

**BUCKINGHAMSHIRE AND MILTON KEYNES FIRE AUTHORITY
BUCKINGHAMSHIRE FIRE AND RESCUE SERVICE**



Director of Legal & Governance, Graham Britten
Buckinghamshire Fire & Rescue Service
Brigade HQ, Stocklake, Aylesbury, Bucks HP20 1BD
Tel: 01296 744441

Chief Fire Officer and Chief Executive
Jason Thelwell

To: The Members of the Overview and Audit Committee

1 November 2021

**MEMBERS OF THE PRESS
AND PUBLIC**

Please note the content of
Page 2 of this Agenda Pack

Dear Councillor

Your attendance is requested at a meeting of the **OVERVIEW AND AUDIT COMMITTEE** of the **BUCKINGHAMSHIRE AND MILTON KEYNES FIRE AUTHORITY** to be held in **MEETING ROOM 1, BUCKINGHAMSHIRE FIRE AND RESCUE SERVICE HEADQUARTERS, STOCKLAKE, AYLESBURY, BUCKS, HP20 1BD** on **WEDNESDAY 10 NOVEMBER 2021 at 10.00 AM** when the business set out overleaf will be transacted.

Yours faithfully

Graham Britten
Director of Legal and Governance

Health and Safety: Covid-19

There will be extremely limited facilities for members of the public to observe the meeting in person, therefore a recording of the meeting will be available after the meeting at the web address provided overleaf.

Councillors Bagge, Carroll (Chairman), Chapple OBE, Darlington, Exon, Hussain, Rankine, Stuchbury and Waite



MAKING YOU SAFER

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To observe the meeting as a member of the Press and Public

The Authority supports the principles of openness and transparency. To enable members of the press and public to see or hear the meeting this meeting will be recorded. Please visit: <https://www.youtube.com/channel/UCWmIXPWAscxpL3vIiv7bh1Q>

The Authority also allows the use of social networking websites and blogging to communicate with people about what is happening, as it happens.

Adjournment and Rights to Speak – Public

The Authority may adjourn a Meeting to hear a member of the public on a particular agenda item. The proposal to adjourn must be moved by a Member, seconded and agreed by a majority of the Members present and voting.

A request to speak on a specified agenda item should be submitted by email to gbritten@bucksfire.gov.uk by 4pm on the Monday prior to the meeting. Please state if you would like the Director of Legal and Governance to read out the statement on your behalf, or if you would like to be sent a 'teams' meeting invitation to join the meeting at the specified agenda item.

If the meeting is then adjourned, prior to inviting a member of the public to speak, the Chairman should advise that they:

- (a) speak for no more than four minutes,
- (b) should only speak once unless the Chairman agrees otherwise.

The Chairman should resume the Meeting as soon as possible, with the agreement of the other Members present. Adjournments do not form part of the Meeting.

Rights to Speak - Members

A Member of the constituent Councils who is not a Member of the Authority may attend Meetings of the Authority or its Committees to make a statement on behalf of the Member's constituents in the case of any item under discussion which directly affects the Member's division, with the prior consent of the Chairman of the Meeting which will not be unreasonably withheld. The Member's statement will not last longer than four minutes. Such attendance will be facilitated if requests are made to enquiries@bucksfire.gov.uk at least two clear working days before the meeting. Statements can be read out on behalf of the Member by the Director of Legal and Governance, or the Member may request a 'teams' meeting invitation to join the meeting at the specified agenda item.

Where the Chairman of a Committee has agreed to extend an invitation to all Members of the Authority to attend when major matters of policy are being considered, a Member who is not a member of the Committee may attend and speak at such Meetings at the invitation of the Chairman of that Committee.

Questions

Members of the Authority, or its constituent councils, District, or Parish Councils may submit written questions prior to the Meeting to allow their full and proper consideration. Such questions shall be received by the Monitoring Officer to the Authority, *in writing*, at least two clear working days before the day of the Meeting of the Authority or the Committee.

OVERVIEW AND AUDIT COMMITTEE

TERMS OF REFERENCE

Overview

1. To review current and emerging organisational issues and make recommendations to the Executive Committee as appropriate.
2. To comment upon proposed new policies and make recommendations to the Executive Committee as appropriate.
3. To review issues referred by the Authority and its other bodies and make recommendations to those bodies as appropriate.
4. To make recommendations to the Executive Committee on:
 - (a) the Electronic Services Delivery Plan;
 - (b) the Brigade Personnel Strategy;
 - (c) Levels of Incident Response;
 - (d) the Corporate Risk Management Policy;
 - (e) the Authority's Information Policy; andother such policies and procedures as are required from time to time
5. To consider and make recommendations to the Authority on the Annual Treasury Management Strategy.

Audit

1. To determine the internal and external audit plans and the Internal Audit Strategy
2. To determine the Internal Audit Annual Plan and Annual Report (including a summary of internal audit activity and the level of assurance it can give over the Authority's governance arrangements).
3. To consider and make recommendations on action plans arising from internal and external audit reports, including arrangements to ensure that processes which deliver value for money are maintained and developed.
4. To consider and make recommendations to the Executive Committee on reports dealing with the management and performance of the providers of internal audit services.
5. To consider and make recommendations on the external auditor's Annual Audit Letter and Action Plan, relevant reports and the report to those charged with governance.
6. To consider specific reports as agreed with the Treasurer, Internal Audit, Monitoring Officer, Chief Fire Officer, or external audit and to make decisions as appropriate.
7. To comment on the scope and depth of external audit work and to ensure it gives value for money.
8. To oversee investigations arising out of fraud and corruption allegations.

9. To determine Insurance matters not delegated to officers, or another committee.
10. To consider and determine as appropriate such other matters as are required in legislation or guidance to be within the proper remit of this Committee.

Governance

1. To:
 - (a) make recommendations to the Authority in respect of:
 - (i) variations to Financial Regulations; and
 - (ii) variations to Contract Standing Orders.
 - (b) receive a report from the Chief Finance Officer/Treasurer when there has been any variation to the Financial Instructions in the preceding twelve month period.
2. To determine the following issues:
 - (a) the Authority's Anti-Money Laundering Policy;
 - (b) the Authority's Whistleblowing Policy; and
 - (c) the Authority's Anti Fraud and Corruption Policy.
3. To determine the Statement of Accounts and the Authority's Annual Governance Statement. Specifically, to consider whether appropriate accounting policies have been followed and whether there are concerns arising from the financial statements or from the audit that need to be brought to the attention of the Authority.
4. To consider the Authority's arrangements for corporate governance and make recommendations to ensure compliance with best practice.
5. To monitor the Authority's compliance with its own and other published standards and controls.
6. To maintain and promote high standards of conduct by the Members and co-opted members of the Authority.
7. To assist Members and co-opted members of the Authority to observe the Authority's Code of Conduct.
8. To advise the Authority on the adoption or revision of a code of conduct.
9. To monitor the operation of the Authority's Code of Conduct
10. To deal with cases referred by the Monitoring Officer.
11. To advise on training, or arranging to train Members and co-opted members of the Authority on matters relating to the Authority's Code of Conduct.
12. To monitor the operation of any registers of interest, of disclosures of interests and disclosures of gifts and hospitality in respect of officers or Members

Risk

1. To monitor the effective development and operation of risk management and corporate governance within the Authority.

2. To consider reports dealing with the management of risk across the organisation, identifying the key risks facing the Authority and seeking assurance of appropriate management action.

Employees

1. To be a sounding board to help the Authority promote and maintain high standards of conduct by employees of the Authority.
2. To advise the Executive Committee on the adoption or revision of any policies, codes or guidance:
 - (a) regulating working relationships between members and co-opted members of the Authority and the employees of the Authority;
 - (b) governing the conduct of employees of the Authority; or
 - (c) relating to complaints; andother such policies and procedures as are required from time to time.
3. To monitor the operation of any such policies, codes or guidance mentioned at 2 above.
4. To comment on the training arrangements in connection with any of the above.

General

1. To make such other recommendations to the Executive Committee on the issues within the remit of the Overview and Audit Committee as required.
2. To review any issue referred to it by the Chief Fire Officer, Treasurer, or Monitoring Officer, or any Authority body within the remit of these terms of reference.
3. To consider such other matters as are required in legislation or guidance to be within the proper remit of this Committee.
4. To commission reports from the Chief Fire Officer, the Internal Audit Service, the Monitoring Officer, or such other officer as is appropriate, when the Committee agrees that such reports are necessary.
5. To support the Monitoring Officer and the Treasurer in their statutory roles and in the issue of any guidance by them.
6. To receiving reports from the Monitoring Officer in his/her statutory role or otherwise relating to ethical standards and deciding action as appropriate.
7. To respond to consultation on probity and the ethical standards of public authorities.

AGENDA

Item No:

- 1. Apologies**
- 2. Minutes**
To approve, and sign as a correct record the Minutes of the meeting of the Overview and Audit Committee held on 21 July 2021 (Item 2) **(Pages 9 - 22)**
- 3. Disclosure of Interests**
Members to declare any disclosable pecuniary interests they may have in any matter being considered which are not entered onto the Authority's Register, and officers to disclose any interests they may have in any contract to be considered.
- 4. Matters Arising from the Previous Meeting**
The Chairman to invite officers to provide verbal updates on any actions noted in the Minutes from the previous meeting.
- 5. Questions**
To receive questions in accordance with Standing Order SOA7.
- 6. RIPA Policy (Minute OA39 – 090316)**
To note that there has been no covert surveillance conducted by officers since the last meeting of the Committee.
- 7. Corporate Risk Management**
To consider Item 7. **(Pages 23 - 40)**
- 8. Audit Results Report 2020/21**
To receive a verbal update on progress of the audit.
- 9. Internal Audit Report – Update on Progress of Audit Recommendations**
To consider Item 9. **(Pages 41 - 50)**
- 10. Internal Audit Report – Update on the 2021/22 Annual Audit Plan**
To consider item 10. **(Pages 51 - 54)**
- 11. Appointment of External Auditors**
To consider item 11. **(Pages 55 - 64)**
- 12. Climate Action Plan**
To consider item 12. **(Pages 65 - 74)**
- 13. 2020/21 Compliments, Concerns and Complaints**
To consider item 13. **(Pages 75 - 84)**

- 14. 2020-21 Annual Performance Monitoring**
To consider Item 14. (Pages 85 - 110)
- 15. Operational Assurance Improvement Plan**
To consider Item 15. (Pages 111 - 120)
- 16. Grenfell Infrastructure Update (October 2021)**
To consider Item 16. (Pages 121 - 134)
- 17. Prevention Evaluation - Phase one report 2021**
To consider Item 17. (Pages 135 - 204)
- 18. Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) – Buckinghamshire Fire and Rescue Service (BFRS) Improvement Plan Update**
To consider Item 18. (Pages 205 - 226)
- 19. Treasury Management Performance 2021/22 – Quarter 2**
To consider Item 19. (Pages 227 - 232)
- 20. Forward Plan**
To note Item 20. (Pages 233 - 234)
- 21. Date of Next Meeting**
To note that the next meeting of the Overview and Audit Committee will be held on Wednesday 16 March 2022 at 10am.

If you have any enquiries about this agenda please contact: Katie Nellist (Democratic Services Officer) – Tel: (01296) 744633 email: knellist@bucksfire.gov.uk

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Buckinghamshire & Milton Keynes Fire Authority

Minutes of the Meeting of the OVERVIEW AND AUDIT COMMITTEE of the
BUCKINGHAMSHIRE AND MILTON KEYNES FIRE AUTHORITY held on WEDNESDAY 21
JULY 2021 at 10.00 AM.

Present: Councillors Bagge (part), Carroll, Chapple OBE, Darlington (part),
Exon, Rankine, Stuchbury and Waite

Officers: G Britten (Director of Legal and Governance), K Nellist (Democratic
Services Officer)

Remotely: J Thelwell (Chief Fire Officer), M Osborne (Deputy Chief Fire
Officer), M Hemming (Director of Finance and Assets) S Gowanlock
(Corporate Planning Manager), F Mansfield (HR Advisory and
Development Manager), A Hussain (Deputy Director of Finance and
Assets), M Hussey (Principal Accountant), C Bell (Head of Protection,
Assurance and Development), S Tuffley (Head of Covid-19
Preparedness and Response), S Harlock (Internal Audit Manager,
Buckinghamshire Council), N Harris (External Auditor Ernst & Young), A
Kennett (Assistant Manager Ernst & Young), F Pearson
(Communications Manager), G Porter (Communication Officer)

Apologies: Councillor Hussain

Live webcast broadcast:

<https://www.youtube.com/channel/UCWmIXPWAscxpL3vIiv7bh1Q>

The Director of Legal and Governance confirmed the webcast was live.

The Director of Legal and Governance welcomed Members to the July
Meeting of the Overview and Audit Committee of the Buckinghamshire
and Milton Keynes Fire Authority and confirmed that the meeting was
being live streamed on the Buckinghamshire Fire & Rescue Service
YouTube channel. Following the meeting, a recording would continue
to be available on this channel and it was also being recorded, should
there be any technical difficulties.

OA01 ELECTION OF CHAIRMAN

(Director of Legal and Governance in the Chair)

It was proposed and seconded that Councillor Carroll be elected
Chairman of the Committee for 2021/22.

RESOLVED –

That Councillor Carroll be elected as Chairman of the Committee for
2021/22.

(Councillor Carroll in the Chair)

OA02 APPOINTMENT OF VICE CHAIRMAN

It was proposed and seconded that Councillor Hussain be appointed Vice Chairman of the Committee for 2021/22.

RESOLVED –

That Councillor Hussain be appointed Vice Chairman of the Committee for 2021/22.

OA03 MINUTES

RESOLVED –

That the Minutes of the meeting of the Overview and Audit Committee held on Wednesday 24 March 2021, be approved, and signed by the Chairman as a correct record.

OA04 MATTERS ARISING FROM THE PREVIOUS MEETING

The Director of Legal and Governance advised that at the last meeting, a member expressed concern that the use of council emails did not create any vulnerabilities to the Authority's system. The ICT Manager had liaised with his counterparts at Buckinghamshire and Milton Keynes Councils and confirmed there were no issues regarding emails. Also, once the WAN/LAN project was in place the Authority would share some of the same fire wall technology as Buckinghamshire Council.

OA05 DISCLOSURE OF INTERESTS

Councillor Chapple declared he was in receipt of a firefighter's pension from London Fire Brigade.

OA06 RIPA POLICY (MINUTE OA39 – 090316)

The Director of Legal and Governance advised Members that the Authority was the enforcing authority under the Regulatory Reform (Fire Safety) Order 2005 and as an enforcing authority, it had powers to undertake covert surveillance on individuals if necessary. It therefore had to comply with RIPA – the Regulation of Investigatory Powers Act 2000. The RIPA statutory guidance recommends that elected members be regularly appraised of any instances of covert surveillance.

In answer to a Member's question, the Director of Legal and Governance advised that the National Fire Chiefs Council had requested the Home Office for fire and rescue authorities be taken out of scope of the RIPA regime as it was felt that they could enforce adequately without ever needing to use covert surveillance and therefore compliance with RIPA requirements was unnecessarily burdensome.

RESOLVED –

To note that there had been no covert surveillance conducted by officers since the last meeting of the Committee.

OA07

INTERNAL AUDIT REPORT – ANNUAL AUDIT REPORT 2020/21

The Internal Audit Manager firstly thanked officers for their support during the year as most of the audits had been undertaken remotely and required officers to provide information through emails and more meetings than normal. All enquiries were responded to promptly which enabled the work to be completed in good time.

The Internal Audit Manager advised Members that this report outlined the internal audit work undertaken by the Internal Audit Service for the year ending 31 March 2021 and provided the Chief Internal Auditor's opinion on the adequacy of the control environment. In accordance with the Accounts and Audit Regulations, the Authority must maintain an adequate and effective internal audit service in accordance with proper internal audit practices. The Chartered Institute of Public Finance and Accountancy (CIPFA) Public Sector Internal Audit Standards (PSIA's) sets out proper practice for internal audit and requires the Chief Internal Auditor to provide an annual report to those charged with governance which should include an opinion on the overall adequacies of the internal control environment.

It should be noted that internal audit was not responsible for the control system, it was management's responsibility to develop and maintain the internal control framework and to ensure compliance. It was the responsibility of Internal Audit to form an independent opinion on the adequacy of the system of internal control based on the work undertaken.

For the year 20/21 the Chief Internal Auditor's opinion was of reasonable assurance. This was based on the work undertaken and that no material weaknesses in the overall control framework were found. The Authority had continued to demonstrate a robust and effective internal control and risk management environment. It should be further noted that the Chief Internal Auditor's opinion does not imply that internal audit had reviewed all risks relating to the Authority. The opinion that was given was based on the work undertaken this year which was summarised in Appendices 1 and 2.

A Member asked if there were areas that Internal Audit could not address because of Covid-19 and if so, would they revisit them in future and was advised by the Internal Audit Manager, that Covid-19 had not impacted the audit work undertaken.

A Member asked if in future there would be an audit for environmental management and was advised by the Internal Audit Manager that as part of the internal audit planning process, along with the Director of

Finance and Assets, they would look at key risks being faced by the Authority. If Internal Audit was concerned about the environment, this would be factored in.

The Director of Finance and Assets advised Members that it was a very real concern and climate change and sustainability were obviously something the Authority had a vested interest in especially regarding responding to flooding and wildfires. As a key action, he would be putting together an environmental strategy which would pull together all the work the Authority was currently doing, all the work it wanted to do in the future, and how it could influence its communities to improve sustainability.

The Deputy Chief Fire Officer advised Members that there were two aspects to the environmental work. One was an environmental strategy which would be brought to this Committee, and secondly, the response to environmental emergencies which was fully captured in the Authority's Public Safety Plan. The Service was very well prepared from an operational perspective.

RESOLVED –

That the contents of the Annual Audit Report be reviewed and noted by Members.

OA08

ERNST & YOUNG AUDIT PLAN 2020/21

The External Audit Manager advised Members that this report was the audit planning document setting out the External Auditor's approach to the audit of the Authority's financial statements for the financial year ended 31 March 2021, and the work they were required to undertake under the National Audit Office's Code of Audit Practice, to examine the Authority's arrangements for economy, efficiency and effectiveness and its use of resources.

The External Auditor advised Members that what was not in this audit plan (and a final version would be circulated to Members), were the mandatory procedures External Audit were required to undertake on the management override of controls, and those related to the inquiries of Management and members as those charged with governance. Also, External Audit looked at unusual transactions that had taken place in the year, management bias on any particular transactions, judgements and mandatory procedures, looking at journal entry testing throughout the year and at year end. The commentary would be added to the relevant sections of the audit plan and recirculated. It wouldn't substantially change what was already in the document.

The External Auditor advised Members that the work undertaken this year responded to changes in the National Audit Office Code of Audit Practice. This encouraged auditors to ensure they had a consistent

understanding of the arrangements for financial sustainability, governance and other wider areas of procurement and contract management, to determine if there were any areas that represented a risk of significant weakness.

RESOLVED –

That the Audit Plan 2020/21 (Annex A) be noted.

OA09

TREASURY MANAGEMENT PERFORMANCE 2020/21

The Principal Accountant advised Members that for the financial year 2020/2021, the accrued interest earned was £113k, which was £37k lower than the budget set for the same period. The Authority was unable to meet the budget requirement set for 2020/2021 (£150k), this was due to the direct impact of Covid-19. The Authority, however, was still able to achieve 75% of the income budget set for 2020/2021 due to several deals made pre-Covid-19 resulting in a better rate of interest.

The Principal Accountant advised Members that at the Authority meeting held on 17 February 2021, as part of the Medium-Term Financial Plan (MTFP), the investment income budget was reduced from £150k to £30k to reflect the anticipated continuation of low interest rates into 2021/2022. Early indications were that the £30k budget set for 2021/2022 would be a challenge to achieve following the unanimous vote (8-1) at the Monetary Policy Committee (MPC) in June 2021 to keep the interest base rate at the record low figure of 0.1%.

Officers continued to monitor the cashflow position daily to ensure the Authority could meet its short-term expenditure requirements and to maintain adequate liquidity. To support this, the investments currently in place, were with a number of counterparties and maturing on a frequent basis.

A Member asked how the Authority's investment portfolio compared to other fire and rescue authorities and was advised that the Authority received a monthly report on its own investments, and a quarterly benchmarking report against other local authorities. The Authority had a mixed blend of working with banks and building societies and in the Treasury Management Strategy it stated that the Authority does not invest more than 30% of its portfolio in any one specific bank or building society.

A Member asked whether the lower than budget accrued interest was due to the turbulent year this year or was there a fundamental change that would see this being sustained for a longer period, and was advised by the Principal Accountant that the financial year 2020/2021 was the first year the Authority had not met its budget requirements in terms of interest and the main reason was Covid-19 and low interest

rates. If the interest rates do pick up, the Authority would increase its budget requirements.

A Member asked who Close Brothers were and was advised by the Principal Accountant that they were a Merchant Bank and dealt with a lot of local authorities.

RESOLVED –

That the Treasury Management Performance 2020/21 report be noted.

OA10

ANNUAL GOVERNANCE STATEMENT

The Director of Legal and Governance advised Members that the Accounts and Audit Regulations required the Annual Governance Statement to be approved in advance of the adoption of the Statement of Accounts. Once approved, it would be submitted to the Chief Fire Officer and the Chairman of the Authority for signature.

The Annual Governance Statement had been set out to reflect the seven principles of Good Governance as contained in the guidance issued in 2016 jointly by the Chartered Institute of Public Finance and Accountancy (CIPFA) and the Society of Local Authority Chief Executives (SOLACE). In addition, CIPFA issued a bulletin in February 2021 recommending that an Annual Governance Statement for 2020/21 should include: adaptations to reflect new ways of working and emergency arrangements; changes to 'business as usual' activities, including cessation or reduced frequency or scale of activities; and longer-term changes to priorities, programmes, strategies and plans as a result of the impact of the pandemic on the organisation and the local area.

As a result, Members were advised that the Annual Governance Statement set out how the Authority and its officers adapted to the challenges and practicalities of decision making at Member and officer level; and how certain aspects of work were deferred; how the service did things differently, and also how the service extended beyond its statutory duties to give greater support to the ambulance service; and creating new partnerships with health and social care providers.

Members were advised that the Annual Governance Statement included a link to a letter from Her Majesty's Inspector Matt Parr praising the work of the service's employees for undertaking additional roles to protect its communities; and that it reproduced the Chief Internal Auditor's Opinion and the acknowledgement of the Chief Internal Auditor of the service's response to Covid-19 both internally and externally in providing additional support to the public.

The Director of Legal and Governance advised Members that Appendix A presented an update on progress against the governance issues intended to be addressed in 2020/21. One area completed in the year was a review of its internal governance board arrangements to

complement the establishment of a Project Management Office function. Three other areas had been reprioritised and given new completion dates and there were four additional areas to be addressed in 2021/22.

A Member asked about the review of the statutory Data Protection Officer (DPO) function and the Director of Legal and Governance advised that the decision was taken corporately that when a position becomes vacant, it was not automatically filled. As Members were aware, the Authority was under financial pressures and if there was a way of reviewing how a role was delivered more effectively and economically, that was something that would be explored. It was a statutory post, but the Authority was looking at how it could be delivered differently on a service contract, or in a partnership with another local authority.

A Member praised the format and content of the Annual Governance Statement when compared to others that he had seen in other authorities.

A Member asked what things had been done differently through the pandemic and was advised by the Director of Legal and Governance that the Authority had adapted in many ways, one being in terms of holding remote Authority, Committee, and Internal Board meetings, leveraging that technology to allow for more remote working, and remote reporting into those bodies. One of the benefits was reducing the carbon footprint.

A Member asked around 'Core Principle B - Ensuring openness and comprehensive stakeholder engagement.' Due to Covid-19 access to fire stations had been restricted, how could the Service use this opportunity with new technology to engage with the public in different ways, were there any plans, on how this could be done differently in the future.

The Director of Legal and Governance advised Members that the Protection Team had given some very successful online seminars to business owners and employers regarding their responsibility under the Regularity Reform Fire Safety Order.

The Chief Fire Officer advised that the Authority was managing four vaccination centres across Buckinghamshire and Milton Keynes and had been very successful engaging with health authorities and local authorities, supporting them to vaccinate people across the communities. The Authority was also using this as an opportunity to engage with vulnerable members of the community to give advice on fire safety and fire prevention.

RESOLVED –

1. That the Annual Governance Statement 2020/21 be approved.

2. That the progress on the implementation of recommendations of the previous Annual Governance Statement (Appendix A to the Annual Governance Statement) be noted.
3. That the priorities for 2021/22 (Appendix B to the Annual Governance Statement) be agreed.

OA11

CORPORATE RISK UPDATE

The Corporate Planning Manager advised Members that this was a regular report on the status of Corporate Risks presented to every meeting of this Committee. Since the Committee met in March 2021, the risk register has been subject to regular review by officers at the Performance Monitoring and Strategic Management Boards and by Lead Members where individual risks fall within their areas of reference. As Members could see, there had been no new risks since the last report or changes to the risk scores or RAG status.

With regard to the pandemic risk which had been receiving even more attention than usual in the media following the Government's decision to relax most of the legally enforceable restrictions, although many remained on an advisory basis to be left to the discretion of employers, public service providers, businesses and the wider public. The Authority's Pandemic Management Group had reviewed the potential impact of the changes and decided to remain at Stage 3 of the Pandemic Recovery Strategy. This meant that all staff should continue working to the pre-existing Covid-19 arrangements following the lifting of the legally enforceable national restrictions to help minimise the impact on staff and the communities it serves. Measures such as social distancing, enhanced hygiene regimes and the use of appropriate PPE would continue in all workplaces and when out and about in the community. These arrangements would remain in place until 16 August 2021 after which they would be subject to further review.

Regarding the EU transition risk which had been reduced to Green RAG status in January 2021, following the conclusion of the Trade and Cooperation Agreement between the UK and the EU, Members would have noted the positive adequacy decision in relation to GDPR which was one of the final transitional milestones. Considering this, and the absence of any foreseeable disruption to the Authority's services from any residual level of risk, officers would welcome a view from the Committee as to whether Members would like to keep this risk on the Corporate Risk Register or de-escalate it for monitoring to the relevant directorate risk register.

A Member asked, as the Authority had a lot of equipment, if there had been any delays or price increases as a consequence of the UK/EU deal and was advised by the Director of Finance and Assets that it was hard to distinguish between the impact of Brexit and the potential impacts of Covid-19 on prices. For example, the supply of lumber and building

supplies could be just as much due to Covid-19 where rather than going on holiday, people were using the money to renovate their homes and there had been some price pressures on renovations on some of the Authority's buildings.

The Corporate Planning Manager advised that he was asking Members as to whether they wished to continue to scrutinize the EU transition risk at this level at this Committee, or to de-escalate it to sit on a directorate risk register, which would be subject to ongoing monitoring by officers. If there was anything significant to arise, it would of course be re-elevated for Member scrutiny.

A Member asked about quantifying the risk of the Court of Appeal ruling on the McCloud Sargeant case. The Director of Finance and Assets advised that he was working at national level with the Local Government Association, National Fire Chiefs Council and the Home Office around the Authority's submission for the upcoming spending review which would need to be submitted to the Treasury by the end of August. Within it was a discussion around precept flexibility and funding for both pensions administration and potentially increased employers costs of pensions. The Authority was looking to do what it could to secure a sustainable funding settlement going forward.

A Member asked if future recruitment and retention would be an issue and also what was the Recruitment Oversight Board. The Head of Protection, Assurance and Development advised Members that he chaired the Recruitment Oversight Board and representatives on the Board covered all areas and all departments within the organisation. The Board met to look at where the vacancies were and what the impact was likely to be. A project had been commenced to look at how the Authority recruits in the future.

A Member asked if crews were being affected by the 'pingdemic' and was advised by the Chief Fire Officer that he received Covid-19 updates on a daily basis and he continued to monitor the issues in terms of isolation. It had presented some issues for staffing and would continue to in the near future. The Chief Fire Officer had been lobbying the National Fire Chiefs Council to put pressure on the Home Office to consider exemptions for firefighters in terms of testing etc. Staffing nationally across the fire service was tight.

It being proposed and seconded the 'Risk of physical disruption to Service operations due to no, or insufficiently comprehensive agreement covering future UK relations with the EU' be removed from the Corporate Risk register.

RESOLVED –

1. That the status on identified corporate risks at Annex C be reviewed and approved.

2. That comments be provided to officers for consideration and attention in future updates/reports.

It being proposed and seconded it was:

RESOLVED -

3. That the risk of physical disruption to service operations due to no, or insufficiently comprehensive agreement covering future UK relations with the EU be removed from the Corporate Risk Register.

It being proposed and seconded it was moved:

4. That an environmental impact risk be added to the Corporate Risk Register.

It being put to a recorded vote as set out below, the motion was defeated:

| Councillor | For | Against | Abstained |
|-------------|-----|---------|-----------|
| Bagge | | ✓ | |
| Carroll | | ✓ | |
| Chapple OBE | | ✓ | |
| Darlington | ✓ | | |
| Rankine | | ✓ | |
| Stuchbury | ✓ | | |
| Waite | | ✓ | |

OA12

EQUAL PAY AUDIT

The HR Advisory and Development Manager advised Members that an Equal Pay Audit was the most effective way of checking the Service was complying with its equal pay obligations, and ensuring it delivered a pay system free from bias. This report confirmed the outcome of the most recent Equal Pay Audit, that the Authority was achieving equitable pay between genders and the other protected characteristics of age and race. Under the Equality Act 2010, it was unlawful for an employer to discriminate between men and women in terms of their pay and conditions, where they were in the same employment and were doing the same or similar work, work related as equivalent or work of equal value.

The HR Advisory and Development Manager advised Members that It was important to note that whilst equal pay and gender pay both deal with the disparity of pay females receive within the workplace, a gender pay gap was different to equal pay, and organisations which

were fully compliant with the Equality Act 2010 could still have a gender pay gap, which this Service had and was taking steps to address.

To comply with legislation, an Equal Pay Audit was required to consider gender. At the outset of this project, it was decided to widen to the scope, and in addition to gender, analysis was also undertaken for additional protected characteristics of age, disability and ethnicity.

The results of extensive data and analysis work within the Equal Pay Audit would not be shared due to detailing personally identifiable information. However, the findings and recommendations made have formed the recommendations for action as detailed within Appendix one, which included six recommendations following the Equal Pay Audit and one additional recommendation regarding flexible working. It was recommended that an Equal Pay Audit was undertaken within the lifetime of each Public Safety Plan.

A Member asked if there had been any claims on the Authority regarding equal pay and was advised that there had been no equal pay claims to date.

A Member asked why the Authority paid out £20k in pay protection and was advised that in 2013, the Authority amended the pay structure. At that point, all roles were re-evaluated, and the spinal pay points changed, resulting in some employees being put on an exempt pay point. A decision was taken by the Executive Committee to protect those pay points for a period, so as individuals moved on within the organisation, retired or left of their own accord, those numbers would diminish through a natural process. As of July 2021, there were 23 employees on the exempt pay point, and this continued to reduce.

Members asked that a report be brought back to the Committee showing progress of the recommendations.

RESOLVED –

1. It be noted the Authority is achieving equitable pay between genders, and the other protected characteristics of age and race.
2. That the action plan and recommendations, as detailed in Appendix one, be noted.

(Councillor Darlington left the meeting)

OA13

APPRENTICESHIP PROGRAMME – ANNUAL STATUTORY REPORTING 2020-2021

The Head of Protection, Assurance and Development advised Members that in July 2015 the Authority approved its apprenticeship programme with its first cohort starting in 2016. The apprenticeship programme continued to support the Authority's strategic aims regarding resourcing. This included effective profiling and forecasting; refreshing the workforce; flexible working; collaboration and supporting equality

and diversity through engagement. To date, the Authority has enrolled 107 new apprentice starts across the organisation including operational firefighters, management and leadership; business administration; vehicle technicians, cyber security technologist; assistant accountants; human resources and information communication technology.

Not only has this enabled new starters to join the organisation, but also enhanced the Authority's strategy for the retention and upskilling of existing staff and to develop future leaders and subject matter experts. The Authority had continued to evolve its apprenticeship proposition, ensuring it was fit for purpose. In 2019 it moved away from its previous Apprenticeship Training Agency (ATA) model and now directly employed all apprentices, ensuring the government levy was fully utilised. The Authority was currently reviewing possible options for future apprenticeship recruitment, including forming part of a Thames Valley working group, looking at the possibility of delivering a Thames Valley Firefighter Apprenticeship Programme.

The Head of Protection, Assurance and Development advised Members that this report set out the Authority's annual statutory report against the public sector apprenticeship target for the year ending 31 March 2021. As part of the Government's Apprenticeship Reform agenda, a public sector target was introduced in 2017 requiring all organisations to meet a minimum of 2.3% new apprenticeship starts each year. This equated to approximately 11 per year. For this reporting period the Authority had 21 new apprentice starts which exceeds the national target of 2.3%. Based on the reporting period, April 2017 to March 2021, the Authority had averaged 4.5% new apprentice starts per year. With apprenticeships now embedded across the organisation with both support and operational staff, the Authority was proud of its apprenticeship programme, not only as a route to employ new staff but also the upskilling of existing employees and developing future leaders.

A Member asked if there were any partnership agreements being looked at in terms of developing joint apprenticeships at the Blue Light Hub and was advised by the Head of Protection, Assurance and Development that nothing had been agreed as yet, but discussions were already taking place with those partners, as well as other partners within the Thames Valley.

A Members asked if there was good retention of trained apprentices and was advised that retention of apprentices was very good.

RESOLVED –

That the Authority's annual return – attached as Appendix 2 – be endorsed for submission to the Department for Education, and for publication on the Authority's website.

(Councillor Bagge left the meeting)

HER MAJESTY'S INSPECTORATE OF CONSTABULARY AND FIRE AND RESCUE SERVICES (HMICFRS) – BUCKINGHAMSHIRE FIRE AND RESCUE SERVICE (BFRS) IMPROVEMENT PLAN UPDATE

The Head of Covid-19 Preparedness and Response advised Members that the legal framework for the inspection of English fire and rescue services (FRS) was established with the Policing and Crime Act 2017. The Home Office subsequently awarded a contract to Her Majesty's Inspectorate of Constabulary, who consequently changed their name to Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) to include the remit of fire. HMICFRS developed a framework for inspecting fire and rescue services, based in part on the framework they use for inspecting policing. The inspection framework set out to grade every FRS as either Outstanding, Good, Requires Improvement or Inadequate. A grade was awarded for three areas (efficiency, effectiveness and people).

The Authority's first inspection took place during the summer of 2019 and following completion of the first inspection round of all 45 fire and rescue services, the Inspectorate published a report into Buckinghamshire Fire & Rescue Service on 17 December 2019. The Service was judged to require improvement in its Efficiency and its Effectiveness, and the People element was judged as good. The report identified eleven areas for improvement, one cause for concern and two recommendations. In addition to the Inspectorate framework, The Fire and Rescue Service National Framework document required fire and rescue services to give due regard to HMICFRS reports and recommendations. Where recommendations were made, the receiving Service was required to prepare, update and regularly publish an action plan detailing how such recommendations were actioned.

The Head of Covid-19 Preparedness and Response took Members through the Action Plan. The plan was being progressed through a range of improvement work streams. The main reasons for some of the themes being marked as amber was slow progress due to the pandemic and the ongoing financial position. Progress remained strong, and the Authority would continue to work against these improvement themes.

The Head of Covid-19 and Preparedness advised Members that the second round of inspections had now re-commenced, and the Authority had been inspected again as part of tranche one. The inspection had taken place virtually between the 24 May and 5 July 2021. The inspection framework was very similar to the previous round, and the key focus was on the progress the Service had made since the last full inspection. There was not yet a date when the tranche one inspection reports would be published, but the indication was that it would be in the Winter this year.

The Head of Covid-19 and Preparedness advised Members the Service was inspected in November 2020 with a thematic inspection to look at its Covid-19 preparation. The results of the Covid-19 inspection were published on 22 January 2021 and the inspectorate concluded that the Service responded well during the pandemic and provided additional support to its communities.

A Member asked, as HMICFRS had advised that the Service needed additional funding, had the government provided additional funding and was advised that information had been highlighted within correspondence with the Home Office and to assist the Authority in its lobbying. The Authority had managed through zero based budgeting and through a reallocation of internal budgets to fund those twenty additional firefighters and the other protection and prevention posts; and that details of attributable costs would be provided to Members.

RESOLVED –

That the Committee note current progress against the HMICFRS BFRS Improvement Plan.

OA15

FORWARD PLAN

The Chairman brought the Forward Plan for future Overview and Audit Committee meetings to the attention of Members. It was noted that the Audited Statement of Accounts may not be ready for the November committee meeting and would be brought to either the Fire Authority meeting in December 2021 or the meeting of the Overview and Audit Committee in March 2022.

RESOLVED –

That the Forward Plan be noted.

OA16

DATE OF NEXT MEETING

The Committee noted that the date of the next Overview and Audit Committee meeting would be held on Wednesday 10 November 2021 at 10.00am.

THE CHAIRMAN CLOSED THE MEETING AT 1.03 PM.



Buckinghamshire & Milton Keynes Fire Authority

Meeting and date: Overview and Audit Committee, 10 November 2021

Report title: Corporate Risk Management

Lead Member: Health, Safety and Corporate Risk

Report sponsor: Graham Britten, Director of Legal & Governance

Author and contact: Stuart Gowanlock, Corporate Planning Manager

sgowanlock@bucksfire.gov.uk

Action: Decision

Recommendations:

1. That the status on identified corporate risks at Annex C be reviewed and approved.
2. That comments be provided to officers for consideration and attention in future updates/reports.

Executive summary:

This report provides an update on the current status of identified corporate risks. Risk registers are maintained at project, departmental and directorate levels. Corporate risks are those that have been escalated from these levels for scrutiny by the Strategic Management Board (SMB) because of their magnitude, proximity or because the treatments and controls require significant development.

Officers draw on a range of sources to assist with the identification and evaluation of corporate risks. For example, membership of the Thames Valley Local Resilience Forum (TVLRF)'s Strategic Coordinating Group (SCG) facilitates active monitoring of a range of risks with the potential for impacts on local communities and services including, at the present time, Coronavirus (COVID-19).

Involvement with the Local Resilience Forum directly links officers into national Government agencies and departments such as Public Health England and the Ministry of Housing, Communities and Local Government. This allows the sharing of intelligence and information with those who are making decisions at the very highest levels.

The TVLRF SCG enables its partners to jointly develop combined responses to civil emergencies, and strategic consequence management. This multi-agency partnership approach helps target activity directly to the needs of the public.

The Corporate Risk Register was last reviewed by the Overview and Audit Committee at its 21 July 2021 meeting. Since then, it has been subject to regular review by the Performance Monitoring Board (PMB), at which all the directorate and departmental risk registers are reviewed, and by SMB at its monthly meetings. Also, Lead Members have been consulted during the evaluation process for risks falling within their portfolios of responsibility.

Following the review, debate and decisions made at the 21 July Overview and Audit Committee meeting:

- the EU transition risk was transferred from the Corporate Risk Register to the Prevention, Response and Resilience Risk Register for continued monitoring by officers; and,
- A Climate Change Action Plan has been prepared (shown at agenda item 12), which sets out how the Authority will respond to climate change through:
 - Adaptation – optimising Buckinghamshire Fire and Rescue Service’s response to extreme weather events such as flooding and wildfires;
 - Mitigation - taking action to reduce its own carbon emissions, while encouraging its staff and communities to do the same.

Also, since the last Overview and Audit Committee review:

- The staff availability risk has been reviewed and updated to reference the upcoming firefighter recruitment initiative (see page 2 of Appendix 3);
- The potential impact of the Government’s increase to National Insurance costs has been considered in relation to the funding and savings risk. Currently this is considered likely to be neutral due to an offsetting Government grant provision. The timing and scope of the upcoming Comprehensive Spending Review is also confirmed (see page 4 of Appendix 3);
- The Information Management and Security risk has been updated to reflect recent national threat assessments and measures taken to raise staff awareness of potential threats including online training requirements (page 6 of Appendix 3);
- The Covid-19 resurgence risk updated to reflect the resumption of activities paused or scaled back, together with measures in place to control risks to the public and Service staff (page 8 of Appendix 3); and,
- The latest position in relation to the impact of the McCloud / Sargeant rulings on the administration of firefighter pension schemes included (page 10 of Appendix 3).

The current distribution of corporate risks relative to probability and potential impact is shown at Appendix 1.

Changes to the corporate risk ratings over the last year are shown at Appendix 2.

Detailed assessments of identified corporate risks are shown in the Corporate Risk Register at Appendix 3.

The next Overview and Audit Committee review is scheduled for 16 March 2022.

Financial implications:

No direct financial implications arising from the presentation of this report. It is envisaged that the further development of the Authority's corporate risk management framework will be undertaken from within agreed budgets.

Risk management:

The development, implementation and operation of effective corporate risk management structures, processes and procedures are considered critical to assure continuity of service to the public, compliance with relevant statutory and regulatory requirements and the successful delivery of the Authority's strategic aims, priorities and plans.

Legal implications:

None directly arising from this report. Any legal consequences associated with the crystallisation of individual risks are detailed in the Risk Register report at Appendix 3.

Within the role description of a Lead Member is a requirement 'to attend the Overview and Audit Committee, at its request, in connection with any issues associated with the portfolio which is the subject of scrutiny'

Privacy and security implications:

None directly arising from the presentation of this report. However, potential risks to privacy and security together with mitigating actions are captured within applicable risk evaluations.

Duty to collaborate:

The potential to share corporate risk intelligence with neighbouring fire and rescue services and other relevant agencies will be considered. Buckinghamshire and Milton Keynes Fire Authority already participates in the multi-agency Thames Valley Local Resilience Forum which produces a Community Risk Register which is among the sources used to identify potential risks to the Authority.

Health and safety implications:

Development of the framework does not impact directly on the legal compliance to health and safety, however if risks are not appropriately identified or evaluated then this may present Health and Safety risks.

Environmental implications:

None directly arising from the presentation of this report. However, potential environmental implications together with mitigating actions are captured within applicable risk evaluations.

Equality, diversity, and inclusion implications:

No direct implications from the presentation of this report. However, risks to achieving the Authority's equality, diversity and inclusion objectives or compliance with relevant statutes or regulations are identified assessed and managed via this process and are currently monitored within the HR Risk Register.

Consultation and communication:

Senior managers and principal officers are key stakeholders in the development of the corporate risk management framework and have an active role in this at every stage as well as in ongoing identification, evaluation and monitoring of corporate risks. The Lead Member is also be involved in the development of the framework with particular responsibility for determining the reporting arrangements for the Authority.

Background papers:

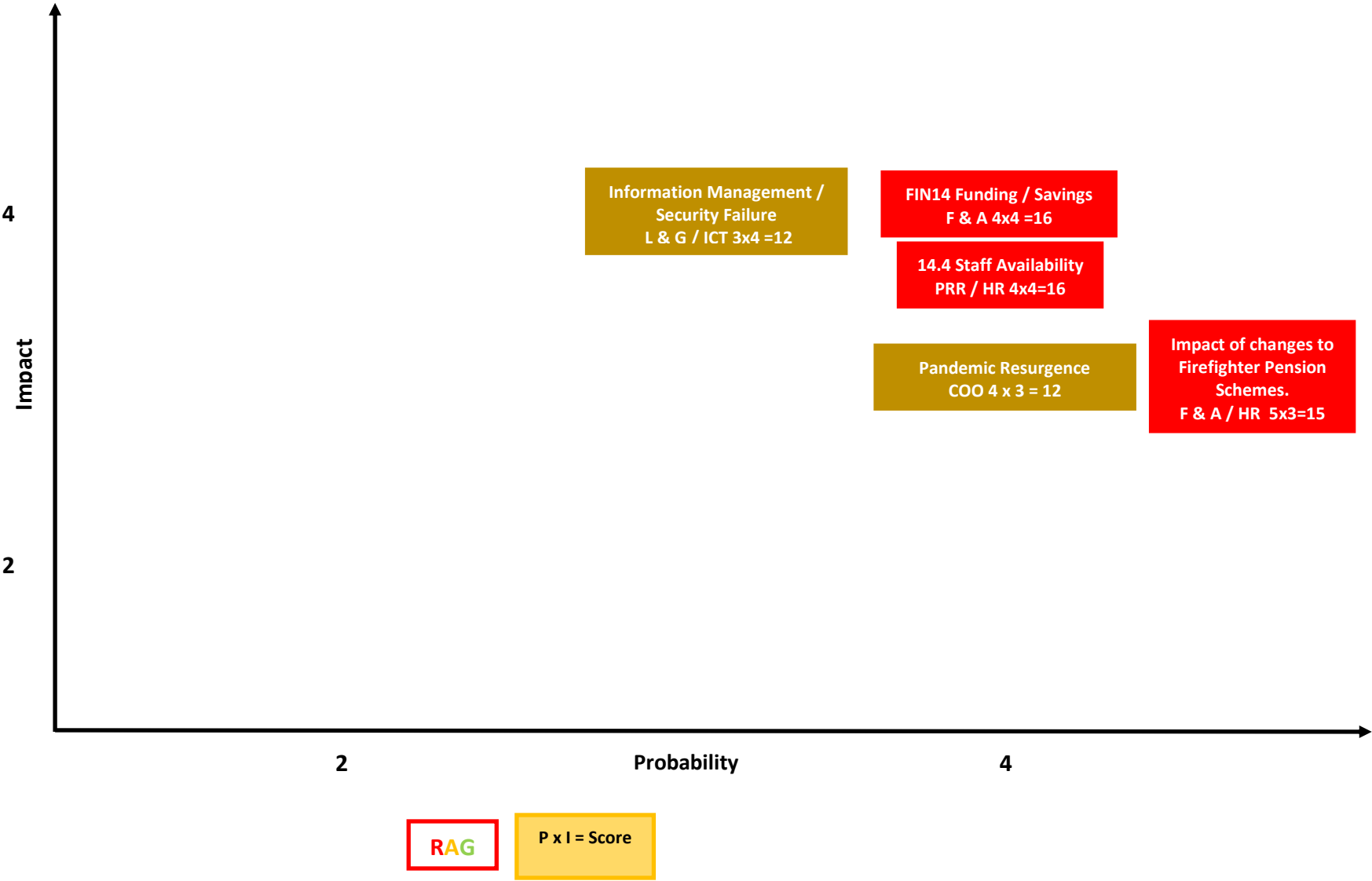
The current Corporate Risk Management Policy was approved at the 24th March 2021 Executive Committee:

<https://bucksfire.gov.uk/documents/2021/03/ec-240321-item-5.pdf/>

CFA Members were last updated on the status of the Authority's Corporate Risks at the [21 July 2021](#) Overview & Audit Committee.

| Appendix | Title | Protective Marking |
|----------|---|--------------------|
| 1 | Distribution of Corporate Risks at 19 October 2021. | None |
| 2 | 12 Month View of Changes to Corporate Risks | None |
| 3 | Corporate Risk Register Report | None |

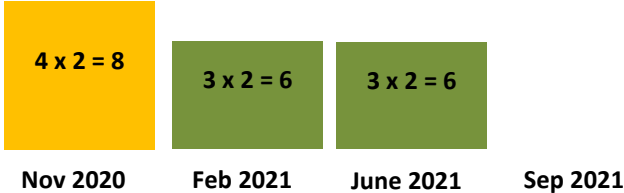
Appendix 1: Corporate Risk Map – As at 19 October 2021 SMB



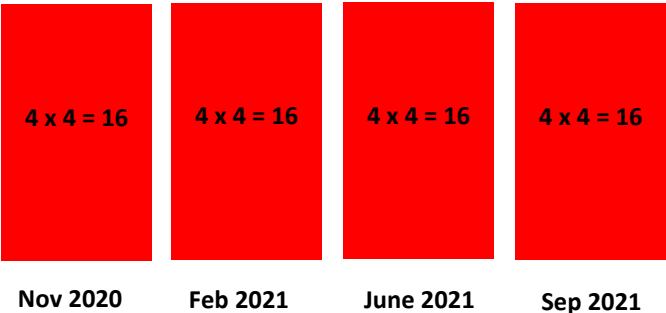
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Appendix 2 – Risk Register Changes (12 Month View)

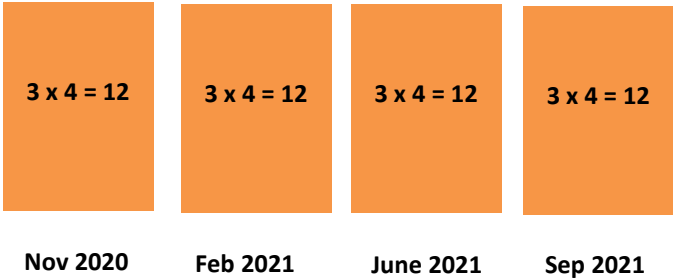
No UK – EU Trade Agreement



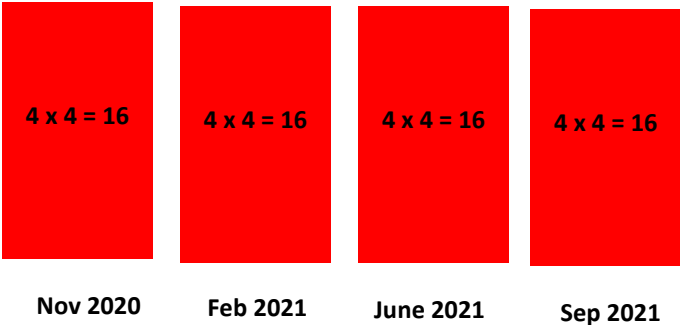
Staff Availability



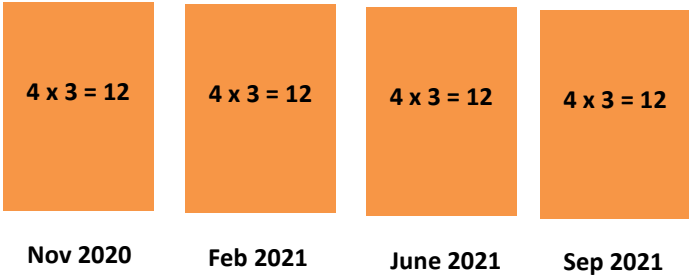
Information Management / Security Failure



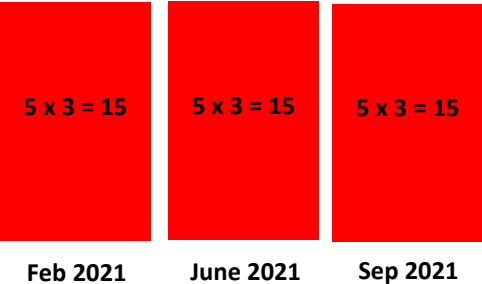
Risk to Funding



Risk of Covid-19 Resurgence / Pandemic Flu



Impact of Changes to Firefighter Pension Schemes



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Appendix 3 - Corporate Risk Register – as at 19 October 2021

Corporate Risks

| Risk Description | Resp. | Consequences if Untreated Risk Occurs | Risk Score (Former) / New | | | Risk Level | Current Treatment | RAG | Comments / Further Treatment Proposed |
|---|--|--|---------------------------|----------|-----------|------------|--|----------|--|
| | | | P | I | Σ | | | | |
| CRR 014.4 Staff Availability: 1/ Staff inability to get to work due to external factors e.g. Pandemic Flu, disruption to fuel supplies etc. 2/Impact of transformation at pace and / or employment market conditions on attraction of new staff, retention and overall workforce stability. This is a composite risk more detailed evaluations of individual risk components | Lead Member for Service Delivery, Protection & Collaboration | Potential detrimental effects on service delivery to the community and the Service's reputation. | (2) | (5) | (10) | (M) | <ul style="list-style-type: none"> Full business continuity plans in place & uploaded to Resilience Direct. Peer review of the business continuity arrangements Bank System Flexi-Duty System Pilot Staff Transfer Procedure Employee assistance and welfare support Training Needs Assessment process Monitoring of staff 'stability ratio' relative to best practice and sector norms Review of Resourcing and Retention strategies Wider range of contracts offering more flexible ways of working A variety of approaches are being adopted to replenish the workforce. These include more operational apprentices, transferees, and re-engagement options Workforce planning data is regularly reviewed with Prevention, Response & Resilience, HR and Finance. Growth bids to be considered to support future resourcing demands. HR are reviewing the future promotion and career development options | R | 19 January 2021 SMB HR attend Pandemic planning meetings. Government guidance is reviewed regularly and communicated to employees. HR are working closely with Managers, Occupational Health, Welfare Officer and Employee Assistance providers to ensure welfare is in place to support employees. As cases of COVID19 continue to rise HR and RMT review absence on a daily basis to ensure it is correct for the absence reporting and resourcing requirements. Recruitment continues in a socially distanced way and virtually where possible. It is reviewed regularly to ensure compliance. The Pensions ruling is expected shortly, Finance and HR liaise on a regular basis on Pensions matters. 16 February 2021 SMB In light of the recommendation from the 4 February PMB, SMB approved the extraction of the pensions related aspects of this risk and their inclusion as a separate risk in the corporate risk register (see page 11 below). 13 April 2021 SMB Agreed to keep at red RAG status in light of longer term contingent strategic risks and uncertainties potentially arising from the Government's fire reform agenda and national resilience strategy (mandated by the Integrated Review), the outcomes of which are as yet to emerge. |
| | | | (5) | (5) | (25) | (H) | | | |
| | | | (3) | (5) | (15) | (H) | | | |
| | | | (4) | (5) | (20) | (H) | | | |
| | | | (3) | (5) | (15) | (H) | | | |
| | | | (5) | (4) | (20) | (H) | | | |
| | Chief Operating Officer | Failure to discharge statutory duties. | (4) | (3) | (12) | (M) | | | |
| | | | (5) | (3) | (15) | (H) | | | |
| | | | (4) | (3) | (12) | (M) | | | |
| | | | (5) | (3) | (15) | (H) | | | |
| | | Loss of critical knowledge / skills / capacity / competency levels. | (3) | (3) | (9) | (M) | | | |
| | | | (4) | (3) | (12) | (M) | | | |
| | | | 4 | 4 | 16 | H | | | |
| | | | | | | | | | |

Appendix 3 - Corporate Risk Register – as at 19 October 2021

| | | | | | | | | |
|--|--|--|--|--|--|--|---|--|
| are contained in the HR Directorate Risk Register. | | | | | | | <ul style="list-style-type: none"> • Resourcing levels are constantly monitored to ensure coverage. • The Recruitment Oversight Board meets regularly to review resourcing and ensure a joined-up approach. • Pensions remedy consultation received, response to be drafted. Workforce planning to be reviewed for implications and plans put in place • GC/AC development centre held. • CC/WC/SC development centre held in September 2020. • On-call virtual awareness evenings held and recruitment continues ensuring compliance with government guidance. | <p><u>22 June 2021 SMB</u> No change to risk evaluation or score required at this time.</p> <p><u>21 September 2021 SMB</u> In light of the continuing staffing challenges, latest workforce planning assumptions and recent numbers of staff who have either given notice to retire or transfer to another Service. Agreement has been given toward commencing a recruitment campaign to employ between 15 – 18 new operational Firefighters.</p> <p><u>19 October 2021 SMB</u> The Wholetime Firefighter recruitment campaign has closed. The applications have been shortlisted and invited to take part in the next stages of the process.</p> <p>Support Services and Operational recruitment continues. A range of different attraction methods are being used and evaluated to ensure the most diverse pool of candidates are reached. The findings of the evaluation will inform the recruitment toolkit.</p> |
|--|--|--|--|--|--|--|---|--|

Appendix 3 - Corporate Risk Register – as at 19 October 2021

| Risk Description | Resp. | Consequences if Untreated Risk Occurs | Risk Score (Former) / New | | | Risk Level | Current Treatment | RAG | Comments / Further Treatment Proposed |
|---|---|--|---------------------------|-----|------|------------|---|----------|--|
| | | | P | I | Σ | | | | |
| Fin 14 – Funding and Savings Requirement | Lead Member for Finance and Assets, Information Security & IT | The funding settlement now assumes that a council tax increase is required each year in line with the prevailing capping limit, currently 2% for the Fire Authority, and that local growth meets expectations. | (4) | (4) | (16) | H | Proactive management of the MTFP is in force and is very closely aligned to workforce planning. | R | <p>22 September 2020 SMB</p> <p>No change to position reported at last meeting. No changes to risk score / RAG status recommended at this time.</p> <p>20 October 2020 SMB</p> <p>The Draft Financial Strategy was approved by SMB for recommendation to the Executive Committee and Fire Authority. The Strategy presents multiple financial scenarios with potential actions that the Service could take in relation to each.</p> <p>21 October 2020 Update</p> <p>The Government announced that the Chancellor has decided to conduct a one-year Spending Review. The Review will conclude in “late November” and it is therefore expected that the Local Government Finance Settlement will be announced in late December.</p> <p>19 January 2021 SMB</p> <p>On 17 December 2020, the Government published the provisional local government finance settlement for 2021-22. The proposed referendum principles for fire and rescue services is that any increases in Council Tax are limited to less than 2% (same as for 2020-21).</p> <p>In a letter dated 24 December 2020, the Minister confirmed that the pensions grant will continue to be paid next year, at the same allocations as last year, and will be baselined into the local government finance settlement from 2022-23.</p> <p>16 February 2021 SMB</p> <p>Final figures received from the billing authorities on council tax and business rates result in an overall budget deficit of circa £1.1m for 2021-22. However, there is still a great deal of uncertainty over the level of support available from the Government, which will in-part depend on the outturn position of the collection funds for 2020-21. The level of business rates funding could be especially volatile and will</p> |
| | Director Finance & Assets | If either, or both, did not come to fruition then there is a risk the Authority will not meet its commitment to the PSP 2020 - 25 and that a fundamental re-think of service provision would be required. | (3) | (4) | (12) | M | For the present, USAR (S31) grant funding is assumed to continue, though notification now seems to be year on year and often after budget setting. If removed, the Authority will need to cope with a circa £800k cut in funding. | | |
| | | | (3) | (4) | (12) | M | The Authority has responded to consultations and lobbied MPs to increase the referendum threshold for fire authorities to £5. | | |
| | | | 4 | 4 | 16 | H | As part of the budget setting process, Officers will seek to identify savings opportunities to address the deficit in the overall revenue budget for potential implementation in 2022-23. | | |

Appendix 3 - Corporate Risk Register – as at 19 October 2021

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|--|--|--|--|--|--|--|--|---|
| | | | | | | | | <p>require close attention over the coming years due to the substantial level of provisions for bad debts and appeals contained within the figures that have been provided.</p> <p><u>13 April 2021 SMB</u> The Director of Finance & Assets advised that some sundry revenue receipts have been identified or received but these are not material to the strategic financial outlook for the Authority. No change to risk score or RAG status recommended at this time.</p> <p><u>22 June 2021 SMB</u> The Government has declared it is looking to rule out material change of circumstances appeals in relation to Covid-19, which should lead to an improvement to the business rates collectable for 2022-23. Support staff pay has increased by 2% in line with the final year of the three-year pay deal. The NJC has agreed a pay increase of 1.5% for grey book staff and brigade managers. The Authority had budgeted for 0%, in line with the Government's declared pay pause. This will therefore be an in-year pressure for 2021-22 as well as increasing costs in future years.</p> <p><u>21 September 2021 SMB</u> An initial evaluation of the potential impact of the Government's recent announcement of increases to employer National Insurance contributions would indicate an increase in revenue costs of c. £150k-£200k. However, Officers current understanding is that local government organisations will be reimbursed for increased employer costs by way of a central government grant.</p> <p><u>19 October 2021 SMB</u> It has been confirmed that the Comprehensive Spending Review 2021 will be a multi-year review covering the financial years 2022-23 to 2024-25. The review will conclude on 27 October 2021, alongside Autumn Budget 2021.</p> |
|--|--|--|--|--|--|--|--|---|

Appendix 3 - Corporate Risk Register – as at 19 October 2021

| Risk Description | Resp. | Consequences if Untreated Risk Occurs | Risk Score (Former) / New | | | Risk Level | Current Treatment | RAG | Comments / Further Treatment Proposed |
|---|--|---|---------------------------|----------|------------|------------|--|-----|---|
| | | | P | I | Σ | | | | |
| Information Management* / Security failure to - a) comply with statutory or regulatory requirements b) manage technology c) manage organisational resources Deliberate: unauthorised access and theft or encryption of data. Accidental: loss, damage or destruction of data | Lead Member for Finance and Assets, Information Security & IT Senior Information Risk Owner (SIRO) Director Legal & Governance | <ul style="list-style-type: none"> Inability to access/use the e-information systems. Severe financial penalties from the Information Commissioner Lawsuits from the public whose sensitive personal information is accessed causing damage and distress. <p>*Information management is concerned with the acquisition, custodianship and the distribution of information to those who need it, and its ultimate disposition through archiving or deletion. Information security is the practice of protecting information by mitigating risks such as unauthorised access and its unlawful use, disclosure, disruption,</p> | (4) 3 | (4) 4 | (16) 12 | (H) M | 1. Appropriate roles: - SIRO has overall responsibility for the management of risk - Information and information systems assigned to relevant Information Asset Owners (IAO's) - Department Security Officer (DSO) the Information Governance & Compliance Manager has day-to-day responsibility for the identification of information risks and their treatments - 'Stewards' assigned by IAO's with day-to-day responsibility for relevant information. 2. Virus detection/avoidance: Anti-Malware report – no significant adverse trends identified which indicates that improved security measures such as new email and web filters are being successful in intercepting infected emails and links. 3. Policies / procedure: Comprehensive review and amendment of the retention and disposal schedules / Information Asset Registers, - current and tested business continuity plans / disaster recovery plans - employee training/education - tested data/systems protection clauses in contracts and data-sharing agreements - Integrated Impact Assessments (IIA) - disincentives to unauthorised access e.g. disciplinary action 4. Premises security: - Preventative maintenance schedule - Frequent audits at Stations and inventory aligned to asset management system. - Reduction in the number of CCTV requests following improved education and guidance in relation to the use of the same; | A | 19 February 2021 SMB Protections in place with our suppliers regarding SolarWinds. Following the attack on Microsoft by WannaCry ICT are working through application of patches. 13 April 2021 SMB SMB reviewed the risk evaluation in light of the recent 'Qakbot' incident but agreed that no change to the current RAG status / score was required given early detection of the potential vulnerability and steps taken to contain and remove the risk. 22 June 2021 SMB A number of high-profile websites across the globe, including UK government, experienced disruption on 8 June 2021 due to a software bug at 'Fastly' the cloud-computing company. Although BFRS does not use Fastly's services directly the BFRS website nonetheless experienced a very brief outage as a consequence of this highlighting the vulnerability of complex interdependent systems (Fastly operate servers at strategic points around the world to facilitate movement and storage of content close to their end users). However, the main threat remains that of malicious attacks as demonstrated by the recent ransomware attack on the Colonial Pipeline operator which carries 45% of the US east coast's diesel, petrol and jet fuel supplies. The attack disrupted supplies for several days causing fuel shortages. |

Appendix 3 - Corporate Risk Register – as at 19 October 2021

| | | | | | | | | |
|--|--|---|--|--|--|--|--|---|
| | | deletion and corruption. As more and more information is held electronically risks have become systems, as well as process and people based and are therefore vulnerable to cyber-attacks. Cyber-crime is unrelenting and issues arise at a greater frequency than existing intrusion attempts can be resolved. As such, this is a constant on the CRR. | | | | | <p>- Premises Security Group re-established to meet on a 3 monthly basis aligned to the PMB meeting schedule has been suspended during the internal governance review. The associated risks are being monitored.</p> <p>5. Training: The biennial “Responsible for Information” training will be supplemented by the National Cyber Security Centre’s new e-learning package ‘Top Tips for Staff’ which has been built into the Heat training platform as a mandatory biennial package. Cyber-security training, delivered by Thames Valley Police’s cyber security advisor, rolled out to members of the Leadership Group during September 2020. Further training planned for 21/22.</p> | <p><u>24 August 2021 SMB</u> Employees in the Leadership Group were written to reminding them of the need for them and their teams to complete two mandatory e-learning packages in a 2-year cycle: ‘Responsible for information – General Users’ and ‘Stay Safe Online: Top Tips for Staff’ to assist in protecting the cybersecurity of the organisation as well as protecting employees in their on-line activities outside of work.</p> <p><u>19 October 2021 SMB</u> On 11 October the head of the National Cyber Security Centre (NCSC) stated at the Chatham House Cyber Conference that “ransomware presents the most immediate danger to the UK, UK businesses and most other organisations – from FTSE 100 companies to schools; from critical national infrastructure to local councils.”; and that “... UK’s response to these threats is resilience. We need the UK’s public sector to be the best defended [from cyber-attack] in the world”.</p> |
|--|--|---|--|--|--|--|--|---|

Appendix 3 - Corporate Risk Register – as at 19 October 2021

| Risk Description | Resp. | Consequences if Untreated | Risk Score (Former) / New | | | Risk Level | Current Treatment | R A G | Comments / Further Treatment Proposed |
|---|--|--|---------------------------|-----|------|------------|--|-------|--|
| | | | P | I | Σ | | | | |
| Risk of resurgence of Covid-19 and / or seasonal influenza in Autumn / Winter 2020 and into 2021. | Lead Member for Health and Safety and Corporate Risk | Increased levels of sickness absence amongst staff. | (4) | (3) | (12) | M | In addition to controls identified for existing staff availability risk (see page 1-2 above): | A | <p>16 February 2021 SMB</p> <p>The Service continues to deploy safeguarding measures for staff to protect them from the effects of COVID-19 due to the virus being unknowingly spread. Lateral Flow Testing has now been made available to all staff and will help to identify anyone in the workplace who may not be displaying any symptoms (asymptomatic). Furthermore, effective working with colleagues within the NHS and CCGs, has enabled 263 staff, to be offered the COVID vaccine earlier than would otherwise have been expected by drawing on unused capacity within vaccine batches. This equates to 54% of the establishment / workforce.</p> <p>13 April 2021 SMB</p> <p>The Head of Covid 19 Preparedness & Response updated on plans to introduce arrangements for staff to undertake lateral flow tests at home, through the Workplace Collect programme, in association with the Dept of Health and Social Care (DHSC). Although current direction of travel in relation to Covid recovery aligned to Government road-map is positive it was agreed that the current risk score would remain but be kept under review in light of external developments.</p> <p>22 June 2021 SMB</p> <p>Officers continue to monitor developments in relation to the Government's recovery road-map and potential delays to the relaxation of 'lockdown' measures in light of the rise in Delta variant infections. No change to risk score or evaluation at this time.</p> |
| | Chief Operating Officer | Potential degradation of capacity or capability to deliver key services to the public and / or sustain supporting functions. | | | | | <ul style="list-style-type: none"> Maintenance of current social distancing and sanitisation regimes in all Authority workplaces. Remote working for functions that do not require physical presences in Authority workspaces. Risk assess and prioritise non-emergency services requiring physical contact with the public, suppliers, partner agencies etc. Provision of appropriate PPE for staff required to work in close proximity with the public. Appliance / service availability degradation planning. Free seasonal flu jabs available to all staff. Covid-19 app rolled out to all sites, and pushed to all Authority phones Lateral flow testing available to all staff via workplace collect scheme. | | |

Appendix 3 - Corporate Risk Register – as at 19 October 2021

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| | | | | | | | | <p><u>6 July 2021 Update</u> The Parliamentary decision on whether to move to step four on 19 July will be taken on 12 July. The pandemic management group continue to monitor the risks to staff and will ensure the appropriate controls remain in place as wider social restrictions are lifted.</p> <p><u>24 August 2021 SMB</u> On 2 August the Service’s strategy for ongoing mitigation of Covid risks was released following the Government’s move to ‘Step 4’ from 19 July.</p> <p><u>19 October 2021 SMB</u> Throughout the different phases of the Covid pandemic the Service has taken a measured approach to reintroducing activities previously paused or restricted. Following the Government’s announcement in relation to its Autumn / Winter plan, we are now at the stage whereby all our business-as-usual activities can resume, so long as we continue to consider our own safety and that of the communities we serve, by accepting a well-embedded range of Covid-19 controls. Furthermore, despite the increase in the number of Covid cases across both Buckinghamshire and Milton Keynes, this has not seen in a rise in Covid related absence amongst staff.</p> |
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Appendix 3 - Corporate Risk Register – as at 19 October 2021

| Risk Description | Resp. | Consequences if Untreated Risk Occurs | Risk Score (Former) / New | | | Risk Level | Current Treatment | RAG | Comments / Further Treatment Proposed |
|--|---|---|---------------------------|---|----|------------|--|-----|---|
| | | | P | I | Σ | | | | |
| Court of Appeal ruling on the McCloud / Sargeant cases: potential impact on staff retirement profile, resourcing to implement required changes and financial impacts thereof. | Lead Member for Finance and Assets, Information Security & IT | Potential detrimental effects on service delivery to the community and Service reputation. | 5 | 3 | 15 | H | <ul style="list-style-type: none"> Review of Resourcing and Retention strategies Workforce planning data is regularly reviewed with Prevention, Response & Resilience, HR and Finance. Resourcing levels are constantly monitored to ensure coverage. Potential impacts on costs to be factored into future Medium-Term Financial Planning process. Recruitment of dedicated specialist resource to evaluate requirements arising from the Court of Appeal ruling and implement necessary administrative changes. | R | <p><u>16 February 2021 SMB</u></p> <p>In light of the recommendation from the 4 February PMB, SMB approved the extraction of the pensions related aspects of this risk and their inclusion as a separate risk in the corporate risk register.</p> <p>On 12 February 2021 the judgment of the Employment Appeal Tribunal was handed down. This found that authorities had acted unlawfully in implementing the legislated changes to the Firefighters Pension Scheme. Officers await further advice on the implications of this judgment, especially in relation to payments due to those who have recently retired or are due to do so imminently.</p> <p><u>13 April 2021 SMB</u></p> <p>A recent Home Office 'one-off' allocation of funding to mitigate some of the cost of additional administrative burdens arising from Court / Tribunal decisions in relation to the Firefighters Pension Scheme (£32,301 being the pro rata share of the £3m allocated nationally) was noted. The potential risks to the schemes administration nationally as a result of provider consolidation were discussed and noted alongside potential cost sharing across fire authorities nationally to offset potential financial risks arising from further litigation in relation to schemes at individual authority level.</p> <p><u>22 June 2021 SMB</u></p> <p>The Home Office and LGA issued version 2 of their immediate detriment guidance in June 2021. This will assist with the handling of immediate detriment payments.</p> |
| | Director Finance & Assets | <p>Failure to discharge statutory duties.</p> <p>Loss of critical knowledge / skills / capacity / competency levels,</p> <p>Failure to comply with legal requirements.</p> <p>Unknown / unquantified budgetary impacts.</p> | | | | | | | |

Appendix 3 - Corporate Risk Register – as at 19 October 2021

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| | | | | | | | | <p><u>19 October 2021 SMB</u></p> <p>The LGA and the FBU have identified a mutually acceptable framework for handling immediate detriment cases, to assist all parties prior to completion and implementation of the McCloud / Sargeant remedying legislation.</p> <p>A paper will be presented to the meeting of the Executive Committee on 17 November 2021 recommending that the Service adopts this framework.</p> <p>The framework will have internal resource implications for the Service, as well as resourcing implications for its pension administrator.</p> |
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Buckinghamshire & Milton Keynes Fire Authority

Meeting and date: Overview and Audit Committee, 10 November 2021

Report title: Internal Audit Report – Update on Progress of Audit Recommendations

Lead Member: Councillor David Carroll

Report sponsor: Mark Hemming – Director of Finance and Assets

Author and contact: Maggie Gibb – Internal Audit Manager,
Maggie.Gibb@buckinghamshire.gov.uk, 01296 387327

Action: Noting

Recommendations: That the progress on implementation of recommendations be noted.

Executive summary: The purpose of this paper is to update Members on the progress of the implementation of audit recommendations made as at 11 October 2021.

Any further progress against outstanding recommendations will be verbally presented to the Overview and Audit Committee on 10 November 2020.

In total there are 63 recommendations to report on the status of which are classified as follows:

Implemented – 40/63 (63%)

In-progress - 5/63 (8%)

Past Due date (In-progress) – 18/63 (29%)

Internal Audit continues to actively monitor implementation of all outstanding recommendations throughout the year.

Financial implications: The audit work is contained within the 2021/22 budget.

Risk management: There are no risk implications arising from this report.

Legal implications: There are no legal implications arising from this report.

Privacy and security implications: There are no privacy and security implications arising from this report.

Duty to collaborate: Not applicable.

Health and safety implications: There are no health and safety implications arising from this report.

Environmental implications: There are no environmental implications arising from this report.

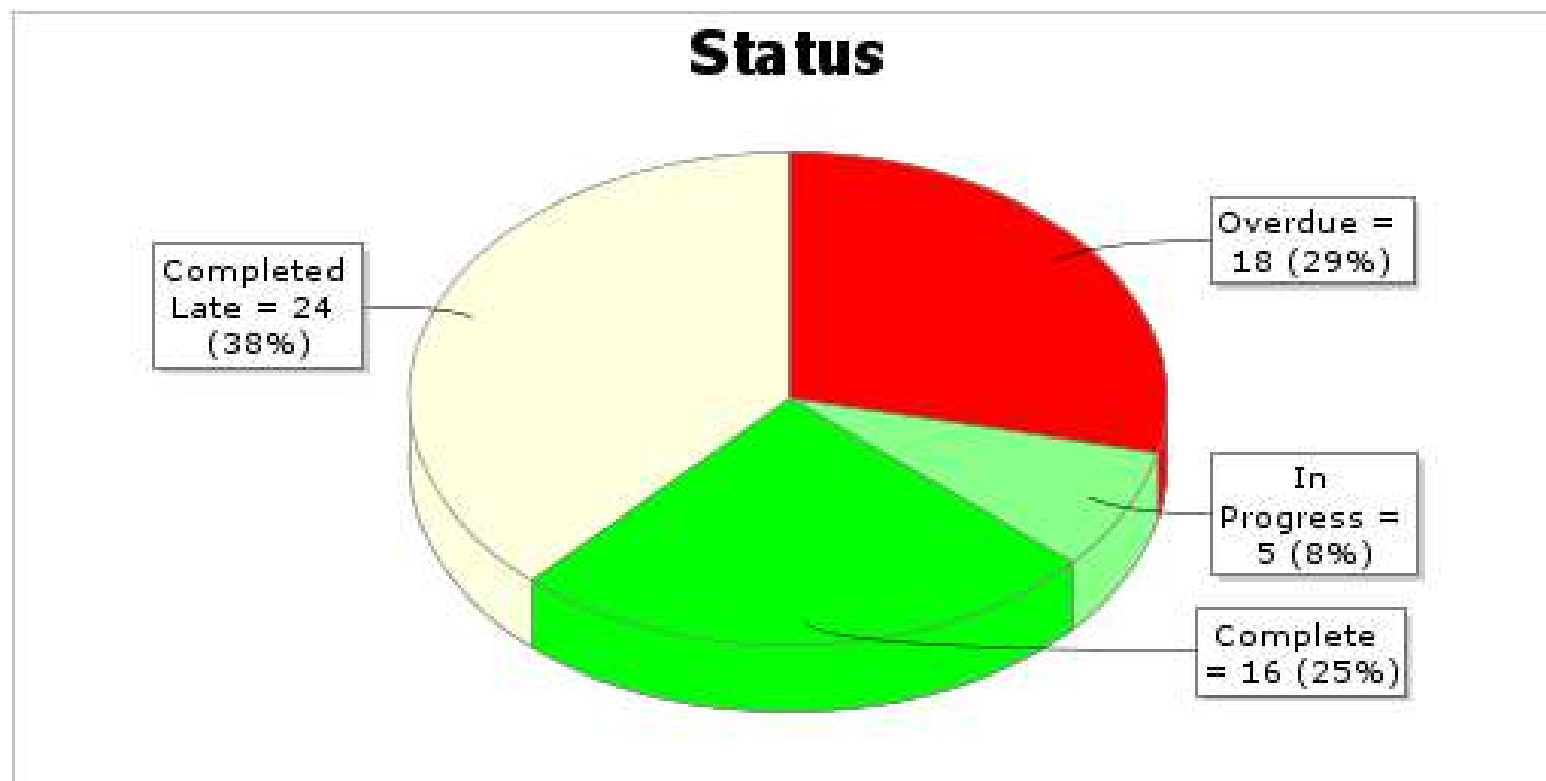
Equality, diversity, and inclusion implications: There are no equality and diversity implications arising from this report.

Consultation and communication: Not applicable.

Background papers:

| Appendix | | Title | Protective Marking |
|----------|--|--|--------------------|
| A | | Status of Audit Recommendations – October 2021 | Not applicable |

Appendix A – Status of Audit Recommendations








BMKFA - Overdue Audit Actions

| Audit Title & Management Action | Description | Due Date | Priority | Action Owner | Action Progress | Latest Note |
|---|---|-------------|---------------|--|------------------------|--|
| BMKFA 1819 1948 Stores (2) Asset Review | <p>Finding: Staff are required to undertake regular asset checks. The frequency of these inventory checks are dependent on the type of items, with this being determined by the PIT Number each asset is assigned. When the staff check the assets, a device would be used to scan the tag label of each asset to show that the asset has been located and checked. Once the staff have scanned the item, evidence of this scan is registered automatically on Red Kite. During these inventory checks the staff will declare if they have found the asset and if it is inadequate or faulty.</p> <p>A sample of ten items was selected randomly from the Red Kite system. These were tested to see if the items had been checked in accordance with the frequency required. In two cases the location of the items was not found and the item had not been checked as a result.</p> <p>Risk: Where assets are not checked on a regular basis, there is a risk that faulty or inadequate items are being held and used by staff members.</p> <p>Action: Inventory checks should be reviewed by the Asset Management Systems Officer. Where the inventory checks have not been undertaken on a consistent basis, this will be followed up with staff.</p> | 31-Dec-2019 | High Priority | Asset Management and Equipment Manager | <div><div></div></div> | To be followed up in Q3 as part of the Asset Management Process Review. |
| BMKFA 2021 2110 Asset Management System (1) System Transactions and Records – Leaver access not removed | <p>Finding: When an employee leaves the Fire Authority's employment, the Asset Management team is notified by way of a Leaver email sent out by HR. The employee's access permissions to all BMKFA systems, including Redkite, should be removed as part of this process.</p> <p>A sample of five former employees who left between April and November 2020 was examined. Of these five leavers:</p> <ul style="list-style-type: none"> • Four were listed as current users in RedKite, with all four having Requisition access. • Four leavers were listed on a Redkite system report of users with 'Equipment change location access', meaning they have access to move an asset's location on Redkite. <p>Redkite is not anchored to the Fire Authority's IP address. This means it can be accessed from a personal computer and accessed by leavers listed as active users who no longer have physical access to the Fire Authority's buildings and computers.</p> <p>Discussion with the Asset Management Team and review of Leaver emails also found that removing leavers from the Redkite system is not included on the Leaver checklist listed within the email</p> <p>Risk: If a leaver's access permissions are not removed promptly, there is a risk of unauthorised access to the system, leading to data breaches, manipulating system data and increasing the risk of theft of assets.</p> <p>Actions: Changes will be made to Leaver notification information to include removal of Red Kite access.</p> <p>An exercise will be undertaken to assess whether there was any activity for users identified as not having been removed after they left.</p> | 30-Jun-2021 | High Priority | Station Commander Research & Development | <div><div></div></div> | Evidence to be requested in Q3 as part of the Asset Management process mapping exercise. |
| BMKFA 2021 2110 Asset Management System (3) Asset Management Planning, Policies and Procedures – Processes not documented | <p>Finding: Up to date asset management procedures should be in place. The procedures should be compliant with Financial Regulations and Financial Instructions and help deliver the asset management plan.</p> <p>Many processes were found not to be documented. This included tasks carried out by the Asset Management and Equipment Manager, Asset Management Technician and in the Stores/Mezzanine area that feed into RedKite.</p> <p>It was apparent that there was little awareness between team members and by the Station Commander Research & Development, of what other team members do. Especially of the tasks carried out in the Mezzanine, which are mostly manual and completed outside of Redkite.</p> <p>The team would benefit from mapping the process end to end to better understand their processes and where improvements can be made and help build resilience.</p> <p>Risk: If processes are not sufficiently documented there is a risk that staff are unaware of their roles and responsibilities. This could lead to inefficient and inconsistent use of the Asset Management System and reducing the reliability of the data it holds.</p> <p>Action: We have ensured that all staff have access to the relevant user manuals.</p> <p>We will review the roles and responsibilities of the Asset Team and ensure that Manager, deputy and SC R&D are aware of work practices and procedures of the whole team. Create a series of flowcharts showing workflow that could be picked up by "new"</p> | 30-Sep-2021 | High Priority | Asset Management and Equipment Manager | <div><div></div></div> | To be followed up in Q3 as part of the Asset Management Process Review. |

| Audit Title & Management Action | Description | Due Date | Priority | Action Owner | Action Progress | Latest Note |
|--|---|-------------|---------------|--|-----------------|---|
| | staff in the event of staff leaving/prolonged sickness or secondment out of current position. This will be supported by the end-to-end process mapping within the Internal Audit Plan for 2021-22. | | | | | |
| BMKFA 2021 2110 Asset Management System (4) Recording of Assets – Inaccurate record of tests due | <p>Finding: Fire crews, workshop staff, and contractors must undertake regular stock checks and tests of equipment at fire stations and on appliances (vehicles). Due tests are listed on handheld devices used to scan asset barcodes and record test completion and results on Redkite. Users and management can also view a list of tests due on a computer.</p> <p>During a visit to Beaconsfield Fire Station, it was noted that there was a discrepancy between the number of tests due as seen on the report generated by the Station Commander and those listed for crew users. For example, 87 due tests were listed for the Station Commander for appliance 51P1, but only three listed on the same report viewed by a crew user account.</p> <p>Further discussion with the Station Commander and Asset and Equipment Manager established that the due tests identified are not carried out by fire crews, but by outside contractors and workshops staff and are therefore not visible to operational crews. This indicates that contractor and workshop tests are not always recorded on Redkite.</p> <p>Risk: If an accurate list of tests due to be undertaken cannot be viewed by management on Redkite, there is a risk that due tests are not completed, increasing the risk that equipment is obsolete or unsafe.</p> <p>Action: Review of the testing frequency of equipment listed on Red Kite.</p> <p>Ensure workshops staff are testing, recording, and accessing the required testing information.</p> <p>Set a regular review of outstanding tests for all equipment and who would carry out the test and who would have access to view these records. This will be supported by the end-to-end process mapping within the Internal Audit Plan for 2021-22.</p> | 30-Sep-2021 | High Priority | Station Commander Research & Development | 75% | To be followed up in Q3 as part of the Asset Management process mapping exercise. |
| BMKFA 2021 2110 Asset Management System (5) Recording of Assets – Overdue tests | <p>Finding: Fire crews must undertake regular stock checks and tests of equipment at fire stations and on appliances (vehicles). The frequency of these tests and inventory checks depends on the individual asset's testing schedule, usually dictated by the PIT number assigned to the asset. Results of tests and inventory checks should be recorded on Redkite by crews using either a handheld scanner or computer.</p> <p>Review of the report of tests due at Beaconsfield Fire Station run from Redkite found that 286 of the 288 tests listed had passed the due date as of 12 November, with one due date listed as being 13 February 2014 and 118 listed as having due dates of 2019 or earlier.</p> <p>A similarly high number of overdue tests were noted for Aylesbury Fire Station as of 3 November 2020. All 179 tests were overdue when viewed against the listed due date. Through discussion with the Station Commander, we were unable to establish whether these tests had been carried out or whether this was a system issue or data quality issue.</p> <p>A sample of 20 assets listed on Redkite was examined to confirm whether equipment tests and inventory checks were carried out promptly and accurately recorded on Redkite. The period covered was from November 2019 to November 2020. Of the 20 assets tested:</p> <ul style="list-style-type: none"> • In 11 cases, assets were not tested in line with the frequency required by tests loaded onto Redkite. • In four cases, the most recent test was not carried out within a timely manner of the previous test. • In one case, no inventory checks or tests had been carried out since March 2018. In two other cases, an inventory was carried out promptly. However, no tests were carried out on the equipment since 2018 or earlier. In one of these cases, the most recent test was listed as being carried out in October 2014. • One asset was not found during an inventory check. <p>Risk: If tests are not carried out periodically and promptly in line with the testing schedule loaded into Redkite for the asset, there is a risk that defective or missing equipment is not detected, increasing the risk that equipment is obsolete or unsafe or that stock levels are not sufficient.</p> <p>Action: Review of testing frequencies and recording of all equipment on Red Kite.</p> <p>Additional training for the operational crew in the recording of tests.</p> | 30-Jul-2021 | High Priority | Station Commander Research & Development | 55% | To be followed up in Q3 as part of the Asset Management process mapping exercise. |
| BMKFA 2021 2110 Asset Management System (6) | <p>Finding: Stock records should enable identification of assets owned and determine those in use or not in use. The location of the asset should also be recorded accurately on the asset management system.</p> <p>A sample of 25 items was selected from the report of current assets generated from Redkite to check whether the assets could be found in the Stores and Workshops area. Of the 25 assets:</p> | 31-Aug-2021 | High Priority | Asset Management Technician | 75% | To be followed up in Q3 as part of the Asset Management process mapping exercise. |

| Audit Title & Management Action | Description | Due Date | Priority | Action Owner | Action Progress | Latest Note |
|--|---|-------------|-----------------|---------------------------------------|-----------------|---|
| Recording of Assets – Inaccurate records of stock | <ul style="list-style-type: none"> Sixteen assets could not be found. In one of these 16 cases, the asset had a system-assigned equipment number but no barcode number or serial number, which are the numbers used by the Authority to identify assets uniquely. If the asset was present in Stores, there would be no unique identifier in Redkite to identify the asset. Values were listed for six of the 16 items that were not located. The highest of these was £345. The total value of items not found for which the value was listed was £687.69. <p>A further sample of 25 items was selected at random from the Stores area to check whether the assets could be identified on the Asset Management System. Of the 25 assets selected:</p> <ul style="list-style-type: none"> Seven did not have a label or tag with the barcode number. Of the seven that were not marked or labelled, three had a serial number. However, the serial number could not be found in Redkite. In the 18 cases where the asset had a barcode label, nine assets could not be identified on Redkite. In the nine cases where the asset was identified on Redkite, one asset was found in Stores. However, it was listed on the system as being in Stokenchurch. <p>Further testing was carried at Beaconsfield Fire Station. A sample of ten assets was selected from the report of current assets listed on Redkite. Of the ten assets selected:</p> <ul style="list-style-type: none"> Two assets were not found at the fire station. One of these assets was a battery for a handheld radio. Discussion with the Station Commander established that these are always listed as auxiliary equipment linked to the station and are not scanned when moved to an appliance or someone takes it with them. However, during the audit visit, the fire crews searched the station appliances (vehicles) for the asset, and it could not be found. Of the eight assets found, one was not marked with a barcode label, tag or number. <p>Testing of a different sample of ten items selected at random from the Fire Station found no exceptions. All assets could be identified in the Asset Management System.</p> <p>Risk: If a complete and accurate record of assets and their location is not held on the Asset Management System, there is a risk that the value of the assets on the accounts will be misstated and that assets are not readily available to meet service requirements.</p> <p>Action: As part of the stock check of equipment within stores and on mezzanine equipment will be checked to ensure that it has an asset/barcode tag and that this is recorded against the serial number of the equipment item and recorded on Red Kite.</p> | | | | | |
| BMKFA 2021 2120 Resource Management System (1) Service Reviews | <p>Finding: Service reviews are held monthly with the Vendor as part of the managed service contract. It was noted that no formal documentation is provided as part of these service reviews and these reviews are held informally with discussions over the telephone. No formal minutes or documents are retained by the Authority.</p> <p>In addition, the FSR system is cloud based and hosted on behalf of the Authority by the Vendor. Commonly in such scenarios, user organisations (i.e. the Authority) would proactively require independent assurances from the service provider (i.e. the Vendor) in order to provide comfort that those controls outsourced to the service provider by the user organisation operate effectively and continue to maintain effectiveness as IT risks change or emerge.</p> <p>Risk: The organisation is wholly reliant on the Vendor for the service provided without any assurances that risks and controls are being managed effectively. A risk that materialises in relation to the service provider environment could potentially have an impact on the Authority's reputation (e.g. a cyber breach at FSR could result in the Authority data leakage).</p> <p>Action: Assurance to be sought from the vendor regarding efficacy of risk controls, especially in relation to cyber security.</p> | 30-Jun-2021 | High Priority | Group Commander Resourcing & Projects | 0% | Due to a change of personnel the revised date for this action is now December 2021. |
| BMKFA 1718 1802 Fleet Management (1a & b) Tranman Review | <p>Finding: In discussion with the Fleet Manager it was confirmed that the latest Tranman training was delivered circa. December 2015 through a one day training event. This training event covered a large amount of materials in a short period of time and meant that a number of key topics were not covered in their entirety or in sufficient detail to fully absorbed the information to the required standard.</p> <p>Since the training was delivered there have also been a number of staff changes, resulting in three members of staff, from a five person team who use the Tranman system, never being taught the full system and how to use the software from the software provider. This has led to potential under-utilisation of the software and some inconsistencies in the use of the system potentially</p> | 31-Aug-2017 | Medium Priority | Fleet Manager | 05% | We did move to cloud hosting and have since had an 'initial' training day. The training took place on 22nd September. |

| Audit Title & Management Action | Description | Due Date | Priority | Action Owner | Action Progress | Latest Note |
|---|--|-------------|-----------------|------------------------------|---|--|
| | <p>compromising data integrity and alignment of processes.</p> <p>In addition it was noted that there are current reporting issues through the Crystal Reporting function, which added to the potential inconsistencies in the use of the system means reporting functions cannot be fully relied upon to provide up to date and valid information to base decisions upon. Audit acknowledges that the reporting issue is currently being investigated by Tranman.</p> <p>Risk: Where training is not provided on a periodic basis, staff may adopted inappropriate, ineffective, and / or out dated working practices.</p> <p>Action: 1a) Tranman to carry out a review of the current system and its utilisation and offer options for further utilisation of the current system, available 'upgrades' and system improvements. This information can then be analysed to ascertain the most appropriate action.</p> <p>1b) Identify training requirements, system improvements and possible upgrades for implementation in 2018/19 (depending on funding requirements).</p> | | | | | <p>There was no training literature or slides issued. The trainer gave an overview and run-through of the functionality of the system, but as we had already been using the system, we mainly used it as a Q & A session so that the trainer could offer guidance and advice on issues that we had experienced.</p> <p>Further in-depth training is still to be arranged. The dates have not been confirmed for the next in-depth training days – we will be arranging these ASAP.</p> |
| BMKFA 1819 1947 Project Management BLH (2) The Hub Performance 47 | <p>Finding: During the Audit it was confirmed that the HUB have had difficulties with technical support; which has had an impact of the timeliness of design work, changes or updates and which in turn has led to delays in providing information that is required by Kinglerlee – the construction firm. The Quantity Surveyor maintains a schedule of delays caused by the HUB and the associated costs. It was confirmed that any financial implications that arise as a result of the HUB's poor performance could potentially be recoverable. However Audit found that whilst these potentially recoverable costs are reflected in the Budget Monitoring Financial Statements, they are not separately identified as attributable to any party as this will be the subject of negotiation between all parties depending on final outcomes at the conclusion of construction. The risk of HUB poor performance has been recorded in the risk register. It was confirmed that the Director for the HUB Professional Services has been made aware of potentially recoverable costs and the issues that were causing poor performance have been addressed.</p> <p>Risk: Where the impact of poor performance is not completely and accurately reflected in the budget and/or risk register, this may lead to project overspend as the budget will not be forecasting all expected costs.</p> <p>Action: The necessary actions to deal with potential financial loss arising from delays on the part of HUB have already been addressed during 2018 and a significant improvement has been seen. The current delay in the construction programme (5-6 weeks) has not altered for some months.</p> <p>Both the HUB and Kinglerlee have a responsibility to mitigate any delay as much as possible and with some 8 months of construction still to take place at the time of writing (Feb 2019) they must both maintain the opportunity to do so.</p> <p>Only at post construction and during the period when the final account will be negotiated and agreed, will any financial loss due to delays or failures be attributed.</p> <p>The Director of HUB's parent company (Integral UK Ltd) has been in discussions with both DFA and Property Manager and he is well aware of the potential claim the Authority may have in due course.</p> <p>The financial statements produced by the QS do show all costs (i.e. worst case) but do not at this stage set out which potentially claimable costs are attributable to which parties.</p> <p>The Authority's officers will continue to maintain dialogue with senior representatives at both the HUB and Kinglerlee over any potential situation (either worsening or improving) that may lead to a claim.</p> | 31-Oct-2019 | Medium Priority | Director of Finance & Assets |  | <p>The final account has now been agreed with the main contractor (Kingerlee) and an initial assessment of the financial loss due to delays and failures by the HUB has been completed. This figure has recently been presented to the HUB and we await their initial response.</p> |

| Audit Title & Management Action | Description | Due Date | Priority | Action Owner | Action Progress | Latest Note |
|---|---|-------------|-----------------|--|---|---|
| BMKFA 2021 2110 Asset Management System (10) Management Information – Stock checks | <p>Finding: An independent annual stock check, including stock not held centrally, should be carried out by someone from outside of the Asset Management Team and recorded on the Asset Management System. This will assist in assuring senior management over the accuracy of the information held in the Asset Management System and stock levels. Additionally, regular stock checks should be carried out by the Asset Management Team and reconciled to system records to identify any anomalies and reduce the risk of loss.</p> <p>Review of stock checks recorded on Redkite found that the most recent stock check was the Mezzanine Stock Take 2018/19 completed on 1 April 2019. No stock checks were recorded on RedKite for 2020/21 as of November 2020.</p> <p>Discussion with the Asset Management Team and review of Redkite found that the annual independent stock check was due to be carried out in March 2020. However, as a result of the Government's measures to combat Covid-19, this was cancelled, and no new date was set. The most recent independent stock check recorded in RedKite was completed on 1 April 2019.</p> <p>If periodic stock checks are not completed and recorded on Redkite, there is a risk that inaccuracies in the information recorded on Redkite are not detected, and low stock levels of critical assets are not identified, increasing the risk of theft and financial loss.</p> <p>Risk: Where independent stock checks are not carried out on an annual basis, there is an additional risk that senior management does not receive adequate assurance over stock levels and the accuracy of the information held in the Asset Management System.</p> <p>Action: A stock level report was sent to finance when it was identified that a formal stock check wouldn't be achievable due to Covid-19. Arrange for internal audit/stock check to be carried out of stores and mezzanine area.</p> | 30-Jul-2021 | Medium Priority | Asset Management and Equipment Manager |  | To be followed up in Q3 as part of the Asset Management process mapping exercise. |
| BMKFA 2021 2110 Asset Management System (2) System Transactions and Records – Resilience in the Asset Management Team | <p>Finding: There should be a sufficient provisions and service resilience within the team to ensure business continuity should a risk event occur.</p> <p>The Asset Management Team established that the Asset and Equipment Manager had been absent for three months. As a result, the Asset Management Technician had picked up the majority of her responsibilities regarding the Asset Management System. Also, telephone calls still had to be made to the absent Manager in certain situations. The Technician stated that he was still learning what she used to do. Many of the processes, other than the Redkite user processes, were found not to be documented. The Manager appeared to be the only staff member trained in carrying out many of these tasks. This demonstrates a resilience issue in the team.</p> <p>Risk: If adequate measures are not in place to build resilience and mitigate single points of failure within the team, there is a risk that in the event of a prolonged team absence or a team member leaving the Fire Authority, the Asset Management Team cannot continue business as usual operations.</p> <p>Action: There are user guides available on the Red Kite software programme and a Red Kite Asset Management user guide on the intranet. These are accessible to all staff. The Asset Management Technician has been made aware of these documents. Access rights have been checked to ensure the suitable persons have access and can download Red Kite user guides from the login screen.</p> <p>Documentation to be reviewed for any gaps and process notes to be updated where required.</p> | 30-Jul-2021 | Medium Priority | Asset Management and Equipment Manager ; Asset Management Technician |  | To be followed up in Q3 as part of the Asset Management process mapping exercise. |
| BMKFA 2021 2110 Asset Management System (7) System Transactions and Records – Redkite system recovery time | <p>Finding: There should be a provision for timely system recovery to reduce the risk of loss of data or an inability to continue business as usual operations should the system be impacted by a risk event occurring.</p> <p>Review of the contract with Redkite for the Asset Management System provision found that system recovery arrangements were detailed within the contract. However, the contract does not include an agreed time frame or KPI for the system to be reinstated in the event of system failure.</p> <p>Risk: If a system recovery time is not agreed with the Asset Management System provider, there is a risk that in the event of a system outage, the system is not recovered promptly, leading to an inability to continue business as usual operations.</p> <p>Action: A review of the contract will be undertaken to look at the feasibility of adding data recovery options into the contract. Contact Red Kite and determine their Business Continuity plan for protecting Data.</p> | 30-Sep-2021 | Medium Priority | Procurement Manager |  | To be followed up in Q3 as part of the Asset Management process mapping exercise. |
| BMKFA 2021 2110 Asset Management System (9) | <p>Finding: Fire crews use handheld scanners to record the results of equipment tests and inventory checks on Redkite. As with the Asset Management System's computer-based version, these should be subject to the necessary system updates.</p> <p>Through a walkthrough of the handheld scanner process with fire crews, it was noted that a security alert appears every time the scanner is switched on. The alert states that the security certificate has expired or is not yet valid.</p> | 30-Jun-2021 | Medium Priority | Station Commander Research & Development |  | To be followed up in Q3 as part of the Asset Management Process Review. |

| Audit Title & Management Action | Description | Due Date | Priority | Action Owner | Action Progress | Latest Note |
|--|--|-------------|-----------------|---------------------------------------|-----------------|---|
| System Transactions and Records – Scanners no longer supported | <p>Further discussion with the Station Commander and Asset Management Technician noted that Microsoft no longer supports the operating system's version on the scanners. This presents a vulnerability to external attacks wishing to access the system's data.</p> <p>Risk: If software is not supported and the security certificate is not valid, there is a risk that control measures to mitigate cybersecurity risks are not sufficient, leading to potential data breaches and a loss of data.</p> <p>Action: We have started a review of Red Kite and the equipment associated with Red Kite. We have now received new scanners. The software has been tested and is compatible with the current existing scanners. We are just waiting for some additional protective cases then will be starting a trial of the scanners.</p> <p>Check security of the system with Asset Management provider and see if additional security measures should be implemented immediately before new hardware</p> | | | | | |
| BMKFA 2021 2119 GDPR (3) Records of Processing Activities (ROPAs) | <p>Finding: ROPAs across all departments and stations are held in a digital catalogue accessible to the Information Governance and Compliance Manager; the catalogue should be linked to all individual ROPA's held within the Authority. The catalogue is used to complete compliance checks on ROPAs held across the Authority to ensure it meets ICO requirements.</p> <p>Departments within the Authority are also responsible for retaining their ROPA spreadsheets. However, the Safeguarding ROPA does not include all requirements stated by the ICO. This document did not specify whether it was a controller or a processor nor the retention schedules.</p> <p>Risk: If a centralised ROPA is held along with individual departmental ROPAs, the centralised ROPA is not kept up to date as the individual departmental ROPA's. If there is a lack of compliance checks, the risk of ROPAs not being kept up to date furthers.</p> <p>Action: Agreed. ROPAs to be reviewed</p> | 30-Sep-2021 | Medium Priority | Director of Legal & Governance | 0% | The departure of the Information Governance and Compliance Manager has caused these recommendations yet to be actioned. |
| BMKFA 2021 2120 Resource Management System (3) Generic Accounts | <p>Finding: We inspected the user account list on FSR and noted that seven generic accounts exist on the FSR application as follows:</p> <ul style="list-style-type: none"> Five of these accounts have the username 'bucks_demoffX' where X is a number between 1-5. The use and rationale of these accounts was not provided by management; One account with the username 'rmtcrashtestdummy' which similarly, was not rationalised; One account has the username 'usardog'. It was noted that this account is created for the canine unit that the Urban Search and Rescue (USAR) team utilise. It was further noted that the 5 'demoffX' accounts had never logged into FSR, the 'crashtestdummy' account was last accessed in May 2020. <p>Risk: There could be a loss of accountability of user performed actions. Unauthorised access to company resources may lead to loss and compromise of data.</p> <p>Action: A review of user accounts to be undertaken and redundant generic accounts to be removed.</p> | 30-Jun-2021 | Medium Priority | Group Commander Resourcing & Projects | 0% | Due to a change of personnel the revised date for this action is now December 2021. |
| BMKFA 2021 2120 Resource Management System (4) Change Management - Testing 49 | <p>Finding: The vast majority of change controls are operated by the Vendor. Irrespective, an internal change control process exists at the Authority. Changes are to be raised through the Vivantio service desk by a change initiator and must include key information</p> <p>However, we noted that:</p> <ul style="list-style-type: none"> The Authority does not have access to a test environment for FSR; Changes are developed and tested by the Vendor; Functional requirements and subsequent tender review for the application highlighted a question over access to a test environment to perform user acceptance testing (UAT) when a change is being made to the application; Changes pass through over 1000 automated tests that are ran on the application to ensure that the change does not impact anything on the application, the change then has specific testing to ensure it is performing the functionality as per the design. The Authority does not obtain any assurance from the vendor surrounding the change management process and is thus wholly reliant on the vendor for this. <p>Risk: There is a risk that implementation of changes which are not aligned with business requirements and/or impact on the continued operation of the production application. Implementation of developments containing bugs or not matching the</p> | 30-Sep-2021 | Medium Priority | Group Commander Resourcing & Projects | 0% | Due to a change of personnel the revised date for this action is now December 2021. |

| Audit Title & Management Action | Description | Due Date | Priority | Action Owner | Action Progress | Latest Note |
|---|---|-------------|-----------------|---------------------------------------|-----------------|---|
| | business' requirements. Action: Change management process to be reviewed and fully documented (see also Finding 5). | | | | | |
| BMKFA 2021 2120 Resource Management System (5) Change Management – Internal Tracking and Assessment | Finding: All changes are required to pass through the change management process with a request for change (RfC) document completed for each change. The Authority was unable to provide any documentation around the selected changes for inspection. Therefore, we were unable to determine if the change management process had been followed for the selected changes. This included cost benefit analysis and CAB minutes of discussion. Risk: There is a risk of implementation of changes that contain bugs, misaligned with business requirements or impact on the continued operation of the production application. Development changes are misclassified, create unforeseen cost and/or are not assessed for business need and risk. Action: Change management process to be reviewed and fully documented (see also Finding 6). | 30-Sep-2021 | Medium Priority | Group Commander Resourcing & Projects | 0% | Due to a change of personnel the revised date for this action is now December 2021. |
| BMKFA 2021 2120 Resource Management System (6) Backups – Disaster Recovery Testing | Finding: Backups and the associated disaster recovery procedures are controlled and operated by the Vendor. Although it was determined that backups are being conducted on the FSR application and that the Vendor are trained to conduct disaster recovery tests, no evidence was available to inspect to demonstrate a disaster recovery test had been performed. We recognise that this is often an annual exercise and FSR has only been in effect at the Authority since April 2020. Risk: There is a risk of partial or complete loss of data. Unavailability of systems and lack of business continuity. Action: A disaster recovery will be undertaken to test business continuity in this area. | 30-Sep-2021 | Medium Priority | Group Commander Resourcing & Projects | 0% | Due to a change of personnel the revised date for this action is now December 2021. |
| BMKFA 2021 2120 Resource Management System (7) User Access Reviews | Finding: We noted that periodic user access reviews are not undertaken by the Resource Management Team at the authority when managing users access. Although a review of user access was completed in July 2020, there are no plans for this to continue. Risk: There is a risk of inappropriate access to the Authority's resources. Action: User access to be reviewed every six months. | 30-Sep-2021 | Low Priority | Group Commander Resourcing & Projects | 0% | Due to a change of personnel the revised date for this action is now December 2021. |



Buckinghamshire & Milton Keynes Fire Authority

Meeting and date: Overview and Audit Committee, 10 November 2021

Report title: Internal Audit Report – Update on the 2021/22 Annual Audit Plan

Lead Member: Councillor David Carroll

Report sponsor: Mark Hemming – Director of Finance and Assets

Author and contact: Maggie Gibb – Internal Audit Manager,
Maggie.Gibb@buckinghamshire.gov.uk, 01296 387327

Action: Noting

Recommendations: That Members note the progress on the Annual Internal Audit Plan

Executive summary: The purpose of this paper is to update Members on the progress of the annual Internal Audit Plan since the last meeting.

Work has progressed according to the 2021/22 plan, and regular discussions have been held with the Director of Finance and Assets to monitor progress.

The fieldwork for the HR People Management Audit has been completed and the quality assurance review is being undertaken before the draft report is issued.

The Blue Light Hub – Post Project Evaluation audit is currently in progress

Terms of references for the Programme Management Audit have been agreed and fieldwork will commence in October/ November.

The Core Financial Controls, Procurement, Asset Management System - Process Mapping and HR/Payroll – Process mapping audits currently at the planning stage.

The final reports will be presented to Members at the next Overview and Audit Committee meeting.

Financial implications: The audit work is contained within the 2021/22 budget.

Risk management: There are no risk implications arising from this report.

Legal implications: There are no legal implications arising from this report.

Privacy and security implications: There are no privacy and security implications arising from this report.

Duty to collaborate: Not applicable.

Health and safety implications: There are no health and safety implications arising from this report.

Environmental implications: There are no environmental implications arising from this report.

Equality, diversity, and inclusion implications: There are no equality and diversity implications arising from this report.

Consultation and communication: Not applicable.

Background papers:

| Appendix | Title | Protective Marking |
|----------|--|--------------------|
| A | Progress against the 2021/22 Internal Audit Plan | Not applicable |

Appendix A – Internal Audit Plan 2021/22

| Auditable Area | Key Audit Objectives | No. Days Budget | Comments |
|--|--|-----------------|--|
| Core Financial Controls | <p>To fulfil our statutory responsibilities, we will undertake work to provide assurance over key controls within the financial governance framework, which consists of the following key systems; Financial Control/ Monitoring, Procure to Pay, Payroll, Debtors, Capital, Financial Regulations, General Ledger, Reconciliations and Treasury Management. The assurance opinion for the Core Financials Controls audit has been Substantial for more than five years. Therefore, to ensure that our work continues to add value and focus on key risk areas, we will be taking the following approach in our evaluation of the key systems:</p> <ul style="list-style-type: none"> • An assessment of the controls in place for each key system will be undertaken through walkthroughs. These walkthroughs will give assurance that controls are still operating as expected and, where exceptions are identified from the walkthrough, substantive testing will be undertaken. • Using IDEA (data analytics software) we will perform tests of all data in the high-volume activities (i.e. journals, invoice payments, payroll) to identify duplicates or anomalies that may need further investigation. • All audit findings from the 20/21 review will be followed up to ensure that actions have been fully implemented. | 10 days | Planning in-progress fieldwork scheduled for January. |
| HR/Payroll – Process Mapping | Due to the process weaknesses in HR/Payroll identified in the 20/21 Core Financial Controls audit, end-to-end process mapping will be undertaken in this area, followed by substantive testing of the key payroll controls to ensure that control weaknesses have been addressed. | 20 days | Planning in-progress fieldwork scheduled for January. |
| HR People Management | <p>The audit evaluated the following areas:</p> <ul style="list-style-type: none"> - Policies and Procedures - System Access, Data Security and Information Integrity - Starters, Leavers and Movers - Recruitment Management - Compliance - Performance and Monitoring | 10 days | Reporting stage |
| Asset Management System – Process Mapping | An end-to-end process map of the system will be developed that will clarify key controls and the interdependencies of the process with other teams. This exercise is being undertaken to help address some of the key issues that were identified in the 20/21 Asset Management System audit. | 10 days | Planning in-progress fieldwork scheduled for November/ December. |
| Procurement | The objective of this audit is to provide assurance that there are adequate and effective controls in place for the procurement of goods of services. This review will include ensuring compliance with standing orders and legislative requirements | 10 days | Planning stage – Q3/4 |
| Programme Management | The objective of this audit is to provide assurance that there are adequate arrangements in place that ensure achievement of the programme goals, effective management and reporting of the progress and risks for all programmes being delivered across the Authority. | 10 days | Scope agreed, audit will commence in October. |
| Blue Light Hub – Post Project Evaluation | <p>The audit evaluated the following areas:</p> <ul style="list-style-type: none"> - Governance Framework - Implementation Strategy and Project Delivery - Monitoring Arrangements - End of contract agreements - Lessons Learned | 10 days | Fieldwork in-progress |
| Contingency | A contingency has been included within the audit plan to provide flexibility and in recognition of an expected but as yet unspecified need. If the days remain as at the beginning of Q4 then they will be used to review some key Governance areas such as Project Management and Contract Management, with the agreement of the Director of Finance and Assets. | 10 days | N/A |
| Follow-Up General | To ensure all outstanding medium and high recommendations raised in previous audits are implemented. | 10 days | On-going |
| Corporate Work | A proportion of the total audit resource is made available for ‘corporate work’. Corporate work is non-audit specific activity which still ‘adds value’ or fulfils our statutory duties. Examples of this type of work include attendance and reporting to Management and Committee, and audit strategy and planning work. This also includes developing the Audit Plan, writing the Annual Report and undertaking the annual Review of Effectiveness of Internal Audit. | 10 days | N/A |
| Total | | 110 days | |

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Buckinghamshire & Milton Keynes Fire Authority

Meeting and date: Overview and Audit Committee, 10 November 2021

Report title: Appointment of External Auditors

Lead Member: Councillor David Hopkins

Report sponsor: Mark Hemming

Author and contact: Mark Hemming – mhemming@bucksfire.gov.uk

Action: Decision

Recommendations:

That the Authority be recommended to accept Public Sector Audit Appointments' invitation to opt into the sector-led option for the appointment of external auditors to principal local government and police bodies for five financial years from 1 April 2023.

Executive summary:

This report sets out proposals for appointing the external auditor to the Authority for the accounts for the five-year period from 2023/24.

The current auditor appointment arrangements cover the period up to and including the audit of the 2022/23 accounts. The Authority opted into the 'appointing person' national auditor appointment arrangements established by Public Sector Audit Appointments (PSAA) for the period covering the accounts for 2018/19 to 2022/23 (see Background Papers).

PSAA is now undertaking a procurement for the next appointing period, covering audits for 2023/24 to 2027/28. During Autumn 2021 all local government bodies need to make important decisions about their external audit arrangements from 2023/24. They have options to arrange their own procurement and make the appointment themselves or in conjunction with other bodies, or they can join and take advantage of the national collective scheme administered by PSAA.

The sector-wide procurement conducted by PSAA will produce better outcomes and will be less burdensome for the Authority than a procurement undertaken locally because:

- collective procurement reduces costs for the sector and for individual authorities compared to a multiplicity of smaller local procurements
- if it does not use the national appointment arrangements, the Authority will need to establish its own auditor panel with an independent chair and

independent members to oversee a local auditor procurement and ongoing management of an audit contract

- it is the best opportunity to secure the appointment of a qualified, registered auditor - there are only nine accredited local audit firms, and a local procurement would be drawing from the same limited supply of auditor resources as PSAA's national procurement
- supporting the sector-led body offers the best way of ensuring there is a continuing and sustainable public audit market into the medium and long term.

If the Authority wishes to take advantage of the national auditor appointment arrangements, it is required under the local audit regulations to make the decision at full Authority. The opt-in period starts on 22 September 2021 and closes on 11 March 2022. To opt into the national scheme from 2023/24, the Authority needs to return completed opt-in documents to PSAA by 11 March 2022.

Financial implications:

There is a risk that current external audit fee levels could increase when the current contracts end. It is clear that the scope of audit has increased, requiring more audit work. There are also concerns about capacity and sustainability in the local audit market.

Opting into a national scheme provides maximum opportunity to ensure fees are as realistic as possible, while ensuring the quality of audit is maintained, by entering a large-scale collective procurement arrangement.

If the national scheme is not used some additional resource may be needed to establish an auditor panel and conduct a local procurement. Until a procurement exercise is completed it is not possible to state what, if any, additional resource may be required for audit fees from 2023/24.

Risk management:

The principal risks are that the Authority:

- fails to appoint an auditor in accordance with the requirements and timing specified in local audit legislation
- does not achieve value for money in the appointment process.

These risks are considered best mitigated by opting into the sector-led approach through PSAA.

Legal implications:

Under the Local Audit and Accountability Act 2014 ("the Act"), the Authority is required to appoint an auditor to audit its accounts for each financial year. The Authority has three options:

- To appoint its own auditor, which requires it to follow the procedure set out in the Act.
- To act jointly with other authorities to procure an auditor following the procedures in the Act.
- To opt-in to the national auditor appointment scheme administered by a body designated by the Secretary of State as the 'appointing person'. The body currently designated for this role is Public Sector Audit Appointments Limited (PSAA).

Regulation 19 of the Local Audit (Appointing Person) Regulations 2015 requires that a decision to opt in must be made by a meeting of the Authority (meeting as a whole), except where the authority is a corporation sole.

Section 7 of the Act requires a relevant Authority to appoint a local auditor to audit its accounts for a financial year not later than 31 December in the preceding year.

Section 8 governs the procedure for appointment including that the Authority must consult and take account of the advice of its auditor panel on the selection and appointment of a local auditor.

Section 12 makes provision for the failure to appoint a local auditor. The Authority must immediately inform the Secretary of State, who may direct the Authority to appoint the auditor named in the direction or appoint a local auditor on behalf of the Authority.

Section 17 gives the Secretary of State the power to make regulations in relation to an 'appointing person' specified by the Secretary of State. This power has been exercised in the Local Audit (Appointing Person) Regulations 2015 (SI 192) and this gives the Secretary of State the ability to enable a sector-led body to become the appointing person. In July 2016 the Secretary of State specified PSAA as the appointing person.

Privacy and security implications:

No direct impact.

Duty to collaborate:

A 'sector led body' will ensure collaboration with the largest number of public sector bodies.

Health and safety implications:

No direct impact.

Environmental implications:

No direct impact.

Equality, diversity, and inclusion implications:

No direct impact.

Consultation and communication:

Section 8 of the Act requires the Authority to consult its auditor panel and take its views into account when selecting and appointing an auditor. To support transparency of the appointment, section 8 of the Act also requires the Authority to publish a notice on its website within 28 days of making the appointment that: states it has made the appointment; who the appointed auditor is; sets out the auditor panel's advice; and if that advice has not been followed, the Authority's reasons for not following it.

Background papers:

Appointment of External Auditors. Fire Authority. 11 October 2016.

https://bucksfire.gov.uk/documents/2020/03/fire_authority_agenda_191016.pdf/
(pp. 19-21)

| Appendix | Title | Protective Marking |
|----------|---|--------------------|
| 1 | Invitation to opt into the national scheme for auditor appointments from April 2023 | None |

22 September 2021

To: Mr Thelwell, Chief Executive
Buckinghamshire and Milton Keynes Fire Authority

Copied to: Mr Hemming, S151 Officer
Councillor Watson, Chair of Audit Committee or equivalent

Dear Mr Thelwell,

Invitation to opt into the national scheme for auditor appointments from April 2023

I want to ensure that you are aware the external auditor for the audit of your accounts for 2023/24 has to be appointed before the end of December 2022. That may seem a long way away but, as your organisation has a choice about how to make that appointment, your decision-making process needs to begin soon.

We are pleased that the Secretary of State has confirmed PSAA in the role of the appointing person for eligible principal bodies for the period commencing April 2023. Joining PSAA's national scheme for auditor appointments is one of the choices available to your organisation.

In June 2021 we issued a draft prospectus and invited your views and comments on our early thinking on the development of the national scheme for the next period. Feedback from the sector has been extremely helpful and has enabled us to refine our proposals which are now set out in the [scheme prospectus](#) and our [procurement strategy](#). Both documents can be downloaded from our website which also contains a range of useful information that you may find helpful.

The national scheme timetable for appointing auditors from 2023/24 means we now need to issue a formal invitation to you to opt into these arrangements. In order to meet the requirements of the relevant regulations, we also attach a form of acceptance of our invitation which you must use if your organisation decides to join the national scheme. We have specified the five consecutive financial years beginning 1 April 2023 as the compulsory appointing period for the purposes of the regulations which govern the national scheme.

Given the very challenging local audit market, we believe that eligible bodies will be best served by opting to join the scheme and have attached a short summary of why we believe that is the best solution both for individual bodies and the sector as a whole.

I would like to highlight three matters to you:

1. if you opt to join the national scheme, we need to receive your formal acceptance of this invitation by Friday 11 March 2022;

2. the relevant regulations require that, except for a body that is a corporation sole (e.g. a police and crime commissioner), the decision to accept our invitation and to opt in must be made by the members of the authority meeting as a whole e.g. Full Council or equivalent. We appreciate this will need to be built into your decision-making timetable. We have deliberately set a generous timescale for bodies to make opt in decisions (24 weeks compared to the statutory minimum of 8 weeks) to ensure that all eligible bodies have sufficient time to comply with this requirement; and
3. if you decide not to accept the invitation to opt in by the closing date, you may subsequently make a request to opt in, but only after 1 April 2023. We are required to consider such requests and agree to them unless there are reasonable grounds for their refusal. PSAA must consider a request as the appointing person in accordance with the Regulations. The Regulations allow us to recover our reasonable costs for making arrangements to appoint a local auditor in these circumstances, for example if we need to embark on a further procurement or enter into further discussions with our contracted firms.

If you have any other questions not covered by our information, do not hesitate to contact us by email at ap2@psaa.co.uk. We also publish answers to [frequently asked questions](#) on our website.

If you would like to discuss a particular issue with us, please send an email also to ap2@psaa.co.uk, and we will respond to you.

Yours sincerely

Tony Crawley
Chief Executive

Encl: Summary of the national scheme

Why accepting the national scheme opt-in invitation is the best solution

Public Sector Audit Appointments Limited (PSAA)

We are a not-for-profit, independent company limited by guarantee incorporated by the Local Government Association in August 2014.

We have the support of the LGA, which in 2014 worked to secure the option for principal local government and police bodies to appoint auditors through a dedicated sector-led national body.

We have the support of Government; MHCLG's Spring statement confirmed our appointment because of our "strong technical expertise and the proactive work they have done to help to identify improvements that can be made to the process".

We are an active member of the new Local Audit Liaison Committee, chaired by MHCLG and attended by key local audit stakeholders, enabling us to feed in body and audit perspectives to decisions about changes to the local audit framework, and the need to address timeliness through actions across the system.

We conduct research to raise awareness of local audit issues, and work with MHCLG and other stakeholders to enable changes arising from Sir Tony Redmond's review, such as more flexible fee setting and a timelier basis to set scale fees.

We have established an advisory panel, which meets three times per year. Its membership is drawn from relevant representative groups of local government and police bodies, to act as a sounding board for our scheme and to enable us to hear your views on the design and operation of the scheme.

The national scheme for appointing local auditors

In July 2016, the Secretary of State specified PSAA as an appointing person for principal local government and police bodies for audits from 2018/19, under the provisions of the Local Audit and Accountability Act 2014 and the Local Audit (Appointing Person) Regulations 2015. Acting in accordance with this role PSAA is responsible for appointing an auditor and setting scales of fees for relevant principal authorities that have chosen to opt into its national scheme. 98% of eligible bodies made the choice to opt-in for the five-year period commencing in April 2018.

We will appoint an auditor for all opted-in bodies for each of the five financial years beginning from 1 April 2023.

We aim for all opted-in bodies to receive an audit service of the required quality at a realistic market price and to support the drive towards a long term competitive and more sustainable market for local audit. The focus of our quality assessment will include resourcing capacity and capability including sector knowledge, and client relationship management and communication.

What the appointing person scheme from 2023 will offer

We believe that a sector-led, collaborative, national scheme stands out as the best option for all eligible bodies, offering the best value for money and assuring the independence of the auditor appointment.

The national scheme from 2023 will build on the range of benefits already available for members:

- transparent and independent auditor appointment via a third party;
- the best opportunity to secure the appointment of a qualified, registered auditor;
- appointment, if possible, of the same auditors to bodies involved in significant collaboration/joint working initiatives, if the parties believe that it will enhance efficiency;
- on-going management of any independence issues which may arise;
- access to a specialist PSAA team with significant experience of working within the context of the relevant regulations to appoint auditors, managing contracts with audit firms, and setting and determining audit fees;
- a value for money offer based on minimising PSAA costs and distribution of any surpluses to scheme members - in 2019 we returned a total £3.5million to relevant bodies and more recently we announced a further distribution of £5.6m in August 2021;
- collective efficiency savings for the sector through undertaking one major procurement as opposed to a multiplicity of smaller procurements;
- avoids the necessity for local bodies to establish an auditor panel and undertake an auditor procurement, enabling time and resources to be deployed on other pressing priorities;
- updates from PSAA to Section 151 officers and Audit Committee Chairs on a range of local audit related matters to inform and support effective auditor-audited body relationships; and
- concerted efforts to work with other stakeholders to develop a more sustainable local audit market.

We are committed to keep developing our scheme, taking into account feedback from scheme members, suppliers and other stakeholders, and learning from the collective post-2018 experience. This work is ongoing, and we have taken a number of initiatives to improve the operation of the scheme for the benefit of all parties.

Importantly we have listened to your feedback to our recent consultation, and our response is reflected in [the scheme prospectus](#).

Opting in

The closing date for opting in is 11 March 2022. We have allowed more than the minimum eight-week notice period required, because the formal approval process for most eligible bodies is a decision made by the members of the authority meeting as a whole [Full Council or equivalent], except police and crime commissioners who are able to make their own decision.

We will confirm receipt of all opt-in notices. A full list of eligible bodies that opt in will be published on our website. Once we have received an opt-in notice, we will write to you to request information on any joint working arrangements relevant to your auditor appointment, and any potential independence matters which may need to be taken into consideration when appointing your auditor.

Local Government Reorganisation

We are aware that reorganisations in the local government areas of Cumbria, Somerset, and North Yorkshire were announced in July 2021. Subject to parliamentary approval shadow elections will take place in May 2022 for the new Councils to become established from 1 April 2023. Newly established local government bodies have the right to opt into PSAA's scheme under Regulation 10 of the Appointing Person Regulations 2015. These Regulations also set out that a local government body that ceases to exist is automatically removed from the scheme.

If for any reason there is any uncertainty that reorganisations will take place or meet the current timetable, we would suggest that the current eligible bodies confirm their acceptance to opt in to avoid the requirement to have to make local arrangements should the reorganisation be delayed.

Next Steps

We expect to formally commence the procurement of audit services in early February 2022. At that time our procurement documentation will be available for opted-in bodies to view through our e-tendering platform.

Our recent webinars to support our consultation proved to be popular, and we will be running a series of webinars covering specific areas of our work and our progress to prepare for the second appointing period. Details can be found on [our website](#) and in [the scheme prospectus](#).

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Buckinghamshire & Milton Keynes Fire Authority

Meeting and date: Overview and Audit Committee, 10 November 2021

Report title: Climate Action Plan

Lead Member: TBC

Report sponsor: Mark Hemming, Director of Finance and Assets

Author and contact: Mark Hemming - mhemming@bucksfire.gov.uk

Action: Decision

Recommendations: It is recommended that:

1. The Climate Action Plan be recommended to the Authority for approval;
2. The Authority be recommended to nominate and appoint a Lead Member for climate change.

Executive summary:

This paper is being presented to the Committee following the debate at the meeting in July, and the commitment from officers to bring a paper for further consideration and debate. The Committee is asked to consider the Climate Action Plan in Appendix 1 before recommending it to the Authority for approval.

Production of the Plan has been informed by Local Government Association (LGA) guidance and case studies, as well as consideration of the strategies, frameworks and policies of other public sector bodies within the Thames Valley region.

The Plan sets out how the Authority will respond to climate change through:

- Adaptation – optimising Buckinghamshire Fire and Rescue Service’s response to extreme weather events such as flooding and wildfires
- Mitigation - taking action to reduce its own carbon emissions, while encouraging its staff and communities to do the same

The Plan details five key areas, the first of which falls within the adaptation category, with the rest coming under the mitigation category:

- Prevent, Protect, Respond
- Buildings and Energy
- Transportation
- Waste Reduction
- Supply Chain

For each of these five areas, the Plan sets out current actions being taken, as well as future aims. Actions to achieve the future aims are then scheduled into an action plan on page 5 of Appendix 1.

As far as possible, actions are to be included within updates to existing strategies as and when they become due for renewal.

Financial implications: There are no direct financial implications associated with the Climate Action Plan. Any implications of future actions that have a financial impact will be subject to approval in accordance with Financial Regulations and Instructions.

Risk management: The Authority's [2020-25 Public Safety Plan](#) (PSP) identifies climate change as a risk to the communities it serves. In addition to ensuring that Buckinghamshire Fire and Rescue Service (BFRS) is properly prepared to deal the effects of climate change on its risk and demand profile, the PSP also commits to reducing the impact on the environment from BFRS's own operations and infrastructure. Specific projects and actions designed to address this issue will be included in the Corporate Plan and progress monitored by the Business Transformation Board. Also, Authority Members (and specifically the Lead Member if appointed with such responsibility) will be updated on progress with the Climate Action Plan and the impact of measures taken.

Legal implications:

The Authority can use environmental and social award criteria (provided that the criteria are linked to the subject matter of the contract and non-discriminatory) when awarding contracts (regulation 68(3)(a), the Public Contracts Regulations 2015).

The [Cleaner Road Transport Vehicles Regulations 2011](#) (SI 2011/1631), as amended by the [Cleaner Road Transport Vehicles \(Amendment\) \(EU Exit\) Regulations 2020](#) (2020/964) impose obligations on the Authority to take into account energy consumption and emissions when purchasing or leasing vehicles.

On 3 June 2021, the Cabinet Office published [Procurement Policy Note 05/21: National Procurement Policy Statement](#) (PPN 05/21), which has immediate effect, together with the [National Procurement Policy Statement](#) (NPPS). PPN 05/21 states that "The Government intends to bring forward legislation when Parliamentary time allows to ensure that [...] all contracting authorities are required to have regard to the [NPPS] when undertaking procurements." In turn the NPPS states that "tackling climate change and reducing waste" is one of three national priorities to which the Authority must have regard when exercising its procurement functions. It states that bodies including the Authority "should consider the following social value outcomes alongside any additional local priorities:

- contributing to the UK Government’s legally-binding target¹ to reduce greenhouse gas emissions to net zero by 2050;
- reducing waste, improving resource efficiency and contributing to the move towards a circular economy;
- identifying and prioritising opportunities in sustainable procurement to deliver additional environmental benefits, for example enhanced biodiversity, through the delivery of the contract.”

Privacy and security implications: No direct impact.

Duty to collaborate: The Plan has been developed with reference to the corresponding Thames Valley Police and South Central Ambulance Service policies, as well as those of Buckinghamshire Council, Milton Keynes Council and Oxfordshire County Council. The latter councils are all listed as having made declarations of Climate Emergency <https://www.climateemergency.uk/blog/list-of-councils/>

Health and safety implications: No direct impact.

Environmental implications: The Climate Action Plan demonstrates the Authority’s commitment to addressing the issue of climate change. Detailed environmental implications are detailed within the Plan in Appendix 1.

Equality, diversity, and inclusion implications: No direct impact.

Consultation and communication: Communication and training considerations are detailed within the Plan in Appendix 1.

Background papers:

Local Government Association. 2020. Climate emergency: Fire and rescue services. https://www.local.gov.uk/sites/default/files/documents/10.45%20Climate%20emergency%20and%20fire%20services_web_1.pdf

Thames Valley Police. 2018. Environmental Management Policy. <https://www.thamesvalley.police.uk/SysSiteAssets/foi-media/thames-valley-police/policies/policy---environmental-management.pdf>

South Central Ambulance Service NHS Foundation Trust. 2021. Environmental Policy. <https://www.scas.nhs.uk/wp-content/uploads/Environmental-Policy.pdf>

| Appendix | Title | Protective Marking |
|----------|---|--------------------|
| 1 | Buckinghamshire Fire and Rescue Service Climate Action Plan | None |

¹ See the Climate Change Act 2008 (2050 Target Amendment) Order 2019 in force since 27 June 2019 <https://www.legislation.gov.uk/uksi/2019/1056/contents/made>

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Buckinghamshire Fire and Rescue Service Climate Action Plan

Foreword

Local authorities have a key role to play in helping to achieve the UKs 2050 Net Zero greenhouse gas emissions target. The Intergovernmental Panel on Climate Change (IPCC) note that “Many of the changes observed in the climate are unprecedented in thousands, if not hundreds of thousands of years, and some of the changes already set in motion—such as continued sea level rise—are irreversible over hundreds to thousands of years.”



However, they also state that “strong and sustained reductions in emissions of carbon dioxide (CO₂) and other greenhouse gases would limit climate change.”¹

The Authority recognises that as a fire and rescue service, we have a unique and essential role to play in the adaptation to, and mitigation of climate change. The way in which we will respond to the already unavoidable impacts of climate change is already detailed within our current Public Safety Plan.

The Authority also recognises the need to assist with mitigating future climate change by reducing its own greenhouse gas emissions and using its influence to encourage employees and the community to do the same. The Authority has already taken several steps to reduce our environmental impact, but we recognise there is still more we can do.

This Climate Action Plan shows our commitment to addressing the issue of climate change, as we continue to work towards our vision of making Buckinghamshire and Milton Keynes the safest areas in England in which to live, work and travel.

Councillor Insertlead Membernamehere
[Insert Position Here]

Definitions

Zero carbon means that no carbon dioxide emissions are being produced from a product/service e.g. zero-carbon electricity could be provided by a 100 per cent renewable energy supplier.

Carbon neutral means that while some carbon dioxide emissions are still being generated by a building/process these emissions are being offset somewhere else making the overall net carbon dioxide emissions zero. This is also termed net-zero carbon dioxide emissions.

Net Zero greenhouse gas emissions means that while some greenhouse gas emissions (not only CO₂) are still being generated by a process, these emissions are being balanced by forestry or removed by technologies making the overall net emissions zero.

¹ https://www.ipcc.ch/site/assets/uploads/2021/08/IPCC_WGI-AR6-Press-Release_en.pdf

Introduction

Our Climate Action Plan sets out how Buckinghamshire Fire and Rescue Service will respond to climate change through:

- Adaptation – optimising our response to extreme weather events such as flooding and wildfires
- Mitigation - taking action to reduce our own carbon emissions, while encouraging our staff and communities to do the same

The principles that we will follow in relation to each of these are set out below:

Adaptation

Prevent, Protect, Respond

- Work with our communities to identify those most vulnerable from climate change risks and to prevent harm from occurring
- Work in partnership with other organisations to protect our communities and businesses from the risks of climate change
- Ensure areas vulnerable to extreme weather events are identified in our Public Safety Plan and the Local Resilience Forum's Community Risk Register, and the appropriate level of resources and training are in place to respond to the identified risks

Mitigation

Buildings and Energy

- Improve the energy efficiency of our buildings
- Investigate the use of renewable energy in our buildings
- Encourage energy saving amongst our own staff and communities

Transportation

- Start to replace diesel vehicles with electric vehicles where practicable
- Encourage car sharing by staff (subject to prevailing internal Covid-19 guidance)

Waste Reduction

- Improve our recycling rates
- Reduce paper waste by using electronic systems

Supply Chain

- Work with suppliers to reduce carbon emissions in our supply chain

The Service will also look at the financial aspects of climate action, such as investing our money in sustainable investment products, potentially establishing a climate action fund (subject to the level of available funding) and investigating potential grant funding that may be available to help further mitigate our carbon emissions.

Within all the above principles and where it is beneficial to do so, the Service will seek to work collaboratively with other emergency responders, councils and appropriate organisations.

Current Actions and Future Aims

For each area listed on the previous page, the table below shows the current actions being taken and the future aims:

| Current Actions | Area | Future Aims |
|--|----------------------------------|---|
| <ul style="list-style-type: none"> Public Safety Plan identifies key risks Extreme weather events included on Thames Valley Local Resilience Forum risk register Staff appropriately trained, including water rescue capability Advice to communities and businesses provided in relation to extreme weather events such as heatwaves and flooding | Prevent, Protect, Respond | <ul style="list-style-type: none"> Investigate ways to improve assistance to individuals and business most at risk Identify potential partners to support our work in relation to climate change Increase public awareness of potential risks associated with climate change through existing media channels |
| <ul style="list-style-type: none"> A number of energy efficiency measures have been implemented, such as solar panels and LED lighting The Blue Light Hub utilises a number of energy efficiency measures, including a combined heat and power (CHP) plant | Buildings and Energy | <ul style="list-style-type: none"> Review the energy efficiency of our buildings and include actions to improve this within the next Property Strategy refresh Investigate the use of renewable energy in our buildings Look to establish a group like the Green Action initiative (see case study on page 4) |
| <ul style="list-style-type: none"> Electric vehicle charging points at the Blue Light Hub, shortly to be installed at Aylesbury and Marlow Four electric vehicles purchased for the Prevention team, with four mild hybrids on order Review commenced of continued use of working from home, remote meetings etc. Promotion of the Cycle to Work scheme End of life vehicles and equipment donated to Fire Aid if unable to be sold | Transportation | <ul style="list-style-type: none"> Investigate opportunities to increase the number of electric vehicle charging points at our buildings Investigate the user of alternative fuels for current vehicles Monitor developments in electric pumping appliances Look at ways to promote car sharing amongst staff Investigate ways to support staff moving to ULEVs Use existing telematic data to optimise driving behaviour |
| <ul style="list-style-type: none"> The Business and Systems Integration project replaced the use of paper with electronic methods for a number of key processes (e.g. payslips, expenses claims, invoicing) The Blue Light Hub utilises advanced rainwater harvesting to reduce water usage | Waste Reduction | <ul style="list-style-type: none"> Look at ways to increase recycling Look at ways to reduce water consumption (e.g. use pressure washers to clean vehicles instead of fire hoses) |
| <ul style="list-style-type: none"> No specific action taken to date | Supply Chain | <ul style="list-style-type: none"> Work with key suppliers to identify opportunities to reduce emissions from their products/services Incorporate sustainability requirements into new contracts |

Other actions that have already been taken, or are scheduled to be taken are:

- Embed climate change and air quality considerations in policy and decision making. The cover paper for board and committee meetings has already been updated to ensure that the environmental impacts are considered when making decisions. This will help to ensure the alignment of policy, spending and functions with this Climate Action Plan
- Sustainable investments – we will investigate the potential to move some of our investments to dedicated sustainable investment products.

Monitoring

The Local Government Association (LGA) has teamed up with Local Partnerships to offer local authorities a free Greenhouse Gas Accounting Tool to help local authorities establish their baseline greenhouse gas emissions over a single reporting year.

The Authority will commit to completing this tool to record our emissions baseline, and report progress on work to reduce this on a regular basis. We will also consider what other information it may be useful to capture and report on.

Case Study – Green Action

The initiative began with conference call meetings between the sustainability representatives of the initial five participating FRSs to shape the campaign. In the first instance calls identified precisely what would be asked of crews (better energy management on stations), how long the first phase of Green Action Energy Savers should run for (four months), what data should be collected (gas and electric meter readings) and how performance would be monitored (kWh consumption compared to the same sites use the previous year). The group also agreed a common approach to weather correction (using heating degree day analysis) and accounting for any other factors that that would skew the data, e.g. station refurbishments. Further to this both internal and external communication channels were utilised to publish results of the competition.

[Source: LGA Climate emergency - fire and rescue services (Report). 10 March 2020.

Communications and Training

Relevant staff are already aware of the need to consider the environmental impacts of all decisions that required board or committee approval.

Once the Climate Action Plan is approved, this will be communicated to all staff, and our communities, via current media channels.

As well as considering the environmental impact of significant decisions, we are also aware there are a number of day-to-day changes that can be made to reduce negative impacts on the environment. The action plan on page 5 includes actions to communicate with our staff and the wider community, as well as train our staff on how they can make a positive difference to the environment. This includes the potential to start a group like the Green Action initiative (see case study above).

Climate Action Plan Timeline

The table below looks at the future aims on page 3 and shows when and in what context action is scheduled to be taken:

| Year | Action | Objective |
|---------|---|---|
| 2021-22 | <ul style="list-style-type: none"> • Update Procurement Strategy • Update Fleet Strategy • Investigate the use of renewable energy in our buildings (current energy contract ends 31 March 2022) | <ul style="list-style-type: none"> • Address the future aims in the Supply Chain area • Address the future aims in the Transportation area • Reduce CO2 emissions from current levels of energy usage |
| 2022-23 | <ul style="list-style-type: none"> • Complete the Carbon Accounting Tool • Review engagement and communications plan for climate change issues • Review potential use of sustainable investments | <ul style="list-style-type: none"> • Baseline current emissions and highlight other areas for further improvement • Increase public awareness of climate change through existing media channels • Reduce the environmental impact of our investment portfolio |
| 2023-24 | <ul style="list-style-type: none"> • Update Property Strategy • Produce training for staff on climate change and the Climate Action Plan • Look at ways to further reduce waste | <ul style="list-style-type: none"> • Review the energy efficiency of our buildings and include actions to improve this, a key element of the Buildings and Energy area • Look to establish a group like the Green Action initiative to encourage energy saving among our own staff • Address the future aims in the Waste Reduction area |
| 2024-25 | <ul style="list-style-type: none"> • Review of the Prevent, Protect, Respond area in readiness for the Public Safety Plan 2025+ | <ul style="list-style-type: none"> • Investigate ways to improve targeting of individuals and business most at risk • Identify potential partners to support our work in relation to climate change |

The timeframe above aligns the Climate Action Plan with the timeframe of our Public Safety Plan. Where possible, updates of existing strategies have been aligned with their current validity periods.

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Buckinghamshire & Milton Keynes Fire Authority

Meeting and date: Overview and Audit Committee Meeting - 10 November 2021

Report title: 2020/21 Compliments, Concerns and Complaints

Lead Member: Councillor Steven Lambert

Report sponsor: Graham Britten, Director of Legal and Governance

Author and contact: Katie Nellist knellist@bucksfire.gov.uk

Action: Noting

Recommendations: That the report be noted.

Executive summary:

The purpose of this report is to:

- Compare concerns, complaints and compliments data across the three years 2018/19; 2019/20 and 2020/21.
- Advise of any corrective action taken to reduce or remove problems that led to a complaint being made.
- Identify opportunities to improve public perception of the services Buckinghamshire Fire and Rescue Service provides.

It includes details of the complaints that were upheld, corrective action taken to reduce or remove the problem and improve public satisfaction with the services we provide.

Financial implications: Whilst there are costs associated with investigating complaints, the cost associated with corrective action continues to be small as issues of liability are thoroughly investigated and, if appropriate, referred to the Authority's insurance. Reserves are held in the event of a serious incident occurring.

Risk management: The public are encouraged to report concerns or complaints and, if required, are given assistance to do so. Processes are in place to ensure that concerns and complaints are rigorously investigated, resolved as quickly as possible and, wherever possible, to the satisfaction of the complainant.

During the complaint investigation personal data is retained to enable the investigating officer to keep in contact with the complainant and, in discussion with the Data Protection Officer (DPO), to consider if a Data Protection Impact Assessment is necessary to ensure that no aspect of the investigations is privacy

intrusive. When the investigation is complete and sufficient time has passed to confirm no further action is required, all personal data is removed, and the anonymised data is retained to consider any patterns of risk. If a complaint is upheld and actions to prevent a similar incident occurring cannot be put in place immediately, the need for a risk treatment will be recorded in a project or department risk register and may be escalated to the corporate risk register. These risk registers are reviewed frequently.

Legal implications: Under section 25 of the Local Government Act 1974 the Authority is subject to the jurisdiction of the Local Government and Social Care Ombudsman (LG&SCO).

The LG&SCO has the power to investigate complaints where there has been:

- Maladministration causing injustice;
- A failure to provide a service that it was the public body's function to provide;
- There was a total failure to provide such a service.

Complaints will not be investigated by the LG&SCO until a complainant has exhausted a local authority's internal complaints procedure

Privacy and security implications: Responses to the survey are anonymised so no privacy risks or issues are raised.

Duty to collaborate: The Policing and Crime Act 2017 requires the Authority to keep opportunities for collaboration with the police and ambulance services under review. Complaints could arise from any of a number of business projects, processes or procedures. Many of these have been developed in collaboration with other fire and rescue services or other partner agencies. During development and through to implementation, these are risk and impact assessed to reduce incidents that may lead to complaints arising. The LG&SCO can treat the actions of third parties as if they were actions of the Authority, where any such third party arrangements exist (Local Government Act 1974, section 25(6) to 25(8)). This means the Authority keep responsibility for third party actions, including complaint handling, no matter what the arrangements are with that party.

Health and safety implications: Any actual or potential health and safety implications are considered during the investigation of a complaint.

Environmental implications: There is neutral effect from the recommendations.

Equality, diversity, and inclusion implications: Any actual or potential equality, diversity, and inclusion implications are considered during the investigation of a complaint.

The survey is structured to enable user experiences to be stratified and compared across a range of protected characteristics including ethnicity, gender, age and long-standing limiting illness / disability.

Consultation and communication: Monitoring of user experiences of our emergency services performance and the reporting of findings contributes to the identification of potential opportunities to improve the efficiency and effectiveness of our core emergency response, prevention and protection processes.

In line with the LG&SCO Guidance, '[Effective Complaint Handling for Local Authorities](#)' (revised and published 8 October 2020), this report is submitted annually to this committee and available to the public in the interests of openness and transparency.

Background papers: The last report was made to the Overview and Audit Committee on 22 July 2020: <https://bucksfire.gov.uk/documents/2020/07/item-16-2019-20-compliments-concerns-and-complaints.pdf/>

| Appendix | Title | Protective Marking |
|----------|---|--------------------|
| 1 | Compliments, Concerns and Complaints received 2018/19 – 2020/21 | None |

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Item 13 - Appendix 1

Compliments, Concerns and Complaints received 2018/19 – 2020/21

1. Purpose

This purpose of this report is to:

- compare concerns, complaints and compliments data across the three years 2018/19, 2019/20 and 2020/21.
- advise of any corrective action taken to reduce or remove problems that led to a complaint being made.
- identify opportunities to improve public satisfaction with the services the Authority provides.

It includes details of the complaints that were upheld, corrective action taken to reduce or remove the problem and improve public satisfaction with the services we provide.

2. Scope

As the numbers of concerns, complaints and compliments received directly from the public is relatively low, data from the annual satisfaction survey 'After the Incident' is also included, to capture the perceptions of those experiencing an incident in the home or in non-domestic premises.

3. Concerns and complaints

There were no complaints arising from an information security incident and no complaints were investigated by the Local Government & Social Care Ombudsman (LG&SCO) or the Information Commissioner, during this reporting period.

2018/2019 16 concerns/complaints were received, six of which were upheld:

- During training dirty water from a hose was sprayed onto a neighbour's window. – *Crews were advised to be cautious in considering wind direction when using water hoses in exercises.*
- Someone walked on a freshly painted fire hydrant and got paint on their shoes. - *This is an ongoing problem where it is unsafe to put anything around the painted area and, in most instances, the paint has dried before the technician has left.*
- The report of an incident, on the "latest incidents" on the website, was considered inaccurate. – *The householders felt that the incident was misreported and a correction was made.*
- An Authority driver pulled out into the path of a car. – *The driver was distracted and admitted liability. The driver was referred for refresher training.*
- The reporting of an arson finding with regard to a vehicle fire was delayed. – *The incident commander did not notify the change in incident cause. As a consequence, Thames Valley Police did not allocate a crime number immediately. The procedures have been reviewed to ensure that the correct actions are taken as soon as possible.*

Item 13 - Appendix 1

- The message explaining that the switchboard was closed over Christmas did not function. – *The message had been checked and was thought to be working. Additional checks will be made in future.*

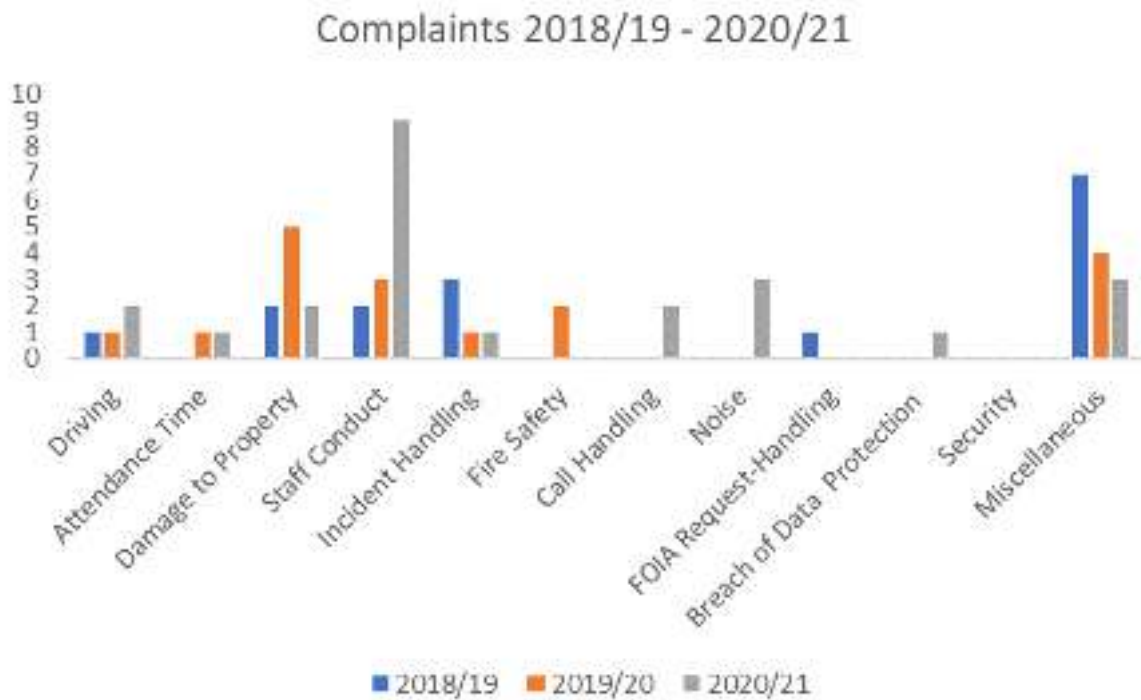
2019/2020 There were 17, concerns/complaints five of which were upheld:

- Inappropriate use of social media which could be seen as bringing the Authority into disrepute. – *All employees reminded that social media cannot be used to present personal views whilst representing the Authority.*
- An Authority employee driving a badged vehicle was seen speaking on a mobile phone whilst driving. – *This was referred as a disciplinary investigation.*
- An officer failed to attend an appointment for a fire and wellness visit – *Officer fell sick and we were unable to make contact to advise the resident and reschedule the appointment.*
- A complainant stated that a uniformed firefighter approached him at his place of work and threatened him. – *This was found to be a family dispute. However, as the firefighter was in uniform, this was referred as a disciplinary investigation.*
- Following a visit by our contractors coming to collect scrapped vehicles, it was found that batteries had been put in the wrong place resulting in “sparking” which could have resulted in a fire. – *The procedure had changed under a new contract and the extant procedural document did not reflect this. This procedure has since been rewritten.*

2020/2021 There were 24, concerns/complaints five of which were upheld:

- Damage to a neighbouring property driveway by a fire appliance following a house fire – *cost of repair of damage paid under a settlement agreement.*
- Complaint from neighbour regarding training at a Fire Station on a Sunday – *training continued, but every effort was made to keep the noise to a minimum.*
- A member of the public was not happy with the way a member of staff spoke to them when ringing regarding smoke detectors – *a letter of apology was sent explaining the situation.*
- Damage to car when taking action to avoid a fire appliance on blue lights – *Insurance claim.*
- A vehicle accident involving a fire appliance – *Insurance claim.*

Item 13 - Appendix 1

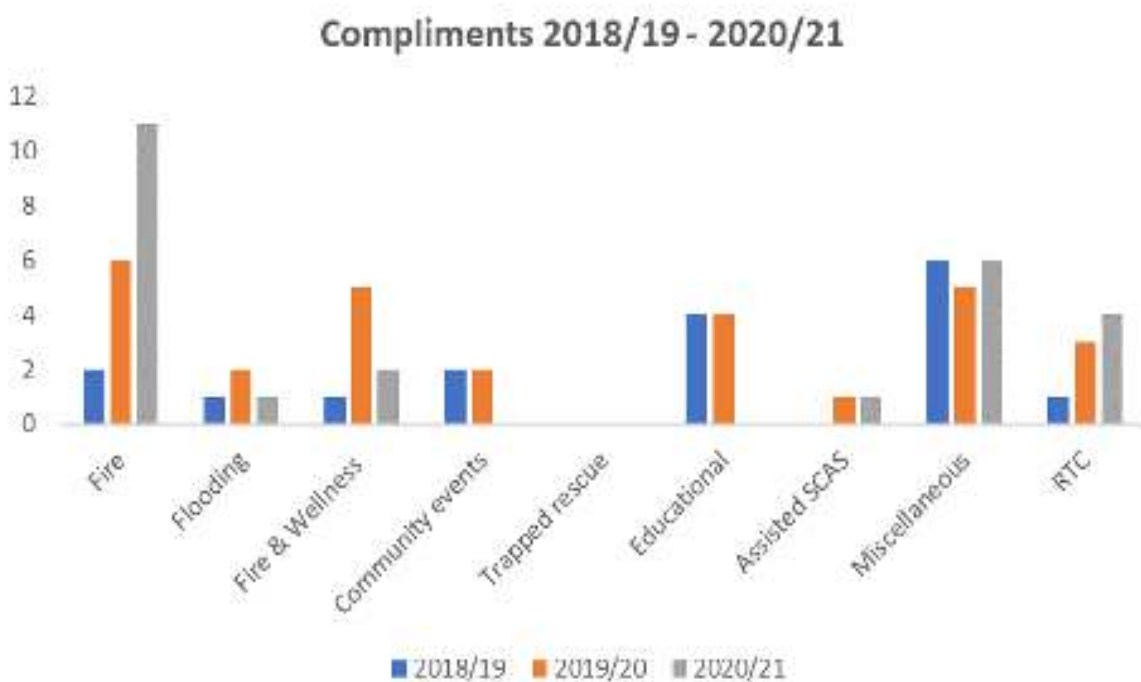


4. Compliments

2018/2019 - 17 compliments

2019/2020 - 28 compliments

2020/2021 - 25 compliments



Item 13 - Appendix 1

5. After the incident - Customer satisfaction survey 2018/19 - 2020/21

The Authority continues to subscribe to the annual confidential survey which measures the satisfaction of members of the public who have experienced an incident in the home or in a non-domestic dwelling. The questionnaires are returned to an independent social research practice¹ who analyse the returns and publish the results annually.

The survey runs from 1 April to 31 March each year and the report compares Buckinghamshire Fire and Rescue Services' (BFRS) performance with previous years and other fire and rescue services (FRS) participating in this national survey. The surveys capture respondent perceptions of FRS performance across the following areas:

- The incident;
- Initial contact with the FRS;
- At the scene;
- Information and advice;
- Overall service;
- Previous experience;

Respondents are also invited to make an overall assessment of satisfaction with the service provided.

These surveys are a good indication of how well the community is served when an incident occurs, and a useful supplement to the compliments, concerns and complaints, received from other sources, to provide a broader range of feedback.

Table 1 Domestic incidents 2018/19 – 2020/21

| Domestic | 2018/19 | 2019/20 | 2020/21 |
|------------------------------------|----------------|----------------|----------------|
| Respondents | 51 | 140 | 207 |
| Very Satisfied | 92% | 97% | 94% |
| Fairly Satisfied | 6% | 2% | 4% |
| Neither Satisfied nor Dissatisfied | 2% | 1% | 2% |
| Total: | 98% | 100% | 98% |

The list below are some of the comments submitted by people completing the survey of incidents in the home:

- Call out was very fast.
- Calm, friendly and reassuring manner.
- Caring, cheerful, excellent.

¹ <https://www.ors.org.uk/>

Item 13 - Appendix 1

- Friendly, courteous and determined to finish the job. Very impressed.
- Didn't make me feel stupid for calling them.
- Gave me confidence.
- Kind and helpful, reassuring that it was alright to call them out.
- Kept us informed.
- Reassuring, helpful, kind and polite.
- Surpassed the level of service I expected.

Table 2 Non-domestic incidents 2018/19 – 2020/21

| Non-Domestic | 2018/19 | 2019/20 | 2020/21 |
|---------------------|----------------|----------------|----------------|
| Respondents | 61 | 128 | 106 |
| Very Satisfied | 90% | 91% | 94% |
| Fairly Satisfied | 10% | 9% | 5% |
| Very Dissatisfied | 0% | 0% | 1% |
| Total: | 100% | 99% | 99% |

The list below are some of the comments submitted by people completing the survey of incidents in non-domestic properties:

- Arrived very promptly.
- Excellent, polite service and communicated actions very well. Very reassuring and professional manner.
- Rapid attendance, sound advice and patient.
- Their knowledge of the building helped.
- They acted quickly and avoided damage to my property where they could.
- They were effective, polite, and professional at all times.
- Very polite and reassuring.
- Excellent response and service throughout. Thank you.
- Fast polite, professional and friendly.
- Rapid attendance, sound advice and patience.

Overview of Key Findings:

- Overall user satisfaction with the emergency service received from BFRS has remained fairly consistent over time, ranging between 95% and 100% for the domestic survey and 94% and 100% for the non-domestic survey over a ten-year period.
- A higher level of response to the Domestic survey was received in 2020/21 compared with the previous year (207 v 140). Overall satisfaction levels remained high although there was a fall-off in the very satisfied category (94% v 97%).

Item 13 - Appendix 1

- A lower level of response to the Non-Domestic survey was received in 2020/21 compared with the previous year (106 v 128). However, there was an improvement in very satisfied levels (94% v 91%).
- Benchmarking – not enough FRS took part in the survey for a benchmarking report to be produced for 2020/21.
- During the year a new online questionnaire facility was piloted alongside the traditional postal response service. However, take up for this new response facility was low with only 6 domestic and 7 non-domestic responses.



Buckinghamshire & Milton Keynes Fire Authority

Meeting and date: Overview and Audit Committee, 10 November 2021

Report title: 2020-21 Annual Performance Monitoring

Lead Member: Councillor Lesley Clarke OBE

Report sponsor: Deputy Chief Fire Officer, Mick Osborne

Author and contact: Craig Newman, Data & Intelligence Team Manager

cnewman@bucksfire.gov.uk

Action: Noting

Recommendations: That the outturn performance against the outcome measures specified in the Corporate Plan 2020-25 be noted.

Executive summary: This report provides a review of annual performance in relation to the Authority's 2020–25 Corporate Plan objectives focusing on incidents in homes, workplaces, whilst travelling and in wider community settings. It covers the period 1 April 2020 to 31 March 2021.

This year's report should be scrutinised differently. The impact of the pandemic on incidents that Buckinghamshire Fire and Rescue Service attended can be clearly seen. In most cases, the effect of the pandemic on people's behaviour can be considered the main factor to the major changes in outcomes.

A summary of key indicators is shown at page 5 of the annexed report. These indicate, significant improvement/change against five-year averages across most key indicators. In particular: accidental dwelling fires (down 20%), chimney fires (down 36%), non-domestic property fires (down 32%) and deliberate primary fires (down 24%).

The exception to these positive trends were non-fire-related incidents (special service incidents) in dwellings (up 23%), see page 10 of the annex report.

Financial implications: None at present.

Risk management: Performance and risk information is designed and presented to assist the Authority in the strategic decision-making through understanding the communities we serve and associated risk profiles. Performance management information is a major contributor to service improvement and to the effective prioritisation of resources.

Legal implications: None at present.

Privacy and security implications: None at present.

Duty to collaborate: This report references collaborative work-streams based upon the Authority's collaborative principles where this is deemed appropriate.

Health and safety implications: No issues identified from this report.

Environmental implications: No issues identified from this report.

Equality, diversity, and inclusion implications: While there are no issues identified within this report, as a service we monitor groups impacted by incidents that we attend. We then use this information to understand and develop our community engagement methodology.

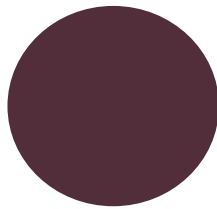
Consultation and communication: We aim to provide performance information incorporating stakeholder contributions. The report will be circulated throughout the organisation for information and awareness.

| Board | Date | Outcome |
|--|------------|---|
| Performance Monitoring Board (via email) | 30/09/2021 | Approved for submission to Strategic Management Board |
| Strategic Management Board | 19/10/2021 | Approved for submission to Overview and Audit Committee |

Background papers:

- [2019-20 Annual Performance Monitoring Report](#)
- [2020-2025 Corporate Plan - Year 2 Update](#)
- [2020-2025 Corporate Plan](#)
- [Public Safety Plan 2020-25](#)

| Appendix | Title | Protective Marking |
|----------|--|--------------------|
| 1 | 2020-21 Annual Performance Monitoring Report | N/A |



2020/2021 Annual Performance Monitor



Contents

| | |
|--------------------------------|-----------|
| Introduction | 3 |
| BFRS during the pandemic | 4 |
| 2020/2021 – At a glance | 5 |
| 2020/2021 – Incident breakdown | 6 |
| Home | 7 |
| Work | 11 |
| Travel | 16 |
| Community | 19 |
| Glossary | 23 |
| Contact us | 24 |



Introduction

Welcome to [Buckinghamshire Fire & Rescues \(BFRS\) annual report for 2020/2021](#). This report monitors the number of incidents and associated outcomes that occurred within Buckinghamshire and Milton Keynes during 2020/2021.

Our [vision](#) is to make Buckinghamshire and Milton Keynes the [safest areas](#) in England in which to [live, work](#) and [travel](#).

In view of the above, this report includes four key sections:

- In the [Home](#)
- In the [Workplace](#)
- [Travel](#) in and through Buckinghamshire and Milton Keynes
- Within the [Community](#)

Because incident numbers can be heavily influenced by external factors, comparing one year's performance with the previous year may not provide a fair indicator, especially if the previous year was exceptionally busy, or vice versa. The pandemic that impacted the way in which most people behaved in 2020/2021 is a prime example of this.

This report will primarily compare 2020/2021 with the average of the previous five years recorded incident data.



Pandemic – Covid-19

Since the virus reached the UK, the organisation has taken on many extra responsibilities to support the work of the Government and partner agencies, and a greater role in the communities of Buckinghamshire and Milton Keynes, while remaining committed to its core responsibilities to the public and its staff.

Working with local authorities, healthcare providers and emergency services under the umbrella of the Thames Valley Local Resilience Forum Strategic Coordinating Group, we have helped develop and deliver a combined response to people's needs, including:

- Helping set up and provide logistical co-ordination at a number of vaccination centres.
- Supporting the deployment of surge testing.
- Driving ambulances for South Central Ambulance Service.
- Delivering essential supplies to vulnerable and shielding members of the community.
- Providing PPE training sessions for care home staff.
- Helping set up an isolated repatriation centre for 150 British citizens returning from China.
- Providing targeted safety advice to businesses, schools and vulnerable people.
- Ensuring our fire stations and offices are Covid-secure.
- Sharing public health guidance to help protect the public and our staff from the risk of infection.

We have also dealt with significant incidents, including the flooding which affected parts of North Buckinghamshire and Milton Keynes at Christmas, as well as continuing with planned activities, such as the opening of the new Blue-Light Hub in Milton Keynes and firefighter recruitment.

At a glance

Unless otherwise stated, numbers throughout this report are excluding co-responders. There will also be slight differences in some of the figures shown, which is due to rounding. The figures below are a comparison between 2020/2021 and the previous 5 years as an average.

6,404 Incidents attended

↓ 9% Number of incidents
Decrease

↓ 20% Accidental Dwelling Fires
Decrease

↓ 36% Chimney fires in dwellings
Decrease

↓ 32% Primary fires in non-domestic properties
Decrease

↓ 24% Deliberate primary fires
Decrease

↓ 11% Deliberate secondary fires
Decrease

↓ 26% RTCs Attended
Decrease



Average response times:

All incidents: 08:26
(previous five year average: 08:26)

Accidental dwelling fires: 07:40
(previous five year average: 08:00)

Primary fires: 08:15
(previous five year average: 08:33)

Secondary fires: 09:01
(previous five year average: 08:48)

Road traffic collisions: 08:48
(previous five year average: 09:26)

74.0% of incidents reached within 10 minutes
(previous five year average: 74.0%)

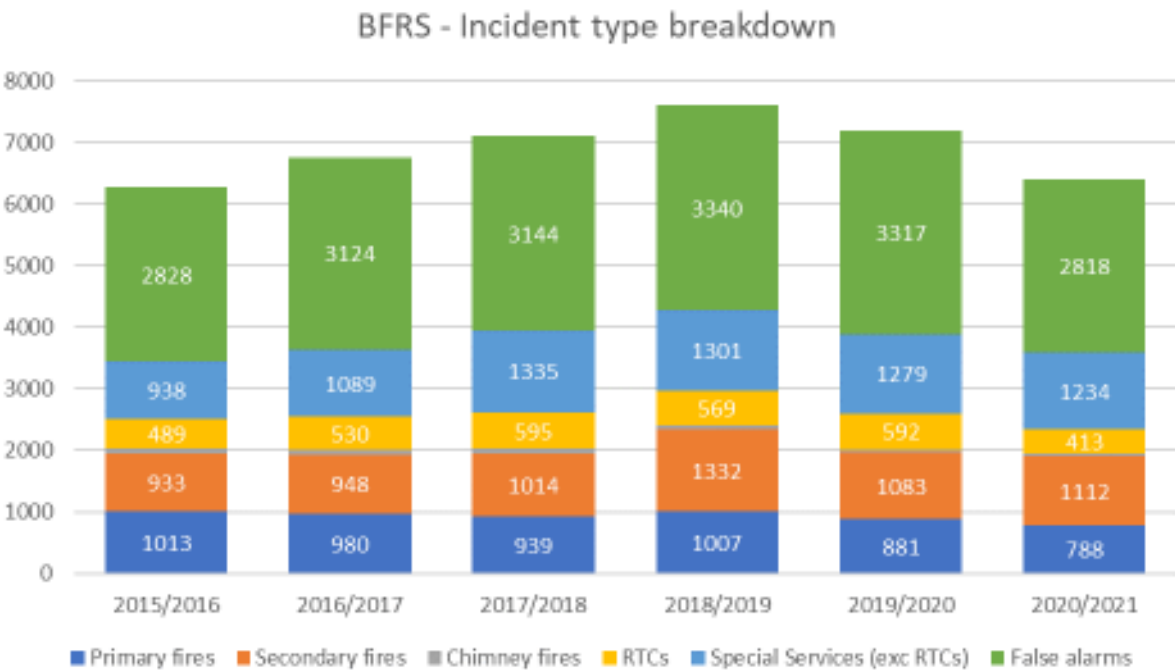
98.4% of incidents reached within 20 minutes
(previous five year average: 98.1%)



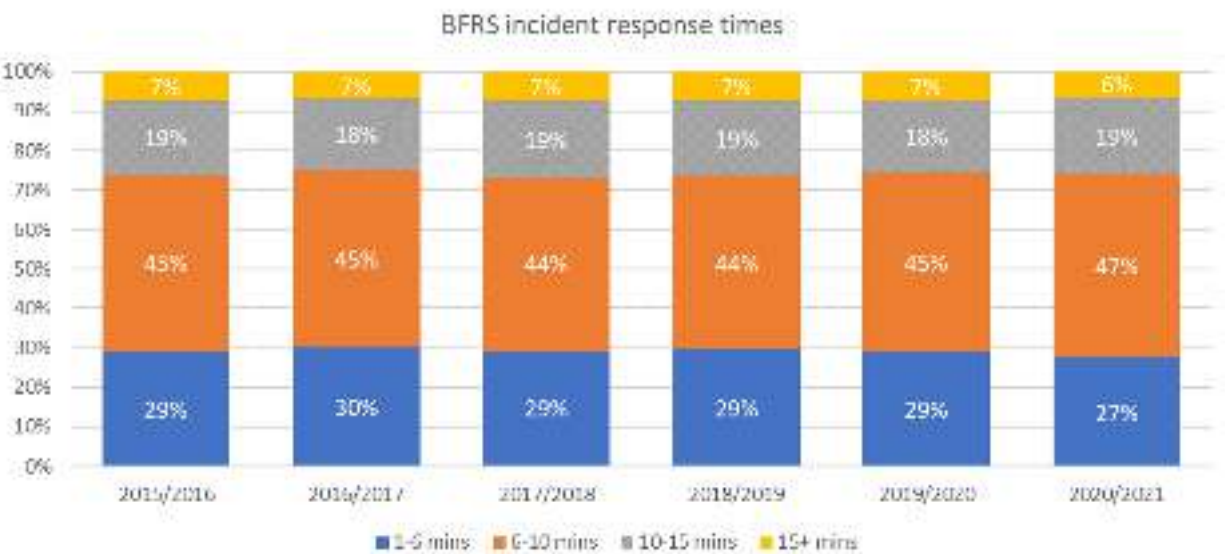


2020 / 2021 – Overall incident breakdown

During 2020/2021 BFRS attended 6,404 incidents. This was 9% fewer than the 5 year average. Reductions during this period were seen across nearly all incident types, including primary fires (20% fewer) and road traffic collisions (26% fewer).



BFRS response times have remained consistent despite the change in incident numbers and types over the last 5 years. 27% of incidents were reached in under 6 minutes and 74% reached within 10 minutes.





In the Home

Making Buckinghamshire and Milton Keynes the safest areas in England in which to live.

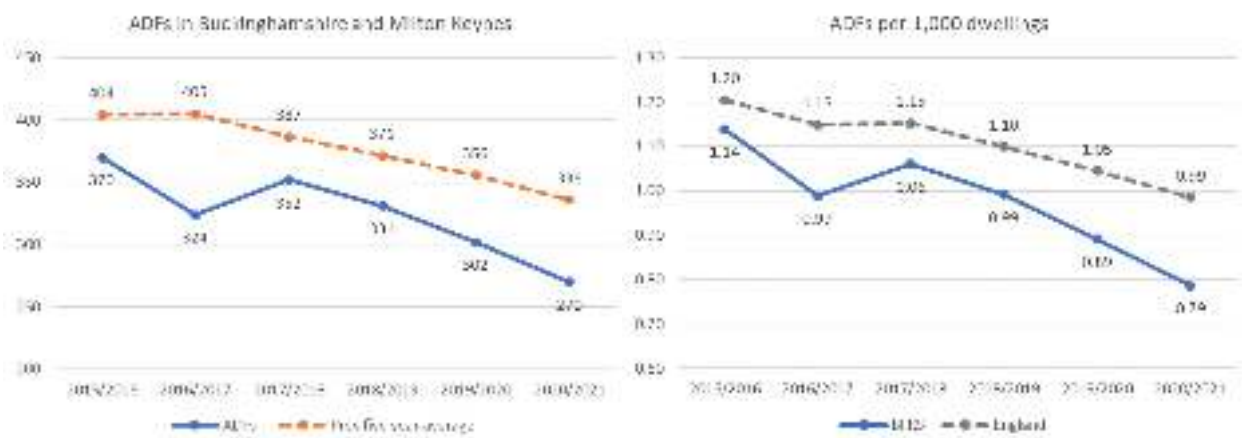




HOME

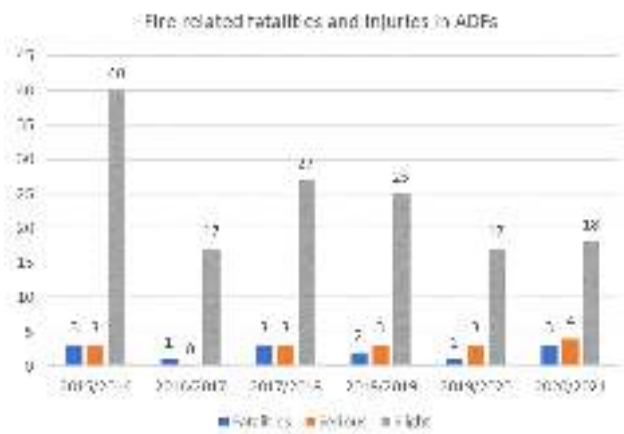
Accidental dwelling fires (ADFs) include those where the officer in charge recorded the cause of the fire to be accidental or not known. Dwellings are defined as buildings occupied by households, excluding hotels, hostels and residential institutions.

The number of ADFs we attend continues to reduce, a 20% reduction compared with the average of previous five years. The reduction is also at a higher rate than the national average, as shown below:



The number of fire related fatalities and injuries recorded at ADFs can be found below.

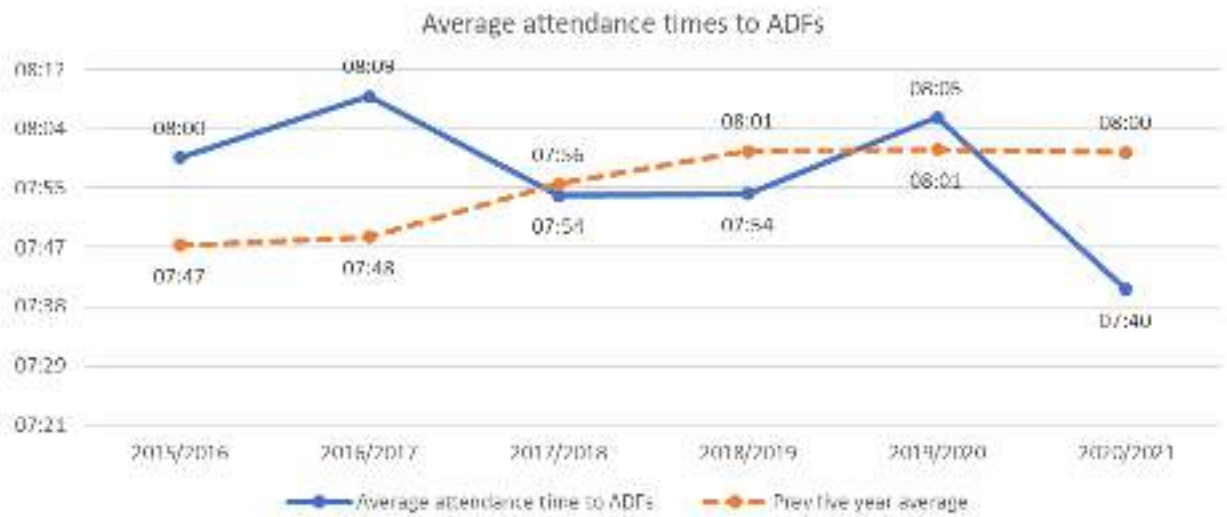
- Three fire related fatalities were recorded at accidental dwelling fires in 2020/2021. The average of the previous five years was 2.0.
- There were 22 serious or slight injuries recorded, compared with an average of 27.6 recorded in the previous five years.



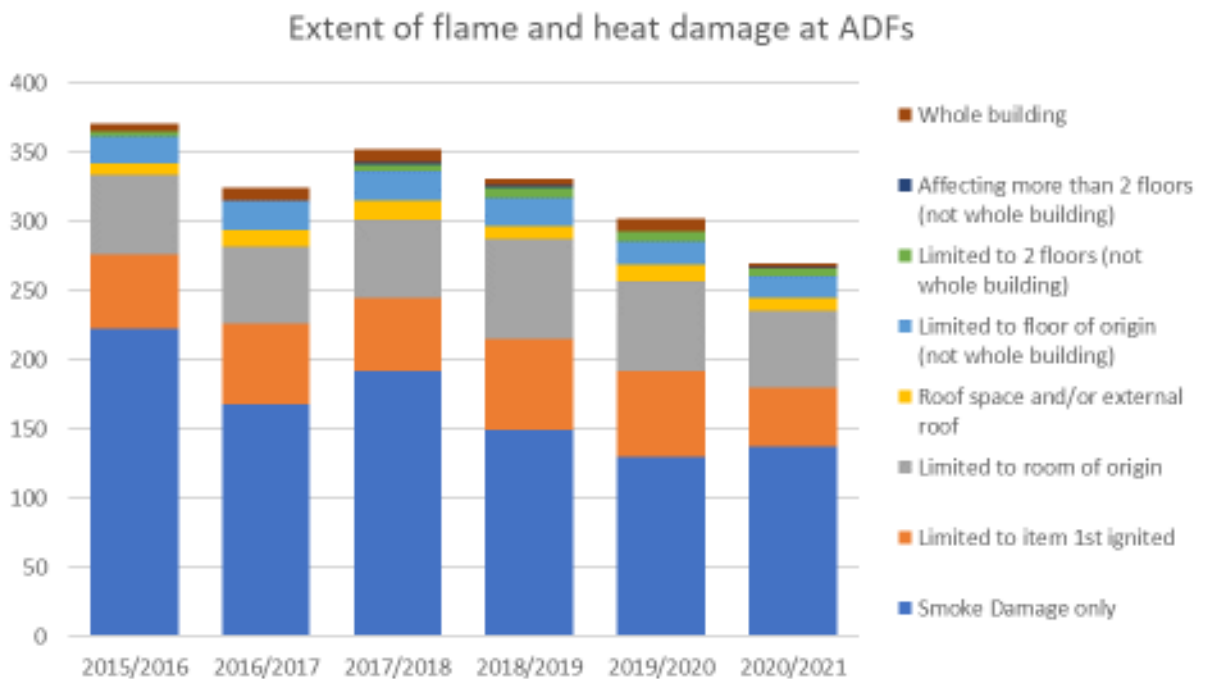
- Serious** - Casualty went to hospital, injuries appear to be serious
- Slight** - Casualty went to hospital, injuries appear to be slight



The chart below details the attendance times to ADFs year on year. Attendance times have continued to be relatively consistent over the last six years. This is now being reflected in the figures showing the previous five-year average.



The following chart highlights the level of damage recorded at ADFs. During 2020/2021 only 9% of ADFs saw the fire or heat damage spread further than the room of origin. Furthermore, 67% of ADFs were limited to the item of origin or only recorded smoke damage.





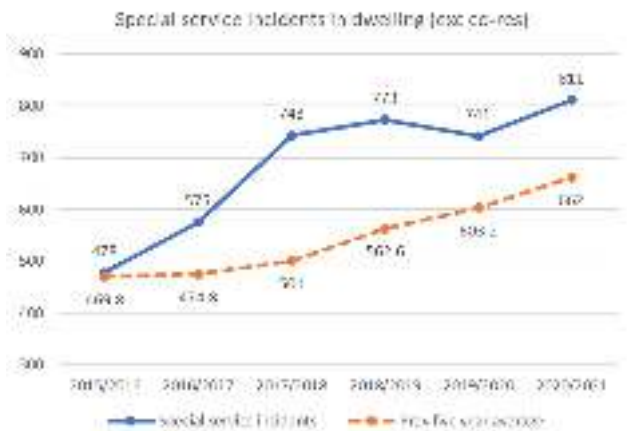
HOME

2020/2021 saw a slight increase in both dwelling fires where the cause was believed to be deliberate to somebody else’s property, and chimney fires in dwellings. However, both remained far below the average of the previous five years

- Dwelling fires started deliberately by someone else reduced by 33% compared with the average of the previous five years.
- Chimney fires in dwellings reduced by 36% compared with the average of the previous five years.



2020/2021 saw BFRS attend 811 special service incidents to dwellings, the majority of which related to supporting South Central Ambulance Service in areas such as gaining access to a property. Other incident types included flooding related calls. These figures do not include co-responder call outs.



| | 2015/2016 | 2016/2017 | 2017/2018 | 2018/2019 | 2019/2020 | 2020/2021 |
|---------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|
| Effecting entry/exit | 158 | 148 | 260 | 310 | 293 | 243 |
| Flooding | 107 | 191 | 203 | 191 | 131 | 191 |
| Assist other agencies | 37 | 36 | 42 | 65 | 77 | 121 |
| No action (not false alarm) | 41 | 36 | 47 | 40 | 36 | 72 |
| Hazardous Materials incident | 18 | 27 | 37 | 36 | 47 | 43 |
| Lift Release | 32 | 31 | 47 | 41 | 56 | 36 |
| Removal of people from objects | 12 | 9 | 7 | 22 | 9 | 22 |
| Animal assistance incidents | 7 | 18 | 19 | 11 | 17 | 21 |
| Other rescue/release of persons | 13 | 13 | 19 | 11 | 10 | 14 |
| Advice Only | 16 | 10 | 9 | 6 | 9 | 11 |
| Making Safe (not RTC) | 14 | 14 | 14 | 11 | 13 | 11 |
| Other (grouped remaining <10) | 23 | 42 | 39 | 29 | 43 | 26 |



In the Workplace

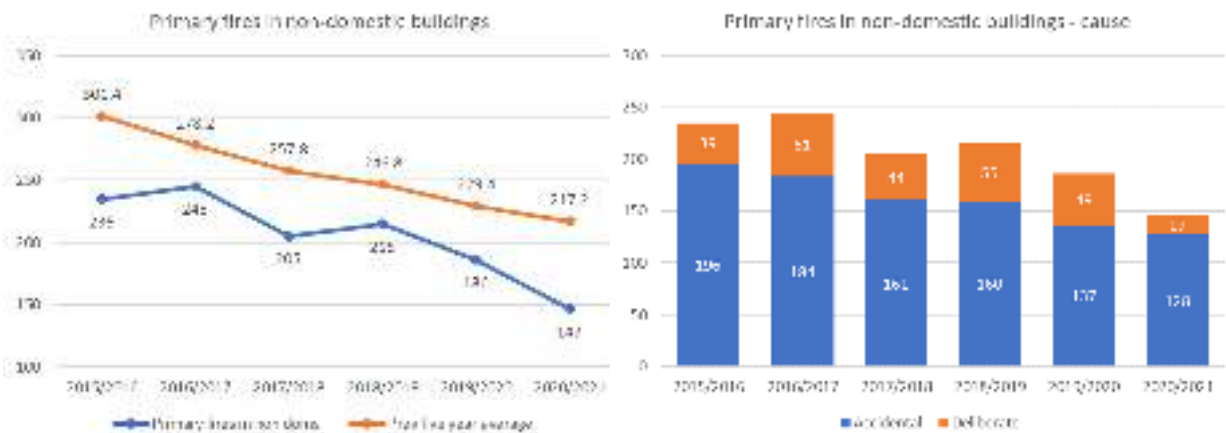
Making Buckinghamshire and Milton Keynes the safest areas in England in which to work.





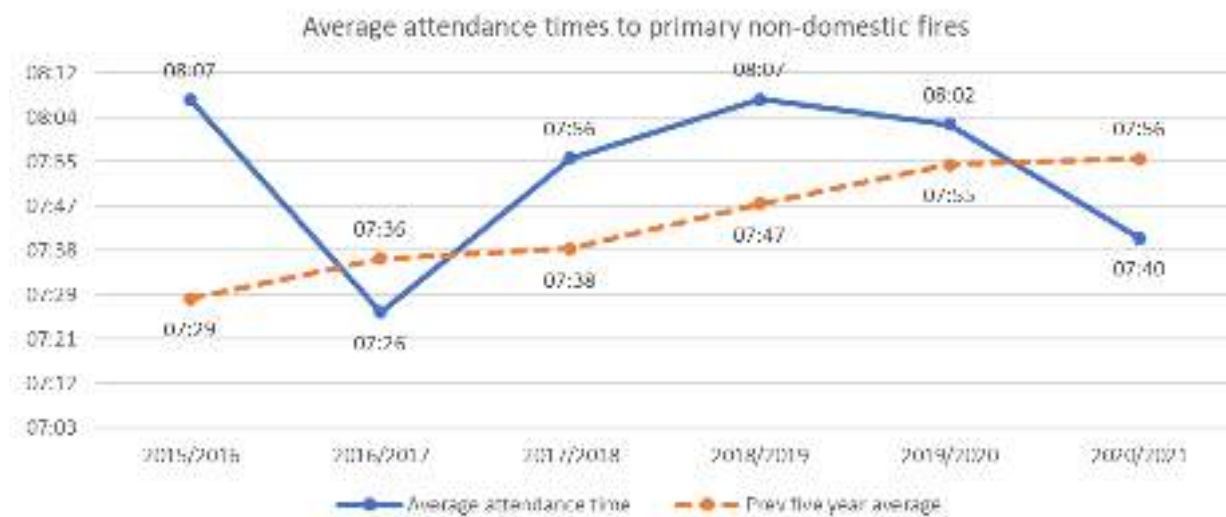
WORK

The number of primary fires in **non-domestic** properties continues to fall. 2020/2021 saw **32% fewer** incidents than the average of the previous five years. The largest reduction within this areas was deliberate fires*.



*"Deliberate" in this instance includes deliberate to own property as well as to other peoples property.

As with the attendance times to accidental dwelling fires, times have fallen below the average of the previous five years, with 2020/2021 being 16 seconds quicker.





WORK

Fire related injuries from **non-domestic** fires continue to remain low, with only **one serious and slight injuries** recorded in the last year. A breakdown of the injuries can be seen in the chart below.

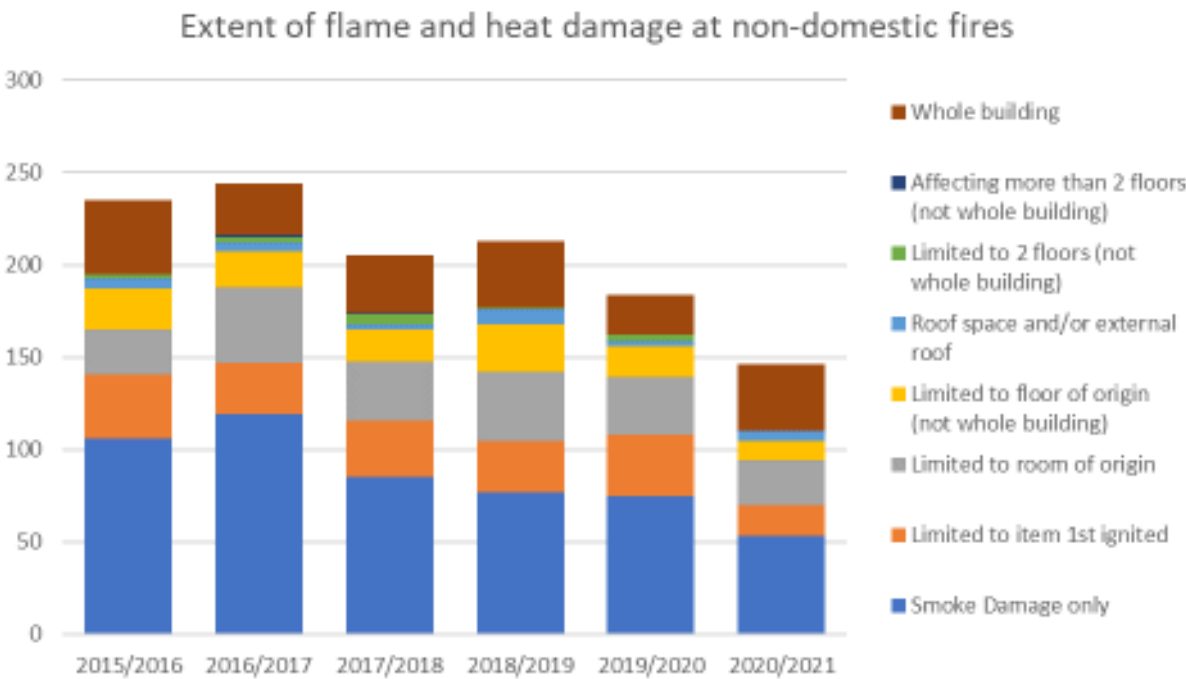


- **Serious** - Casualty went to hospital, injuries appear to be serious
- **Slight** - Casualty went to hospital, injuries appear to be slight

The following chart highlights the level of damage recorded at fires in non-domestic buildings. During 2020/2021, 36% of these fires saw the fire or heat damage spread further than the room of origin, compared with 24% in 2019/2020.

48% of fires in non-domestic properties were limited to the item of origin or only recorded smoke damage, compared with 58% the previous year.

25% of fires resulted in the whole building being damaged. This was compared with 12% in 2019/2020 and a 15% average over the previous five years.





WORK

Special services – 2020/2021 saw BFRS attend 170 special service incidents to non-domestic buildings, the majority of which related to lift releases and ring removals. Other incident types included flooding related calls. These figures do not include co-responder call outs.



| | 2015/2016 | 2016/2017 | 2017/2018 | 2018/2019 | 2019/2020 | 2020/2021 |
|------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|
| Lift Release | 36 | 71 | 87 | 82 | 93 | 35 |
| Removal of objects from people | 58 | 47 | 50 | 45 | 35 | 31 |
| Flooding | 22 | 31 | 44 | 26 | 28 | 26 |
| Effecting entry/exit | 18 | 17 | 20 | 21 | 21 | 17 |
| Animal assistance incidents | 5 | 6 | 6 | 1 | 6 | 7 |
| Making Safe (not RTC) | 8 | 14 | 8 | 13 | 10 | 7 |
| No action (not false alarm) | 13 | 24 | 12 | 11 | 12 | 7 |
| RTC | 6 | 2 | 6 | | 14 | 7 |
| Hazardous Materials incident | 14 | 9 | 6 | 16 | 10 | 6 |
| Suicide/attempts | 1 | 5 | 5 | 6 | 3 | 6 |
| Assist other agencies | 5 | 7 | 11 | 13 | 6 | 5 |
| Other rescue/release of persons | 7 | 9 | 6 | 8 | 3 | 5 |
| Removal of people from objects | 5 | 6 | 2 | 5 | 5 | 4 |
| Advice Only | 5 | 3 | 4 | 1 | 3 | 2 |
| Medical Incident - First responder | 4 | 3 | 4 | 5 | 1 | 2 |
| Evacuation (no fire) | | 1 | 2 | 2 | 1 | 1 |
| Other Transport incident | 1 | | 3 | | 1 | 1 |
| Spills and Leaks (not RTC) | 3 | 4 | 4 | | 4 | 1 |
| Water provision | | 1 | | | | |
| Total | 211 | 260 | 280 | 255 | 256 | 170 |



WORK

False alarms – 52% of ‘false alarms’ in Buckinghamshire and Milton Keynes during 2020/2021 were to incidents located at a non-domestic property. This differs from 53% recorded in 2019/2020.

The table below provides a breakdown of the reason listed for the false alarm call to non-domestic properties:



| | 2015/2016 | 2016/2017 | 2017/2018 | 2018/2019 | 2019/2020 | 2020/2021 |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| Good intent - fire | 219 | 178 | 196 | 142 | 107 | 73 |
| Good intent - special service | 8 | 9 | 12 | 10 | 13 | 10 |
| Malicious | 53 | 67 | 55 | 62 | 73 | 28 |
| Sprinkler | 25 | 14 | 19 | 29 | 25 | 35 |
| System - external factors i.e power surge | 190 | 241 | 206 | 246 | 229 | 176 |
| System - faulty | 242 | 248 | 228 | 193 | 261 | 228 |
| System - human involvement i.e testing | 439 | 494 | 533 | 592 | 651 | 527 |
| System - incorrect positioning | 30 | 17 | 26 | 8 | 9 | 17 |
| System - other | 62 | 62 | 42 | 32 | 34 | 21 |
| System - poor maintenance, damaged or unsuitable equipment | 37 | 32 | 26 | 25 | 28 | 24 |
| System - unknown | 256 | 264 | 296 | 342 | 332 | 329 |
| Total | 1561 | 1628 | 1639 | 1681 | 1764 | 1468 |



Travel in and through Buckinghamshire and Milton Keynes

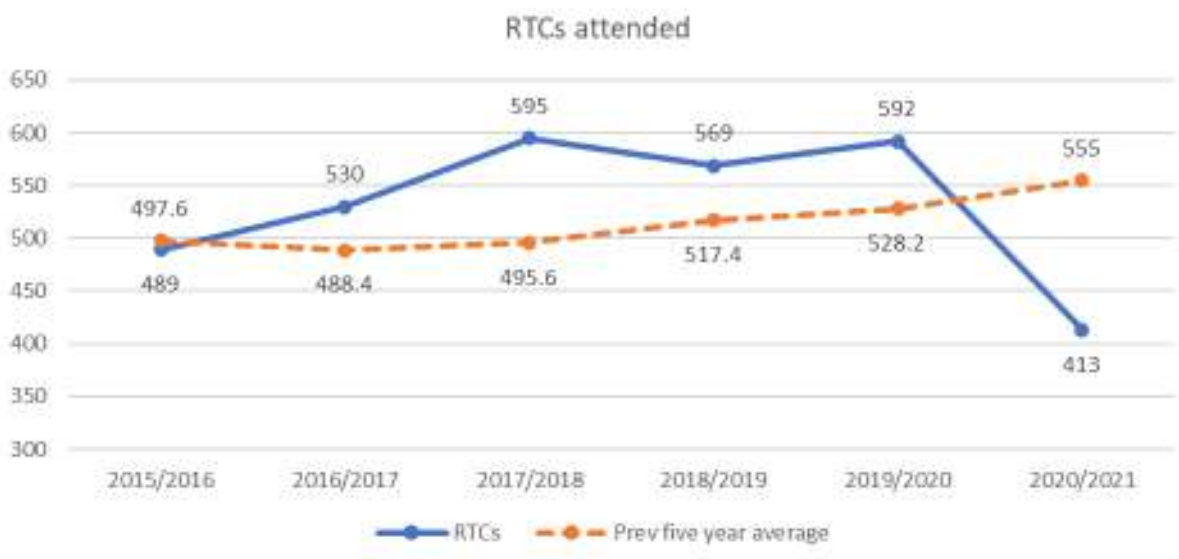
Making Buckinghamshire and Milton Keynes the safest areas in England in which to travel.



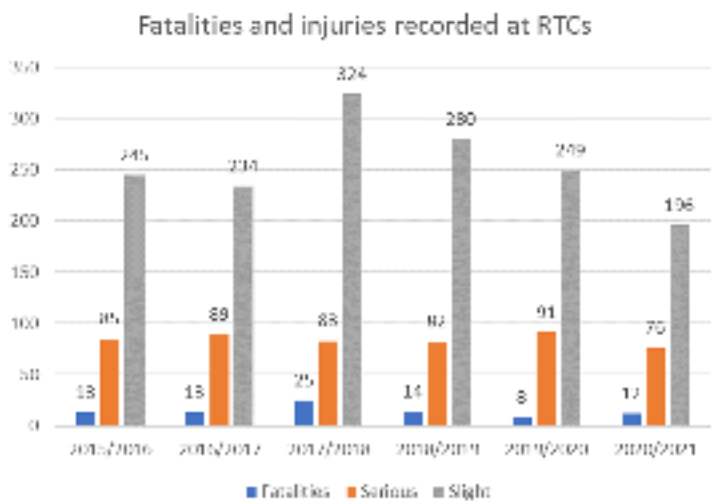


TRAVEL

Road Traffic Collisions (RTCs) – the number of RTCs attended by BFRS decreased by 30% compared with 2019/2020 and 26% compared with the previous five year average. Injuries also reduced, 25% fewer than 2019/2020. However, the number of fatalities in 2020/2021 only saw a reduction of 18% compared with the previous five year average, and an increase of 50% when compared with 2019/2020.



The chart below details the number of fatalities and injuries recorded at RTC's in Buckinghamshire and Milton Keynes. Further to the numbers detailed in the chart, crews also dealt with 114 minor injuries at RTCs during 2020/2021.

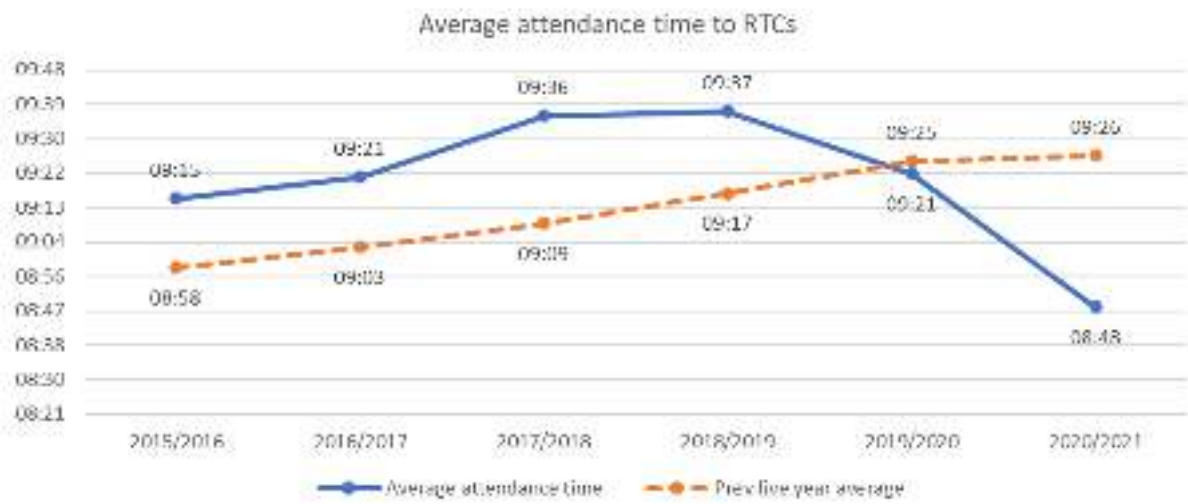


- **Serious** - Casualty went to hospital, injuries appear to be serious
- **Slight** - Casualty went to hospital, injuries appear to be slight



TRAVEL

The table below shows the average attendance times to RTCs within Buckinghamshire and Milton Keynes.



The figures below show the number of accidental vehicle fires BFRS attended (that were not related to an RTC). The number has remained consistent since incident reporting changed in 2009.





Within the community

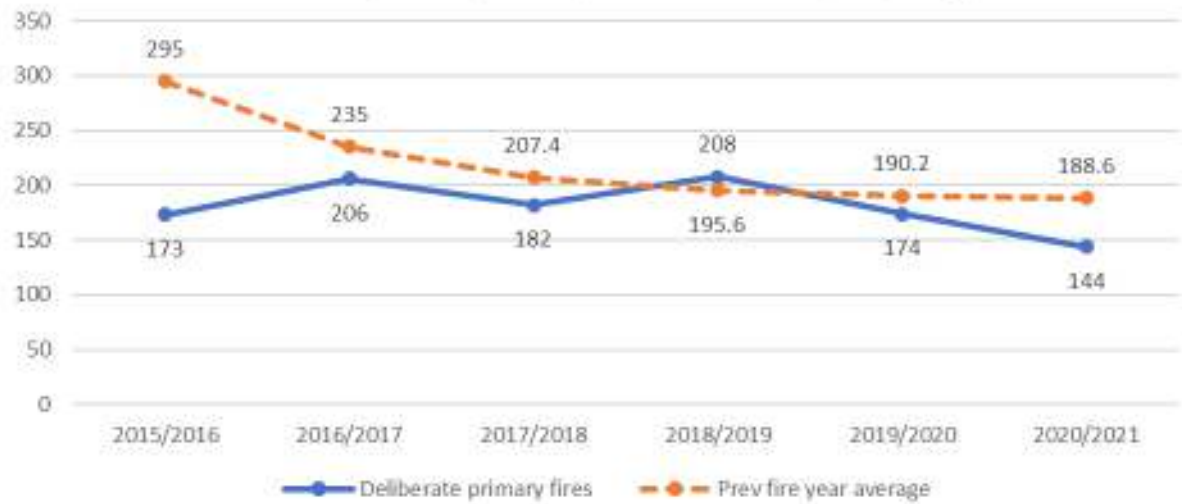




COMMUNITY

The number of **deliberate primary fires** (to other people’s property) continued to reduce, 24% compared with the previous five year average. For the first time since incident data collection changed in 2009, cars were not the highest property type for these incident types. Grassland, woodland and crops saw two more incidents attended compared with cars.

Deliberate primary fires (someone else's property)



| | 2015/2016 | 2016/2017 | 2017/2018 | 2018/2019 | 2019/2020 | 2020/2021 | Total |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-------|
| Car | 40 | 67 | 43 | 47 | 43 | 35 | 275 |
| Non Residential | 29 | 38 | 35 | 40 | 35 | 16 | 193 |
| Grassland, woodland and crops | 20 | 18 | 20 | 32 | 29 | 37 | 156 |
| Dwelling | 29 | 16 | 21 | 21 | 11 | 13 | 111 |
| Outdoor structures | 15 | 13 | 25 | 22 | 17 | 11 | 103 |
| Motorcycle | 13 | 15 | 8 | 16 | 12 | 6 | 70 |
| Van | 8 | 15 | 8 | 9 | 9 | 11 | 60 |
| Multiple Vehicles | 9 | 7 | 8 | 6 | 4 | 6 | 40 |
| Outdoor equipment and machinery | 3 | 1 | 3 | 4 | 2 | 3 | 16 |
| Other | | 3 | 1 | 3 | 4 | 1 | 12 |
| Caravan unspecified | 2 | 3 | 4 | 1 | | | 10 |
| Lorry/HGV | | 2 | | | 3 | 2 | 7 |
| Bicycle | 1 | 1 | 1 | 1 | 2 | | 6 |
| Other Residential | 2 | 2 | 2 | | | | 6 |
| Towing caravan elsewhere (not on tow) | | | 1 | 2 | 1 | 1 | 5 |
| Minibus | | 2 | 1 | 1 | | | 4 |
| Trailers - Trailer unit (not attached to tractor) | | | | 2 | | 2 | 4 |
| Agricultural | 1 | | | 1 | 1 | | 3 |
| Boats | | 2 | | | | | 2 |
| Motor Home | 1 | | 1 | | | | 2 |
| Other outdoors (including land) | | 1 | | | 1 | | 2 |
| Total | 173 | 206 | 182 | 208 | 174 | 144 | 1087 |

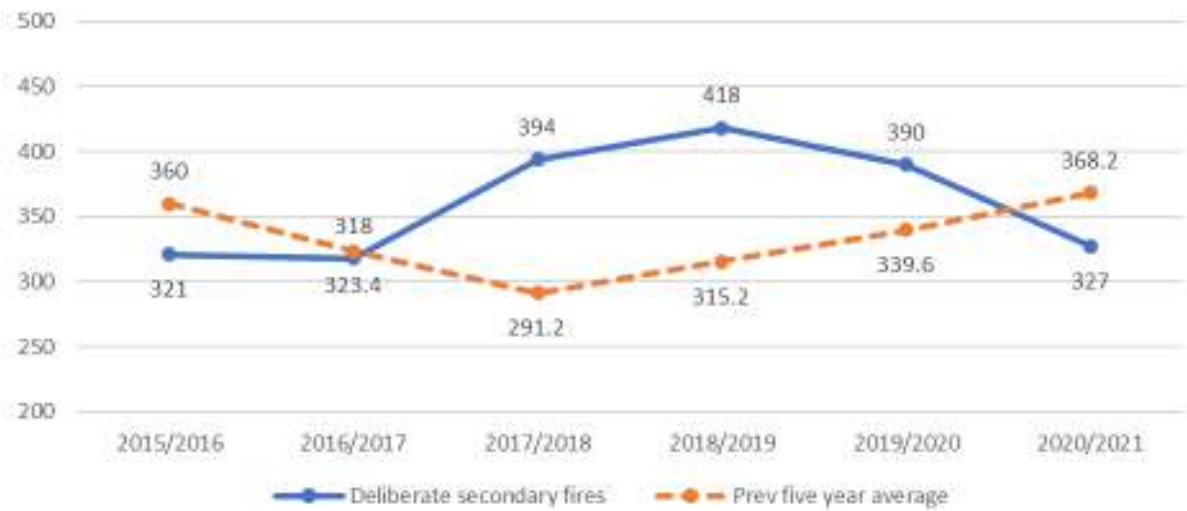
The definitions for deliberate, primary and secondary fires can be found in the glossary section at the end of this report.



COMMUNITY

The number of **deliberate secondary fires** (to other people’s property) in 2020/2021 continued to show improvement and fell below the average of the previous five years.

Deliberate secondary fires (someone else's property)



| | 2015/2016 | 2016/2017 | 2017/2018 | 2018/2019 | 2019/2020 | 2020/2021 | Total |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-------|
| Other outdoors (including land) | 126 | 132 | 200 | 158 | 136 | 118 | 870 |
| Grassland, woodland and crops | 96 | 68 | 90 | 130 | 147 | 126 | 657 |
| Outdoor structures | 83 | 92 | 88 | 99 | 83 | 53 | 498 |
| Non Residential | 2 | 11 | 8 | 16 | 5 | 9 | 51 |
| Car | 5 | 3 | 2 | 2 | 5 | 6 | 23 |
| Dwelling | 4 | 4 | | 3 | 6 | 1 | 18 |
| Caravan unspecified | 2 | 4 | 1 | 1 | 1 | 2 | 11 |
| Motorcycle | 1 | | 2 | 2 | 1 | 3 | 9 |
| Outdoor equipment and machinery | 1 | 3 | 1 | 2 | 1 | | 8 |
| Van | | | 1 | 3 | 1 | 3 | 8 |
| Towing caravan elsewhere (not on tow) | 1 | | | | 2 | 3 | 6 |
| Caravan on tow | | 1 | | | 1 | | 2 |
| Lorry/HGV | | | | 1 | | 1 | 2 |
| Other Residential | | | | | 1 | 1 | 2 |
| Multiple Vehicles | | | | 1 | | | 1 |
| Other | | | 1 | | | | 1 |
| Trailers - Trailer unit (not attached to tractor) | | | | | | 1 | 1 |
| Total | 321 | 318 | 394 | 418 | 390 | 327 | 2168 |

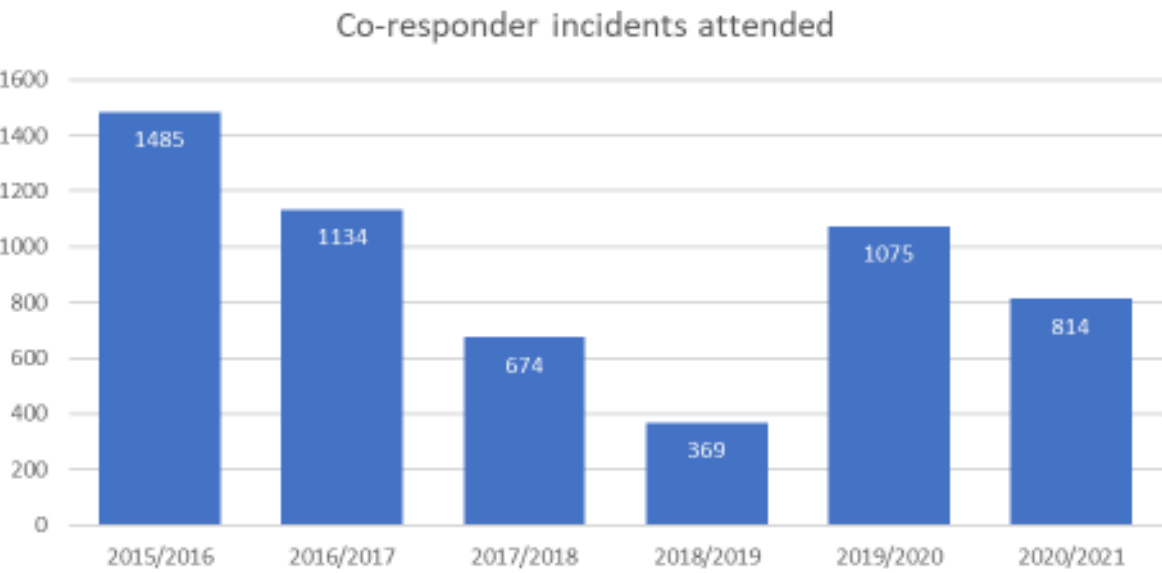
The definitions for deliberate, primary and secondary fires can be found in the glossary section at the end of this report.



COMMUNITY

In 2020/2021 BFRS [co-responders](#) attended 814 incidents within Buckinghamshire and Milton Keynes.

While most calls are to people’s homes, co-responders also attend incidents in other locations, such as nursing homes.



| | 2015/2016 | 2016/2017 | 2017/2018 | 2018/2019 | 2019/2020 | 2020/2021 |
|-------------------|-----------|-----------|-----------|-----------|-----------|-----------|
| Dwelling | 1113 | 884 | 500 | 254 | 817 | 664 |
| Non Residential | 161 | 104 | 77 | 36 | 106 | 30 |
| Other Residential | 118 | 79 | 60 | 51 | 78 | 60 |
| Other | 93 | 67 | 37 | 28 | 74 | 60 |
| Total | 1485 | 1134 | 674 | 369 | 1075 | 814 |



Glossary

Accidental fires include those where the fire was ignited by accident or the cause was not known or unspecified.

Chimney fires are reportable fires at occupied buildings where the fire was confined within the chimney structure and did not involve casualties or rescues and was not attended by 5 or more appliances.

Deliberate fires include those where deliberate ignition is merely suspected.

Dwellings are defined as buildings occupied by households, excluding hotels, hostels and residential institutions.

False Alarms are events in which the Fire and Rescue service was called to a reported fire which turned out not to exist. False alarms are categorised as follows:

Malicious False Alarms are calls made with the intention of getting the fire and rescue service to attend a non-existent fire-related event, including deliberate and suspected malicious intentions.

Good Intent False Alarms are calls made in good faith in the belief that the fire and rescue service really would attend a fire.

Primary fires include all reportable fires at non-derelict buildings, vehicles and outdoor structures or any fire involving casualties, rescues, or fires attended by five or more appliances.

Secondary fires are the majority of outdoor fires including grassland and refuse fires unless they involve casualties or rescues, property loss or five or more appliances attend. They include fires at single derelict buildings. They are reported in less detail than other fires and consequently less information concerning them is available.

Special Service Incidents - Non-fire incidents which require the attendance of an appliance or officer and include:

- (a) Local emergencies e.g. road traffic incidents, rescue of persons, 'making safe' etc;
- (b) Major disasters;
- (c) Domestic incidents e.g. water leaks, persons locked in or out etc;
- (d) Prior arrangements to attend incidents, which may include some provision of advice and inspections.

Co responders – these are firefighters who also respond to ambulance calls. The aim of a co-responder is to preserve life until the arrival of either an ambulance or a response vehicle from the NHS ambulance service.

CONTACT US

Buckinghamshire Fire & Rescue Service, Fire Brigade
Headquarters, Stocklake, Aylesbury HP20 1BD
999 in an emergency only
01296 744400 (Monday to Friday 8am to 4pm)

Fire safety in the workplace

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AVDC-CDC-Fire-Safety@bucksfire.gov.uk

Wycombe/South Bucks: 01628 470640
WDC-SBDCfiresafety@bucksfire.gov.uk

Milton Keynes: 01908 236413
MiltonKeynesFireSafety@bucksfire.gov.uk

Fire safety in the home

01296 744477
centraladmin@bucksfire.gov.uk

Educational visits or talks

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Communication and media

01296 744443 / 01296 744445
cteam@bucksfire.gov.uk

Recruitment

eshelpdesk@bucksfire.gov.uk

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Facebook: www.facebook.com/Bucksfire/
Twitter: www.twitter.com/Bucksfire



Buckinghamshire
FIRE & RESCUE SERVICE
we save lives



Buckinghamshire & Milton Keynes Fire Authority

Meeting and date: Overview and Audit Committee, 10 November 2021

Report title: Operational Assurance Improvement Plan

Lead Member: Councillor Steven Lambert

Report sponsor: AC Calum Bell, Head of Protection, Assurance and Development

Author and contact: GC Shaun Cunningham, scunningham@bucksfire.gov.uk

Action: Noting

Recommendations: That the progress made against each improvement detailed within the updated OAIP is noted.

Executive summary:

The purpose of this report is to provide an update on the progress that continues to be made, with regard to the delivery of the Service's approved Operational Assurance Improvement Plan (OAIP).

The OAIP is a dynamic document, used to enhance the Service's ability to capture, scrutinise and respond to operational learning originating from events such as operational debriefs and Learning Review of Command (LRC) which are now customary for all notable incidents, assurance visits and external reviews, such as the Grenfell enquiry.

The internal approach towards how the Service now gathers and assess learning from operational activity, has better enabled it to effectively identify emerging issues and then implement practical and corrective solutions, in order to enhance operational performance.

The Service had been trialling an electronic monitoring system, the trial has now ended, and the contract with Effective Command has ended. The Operational Assurance Team have built an Incident monitoring and feedback form which is now being trialled by monitoring officers.

The main areas of focus for the OAIP continue to be operational learning from incidents and this is not limited to just those that Buckinghamshire Fire and Rescue Service (BFRS) has attended. As part of the Joint Emergency Services Interoperability Programme (JESIP) information is shared across all CAT 1 and 2 Responders through the Joint Operational Learning (JOL) portal and via the National Fire Chiefs Council (NFCC) the Service can access and share "Learning Events" through the National Operational Learning (NOL) framework.

Most recently, BFRS has completed a number of High-rise exercises including a large-scale exercise at the Fire Service College, recommendations from these are currently being actioned. Good progress continues to be made with the work

and actions produced from the Grenfell Tower Inquiry and the project lead will provide further detail.

The OAIP is reviewed by the Operational Assurance Group (OAG), an agenda item is to re-visit archived recommendations of interest to confirm actions, as a consequence of the OAG held 26/05/2021 three recommendations were returned to the live OAIP to be reviewed, these are currently now showing as “in progress” with an expectation to close them at the next OAG.

Financial implications:

There are no direct financial implications associated with this report, as all expenditure is contained within existing budgets. The trial for the electronic monitoring system is now complete and the cost was £2,950 for two trial periods of 6 months.

Risk management:

Delivery of the OAIP will contribute towards ensuring the Service’s operational safe systems of work are continuously improved to conform to the latest safety standards and are efficient, effective and responsive to significant changes in the external or internal environments.

Failure to deliver the OAIP could expose:

- the Service, its personnel and the public to operational, health and safety risks;
- Buckinghamshire & Milton Keynes Fire Authority (BMKFA) to reputational and / or financial risks.

The OAIP will inform the ongoing development of the operational workforce plan particularly in relation to areas such as maintenance of operational skills, acquisition training and assessment.

Legal implications:

There are no negative legal implications associated with this report.

Privacy and security implications:

The OAIP does not raise any privacy or security issues.

Duty to collaborate:

Although the Authority has committed to a default position of collaboration with Thames Valley Fire and Rescue Authorities (FRAs). The OAIP relates specifically to BFRS operational activity, however any opportunity to collaborate will be explored, as will the sharing of any identified operational learning.

Health and safety implications:

There are no negative implications on health and safety associated with this report. The delivery of the OAIP will continue to promote and enhance the existing health and safety culture within the Service.

Environmental implications:

Delivery of the OAIP will enhance the Service’s ability to identify and manage potential environmental hazards in both the internal and external surroundings.

Equality, diversity, and inclusion implications:

No immediate issues identified in relation to the OAIP, however, IIAs and DPIAs will be completed for any changes that result from any subsequent activity, where there is the potential for equality, diversity and privacy issues to arise.

Consultation and communication:

Learning from operational activity or recommendations following debrief and assurance visits are routinely published and communicated to all staff, utilising either the Intranet or Operational Assurance newsletter. This approach is intended to ensure there is a clear understanding and appreciation of the collective responsibility there is toward continuous improvement in respect to operational performance.

From a monitoring and reporting perspective, the Head of Protection, Assurance and Development leads on the improvement plan and is chair of the Operational Assurance Group (OAG).

The Head of Operational Training and Assurance has responsibility for delivering the OAIP in conjunction with the OA team.


Background papers:

Overview and Audit Committee: 17 March 2021 (item 14)




<https://bucksfire.gov.uk/documents/2021/03/oa-item-14.pdf/>

| Appendix | Title | Protective Marking |
|----------|--|--------------------|
| 1 | Operational Assurance Improvement Plan | |


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| Ref | Report Title | Section | Recommendation | Action | Priority | Lead Officer | Lead Dept | Start date (Authorised by OAG) | Delivery Date | RAG | Progress & Issues Report | Status |
|---|---|--|-----------------------|---|----------|--------------|-----------------|--------------------------------|---------------|--------|--|-------------|
| | | | | | H/M/L | Resp. | | | | Status | | |
| ROA3 | Review of Operational Arrangements  | Element 18, 19, 20, 21, 22, 23, 24, 25,26, | Operational Assurance | Actions contained within recommendations table of report. | M | SCun / JN | Ops Assurance | 05/06/2019 | | | 18-Complete, 19.-Complete, 20.-Complete, 21.-Complete, 22.-Complete, 23.-Complete, 24 Open , 25. Complete, 26. Complete Revised quote received, Effective Command update to be presented at OAG by SC OA 26/05/2021 (JN 06/05/2021) OAG 26/5/2021 JN advised that whilst the 'K Lamb Associates' software provides a highly effective command system it does not meet the broader requirements of an active monitoring system and that it has therefore been necessary to maintain the existing paper based / spreadsheet / email process in parallel during the pilot. It was therefore agreed that: <ul style="list-style-type: none">the pilot for this be terminated with the proviso that a check be carried out to ensure that this can be done free of any contractual obligations to K Lamb Associates -> JN: pilot terminated free of contractual obligationswe fully revert to reliance on the current paper based process;other options for providing an active monitoring system be explored e.g. MS365 (also JN to liaise with Steve Leonard at RBFRS who has been involved in procuring / developing similar); -> JN: see belowSC to liaise with Finance to establish any implications of the above for the £40k funding provision set aside for the system over the next four years -> 27/08/2021SC: no financial implications, £10,000 allocated to ICT for effective command, to be re-allocatedDetails to be confirmed and provided to CB who will brief SMT in advance of any new proposal being submitted -> 03/09/2021 JN: MS Forms documents (monitoring and feedback report forms) have been edited following feedback from user groups. This is zero cost as it is part of our existing MS365 licence to be presented at OAG 08/09/2021Baising with Emily Hilling regarding the branding;Breparation of supporting guidance on completing the forms; | In-Progress |
| OAL report November 2019 Arrangements for incidents involving high-rise procedures and initial command support (consolidated actions) | | | | | | | | | | | | |
| 1 | OAL report 2019 | High-rise | R1 & R2 | OIN-TV-619 Fires in Tall Buildings now published to replace TOG. This will be split into the following OINs: Fires in tall buildings, Evacuation of complex buildings, Wind driven fires, FSG. | M | ST | Response Policy | 30/09/2020 | | | These are written, but need to go through consultation and approval processes (ST 20/09/2020) Consultation ends 6th November, with a view to approve @ PSG 19th November, published ASAP after this. Liaison with TVFCS ongoing for Evacuation and FSG documents (DT 13/10/2020). OINS Published: Fires in tall buildings, Wind driven fires, Evacuation and rescue Complete- Close (ST 07/12/20) | Complete |
| | | | R3 | BFRS to review contingency storage of risk information, as vision does not support the downloading of large quantities of information. Consider removing risk information from the tip sheet and making this information available on RD. | M | ST | Response Policy | 30/09/2020 | | | Risk information is backed up by Vision, with a review beginning to ensure this is relevant and effective. Over the border information stored and shared on RD (DT 13/10/2020). The Operational Risk Information Assistant has been tasked to cleanse unnecessary data from the Vision system in liaison with stations reviewing risks. Vision has been the duplicate platform for risk information for many years, so should be able to store and transmit the information as it always has. Detailed risk information is shared across border via Resilience Direct (ST 01/12/2020). | Complete |
| | | | R4 | BFRS to consult with TVFCS and have an agreed SSRI template which can assist mobilising officers | M | ST | Response Policy | 30/09/2020 | | | Liaison with TVFCS on template, inputting into implementation of new SSRI module within PRM. This is being worked regionally to ensure an aligned approach (DT 13/10/2020). Work continues to bring an aligned methodology and risk information template together across the Thames Valley. Oxfordshire and Buckinghamshire have developed similar methodology, which includes the same risk information. Consulting with TVFCS to ascertain the value of this information to the mobilising officer. (ST 07/03/2021) Have consulted with Simon Harris – Mobilising officer does not require access to the full risk information on an agreed template, however risk information has been made available via Resilience Direct mapping and can be opened up to TVFCS staff if they require it. (ST 06/05/2021) OAG 26/5/2021 – feedback awaited from SHa on mapping tool. However, action can be marked as complete given no requirement for mobilising officer to have access to SSRI template. | Complete |

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| | | | R5, R6, R9 | A full training package and programme should be developed with the new SSRI system to ensure all staff are aware how to complete SSRI audits, upload the information and complete site exercising. | M | SH | Response Policy | 30/09/2020 | | | This will be actioned once the new module is being trialled, ready for implementation (DT 13/10/2020). Active are still building the test platform/database- training will take place as part of the roll out in 2021-22. (ST 07/03/2021) No further update. Active still building platform. Training will be provided as part of the new SSRI database rollout (ST 06/05/2021) OAG 26/5/2021 – keep open pending roll-out of SSRI database training. 02/09/2021 SH: training package is being built with the expectation the system will be live by April 2022 08/09/2021 SH: System will be piloted with 3 stations during October / November with a view to roll out to all stations by April 2022. | In-progress |
| 2 | | | R8 | Ensure high-rise procedural information and training packages are easily accessible | M | ST | Response Policy | 30/09/2020 | | | The intranet has become easier to use in the past 6 months with the use of #. Navigation of NOG takes practice (ST 20/09/2020). | Complete |
| 3 | | | R5, R9 | Operational Assurance to promote high-rise exercising as part of the exercise programme and to look to carryout Service level exercises within Service or at the Fire Service College. To include themes of stay put to full building evacuation. | M | JN | Operational Assurance | 30/09/2020 | | | OAT Watch Commander tasked with finding suitable venues. Operational Training manger also in discussion with FSC about holding high Rise exercise there (SG 03/12/2020). The first exercise to look at the instigation and set up of high rise procedures is planned for High Wycombe on the 26/04/2021 (SG 17/03/2021). A simulated High Rise exercise was conducted by HWYC crews at the Eden Centre on the 27/04/2021; WAS conducted a High Rise exercise at the Jurys Inn on 12/05/2021; SC Operational Training has arranged a High Rise exercise at FSC on the 19/06/2021, OAT have/ will be in attendance at all exercises, feedback will be collated and a thematic review conducted. OAT are encouraging Operational Staff to consider high rise scenario planning as part of the ongoing exercise programme (JN 19/05/2021) OAG 26/5/2021 Recommendation to consolidate all high-rise exercise related actions into one. Also ensure that all learning from planned exercises is captured cumulatively to inform future exercise planning and debriefing. 03/09/2021 JN: LRC Stephenson House, Ex Eden High-Rise, Ex Nakatomi, Ex Hyatt Regency recommendations provided to OAG for review at meeting 08/09/2021. 08/09/2021 CB: asked that all of the key lessons identified from recent high-rise incidents and exercises be consolidated and reported back to the January OAG meeting for discussion and consideration of further steps required to embed within operational procedures and practice. It was also confirmed that TVLRF has not been included within the scope of the recent high-rise exercise conducted at the FSC. Suzanne (SC) to liaise with Phill Mould and Shaun Cunningham (SCun) regarding potential to include TVLRF within scope of future exercise plans and then liaise with Ben Axelson as required. | In-progress |
| 4 | | | R7 | Discuss with GC TVFCS how risk critical information is passed from TVFCS to the Incident Commander and is there a formal process for this. | M | Scun | GC Training & Assurance | 30/09/2020 | | | The requirement to pass information to crews is contained within our Fire Survival Guidance training and supporting documentation (SH 21/09/2020). | Complete |
| 5 | | | R9, R10 | Discuss with Fire Service College the introduction of high-rise scenarios into L2 incident command re-validation both in Group discussion and as part of the assessed scenario | M | DG | Operational training | 30/09/2020 | | | I have asked for High rise exercise's to be added on the re-qualification for all level 2 incident commanders (DG 02/12/2020). The FSC has a High Rise scenario that they can use as one of the scenarios for recertification course (AB 16/03/2021) Following a conversation with the FSC, this has been actioned. The request for a Highrise scenario to be added to future level 2 will start with the next refreshers. (DG 06/05/2021) 26/5/2021 OAG - remain open to ensure exercise scenario is 'fit for purpose' - await feedback from next L2 refresher. 02/09/2021 DG: feedback has been requested from latest L2 refresher delegates, awaiting response. | In-Progress |
| 6 | | Command Support | R12, R14 | Produce and deliver a Command Support training package to all operational crews | M | JN | Operational training | 30/09/2020 | | | The draft Command Support was presented to OAT on the 30/09/2020. Following amendments, this will be rolled out in January 2021 (SG 17/09/2020). The Command Support package is now being rolled out and is expected to be complete by end of April 2021. (SG 07/03/2021). The Command Support package has been rolled out, the last presentation was on the 11 May, this item is now complete - CLOSE (JN 11/05/2021) OAG 26/05/2021 – confirmed as complete. | Complete |
| 6 | | | R13 | Produce an Operational Assurance newsletter article promoting the Decision Control Process for L1 commanders | L | JN | Operational Assurance | 30/09/2020 | | | Article published in the Sept/Oct newsletter (SG 03/12/2020) | Complete |
| 7 | | | R14 | Develop an Incident Command Unit training package, as part of the Incident Command Support Review | M | ST | Response Policy | 30/09/2020 | | | Incident Command Support Review now in the Corporate plan to be carried out over the next 2 years. Training will form a main objective of this project (DT 13/10/2020). | Complete |
| High Rise (LRC Stephenson House; Ex Eden; Ex Nakatomi consolidated actions) | | | | | | | | | | | | |

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| <div> <div>Stephenson House</div> <div>Ex Eden</div> <div>Ex Nakatomi</div> <div>    </div> </div> | High-Rise | R1 SSRI | Review of High-Rise SSRI database to confirm if information regarding siting and reach of the TTL is recorded within. Review question set to ensure that siting and reach of TTL is assessed and recorded. | M | SH | Response Policy | 08/09/2021 | | | SH to share TTL siting / reach information with Kevin Dell. New SSRI database has access, siting and location information to include siting plans. Training package will mention TTL siting. | In-Progress |
| | | R2 Sector Roles/Responsibilities | Commanders to be reminded that they should stay within their sector locations and are familiar with expected roles and responsibilities. Review available information for each High-Rise Sector Commander role update/publish/standardise relevant operational information notes relating to sectorisation, cross reference in station improvement plans. | M | SH/Scu | Response Policy/GC Training & Assurance | 08/09/2021 | | | High-Rise training/exercises to be carried out regularly to monitor and improve - SCU Review of available information - SH This is linked to Grenfell recommendation 41 High-Rise improvement plan - self assessment received, Territorial GCs North and South, audits to be carried out. | In-Progress |
| | | R3 ICS | Commanders to be reminded of the requirement to wear the correct tabard and inserts. | M | JN | Operational Assurance | 08/09/2021 | | | Follow up article in OAT newsletter. | In-Progress |
| | | R4 Waste | Commanders to be reminded of the responsibility to remove waste produced as a result of FRS activities. | M | JN | Operational Assurance | 08/09/2021 | | | Follow up article published in JUN-JUL 2021 OAT newsletter | Complete |
| | | R5 EPO | Discussion with TVFCS to clarify which EPO needs to be contacted for each geographical area. Confirmation of EPO details held. Establish roles and responsibilities through discussion with MK/Bucks EPO liaison. | M | BA | GC Resourcing | 08/09/2021 | | | SHa / JN / SC to liaise regarding information currently held by TVFCS to ensure that it is correct and up-to-date. | In-Progress |
| | | R6 H-R Procedures | Commanders and crews should have necessary situational awareness/familiarity with/able to adapt High-Rise procedures to suit incident. | M | SCu | GC Training & Assurance | 08/09/2021 | | | High-Rise training/exercises to be carried out regularly to monitor and improve. Training Dept. sessions at the Gables. Next T&A FSC exercises 16/17 November planned to be multi-agency/TVFRS High-Rise exercises. | In-Progress |
| | | R7 Procedures 2/3 line attack | Review of current High-Rise training, procedures and the understanding of how they are implemented by operational crews and ensure guidance addresses mitigation of wind driven fire risk. | M | SCu | GC Training & Assurance | 08/09/2021 | | | High-Rise training/exercises to be carried out regularly to monitor and improve. Training Dept. sessions at the Gables. Next T&A FSC exercises 16/17 November planned to be multi-agency/TVFRS High-Rise exercises. | In-Progress |
| | | R8 ARAs | H&S to liaise with OAT after reviewing ARAs from incidents. Refresh/discussion of OAT ARA presentation when on stations/add ARA presentation to HEAT/follow up OAT newsletter article and quiz to confirm learning. | M | JN | Operational Assurance | 08/09/2021 | | | JN / CB to have follow-up meeting to review underlying issues with ARA non-completion. ARA thematic quiz to be released by OAT. | In-Progress |

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| | | | R9 Communications | Remind all of the importance of having a communications strategy in place especially at larger, more complex incidents. Commanders to be familiar with radio equipment and procedures of neighbouring Services/other agencies and use of multi-agency talk groups/Airwave Tac-Ads. | M | SH | Response Policy | 08/09/2021 | | | Work ongoing by Technical Department to publish TVOB - SH to report on progress. Follow up article in OAT newsletter. New cadre of Airwave Tac-Ads being investigated by GC Thames Valley. | In-Progress |
| | | | R10 ICS/ICU | Prepopulate the ICU white boards with headings, PLAN, OTHERS, HAZARDS etc... Confirm whether appropriate training given to the ICU crew. | M | SH | Response Policy | 08/09/2021 | | | Ongoing review of Command Support function and Incident Command Unit - SH to report on progress. | In-Progress |
| | | | R11 Safety Observer role | The Safety Observer (SO), once nominated, must conduct and maintain specific external fire condition monitoring - review available information for the SO role/update/publish. Promote the role and difference between safety observer and safety officer, – recommendations are also applicable to other incident types. | M | SH | Response Policy | 08/09/2021 | | | Safety observer, safety officer, safety sector commander - OAT newsletter article. | In-Progress |
| | | | R12 ICS | Review of current High-Rise procedures and the understanding of how they are implemented by operational commanders. Commanders to ensure hand up of command occurs without compromising incident progression at critical times. | M | SCu | GC Training & Assurance | 08/09/2021 | | | High-Rise training/exercises to be carried out regularly to monitor and improve. Training Dept. sessions at the Gables. Next T&A FSC exercises 16/17 November planned to be multi-agency/TVFRS High-Rise exercises. | In-Progress |
| | | | R13 Loggist Trg | Provision of loggist training for commanders. Explore opportunity to standardise format across the Thames Valley FRS. | M | SCu / SH | GC Training & Assurance | 08/09/2021 | | | Loggist training secured, booked in for FDO training in the near future. Add to Command Support project - SH | In-Progress |
| | | | R14 H-R/ Grenfell | JN / DT liaise to identify synergies between high-rise and Grenfell project recommendations and consolidate into single plan and communications strategy. | M | DT / JN | Response Policy | 08/09/2021 | | | Meeting 12 OCT to discuss synergies. | In-Progress |
| | | | R15 Risk Register | SW to review risks associated with high-rise review findings and consider for inclusion in PRR Risk Register. | M | SW | AC Service Delivery | 08/09/2021 | | | | In-Progress |
| Exercise Celador | | | | | | | | | | | | |

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| <div>Ex Celador</div> <div></div> | Mass Casualty Ex | R3 Communications / BA Stage II | Promote BA comms strategy particularly when operating with 2 or more separate BAECPs. Review of how BA Stage II procedures are implemented by operational commanders. | M | SCu / DG | GC Training & Assurance | 08/09/2021 | | | Regular training/exercises to be carried out regularly to monitor and improve. | In-Progress |
| | | R4 2IC Roles / Responsibilities | Promote the importance of ICs giving clear briefing to include specific roles and responsibilities expected of commanders | M | SCu / JN | GC Training & Assurance | 08/09/2021 | | | Follow up article in OAT newsletter. | In-Progress |
| | | R5 Hose Management | Review training and reinforce the importance of managing firefighting media (Branch and Hose) for subsequent crew particularly in a BA environment. | M | SCu / DG | GC Training & Assurance | 08/09/2021 | | | Regular training/exercises to be carried out regularly to monitor and improve. | In-Progress |
| | | R6 Debriefing BA crews | Promote the importance of receiving critical information from exiting BA teams. More efficient use of BA debriefs. Follow up article in OAT newsletter. | M | SCu / JN | Operational Assurance | 08/09/2021 | | | Follow up article in OAT newsletter. | In-Progress |
| | | Grenfell Gap analysis (Grenfell project programme) | | | | | | | | | |
| 41 | Grenfell project programme | All | Recommendation | OAIP will hold an overview of all actions contained within the Grenfell Project Programme | M | DT | Response Policy | 08/12/2020 | As per Gap Analysis | <div>1 In-progress17 In-progress32 In-progress</div> <div>2 In-progress18 Complete33 Prepared for change</div> <div>3 In-progress19 In-progress34 Complete</div> <div>4 In-progress20 In-progress35 Prepared for change</div> <div>5 In-progress21 In-progress36 In-progress</div> <div>6 In-progress22 In-progress37 In-progress</div> <div>7 Complete23 Complete38 In-progress</div> <div>8 In-progress24 Complete39 In-progress</div> <div>9 In-progress25 In-progress40 Complete</div> <div>10 In-progress26 Complete41 Complete</div> <div>11 In-progress27 In-progress42 Complete</div> <div>12 Complete28 Complete43 Complete</div> <div>13 Complete29 In-progress44 In-progress</div> <div>14 In-progress30 Prepared for change45 Complete</div> <div>15 Complete31 In-progress46 In-progress</div> <div>16 In-progress</div> <div>KEY-Prepared for change =BFRS is ready to change procedure/policy however has to wait for external change first i.e. legislation</div> <div>OAG 26/5/2021 - SC / DT to liaise re: alignment of reporting for Overview & Audit meetings. 31/08/2021 DT: Not yet complete</div> <div>08/09/2021 DT: annual leave and BA project commitments have slowed progress over the summer period. However, DT would liaise with Phill Mould to provide CB with forecast completion dates for the actionable elements of the programme (i.e. those not dependent on future changes to legislation).</div> | In-Progress |
| Kerslake Gap Analysis Report | | | | | | | | | | | |

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| KR1 | Kerslake Report Gap Analysis  | Elements 1, 4, 6, 8, 11, 12, 14, 15, 16, 30 | Multi-Agency working, including JESIP. | It was agreed that our current policy in relation to the adoption of JOP4 is unclear and that this should be referred the Head of Service Delivery for further consideration. | M | SCu/ SH | Ops Training & Assurance | | | <p>11\12\2018 – Currently no progress made. (SW)</p> <p>As discussed at the OAG held on the 13 December 2018, the review of JOP4 and ballistic protection for NILOs has been deferred, pending the outcome of a Home Office review of policy in relation to the declaration of operation 'Plato' for terrorist incidents not involving the use of firearms (SW 11/02/19)</p> <p>22\3\2019 - Recent JOL action note entitled: Marauding Terrorist Attack Joint Operating Principles for the Emergency Services Edition 1 (MTA JOPs) requests that responding agencies ensure relevant staff have an understanding of the above principles in order to provide an efficient response and reduce risk to members of the public and staff to as low as reasonably practicable. An update on progress is required by 15 April 2019 (SW).</p> <p>07\5\2019 – eLearning package being developed, awaiting version created by OFRS to be shared (SW).</p> <p>No further updates (SW 16/07/19)</p> <p>20\11\2019 - The Marauding Terrorist Attack (MTA) training package is now available on HEAT. This is a mandatory training package for all Operational Staff and is protectively marked OFFICIAL - SENSITIVE. The number of operational staff who have currently completed the training package is 162, leaving 181 outstanding. A reminder will be included within the next OA newsletter (SW).</p> <p>29\1\2020 – The number of completions have increased slightly to 198, however there continues to be a significant number that remain outstanding (SW).</p> <p>12/05/2020- This will now form part of the Station Audit plan, for looking at a wider piece of work for all mandatory reading (SH 12/05/2020)</p> <p>26/5/2021 OAG Kerslake review: action to be re-opened.</p> <p>- SC / JN to audit actions to confirm whether complete or if further work is required to embed. Also: reflect that we are now working to JOPS 2 and not 4; issue JOPS 2 package alongside relevant OIN to all operational personnel clarifying where local practice differs from national guidance, followed by OAT Heat quiz to verify understanding of procedures / guidance and degree of take-up; -></p> <p>27/08/2021 SCu: Latest JOP – MTA added to HEAT as mandatory read, follow up quiz went live beginning of September, wouldn't post earlier due to Annual leave.</p> <p>- Consider whether all OINs should, in future, be mandatory reads – DTJM to follow up with SC, CB, and SW with a view to making a recommendation re: this to the next OAG meeting (8 September).</p> <p>02/09/2021 SH: technically feasible, however still in discussion to decide the most suitable way forward.</p> | In-progress |
| KR3 | Kerslake Report Gap Analysis | Element 17 | Media | • Media – it was agreed that the recommendation that Level 2 Commanders be given media training be extended to include consideration of levels 3 & 4 within its scope. | L | SCu | Ops Training & Assurance | | | <p>11\12\2018 – Media training to be included within the TNA submission for the period 2019\20. (SW)</p> <p>11\2\2019 – TNA documentation recently sent to managers, returns required by 8 March 2019 (SW).</p> <p>22\3\2019 – Media training captured within TNA submission, next Training Strategy Group meeting is due 10 April 2019 and will involve agreement and approval of the 2019\20 Annual Training Plan (SW).</p> <p>07\5\2019 – TNA for 2019\20 will be signed off during the meeting being held on the 24 May 2019 (SW).</p> <p>Media Training, on-going transferred to TSG (OAG 05/06/2019)</p> <p>26/5/2021 OAG Kerslake review: (Media Training) - Although requirements for this have been included in the TNA submission to TSG, no agreement has been reached as yet as to priority and potential funding, pending outcome of review of broader media training requirements provision.</p> <p>27/08/2021 SCu: No progress made on this, to be raised at next TSG.</p> <p>08/09/2021 Referred to TSG for discussion / consideration.</p> | In-progress |
| KR4 | Kerslake Report Gap Analysis | Element 3, 5, 7, 11, 19,28, 29 | Communications | To liaise with TVFCS to ensure progression of this gap analysis and TVFCS gap analysis. | M | BA/ SHa | Resourcing and Projects | | | <p>On-going liaison (SG 06/02/2019)</p> <p>SH – Review has been started utilising the TV NILO Group. Suggestions have been received, but have not yet been agreed due to lack of full representation of all TV FRS at the TV NILO group meeting. GC Tuffley progressing this as part of Operational Alignment work (SH 09/05/2019)</p> <p>SH – Interoperability Comms between Control Rooms has now been addressed with TVP and tests are taking place, albeit not directly aligning to the JESIP recommendations. The review of system prompts is contingent on the completion of the activity in 2.1 (SH 09/05/2019)</p> <p>No further updates (SH 19/07/2019).</p> <p>All the items from my gap analysis are complete, or have a planned completion date (SH 20/11/2019)</p> <p>26/5/2021 OAG Kerslake review: 'Communications' – revert status to 'open' until confirmation of Duty Officer testing arrangements from SHa.</p> <p>02/09/2021 SH: Presently sitting with TVFCS to establish most appropriate method of testing.</p> <p>08/09/2021 SHa advised that it had been agreed that tests would be undertaken on a weekly basis (11:00 on Sundays). Start date to be confirmed following consultation with SCAS and TVP.</p> | In-progress |
| Official Sensitive - Restricted Circulation | | | | | | | | | | | |



Buckinghamshire & Milton Keynes Fire Authority

Meeting and date: Overview and Audit Committee, 10 November 2021

Report title: Grenfell Infrastructure Update (October 2021)

Lead Member: Councillor Lesley Clarke OBE

Report sponsor: Area Commander Calum Bell – Head of Protection and Assurance

Author and contact: Group Commander Steve Hawkins shawkins@bucksfire.gov.uk

Action: Noting

Recommendations: That the report be noted.

Executive summary:

This report outlines the progress that has and is currently being made by Buckinghamshire Fire and Rescue Service (BFRS) in response to the Grenfell Tower tragedy which took place on 14 June 2017. It highlights the extensive work being undertaken across the Service in response to the formal recommendations made by the Grenfell Tower Inquiry Phase 1 Report published on 30 October 2019.

The report reflects the transparent approach undertaken by each part of the service to see the improvements that need to be made following the Phase 1 Report recommendations. This in turn meets the recent requirement, in a letter from Lord Greenhalgh on 30 September 2021, about informing the local communities of the Service's progress in this area. This report also summarises the central support funding being made available to BFRS and how this is being used to assist in the development and implementation of new technologies to address the formal recommendations made in the Grenfell Tower Phase 1 Report published on 30 October 2019.

Financial implications:

BFRS has received specific allocations of grant funding to address the Phase 1 recommendations and separate cost centres have been created to ensure robust monitoring of expenditure and accurate reporting back to the Home Office through the NFCC.

Monitoring and reporting is undertaken by the Protection and Technical Group Commanders and is authorised by the Director of Finance and Assets.

Risk management:

Risks to the delivery of the Grenfell project are recorded, managed and monitored at a departmental level as indicated in the Corporate Risk Management Procedure. Risks can be escalated from the project register to the Protection and Assurance Risk Register or Corporate Risk Register as required.

A dedicated station Commander has been given the responsibility of monitoring BFRS progress against the recommendations made in the Phase 1 report and this is regularly reviewed and updated and reported through the Protection and Assurance Risk Register.

Legal implications:

Any legal implications are considered as the respective strands of this project are implemented.

Privacy and security implications:

There are no identified privacy issues or security implications and the implementation of the recommendations and the information in the Phase 1 Report are in the public domain.

Duty to collaborate:

Throughout the progression of this project there have been opportunities to collaborate with the other Thames Valley Fire and Rescue Services as well as with local authorities. This continues to take place and specific examples have been highlighted in Annex A Grenfell Infrastructure Update. This involves collaborative procedures and collaborative exercises.

Health and safety implications:

The imbedded practical application of the health and safety management policies and procedures ensure the Service's compliance is demonstrated and evidenced as it continues to implement the respective strands of the project.

Environmental implications:

The actions undertaken by the Service under the project heading of Grenfell are aiming to meet the recommendations as set out by the Home Office. Whilst considering this the project team is aware of the duty of the Service to consider the environmental impact of its activity. Environmental considerations form part of the procurement process and are considered throughout the way in which the Service undertakes training and transport when managing exercises.

Equality, diversity, and inclusion implications:

Equality, Diversity and Inclusion matters are considered routinely as each respective action is undertaken to meet the recommendations. Equality impact assessments are considered and undertaken where there is any perceived impact.

Consultation and communication:

Regular stakeholder engagement is achieved across BFRS through the dedicated project coordinator and also within the Grenfell project Group and involves a number of separate departments across the Service. This is highlighted through the Annex A report and the ongoing reports and progress are monitored and reported through the management processes and reporting line.

The paper is for noting and further updates will continue to come to O&A through the Head of Protection and Assurance via the Operational assurance Group and the Performance Monitoring Board.

Background papers:

[Phase 1 report - Grenfell Tower Inquiry.htm](#)

| Appendix | | Protective Marking |
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| 1 | Annex A – Grenfell Infrastructure Update (October 2021) | |

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Grenfell Infrastructure Update (October 2021)

Buckinghamshire Fire and Rescue Service Update
October 2021



Contents:

- 1. Executive Summary**
- 2. Introduction**
- 3. Response Activity**
- 4. Prevention Activity**
- 5. Protection Activity**
- 6. Operational Assurance and Training Department Activities**
- 7. Improvement Plan Following the Grenfell Tower Inquiry Phase 1 Report and a Look Forward to Phase 2**
- 8. Central Funding**
- 9. Collaboration and Alignment**
- 10. Conclusion**

1. Executive Summary

- 1.1 This report outlines the progress that has and is currently being made by Buckinghamshire Fire and Rescue Service (BFRS) in response to the Grenfell Tower tragedy which took place on 14 June 2017. It highlights the extensive work being undertaken across the Service in response to the formal recommendations made by the Grenfell Tower Inquiry Phase 1 Report published on 30 October 2019.
- 1.2 The report reflects the transparent approach undertaken by each part of the service to see the improvements that need to be made following the Phase 1 Report recommendations. This in turn meets the recent requirement, in a letter from Lord Greenhalgh on 30 September 2021, about informing the local communities of the Service's progress in this area. This report also summarises the central support funding being made available to BFRS and how this is being used to assist in the development and implementation of new technologies to address the formal recommendations made in the Grenfell Tower Phase 1 Report published on 30 October 2019.

2. Introduction

- 2.1 Grenfell was the most significant high-rise fire the Country has experienced in living memory. The resulting Public Inquiry is still on-going. Phase 1 established a factual narrative of events, highlighting the organisational learning for London Fire Brigade (LFB); Phase 2 is currently underway (having been delayed by the COVID pandemic) and is divided into eight modules which include how the construction of the Tower affected the fire on 14 June 2017.
- 2.2 As a result of the Grenfell Tower Fire, BFRS has undertaken a number of actions to enhance how it manages the risks associated with large, complex buildings. Since the publication of the Phase 1 report, it continues to work through the 46 recommendations to inform the evolving improvement plan.
- 2.3 BFRS have also taken the opportunity to collaboratively work with other services and agencies to review policy and procedures involving fires in high-rise buildings to review and assure how effectively it responds to these incidents. There are a number of projects and activities that were already taking place as part of the Service's improvement journey that reflect some of the lessons of Grenfell that also form part of the ongoing work.

3. Response Activity

- 3.1 The Technical Team has oversight of the Site-Specific Risk Information database, ensuring the Service's obligations under Section 7 (2) (d) of the fire and Rescue Services Act 2004, and has previously conducted a review

of all high-rise risks. This involved the Data and intelligence and Risk Information teams working together to identify all structures in Buckinghamshire and Milton Keynes over 18 metres and then cross referencing this with those buildings that are residential or commercial of six floors and over. This gives it the confidence to understand the high-rise in its area. These buildings are automatically given a high-risk status which ensures an annual review and visit from the local fire station which in turn results in the production of a tactical plan to assist crews to resolve any operational incidents on these sites. When completed, the risk information and plans are made available to all frontline appliances through Mobile Data Terminals and are also shared with the neighbouring services up to 10 km from the risk site. This information is also made available within Thames Valley Fire Control Service (TVFCS) and relevant information is made available to the operational crews whenever they are sent to an incident involving high-rise buildings.

- 3.2 Whilst waiting for further changes to national high-rise firefighting policy, BFRS has issued interim guidance for operational considerations related to building managers' stay put procedures and the evacuation requirements of large residential buildings. This guidance required the Response and protection Teams to work together to establish the evacuation strategy for each building during intelligence gathering for inclusion in the Site-Specific Risk Information. The guidance also raised awareness of how the move from a Stay put to a Simultaneous Evacuation during a fire and highlighted the foreseeable scenarios where incidents occur in high-rise residential buildings that challenge both the structural integrity and compartmentation in the event of fire. The guidance also reiterated the incident Commander's authority to review the evacuation strategy for the building from an operational perspective.
- 3.3 The policies and training packages for operational staff were reviewed drawing attention to the need for external safety observers to monitor external fire spread from the compartment of origin and to clarify the risks of how combustible exterior materials and poor building management can lead to accelerated fire growth. Additionally, working with Thames Valley Fire Control Service (TVFCS) and the other two Thames Valley Services the pre-determined attendance was reviewed to ensure that it reflected the requirements identified for fires in high-rise.
- 3.4 Having undertaken remedial action, BFRS has turned its attention to ensuring our preparedness for the introduction of any changes in National Operational Guidance by engaging in the consultation process and ensuring that this guidance is fully implemented across the Thames Valley. This work is being undertaken in joint partnership with both Oxfordshire and Royal Berkshire Fire and Rescue Services introducing both collaborative equipment and procedures. Work in this area continues as new guidance and information is released.
- 3.5 Over the coming months the Site-Specific Risk Information that is collected by the operational staff will become incorporated into the

Premises Risk Management System (PRMS). This will mean that data collected from Response, Prevention and Protection will be in the same place offering a single location for all information on the buildings and their occupants. This will give added insight into the activities of other departments with reference to specific buildings and will continue to improve the way in which departments collaboratively work with each other.

4. Prevention Activity

- 4.1 A broad range of vulnerabilities are known to be present in the Service area's high-rise buildings. These are as diverse as people with a disability, non-UK national (presenting a language barrier), vulnerable adults and families, those with oxygen dependency, hoarding, drug and alcohol dependency. This has led to difficult engagements sessions which were poorly attended. Work has subsequently been undertaken by the Prevention Team with the respective Councils, partner agencies and Residents Associations to improve engagement activities with high-rise and other high risk residential buildings.
- 4.2 BFRS has written to all residents in the six highest risk buildings within its area in an attempt to promote further engagement and the Central Prevention Team has used a number of additional resources to improve both the engagement and the safety for those in high-rise buildings. This prevention work continues with visits to specifically vulnerable residents picking up as the changes to COVID pandemic advice changes.
- 4.3 Where there is specific information or concern with particular high risk residential buildings including high-rise from operational incidents or the public, the Prevention team proactively engage with the residents and the Duty Holder to mitigate the identified issue or risk. This highlights the collaboration work that goes on between Prevention and the operational crews.

5. Protection Activities

- 5.1 The Protection Team continues to maintain its knowledge and understanding of the construction of modern buildings and how they are being refurbished whilst keeping abreast of evolution of building methods particularly following Grenfell. The Protection Team has carried out a review of all high-rise buildings and is aware of all those currently utilising both non-flammable and flammable cladding. It continues to work proactively alongside Duty Holders to advise and support them with any necessary changes to the buildings.
- 5.2 The Protection Team continues to concentrate their focus on the highest risk premises and, as the Enforcing Authority for common areas in high-rise buildings, proactively engages with the Duty Holders to maintain

compliance and take enforcement action where necessary. The introduction of the recent Fire Safety Act 2021 places responsibilities on the Duty Holders to manage and reduce the risk of fires in buildings containing multiple domestic premises; as this becomes legislation the Protection Team will continue to work with the Duty Holder to improve safety in high-rise buildings.

- 5.3 The Protection Team is also improving their collaboration with the Response crews by undertaking protection training with them. This will improve the Response crews understanding of basic fire safety issues which will increasingly become more apparent whenever they visit higher risk premises and ensure a greater awareness of concerns in these premises they will need to be addressed.

6. Operational Assurance and Training Department Activities

- 6.1 In the wake of the recommendations coming out of the Phase 1 report it was necessary to assure the Service's preparedness of high-rise building fires through thematic reviews and external audits. The Operational Assurance Team has, over the last six months collated information following on from a number of incidents the Service has attended. The Team has also arranged a number of high-rise exercises throughout Buckinghamshire and Milton Keynes as well as the Fire Service College. The aim is to ensure that as many varied operational staff receive the opportunity to undertake a high-rise exercise and feedback into the Operational Assurance Team as well as getting the opportunity to participate in such an exercise.
- 6.2 From the high-rise incidents and exercises a number of recommendations have been made that have now been placed onto the Operational Assurance Improvement Plan with the resulting actions being given to the appropriate personnel and departments. The objective of all this activity is to improve the way in which BFRS responds to and manages high-rise incidents which in turn will feed into the overall recommendations following the Phase 1 report.
- 6.3 The Training department has been working hand in hand with the Operational Assurance Team and feeding into the Operational Assurance Improvement Plan to ensure that learning points are captured. It has created training packages that reflect policy and procedural changes to high-rise buildings and other closely associated procedures. This has involved specific breathing apparatus training and positive pressure ventilation training to reflect national best practice. There is work taking place to ensure that the Thames Valley Services aim to have replicated these across the whole of the Thames Valley area. This will form part of the training required for the new collaboratively purchased breathing apparatus set.

- 6.4 In the wider context work is taking place to include multi-agency training and exercises that will reflect the multi-agency approach required for fires in high-rise buildings. This will and has included the other blue light services as well as the local Councils. This reflects the concern BFRS has for how to evacuate these large buildings if and when required.

7. Improvement Plan Following the Grenfell Tower Inquiry Phase 1 Report and a Look Forward to Phase 2

- 7.1 Following the Phase 1 report, there were 46 recommendations made that BFRS have incorporated into an improvement plan. This plan is coordinated through the Technical Team and sponsored by the Head of Protection and Assurance. Oversight is managed through a Grenfell Working Group which reports progress to the Overview and Audit Committee via the Performance Monitoring Board and Operational Assurance Group.
- 7.2 Of the 46 recommendations that were identified in the Phase 1 report BFRS have been able to complete 15 of them. It has made some significant progress in 28 and is prepared for change in the last three. From the table below (Table 1) BFRS has made some significant progress in a number of areas which it had previously been prepared for change.

Table of previous and current actions based upon Phase 1 recommendations

| | Actions from Previous Report (March 2021) | Actions Currently |
|--|---|-------------------|
| BFRS has made preparations for this change and is ready to implement | 13 | 3 |
| Currently in Progress | 18 | 28 |
| Complete | 15 | 15 |

Table 1

- 7.3 Of the 46 recommendations BFRS are directly responsible for 28 and of these have completed 14. Of those that have yet to be completed they are all in progress and in a majority of cases are at the assurance phase in order to identify whether actions have been met. This will form part of the feedback that has come from the recent high-rise exercises and incidents.
- 7.4 BFRS does not have direct responsibility for 18 of the Phase 1 recommendations as these, in a majority of cases, rests with the responsible person or Duty Holder. As mentioned above Protection have been working with Duty Holders to resolve these but in most cases have been awaiting legislative change. With the Fire Safety Act 2021 coming into legislation and the Building Safety Bill going through Parliament these actions should be able to be progressed further.

- 7.4 Phase 1 of the Grenfell Tower Inquiry focused on the cause of the fire, its subsequent development and the course of events during the night, the principle focus of Phase 2 of the inquiry is on how and why the decisions were made that led to a highly combustible cladding system was fitted on to Grenfell Tower. Phase 2 will also explore other area that emerged from the information gathered during Phase 1. The Phase 2 part of the Inquiry is currently ongoing and it is anticipated that there may well be other recommendations for fire and rescue services to come.

8. Central Funding

- 8.1 In April 2020 an announcement was made by Lord Greenhalgh, the Minister of State for Building Safety, Fire and Communities, offering a grant to assist with the implementation of the Phase 1 findings. BFRS received an initial payment of £123,549.85 to drive improvement in Protection. A further £60,000 has been allocated to facilitate a review of all high-rise residential buildings over 18 metres and additional funding of £46,253.86 was provided which BFRS has set aside for research and development and procurement of new equipment.
- 8.2 The initial payment and follow up allocation of £60,000 has been set aside for Protection. This has been used for fixed term employment contracts, training, IT equipment and continues to be used for website development and collaborative working both internally and externally.
- 8.3 The funding BFRS has set aside for research and development and equipment has been used for purchasing equipment such as loud hailer and escape hoods. Additionally, work is presently underway to investigate the equipment and software required to improve the effectiveness of communication between the operational incidents and TVFCS. This will allow the Service to maintain effective control and communication in more complex and dynamic incidents such as the potential evacuation of high-rise buildings.
- 8.4 On 30 September 2021 Lord Greenhalgh sent a further letter to all the chief fire officers regarding the expectation of the Home Office, following the announcement for funding, of the responsibilities each service has to their communities about the lessons learnt and the improvements made following the Grenfell tragedy. This letter highlighted that each fire and rescue service must show the transparent progress they have made meeting the Phase 1 Inquiry's recommendations and that these recommendations affect all services.

9. Collaboration and Alignment

- 9.1 A significant amount of work continues to take place in respect of collaboration between BFRS, Oxfordshire Fire and Rescue Service and Royal Berkshire Fire and Rescue Service. This work includes research and

development concentrating on purchase of new equipment. A recent example of this is a collaborative contract for a new beathing apparatus (BA) set between the three services that will improve the effectiveness with which large complex incidents can be dealt. This will remove the need for different BA equipment and will allow any service to use any BA equipment from across the Thames Valley.

- 9.2 BFRS is also continuing to work with its Thames Valley partners and TVFCS to align its procedures and guidance in order to improve the effectiveness with which the Services can all work together at larger incidents that involve more than one fire and rescue service. Specifically, work is being undertaken to align the BA procedures to make effective use of the recent joint BA contract. Work has also been undertaken to ensure that the three services and TVFCS have a joint understanding of high-rise procedures and any changes to National Operational Guidance with respect to high-rise incidents are implemented as efficiently and collectively as possible.

10. Conclusion

- 10.1 BFRS has been very proactive in implementing the learning from Grenfell. Much of that learning has been achieved already and certainly the tragedy has focused the collective mind of the Service to prioritise improvements in the way it manages such a potential incident. This will continue to be a priority and certainly there will be additional work for the Service with the publication of Phase 2 of the inquiry. BFRS has made some significant steps to improve the collaborative work it undertakes both internally and externally and this is reflected in the extensive work being undertaken to meet the demands of the inquiry as well as the learning points that have come out of identified areas for improvement.

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Buckinghamshire & Milton Keynes Fire Authority

Meeting and date: Overview and Audit Committee, 10 November 2021

Report title: Prevention Evaluation - Phase one report 2021

Lead Member: Councillor Lesley Clarke OBE

Report sponsor: Area Commander Steve Wells

Author and contact: Group Commander Paul Scanes pscanes@bucksfire.gov.uk
07765041960

Action: Noting

Recommendations:

1. That the evaluation report be noted.
 2. That the recommendations to secure long-term improvements to the Prevention function in Buckinghamshire Fire & Rescue Service (BFRS) be endorsed.
-

Executive summary:

Following completion of the first inspection round of all 45 fire and rescue services, HMICFRS published the report into BFRS on 17 December 2019, as part of the final tranche of reports.

The report for this Service identified 11 areas for improvement, including two for Prevention. These are:

1. The Service should evaluate its prevention work, so it understands the benefits better.
2. The Service should understand the reasons for its reducing number of prevention visits and consider how it can better target those who are most at risk to fire.

To address these areas for improvement, an evaluation of Prevention activity commenced in July 2020. The evaluation uses a diagnostic methodology developed from academic research and with colleagues from Manchester University. The approach uses the Viable Systems Methodology, which has been adapted for the Service's purposes and forms the basis of the evaluative approach.

The evaluation was separated by work-stream to enable a more focussed and pragmatic approach. The initial phase includes Fire and Wellness visits, Road Safety, Youth Engagement and Safeguarding.

The pandemic undoubtedly caused an impact on progressing the evaluation throughout 2020/21. Work was paused whilst capacity was diverted to assist with the broad range of response and recovery commitments required to support the Service, our partners and the local communities we serve, through a difficult and unprecedented period.

During the Summer of 2021, HMICFRS completed their second round of inspections of BFRS, and the inspection revealed that limited progress against the Prevention areas for improvement has been made. This formed the basis of three further recommendations being issued by letter in August 2021.

As the Service enters a new business as usual environment, with the main line of defence against the pandemic being vaccination rather than lockdown, work has recently recommenced with a renewed and reinvigorated focus on delivering long term improvements to our Prevention activities.

The Prevention evaluation has been finalised and its findings are ready to be progressed, coupled with strategic drivers from our partners, the recently published Fire Prevention Standards and National Operational Guidance relating to Prevention activity.

The learning from the evaluation has already started to inform enhancements against the areas for improvement. This includes funding agreed by the Authority to establish a number of new Prevention posts (during the period immediately after our first inspection), a targeted programme of knowledge acquisition for operational staff, Service Delivery area profiles to provide information on community risk and incident demands/trends and benchmarking to assist in the comparison between Service areas and national statistics.

Planning meetings linked to the first phase of the evaluation are now integral to driving the Prevention agenda forward and to help develop objectives that address priority Prevention objectives bespoke to Service area requirements.

A Prevention improvement plan has now been developed which encompasses the Prevention evaluation recommendations, HMICFRS recommendations and the Prevention Standards requirements.

The Prevention improvement plan includes 60 recommendations.

Financial implications:

The prioritisation of the Prevention evaluation improvements to address the specific recommendations raised within the cause of concern may introduce additional financial implications, either through reprioritisation of other projects, or through new workstreams.

The prevention evaluation and associated improvement plan will be monitored through the appropriate boards for consideration before any subsequent project documentation is submitted to the Business Transformation Board for consideration and inclusion in the Portfolio Management Office project register, to ensure associated costs, both direct and indirect, are fully understood.

Any requirement for growth will be submitted through the established internal governance arrangements for consideration.

Risk management:

This Prevention evaluation is one effective way of ensuring we continue a path of improvement that ensures the best possible service is provided to the communities we serve. By assuring ourselves that we are aligned to national best-practice through implementing the report recommendations, we will work more effectively to reduce risk in our communities.

There remain reputational corporate risks to the organisation should we be judged as inadequate by HMICFRS. The Service had already taken steps to mitigate this through having extensive internal and external audits of a number of areas of the Service, notably, elements of our operational activity has been subject to external independent assurance. The prevention evaluation is another example of applying constructive internal scrutiny to drive improvement and reduce risk.

Once established as a project, implementation risks will be managed through our established corporate risk management processes.

Legal implications:

The current Fire and Rescue Service National Framework issued under section 21 of the Fire and Rescue Services Act 2004, to which the Authority must have regard when carrying out its functions, states as follows at paragraph 7.5:

‘Fire and rescue authorities must give due regard to reports and recommendations made by HMICFRS and – if recommendations are made – **prepare, update and regularly publish an action plan detailing how the recommendations are being actioned**. If the fire and rescue authority does not propose to undertake any action as a result of a recommendation, reasons for this should be given.’[emphasis added]

It continues: ‘When forming an action plan, the fire and rescue authority could seek advice and support from other organisations, for example, the National Fire Chiefs Council and the Local Government Association’

Privacy and security implications:

No privacy or security implications have been identified that are directly associated with this report or its appendices. The respective strands of the improvement plan will ensure Data Protection Impact Screening and full impact assessments are completed and reviewed where appropriate.

The report and its appendices are not protectively marked.

Duty to collaborate:

Collaboration with partners to ensure a collective and shared approach to identify and mitigating community risk is critical to ensure Prevention activity is effective. The evaluation identifies a number of areas where collaboration and partnerships can be developed for the benefit of community safety.

Health and safety implications:

There are no Health, Safety or Wellbeing implications arising from this report.

Environmental implications:

There are no environmental implications arising from this report.

Equality, diversity, and inclusion implications:

No implications have been identified that are directly associated with this report or its appendices. The respective strands of the improvement plan will ensure impact screening and full impact assessments are completed and reviewed where appropriate.

Consultation and communication:

The Prevention evaluation involved extensive engagement with stakeholders to ensure an effective and thorough evaluation of all our activity.

A communications and consultation plan will be developed as part of the project to implement the actions.

Background papers:

23 January 2020 - Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) – Buckinghamshire Fire and Rescue Service (BFRS) Inspection Findings Report:

https://bucksfire.gov.uk/documents/2020/03/230120_item_7_hmicfrs_cover_report_23012020_appendix-min.pdf/

The Prevention Fire Standard - [Prevention | Fire Standards Board](#)

| Appendix | Title | Protective Marking |
|----------|---|-------------------------|
| 1 | Prevention Evaluation - Phase one report 2021 | Not protectively marked |

Service Document Evaluation:

Review of Prevention – Phase one report



Item 17 – Appendix 1

Prevention Evaluation

Phase one report- January 2021

CONTENTS

1. Introduction

- 1.1 What did this evaluation aim to do?
- 1.2 What data and intelligence did we collect?
- 1.3 How will the findings of this evaluation be used?

2. Background

- 2.1 The National picture
- 2.2 Local challenges and changes in our operating environment

3. Evaluation modelling

4. Insights and findings

- 4.1 Safeguarding and identifying vulnerability
- 4.2 Youth Inclusion
- 4.3 Road safety
- 4.4 Fire and Wellness programme
- 4.5 General insights

5. Value

- 5.1 Evaluating value
- 5.2 Benchmarking delivery and outcome
- 5.3 Impacts of COVID-19
- 5.4 Impacts of Fire & Wellness visits - Behavioural change analysis

6. Recommendations

- 6.1 Recommendations Summary Table

7. Summary

8. Appendices

- 9.1 Appendix A: Benefit assessment
- 9.2 Appendix B: Benefit matrix
- 9.3 Appendix C: Business Intelligence unit (BIU) report
- 9.4 Appendix D: Partner agency referrals

1. INTRODUCTION

1.1 What did this evaluation aim to do?

The aim of the project was to provide an evaluation of the effectiveness of the authority's current prevention strategy, an initiative through which the evaluation utilised a mixed methods approach (including the analysis of qualitative and quantitative data) aiming to provide an evaluation of both the process and outcome of the current prevention strategy. This involved critical examination of what and how much has been accomplished through the delivery (the *process*), the reach of a range of different prevention themes and exploration of the effects and changes that have resulted from the activity (the *outcome*).

In October 2018, The Prevention Strategy 2018-2023 was approved by the Fire Authority. The purpose of this strategy is to provide a focus on the Service Delivery Directorate's priorities over the next five years, ensuring Buckinghamshire and Milton Keynes Fire Authority (BMKFA) can deliver the most effective response to the risks and challenges set out in the Authority's Public Safety Plan.

A significant change in our operating environment has been a major influencing factor on the need for a detailed review. An environment which has not only impacted on how we operate as a service but which has also impacted lifestyle changes and behaviours of our customers and the effectiveness of our key partner agencies' delivery of operations, impacting the quality of risk intelligence they provide and the value in our current processes.

June this year saw the introduction of the [2020-2025 Corporate Plan](#) which details the following strategic objective aligned with a clear set of outcome measures:

| Strategic Objective | Outcome Measures |
|---|---|
| Prevent Incidents that cause harm from happening. | <ul style="list-style-type: none">• Number of accidental dwelling fires• Numbers of primary fires in non-domestic buildings• Number of deliberate fires• Number of road traffic collision killed and seriously injured |

The strategic objectives are further broken down into key tasks/projects that provide clear evidence that there is a need to carrying out a detailed evaluation of our current prevention performance.

Service Document Evaluation:

Review of Prevention – Phase one report



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| Strategic Objective 1: Prevent Incidents that cause harm from happening. | | | | | |
|---|--------------|--------------|--------------|--------------|--------------|
| Initiative / Project / Key Task | 20/21 | 21/22 | 22/23 | 23/24 | 24/25 |
| SO1.1 Population pressures: continue to improve our ability to target and engage with vulnerable groups. | | | | | |
| SO1.2 Promote and evaluate the effectiveness and value of the Safety Centre, against the requirements set out in the three yearly funding agreement | | | | | |
| SO1.3 Establish and implement a collaborative community risk methodology and targeting approach, through the most appropriate data sets | | | | | |
| SO1.4 Evaluate and develop further work with partner agencies to develop their understanding of the risks from fire and preventative measures available | | | | | |
| SO1.5 Develop and evaluate youth engagement across the primary and secondary school age range, in and out of school settings. | | | | | |

1.2 What data and intelligence did we collect?

The evaluation sought the perspectives from a range of BFRS staff, partner agencies and wider stakeholders around key themes:

- Safeguarding and the identification of vulnerability
- Youth inclusion and diversion activities
- Road safety
- Fire & Wellness programme

The evaluation also involved the analysis of secondary data. This included analysis of:

Service Document Evaluation:

Review of Prevention – Phase one report



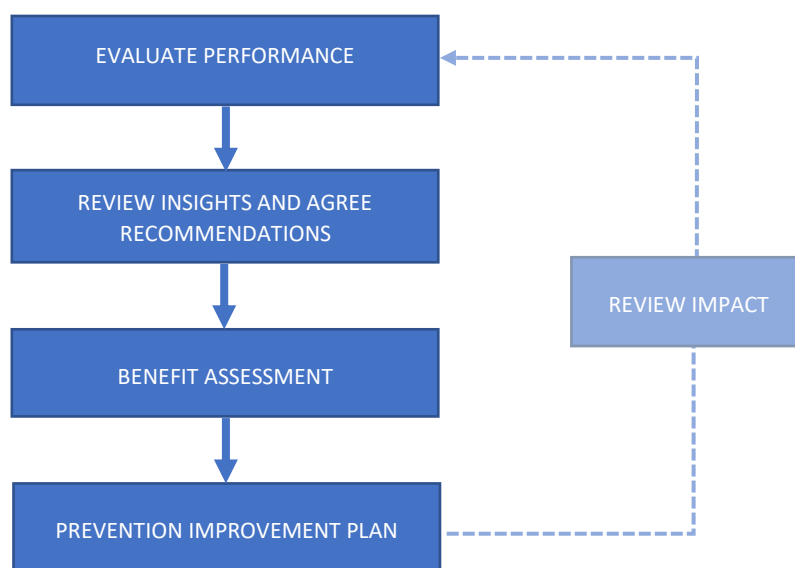
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- Data collected routinely by BFRS during Fire & Wellness visits
- Data held by the services into which householders may be targeted or referred by BFRS.
- The sources of data intelligence shared by our partner agencies.

1.3 How will the findings of this evaluation be used?

The findings of this evaluation will be used to inform intervention content, delivery and design of a new prevention framework, highlighting areas of focus and providing recommendations.

The insights gained have been reviewed and recommendations have been published. A benefit assessment of all the recommendations will provide an indicative score for each recommendation in terms of improving prevention activity and the organisational resource commitment required to do so. The assessment of the benefits will inform and shape a Prevention Improvement Plan.



2. BACKGROUND

2.1 The national picture

Since 2004, FRS have had a statutory duty under the Fire and Rescue Services Act (2004) to carry out community safety interventions to reduce injury from fires. Fire safety is one of the core functions under the Act. Duties comprise



making provisions for the promotion of fire safety in the FRS area, including the provision of advice about fire prevention and how to escape in the case of fire¹.

On 22nd April 2020 the National Fire Chiefs Council (NFCC) released a document titled [NFCC COVID-19 position statement](#) which detailed a list of strategic intentions. Prevention activity was captured in the following statement:

'To prevent the impact of fire and other emergencies on our communities - we will adopt a risk-based approach to prevention - very high-risk interventions (Home Safety Checks / Safe and Well Visits) will continue based on a suitable and sufficient risk assessment²'

In June 2020 the [NFCC strategic intentions](#) were updated and aligned to a move to Phase 2 of the Recovery Strategy set out by the Government. The statement regarding prevention activity was updated to:

'To prevent the impact of fire and other emergencies on our communities – we will adopt a risk-based approach to home safety (including Safe and Well visits) and wider community safety-based activities, including road and water safety³'.

To support prevention activity and promote safe working practices a [Prevention model risk assessment](#) was created and shared by the NFCC (last updated 13 July 2020). This was used as the basis for a service specific Prevention risk assessment.

The national response to the pandemic has introduced some significant changes in our day to day lives - the introduction of social distancing, face coverings, changes to consumer habits, shift to remote and home working to name a few. This has all led to rapid behavioural change which in turn could lead to a change in risks that needs to be closely monitored.

It is difficult to anticipate whether these significant changes will influence behaviours in the long term, once the virus has subsided or even after implementation of a vaccination programme, but it is reasonable to suppose that:

- Some people in groups vulnerable to the effects of such viruses may permanently adopt some forms of social distancing or even isolation (this could include reluctance to admit people into their homes and the favouring of private over public transportation methods)

¹ https://www.legislation.gov.uk/ukpga/2004/21/pdfs/ukpga_20040021_en.pdf

² https://www.nationalfirechiefs.org.uk/write/MediaUploads/COVID-19/NFCC_POSITION_STATEMENT_COVID_19_UPDATED_FINAL_2204.pdf

³ https://www.nationalfirechiefs.org.uk/write/MediaUploads/COVID-19/NFCC_COVID19_Strategic_Intentions_June_2020.pdf



- An increase may occur in the reluctance of elderly people requiring care, or on the part of their families, to seek admittance to care homes (potentially increasing numbers of vulnerable people living in unsuitable accommodation and exposed to a range of health and domestic risks with the potential to cause injury or death)

With regard to the latter, the Office for National Statistics (ONS) already forecasts a substantial increase in the number of people in the 90 years plus age category living alone in their own homes.

What is clear, is that there is a need to create a prevention model that can adapt delivery to mitigate the impact significant changes in the operating environment have on effectiveness.

2.2 Local challenges and changes in our operating environment

Rapid change in our operating environment and the need to introduce strict measures to protect our staff during interactions with the public has led to some significant challenges and a subsequent decrease in physical interactions and activity.

A range of detailed risk assessments have been created, additional PPE provided and changes in the way prevention activity is delivered have started to be introduced. However, these control measures alone are not enough of a change to ensure we are operating effectively.

Examples of the impact the Covid-19 has had across Buckinghamshire can be quickly assessed by reviewing a summary of Bucks County Council community services that have been suspended indefinitely⁴:

- All child health drop-in and all routine child health and developmental reviews at 1 and 2 years*
- School nursing visits including vision screening; National Childhood Measurement Programme; School Health advice clinics; Training for school staff re PSHE/SRE
- All community nursing visits for children with learning disabilities
- All routine appointments have been postponed until further notice – this includes Neurodevelopment Pathway assessments*
- All routine physiotherapy, occupational therapy & speech and language therapy services*
- Eight Adult Social Care day service centres have been closed

**with the exception of vulnerable families or in cases where there is safeguarding reason.*

⁴ <https://www.buckinghamshire.gov.uk/coronavirus/service-changes/> (information accurate as of 12.10.20)



In December 2020 the announcement of a tiered system has seen the introduction of localised lockdown measures. With infection rates and hospital admission on the rise this could see further challenges with interactions and interventions due to potential closures of businesses, community-based services and another shift change in human behaviour.

Several interesting insights from key partner agencies' have also been shared as part of the evaluation. The MK Together Programme Manager described how the domestic abuse service has experienced a significant increase in referrals but also a change in presentations. Normal behaviour would see a domestic abuse victim access the service before they had to leave their home, however a number of cases have seen victims access the service for an immediate refuge space suggesting that domestic violence is escalating quicker in the current environment.

The programme manager also described how, during the initial lockdown period, safeguarding referrals significantly reduced – a significant proportion of referrals come from teachers and children centre staff witnessing and highlighting abuse such as neglect. The temporary closures of children's centres, and schools removed the opportunity to identify safeguarding issues and make appropriate referrals.

How our partner agencies choose to operate in the short to long term will continue to impact how effective our service can be in reducing risk and engaging with the public. It is essential that we review and consider these impacts and consider changes to the way we operate.

In order to assess the impact on prevention activity the department carried out a recovery impact assessment.

Some examples of activity that has been stopped include:

- Fire & Wellness visits - where detection is in place and risks have been identified which are not high-risk, no visit is being offered
- Joint fire safety visits with partner agencies
- Youth inclusion activities – Prince's Trust, the Active4Youth Inspiration program
- School visits
- Safety Centre activity
- Face to face fire safety presentations to community groups & partner agencies
- Community visits on and off site
- Biker Down
- Learn & Live
- Safe Drive Stay Alive (routinely held in Oct/Nov)



Examples of activity that have been scaled back include:

- Fire and Wellness visits - very high risk
- Firewise intervention scheme - using wider advice to family of young children in place of face to face assessment of child's needs

Examples of activity that is being delivered in a different way:

- All strategic meetings and prevention working groups are being attended virtually
- Hoarding support group – moved to a virtual forum reducing attendance in person but offering an increased number of sessions

Examples of new workstreams:

- Food and medical deliveries – Milton Keynes Council and Local Safeguarding Hubs
- Welfare Checks on behalf of Buckinghamshire and Milton Keynes Councils
- Providing and co-ordinating Test and Trace visits for both Buckinghamshire & Milton Keynes Councils
- Local Resilience Forum (LRF) Children and education working group
- Trialling new technology for the National Framework for purchasing equipment for fire safety delivery

3. EVALUATION MODELLING

The prevention evaluation has been carried out adopting the Viable Systems Modelling (VSM) methodology.

A viable system is any system organised in such a way as to meet the demands of surviving in the changing environment.

The model is developed from academic theory advising that effective organisations need to have strength in 5 systems directly related to, and integrated with, their operating environment:

- 1. Strategy, vision and leadership**
- 2. Intelligence**
- 3. Management of processes, systems and planning, including audit**
- 4. Coordination and communication of operations**
- 5. Delivery of operations**



This evaluation model aims to provide a common language and help to focus similarly on strategic and operational matters. It will help the evaluation team consider a diversity of 5 systems in balance, ensuring all aspects of the area in focus are considered and that one system is not prioritised at the expense of others.

By asking questions about and forming an opinion on this 5-system, evaluation can be provided on what is good and opportunities to make stronger.

Taking this approach across the whole review, a collective and coherent 5-systems view can be formed.

4. INSIGHTS AND FINDINGS

In order to ensure the evaluation considers the views and insights of everyone involved in the successful delivery of the organisation's prevention strategy, a series of reality testing visits has been completed. Adopting this approach highlights the importance of recognising common errors in our thinking and correcting them.

This approach has given the evaluation the ability to see a situation for what it really is, rather than what we may hope or fear it might be.

This approach allows the evaluation to:

- distinguish between what is real and what isn't
- judge situations appropriately
- give a basis of comparison
- improve how we react to situations

This approach considers a range of different points of view and provides the opportunity for staff to engage with the process and influence the evaluation.

Over 25 engagement sessions have been carried out across a range of different departments and with key partner agencies. Each visit has been specifically focused on a key prevention theme e.g. Road Safety, Safeguarding.

This allows for insights into our current approach to prevention to be collected and the information to be triangulated.

The insights and findings have been reviewed and categorised into the 5 systems to help to clearly understand how we are performing.



4.1 Theme: Safeguarding and identifying vulnerability

4.1.1 Strategy, vision and leadership

- I. There is a shared view across the Service that the introduction of a more formal structure and focus around managing Safeguarding referrals has had a positive impact on the volume and quality of referrals made.
- II. Safeguarding is seen as an important and well embedded part of BFRS service delivery. The service's Safeguarding strategy and process for highlighting concerns and making referrals is well understood across the organisation.
- III. The volume of Safeguarding referrals, recorded engagements and interactions with vulnerable members of society is very low in comparison to our partner agencies.
- IV. Delivery of face-to-face training with operational crews has been positively received and has helped to give supervisory managers the confidence to highlight concerns. Further support and training for operational crews and further support to better understand the 10 types of abuse and the role we play in raising safeguarding enquiries meeting Section 42 of the Care Act 2014 would be desirable.
- V. There is currently minimal evidence of targeted prevention activity beyond reactive responses from partnership referrals.

The exception to this observation is a multi-agency hoarding support group, led by BFRS. This programme has been identified as an excellent initiative offering measurable results and opportunities to engage with an extremely hard to reach audience.

The success of the programme has been recognised by several partner agencies including Oxford Health NHS Trust, with the clinical director for the Oxford Health Specialist Psychological Intervention Centre (OHSPIC) attending the group to observe and understand how this approach is delivering such positive results.

Two additional FRS are looking to adopt a similar person-centred approach to addressing hoarding disorder.



4.1.2 Intelligence

- I. We have a clear approach and strategy for managing and recording the intelligence we generate from safeguarding referrals, however there is no clear process for recording and analysing the intelligence inputs we receive or could gain access to. There is no clear measure for understanding how effective our current prevention activity is in tackling themes such as vulnerability.
- II. There is an opportunity to build better working relationships and develop partnerships with other agencies and council services. Following dialog with an adult social care worker at Buckinghamshire Council (BC), it was identified that, until a recent case which involved a serious case review following a fire fatality, BC Adult Social Care Team would not have considered the Fire Service as a partner agency with whom to share intelligence on high risk/vulnerable persons or considered accessing the prevention team to carry out intervention activity.
- III. The recording of prevention activity is limited. PRMS (Premises Risk Management System) is used to record some but not all activity. The system is also used to store and record Protection risk information. These records are not currently shared or used as a source of risk intelligence by the prevention team.
- IV. There is little shared understanding of risk across the emergency services. We do not currently have access to risk information on flagged properties by TVP and are not able to utilise the Domestic Risk (DR) code information for prevention activity in the same way as we request and share the information for operational incidents.
- V. PRMS as a recording system is not functioning as efficiently as possible – not all prevention activity is being input by the prevention team, administration or station-based staff. More detailed and accurate recording of activity would offer better insights into the prevention efforts and a process to identify whether those efforts are adding value or producing measurable results.
- VI. Running reports in PRMS has been described as not easy and limited. The prevention team have described how they are adapting their approach to recording activity around the constraints of what they can record in the system.
- VII. There is a clear appetite from the prevention team to start gaining a better understanding of vulnerability through the data and



intelligence that other partner agencies have - analyzing information on disability, mental health, substance abuse etc. to identify opportunities to be more targeted and measurable with future prevention activity.

- VIII. In recent years there has been limited prevention data analysis or targeted work around risk intelligence. Working more closely with the Data Intelligence Team (DIT) could help to improve the approach and develop a more reliable and intelligent data set.

Targeting methodology was created, using a series of data sets, by the previous Data Intelligence Manager. This was briefly trialed but the actual results did not match the theoretical analysis. The current Data Intelligence Team do not have much confidence in the data and would welcome a fresh approach.

- IX. There are currently few examples of intelligence sharing with partner agencies. The DIT believes that having access to intelligence such as doctors' surgery data would help to refine and target specific issues, gaining greater insight into heavy smokers and cross referencing the data against prevention and incident activity. This practice is not being carried out due to the absence of securing a sharing agreement with the Clinical Commissioning Groups or Primary Care Networks.

There is evidence that information sharing has been successful when trialed by other FRS. Derbyshire Fire & Rescue Service created an information sharing agreement with Derbyshire council to share information on any household that had requested assistance with their bins due to mobility issues. This information was used to target falls prevention activity.

4.1.3 Management of processes, systems and planning, including audit

- I. Following a referral to the Multi-Agency Safeguarding Hub (MASH), the safeguarding process is taken out of the organisation's control to manage and co-ordinate due to the nature of the referral being externally assessed for the need for partner agency intervention.

A lack of information coming back into the Service makes feeding back on referrals challenging. This has been exacerbated by the pressures that the pandemic has placed social care under, with many referrals taking longer to be screened. Having improved communication from the MASH and an increased understanding across the service of the intervention measures that have taken



place would help to improve the feedback process and close the loop on safeguarding referrals.

- II. The introduction of centralised safeguarding referral records, stored securely and well maintained, has helped to ensure intelligence on all safeguarding referrals is accessible and easy to review. This is being further developed with a Record of Involvement sheet to summarise all the agencies involved and relevant contact details.
- III. Different approaches to the delivery of prevention activity have been introduced and vary depending on who/how they are referred. Some referrals come into Central Admin Team (CAT), some directly to the Community Safety Co-ordinators (CSC), in a range of different formats (phone call, email, referral form). Not having a clear process and way of capturing every referral or request for prevention intervention can lead to the process relying on specific individuals and their locally stored records. There is a significant risk of intelligence being received in Service and not being appropriately actioned, including when outdated email addresses are still in circulation on supporting literature.
- IV. We do not currently capture and review the intelligence/ demand for prevention activity. CAT manages the majority of Fire and Wellness referrals but do not record the volumes or types of other requests received. Starting to track and understand the types of prevention demands would help to better evidence, support and prioritise prevention activity.

Developing a better recording process inside a Customer Relationship Management (CRM) tool would help to enable better analysis and understand our interaction with our customers.

- V. It appears that a lot of activity completed by Community Safety Co-ordinators is self-managed and self-generated. The management of the process and the prioritisation of workload is down to their personal preference. This could lead to activities being based around what is comfortable to deliver rather than targeted around what the risk intelligence is informing us about the type of audience or local area. A Team Leader has been brought into role to address this.
- VI. There is not much evidence of joint protection/prevention initiatives. The Periodic Audit Programme (PAP) targets commercial properties based on level of risk and their history of compliance in previous inspections. The value in a joint programme for commercial properties that have sleeping risk to align the PAP with



targeted prevention activity formed part of the business case for employing two Community Safety Technicians.

A similar approach could be considered for the intelligence that is received through Unwanted Fire Signals (UFS) returns. This information is only shared with prevention when the protection risk element has been assessed and it is determined that it is an incident within the domestic parts of a building.

- VII. There is limited awareness of how an Inspecting Officer can pass a referral to prevention other than by raising a safeguarding concern. Sharing a formal recording process could help to share identified opportunities for prevention activity.
- VIII. The screening process for Fire & Wellness visits that is completed by the CAT has helped to identify safeguarding concerns, which have been described as being managed by a 'phone call to the Prevention Manager' and could also benefit from following the existing reporting process.
- IX. Staff understand the potential benefits of having the information all in one system (PRMS) for both protection and prevention but just trying to complete the forms is challenging. Currently there isn't the capacity or skill sets dedicated to review or share the intelligence.

4.1.4 Coordination and communication of operations

- I. The MK Together Programme manager highlighted that there has been evidence that greater involvement in a recent adult serious incident review helped to identify joint learnings and improve safeguarding processes.
- II. MK Together have seven affiliate boards that have been established and terms of reference have recently been agreed. Each offers an opportunity to build partnerships and target prevention activity. The terms of reference for the affiliate boards can be seen [here](#)
- III. BFRS have recently started to have SMT representation at the MK Together Strategic Board (10 meetings a year). A Highlight Report is produced for the Strategic Board which summarises the insights and work of the affiliate boards. This could be used to help prevention to identify opportunities for support and involvement in partnership initiatives.



- IV. During the early stages of the lockdown measures being imposed, the National Helpline was contacting everyone deemed clinically extremely vulnerable who had not responded to letters but were known to be shielding. The Central Prevention Team completed over 150 welfare visits, identifying concerns and raising safeguarding referrals as necessary. The visual representation of the BFRS badged vehicles and fire service uniform was perceived as a big factor in the 'ability to open doors'.

This initiative has recognised that BFRS staff had the soft skills and approach that allowed them to access and interact with extremely vulnerable members of the community. This work has been described as critical. Without the support of our central prevention team, members of the community who were required to shield would have been left without contact, food or in some cases financial means.

- V. There is a need to develop clearer processes and focus on partnership workstreams and projects. A vulnerability has been identified where if key members of the prevention team (Community Safety and Safeguarding Manager) leave then there is no clear identified process agreed for the workstreams to continue. This has also been identified by agencies outside of the service.
- VI. While it is evident that some good relationships have been built with a range of partner agencies, what is not clear is how each relationship and shared workstream offers value and helps to meet the service's Prevention Strategy. There are no measures or tangible evidence available to suggest workstreams are offering value.
- VII. Due to a move to remote/home working, accessing partner agencies has become challenging at times. Some organisations have adapted well, others are heavily reliant on local databases and systems that can't be easily accessed remotely. This has impacted on the quality or volume of information received by the Prevention team to allow them to act upon it.
- VIII. A general view shared by most employees is that the public do not know that we are as heavily involved in protecting the community in the way we do. People don't know how much the organisation does to consider vulnerability in the community. There is also evidence that many staff within the service are not fully aware of what prevention delivers.



- IX. There are some good examples of the use of social media platforms to engage and interact with different target audiences by other FRS and partner agencies. This is an area that many would like to see developed to improve outreach and engagement.

4.2.5 Delivery of operations

- I. The volume of safeguarding referrals per week made to Buckinghamshire Council from South Central Ambulance Service (SCAS) averages 250-300, with Thames Valley Police (TVP) making approximately 100 and BFRS currently referring 2-4 cases. However, 98% of referrals from SCAS do not meet the safeguarding threshold, whereas approximately 16% of referrals made by BFRS meet the safeguarding threshold, triggering a Section 42 enquiry. A report from the Business Intelligence Unit at Buckinghamshire Council can be seen in **Appendix C**.
- II. Generally speaking, there is a clear understanding of the Safeguarding process and the importance of raising referrals across the organisation.
- III. Some staff lack the confidence to raise concerns. Further support and guidance would be welcomed, with regular refresher training and sharing of best practices and anonymised good news stories of referrals that have come to a successful conclusion.
- IV. Staff talk about the emotional attachment they have had to referrals made. This has been described as 'as mentally challenging as operational experiences.' It has now been included within the Trauma Support Procedure.
- V. Examples of Covid-19 being used as a barrier to refuse assistance or allow for intervention to take place, have been challenging for Community Safety Co-ordinators to address. This behaviour has been widely recognised and discussed by the Local Resilience Form (LRF) education workstream and safeguarding board.
- VI. Communications with those who are deaf or hard of hearing or from different cultures are made even more challenging with the introduction of PPE, especially the use of face coverings.
- VII. It is clear that we have the rapport to get through the door and the right skill set to engage with people. We often receive compliments from members of the community to thank the service for the work and professionalism of the crews who carry out prevention activity.



These are passed through to be recorded in the service compliments register.

- VIII. Hoarding activity carried out over recent years has been recognised by both Buckinghamshire County Council and MK Together as an excellent piece of engagement activity that has delivered meaningful results.

4.2 Theme: Youth inclusion

4.2.1 Strategy, vision and leadership

- i. Operational crews have expressed how they don't often see the youth engagement strand of prevention activity as a high priority. The removal of any measures and a lack of focus on station plans has moved prevention activity and initiatives into a 'nice to do'
- ii. There is no scoring system or way of calculating the risk of a fire-setting referral. Referrals are not prioritised on severity. This is, in part, due to the low volume of referrals received, enabling them to be addressed as they are received.

4.2.2 Intelligence

- i. There appears to be no targeting criteria when delivering youth inclusion courses. Often courses are run in isolation as a component of a wider scheme without a pathway to another youth inclusion initiative or engagement opportunity.
- ii. On average there are approximately 60 firesetter intervention referrals every year of which 30-35 are progressed. This has been consistent over the past five years. Most referrals for firesetter intervention originate from schools or directly from parents, with some referrals being received from TVP, the Youth Offending Team (YOT) Bucks or the Youth Offending Service (YOS) MK.
- iii. There is a post incident form for operational crews to make referrals to the Firesetter Intervention and Youth Inclusion Officer but this process is not widely recognised by supervisory managers and it generates very few referrals.
- iv. Fire and Wellness visits discuss arson and fire-setting in the question set, which is designed to generate an automated email to the Firesetter Intervention Scheme, however to date this has not generated a referral.



- v. The volume of firesetter referrals has decreased in 2020 due to the removal of face-to-face intervention and impacts on school and education centre closures.
- vi. There are currently no measures to see if firesetter intervention is adding value, however there is very little recidivism. On those occasions where a recurrence has occurred, the child/children have been identified as having a range of complex issues.

4.2.3 Management of processes, systems, and planning, including audit

- i. Station based staff welcome the idea of having a structured station plan to tackle local risks and better target their engagement within the community.
- ii. Operational staff have expressed how support with a communications strategy would be useful to ensure regular and targeted prevention messages are agreed in advanced.
- iii. Firesetter Intervention activity is not currently recorded on PRMS. There is a firesetter database that is managed by the Fire Setter Intervention and Youth Inclusion Officer. PRMS is not accessed by them or considered during the process and information on the premises is not cross referenced to see what previous interaction the Service has recorded at the property. However, CAT are asked to arrange a Fire and Wellness visit to the family.
- iv. There is currently no scoring system or way of prioritising firesetter intervention referrals. Referrals are not prioritised on the severity of the case. They are currently managed on date received.
- v. Youth inclusion courses vary across the service with a range of different programmes delivering localised content.

4.2.4 Coordination and communication of operations

- I. Operational staff have expressed that there is not enough guidance to help support appropriate social media use. Staff have suggested a training workshop would be beneficial to help ensure the right messages are put online, helping to vary the content and messaging to suit the target audience.



- II. School visits are sporadic. There seems to be an inconsistency with how many visits are booked in and delivered year on year.
- III. Operational crews have expressed how they often only notified late on of their requirement to be involved in a youth inclusion course. Earlier notification and closer working with the prevention team would allow for more co-ordinated and meaningful sessions to be delivered.

4.2.5 Delivery of operations

- I. Operational staff expressed a view that social media platforms (Instagram, Snap Chat, TikTok) are opportunities to engage with younger audiences. Often social media messages follow the national approach to prevention. Staff feel they lack impact or relevancy.
- II. Operational staff are also keen to explore the use of targeted social posts that they can request to be switched on following incidents to target geographically or based on age. For example, where an increase in arson is identified the station could request to use some of the station's prevention budget on social media advertising.
- III. Operational staff generally believe that youth inclusion courses are more engaging and beneficial than the current school visit format but are often not sure how to deliver them effectively. A lack of resources, time available to commit to the initiative and concerns over operational commitments are all barriers that make them challenging to deliver.
- IV. There is a belief that the introduction of additional crewing opportunities has reduced the appetite for staff to be involved in Youth Inclusion activity as '3 hours of pay, doesn't compare to the financial return of a bank shift for the day'.
- V. Different stations have started to develop their own educational material to present during school visits, as the material available is dated and not very engaging. This leads to an inconsistency in the prevention messages that are being delivered.
- VI. Only one fire setter intervention case has been completed in the last six months.



4.3 Theme: Road Safety

4.3.1 Strategy, vision, and leadership

- I. Through dialogue with the Road Safety Officer, it was explained that there are two clearly identified strands to the road safety strategy.

| | |
|------------------------------|--|
| Vulnerable road users | <ul style="list-style-type: none">• 17-24 year-olds (young drivers and passengers)• Motorcyclists• Drive for their job (Not commuters)• Older drivers – medical reasons/ been involved in collisions* |
| Driving behaviour | <ul style="list-style-type: none">• Speeding• Driving under the influence of drink and drugs• Mobile phone use• Use of seatbelts |

** This has been identified as an emerging trend in recent years*

- II. The statutory responsibility for road safety lies with the local authority – they have a statutory duty to provide road safety and are responsible for collating and sending-on casualty and collision figures.
- III. Currently all road safety prevention activity is tailored to support the delivery of TVP and the Local Authority's objectives. There is evidence of some good partnership working, however it is unclear as to what the organisation's main objectives are with regard to road safety.

4.3.2 Intelligence

- I. MAST data, which is NHS/Police and Fire Service road safety data, is available which can analyse data into categories, e.g. RTCs involving people living in the county or traveling through, and offers demographic insight into the people who are having accidents. This is not currently used but has been recognised as a credible source of intelligence that could offer valuable insight and help further support targeted activity.



- II. Road safety activity is based around findings from data collected by the Department for Transport which is shared in a [Road Casualties Annual Report](#). This data is based on information shared by UK Police forces. Although this data is broken down into Local Authority area in the appendices, it doesn't offer insight into local trends or impacts that RTC's have on our service.
- III. There is a current drive to focus on national trends rather than looking at road safety data geographically. There is currently no road safety prevention activity that considers localised trends, proposing proactive or reactive measures
- IV. No incident data or any analysis into RTC's is currently requested from our data intelligence team. There is currently no work that looks at the impact/benefit that specific prevention activity has in relationship to our operational involvement with RTC's.

4.3.3 Management of processes, systems and planning, including audit

- I. Currently road safety prevention activity is not recorded in PRMS, despite the facility to do so. Local records are being stored to record the activity that has been completed.
- II. Currently there is no targeted approach to road safety school visits. The schools are selected based on requests that have come into the Service.
- III. Very limited evaluation has taken place to review the effectiveness of the Service's road safety activity.

4.3.4 Coordination and communication of operations

- i. The majority of our road safety prevention efforts are supporting partner agencies with their initiatives, all being agreed, directed and coordinated by a single member of the Prevention team.
- ii. A Road Safety newsletter is shared, via hard copies to fire stations, to update operational staff on the road safety prevention activity. This is not always digested by staff and may not be the most effective communication method.



- iii. The majority of road safety activity is delivered by the Road Safety Officer in isolation. This limits the opportunity for engagement and outreach.
- iv. The MK council Road Safety Officer role is currently vacant which means there is currently no dedicated contact in MK Council for road safety.
- v. The use of social media platforms is limited to a dedicated BFRS road safety team page on Facebook which has limited following and shares generic posts from charities such as Brake or local partner agencies. Currently no other platforms have been utilised to help reach out and engage with different target audiences.

4.3.5 Delivery of operations

- I. The Road Safety Officer attends HM Coroner's inquests to establish the actual cause of a fatal incident. Insights from the inquest are sometimes shared with the local Station Commanders, however, this information is not used to influence local prevention activity.
- II. A road safety initiative 'Don't get smashed' received a negative reaction in Great Missenden. A resident opposite objected to the hard-hitting message as they had lost their daughter in a car crash. Staff involved in the initiative have expressed how the reaction has knocked their confidence and left them unsure on how best to deliver further road safety initiatives.
- III. The majority of road safety prevention activity has been suspended during the pandemic, in line with the NFCC prevention strategic intention and access to schools has been restricted. 'Safe Drive, Stay Alive' was cancelled in 2020 and is under review for 2021. Work is ongoing by the Road Safety Officer to look at trialling virtual school visits.
- IV. There is currently very little evidence of operational staff being involved in road safety prevention activity. The Road Safety Officer has explained how it is challenging to involve them due to operational commitments.



4.4 Theme: Fire & Well Programme

4.4.1 Strategy, vision, and leadership

- I. It is widely recognised that the Fire & Wellness programme is a fundamental part of the prevention strategy.
- II. The screening process, which has been agreed and used by the administration team, has been successful in ensuring the majority of visits completed are delivered to high-risk groups.

In 2019/20 over 67% of completed visits had some form of sensory impairment or disability recorded, with 37% of visits completed being received from partner agency referrals.

4.4.2 Intelligence

- I. The current level of reporting in the PRMS is very limited. Access to this information and the ability to run a report is only understood by a limited number of staff. The information captured is not regularly used to influence or support targeted prevention activity or initiatives.
- II. There is currently no quick or easy access to location-based performance reports. Community Safety Coordinators currently have no direct access to PRMS reporting to understand local impacts or trends and the same can be said for operational staff.
- III. Intelligence that is recorded in the PRMS is not easy to access and hard to analyse. Further development is required to improve access to reporting and intelligence.
- IV. Currently, there is a very limited amount of information recorded to understand the types of prevention enquiries that are being received by the organisation.

While the capacity existed within PRMS, the supporting text relating to why a referral is being made by an agency was not consistently being recorded by the Admin teams. Once the referral is recorded in the PRMS, the original referral form is kept on file and deleted after 30 days. Being able to review and understand the types of vulnerabilities and risks that are triggering a referral by our partner



agencies would help to improve targeted outreach and influence and evidence the requirement for prioritising certain prevention activities and efforts.

- V. The intelligence captured from the Fire & Wellness programme is not widely reviewed or used by many of the prevention team members. Prevention staff are not confident in how to navigate PRMS or explore the intelligence recorded in the system.

This is largely due to not having a single repository for all prevention risk information and intelligence. Local databases and records are still stored with information from a range of different prevention activities and complex cases.

- VI. The PRMS is updated daily with incidents from the Vision system. Only certain incident types are imported. It is believed that this could potentially lead to certain insights being missed.

An example is the incident type 'Internal flooding' which is not part of the export from Vision. This has been identified as a relevant incident type which may highlight signs of self-neglect and potential safeguarding concerns.

Incident address information is not always updated when it is corrected in a stop message. This can lead to incident data being marked against the wrong premises when it is pulled into PRMS from Vision.

Changes in incident types are not always updated by TVFCS or corrected by the attending crews. This can lead to inaccurate information being exported to the PRMS - e.g. alarm residential not being corrected to alarm domestic when the incident is in a single private dwelling.

4.4.3 Management of processes, systems and planning, including audit

- I. The Fire & Wellness booking process is very labour intensive, requiring administrators to complete a series of screening questions, manually inputting occupant and premises details. The process takes approximately 20-30mins for each booking.
- II. With the exception of a known complex or safeguarding referral, there is currently no scoring/ranking system. Individual scores



following screening do not change the priority of the delivery of the visits. A visit either meets the threshold or doesn't.

- III. Currently it is not possible to complete a Fire & Wellness visit directly into PRMS via the appliance tablets following an incident or during a hot strike. The visit details are recorded manually on a paper-based form which is then sent to the CAT to manually enter onto the system. This approach is not very efficient but was introduced to ensure this activity was being captured.
- IV. In general, operational staff have a poor understanding of the PRMS system and process for uploading and downloading a visit to a tablet.
- V. Operational staff often have technical issues with the tablets and connection issues. This has impacted the volume of visits that have been delivered and often staff resort to a paper-based version to complete the visit.
- VI. Administration staff are generally comfortable with the booking process but do find it challenging to read station calendars as it is not always obvious if an appliance or crew are available to facilitate a visit.
- VII. There are occasions when referrals do not meet the threshold for a Fire & Wellness visit. This is marked as not serviced in the PRMS. There is currently no home safety advice or guidance that the occupant is signposted to.
- VIII. A dedicated list has been created to record people who have requested a Fire & Wellness visit but have not been delivered due to a reduction in visits completed during the pandemic period.

These are occupants who are confirmed to have working smoke alarms but potentially need additional advice due to being referred by a partner agency for example.

On 27.11.20 it was identified that there were 325 premises recorded. There is currently no plan for how these will be actioned.

4.4.4 Coordination and communication of operations

- I. The process for requesting and booking a Fire & Wellness visit is a lengthy and time-consuming process.



- II. Operational staff often have dedicated time slots set aside to deliver Fire and Wellness visits which are not filled, making it challenging to plan station-based activity and impacting on productivity.
- III. Operational crews commonly find that visits are confirmed at short notice and are often only made aware of the visit on the day.
- IV. Visits delivered by operational crews are restricted to specific days of the week and times of the day. These may not always be suited to the audience that is being targeted.
- V. There are currently only three recognised ways of booking or requesting a Fire & Wellness visit:

Website contact us form- The online submission form has to be read and actioned by the Communications Team before being sent to the CAT, who will then review the location and, if necessary, pass the information on to the relevant admin team (North/Central/South). This is a very labour intensive and time-consuming exercise that could be reduced or mitigated through better process optimisation.

Dedicated Fire & Wellness phone line – The telephone line is open between 9-5 Monday to Friday. The line currently has no answerphone or way of capturing/signposting anyone who calls outside of these hours.

Partner agency referral form – This is submitted in the form of a word document which is usually submitted via password protected email. Sometimes this is sent to CAT however it is often sent directly to Community Safety Co-ordinators and other personal email addresses. The form is outdated and requires information to be manually input by the CAT into the PRMS system once they receive the referral. There could be considerable efficiency savings through better process optimisation which would also remove some of the vulnerabilities in the current process.

- VI. Information regarding the Fire & Wellness programme on the organisations external facing website is limited in detail and not easy to find.
- VII. There has been a noticeable reduction in self-referrals for Fire & Wellness visits since the pandemic. It is believed that people are not contacting to book a visit due to the risk of COVID-19 transition/infection and the general reduction in social interaction.



4.4.5 Delivery of operations

- I. The Fire & Wellness programme currently has a very traditional approach to delivering a visit. In 2019/20 over 90% of visits were delivered by operational staff and approximately 10% delivered by Community Safety Coordinators.
- II. The current options for completing a visit are not very efficient. The actual costs of delivering a Fire & Wellness visit in this manner is not understood but it is believed to be a relatively costly exercise.
- III. The opportunity for maximising the programme's outreach is currently limited due to the relatively low numbers of staff available to carry out the visits. Exploring alternative methods of delivery, through partner agencies, social care workers or via the creation of a volunteer sector, could help to expand and maximise the programme's outreach.
- IV. The pandemic has significantly reduced the opportunity to continue to deliver the programme through face-to-face visits.

Prior to the first national lockdown in March 2020 the programme delivered the highest number of visits in a single calendar month since the programme launched (229 in February 2020).

The total number of completed visits per calendar month has since ranged between 28 – 65 visits, fluctuating in line with the increase or reduction in infection rates and the removal or addition of restrictions and local measures.

- V. Records in PRMS highlight that, in 2019/20, Community Safety Coordinators (CSC) averaged approximately 80 Fire & Wellness visits each per year. This equated to approximately 100 hours of effort (including travel and delivery) per CSC.

Redirecting some of their time to coordinating and supporting partner agencies and voluntary groups to deliver the visits on behalf of the service is something that should be considered and explored to help redirect capacity and increase opportunity for delivery and outreach.

- VI. A virtual Fire & Wellness visit has been trialled by a CSC. An Occupational Therapist and a care agency manager visited the occupant and completed the virtual visit through MS Teams.



The CSC explained how they felt they could still create rapport and build a relationship with the occupant and believes that this could be a valuable option for delivery to those with the right level of care intervention.

It is believed that expanding this approach may help to improve access to certain hard to reach, high risk groups i.e. hoarding.

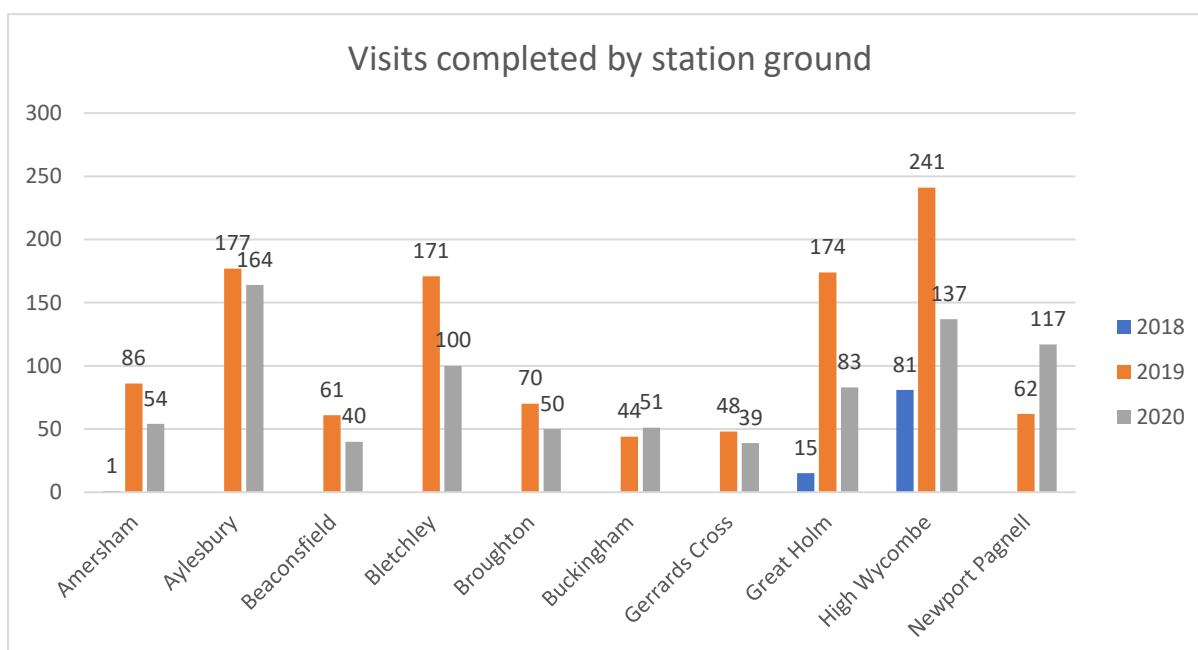
Introducing this as a delivery option would remove the requirement to physically access the premises and reduce travel times.

5. VALUE

5.1 Evaluating value

Running a raw data export from the PRMS system on 24/11/2020 has offered some valuable insights into the type of information that has been collected since the system was introduced in September 2018.

A total of 2217 visits have been completed to date -1837 by Operational Crews, 365 by Community Safety Coordinators (CSC) and a single visit by a partner agency.



Service Document Evaluation:

Review of Prevention – Phase one report



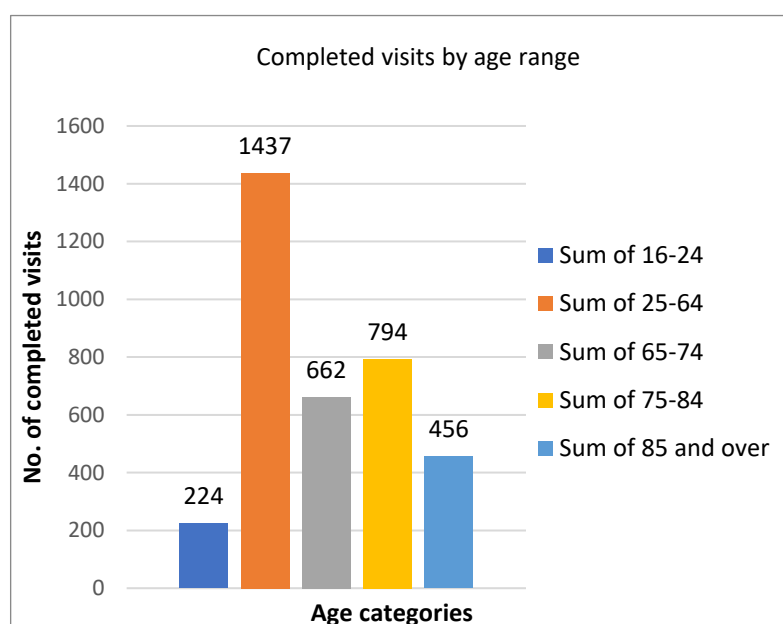
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The visits completed are categorised by age, this helps identify the age groups that are being reached. Comparing the data to the Demography by broad age group report published by Buckinghamshire Council⁵, the report details that over 65's account for 18.3% of the total population. This figure fluctuates by area as detailed in the following table:

| Area | Total population | No. who are 65+ | % who are 65+ |
|----------------|------------------|-----------------|---------------|
| Aylesbury Vale | 193,113 | 31,889 | 16.5% |
| Chiltern | 95,103 | 20,271 | 21.3% |
| South Bucks | 69,636 | 14,623 | 21.0% |
| Wycombe | 176,868 | 31,280 | 17.7% |
| Total | 534,720 | 98,063 | 18.3% |

The data from PRMS details that 53.5% of visits completed to date have been delivered to occupants that are over 65 years of age. This is an age group that the programme has aimed to target. The results evidence that the approach is working, as the number of visits completed to this age category is significantly higher than the population percentage.

| Age ranges in PRMS | % of total completed visits |
|--------------------|-----------------------------|
| 16 - 24 | 6.3% |
| 25 - 64 | 40.2% |
| 65 - 74 | 18.5% |
| 75 - 84 | 22.2% |
| 85 and over | 12.8% |

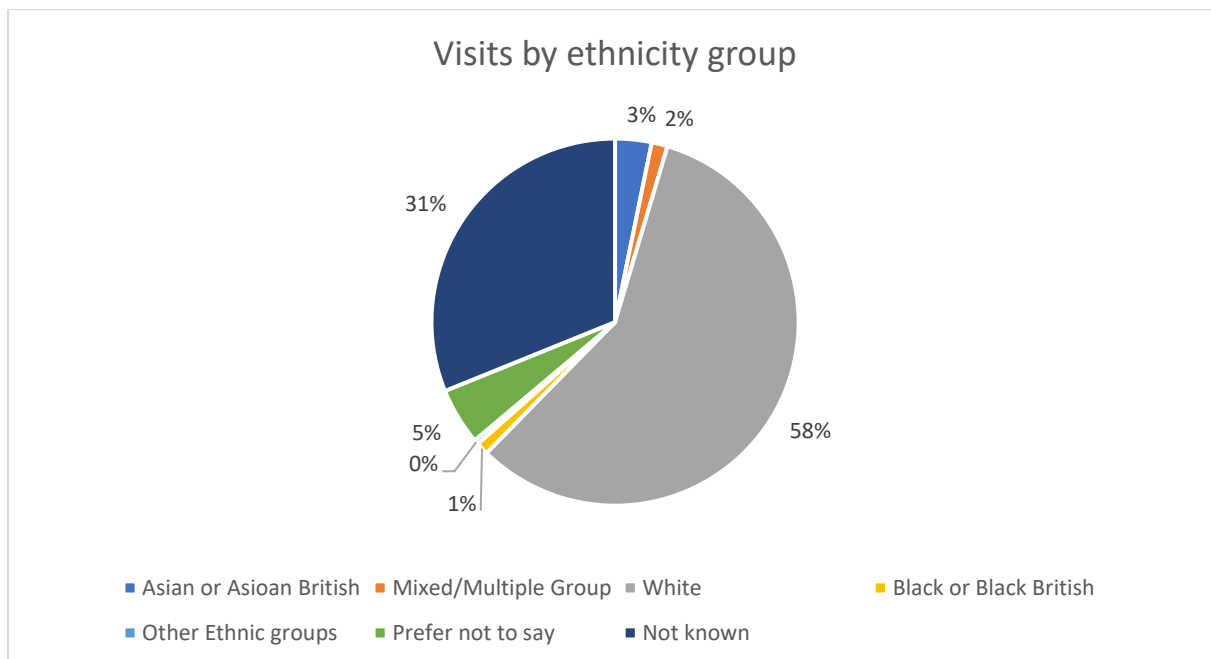


Analysing the data has highlighted that further interrogation needs to be carried out to ensure that we are reaching all different types of ethnicity.

⁵ [Microsoft Word - Buckinghamshire's demography, 2016 \(buckscc.gov.uk\)](https://www.buckscc.gov.uk/microsoft-word-buckinghamshire-demography-2016)

Service Document Evaluation:

Review of Prevention – Phase one report



It is concerning to see the volume of records that have been recorded as 'prefer not to say' and 'not known' equating to 36% of the total visits carried out. This disproportionately high percentage impacts the accuracy of our analysis and the understanding of our outreach to ethnic minority groups.

Some further training and education on the importance of asking ethnicity information or a review on how that data is captured is required.

The following table compares the total visits for each ethnic group to the Buckinghamshire County Council population report 2011⁶

| Ethnicity | Total Visits | Total % of F&W visits | BCC population (2011)* |
|--|--------------|-----------------------|------------------------|
| Asian/Asian British: Bangladeshi | 1 | 0.05% | 0.2% |
| Asian/Asian British: Chinese | 1 | 0.05% | 0.5% |
| Asian/Asian British: Indian | 36 | 1.6% | 2.2% |
| Asian/Asian British: Other Asian | 6 | 0.03% | 1.4% |
| Asian/Asian British: Pakistani | 34 | 1.5% | 4.2% |
| Black/African/Caribbean/Black British: African | 19 | 0.86% | 0.8% |
| Black/African/Caribbean/Black British: Caribbean | 2 | 0.1% | 1% |
| Black/African/Caribbean/Black British: Other Black | 3 | 0.15% | 0.3% |
| Mixed: Other Mixed | 7 | 0.32% | 0.5% |
| Mixed: White and Asian | 8 | 0.36% | 0.8% |
| Mixed: White and Black African | 12 | 0.54% | 0.2% |
| Mixed: White and Black Caribbean | 4 | 0.2% | 0.9% |

⁶

<http://www.healthandwellbeingbucks.org/Resources/Councils/Buckinghamshire/Documents/JSNA/3.1%20Population%20size%20and%20characteristics.pdf> p3-4

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Review of Prevention – Phase one report



| | | | |
|---|------|------|-------|
| Not Known | 690 | 31% | - |
| Other Ethnic Group: Other Ethnic Group (inc Arab) | 8 | 0.4% | 0.5% |
| Prefer Not To Say | 111 | 5% | - |
| White: English; Welsh; Scottish; N Irish; British Irish | 1240 | 56% | 81.1% |
| White: Other White/ Gypsy or Irish Traveller | 34 | 1.5% | 5.3% |

**Statistics have been taken from the Census report which provides a detailed snapshot of the population and its characteristics once a decade. The last Census was conducted in 2011.*

The following table details the types of disabilities that have been recorded in the Premises Risk Management System. Over 67% of completed visits have recorded some form of sensory impairment or disability.

| Type of disability | Number of visits that recorded a disability | Percentage of total S& W visits |
|----------------------|---|---------------------------------|
| Hearing impairment | 431 | 19% |
| Sight impairment | 218 | 9.8% |
| Learning disability | 59 | 2.6% |
| Long term disability | 780 | 35% |
| TOTAL | 1488 | 67% |

The following table details the number of visits that have generated and recorded risk to crew information broken down into each category of risk.

| Category of risk | Number of visits that recorded the risk | Percentage of total S& W visits |
|-------------------|---|---------------------------------|
| Oxygen Cylinders | 376 | 17% |
| Premises Keycodes | 296 | 13% |
| Hoarding | 61 | 2.7% |
| HIMO | 14 | 0.6% |
| Basements | 5 | 0.2% |
| Timber Frame | 3 | 0.15% |
| Thatch Roof | 1 | 0.05% |
| TOTAL | 679 | 31% |

5.2 Benchmarking delivery and outcome

The Home Office requests yearly statistics on the delivery of Safe and Well (Fire and Wellness) and Home Fire Risk Check (HFRC) visits carried out by every Fire and Rescue service in England.

The data captures the method of delivery (which staff groups have completed the visit) and the types of audiences the visit has been delivered to, the data set categories fire and rescue services across the UK into three different groups:

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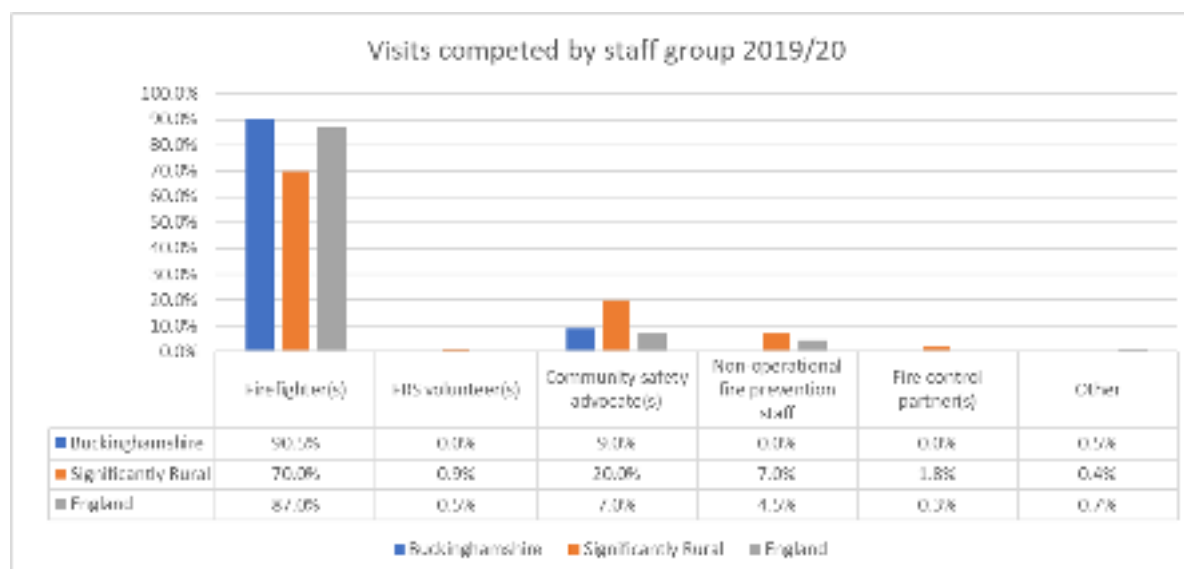
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- Predominantly Urban
- Predominantly Rural
- Significantly Rural

Buckinghamshire Fire & Rescue Service is classified as 'Significantly Rural'. To benchmark and compare delivery and outcome, the data has been analysed and a series of charts have been created comparing BFRS to all fire and rescue services in the UK and the Significantly Rural category.

Statistics have been taken from the Fire and Rescue Incident Statistics: England, year ending March 2020 ⁷



In 2019-2020 financial year the majority of our Fire & Wellness visits were completed by Operational Firefighters (90.5%) with additional visits being carried out by Community Safety Co-ordinators (9%).

The percentage of activity carried out by Firefighters is broadly in line with the national average, however it is significantly higher than the average compared to the significantly rural category.

Currently there is no activity that is carried out by prevention volunteers in our organisation. This is an area that is starting to be explored by a range of Fire and Rescue Services across England. The following table highlights three

⁷ [FIRE1201: Home fire risk checks carried out by fire and rescue authorities and partners, by fire and rescue authority \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/861201/FIRE1201_Home_fire_risk_checks_carried_out_by_fire_and_rescue_authorities_and_partners_by_fire_and_rescue_authority.pdf)

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Review of Prevention – Phase one report



Services that are utilising volunteers to help deliver their Safe and well/ HFRC programme.

| FRS | Number of visits* | Number of staff completing visits** | Total no. of volunteers delivering visits*** | Volunteer % of total staff delivering visits**** |
|-----------|-------------------|-------------------------------------|--|--|
| Cleveland | 17,293 | 60,382 | 2,170 | 3.5% |
| Essex | 7,718 | 8,013 | 1,480 | 18.4% |
| Surrey | 5,045 | 9,108 | 1,144 | 12.6% |

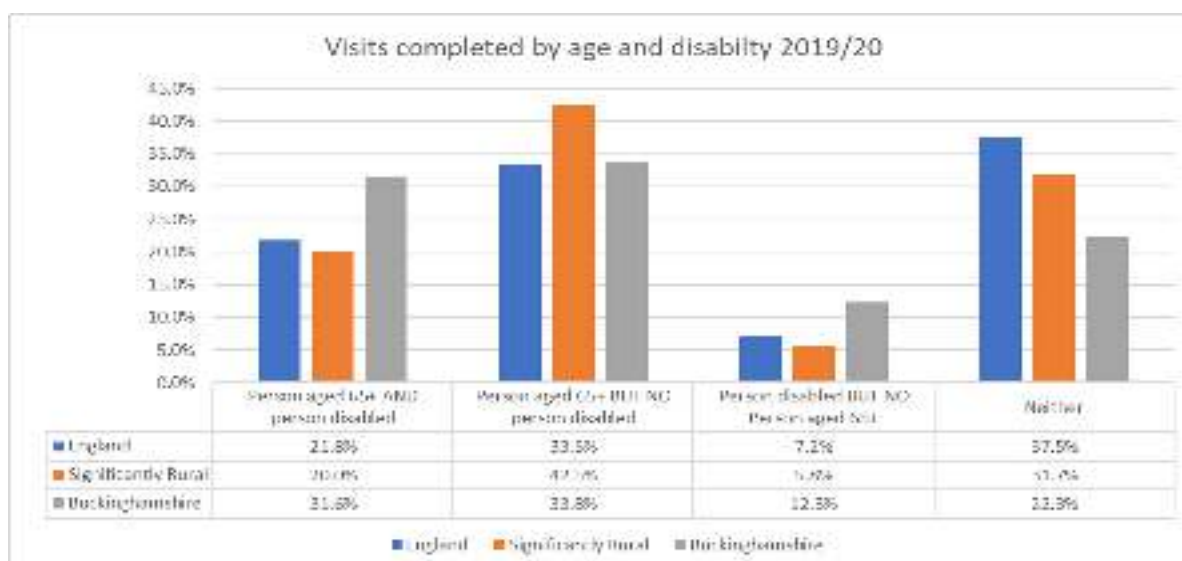
*Total visits completed by service in 2019/20. **Total number of staff required to complete the visits. ***Total number of volunteer staff who have delivered a visit. ****Percentage of total staff numbers delivering visits who are volunteers.

The formation of a volunteer sector within the prevention team is an area that is worth exploring to increase and improve the programme's outreach, to help increase capacity and overcome some of the challenges in accessing some hard-to-reach groups.

The data set also looks at 3 specific set of high-risk groups:

- Person aged 65+ and person disabled
- Person aged 65+ but person not disabled
- Person disabled but not aged 65+

A comparison of the high-risk groups the programme reached in 2019/20 and the way the service screens referrals/requests has highlighted some positive results. Only 22.3% of visits completed were not delivered to one of the 3 highlighted risk groups. Whereas the Significantly Rural average is 31.7% and 37.5% Nationally.

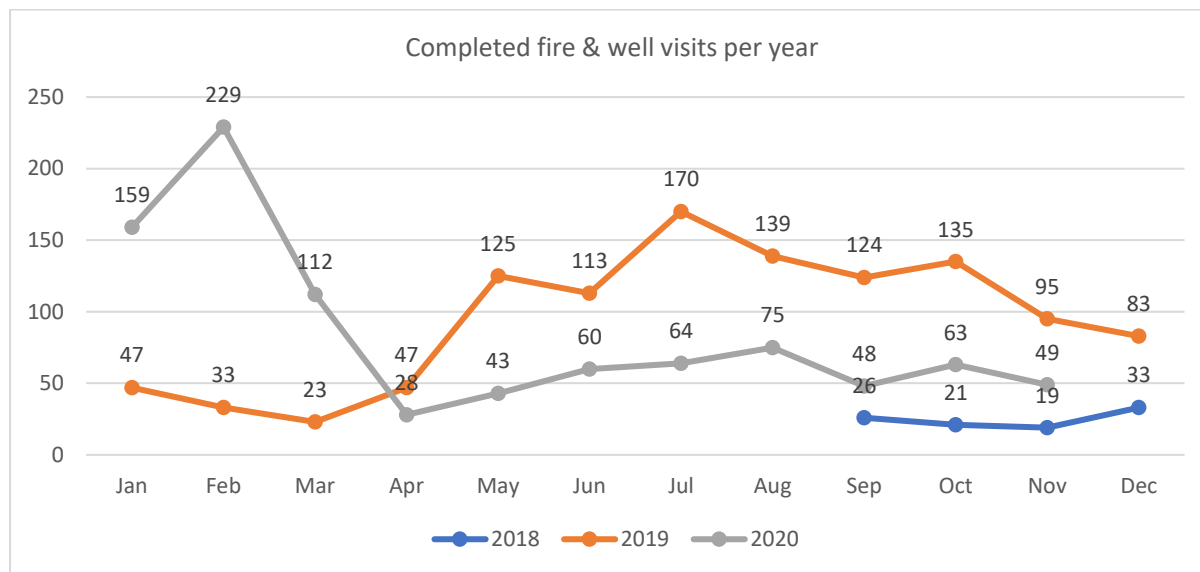




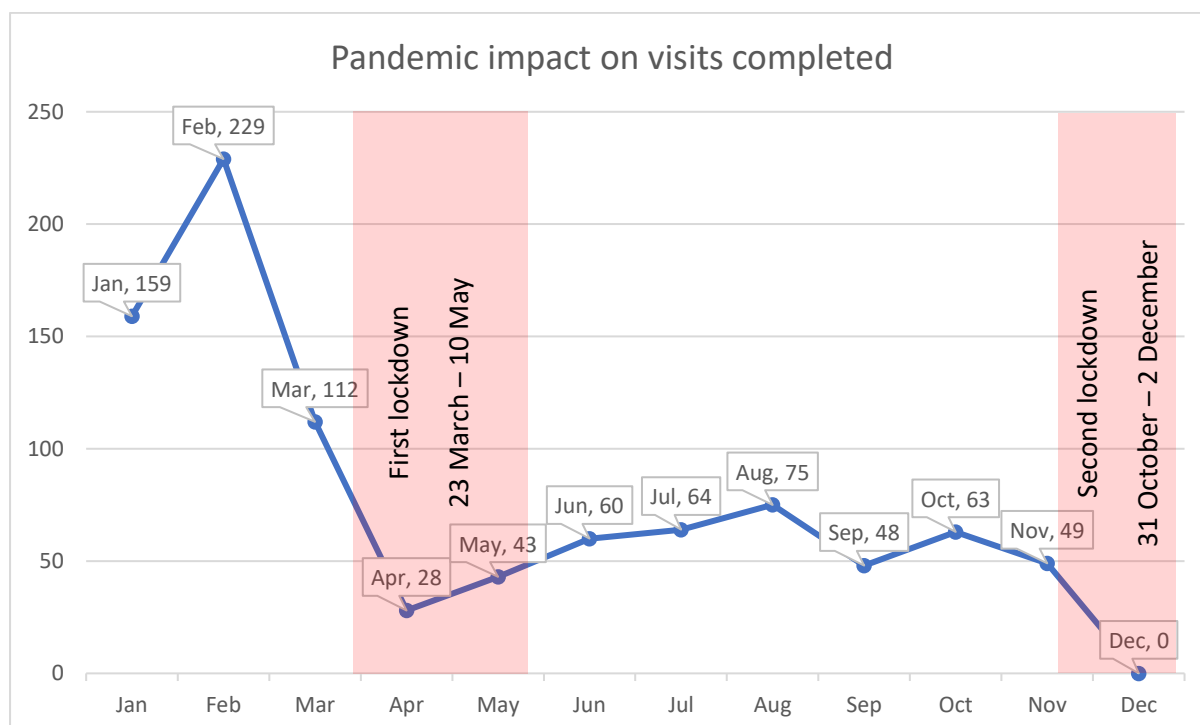
5.3 The impact of COVID-19

COVID-19 has had a significant impact on the Fire & Well programme. February 2020 saw a record number of Fire and Wellness visits completed. A significant increase versus the same period in 2019.

February 2020 saw the highest ever output in in the Fire and Wellness programme with 229 completed visits.



However, the ability to continue to effectively deliver the programme has been impacted by the additional risks and complexities the pandemic has highlighted through the current method of face to face delivery of Fire and Wellness visits.



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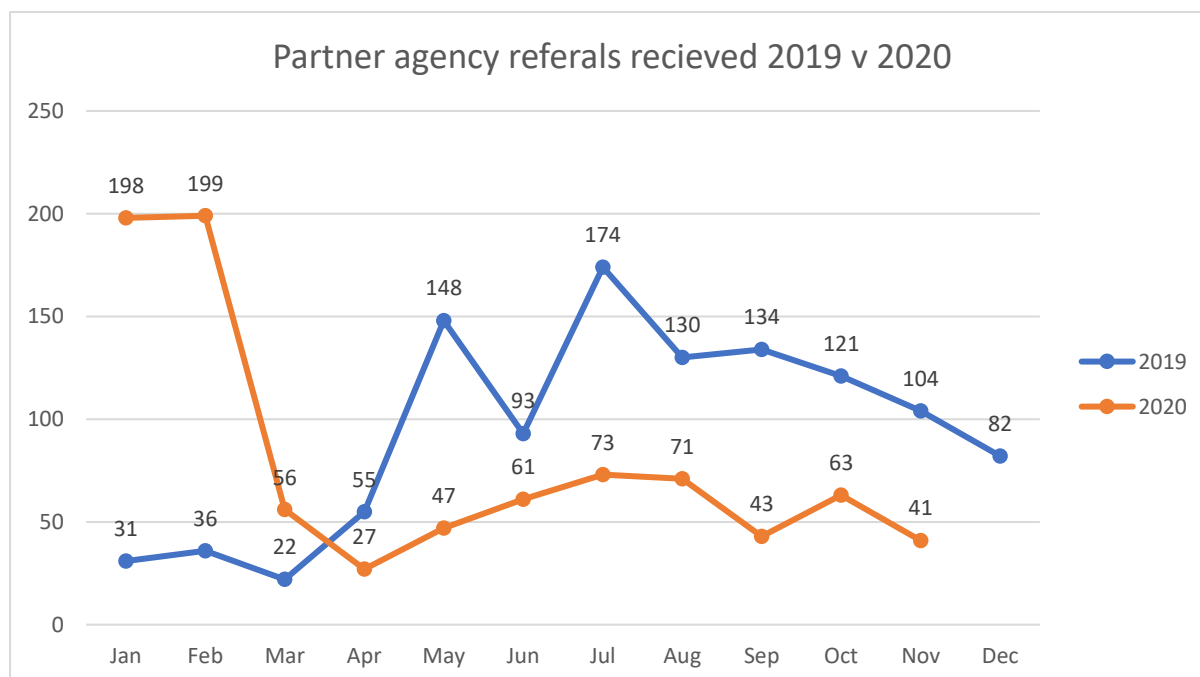
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Key dates and actions/announcements that have impacted the programme include:

- 20 March 2020 a decision was recorded in the PPM to '*take a pragmatic approach to prevention activities, triaging calls and additional Covid 19 questioning being used.*'
- 23 March 2020 the first national lockdown began
- 22 April 2020 NFCC provided guidance and a position statement detailing a risk-based approach to prevention
- 10 May 2020 the first round of lockdown restrictions being lifted were announced by the Prime Minister.
- 31 October 2020 the second national lockdown began
- 2 December 2020 the national lockdown was replaced by a localised tiering system
- 5 January 2021 a third national lockdown commenced.

The following graph shows the impact the sudden change in our operating environment has had on the Fire and Wellness programme.



The above graph gives an insight into the impact the current operating environment has had on partner agency referrals. A sharp decline in February just prior to the national lockdown as several organisations were learning to adapt, introducing new processes and technology. Referrals started to rise slowly but have remained significantly lower than 2019.

A full breakdown of the sources of partner agency referrals can be seen in **Appendix D**



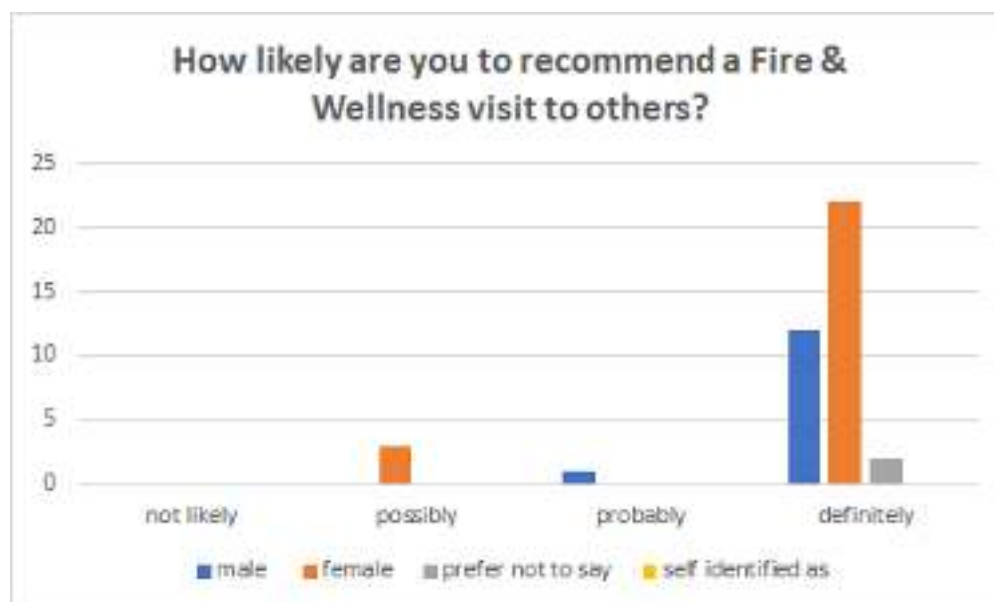
5.4 Impact of Fire and Wellness Visits – Behavioural change analysis

The most effective way of evaluating the effectiveness of Fire and Wellness Visits is to explore the changes they have evoked in people's behaviour. A customer engagement project was undertaken with a randomised sample of those who had received a Fire and Wellness visit in the last 6 months, excluding those for whom contact had the potential to place them at risk e.g. those referred for domestic abuse, honour-based violence or threat of arson.

A randomised group of customers was identified which was representative of the distribution of Fire & Wellness visits across the Buckinghamshire and Milton Keynes Council areas and whether they were delivered by station-based staff or CSCs.

65% of the group were aged 65 or above, with 42.5% identifying as having a sensory impairment or disability.

65% of the group identified their ethnicity as White English/Welsh/Scottish/N. Irish, 27.5% preferred not to say and the remaining ethnicities were equally divided between Asian/British Asian: Indian, Asian/British Asian: Pakistani and Mixed White & Black African.



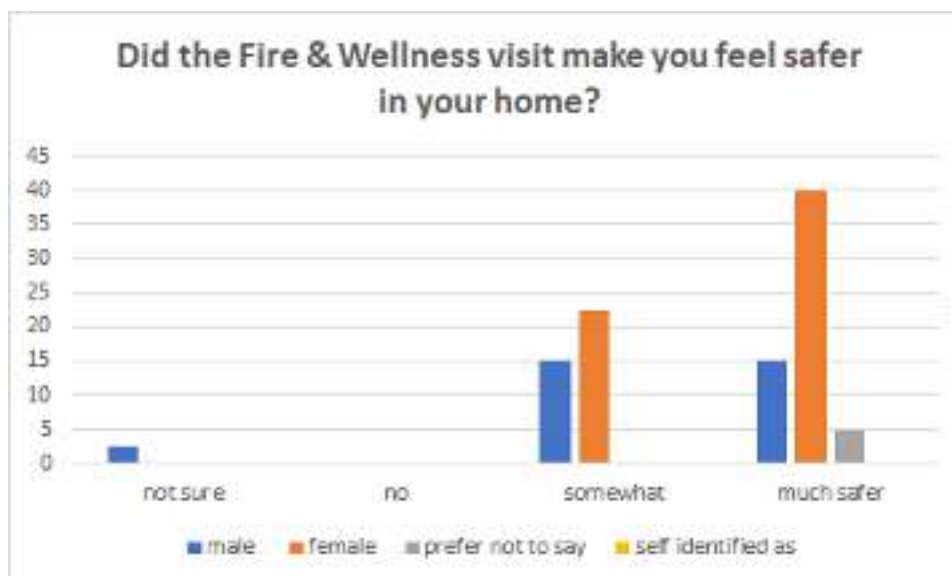
It may be construed from the above graph to be positive that 90% of customers would definitely recommend a Fire and Wellness visit to others, as in 97.5% of cases it made them feel safer in their home.

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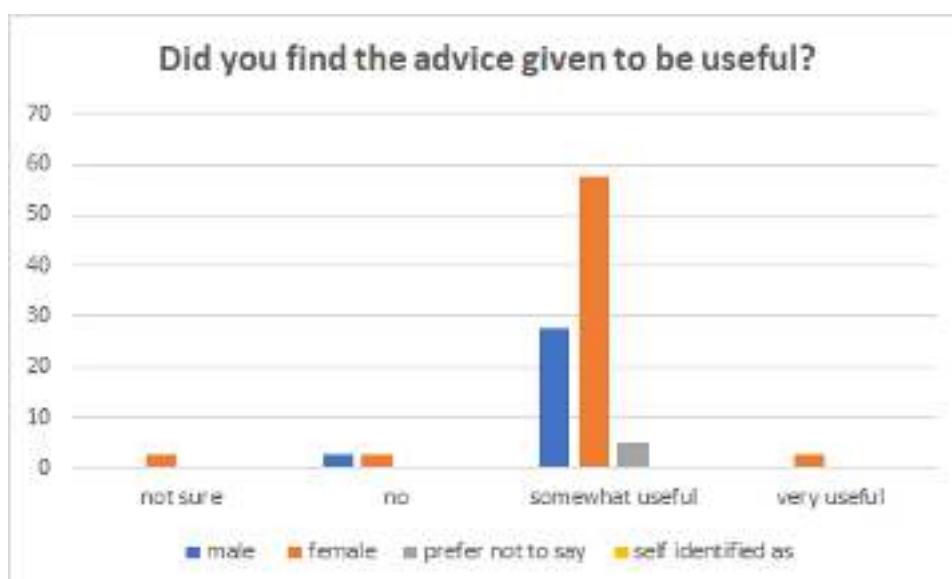
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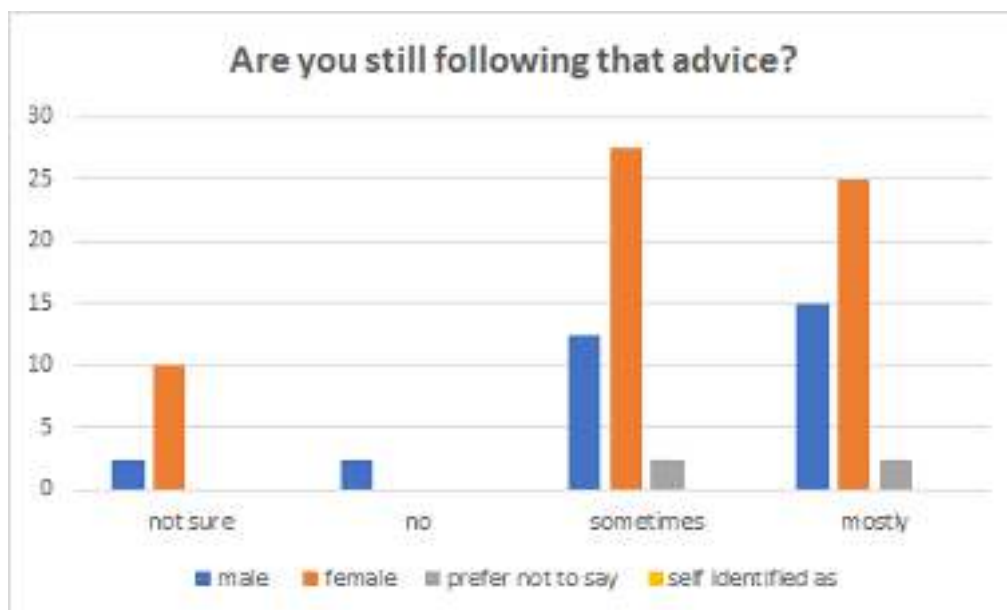


One customer commented that *"they really did a thorough visit, the attention to detail was excellent. I only had one smoke alarm so another one was fitted as this was required to provide us with greater protection. We also changed from cube sockets to a long extension block for safety and now close all the doors at night."*

The breakdown of responses to the questions in the customer engagement survey intimates that the impact of the advice provided in Fire and Wellness visits was found to be somewhat useful, with 42.5% of customers saying that they continued to follow the advice most of the time.

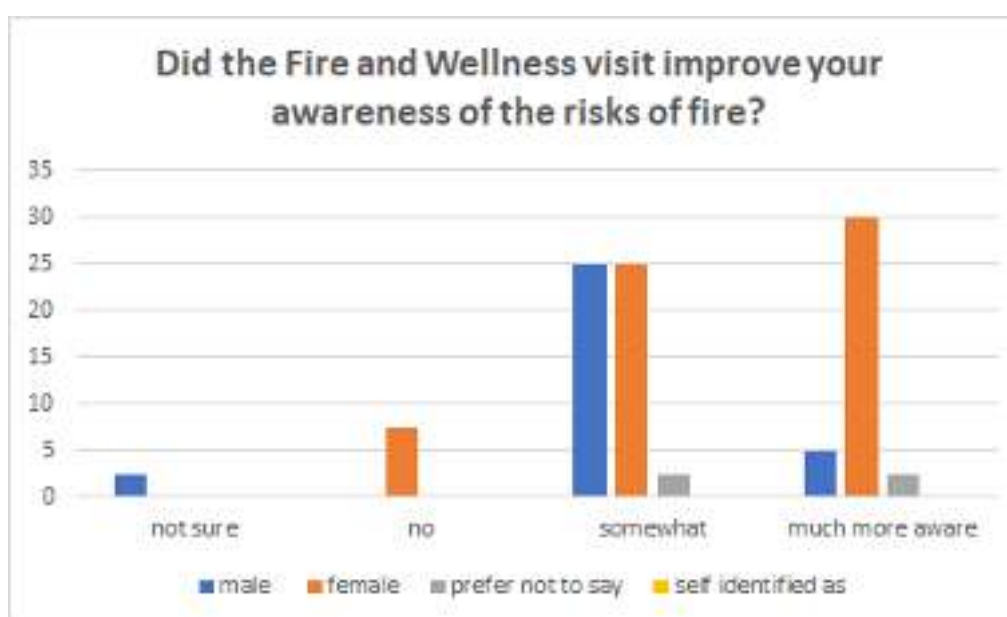
In the majority of cases where "not sure" responses were given, these were provided by family members who were caring for relatives who had deteriorated since the Fire and Wellness visit occurred.





Although the customers were randomly selected for the engagement questionnaire, 25% of them were oxygen users and this group of people in particular found the advice they were provided with to be of use in raising their awareness of the risks of fire. Comments received included one oxygen user who said they *"no longer use candles and know to check their smoke alarms work."*

Further areas of strength, in relation to the advice provided, included electrical safety with specific regard to socket overloading and suggestions on how people could check their smoke alarms by utilising Hoover nozzles, grab sticks, walking sticks and requesting carers to assist them.



What is concerning is that, although 80% of the 85+ group were aware of the need to check that their alarms were working, 60% of them were not able to do this themselves and 40% of that group had no-one who could assist them. While more expensive than the standard alarms fitted, there is a consideration that, for people who have no support network and who are considered high risk, the service could provide interconnected alarms with a remote test button.

6. RECOMMENDATIONS

Set out below is a Recommendations Summary Table that captures the recommendations which have been made based on the insights which have been captured during the evaluation. Further to this, in appendices A and B respectively, are the following supporting benefit assessment and matrix:

- A benefit assessment table which provides an indicative score for each recommendation in terms of improving prevention activity and the organisational resource commitment required to do so. The assessment has been based on professional judgement following due consideration of the current prevention activity performance of BFRS and will require further refinement at directorate level.
- A benefit matrix was used to plot the results of the benefit assessment so that a prioritisation process could be established. A traditional 5x5 matrix provides equal weight to both the x and y axis. Giving a clear indication of the impact weighed up against the time, effort and estimated associated costs required to deliver the recommendation.

6.1 Recommendations Summary Table

| 1. Strategy, vision, and leadership | | |
|--|--|--------------|
| Insight 1.1: <i>Several affiliate boards have been established by MK Together which could be accessed to improve partnership working and joint understanding of risk.</i> | | Priority |
| Recommendation 1.1 | Establish links into the affiliate boards for both Local Authorities and create a clear process for identifying opportunity, recording activity, and assessing the value agreed prevention activity has added to our operational response. | Advantageous |

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Review of Prevention – Phase one report



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| Insight 1.2: <i>The volumes of Safeguarding referrals, recorded engagements, and interactions with vulnerable members of society is very low in comparison to our partner agencies.</i> | | Priority |
| Recommendation 1.2 | Monitor and review the types of volumes of referrals being recorded and ensure the importance of raising safeguarding referrals is continually promoted and communicated. | Essential |
| Insight 1.3: <i>There is currently minimal evidence of targeted prevention activity beyond reactive responses from partnership referrals.</i> | | Priority |
| Recommendation 1.3 | Review and re-embed Station Prevention Plans to ensure targeted prevention activity is being delivered, monitored and measured against local risk intelligence. | Essential |
| Insight 1.4: <i>There is no scoring system or way of calculating the risk of a fire-setting referral. Referrals are not prioritised on severity. This is in part due to the low volume of referrals received enabling them to be addressed as they are received.</i> | | Priority |
| Recommendation 1.4 | A further review to be commissioned to establish what value the fire-setting programme is adding and to identify if the programme is maximising its outreach and evaluating risk appropriately. | Critical |
| Insight 1.5: <i>Currently all road safety prevention activity is tailored to support the delivery of TVP and the Local Authority's objectives. There is evidence of some good partnership working, however it is unclear as to what the organisation's main objectives are regarding road safety.</i> | | Priority |
| Recommendation 1.5 | Review the organisation's road safety strategy and, where appropriate, set targets and performance indicators to help identify performance in this area. | Critical |

2. Intelligence

| | |
|--|----------|
| Insight 2.1: <i>The recording of prevention activity is limited. PRMS (the Premises Risk Management System) is used to record some but not all activity. The system is also used to store and record Protection risk information. These records are</i> | Priority |
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Review of Prevention – Phase one report



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| <i>not shared or used as a source of risk intelligence by the service currently.</i> | | |
| Recommendation 2.1 | Create a better process for recording and reviewing all prevention activity in the PRMS to ensure there is one database which captures all prevention activity. | Essential |
| Insight 2.2: <i>There is little shared understanding of risk across the emergency services. We do not currently have access to risk information on flagged properties by TVP and are not able to utilise the Domestic Risk (DR) code information for prevention activity in the same way in which we request and share the information for operational incidents.</i> | | Priority |
| Recommendation 2.2 | Review existing and explore new data sharing agreements with partner agencies and emergency services to help improve the level of risk intelligence that can be accessed to influence and better target prevention activity. | Advantageous |
| Insight 2.3: <i>Running reports in PRMS has been described as not easy and limited. The prevention team has described how it is adapting its approach to recording activity around the restraints of what it can record in the system.</i> | | Priority |
| Recommendation 2.3 | Scope out the further configuration and development required to improve the way activity is recorded and reviewed in PRMS. | Essential |
| Insight 2.4: <i>In recent years there has been limited prevention data analysis or targeted work around risk intelligence. Working more closely with the Data Intelligence Team (DIT) could help to improve approach and develop a more reliable and intelligent data set.</i> | | Priority |
| Recommendation 2.4 | Establish a closer working relationship with DIT to ensure there is improved analysis of risk intelligence to gain access to a more reliable and intelligent data set. | Critical |
| Insight 2.5: <i>There are currently few examples of intelligence sharing with partner agencies. The DIT believes that having access to intelligence such as doctor's surgery data would help to refine and target specific issues, gaining greater insight into heavy smokers and cross referencing the data against prevention and incident activity. This practice is not being carried out due to the absence of securing a sharing</i> | | Priority |

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Review of Prevention – Phase one report



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| <i>agreement with the Clinical Commissioning Groups or Primary Care Networks.</i> | | |
| Recommendation 2.5: | Review existing and explore new data sharing agreements with partner agencies and emergency services to help improve the level of risk intelligence that can be accessed to influence and better target prevention activity. Linked to recommendation 2.3 | Advantageous |
| Insight 2.6: <i>There appears to be no targeting criteria when delivering youth inclusion courses. Often courses are run in isolation as a component of a wider scheme without a pathway to another youth inclusion initiative or engagement opportunity.</i> | | Priority |
| Recommendation 2.6: | Adopt a targeted approach to delivering youth inclusion courses or modules following review or incident, risk and other relevant intelligence. Develop a youth inclusion pathway framework in the prevention strategy. | Advantageous |
| Insight 2.7: <i>There is a post incident form for operational crews to make referrals to the Firesetter Intervention and Youth Inclusion Officer but this process is not widely recognised by supervisory managers and it generates very few referrals.</i> | | Priority |
| Recommendation 2.7: | Review the effectiveness of the current referral process. | Critical |
| Insight 2.8: <i>MAST data which is NHS/Police and Fire Service road safety data is available, which can analyse data into categories e.g. RTCs involving people living in the county or traveling through and offers demographic insight into the people who are having accidents. This is not currently used but has been recognised as a credible source of intelligence that could offer valuable insight and help further support targeted activity.</i> | | Priority |
| Recommendation 2.8: | Review and consider new data sets in conjunction with DIT to better understand what intelligence could be used to further support a data driven approach to targeted prevention activity. | Advantageous |
| Insight 2.9: <i>There is a current drive to focus on national trends rather than looking at road safety data geographically. There is currently no road safety prevention activity that considers localised trends, considering proactive or reactive measures.</i> | | Priority |

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Review of Prevention – Phase one report



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| Recommendation 2.9 | Road safety activity should be scaled up/down and adapted based on the risk intelligence that can be reviewed to identify a need for targeted prevention activity in specific areas/locations rather than a blanket approach. | Critical |
| Insight 2.10: <i>There is currently no quick or easy access to location-based performance reports. Community Safety Coordinators do not currently utilise PRMS reporting to understand local impacts or trends and the same can be said for operational staff.</i> | | Priority |
| Recommendation 2.10 | Create better access to risk information and reporting that is relevant to station grounds that can help influence and support prevention activity. | Critical |
| Insight 2.11: <i>Currently, there is a very limited amount of information recorded to understand the types of prevention enquiries that are being received by the organisation.</i> | | Priority |
| Recommendation 2.11 | Create a way to record, review and understand the types of vulnerabilities and risks that are triggering a request for prevention activity. This would help to improve targeted outreach, influence and evidence the requirement for prioritising certain prevention activities and efforts. | Essential |
| Insight 2.12: <i>PRMS is updated daily with incidents from the Vision system. Only certain incident types are imported. It is believed that this could potentially lead to certain insights being missed.</i> | | Priority |
| Recommendation 2.12 | Improve the data set that is being exported from the Vision system. Review and further develop the process to mitigate inaccuracies in information. | Essential |

3. Management of processes, systems and planning, including audit

Insight 3.1: *There is not much evidence of joint protection/prevention initiatives.*

Priority

Recommendation 3.1 Consider adopting a joint approach to the Risk Inspection programme with Prevention to tackle

Critical

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| | prevention activity in premises that have common areas that are inspected by Protection. | |
| Insight 3.2: <i>BFRS are still not widely considered by social care teams as an option for outreach to provide education or intervention to individuals identified as high risk or vulnerable</i> | | Priority |
| Recommendation 3.2 | Improve working relationships with healthcare providers and social care teams to improve awareness of the services available to ensure individuals identified as high risk are being captured as part of the service's prevention activity. | Advantageous |
| Insight 3.3: <i>Prevention referrals come into Central Admin Team (CAT), some directly to the Community Safety Co-ordinators (CSC), in a range of different formats (phone call, email, referral form). Not having a clear process and way of capturing every referral or request for prevention intervention can lead to the process relying on specific individuals and their locally stored records. There is a significant risk of risk intelligence being received in Service and not being appropriately actioned, including when outdated email addresses are still in circulation on supporting literature.</i> | | Priority |
| Recommendation 3.3 | Introduce a recognised way of recording and processing all prevention referrals directly into the PRMS to ensure there is one data base recording all prevention engagements as well as activity. | Essential |
| Insight 3.4: <i>Staff understand the potential benefits of having the information all in one system (PRMS) for both protection and prevention but just trying to complete the forms is challenging. Currently there isn't the capacity or skill set dedicated to review or share the intelligence.</i> | | Priority |
| Recommendation 3.4 | Commission a joint review of PRMS with Protection to establish areas of development that could benefit both departments to make better use of the system and information captured. | Essential |
| Insight 3.5: <i>Operational staff have expressed how support with a communications strategy would be useful to ensure regular and targeted prevention messages are agreed in advanced.</i> | | Priority |
| Recommendation 3.5 | Look at how the Prevention department can better support and assist with communication | Critical |

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| | strategies to ensure targeted prevention messages are created. | |
| Insight 3.6: | <i>Youth inclusion courses vary across the service with a range of different programmes delivering localised content.</i> | Priority |
| Recommendation 3.6: | Review the current content that is being delivered. Look to centralise and standardise course delivery to ensure the information is constant and adding value. | Advantageous |
| Insight 3.7: | <i>Very limited evaluation has taken place to review the effectiveness of the Service's road safety activity.</i> | Priority |
| Recommendation 3.7: | Evaluate the effectiveness of the Service's road safety activity. | Critical |
| Insight 3.8: | <i>The Fire & Wellness booking process is very labour intensive, requiring administrators to complete a series of screening questions, manually inputting occupant and premises details. The process takes approximately 20-30mins for each booking.</i> | Priority |
| Recommendation 3.8: | Review the current screening process and look at ways to improve efficiency. | Critical |
| Insight 3.9: | <i>With the exception of a known complex or safeguarding referral, there is currently no scoring/ranking system. Individual scores following screening do not change the priority of the delivery of the visits. A visit either meets the threshold or doesn't.</i> | Priority |
| Recommendation 3.9: | Review the scoring system and introduce a way of prioritising delivery through risk scoring. | Critical |
| Insight 3.10: | <i>Currently it is not possible to complete a Fire & Wellness visit directly into PRMS via the appliance tablets following an incident or during a hot strike.</i> | Priority |
| Recommendation 3.10: | Improve the ability to record a prevention visit directly into the PRMS system. | Advantageous |
| Insight 3.11: | <i>In general, operational staff have a poor understanding of the PRMS system and process for uploading and downloading a visit to a tablet.</i> | Priority |
| Recommendation 3.11: | Review the support required to ensure staff are accurately recording prevention activity into PRMS and improve their knowledge and understanding of the system. | Critical |

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| 4. Coordination and communication of operations | | |
|---|--|-----------|
| Insight 4.1: <i>There is a need to develop clearer processes and focus on partnership workstreams and projects. A vulnerability has been identified that if key members of the prevention team (Community Safety and Safeguarding Manager) leave then there is no clear identified process agreed for the workstreams to continue. This has also been identified by agencies outside of the service.</i> | | Priority |
| Recommendation 4.1 | Introduce the use of tools such as workstream and project plans to ensure there is a clear understanding of where effort and time is being focused and spent. | Essential |
| Insight 4.2: <i>A general view shared by most employees is that the public do not know that we are so heavily involved in protecting the community in the way we do. There is also evidence that many staff within the service are not fully aware of what prevention delivers.</i> | | Priority |
| Recommendation 4.2 | Introduce a prevention communication strategy that introduces fresh ways of sharing information internally and externally. | Essential |
| Insight 4.3: <i>There are some good examples of the use of social media platforms to engage and interact with different target audiences by other FRS and partner agencies. This is an area that many would like to see developed to improve outreach and engagement.</i> | | Priority |
| Recommendation 4.3 | Review the use of social media to share prevention messages both within the department and at station level. Look at ways to better support official social channels and explore new social media platforms to reach different target audiences. | Essential |
| Insight 4.4: <i>Operational staff have expressed that there is not enough guidance to help support appropriate social media use. Staff have suggested a training workshop would be beneficial to help ensure the right messages are put online, helping to vary the content and messaging to suit the target audience.</i> | | Priority |
| Recommendation 4.4 | Introduce training for social media champions on station. Ensure there is a consistent approach to content posted and the right level of official support from the department. | Essential |
| Insight 4.5: <i>The majority of our road safety prevention efforts are supporting partner agencies with their initiatives. All being</i> | | Priority |

Service Document Evaluation:

Review of Prevention – Phase one report



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| <i>agreed, directed and coordinated by a single member of the Prevention team.</i> | | |
| Recommendation 4.5 | Review the structure of the prevention team to ensure there are not single points of contact for specific prevention themes or subjects. | Essential |
| Insight 4.6: <i>The majority of road safety activity is delivered by the Road Safety Officer in isolation. This limits the opportunity for engagement and outreach.</i> | | Priority |
| Recommendation 4.6: | Assess the road safety activity that is being delivered and review options for delivery to improve outreach. | Essential |
| Insight 4.7: <i>The process for requesting and booking a Fire & Wellness visit is a lengthy and time-consuming process.</i> | | Priority |
| Recommendation 4.7: | Review the current booking process and introduce efficiency savings through better process optimisation | Critical |
| Insight 4.8: <i>There are currently only three recognised ways of booking or requesting a Fire & Wellness visit</i> | | Priority |
| Recommendation 4.8 | Review the options available for partner agencies and members of the public to self-refer for a Fire & Well visit. Consider the feasibility of introducing an online booking system and better data capture | Critical |
| Insight 4.9: <i>Information regarding the Fire & Wellness programme on the organisation's external facing website is limited in detail and not easy to find.</i> | | Priority |
| Recommendation 4.9: | Improve the level of information available to promote the programme on the organisation's website. | Essential |

5. Delivery of operations

| | | |
|---|--|----------|
| Insight 5.1: <i>Some staff lack the confidence to raise safeguarding concerns. Further support and guidance would be welcomed with regular refresher training and sharing of best practices and anonymised good-news stories of referrals that have come to a successful conclusion.</i> | | Priority |
| Recommendation 5.1 | Review the e-learning package regarding safeguarding and consider additional safeguarding training for operational staff. Look | Critical |

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Review of Prevention – Phase one report



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| | at ways to share good practices and anonymised good news stories as case studies. | |
| Insight 5.2: <i>Operational staff expressed a view that social media platforms (Instagram, Snap Chat, TikTok) are opportunities to engage with younger audiences. Often social media messages follow the national approach to prevention. Staff feel they lack impact or relevancy.</i> | | Priority |
| Recommendation 5.2 | Review the range of social media platforms and factor them as options for outreach in a wider prevention communication strategy. | Essential |
| Insight 5.3: <i>Operational staff are also keen to explore the use of targeted social posts that they can request to be switched on following incidents to target geographically or based on age. e.g. where an increase in arson is identified, the station could request to use some of the station's prevention budget on social media advertising.</i> | | Priority |
| Recommendation 5.3 | Introduce a process to manage station social media budgets to use for targeted social media campaigns to targeted prevention activity. | Essential |
| Insight 5.4: <i>Operational staff generally believe that youth inclusion courses are more engaging and beneficial than the current school visit format but are often not sure how to deliver them effectively. A lack of resources, time available to commit to the initiative and concerns over operational commitments are all barriers that make them challenging to deliver.</i> | | Priority |
| Recommendation 5.4 | Refresh the Service's youth inclusion strategy, including resources and method of delivery. | Advantageous |
| Insight 5.5: <i>The Road Safety Officer attends HM Coroner's inquests to establish the actual cause of a fatal incident. Insights from the inquest are sometimes shared with the local Station Commanders, however, this information is not used to influence local prevention activity.</i> | | Priority |
| Recommendation 5.5 | Consider the value in attending HM Coroner's inquests if the outcomes are not shared or influencing future prevention activity. | Essential |
| Insight 5.6: <i>The current options for completing a visit are not very efficient. The actual costs of delivering a Fire & Wellness visit in this manner are not understood but is believed to be a relatively costly exercise.</i> | | Priority |

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Review of Prevention – Phase one report



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| Recommendation 5.6: | Complete a time and motion study to understand the actual costs and efforts associated with the current process and method of delivering Fire & Wellness visits. | Essential |
| Insight 5.7: <i>The opportunity for maximising the Fire & Wellness programme's outreach is currently limited due to the relatively low numbers of staff available to carry out the visits. Exploring alternative methods of delivery, through partner agencies, social care workers or via the creation of a volunteer sector, could help to expand and maximise the programme's outreach.</i> | | Priority |
| Recommendation 5.7: | Consider redirecting some of the CSC capacity to coordinating and supporting partner agencies and voluntary groups to deliver Fire & Wellness visits on behalf of the service to help increase the opportunity for delivery and outreach. | Essential |
| Insight 5.8: <i>The pandemic has significantly reduced the opportunity to continue to deliver the programme through face-to-face visits.</i> | | Priority |
| Recommendation 5.8: | <p>Consider the introduction of virtual visits through platforms like MS Teams.</p> <p>Exploring this approach may help to improve access to certain hard to reach, high risk groups i.e. hoarding.</p> <p>Introducing this as a delivery option would remove the requirement to physically access the premises and reduce travel times.</p> | Advantageous |

7. SUMMARY

The completion of the first phase of the prevention evaluation has helped to analyse and evaluate several prevention themes. The report should offer valuable insight into the activity taking place, identifying key areas of focus that need to be further reviewed to help improve prevention delivery.

The evidence collated has provide the basis for a series of recommendations and areas to further review that will help to structure the Prevention Improvement Plan and influence some meaningful change to how prevention activity is managed and delivered.

8. APPENDICES

Appendix A: Benefit assessment

| Benefit assessment | | | | |
|------------------------------------|--|-------------------|-------------------|--------------|
| | Recommendation | Prevention Impact | Resource required | Status |
| 1. Strategy, vision and leadership | 1.1 – Establish links into the affiliate boards for both Local Authorities and create a clear process for identifying opportunity, recording activity, and assessing the value agreed prevention activity has added to our operational response. | High | High | Advantageous |
| | 1.2 – Ensure the importance of raising safeguarding referrals is continually promoted and communicated. Monitor and review | Very High | Medium | Essential |

Service Document Evaluation:

Review of Prevention – Phase one report



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| | the types and volumes of referrals being recorded. | | | |
| | 1.3 - Review and re-embed Station Prevention Plans to ensure targeted prevention activity is being delivered, monitored and measured against local risk intelligence. | Very High | Medium | Essential |
| | 1.4 - A further review to be commissioned to establish what value the firesetting programme is adding and identify if the programme is maximising it's outreach and evaluating risk appropriately. | High | Low | Critical |
| | 1.5 - Review the organisation's road safety strategy and where appropriate set targets and performance indicators to help identify performance in this area. | High | Low | Critical |
| 2. Intelligence | 2.1 - Create a better process for recording and reviewing all prevention activity within the PRMS to ensure there is one database which captures all prevention activity. | High | Medium | Essential |
| | 2.2 - Review existing and explore new data sharing agreements with | Medium | High | Advantageous |

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| partner agencies and emergency services to help improve the level of risk intelligence that can be accessed to influence and better target prevention activity. | | | |
| 2.3 Scope out any further configuration and development required to improve the way activity is recorded and reviewed in PRMS. | Very High | High | Essential |
| 2.4 - Establish a closer working relationship with DIT to ensure there is improved analysis of risk intelligence to gain access to a more reliable and intelligent data set. | High | Low | Critical |
| 2.5 Review existing and explore new data sharing agreements with partner agencies and emergency services to help improve the level of risk intelligence that can be accessed to influence and better target prevention activity. Linked to recommendation 2.2 | Medium | High | Advantageous |
| 2.6 - Adopt a targeted approach to delivering youth inclusion courses or modules following review of incident, risk and other | Low | Medium | Advantageous |

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| relevant intelligence. Develop a youth inclusion pathway framework in the prevention strategy. | | | |
| 2.7 Review the effectiveness of the current firesetter referral process.- <i>Linked to reference 1.4</i> | High | Low | Critical |
| 2.8 Review and consider new data sets in conjunction with DIT to better understand what intelligence could be used to further support a data driven approach to targeted prevention activity. | Medium | High | Advantageous |
| 2.9 Road safety activity should be scaled up/down and adapted based on the risk intelligence that can be reviewed to identify a need for targeted prevention activity in specific areas/locations rather than a blanket approach. | High | Low | Critical |
| 2.10 - Create better access to risk information and reporting which is relevant to station grounds that can help influence and support prevention activity. | Very High | Low | Critical |
| 2.11 - Create a way to record, review and understand the types of | Very High | Medium | Essential |

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| 3.Management of processes, systems and planning, | vulnerabilities and risks that are triggering a request for prevention activity. This would help to improve targeted outreach, influence and evidence the requirement for prioritising certain prevention activities and efforts. | | | |
| | 2.12 - Review the data set that is being exported from the Vision system. Review and further develop the process to mitigate inaccuracies in information. | Medium | Low | Essential |
| | 3.1 - Consider adopting a joint approach to the Risk Inspection programme with Prevention to tackle prevention activity in premises that have common areas that are inspected by Protection. | Very High | Low | Critical |
| | 3.2 - Improve working relationships with healthcare providers and social care teams to improve awareness of the services available to ensure individuals identified as high risk are being captured as part of the Service's prevention activity. | Medium | High | Advantageous |
| | 3.3 - Introduce a recognised way of | High | Medium | Essential |

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Review of Prevention – Phase one report



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| recording and processing all prevention referrals directly into the PRMS to ensure there is one data base recording all prevention engagements as well as activity. | | | |
| 3.4 - Commission a joint review of PRMS with Protection to establish areas of development which could benefit both departments to make better use of the system and information captured. | Very High | Medium | Essential |
| 3.5 - Look at how the Prevention department can better support and assist with communication strategies to ensure targeted prevention messages are created. | High | Very Low | Critical |
| 3.6 - Review the current Prevention content that is being delivered. Look to centralise and standardise course delivery to ensure the information is constant and adding value. | Low | Low | Advantageous |
| 3.7 - Evaluate the effectiveness of the Service's road safety activity. | High | Low | Critical |
| 3.8 Review the current Fire & | Very High | Low | Critical |

Service Document Evaluation:

Review of Prevention – Phase one report



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| 4.Coordination and communication of | Wellness screening process and look at ways to improve efficiency. | | | |
| | 3.9 - Review the Fire & Wellness scoring system and introduce a way of prioritising delivery through risk scoring. | Very High | Low | Critical |
| | 3.10 - Improve the ability to record a prevention visit directly into the PRMS system. | Low | Low | Advantageous |
| | 3.11 - Review the support required to ensure staff are accurately recording prevention activity into PRMS and improve their knowledge and understanding of the system. | High | Low | Critical |
| | 4.1 - Introduce the use of tools such as workstream and project plans to ensure there is a clear understanding of where effort and time is being focused and spent. | Medium | Low | Essential |
| | 4.2 - Introduce a prevention communication strategy that introduces fresh ways of sharing information internally and externally. | Medium | Low | Essential |
| | 4.3 - Review the use of social media to share prevention messages both within the | Medium | Low | Essential |

Service Document Evaluation:

Review of Prevention – Phase one report



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| department and at station level. Look at ways to better support official social channels and explore new social media platforms to reach different target audiences. | | | |
| 4.4 - Introduce training for social media champions on station. Ensure there is a consistent approach to content posted and the right level of official support from the department. | Medium | Low | Essential |
| 4.5 Review the structure of the prevention team to ensure there are no single points of contact for specific prevention themes or subjects. | Very High | Medium | Essential |
| 4.6 - Assess the road safety activity that is being delivered and review options for delivery to improve outreach. | Very High | Medium | Essential |
| 4.7 - Review the current booking process and introduce efficiency savings through better process optimisation | Very High | Low | Critical |
| 4.8 - Review the options available for partner agencies and members of the public to self-refer for a Fire & Well visit. Consider the feasibility for | High | Medium | Essential |

Service Document Evaluation:

Review of Prevention – Phase one report



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| | introducing an online booking system and better data capture. | | | |
| | 4.9 - Improve the level of information available to promote the programme on the organisation's website. | Low | Medium | Advantageous |
| 5. Delivery of operations | 5.1 - Review the e-learning package regarding safeguarding and consider additional safeguarding training for operational staff. Look at ways to share good practices and anonymised good news stories as case studies. | Very High | Low | Critical |
| | 5.2 - Review the range of social media platforms and factor them as options for outreach in a wider prevention communication strategy. | Medium | Low | Essential |
| | 5.3 - Introduce a process to manage station social media budgets to use for targeted social media campaigns to targeted prevention activity. | Low | Very Low | Essential |
| | 5.4 - Refresh the Service's youth inclusion strategy, including resources and method of delivery. | Low | Medium | Advantageous |

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Review of Prevention – Phase one report



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| 5.5 - Consider the value in attending HM Coroner's inquests if the outcomes are not shared or influencing future prevention activity. | Medium | Very Low | Essential |
| 5.6 - Complete a time and motion study to understand the actual costs and efforts associated with the current process and method of delivering Fire & Wellness visits. | High | Medium | Essential |
| 5.7 - Consider redirecting some of the CSC capacity to coordinating and supporting partner agencies and voluntary groups to deliver Fire & Wellness visits on behalf of the service to help increase the opportunity for delivery and outreach. | Medium | Low | Essential |
| 5.8 - Consider the introduction of virtual Fire & Wellness visits through platforms like MS Teams. | Low | Medium | Advantageous |

Service Document Evaluation:

Review of Prevention – Phase one report



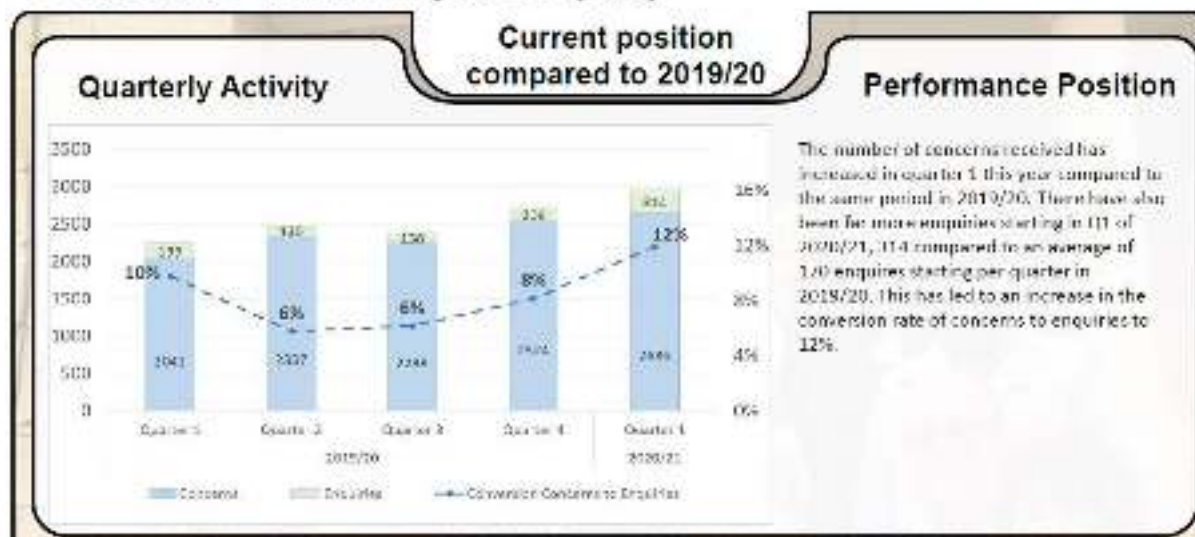
Appendix B: Benefit matrix

| Benefit assessment key | |
|---|--------------|
| | Advantageous |
| | Essential |
| | Critical |

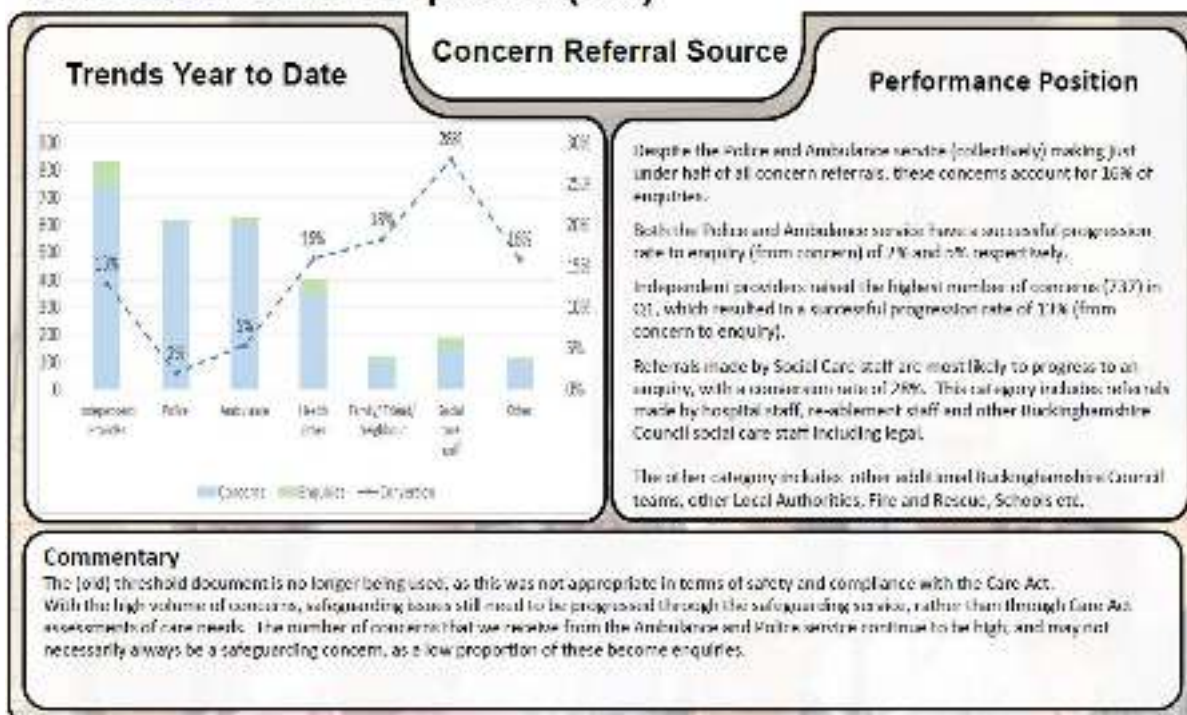
| Benefit matrix | | | | | | |
|---|-----------|-----------|------|--------|-----|----------|
| Prevention activity impact | Very high | 5 | 10 | 15 | 20 | 25 |
| | High | 4 | 8 | 12 | 16 | 20 |
| | Medium | 3 | 6 | 9 | 12 | 15 |
| | Low | 2 | 4 | 6 | 8 | 10 |
| | Very low | 1 | 2 | 3 | 4 | 5 |
| | | Very high | high | Medium | low | Very low |
| Resource commitment required to complete task | | | | | | |

Appendix C: Business Intelligence unit (BIU) reports Bucks County Council

Concerns and Enquires (Q1)



Concerns and Enquires (Q1)



Concerns & Enquiries – quarterly comparisons



Performance Position: The above chart compares the number of concerns received and enquiries starting in each quarter along with the conversion rate, which is calculated by dividing the number of enquiries by concerns.

The number of concerns received has increased in Q2 this year compared to the same period in 2019/20. There have also been more enquiries starting in 2020/21, 312 in Q2 compared to a quarterly average of 170 enquiries in 2019/20. Whilst there were more concerns recorded in Q2 compared with Q1 in 2020/21, the number of enquiries starting was higher in both periods at 318 in Q1 to 312 in Q2; this has led to a similar conversion rate of concerns to enquiries to 11% in Q2.

Concerns & Enquiries – concern referral sources in Q2



Performance Position: Despite the Police and Ambulance service (collectively) making just under half of all concern referrals in Q2, these concerns account for 25% of enquiries. Both the Police and Ambulance service have a successful progression rate to enquiry (from concern) of 6% each.

Independent providers raised the highest number of concerns (871) in Q2, which resulted in a successful progression rate of 10% (from concern to enquiry). Referrals made by primary and secondary health (health other), family / friend or neighbour and the other category which includes other local authorities, fire and rescue, schools etc. were most likely to progress to an enquiry in Q2, with a conversion rate of 17%.

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Review of Prevention – Phase one report



Appendix D: Partner agency referrals

| Agency | Total referrals |
|---|-----------------|
| ADULT SOCIAL CARE - ACCESS TEAM - MK | 5 |
| ADULT SOCIAL CARE - BUCKS - WYC | 4 |
| ADULT SOCIAL CARE - COMMUNITY REABLEMENT - BUCKS | 24 |
| AGE UK - BUCKS | 3 |
| AGE UK - MK | 22 |
| ALL CARE | 1 |
| AMERSHAM HOSPITAL | 3 |
| ANCHOR HANOVER HOUSING ASSOCIATION | 3 |
| APETITO | 2 |
| AYLESBURY VALE DISTRICT COUNCIL (AVDC) | 1 |
| BISS - BUCKS INTEGRATED SENSORY SERVICES | 27 |
| BLETCHLEY COMMUNITY HOSPITAL | 1 |
| BRITISH RED CROSS | 2 |
| BROWNBILL ASSOCIATES LTD | 1 |
| BUCKS COUNCIL - ADULT SOCIAL CARE | 1 |
| BUCKS COUNTRY HOMECARE | 1 |
| Bucks County Council | 19 |
| BUCKS COUNTY COUNCIL - BCC | 14 |
| BUCKS COUNTY COUNCIL OCCUPATIONAL THERAPY TEAM | 2 |
| BUCKS INTEGRATED RESPIRATORY SERVICE | 3 |
| Bucks integrated Sensory Services | 5 |
| CARE TRUST THAMES | 1 |
| CARERS BUCKS | 1 |
| CENTRAL AND NORTH WEST LONDON NHS FOUNDATION TRUST - CNWL | 2 |
| CHARTRIDGE WARD AT AMERSHAM HOSPITAL | 1 |
| CHILDREN'S SOCIAL CARE - FAST TEAM - MK | 1 |
| CHILDREN'S SOCIAL CARE MK | 3 |
| CHILTERN & SOUTH BUCKS DISTRICT COUNCIL | 2 |
| CHILTERN ADULT MENTAL HEALTH TEAM- CAMHT | 1 |
| CHILTERN HOME CARE | 1 |
| CHILTERN SOCIAL WORK TEAM | 1 |
| CLARION HOUSING GROUP | 2 |
| COMMUNITY ASSESSMENT AND TREATMENT SERVICE | 1 |
| COMMUNITY CASE MANAGEMENT SERVICES | 1 |
| COMMUNITY HOSPITAL TEAM | 5 |
| COMMUNITY IMPACT - BUCKS | 1 |
| CONNECTION SUPPORT | 2 |
| DAISY CHAIN FAMILY CENTRE | 5 |
| DAISYCHAIN FAMILY CENTRE | 7 |
| DOLBY | 290 |

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|---|----|
| EARLY STROKE REHABILITATION TEAM - MK | 1 |
| EDENCARE AT HOME LTD | 1 |
| EVERYCARE - MILTON KEYNES | 1 |
| Faye Hammond Consultancy Ltd | 1 |
| GUINNESS PARTNERSHIP | 2 |
| HEALTHY MINDS | 1 |
| HEDGEROWS CHILDRENS CENTRE | 5 |
| HOME 1ST RAPID RESPONSE | 1 |
| HOME 1ST REABLEMENT | 1 |
| HOME GROUP | 1 |
| HOME OXYGEN SERVICE | 2 |
| HPFT NHS BUCKS COMMUNITY LEARNING DISABILITY HEALTH TEAM | 1 |
| HUMMINGBIRD CHILDREN'S CENTRE | 2 |
| INTRUSTCARE LIMITED | 2 |
| LEAP - LOCAL ENERGY ADVICE PARTNERSHIP | 11 |
| MAYFAIR LIVE IN CARE | 3 |
| MEADOWCROFT SURGERY | 1 |
| MILTON KEYNES ASSERTIVE OUTREACH TEAM | 1 |
| MILTON KEYNES COUNCIL | 28 |
| MILTON KEYNES COUNCIL HOUSING | 12 |
| MILTON KEYNES HOME OXYGEN SERVICE | 3 |
| MILTON KEYNES UNI HOSPITAL | 1 |
| MILTON KEYNES UNIVERSITY HOSPITAL - MKUH | 12 |
| MK ACT | 35 |
| MOORLANDS CHILDRENS CENTRE | 3 |
| NATIONAL ENERGY FOUNDATION | 15 |
| NHS | 50 |
| OLDER ADULTS COMMUNITY MENTAL HEALTH TEAM - BUCKS | 1 |
| OVER 75's TEAM POPLAR GROVE SURGERY | 2 |
| PAEDIATRIC COMMUNITY NURSING TEAM - Stoke Mandeville Hospital | 1 |
| PARACHUTE LAW | 1 |
| PARADIGM HOUSING GROUP | 9 |
| PATIENT SUPPORT SERVICE - BUCKS | 22 |
| PEBBLES CHILDREN CENTRE | 2 |
| PREVENTION MATTERS | 5 |
| REABLEMENT | 19 |
| RED CROSS | 1 |
| RED KITE HOUSING | 5 |
| RIGHT AT HOME UK | 1 |
| ROBINS CHILDRENS CENTRE | 2 |
| ROWANS FAMILY CENTRE | 1 |
| SARC - SENSORY ADVICE RESOURCE CENTRE | 17 |
| SCAS | 11 |

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Review of Prevention – Phase one report



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|-----------------------------------|------------|
| SOCIAL CARE - BUCKS CC | 6 |
| Social Services | 5 |
| SSA QUALITYCARE | 1 |
| THAMES VALLEY POLICE | 50 |
| THE ROBINS CHILDRENS CENTRE | 1 |
| UNIVERSAL CARE | 1 |
| VALE OF AYLESBURY HOUSING - VAHT | 4 |
| WATERSIDE CHARTRIDGE THERAPY TEAM | 3 |
| WESTMINSTER HOMECARE - MK | 8 |
| WESTONGROVE PARTNERSHIP | 1 |
| WHADDON MEDICAL CENTRE | 2 |
| WILLEN HOSPICE | 1 |
| WINDMILL CHILDREN'S CENTRE | 2 |
| WINDSOR INTERMEDIATE CARE UNIT | 5 |
| WOMENS AID | 2 |
| WOMEN'S AID - AYLESBURY | 3 |
| WOMEN'S AID - WYCOMBE | 2 |
| WOUGHTON COMMUNITY COUNCIL | 1 |
| Grand Total | 867 |



Buckinghamshire & Milton Keynes Fire Authority

Meeting and date: Overview and Audit Committee, 10 November 2021

Report title: Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) –Buckinghamshire Fire and Rescue Service (BFRS) Improvement Plan Update

Lead Member: Councillor Lesley Clarke OBE

Report sponsor: Deputy Chief Fire Officer Mick Osborne

Author and contact: Area Commander Simon Tuffley stuffley@bucksfire.gov.uk

07766781389

Action: Noting

Recommendations:

That the Committee note current progress against the HMICFRS -BFRS improvement plan.

Executive summary:

Following completion of the first inspection round of all 45 fire and rescue services, HMICFRS published the report into Buckinghamshire Fire & Rescue Service on 17 December 2019, as part of the final tranche of reports.

An improvement plan (Appendix 1) is in place to specifically progress the report recommendations and identified areas for improvement. At the meeting of the Authority on the 12 February 2020, it was agreed that progress against this plan will be reported to the Overview and Audit committee.

On the 18 March 2020, HMICFRS confirmed suspension of all their inspections of police and fire and rescue services, because of the COVID-19 pandemic.

Following a commission by the Home Secretary in the Summer of 2020, HMICFRS announced a national review of fire and rescue service COVID-19 preparations. BFRS received the inspection team for a COVID-19 inspection during November 2020.

The results of our COVID-19 inspection were published on 22 January 2021, where HMICFRS concluded that BFRS “responded well during the pandemic and provided additional support to its community.”

The second round of inspections of all 44 (since Hampshire and Isle of Wight merged in 2021) fire and rescue services has now recommenced and BFRS was inspected

again as part of the Tranche one schedule, with our inspection taking place between 24 May 2021 and 9 July 2021.

On 6 August 2021 following the most recent inspection, BFRS received a follow up letter (Appendix 2) from HMI Matt Parr, issuing a cause of concern, accompanied by three recommendations.

Cause of concern:

Prevention activity is not a sufficiently high priority for the Service, and it is not adequately identifying those most at risk from fire.

Recommendations:

By 30 September 2021, the Service should have plans in place for:

1. An effective system to define the levels of risk in the community.
2. A revision of its prevention strategy that clearly prioritises the people most at risk of fire and other emergencies, giving focus and direction to specialist teams.
3. The review of systems and processes for dealing with referrals from individuals and partner agencies. This is to make sure they are managed effectively and those referrals with highest identified risk are prioritised.

A revised improvement plan was sent to HMI Matt Parr in September 2021 to meet the requests of the follow up letter and set out how the Service intends to address the issues identified by the inspection team. The recommendations have also been added to this improvement plan update.

Through the efforts of all our staff we continue make progress against the items in the current improvement plan and look forward to considering all the findings of our latest inspection, which are due to be published in December 2021.

Financial implications:

FRSs are not funded for the preparation for, resource implications of, HMICFRS inspections, nor is the Service charged. The inspections are funded directly by the Home Office. The Police are top sliced from their government grants to fund the HMICFRS inspections of Police Forces. There has been no indication yet that this might be a future funding model for the inspection of FRSs.

Risk management:

There remain reputational corporate risks to the organisation should we be judged as inadequate. The Service had already taken steps to mitigate this through having extensive internal and external audits of a number of areas of the Service, including a recent internal audit of our Prevention activity. Notably, our operations have also been subject to external independent assurance. Our Health, Safety and Wellbeing

function has been independently audited by the Royal Society for the Prevention of Accidents and received a Gold Award.

Legal implications:

The current Fire and Rescue Service National Framework issued under section 21 of the Fire and Rescue Services Act 2004, to which the Authority must have regard when carrying out its functions, states as follows at paragraph 7.5:

‘Fire and rescue authorities must give due regard to reports and recommendations made by HMICFRS and – if recommendations are made – prepare, update and regularly publish an action plan detailing how the recommendations are being actioned. If the fire and rescue authority does not propose to undertake any action as a result of a recommendation, reasons for this should be given.’

It continues: ‘When forming an action plan, the fire and rescue authority could seek advice and support from other organisations, for example, the National Fire Chiefs Council and the Local Government Association’.

Privacy and security implications:

No privacy or security implications have been identified that are directly associated with this report or its appendices. The respective strands of the improvement plan have undergone Data Protection Impact Screening and full impact assessments have been completed and reviewed where appropriate.

The report and its appendices are not protectively marked.

Duty to collaborate:

Each fire and rescue service is inspected individually.

Officers have developed our approach to inspection with other FRS partners, and with ‘peer’ support from Thames Valley and Gloucestershire Police Forces.

Health and safety implications:

There are no Health, Safety or Wellbeing implications arising from this report.

Environmental implications:

There are no environmental implications arising from this report.

Equality, diversity, and inclusion implications:

Progress against our Equality, Diversity and Inclusion objectives are included within the updated improvement plan.

Consultation and communication:

Specific areas for Service improvement have been identified through a number of workshops and working groups. These are being captured in relevant plans and will be reported on in the usual way, ultimately to the Overview and Audit Committee.

Background papers:

14 February 2018 Fire Authority meeting (see pages 131 – 162): Our preparation plans together with our response to HMICFRS' consultation on the inspection methodology

https://bucksfire.gov.uk/documents/2020/03/140218_fire_authority_agenda.pdf/

14 November 2018 O & A preparation update (see pages 185-192):

https://bucksfire.gov.uk/documents/2020/03/overview_and_audit_committee_agenda_and_reports_141118-min.pdf/

13 February 2019 – Fire Authority preparation update (see pages 155-244):

https://bucksfire.gov.uk/documents/2020/03/130219_fire_authority_agenda.pdf/

23 January 2020 - Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) – Buckinghamshire Fire and Rescue Service (BFRS) Inspection Findings Report:

https://bucksfire.gov.uk/documents/2020/03/230120_item_7_hmicfrs_cover_report_23012020_appendix-min.pdf/

12 February 2020 - HMICFRS Inspection Findings Report – Action Plan:

https://bucksfire.gov.uk/documents/2020/03/120220_item12_hmicfrs_inspection_findings.pdf/

22 July 2020- Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) – Buckinghamshire Fire and Rescue Service (BFRS) Improvement Plan Update <https://bucksfire.gov.uk/documents/2020/07/item-18-hmicfrs-bfrs-inspection-improvement-plan.pdf/>

11 November 2020 - Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) –Buckinghamshire Fire and Rescue Service (BFRS) Improvement Plan Update <https://bucksfire.gov.uk/documents/2020/11/item-11-hmicfrs-improvement-plan.pdf/>

17 March 2021 - Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) –Buckinghamshire Fire and Rescue Service (BFRS) Improvement Plan Update <https://bucksfire.gov.uk/documents/2021/03/oa-item-13.pdf>

21 July 2021 - Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) –Buckinghamshire Fire and Rescue Service (BFRS) Improvement Plan Update <https://bucksfire.gov.uk/documents/2021/07/oa-item-16-210721.pdf/>

| Appendix | Title | Protective Marking |
|----------|--|----------------------------|
| 1 | HMICFRS INSPECTION REPORT – IMPROVEMENT PLAN Updated 23 September 2021 | Not protectively marked |

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| 2 | BUCKINGHAMSHIRE FIRE AND RESCUE INSPECTION - FOLLOW UP, 06 August 2021 | Not protectively marked |
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Overview and Audit Committee = 10 November 2021

Item 18 - Appendix 1

| Report Reference | Inspection Pillar | HMICFRS inspection report item | Improvement Activity | R/A/G |
|--|-----------------------------|---|---|-------|
| Round 2 Inspection follow up letter 06/08/2021 | Prevention - Recommendation | The service should have plans in place for an effective system to define the levels of risk in the community. | In addition to this HMICFRS recommendation and the recently published national Prevention Standards, the Prevention evaluation conducted in 2020-21 highlighted a number of opportunities to improve our systems to help define risk in the community. The action plan to accompany the evaluation contains 15 actions to improve the way we gather, use and share intelligence, and is now progressing through our internal governance processes to ensure those actions with the most benefit are prioritised and implemented. | G |
| Round 2 Inspection follow up letter 06/08/2021 | Prevention - Recommendation | A revision of its prevention strategy that clearly prioritises the people most at risk of fire and other emergencies, giving focus and direction to specialist teams. | The Prevention strategy refresh is prioritised as critical within the Prevention action plan. The strategy will utilise much of the learning from our recent internal review, as well as the Prevention Standards, national operational guidance, and other strategic drivers from our partnerships to introduce a revised strategy which clearly defines our direction, aligned to the current public safety plan. | G |
| Round 2 Inspection follow up letter 06/08/2021 | Prevention - Recommendation | The review of systems and processes for dealing with referrals from individuals and partner agencies. This is to make sure they are managed effectively and those referrals with highest identified risk are prioritised. | The Prevention improvement plan contains 14 actions, including this HMICFRS recommendation, which relate to the management of processes and systems. The evaluation has revealed a need to review the current screening process and introduce a way of prioritising delivery through a risk scoring mechanism which prioritises referrals more effectively. This is likely to involve a further review of the premises risk management system architecture to ensure those referrals which are categorised as the highest risk are prioritised by an automated process. | G |



Overview and Audit Committee = 10 November 2021

Item 18 - Appendix 1

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| Page 11 | Prevention – Area for improvement | <p>The service should evaluate its prevention work, so it understands the benefits better.</p> | <p>An evaluation of prevention activity commenced in July 2020 and although delayed by Covid workstreams, has now been concluded. The evaluation uses a diagnostic methodology developed from academic research and with colleagues from Manchester University. The approach uses the Viable Systems Methodology, which has been adapted for the Service's purposes and forms the basis of the evaluative approach.</p> <p>The evaluation is separated by work-stream to enable a more focussed and pragmatic approach. The phase included Fire and Wellness visits, Road Safety, Youth Engagement and Safeguarding.</p> <p>An evaluation of the behaviour change brought about by Fire & Wellness visits has been completed and will be used to inform a targeted program of knowledge acquisition for operational staff. Pending the completion of an agreed approach to evaluation by the Prevention Central Program Office, this is scheduled to be repeated during Q3 21/22</p> <p>Service delivery area profiles have been developed and launched to all nine service delivery areas. These documents provide information on community risk and incident demands/trends.</p> <p>Benchmarking reports have been developed to assist in the comparison between Service areas and the national statistical data and facilitate informed/targeted localised delivery. Objectives are now being developed to address priority Prevention areas bespoke to Service delivery area requirements.</p> <p>The Prevention evaluation contains 45 recommendations which span five areas. These have been used along with the recommendations from HMICFRS and benchmarking against the newly launched Prevention Standard, to compile a combined improvement plan. A gap analysis is required on the 8 position</p> | G |
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Overview and Audit Committee = 10 November 2021

Item 18 - Appendix 1

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| | | | statements from National Operational Guidance (NOG) for Prevention launched in July 2021. | |
| Page 11 | Prevention - Area for improvement | The service should understand the reasons for its reducing number of prevention visits and consider how it can better target those who are most at risk to fire. | <p>An increased shift to referral-led Prevention visits was implemented from April 2019 to utilise Service resources more effectively. The Data Intelligence Team are refining data sets to enable identification of those at increased risk of / from fire to support targeted visits.</p> <p>Service delivery area profiles and benchmarking reports are reliant on multiple departments to enable them to reach fruition in targeting activity at a local level.</p> <p>A successful recruitment campaign has been undertaken within the administration team which has seen the three administration teams back to full establishment; the administration teams are responsible for screening and booking Fire and Wellness visits, and were previously under-established, affecting the ability to book visits. Long term sickness affecting 25% of the Admin team has impacted their capacity during the last quarter.</p> <p>Funding agreed by the Authority to establish a number of new Prevention posts focused on increasing the delivery of Fire & Wellness visits in specific buildings, addressing the volume of Prevention visits in identified areas of increased risk, including the delivery of a program of high-rise interventions and engagement with the occupants of specialised housing. These new posts have been filled with a CS Team Leader and two CS Technician roles with an onboarding program of relevant training completed.</p> <p>Due to sickness and a vacancy arising in the CS Coordinator cadre which could not be recruited to, the two CS Technicians have had to be reassigned to cover</p> | A |



Overview and Audit Committee = 10 November 2021

Item 18 - Appendix 1

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| | | | <p>the three CS Coordinator roles, with proactive high-rise intervention being placed on hold.</p> <p>Fortnightly planning meetings linked to the first phase of the Prevention evaluation are integral to driving the Prevention agenda forward, addressing evaluation findings, scrutinising all staff workstreams and the capacity to deliver. The completion of the benefits matrix and the Prevention evaluation has enabled actions necessary to address the recommendations and an assessment of the potential impact of them.</p> <p>Post-incident intervention is being reinvigorated through input on the revised procedure supported by adjustment to processes which enable this activity to be more effectively recorded in our Premises Risk Management System (PRMS).</p> | |
| Page 14 | Protection - Area for improvement | The service should ensure it allocates enough resources to a prioritised and risk-based inspection programme. | <p>Following the Fire Authority's approval of a significant Protection growth bid at the February 2020 Fire Authority meeting, we have now recruited into all the posts including a newly created apprentice fire safety role. There was one exception, which was recruiting into the High Risk Residential Building Manager (HRRB) role. This is due to the essential criteria for specific technical qualifications.</p> <p>Due to these additional challenges, we undertook a review of the department structure to ensure the required resources are available in the correct locations, based on the risk profile for each area. This resulted in the creation of lead teams and references in specialist areas, such as: enforcement and prosecution; specialised housing; and High-Risk Residential Buildings (HRRB).</p> <p>Three of the new posts have been filled with support staff, and those not currently fully qualified and competent have received significant investment and are nearing completion of their training and probationary periods.</p> | |



Overview and Audit Committee = 10 November 2021

Item 18 - Appendix 1

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| | | | <p>The fourth (manager) post has been redesignated through internal role movements as an operational Station Commander post. Fulfilling this post with a suitably qualified and experienced manager and increasing the out of hours Protection cover for undertaking emergency enforcement action and responding to operational incidents, where a Protection officer can add specialist advice and support.</p> <p>The HRRB team are focussing on the delivery of the Building Risk Review Programme (BRRP) and supporting the review and development of a new Risk Based Inspection Programme (RBIP) methodology.</p> <p>Due to the global pandemic, the development of the new RBIP methodology and its piloting has been delayed and should go ahead from 1 June 2021.</p> <p>A range of approaches will be developed to engage with those premises that aren't deemed as the highest risk. This will include business engagement, workshops/ seminars, and response crew thematic reviews.</p> <p>21.09.2021 The pilot of the RBIP programme had to be delayed further due to the continuing restrictions in place due to Covid but is now underway. Following a procurement process, a training delivery provider has been procured to deliver fire safety training to operational staff. A two-day pilot is being delivered to ten Flexi Duty Officers in October, ready to roll out to the wider staff group. This training will broadly cover relevant legislation, the built environment and fire safety requirements. Business engagement continues to grow, through social media and website activities. A care home seminar has been delivered over MS Teams and Eventbrite. Work is progressing with the communication team to develop the Protection area of the website and a fire safety self-</p> | G |
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Overview and Audit Committee = 10 November 2021

Item 18 - Appendix 1

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| | | | assessment form is close to being launched, to support engagement with targeted premises. | |
| Page 14 | Protection - Area for improvement | The service should review its response to false alarms to ensure operational resources are used effectively (termed 'unwanted fire signals'). | <p>An evaluation of the policy on Automatic Fire Alarms (AFAs) commenced in July 2020, as part of a collaborative project with Oxfordshire and Royal Berkshire fire and rescue services. Due to COVID-19 pressures, the three-service approach has been paused, however work in this Service continues. The evaluation uses a diagnostic methodology developed from academic research and with colleagues from Manchester University. The approach uses a methodology, which has been adapted for the Service's purposes and forms the basis of the evaluative approach.</p> <p>The evaluation is considering two linked areas, response to AFAs and Unwanted Fire Signals (UwFSs).</p> <p>Data analysis continues to identify the cost and value to all stakeholders, from BFRS attending all AFAs. On completion of this evaluation, an options paper will be taken to the Fire Authority for decision.</p> <p>The current UwFS Officer post and processes are undergoing evaluation to inform options going forward, as we recognise some early initial benefits and that the rate of reductions in UwFSs have levelled out over recent years.</p> <p>Response crews are to undergo Protection training, which will improve their knowledge of the built environment and expectations of basic fire safety measures and management. This will also enable them to undertake fire safety engagement and thematic activities at simple and lower risk premises. Although these lower-level activities will not be counted as audits for the purposes of</p> | A |



Overview and Audit Committee = 10 November 2021

Item 18 - Appendix 1

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| | | | <p>reporting to the Home Office, they will assist in identifying non-compliance, improving knowledge and keeping people safe.</p> <p>21.09.2021 Following a procurement process, a training delivery provider has been procured to deliver fire safety training to operational staff. A two-day pilot is being delivered to ten Flexi Duty Officers in October, ready to roll out to the wider staff group.</p> <p>The role of monitoring UwFS activity is now undertaken by an Inspecting Officer, with any identified as repeat offenders being engaged with by the relevant area fire safety team.</p> <p>A review is underway of the current UwFS form, in line with the training due to be delivered.</p> | |
| Page 14 | Protection - Area for improvement | <p>The service should ensure it works with local businesses and large organisations to share information and expectations on compliance with fire safety regulations.</p> | <p>Capacity to deliver proactive engagement activity has been limited due to vacancies in an already small Protection department. These posts have now been filled and training up to Level 4 Diploma accreditation is currently underway.</p> <p>The creation of additional posts enables the increased capacity to focus work on targeted engagement of lower risk premises that may not be included within a refreshed Risk Based Inspection Programme (RBIP).</p> <p>Utilising Home Office Grant funding has enabled us to engage a number of individuals on fixed term contracts to focus on business engagement.</p> <p>Activity has significantly increased in this area, in a time where physical engagement has been severely restricted. Website and Social Media activity,</p> | A |



Overview and Audit Committee = 10 November 2021

Item 18 - Appendix 1

| | | | | |
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| | | | <p>press releases, radio interviews, Milton Keynes Open University induction programme, Care Home virtual seminar (planned for 23 June 2021), including OFRS and RBFRS.</p> <p>Web site development is underway, to consider a number of planned activities:</p> <ul style="list-style-type: none"> • Self-Assessment form to target lower risk premises. • An app/ web-based alert system, or other means of sharing alerts with people and businesses who have signed up to receive alerts from us, relevant to their interest or work sector. • A range of forms that the public could use to make referrals for community or business fire safety advice and support. This could include a tool for people in high-rise flats who wish to raise concerns about the way the flats are being run by the management company from a fire safety point of view but are not sure how to do so. • A means of receiving information from Responsible Persons for High Rise residential premises, as detailed in the Grenfell Tower Phase 1 recommendations. <p>The above work continues to expand, with the self-assessment form being launched October 2021.</p> | |
| Page 16 | Response – Area for Improvement | The service should ensure it has a sustainable system to provide its operational response model. | <p>Following a review of the resourcing model, the Service has commenced work to further improve availability of appliances and disposition of staff. The introduction of new on-call contracts has led to a new employment proposition for staff, which in turn provides greater resilience and opportunity.</p> <p>Total staffing numbers remain low, and the review has identified a range of areas in which efficiency can be improved. These efficiencies are supported by the</p> | |



Overview and Audit Committee = 10 November 2021

Item 18 - Appendix 1

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| | | | <p>introduction of 20 additional firefighters to the establishment following successful growth bids in 2020.</p> <p>The Resource Management Team is currently being re-structured to provide more capacity within the team. This re-structure will result in future efficiencies in how the department resources fire appliances. The focus will be on Fire Service Rota (FSR) development and predicting and planning effectively for shortages.</p> <p>Integration between FSR and Vision is nearing completion. From October 2021 this project will enable on-call fire fighters to make themselves available for not only their closest appliance providing immediate cover, but also other appliances on a second and third-line availability basis.</p> <p>BFRS have recently approved the recruitment of 18 new fire fighters which will replenish the established posts and increase the operational staff available. this is in addition to attracting more flexi-firefighters from a transfer campaign to replenish this bespoke rota system.</p> | G |
| Page 16 | Response – Area for Improvement | The service should improve the availability of its on-call fire engines to respond to incidents. | <p>A revised approach to On-Call awareness sessions has been created and delivered online (virtual) on three occasions now. This has seen an increase in new applications.</p> <p>A new On-Call Contract was introduced in 2018 which created four availability options. This ranged from immediate response through 20mins, 60mins and 3-hour response to mobilising.</p> <p>A new resource management system (FSR - Fire Service Rota) was introduced and the resilience availability options are being developed into the system. The</p> | A |



Overview and Audit Committee = 10 November 2021

Item 18 - Appendix 1

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| | | | strategic resourcing model identifies three On-Call appliances with up-to 10 minute mobilisation availability. | |
| Page 23 | Efficiency – Recommendation | Ensure it has the capacity and capability to support its activity in its public safety plan; | <p>Officers adopted a zero-based budget approach when developing the budget proposal for 2020/21. This approach has been developed alongside the new Public Safety Plan and feedback from our recent inspection report from HMICFRS.</p> <p>Although our report noted that the Inspectorate “would like to see improvements in the year ahead, but without increased funding, it is difficult to see where progress can be made” the zero-based budget approach has identified some key opportunities within the current budgetary constraints:</p> <ul style="list-style-type: none"> Increasing the wholetime establishment by up to 20 firefighters in 2020/21, with the potential to increase by a further 10 in the following year (depending on the outcome of the comprehensive spending review) Increasing the Protection team by 4 FTEs and introducing a Team Leader role and two further FTEs into the Prevention team. Introducing a Head of Technology, Transformation and Portfolio Management Office (PMO) to manage the actions required following our inspection report. | A |
| Page 23 | Efficiency – Recommendation | Consult with the people of Buckinghamshire and Milton Keynes on options to have the most effective and efficient response | <p>The 2020-2025 Public Safety Plan (PSP) was approved for public consultation at the Authority’s 18 September 2019 meeting. The consultation was open for an eight-week period from 23 September to 18 November 2019.</p> <p>The plan has since been approved and came into effect from April 1st 2020</p> | G |



Overview and Audit Committee = 10 November 2021

Item 18 - Appendix 1

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| | | against the financial environment in which it operates. | Officers will proceed with the further development of the strategy proposals set out in the PSP having regard to the consultation feedback as they are progressed and to undertake further consultations with stakeholders potentially affected by any specific changes arising from their implementation. | |
| Page 25 | Efficiency – Area for Improvement | The service should use sound financial management to ensure all additional costs such as pension liability are accounted for and that there is a contingency plan. | <p>The zero-based budgeting approach adopted for 2020/21 reviewed all costs to ensure that the right amount of money is being spent in the right places.</p> <p>The Medium-Term Financial Plan (MTFP) for 2020/21 to 2024/25 shows two scenarios, one with the continuation of the pension grant funding and the other showing the impact if it were to cease after 2020/21.</p> <p>Following approval of the PSP a Financial Strategy has been developed, this was considered by the Executive Committee in November 2020 and approved by the Fire Authority in December 2020. The strategy included the development of alternative scenarios and contingency plans and further addressed the two efficiency recommendations shown above.</p> | A |
| Page 31 | People –Area for Improvement | The service should put in place an achievable succession plan, for the whole organisation. | <p>Regular systematic and rigorous strategic workforce and succession planning processes are in place, which incorporate current Public Safety Plan requirements and horizon scanning of likely future external and internal challenges.</p> <p>Outcomes from these processes are subsequently translated into timely interventions to ensure the Authority continues to meet workforce capacity requirements and build capability.</p> | G |



Overview and Audit Committee = 10 November 2021

Item 18 - Appendix 1

| | | | | |
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| | | | <p>In addition, it provides opportunity to refresh the workforce through the identification of people; internally and where required externally to fill identified key positions.</p> <p>An update on Workforce Development was presented to Members of the Executive Committee on 15 September. The report provided an update on the Authority's progress in relation to workforce development and set out the outcomes of the 2021 Workforce and Succession Planning review. It offered reassurance to the Executive Committee that the necessary safeguards and contingency plans are in place to future proof the Authority, mitigate risk and optimise opportunities during a period of significant change and increasing demands; all to continually provide the best service possible to our communities. The report allowed us to show case the excellent work being undertaken by the Authority to mitigate the risks identified and investing in developing its existing workforce to meet the anticipated challenges</p> | |
| Page 33 | People – Area for Improvement | <p>The service should plan to be more ambitious in its efforts to attract a more diverse workforce which better reflects the community it serves.</p> | <p>The Equality, Diversity and Inclusion EDI objectives 2020 -2025 were presented to the Fire Authority on 16 June 2021.. The objectives provide an update on progress to date, EDI headlines of workstreams and EDI workforce data.</p> <p>The tangible objectives had been reviewed and extended to 24 months from 18 months, to reflect the amount of work being carried out in regard to EDI. The EDI objectives are reflective of HMICFRS recommendations and the refreshed corporate plan.</p> <p>The EDI group is well established, with employees from across the service working on the 6-, 12-, 18- and 24-month objectives. EDI actions plans are being aligned to ensure prioritisation.</p> | G |



Overview and Audit Committee = 10 November 2021

Item 18 - Appendix 1

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| | | | <p>The Recruitment Oversight Board meets on a regular basis, where stakeholders from across the service discuss resourcing and recruitment to ensure a joined-up approach. The end to end process has been mapped out and work is ongoing between departments on efficiencies.</p> <p>Recruitment is underway for eighteen Wholetime Firefighters, they are due to start in March 2022. A recruitment toolkit is being developed, with learns from previous and the current campaign.</p> <p>The People Strategy annual update is due to be presented to the October Fire Authority. The Employee Engagement Group are progressing the project plan to for the January 2022 Culture Survey. EDI, Employee engagement and Resourcing are three of the workstreams.</p> | |
| Page 34 | People – Area for Improvement | <p>The service should put in place an open and fair process to identify, develop and support high-potential staff and aspiring leaders.</p> | <p>Our talent management programme, continues to ensure replenished development pools at each level, resulting in staff with the required skills to fulfil the roles when needed.</p> <p>All elements/modules of our promotional process have been reviewed, consulted on, and brought together in one Operational Promotional procedure to provide clarity and consistency to staff on the requirements and route for promotion.</p> <p>Following the successful pilot of a scheme used to identify and develop future leaders in the Service, we have embedded this into our recently refreshed appointment and promotion procedures and are progressing a new Leadership and Management Development Framework to support and assist with the development of newly recruited or promoted managers.</p> | G |



Overview and Audit Committee = 10 November 2021

Item 18 - Appendix 1

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| | | | <p>All employees have an annual appraisal, where their commitment to their behaviours linked to the Authority's values is an essential element. Quality assurance of appraisal returns is undertaken to identify themes, and to assist with training requirements.</p> <p>Excellent work is being undertaken by the Authority to mitigate future workforce risks by investing in developing its existing workforce to meet the anticipated challenges. An example of this investment is during the 2021/22 Medium Term Finance Planning process, Members approved a £50k growth bid to fund a pilot leadership development programme, with an invite to bid for further funding to roll this programme out across the Authority, subject to evaluating the upcoming pilot programme. This will help to accelerate our development of staff to ensure the Authority has the right people, with the right skills, ready to perform the roles required.</p> <p>This approach continues to futureproof the Service and minimise the potential impact on its workforce, ensuring the operational commitment can be maintained.</p> | |
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89 Eccleston Square, London SW1V 1PN
Email: matt.parr@hmicfrs.gov.uk

Matt Parr CB

Her Majesty's Inspector of Constabulary
Her Majesty's Inspector of Fire & Rescue Services

By email:

Jason Thelwell
Chief Fire Officer
Buckinghamshire Fire and Rescue Service

06 August 2021

Dear Jason,

BUCKINGHAMSHIRE FIRE AND RESCUE INSPECTION - FOLLOW UP

Thank you for hosting the HMICFRS inspection team during our recent inspection. I know you were provided with initial feedback on 14 July 2021.

2. During the debrief, we shared our initial findings from the inspection fieldwork. The team described how the service has effective procedures in place for dealing with major and multi - agency incidents.
3. The inspection team also outlined areas where we felt improvement was needed. Following consideration of the evidence we collected I am writing to outline a cause of concern in relation to how Buckinghamshire FRS keeps the public safe through prevention activity.
4. We found that the service does not have a revised prevention strategy that identifies and prioritises those most at risk from fire. The service is making very limited use of risk modelling information to ensure prevention activity is targeted at the most vulnerable. We were concerned that prevention activity is not a sufficiently high priority for the service, and it has limited productivity when compared to other similar Fire & Rescue Services. There is currently a lack of direction for the prevention team to complete work of highest priority and at the time of the inspection operational crews were doing very limited prevention activity. As was found in the round one inspection in 2019, there is now a draft evaluation report for prevention activity, but this has not yet resulted in changes or improvements to prevention activity.

Cause of concern

Prevention activity is not a sufficiently high priority for the service, and it is not adequately identifying those most at risk from fire.

Recommendation(s):

By 30 September 2021, the service should have plans in place for:

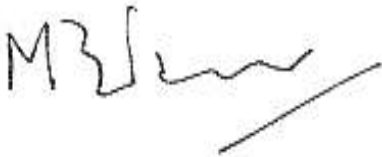
- An effective system to define the levels of risk in the community.
- A revision of its prevention strategy that clearly prioritises the people most at risk of fire and other emergencies, giving focus and direction to specialist teams.

- The review of systems and processes for dealing with referrals from individuals and partner agencies. This is to make sure they are managed effectively and those referrals with highest identified risk are prioritised.

5. As a result of these concerns, I should be grateful if you would provide an action plan that sets out how you intend to address the issues we identified, by 30 September 2021. I have asked the inspection team to revisit your service in the winter this year to review the progress being made against your plan in relation to the above areas. Your service liaison lead, Kathryn Richardson, will be in touch to discuss arrangements for the revisit.

6. I understand this will be a challenging time for you and the service and I would be happy for you to meet with the team if you require further clarification. I am copying this letter to the Chair of Buckinghamshire Fire and Rescue Authority, Cllr Lesley Clarke.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'MParr', followed by a long horizontal stroke.

Matt Parr CB

Her Majesty's Inspector of Constabulary

Her Majesty's Inspector of Fire & Rescue Services



Buckinghamshire & Milton Keynes Fire Authority

Meeting and date: Overview and Audit Committee, 10 November 2021

Report title: Treasury Management Performance 2021/22 – Quarter 2

Lead Member: Councillor David Hopkins

Report sponsor: Mark Hemming, Director of Finance & Assets

Author and contact: Marcus Hussey mhussey@bucksfire.gov.uk

Action: Noting.

Recommendations:

That the Treasury Management Performance 2021/22 – Quarter 2 report be noted.

Executive summary:

This report is being presented to provide the treasury investment position as at the end of 2021/22 quarter 2. It is best practice to review on a regular basis how Treasury Management activity is performing.

The accrued interest earned for 2021/22 quarter 2 is £20k, which is £5k higher than the budget for the same period.

Financial implications:

The budget for 2021/22 relating to interest earned on balances invested is £30k. Performance against the budget is included within Appendix A.

Risk management:

Making investments in the Authority's own name means that the Authority bears the risk of any counterparty failure. This risk is managed in accordance with the strategy and with advice from external treasury management advisors.

The Director of Finance and Assets will act in accordance with the Authority's policy statement; Treasury Management Practices and CIPFA's Standard of Professional Practice on Treasury Management.

The risk of counterparty failure is monitored on the directorate level risk register within Finance and Assets.

There are no direct staffing implications.

Legal implications:

The Authority is required by section 15(1) of the Local Government Act 2003 to have regard to the Department for Communities and Local Government Guidance on Local Government Investments; and by regulation 24 of the Local Authorities (Finance and Accounting) (England) Regulations 2003 [SI 3146] to have regard to any prevailing CIPFA Treasury Management Code of Practice.

Privacy and security implications:

No direct impact.

Duty to collaborate:

No direct impact.

Health and safety implications:

No direct impact.

Environmental implications:

No direct impact.

Equality, diversity, and inclusion implications:

No direct impact.

Consultation and communication:

No direct impact.

Background papers:

Treasury Management Policy Statement, Treasury Management Strategy Statement and the Annual Investment Strategy

<https://bucksfire.gov.uk/documents/2021/02/item-8-treasury-management.pdf/>

| Appendix | Title | Protective Marking |
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| 1 | Treasury Management Performance 2021/22 – Quarter 2 | |

Appendix 1 – Treasury Management Performance 2021/22 – Quarter 2

Background

Up until 31 March 2013, the Authority's cash balances were managed by Buckinghamshire Council (BC) under a Service Level Agreement (SLA). From 2013/14 the Authority began investing in its own name. Since the treasury management function has been managed in-house, the Authority has achieved investment returns of £1.269m between 2013/14 and 2020/21. This is in comparison to the returns of £0.539m the Authority would have earned through BC and the SLA for the same period.

This report highlights the performance to date of the in-house treasury management function for as at the end of financial year 2021/22 quarter 2.

Security of Investments

The primary investment priority as set out in the Treasury Management Policy Statement is the security of capital. The Authority applies the creditworthiness service provided by Link. This determines whether or not a counterparty is suitable to invest with and if so, the maximum duration an investment could be placed with them. In the Annual Investment Strategy (AIS), the Authority resolved that the balances invested with any single counterparty at any point in time would be 30% of the total investment portfolio to a maximum of £5m (with the exception of Lloyds Bank, who as our banking provider that have a limit of £7.5m, of which at least £2.5m must be instant access). The amount invested with each counterparty on the approved lending list as at 30 September 2021 is detailed below:

| Counterparty | Amount (£000) |
|--------------------------------|---------------|
| Close Brothers | 4,000 |
| Lloyds Bank plc | 3,500 |
| Principality Building Society | 2,000 |
| Newcastle Building Society | 2,000 |
| Leeds Building Society | 2,000 |
| West Bromwich Building Society | 1,000 |
| Santander UK plc | 1,000 |
| CCLA Money Market Fund | 2,002 |
| Aberdeen Money Market Fund | 1,001 |
| Lloyds Bank (Current Accounts) | 716 |
| Total | 19,219 |

During this period, no counterparty limits were breached.

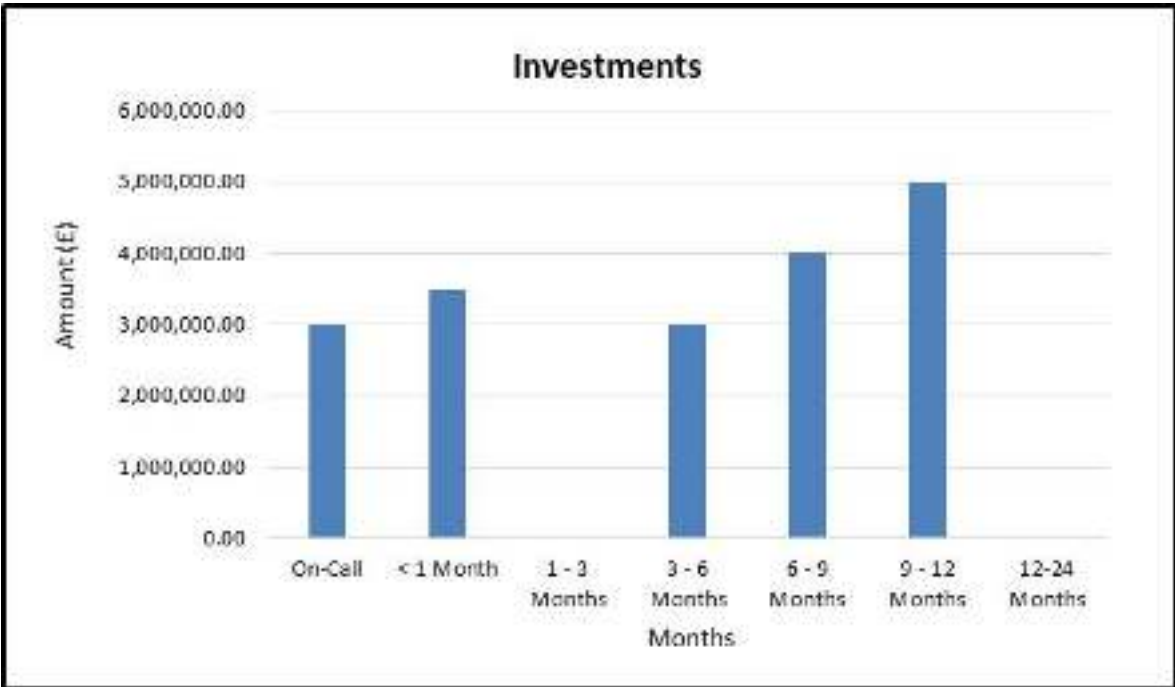
In its AIS the Authority also resolved that all credit ratings will be monitored weekly, by means of the Link creditworthiness service. During quarter 1 Link made no relevant

changes to the counterparty listing.

Liquidity

Investments

The second objective set out within the Treasury Management Policy Statement is the liquidity of investments (i.e. keeping the money readily available for expenditure when needed). Investments have been placed at a range of maturities, including having money on-call in order to maintain adequate liquidity. The current investment allocation by remaining duration can be seen on the chart below:

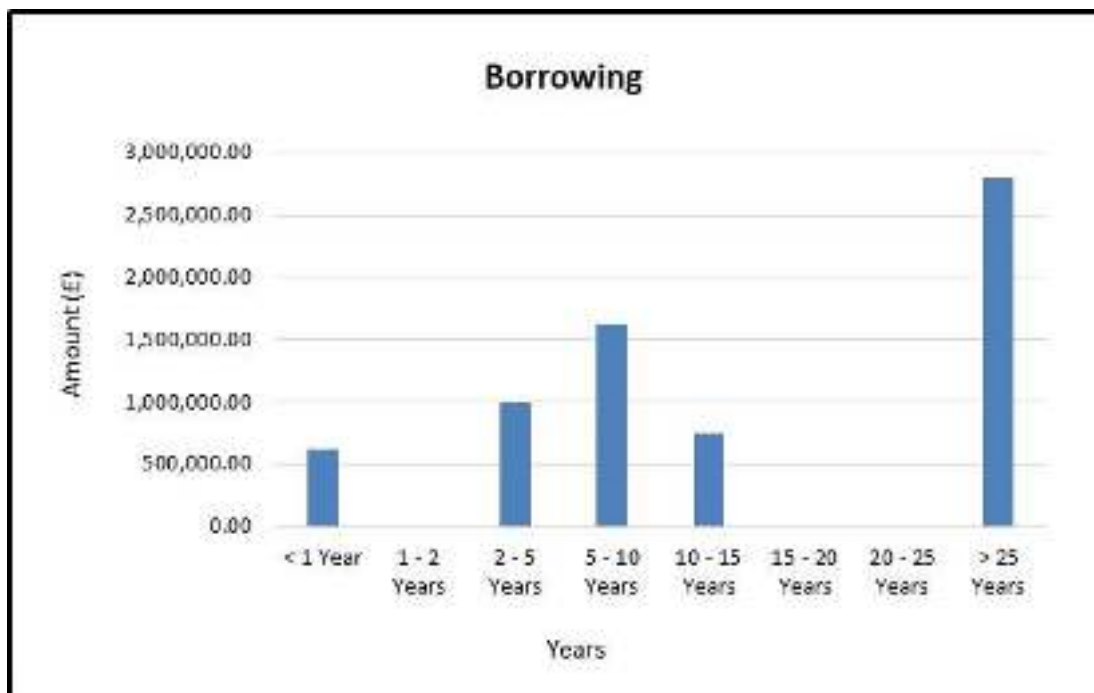


In order to cover expenditure such as salaries, pensions, creditor payments, and potential liabilities for which the Authority have made provisions within the Statement of Accounts, the balances are invested as short fixed-term deposits.

There are seven investments currently falling in the 1-3 and 3-6 month periods. At least one deal matures each month for the next six months and were all originally invested for different terms and will be re-invested for varying terms upon maturity in order to maintain liquidity and meet future commitments. The Authority continues to hold Money Market Funds to help improve the liquidity of the Authority’s balances. By investing collectively, the Authority benefits from liquidity contributed by others and from the knowledge they are all unlikely to need to call on that money at the same time.

Borrowing

As part of managing the liquidity of investments, it is important to have regard to the maturity structure of outstanding borrowing. This can be seen in the following chart:



The total borrowing outstanding as at 30 September 2021 is £6.797m. No further debt repayment is due until May 2022. These repayments do not directly affect the revenue budget, as they simply reflect the use of cash accumulated by setting aside the appropriate minimum revenue provision (MRP) to settle the outstanding liability.

Investment Yield

Having determined proper levels of security and liquidity, it is reasonable to consider the level of yield that could be obtained that is consistent with those priorities.

Performance Against Budget

The Interest receivables budget was reviewed as part of the Medium-Term Financial Plan 2021/22 process and the budget was set at £30k. This is a reduction of £120k from 2020/21. The reason for the reduction is a due to the coronavirus pandemic and the significant impact this has had on the global economic landscape and the world economy in general. In March 2020, the Bank of England have made 2 unprecedented emergency interest rate cuts bringing the base rate to a record low of 0.10%. At the Monetary Policy Committee (MPC) held in September 2021, there was a unanimous vote to keep the interest base rate at 0.10%.

The direct impact on the Authority will be a reduction in interest rates on current accounts, money market funds and investments.

The accrued interest earned as at 30 September 2021 is £20k, against the planned budget of £15k for the same period. This is an over achievement of £5k. The projected accrued interest earned for financial year 2021/22 is £32k.

Performance Against the Benchmark

The relative performance of the investments is measured against two benchmark figures:

- 7 day LIBID – this is the rate the Authority would have earned on all balances had the SLA with BCC continued into future years
- Link benchmark – this is the indicative rate that Link advised the Authority should be looking to achieve for 2021/22 at the start of the year
- The weighted average rate (%) is compared to the two benchmark figures in the following chart for each month:



The Authority has out-performed both benchmark figures throughout the period. This is predominantly due to the Authority being able to obtain interest rates marginally higher than the reduced base rate.

It must also be noted that the level of funds available for investment have reduced as a result of the reduction in reserves. The Authority will continue to re-invest any surplus funds with varying maturity dates to ensure the Authority makes a return on investments and has sufficient liquidity to cover the day-to-day expenditure. It is anticipated by 31 March 2022 funds invested will be in the region of £11m - £13m.

Overview and Audit Committee Forward Plan 2021/22

ITEM 20

| Item | Reporting Date | Recommended Action | Lead Officer |
|---|----------------|--------------------|---|
| Internal Audit Reports (a) Final Audit Reports (b) Update on Progress of the Annual Audit Plan (c) Update on Progress of Audit Recommendations | March 2022 | Noting | Internal Audit Manager and Director of Finance and Assets |
| Internal Audit Plan 2022/23 | March 2022 | Noting | Internal Audit Manager and Director of Finance and Assets |
| HMICFRS Action Plan | March 2022 | Noting | Head of Prevention, Response and Resilience |
| Corporate Risk Management | March 2022 | Decision | Director of Legal and Governance |
| 2020/21 Statement of Assurance | March 2022 | Decision | Director of Legal and Governance |
| Operational Assurance Improvement Plan | March 2022 | Noting | Head of Protection, Assurance and Development |
| Grenfell Infrastructure Update | March 2022 | Noting | Head of Protection, Assurance and Development |
| Treasury Management Performance | March 2022 | Noting | Director of Finance and Assets |

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