



**Agenda
for the Meeting
of the
Audit and Governance Committee**

Monday, 17th October 2022

At

6.30 pm

RBFRS Headquarters
Lynda Kenyon Suite
Newsham Court
Pincents Kiln
Calcot
Reading
Berkshire
RG31 7SD

For further information regarding this meeting, please contact:

Committee Team

0118 938 4611

E-Mail at committeeteam@rbfrs.co.uk

Headquarters, Newsham Court, Pincents Kiln, Calcot, Reading, Berkshire RG31 7SD



MEETING: Audit and Governance Committee Meeting

DATE AND TIME: Monday, 17th October 2022, at 6.30 pm

VENUE: Lynda Kenyon Suite
RBFRS Headquarters
Newsham Court
Pincents Kiln
Calcot
Reading, Berkshire RG31 7SD

S U M M O N S

You are hereby summoned to attend the meeting of the Royal Berkshire Fire Authority at the time, date and venue indicated above, when it is proposed to deal with the business set out in the enclosed Agenda.

A handwritten signature in black ink, appearing to read 'Graham Britten'.

GRAHAM BRITTEN
Monitoring Officer

To: Members of the Audit and Governance Committee:

Councillor Christine Bateson	Councillor Mike Smith
Councillor Tricia Brown	Councillor Morag Malvern
Councillor Haqeeq Dar	Councillor Sandra Malik
Councillor Biyi Oloko	Councillor Tina McKenzie-Boyle
Councillor Tony Linden	

Copy to: Senior Leadership Team (SLT), Royal Berkshire Fire and Rescue Service

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AGENDA

- 1. Apologies for Absence**
- 2. Declarations of Interest**

Purpose:

To receive Declarations of Interest from Councillors relating to items to be considered at the meeting, in accordance with the provisions of the Fire Authority's Local Code of Conduct, and any from Officers.

- 3. Minutes of the Meeting held on 28 July 2022 (Pages 5 - 14)**

Recommendation:

That the Minutes of the meeting and any recorded actions held on 28 July, be confirmed, as a correct record and signed by the Chair.

- 4. Consideration of any matters properly referred to this Committee for decision**

Recommendation:

That it be noted that were no matters properly referred to this Committee for decision.

- 5. External Audit Update (Pages 15 - 62)**

Purpose:

To note the External Audit Report and verbal update.

6. Disciplinary Policy (*Pages 63 - 82*)

Purpose:

To approve the Disciplinary Policy, attached as Appendix A.

7. Quarterly Performance Report 2022/23 - Quarter One (April - June 2022)
(*Pages 83 - 146*)

Purpose:

To provide the Committee with an overview of Royal Berkshire Fire and Rescue Service's (RBFRS) quarter one performance from April to June 2022.

8. Forward Plan (*Pages 147 - 148*)

Recommendation:

To note the Forward Plan.

9. Date of next meeting

Monday, 23 January 2023, at 6.30pm, RBFRS Headquarters, Newsham Court, Pincents Kiln, Calcot, Reading, Berkshire RG31 7SD.

MINUTES OF THE MEETING OF THE AUDIT AND GOVERNANCE COMMITTEE



Held on Thursday, 28th July, 2022 at 6.30 pm

Lynda Kenton Suite, RBFRS Headquarters, Newsham Court, Pincents Kiln, Calcot, Reading RG31 7SD.

- Members:** (*present)
- * Councillor Christine Bateson
 - * Councillor Tricia Brown
 - * Councillor Haqeeq Dar
 - * Councillor Biyi Oloko
 - * Councillor Tony Linden
 - * Councillor Mike Smith
 - * Councillor Morag Malvern
 - * Councillor Sandra Malik
 - Councillor Tina McKenzie-Boyle
 - * Councillor Dennis Benneyworth

- In Attendance:**
- Mark Arkwell (Deputy Chief Fire Officer, DCFO)
 - Lincoln Ball, (Pensions Board, Chair)
 - Wayne Bowcock, (Chief Fire Officer, CFO)
 - Conor Byrne (Head of Finance and Procurement, HF&P)
 - Doug Buchanan (Area Manager, Response and Resilience, AM R&R)
 - Becca Chapman (Data and Performance Manager, D&P Manager)
 - Becci Jefferies (Head of Human Resources and Learning and Development, HHR&L&D)
 - Katie Mills (Deputy Chief Fire Officer, DCFO)
 - Anna O’Keeffe (RSM, Internal Auditor)
 - Fayth Rowe (Democratic Support Lead, DSL)
 - Tony Vincent (Head of Business and Information Systems, HBIS)

- Observers:**
- Allison Kennett (EY, External Auditor)
 - Andrew Mclenahan (Head of Facilities, Fleet and Equipment, HFF&E)
 - Tregear Thomas (Area Manager, Prevention and Protection, AM P&P)

5. APOLOGIES FOR ABSENCE

Apologies of absence was received from Councillor Tina Mckenzie-Boyle. Councillor Dennis Benneyworth was in attendance as her substitute.

6. DECLARATIONS OF INTEREST

There were no Declarations of Interest from Councillors relating to items to be considered at the meeting, in accordance with the provisions of the Fire Authority’s Local Code of Conduct.

Action

There were no Declarations of Interest from Officers.

7. MINUTES OF THE MEETING HELD ON 23 MARCH AND 30 JUNE 2022

RESOLVED that the Minutes of the meeting held on 23 March and 30 June 2022, be approved as a true record and signed by the Chair.

8. CONSIDERATION OF ANY MATTERS PROPERLY REFERRED TO THIS COMMITTEE FOR DECISION

There were no matters referred to this Committee for decision.

9. INTERNAL AUDIT UPDATE

Conor Byrne, Head of Finance and Procurement (HF&P), introduced the item and handed over to internal auditor, Anna O’Keeffe. She reported three audits received the highest audit rating of substantial assurance (Value for Money, Key financial controls – creditors and Governance and Risk Management). She stated the actions identified were low which had been addressed by management.

In answer to a question from Councillor Oloko, on the reason why the Cyber Essentials audit was advisory, Anna reported, Cyber Essentials had always been an advisory audit and that the scope was based on government Cyber Essential themes. Management would have completed a self-assessment and auditors test against the self-assessment to check the evidence was in place.

Councillor Oloko queried the low findings/ implications on West Yorkshire Pension Fund (WYPF) key performance indicators, page 35 of the report. He also queried the contract had not been updated since its introduction in 2016. Anna reported the audit had not identified any issues in relation to value for money which was the focus of the audit.

Conor stated management held regular meetings with WYPF, and both parties were able to resolve issues as they arose.

In response to Councillor Smith’s queries on page 31 and 36 of the report key findings, Anna explained why the findings were rated as low.

In referring to page 36 of the report, Councillor Smith highlighted contract meetings with WYPF were not minuted. Anna reported the action was for those meetings to be minuted. Becca Jefferies, Head of Human Resources and Learning and Development (HHR&L&D), reported contract meetings were noted via action and decision log, however a more detailed recording of the meeting had been actioned.

In response to a query from Councillor Oloko, Wayne Bowcock, Chief Fire Officer (CFO), stated the Internal Audit Update cover report and appendices were addressed to Audit and Government Committee.

In referring to page 90 of the report, Anna explained the Audit Plan 2022/23 showed the reviews auditors planned to undertake during the year. She stated, page 95 set out the opinions and audits completed in previous years.

Councillor Smith queried the reason IT General Controls and Sickness Absence Management had not been audited since 2016/17. In relation to IT General Control, Tony Vincent, Head of Business and Information Systems, (HBIS), reported the Cyber Essentials audit involved a health check to ensure the Service met its credentials. Becci reported of management intervention in relation to sickness absence and Katie Mills, Assistant Chief Fire Officer (ACFO), stated that sickness absence records were looked at in detail.

In response to a question from Councillor Bateson, Conor Byrne reported Governance and Risk Management was audited on an annual basis. Auditors would look at the opinion of the previous year and develop a scope.

Katie Mills reported all open actions were reported to Audit and Governance Committee.

Wayne Bowcock stated the findings and audit opinion was one of the best opinions received. The low risk findings/ actions identified areas for improvement, however, the Service was moving in the right direction.

RESOLVED that:

- 1) The findings as presented in RSM's Progress Report be noted;
- 2) RSM's Annual Report be noted; and
- 3) The Audit Plan for 2022/23 be approved.

The Internal Auditor left.

10. EXTERNAL AUDIT UPDATE

Conor Byrne, (HF&P), reported that he had hoped to be presenting the audit of the 2020/21 Statement of Accounts and explained there were delays in relation to the Berkshire Pension Fund. He stated, he believed the accounts would be signed off in August and be presented at the next Audit and Governance Committee in October.

Conor stated that he brought the draft 2020/21 Statement of Accounts in March, albeit there were two incomplete areas, which were Pension evaluation from Deloitte and an evaluation of land and buildings. This draft version had been published on RBFRS website.

Allison Kennett, EY (External Auditor) explained the Fire Authority were below the threshold and that checks made by government were for accounts above the threshold.

The Chair asked what would happen if the 2020/21 Statement of Accounts were not signed off. Conor reported the accounts would remain on RBFRS website, until they are formally signed off by Audit and Governance Committee and republished as audited.

RESOLVED that the report be noted.

The External Auditor left.

11. EMERGENCY SERVICES MOBILE COMMUNICATIONS PROGRAMME VERBAL UPDATE

In acknowledging the number of new Members appointed onto Audit and Governance Committee (A&GC), Tony Vincent, Head of Business and Information Systems (HBIS), provided a brief overview of Emergency Services Mobile Communication Programme (ESMCP).

He advised Airwave, which was the primary radio communication used by blue light services was over 25 years old and was due to be replaced by Emergency Services Network (ESN).

He explained there had been delays in implementing ESN since 2019.

In answer to a question from Councillor Oloko, Tony Vincent reported ESN would be 4G ready and would evolve to 5G network. He explained the ESMCP National Programme Team expect a brief hiatus of activity as a result of an investigation by the Competition and Markets Authority into the way certain contracts were tendered a number of years ago. The initial findings of that investigation is expected to be available in September 2022 and a full report is expected in December 2022. The result of the investigation may result in further delays to the programme, as it could require re-tendering of some contracts, especially around the software that sits on the devices. Tony Vincent stated, if contracts were re-tendered, it would delay the programme by a further 18 – 24 months.

The ESMCP National programme Team were in the process of carrying out impact assessments on the outcome of the investigation to the Service. The cost of overall programme delays to date, had been estimated at £6.4 billion pounds. He added, there was no ongoing threat to the viability of the programme due to the existing infrastructure will need to be replaced in the medium-term.

The Airwave network costs UKPLC £1.7 million per day to keep running. There is a strong drive from the Home Office to get alternative technology and reduce costs. RBFRS continue to carry out coverage assurance tasks on operational locations for example, AWE, Windsor Castle and high rise buildings to be fed

Action

back into the central programme.

RBFRS continue to engage in the programme and in some cases lead on the technical delivery of the programme.

Tony reported, there will be a need to replace radio terminals, due to the delay in the programme within the next 12 months. The terminals themselves would not be of any cost to the Service, however there would be a small cost to make them work with new terminals.

The Fire Funding Policy Team, carried out a deep dive into the South Central region and give a positive opinion. RBFRS arrangements have been deemed robust and prudent, as a result, 2022/23 funding for the business case was approved. Therefore, the Service will receive an appropriate level of grant funding to carry on with engaging in the programme.

The estimated timeline for Airwave to be shut- off was in 2028. This date does not include the delays outlined earlier in the presentation.

Another delay to the implementation of ESN was the announcement from the Fire Funding Policy Team to remove the tapered FireLink grant currently received to off-set the cost of Airwave. The impacts were being incorporated into the Medium Term Financial Plan (MTFP) and into the Corporate Risk Register. A 20% reduction will be imposed on the Service, starting 2022/23.

In referring to the 20% reduction in the FireLink grant, Councillor Linden stated the importance of lobbying central government to allow the Authority to increase Council Tax '£5 for fire' and asked whether the Royal Berkshire Fire Authority Chair and Chief Fire Officer would continue lobbying?

Wayne Bowcock, CFO, reported lobbying will continue. He stated a commitment was made with Berkshire MP's to receive regular updates on the performance and financial pressures of the Service, as well as updates from National Chief's Fire Council (NFCC).

Tony Vincent added at a regional level, South Central response was being coordinated via DCFO at Oxfordshire FRS.

Tony Vincent agreed to circulate the text he read out as part of his verbal update.

HBIS

In response to a question from Councillor Oloko, Tony Vincent reported 2028 was the last formal date of the shutdown of the current Airwave network, however it will not be shut down until a viable alternative was in place. The current Airwave cost received annually was 25% higher, than the grant received. The charge covered maintenance / repair of the network and the replacement of physical handsets.

Wayne Bowcock, CFO, reassured Members that Tony Vincent was the lead for the Service, and was engaged regionally. He stated the reduction in the FireLink

grant and the extension of the deadline date of the implementation of ESN, was an issue the Service will continually push back with central government as strongly as possible.

12. LOCAL PENSIONS BOARD - ANNUAL REPORT

Lincoln Ball, Chair of Pension Board presented the report and explained the annual report was a look back on activities that related to Firefighters Pension Scheme. There was a separate Board for the Local Government Pension Scheme (LGPS) for Green Book staff.

Lincoln stated there were a lot of complexity and uncertainty in the pension environment which added to the risks to Firefighters and Scheme Manager (Fire Authority). He stated Scheme Administration was at a good standard and the Pensions Board was operating effectively. Risks were reviewed, updated and moved onto the Corporate Risk Register.

In referring to page 109 of the report, he stated West Yorkshire Pension Fund (WYPF) acted as the Scheme Administrator of which the Pensions Board measure their performance against targets. Their performance was slightly down compared to the previous year based on activity levels were 2/3 lower.

Lincoln discussed the significant risks and issues in relation to the provision of pension scheme which although they were local schemes, they have to be delivered against national guidance. Which adds to the complexity for Scheme Administrators.

He stated the latest review of the risk register was held in June 2022. The Board had previously identified five risks and reduced three. He discussed the remaining two risks, one was at its target level and the other identified training and development of the Pension Board which was an ongoing treatment.

In answer to a question from Councillor Linden, Lincoln reported the last Pension Board meeting in June 2022 was inquorate. The Pension Board has four members and requires three members in attendance for it to be a quorate meeting. He stated, that was the reason the Pension Board were unable to ratify the updated risk register. Although the Terms of Reference (TOR) require two meetings per year, meetings were scheduled to be held four times per year to sign off items. He stated the next meeting will be held on 7 September.

In referring to paragraph 8.2 of the report, Councillor Malvern requested for further detail on the insufficient knowledge of the various firefighter pension issues the Pension Board were challenged with, and asked whether there was anything the Audit and Governance Committee could do to address this?

Lincoln reported Pensions Board members were encouraged to read bulletins and attend conferences as part of their training and development. He added, to maintain knowledge within the Board, the appointment of new members was staggered over a four year period.

Mark Arkwell, Deputy Chief Fire Officer (DCFO), stated in addition to the above, regular coffee mornings were held for Board members to meet with Local Government Association expert.

In answer to a question from the Chair on expanding the membership of the Board, Becci Jefferies, Head of Human Resources and Learning and Development (HHR&L&D), explained it was a requirement for the Pension Board TOR to be brought before the Fire Authority. She reported Buckinghamshire Fire and Rescue Service use the same Scheme Administrator and the possible expansion of Board members with them would require a detailed exercise. She stated this was an option that will be discussed at a future Pension Board meeting and brought back to this Committee at a future meeting.

In answer to a question from Councillor Bateson on the possibility of using substitutes to attend Board meetings, Becci stated that the governance strategy will be looked at the next meeting in September.

RESOLVED that the contents of the report be noted.

13. ANNUAL REPORT 2021/22

Becca Chapman, Data and Performance Manager presented the 2021/22 Annual Report and stated it was a summary of the Service’s performance and activities which will be published on rbfrs website.

She stated the Committee regularly receive quarterly performance reports and that the Annual report was a public facing document. The report included key information about the Service’s progress, events and highlighted the timeline of activities held during the year.

The Chair thanked Becca and stated the report was well presented.

Councillor Smith asked whether the report was printed and whether the number of people that downloaded the document was tracked? Becca reported that the number of hits on rbfrs website were tracked and agreed to confirm the number.

Data and Performance Manager

Both Councillor Oloko and Linden commended the presentation of the report. Councillor Linden suggested links to the report should also be made available on rbfrs social media channels.

In answer to a question from the Chair, Mark Arkwell, DCFO explained an ‘escape hood’ was designed to support the safe evacuation of public within a smoke environment.

The Chair also asked a question on the number of officers that have completed the e-learning package on external cladding systems. Mark Arkwell stated there were a number of e-learning packages relating to the built environment programme. For safety critical courses, there was requirement for staff to

complete those courses. He added, those courses were tracked via built environment programme and approximately between 95-97% of relevant staff had completed the courses and reassured Members the remainder 3% would complete the course by the end of the calendar year.

The Chair echoed the positive comments made on the content and presentation of the Annual Report. In answer to a question from Councillor Bateson, Becca Chapman confirmed the term 'mobilisation' meant the total number of times an appliance was dispatched from a station to an incident.

In response to Councillor Linden, Wayne Bowcock, CFO stated a revised Strategic Asset Investment Framework (SAIF) and Medium Term Financial Plan (MTFP) were currently in development alongside the overarching Community Risk Management Plan (CRMP). These documents were being reviewed and the Deputy Chief Executive, Deputy Chief Fire Officer and Head of Finance and Procurement were leading on this. He stated Member Workshops and lead Member engagement opportunities will be held prior to Member approval.

Councillor Malvern queried the percentage of success rate when cases go to court and asked for further explanation as to why cases would go to court? Wayne Bowcock reported that section of the Annual Report was about Fire Protection. He stated under the Fire Regulatory Reform Order, the Service, was the primary Enforcing Authority and work with Responsible Persons in business premises to take action where their audit was not satisfactory. If they do not engage to a level where it is deemed appropriate in the protection of the public, then the Service would implement various stages of prohibition and legal enforcement through criminal courts. The measure outlined in the report show the number that went through criminal courts and the percentage that was successful.

In answer to a question from Councillor Smith. Wayne Bowcock reported the difference between primary fires and secondary fires.

Becca Chapman agreed to include the Home Office definition in the next Quarterly Performance Report.

Councillor Smith asked a question on the percentage of commercial respondents. Becca Chapman explained the actual percentage was higher than the target figure.

RESOLVED that the Annual Report prior to external publication be noted.

14. QUARTERLY PERFORMANCE REPORT 2021/22 QUARTER FOUR (JANUARY - MARCH 2022)

Becca Chapman, Data and Performance Manager, stated the Quarterly Performance Report outlined performance data from across the Service. The report contained all elements of data up to the date of the quarter in question (January – March 2022) except for the Corporate Risk Register. The report

Data and Performance Manager

covered performance across the following four quadrants: Service Provision, Corporate Health, Priority Programmes and Corporate Risk. She proposed to present each quadrant in turn.

Becca reported the section on Service Provision group together data, information and measures to allow scrutiny on performance against the Service's statutory obligations and internal services provided. Highlights were the return to pre-COVID activities in communities. She stated, this reflected the rise in incident trends and primary fires in industrial and commercial premises, associated with an increase in on-site working. She also stated the number of Automated Fire Alarm (AFA) calls received, and attendance had dropped due to a combination of changes on the levels of occupation of buildings (following COVID) and early impact of Thames Valley Fire Control Service (TVFCS) call challenge.

Corporate Health – this section monitors how the Service manages key resources, for example, people and finance. The highlights were the continued challenges seen in staff sickness absences levels, particular associated with COVID-19 cases. However, the Service continue to improve eligible operational staff in achieving their qualifications.

Councillor Malvern requested further information on nucleus crewing project. Doug Buchanan, AM R&R, reported this project was around the Service allocating further resource in the west of the county. He stated CRMP were looking at ways of building more resilience in response, prevention and protection.

In response to a question from the Chair on legal fees, Mark Arkwell, DCFO stated the legal fees outlined in the report related to an incident in Prospect Park some years ago, where legal advice was sought.

Priority Programmes – this quadrant allows the Service to monitor progress of work, designed to deliver a defined outcome. The highlights were a number of project statuses had moved in a positive direction, including the Service's work to improve protection quality assurance processes and education work. The Service has also made improvements on its Equality, Diversity and Inclusion objectives and in this quarter, the completion of the project to deliver the new tri-service fire station in Theale.

Corporate Risk – Assessment of corporate risk that may impact service delivery. This section included data from audit monitoring (discussed earlier in the agenda). Becca stated there was an increase in threat level in cyber security following conflict in the Ukraine.

In referring to Appendix A of the report, Her Majesty's Inspectorate of Constabulary Fire and Rescue Services (HMICFRS) Action Plan, Wayne Bowcock, CFO stated the Service was working hard to address areas of improvements. He stated the findings and judgement of the second RBFRS Inspection will be available in December 2022.

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Action

RESOLVED that:

- 1) The performance against Service Provision and Corporate Health measures for the targets agreed by the Fire Authority for 2021/22, be noted;
- 2) The progress made on the four priority programmes, be noted and;
- 3) The position of corporate risk be noted.

15. DATE OF NEXT MEETING

Following a request from Councillor Mike Smith, Fayth Rowe, Democratic Support Lead (DSL), agreed to include the Forward Plan on future Audit and Governance Committee agendas.

DSL

Monday 17 October 2022, at 6.30pm, RBFRS Headquarters, Newsham Court, Pincents Kiln, Calcot, Reading, Berkshire RG31 7SD.

(The meeting concluded at 20:22)

ROYAL BERKSHIRE FIRE AUTHORITY



COMMITTEE	AUDIT & GOVERNANCE COMMITTEE
DATE OF MEETING	17 OCTOBER 2022
SUBJECT	EXTERNAL AUDIT UPDATE
LEAD OFFICER	CONOR BYRNE, HEAD OF FINANCE AND PROCUREMENT
LEAD MEMBER	N/A
EXEMPT INFORMATION	N/A
ACTION	FOR NOTE

1. EXECUTIVE SUMMARY

- 1.1 EY will present a verbal update in relation to the current status of the audit of the 2020/21 Statement of Accounts and also present their plan for the audit of the 2021/22 Financial Statements. Outcomes from the national procurement exercise for audit services are also set out in this report.

2. RECOMMENDATIONS

- 2.1 That the Committee **NOTE** the report.

3. REPORT

- 3.1 Although it had been hoped to bring the audited 2020/21 Statement of Accounts to this Committee meeting for approval, this has not been possible due to the ongoing delays in Deloitte's audit of the Berkshire Pension Fund accounts. It is anticipated that the Statement of Accounts will be ready for sign off at the next Committee meeting in January 2023.
- 3.2 Attached as **Appendix A** is EY's Audit Planning Report which sets out the methodology for the audit of the 2021/22 Statement of Accounts.
- 3.3 Representatives from EY will attend the meeting to present their report and answer any questions.
- 3.4 Public Sector Audit Appointments (PSAA) have announced the outcomes of their procurement for audit services for opted-in bodies from 2023/24 onwards.

Agenda Item 5

- 3.5 In summary, they have offered contracts to six suppliers: Grant Thornton, Mazars, EY, KPMG, Bishop Fleming and Azets Audit Services.
- 3.6 The bid prices that were received from the procurement exercise reflect a significant increase compared to the previous procurement in 2017. At this stage PSAA's advice to bodies is to anticipate a major re-set of total fees for 2023/24 involving an increase of the order of 150% on the total fees for 2022/23. For the Authority this would mean a potential increase from £33,305 to £83,262.
- 3.7 PSAA appreciates that the extent of this likely increase in audit fees will pose a significant funding challenge for local bodies already facing a daunting range of financial pressures. They have raised this with Department for Levelling Up, Housing and Communities (DLUHC) for consideration.

4. CONTRIBUTION TO STRATEGIC COMMITMENTS

- 4.1 Commitment 5 – We will ensure that Royal Berkshire Fire and Rescue Service provides good value for money.

5. FINANCIAL IMPLICATIONS

- 5.1 Potential fee increases are set out in section 3.6 of the report.

6. LEGAL IMPLICATIONS

- 6.1 Complies with the Local Audit (Appointing Person) Regulations 2015

7. EQUALITY AND DIVERSITY IMPLICATIONS

- 7.1 None.

8. RISK IMPLICATIONS

- 8.1 Financial risks are identified and mitigations and controls are tested by the external auditors.

9. CONSISTENCY WITH DUTY TO COLLABORATE

- 9.1 The Authority opted into the national procurement exercise run by PSAA to appoint its external auditors.

10. PRINCIPAL CONSULTATION

- 10.1 The Chief Fire Officer has noted the contents of the report.

11. BACKGROUND PAPERS

- 11.1 None.

12. APPENDICES

12.1 Appendix A – EY Audit Planning Report

13. CONTACT DETAILS

13.1 Conor Byrne - Head of Finance and Procurement
Email: byrnec@rbfrs.co.uk
Tel: 0118 938 4720

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Royal Berkshire Fire Authority Audit planning report

Year ended 31 March 2022

October 2022



Private and Confidential
Audit and Governance Committee
Royal Berkshire Fire Authority
Newsham Court
Pincent's Kiln
Calcot
Reading

October 2022

Appendix A

Dear Audit and Governance Committee Members

We are pleased to attach our Audit Plan which sets out how we intend to carry out our responsibilities as auditor. Its purpose is to provide the Audit and Governance Committee with a basis to review our proposed audit approach and scope for the 2021/22 audit in accordance with the requirements of the Local Audit and Accountability Act 2014, the National Audit Office's 2020 Code of Audit Practice, the Statement of Responsibilities issued by Public Sector Audit Appointments (PSAA) Ltd, auditing standards and other professional requirements. It is also to ensure that our audit is aligned with the Committee's service expectations.

This plan summarises our initial assessment of the key risks driving the development of an effective audit for Royal Berkshire Fire Authority, and outlines our planned audit strategy in response to those risks. Given the 2020/21 is still not yet completed, and in line with normal practice, we will continue to update our risk assessments in relation to the 2021/22 audit and update the Audit and Governance Committee if and when we do so.

This report is intended solely for the information and use of the Audit and Governance Committee and management, and is not intended to be and should not be used by anyone other than these specified parties.

We welcome the opportunity to discuss this report with you on 17 October 2022 as well as understand whether there are other matters which you consider may influence our audit.

Yours faithfully

Andrew Brittain

For and on behalf of Ernst & Young LLP

Agenda Item 5

Contents



Public Sector Audit Appointments Ltd (PSAA) issued the "Statement of responsibilities of auditors and audited bodies". It is available from the PSAA website (<https://www.psa.co.uk/managing-audit-quality/statement-of-responsibilities-of-auditors-and-audited-bodies/>). The Statement of responsibilities serves as the formal terms of engagement between appointed auditors and audited bodies. It summarises where the different responsibilities of auditors and audited bodies begin and end, and what is to be expected of the audited body in certain areas.

The "Terms of Appointment and further guidance (updated July 2021)" issued by the PSAA (<https://www.psa.co.uk/managing-audit-quality/terms-of-appointment/terms-of-appointment-and-further-guidance-1-july-2021/>) sets out additional requirements that auditors must comply with, over and above those set out in the National Audit Office Code of Audit Practice (the Code) and in legislation, and covers matters of practice and procedure which are of a recurring nature.

This report is made solely to the Audit and Governance Committee and management of Royal Berkshire Fire Authority in accordance with the statement of responsibilities. Our work has been undertaken so that we might state to the Audit and Governance Committee and management of Royal Berkshire Fire Authority those matters we are required to state to them in this report and for no other purpose. To the fullest extent permitted by law we do not accept or assume responsibility to anyone other than the Audit and Governance Committee and management of Royal Berkshire Fire Authority for this report or for the opinions we have formed. It should not be provided to any third-party without our prior written consent.



01

Overview of our 2021/22 audit strategy



Overview of our 2021/22 audit strategy

The following 'dashboard' summarises the significant accounting and auditing matters outlined in this report. It seeks to provide the Audit and Governance Committee with an overview of our initial risk identification for the upcoming audit and any changes in risks identified in the current year.

Audit risks and areas of focus

Risk / area of focus	Risk identified	Change from PY	Details
Misstatements due to fraud or error (Risk of management override)	Fraud risk	No change in risk or focus	As identified in ISA 240, management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records directly or indirectly and prepare fraudulent financial statements by overriding controls that would otherwise appear to be operating effectively.
Inappropriate capitalisation of revenue expenditure and inappropriate recording of other income	Fraud risk	No change in risk or focus	Under ISA 240, there is a presumed risk that revenue may be misstated due to improper recognition of revenue. Management is in a unique position to perpetrate fraud through the override of controls. We have considered the main areas where management may have the incentive and opportunity to do this. We have identified the inappropriate capitalisation of revenue expenditure on property, plant and equipment as an area of risk, given the extent of the Authority's capital programme. In addition, for other income, in the comprehensive income and expenditure account, there is a fraud risk of this figure being incorrectly stated.
Valuation of land and buildings	Significant risk	Increase in risk	<p>Property, Plant and Equipment (PPE) represents significant balances in the Authority's accounts and is subject to valuation changes, impairment reviews and depreciation charges.</p> <p>Material judgemental inputs and estimation techniques are required to calculate the year-end PPE balances held in the balance sheet. As the Authority's asset base is significant, and the outputs from the valuer are subject to estimation, there is a higher inherent risk assets may be under/overstated or the associated accounting entries incorrectly posted.</p> <p>As part of the prior year audit, we are still to conclude on this area and the risk may change with the conclusion of this work. We will keep the Audit and Governance Committee updated if there are any changes to our approach.</p>

Overview of our 2021/22 audit strategy

Audit risks and areas of focus

Risk / area of focus	Risk identified	Change from PY	Details
Pension liability valuation	Inherent risk	Decrease in risk or focus	<p>The Local Authority Accounting Code of Practice and IAS19 require the Authority to make extensive disclosures within its financial statements regarding its membership of the Local Government Pension Scheme administered by Buckinghamshire Council and the Firefighters Pension Scheme.</p> <p>The Authority's pension fund liabilities are material estimated balances and the Code requires that these liabilities be disclosed on the Authority's balance sheet.</p> <p>In recent years there have been a number of issues with the LGPS that have resulted in audit differences in the pension net liability.</p> <p>The information disclosed is based on the IAS 19 reports issued to the Authority by the actuary of the Pension Schemes. Accounting for these schemes involves significant estimation and judgement and due to the nature, volume and size of the transactions. In the prior year we included this as a significant risk due to the uncertainty of asset values as a result of Covid-19, in the current year we have decreased the risk as the impact of Covid is deemed less significant for 21/22.</p> <p>As part of the prior year audit, we are still to conclude on this area and the risk may change with the conclusion of this work. We will keep the Audit and Governance Committee updated if there are any changes to our approach.</p>

Appendix A

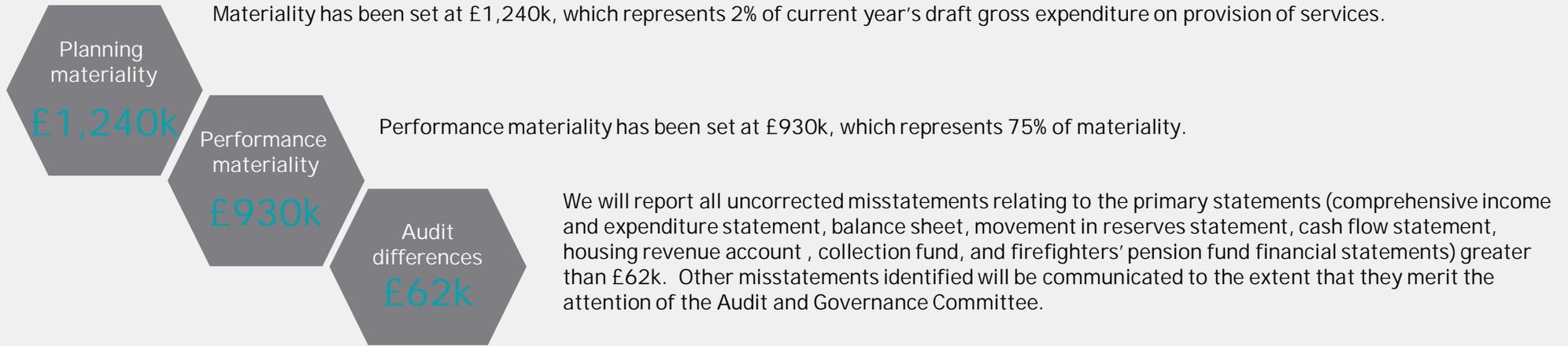
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Auditing accounting estimates

In addition to the above risks and areas of focus, a revised auditing standard has been issued in respect of the audit of accounting estimates. The revised standard requires auditors to consider inherent risks associated with the production of accounting estimates. These could relate, for example, to the complexity of the method applied, subjectivity in the choice of data or assumptions or a high degree of estimation uncertainty. As part of this, auditors now consider risk on a spectrum (from low to high inherent risk) rather than a simplified classification of whether there is a significant risk or not. At the same time, we may see the number of significant risks we report in respect of accounting estimates to increase as a result of the revised guidance in this area. The changes to the standard may affect the nature and extent of information that we may request and will likely increase the level of audit work required.

Overview of our 2021/22 audit strategy

Materiality



Overview of our 2021/22 audit strategy

Audit scope

This Audit Plan covers the work that we plan to perform to provide you with:

- Our audit opinion on whether the financial statements of Royal Berkshire Fire Authority give a true and fair view of the financial position as at 31 March 2022 and the income and expenditure for the year then ended; and
- Our commentary on your arrangements to secure value for money in your use of resources for the relevant period. We include further details on VFM in Section 0

We will also review and report to the National Audit Office (NAO), to the extent and in the form required by them, on the Authority's Whole of Government Accounts return.

Our audit will also include the mandatory procedures that we are required to perform in accordance with applicable laws and auditing standards.

When planning the audit we take into account several key inputs:

- Strategic, operational and financial risks relevant to the financial statements;
- Developments in financial reporting and auditing standards;
- The quality of systems and processes;
- Changes in the business and regulatory environment; and,
- Management's views on all of the above.

By considering these inputs, our audit is focused on the areas that matter and our feedback is more likely to be relevant to the Authority.

Taking the above into account, and as articulated in this audit plan, our professional responsibilities require us to independently assess the risks associated with providing an audit opinion and undertake appropriate procedures in response to that. Our Terms of Appointment with PSAA allow them to vary the fee dependent on "the auditors assessment of risk and the work needed to meet their professional responsibilities". PSAA are aware that the setting of scale fees has not kept pace with the changing requirements of external audit with increased focus on, for example, the valuations of land and buildings, the auditing of groups, the valuation of pension obligations, the introduction of new accounting standards such as IFRS 9 and 15 in recent years as well as the expansion of factors impacting the ISA 540 (revised) and the value for money conclusion. Therefore to the extent any of these or any other risks are relevant in the context of Royal Berkshire Fire Authority's audit, we will discuss these with management as to the impact on the scale fee.

Effects of climate-related matters on financial statements and Value for Money arrangements

Public interest in climate change is increasing. We are mindful that climate-related risks may have a long timeframe and therefore while risks exist, the impact on the current period financial statements may not be immediately material to an entity. It is nevertheless important to understand the relevant risks to make this evaluation. In addition, understanding climate-related risks may be relevant in the context of qualitative disclosures in the notes to the financial statements and value for money arrangements.

We make inquiries regarding climate-related risks on every audit as part of understanding the entity and its environment. As we re-evaluate our risk assessments throughout the audit, we continually consider the information that we have obtained to help us assess the level of inherent risk.

Overview of our 2021/22 audit strategy

Value for money conclusion

We include details in Section 03 but in summary:

- We are required to consider whether the Authority has made 'proper arrangements' to secure economy, efficiency and effectiveness on its use of resources.
- Planning on value for money and the associated risk assessment is focused on gathering sufficient evidence to enable us to document our evaluation of the Authority's arrangements, to enable us to draft a commentary under three reporting criteria (see below). This includes identifying and reporting on any significant weaknesses in those arrangements and making appropriate recommendations.
- We will provide a commentary on the Authority's arrangements against three reporting criteria:
 - Financial sustainability - How the Authority plans and manages its resources to ensure it can continue to deliver its services;
 - Governance - How the Authority ensures that it makes informed decisions and properly manages its risks; and
 - Improving economy, efficiency and effectiveness - How the Authority uses information about its costs and performance to improve the way it manages and delivers its services.
- The commentary on VFM arrangements will be included in the Auditor's Annual Report.

Timeline

The Ministry of Housing, Communities and Local Government established regulations to extend the target date for publishing audited local authority accounts from 31 July to 30 September, for a period of two years (i.e. covering the audit of the 2020/21 and 2021/22 accounting years).

In December 2021, the Department for Levelling Up, Housing and Communities (DLUHC) announced proposals to extend the target date for the publication of audited accounts to 30 November for 2021/22.

In Section 07 we include a provisional timeline for the audit.



02 Audit risks



Our response to significant risks

We have set out the significant risks (including fraud risks denoted by*) identified for the current year audit along with the rationale and expected audit approach. The risks identified below may change to reflect any significant findings or subsequent issues we identify during the audit.

<p>Misstatements due to fraud or error *</p> <p>(Risk of management override)</p>	<p>What is the risk?</p> <p>The financial statements as a whole are not free of material misstatements whether caused by fraud or error.</p> <p>As identified in ISA (UK) 240, management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records directly or indirectly and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. We identify and respond to this fraud risk on every audit engagement.</p>	<p>What will we do?</p> <ul style="list-style-type: none"> Identifying fraud risks during the planning stages. Inquiry of management about risks of fraud and the controls put in place to address those risks. Understanding the oversight given by those charged with governance of management’s processes over fraud. Consideration of the effectiveness of management’s controls designed to address the risk of fraud. Determining an appropriate strategy to address those identified risks of fraud. Performing mandatory procedures regardless of specifically identified fraud risks, including testing of journal entries and other adjustments in the preparation of the financial statements.
<p>Financial statement impact</p> <p>Misstatements that occur in relation to the risk of fraud and error could materially affect the income and expenditure accounts. While there are no statutory financial performance targets in local government, management remains under pressure to ensure that the authority balances its annual budgets.</p>		

Our response to significant risks

We have set out the significant risks (including fraud risks denoted by*) identified for the current year audit along with the rationale and expected audit approach. The risks identified below may change to reflect any significant findings or subsequent issues we identify during the audit.

<p>Inappropriate capitalisation of revenue expenditure and inappropriate recording of other income *</p>	<p>What is the risk?</p>	<p>What will we do?</p>
<p>Financial statement impact</p>	<p>Under ISA 240, there is a presumed risk that revenue may be misstated due to improper revenue recognition. In the public sector, this requirement is modified by Practice Note 10 issued by the Financial Reporting Council, which states that auditors should also consider the risk that material misstatements may occur by the manipulation of expenditure recognition.</p> <p>From our risk assessment, we have assessed that the risk could manifest itself through the inappropriate capitalisation of revenue expenditure to improve the financial position of the general fund.</p> <p>Capitalised revenue expenditure can be funded through borrowing with only minimal MRP charges recorded in the general fund, deferring the expenditure for 30+ years when the borrowing is repaid.</p> <p>In addition, we have assessed that there is a risk that other income may be misstated due to improper revenue recognition.</p>	<p>Our approach will focus on:</p> <ul style="list-style-type: none"> • For significant additions, we will examine invoices, capital expenditure authorisations, leases and other data that support these additions. We review the sample selected against the definition of capital expenditure in IAS 16. • We will extend our testing of items capitalised in the year by lowering our testing threshold. We will also review a larger random sample of capital additions below our testing threshold. • Journal testing - we will use our testing of Journals to identify high risk transactions, such as items originally recorded as revenue expenditure and subsequently capitalised. • For other income, we will lower our testing threshold to satisfy ourselves that other income stated is materially correct.

Our response to significant risks

We have set out the significant risks (including fraud risks denoted by*) identified for the current year audit along with the rationale and expected audit approach. The risks identified below may change to reflect any significant findings or subsequent issues we identify during the audit.

<p>Valuation of Land and Buildings</p>	<p>What is the risk?</p>	<p>What will we do?</p>
<p>Financial statement impact</p>	<p>The fair value of Property, Plant and Equipment (PPE) represent significant balances in the Authority's accounts and are subject to valuation changes, impairment reviews and depreciation charges. Management is required to make material judgemental inputs and apply estimation techniques to calculate the year-end balances recorded in the balance sheet.</p>	<p>Our approach will focus on:</p> <ul style="list-style-type: none"> • Consider the work performed by the Authority's valuers, including the adequacy of the scope of the work performed, their professional capabilities and the results of their work; • Sample testing key asset information used by the valuers in performing their valuation (e.g. floor plans to support valuations based on price per square metre); • We will also consider if there are any specific changes to assets that have occurred and that these have been communicated to the valuer; • Consider any specific changes to assets that have occurred and that these have been communicated to the valuer; • Consider changes to useful economic lives as a result of the most recent valuation; and • Test accounting entries have been correctly processed in the financial statements. • For a sample of assets we will engage are EY Real Estates team to review the methodology and inputs used by the external valuer.
<p>Misstatements that occur in relation to valuation could affect the year end carrying value of property, plant and equipment.</p>		

Audit risks

Other areas of audit focus

We have identified other areas of the audit, that have not been classified as significant risks, but are still important when considering the risks of material misstatement to the financial statements and disclosures and therefore may be key audit matters we will include in our audit report.

What is the risk/area of focus?	What will we do?
<p>Pension Liability The Local Authority Accounting Code of Practice and IAS19 require the Authority to make extensive disclosures within its financial statements regarding its membership of the Local Government Pension Scheme administered by Royal Borough of Windsor and Maidenhead Pension Fund.</p> <p>The Authority's pension fund deficit is a material estimated balance and the Code requires that this liability be disclosed on the Authority's balance sheet. At 31 March 2021 this totalled £445 million.</p> <p>The information disclosed is based on the IAS 19 report issued to the Authority by the actuary to Royal County of Berkshire Pension Fund and also the Firefighters Pension Fund.</p> <p>Accounting for this scheme involves significant estimation and judgement and therefore management engages an actuary to undertake the calculations on their behalf. ISAs (UK) 500 and 540 (revised) require us to undertake procedures on the use of management experts and the assumptions underlying fair value estimates.</p>	<p>We will:</p> <ul style="list-style-type: none"> • Liaise with the auditors of Berkshire Pension Fund, to obtain assurances over the information supplied to the actuary in relation to Royal Berkshire Fire Authority; • Assess the work of the LGPS pension fund actuary and the Firefighters pension fund actuary (Barnet Waddingham) including the assumptions they have used by relying on the work of PWC - Consulting Actuaries commissioned by the National Audit Office for all Local Government sector auditors, and considering any relevant reviews by the EY actuarial team; • Engage EY Pensions to review the Authority IAS19 reports and run a parallel actuarial model which will be compared to that produced by Barnett Waddingham for reasonableness; and • Review and test the accounting entries and disclosures made within the Authority's financial statements in relation to IAS19.



03

Value for Money Risks





Authority's responsibilities for value for money

The Authority is required to maintain an effective system of internal control that supports the achievement of its policies, aims and objectives while safeguarding and securing value for money from the public funds and other resources at its disposal.

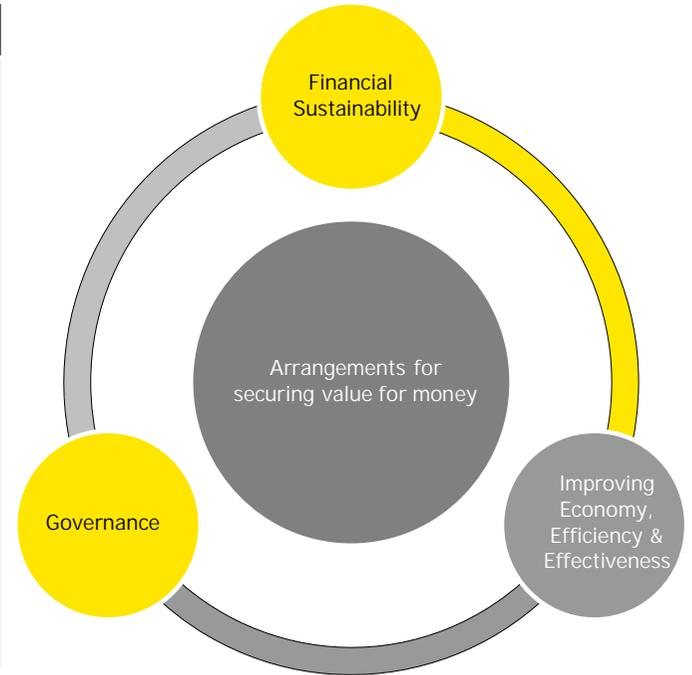
As part of the material published with the financial statements, the Authority is required to bring together commentary on the governance framework and how this has operated during the period in a governance statement. In preparing the governance statement, the Authority tailors the content to reflect its own individual circumstances, consistent with the requirements of the relevant accounting and reporting framework and having regard to any guidance issued in support of that framework. This includes a requirement to provide commentary on arrangements for securing value for money from the use of resources.

Auditor responsibilities

Under the NAO Code of Audit Practice we are required to consider whether the Authority has put in place 'proper arrangements' to secure economy, efficiency and effectiveness on its use of resources. The Code requires the auditor to design their work to provide them with sufficient assurance to enable them to report to the Authority a commentary against specified reporting criteria (see below) on the arrangements the Authority has in place to secure value for money through economic, efficient and effective use of its resources for the relevant period.

The specified reporting criteria are:

- Financial sustainability - How the Authority plans and manages its resources to ensure it can continue to deliver its services.
- Governance - How the Authority ensures that it makes informed decisions and properly manages its risks.
- Improving economy, efficiency and effectiveness - How the Authority uses information about its costs and performance to improve the way it manages and delivers its services.





Planning and identifying risks of significant weakness in VFM arrangements

The NAO's guidance notes requires us to carry out a risk assessment which gathers sufficient evidence to enable us to document our evaluation of the Authority's arrangements, in order to enable us to draft a commentary under the three reporting criteria. This includes identifying and reporting on any significant weaknesses in those arrangements and making appropriate recommendations.

In considering the Authority's arrangements, we are required to consider:

- The Authority's governance statement;
- Evidence that the Authority's arrangements were in place during the reporting period;
- Evidence obtained from our work on the accounts;
- The work of inspectorates and other bodies; and
- Any other evidence source that we regard as necessary to facilitate the performance of our statutory duties.

We then consider whether there is evidence to suggest that there are significant weaknesses in arrangements. The NAO's guidance is clear that the assessment of what constitutes a significant weakness and the amount of additional audit work required to adequately respond to the risk of a significant weakness in arrangements is a matter of professional judgement. However, the NAO states that a weakness may be said to be significant if it:

- Exposes – or could reasonably be expected to expose – the Authority to significant financial loss or risk;
- Leads to – or could reasonably be expected to lead to – significant impact on the quality or effectiveness of service or on the Authority's reputation;
- Leads to – or could reasonably be expected to lead to – unlawful actions; or
- Identifies a failure to take action to address a previously identified significant weakness, such as failure to implement or achieve planned progress on action/improvement plans.

We should also be informed by a consideration of:

- The magnitude of the issue in relation to the size of the Authority;
- Financial consequences in comparison to, for example, levels of income or expenditure, levels of reserves (where applicable), or impact on budgets or cashflow forecasts;
- The impact of the weakness on the Authority's reported performance;
- Whether the issue has been identified by the Authority's own internal arrangements and what corrective action has been taken or planned;
- Whether any legal judgements have been made including judicial review;
- Whether there has been any intervention by a regulator or Secretary of State;
- Whether the weakness could be considered significant when assessed against the nature, visibility or sensitivity of the issue;
- The impact on delivery of services to local taxpayers; and
- The length of time the Authority has had to respond to the issue.



Value for Money

Responding to identified risks of significant weakness

Where our planning work has identified a risk of significant weakness, the NAO's guidance requires us to consider what additional evidence is needed to determine whether there is a significant weakness in arrangements and undertake additional procedures as necessary, including where appropriate, challenge of management's assumptions. We are required to report our planned procedures to the Audit and Governance Committee.

Reporting on VFM

Where we are not satisfied that the Authority has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources the Code requires that we should refer to this by exception in the audit report on the financial statements.

In addition, the Code requires us to include the commentary on arrangements in the Auditor's Annual Report. The Code states that the commentary should be clear, readily understandable and highlight any issues we wish to draw to the Authority's attention or the wider public. This should include details of any recommendations arising from the audit and follow-up of recommendations issued previously, along with our view as to whether they have been implemented satisfactorily.

Status of our 2021/22 VFM planning

We have yet to complete our detailed VFM planning. However, one area of focus will be on the arrangements that the Authority has in place in relation to financial sustainability - including the impact of Covid-19 and cost pressures caused by the current economic environment on the medium term financial planning.

We will update the next Audit and Governance Committee meeting on the outcome of our VFM planning and our planned response to any additional identified risks of significant weaknesses in arrangements.



04 Audit materiality



Materiality

Materiality

For planning purposes, materiality for 2021/22 has been set at £1.24m. This represents 2% of the Authority's current year gross expenditure on provision of services. It will be reassessed throughout the audit process.



We request that the Audit and Governance Committee confirm its understanding of, and agreement to, these materiality and reporting levels.

Key definitions

Planning materiality – the amount over which we anticipate misstatements would influence the economic decisions of a user of the financial statements.

Performance materiality – the amount we use to determine the extent of our audit procedures. We have set performance materiality at £930k which represents 75% of planning materiality. We apply 75% when it is not an initial audit and we have a sound understanding of the entity and past experience with the engagement indicates that a higher risk of misstatement is unlikely.

Audit difference threshold – we propose that misstatements identified below this threshold are deemed clearly trivial. The same threshold for misstatements is used for component reporting. We will report to you all uncorrected misstatements over this amount relating to the comprehensive income and expenditure statement, balance sheet, and firefighters' pension fund financial statements that have an effect on income or that relate to other comprehensive income.

Other uncorrected misstatements, such as reclassifications and misstatements in the cashflow statement and movement in reserves statement or disclosures, and corrected misstatements will be communicated to the extent that they merit the attention of the Audit and Governance committee, or are important from a qualitative perspective.

Specific materiality – We have set a materiality of £5k for remuneration disclosures, related party transactions, members' allowances and exit packages which reflects our understanding that an amount less than our materiality would influence the economic decisions of users of the financial statements in relation to this.

Materiality

The amount we consider material at the end of the audit may differ from our initial determination. At this stage, however, it is not feasible to anticipate all the circumstances that might ultimately influence our judgement. At the end of the audit we will form our final opinion by reference to all matters that could be significant to users of the financial statements, including the total effect of any audit misstatements, and our evaluation of materiality at that date.



05

Scope of our audit



Our Audit Process and Strategy

Objective and Scope of our Audit scoping

Under the Code of Audit Practice, our principal objectives are to undertake work to support the provision of our audit report to the audited body and to satisfy ourselves that the audited body has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources to the extent required by the relevant legislation and the requirements of the Code.

We issue an audit report that covers:

1. Financial statement audit

Our opinion on the financial statements:

- whether the financial statements give a true and fair view of the financial position of the audited body and its expenditure and income for the period in question; and
- whether the financial statements have been prepared properly in accordance with the relevant accounting and reporting framework as set out in legislation, applicable accounting standards or other direction.

Our opinion on other matters:

- whether other information published together with the audited financial statements is consistent with the financial statements; and
- where required, whether the part of the remuneration report to be audited has been properly prepared in accordance with the relevant accounting and reporting framework.

Other procedures required by the Code:

- Examine and report on the consistency of the Whole of Government Accounts schedules or returns with the body's audited financial statements for the relevant reporting period in line with the instructions issued by the NAO.

2. Arrangements for securing economy, efficiency and effectiveness (value for money)

As outlined in Section 03, we are required to consider whether the Authority has put in place 'proper arrangements' to secure economy, efficiency and effectiveness on its use of resources and report a commentary on those arrangements.

Our Audit Process and Strategy (continued)

Audit Process Overview

Our audit involves:

- Identifying and understanding the key processes and internal controls; and
- Substantive tests of detail of transactions and amounts.

For 2021/22 we plan to follow a substantive approach to the audit as we have concluded this is the most efficient way to obtain the level of audit assurance required to conclude that the financial statements are not materially misstated.

Analytics:

We will use our computer-based analytics tools to enable us to capture whole populations of your financial data, in particular journal entries. These tools:

- Help identify specific exceptions and anomalies which can then be subject to more traditional substantive audit tests; and
- Give greater likelihood of identifying errors than random sampling techniques.

We will report the findings from our process and analytics work, including any significant weaknesses or inefficiencies identified and recommendations for improvement, to management and the Audit and Governance Committee.

Internal audit:

We will regularly review internal audit plans and the results of their work. We will reflect the findings from these reports, together with reports from any other work completed in the year, in our detailed audit plan, where they raise issues that could have an impact on the financial statements.



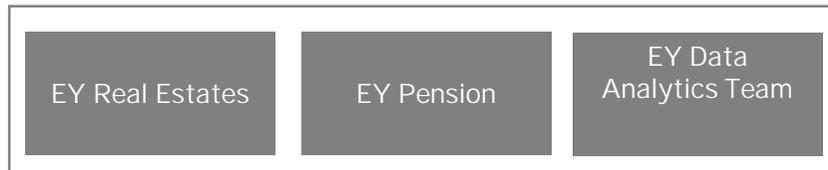
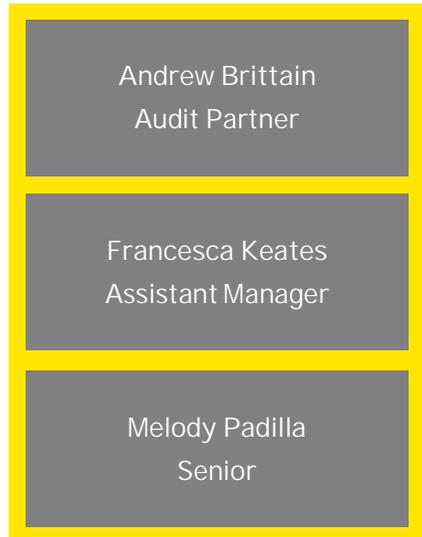
06

Audit team



Audit team

Audit team structure:



Use of specialists

- Our approach to the involvement of specialists, and the use of their work.

When auditing key judgements, we are often required to rely on the input and advice provided by specialists who have qualifications and expertise not possessed by the core audit team. The areas where either EY or third party specialists provide input for the current year audit are:

Area	Specialists
Valuation of Land and Buildings	Paribas Real Estate (Royal Berkshire Fire Authority's property valuer), EY Real Estates (EY specialist) where we believe it is appropriate to do so
Pensions disclosure	Barnett Waddingham (Pension Funds Actuary), EY Pensions Advisory and PwC (Consulting Actuary to the National Audit Office)

In accordance with Auditing Standards, we will evaluate each specialist's professional competence and objectivity, considering their qualifications, experience and available resources, together with the independence of the individuals performing the work.

We also consider the work performed by the specialist in light of our knowledge of the Authority's business and processes and our assessment of audit risk in the particular area. For example, we would typically perform the following procedures:

- Analyse source data and make inquiries as to the procedures used by the specialist to establish whether the source data is relevant and reliable;
- Assess the reasonableness of the assumptions and methods used;
- Consider the appropriateness of the timing of when the specialist carried out the work; and
- Assess whether the substance of the specialist's findings are properly reflected in the financial statements.

Developing the right Audit Culture

In July 2021, EY established a UK Audit Board (UKAB) with a majority of independent Audit Non-Executives (ANEs). The UKAB will support our focus on delivering high-quality audits by strengthening governance and oversight over the culture of the audit business. This focus is critical given that audit quality starts with having the right culture embedded in the business.



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Our audit culture is the cement that binds together the building blocks and foundation of our audit strategy. We have been thoughtful in articulating a culture that is right for us: one that recognises we are part of a wider, global firm and is clear about whose interests our audits serve.

There are three elements underpinning our culture:

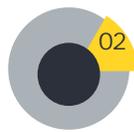
1. Our people are focused on a common purpose. It is vital we foster and nurture the values, attitudes and behaviours that lead our people to do the right thing.
2. The essential attributes of our audit business are:
 - Right resources – We team with competent people, investing in audit technology, methodology and support
 - Right first time – Our teams execute and review their work, consulting where required to meet the required standard
 - Right reward – We align our reward and recognition to reinforce the right behaviours

3. The six pillars of Sustainable Audit Quality are implemented.



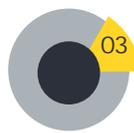
Tone at the top

The internal and external messages sent by EY leadership, including audit partners, set a clear tone at the top - they establish and encourage a commitment to audit quality



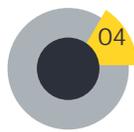
Exceptional talent

Specific initiatives support EY auditors in devoting time to perform quality work, including recruitment, retention, development and workload management



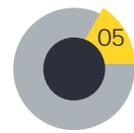
Accountability

The systems and processes in place help EY people take responsibility for carrying out high-quality work at all times, including their reward and recognition



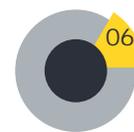
Audit technology and digital

The EY Digital Audit is evolving to set the standard for the digital-first way of approaching audit, combining leading-edge digital tools, stakeholder focus and a commitment to quality



Simplification and innovation

We are simplifying and standardising the approach used by EY auditors and embracing emerging technologies to improve the quality, consistency and efficiency of the audit



Enablement and quality support

How EY teams are internally supported to manage their responsibility to provide high audit quality

A critical part of this culture is that our people are encouraged and empowered to challenge and exercise professional scepticism across all our audits. However, we recognise that creating a culture requires more than just words from leaders. It has to be reflected in the lived experience of all our people each and every day enabling them to challenge themselves and the companies we audit.

Each year we complete an audit quality culture assessment to obtain feedback from our people on the values and behaviours they experience, and those they consider to be fundamental to our audit quality culture of the future. We action points that arise to ensure our culture continues to evolve appropriately.

2021 Audit Culture Survey result

A cultural health score of 78% (73%) was achieved for our UK Audit Business

We bring our culture alive by investing in three priority workstreams:

- Audit Culture with a focus on professional scepticism
- Adopting the digital audit
- Standardisation

This investment has led to a number of successful outputs covering training, tools, techniques and additional sources. Specific highlights include:

- Audit Purpose Barometer
- Active Scepticism Framework
- Increased access to external sector forecasts
- Forensic risk assessment pilots
- Refreshed PLOT training and support materials, including embedding in new hire and trainee courses
- Digital audit training for all ranks
- Increased hot file reviews and improved escalation processes
- New work programmes issued on auditing going concern, climate, impairment, expected credit losses, cashflow statements and conducting effective group oversight
- Development of bite size, available on demand, task specific tutorial videos

"A series of company collapses linked to unhealthy cultures.....have demonstrated why cultivating a healthy culture, underpinned by the right tone from the top, is fundamental to business success."

Sir John Thompson
Chief Executive of the FRC

Appendix A
Agenda Item 5



07

Audit timeline





Audit timeline

Timetable of communication and deliverables

Timeline

Below is a timetable showing the key stages of the audit and the deliverables we have agreed to provide to you through the audit cycle in 2021/22.

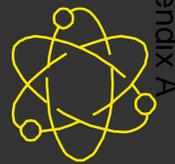
From time to time matters may arise that require immediate communication with the Audit and Governance Committee and we will discuss them with the Audit and Governance Committee Chair as appropriate. We will also provide updates on corporate governance and regulatory matters as necessary.

Audit phase	Timetable	Audit committee timetable	Deliverables
Planning: Risk assessment and setting of scopes.	August		
	September		
Year end audit Account testing	October	Audit and Governance Committee	Audit Planning Report
Year end audit Audit Completion procedures	November		
	December		
	January	Audit and Governance Committee	Audit Results Report Audit opinions and completion certificates
	February		
	March	Audit and Governance Committee	Auditor's Annual Report



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Independence



Introduction

The FRC Ethical Standard and ISA (UK) 260 “Communication of audit matters with those charged with governance”, requires us to communicate with you on a timely basis on all significant facts and matters that bear upon our integrity, objectivity and independence. The Ethical Standard, as revised in December 2019, requires that we communicate formally both at the planning stage and at the conclusion of the audit, as well as during the course of the audit if appropriate. The aim of these communications is to ensure full and fair disclosure by us to those charged with your governance on matters in which you have an interest.

Required communications

Planning stage

- ▶ The principal threats, if any, to objectivity and independence identified by Ernst & Young (EY) including consideration of all relationships between you, your affiliates and directors and us;
- ▶ The safeguards adopted and the reasons why they are considered to be effective, including any Engagement Quality review;
- ▶ The overall assessment of threats and safeguards;
- ▶ Information about the general policies and process within EY to maintain objectivity and independence.

Final stage

- ▶ In order for you to assess the integrity, objectivity and independence of the firm and each covered person, we are required to provide a written disclosure of relationships (including the provision of non-audit services) that may bear on our integrity, objectivity and independence. This is required to have regard to relationships with the entity, its directors and senior management, its affiliates, and its connected parties and the threats to integrity or objectivity, including those that could compromise independence that these create. We are also required to disclose any safeguards that we have put in place and why they address such threats, together with any other information necessary to enable our objectivity and independence to be assessed;
- ▶ Details of non-audit/additional services provided and the fees charged in relation thereto;
- ▶ Written confirmation that the firm and each covered person is independent and, if applicable, that any non-EY firms used in the group audit or external experts used have confirmed their independence to us;
- ▶ Details of any non-audit/additional services to a UK PIE audit client where there are differences of professional opinion concerning the engagement between the Ethics Partner and Engagement Partner and where the final conclusion differs from the professional opinion of the Ethics Partner
- ▶ Details of any inconsistencies between FRC Ethical Standard and your policy for the supply of non-audit services by EY and any apparent breach of that policy;
- ▶ Details of all breaches of the IESBA Code of Ethics, the FRC Ethical Standard and professional standards, and of any safeguards applied and actions taken by EY to address any threats to independence; and
- ▶ An opportunity to discuss auditor independence issues.

In addition, during the course of the audit, we are required to communicate with you whenever any significant judgements are made about threats to objectivity and independence and the appropriateness of safeguards put in place, for example, when accepting an engagement to provide non-audit services.

We ensure that the total amount of fees that EY and our network firms have charged to you and your affiliates for the provision of services during the reporting period, analysed in appropriate categories, are disclosed.

Relationships, services and related threats and safeguards

We highlight the following significant facts and matters that may be reasonably considered to bear upon our objectivity and independence, including the principal threats, if any. We have adopted the safeguards noted below to mitigate these threats along with the reasons why they are considered to be effective. However we will only perform non-audit services if the service has been pre-approved in accordance with your policy.

Overall Assessment

Overall, we consider that the safeguards that have been adopted appropriately mitigate the principal threats identified and we therefore confirm that EY is independent and the objectivity and independence of Andrew Brittain your audit engagement partner and the audit engagement team have not been compromised.

Self interest threats

A self interest threat arises when EY has financial or other interests in the Authority. Examples include where we have an investment in the Authority; where we receive significant fees in respect of non-audit services; where we need to recover long outstanding fees; or where we enter into a business relationship with you. At the time of writing, there are no long outstanding fees.

We believe that it is appropriate for us to undertake those permitted non-audit/additional services set out in Section 5.40 of the FRC Ethical Standard 2019 (FRC ES), and we will comply with the policies that you have approved.

None of the services are prohibited under the FRC's ES or the National Audit Office's Auditor Guidance Note 01 and the services have been approved in accordance with your policy on pre-approval. In addition, when the ratio of non-audit fees to audit fees exceeds 1:1, we are required to discuss this with our Ethics Partner, as set out by the FRC ES, and if necessary agree additional safeguards or not accept the non-audit engagement. We will also discuss this with you.

At the time of writing, the current ratio of non-audit fees to audit fees is nil. No additional safeguards are required.

A self interest threat may also arise if members of our audit engagement team have objectives or are rewarded in relation to sales of non-audit services to you. We confirm that no member of our audit engagement team, including those from other service lines, has objectives or is rewarded in relation to sales to you, in compliance with Ethical Standard part 4.

There are no other self interest threats at the date of this report.

Self review threats

Self review threats arise when the results of a non-audit service performed by EY or others within the EY network are reflected in the amounts included or disclosed in the financial statements.

There are no self review threats at the date of this report.

Management threats

Partners and employees of EY are prohibited from taking decisions on behalf of management of the Authority. Management threats may also arise during the provision of a non-audit service in relation to which management is required to make judgements or decision based on that work.

There are no management threats at the date of this report.

Relationships, services and related threats and safeguards

Other threats

Other threats, such as advocacy, familiarity or intimidation, may arise.
There are no other threats at the date of this report.

EY Transparency Report 2021

Ernst & Young (EY) has policies and procedures that instil professional values as part of firm culture and ensure that the highest standards of objectivity, independence and integrity are maintained. Details of the key policies and processes in place within EY for maintaining objectivity and independence can be found in our annual Transparency Report which the firm is required to publish by law. The most recent version of this Report is for the year end 30 June 2021: https://www.ey.com/en_uk/about-us/transparency-report-2021



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Appendices



Appendix A

Fees

The duty to prescribe fees is a statutory function delegated to Public Sector Audit Appointments Ltd (PSAA) by the Secretary of State for Housing, Communities and Local Government.

This is defined as the fee required by auditors to meet statutory responsibilities under the Local Audit and Accountability Act 2014 in accordance with the requirements of the Code of Audit Practice and supporting guidance published by the National Audit Office, the financial reporting requirements set out in the Code of Practice on Local Authority Accounting published by CIPFA/LASAAC, and the professional standards applicable to auditors' work.

	Planned fee 2021/22	Final Fee 2020/21
	£	£
Scale Fee - Code work	26,180	26,180
Proposed increase to the scale fee due to changes in regulatory requirements and scope (note 1)	23,727	23,737
Scale Fee Variation	TBC (Note 3)	TBC (Note 2)
Total audit	TBC	TBC

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All fees exclude VAT

- (1) The proposed increase to reflects the increased risk and complexity facing all public sector bodies. This has been previously presented and discussed at Governance & Audit Committees during 2020 and 2021.
- (2) The scale fee variation for 20/21 is still to be determined as the final stages of the audit are still ongoing. We remain in discussion with PSAA about increasing the scale fee to reflect the additional work auditors are required to do to meet regulatory requirements.
- (3) For 2021/22, the scale fee will be impacted by a range of factors (see page 9) which will result in additional work. We set out an estimate of the potential additional fee for this below. The issues we have identified at the planning stage which will impact on the fee include:

- The need to engage EY Real Estate to review the valuation of Fire Stations due as a result of the significant risk attached to PPE valuation and the requirements of ISA 540.
- The need to engage EY Pensions to review assumptions and calculation used in the Pensions IAS19 liability as a result of the additional requirements of ISA 540.
- The changes in the NAO code which require additional work in relation to our Value for Money conclusion
- The additional work required in relation to Going Concern assumptions following the revision of ISA 570.

In addition, we are driving greater innovation in the audit through the use of technology. The significant investment costs in this global technology continue to rise as we seek to provide enhanced assurance and insight in the audit.

The agreed fee presented is based on the following assumptions:

- Officers meeting the agreed timetable of deliverables;
- Our accounts opinion and value for money conclusion being unqualified;
- Appropriate quality of documentation is provided by the Authority; and
- The Authority has an effective control environment.

If any of the above assumptions prove to be unfounded, we will seek a variation to the agreed fee. This will be discussed with the Authority in advance.

Fees for the auditor's consideration of correspondence from the public and formal objections will be charged in addition to the scale fee.

Appendix A
Agenda Item 5

Appendix B

Required communications with the Audit Committee

We have detailed the communications that we must provide to the Audit and Governance Committee.

Our Reporting to you

Required communications	 What is reported?	  When and where
Terms of engagement	Confirmation by the Audit and Governance Committee of acceptance of terms of engagement as written in the engagement letter signed by both parties.	The statement of responsibilities serves as the formal terms of engagement between the PSAA's appointed auditors and audited bodies.
Our responsibilities	Reminder of our responsibilities as set out in the engagement letter	The statement of responsibilities serves as the formal terms of engagement between the PSAA's appointed auditors and audited bodies.
Planning and audit approach	Communication of the planned scope and timing of the audit, any limitations and the significant risks identified.	Audit planning report- October 2022
Significant findings from the audit	<ul style="list-style-type: none"> • Our view about the significant qualitative aspects of accounting practices including accounting policies, accounting estimates and financial statement disclosures • Significant difficulties, if any, encountered during the audit • Significant matters, if any, arising from the audit that were discussed with management • Written representations that we are seeking • Expected modifications to the audit report • Other matters if any, significant to the oversight of the financial reporting process 	Audit results report- January 2022 Auditor's annual report- January 2022

Required communications with the Audit Committee (continued)

 Our Reporting to you

Required communications	 What is reported?	 When and where
Going concern	<p>Events or conditions identified that may cast significant doubt on the entity’s ability to continue as a going concern, including:</p> <ul style="list-style-type: none"> • Whether the events or conditions constitute a material uncertainty • Whether the use of the going concern assumption is appropriate in the preparation and presentation of the financial statements • The adequacy of related disclosures in the financial statements 	Audit results report-January 2022
Misstatements	<ul style="list-style-type: none"> • Uncorrected misstatements and their effect on our audit opinion, unless prohibited by law or regulation • The effect of uncorrected misstatements related to prior periods • A request that any uncorrected misstatement be corrected • Material misstatements corrected by management 	Audit results report-January 2022
Subsequent events	<ul style="list-style-type: none"> • Enquiries of the Audit and Governance Committee where appropriate regarding whether any subsequent events have occurred that might affect the financial statements 	Audit results report-January 2022
Fraud	<ul style="list-style-type: none"> • Enquiries of the Audit and Governance Committee to determine whether they have knowledge of any actual, suspected or alleged fraud affecting the entity • Any fraud that we have identified or information we have obtained that indicates that a fraud may exist • Unless all of those charged with governance are involved in managing the entity, any identified or suspected fraud involving: <ol style="list-style-type: none"> a. Management; b. Employees who have significant roles in internal control; or c. Others where the fraud results in a material misstatement in the financial statements • The nature, timing and extent of audit procedures necessary to complete the audit when fraud involving management is suspected • Any other matters related to fraud, relevant to Audit and Governance Committee responsibility 	Audit results report-January 2022

Required communications with the Audit Committee (continued)

		 Our Reporting to you
Required communications	 What is reported?	 When and where
Related parties	<ul style="list-style-type: none"> • Significant matters arising during the audit in connection with the entity's related parties including, when applicable: • Non-disclosure by management • Inappropriate authorisation and approval of transactions • Disagreement over disclosures • Non-compliance with laws and regulations • Difficulty in identifying the party that ultimately controls the entity 	Audit results report-January 2022
Independence	<p>Communication of all significant facts and matters that bear on EY's, and all individuals involved in the audit, objectivity and independence</p> <p>Communication of key elements of the audit engagement partner's consideration of independence and objectivity such as:</p> <ul style="list-style-type: none"> • The principal threats • Safeguards adopted and their effectiveness • An overall assessment of threats and safeguards • Information about the general policies and process within the firm to maintain objectivity and independence <p>Communication whenever significant judgements are made about threats to objectivity and independence and the appropriateness of safeguards put in place.</p>	Audit planning report (October 2022) and Audit results report-January 2022

Appendix B

Required communications with the Audit Committee (continued)

		 Our Reporting to you
Required communications	 What is reported?	  When and where
External confirmations	<ul style="list-style-type: none"> Management's refusal for us to request confirmations Inability to obtain relevant and reliable audit evidence from other procedures 	Audit results report-January 2022
Consideration of laws and regulations	<ul style="list-style-type: none"> Subject to compliance with applicable regulations, matters involving identified or suspected non-compliance with laws and regulations, other than those which are clearly inconsequential and the implications thereof. Instances of suspected non-compliance may also include those that are brought to our attention that are expected to occur imminently or for which there is reason to believe that they may occur Enquiry of the Audit and Governance Committee into possible instances of non-compliance with laws and regulations that may have a material effect on the financial statements and that the Audit and Governance Committee may be aware of 	Audit results report-January 2022
Internal controls	<ul style="list-style-type: none"> Significant deficiencies in internal controls identified during the audit 	Audit results report-January 2022

Agenda Item 5
Appendix A

Appendix B

Required communications with the Audit Committee (continued)

		 Our Reporting to you
Required communications	 What is reported?	 When and where
Representations	Written representations we are requesting from management and/or those charged with governance	Audit results report-January 2022
Material inconsistencies and misstatements	Material inconsistencies or misstatements of fact identified in other information which management has refused to revise	Audit results report-January 2022
Auditors report	<ul style="list-style-type: none"> Any circumstances identified that affect the form and content of our auditor's report 	Audit results report-January 2022 Auditor's Annual Report
Fee Reporting	<ul style="list-style-type: none"> Breakdown of fee information when the audit plan is agreed Breakdown of fee information at the completion of the audit Any non-audit work 	Audit planning report- October 2022 Audit results report-January 2022
Value for Money	<ul style="list-style-type: none"> Risks of significant weakness identified in planning work Commentary against specified reporting criteria on the VFM arrangements, including any exception report on significant weaknesses. 	Audit planning report- October 2022 Audit results report-January 2022 Auditor's Annual Report

Additional audit information

Objective of our audit

Our objective is to form an opinion on the Authority's financial statements under International Standards on Auditing (UK) as prepared by you in accordance with with International Financial Reporting Standards as interpreted and adapted by the Code of Practice on Local Authority Accounting.

Our responsibilities in relation to the financial statement audit are set out in the formal terms of engagement between the PSAA's appointed auditors and audited bodies. We are responsible for forming and expressing an opinion on the financial statements that have been prepared by management with the oversight of the Audit and Governance Committee. The audit does not relieve management or the Audit and Governance Committee of their responsibilities.

Other required procedures during the course of the audit

In addition to the key areas of audit focus outlined in section 2, we have to perform other procedures as required by auditing, ethical and independence standards and other regulations. We outline the procedures below that we will undertake during the course of our audit.

Our responsibilities required by auditing standards

- Identifying and assessing the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.
- Obtaining an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control.
- Evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Concluding on the appropriateness of management's use of the going concern basis of accounting.
- Evaluating the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Obtaining sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the Authority to express an opinion on the consolidated financial statements. Reading other information contained in the financial statements, the Audit and Governance Committee reporting appropriately addresses matters communicated by us to the Audit and Governance Committee and reporting whether it is materially inconsistent with our understanding and the financial statements; and
- Maintaining auditor independence.

Additional audit information (continued)

Other required procedures during the course of the audit (continued)

Procedures required by the Audit Code	<ul style="list-style-type: none"> • Reviewing, and reporting on as appropriate, other information published with the financial statements, including the Annual Governance Statement. • Examining and reporting on the consistency of consolidation schedules or returns with the Authority's audited financial statements for the relevant reporting period
Other procedures	<ul style="list-style-type: none"> • We are required to discharge our statutory duties and responsibilities as established by the Local Audit and Accountability Act 2014 and Code of Audit Practice

We have included in Appendix B a list of matters that we are required to communicate to you under professional standards.

Purpose and evaluation of materiality

For the purposes of determining whether the accounts are free from material error, we define materiality as the magnitude of an omission or misstatement that, individually or in the aggregate, in light of the surrounding circumstances, could reasonably be expected to influence the economic decisions of the users of the financial statements. Our evaluation of it requires professional judgement and necessarily takes into account qualitative as well as quantitative considerations implicit in the definition. We would be happy to discuss with you your expectations regarding our detection of misstatements in the financial statements.

Materiality determines the level of work performed on individual account balances and financial statement disclosures.

The amount we consider material at the end of the audit may differ from our initial determination. At this stage, however, it is not feasible to anticipate all of the circumstances that may ultimately influence our judgement about materiality. At the end of the audit we will form our final opinion by reference to all matters that could be significant to users of the accounts, including the total effect of the audit misstatements we identify, and our evaluation of materiality at that date.

EY | Assurance | Tax | Transactions | Advisory

About EY

EY is a global leader in assurance, tax, transaction and advisory services. The insights and quality services we deliver help build trust and confidence in the capital markets and in economies the world over. We develop outstanding leaders who team to deliver on our promises to all of our stakeholders. In so doing, we play a critical role in building a better working world for our people, for our clients and for our communities.

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ROYAL BERKSHIRE FIRE AUTHORITY REPORT

COMMITTEE	AUDIT AND GOVERNANCE
DATE OF MEETING	17 OCTOBER 2022
SUBJECT	DISCIPLINARY POLICY
LEAD OFFICER	BECCI JEFFERIES, HEAD OF HUMAN RESOURCES AND LEARNING AND DEVELOPMENT
LEAD MEMBER	N/A
EXEMPT INFORMATION	NONE
ACTION	DECISION

1. EXECUTIVE SUMMARY

- 1.1 The Audit and Governance Committee's Terms of Reference require the Committee to approve and monitor the effectiveness and outcomes relating to a number of the Authority's policies including the Disciplinary Policy.
- 1.2 A review of the policy outlined above has been undertaken and they are presented for approval and consideration by the Committee.

2. RECOMMENDATION

That the Audit and Governance Committee:

- 2.1 **APPROVE** the Disciplinary Policy (Appendix A), subject to any further amendments the Committee may wish to make.

3. REPORT

Disciplinary Policy

- 3.1 The Disciplinary Policy (Appendix A) has been reviewed in line with the Employee Code of Conduct and the Behavioural Competency Framework to include information on behaviour and how this relates to maintaining appropriate standards of conduct in the workplace.
- 3.2 The policy has been amended to include information on staff who are neuro-diverse and how this may relate to behaviour exhibited.

Agenda Item 6

3.3 The policy has been added to the new policy template and an initial equality impact assessment has been undertaken.

3.4 The policy has been through initial and formal consultation with the Fire Brigades Union and other representative bodies.

4. CONTRIBUTION TO STRATEGIC COMMITMENTS

4.1 Commitment 4 – We will seek opportunities to contribute to a broader safety, health and wellbeing agenda, whilst delivering our core functions.

4.2 Commitment 5 – We will ensure that Royal Berkshire Fire and Rescue Service provides good value for money.

5. FINANCIAL IMPLICATIONS

5.1 There are no direct financial implications arising from this report.

6. LEGAL IMPLICATIONS

The policy and procedure to be reviewed contribute to the compliance with the following legislation:

6.1 Employment Rights Act 1996

6.2 Data Protection Act 2018

6.3 The Equality Act 2010

6.4 ACAS Code of Practice on Disciplinary and Grievance Procedures

7. EQUALITY DIVERSITY AND INCLUSION IMPLICATIONS

7.1 The Disciplinary Policy contributes to the RBFRS People Strategy specifically in respect of:

- Culture, one team working collaboratively for the people we serve
- Clarity on the decision-making levels, accountability and processes without unnecessary hierarchy
- A focus on excellent communication of key messages in an open way using a wide range of engagement methods
- Developing an internal customer service culture – making processes easy to use for people.

7.2 An initial Equality Impact Assessment has been carried out in respect of the Disciplinary Policy.

8. RISK IMPLICATIONS

8.1 There are no significant risk management issues arising from this report.

9. CONSISTENCY WITH DUTY TO COLLABORATE

9.1 N/A.

10. PRINCIPAL CONSULTATION

- 10.1 Monitoring Officer
- 10.2 Head of Finance and Procurement
- 10.3 Chief Fire Officer
- 10.4 These policies have been subject to consultation with Representative Bodies and staff

11. BACKGROUND PAPERS

- 11.1 None.

12. APPENDICES

- 12.1 Appendix A – Disciplinary Policy

13. CONTACT DETAILS

- 13.1 Becci Jefferies
Head of Human Resources and Learning and Development
0118 9384670

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Policy Name	Disciplinary Policy
Author	Senior HR Adviser
Owner	Head of HR and L&D
Protective Marking	Official
Version	
Status	Contractual Consulted with stakeholders and representative bodies
Issue Date	
Review Date	2 Years from issue date

Policy Statement	<p>Difficulties may arise at various points in the employment relationship, and the discipline procedure is in place to ensure these challenges are dealt with fairly, consistently and without unnecessary delay.</p> <p>Royal Berkshire Fire and Rescue Service (RBFRS) are committed to ensuring the principle of natural justice applies and is clearly seen to apply at each stage of the disciplinary process.</p>
Purpose	<p>The purpose of this policy is to provide employees and managers with a clear set of procedures for managing disciplinary matters to help and encourage all employees to achieve and maintain appropriate standards of conduct, behaviour and job performance.</p> <p>This policy sets out the processes to follow if a problem arises with an employee's conduct to ensure that all situations are dealt with fairly, consistently and without unnecessary delay.</p>
Scope	<p>This policy applies to all employees of RBFRS.</p> <p>For newly appointed employees who are in their probationary period, RBFRS retains the discretion to vary the procedure accordingly in respect of formal warnings, up to and including termination for a first breach of discipline.</p> <p>Separate procedures exist to deal with issues of Capability and Ill-Health, and Performance and Ability issues.</p>
Supporting Information	<p>Performance and Ability Policy</p> <p>Medical Capability Policy</p> <p>Behavioural Competency Framework</p> <p>Employee Code of Conduct</p>

Revision History			
Revision	Description	Author	Date
12	Reviewed following the removal of the Discipline and Grievance (DAG) Committee from the terms of reference for the Management Committee. The key change is that appeals against dismissal are heard by a Director of RBFRS.	HR Adviser	September 2019
13	Inclusion of paragraph relating to the recording of hearings.	HR Adviser	November 2020
14	Additional links to supporting policies included. Inclusion of information on the need to consider negative behaviours and how this may impact individuals who may be neuro-divergent. Update of some terminology. Addition of an Equality Impact Assessment.	Senior HR Adviser	November 2021

Authorisation	
Approving SLT Member	Becci Jefferies
Approving Director (if required)	Nikki Richards

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1. Policy Detail Appendix A

Procedure

To address disciplinary matters in the most effective and timely way, the appropriate manager should undertake an initial assessment to establish the circumstances of the case prior to commencing any further action. This initial assessment should be discussed with Human Resources (HR), and the manager will determine whether any further action is required. This does not constitute part of any formal investigation although any information gathered may be used in the full investigation and the formal process should it be deemed appropriate.

Cases involving minor misconduct, unsatisfactory performance (if wilful or caused by carelessness), attendance or unsatisfactory conduct/behaviour should be dealt with informally at line management level in the first instance.

It should be noted that some of the examples of negative indicators of behaviour outlined in the Behavioural Competency Framework (BCF) may be displayed by employees who are neuro-divergent. Therefore care will need to be given to exploring any underlying conditions that may be contributing to these behaviours or conduct before any disciplinary action is taken – in the first instance advice should be sought from Human Resources.

Levels of Management

Where possible and appropriate Line Managers are responsible for dealing with all disciplinary issues at all levels of this procedure. Line Managers will also ensure that their staff are aware of and understand this policy.

Human Resources (HR) are responsible for maintaining a fair and effective disciplinary procedures and providing appropriate advice, guidance and training for managers dealing with disciplinary matters.

At the formal stages of the procedure the lowest levels of line management who can take action, subject to training and the ability to do so, are:

	Investigation Officer	Manager Assigning the Investigation / Hearing Officer
Formal Stage 1	Team/Watch Manager	Department/Station Manager
Formal Stage 2	Department/Station Manager	Senior/Group Manager
Formal Stage 3	Senior/Group Manager	Head of Service/Area Manager

The Investigating Officer would normally present the management case at the formal stages of the procedure. If the manager who would usually deal with a disciplinary issue (i.e. the line manager) is not available, or where there may be a conflict of interest, another manager at the same or higher level, according to the stage of the process being investigated, may be appointed to deal with the case.

Technical experts can be used to advise and support Investigation Officers should specialist advice be required.

Stages

The procedure may be initiated at any stage depending on the seriousness of the case, based on information available at the time. When allegations have been investigated and it is determined

that a disciplinary hearing is required, the stage will be reviewed, in conjunction with HR, by the manager assigning the case based on the outcome of the investigation. Please note, the stage at which the disciplinary is heard can be reduced following the investigation, but should the matter warrant being heard at a higher stage, further investigation will need to be undertaken first and the individual notified accordingly.

Reasonable adjustments should be made to accommodate employees who have a disability at all stages of the process both formal and informal.

Informal Action

When dealing with informal disciplinary matters, managers should outline the expected outcome(s)/improvements, how these should be achieved and by when and recorded in a Note of Informal Action (note for file) to be placed on the employees Personal Record File (PRF). Managers should monitor performance in the areas outlined and notify HR when performance has been maintained at a satisfactory level to initiate removal from the PRF.

Formal Action

Stage 1

The employee's Line Manager (or another appropriate manager) will investigate the matter and present their report to the manager who assigned the investigation (or a representative at a similar level if they are unavailable) to determine, based on the evidence provided, if a hearing is necessary. If at this point a hearing is deemed necessary the assigning manager will normally take on the role as Hearing Officer.

Where findings support a breach of discipline, the disciplinary outcome will be disregarded for disciplinary purposes after a **maximum of six months**.

The employee will be formally written to by the Hearing Officer confirming the outcome, the timescale for improvement and advising them of their right of appeal.

Stage 2

Where there is a failure to improve in the time scale set in Stage 1 or where the offence is sufficiently serious to initiate an investigation at Stage 2, the employee may be issued with a final written warning after a further investigation and hearing.

Where findings support a breach of discipline, the disciplinary outcome will be disregarded for disciplinary purposes after a **maximum of eighteen months**.

The employee will be formally written to by the Hearing Officer confirming the outcome, the timescale for improvement and advising them of their right of appeal. The outcome should also warn the employee that failure to improve may lead to dismissal or some other sanction such as demotion or disciplinary transfer and loss in pay.

Stage 3

Where an employee fails to improve after a Stage 2 warning or where the offence is sufficiently serious (following an investigation and hearing), employees may be dismissed with notice. Sanctions or sanctions as an alternative to dismissal may also be considered. These are:

- A warning
- Demotion (after consultation with HR)
- Disciplinary transfer
- Loss of pay up to a maximum of thirteen days

Where findings of the hearing support a breach in discipline other than dismissal, the outcome will be disregarded for disciplinary purposes after a **maximum of eighteen months**.

Gross Misconduct

Acts which constitute gross misconduct are those resulting in a serious breach of contractual terms, making employees potentially liable for summary dismissal. Examples of gross misconduct might include (**note this list is not exhaustive**):

- Theft, fraud or bribery
- Physical violence
- Mental or Physical bullying
- Deliberate and serious damage to property
- Serious misuse of RBFRS' property or name
- Deliberately accessing pornographic, offensive or obscene material
- Unlawful discrimination or harassment (i.e. protected characteristics)
- Bringing RBFRS into serious disrepute
- Conduct which leads to reputational damage to RBFRS
- Being under the influence of alcohol (above the level stated in the [Drugs and Alcohol Policy](#)), drugs or illegal highs, when on or available for duty.
- Causing loss, damage or injury through serious negligence
- Serious breach of health and safety rules
- A serious breach of trust and / or confidence
- Failure to obey a reasonable instruction
- Serious insubordination
- Serious breach of data security (e.g. a misuse of sensitive personal data or a breach of IT policies)
- Safeguarding issues
- Making covert recordings in formal meetings.

It should be noted that some investigations relating to safeguarding or where police investigations are instigated may not be commenced, if doing so will or may compromise investigations by the Police or Social Services. HR advice should be sought in these cases.

Individuals summarily dismissed on the grounds of gross misconduct will only receive annual leave based on statutory entitlement under the Working Time Regulations 1998, any paid holidays (including paid public holidays) taken shall be deemed first to have been taken in satisfaction of that statutory entitlement.

Internal cases of fraud will be raised with the Head of Finance and Procurement or their deputy in the first instance to identify if the prima facie evidence warrants consideration under the [Anti Fraud, Bribery and Corruption Policy](#), or if the investigation should be immediately handled under RBFRS Disciplinary Policy.

Suspension

Suspension is not disciplinary action and is neutral as far as an employee's possible blame worthiness is concerned. Suspension should be for the minimum possible period and should be regularly reviewed. Examples where it may be necessary include:

- To allow an investigation to be undertaken which might be inhibited by the presence of the employee
- When there are strong reasons for doubting the ability or willingness of the employee to work normally
- Where the safety of an employee or others may be compromised if they remain at work Suspension should be considered as the last solution and preference should be given to other ways of managing the situation.

Suspension should not be an automatic response to allegations of gross misconduct.

Suspensions will be approved by an appropriate level of management, as a minimum this should be a Department Manager or Group Manager after seeking advice from HR.

Employees should be informed of the reasons for suspension and any conditions which may apply during the period of suspension. Communication channels and support offered to employees during the suspension will also be discussed.

Employees will receive full contractual pay during a period of suspension, unless they commence sick leave in which case their pay will be in accordance with the rules of the relevant sick pay scheme. Full pay for On-Call (RDS) employees will be calculated on a daily basis (in line with Annual Leave calculations).

Where an employee is suspended from the workplace a Welfare Officer will be assigned as appropriate, to act as a support to the individual while they are out of the workplace.

Disciplinary Hearings

Employees should be notified of the date and time of the hearing in writing. The length of time between notification of the hearing should not be less than:

- Stage 1 - Seven days
- Stage 2 - Ten days
- Stage 3 - Twenty-one days

The hearing should be held in an appropriate location with no interruptions to allow confidentiality to be maintained.

Personnel who will normally attend the hearing are:

- The Hearing Officer
- The employee
- The employee's representative (if they choose to have one)
- The Investigating Officer
- HR Representatives
- Any witnesses either party wishes to call
- Note taker (mandatory for Stage 3– to be arranged by the Hearing Officer)

The employee and their representative must advise the Hearing Officer of any witnesses they intend to call and provide copies of any documents they wish to be considered at the hearing at least **three working days (Monday - Friday)** before the date of the hearing.

Following the hearing, the Hearing Officer must confirm the outcome of the hearing in writing within **seven days**.

All parties will make every effort to attend the hearing. Employees who cannot attend a hearing must inform the Hearing Officer in advance as soon as possible. If the employee fails to attend as a result of circumstances outside of their control, another hearing should be arranged. If an

employee fails to attend the rearranged hearing without good reason, a decision may be taken at the hearing in the employee's absence based on the evidence available.

If the employee's representative cannot attend on a proposed date, employees have the statutory right to suggest another date as long as it is not more than seven days after the date originally proposed. This time limit may be extended by mutual agreement.

Voice Recording of Disciplinary/Investigation Meetings

Making an audio, video or electronic recording of a meeting or hearing conducted under the Disciplinary Procedure is strictly prohibited. RBFRS does not have the facilities to record and provide copies of any electronic recordings, or the facility to transcribe them. Any notes taken should be signed by the relevant parties at the end of any meetings to reflect they are an accurate account of the meeting.

Retention of Disciplinary Records

A record of all disciplinary outcomes and disciplinary sanctions are held in HR for monitoring purposes and to ensure consistency of approach.

Discipline warnings and reports will be held in line with RBFRS HR Retention Schedule. Notes of Informal Action (notes for file) which are held on an employee's PRF (Personal Record File) will be removed in line with manager's instruction.

Representation

Employees can be accompanied by a fellow employee or Trade Union representative of their choice at all formal stages of the procedure with the exception of where the chosen representative has a conflict of interest e.g. they are also under investigation or a witness to the matter under investigation. In addition employees will be provided with the opportunity to be accompanied at investigation stage. Employees should inform the Hearing Officer of the name of their representative prior to the hearing.

Fellow employees or Trade Union officials do not have to accept a request to accompany an employee and they should not be pressurised to do so. Reasonable paid time off will be granted to an employee or Trade Union official who has agreed to accompany a colleague (this would include the hearing and time for the representative to familiarise themselves with the case). Due consideration for paid time off will be given to a Trade Union official who request to accompany an employee employed by another Fire Authority in the same region.

The representative is there to provide additional support and guidance to the employee and should be allowed to address the hearing in order to:

- Put the employees case
- Sum up the employees case
- Respond on the employee's behalf to any view expressed at the hearing

The representative can also confer with the employee during the hearing and participate fully in the hearing, including asking the witnesses questions.

The representative has no right to:

- Answer questions on the employee's behalf
- Address the hearing if the employee does not wish it
- Prevent the manager from explaining their case

Witnesses do not have the statutory right to representation during interviews or at the hearing, however where there is no delay to the process, requests for support will be assessed on a case by case basis.

Appeals

Employees have a right of appeal against outcomes of formal stages of the disciplinary process. Appeals must be submitted to the Head of HR and L&D (or a named representative) no later than **seven** days after they have been informed of the disciplinary action taken against them. Appeals will be heard by a higher level of management than that which took the decision to impose a disciplinary sanction.

The grounds for appeal are:

- There was a defect in the procedure
- The issue was not proved on the balance of probabilities
- The disciplinary sanction was too severe
- New evidence has come to light since the hearing, which will have an impact on the original decision

Managers hearing appeals will be accompanied by an alternative HR representative to that which advised the original Hearing Officer

The Head of HR and L&D will determine whether a re-hearing is required i.e. the case is heard afresh with no referral back to the original hearing findings or if a simple appeal hearing can be undertaken, where by the findings of the original hearing are reviewed.

Appeal Re-Hearing

A re-hearing would normally be required if:

- There is a procedural defect at the original hearing such that the hearing was unfair
- New evidence has come to light that needs to be heard in full
- There is a dispute about the evidence given by one or more witnesses at the original hearing. In these cases it may be necessary to re-hear the witness evidence at the appeal. New evidence or witnesses will only be considered when they form the grounds of the appeal.

Appeal Hearing

The manager conducting the appeal will have the following documents available:

- All documents presented at the original hearing
- A copy of a record of the original hearing
- The letter confirming the outcome of the original disciplinary hearing
- The letter of appeal
- All other relevant information

The Appeal Manager will hear the appeal put forward by the employee and/or their representative and any relevant evidence presented. The management case will then be put forward responding to the grounds of the appeal. Both parties will be afforded the opportunity to bring relevant witnesses who can be questioned by all parties. The Appeal Manager will then reach their conclusion based on the documentation and submissions from both parties.

Appeals against Dismissal

Appeals against dismissal must be lodged with Head of HR and L&D (or a named representative) in writing within seven days of the notification of dismissal. The appeal will be heard at Directorate level.

In cases of gross misconduct, dismissal will be summary following the hearing. If the employee is reinstated on appeal, pay will be reinstated and backdated.

In other cases of dismissal, employees shall be given contractual notice of dismissal following the hearing. Every effort will be made to conclude any appeal process within the notice period. Where it has not been possible to conclude the appeal process within the notice period, notice may be extended for a reasonable period with a view to concluding the appeal process within the notice period. If the dismissal is not upheld on appeal, the employee will be reinstated if the notice period was not extended.

In cases of sanctions other than dismissal, the sanctions should not be implemented until any appeal process has been concluded.

Discipline Procedure for Directors

The discipline procedure for Directors is based on this RBFRS’ disciplinary procedure. A preliminary investigation into allegations of misconduct will be conducted by a designated person at Director level.

If a preliminary investigation determines a potential case to answer, a formal investigation will be conducted. The CFO will appoint an appropriate investigator. Where necessary this may be an external person of an appropriate seniority.

The Chief Fire Officer will be the Hearing Officer for all hearings in relation to other RBFRS Directors unless there is a conflict of interest. Appeals will be held by a sub-group of the Management Committee.

Cases against the CFO will be heard by a sub-group of the Management Committee with any appeal being heard by a second sub-Group of the Management Committee, members of which were not involved with the initial hearing.

General Issues Where a Grievance is raised during the Disciplinary Process

The Investigating Officer should consider suspending the disciplinary procedure for a short period while the grievance is dealt with. Depending on the nature of the grievance another Investigating Officer may need to be assigned to deal with the disciplinary. In these circumstances, advice should be sought from HR.

Medical fitness to attend a Disciplinary Hearing

Where an employee is absent due to sick leave, the employee will be referred to Occupational Health for an assessment to ascertain whether they are medically fit to attend an investigation meeting or disciplinary hearing.

Where appropriate, the meeting can be held closer to the employee’s home, or a written representation could be submitted. In exceptional circumstances in continuing absence of the employee, RBFRS may conclude a decision needs to be made on the information available. In such cases advice will be sought from HR and assessed on a case by case basis.

Disciplinary action against a Trade Union Representative

Disciplinary action against a trade union representative can lead to serious dispute if it is seen as an attack on the union’s functions. If disciplinary action is considered against a Trade Union representative i.e. it has been determined that a hearing is required, the case should be discussed

(after obtaining the employee's agreement) with a senior Trade Union representative or permanent union official.

Resignations during Disciplinary Action

If an employee resigns after an investigation has commenced, proceedings will be concluded before the employee concerned leaves the service of RBFRS wherever possible. Where allegations relate to the safeguarding of children or vulnerable adults the process must be concluded. RBFRS reserves the right to take the necessary action to resolve outstanding issues relating to third parties and to reach a conclusion for the record based on the available evidence for use in relation to future requests for references or applications to re-join RBFRS.

Criminal Offences

If an employee is charged with, or convicted of, a criminal offence not related to work, this is not in itself reason for disciplinary action. The manager should establish the facts of the case and consider whether the matter is serious enough to warrant starting the disciplinary procedure (i.e. is the alleged offence one that makes the employee unsuitable for the type of work they are employed to undertake).

Freedom of Information/Subject Access Requests

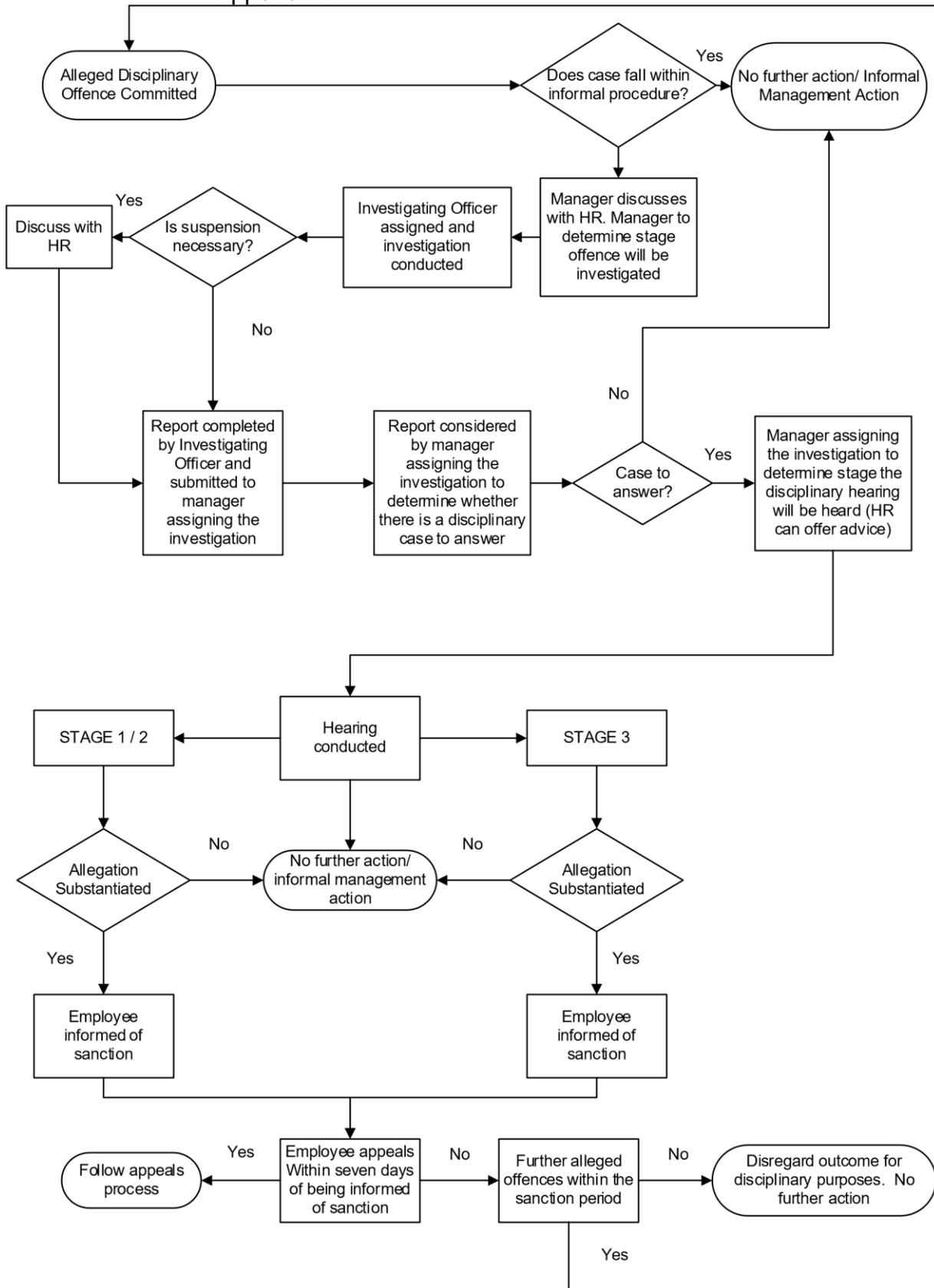
Any Freedom of Information or Subject Access Requests relating to disciplinary matters will be dealt with in accordance with the Data Protection Policy and the Data Protection Legislation.

2. Review

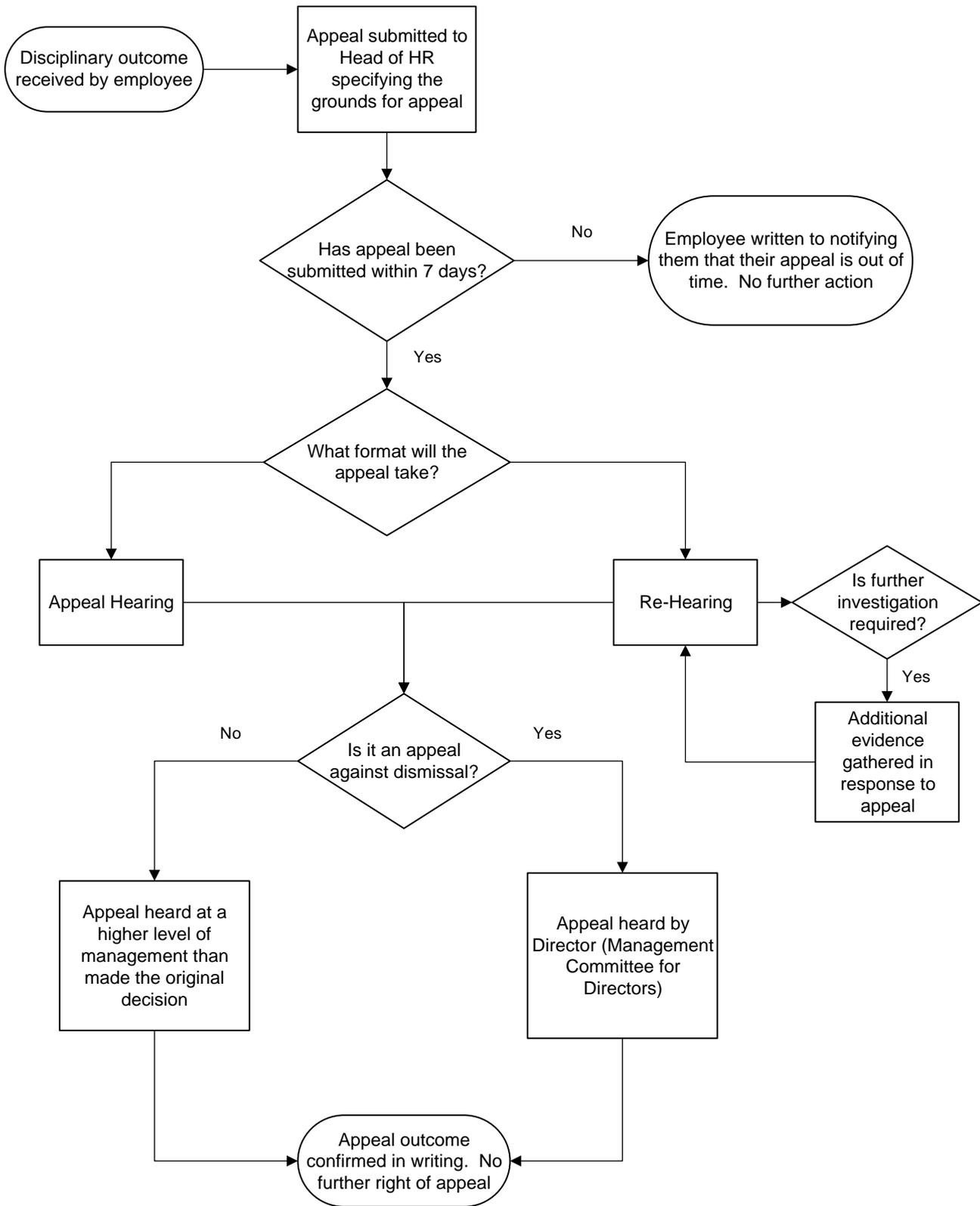
This policy will be reviewed within 2 years of its publication date or when required by a change in circumstances.

Appendix 1 – Disciplinary Process Flowchart

Appendix A



Appendix 2 – Appeals Process Flowchart



3. Initial Equality Impact Assessment

Appendix A

Please complete the below if making significant revisions or this is a new policy.

Name and Role of Person Completing Assessment: Lucy Greenway, Senior HR Adviser		Date of Assessment: 29/10/2021
1. Who is intended to benefit from this policy/service, and in what way?	<p>This policy is designed to provide a framework to assist RBFRS managers and employees in understanding the arrangements for dealing with disciplinary issues.</p> <p>The policy provides clear guidance on what constitutes misconduct, how these matters should be investigated, how hearings are undertaken and what disciplinary sanctions will be used.</p>	
2. Who are the main stakeholders in relation to the policy/service? (e.g. applicants, service users, member of the public, RBFRS employees, partner organisations)	<p>RBFRS employees (with the exception of Directors to which a separate process applies) Human Resources Representative Bodies</p>	
Please briefly describe any potential impacts (neutral, positive, negative) of the policy / revisions of the policy on the groups below:		
Sex (Men and Women)	Neutral	
Race (All Racial Groups)	Neutral	
Disability (Mental, Physical, and Carers of Disabled people)	Positive – reference made to recognising that some behaviour may be a result of underlying conditions and that consideration should be given to exploring the impact of these before any disciplinary action is taken.	
Religion or Belief	Neutral	
Sexual Orientation (All diverse sexual orientations)	Neutral	
Pregnancy and Maternity (Includes new mothers and those returning to the workplace)	Neutral	
Marital Status (Married and Civil Partnerships)	Neutral	
Trans People (Includes non-binary identities and all other diverse gender identities/expressions)	Neutral	
Age (People of all ages)	Neutral	
People in different family circumstances (including those with caring responsibilities)	Neutral	
People in different social circumstances (including socio-economic factors i.e. poverty and isolation)	Neutral	

Different employee groups (including consideration of on-call staff, grades, contract status. Also consider non-employee groups i.e. casual workers, volunteers)	Neutral Appendix A
Other – this may include consideration of other factors as relevant to the activity such as unemployment, homelessness, urbanisation, rurality, health inequalities	Neutral
If any potential negative impacts have been identified you must complete a full Equality Impact Assessment (Form 280) before publication.	

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ROYAL BERKSHIRE FIRE AUTHORITY



COMMITTEE	AUDIT AND GOVERNANCE COMMITTEE
DATE OF MEETING	17 OCTOBER 2022
SUBJECT	QUARTERLY PERFORMANCE REPORT 2022-23 QUARTER ONE (APRIL-JUNE 2022)
LEAD OFFICER	BECCA CHAPMAN, DATA, PERFORMANCE AND RISK MANAGER
LEAD MEMBER	N/A
EXEMPT INFORMATION	NONE
ACTION	TO NOTE

1. EXECUTIVE SUMMARY

- 1.1 To provide Audit & Governance Committee with an overview of the Royal Berkshire Fire and Rescue Service (RBFRS) first quarter (April – June 2022) performance for the 2022-23 financial year.

2. RECOMMENDATION/S

That the Audit & Governance Committee:

- 2.1 **NOTE** the performance against Service Provision and Corporate Health measures for the targets agreed by the Fire Authority for 2022-23.
- 2.2 **NOTE** the progress made on the four priority programmes.
- 2.3 **NOTE** the position of corporate risk.
- 2.4 **DISCUSS** and **AGREE** any further actions, if appropriate.

3. REPORT

- 3.1 The quarterly performance report supports the Performance Management Framework which provides structure and governance that will enable RBFRS to measure, monitor and manage outputs and outcomes in a timely manner, allowing the organisation to respond and make informed decisions to ensure that statutory obligations and the Fire Authority's Strategic Commitments are successfully delivered.
- 3.2 Following data capture, review and analysis, evidence is reviewed by the Strategic Performance Board (SPB) whose purpose is to lead, support and

Agenda Item 7

monitor the effective delivery of the Strategic Objectives by monitoring and reviewing performance across the four Quadrants.

- 3.3 Informed by these processes, key data and highlights have been extracted and reviewed by the Senior Leadership Team (SLT) and are presented in this report for scrutiny at the Audit and Governance Committee.
- 3.4 The attached report provides an overview of performance for the first quarter (April – June 2022) performance for the 2022-23 financial year. It reports performance in four key areas:
 - 3.4.1 Quadrant one - Service Provision - This section presents data and information which will allow members to monitor how RBFRS are doing at delivering its statutory obligations and any internal services provided between teams, departments and functions.
 - 3.4.2 Quadrant two - Corporate Health - This section brings together all data, information and measures from across the organisation, which will allow members to monitor how RBFRS are managing key resources, e.g. People and Finance.
 - 3.4.3 Quadrant three - Priority Programmes (IRMP, People Strategy, Strategic Asset Investment Framework and the HRRB Project) - This section will allow members to monitor progress of work designed to deliver a defined outcome which is different to or improves on current working practices, policies and procedures in support of delivering against the strategic commitments and corporate plan 2019-23.
 - 3.4.4 Quadrant four - Corporate Risk - This section groups provides an assessment of corporate risks that may impact on service delivery. This section will also include data and information from audit monitoring and an update on the HMICFRS Action Plan.

4. CONTRIBUTION TO STRATEGIC COMMITMENTS

- 4.1 Commitment 1 – We will provide education and advice on how to prevent fires and other emergencies.
- 4.2 Commitment 2 – We will ensure a swift and effective response when called to emergencies
- 4.3 Commitment 3 - We will provide advice, consultation and enforcement in relation to fire safety standards in buildings.
- 4.4 Commitment 4 – We will seek opportunities to contribute to a broader safety, health and wellbeing agenda, whilst delivering our core functions.
- 4.5 Commitment 5 – We will ensure that Royal Berkshire Fire and Rescue Service provides good value for money.
- 4.6 Commitment 6 – We will work with Central Government and key stakeholders in the interests of the people of Royal Berkshire.

5. FINANCIAL IMPLICATIONS

5.1 This report provides RBFA financial information under the corporate health quadrant.

6. LEGAL IMPLICATIONS

6.1 There are no legal implications arising from this report.

7. EQUALITY AND DIVERSITY IMPLICATIONS

7.1 This report provides RBFRS equality and diversity information under the corporate health quadrant.

7. RISK IMPLICATIONS

8.1 This report provides RBFRS corporate risk information under the risk quadrant.

9. CONSISTENCY WITH DUTY TO COLLABORATE

9.1 This report provides information on RBFRS performance measures and targets, as such there are no identified areas for collaboration.

10. PRINCIPAL CONSULTATION

10.1 The Chief Fire Officer was consulted during preparation of this report.

10.2 The Head of Finance and Procurement was consulted on the content of this report.

11. BACKGROUND PAPERS

11.1 Annual Plan 2022-23.

12. APPENDICES

12.1 Appendix A

13. CONTACT DETAILS

13.1 Sam Faulknall-Mills
Performance & Planning Officer
07786 135 706

13.2 Becca Chapman
Data, Performance and Risk Manager
07585 991629

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Quarterly Performance Report

Q1 2022-2023 April-June



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Contact Us

Accessibility

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

In an emergency

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

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

Contacting us when it's not an emergency



Visit our website: rbfrs.co.uk



Email us at: performance@rbfrs.co.uk



Call us on: 0118 945 2888



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



Introduction

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

In our Annual Plan for 2022-23, we set 10 Annual Objectives for the year, which can be found at Appendix B. The Objectives are delivered through our Service Plans and Local Safety Plans and our projects and programmes. Ongoing analysis of performance data and information supports decision-making across the organisation. We monitor performance across four quadrants:

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

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

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

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

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



Key

Performance Measures

	Target exceeded by more than 10%
	Target met or exceeded by up to 10%
	Target missed by up to 10%
	Target missed by more than 10%
	NA or data accuracy issues affect confidence in reporting
↑	Improvement in performance
↔	Maintenance of performance
↓	Decline in performance

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



Q1 Summary

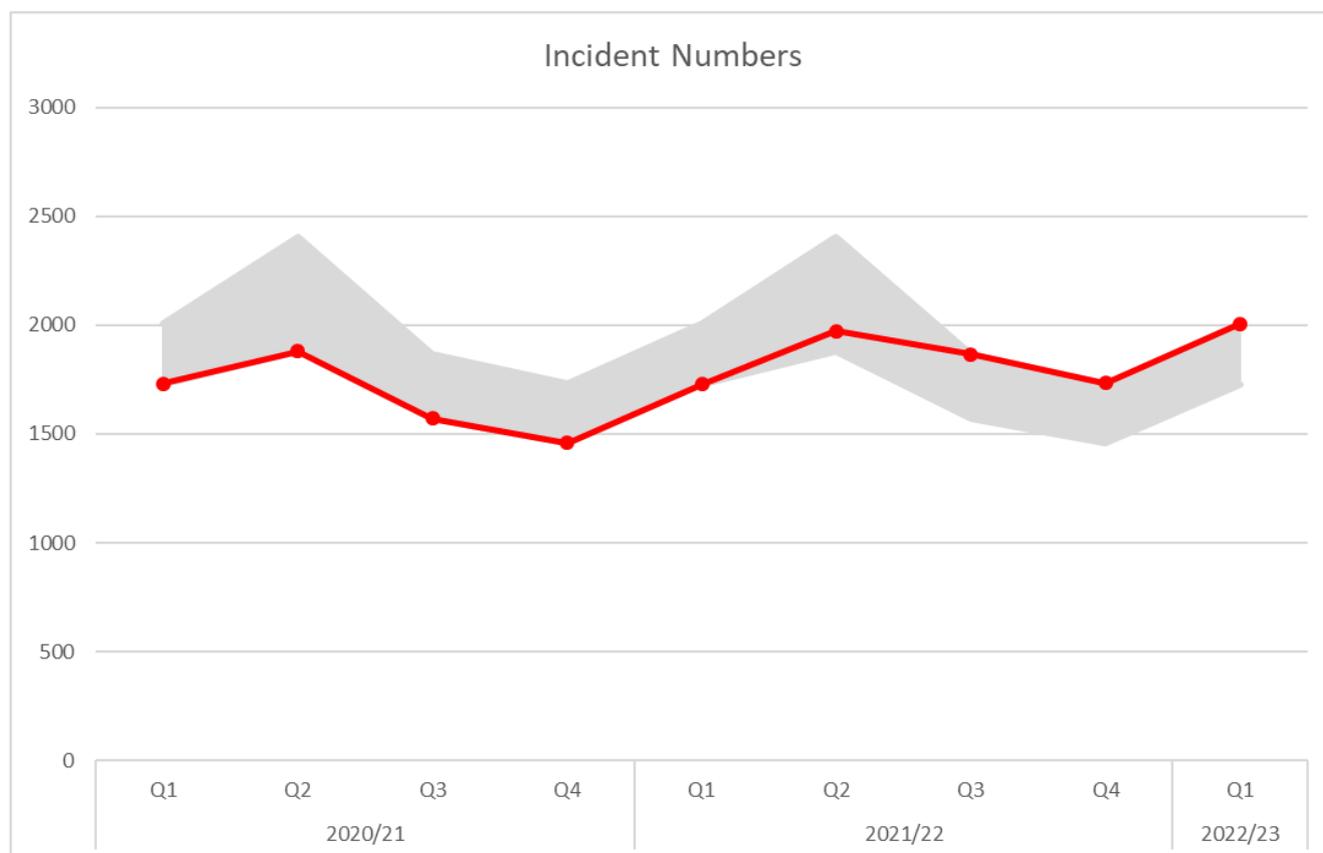




Incident Trends

The table below illustrates the number of emergency incidents we responded to in Quarter 1 2022-23 in comparison with previous years. This data is also presented in a graph below as a red line, with the previous 5 years minimum and maximum as background shading for context.

Incident Numbers				
	Q1	Q2	Q3	Q4
2020/21	1732	1880	1571	1459
2021/22	1728	1972	1867	1733
2022/23	2005			



The number of incidents in 2020-21 fell due to the COVID-19 pandemic, whilst the number of incidents in 2021-22 returned to pre-pandemic levels. These historic years are included in the tables in this report to aid comparisons.

The return to pre-COVID-19 incident numbers in our communities continues to be reflected in incident trends, as reflect in the tables and graph above.

Whilst Primary Fires remain at relatively stable numbers, the number of Secondary Fires in this quarter were at their highest level since Q1 2020-21. This is a return to normal levels of Secondary Fires after very low numbers in the summer of 2021, related to a wetter summer than average across the South East of England.



The number of Automatic Fire Alarms (AFAs) calls received rose in this quarter, as did the number of False Alarms. Hoax calls remain very low in volume. Whilst overall False Alarms have increased, as a percentage of incident numbers they have reduced by 1% point compared to Q1 2021-22, suggesting that the rise is proportional to generally higher incident numbers. It also important to note that the % of False Alarms not attended has risen by 3% points compared to Q1 2021-22.

Road Traffic Collisions (RTCs) have continued to increase, as the economic activity post-pandemic continues to return to normal, but have not yet returned to pre-pandemic levels.



Quadrant One – Service Provision

This Quadrant scrutinises the service we provide to the public. Performance is monitored across Prevention, Protection and Response, using a set of performance measures, which can be found at Appendix C.

Zero fire deaths have occurred during Q1 and staff continue to provide varied prevention activities across all sections of the community. Fire Casualties are also slightly down on the same period last year with Hub activity focussing on common causes such as cooking.

Referrals of vulnerable people to receive Safe and Well visits have seen a significant increase through Q1 with an additional 200 referrals made when compared to the same period last year. This is largely the result of the excellent training being provided by RBFRS to partner agencies. 100% of priority threat of arson referrals requiring a visit within 48hrs have been achieved.

Deliberate fires have seen an increase on the previous year largely associated with ASB. Hub Prevention teams have been working actively with local partners, police and through Community Safety Partnerships to target, disrupt and educate those responsible.

The proportion of audits which were satisfactory was high this quarter, this is partly due to the new Risk Based Inspection Programme (see below) and was further boosted by the type of premises being audited by Fire Safety Inspectors as part of their development. It is predicted that the figure will start to fall as more FSIs become fully qualified in Q2 and Q3. This will also help to address some of the resourcing issues currently being experienced by fire safety teams although further recruitment will also be needed later in the year. Despite resourcing issues relating to resignations, extractions and sickness it is great to see that the percentage of consultations completed in time has risen to 96% during this period.

This quarter we have seen continued success against the Service response standard of 10 minute attendance on 75% of occasions. During the quarter, 75.9% was achieved. At a unitary authority level, West Berkshire remains challenging in terms of its geographical size. The West Hub management team continue to develop plans to support increased response arrangements across the On-call stations. Additionally, where response standards are unlikely to be achievable, there is a greater focus on prevention and protection activity.

As agreed by Fire Authority in the annual plan, the corporate measure relating to wholetime duty system appliance availability has been amended from the start of this financial year. Whereas the previous measure looked only at crewing availability, the new measure identifies the percentage of time our wholetime pumping appliances are unavailable for mobilisation, whether this is due to crewing, maintainance, or any other reason. This change to the measure is more in keeping with data requested by HMICFRS. It is positive that quarter one provided an overall wholetime duty system availability of 97.6%.

The On-call appliance availability remains volatile and some way off target at 44.4% for the quarter. Whilst there are a number of positive areas of development, not least successful recruitment activity, some stations continue to struggle to provide the level of cover the Service aims to achieve.



Risk Based Inspection Programme

Quarter one saw the launch of our new Risk based Inspection Programme (RBIP) enabling Fire Safety Inspectors (FSIs) to better target their activities at premises that pose the highest risk.

We set out our intention to revise the RBIP in our Protection Strategy 2020-23. The RBIP approach was informed by the developing work of the National Fire Chiefs' Council and has been built to provide a firm foundation which can be adapted when further national guidance is issued.

In developing the methodology, we have assessed the availability and quality of the data relating to occupancy types and risk factors. The RBIP is designed to allow ongoing review, refinement and improvement, adding data sources as they become available, or in response to changing knowledge about local risk.

The new RBIP was launched at the end of April, and since then our FSIs have been focusing on those properties identified as Very High Risk.

Our Protection teams also inspect properties as a result of complaints, or after fires. From Quarter 2, our new Corporate Measure 9 will allow us to track what proportion of our audits are carried out on high and very high risk premises.

The new RBIP has raised the priority of premises that we haven't previously or recently visited where other risk factors are present. This means that initially a large proportion of the buildings in our High and Very High Risk categories haven't been audited recently and once we have visited and assessed them, we may have the evidence to categorise them as lower risk because of the management arrangements in place. It was predicted that this may lead to a higher percentage of satisfactory audits being recorded initially and this has indeed been the case with the proportion of audits which were satisfactory rising to 79% in Q1.

For the remainder of the 2022-23 year, FSIs will focus on inspecting all premises identified as Very High Risk. Once this is complete, we will visit High Risk properties that have not been recently audited, and develop a rolling programme of inspections. We will also evaluate the programme, including reviewing a sample of premises from across all risk groups to check the methodology.



QUADRANT ONE – SERVICE PROVISION		DATA SUMMARY			
Overall Measures					
1. Number of Fire Deaths					2022/23 Target: 0
	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (21/22)	1	0	2	3	1
Target	0	0	0	0	0
2022/23 Actual	0				0 ↑
2. Number of non-fatal fire casualties					
					2022/23 Target: 75 max
	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (21/22)	12	13	3	12	12
Target	18	19	19	19	18
2021/22 Actual	12				12 ↔
3. Number of deliberate Primary Fires					
					2022/23 Target: Reduce
	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (21/22)	30	27	37	35	30
Target	29	26	36	34	29
2022/23 Actual	34				34 ↓
4. Number of deliberate Secondary Fires					
					2022/23 Target: Reduce
	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (21/22)	76	35	38	50	76
Target	75	34	37	49	75
2022/23 Actual	91				91 ↓
Prevention Measures					
5. Increase the number of Referrals for Safe and Well visits received from our partners					2022/23 Target: 10%
	Q1	Q2	Q3	Q4	Year to Q1
Previous Year number (21/22)	704	716	764	802	704
Target number	774	787	840	882	774
2022/23 Actual number	906				906
Percentage change	28.7%				28.7%
6. Percentage of Safe and Well referrals, where there has been a threat or incidence of arson, completed within 48 hours					
					2022/23 Target: 100%
	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (21/22)	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%
2022/23 Actual	100%				100% ↔
7. Percentage of Very High and High Risk Safe and Well Referrals completed within target time					
					2022/23 Target: 90%
	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (21/22)	N/A	N/A	N/A	N/A	N/A
Target	90%	90%	90%	90%	90%
2022/23 Actual	42.4%				42.4%



8. Percentage of Medium Risk Safe and Well Referrals completed within target time						2022/23 Target: 75%
	Q1	Q2	Q3	Q4	Year to Q1	
Previous Year (21/22)	N/A	N/A	N/A	N/A	N/A	
Target	75%	75%	75%	75%	75%	
2022/23 Actual	33.0%				33.0%	
Protection Measures						
9. Proportion of Fire Safety Audits conducted against premises identified as High or Very High Risk in our Risk Based Inspection Programme						2022/23 Target: Monitor
	Q1	Q2	Q3	Q4	Year to Q1	
Previous Year (21/22)	N/A	N/A	N/A	N/A	N/A	
Target	-	-	-	-	-	
2022/23 Actual	N/A*				N/A*	
*The Risk Based Inspection Programme was launched on the 28 th April. Monitoring data will be available from Q2.						
10. Percentage of Full Fire Safety Audits with a 'Broadly Compliant' result						2022/23 Target: 60% max
	Q1	Q2	Q3	Q4	Year to Q1	
Previous Year (21/22)	56.2%	57.4%	63.3%	51.3%	56.2%	
Target (max)	60%	60%	60%	60%	60%	
2022/23 Actual	78.8%				78.8% ↓	
11. Percentage success when cases go to court						2022/23 Target: 95%
	Q1	Q2	Q3	Q4	Year to Q1	
Previous Year (21/22)	0 cases	100% (1 case)	0 cases	0 cases	0 cases	
Target	80%	80%	80%	80%	80%	
2022/23 Actual	0 cases				0 cases ↔	
12. Percentage of Statutory fire consultations completed within the required timeframes						2022/23 Target: 95%
	Q1	Q2	Q3	Q4	Year to Q1	
Previous Year (21/22)	94.1%	97.7%	98.4%	97.2%	94.1%	
Target	95%	95%	95%	95%	95%	
2022/23 Actual	96.3%				96.3% ↑	
13. The number of Automatic Fire Alarm calls received						2022/23 Target: Improve
	Q1	Q2	Q3	Q4	Year to Q1	
Previous Year (21/22)	622	853	868	698	622	
Target	621	852	867	697	621	
2022/23 Actual	764				764 ↓	
14. Percentage of Automatic Fire Alarm calls where RBFRS did not attend						2022/23 Target: 30% min
	Q1	Q2	Q3	Q4	Year to Q1	
Previous Year (21/22)	23.8%	22.0%	21.2%	28.1%	23.8%	
Target	30%	30%	30%	30%	30%	
2022/23 Actual	26.8%				26.8% ↑	



Response Measures					
15. Percentage of occasions where the first fire engine arrives at an emergency incident within 10 minutes from time the emergency call was answered					2022/23 Target: 75%
	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (21/22)	76.1%	77.0%	79.4%	76.3%	76.1%
Target	75%	75%	75%	75%	75%
2022/23 Actual	76.0%				76.0% ↓
16. Percentage of wholetime frontline pumping appliance availability					2022/23 Target: 99%
	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (21/22)	98.6%	98.1%	97.0%	98.2%	98.0%
Target	99%	99%	99%	99%	99%
2022/23 Actual	97.6%				97.6% ↓
17. Percentage of hours where there is adequate crewing on on-call frontline pumping appliances (based on 24/7 crewing)					2022/23 Target: 60%
	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (21/22)*	59.8%	34.7 %	36.5%	43.8%	59.8%
Target	60%	60%	60%	60%	60%
2022/23 Actual	44.4%				44.4% ↓
*excluding Pangbourne					
Resilience Measures					
18. Percentage of visits to Very High, High and Medium Operational Risk sites completed in timescale					2022/23 Target: Monitor
	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (21/22)	N/A	N/A	N/A	N/A	N/A
Target	-	-	-	-	-
2022/23 Actual	Not avail*				Not avail*
*Data for this measure is not yet available					
19. Number of Service Delivery Hub exercises completed					2022/23 Target: 12
	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (21/22)	N/A	N/A	N/A	N/A	N/A
Target	3	3	3	3	12
2022/23 Actual	3				3
Customer Experience Measures					
20. Percentage of domestic respondents satisfied with the overall service					2022/23 Target: 100%
	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (21/22)	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%
2022/23 Actual	100%				100% ↔
21. Percentage of commercial respondents satisfied with the overall service					2022/23 Target: 95%
	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (21/22)	100%	No returns	100%	100%	100%



Target	95%	95%	95%	95%	95%
2022/23 Actual	100%				100% ↔
22. Percentage of respondents satisfied with the services with regards to Fire Safety Audits					
					2022/23 Target: 90%
	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (21/22)	95.8%	100%	100.0%	100%	95.8%
Target	90%	90%	90%	90%	90%
2022/23 Actual	100%				100% ↑
23. Percentage of domestic respondents satisfied with the service regards their Safe and Well Visit					
					2022/23 Target: 100%
	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (21/22)	98.2%	100%	No returns	100%	98.2%
Target	100%	100%	100%	100%	100%
2022/23 Actual	No returns				No returns
24. Number of complaints received					
					2022/23 Target: Monitor
	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (21/22)	7	8	9	4	7
Target	-	-	-	-	-
2022/23 Actual	7				7 ↔
25. Number of compliments received					
					2022/23 Target: Monitor
	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (21/22)	5	3	1	5	5
Target	-	-	-	-	-
2022/23 Actual	7				7 ↑



Quadrant Two – Corporate Health

The Corporate Health Quadrant monitors the wellbeing of the organisation. Performance is monitored in relation to staffing levels, health and safety and finances within RBFRS, to ensure the organisation is being run safely, efficiently and is cost effective.

Finance

The detailed revenue outturn for quarter 1, 2022/23 is shown on page 18. Net costs of TVFCS for quarter 1 are shown on page 20.

The 2022/23 Revenue Budget agreed by Members in February 2022 was set at £38.446m as a balanced budget with no use of reserves.

The forecast revenue outturn for 2022/23 shows an anticipated deficit of £618,000, to be funded from reserves. Variances against individual revenue lines are explained below.

Station staff budgets are under pressure, with overtime forecast to be £274,000 over budget. There are various factors for this, including the need to cover absences for sickness and those on light duties, annual leave and training in order to maintain crewing levels. 18 new recruits came onto stations in mid-April but need time to build up operational competency and have an effect on crewing cover. On a positive note, these additional overtime costs have partly been offset due to a different mix of station staff in development and competent roles compared to budgetary assumptions.

On-call stations are showing positive and negative variances across the county – with forecasted expenditure for stations in the west of the county being below budget and those in the east over budget.

Not reflected in this forecast is the potential impact of the pay negotiations for Grey Book staff. The budget was set with salary increases of 2.5%. An offer of 2% has been rejected. Each additional 1% above the budgeted pay level for grey book staff would equate to approximately £200,000 of additional cost in the base budget.

The latest Green Book pay award for 2022/23 that has been offered by the employers' side equates to an additional budget pressure of £218,000 and has been built into the Q1 forecast. This additional cost is mitigated by a number of vacancies that have not been filled due to the overall budgetary position.

Repairs and Maintenance. Water damage to the lecture block at the Whitley Wood Fire Station is estimated to cost around £77,000, but will be mostly reimbursed through an insurance claim (see other income below).

Rates. The final appeal on business rate charges (Dee Road site) has been successful and has resulted in a net refund of £109,000.



Utilities. As Members will be aware, energy costs have been rising sharply. Prices for energy used by commercial enterprises have not to date been subject to any price cap though fortunately our energy contractor has mitigated market extremes through hedging. Although additional budget provision for utilities has been made in the current year, it is anticipated that costs will exceed the budget allocated by an additional £230,000. This does not take into account any support the Government will provide to the public sector.

Transport. It is estimated that the rise in fuel prices will result in an additional £45,000 in transport costs this year.

Cross border charges have been agreed with Thames Valley partners for the first quarter of the year and, based on this, it is estimated that charges will be £19,000 lower (under *Contracts Other*) and income £6,000 higher than the budgeted targets.

Income other also includes £15,000 as our share of prior year surpluses that have been distributed by the Fire and Rescue Indemnity Company as well as the insurance claim for the water damage at Whitley Wood.

The *Grants* line is showing an adverse variance as the Authority unexpectedly received notification from the Home Office that the grant funding provided for Firelink will be completely phased out over a five year period, starting in 2022/23. A 20% reduction in funding will occur in each of the next five years. This has resulted in a £76k budget pressure in 2022/23 and the ongoing pressures will now need to be incorporated into the MTFP.

Investment Interest. Given the recent interest rate rises it is anticipated that yields from invested sums should generate additional income this year of £61,000.

Gov Grants/Precepts. As part of budget setting the Authority had to estimate the income it is due from central Government for section 31 business rates relief payments, for both the current and prior years. These figures are still to be confirmed fully, and are made up of a number of variables outside of the direct control of the Authority. The net expected variance is £190,000 in reduced income.

These figures are still to be confirmed fully, and are made up of a number of variables outside of the direct control of the Authority. The net expected variance is £190,000 less income.

HR

Levels of sickness days lost have decreased this quarter. The percentage of working time lost has decreased.

The total days lost to sickness absence across all staff groups this quarter is 13% lower compared to last quarter (1641 in Q1 vs 1882 in Q4). There is an increase of 42% when compared to the same period last year (965 days). Further analysis can be found later on in the report.

The percentage of working time lost across all staff groups this quarter is 6.2% this is a decrease of 0.9% compared to last quarter (7.1%) with an increase of 2.8% on the same quarter last year (3.4%).



Respiratory absence reduced this quarter by 37%. Absence due to confirmed COVID-19 cases made up 19% of all sickness absences (311 days - 74 episodes).

Musculoskeletal (MSK) sickness has increased by 25% this quarter and continues to remain one of the top causes of sickness absence equating to 29% of total days lost. The number of episodes remain consistent.

Mental health sickness has increased this quarter by 7% equating to 22% of total days lost. Compared to the same time last year days lost to Mental Health absence equated to 24%

The percentage of eligible staff receiving a PDR meeting this quarter is 29% (163 staff). This is considerable reduction from the same quarter last year (79%).

The number of employees from an ethnic minority background has increased again this quarter from 6.5% to 7.2%.

The number of female firefighters employed in the Service has reduced to 29 this quarter (6.8%).

The number of staff employed by RBFRS declaring a disability has increased from 33 to 35 this quarter.

**Royal Berkshire Fire Authority****Budget Update - Revenue Position Quarter 1 2022/23**

	Annual Budget £'000	Q1 Outturn £'000	Forecast to YE £'000	Fcast - Budget Variance £'000
EMPLOYEES				
STATIONS	17,137	4,331	17,330	193
NON-STATIONS	11,853	2,757	11,911	58
TRAINING	705	67	708	3
OTHER	265	59	275	10
	29,960	7,214	30,224	264
PREMISES				
REPAIRS & MAINTENANCE	757	79	844	87
RATES	821	237	712	(109)
CLEANING	285	48	285	0
UTILITIES	530	35	760	230
	2,393	399	2,601	208
SUPPLIES				
INSURANCE	397	227	397	0
EQUIPMENT	520	79	532	12
IS EQUIPMENT & LICENCES	744	442	758	14
CLOTHING/PPE	370	109	370	0
COMMUNICATIONS	799	25	801	2
OCCUPATIONAL HEALTH	221	87	221	0
PRINT/STATIONERY/PUBLICATIONS/SUBSCRIPTIONS	143	82	152	9
COMMUNITY FIRE SAFETY SUPPLIES	180	26	180	0
SUPPLIES OTHER	197	42	204	7
	3,571	1,119	3,615	44
CONTRACTS				
CONTRIBUTION TO TVFCS & COLLABORATION	930	211	919	(11)
LEGAL	50	1	50	0
CONTRACTS OTHER (incl Professional Services)	695	41	677	(18)
	1,675	253	1,646	(29)
TRANSPORT				
VEHICLE RUNNING COSTS	727	160	772	45
TRAVEL	211	41	212	1
	938	201	984	46
PENSIONS				
PENSIONS	434	125	433	(1)
	434	125	433	(1)
INCOME				
GRANTS	(2,048)	(1,671)	(1,972)	76



RENTAL INCOME	(243)	(61)	(243)	0
TVFCS RECHARGE INCOME	(354)	(88)	(354)	0
INCOME OTHER	(384)	(61)	(486)	(102)
	(3,029)	(1,881)	(3,055)	(26)
NET COST OF SERVICES	35,942	7,430	36,448	506
DEBT CHARGES INTEREST	388	(1)	371	(17)
INVESTMENT INTEREST	(60)	(7)	(121)	(61)
REVENUE FUNDING OF CAPITAL	1,748	0	1,748	0
APPROPRIATION TO/(FROM) RESERVES	(273)	0	(273)	0
FINANCING COSTS	701	0	701	0
NET EXPENDITURE	38,446	7,422	38,874	428
GOV GRANTS/PRECEPTS	(38,446)	(11,564)	(38,256)	190
(SURPLUS)/DEFICIT BEFORE USE OF RESERVES	0	(4,142)	618	618



Royal Berkshire Fire Authority
Quarter 1 Budget Monitoring Report 2022/23

Thames Valley Fire Control Service (TVFCS)

	Annual Budget £'000	Outturn to June 22 £'000	Forecast to Y/E £'000	Forecast Variance £'000
EMPLOYEES	1,868	461	1,834	(34)
CORPORATE RECHARGES TO TVFCS FROM RBFBS	354	88	354	0
SUPPLIES/ OTHER	39	0	41	2
TECHNOLOGY	252	21	255	3
NET COST OF TVFCS	2,513	570	2,484	(29)
RBFBS Share of Costs (37%)	930	211	919	(11)



Equality, Diversity and Inclusion Objectives Progress Update

New objectives agreed in April 2022 are used for this report. The table below illustrates progress against our Equality, Diversity and Inclusion Objectives.

	End 21/22		Q1	Q2	Q3	Q4
Objective: Increasing the diversity of staff at all levels We recognise the value that a diverse workforce brings and will take action to increase the diversity of job applicants, seeking individuals with the right behaviours and skills to help us reflect and engage with our local communities.	New		G			
Objective: Leadership and corporate commitment We will support our organisational leaders to understand their role in tackling inequalities and demonstrating inclusive behaviours, in line with our Behavioural Competency Framework. This commitment means we will be strong and visible in our leadership and ensure that all staff and members of our local communities have confidence in our commitment to equality, diversity and inclusion.	New		G			
Objective: Improving our service delivery by creating strong links with our community We will connect and communicate with our diverse local community to develop meaningful and sustainable links, which help us to increase our understanding of their needs. We will ensure that we tailor our prevention, protection and response activities accordingly and target the most vulnerable people with the greatest risk.	New		A			
Objective: Building on our inclusive culture We will continue taking action to ensure we have a culture where everyone feels valued and is treated with dignity and respect, and support all staff to contribute to the creation of an inclusive working environment.	New		A			

Inclusive Community Engagement – Improving our service delivery by creating strong links with our community

As a service, we are continually seeking opportunities that allow us to better serve everyone within our varied and diverse local communities. We therefore need to ensure that we fully understand who we are currently interacting with and those we are yet to reach. Through this greater understanding we can tailor our offerings to provide the best possible services, opportunities and experience.



The demographics of our local communities within the county are continually evolving and changing. We therefore need to ensure that the highly valued services we provide are accessible to all within these communities.

One of our key focus areas is to seek engagement with seldom heard groups within our local communities and to seek solutions to any potential barriers to engaging with the service.

An illustration of this type of engagement is the work currently being undertaken with the Bracknell Islamic Cultural Society, which was initiated in Quarter 1.

An initial meeting has now taken place with the chairman of the society to provide an overview of RBFRS and the range of services, career opportunities and community engagement opportunities we provide.

This meeting was very positive and informative for both organisations. It has enabled us to not only present an insight into the service but also gain really insightful knowledge into how meaningful interaction with the society and its members may best progress.

The service will shortly be invited to the society's board meeting to talk in more detail about plans for collaboration and partnership working moving forward.

Contact has also commenced to develop dialogue with the Aisha Masjid & Islamic Centre within the Wokingham Borough Council area.



QUADRANT TWO – CORPORATE HEALTH					DATA SUMMARY
26. Percentage of working time lost to sickness across all staff groups					2022/23 Target: 4% max
	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (21/22)	3.4%	5.5%	7.3%	7.1%	3.4%
Target (21/22)	4%	4%	4%	4%	4%
2022/23 Actual	6.2%				6.2% ↓
27. Percentage of eligible staff with Personal Development Appraisals					2022/23 Target: 100%
	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (21/22)	76.0%	93.8%	98.2%	98.7%	76%
Target	100%	100%	100%	100%	100%
2022/23 Actual	30%				30% ↓
28. Number of formal grievances					2022/23 Target: Monitor
	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (21/22)	2	1	4	0	2
Target	--	--	--	--	--
2022/23 Actual	2				2 ↔
29. Number of RIDDOR accidents and diseases					2022/23 Target: 4 max
	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (21/22)	2	1	1	1	2
Target (max)	1	1	1	0	1
2022/23 Actual	3				3 ↑
30. Percentage of spend subject to competition					2022/23 Target: 85%
	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (21/22)	94.7%	92.3%	89.9%	83.8%	94.7%
Target	85%	85%	85%	85%	85%
2022/23 Actual	85.7%				85.7%
31. Compliant spend as a percentage of overall spend					2022/23 Target: 100%
	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (21/22)	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%
2022/23 Actual	100%				100%
32. Number of Information Commissioner assessments finding that the Service has breached Information Rights Legislation*					2022/23 Target: 0
	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (21/22)	0	0	0	0	0
Target	0	0	0	0	0
2022/23 Actual	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 are provided on our CRMP, People Strategy, Strategic Asset Investment Framework (SAIF), and the HRRB Project, assessing progress against the projects and objectives set in our 2022-23 Annual Plan.

This quarter we have seen a number of project statuses move in a positive direction, from Red to Green, or from Amber to Green. This includes our work to develop Protection quality assurance processes, evaluating future developments in housing and infrastructure as well as our review of specialist water rescue capabilities as part of our CRMP action plan. There have also been several new actions on the CRMP action plan following publishing of the 2022-23 Annual Plan, progress on which will be increasingly visible as the year progresses. Equality of access remains a challenge for our People Strategy and we have begun work to evaluate how we can use of the resources provided by the Central Programme Office People workstream to advance this work stream. On our SAIF, most projects remain on track, including the Hardware work stream returning to being on track.



CRMP

RBFA is required to publish a Community Risk Management Plan (CRMP – formerly known as an Integrated Risk Management Plan). In 2018, we consulted on and published an [IRMP for 2019-23](#), which reflects the priorities and requirements of the [Fire and Rescue National Framework for England](#).

The below shows progress against our CRMP (IRMP) commitments published in our 2022-23 Annual Plan.

Current CRMP refresh work is focused on assessing risks in Berkshire based on incident types. This work is building from the NFCC dwelling fire risk model and the team is now underway working on building our community risk profile. The development of this work will allow us to measure our current service provision, identify capability gaps and consequently, to suggest potential service improvements to meet the risk.

Project 1: Risk Analyses						
	End 21/22	Q1	Q2	Q3	Q4	
Review our Risk Methodology and data requirements to inform our new CRMP, ensuring our risk analysis supports equality of access to our services for all the communities of Royal Berkshire.	BAU	A				
Deliver our action plan to align our analysis to the Fire Standard for Community Risk Management Plans.	New	A				
Develop and consult on a new Community Risk Management Plan to start in 2023.	New	A				
Provide a mapping capability to support local risk analysis.	New	A				
Analyse information about fire casualties to determine risk factors.	New	NS				
Continue to engage with and drive the National Fire Chiefs Council (NFCC) work to develop national best practice in risk analysis.	G	G				
Project 2: Prevention						
	End 21/22	Q1	Q2	Q3	Q4	
Continue to work in collaboration with our Berkshire partners to identify the most vulnerable people in our society, increasing the numbers of Safe and Well Visits resulting from Referrals.	A	G				
Deliver and evaluate our new programme of follow up Safe and Well Visits to the most vulnerable.	G	G				
Focus our activities in support of Children and Young People through our road and water safety education programmes, Fire Cadets and FireSafe.	A	A				
Carry out targeted road safety activity, including for motorcyclists and around smart motorways.	G	G				
Further develop local safety initiatives, campaigns and events to target risk at a local level and evaluate their effectiveness.	G	G				



Ensure a high standard of service through the quality assurance of our Prevention activities.	A	G			
Carry out a risk based review of Safe and Well Visit provision to be aligned with the development of our new CRMP.	New	NS			
Project 3: Protection					
	End 21/22	Q1	Q2	Q3	Q4
Continue to develop and embed our new risk-based inspection programme to ensure that we are identifying and targeting our resources at the areas of highest risk, in line with our Protection Strategy.	G	G			
We will implement the learning from the phase one Grenfell Tower inquiry.	G	G			
Ensure a high standard of service through the quality assurance of our Protection activities.	R	G			
Project 4: Response Resource Deployment					
	End 21/22	Q1	Q2	Q3	Q4
Continue to evaluate future developments in housing and infrastructure to ensure that our resource deployments match predicted future demands.	A	G			
As set out in our Response Strategy, continue the review of our specialist water rescue capabilities to be aligned to local risk and reflect national best practice.	A	G			
Improve and evaluate our ability to respond to risk in the West of the county through effective targeting of our Prevention and Protection activity.	New	G			
Undertake incident support and technical capability reviews as part of the risk analysis element of the development of the new CRMP.	New	NS			
Project 5: Response Safe Systems of Work Development					
	End 21/22	Q1	Q2	Q3	Q4
Continue to clarify and prioritise next steps in the digital transformation journey as part of our Technology roadmap.	New	G			
Work with the NFCC and other key stakeholders to adopt new technologies, which support effective and efficient safe systems of work.	G	G			
Continue our investment of resource and expertise in the Thames Valley Breathing Apparatus Replacement project, conducting an effective and efficient joint procurement prior to implementation.	G	G			



People Strategy

The purpose of our [People Strategy 2018-2021](#) is to support RBFRS staff to become the best public servants they can be, creating a workforce that can deliver efficient and effective service on behalf of the Fire Authority, to manage all foreseeable fire and rescue related risks that could affect the people of Berkshire.

Objective 1: Recruit, train and develop people to ensure we create a safe, professional and capable workforce, who can provide a fit for purpose service, 24/7, 365 days a year						
	End 21/22		Q1	Q2	Q3	Q4
Undertake Fire Fighter recruitment using Apprenticeships	G		G			
Expand on alternative ways of delivering learning and development through improved use of technology	G		G			
Objective 2: Increase the diversity of our workforce to better represent and therefore serve our local communities						
	End 21/22		Q1	Q2	Q3	Q4
Continue to support the Leonard Cheshire Change 100 programme to work with disabled graduates on a 100-day intern programme.	G		G			
Review and consult on our Equality, Diversity and Inclusion objectives and deliver associated actions, including taking positive action to ensure job and career opportunities in our service are accessible to all individuals and groups in our communities	G		G			
Develop and implement the Chairman's Internship which will target young people from under-represented groups in Berkshire	G		G			
Objective 3: Develop people and recruit talent to take personal responsibility for leadership in the organisation to ensure a public service ethos, support collaboration and effectively deliver service improvement						
	End 21/22		Q1	Q2	Q3	Q4
Integrate and embed our behavioural competency framework and values at all levels of the service	G		G			
Deliver a framework for coaching and mentoring	G		G			
Objective 4: Develop a diverse and inclusive 'one team' culture where everyone's contribution is valued and positive behaviours are used to describe how we work together						
	End 21/22		Q1	Q2	Q3	Q4
Develop a Communications and Engagement strategy	G		G			
Continue to develop the Fire Authority Member Development Programme	G		G			
Develop and deliver a programme of staff engagement to inform our People Strategy, policies, processes and improvements	G		G			



Objective 5: Change policies, processes and systems to ensure they enable and support the delivery of a fit for purpose, efficient and effective service to the community						
	End 21/22		Q1	Q2	Q3	Q4
Develop our approach on equality of access to services and employment for potential staff and communities	R		R			
We will explore the options for use of digital resources for our Protection services	A		A			
Objective 6: Continue to support both the physical and mental health and wellbeing of our people.						
	End 21/22		Q1	Q2	Q3	Q4
Learn and adapt to different ways of working during and after the COVID-19 pandemic	A		G			
Deliver the requirements of the 2021/22 mental health 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 and HQ, fleet and equipment and our ICT systems. All together, they represent a major capital investment.

Buildings						
		Status				
		End 21/22	Q1	Q2	Q3	Q4
Minor Capital Works Programme	On Track	G	G			
	On Budget	G	G			
Fleet and Equipment						
		Status				
		End 21/22	Q1	Q2	Q3	Q4
Fleet: Special Appliances	On Track	A	A			
	On Budget	G	G			
Fleet: Other Ancillary Vehicles	On Track	G	G			
	On Budget	G	G			
Equipment	On Track	G	G			
	On Budget	G	G			
ICT						
		Status				
		End 21/22	Q1	Q2	Q3	Q4
Hardware	On Track	A	G			
	On Budget	G	G			
Software	On Track	G	G			
	On Budget	G	G			
Networks	On Track	A	A			
	On Budget	G	G			
Services	On Track	G	G			
	On Budget	G	G			
ESMCP	On Track	A	A			
	On Budget	A	A			



Built Environment Programme – High Rise Residential Project

The HRRB (High Rise Residential Building) project was initiated to undertake fire safety audits of 198 identified high rise premises within Royal Berkshire over a 6 month period. Phase one of the project was completed in Quarter 1 2021/22. Progress against the Phase two objectives will be reported below.

Phase 2 HRRB Project Objectives:					
1. Perform a Fire Safety revisit for each of the 97 identified HRRBs within Royal Berkshire that received an unsatisfactory audit during Phase 1. 2. Perform regular site visits of Interim Measures Buildings where frequency is based upon risk.					
	End 21/22	Q1	Q2	Q3	Q4
HRRB Revisits: Good progress towards the goal of completing return visits on the 97 premises identified with fire safety issues during phase 1 continues.	G	G			
Interim Measures Premises: Operational crews continue to perform monthly visits on HRRBs in Interim Measures. The HRRB team have performed a site visit on each of the 33 HRRB's in interim Measures in order to provide assurance to RBFRS that Interim Measures remain sufficient to mitigate the risk. Visits to premises in interim measures continue with a 14 having been removed from IM following remediation.	G	G			



Quadrant Four – Risk

Risk Register

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

Risk Movement Highlights

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



Key Risk: WDS Operational Availability, Crewing and Capabilities (Risk: 681)				
Risk Owner: Assistant Chief Executive				
	End of Q4 Risk Score	End of Q1 Risk Score	Direction of travel	Risk score as at Aug 22
<p>Risk Description: 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.</p>	16	21	↑	21
<p>This risk increased in risk score by 5 points during Q1 2022/23. This risk captures the challenge of ensuring that we have appropriate numbers of skilled wholetime personnel available to respond to incidents in Berkshire 24/7.</p> <p>The risk score has been increased to reflect current volatility in staffing numbers. Specific new risks have been added to reflect challenges from skilled members of staff leaving, either through retirement or to other Services (Risk: 842), and the higher proportion of operational staff in development due to recruitment processes to replace leavers (Risk: 843).</p> <p>Current mitigations are focused on continuing effective and efficient management of skills and knowledge of operational staff and robust workforce planning processes. This is supported by proactive management of sickness absence and regular monitoring through RRG as well as an Operational Support function. Challenges specific to the West of the county have been addressed in a specific Task & Finish group of activity and our response strategy is being review as part of our CRMP refresh.</p>				
Current Mitigations	Progress on Mitigations			
<p>To ensure the effective and efficient management of skills and knowledge to ensure operational staff are trained and developed to deal with a range of incidents as defined in the National Operational Guidance (NOG)</p>	<p>Corporate measure for those in qualification reported to SPB. Training and revalidation activity assessed and reviewed following change in restrictions and impacts of loss of L&D staff to support crewing. Training needs discussed with SD and take account of emerging issues/requirements. Engagement with colleagues on NOG developments and other programmes of activities to ensure training needs are informed. Operational Competence policy and OTP reviewed and roadmap agreed, now being progressed against review of Fire Standard with action plan and implementation monitored via PB. MOKS OTP E-learning package launched, face to face training underway Training Plans for 2022/23 agreed SLT 2/3/22. Station Based Qualifications being reviewed. Transfer process will consider driving qualifications but initial indications insufficient staff will be secured via this route - recruitment activity to be reviewed.</p>			
<p>In accordance with CRMP response strategy seek to improve response in west of county</p>	<p>T&F group established to manage various strands of activity including response modelling, degradation planning, different ways of supporting on-call availability in the west. Strategy to</p>			



Key Risk: WDS Operational Availability, Crewing and Capabilities (Risk: 681)	
Risk Owner: Assistant Chief Executive	
	address risk in the West being developed to include activity across PP&R. See treatments in Risk 682
Effective workforce planning for the wholetime staffing duty system to ensure the full complement is achieved	Apprentices now on stations. Additional internal transferees determined against workforce planning predictions (which considers pension impacts on turnover) not likely to secure sufficient numbers and will review recruitment of apprentices/ numbers required as a result. RRG meetings supported by HR & R&D providing info to support decisions as required. Decisions regarding wholetime recruitment activity informed by latest workforce plan reviewed via WPG with regular reviews of staff mobility and promotion requirements undertaken across HR and L&D.
Effective monitoring and management of sickness absence	Monitoring of sickness absence undertaken in RRG and also hub based monthly meetings with HR. Aim to have good understanding of short and long term sickness and restricted duties and in support of strong performance management and support to improve sickness absence. Continued monitoring of covid stats and impact on WDS, noting recent rise. This is undertaken fortnightly in RRG.
RRG responsible for regular monitoring and management of crewing and establishment	Reports into SDMT and escalates risks and issues. Regular review of crewing establishment and qualifications with a view to seeking short term resolution / improvement and informing and escalating issues to SDMT / workforce planning. Summer crewing challenges anticipated and action escalated appropriately with the following actions being taken: 1) Updated summer strategy and degradation guidance in place. 2) consideration has being given to upcoming recruitment processes and seeking potential to recruit above establishment in some areas to be agreed at workforce planning on 2nd August.
Establishment of Operational Support Team	SLT have agreed the establishment of a Ops Support function, which is anticipated to be in place later this year. As well as other objectives, the intent of the function is to provide global coordination and support to crewing and establishment across WDS, On-Call and FDO.



Key Risk: Cost of living rise impact on staff (Risk: 844)				
Risk Owner: Deputy Chief Executive				
	End of Q4 Risk Score	End of Q1 Risk Score	Direction of travel	Risk score as at Aug 22
<p>Risk Description: 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.</p>	N/A	18	NEW	18
<p>This risk was added as a new risk during Q1 2022/23. This risk captures the challenge of the impact of the national cost of living crisis on our staff and how we can support our staff during difficult economic times.</p> <p>This risk has been added to reflect the increasing economic pressures in the UK and the impact that this will have on the financial and emotional wellbeing of our staff. Current economic predictions are that these impacts will peak in the Winter of 2022/23.</p> <p>Current mitigations are focused on providing support channels, such as Focus on Finance courses and MyLifestyles benefits, and ensuring signposting to these. This is supported by ensuring that managers are aware of all available schemes and are aware of stress indicators to remain vigilant for. We have also been reviewing our allowances to uplift these in line with CPI and will be considering other options for hardship support.</p>				
Current Mitigations	Progress on Mitigations			
Consider options for hardship support	New treatment			
Working with representative bodies, we will review reward and recognition offer to all staff, to include a review of allowances	Allowances review complete. Uplift in line with CPI agreed, including backdated where applicable. Specific vehicle related allowances considered within separate T&F group. SLT paper due September 22.			
Signposting where to get financial advice, how to access food banks, etc	Begun through signage in HQ and on workplace			
Awareness to managers of stress indicators	New treatment			
Provide additional Focus on Finance courses	New treatment			
Signpost use of workplace offers and benefits e.g. MyLifestyles benefits	New treatment			
Reviewing staffing working patterns and remuneration options as part of CRMP and People Strategy	New treatment			



Corporate Risk Register risks as at 25th August 2022

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	19	19
418	ESMCP	If we do not make sufficient provision of resources to support the development, transformation to and implementation of ESMCP products and capabilities at a Service level, then we will not be a part of the proposed Emergency Services Network and we will be out of step with national and regional partners across the three emergency services. This could significantly impact on the effectiveness of our operational mobilization and response and limit access and use of operational technology to support incident command and joint emergency services interoperability. Consequently this could impact negatively on our collaborative and partnership working and our public and political reputation.	18	23	10
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	21	16



Risk ID	Risk Short Name	Risk Description	Inherent Score	Current Score	Treated Score
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	21	12
651	Grenfell - Phase 1	If we do not respond to the recommendations made within the Grenfell Inquiry phase 1 report which is becoming increasingly likely given the additional changes/information being received through a number of channels 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.	24	18	15
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
669	National Operational Guidance	If we do not ensure operational documentation is up to date, accessible and aligned to national best practice then there is the potential for personnel to train in or deploy operational procedures that do not maximise safety and operational effectiveness which is significant in respect of delivery statutory duties and legislative responsibilities	18	12	12



Risk ID	Risk Short Name	Risk Description	Inherent Score	Current Score	Treated Score
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	16	12
699	Command Unit effectiveness	If we fail to assure the effectiveness and resourcing of our command support units, we are likely to attend an incident in which the command unit would be unavailable or operating sub-optimally which could impact our operational response, and affect the safety of our staff and members of the public	18	18	10
737	Fire Transformation	If the fire transformation programme brings significant change within the sector, which is becoming increasingly likely with the Government's fire reform agenda, then we face a period of increasing uncertainty which may affect the organisation's strategic direction.	21	21	11
742	Management of premises risk information	If we do not manage the capture, processing, storage and access of premises risk information which is increasingly likely due to the quantity and complexity of the data involved, staff may be unaware of hazards within the built environment or be presented with inaccurate or out of date information which may result reduced staff safety and or a breach of GDPR.	18	15	12



Risk ID	Risk Short Name	Risk Description	Inherent Score	Current Score	Treated Score
774	Comms Resource	If we fail to resource the Communications and Engagement Team adequately, in line with our current and anticipated work demands, then this could significantly impact the effectiveness of the support provided across the Service and risk delivery against our strategic objectives as set out in the Annual Plan and Corporate Plan	21	17	15
798	Environmental/Sustainability	If RBFRS fails to develop, fund and implement an environmental and sustainability plan, then we can expect an increase in financial pressure with rising energy costs, and RBFRS' reputation as a public sector organisation to be negatively impacted through being out of alignment to wider societal progress towards creating a more sustainable future which will significantly impact our ability to deliver our statutory duties and strategic objectives.	23	21	6
831	Service Delivery Policy	If we do not develop, deliver and maintain coherent service delivery policy and guidance, which is likely given existing legacy arrangements, we can expect to have contradictory, duplicated, erroneous or out of date policy which is significant in respect of supporting staff to provide a safe and effective Response service, aligned to our statutory duties.	16	16	6
833	Fire Investigation - Collaboration	If we are unable to provide the support and resource required to deliver a multi-service approach to ISO 17020 accreditation, which is becoming increasingly likely due escalating costs and increasing complexity and demand, then we can expect to encounter issues in supporting criminal prosecutions which is significant in respect of public safety and the reputation of RBFRS	21	18	12



Risk ID	Risk Short Name	Risk Description	Inherent Score	Current Score	Treated Score
842	Volatility of operational staff numbers	If operational 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 operational 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 operational staff turnover increases, which may become more likely with changes in pension rules and recruitment of other services, then we can expect to have a greater number of new members of staff who will be in development being recruited to replace experienced leavers, which may affect our ability to meet our strategic commitment to ensure a swift and effective response when called to emergencies and impact corporate memory.	25	23	15
844	Cost of living rise impact on staff	If the cost of living continues to increase, which is very likely with the rate of inflation expected to continue at high levels, then we can expect to see our staff members struggling financially, which would reduce staff wellbeing and increase the risk of industrial action. This risk may affect our ability to meet our strategic commitment to recruit, train and develop our people to ensure we create a safe, professional, capable and diverse workforce that are supported to become the best public servants they can be for the residents of Berkshire.	18	18	13



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	21	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
827	Driver Training	If we fail to recruit Driving Instructors or new instructors are insufficiently qualified and require significant development, which is increasingly likely given the requirements of the professional standard and the national shortage of HGV drivers, our ability to train and develop staff to drive blue light emergency vehicles will be compromised and we we can expect to see reduced operational capability and an increased demand on existing drivers presenting welfare issues leading to a reduction in our service provision and reputational risk.	21	18	12
852	Fire Investigation Internal	If we are unable to effectively investigate fires within RBFRS which is possible due to a reliance on a 1 month notice period contract with West Midlands FRS for all Tier 2 fire investigations then we can expect to be unable to determine the cause and origin of significant fires both deliberate and accidental which is significant in respect of public safety and the reputation of RBFRS.	21	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	21	12



Project Risks

Risk ID	Risk Short Name	Risk Description	Inherent Score	Current Score	Treated Score
675	Handling FSG calls simultaneously	If we are unable to process large volumes of Fire Survival Guidance calls simultaneously then we can expect callers not to be able to speak with us and /or be diverted to other control rooms whereby they may not receive the Fire Survival Guidance advice required. This will impact on the safety of residents within these buildings and our operational response	18	18	15
694	Fire Survival Guidance	If we fail to differentiate between a caller seeking advice and a caller who is trapped and requiring rescue, it is likely that we will give inconsistent or inaccurate guidance which could harm operational effectiveness and impact public safety	21	18	15



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 1, or opened during the quarter, is detailed below.

Audit title and date	Audit Action	Date due (revised where applicable)	Priority	Status	Open / Closed
Key Financial Controls 09/05/2022	2022: KFC: 1 To ensure that payments to suppliers are correctly processed and recorded on the main accounting system and that controls are in place for supplier maintenance.	N/A	Low	C	Closed
Progress: Reviewed the existing policies to ensure that they are accurate in terms of what is required, both in terms of making payments and also maintaining supplier records and the required actions when amendments are needed.					
Risk and Governance 26/05/2022	2022: RAG:1 The Performance Management Framework will be updated to clearly outline that the SLT is the main group responsible for review of the CRR.	31/10/2022	Low	G	Open
Progress: PMF to be reviewed and updated later in 2022					
Risk and Governance 26/05/2022	2022: RAG:2 RBFRS will work with risk owners, through training and quality assurance to ensure that all risks are documented in line with the Organisational Risk Management Policy.	31/10/2022	Low	G	Open
Progress: LMS training is implemented and compliance will be monitored (see action 2022: RAG: 5). Regular catch ups with risk owners and reviews of the full risk register are scheduled (see action 2022: RAG: 4)					
Risk and Governance 26/05/2022	2022: RAG:3 RBFRS will review how the strategic risks can be clearly linked to strategic objectives.	31/10/2022	Low	G	Open
Progress: PMF to be reviewed and updated later in 2022. LMS training already teaches the use of meta-language for Risk Descriptions, which includes linking strategic risks to strategic objectives.					
Risk and Governance	2022: RAG:4	31/07/2022	Low	C	Closed



Audit title and date	Audit Action	Date due (revised where applicable)	Priority	Status	Open / Closed
26/05/2022	RBFRS will review the full risk register and work with risk owners to ensure that all treatments are up to date.				
Progress: Regular catch ups with risk owners and reviews of the full risk register are scheduled. Quarterly reviews of the full risk register are undertaken by D&P.					
Risk and Governance 26/05/2022	2022: RAG:5 RBFRS will assign a refresher timeframe to key staff for the Learning Management System Risk Management training, compliance and compliance will be monitored.	31/10/2022	Low	G	Open
Progress: LMS training is implemented and compliance will be monitored to ensure that all risk owners have been trained					



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.

Section One: Effectiveness							
Improvement	Delivered via	Status					
		End 21/22		Q1	Q2	Q3	Q4
Prevention evaluation to better understand benefits	Service Plans (Service Delivery & Collaboration and Policy)	A		A			
Prevention quality assurance	Collaboration and Policy Service Plan	A		G			
Protection quality assurance	Collaboration and Policy Service Plan	A		G			
Addressing the burden of false alarms	Collaboration and Policy Service Plan	G		G			
Keeping the public informed during ongoing incidents	Corporate Services Service Plan	G		G			
Effective system to use for learning and debriefs	Collaboration and Policy Service Plan	A		G			
Section two: Efficiency							
Improvement	Delivered via	Status					
		End 21/22		Q1	Q2	Q3	Q4
Best use of available technology	ICT Strategy	G		G			
Section three: People							
Improvement	Delivered via	Status					
		End 21/22		Q1	Q2	Q3	Q4
Values and behaviours understood and demonstrated	HR & L&D Service Plan	G		G			
Effective use of competence recording system	HR & L&D Service plan	G		G			
Effective grievance procedures in place	HR & L&D Service plan	C					
Staff are confident in using feedback mechanisms	Corporate Services Service plan	G		G			
Process to identify, develop and support high-potential staff and aspiring leaders	HR & L&D Service plan	A		A			



Fire Standard Implementation Tracking

Updated 1st September 2022

Agenda Item 7

Appendix A

		Fire Standard	Owner	FS consultation	FS publication date	Gap analysis	SLT Review	Action Plan in progress	Commentary
Standards in progress	1	Emergency Response Driving	Becci Jefferies	C	Feb-21	C	C	A=	Action plan in place and being worked to, however due to lack of staff risk of progress in all areas and unknown impact on qualification status of any new staff successfully recruited. Risk on corporate register.
	2	Operational Response - Preparedness	Doug Buchanan	C	Feb-21	C	C	A=	Action plan in place and being worked to. Review across Ops Competence, learning and preparedness needed to establish priorities. Majority of actions covered in competence and learning fire standards. Work still required to confirm where actions not covered and progress.
	3	Operational Response - Competence	Becci Jefferies	C	Feb-21	C	C	G =	Action plan in place and being worked to. Review across Ops Competence, learning and preparedness underway, further meetings scheduled to prioritise and co-ordinate actions.
	4	Operational Response - Learning	Jim Powell	C	Feb-21	C	C	G =	Action plan in place and being worked to. Review across Ops Competence, learning and preparedness underway, further meetings scheduled to prioritise and co-ordinate actions.
	5	Code of Ethics	Nikki Richards	C	May-21	C	C	G =	Action plan in place and being worked to

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	6	Community Risk Management Planning	Nikki Richards	C	May-21	C	C	G =	Gap analysis completed and implementation tool being prepared.
	7	Fire Protection	Trig Thomas	C	Sep-21	A =	NS	NS	Gap analysis being completed for submission to SLT.
	8	Prevention	Trig Thomas	C	Jul-21	A =	NS	NS	Gap analysis being completed for submission to SLT.
	9	Safeguarding	Jim Powell	C	Jan-22	C	C	G =	Action plan in place and being worked to
	10	Fire Investigation	Trig Thomas	C	Apr-22	A =	NS	NS	Fire standard published and gap analysis to be started.
	11	Emergency Preparedness and Resilience	Jim Powell	C	May-22	G =	NS	NS	Standard was published on 31/05/22. GAP analysis to be prepared.
	12	Data management	Nikki Richards	C	Aug-22	NS	NS	NS	Consultation opened 16th March and closed 27th April. Response submitted (DRPM part of working group to develop the standard). Awaiting publication.
	13	Leadership and People	Becci Jefferies	G	Dec-22	NS	NS	NS	Consultation opened 28th June and closes 9th September.
	14	Leading the Service	Becci Jefferies	G	Dec-22	NS	NS	NS	Consultation opened 28th June and closes 9th September.
Not published	15	Workforce Management	Becci Jefferies		Aug-22				



Appendix A – Additional Data

Equality, Diversity and Inclusion Data Summary

The number of employees from an ethnic minority background has increased again this quarter from 6.5% to 7.2%. This increase is due to one BAME individual leaving, three new starters joining RBFRS and one individual joining a secondary contract. Compared to this quarter last year we are 0.6% higher. Overall performance stands at the end of the quarter is 7.2%. The number of female firefighters employed at the end of this quarter is 29 (6.8%). This is slightly lower than last quarter (30). RBFRS employed one On-Call female Firefighter in Q1. One female left their wholetime contract to join Green Book and one female Wholetime Firefighter completed their fixed term wholetime contract at the end of the quarter but remained in On-Call. The number of staff employed by RBFRS declaring a disability has increased from 33 in Q4 to 35 in Q1. This is due to one employee leaving the service with a disability this quarter and three employees joining.

Measure		Q1	Q2	Q3	Q4	2022/23	Q1	Authorised establishment at the end of Q1 2022/23 (Number of authorised posts)
		Actual	Actual	Actual	Actual	YTD		
STAFF IN POST	Wholetime	360				360	360	361
	Retained	68				68	71	65
	Control	41				41	43	39
	Green Book	171				171	184	169
	Total Number of	640				640	658	634
		Q1	Q2	Q3	Q4	2022/23 YTD	Q1 21/22	
STAFF TURNOVER	Wholetime	13				13	7	
	Retained	0				0	1	
	Control	2				2	0	
	Green Book	6				6	4	
	Total Number of	21				21	12	
	Staff in Post (SIP)	640				640	658	
Percentage of		3.28%				3.28%	1.82%	
		Q1	Q2	Q3	Q4	2022/23 YTD	Target	YTD Q1 21/22
FEMALE STAFF	Wholetime	5.0%				5.0%	4%	4.2%
	Retained	16.2%				16.2%		15.5%
	Control	73.2%				73.2%		67.4%
	Green Book	56.7%				56.7%		57.6%
	Total	24.4%				24.4%		24.5%



		Q1	Q2	Q3	Q4	2022/23 YTD	Target	YTD Q1 21/22
ETHNICITY FIGURES	Wholetime	4.4%				4.4%	5%	5.0%
	Retained	4.4%				4.4%		2.8%
	Control	7.3%				7.3%		4.7%
	Green Book	14.0%				14.0%		13.6%
	Total	7.19%				7.19%		7.1%

Measure		Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	2022/23 YTD	21/22 Performance	
								Q1 YTD
AGE PROFILE	25 and Under	48				48		39
	26-35	167				167		174
	36-45	201				201		213
	46-55	174				174		188
	56-65	44				44		39
	66 and Over	6				6		5
	Total	640				640		658

Staff Ethnicity Profile

Ethnicity	Wholetime	Retained	Control	Green Book	All Staff
White British	343	65	37	145	590
Other Ethnicity	16	3	3	24	46
Unknown	1	0	1	2	4
Total	360	68	41	171	640



Ethnicity	Number of Staff
Asian or British Asian: Indian	3
Asian or British Asian: Other	4
Black or Black British African	3
Black or Black British Caribbean	4
Chinese	1
Mixed White and Asian	2
Mixed White and Black Caribbean	2
Other	1
Other Mixed	3
Unknown	4
White British	590
White Irish	3
White Other	19
(blank)	
Asian or British Asian: Pakistani	1
Grand Total	640



Staff Age Profile

Age Group	Wholetime	Retained	Control	Green Book	Grand Total
25 and Under	18	6	8	16	48
26 - 35	90	27	14	36	167
36 - 45	132	21	8	40	201
46 - 55	111	10	10	43	174
56 - 65	9	4	1	30	44
66 and Over	0	0	0	6	6
Grand Total	360	68	41	171	640

Staff Gender Profile

Gender	Wholetime	Retained	Control	Green Book	All Staff
Female	18	11	30	97	156
Male	342	57	11	74	484
Other	0	0	0	0	0
Total	360	68	41	171	640



Appendix B – 2022-23 Annual Objectives

- 1) We will provide education and advice on how to prevent and mitigate the impacts of fires and other emergencies.
- 2) We will ensure a swift and effective response when called to emergencies.
- 3) We will provide advice, consultation and enforcement in relation to fire safety standards in buildings.
- 4) We will seek opportunities to contribute to a broader safety, health and wellbeing agenda, whilst delivering our core functions.
- 5) We will ensure that Royal Berkshire Fire and Rescue Service provides good value for money, and is financially and environmentally sustainable, whilst ensuring Equality of Access for the public.
- 6) We will continue to work with Central Government and key stakeholders in the interests of the people of Royal Berkshire.
- 7) We will 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.
- 8) We will manage RBFRS in accordance with best practice and national professional standards, understanding and continuous improvement, learning from events and being transparent in our compliance.
- 9) We will be strong and visible in our leadership in developing a diverse and inclusive 'one team' culture, reflecting our Equality, Diversity and Inclusion Objectives, where everyone's contribution is valued and positive behaviours are recognised.
- 10) We will explore collaboration opportunities to ensure we deliver effective and efficient services to the people we serve.



Appendix C – 2022-23 Performance Measures and Definitions

Service Provision

ID	Measure	Definition
1	Number of fire deaths	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	The number of non-fatal casualties that occur as a result of a fire. This includes any injuries or medical attention which are attributed to the fire.
3	Number of deliberate primary fires	<p>The total number of primary fires that have been started deliberately.</p> <p>Primary fires are potentially more serious fires that harm people or cause damage to property and meet at least one of the following conditions:</p> <ul style="list-style-type: none">• 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
4	Number of deliberate secondary fires	<p>The total number of secondary fires that have been started deliberately.</p> <p>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.</p>



Prevention		
5	Increase the number of Referrals for Safe and Well visits received from our partners	RBFRS 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.	When RBFRS are made aware of the threat or an incidence of arson against an individual(s) a Safe and Well Visit should be conducted, wherever possible, within 48 hours.
7	Percentage of Very High and High Risk Safe and Well Referrals completed within target time	Safe and Well Referrals are risk assessed, with each category of risk having a target time for completion. Very High risk referrals have a target time of 72 hours and High risk referrals have a target time of 14 days.
8	Percentage of Medium Risk Safe and Well Referrals completed within target time	Safe and Well Referrals are risk assessed, with each category of risk having a target time for completion. Medium risk referrals have a target time of 21 days.
Protection		
9	Proportion of Fire Safety Audits conducted against premises identified as High or Very High Risk in our Risk Based Inspection Programme	A Fire Safety Audit is carried out to enforce the Regulatory Reform Order (RRO) 2005. Our Risk Based Inspection Programme targets the riskiest premises in the county for inspection. Fire Safety Audits can also result from complaints, or can be carried out after an incident or for training purposes. This measure allows us to monitor how our resources are being targeted at risk.
10	Percentage of Fire Safety Audits with a 'Broadly Compliant' result.	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.



11	Percentage success when cases go to court.	RBFRS prosecute serious cases following Fire Safety Audits. A successful outcome at court is a finding or admission of guilt.
12	Percentage of statutory fire consultations completed within the required timeframes.	Statutory fire consultations have a legally defined timeframe in which they must be completed. Types of consultation include: <ul style="list-style-type: none"> • Licensing • Building regulations
13	The number of Automatic Fire Alarm calls received.	Automatic Fire Alarm calls are calls from Alarm systems and have a higher likelihood of being a false alarm. Reducing the number of these types of calls makes us more efficient.
14	Percentage of Automatic Fire Alarm calls where RBFRS did not attend	This is the number of Automatic Fire Alarm calls received where we did not attend. In some circumstances we are able to seek confirmation before attending, enabling us to be more efficient.
Response		
15	Percentage of occasions where the first fire engine arrives at an emergency incident within 10 minutes from time the emergency call was answered	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 emergency incident. We aim to attend 75% of these incidents in under 10 minutes.
16	Percentage of wholetime frontline pumping appliance availability	This measure shows the percentage of time that our wholetime pumping appliances are available for mobilisation. Reasons for unavailability include mechanical defects and crewing.
17	Percentage of hours where there is adequate crewing on on-call frontline pumping appliances (based on 24/7 crewing)	This is the percentage of hours where there are sufficient minimum 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 retained station, when they receive the call.
Resilience		
18	Percentage of visits to Very High, High and Medium Operational Risk sites completed in timescale	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.
19	Number of Service Delivery Hub exercises completed	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.
Customer Experience		
20	Percentage of domestic respondents satisfied with the overall service	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 commercial respondents satisfied with the overall service	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 services with regards to Fire Safety Audits	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	% of domestic respondents satisfied with the service regards their Safe and Well Visit	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	The number of complaints made to RBFRS about any aspect of our service or staff.
25	Number of compliments received	The number of compliments received by RBFRS about any aspect of our service or staff.



Corporate Health

ID	Measure	Definition
Human Resources and Learning & Development		
26	Percentage of working time lost to sickness across all staff groups	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	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	The number of formal grievances raised by staff under the Grievance, Bullying and Harrassment Policy.
Health and Safety		
29	Number of RIDDOR accidents and diseases	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	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	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)	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).
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ROYAL BERKSHIRE
FIRE AND RESCUE SERVICE

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-  @RBFRSOfficial
-  RoyalBerkshireFire
-  Royal Berkshire Fire & Rescue Service
-  rbfrs.co.uk

ITEM	DECISION BODY	NEXT REPORTING DATE	REPORTING FREQUENCY	RECOMMENDED ACTION	LEAD OFFICER	LEAD MEMBER	PART I / II
Budget Monitoring Q2	Management Committee	06.12.22	Annual	Note	HF&P	Budget and Income Generation Lead	Part I
Appliance Availability Q2	Management Committee	06.12.22	quarterly	Note	AM (R&R)	N/A	Part I
Pension Governance	Fire Authority	19.12.22	Ad-hoc	Agree	HHR&L&D	N/A	Part I
Community Risk Management Plan (CRMP) Consultation report	Fire Authority	19.12.22	Ad-hoc	Agree	HCS	CRMP Lead	Part I
Annual Treasury Report	Fire Authority	19.12.22	Annual	Note	HF&P	Budget and Income Generation Lead	Part I
External Auditor Appointment	Fire Authority	19.12.22	Ad-hoc	Agree	HF&P		Part I
Statement of Accounts 20/21	A&GC	23.01.23	Annual	Note	HF&P	Budget and Income Generation Lead	Part I
Annual Governance Statement 20/21	A&GC	23.01.23	Annual	Agree	Programme Office and Inspection Manager	N/A	Part I
Statement of Assurance	A&GC	23.01.23	Quarterly	Note and Recommend	HCS	RBFA Chairman and A&GC Chairman	Part I
Gender and Ethnicity Pay Gap	A&GC	23.01.23	Annual	Note	HHR&L&D	N/A	Part I
Pay Policy Statement	A&GC	23.01.23	Annual	Note and Recommend	HHR&L&D	N/A	Part I
Internal Audit report	A&GC	23.01.23	Quarterly	Note	HF&P	N/A	Part I
External Audit report	A&GC	23.01.23	Quarterly	Note	HF&P	N/A	Part I
Planning assumptions - Presentation	A&GC	23.01.23	Ad-hoc	Note	HF&P	Budget and Income Generation Lead	Part I
Statement of Accounts 21/22	A&GC	23.01.23	Annual	Agree	HF&P	Budget and Income Generation Lead	Part I
Annual Governance Statement 21/22	A&GC	23.01.23	Annual	Note	Programme Office and Inspection Manager	N/A	Part I
Q2 Performance Report	A&GC	23.01.23	Quarterly	Note	Data, Performance and Risk Manager	N/A	Part I

ITEM	DECISION BODY	NEXT REPORTING DATE	REPORTING FREQUENCY	RECOMMENDED ACTION	LEAD OFFICER	LEAD MEMBER	PART I / II
Emergency Services Mobile Communications Programme - Presentation	A&GC	23.01.23	Bi annual	Note	HBIS	N/A	Part I
Annual Review of Members Code of Conduct	A&GC	23.01.23	Annual	Note and recommend	DChEx	A&GC Chairman	Part I
Budget Monitoring Q3	Management Committee	7.02.23	Annual	Note	HF&P	Budget and Income Generation Lead	Part I
Scheme of Member Allowances Annual Review	Management Committee	7.02.23	Annual	Note and recommend	MO	N/A	Part I
Appliance Availability Q3	Management Committee	7.02.23	Quarterly	Note	AM (R&R)	N/A	Part I
Annual Budget 23/24, Medium Term Financial Plan & Strategic Asset Investment Framework and TVFCS Budget	Fire Authority	15.02.23	Annual	Agree	HF&P	Budget and Income Generation/ Collaboration and Strategic Assets Lead	Part I
Built Environment Update	Fire Authority	15.02.23	Ad-hoc	Note	DCFO	N/A	Part I
Pay Policy Statement	Fire Authority	15.02.23	Annual	Agree	HHR&L&D	N/A	Part I
Scheme of Allowances Annual Review 23/24	Fire Authority	15.02.23	Annual	Agree	MO	N/A	Part I
Internal Audit Report	A&GC	28.3.23	quarterly	Note	HF&P	N/A	Part I
External Audit Report	A&GC	28.3.23	quarterly	Note	HF&P	N/A	Part I
Statement of Accounts	A&GC	28.3.23	Annual	Agree	HF&P	Budget and Income Generation Lead	Part I
Annual Report on Members Development	A&GC	28.3.23	Annual	Note and Recommend	DChEx	Organisational Development Champion	Part I
Annual report on Governance / Members attendance and allowances	A&GC	28.3.23	Annual	Note and Recommend	DChEx	A&GC Chairman	Part I
Annual Plan 2023/24	A&GC	28.3.23	Annual	Note and Recommend	DChEx	N/A	Part I
Quarter 3 Performance Report	A&GC	28.3.23	Quarterly	Note	Data, Performance and Risk Manager	N/A	Part I
Corporate Calendar 2023/24	Fire Authority	27.04.23	Annual	Agree	DChEx	N/A	Part I
Lead Member and Champion Annual Reports	Fire Authority	27.04.23	Annual	Note	Lead Officers	Lead Members	Part I
Built Environment Presentation	Fire Authority	27.04.23	Ad-hoc	Note	ACFO	N/A	Part I
Annual Plan 2023/24	Fire Authority	27.04.23	Annual	Agree	DChEx	N/A	Part I