Quarter 4 2023/24** | | | | |  | |  | |
|  |  | | | **Annual** | | **Q4** | | **Budget to Actual** | |
|  |  | | | **Budget** | | **Outturn** | | **Variance** | |
|  |  | | | **£'000** | | **£'000** | | **£'000** | |
|  |  | **EMPLOYEES** |  | |  | |  | |
|  |  | STATIONS | 18,847 | | 18,666 | | (181) | |
|  |  | NON-STATIONS | 12,563 | | 12,629 | | 66 | |
|  |  | TRAINING | 539 | | 661 | | 122 | |
|  |  | OTHER | 279 | | 281 | | 2 | |
|  |  |  | **32,228** | | **32,237** | | **9** | |
|  |  | **PREMISES** |  | |  | |  | |
|  |  | REPAIRS & MAINTENANCE | 990 | | 1,343 | | 353 | |
|  |  | RATES | 888 | | 761 | | (127) | |
|  |  | CLEANING | 276 | | 303 | | 27 | |
|  |  | UTILITIES | 880 | | 821 | | (59) | |
|  |  |  | **3,034** | | **3,228** | | **194** | |
|  |  | **SUPPLIES** |  | |  | |  | |
|  |  | INSURANCE | 418 | | 427 | | 9 | |
|  |  | EQUIPMENT | 569 | | 603 | | 34 | |
|  |  | IS EQUIPMENT & LICENCES | 1,126 | | 1,143 | | 17 | |
|  |  | CLOTHING/PPE | 367 | | 386 | | 19 | |
|  |  | COMMUNICATIONS | 786 | | 669 | | (117) | |
|  |  | OCCUPATIONAL HEALTH | 263 | | 230 | | (33) | |
|  |  | PRINT/STATIONERY/PUBLICATIONS/SUBSCRIPTIONS | 144 | | 133 | | (11) | |
|  |  | COMMUNITY FIRE SAFETY SUPPLIES | 133 | | 86 | | (47) | |
|  |  | SUPPLIES OTHER | 212 | | 226 | | 14 | |
|  |  |  | **4,018** | | **3,903** | | **(115)** | |
|  |  | **CONTRACTS** |  | |  | |  | |
|  |  | CONTRIBUTION TO TVFCS & COLLABORATION | 977 | | 998 | | 21 | |
|  |  | LEGAL | 40 | | 39 | | (1) | |
|  |  | CONTRACTS OTHER (incl Professional Services) | 1,201 | | 1,219 | | 18 | |
|  |  |  | **2,218** | | **2,256** | | **38** | |
|  |  | **TRANSPORT** |  | |  | |  | |
|  |  | VEHICLE RUNNING COSTS | 821 | | 823 | | 2 | |
|  |  | TRAVEL | 203 | | 201 | | (2) | |
|  |  |  | **1,024** | | **1,024** | | **0** | |
|  |  | **PENSIONS** |  | |  | |  | |
|  |  | PENSIONS | 455 | | 445 | | (10) | |
|  |  |  | **455** | | **445** | | **(10)** | |
|  |  | **INCOME** |  | |  | |  | |
|  |  | GRANTS | (2,196) | | (2,209) | | (13) | |
|  |  | RENTAL INCOME | (249) | | (249) | | 0 | |
|  |  | TVFCS RECHARGE INCOME | (394) | | (394) | | 0 | |
|  |  | INCOME OTHER | (784) | | (781) | | 3 | |
|  |  |  | **(3,623)** | | **(3,633)** | | **(10)** | |
|  |  | **NET COST OF SERVICES** | **39,354** | | **39,460** | | **106** | |
|  |  | DEBT CHARGES INTEREST | 333 | | 333 | | 0 | |
|  |  | INVESTMENT INTEREST | (511) | | (786) | | (275) | |
|  |  | REVENUE FUNDING OF CAPITAL | 1,379 | | 1,044 | | (335) | |
|  |  | APPROPRIATION TO/(FROM) RESERVES | 799 | | 799 | | 0 | |
|  |  | FINANCING COSTS | 684 | | 1,019 | | 335 | |
|  |  | REVERSAL OF ACCRUED HOLIDAY PAY | **(63)** | | **(63)** | | 0 | |
|  |  | **NET EXPENDITURE** | **41,975** | | **41,806** | | **(169)** | |
|  |  | GOV GRANTS/PRECEPTS | (41,975) | | (41,919) | | 56 | |
|  |  | **(SURPLUS)/DEFICIT BEFORE USE OF RESERVES** | **0** | | **(113)** | | **(113)** | |

**Equality, Diversity and Inclusion Objectives Progress Update**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 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 | G | G |
| The number of employees from an ethnic minority background has increased from 49 to 53 this quarter (from 7.7% to 8.3%). The number of female firefighters employed at the end of the quarter increased from 31 to 33 this quarter (7.23% to 7.78%).    Q4 saw the recruitment window for the 2024 Summer Interns open. 41 applications were received with 10 being shortlisted to take through to interview for the 5 spaces which will occur in Q1 of 24/25    Recruitment for our next cohort of Wholetime firefighter apprentices continued throughout Q4 with shortlisting, group exercise and interviews happening. The equality monitoring data for candidates continues to be tracked by our recruitment team and is evaluated once recruitment has closed.    An evaluation was completed of the Positive Action sessions that were run in Q3 and has helped to identify areas we can increase our engagement with underrepresented communities moving forwards. Of those that attended these sessions 56% applied for a role as a firefighter in the recruitment process that ran throughout Q4.  Planning for Positive Action activity for the next financial year started to ensure events and engagement is happening continuously. This includes another Discover a Career as a Firefighter programme in Q1. | | | | | | |
| **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 | G | G |
| Q4 saw the tender process start for the procurement of face-to-face EDI and Cultural Awareness Training. In addition, 3 new LMS courses have been published including Allyship, Bullying and Harassment and Inclusive Recruitment. Active Bystander has now been introduced and is mandatory for all staff. To support this the training has now been embedded into new starter induction.    ADHD and Autism Awareness Training was delivered to all Fire Cadet instructors as well as the Safeguarding and Safety Education team.    The EDI Action plan comes to a close at the end of Q4 with a review to follow evaluating the performance against our overall objectives.    It was also agreed for EDI to be better embedded in the objectives for operational staff to better promote community engagement and positive action. This will be picked up in the 24/25 PDR process.    A project with our occupational health to help the organisation to better understand how we can support Neurodivergent staff came to a close with guidance documents being created for operational roles including Control. | | | | | | |
| **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. | A |  | A | G | G | G |
| Many activities have been carried out in Q4 by service Delivery to further engage with communities across Berkshire.  See case study on page 11.   A 2-hour talk was carried out as part of a water rescue campaign to 20 members from black communities in Reading. This was following statistics from recent water incidents and the percentage of individuals from black communities being non swimmers. Prevention teams also attended to give safe and well advice and leaflets were created especially for the event for individuals to take away.    Prevention teams attended Greenham Community Day an area that is known to be deprived to deliver fire safety advice. Other activities included attendance at a community engagement event at Bracknell Leisure Centre speaking to the public about fire safety, Charity car washes including support from Fire Cadets, Armed Forces Veteran Hub at Crowthorne Station, attendance at communities where everyone belongs pilot event looking at what people and groups can do to create inclusive communities and more.    Planning started for the 24/25 financial year to embed community engagement and positive action in objectives and station and hub plans. | | | | | | |
| **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 | G | G |
| RBFRS celebrated International Women’s Day, and members of staff shared what it meant to them to be a woman and inspire inclusion. Many staff were pictured doing the International Women’s Day pose.    To close Q4 the service held an inclusion event that had a panel of speakers from Reading Pride discussing LGBTQ+ Inclusion in the workplace and the community followed by a workshop about the changes we can make as an organisation towards being more inclusive.    Staff were encouraged to attend a number of webinars including webinars on intersectionality, Holocaust Memorial Day and 24 free webinars to celebrate Neurodiversity Celebration Week. In addition, staff had the opportunity to attend NFCC Listen and Learn sessions (International Stand Up to Bullying Day and International Women’s Day)    In January, staff attended the Development Weekend hosted by AFSA and Devon and Somerset Fire and Rescue Service. This weekend focussed on awareness and recognition of individual strengths, acknowledging, and celebrating individuals' capacity to change systems and lead the change they wish to see in the Fire and Rescue Service and approaches to leadership.    Work has continued to be carried out to make improvements to our facilities to provide more inclusive spaces. This includes work to 13 stations over the past 6 months including converting communal showers to more dignified areas, providing private female facilities, and private sleeping facilities. | | | | | | |

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

**Key - Project or Action Plan Status**

|  |  |
| --- | --- |
| C | Project complete |
| G | Project on Track |
| A | 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 |

**Long Term Sickness and Mental Health Sickness Management**

In 2023/24, the target of a maximum 5% of working time lost to sickness absence in two quarters was not met, with the overall percentage of working time lost to sickness for 2023/24 being 5.5%.

There has been an increase in Mental Health sickness absence and long-term sickness absence during this period (both specifically in terms of mental health absence and other types of absence), some of which is attributable to ongoing employee relations cases which has resulted in employee absence from the workplace. Mental Health sickness absence is consistently in the top three causes of sickness absence at RBFRS.

RBFRS undertakes various initiatives to support both managers and employees to manage sickness and offer support inside and outside the workplace. In Q4 these included:

* A series of sickness absence management workshops were delivered in Q4, reaching 77 managers to drive consistency of policy application. Additional workshops are scheduled for Q1.
* Specifically for addressing Mental Health absence, and as part of the Mental Health Action Plan, in Q4:
* 322 staff received mandatory Mental Health Awareness training, with the roll out continuing in Q1.
* Publishing a trauma stress awareness on the Learning Management System (LMS), which is available to all staff.
* Supporting Blue Monday and Time to Talk Day
* Trauma support sessions continue to be offered and are monitored to ensure additional support can be provided as necessary.
* Ensuring disciplinary and grievance cases are managed as swiftly as possible to minimise the impact on the mental health of those involved.

The activities are supported via ongoing quarterly sickness audits undertaken by HR which identify poorly managed absence, enabling this to be addressed directly with managers.

Staff absent due to mental health or other long-term sickness absence are supported via regular Occupational Health referrals, access to the Employee Assistance Programme and, in some cases, are able to access additional counselling via Psych Health. RBFRS policy also supports time off for attendance at the Firefighters Charity.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **QUADRANT TWO – CORPORATE HEALTH** | | | **DATA SUMMARY** | | |
| 1. **Percentage of working time lost to sickness across all staff groups** | | | | **2023/24 Target: 5% max** | |
|  | Q1 | Q2 | Q3 | Q4 | Year to Q4 |
| Previous Year (22/23) | 6.2% | 4.9% | 5.5% | 4.6% | 5.3% |
| Target | 5.0% | 5.0% | 5.0% | 5.0% | 5.0% |
| 202/24 Actual | 4.0% ↑ | 4.8% ↑ | 6.9% ↓ | 6.3% ↓ | 5.5↓ |
| There has been a decrease in the number of days lost to sickness this quarter, this decrease is due to:   * the total number of days lost decreasing across all contract types combined (1719 in Q4 vs 1853 in Q3 (1179 last year) * long term days have increased this quarter (1201 Q4 vs 1031 Q3) and increased when compared to the same period last year (610 Long last year). However, short-term days reduced (518 in Q4 vs 822 in Q3) and also reduced when compared to the same period last year (569 short last year). * the number of episodes decreasing from 248 in Q3 to 204 in Q4 (there were 198 in Q4 last year). (Short term episodes reduced from 215 to 165 in Q4). However long-term episodes increased from 33 in Q3 to 39 in Q4.   The top three reasons for sickness absence this quarter were MSK, Mental Health and Respiratory. The top three reasons will fluctuate quarter on quarter and will also be impacted by seasonal factors.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Cause** | **Q4 22/23** | | **Q3 23/24** | | **Q4 23/24** | | | Days Lost | Occurrences | Days Lost | Occurrences | Days Lost | Occurrences | | Gastro | 132 | 36 | 130 | 44 | 119 | 32 | | Mental Health | 302 | 18 | 442 | 23 | 689 | 25 | | Musculo Skeletal | 369 | 37 | 644 | 37 | 468 | 34 | | Respiratory | 217 | 61 | 312 | 89 | 230 | 61 | | Other | 159 | 46 | 325 | 55 | 213 | 52 | | **Total Days Lost** | **1179** | **198** | **1853** | **248** | **1719** | **204** |   **Sickness by Contract Type**  Compared to last quarter, sickness absence has decreased for Wholetime and Green Book but increased for On-Call and Control.   In comparison to the same period last year, sickness days lost has increased for all contract types.   * Green Book absence has fluctuated. Last year saw sickness decrease each quarter but from Q1 this financial year it has increased each quarter and then slightly reduced in Q4. This is due to Mental Health, Gastro, Cancer and virus cases reducing this quarter in this staffing group.      * Control sickness has increased again this quarter and has done so for the past three quarters. It is almost double when compared to the same period last year. This is due to Mental Health having its highest level of days lost for the past two years and MSK absence is also high this quarter for this staffing group.      * On-Call continues to fluctuate and has increased this quarter due to MSK days lost increasing. It should be noted that On-Call employees could be booking unavailable rather than booking sick.      * Wholetime has reduced slightly this quarter. All wholetime sickness equates to 61% of all sickness during Q4. The number of days lost when compared to last year are higher. Like last year sickness increased from Q2 to Q3 and then reduced from Q3 to Q4.   Comparison to other Services  Health Partners (Occupational Health) benchmarking data shows for the rolling 12 months to the end of March 2024, 42% of RBFRS cases related to MSK issues. This compares to 42% for their emergency services clients and 25% across their client base.    Reasons for sitting above the whole client base benchmark could be that referrals have to be made when an individual is absent for two weeks and MSK injuries can often lead to lengthy absence (17 long term cases in Q3), requiring regular reviews and that Occupational Health advice is sought when an individual returns to full duties and often when returning to light duties also. This provides reassurance to the manager that individuals are fit for duty.    Health Partners (Occupational Health) benchmarking data shows for the rolling 12 months to the end of March 2024 28% of RBFRS cases related to mental health issues. This compares to 28% for their emergency services clients and 32% across their client base. This percentage has remained the same (28%) for the previous two years for RBFRS but decreased slightly this year for their emergency services clients.    The chart below is provided by Cleveland FRS and compares the percentage of days lost per employee for Quarters 1 to 3 for Fire and Rescue Services. The number of Fire Services who complete this return fluctuates in terms of number of responses and also who responds as not every Fire and Rescue Service completes the return every quarter. During Q3 28 Fire and Rescue Services completed the survey and 30 completed it in Q2. In Q1 we were 4th lowest, Q2 5th lowest and 12th lowest in Q3. This is due to sickness levels for RBFRS increasing during Q3. However, at the end of the financial year it is predicted that we will fall within the lower quartile within this group once again due to sickness levels reducing this quarter. Last year we were 11th in Q3 and were 9th in Q4 22/23. | | | | | |

A graph with numbers and lines

Description automatically generated

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Percentage of eligible staff with Personal Development Appraisals** | | | | | | | | **2023/24 Target: 100%** | | | | |
|  | | Q1 | | Q2 | | Q3 | | | | Q4 | | Year to Q4 |
| Previous Year (22/23) | | 30.0% | | 81.0% | | 86.0% | | | | 88.0% | | 88.0% |
| Target | | 100% | | 100% | | 100% | | | | 100% | | 100% |
| 2023/24 Actual | | 62.5% ↑ | | 86.0%↑ | | 92%↑ | | | | 94%↑ | | 94%↑ |
| At Q4 533 staff were eligible to have received a Personal Development Review (PDR) meeting between April and July 2023. Dual contract employees only require one PDR and therefore have only been counted once.    83 employees were exempt for the following reasons:  new employees  absences from the workplace    499 active staff are recorded as having had their PDR at the end of the quarter which equates to 94%. This is higher than the same period last year (88% in Q4 22/23). The deadline for completion of PDR meetings this year was July 2023.    Of the meetings that have taken place, 377 completed PDR forms have been returned to HR. | | | | | | | | | | | | |
| 1. **Number of formal grievances** | | | | | | | | **2023/24 Target: Monitor** | | | | |
|  | | Q1 | | Q2 | | Q3 | | | | Q4 | | Year to Q4 |
| Previous Year (22/23) | | 2 | | 1 | | 10 | | | | 5 | | 18 |
| Target (max) | | -- | | -- | | -- | | | | -- | | -- |
| 2023/24 Actual | | 2 ↔ | | 3 ↓ | | 4 ↑ | | | | 8 ↓ | | 17 ↓ |
| During Q4 there were eight formal complaints raised.  A report for the year 2022/2023 analysing the effectiveness of grievance and disciplines was presented to Audit and Governance in Q1, with a further report analysing the year 2023/2024 will be presented later in the year.  The increase in complaints this quarter is for a variety of reasons/issues and no specific trends could be identified.  However, these continue to be monitored with any actions addressed in a timely manner where appropriate. | | | | | | | | | | | | |
| 1. **Number of RIDDOR accidents and diseases** | | | | | | | **2023/24 Target: 4 max** | | | | | |
|  | Q1 | | Q2 | | Q3 | | | | Q4 | | Year to Q4 | |
| Previous Year (22/23) | 3 | | 1 | | 3 | | | | 2 | | 9 | |
| Target (max) | 1 | | 1 | | 1 | | | | 1 | | 4 | |
| 2023/24 Actual | 1 ↑ | | 0 ↑ | | 1 ↑ | | | | 1↑ | | 3 ↑ | |
| In the last quarter we have had one RIDDOR reportable injury.  This occurred following water rescue training and resulted in more than seven working days sickness. | | | | | | | | | | | | |
| 1. **Percentage of spend subject to competition** | | | | | | | **2023/24 Target: 85%** | | | | | |
|  | Q1 | | Q2 | | Q3 | | | | Q4 | | Year to Q4 | |
| Previous Year (22/23) | 85.7% | | 82.2% | | 87.4% | | | | 86.5% | | 85.5% | |
| Target | 85% | | 85% | | 85% | | | | 85% | | 85% | |
| 2023/24 Actual | 80.5% ↓ | | 85.1% ↑ | | 91.6% ↑ | | | | 87.6% ↑ | | 89.5% ↑ | |
| Spend subject to competition was down from last quarter but was above the required target of 85% with a few waivers that includes – DA Technologies for the ongoing repairs to the Fire House at Whitley Wood Fire Station, First Products (Sussex) Ltd for bespoke bags for RBFRS Appliance, Northern Diver Ltd for water Rescue equipment for the water Rescue team in Slough and Page One Ltd for Firewatch SMS services which is required until the new Firewatch goes live. | | | | | | | | | | | | |
| 1. **Compliant spend as a percentage of overall spend** | | | | | | | **2023/24 Target: 100%** | | | | | |
|  | Q1 | | Q2 | | Q3 | | | | Q4 | | Year to Q4 | |
| Previous Year (23/24) | 100% | | 100% | | 100% | | | | 00% | | 100% | |
| Target | 100% | | 100% | | 100% | | | | 100% | | 100% | |
| 2023/24 Actual | 98.8% ↓ | | 100% ↔ | | 100% ↔ | | | | 100% ↔ | | 99.7% ↓ | |
| Compliant spend met the required target of 100% | | | | | | | | | | | | |
| 1. **Number of Information Commissioner assessments finding that the Service has breached Information Rights Legislation\*** | | | | | | | **2023/24 Target: 0** | | | | | |
|  | Q1 | | Q2 | | Q3 | | | | Q4 | | Year to Q4 | |
| Previous Year (22/23) | 0 | | 0 | | 0 | | | | 0 | | 0 | |
| Target | 0 | | 0 | | 0 | | | | 0 | | 0 | |
| 2023/24 Actual | 0 ↔ | | 0 ↔ | | 0 ↔ | | | | 0 ↔ | | 0 ↔ | |
| \*Freedom of Information Act, Environmental Regulations or Data Protection Legislation  No Information Commissioner assessments finding that the Service has breached information Rights Legislation. | | | | | | | | | | | | |

**Key - Performance Measures**

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

|  |  |
| --- | --- |
| C | Project complete |
| G | Project on Track |
| A | 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](https://www.gov.uk/government/publications/fire-and-rescue-national-framework-for-england--2).

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Priority 1: We will develop our Integrated Service Delivery Strategy to meet the changing profile of risk in Berkshire due to climate change, societal and technological shifts.** | | | | | | | | | |
|  |  | | Q1 | Q2 | | Q3 | | Q4 | |
| We will build on our horizon scan and evidence base developed for our CRMP to improve our understanding of climate change, societal and technological risks. |  | | A | A | | G | | G | |
| We will develop our water rescue capability to respond to the impact of climate change. |  | | G | G | | G | | G | |
| We will develop our wildfire capability to respond to the impact of climate change. |  | | G | A | | A | | R | |
|  | | | | | | | | | |
| **Priority 2: We will develop a Risk Based Prevention Programme to target those most vulnerable and at risk from emergency incidents** | | | | | | | | | |
|  |  | 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. |  | NS | | | NS | | A | | A | |
| We will continue to work with our partner agencies to ensure high quality referrals for the most vulnerable. |  | G | | | G | | G | | G | |
|  | | | | | | | | | | |
| **Priority 3: We will develop our response model to ensure that we are providing the most effective response to incidents within Berkshire, ensuring that it is aligned to the risks identified, sustainable and provides value for money** | | | | | | | | | |
|  |  | Q1 | | | Q2 | | Q3 | | Q4 | |
| 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 project. |  | G | | | G | | G | | G | |
| Undertake a review of the utilisation and resilience of our Flexi Duty Officer arrangements. |  | G | | | G | | A | | R | |
| A draft review of FDO arrangements has been completed and submitted for review by SLT stakeholders. A decision has been taken to put this review on hold and include its findings within the wider ambit of CRMP Priority 3 once that programme commences. Given the extended timeframe for changes in Response, and to address immediate operational needs, RBFRS has bolstered its FDO provision to increase resilience. There are now:  14 Group Managers (8 x GMB and 6 x GMA)  6 Station Managers (6 x SMB)  The current FDO rota comprises 6 lines of 1 x GMB, 1x GMA and 1 x SMB per line for a total operational requirement of 18 officers for 24/7 coverage. There are currently 2 more GMBs than the rota requires. This is because a GMB is covering a long-term sickness absence, and another is covering a secondment to NFCC. | | | | | | | | | | |
| **Priority 4: We will review the incidents that do not form part of our core statutory responsibilities, to better understand the implications for the Service in attending these incidents. Notwithstanding the review of our response and the gathering of this data, public safety will remain the primary priority of the Service** | | | | | | | | | |
|  |  | Q1 | | | Q2 | | Q3 | | Q4 | |
| We will assess the volume and costs of responding to incidents which do not currently form part of our core statutory responsibilities. Public safety will remain our priority and this information will be used to support the implementation of "Fit of the Future", the NFCC and sector ambitions for the future of fire and rescue service over the next five years. |  | A | | | G | | G | | G | |
|  | | | | | | | | | | |
| **Priority 5: We will develop our Service to reduce the impact of fire safety issues in commercial buildings.** | | | | | | | | | |
|  |  | 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 | | | A | | G | | G | |
| We will evaluate the changes we have made to our call challenge policy and review our response |  | G | | | G | | G | | G | |
|  | | | | | | | | | | |
| **Priority 6: We will maintain 19 frontline fire appliances, and a baseline service provision of 14 frontline fire appliances, utilising wholetime and on-call staff as effectively as possible, through local management** | | | | | | | | | |
|  |  | Q1 | | | Q2 | | Q3 | | Q4 | |
| Develop our service delivery policies to integrate our wholetime and on call availability to achieve our baseline service provision of 14 frontline appliances, making dynamic and intelligence-based decisions to maximise cover and our response standard. We will monitor and evaluate these processes. |  | G | | | A | | G | | G | |
|  | | | | | | | | | | |

**RBFRS Development Programme**

The services annual plan has been written and confirmed and will go to the Fire Authority for approval in April. Following extensive internal consultation, our People Strategy has been agreed with SLT and it is planned for this to be published. Work has started on an effectiveness review of our decision making governance to inform our future programme management structure. An evaluation was completed on the effectiveness of our staff stakeholder group with the results of the survey to staff involved being reviewed for improvements. The next session is being planned for Q1. Our talent management pilot is underway with various training for those involved on coaching and PDRs underway. Drop in sessions have taken place on PDRs to support the upcoming PDR process. Our staff survey closed at the end of January and the results issued at the end of Q4 via a portal. All the results and comments are being reviewed which will support our approach and next steps. The results will be published for all staff to see. Preparation is underway for the upcoming HMICFRS inspection due to start in Q2 and we have published externally our actions related to the values and culture recommendations from HMICFRS.

**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.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Buildings** | | | | | | |
|  |  | Status | | | | |
|  | End 22/23 | Q1 | Q2 | Q3 | Q4 |
| Estates Development | On Track | G | G | G | G | G |
| On Budget | G | G | G | G | G |

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

| **ICT** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Status | | | | |
|  | End 22/23 | Q1 | Q2 | Q3 | Q4 |
| Hardware | On Track | G | G | G | G | A |
| On Budget | G | G | G | G | G |
| Software | On Track | G | G | G | G | G |
| On Budget | G | G | G | A | G |
| Networks | On Track | A | A | A | A | R |
| On Budget | A | A | A | A | R |
| Services | On Track | G | G | G | G | G |
| On Budget | G | G | G | G | G |
| ESMCP | On Track | R | R | R | R | R |
| On Budget | R | R | 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 |
| ↔ | No risk movement |
| ↓ | Risk decreasing |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Key Risk: 842 Volatility of operational staff numbers** | | | | | |
| **Risk Owner: Nikki Richards** | | | | | |
|  | | **End of Q3 Risk Score** | **End of Q4 Risk Score** | **Direction of travel** | **Risk score as at June 24** |
| **Risk Description:** If PP&R 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. | | 23 | 23 | ↔ | 23 |
| Maintaining the necessary numbers, skills and knowledge requirements of personnel across both the operational and professional services areas requires constant attention. The workforce movement monitoring and forecasting needed to ensure we resource our lean operating model is becoming more complex. In order to attract the right people into the Service our employee value proposition needs to be clear and work is underway to review how we position ourselves and encourage those who haven’t thought about a career with RBFRS to consider us. This piece of work is supported by other activities aiding recruitment and retention of staff and further considered through our Workforce Planning Group and EDI Steering Group which examine data, performance and trends and other initiatives that make RBFRS a great place to work e.g. being a disability confident employer.  To further advance the focus on recruitment and retention activities, a Fire Authority member working group has been established. This group has looked at the challenges and current activities that work to support recruitment and retention of staff and will make recommendations regarding how these can be supplemented or enhanced. | | | | | |
| **Current Mitigations** | **Progress on Mitigations** | | | | |
| Continue to review workforce planning information to cover all staff and regularly review as part of performance monitoring to ensure we have the best available information to make decisions | Examination of pension impacts on operational staff closely monitored to inform planning and FF recruitment. Cost of living potentially impacting retention and likely high level of transfers out of Service, monitoring neighbouring FRSs particularly London and AWE for recruitment activity to help monitor risk. Arrangements to monitor green book and other hard to recruit posts reported to WPG. 18 FF Apprentices commenced Jan 23. Additional requirements 12 Q2, 18 Q4 24/25 and +6 transferees. Discussed WPG. Driver info being issued. Review of WFP data to identify gap. | | | | |
| To develop a proposal for review to recruit above establishment figures to provide a buffer of operational staff | Workforce planning together with current financial planning will help to inform any business case to further increase FF numbers. Review of ridership numbers and CRMP will also inform. Planning of intake of FF Apprentices matched to funding stream and forecasted turnover - some ability to recruit and smoothing of budget. Need to consider CRMP projects. Heavy recruitment needs scheduled impact HR/L&D and SD for a number of years. 10 additional posts subject to budget consideration via FA | | | | |
| Review reward and recognition offer to all staff | Focus on financial wellbeing continues. Individual posts that are difficult to fill to be reviewed. Awards ceremony September 2023. Role supplements considered as appropriate. Vacancy factors introduced to Workforce Planning reporting. Activity programmed to look at available data and how to further enhance - e.g. leaver support and process opportunity to retain. | | | | |
| Look at innovative ways to support training and development of Wholetime staff, including alternative venues for training to support training for risk | GM Central Hub and GM L&D undertaking a piece of work to identify and make available suitable external training venues. Within remit of Ops Support function. Some successes achieved through Q4 from Ops Support input. Ops Support now have several risk assessed venues along with contacts for external partners which are available to crews. | | | | |
| Closely monitoring placement of staff considering development profile on station, to be managed through RRG | Current process led by RAMs and engaging appropriate stakeholders. Ops Support function will coordinate activity once established. Internal transfer policy recently reviewed and published. Increasing challenge relating to skills and qualifications rather than overall numbers. The RAMs have been working with SMs to balance the skills, qualifications, and staff in development across watches. | | | | |
| Establishing workforce planning group across South East to enable broader workforce planning issues, including LFB effect | CFO has had discussions with LFB to enable this. No further progress currently. This action is under review to determine if still valid. No change but reviewed Feb24. Close. New to action to be decided upon. Current action out of date. | | | | |
| Understanding P&P staff numbers in development and monitoring vacancies. | Development FSIO monitored at Workforce Planning. indication of developments in the FSIO space to support national requirements re BSR and recruitment activity undertaken. P&P requirements and planning to be honed in accordance with any CRMP or organisational restructuring. Further review and process improvement to manage staff development in this area. Options to support discussed with Director SD. | | | | |
| Establish an officer member task and finish group to review recruitment life cycle. | Agreed with lead members and scheduled for after Xmas 2023. Initial meeting established with the Chair of authority to start to agree TOR for task and finish group. | | | | |

**Corporate Risk Register risks as at June 2024**

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 |
| 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 |
| 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 | 21 | 12 |
| 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 | 18 | 10 |
| 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 |
| 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 | 21 | 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 |
| 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 |
| 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 |
| 928 | ESMCP | If we do not plan for and make sufficient provision of resources and budget to support the development 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 which would have significant negative impact on our abiltiy to deliver our core functions. | 21 | 21 | 12 |
| 931 | Industrial Action | If we do not secure, or make every endeavour to secure, adequate resources to meet the full range of service delivery risks and duties as defined in FRA 2004 and CCA 2008, which may become increasingly likely given the volatile national indutrial relations landscape across the public sector, then we can expect to fail in delivery of our target statutory duties and providing adequate resource to meet the identified risk in Berkshire, which is significant in respect to public and staff safety and organanisational reputation. | 24 | 21 | 16 |
| 932 | Fleet strategy, documentation and control | There is a lot of inconsistency in the documentation, policies and controls we have across Service that relate to Fleet. There are also a large number of owners of documents that have a bearing on the delivery or use of fleet, potentially leading to gaps that could lead to non-compliance. If we fail to manage our fleet operations appropriately, we risk affecting frontline operational capability and policy compliance. | 17 | 17 | 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 |
| 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 |
| 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, 'in-house' 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 |
| 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 | 18 | 12 |
| 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 |
| 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 | 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. | 21 | 18 | 15 |
| 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. | 24 | 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. | 22 | 18 | 10 |
| 929 | Professional Standards | If we do not ensure operational staff apply appropriate risk controls or operational protocols through a disciplined approach to resolving incidents, which is likely given the developing evidence base through Ops assurance, then we can expect the likelihood of accidents to increase and operational effectiveness to reduce, which is significant in respect of Firefighter and community safety. | 18 | 18 | 12 |
| 933 | Fires in tall buildings | If we do not deliver and train for appropriate interventions for Fires in Tall Buildings, which is lilely given that the service is not fully aligned to National Operational Guidance, then we can expect this to impact the effectiveness of firefighting and rescue operations in these scenarios, which is significant in respect of the safety of high rise building occupants. | 17 | 17 | 10 |
| 934 | Alternative Energy Systems | If we do not react appropriately to the emerging risks from Lithium Ion Batteries , Battery Energy Storage Systems (BESS) and other decarbonisation initiatives, which may become increasingly given the pace, complexity and scope of change in this area, then we can expect potential compromises in public and firefighter safety which is significant in repsoect of delivering our statutory duties and managing our reputation. | 21 | 18 | 12 |
| 940 | Data Analysis Capacity | If we are unable to improve advanced data analysis (including mapping and modelling) capability and capacity, which is likely due to budget available and difficulty recruiting, then we can expect to not have robust evidence and analysis to support the CRMP and other essential projects, and fail to meet the requirements set out in the Data Management Fire Standard and CRMP guidance, which will impact our ability to identify risk and plan our resourcing effectively. | 17 | 17 | 10 |
| 941 | Productivity Programme Risk | If we don't have the required capacity and capability to deliver the Productivity Programme, the RBFA Efficiency Plan may be at risk as the associated benefits may not be realised. | 21 | 18 | 8 |

**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. | 21 | 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 4, or opened during the quarter, is detailed below.

**Key - Project or Action Plan Status**

|  |  |
| --- | --- |
| C | Project complete |
| G | Project on Track |
| A | 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 | Status | Open / Closed |
| **Health & Safety**  13/12/2022 | 2022: HS:2  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. | 31/12/2023 | Medium | **G** | **Open** |
| **Progress:** 3.4.24 19 personnel cert expired, 53 due refresh 2024-25, refreshers planned each 1/4. 18 to complete MS initial, aim to run courses by the end of Q2. | | | | | |
| **Health & Safety**  13/12/2022 | 2022: HS:6  We will introduce lessons learned in the quarterly meetings to the Health and Safety Committee and cascade the information to employees. | 31/12/2023 | Low | **G** | **Open** |
| **Progress:** Amended review date 31/1/24. A new way of presenting the information at HSWC is being developed, including lessons learned. Ready for Q3 reporting in January. This is now in place. | | | | | |
| **Facilities Management**  10/03/2023 | 2022: FM2b  We will ensure all overdue works are picked up and completed work certificates are saved within the shared drive. | 30/04/2023 | Medium | **G** | **Open** |
| **Progress:** Overdue works are monitored and chased with contractors and reviewed on contractor meetings. All worksheets / certificates are filed and saved in the Facilities files and contractor portal systems. | | | | | |
| **Facilities Management**  10/03/2023 | 2022: FM3a  We will ensure that the PPM is formally reviewed and monitored with progress notes and actions recorded against the PPM. | 30/04/2023 | Low | **G** | **Open** |
| **Progress:** A new review of PPMs processes are currently in discussion for easy access to obtain information. Work not yet completed | | | | | |
| **Facilities Management**  10/03/2023 | 2022: FM6  We will ensure that defects are appropriately monitored, tracked and implemented in accordance with the prioritisation schedule where possible. | 30/04/2023 | Medium | **G** | **Open** |
| **Progress:** Defects are monitored by triage process, tracked and monitored throughout. A new process document is to be created for easy access to obtain information | | | | | |
| **Facilities Management**  10/03/2023 | 2023: FM7  We will ensure that a sustainability plan is developed to identify and plan ways to embed sustainability in the Facilities Department. | 31/07/2023 | Low | **G** | **Open** |
| **Progress:** Strategy and delivery plan in progress and will be delivered in Q1. | | | | | |
| **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:** Drop in sessions have been arranged for managers over May. The recent audit highlighted areas with regards training and how we will be working with L&D to ensure that the correct staff carry out the training. The new actions will supersede this action. | | | | | |
| **Community Risk Management Plan**  15/10/2023 | 2023: CRMP: 1  We will develop policies and procedures relating to the CRMP in accordance with NFCC guidance. These will be made available to staff and form part of a regular review. | 31/01/2024 | Low | **G** | **Open** |
| **Progress:** Policy has been drafted and is currently being reviewed to ensure that all areas have been covered | | | | | |
| **Community Risk Management Plan**  15/10/2023 | 2023: CRMP: 2  We will utilise a risk scoring matrix that quantifies the likelihood and consequence and ensure the project tracker is complete with risks for the CRMP. | 30/08/2024 | Medium | **A** | **Open** |
| **Progress:** Work has commenced on assessing the impact to People, Place, Environment, Economy.  This will support the development of the scoring matrix for each risk, which will progress when additional analyst role is filled. | | | | | |
| **WYPF**  15/01/24 | 2024: WYPF: 1  WYPF will send confirmation that details have been updated when they are contacted by a member to make changes to existing details on the UPM system. | 31/03/24 | Low | **C** | **Closed** |
| **Progress:** Completed action as confirmed by WYPF | | | | | |
| **WYPF**  15/01/24 | 2024: WYPF: 2  WYPF Finance team are to implement a secondary check on reconciliation reports once they have been produced to ensure accuracy of data provided to RBFRS. | 31/03/24 | Low | **C** | **Closed** |
| **Progress:** Initial costing, resourcing and scheduling of priorities has been completed and agreed against the MTFP. This will be reviewed annually in line with our planning cycle | | | | | |
| **GDPR**  11/01/24 | 2024: GDPR: 1 The Service will update the Data Flow Maps to cover the missing areas identified in the audit. In addition, Maps will be centrally tracked to ensure they remain up to date. | 31/03/24 | High | **A** | **Open** |
| **Progress:** A new template that aligns with the ICO template exists and has been in place since March, with several Data Flow Maps already updated and using the revised template. Outstanding action to complete the move of all Data Flow Maps. | | | | | |
| **GDPR**  11/01/24 | 2024: GDPR: 2a The Contracts Register will be updated. | 31/03/24 | High | **G** | **Open** |
| **Progress:** Revised contract register has been produced accordingly and reviewed with IGM, awaiting publication which is imminent. | | | | | |
| **GDPR**  11/01/24 | 2024: GDPR: 2b  The Standard Terms of Business will be updated to cover the areas identified in the audit findings.  Following this, the Service will ensure that the Standard Terms of Business are utilised for all contracts where there is sharing of personal information. | 31/03/24 | High | **A** | **Open** |
| **Progress:** There is a 3rd Party reviewing the T&Cs and this will include what was asked for per this action. | | | | | |
| **GDPR**  11/01/24 | 2024: GDPR: 3  Relevant policies and procedures will be updated with respect to password management: | 31/12/24 | Low | **G** | **Open** |
| **Progress:** On track | | | | | |
| **GDPR**  11/01/24 | 2024: GDPR: 4a The Records Retention Policy and Document Management Policy and Procedure  will be updated. | 31/12/24 | Low | **G** | **Open** |
| **Progress:** On track | | | | | |
| **GDPR**  11/01/24 | 2024: GDPR: 4b The Records Retention Schedule template will be updated. Following this, the Service will centrally track the Schedules to ensure they remain up to date and complete. | 30/06/24 | Medium | **A** | **Open** |
| **Progress:** Unexpected staffing issues in IG have caused this item slip. Working to complete by August. | | | | | |
| **GDPR**  11/01/24 | 2024: GDPR: 5 The Information Governance team will develop a centralised chasing and escalation process for repeat non-compliance/ overdue training. | 31/03/24 | High | **C** | **Closed** |
| **Progress:** Our training courses and their completion rates are part of the quarterly reporting that L&D do. Based on quarterly cycle, IG will send updates to HOS. | | | | | |
| **GDPR**  11/01/24 | 2024: GDPR: 6 Formal responsibility will be assigned to a forum for oversight and review of GDPR compliance across the organisation. | 30/03/24 | Medium | **A** | **Open** |
| **Progress:** We have agreed the information that needs to tracked, but need to agree where this is recorded with SIRO, and it is too detailed for SPB. | | | | | |
| **GDPR**  11/01/24 | 2024: GDPR: 7 The Data Protection Policy will be updated. | 31/03/24 | Low | **G** | **Open** |
| **Progress:** On track | | | | | |
| **GDPR**  11/01/24 | 2024: GDPR: 8 A review will be undertaken of all Service privacy notices to ensure that they cover all required areas of GDPR in line with ICO guidance | 30/06/24 | Medium | **A** | **Open** |
| **Progress**: In progress | | | | | |
| **GDPR**  11/01/24 | 2024: GDPR: 9a The Subject Access Request Policy will be updated to cover the areas identified in the audit findings, ensuring that it focuses on all rights under GDPR rather than just the right of access | 30/06/24 | Medium | **A** | **Open** |
| **Progress:** Almost all of the policy updates are tied together, one/two decisions are needed before we can complete. Should be complete by end of July. | | | | | |
| **GDPR**  11/01/24 | 2024: GDPR: 9b  The Subject Access Requests and Data Subject Requests Log will be updated to cover the areas identified in the audit findings. | 31/03/24 | Low | **G** | **Open** |
| **Progress:** Completed for the start of this financial year. | | | | | |
| **GDPR**  11/01/24 | 2024:GDPR:10a The Service will formally document and agree the lawful bases for the different  types of data processed by the organisation. This will include the rationale for the lawful bases as relevant. Subsequently, this will be communicated to relevant staff | 30/06/24 | Medium | **A** | **Open** |
| **Progress:** IG determine the lawful basis and we have documented internally what we use. Policy states to engage with IG. | | | | | |
| **GDPR**  11/01/24 | 2024: GDPR: 10b  The consent management policy and procedure will be updated. | 30/06/24 | Medium | **A** | **Open** |
| **Progress:** IG agreed not to have a new policy but to update our Data Protection Policy; Draft policy exists, publication is tied to all the policy updates awaiting the last few things to agreed. End of July new date**.** | | | | | |
| **GDPR**  11/01/24 | 2024: GDPR: 10c The Service will update ‘what information a consent request should cover’ section of the Consent Policy/Procedure (to be developed as part of the above action). | 30/06/24 | Medium | **A** | **Open** |
| **Progress:** FORM updates for consent are currently being reviewed. Revised date end August. | | | | | |
| **GDPR**  11/01/24 | 2024: GDPR: 11a  The Information Security and Data Breach Policy will update the policy around Data breaches. | 31/12/24 | Low | **G** | **Open** |
| **Progress:** On track | | | | | |
| **GDPR**  11/01/24 | 2024: GDPR: 11b  The Data Breach Log will be updated to cover the areas identified in the audit findings. Following this, the Service will ensure that the Log is fully completed. | 30/06/24 | Medium | **A** | **Open** |
| **Progress:** Complete - log has been updated | | | | | |
| **Sickness Absence**  15/01/24 | 2024: Sickness Absence: 1 All managers will undertake mandatory sickness absence training which will be monitored and tracked through to completion. We will introduce a cyclical refresher session to keep the staff informed of any changes or updates in the process. | 30/09/24 | Low | **G** | **Open** |
| **Progress:** Now included in DAPs for new managers and TVFCS to ensure attendance. All Managers invited and some attend (TVFCS specific). Programme to be reviewed and more sessions to be planned | | | | | |
| **Sickness Absence**  15/01/24 | 2024: Sickness Absence: 2  We will communicate to line managers the importance of completing the Sickness Self-Certification and Return to Work Interview Forms in a timely manner. We will discuss the right to privacy risk and reiterate that this may be infringed when providing detailed commentary on Fire Watch. | 29/02/24 | Medium | C | **Open** |
| **Progress:** All middle and supervisory managers have attended a sickness absence refresher workshop. | | | | | |
| **Sickness Absence**  15/01/24 | 2024: Sickness Absence: 3 We will monitor compliance with the Sickness Absence Policy and challenge managers where non-compliance is noted. | 31/01/24 | Medium | **G** | **Open** |
| **Progress:** This is now a BAU activity for the team | | | | | |
| **Sickness Absence**  15/01/24 | 2024: Sickness Absence: 4 We will review the Sickness Absence Policy and agree on procedures for long-term sicknesses and sickness absences due to specialist hospital appointments. | 17/01/24 | Low | **C** | **Closed** |
| **Progress:** Completed by time of final report | | | | | |
| **Sickness Absence**  15/01/24 | 2024: Sickness Absence: 5 We will ensure that all actions added to the Sickness Working Group Action Log have a due date or a placeholder if one cannot be determined. | 29/02/24 | Low | **C** | **Closed** |
| **Progress**: reviewed and updated at the Sickness Working Group 15/2/24 | | | | | |
| **Data Plan** 10/01/24 | 2024: Dataplan: 1 RBFRS will review the user access rights to determine if access is appropriate and if adequate contingencies are in place to cover absences. | 31/03/24 | Low | **C** | **Closed** |
| **Progress:** Complete | | | | | |

**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**

|  |  |
| --- | --- |
| C | Project complete |
| G | Project on Track |
| A | 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 | C |  | G |
| Prevention quality assurance | Collaboration and Policy Service Plan | | C |  |  |  |  |  |
| Protection quality assurance | Collaboration and Policy Service Plan | | C |  |  |  |  |  |
| Addressing the burden of false alarms | Collaboration and Policy Service Plan | | G |  | G | G | G | G |
| Keeping the public informed during ongoing incidents | Corporate Services Service Plan | | C |  |  |  |  |  |
| Effective system to use for learning and debriefs | Collaboration and Policy Service Plan | | C |  |  |  |  |  |
| Post Incident prevention activity | Collaboration and Policy Service Plan | | G |  | G | C |  |  |
| Up to date site specific risk information |  | | G |  | G | C |  |  |
| MDTs |  | | G |  | G | G | A |  |
| Response Model |  | | NS |  | G | C |  | G |
|  | | | | | | | | |
| **Section two: Efficiency** | | | | | | | | |
| **Improvement** | | **Delivered via** | Status | | | | | |
| End 21/22 |  | Q1 | Q2 | Q3 | Q4 |
| Best use of available technology | | ICT Strategy | C |  |  |  |  |  |
| Productive Workforce | |  | NS |  | A | A | A | A |
|  | | | | | | | | |
| **Section three: People** | | | | | | | | |
| **Improvement** | | **Delivered via** | Status | | | | | |
| End 21/22 |  | Q1 | Q2 | Q3 | Q4 |
| Values and behaviours understood and demonstrated | | HR & L&D Service Plan | C |  |  |  |  |  |
| Effective use of competence recording system | | HR & L&D Service plan | C |  |  |  |  |  |
| Effective grievance procedures in place | | HR & L&D Service plan | C |  |  |  |  |  |
| Staff are confident in using feedback mechanisms | | Corporate Services Service plan | C |  |  |  |  |  |
| Process to identify, develop and support high-potential staff and aspiring leaders | | HR & L&D Service plan | A |  | A | G | G | G |
| Absence/Attendance procedures | |  | G |  | G | G | G | G |
| Workforce Planning | |  |  |  | G | G | A | A |
| Tools and opportunities to increase diversity | |  | G |  | G | G | G | G |
| Understanding and application of PDRs | |  | G |  | G | G | G | G |

**Fire Standard Implementation Tracking**

**Key - Project or Action Plan Status**

|  |  |
| --- | --- |
| C | Project complete |
| G | Project on Track |
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| 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** |
| **Standards in progress** | 1 | Emergency Response Driving | Becci Jefferies | Becci Jefferies | **C** | **Feb-21** | **C** | **C** | **G=** | Action Plan in progress. |
| 2 | Operational Response - Preparedness | Ben Cairns | Ben Cairns | **C** | **Feb-21** | **C** | **C** | **A=** | Needs reviewing- Action plan in progress and Andy has just started a review of gap anaylsis for an update and to provide assurance |
| 3 | Operational Response - Competence | Becci Jefferies | Becci Jefferies | **C** | **Feb-21** | **C** | **C** | **G =** | Action Plan in progress. |
| 4 | Operational Response - Learning | Jim Powell |  | **C** | **Feb-21** | **C** | **C** | **C** | Action plan completed - moved into BAU. Next steps to determine BAU review cycle |
| 5 | Code of Ethics | Nikki Richards | Lucy Greenway | **C** | **May-21** | **C** | **C** | **G =** | Action plan in progress. Last elements of training being worked on. |
| 6 | Community Risk Management Planning | Nikki Richards | Tim Readings | **C** | **May-21** | **C** | **C** | **A=** | Re-evaluation being done on the new published CRMP against the fire standard to identify any further actions. Once completed, implementation tool to be updated.  In progress, elements of existing gap analysis and implementation tool remain relevant as per previous IRMP. Needs significant overhaul however am confident that our evolving CRMP process is aligned to good practice.  CRMP Fire Standard gap analysis has been revised. This now needs to feed into an update of the implementation tool. |
| 7 | Protection | Dave Crease | Matt Hoult | **C** | **Sep-21** | **C** | **C** | **G=** | FS Implementation Tool now populated and pending review by AM P&P 11/03/24. |
| 8 | Prevention | Dave Crease | Matt Hoult | **C** | **Jul-21** | **C** | **C** | **G =** | FS Implementation Tool now populated and pending review by AM P&P 11/03/24. |
| 9 | Safeguarding | Jim Powell | Darci Hellend | **C** | **Jan-22** | **C** | **C** | **C** | Action Plan in completed. |
| 10 | Fire Investigation | Dave Crease | Tim Benham | **C** | **Apr-22** | **C** | **C** | **A=** | Business Case delayed until February SLT Meeting in agreement with new AM P&P Dave Crease. |
| 11 | Emergency Preparedness and Resilience | Jim Powell | Alison Hazelton | **C** | **May-22** | **C** | **C** | **A=** | Implementation tool developed. Evidence for some sections to be added by end of April 2024. Resourcing still remains an issue in completion of work. |
| 12 | Data management | Paul Bremble | Becca Chapman | **C** | **Aug-22** | **G =** | **NS** | **G=** | Gap analysis was postponed until NFCC guidance published. Guidance is now (Jan 2024) available on NFCC website. Gap Analysis in progress and due to SLT in June. |
| 13 | Leading and Developing People | Wayne Bowcock | Becci Jefferies | **C** | **Dec-22** | **G =** | **G** | **NS** | Gap analysis reviewed by SLT. Implementation tool to be set up |
| 14 | Leading the Service | Wayne Bowcock | Becci Jefferies | **C** | **Dec-22** | **G =** | **NS** | **G=** | Initial Gap analysis complete and owners assigned to individual actions. Gap analysis going to SLT in May |
| 15 | Fire Control | Jim Powell | Simon Harris | **G** | **Mar-23** | **G =** | **G=** | **G=** | Control fire standard gap analysis approved at November SLT. TVFCS JCG now need to agree on allocation of implementation activities to meet gaps and the prioritization of those activities. This will take place during Q1 2024/25 as part of the agreement of the year's TVFCS Service Action plan. |
| 16 | Communication & Engagement Consultation | Paul Bremble | Jo Watson | **G** | **Mar-23** | **C** | **C** | **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 Apr 2024. |

**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 Q4 2023/24** |
| **STAFF IN POST** | | | | | | | | |
|  | Wholetime | 363 | 365 | 360 | 371 | 371 | 373 | 362 |
| On-call | 63 | 57 | 55 | 53 | 53 | 65 | 65 |
| Control | 41 | 42 | 42 | 41 | 41 | 38 | 39 |
| Green Book | 171 | 171 | 176 | 175 | 175 | 168 | 191 |
| **Total Number of Staff in Post** | **638** | **635** | **633** | **640** | **640** | **644** | **657** |
| **STAFF TURNOVER** | | | | | | | | |
|  | Wholetime | 15 | 7 | 6 | 8 | 36 | 38 |
| On-call | 5 | 6 | 5 | 3 | 19 | 10 |
| Control | 0 | 2 | 0 | 3 | 5 | 10 |
| Green Book | 5 | 14 | 6 | 6 | 31 | 38 |
| Total Number of Leavers (Heads) | 25 | 29 | 17 | 20 | 92 | 96 |
| Staff in Post (SIP) | 638 | 635 | 633 | 640 | 636 | 643 |
| **Percentage of Leavers vs. SIP** | **3.91%** | **4.56%** | **2.69%** | **3.13%** | **14.29%** | **14.93%** |
| **FEMALE STAFF PERCENTAGE:** | | | | | | | |
|  | Wholetime | 6.1% | 6.8% | 6.9% | 7.5% | 7.5% | 5.6% |
| On-call | 12.7% | 10.5% | 9.1% | 9.4% | 9.4% | 13.8% |
| Control | 68.3% | 66.7% | 66.7% | 65.9% | 65.9% | 71.1% |
| Green Book | 56.7% | 59.6% | 60.2% | 59.4% | 59.4% | 55.4% |
| **Total** | **24.29%** | **25.35%** | **25.91%** | **25.63%** | **25.63%** | **23.29%** |
| **ETHNICITY (PERCENTAGE OF STAFF NON WHITE BRITISH):** | | | | | | | |
|  | Wholetime | 3.9% | 4.4% | 4.4% | 4.6% | 4.6% | 3.8% |
| On-call | 3.2% | 3.5% | 3.6% | 3.8% | 3.8% | 3.1% |
| Control | 7.3% | 7.1% | 7.1% | 9.8% | 9.8% | 7.9% |
| Green Book | 14.6% | 14.6% | 15.9% | 17.1% | 17.1% | 14.3% |
| **Total** | **6.9%** | **7.24%** | **7.74%** | **8.28%** | **8.28%** | **6.68%** |

**Staff Ethnicity Profile**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Ethnicity** | **Wholetime** | **On-call** | **Control** | **Green Book** | **All Staff** |
| White British | 354 | 51 | 37 | 145 | 587 |
| Other Ethnicity | 17 | 2 | 4 | 30 | 53 |
| **Total** | **371** | **53** | **41** | **175** | **640** |

**Staff Age Profile**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Age Group** | **Wholetime** | **On-call** | **Control** | **Green Book** | **Total** |
| 25 and Under | 27 | 4 | 7 | 17 | 55 |
| 26 - 35 | 98 | 17 | 14 | 30 | 159 |
| 36 - 45 | 129 | 18 | 8 | 33 | 188 |
| 46 - 55 | 103 | 10 | 9 | 55 | 177 |
| 56 - 65 | 14 | 4 | 3 | 36 | 57 |
| 66 and Over | 0 | 0 | 0 | 4 | 4 |
| **Total** | **371** | **53** | **41** | **175** | **640** |

**Staff Gender Profile** 

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Gender** | **Wholetime** | **On-call** | **Control** | **Green Book** | **All Staff** |
| Female | 28 | 5 | 27 | 104 | 164 |
| Male | 342 | 48 | 14 | 71 | 475 |
| Other | 1 | 0 | 0 | 0 | 1 |
| **Total** | **371** | **53** | **41** | **175** | **640** |

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](https://www.legislation.gov.uk/ukpga/2022/30/contents/enacted) and [Regulatory Reform (Fire Safety) Order 2005](https://www.legislation.gov.uk/uksi/2005/1541/contents/made), 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. |
| Prevention | | | |
| 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% |
| Protection | | | |
| 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. |
| Response | | | |
| 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. |
| Resilience | | | |
| 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. |
| Efficiency | | | |
| 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. |
| Customer 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** |
| Human Resources and Learning & Development | | | |
| 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. |
| Health 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. |
| Finance 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). |
| Freedom of Information | | | |
| 31 | Number of Information Commissioner assessments finding that the Service has breached Information Rights Legislation (Freedom of Information Act, Environmental Regulations or Data Protection Legislation) | 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 | 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 |
| 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 |  |
| HMEPA | 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 |  |
| HMO | 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 |  |
| OTB | Over the Border |  |
| OTP | 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 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 Team |  |
| 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 |
| Stn 11 | Station 11 – Mortimer | Retained (On Call) |
| Stn 14 | Station 14 – Ascot | Satellite Station (operates from 0900-1800 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 22 | Station 22 – Theale | Wholetime |
| 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) |  |

Appendix E – Home Office Incident Type Definitions

**Primary fires** are potentially more serious fires that harm people or cause damage to property and meet at least one of the following conditions:

* any fire that occurred in a (non-derelict) building, vehicle or (some) outdoor structures
* any fire involving fatalities, casualties or rescues
* any fire attended by five or more pumping appliances

Primary fires are split into four sub-categories:

* **Dwelling fires** are fires in properties that are a place of residence i.e. places occupied by households such as houses and flats, excluding hotels/hostels and residential institutions; dwellings also includes non-permanent structures used solely as a dwelling, such as houseboats and caravans
* **Other buildings fires** are fires in other residential or non-residential buildings; other (institutional) residential buildings include properties such as hostels/hotels/B&Bs, nursing/care homes, student halls of residence etc; non-residential buildings include properties such as offices, shops, factories, warehouses, restaurants, public buildings, religious buildings etc
* **Road vehicle fires** are fires in vehicles used for transportation, such as cars, vans, buses/coaches, motorcycles, lorries/HGVs etc; ‘Road vehicles’ does not include aircraft, boats or trains, which are categorised in ‘other outdoors’
* **Other outdoors fires** are fires in either primary outdoor locations (that is, aircraft, boats, trains and outdoor structures such as post or telephone boxes, bridges, tunnels etc.), or fires in non-primary outdoor locations that have casualties or five or more pumping appliances attending

**Purpose-built flat/maisonette fires** are split into three sub-categories:

* fires in purpose-built low-rise (1-3 storeys) flats
* fires in purpose-built medium-rise (4-9 storeys) flats
* fires in purpose-built high-rise (10+ storeys) flats

**Secondary fires** are generally small outdoor fires, not involving people or property. These include refuse fires, grassland fires and fires in derelict buildings or vehicles, unless these fires involved casualties or rescues, or five or more pumping appliances attended, in which case they become primary fires.

**Chimney fires** are fires in buildings where the flame was contained within the chimney structure and did not involve casualties, rescues or attendance by five or more pumping appliances. Chimneys in industrial buildings are not included and are included under primary fires.

**Accidental fires** include those where the motive for the fire was presumed to be either accidental or not known (or unspecified).

**Deliberate fires** include those where the motive for the fire was ‘thought to be’ or ‘suspected to be’ deliberate. This includes fires to an individual’s own property, others’ property or property of an unknown owner. Despite deliberate fire records including arson, deliberate fires are not the same as arson. Arson is defined under the Criminal Damage Act of 1971 as ‘an act of attempting to destroy or damage property, and/or in doing so, to endanger life’.

**Late fire calls** are fires attended by an FRS which were known to be extinguished when the call was made (or to which no call was made) and the fire came to the attention of the FRS by other means (e.g. press report or inquest). Such fires are recorded if an attendance is made (even if for inspection only) but are not recorded if no attendance is made.

**Fatal fires** are those that result in at least one fatality that would not have otherwise occurred had there not been a fire.