



Quarterly Performance Report

Q2 2024-2025 July - September





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Contact Us

Accessibility

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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



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Introduction

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

To achieve the Strategic Commitments we have made to the people of Royal Berkshire, our Annual Plan for 2024-25 highlights 9 areas of focus, which can be found at Appendix B. The areas of focus are delivered through our Service Plans and Hub 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 Two Summary



2,103

Total number of emergency incidents in Berkshire



68.5%

% of occasions we responded to emergency incidents within 10 minutes



16.0%

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



78.9%

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



6

Number of complaints received



6.6%

% of working time lost to staff sickness across all groups



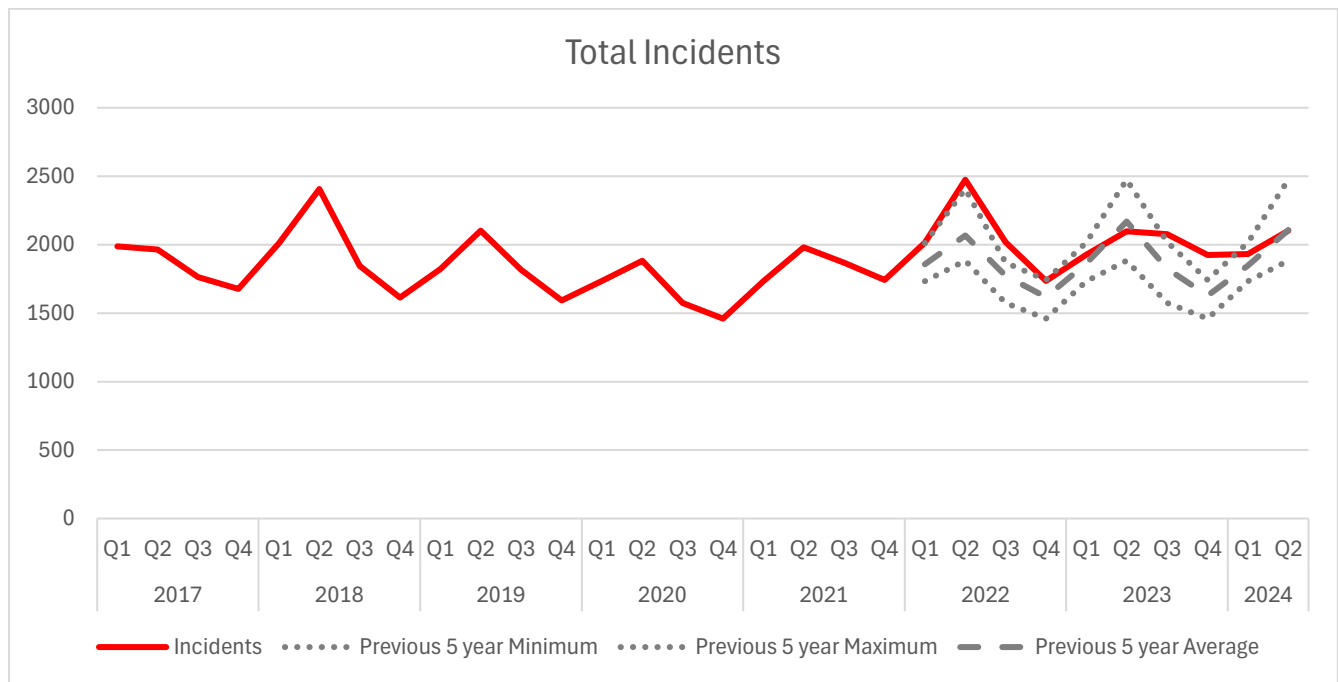
100%

Compliant spend as a % of overall spend



Incident Trends

We responded to 2,103 emergency incidents in Berkshire in Quarter 2 2024/25. 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. Seasonal factors mean that incident levels are usually at their highest in Quarter 2, and this is the case this year. The number of incidents in Quarter 2 is very similar to the five-year average for this time of year.





Quadrant One – Service Provision

Positive developments for On-call personnel

For the service to achieve its commitments in relation to Corporate Measure 15 'Percentage of hours where there is adequate crewing on on-call frontline pumping appliances (based on 24/7 crewing)', the On-call station manager - supported by other teams and departments - initiated actions through Q2 to improve and stabilise future availability.

Recognising that recruitment is challenging in the West of the county, crews conducted leaflet drops in the Lambourn area. Other actions included meeting with local councillors to explain issues regarding recruitment, resulting in several presentations, including one to Hungerford Town Council. The aim of this was to raise awareness and support from local commerce and groups in the area.

The Communications and Engagement Team is working to review and refresh of advertising media used for On-call recruitment, relating to social media, written publications/leaflets/poster etc.

Initial On-call training has also been reviewed. Q2 saw the first modularised RTC course in July and August which allowed flexibility for on-call personnel to attend course dates to suit both recruits and training centre staff. On-call personnel subsequently need to take less time off from their primary employment and optimises time for other training to take place. Such positive developments in recruitment and enhanced training for on-call personnel aim to stabilise and increase availability.



Serious Violence Duty and Residential Supported Accommodation

Residential Supported Accommodation

The [Serious Violence Duty](#) (SVD) requires organisations across the public sector to work together to tackle, prevent and reduce incidents of serious violence, and make local communities safer.

The Safeguarding Team received multiple concerns regarding an individual who was financially abusing and sexually exploiting elderly residents at a residential care complex in Wokingham. We believed this may be connected to a larger organisational criminal group (OCG) targeting other residential care homes and vulnerable people within the local area. The work in reference to this duty was initiated following a serious fire in the same residential care complex and resulted in implementation of a Learning Review, to better support identification of risks to individuals.

The learning from this case highlighted the importance of communication between different teams to ensure we identify any trends or serious violence within an area of Berkshire to be able to provide a contextual report via safeguarding or police intelligence. We are continuing to collaborate across multiple departments to ensure we are addressing all concerns of serious violence that we are made aware of.



Service Provision Data Summary

Overall Measures					
1. Number of Fire Deaths			2024/25 Target: 0		
	Q1	Q2	Q3	Q4	Year to Q2
Previous Year (2023/24)	2	1	0	1	3
Target (max)	0	0	0	0	0
2024/25 Actual	1↑	1↔			2↑
<p>In Q2, a single fire death was sadly recorded in West Berkshire. A 'Hot Strike' was completed and a CEMT convened following activation of a Significant Fire Incident Review. The individual was not known to RBFRS or to partner agencies other than their GP.</p> <p>Work is ongoing to help improve ties with GPs from a risk referral perspective. A review is underway assessing our prevention activity in Hungerford and other rural areas. We regularly distribute S&W leaflets and raise awareness of our service. SFIR promotes ongoing engagement with local council leaders promoting our prevention services.</p>					
2. Number of non-fatal fire casualties			2024/25 Target: 31 max.		
	Q1	Q2	Q3	Q4	Year to Q2
Previous Year (2023/24)	7	16	8	7	23
Target (max)	7	8	8	8	15
2024/25 Actual	17↓	15↑			32↓
<p>Q2 figures show 15 casualties as recorded which is substantially above target for the quarter. NB: 6 were attributed to a single car fire.</p> <p>Significant post incident engagement activity resulted in good community engagement in West and Central. Joint working on post fire activity has seen real improvement, with stations undertaking works in a proactive manner.</p> <p>One notable incident in East Hub involved a domestic flat fire which resulted in significant injuries to a casualty. Subsequently, a CEMT and SFIR (Significant Fire Incident Review) was commissioned. Despite Hot Strike activity and S&W visits offered, resident engagement was low. RBFRS Prevention teams are partnering with Abri Housing to mandate "At Risk" training for their staff to improve this.</p>					
3. Number of deliberate Primary Fires			2024/25 Target: 135 max.		
	Q1	Q2	Q3	Q4	Year to Q2
Previous Year (2023/24)	20	26	25	29	46
Target (max)	31	31	31	32	62
2024/25 Actual	21↓	25↑			46↔
<p>Slight performance improvement. Consistent partnership working and shared intelligence is facilitated through attendance at the Problem-Solving Tasking Group, ASB in Parks and Open Spaces meetings and updating partners e.g. the community safety/ASB teams and TVP on identification of a hotspot.</p>					



4. Number of deliberate Secondary Fires					2024/25 Target: 233 max.
	Q1	Q2	Q3	Q4	Year to Q2
Previous Year (2023/24)	68	65	39	15	133
Target (max)	77	81	34	41	158
2024/25 Actual	53 ↑	51 ↑			104 ↑

Q2 saw a reduction compared with the same quarter in the previous year from 65 to 51. This may be attributed partly to the inclement weather and wet summer. Crews and prevention teams continue to monitor trends and contribute towards Community Safety Partnership (CSP) meetings across authorities with partner agencies.

Prevention teams and Response crews have deployed Arson prevention boards across known and Arson hot spots to reduce the impact and number of deliberate secondary fires and continue to monitor for trends in this area.

Prevention Measures					
5. Increase the number of Referrals for Safe and Well visits received from our partners					2024/25 Target: 10%
	Q1	Q2	Q3	Q4	Year to Q2
Previous Year (2023/24) % change	18.4%	13.5%	8.6%	-1.4%	16.0%
Target % change	10%	10%	10%	10%	10%
2024/25 Actual Number	1184	1167			2351
2024/25 % change	12.4% ↓	16.0% ↑			14.2% ↓
A positive performance with a 16% increase in referrals achieved within Q2.					
A decline within the Bracknell area pushed efforts for improvement with the At Risk Programme (ARP). The open Community Safety Advisor (CSA) post in the team may have impacted on the resilience within the team and the number of referrals. Slough's agency referrals remain the lowest of all UA's and work continues to engage with partners.					
6. Percentage of Safe and Well referrals, where there has been a threat or incidence of arson, completed within 48 hours					2024/25 Target: 100%
	Q1	Q2	Q3	Q4	Year to Q2
Previous Year (2023/24)	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%
2024/25 Actual	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.					
Analysis work has established that time taken on Threat of Arson cases varies between 3 hours and 5 hours 45 minutes. This involves work completed by the Safeguarding Team, Duty Officers, Safe & Well Technicians, Operational Crews, Risk Assessment Officers and Thames Valley Fire Control Service.					



7. Percentage of Very High Risk Safe and Well Referrals completed within 72 hours					2024/25 Target: 40%
	Q1	Q2	Q3	Q4	Year to Q2
Previous Year (2023/24)	37.5%	49.0%	32.7%	30.2%	42.9%
Target	40%	40%	40%	40%	40%
2024/25 Actual	31.0% ↓	29.4% ↓			30.2% ↓

8. Percentage of High Risk Safe and Well Referrals completed within target time					2024/25 Target: 57%
	Q1	Q2	Q3	Q4	Year to Q2
Previous Year (2023/24)	43.1%	52.5%	52.2%	52.6%	47.8%
Target	57%	57%	57%	57%	57%
2024/25 Actual	44.3% ↑	43.1% ↓			43.7% ↓

A fall in performance for Very High Risk referrals was noted against Q2 of the previous year. Prevention Managers reviewed these and the vast majority of failures were due to factors outside of our control. Aligning complex cases or joint visits with logistics, such as availability of family members or support workers, within 72 hours is a challenge to completing visits. Reasonable efforts had been made to achieve the target.

Typically, Very High and High risk visits which are not completed in timescale are due to incorrect contact information, hospitalised occupants or requests for visits to suit availability of the occupant or parties affecting joint visits. Multiple contact attempts are recorded in most failures.

Capacity issues continued to impact all three Hubs, due to long-term sickness in staff members. With recent recruitment, new staff are in development and an uplift in future months is anticipated.



Protection Measures					
9. Percentage of Fire Safety Audits of premises identified as High or Very High Risk in our Risk-Based Inspection Programme completed in timescale.					2024/25 Target: Monitor
	Q1	Q2	Q3	Q4	Year to Q2
Previous Year (2023/24)	-	-	-	-	-
Target	-	-	-	-	-
2024/25 Actual	-	22.4%*			22.4%
*The due dates and targets were set for this measure in July, hence reporting commences from Q2. Evidence to build on the narrative for this measure will be available from Q3.					
10. Percentage of Full Fire Safety Audits with a 'Broadly Compliant' result *					2024/25 Target: 60%
	Q1	Q2	Q3	Q4	Year to Q2
Previous Year (2023/24)	69.6%	62.4%	65.3%	76.1%	65.4%
Target	60%	60%	60%	60%	60%
2024/25 Actual	75.1% ↓	78.9% ↓			77.0% ↓
*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. Q2 again produced a higher percentage of Broadly Compliant results for fire safety inspections than our target whilst we endeavour to improve our RBIP and populate Ibis by scoring the premises accurately to ascertain a true reflection of the risk within our community. The triage process for not attending premises following a complaint or a Post Fire Incident (PFI), with the majority in simple premises which offer opportunities for our in-development Fire Safety Inspecting Officers (FSIOs), allowing competent FSIO's to inspect complex premises. With 5 new Protection team members in development in the hubs, the resourcing impact is expected to continue up to August 2025.					
11. Percentage success when cases go to court					2024/25 Target: 80%
	Q1	Q2	Q3	Q4	Year to Q2
Previous Year (2023/24)	0 cases	0 cases	0 cases	0 cases	0 cases
Target	80%	80%	80%	80%	80%
2024/25 Actual	100% (1 case)	0 cases			100% (1 case)
No new cases complete for Q2. Following Legal Hub review, one prosecution is pending a court date.					
12. Percentage of Statutory fire consultations completed within the required timeframes					2024/25 Target: 95%
	Q1	Q2	Q3	Q4	Year to Q2
Previous Year (2023/24)	97.0%	98.4%	95.5%	96.4%	97.1%
Target	95%	95%	95%	95%	95%
2024/25 Actual	99.2% ↑	99.6% ↑			99.4% ↑



Positive performance which improved on both Q1 and same time for Q2 last year. Completion in timeframe is 100% in Reading, Wokingham, Bracknell Forest, Windsor and Maidenhead and Slough.

Response Measures

13. Percentage of occasions where the first fire engine arrives at an emergency incident within 10 minutes from time the emergency call was answered **2024/25 Target: 75%**

	Q1	Q2	Q3	Q4	Year to Q2
Previous Year (2023/24)	74.6%	72.9%	71.5%	70.1%	73.7%
Target	75%	75%	75%	75%	75%
2024/25 Actual	74.7% ↑	68.5% ↓			71.5% ↓

Q2 saw a decline in response standard performance from Q1 and from the same period in 2023/24.

Operational and logistical challenges impact attendance times; factors include increased travel distances for appliances covering incidents outside their designated areas, traffic delays, appliance response to specialised incidents or training outside their station grounds. Automatic Fire Alarms (AFAs) were a notable cause of response failures in Q2.

Further work with TVFCS will be undertaken to identify reasons for attendance time failures.

High levels of seasonal leave, sickness and a reduced uptake of overtime shifts (PAOT) also impacted appliance availability. Additional efforts are being made across the service to increase On Call availability through recruitment and retention, particularly in the West hub and Maidenhead.

Changes in the degradation procedure and the implementation of CRMP 6 moving forward are expected to yield some improvements.

Our Response Standard is for the first fire engine to arrive at an incident within 10 minutes of receiving a call, on 75% of occasions. This is made up of 3 constituent parts – the call handling time, the turnout time, and the travel time. These service level targets are of 90 seconds each for call handling and turnout times, and seven minutes for travel time. This comprises the 10-minute total target.

The measure is extremely sensitive to incident volume and profile. Many rural parts of the county cannot be reached within ten minutes. Nonetheless, the continual attention given to our performance against the standard has produced some remarkable results. The latest national data shows we continue to perform above the average for attendance times at most fire incident types.

14. Percentage of wholetime frontline pumping appliance availability **2024/25 Target: 97.4%**

	Q1	Q2	Q3	Q4	Year to Q2
Previous Year (2023/24)	97.3%	97.1%	97.6%	97.8%	97.2%
Target	97.4%	97.4%	97.4%	97.4%	97.4%
2024/25 Actual	97.7% ↑	95.2% ↓			96.4% ↑

The service failed to achieve target during Q2 and has fallen below the 97.1% achieved in 2023/24 during this period. The East hub did not achieve the target for Q2; largely due to degradation of appliances in Slough and Langley.



15. Percentage of hours where there is adequate crewing on on-call frontline pumping appliances (based on 24/7 crewing)					2024/25 Target: 50%
	Q1	Q2	Q3	Q4	Year to Q2
Previous Year (2023/24)	46.5%	38.4%	33.5%	41.5%	42.5%
Target	50%	50%	50%	50%	50%
2024/25 Actual	34.1% ↓	35.5% ↓			34.8% ↓
<p>On-call availability shows signs of stabilising in Q2, with a positive recruitment trend overall, expected to continue into Q3 of 2024/25.</p> <p>The first revised On-call initial course was introduced to integrate On-call trainees onto station sooner, with more localised training and a reduction in the time recruits must take off from their primary jobs, resulting in a better work-life balance.</p>					
16. Percentage of time that 14 or more pumping appliances are available					2024/25 Target: 100%
	Q1	Q2	Q3	Q4	Year to Q2
Previous Year (2023/24)	-	-	-	-	-
Target	100%	100%	100%	100%	100%
2024/25 Actual	91.2%	70.1%			80.6%
<p>This new measure was introduced this year to assist in monitoring our compliance with our Community Risk Programme (CRMP) commitment to ensure a baseline service provision of 14 pumping appliances. Q2 shows a significant reduction compared to Q1 performance and is attributed to high levels of leave during the summer months and an increase in Wholetime Duty System (WDS) sickness from 4.6% in Q1 to 6.6% in Q2.</p> <p>Notably for Q2, performance at night was significantly better for night shifts (80.2%) than for day (60.9%). This proved due to an increased On Call availability overnight and less staff uptake for Pre-Arranged Overtime (PAOT) during day shifts. An overall reduction in PAOT resulting from P6 may increase demand among staff for overtime on day shifts.</p>					



Resilience Measures					
17. Percentage of visits to Very High, High and Medium Operational Risk sites completed in timescale				2024/25 Target: 100%	
	Q1	Q2	Q3	Q4	Year to Q2
Previous Year (2023/24)	57.7%	80.0%	83.3%	56.0%	65.9%
Target	100%	100%	100%	100%	100%
2024/25 Actual	71.0% ↑	54.7% ↓			61.1% ↓
<p>A decline in the percentage of risk visits completed within timescales was recorded in Q2 - from 71% in Q1 to 54.7% in Q2. The issue has been the reduced resource capacity of Risk Information and Emergency Planning Officers (RIEPOs). The backlog has been addressed and is overall in an improved position. Further investigation is underway to identify issues and refresher 7(2)(d) training will be delivered to assure process.</p> <p>Failure reasons recorded include challenges in accessing sites and co-ordinating with responsible persons to arrange visits, outside of the services control.</p>					
18. Number of Service Delivery Hub exercises completed				2024/25 Target: 12	
	Q1	Q2	Q3	Q4	Year to Q2
Previous Year (2023/24)	4	1	4	3	5
Target	3	3	3	3	6
2024/25 Actual	3 ↓	3 ↑			6 ↑
<p>The service continues to perform well in this area with all hub exercises completed within the required timeframes for Q2.</p>					
19. Percentage of Automatic Fire Alarm calls where RBFRS did not attend				2024/25 Target: 30% min.	
	Q1	Q2	Q3	Q4	Year to Q2
Previous Year (2023/24)	25.7%	25.8%	24.8%	25.1%	25.7%
Target (min)	30%	30%	30%	30%	30%
2024/25 Actual	24.9% ↓	32.7% ↑			29.1% ↑
<p>Performance on this Corporate Measure is consistently around 23% to 27% of AFA calls not attended. An upturn of 7.8 percentage points may in part be due to the implementation of the new AFA policy in September 2024. There will be further analysis in Q3.</p>					



Customer Experience Measures					
20. Percentage of respondents experiencing a domestic fire satisfied with the service received					2024/25 Target: 100%
	Q1	Q2	Q3	Q4	Year to Q2
Previous Year (2023/24)	100%	100%	100%	No returns	100%
Target	100%	100%	100%	100%	100%
2024/25 Actual	100% ↔	100% ↔			100% ↔
21. Percentage of respondents experiencing a commercial fire satisfied with the service received					2024/25 Target: 95%
	Q1	Q2	Q3	Q4	Year to Q2
Previous Year (2023/24)	100%	100%	100%	No returns	100%
Target	95%	95%	95%	95%	95%
2024/25 Actual	100% ↔	100% ↔			100% ↔
22. Percentage of respondents satisfied with the Fire Safety Audit service they received					2024/25 Target: 90%
	Q1	Q2	Q3	Q4	Year to Q2
Previous Year (2023/24)	100%	90.9%	100%	100%	94.7%
Target	90%	90%	90%	90%	90%
2024/25 Actual	100% ↔	*			100% ↔
*The Fire Safety Audit surveys are now conducted via a QR code and an online form					
23. Percentage of respondents satisfied with the Safe and Well service received					2024/25 Target: 100%
	Q1	Q2	Q3	Q4	Year to Q2
Previous Year (2023/24)	100%	100%	98.8%	100%	100%
Target	100%	100%	100%	100%	100%
2024/25 Actual	100% ↔	100% ↔			100% ↔
Response rates to all our surveys remain low. A review of the information required and process for obtaining it is planned for later this year.					
24. Number of complaints received					2024/25 Target: Monitor
	Q1	Q2	Q3	Q4	Year to Q2
Previous Year (2023/24)	7	6	6	2	13
Target	-	-	-	-	-
2024/25 Actual	1 ↑	6 ↔			7 ↑
In Q2, the service received 6 complaints, categorised as: <ul style="list-style-type: none"> • x4 Customer Service • x2 Behaviour 					



25. Number of compliments received				2024/25 Target: Monitor	
	Q1	Q2	Q3	Q4	Year to Q2
Previous Year (2023/24)	4	4	5	8	8
Target	-	-	-	-	-
2024/25 Actual	7 ↑	12 ↑			19 ↑

Compliment to Safe and Well Technicians:

- x2 following home safety visits.

Compliment to crew (s):

- x1 for attending when a smoke alarm was sounding
- x1 from a member of the public after being rescued from their car following an RTC
- x4 following response to attending fires
- x1 completing Safe and Well visit
- x2 following attendance at community events

Other Compliment:

- x1 from an attendee of the Cadets' Graduation Ceremony.



Quadrant Two – Corporate Health

Addressing sickness absence

Total days lost to sickness in are significantly higher than the same periods last year:

- 552 days increased in total from Q1 2023/24 to Q1 2024/25.
- 557 days increased in total from Q2 2023/24 to Q2 2024/25.

The target for corporate measure 'percentage of working time lost to sickness across all staff groups' is 5%. Q1 and Q2 2024/25 performance was 5.4% and 6.6% respectively.

One of the main drivers is that mental health absence has increased significantly year on year and for the first time in Q1 2024/25 mental health absence accounted for over 50% of total absence.

The COVID pandemic and legacy, cost of living crisis and ongoing conflict in Europe and the Middle East have created a state of 'permacrisis' and higher rates of mental health absence are being observed nationally. Length of absence is further compounded by long NHS waiting times for treatment.

Through interrogation of the data emerging trends around mental health absence are:

- Employee relations cases (disciplines and complaints) are accounting for an increasing proportion of the days lost – 25% in Q2 2024/25.
- Increasing absence amongst specific staff groups.

To address this, several initiatives are being explored by HR:

- Upgrading our employee assistance programme (EAP) package. All staff will be able to access 12 counselling sessions (increased from six) per issue, per year, promoting a longer therapeutic journey to address issues. It should minimise costs currently being incurred on additional sessions, to be available from 1 December 2024.
- Targeting interventions such as professional supervision to high-risk roles. This preventative approach aims to maintain resilience and reduce absence by addressing issues early - allowing the individual space to explore any issues (professional or personal) that may be affecting their wellbeing. A trial is to commence late Q3/early Q4.
- Speeding up access to Occupational Health (OH) advice, through the trial of the EAP providers day one absence intervention. Sitting outside normal OH arrangements, this early contact ensures appropriate advice and signposting to promote recovery. This is being considered on a case-by-case basis.



Revenue Budget Update – Q2 2024/25

The 2024/25 Revenue Budget agreed by Members in February 2024 was set at £45.964m. The budget was set with no addition to or need to draw on the Budget Contingency Reserve.

The forecast revenue outturn for 2024/25 is detailed in the **Budget Update - Revenue Position** on page 20 and shows an anticipated surplus of £26,000, compared to the original budget.

Variances against individual revenue lines are explained below.

Employee costs

- The Grey book staff reached a pay settlement from 1 July 2024 of 4%. This was against a budget rate of 3.75% - at an additional cost of £39,000. The budget was set with the crewing model that included a buffer of an additional ten firefighters.
- Station staff salary costs paid has been less than budgeted for the period, even with the 17 new recruits that joined in February (who went to stations in May), due to the number of leavers and retirements.
- The 18 new recruits taken on in July will join stations in November – at which point stations will be at establishment (including the crewing buffer of 10 additional firefighters budgeted).
- The proportion of firefighters in development is higher than in the budget. Overall, there is a forecast net cost savings on station salaries of around £419,000.
- The overtime budget was set at a lower level, in anticipation that the implementation of Priority Project 6 (of CRMP) and the additional ten firefighter buffer would help lead to reduced overtime.
- Due to the delay in the implementation of Priority 6, the time taken to recruit additional firefighters and pressure on the overtime budget to cover sickness, firefighters on light duties and additional overtime for training, the overtime forecast is showing at £586,000 over budget for the year.
- On-call stations are currently showing a net negative variance across the county, with a net variance of £125,000, with Lambourn being £50,000 of this amount.
- The Green book pay award has been finalised at an average of 3.38% against the forecast of 3.75%, an estimated saving against the budget of £33,000. This is more than offset by higher officer overtime, including covering sickness, resulting in a resulting in a net forecast overspend of £50,000.



Utilities:

Reductions in utility prices are anticipated to save around £41,000 against the original budget.

Occupational Health:

Costs are forecast to be £46,000 higher than budgeted due to cost increases, additional number of wholetime staff with additional medicals, increased numbers of referrals – particularly of complex cases needing Physician rather than Adviser appointments. Referrals for mental health cases have also risen.

Contracts:

Internal and External audit cost are forecast to be a total of £22,000 higher than budgeted.

Pension costs:

£34,000 higher due to additional Injury award costs.

Grants:

The Pension Grant to cover additional pension costs has come in £87,000 higher than budgeted.

Interest receivable:

We have been able to increase our investments and also the higher than budgeted interest rates have been to the advantage of the Authority, with current and anticipated interest from money on deposit forecast to yield around £270,000 more revenue than originally budgeted.



Budget Update - Revenue Position Q2 2024/25

	Annual Budget	Q1 & Q2 Outturn	Forecast to YE	Fcast - Budget Variance
	£'000	£'000	£'000	£'000
EMPLOYEES				
STATIONS	20,743	10,173	20,824	81
NON-STATIONS	14,518	7,024	14,518	50
TRAINING	711	286	720	9
OTHER	306	167	309	3
	36,278	17,650	36,421	143
PREMISES				
REPAIRS & MAINTENANCE	950	438	952	2
RATES	968	566	968	0
CLEANING	294	123	295	1
UTILITIES	787	311	746	(41)
	2,999	1,438	2,961	(38)
SUPPLIES				
INSURANCE	437	257	437	0
EQUIPMENT	510	218	525	15
IS EQUIPMENT & LICENCES	964	512	982	18
CLOTHING/PPE	373	169	385	12
COMMUNICATIONS	913	419	932	19
OCCUPATIONAL HEALTH	268	143	314	46
PRINT/STATIONERY/PUBLICATIONS/SUBSCRIPTIONS	142	93	161	19
COMMUNITY FIRE SAFETY SUPPLIES	124	60	124	0
SUPPLIES OTHER	232	106	243	11
	3,963	1,977	4,103	140
CONTRACTS				
CONTRIBUTION TO TVFCS	1,063	523	1,051	(12)
LEGAL	50	8	50	0
OTHER CONTRACTS (incl. Professional fees)	1046	485	1,079	33
	2,159	1,016	2,180	21
TRANSPORT				
VEHICLE RUNNING COSTS	806	448	825	19
TRAVEL	232	123	224	12
	1,038	571	1,069	31



PENSIONS				
PENSIONS	518	271	552	34
	518	271	552	34
INCOME				
GRANTS	(1,658)	(1,492)	(1,751)	(93)
RENTAL INCOME	(239)	(140)	(220)	19
TVFCS RECHARGE INCOME	(429)	(215)	(429)	0
INCOME OTHER	(544)	(85)	(550)	(6)
	(2,870)	(1,932)	(2,950)	(80)
NET COST OF SERVICES				
	44,085	20,991	44,336	251
DEBT CHARGES INTEREST	333	127	333	0
INVESTMENT INTEREST	(467)	(270)	(737)	(270)
REVENUE FUNDING OF CAPITAL	1,956	0	1,956	0
APPROPRIATION TO/(FROM) RESERVES	(493)	0	(493)	0
FINANCING COSTS	550	0	550	0
NET EXPENDITURE				
	45,964	20,848	45,945	(19)
GOV GRANTS/PRECEPTS	(45,964)	(27,322)	(45,971)	(7)
(SURPLUS)/DEFICIT BEFORE USE OF RESERVES				
	0	(6,474)	(26)	(26)



Equality, Diversity and Inclusion Objectives Progress Update

	End 23/24		Q1	Q2	Q3	Q4
<p>Objective: Increasing the diversity of staff at all levels</p> <p>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.</p>	G		G	G		
<p>Following the launch of the People Strategy in April 2024 with a specific objective towards increasing the diversity of operational staff by 100%.</p> <p>Q2 saw the third - and final - year of the Summer Internship Scheme. Five interns from ethnic groups currently underrepresented in the service joined teams for five weeks, in departments across the service and on stations, including time spent with prevention and protection. Hailed another successful year for the scheme, all the interns stated their interest in a career with RBFRS in future.</p> <p>Discover a Career as a Firefighter sessions continued throughout Q2 with Wholetime recruitment opening early in July. As with the first round of 'Discover a Career as a Firefighter' sessions, an evaluation will be completed tracking individuals who attended the sessions through to recruitment, to monitor their successes and identify place for further improvement. Currently, from apprentices who joined the Service in July, 4 of the successful applicants had attended DCF sessions. Diversity of the 17 new apprentices was low with one female and one individual from an ethnic minority group.</p> <p>The group exercise activity for Wholetime firefighters was reviewed and a new activity developed to better simulate tasks they would complete in their role and to better identify negative behaviours to ensure we are getting the best candidates. In addition, interview questions were reviewed with a specific question focusing on being a role model for the Service.</p>						
<p>Objective: Leadership and corporate commitment</p> <p>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.</p>	G		G	G		
<p>RBFRS has employed an organisational specialist on a fixed term basis to support the Service in reviewing its Core Behaviours and Values and to ensure the Behavioural Competency Framework is a useful and informative document for all staff.</p> <p>Following the launch of the People Strategy in April 2024 with a specific objective towards increasing the diversity of operational staff by 100% the baseline data and rationale was set.</p>						



Six members of staff including the Chief Fire Officer and Green and Grey Book staff attended the NFCCs Culture and Inclusion Conference in July, returning with tools to better support RBFRS to tackle inequality and improve its workplace culture.

The EDI for Leaders' package was extensively reviewed and relaunched to all managers Grade 5 and above and Crew managers and above to further improve their understanding of EDI and their responsibilities as leaders.

Our EDI Action Plan that takes us until the end of the 2025/26 financial year has been signed off and workstreams are underway to ensure we continue to strive and met our EDI objectives.

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.

G	G	G		
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This year has seen a big uplift in community engagement activity particularly from operational crews. More proactive identification of community groups is happening across the county with particular attention to those that typically don't access our services and are most vulnerable.

Throughout August, whilst there was civil unrest across the UK our crews visited local places of worship and asylum hotels to ensure communities felt safe, to provide them with Fire Safety advice and advice to prevent fire being used as a weapon. This activity supported our Prevention work and built on our relationships in these community groups.

Off the back of these visits, crews from Bracknell, Langley, Newbury and Slough were all invited to attend their local Raksha Bhandari celebrations with the Hindu community. Here they could share their respect and provide further important information on our Prevention activities, contributing towards building a long-term rapport with the group. Our attendance at these events has since been recognised in the global Sangh Mail newsletter.

RBFRS attended Reading Pride once again and for the first time the parade had vehicles with the fire engine leading the parade which provided high visibility for the Service. At the event, individuals came to speak to representatives from the Service about careers as well as fire safety and could also learn how to throw lines and other water safety actions. RBFRS attended Bracknell, Wokingham and Newbury Pride events throughout July to engage with the LGBTQ+ community.

Q2 has been an excellent quarter for community engagement across the country. Events attended included with the Hong Kong community in both Reading and Bracknell where information about our internship and careers opportunities were shared. Crews attended the Kenyans Family Fun Day, Afrofest, local women's rugby team training, school visits, Beaver and Scout visits and more.



<p>Objective: Building on our inclusive culture</p> <p>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.</p>	G	G	G		
<p>In July the Service sent 5 employees including both Green and Grey Book staff from across the organisation to the AFSA Summer Conference. This focused on 'Aspiring to be Outstanding' and on workplace culture in Fire and Rescue Services.</p> <p>Pilot EDI and Cultural Awareness Training was rolled out and will continue to all employees across the Service. This course is a full day and provides an understanding of EDI, improved cultural awareness and action planning surrounding EDI.</p> <p>Webinars and learning opportunities were opened to staff throughout Q2 including a Lunch and Learn session held in July, hosted by the Business Disability Forum to celebrate Disability Pride month. This provided a deepened understanding of Disability and ability and how to support colleagues with adjustments.</p> <p>Q2 saw the setup of RBFRS newest staff Network: 'The Neurodiversity Network'. Organised by staff members this aims to provide a space where colleagues who are neurodivergent can come together in a supportive environment. It may also identify how the service can better support neurodivergent staff and members of the community. The group will meet monthly in its early stages.</p> <p>We continue to complete actions that have been identified on the Neurodiversity Action Plan to continue building upon our inclusive culture.</p> <p>The 'Work with Me' formally rolled out in June following a review and with the production of guidance. This employee led document aims to provide an individual with a work environment that will allow them to work to their full potential without barriers.</p> <p>Work on our stations continued in provisions for all stations to have separate male and female sleeping, washing and sanitary areas and - where possible - individual occupancy and gender-neutral options.</p>					

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



Corporate Health Data Summary

Human Resources and Learning & Development

26. Percentage of working time lost to sickness across all staff groups						2024/25 Target: 5% max
	Q1	Q2	Q3	Q4	Year to Q2	
Previous Year (2023/24)	4.0%	4.8%	6.9%	6.3%	4.4%	
Target	5.0%	5.0%	5.0%	5.0%	5.0%	
2024/25 Actual	5.4% ↓	6.6% ↓			5.9% ↓	

The levels of days and percentage of working time lost to sickness has increased and sickness days lost increased for both Control and Wholetime in comparison to the Q2 2023/24.

The top three reasons for sickness absence this quarter were Mental Health, MSK and Gastro.

- Wholetime Mental Health has increased by 46% this quarter (79% higher than Q2 2023/24).
- Musculoskeletal (MSK) sickness days lost increased by 54% this quarter (18% of total sickness).
- Gastro increased by 8% (18% of total sickness).

All absences increased this quarter apart from Respiratory.

Reasons will fluctuate quarter on quarter and are impacted by seasonal factors.

Cause	Q2 2024/25		Q1 2024/25		Q2 2023/24	
	Days Lost	Occurrences	Days Lost	Occurrences	Days Lost	Occurrences
Gastro	112	32	103	31	109	38
Mental Health	1003	41	779	27	336	19
Musculo Skeletal	342	37	156	24	487	46
Respiratory	118	27	172	37	144	43
Other Combined	336	51	302	46	278	42
Total Days Lost	1911	188	1512	165	1354	188

Health Partners (Occupational Health) benchmarking data for 12 months to end-September 2024:

- 27% of RBFRS cases related to MSK issues.
This compares to 29% for their emergency services clients and 26% across their client base.
- 41% of RBFRS cases related to mental health issues.
This compares to 32% for their emergency services clients and 32% across their client base.

Both RBFRS and emergency services clients showed a reduction in MSK cases for the same period last year, consistent with the decrease in days lost compared to Q2 last year.

The gap between RBFRS and other emergency services clients and the client base is widening. This may reflect the number of mental health absences linked to employee relations cases.



Sickness by Contract Type

In Q2, sickness levels increased across Wholetime, Green Book and On-Call saw sickness increase: WT by 30%, Green Book by 15% and On-Call by 22%. Control saw a decrease of 38%.

- Wholetime absence increased from 841 days to 1204 days this quarter due to MSK, Mental Health, and Gastro increasing. Mental Health increased by 46% in Q2 and is 79% higher than Q2 2023/24. Every quarter for the past year reflected increase. 28 individual cases were reported for wholetime mental health absence alone, equating to 68% of all mental health episodes (41 across all staff groups). This is the highest number of days reported.
- On-Call increased but is lower than Q2 2023/24. This is due to a long-term absence last year that equated to 99 days. More short-term absences occurred across various sickness absence types. Q2 saw sickness days lost to 3 categories MSK, Mental Health and Gastro. Mental Health reduced whereas MSK and Gastro absence increased this quarter.
- Green Book sickness due to MSK, Respiratory, Virus and Headaches increased this quarter but were slightly lower than the Q2 2023/24 when Mental Health, MSK, Respiratory and Gastro were high. Days lost to Mental Health decreased when compared to Q1.
- Control proved higher than Q2 2023/24. Mental Health reduced this quarter whereas Gastro and Respiratory increased and proved higher than the same period last year.

Mental Health

Mental Health sickness days lost has increased again this quarter, equating to 52% of the total days lost to sickness through Q1-Q2. This is the highest we have seen mental health absence.

Analysis reveals:

- The percentage of days lost to mental health absence is 22% higher than last quarter and is 67% higher than this time last year.
- Mental health absence in Q2 included work-related stress, other forms of mental health and non-work-related stress, with long and short-term cases and the number of episodes increasing.
- Wholetime days lost increased this quarter; Control, Green Book and On-Call reduced.

During Q2, ongoing delivery of Mental Health Awareness (part 2) training - 456 staff received training to date, was undertaken against the mental health action plan. A date has been set for a Mental Health First Aid training refresher course.

Two requests for Trauma Support sessions were received in Q2 - both cancelled by request of the station.

From Q3, HR will continue to explore additional targeted initiatives to address mental health absence across all staff groups.



Musculoskeletal (MSK) Sickness

Musculoskeletal (MSK) sickness days increased this quarter. Consistent with other Fire and rescue Services, MSK absence remains one of the top three highest causes of sickness absence.

Analysis reveals:

- As per Q1, for Q2, the top three MSK absence reasons are shoulder, lower limb and back.
- MSK absence is lower compared to Q2 2023/24 but has increased from Q1 2024/25.
- Long term MSK sickness cases totalled seven. Six individuals have returned to work.

Respiratory

A decrease in Respiratory sickness again this quarter in terms of both episodes and days lost.

HR Support

Quarterly meetings continue to be undertaken with Hub Managers and TVFCS management to review and provide support to managers addressing short and long-term sickness levels and light duties.

HR continues to provide support and assistance to managers in terms of management of sickness cases and to discuss and input into return-to-work plans, stress risk assessments and where appropriate offering welfare Face to face meetings including visits to stations have also continued, to support with particularly challenging cases.

Quarterly sickness audits are also undertaken to identify poorly managed absences. Improvements continue to be noticed in terms of paperwork on PRF's, informal discussions being held and captured on the Return to work (RTW) form.



Human Resources and Learning & Development

27. Percentage of eligible staff with Personal Development Appraisals		2024/25 Target: 100%			
	Q1	Q2	Q3	Q4	Year to Q2
Previous Year (2023/24)	62.5%	86.0%	92.0%	94.0%	86.0%
Target	100%	100%	100%	100%	100%
2024/25 Actual	32.0% ↓	76.0% ↓			76.0% ↓

At Q2 563 staff were eligible to have received a Personal Development Review (PDR) meeting between April and July 2024. Dual contract employees only require one PDR and are counted once.

84 employees were exempt for the following reasons:

- new starters
- absence from the workplace

The percentage of eligible staff receiving a PDR meeting this quarter is 76% (429 staff). This is a decrease from Q2 2023/24 (86%). The deadline for completion of PDR meetings was July 2024. 426 completed PDR forms have been returned to HR.

Managers have access to reports to monitor performance locally. HR contact Managers regularly to ensure accuracy in recording meetings and return of paperwork.

28. Number of formal grievances		2024/25 Target: Monitor			
	Q1	Q2	Q3	Q4	Year to Q2
Previous Year (2023/24)	2	3	4	8	5
Target (max)	-	-	-	-	-
2043/25 Actual	5 ↓	11 ↓			16 ↓

*Q1 corrected from 6 to 5

During Q2 11 formal complaints were raised. A 6 monthly update report analysing the effectiveness of grievance and disciplines will be presented to Audit and Governance in Q3. No specific trends for the increase in complaints could be identified. A Discipline and Grievance action plan continues to be monitored and updated in line with national recommendations.

Health and Safety

29. Number of RIDDOR accidents and diseases		2024/25 Target: 4 max			
	Q1	Q2	Q3	Q4	Year to Q2
Previous Year (23/24)	1	0	1	1	1
Target (max)	1	1	1	1	1
2024/25 Actual	0 ↑	0 ↔			0 ↑

Source: Data supplied by Health & Safety



Finance and Procurement

30. Percentage of spend subject to competition						2024/25 Target: 85%
	Q1	Q2	Q3	Q4	Year to Q2	
Previous Year (2023/24)	80.5%	85.1%	91.6%	87.6%	82.8%	
Target	85%	85%	85%	85%	85%	
2024/25 Actual	89.9% ↑	91.3% ↑			90.6% ↑	

Competition was above the required target of 85% for Q2 with waivers including:

- **ADT Fire and Security Plc** – closed protocol fire alarm in HQ and changing supplier will need to replace the whole smoke alarm system costing authority additional cost. Waiver done to stay with the current provider as they have the IP on the system.
- **Concept Engineering** – purchase of smoke system for firehouse training facility which need specialist equipment with experienced and capable supplier who can install this equipment on the fire house building.
- **First Product** – supply of bespoke bags to store equipment and other items in appliances.
- **RedboxVR Ltd** – purchase of VR for Safe and Well as the service required could only be provided by RedboxVR
- **Ubiquis UK Ltd** – purchase of legal service for HR case work.

31. Compliant spend as a percentage of overall spend						2024/25 Target: 100%
	Q1	Q2	Q3	Q4	Year to Q2	
Previous Year (2023/24)	98.8%	100%	100%	100%	99.9%	
Target	100%	100%	100%	100%	100%	
2024/25 Actual	100% ↑	100% ↑			100% ↑	

Compliant spend met the required target of 100% in Q2.

Freedom of Information

32. Number of Information Commissioner assessments finding that the Service has breached Information Rights Legislation*						2024/25 Target: 0
	Q1	Q2	Q3	Q4	Year to Q2	
Previous Year (2023/24)	0	0	0	0	0	
Target	0	0	0	0	0	
2024/25 Actual	0 ↔	0 ↔			0 ↔	

*Freedom of Information Act, Environmental Regulations or Data Protection Legislation



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 to assess progress against the projects and objectives set in our 2024-25 Annual Plan are included under this section for:

- Community Risk Management Plan (CRMP)
- RBFRS Development Programme: People Strategy Reporting
- Strategic Asset Investment Framework (SAIF)



Community Risk Management Plan (CRMP)

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

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

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.						
	End 23/24		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.	G		G	G		
We will develop our water rescue capability to respond to the impact of climate change.	G		G	G		
We will develop our wildfire capability to respond to the impact of climate change.	R		G	A		
As society adapts, through increased use of alternative and renewable energy systems in vehicles, homes and businesses, we must adapt what we do to mitigate the risk. The hazards we manage are changing and we must keep pace with these changes. We will develop our prevention activities and response model to reduce the impact of incidents from alternative fuel sources, both to the Service and the people of Berkshire.	G		G	A		
Priority 2: We will develop a Risk Based Prevention Programme to target those most vulnerable and at risk from emergency incidents						
	End 23/24		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*	NS*		
We will continue to work with our partner agencies to ensure high quality referrals for the most vulnerable.	G		G	G		
Data and local knowledge in prevention	G		G	G		
*Changed to NS from a previous amber due to the conscious decision to manage workloads and prioritise activity.						



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						
	End 23/24		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		
Undertake a review of the utilisation and resilience of our Flexi Duty Officer arrangements.	R		A	A		
<p>A review has been completed and will now form part of Priority 3 workstream</p> <p>A draft review of Level 2 and Level 3 command has been produced for the project sponsor. This report is under consideration, and it is likely further work linked to Priority 3 will need to be undertaken. Timing for delivery will now coincide with Priority 3. It is noted that in the interim, RBFRS has increased the flexi duty officer establishment to mitigate capacity issues identified.</p>						
Special appliances review			NS	NS		
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						
	End 23/24		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.	G		A	G		
Priority 5: We will develop our Service to reduce the impact of fire safety issues in commercial buildings.						
	End 23/24		Q1	Q2	Q3	Q4
We will evaluate our new Risk-Based Inspection Programme to ensure we are targeting the premises with the greatest risk	G		G	G		
We will evaluate the changes we have made to our call challenge policy and review our response	G		G	G		
Sprinklers			G	G		
Building Safety Regulator			G	G		
New Ways of working			NS	NS		



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

	End 23/24		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		G	G		



RBFRS Development Programme: People Strategy Reporting

The Development Programme contains five key pillars of work for places, processes and systems, comms and engagement and governance & assurance and People. Reporting for four of these primarily take place in other areas with this update focused on the People pillar. The People Strategy was published in April 2024. Work is ongoing to structure and shape the delivery plan and the below represents an initial progress review on associated activities. Commentary will pick out items of note.

Objective 1: We are one team and we all contribute to the delivery of our services to the public, all staff should feel safe to come to work and maintaining public trust and confidence is essential. How we work together is important. We will maintain our zero tolerance to harassment, bullying and we extend that to include victimization. We will increase ways to make staff feel safe and provide tools and support to help staff to speak out. We will review and further embed the use of behavioral competencies making it easier to understand and more widely use					
		Q1	Q2	Q3	Q4
Effective grievance and discipline action plan (incs Misconduct recommendations)		G	G		
DBS Checks implementation		C			
Performance management review (capability)		G	G		
Values and culture recommendations		G	G		
Listening exercise (Intersol action plan)		G	C		
Behavioral competency framework review		NS	NS		
Objective 2: We will seek to attract and retain a professional, talented and diverse workforce. We will work with employees and representative bodies to make our workplaces inclusive for all, ensuring we balance needs of the individual with managing risk to the community.					
		Q1	Q2	Q3	Q4
Leavers project		C			
Neuro inclusion action plan (EDI objective reporting)		G	G		
Disability work with me (EDI objective reporting)		G	G		
Recruitment and retention workstream		G	G		
Succession Planning		G	G		
Direct entry		NS	NS		



Objective 3: We will increase the diversity of our operational workforce by 100% in the next three years to better reflect the communities we serve. We recognize that diversity is not just related to gender and ethnicity, we want to improve diversity of thought and experience ensuring we are an inclusive employer for all. This will help improve equality of access to services for all our communities.

	Q1	Q2	Q3	Q4
Culture dashboard development	NS	NS		
EDI Objective Action Plan (reported in SPB separately)				
Summer internship – evaluation and future plans	G	C		
Equality of access	G	A		
Positive action work (In EDI objective action plan reporting)				
EDI data	G	G		

Equality of Access: This is part of the EDI action plan and activities needed to deliver against this work are being considered.

Objective 4: We will empower our staff to develop, grow and understand their role in the organization. We will recognize good performance, and effectively manage poor performance. We will create pathways for career progression for all staff groups and develop tools to manage talent.

	Q1	Q2	Q3	Q4
Talent Management	G	G		
Coaching and Mentoring	G	G		
DAPS creation and reviews	G	G		
Promotions Review	G	G		
PDR improvements (inc embedding 360 feedback and link to BCF)	G	G		
Reward (recognising performance)	NS	NS		

Objective 5: We recognize the value of the on-call duty system. We will ensure our process and procedures support the attraction and retention of staff, which will enable us to better manage risk across Berkshire

	Q1	Q2	Q3	Q4
On-call working group action plan development	NS	NS		
Firewatch app (monitored via Productivity Board)	G	R		
On-Call development programme review	NS	NS		
Pay and reward (managed as BAU)	NS	NS		

Firewatch 7.8: Project go-live in September unachievable, due to ongoing issues identified through testing and time required to resolve. New go-live to be confirmed.



Objective 6: We will continue to invest in leadership across the organization. We will increase opportunities to bring together leaders from across the service to close the gaps and improve levels of trust. We will share leadership experience and learning wisely inside and outside the sector.

	Q1	Q2	Q3	Q4
Service engagement (via leadership forums and Staff Engagement Group)	G	G		
Leading the Service Fire Standard action plan	G	G		
Leading and developing people fire standard action plan	G	G		
Leadership Development training Review	G	G		
Staff survey actions (monitored via SPB)				

Objective 7: Developing and maintaining skills and knowledge across our operational workforce is a priority. We will increase the variety of training delivery methods available to make it easier to access resources. We will improve tracking tools for learners and increase capacity to provide greater assurance that learning objectives are being met.

	Q1	Q2	Q3	Q4
OTP Review	A	A		
Staff Development System – future implementation (existing delivery managed via Productivity Board)		G		
Operational competency fire standard action plan	G	G		
Workforce planning task and finish group and associated action plan (AFI)	G	G		

Objective 8: Health, Safety and Wellbeing remain a priority for us. We will work with staff, representative bodies and experts, to implement our new Safety, Health and Wellbeing Strategy to deliver safe and healthy people, places and processes.

	Q1	Q2	Q3	Q4
Health, Safety and Wellbeing Action Plan (reported at SPB via HSW action plan)				
Mental health training (reported at SPB via HSW action plan)				
Contaminants (improvements managed via Estates programme)	G	G		
Trauma Support Review	G	G		
Strength Testing pilot	G	G		
Development of HSW dashboard	G	G		
Sickness Working Group action plan	G	G		



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, training centre and HQ, fleet and equipment, and our ICT systems. All together, they represent a major capital investment programme.

Buildings						
		Status				
		End 23/24	Q1	Q2	Q3	Q4
Estates Development	On Track	G	G	G		
	On Budget	G	G	G		
Training Centre	On Track	G	G	G		
	On Budget	G	G	G		
Slough	On Track	G	G	C		
	On Budget	G	G	C		
Langley	On Track	NS	A	A		
	On Budget	NS	A	A		
P1 Heat Decarbonisation	On Track	A	G	G		
	On Budget	R	R	R		
EDI Station Improvements	On Track	A	G	G		
	On Budget	G	G	G		
Contaminants Estate Development	On Track	G	G	C		
	On Budget	G	G	C		
Service House Refurbishment	On Track	G	G	G		
	On Budget	G	G	G		
LED Priority 2	On Track	G	G	G		
	On Budget	G	G	G		



Fleet and Equipment						
		Status				
		End 23/24	Q1	Q2	Q3	Q4
Fleet: Appliances	On Track	G	A	A		
	On Budget	G	A	A		
Fleet: Special Appliances	On Track	G	G	C		
	On Budget	G	G	C		
Fleet: Other Ancillary Vehicles	On Track	G	G	G		
	On Budget	G	G	G		
Equipment	On Track	G	G	G		
	On Budget	G	G	G		

ICT						
		Status				
		End 23/24	Q1	Q2	Q3	Q4
Hardware	On Track	A	G	G		
	On Budget	G	G	G		
Software	On Track	G	G	A		
	On Budget	G	G	A		
Networks	On Track	R	A	R		
	On Budget	R	A	G		
Services	On Track	G	G	G		
	On Budget	G	G	A		
ESMCP	On Track	R	R	R		
	On Budget	R	R	R		



Quadrant Four – Assurance

Corporate 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.

Quarterly Risks as of September 2024

This section includes:

- Strategic Risks
- Service Plan Risks
- Project Risks

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.

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



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



Risk ID	Risk Short Name	Risk Description	Inherent Score	Current Score	Treated Score
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



Risk ID	Risk Short Name	Risk Description	Inherent Score	Current Score	Treated Score
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	17	10
842	Volatility of operational staff numbers	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.	25	23	15
843	Proportion of operational staff in development	If PP&R staff turnover increases, which may become more likely with changes in pension rules and recruitment of other services, then we can expect to have a greater number of new members of staff who will be in development being recruited to replace experienced leavers, which may affect our ability to meet our strategic commitment to ensure a swift and effective response when called to emergencies and impact corporate memory.	25	23	15



Risk ID	Risk Short Name	Risk Description	Inherent Score	Current Score	Treated Score
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	23	13
891	FDO numbers, skills & knowledge	If we do not maintain the necessary numbers, skills and knowledge requirements of Flexi Duty Officers personnel, which requires constant attention with our lean operating model, we may see adverse impacts on the provision of incident command and specialist capability, which could significantly impact community safety, firefighter safety and our organizational reputation.	23	21	12



Risk ID	Risk Short Name	Risk Description	Inherent Score	Current Score	Treated Score
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	13	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	18	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



Risk ID	Risk Short Name	Risk Description	Inherent Score	Current Score	Treated Score
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 RBFPS 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 therefore 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	17	13



Risk ID	Risk Short Name	Risk Description	Inherent Score	Current Score	Treated Score
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 ability 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 industrial 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 organisational 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



Risk ID	Risk Short Name	Risk Description	Inherent Score	Current Score	Treated Score
767	TVFCS staffing resilience	If we do fail to develop and implement resilient TVFCS staffing arrangements, which is becoming likely due to the impacts of crewing deficiencies on managerial capacity, then we can expect to experience impacts on service delivery in the control room and the health and wellbeing of our staff, which is significant in respect of FRS delivering their statutory duties.	18	18	12
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 require 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	21	12



Risk ID	Risk Short Name	Risk Description	Inherent Score	Current Score	Treated Score
909	Fire Investigation	If we are unable to effectively investigate Tier 2 Accidental and Deliberate fires within RBFRS and support a multi-service approach to ISO 17020 accreditation, which is possible due to a lack of internal capability and reliance on a 1 month notice period contract with West Midlands FRS for all accidental Tier 2 fire investigations, then we can expect to encounter issues in supporting Criminal Prosecutions as well as Inquests, Safety boards and other Prevention activities which is significant in respect of public safety and the reputation of RBFRS	21	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	21	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



Risk ID	Risk Short Name	Risk Description	Inherent Score	Current Score	Treated Score
933	Fires in tall buildings	If we do not deliver and train for appropriate interventions for Fires in Tall Buildings, which is likely 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 respect of delivering our statutory duties and managing our reputation.	21	18	12
938	Resilient communication technology	If we fail to design and maintain resilient communication technology as a result of changes within the communications and digital industry and service demand, we can expect disruption to operations and delivery of our statutory duties, which could significantly impact our ability to deliver our core service.	24	24	15
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



Risk ID	Risk Short Name	Risk Description	Inherent Score	Current Score	Treated Score
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
954	Addressbase Data and Process	If we cannot rely on the accuracy of Addressbase data, which could become likely given existing variances in the accuracy, consistency and maintenance approach to this data, this could leave gaps in our approach to managing risks to the communities we serve, which could in turn result in a failure to meet our statutory duties towards our communities and our staff, as well as prevent us from being able to deliver on our CRMP commitments.	24	22	19
955	IBIS/Community Risk Management Risk	If we continue relying on the in-house community risk management solution (currently IBIS), which is likely in the short term given the amount of resource necessary and time needed to replace this, there is a risk that the solution fails, support resource becomes unavailable, information is poorly entered or missed, all of which would be significant in respect of our protection and prevention duties, staff safety and wellbeing, as well as our productivity and efficiency commitments.	22	22	1



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.

Audit title and date	Audit Action	Date due (revised where applicable)	Priority	Status
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
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. 14/08/24 40 have completed since Jan 2024 with 8 of those in Q1.				
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	C
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	C
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
Progress: A new review of PPMs processes are currently in discussion for easy access to obtain information. PPMs are on the portals of our contractors that can be pulled into a report. Ongoing work for smaller contractors is ongoing.				
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
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. This can now be closed, Weekly reports are obtained and updated on FireWatch.				



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
Progress: Superseded by wider sustainability strategy development work which aims to ensure a holistic approach is taken by the Service rather than just the FM dept. Draft strategy presented to SLT, plan to get it endorsed at the Management Committee on 8/10.				
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
Progress: RDP have reviewed the list of those that are required to carry out the training and the LMS package and will shortly be sending out a reminder and will monitor quarterly.				
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
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.	30/08/24	Medium	A
Progress: This work has been delayed by the departure of the SM CRMP to another service. Work has commenced on assessing the impact to People, Place, Environment, Economy. This will support the development of the scoring matrix for each risk.				
GDPR 11/01/2024	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.	31/03/2024	High	A
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 11/01/2024	2024: GDPR: 2a The Contracts Register will be updated.	31/03/2024	High	C
Progress: Revised contract register has been produced accordingly and reviewed; publication is complete.				
GDPR 11/01/2024	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.	31/03/2024	High	C
Progress: The Standard Terms of Business have been updated, reviewed with Procurement and Information Governance and published accordingly.				



GDPR 11/01/2024	2024: GDPR: 3 Relevant policies and procedures will be updated with respect to password management.	31/12/2024	Low	C
Progress: All are referenced in the following policies: 'Password Policy' - 'Firewall Policy' - 'Social Media Policy' - 'Anti Virus Policy'.				
GDPR 11/01/2024	2024: GDPR: 4a The Records Retention Policy and Document Management Policy and Procedure will be updated.	31/12/2024	Low	G
Progress: On track				
GDPR 11/01/2024	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.	30/06/2024	Medium	R
Progress: Due to unforeseen staffing issues, the progress of this item has been delayed. Aiming to complete by August.				
GDPR 11/01/2024	2024: GDPR: 6 Formal responsibility will be assigned to a forum for oversight and review of GDPR compliance across the organisation.	30/03/2024	Medium	C
Progress: We have agreed the information that needs to be tracked, agreed with our SIRO that numbers and eventually trending can be added to SPB report, in a GDPR Compliance Update. The details have been compiled by our DPO and sent in for the Q1 SPB Update.				
GDPR 11/01/2024	2024: GDPR: 7 The Data Protection Policy will be updated.	31/03/2024	Low	G
Progress: On track.				
GDPR 11/01/2024	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	30/06/2024	Medium	A
Progress: Due to unforeseen staffing issues, the progress of this item has been delayed. Aiming to complete by August.				
GDPR 11/01/2024	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.	30/06/2024	Medium	C
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 11/01/2024	2024: GDPR: 9b The Subject Access Requests and Data Subject Requests Log will be updated to cover the areas identified in the audit findings.	31/03/2024	Low	C
Progress: Completed for the start of this financial year.				



GDPR 11/01/2024	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.	30/06/2024	Medium	G
Progress: IG determine the lawful basis and we have documented internally what we use. Policy states to engage to engage with IG.				
GDPR 11/01/2024	2024: GDPR: 10b The consent management policy and procedure will be updated.	30/06/2024	Medium	A
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 11/01/2024	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).	30/06/2024	Medium	A
Progress: FORM updates for consent are currently being reviewed. Revised date end August.				
GDPR 11/01/2024	2024: GDPR: 11a The Information Security and Data Breach Policy will update the policy around Data breaches.	31/12/2024	Low	G
Progress: On track				
GDPR 11/01/2024	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.	30/06/2024	Medium	C
Progress: Complete - log has been updated				
Sickness Absence 15/01/2024	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.	30/09/2024	Low	G
Progress: At the end of Q1 107 managers had received some absence management input. Further courses are scheduled for Q2/Q3.				
Sickness Absence 15/01/2024	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 FireWatch.	29/02/2024	Medium	C
Progress: All middle and supervisory managers have attended a sickness absence refresher workshop.				
Sickness Absence 15/01/2024	2024: Sickness Absence: 3 We will monitor compliance with the Sickness Absence Policy and challenge managers where non-compliance is noted.	31/01/2024	Medium	C
Progress: Compliance monitored through quarterly sickness audit as BAU for the department.				



IT General Controls 04/07/2024	2024: IT General Controls: 1 Management will implement a formal process to track alerts generated by anti-virus solutions to ensure they are actioned by IT in a timely manner by directing alerts to the ticketing system.	31/08/2024	Low	G
Progress: Policy Documents updated. Awaiting publication for completion.				
IT General Controls 04/07/2024	2024: IT General Controls: 2 Management will implement a formal process to track alerts generated by anti-virus solutions to ensure they are actioned by IT in a timely manner by directing alerts to the ticketing system.	31/08/2024	Medium	C
Progress: We are now using MS365 Defender to provide auto email notifications to all ICT staff. Within the defender portal all actions are saved providing a full audit trail of completed actions against any notifications.				
IT General Controls 04/07/2024	2024: IT General Controls: 3 Management will ensure a formal process is established to perform periodic reviews of the firewall rule base (where there has been no change to firewall rules over a specified period and therefore, no review of rules) and firewall logs. Evidence of formal periodic review will be retained.	31/08/2024	Medium	C
Progress: We review all Firewall rules every 6 months or as/when rules are added amended. This is all recorded on a specific page on the IT/BIS SharePoint page.				
IT General Controls 04/07/2024	2024: IT General Controls: 4 Management will ensure the New Starter Form is completed and attached to vFire helpdesk tickets for all new starters.	31/08/2024	Low	G
Progress: Documentation completed awaiting publication.				
IT General Controls 04/07/2024	2024: IT General Controls:5 Management will communicate the importance of notifying IT of upcoming leavers in a timely manner via raising a support ticket to ensure leavers' accounts are promptly disabled.	31/07/2024	High	C
Progress: Complete				
IT General Controls 04/07/2024	2024: IT General Controls:6 Management will introduce a formal process for the periodic review of user access levels across the organization.	30/09/2024	Medium	G
Progress: Review of permissions occurs Monthly for Admins and with general users anytime there is a change.				
IT General Controls 04/07/2024	2024: IT General Controls: 7 Management will ensure the RBFRS ICT Password Policy is updated to reflect the Service's policy on maximum password age. Management will then ensure that the configured password policy is aligned to the documented password policy.	31/07/2024	Medium	C
Progress: Password Ageing removed in line with NFCC guidance, policy updated awaiting publication.				



GDPR Compliance Update

Oversight of GDPR Compliance specifics to comply with audit requirements.

Measure	Q1	Q2	Q3	Q4
<p>Objective: GDPR Training Compliance</p> <p>Monitoring the annual completion of the mandatory Protecting Information Course.</p>	G	G		
<p>Reports are received from L&D on a quarterly basis to Information Governance and then IG send departmental reports to Heads of Service on the compliance of their teams. We continue to see improvement towards our target in Q2. From 1st September 2024, the LMS has been updated to send email reminders when your annual anniversary arrives.</p>				
<p>Objective: Data Breaches/Near Misses</p> <p>Reporting of data breaches and near misses to include those that are reported to the ICO.</p>	G	G		
<p>Overall, in Q2, 9 Data Breach reports were received. No breach required reporting or consultation with the Information Commissioners Office.</p>				
<p>Objective: Compliance with Data Subject Requests (SARs)</p> <p>Completing the Data Subject Requests (SARs) within the permitted time frames.</p>	G	G		
<p>In Q2 we received 5 SARs.</p> <p>All completed within the allowable 1-month timeframe, equating to 100% compliance.</p>				
<p>Objective: Progress with programme of Data Retention audits</p> <p>Having a complete set of published Retention Schedules and keeping them up to date and auditing that data is retained in line with retention schedules.</p>	A	G		
<p>Little progress during Q2 - 2 updated, 11 out of the 30 remain. IG will continue to move forward with departments. 5 are due for review in Q3.</p> <p>Once schedules have updated, auditing will reconvene, with completing audits for those that have up-to-date retention schedules where time allows.</p> <p>HR have booked 2 days in Q3 to visit off-site storage.</p>				



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.

Section One: Effectiveness							
Improvement	Delivered via	Status					
		End 23/24		Q1	Q2	Q3	Q4
Prevention evaluation to better understand benefits	Service Plans (Service Delivery & Collaboration and Policy)	G		G	C		
Prevention quality assurance	Collaboration and Policy Service Plan	C		G	C		
Protection quality assurance	Collaboration and Policy Service Plan	C					
Addressing the burden of false alarms	Collaboration and Policy Service Plan	G		G	C		
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	C					
Up to date site specific risk information		C					
MDTs		C					
Response Model		G		G	G		



Section Two: Efficiency							
Improvement	Delivered via	Status					
		End 23/24		Q1	Q2	Q3	Q4
Best use of available technology	ICT Strategy	C					
Productive Workforce		G		G	G		

Section Three: People							
Improvement	Delivered via	Status					
		End 23/24		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	G		G	G		
Absence/Attendance procedures		G		G	C		
Workforce Planning		A		G	G		
Tools and opportunities to increase diversity		G		G	G		
Understanding and application of PDRs		G		G	G		



Fire Standard Implementation Tracking

		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	C	Implementation Tool fully compliant.
	2	Operational Response - Preparedness	Tom Brandon	Andy Stockwell	C	Feb-21	C	C	A	<p>Gap analysis completed and final draft being taken to SLT for sign off on 31st July. Implementation tool will then be populated with actions to be complete. Owners to be agreed.</p> <p>20/09/2024 - Meeting held with BJ and JP to review Op Competence and Op Learning FS actions to update on progress and see if there was any crossover. AS has started some of the work in updating the Op Prep Implementation tool, however more detail in needed and additional work needed to include narrative from the meeting described above for some of the requirements of the standard where there is some crossover between the three.</p> <p>28/12/2024 - review complete and implementation tool updated with progress. Couple of areas in the implementation tool need to be discussed and owners agreed. GM C&I will be addressing this in the new year.</p>



Standards in progress	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. No further update 18/09/2024. Action plan reviewed - no further update 17/12/2024
	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. Awaiting the arrival of the recently recruited SM CRMP to update the fire standard 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 16/07/24.



Standards in progress	8	Prevention	Dave Crease	Matt Hoult	C	Jul-21	C	C	G=	FS Implementation Tool updated and pending review by AM P&P 16/07/24.
	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=	Tier 2 Fire Investigation project work is currently on pause until the recommendations and scope of the Thames Valley Forensic Fire Investigation Unit are known from the first-year soft state review. Tier 1 Fire Investigation work in response to the Fire Standard is to be continued by Tim Benham and will be reported into PPAB as per discussions with Dave Crease. This work is in regard to Quality Assurance and Operational Training courses.
	11	Emergency Preparedness and Resilience	Jim Powell	Alison Hazelton	C	May-22	C	C	A=	Implementation tool developed. Resourcing remains an issue in completion of work.
	12	Data management	Paul Bremble	Becca Chapman	C	Aug-22	C	C	R	Gap analysis was postponed until NFCC guidance published. Gap Analysis approved by SLT in June 2024. Implementation Plan stalled to due staffing capacity and demands of HMI prep. To be taken forward by new Data and Performance Manager when in post in Q4.
	13	Leading and Developing People	Wayne Bowcock	Becci Jefferies	C	Dec-22	C	C	G=	Implementation tool setup and actions being progressed



Standards in progress	14	Leading the Service	Wayne Bowcock	Becci Jefferies	C	Dec-22	C	C	G=	Initial Gap analysis complete and owners assigned to individual actions. SLT agreed gap analysis and implementation tool being prepared.
	15	Fire Control	Jim Powell	Simon Harris	G	Mar-23	G =	G=	G=	TVFCS Control Fire Standard will be taken to TVFCS JCG in September 2024 for sign off and agreement of activity prioritisation within the TVFCS Service 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 completed in October 2024.
	17	Internal Governance and Assurance	Paul Bremble	Angela Smith	C	Jun-24	G =	C	NS	GAP analysis being reviewed for any further actions.
	18	Digital and Cyber	Lukasz Wrona		C	Sep-24	NS	NS	NS	Issued 10 th September 2024, GAP analysis has been drafted.
	19	Procurement and Commercial	Conor Byrne		C	Sep-24	NS	NS	NS	Issued 10 th September 2024, GAP analysis has been drafted.



APPENDICES

Appendix A - Equality, Diversity and Inclusion Data

Measure	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	2024/25 YTD	Previous year (23/24) to date	Number of authorised posts at end Q2 2024/25
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STAFF IN POST

Wholetime	367	381			381	365	374 <small>(364 if you remove x10 Resilience FF's)</small>
On-call	62	61			61	57	65
Control	41	41			41	42	39
Green Book	184	186			186	171	192
Total	654	669			669	635	670

STAFF TURNOVER

Wholetime	12	3			15	22
On-call	2	2			4	11
Control	0	0			0	2
Green Book	7	11			18	19
Total Number of Leavers (Heads)	21	16			37	54
Staff in Post (SIP)	654	669			662	637
Percentage of Leavers vs. SIP	3.2%	2.4%			5.6%	8.5%

FEMALE STAFF PERCENTAGE:

Wholetime	7.4%	7.1%			7.1%	6.8%
On-call	8.1%	8.2%			8.2%	10.5%
Control	65.9%	65.9%			65.9%	65.7%
Green Book	60.3%	60.2%			60.2%	59.6%
Of Total Staff	26.0%	25.5%			25.6%	25.4%

ETHNICITY (PERCENTAGE OF STAFF NON-WHITE BRITISH):

Wholetime	4.4%	4.5%			4.5%	4.4%
On-call	9.7%	11.5%			11.5%	3.5%
Control	9.8%	9.8%			9.8%	7.1%
Green Book	19.6%	19.4%			19.4%	14.6%
Of Total Staff	9.5%	9.6%			9.7%	7.2%



STAFF ETHNICITY PROFILE:

Ethnicity	Wholetime	On-call	Control	Green Book	Total [All Staff]
White British	364	54	37	150	605
Other Ethnicity	17	67	4	36	64
Total	381	61	41	186	669

STAFF AGE PROFILE:

Age Group	Wholetime	On-call	Control	Green Book	Total [All Staff]
25 and Under	30	4	6	19	59
26 - 35	103	18	14	33	168
36 - 45	124	23	8	37	192
46 - 55	110	9	10	57	186
56 - 65	14	7	3	36	60
66 and Over	0	0	0	4	4
Total	381	61	41	186	669

STAFF GENDER PROFILE:

Gender	Wholetime	On-call	Control	Green Book	Total [All Staff]
Female	27	5	27	112	171
Male	353	56	14	74	497
Other	1	0	0	0	1
Total	381	61	41	186	669

STAFF DISABILITY PROFILE:

Number of employees who have declared a disability	Q1	Q2	Q3	Q4	2024/25 YTD	n/a New	YTD Q2 23/24
Wholetime	21	21			21		23
On-Call	0	0			0		0
Control	2	2			2		2
Green Book	12	13			13		8
Total	35	36			36		33



Appendix B - 2024-25 Areas of Focus

- **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.
- **Culture:** We will continue to embed 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.
- **Capability:** We will continue to lead and manage RBFRS in accordance with good practice and national professional standards and we will continuously improve, learning from events and holding ourselves to account
- **Collaboration:** We will continue to explore collaboration opportunities to ensure we deliver effective and efficient services to the people we serve.
- **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.
- **Protection:** We will support those with responsibility for premises to understand their duties in ensuring the safety of all people using buildings covered by the [Building Safety Act 2022](#) and [Regulatory Reform \(Fire Safety\) Order 2005](#), whilst ensuring that our services are accessible to all.
- **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.
- **Resilience:** We will ensure we are resilient and work with our partners to promote and build resilience in the communities we serve.
- **Sustainability:** We are committed to ensuring that we provide a financially sustainable Service and take meaningful action to help address the climate emergency.



Appendix C - 2024-25 Performance Measures and Definitions

Service Provision			
Measure		2024/25 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	31 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	125 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	233 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	40%	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	57%	<p>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.</p> <p>Over the duration of the CRMP period (2023 to 2027) we aim to bring the proportion completed in timescale up to 70%</p>
Protection			
9	Percentage of Fire Safety Audits of premises identified as High or Very High Risk in our Risk-Based Inspection Programme completed in timescale.	Monitor	<p>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.</p>
10	Percentage of Fire Safety Audits with a 'Broadly Compliant' result	60% max	<p>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'.</p>
11	Percentage success when cases go to court	80%	<p>RBFRS prosecute serious cases following Fire Safety Audits. A successful outcome at court is a finding or admission of guilt.</p>
12	Percentage of statutory fire consultations completed within the required timeframes	95%	<p>Statutory fire consultations have a legally defined timeframe in which they must be completed. Types of consultation include licensing and building regulations.</p>



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	97.4%	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.
16	Percentage of time that 14 or more pumping appliances are available	100%	This monitors our CRMP commitment to ensure a minimum of 14 pumping appliances are available and includes wholetime and on-call appliances.
Resilience			
17	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.
18	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			
19	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			
20	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.
21	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.
22	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.
23	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.
24	Number of complaints received	Monitor	The number of complaints made to RBFRS about any aspect of our service or staff.
25	Number of compliments received	Monitor	The number of compliments received by RBFRS about any aspect of our service or staff.



Corporate Health			
Measure		2024/25 Target	Definition/Rationale
Human Resources and Learning & Development			
26	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.
27	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.
28	Number of formal grievances	Monitor	The number of formal grievances raised by staff under the Grievance, Bullying and Harassment Policy.
Health and Safety			
29	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			
30	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.
31	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			
32	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	
BESS	Battery Energy Storage Systems	
BFBC	Bracknell Forest Borough Council	
BME	Black and Minority Ethnic	
BMKFRS	Buckinghamshire & Milton Keynes Fire & Rescue Service	
BPI	Business Process Improvement	
BSR	Building Safety Regulator	
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	
CSP	Community Safety Partnership	
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 an 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	
HR and L&D	Human Resources and Learning and Development	
HRRBs	High Risk Residential Buildings	
HRU	Heavy Rescue Unit	Attends road traffic collisions of 3 or more cars HGVs
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	
IG	Information Governance	
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	
LFB	London Fire Brigade	
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	
OCG	Organisational criminal group	
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	
PAOT	Pre-Arranged Overtime	
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
PPAB	Prevention and Protection Assurance Board	
PPE	Personal Protective Equipment	
PPM	Pre Planned Maintenance	
PPV	Positive Pressure Ventilation	
PP&R	Prevention, Protection & Resilience	
PQA	Personal Qualities and Attributes	
PRF	Personal Record File	



PSAA	Public Sector Audit Appointments	
PSO	Programme Support Office	
QCF	Qualifications Credit Framework	
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	
RIEPO	Risk Information and Emergency Planning Officer	
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	
SARs	Subject Access Requests	Data subject requests
SCAS	South Central Ambulance Service	
SCC	Strategic Command Centre	
SCG	Strategic Coordinating Group	
SDMT	Service Delivery Management Team	
SECTU	South East Counter Terrorism Unit	
SIRO	Senior Information Responsible Officer	
SJCC	Staff Joint Consultative Committee	
SLT	Senior Leadership Team	
SM	Station Manager	
SPB	Strategic Performance Board	
Stn 1	Station 1 – Caversham Road	Wholetime
Stn 2	Station 2 – Wokingham Road	Wholetime
Stn 3	Station 3 – Dee Road	Station closed in 2021
Stn 4	Station 4 - Newbury	Wholetime
Stn 5	Station 5 - Hungerford	Retained (On Call)
Stn 6	Station 6 - Lambourn	Retained (On Call)
Stn 7	Station 7 – Pangbourne	Station closed in 2021
Stn 9	Station 9 – Wargrave	Station closed in 2020
Stn 10	Station 10 – Wokingham	Wholetime
Stn 11	Station 11 – Mortimer	Retained (On Call)
Stn 14	Station 14 – Ascot	Satellite Station (24 hours per day, 7 days per week)
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 20	Station 20 – Whitley Wood	Wholetime
Stn 21	Station 21 – Windsor	Satellite Station (24 hours per day, 7 days per week)
Stn 22	Station 22 – Theale	Wholetime
TCG	Tactical Coordinating Group	
TCR	Training Course Request	
TIC	Thermal Image Camera	
TOA	Threat of Arson	
TRI	Training Records Indicator	
TVFCS	Thames Valley Fire Control Service	
TVP	Thames Valley Police	
UA	Unitary Authority	
USAR	Urban Search and Rescue	
WAH	Working at Height	
WBDC	West Berkshire District Council	
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 include 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.

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