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BEDFORDSHIRE FIRE AND RESCUE AUTHORITY

Councillor C Atkins
Councillor J Chatterley
Councillor P Downing
Councillor P Duckett
Councillor D Franks
Councillor J Mingay (Chair)
Councillor M Riaz

A meeting of **Service Delivery Policy and Challenge Group** will be held at **Conference Room, Fire and Rescue Service Headquarters, Kempston, Bedford MK41 7NR** on **Thursday, 23 March 2017** starting at **10.00 am.**

Karen Daniels
Service Assurance Manager

A G E N D A

Item	Subject	Lead	Purpose of Discussion
1.	Apologies		
2.	Declarations of Disclosable Pecuniary and Other Interests	Chair	Members are requested to disclose the existence and nature of any disclosable pecuniary interest and any other interests as required by the Fire Authority's Code of Conduct.
3.	Communications	Chair	
4.	Minutes	Chair	* To confirm the minutes of the meeting held on 1 December 2016 (Pages 1 - 8)
5.	Service Delivery Performance Monitoring Report Q3 and Programmes to Date	DCFO	* To consider a report (Pages 9 - 22)

Item	Subject	Lead	Purpose of Discussion
6.	Proposed Service Delivery Indicators and Targets 2017/18	DCFO	* To consider a report (Pages 23 - 30)
7.	New Internal Audit Reports	DCFO	* To consider a report (Pages 31 - 48)
8.	Effecting Entry for Medical Emergencies Pilot Results		* To consider a report (Pages 49 - 54)
9.	Operational Decision Making Procedures - Exception Report	HOps	* To receive a verbal update
10.	Customer Satisfaction Report	HCS	* To consider a report (Pages 55 - 66)
11.	Corporate Risk Register	HSSP	* To consider a report (Pages 67 - 70)
12.	Work Programme 2016/17	Chair	* To consider a report (Pages 71 - 80)
13.	Police and Ambulance Collaboration		* To receive a presentation
	Visit to Control Room		
	Next Meeting		10.00 am on 15 June 2017 at Conference Room, Fire and Rescue Service Headquarters, Kempston, Bedford MK41 7NR

DECLARATIONS OF INTEREST

From 1 July 2012 new regulations were introduced on Disclosable Pecuniary Interests (DPIs). The interests are set out in the Schedule to the Code of Conduct adopted by the Fire Authority on 28 June 2012. Members are statutorily required to notify the Monitoring Officer (MO) of any such interest which they, or a spouse or civil partner or a person they live with as such, have where they know of the interest.

A Member must make a verbal declaration of the existence and nature of any Disclosable Pecuniary Interest and any other interest as defined in paragraph 7 of the Fire Authority's Code of Conduct at any meeting of the Fire Authority, a Committee (or Sub-Committee) at which the Member is present and, in the case of a DPI, withdraw from participating in the meeting where an item of business which affects or relates to the subject matter of that interest is under consideration, at or before the consideration of the item of business or as soon as the interest becomes apparent.

For Publication

Bedfordshire Fire and Rescue Authority Service Delivery Policy and Challenge Group
23 March 2017
Item No. 4

MINUTES OF SERVICE DELIVERY POLICY AND CHALLENGE GROUP MEETING HELD ON 1 DECEMBER 2016 AT 10.00am

Present: Councillors C Atkins, J Chatterley, P Downing, P Duckett, D Franks, J Mingay (Chair) and M Riaz

DCFO G Ranger, SOC I Evans, SOC G Jeffery, SOC A Peckham and AC C Ball

16-17/SD/022 Apologies

There were no apologies.

16-17/SD/023 Declarations of Disclosable Pecuniary and Other Interests

There were no declarations of interest.

16-17/SD/024 Communications

The Chair referred to the email sent to Members advising them that the Replacement Mobilising System had gone live.

16-17/SD/025 Minutes

RESOLVED:
That the Minutes of the meeting held on 15 September 2016 be confirmed and signed as a true record.

16-17/SD/026 Service Delivery Performance Monitoring Report Quarter 2 and Programmes to date

DCFO Ranger submitted a report on performance for the second quarter of 2016/17 and an update on the progress and status of the Service Delivery Programme and projects to date.

The Emergency Services Mobile Communications Programme (ESMCP) was rated as amber as there had been a national delay.

In relation to the Replacement Mobilising System (RMS), AC Ball reported that the Incident Command and Control System (ICCS) had gone live on 24 November 2016, with the 4i mobilising system going live on 29 November 2016. No major issues had arisen since the cut-over and control staff were pleased with the new system. The full implementation of the new mobilising system would not be completed until March

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2017 when all appliances would be fitted with mobile data terminals to allow for dynamic mobilisation.

Members acknowledged the hard work of the Officers to reach the stage where the RMS was operational.

It was suggested that the contractual arrangements could be examined to identify if any lessons could be learnt from this experience.

It was noted that the Service had a long history of successfully managing procurement and contractual processes.

The Retained Duty System Improvement Project (RDSIP) was reporting as green, although there were still issues with RDS availability at some stations and this would be discussed later in the meeting.

DCFO Ranger drew Members' attention to the performance indicators for the second quarter.

PI01(primary fires) had missed its target by 5%. There was generally a spike in incidents during the summer but the situation would continue to be monitored.

DCFO Ranger reported on a fire fatality that had occurred during the previous week in Boswell Court, Bedford.

SOC Evans advised that BPHA properties had been retrofitted with devices to prevent cables from falling from the ceiling during a fire and potentially entrapping firefighters. Falling cables had led to a number of firefighter fatalities in other areas.

These devices were not currently required through the building control process. There had been some lobbying to change the building control regulations to include a requirement for these devices to be fitted and the Head of Community Safety would provide an update on this issue to a future meeting of the Group.

In relation to the incident at Boswell Court, the Group discussed which Service had primacy at the incident site and how the legislation set out how the Service could access a site for a fire investigation following an incident.

PI04 (deliberate (arson) fires) had missed target by 15%. These types of fires were also subject to seasonal trends and a similar spike in arson incidents had occurred in other areas. PI06 (number of deliberate building fires) was being reported as a separate indicator and this had met target and was reporting as green for the quarter.

PI10 (the percentage of occasions global crewing is enabled 5 and 4 (while-time)) had missed target by 4%. This was down to high staff turnover. A number of firefighters had left the Service to become train drivers. It was anticipated that the changes to the pension scheme would have an adverse effect on retention rates. The number of firefighters leaving the Service in the last two years was twice that of

the five year average. It was predicted that this would increase and that over the next ten years, approximately 30% of wholetime firefighters would leave the Service.

The Service currently had a waiting list for transfers-in from other areas and had recently concluded a recruitment campaign. The Service had a large number of applicants for every vacancy and a very robust selection process.

DCFO Ranger highlighted the positive performance against PI05 (accidental dwelling fires) in the context of the new stretching targets that had been set for the current performance year.

PI11 (the percentage of occasions when our response time for critical fire incidents were met against agreed response standards) had also missed target by 5%. There was a separate report on this indicator later in the agenda. Members were advised that 22% of the 55 incidents during the first two quarters of the year were due to Kempston attending two pump incidents on the far side of Bedford when the Bedford RDS pump was unavailable.

Performance against PI17 (percentage of calls mobilised in 60 seconds or less) had returned to target levels following the last quarter when it had been reported as amber as a result of a period of staffing deficiency.

In response to a question about the impact of the new mobilising system on this indicator, DCFO Ranger advised that the target would be increased to higher than 60% once the mobilising system was fully operational as it had the ability to identify out of scope calls where an immediate response was not required.

Two of the indicators measuring performance against mobilisation to false alarm calls, PI19 (percentage of False Alarm Malicious (FAM) & Hoax Calls – not attended) and PI20 (number of calls to False Alarm Good Intent (FAGI) – mobilised to) were reporting as red for the quarter. The reasons for the increase were being investigated. It was not always possible to identify these calls through call challenge. Members were reminded that PI19 was a new measure that had only been introduced at the beginning of 2016/17.

SOC Jeffery reported on PI26 (total number of fire safety audits carried out on very high risk and high risk premises). He explained that the audit programme was spread across the calendar year and that the indicator would be reporting green at year-end.

Performance against PI24 (the percentage of building regulation consultations completed within the prescribed timescale) had been affected by the poor quality of some of the plans received as well as software incompatibility issues.

The view was expressed that the time should only be recorded from the day that a good quality plan was submitted, as was the practice adopted by some local authorities.

PI28 (AFD AFAs in non-domestic properties) continued to miss target. DCFO Ranger reported that performance would not improve against this target until the new Automatic Fire Alarm mobilisation procedure that had been agreed by the Fire and

Rescue Authority at its last meeting had been introduced after all affected parties were written to advising them of the changes in mobilisation. It was anticipated that the implementation date would be in March 2017.

RESOLVED:
1.   That the hard work undertaken by the Deputy Chief Fire Officer and his team to ensure delivery of the replacement mobilising system be acknowledged.
2.   That the Corporate Services Policy and Challenge Group be recommended to receive a report on the contractual arrangements for the delivery of the RMS to identify if there are any lessons that could be learnt to apply to future large procurement projects.
3.   That the progress made on the Service Delivery Programmes and Performance be acknowledged.

16-17/SD/027 Attendance Standards

SOC Evans introduced his report on investigations into performance against attendance standards following a Member query about the apparent significant decrease in performance from the five year average of 96% to a 2015/16 year-end figure of 78%. Current performance against this indicator was 75%.

This had been investigated and it had been identified that human error had resulted in the incorrect reporting of the five year average as 96%, when the five year average was 78%.

SOC Evans explained that there were a number of factors which impacted on attendance standards, including the availability of RDS staff. As reported earlier in the meeting, 22% of the 55 incidents that had not met the attendance standards during the first two quarters of 2016/17 were due to Kempston having to provide two pumps to incidents on the far side of Bedford when Bedford's RDS pump was not available.

SOC Evans advised that three new RDS firefighters had been recruited to work out of Bedford Fire Station. However, they did not yet have all the competencies required to crew an appliance at this stage.

The development of RDS firefighters was a lengthy process and this was one of the reasons why consideration was not given to recruiting from transient populations, such as university students.

There was very limited availability between 9am and 5pm Monday to Friday and employers were more reluctant to release employees for on call duties.

Given the particular problems of recruiting on call firefighters at Bedford Fire Station, consideration was being given to extending the catchment area from five minutes to six minutes "turn in" time. The increase in the number of people who could be recruited from a larger area would have to be balanced against the increase in attendance time that would result.

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The full implementation of the new mobilising system should help to improve response times as all appliances would be fitted with mobile data terminals and the system would be able to identify which appliances would be able to attend an incident more quickly.

In response to a question, DCFO Ranger reported that traffic holding up the progress of emergency vehicles during peak times had never been raised as issue as vehicles on blue lights were able to make progress using the exemptions which applied to them.

RESOLVED:
That the report be acknowledged.

16-17/SD/028 Operational Decision Making Procedures – Exception Report

There were no exceptions to report.

16-17/SD/029 Customer Satisfaction Report

SOC Jeffery introduced the customer satisfaction results for the second quarter of 2016/17 (1 July - 30 September 2016). 99% of respondents across all survey areas were either very or fairly satisfied with the overall service provided.

SOC Jeffery highlighted that the number of incidents attended continued to decrease, although surveys relating to the support for the ambulance service to gain entry to premises were beginning to increase. A major source of Home Fire Safety Checks was referral from medical or social work professionals.

The report contained a selection of compliments received. It was noted that two complaints had been received during the quarter. Both had been resolved although one was subject to further internal investigations.

RESOLVED:
That the report and the continuing good levels of customer satisfaction be acknowledged.

16-17/SD/030 Corporate Risk Register

SOC Evans submitted the update on the review of the Corporate Risk Register in relation to Service Delivery. There had been no changes to individual risk ratings and he provided the Group with the following updates:

CRR44 (if the Service does not have a reliable accurate system for continuously monitoring and updating the availability and skills of Retained Duty System (RDS) operational personnel and RDS appliances then there could be delays in mobilising the nearest available appliance to emergency incidents. This could significantly impact upon the effectiveness and mobilising of our emergency response, increase risks to firefighters and the community, reduce our ability to monitor performance, undermine RDS employees confidence in the Service and could result in negative media coverage): had been updated as the risks had decreased significantly

following the introduction of the Gartan RDS availability system. The effectiveness of this system continued to be monitored. One of the next steps to further reduce the risk was the integration of the Gartan system with the new mobilising system.

CRR46 (due to a range of factors which deplete the number of staff available to crew fire appliances the cost of using of pre-arranged overtime to cover wholetime crewing has become excessive and crewing arrangements lack resilience): had been added as a new risk as the levels of voluntary overtime to maintain crewing levels had become financially unsustainable. New measures would be introduced to address this issue following consultation with representative bodies.

RESOLVED:
That the review by the Service of the Corporate Risk Register in relation to Service Delivery be approved.

16-17/SD/031 Review of Service Delivery Policy and Challenge Group Effectiveness

The Policy and Challenge Group considered the following overarching questions:

I.   Does the Group consider they have been effective and discharged their responsibility in regard to the Group's terms of reference?

II.   Considering the Group's terms of reference are there any areas that have not been considered and should be addressed?

III.   Does the Group consider any training and development would assist them with the areas of work of the Group?

Members noted the difficulty of self-assessment, but agreed that meetings of the Group were informative and useful.

The Group provided a considerable level of challenge to the Officers and an example of this was the questioning of the performance figures relating to the attendance standards that resulted in an error being identified.

The performance targets that had been set by Members for 2016/17 were also considered stretching for the Service.

It was acknowledged that there may be areas within the Group's terms of reference, such as the work of the Fire Special Operations Team, which could be placed under greater scrutiny.

The Service was seen by Members as very effective and professional.

There were no requests for further training or development.

RESOLVED:
That the discussion of the Group's effectiveness as set out in this Minute be fed into the facilitated meeting to be held on 17 January 2017 to review the Fire Authority's effectiveness in 2016/17.

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16-17/SD/032 Work Programme

The Group received its updated work programme for 2016/17.

The Chair reminded Members that the Christingle Christmas Celebration would take place on the evening of 15 December 2016 at Woburn Parish Church and that all Members of the Authority were invited to attend.

RESOLVED:
That the presentation from Station Commander Robertson on Police and Ambulance Collaboration be deferred to the next meeting of the Policy and Challenge Group.

16-17/SD/033 Police and Ambulance Collaboration

DCFO Ranger reported that the Police would be moving into Ampthill Fire Station in the middle of December. This would be one of the Police's community hubs and was the first of a number of fire stations that had been selected for this purpose as part of a wider project looking at how the two services could share their estates.

A Memorandum of Understanding had been signed with the Police in relation to the Service providing assistance for vulnerable persons searches.

A further meeting of the Collaboration Working Group was being held towards the end of the month and these discussions would be reflected in the presentation to be received by Members at the Policy and Challenge Group's next meeting.

SOC Evans provided an update on the co-responding trial. The local trial was part of a wider trial in the Eastern region as well as a larger national trial. The local trial commenced on 21 June 2016 from Leighton Buzzard Fire Station, with crews responding to calls of cardiac arrest within a five mile radius of the station. Crews from Biggleswade Fire Station had also been taking part in the trial from July 2016.

There had been 42 calls to date, of which the Service had attended 28. A number had been stood down on route. The fire crews had reached the scene of the incident first on 10 occasions, although it was noted that the pilot was not about reducing the attendance time but about improving patient care.

Fire personnel had assisted approximately 14 times, 4 of these being for the return of spontaneous circulation (ROSC).

Unfortunately the fire crews had had to attend a number of incidents where intervention had not succeeded and there had been a fatality.

It was acknowledged that, although it was a very small number of incidents, attendances at cardiac arrests could be very distressing and the Service was reviewing its debrief and support arrangements for the firefighters taking part in the pilot.

A national evaluation of co-responding would also take place.

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RESOLVED:

That the update on collaborative working with the Police and Ambulance Service be received.

The meeting finished at 12.05pm.

For Publication

Bedfordshire Fire and Rescue Authority
Service Delivery Policy and Challenge Group
23 March 2017
Item No. 5

REPORT AUTHOR: **DEPUTY CHIEF FIRE OFFICER**

SUBJECT: **SERVICE DELIVERY PROGRAMME AND PERFORMANCE**
2016/17 - QUARTER 3 (APRIL TO DECEMBER 2016)

For further information   Alison Ashwood
on this Report contact: Head of Strategic Support
                              Tel No: 01234 845015

Background Papers:

Previous Service Delivery Programme and Quarterly Performance Summary Reports

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Implications (tick ✓):

LEGAL		FINANCIAL	✓
HUMAN RESOURCES	✓	EQUALITY IMPACT	✓
ENVIRONMENTAL	✓	POLICY	✓
CORPORATE RISK	Known ✓	CORE BRIEF	
	New	OTHER (please specify)	

Any implications affecting this report are noted at the end of the report.

PURPOSE:

To provide the Service Delivery Policy and Challenge Group with a report for 2016/17 Quarter 3, detailing:

1.   Progress and status of the Service Delivery Programme and Projects to date.

2.   A summary report of performance against Service Delivery performance indicators and associated targets for Quarter 3 2016/17 (1 April 2016 to 31 December 2016).

RECOMMENDATION:

That Members acknowledge the progress made on the Service Delivery Programmes and Performance and consider any issues arising.

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1.   Programmes and Projects 2017/18

1.1   Projects contained in this report have been reviewed and endorsed in February 2017 by the Authority's Policy and Challenge Groups as part of their involvement in the annual process of reviewing the rolling four-year programme of projects for their respective areas in order to update the CRMP in line with the Authority's planning cycle.

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1.2 The review of the current programme of strategic projects falling within the scope of the Service Delivery Policy and Challenge Group has confirmed that:

➢ All existing projects continue to meet the criteria for inclusion within the strategic improvement programme.

➢ All existing projects remain broadly on track to deliver their outcomes within target timescales and resourcing.

➢ Are within the medium-term strategic assessment for Service Delivery areas; and

➢ The current programme is capable of incorporating, under one or more existing projects, all anticipated additional strategic improvement initiatives relating to Service Delivery over the next three years.

1.3 Full account of the financial implications of the Service Delivery programme for 2017/18 to 2020/21 has been taken within the proposed 2017/18 Budget and Medium-Term Financial Plan, as presented to the Authority for agreement in February 2017.

1.4 Other points of note and changes for the year include the following:

• The Corporate Management Team monitors progress of the Strategic Projects monthly. The Strategic Programme Board reviews the Programme at least twice a year with the next Programme Board review scheduled on 14 April 2017.

The status of each project is noted using the following key:

Colour Code	Status
GREEN	No issues. On course to meet targets.
AMBER	Some issues. May not meet targets.
RED	Significant issues. Will fall outside agreed targets.

2. Performance

2.1 In line with its Terms of Reference, the Service Delivery Policy and Challenge Group is required to monitor performance against key performance indicators and associated targets for areas falling within the scope of the Group. It has been previously agreed by the Group, that in order to facilitate this, it should receive quarterly summary performance reports at each of its meetings.

2.2 This report presents Members with the performance summary outturn for Quarter 3 2016/17 which covers the period 1 April 2016 to 31 December 2016. Performance is shown in Appendix B. The indicators and targets included within the report are those established as part of the Authority's 2016/17 planning cycle.

2.3 The status of each measure is noted using the following key:

Colour Code	Exception Report	Status
GREEN	n/a	Met or surpassed target
AMBER	Required	Missed but within 10% of target
RED	Required	Missed target by greater than 10%

3. <u>Summary and Exception Reports Q3 – 2016/17</u>

Project Exceptions:

3.1 The Replacement Mobilising System, with a revised 'go live' date of end November 2016 with the 4i mobilising system, has been further delayed due to technical difficulties beyond Service control, and will now be delivered in the summer of 2017.

3.2 The delays in the Replacement Mobilising System project have had a knock on effect on the implementation of Retained Duty System Improvement Project (RDSIP). The estimated project completion is now 31 March 2018 (originally set at 30 June 2017).

3.3 The Emergency Services Mobile Communications Programme (ESMCP) is still rated Amber due to on-going national delays. BFRS continues to work with other Fire and Rescue Services within the region.

Performance Indicators:

3.4 **Pi 20 - Number of calls to FAGI – Mobilized to**
The categorisation False Alarm Good Intent (FAGI) is applied to incidents where a call is made in good faith in the belief that FRS intervention is needed, but on attending it is found that FRS is not required (e.g. steam from a heating system is mistaken for smoke and the FRS is called). The purpose of this performance indicator is to measure the performance of Control Operators in minimising the number of mobilisations to this type of false alarm through effective call handling. For Q1 and Q2 Performance Report performance against target for this indicator was categorised as 'RED' and members were advised that the Service Control Commander was investigating performance. This investigation has identified that a significant proportion of Incident Reports were incorrectly categorised as FAGI by operational managers. In particular, where a call triggered by a fire alarm operation turns out to be a false alarm (e.g. dust triggers fire alarm resulting in call to FRS and mobilisation) this should be categorised as 'False Alarm due to Apparatus'. However on a significant proportion of incidents this type of false alarm has incorrectly been categorised as FAGI. These IRS are being corrected and quality assurance process has been put in place to check all future IRS to ensure the correct category has been applied. With the removal of those incidents that were not actually FAGI performance is better than target.

All performance indicators are on target, except for:

3.5 **PI 02 - Primary Fire Fatalities**
We have experienced three fire fatalities already this year.

3.6 **PI 04 - Deliberate (Arson) Fires per 10,000 Population**
We remain above the target due to the high spike in Quarter 2. The number of these incidents in Quarter 3 (164) is in line with the average for this period on its own over the last 5 years. The Community Safety Arson Adviser continues to monitor the trends and identify Community Safety initiatives.

3.7 **PI 11 - The % of Occasions when our Response Time for Critical Fire Incidents were Met against Agreed Response Standards**
The target attendance time was not achieved on response to 24 (out of 82) critical fire incidents. Just over half of these were in urban areas such as Bedford, Luton and Dunstable. On 14 occasions the appliance not meeting the response time target

was RDS crewed. There were a variety of reasons that the response time target was not met including:

- Distance/travel time to the incident;
- Non-availability (due to insufficient crew) of closest RDS appliance;
- Non-availability (committed to another incident) of closest WDS
- Appliance; and
- Impact of RDS 'turn-in' time on overall response time.

Work is ongoing through the RDS improvement project to improve the crewing and availability of RDS appliances.

3.8   PI 19 - Percentage of FAM & HOAX Calls - Not Attended
The actual percentage for the quarter alone dipped from an average of 51% over the past two years to 38% we have asked the Service Control Commander to investigate.

3.9   PI 24 - The percentage of Building Regulation consultations completed within the prescribed timescale
The problems previously reported to members continue to present themselves and despite more efforts being made to turn around consultations more quickly we have missed the target by 1%.

3.10   PI 26 - Total number of Fire Safety audits carried out on very high & high risk premises
The reported performance figure appears to be lower than targeted; the following reasons explain the differential:

The annual target for 2016/17 is 224 and this was set by members of the SD P&C Group at their meeting 10/03/2016.

Of the annual target of 224;

- 31   Premises, during Q4 2015/16, had their risk rating reduced from high to medium (post 2016/17 annual target setting approval by SD P&C Group meeting   10/03/2016), so these will no longer form part of the 224 targets set;

- 9   High risk premises were found to be un-occupied so no audit was conducted;

- 3   High risk premises have been demolished - so no audit was conducted;

- 4   High risk premises have converted back into private dwellings - so no audit was conducted;

- 40   High risk premises (HMO's) were visited with the aim of completing a full audit, however a full audit is not always possible (an example would be absent landlords who may live elsewhere, even overseas).

    This can mean that documentation / records are not available to conduct the audit according to Home Office benchmark standards. When this happens Fire Inspectors conduct a physical check of the common areas - including the condition of the fire alarm, emergency

lighting, fire doors and escape routes. In short it is confirmed that the building is safe from fire;

- 100   Full fire safety audits have been completed up to Q3 2016/17; and

- 37   High risk premises requiring audit during the fourth and final quarter.

Due to these reasons the current number of high and very high risk premises has been reduced by approximately 40. A proposal to reduce the associated target will be made during the annual review process.

3.11   PI 28 – AFD FA's in Non – Domestic properties
As per last quarter, the draft target set was challenging and reaching this was always going to be subject to the implementation of revised AFA mobilisation procedure. Once implemented, significant reductions in AFA in non-domestic premises are predicted. Consultation on the revised policy is well underway and it is envisaged that changes to the current AFA mobilising procedures will be affective from March 2017.

GLEN RANGER
DEPUTY CHIEF FIRE OFFICER

SERVICE DELIVERY PROGRAMME REPORT

Project Description	Aim	Performance Status	Comments
Emergency Services Mobile Communications Programme (ESMCP)	The Emergency Services Mobile Communications Programme (ESMCP) has been established to meet the future requirements for mobile voice and data communications for the emergency services, to replace and upgrade the current Airwave System, which is reaching the end of its contracted lifespan. This is a national project led by CFOA and the DCLG. There is a National Programme Board, and Regional Project Boards have been set up across the country.	**Amber**	**06 March 2017** The project is still rated amber due to the ongoing national delays, which are outside local control. The Service continues to work regionally to represent and work with other FRSs within the region; the most recent Regional Fire Group meeting attended was on 25 January 2017. The latest update from the Home Office is as follows: • Hand-held devices will not now be available until mid-2018. Procurement for these will now be via a mini-competition process; • The DNSP pricing options are about to be released; • East of England Fire Group has indicated to the Home Office that we expect to begin transition to ESN in 2019 (complete transition to ESN in December 2020). An EE Coverage workshop was attended at Police HQ in Hertfordshire on 20th January, and there are plans to attend BAPCO in March where EE are hosting Q&A workshops. Background transition work on feeding into device specifications and populating the central Huddle database with relevant Service information is ongoing. Service-wide communication bulletins remain on hold until there is more detailed information to share.

Project Description	Aim	Performance Status	Comments
Replacement Mobilising System (RMS)	Replace mobilising system to provide resilient, dynamic mobilisation of Fire Service assets.	**Amber**	**20 February 2017:** Since "Go Live" in November 2016 the Service has mobilised to 1500 incidents. During this time the system has been stable with only minor issues occurring. The mobilising Officers are very positive about the new system and are now looking to build on the training and consolidation that they have completed. Progress on the MDT's is ongoing and connectivity issues have now been resolved allowing for penetration testing, prior to the application for the CoCo to take place. Penetration testing was delayed by 2 weeks following some technical difficulties experienced, which required a collaborative effort between Essex, BFRS, Remsdaq and Airbus to resolve. Unfortunately, during the test itself, further connection issues arose which meant the full test could not be completed in the time remaining on the temporary licence issued by the Home Office. A re-test has been proposed for late March, subject to the Accreditor agreeing a temporary licence extension. This means that, despite best efforts, the expected go live with 4i will now extend into the summer.

Project Description	Aim	Performance Status	Comments
Retained Duty System Improvement Project (RDSIP)	To deliver improvements to the effectiveness, efficiency and economy of the operation of the Retained Duty System within Bedfordshire Fire and Rescue Service.	**Green**	**20 February 2017** Following go live of the replacement mobilising system in November 2016 work will commence to integrate the Gartan availability module with the mobilising system so that appliance availability is automatically updated on the mobilising system as crewing changes. Configuration of the replacement mobilising system to enable phased alert at all RDS stations is underway. A model for phased alert at each RDS station is being developed. Phased alert has been successfully trialled for co-responding at Biggleswade and Leighton Buzzard. Work is underway to include RDS within the Strategic Reserve providing more flexible deployment of staff to improve appliance availability. A range of work is underway in the recruitment workstream including: • a review of turn-in requirements; • introduction of station Facebook pages to help in recruitment; • update of BFRS website recruitment area; • introduction of on-line application process and evening and weekend selection events. Work continues to configure the Gartan Payroll module to facilitate improved performance management. Implementation is contingent upon the iTrent HR system project.

SERVICE DELIVERY PERFORMANCE 2016/17 Quarter 3

	Measure			2016-17 Quarter 3					
No.	Description	Aim	2016-17 Full Year Target	Average over last 5 years	2015-16 Q3	Q3 Actual	Q3 Target	Performance against Target	Comments
PI 01	CPI 01 - Primary Fires per 100,000 Population	Smaller is Better	156.28	128.90	122.52	115.84	117.21	Green	1% better than target
	FPI 01 - Primary Fires		1010	816	789	746	757.50		
PI 02	CPI 02 - Primary Fires Fatalities per 100,000 Population	Smaller is Better	0.5	0.22	0.47	0.47	0.38	Red	Aim to achieve fewer than 3 annual fatalities
	FPI 02 - Primary Fire Fatalities		3	1	3	3	2.25		
PI 03	CPI 03 - Primary Fires Injuries per 100,000 Population	Smaller is Better	3.41	2.69	2.64	2.17	2.56	Green	Aim to achieve fewer than 22 annual injuries
	FPI 03 - Primary Fire Injuries		22	17	17	14	16.50		
PI 04	CPI 04 - Deliberate (Arson) Fires per 10,000 Population	Smaller is Better	11.31	11.23	8.93	9.07	8.48	Amber	Missed target by 7%
	FPI 04 - Deliberate (Arson) Fires		731	709	575	584	548.25		

No.	Description	Aim	2016-17 Full Year Target	2016-17 Quarter 3				Performance against Target	Comments
				Average over last 5 years	2015-16 Q3	Q3 Actual	Q3 Target		
PI 05	CPI 05 - Accidental Dwelling Fires per 10,000 dwellings	Smaller is Better	15.52	11.32	9.75	10.61	11.64	Green	9% better than target
	FPI 05 - Accidental Dwelling Fires		391	283	249	271	293.25		
PI 06	FPI 07 - Number of Deliberate Building Fires	Smaller is Better	112	98	51	42	84	Green	50% better than target
PI 10	FPI 14i - The % of Occasions Global Crewing Enabled 5 and 4 (Whole-time)	Higher is Better	90%	97%	95%	90%	90%	Green	On target
PI 11	FPI 14ii - The % of Occasions when our Response Time for Critical Fire Incidents were Met against Agreed Response Standards	Higher is Better	80%	76%	74%	74%	80%	Amber	Missed target by 6%
PI 12	FPI 12 - The % of Occasions when our Response Time for RTC Incidents were Met against Agreed Response Standards	Higher is Better	80%	90%	84%	82%	80%	Green	3% better than target
PI 13	FPI 13 - The % of Occasions when our Response Times for Secondary Incidents were Met against Agreed Response Standards	Higher is Better	96%	99%	96%	99%	96%	Green	3% better than target

				2016-17 Quarter 3					
No.	Description	Aim	2016-17 Full Year Target	Average over last 5 years	2015-16 Q3	Q3 Actual	Q3 Target	Performance against Target	Comments
PI 16	CH 1 - % Calls Answered in 7 seconds	Higher is Better	90%	96%	97%	96%	90%	Green	7% better than target
PI 17	CH 2 - % of Calls Mobilized in 60 Seconds or Less	Higher is Better	60%	62%	59%	61%	60%	Green	2% better than target
PI 18	CH 3 - Number of Calls to FAM (Hoax) - Mobilized To	Lower is Better	140	104	114	112	140	Green	20% better than target
PI 19	CH 4 - Percentage of FAM & HOAX Calls - Not Attended	Higher is Better	55%	57%	52%	50%	55%	Amber	Missed target by 9%
PI 20	CH 5 - Number of calls to FAGI – Mobilized to	Lower is Better	721	563	529	364	540.75	Green	33% better than target

The header row above "No." through "Comments" falls under the spanning header "Measure" (columns No., Description, Aim) and "2016-17 Quarter 3" (remaining columns).

	Measure			2016-17 Quarter 3					
No.	Description	Aim	2016-17 Full Year Target	Average over last 5 years	2015-16 Q3	Q3 Actual	Q3 Target	Performance against Target	Comments
PI 24	**FS01 - The percentage of Building Regulation consultations completed within the prescribed timescale**	Higher is Better	95%	99%	96%	94%	95%	Amber	Missed target by 1%
PI 25	**FS02 - Fire Safety Audits/Inspections Completed**	Higher is Better	1900	1135	1153	1506	1425	Green	6% better than target
PI 26	**FS04 - Total number of Fire Safety audits carried out on very high & high risk premises**	Higher is Better	224	196	97	100	168	Red	Missed target by 40%
PI 27	**FS05a - Non Domestic Fires per 1,000 non – domestic properties**	Smaller is Better	8.63	6.43	5.62	5.11	6.47	Green	21% better than target
	FS05b - Total No of Fires in Non-domestic Buildings	Smaller is Better	152	112	99	90	114		
PI 28	**FS06a – AFD FA's / Non Domestic properties per 1,000 non – domestic properties**	Smaller is Better	44.41	44	39	37	33.31	Red	Missed target by 11%
	FS06b – AFD FA's in Non – Domestic properties	Smaller is Better	782	763	693	652	586.50		

Measure				2016-17 Quarter 3					
No.	Description	Aim	2016-17 Full Year Target	Average over last 5 years	2015-16 Q3	Q3 Actual	Q3 Target	Performance against Target	Comments
Inf01	**RTC01 - Number of RTC's Attended**	Smaller is Better	n/a	285	289	299	n/a	n/a	n/a
Inf02	**RTC02 - KSi - No. of People Killed or Seriously Injured in Road Traffic Collisions (Partnership Indicator)**	Smaller is Better	n/a	167	170	68*	n/a	n/a	n/a
Inf03	**SSI 01 - Number of water related deaths**	Smaller is Better	n/a	2	2	0	n/a	n/a	n/a
Inf04	**SSI 02 - Number of water related injuries**	Smaller is Better	n/a	2	2	0	n/a	n/a	n/a

IRS Status - At the time the data was downloaded there were 292 IRS incomplete and 763 unpublished.

*Awaiting up to date data from Casualty Reduction Partnership

Notes: The comments column on the right hand side shows a comparison of actual against target as a percentage, it should be noted that all targets are represented as 100% and the actual is a percentage of that target.

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For Publication

Bedfordshire Fire and Rescue Authority
Service Delivery Policy and Challenge
Group
23 March 2017
Item No. 6

REPORT AUTHOR: **DEPUTY CHIEF FIRE OFFICER**

SUBJECT: **PROPOSED SERVICE DELIVERY INDICATORS AND TARGETS FOR 2017/18**

For further information
on this Report contact:

Adrian Turner
Service Performance Analyst
Tel No: 01234 845022

Background Papers:

Target setting methodology as agreed by Service Delivery Policy and Challenge Group in 2013

Implications (tick✓):

LEGAL		FINANCIAL	✓
HUMAN RESOURCES	✓	EQUALITY IMPACT	✓
ENVIRONMENTAL	✓	POLICY	✓
CORPORATE RISK	Known ✓	OTHER (please specify)	
	New	CORE BRIEF	

Any implications affecting this report are noted at the end of the report.

PURPOSE:

To advise Members of the proposed suite of Service Delivery Performance Indicators and associated targets for 2017/18 and to seek the Group's endorsement to incorporate these into the Service's performance management framework.

RECOMMENDATION:

That Members consider and endorse the proposed Service Delivery Performance Indicators and Targets and Information Measures for 2017/18 as set out in Appendix A.

---

1.   Introduction

1.1   In line with its Terms of Reference, the Service Delivery Policy and Challenge
       Group is responsible for monitoring the performance of those areas of the
       Service's work falling within its scope. In order to facilitate this, the Group
       receives quarterly summary performance reports at each of its meetings.

1.2   The Service Delivery Policy and Challenge Group agreed in 2011 that they
       should be involved in the process of agreeing the suite of indicators and of
       setting the associated targets and that this should take place, as far as
       practicable, alongside the annual budget-setting, medium-term financial
       planning and strategic project planning processes. The Group's Work
       Programme for the current financial year therefore included this as an item for
       its meeting in March 2017.

1.3   This report advises the Service Delivery Policy and Challenge Group of the
       proposed targets for 2017/18 against a suite of measures.

1.4   The targets have generally been set against either a three or five year
       performance average with consideration placed upon the variations in
       previous years data. Where appropriate, consideration has also been given to
       current performance against 2016-17 targets.

2.   Recommendation:

2.1   That Members consider and endorse the proposed Service Delivery
       Performance Indicators and Targets and Information Measures for 2017/18 as
       set out in Appendix A.

GLEN RANGER
DEPUTY CHIEF FIRE OFFICER

Proposed Service Delivery Performance Indicators and Targets for 2017/18

Ref	Performance Indicator	Frequency of Reporting	BFRS Baseline Performance	BFRS Target 2017/18	Target setting Rationale
PI 01	The rate of primary fires (per 100,000 population)	Quarterly	164.44	156.22	Target based on a 5% reduction on the average (1059) of the previous 3 full years 2013-14 1088 2014-15 1079 2015-16 1010
	The number of primary fires	Quarterly	1059	1006	
PI 02	The rate of fire fatalities (per 100,000 population)	Quarterly	0.28	0.47	Target carried forward from 2016-17 reflect the erratic historical data pattern (fire fatalities have ranged between 0 & 6 over the last 10 years)
	The number of fire fatalities	Quarterly	n/a	3	
PI 03	The rate of fires injuries (per 100,000 population)	Quarterly	3.42	3.25	Target based on a 5% reduction on the average (22) of the previous 3 full years 2013-14 23 2014-15 19 2015-16 22
	The number of fire injuries	Quarterly	22	21	
PI 04	The rate of deliberate (arson) fires (per 10,000 population)	Quarterly	11.97	11.37	Target based on a 5% reduction on the average (771) of the previous 3 full years 2013-14 782 2014-15 783 1015-16 748
	The number of deliberate (arson) fires	Quarterly	771	732	

Proposed Service Delivery Performance Indicators and Targets for 2017/18

Ref	Performance Indicator	Frequency of Reporting	BFRS Baseline Performance	BFRS Target 2017/18	Target setting Rationale
PI 05	The rate of accidental dwelling fires (per 10,000 dwellings)	Quarterly	15.91	15.52	Target based on a 5% reduction on the average (406) of the previous 3 full years 2013-14 422 2014-15 463 2015-16 334
	The number of accidental dwelling fires	Quarterly	406	386	
PI 06	The number of deliberate building fires	Quarterly	101	96	Target based on a 5% reduction on the average (101) of the previous 3 full years 2013-14 133 2014-15 107 2015-16 64
PI 10	The percentage of occasions global crewing enabled a total of nine riders on two pump responses (wholetime)	Quarterly	97%	90%	Target maintained at 90%
PI 11	The percentage of occasions when our response time standards for critical fire incidents were met	Quarterly	76%	80%	Based upon attendance standards set in CRMP

Proposed Service Delivery Performance Indicators and Targets for 2017/18

Ref	Performance Indicator	Frequency of Reporting	BFRS Baseline Performance	BFRS Target 2017/18	Target setting Rationale
PI 12	The percentage of occasions when our response time standards for road traffic collision incidents were met	Quarterly	90%	80%	Based upon attendance standards set in CRMP
PI 13	The percentage of occasions when our response time standards for secondary incidents were met	Quarterly	98%	96%	Based upon attendance standards set in CRMP
PI 16	The percentage of 999 calls answered in 7 seconds	Quarterly	96%	90%	Target maintained at 90% pending establishing baseline performance with replacement mobilising system
PI 17	The percentage of 999 calls mobilised to in 60 seconds or less	Quarterly	61%	60%	Target maintained at 60% pending establishing baseline performance with replacement mobilising system
PI 18	The number of 'false alarm malicious' and hoax calls mobilised to	Quarterly	147	132	Target based on a 10% reduction on the average (147) of the previous 3 full years 2013-14 158 2014-15 131 2015-16 171

Proposed Service Delivery Performance Indicators and Targets for 2017/18

Ref	Performance Indicator	Frequency of Reporting	BFRS Baseline Performance	BFRS Target 2017/18	Target setting Rationale
PI 19	The percentage of 'false alarm malicious' and hoax calls not attended	Quarterly	52%	54%	Target based on a 3% improvement on the average (52%) of the previous 3 full years 2013-14 52% 2014-15 52% 2015-16 46%
PI 20	The number of 'false alarm good intent' calls mobilised to	Quarterly	730	657	Target based on a 10% improvement on the average (730) of the previous 3 full years 2013-14 734 2014-15 768 2015-16 688
PI 24	The percentage of Building Regulations consultations completed within the prescribed timescale	Quarterly	97%	95%	Target set on complying with request from external agency.
PI 25	The number of fire safety audits/inspections completed	Quarterly	1641	1900	This is a combination of the audits and inspections carried out by Fire Safety Inspection Officers and response personnel (700 & 1200).

Proposed Service Delivery Performance Indicators and Targets for 2017/18

Ref	Performance Indicator	Frequency of Reporting	BFRS Baseline Performance	BFRS Target 2017/18	Target setting Rationale
PI 26	The percentage of fire safety audits carried out on high and very high risk premises	Annually	N/A	100%	Target based upon auditing all premises assessed as high/very high risk (as determined by the National Template). The number of premises in these categories fluctuates year on year.
PI 27	The rate of non-domestic fires (per 1,000 non–domestic properties)	Quarterly	8.56	8.13	Target based on a 5% improvement on the average (151) of the previous 3 full years 2013-14 181 2014-15 138 2015-16 133
	The number of fires in non-domestic buildings	Quarterly	151	143	
PI 28	The rate of automatic fire detector false alarms in non-domestic properties (per 1,000 non–domestic properties)	Quarterly	53.74	44.41	2016-17 target carried forward based upon implementation of revised AFD policy
	The number of automatic fire detector false alarms in non-domestic properties	Quarterly	946	782	

Proposed Service Delivery Information Measures for 2017/18

Ref	Performance Indicator	Frequency of Reporting	BFRS Baseline Performance	BFRS Target 2017/18	Target setting Rationale
Inf01	The number of road traffic collisions attended	Quarterly	360	n/a	For information only (We attend an average of 360 of these incidents per year)
Inf03	The number of water related deaths	Quarterly	2	n/a	For information only (We attend an average of 2 of these incidents per year)
Inf04	The number of water related injuries	Quarterly	1	n/a	For information only (We attend an average of 1 of these incidents per year)
Inf02	The number of people killed or seriously injured in road traffic accidents (Partnership Indicator)	Quarterly	208	n/a	Target is set by the Police

For Publication

Bedfordshire Fire and Rescue Authority Service Delivery Policy and Challenge Group
23 March 2017
Item No. 7

REPORT AUTHOR: **DEPUTY CHIEF FIRE OFFICER (SERVICE DELIVERY)**

SUBJECT: **NEW INTERNAL AUDIT REPORTS**

For further information on this report contact:

Karen Daniels
Service Assurance Manager
Tel No: 01234 845013

Background Papers:

Baker Tilly Strategy for Internal Audit
Bedfordshire Fire Authority 2016/17 to 2018/19

Implications (tick ✓):

LEGAL			FINANCIAL	✓
HUMAN RESOURCES			EQUALITY IMPACT	
ENVIRONMENTAL			POLICY	
CORPORATE RISK	Known	✓	OTHER (please specify)	
	New		CORE BRIEF	

Any implications affecting this report are noted at the end of the report.

PURPOSE:

To present the report on internal audit in relation to Data Quality – Incident Recording System completed since the last meeting of the Service Delivery Policy and Challenge Group.

RECOMMENDATION:

That Members receive the attached internal audit report and note the associated management comments/actions which will be added to the Service Delivery Audit and Governance Action Plan Monitoring report.

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1.   Background

1.1   Internal audits are completed in accordance with the Internal Audit Annual Plan agreed by the Audit and Standards Committee.

Item 7.1

1.2   Each internal audit report details:

- the specific audit conducted,
- the scope of the audit,
- an assessment of the controls in place to manage the relevant objectives and risks,
- the auditors recommendations and priority of these, and
- an action plan which has been agreed with the appropriate Functional Head and approved by the relevant Principal Officer for incorporation into the Audit and Governance Actions Monitoring report.

1.3   All internal audit reports are presented to the appropriate Policy and Challenge Group for endorsement of the actions arising.

2.   Internal Audit Reports

2.1   The Appendix A to this report presents the internal audit report on:

- Data Quality - Incident Recording System (completed on 23 December 2016; report finalised on 23 February 2017) (Appendix A). Conclusion: Amber – Reasonable Assurance.

2.2   The actions arising from the above audit will be incorporated as 'new' actions within the Audit and Governance Actions Monitoring Report in June 2017 for on-going monitoring by the Policy and Challenge Group.

2.3   Any slippage or other exceptions arising will also be reported to and monitored by the Audit and Standards Committee.

GLEN RANGER
DEPUTY CHIEF FIRE OFFICER

BEDFORDSHIRE FIRE AND RESCUE AUTHORITY

Data Quality – Incident Reporting System

FINAL

Internal Audit Report: 6.16/17

23 February 2017

RSM

CONTENTS

1   EXECUTIVE SUMMARY

1.1 Background

The Incident Reporting System (IRS) is a mechanism through which the UK government collects data on fire incidents nationally. Bedfordshire Fire and Rescue Authority use the Mobilising System when recording information on new incidents, such as their nature and how many appliances have been sent out.

The Authority completed a project on 29 November 2016 to replace the Mobilising System. The new mobilising system was required as the previous hardware and software was outdated and to enable the Authority to take advantage of new developments in technology and functionality e.g. using GPS based dynamic mobilising. The new Mobilising System was also required to further integrate the system to IRS in order to ensure the data reported is more accurate.

The Quality Assurance process is managed by the Control Team who perform checks on the IRS data input by Crew Managers a week after it has been input onto the system. All incidents recorded on the IRS system are also recorded on an on internally managed 'IRS Checking and Publishing spreadsheet'.

The Authority use IRS data when assessing its own performance in quarterly Fire Authority meetings via a Service Delivery Performance Monitoring Report.

1.2 Conclusion

Our review identified gaps in the control framework for data quality from the Incident Reporting System. In particular, we found that there was no up to date IRS Quality Assurance procedure that is fully reflective of current working practices. Furthermore, a formal mechanism through which lessons are learnt from quality assurance checks and a training programme for IRS input was also not in place.

Internal Audit Opinion:

Taking account of the issues identified, the Authority can take reasonable assurance that the controls in place to manage this area are suitably designed and consistently applied. However, we have identified issues that need to be addressed in order to ensure that the control framework is effective in managing the identified area(s).
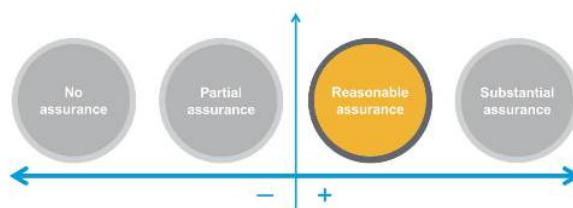
1.3 Key findings

The key findings from this review are as follows:

We confirmed through discussions with the Head of Operations that the Control Team is responsible for the collation and cleansing of data input by Crew Managers when reviewing the data input onto IRS. We confirmed that there are multiple government produced guidance documentation and procedures with instructions on how to input information for staff. These were available to crews and the Control Team via the Authority's internal SharePoint system.

The Quality Assurance process is managed by the Control Team, who perform checks on the IRS data input by Fire Officers a week after it is input onto the system. All incidents recorded on the IRS system are also recorded on an 'IRS Checking and Publishing spreadsheet'. The spreadsheet is colour coded to identify the different shifts Control Team staff members rotate on. We reviewed the IRS Checking and Publishing spreadsheet and confirmed that the document was fit for purpose and adequately evidenced checks performed by the Control Team staff.

We selected a sample of 20 incidents from the Checking and Publishing spreadsheet and through testing we confirmed that 17 of the 20 incidents selected had been recorded as being published on IRS. However, through review of the IRS System audit reports we confirmed that two of the remaining three incidents had actually been published.

Therefore, the spreadsheet maintained by the Control Team was not fully up to date. For the 17 incidents in our sample that were recorded as being published on IRS we confirmed the date the incident was recorded and published had reconciled with the data reported on Incident Data Reports from the IRS system. We have included a suggestion below to improve efficiency in the process.

Service Delivery information is reviewed at quarterly meetings. KPIs are set to assess the performance of the Authority, and the information used to assess their performance is taken from the IRS website. The agreement of KPIs for the year is discussed at the beginning of each financial year at Fire Authority meetings. Through review of Fire Authority meeting minutes since April 2016 (months April, May, July and October 2016) we confirmed: The Proposed Service Delivery Indicators and Targets for 2016/17 had been discussed and approved by the Fire Authority in April 2016. A Service Delivery Performance Monitoring Report had been subject to sufficient discussion in meetings via the Service Delivery Policy and Challenge Group; the Group had presented a report in July, October and December 2016 meetings appropriately; and reports were fit for purpose in outlining the required KPIs as agreed.

Our review identified the following issues which have resulted in **three medium priority actions**:

A formal mechanism through which lessons are learnt from the quality assurance checks performed on incidents was not in place. There is a risk that common errors when reviewing the input of information on IRS, will not be identified in a timely manner should a formal lessons learnt log not be in place. This could impact the operational efficiency of the Control Team and could lead to inaccurate information being used, resulting in wrong decision making being made by management. **(Medium)**

We requested the last three IRS data reports provided to the Service Control Manager from the Control Team with regards to incomplete IRS data fields. We identified that this had only been completed in the month of November 2016 even though it is required to be completed on a monthly basis to be presented at Operational Delivery Team (ODT) meetings. There is a risk that the Control Team's performance will not be subject to the appropriate scrutiny should reports not be presented and discussed as per the agreed frequencies. **(Medium)**

A full programme of roll out training for the relevant staff who input data on IRS i.e. control room staff and fire officers, was not in place. Furthermore, we confirmed that neither control staff nor fire officers have any LearnPro/eLearning modules that relate to IRS completion. There is a risk that the Authority will be reporting information based on data input by insufficiently trained staff should appropriate training measures not be in place. This could lead inaccurate information being submitted onto IRS which could ultimately affect the delivery of the Authority's services. **(Medium)**

We have also agreed two low priority actions with management which are detailed further in sections 2 and 3 of the report.

1.4 Additional information to support our conclusion

Risk	Control design*	Compliance with controls*	Agreed actions		
			Low	Medium	High
If we have inadequate data management due to poor implementation, inappropriate specification of requirements or poor quality control measures then we are at risk of using the wrong information throughout the organisation and thus potentially affecting the delivery of our services.	3 (6)	4 (6)	2	3	0
Total			**2**	**3**	**0**

* Shows the number of controls not adequately designed or not complied with. The number in brackets represents the total number of controls reviewed in this area.

1.5 Additional feedback

We have also identified suggestions that Bedfordshire Fire and Rescue Authority may wish to consider:

Suggestion:

The Area Commander - Head of Operations will explore the possibility of transporting the IRS Checking and Publishing spreadsheet to the Authority's SharePoint system. This will ensure an audit trail is maintained when checks are performed by staff, and enable senior staff members to perform spot checks to ensure reviews are taking place at per prescribed frequencies.

2 ACTION PLAN

Categorisation of internal audit findings	
Priority	**Definition**
Low	There is scope for enhancing control or improving efficiency and quality.
Medium	Timely management attention is necessary. This is an internal control risk management issue that could lead to: Financial losses which could affect the effective function of a department, loss of controls or process being audited or possible reputational damage, negative publicity in local or regional media.
High	Immediate management attention is necessary. This is a serious internal control or risk management issue that may lead to: Substantial losses, violation of corporate strategies, policies or values, reputational damage, negative publicity in national or international media or adverse regulatory impact, such as loss of operating licences or material fines.

The table below sets out the actions agreed by management to address the findings:

Ref	Findings summary	Priority	Actions for management	Implementation date	Responsible owner
1.1	We confirmed that a procedure outlining the IRS Quality Assurance process has been developed, however, following sample testing of the process this was confirmed to have not been fully reflective of current working practices and out of date.	Low	The Service Control Manager will develop an IRS Quality Assurance procedure outlining the checking and publishing process for IRS data. This will include the frequency as to which checks take place in the Control Team and how often outstanding incidents will be followed up.	May 2017	Service Control Manager
1.2	We selected a sample of 20 incidents requiring communication to be made to Station Officers regarding incorrect input of data. We confirmed through testing that two incidents had been published on IRS but this was not correctly reflected on the IRS Checking and Publishing spreadsheet. Therefore, the monitoring spreadsheet maintained by the Control Team was not fully up to date.	Low	The Head of Operations will ensure that the IRS Checking and Publishing spreadsheet is updated periodically and reconciled to the IRS system on a period basis. This frequency will be outlined in the aforementioned procedure and will be adhered to. This will be achieved via secondary checks performed by another member of staff in the Control Team and will be evidenced as such.	May 2017	Area Commander – Head of Operations

Ref	Findings summary	Priority	Actions for management	Implementation date	Responsible owner
1.3a	A formal mechanism through which lessons are learnt from the quality assurance checks performed on incidents is not currently in place at the Authority.	Medium	The Head of Operations will undertake periodic lessons learnt exercise to ensure that frequent issues can be identified with regards to the input of data. Action plans to address these issues will then be developed and monitored.	May 2017	Area Commander – Head of Operations
1.3b	We requested the last three monthly IRS data reports provided to the Service Control Manager from the Control Team with regards to incomplete IRS data fields. We confirmed that this had only been completed in the month of November 2016.	Medium	The Control Team will ensure that data on the number of outstanding IRS to be checked is produced and provided to ODT meetings on a monthly basis as prescribed. The Head of Operations will ensure that findings are actively discussed in meetings.	May 2017	Area Commander – Head of Operations
1.4	A full programme of training for the relevant staff who input data on IRS i.e. control room staff and Fire Officers, is not currently in place. Furthermore, we confirmed that neither control staff nor Fire Officers have any LearnPro/eLearning modules that relate to IRS completion at present.	Medium	The Head of Operations will consider whether full programme refresher training will be beneficial for all staff involved in the input of IRS data. The Head of Operations will progress development of a training package to support induction of new control staff and new fire officers.	May 2017	Area Commander – Head of Operations

3   DETAILED FINDINGS

This report has been prepared by exception. Therefore, we have included in this section, only those risks of weakness in control or examples of lapses in control identified from our testing and not the outcome of all internal audit testing undertaken.

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Actions for management
Risk: If we have inadequate data management due to poor implementation, inappropriate specification of requirements or poor quality control measures then we are at risk of using the wrong information throughout the organisation and thus potentially affecting the delivery of our services.						
1.1	A procedure outlining the process for reviewing data accuracy and quality at the Authority has been developed at the Authority but is not up to date in reflecting current working practices. The current process is as follows: The Control Team updates the Mobilising system with information relating to an incident from a call, arranging for the appropriate appliances to be sent out based on a recommendation given from the Mobilising system. The Control Operator mobilises an incident before crews can input further details onto IRS. The IRS is not populated until an incident is finished and closed by the Control Team. When Crews arrive back to their home stations from an incident they complete the IRS form for incidents electronically; The Control Team will perform their checks a week after forms have been	No	N/A	Through discussions with multiple staff in the Control Team, we confirmed that they are involved in the process for reviewing the data input onto the IRS system. We confirmed that there are multiple government produced guidance documentation and procedures with instructions on how to input information. This is available on the available to crews via the Authority's internal SharePoint system. We also confirmed that a procedure outlining the checking process has been developed, however, following sample testing of the data reviewing process in the Control Team, this was confirmed to have been out of date not fully reflective of current working practices. Although the Control Team does not comprise of a large number of staff, there is a risk that new staff will not be aware of current working practices should an up to date IRS Quality Assurance procedure not be in place. This could lead to inadequate checks taking place which could ultimately lead to inaccurate information being submitted onto IRS.	Low	The Service Control Manager will develop an IRS Quality Assurance procedure outlining the checking and publishing process for IRS data. This will include the frequency as to which checks take place in the Control Team and how often outstanding incidents will be followed up on.

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Actions for management
	completed by crews via an IRS Checking and Publishing spreadsheet; and The Control Team will then publish data to IRS once they are assured there are no errors with the inputted data					
1.2	All incidents recorded on the IRS system are also recorded on an 'IRS Checking and Publishing spreadsheet' which details the following: • Incident number • Date of incident • Date checked and initials • Query section no./Details • Email Sent To/Date • Date Query Sorted • Published (initials) • Changes Logged on SharePoint The spreadsheet is colour coded to identify the different shifts Control Team staff members rotate on.	Yes	No	We reviewed the IRS Checking and Publishing spreadsheet and confirmed that the document was fit for purpose in adequately evidencing the checks performed by the Control Team staff. We also confirmed that all incidents had been reviewed by staff other than incidents which had been greyed out. Through discussions with the Crew Commander in the Control Team we confirmed that these incidents were not IRS related incidents and as a result they had not been published on IRS. We selected a sample of 20 incidents requiring communication to be made to Station Officers regarding incorrect input of data. We confirmed the following through testing: • 17 of the 20 incidents selected had been recorded as being published on IRS. However through review of the IRS System Audit reports we confirmed that two of the remaining three incidents had actually been published. Therefore, the spreadsheet maintained by the Control Team was not fully up to date;	Low	The Head of Operations will ensure that the IRS Checking and Publishing spreadsheet is updated periodically and reconciled to the IRS system on a period basis. This frequency will be outlined in the aforementioned procedure and will be adhered to. This will be achieved via secondary checks performed by another member of staff in the Control Team and will be evidenced as such.

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Actions for management
	The Watch Commander produces a spreadsheet which identifies the stations with trends with particular failures with the submission of IRS data on a monthly basis.			• For the 17 incidents selected in our sample that were recorded as published on IRS via the spreadsheet we confirmed the date the incident was recorded and published had reconciled with the data reported on Incident Data Reports from the IRS system in all 17 cases. Through discussions with the Service Performance Manager, we were advised that the Authority did have a separate department within the control room (the Emergency Response Support Team), and one of their tasks was to check the IRS data and the data input on the Mobilising system by Fire Officers. However due to staffing issues this department is not currently in place. We were informed that there are currently plans to move additional staff to the control room function to ensure this check is performed in addition to the current checks performed by the Control Team to ensure the information in IRS is reliable and accurate. Furthermore, through discussions with the Software and Integration Engineer, who was involved in the design of new interface which ensures IRS and the new Mobilising system communicate effectively, we confirmed that Software Engineers are currently notified via email if mandatory fields are not completed in the IRS system. As such the Software Engineers act as the second security line behind the control room team should they miss instances of incomplete/incorrect fields.		

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Actions for management
1.3	The Control Team report the number of outstanding IRS data entries that are deemed incomplete to the Service Control Manager on a monthly basis. This information requires correcting by crews on a monthly basis and is reported at the monthly Operational Development Team (ODT) meetings. Trends are highlighted in ODT meetings with regards to the number of outstanding IRS data to be checked by stations in the Bedfordshire area and the amount of IRS entries returned to each station and awaiting update. A formal process for recording lessons learnt from quality assurance checks incidents entered onto IRS is not currently in place at the Authority. General control feedback is presented in ODT meetings.	No	N/A	Through discussions with the Watch Commander in the Control Team, we were advised that staff communicate information on incidents with regards to lessons being learnt on an ad hoc basis and no formal process was in place. We requested ODT meeting minutes since April 2016, however, we could only obtain minutes from the month of November 2016 during the audit. Through review of November meeting minutes for the ODT we confirmed that a section on Control feedback had been detailed and findings from the Control Team had been discussed. However, general control feedback was deemed to have been presented in ODT meetings and not found to be sufficiently detailed. We also requested the last three reports provided to the Service Control Manager from the Control Team with regards to incomplete IRS data fields. We confirmed that this had only been completed in the month of November 2016 however, although it is required to be completed on a monthly basis. There is a risk that common errors input errors will not be rectified should a formal lessons learnt log not be in place. This could impact the operational efficiency of the Control Team and could lead to inaccurate data being used should common errors not be shared across the Authority.	Medium Medium	The Head of Operations will undertake periodic lessons learnt exercise to ensure that frequent issues can be identified with regards to the input of data. Action plans to address these issues will then be developed and monitored. The Control Team will ensure that data on the number of outstanding IRS to be checked is produced and provided to ODT meetings on a monthly basis as prescribed. The Head of Operations will ensure that findings are actively discussed in meetings.

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Actions for management
1.4	Fire Officers are subject to the following training with regards to data input: • Electronic training system – PDRPro • E-Learning system – LearnPro A full programme of training for the relevant staff who input data on IRS i.e. control room staff and Fire Officers, is not currently in place at the Authority. Staff have access to guidance documentation developed by the Communities and Local Government with regards to the accurate data input on IRS. These include the following: • IRS Guidance • IRS Incident Scheme – Questions and lists • Web Form questions for incident types Documents are available to staff via the IRS Training room which is accessible on the Authority's SharePoint system.	No	N/A	Through discussions with the Workplace Development Manager, we confirmed that there has not been a direct roll out of training with regards to the input of data on IRS and there are not any plans to provide training on the new mobilising system. We also noted that neither control staff nor Fire Officers have any LearnPro/eLearning modules that relate to IRS completion. We did confirm that a Crew Manager development programme requires the role to 'Demonstrate the use of the Incident Recording System and the use of IRS to record a range of incidents'. The Workplace Development Manager advised that this is a competency required for the role and evidence is not required to be obtained to demonstrate completion of this competence. There is a risk that the Authority will be reporting information based on data input by insufficiently trained staff should appropriate training measures not be in place. This could lead inaccurate information being submitted onto IRS which could ultimately affect the delivery of the Authority's services.	Medium	The Head of Operations will consider whether full programme refresher training will be beneficial for all staff involved in the input of IRS data. The Head of Operations will progress development of a training package to support induction of new control staff and new fire officers.

APPENDIX A: SCOPE

Scope of the review

To evaluate the adequacy of risk management and control within the system and the extent to which controls have been applied, with a view to providing an opinion. The scope was planned to provide assurance on the controls and mitigations in place relating to the following risks:

Objective of the risk under review	Risks relevant to the scope of the review	Risk source
To ensure that the service is supplied with accurate and up to date information upon which decisions can be made which impact on service delivery.	If we have inadequate data management due to poor implementation, inappropriate specification of requirements or poor quality control measures then we are at risk of using the wrong information throughout the organisation and thus potentially affecting the delivery of our services.	Risk Register

When planning the audit, the following areas for consideration and limitations were agreed:

Areas for consideration:

A new incident reporting system is in the process of being implemented; our review will focus on the following areas:

- A review of the processes for collecting and cleansing data and the process for reviewing data accuracy and quality;

- The Quality Assurance process to ensure it is effective and findings from the reviews are reported and followed up;

- We will assess how the Authority ensures that the information in the system is reliable and accurate;

- The process for identifying lessons learnt;

- Evidence of training provided to staff to ensure data is input accurately;

- Reporting to management.

Limitations to the scope of the audit assignment:

The following limitations apply to the scope of our work:

- The appropriateness of decisions made.

- We have not assessed the accuracy of data on the system but instead the processes in place at the Authority to assure themselves that the data can be relied upon

- We have not commented on the findings reported in the QA reports.

- Our work does not provide absolute assurance that material errors, loss or fraud do not exist.

- All testing was undertaken on a sample basis.

APPENDIX B: FURTHER INFORMATION

Persons interviewed during the audit:

- Ian Evans, Area Commander - Head of Operations

- Adrian Turner, Service Performance Analyst

- Jason Tysoe, Software and Integration Engineer

- Jane Clarke, Service Control Manager

FOR FURTHER INFORMATION CONTACT

Suzanne Lane, Senior Manager

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For Publication

**Bedfordshire Fire and Rescue Authority
Service Delivery Policy and Challenge
Group
23 March 2017
Item No. 8**

_____

REPORT AUTHOR: **HEAD OF OPERATIONS**

SUBJECT: **EFFECTING ENTRY FOR MEDICAL EMERGENCIES
PILOT RESULTS**

For further information
on this Report contact:

SOC Ian Evans
Strategic Operational Commander
Tel No: 01234 845028

Background Papers:

None

Implications (tick ✓):

LEGAL		FINANCIAL	
HUMAN RESOURCES		EQUALITY IMPACT	
ENVIRONMENTAL		POLICY	
CORPORATE RISK	Known	OTHER (please specify)	
	New	CORE BRIEF	

Any implications affecting this report are noted at the end of the report.

PURPOSE

To provide Members of the Service Delivery Policy and Challenge Group with interim information on outcomes from the pilot of providing assistance to gain entry to premises in case of medical emergency.

RECOMMENDATION

That Members of the Service Delivery Policy and Challenge Group consider the report provided.

1.   Background

1.1   Historically, where East of England Ambulance Service NHS Trust (EEAST) have required assistance to gain entry to premises in case of suspected medical emergency, they have contacted Bedfordshire Police (BP) for assistance, with BP staff using their statutory powers and skills to force access, allowing EEAST to enter and tend to the patient.

1.2   Collaboration work between EEAST, Bedfordshire Fire and Rescue Service (BFRS) and BP identified that the use of BFRS resources to assist EEAST could provide a threefold improvement to service delivery, by reducing the response time in support of EEAST staff, by removing the demand from BP for attending such incidents and by BFRS staff attending with appropriate equipment to successfully gain entry and minimise potential damage to the property.

1.3   BFRS has statutory powers under the Fire and Rescue Services Act 2004 to gain entry, by force if necessary, without the consent of the owner or occupier. These powers can apply to medical emergencies ('…reasonably believes an emergency of another kind to have occurred').

1.4   A Memorandum of Understanding between EEAST, BP and BRFS was signed under which BFRS agreed to provide EEAST with assistance to gain entry to premises for the purposes of providing emergency medical treatment for a six month trial period from 1 July 2017.

1.5   The pilot arrangements remain in place pending full evaluation in conjunction with the collaboration partners. This paper provides interim information on the outcomes of the pilot up to 28 February 2017 (eight months).

2.   Pilot Interim Outcome Evaluation

2.1   Appendix 1 provides summary data on incidents attended in a series of tables taken from the BFRS incident log maintained on SharePoint for evaluation purposes. The following statistics are drawn from this data.

- Up to 28 February 2017 BFRS received a total of 278 calls
- BFRS attended scene on 220 occasions (Table 2)
- BFRS was first on scene at 63 incidents (Table 2)
- BFRS made access at 75% of incidents attended (164 of 220) (Table 3)
- A risk to life was found to be involved on 51% of occasions (83 of 164) (Table 4)
- BFRS effected entry without any property damage on 66% of occasions (109 of 164) (Table 5)
- BFRS provided or assisted medical treatment on 46 occasions (Table 6)
- Boarding up was required on 26 occasions
- The majority of incidents attended are in the populous urban areas (Table 7)

2.2   As set out above, there were three key benefits anticipated from BFRS taking over from BP in assisting EEAST to gain entry:

1.   Reduction in attendance time in support of EEAST.
2.   Removing demand on BP resources.
3.   More effective service with reduced level of property damage.

2.3   Whilst full evaluation with collaboration partners has not yet taken place, the statistics above appear to support the conclusion that BFRS taking on the role of effecting entry in case of medical emergencies is improving the effectiveness of emergency response to the community.

2.4   Whilst there have been no issues at the majority of incidents attended, there are a range of issues that have been identified during the trial which need to be explored with collaborative partners, these include:

- On a number of occasions there have been significant delays in the attendance of EEAST to incidents that BFRS has been requested to attend. In a small number of cases this has resulted in BFRS providing patient care for extended periods and BFRS resources being tied up at incidents.
- Delays by EEAST in requesting the attendance of BFRS to incidents
- Issues regarding call handling and passing relevant information between control centres.
- Complaints relating to boarding up services regarding the quality of service and charges.

3.   Recommendation

That Members of the Service Delivery Policy and Challenge Group consider the report provided.

STRATEGIC OPERATONAL COMMANDER
IAN EVANS
HEAD OF OPERATIONS

Summary Data on Incidents Attended

Table 1 – Incidents where BFRS did not attend scene

Reason for Non-attendance	Total
Access Gained Prior to FRS Arrival (Police / Ambulance)	2
BFRS Stood Down En-route	39
BFRS Stood Down Prior to Mobilisation	17
Grand Total	**58**

Table 2 – Emergency Service First in Attendance

Emergency Service First in Attendance	Total
Ambulance	150
Fire	63
Police	7
Grand Total	**220**

Table 3 - Action taken to gain access.

Action take to gain access to premises	Total
Access Gained - Ground / Flat Level	127
Access Gained via Ladder	37
No Action - Access Gained Prior to FRS Arrival (by Public)	14
No Action - Access Gained Prior to FRS Arrival (Police / Ambulance)	34
No Action - OIC Risk Assessment	8
Grand Total	**220**

Table 4 – Assessed level of Emergency upon gaining access

Assessed level of Emergency	Total
Risk to Life Involved	83
Minor Risk to Health and Safety	56
No Emergency	25
Grand Total	**164**

Table 5 – Damage caused by BFRS in Effecting Entry

Damage caused in Effecting Entry	Total
No Damage	109
Minor Damage	49
Significant Damage	6
Grand Total	**164**

Table 6 – Patient Treatment Provided

Patient Treatment Provided	Total
BFRS Provided Patient Care	11
EEAS Assisted by BFRS	35
None	174
Grand Total	**220**

Table 7 – Attendance by Station and Duty System

RDS Stations	Total	WDS Stations	Total
Ampthill RDS	7	Bedford WDS	33
Biggleswade RDS	9	Dunstable WDS	43
Harrold RDS	2	Kempston WDS	20
Leighton Buzzard RDS	7	Leighton Buzzard WDS	1
Potton RDS	2	Luton WDS	70
Sandy RDS	1	Stopsley WDS	16
Shefford RDS	6	**WDS Total**	**183**
Toddington RDS	3		
RDS Total	**37**		

Table 8 – Learning Points/Issues through the Pilot

Learning Points/Issues Identified	Total
None	184
Minor	27
Significant	9
Grand Total	**220**

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For Publication

Bedfordshire Fire and Rescue Authority Service Delivery Policy and Challenge Group
23 March 2017
Item No. 10

REPORT AUTHOR: **HEAD OF COMMUNITY SAFETY**

SUBJECT: **CUSTOMER SATISFACTION REPORT**
QUARTER 3 (1 OCTOBER – 31 DECEMBER 2016)

For further information
on this Report contact:

Mark Hustwitt
Communications and Engagement Manager
Tel No: 01234 845161

Background Papers: None

Implications (tick ✓):

LEGAL			FINANCIAL	
HUMAN RESOURCES			EQUALITY IMPACT	
ENVIRONMENTAL			POLICY	
CORPORATE RISK	Known		OTHER (please specify)	
	New		CORE BRIEF	

Any implications affecting this report are noted at the end of the report.

PURPOSE

To report the levels of Customer Satisfaction during Quarter 3 2016/17 (01 October – 31 December).

RECOMMENDATION

That Members acknowledge the report and the continuing good levels of customer satisfaction.

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1.   Executive Summary

1.1.   Customer satisfaction is measured through surveys (undertaken after an incident, following a Home Fire Safety Check (HFSC) or Fire Safety Audit), letters of compliments, and complaints.
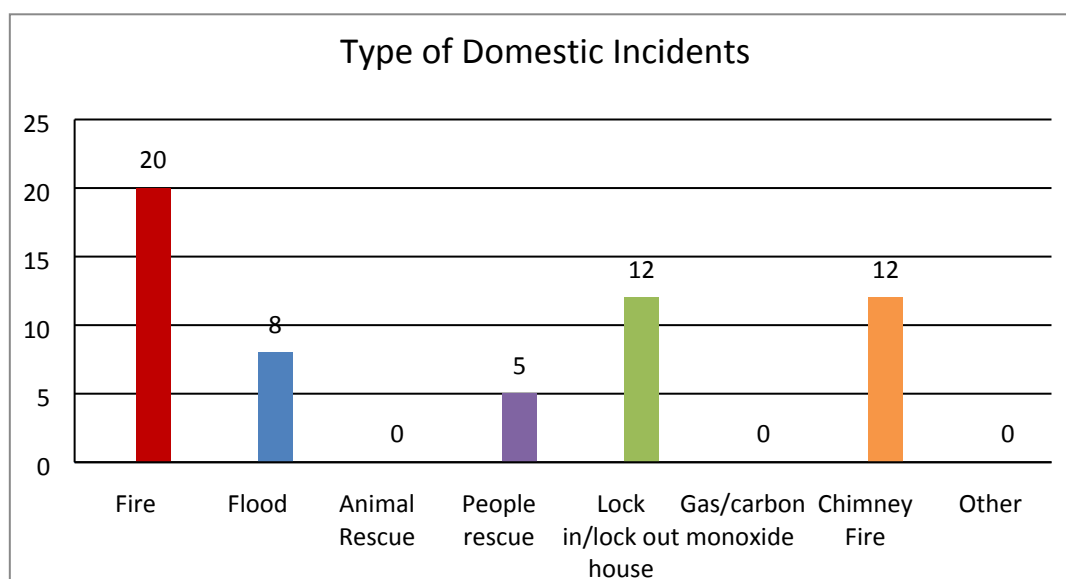
Item 10.1

1.2.   Surveys undertaken in Q3 2016/17 indicate that 99% of respondents across all survey areas were either very or fairly satisfied with the overall service provided. The rate of responses for surveys issued in Quarter 3 is shown on the following page, with comparisons against the same period in 2015/16. In comparison to Q2 2016/17 the number of surveys returned has increased very slightly, however the Community Engagement Manager is continually looking for opportunities to see how the Service can increase the level of responses to these surveys.

1.3.   Numbers in the report have been rounded to one decimal place.

Area surveyed	Total number of surveys returned	Total number of surveys sent	Return rate	Comparison to Q3 2015/16
After the Incident (Domestic)	57	121	47%	76 (84%)
After the Incident (Non Domestic)	12	21	57%	13 (57%)
Home Fire Safety Checks (HFSC)	150	255	59%	146 (97%)
Fire Safety Audit	94	200	47%	75 (83%)
Totals/Average Return Rate	298	597	53%	310 (80%)

2.   <u>After the Incident (Domestic)</u>

2.1.   **Type of Incident:**

Type of Domestic Incidents

Fire	20
Flood	8
Animal Rescue	0
People rescue	5
Lock in/lock out house	12
Gas/carbon monoxide	0
Chimney Fire	12
Other	0

121 surveys were sent out and 57 replies have been received, a response rate of 47%. The main incidents in which respondents were involved were fires, chimney fires, lock ins or lock outs.

2.2. **Overall Satisfaction:**

How Satisfied Were You With the Service You Received?

Fairly satisfied, 2, 4%

Very satisfied, 48, 96%
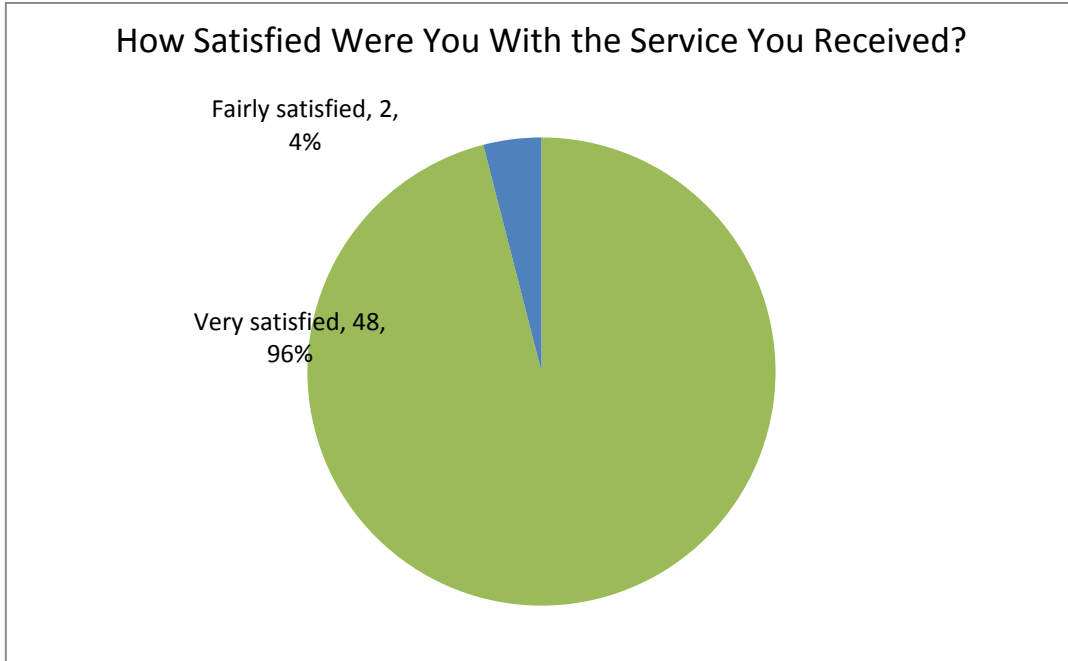
96% of those who replied to the survey said they were very satisfied with the service they received, 4% were fairly satisfied with the service provided. No one was dissatisfied with the service.

2.3. **Arrival Times:**

Did the Fire Service Arrive...

Quicker than expected, 21, 39%

As expected, 31, 57%

Slower than expected, 2, 4%

Item 10.3
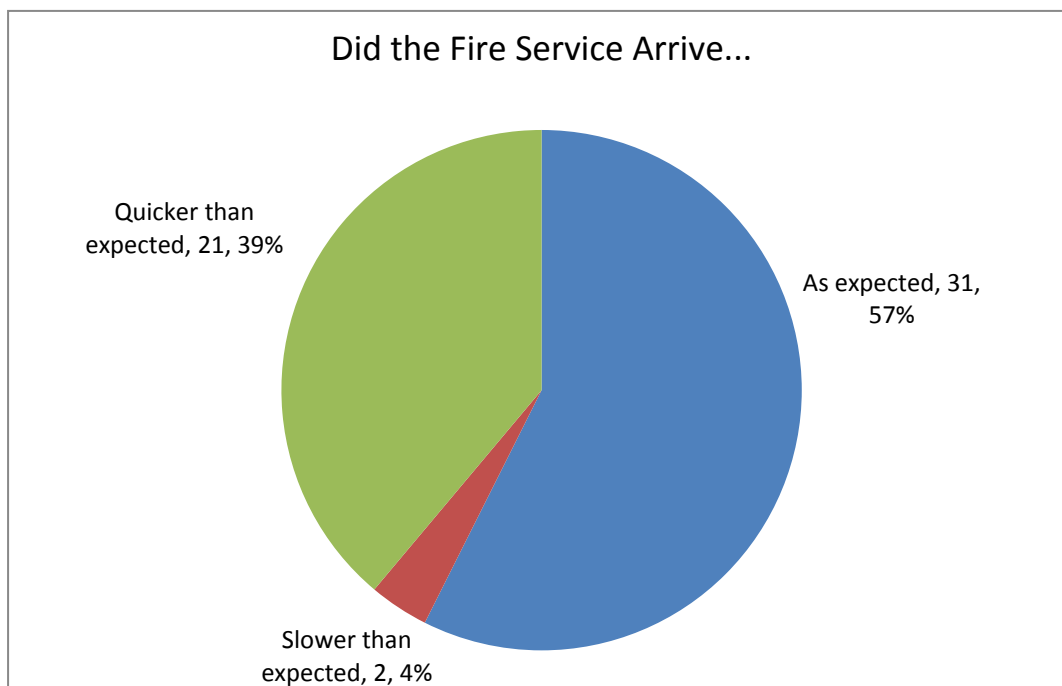
96% of those respondents who replied to this question thought the Service arrived quicker than expected or as expected, only two people (4%) thought the Service arrived slower than expected. 39 of respondents had called the Service themselves and they were all positive about the assistance they received.

2.4.   **Advice Given:**

Were You Given Advice At The Scene?

Yes, 40, 89%

Can't remember, 3, 7%

No, 2, 4%
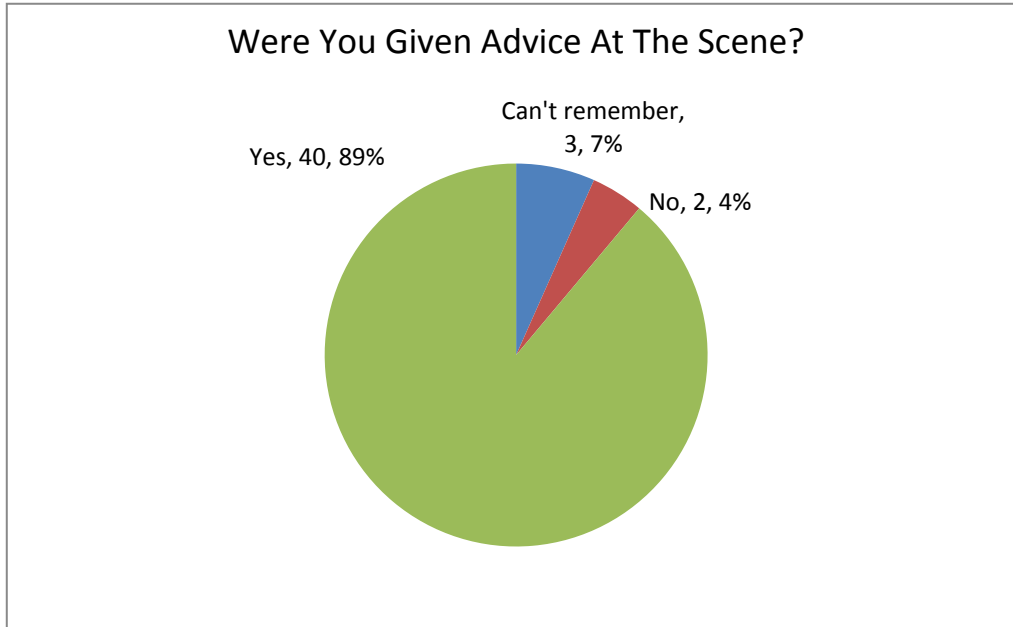
45 respondents replied to this question on the survey. A majority of those responses confirmed they were given advice at the scene.

3.   <u>After the Incident (Non Domestic)</u>

3.1.   Type of Incident

Type of Non-Domestic Incidents
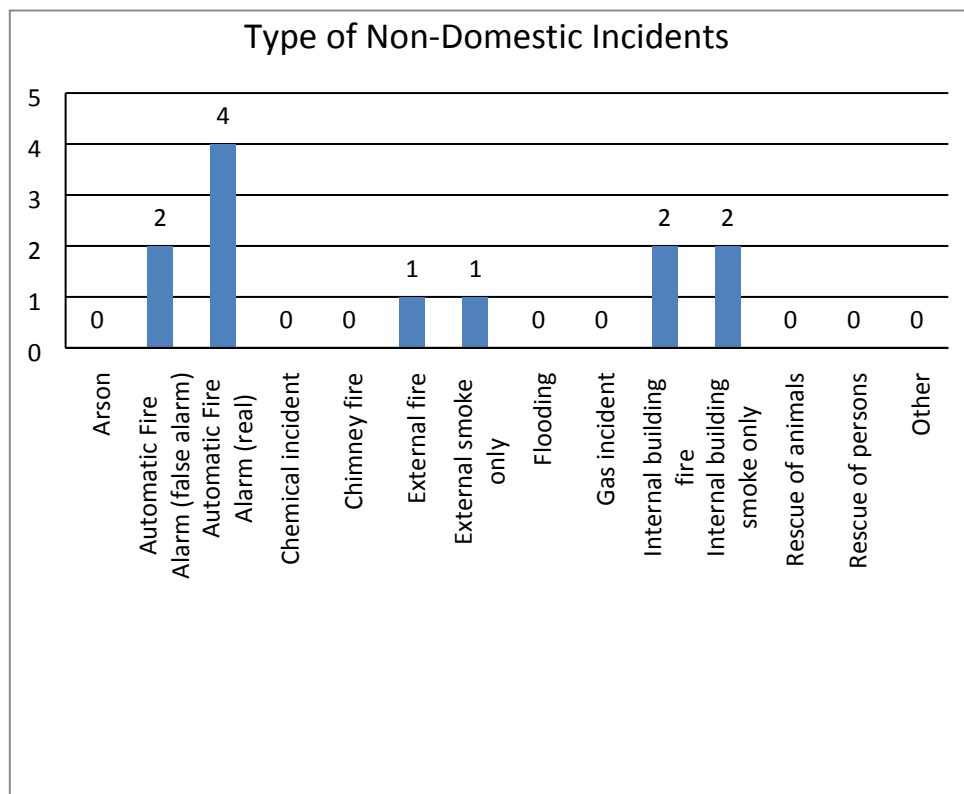
There were only 21 incidents involving commercial properties during Quarter 3, and 12 survey responses have been received (a response rate of 57%).

In all instances the respondent was very or fairly satisfied with the service they received from the Service.

3.2.   **Arrival Times:**

Did the Fire Service arrive…

Quicker than expected, 2, 17%
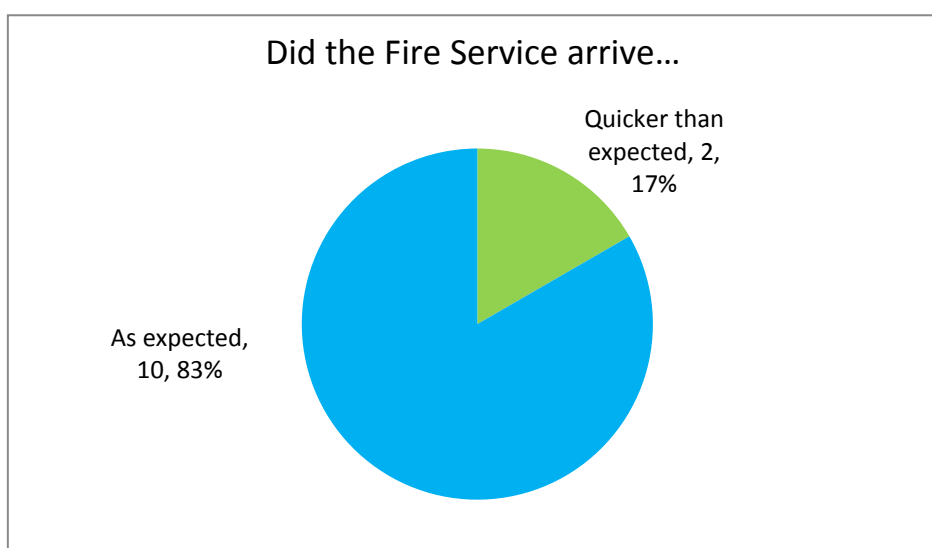
As expected, 10, 83%

All 12 respondents answered this question and in the majority of cases the Service arrived as expected and if not, in a time that was quicker than expected.

4.   Home Fire Safety Check (HFSC)

4.1.   255 questionnaires were sent out to those who had received a Home Fire Safety Check (HFSC) during this quarter. From that 150 were returned, which exceeded the number returned in Q3 2015/16 and giving a response rate of 59%.
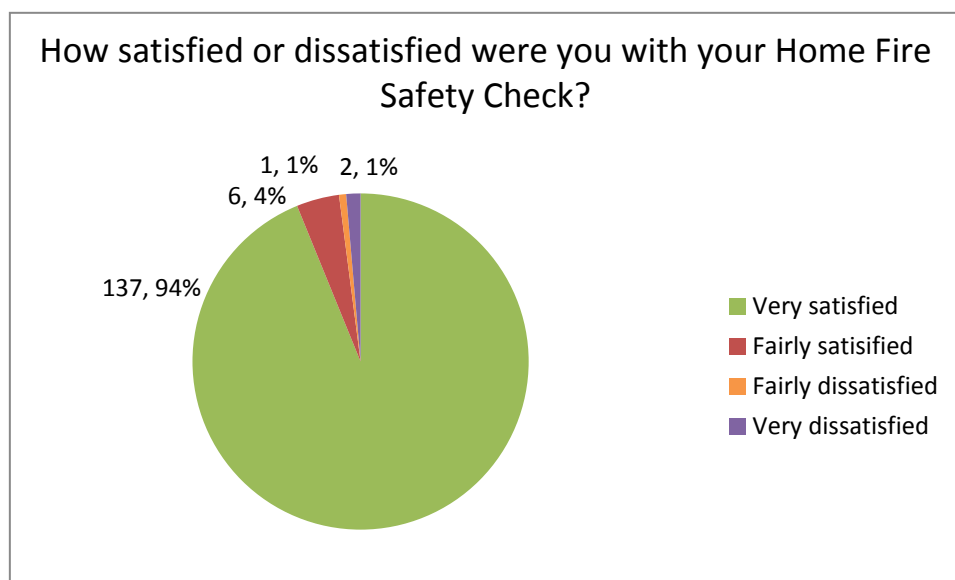
4.2.   **Overall Satisfaction:**

How satisfied or dissatisfied were you with your Home Fire Safety Check?

- Very satisfied
- Fairly satisified
- Fairly dissatisfied
- Very dissatisfied

137, 94%
6, 4%
1, 1%
2, 1%

Of the 146 respondents, who replied to this question on the survey all but four of those who responded were very or fairly satisfied with their HFSC.

The 'fairly dissatisfied' respondent said: *'The Fire Safety Check person did not check the upstairs of the property or the rear of the property. I feel there should have been a certificate awarded based on the Fire Safety Check of the property.'*

The two 'dissatisfied' respondents did not say why they were dissatisfied and they may have just ticked the wrong box as their other comments were positive, one saying *'Excellent service'* and the other saying they had gained *'Piece of mind'*.

There were many positive comments about the service people received from those we visited. The most common comment was that the staff visiting them, whether Community Safety staff or Firefighters were polite, friendly, helpful and professional. They also took time to explain things to people. Other comments included:

- *He made my mother feel safe. All the information that was given made even myself think! Very good.*

Item 10.6

- *Very helpful with information and advice. Also had a problem as one of the units fell, he came round straight away and fixed it.*
- *Very pleased with the information about safety in the home and what to do in case of fire. I would like to thank the young lady who came to see me.*
- *Two very nice friendly Firefighters, who were very efficient and helpful.*
- *Mr Walker was so kind to my husband who has Alzheimer's, he explained just what he was doing and why. He was so kind and caring. Thank you for a wonderful service.*
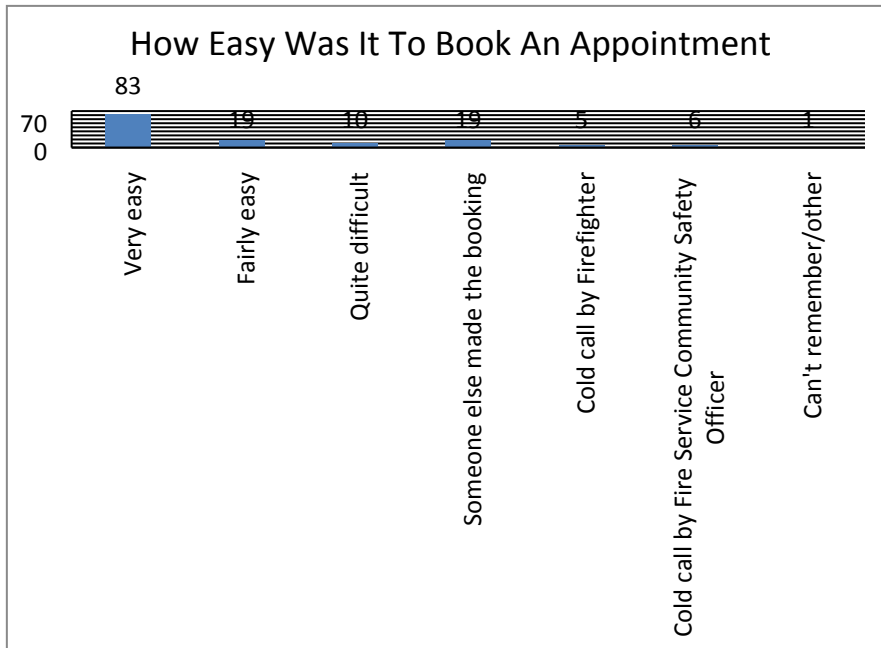- *We need to plan an escape route and to make sure we stay together when we escape the fire. Andy Martin was very good and made sure I could hear the alarms at night with the pad by the bed. We are very happy with the visit and feel satisfied with the service. We could not reach the alarms ourselves.*

4.3.   **Publicising HFSCs:**

How did you hear about the Home Fire Safety Check service?
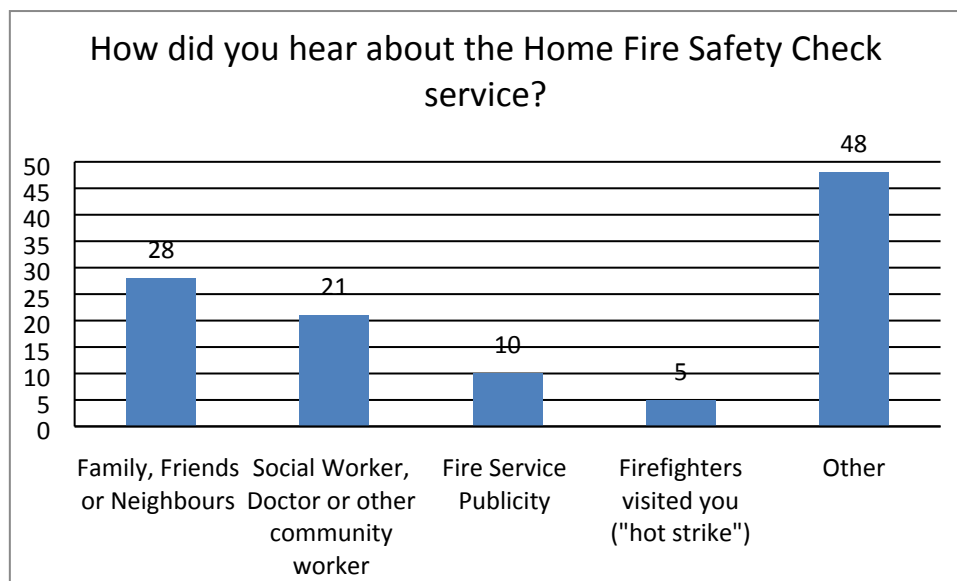
38 respondents skipped this question. Of those that did answer many had heard about HFSC from friends and neighbours as well as from community workers, medical staff and other agencies such as Age UK and Age Concern. Talks to community groups were also an important way of informing people as well as 'hot-strikes' following incidents. People are now being notified by letter that they qualify for a Safe and Well Visit which are being piloted by the Community Safety Team as a result of the Service's use of the Exeter Database (a database of vulnerable people aged above 65 years provided to the Service by the NHS). Several people had found out about HFSCs from our website.

4.4. **Ease of Booking:**

How Easy Was It To Book An Appointment

Very easy	83
Fairly easy	19
Quite difficult	10
Someone else made the booking	19
Cold call by Firefighter	5
Cold call by Fire Service Community Safety Officer	6
Can't remember/other	1

Of the 143 who replied to the question, 71% of people found it very or fairly easy to book their HFSC while 13% had the appointment made for them and 3% of people received their bookings as part of a 'hot strike'.

4.5. **Waiting Time:**

How long did you wait for your Home Fire Safety Check?

Less than 1 week	35
Between 1 and 2 weeks	50
2 to 4 weeks	26
5 weeks or more	23
Cold call by Firefighter or Fire Service	5
Can't remember	8
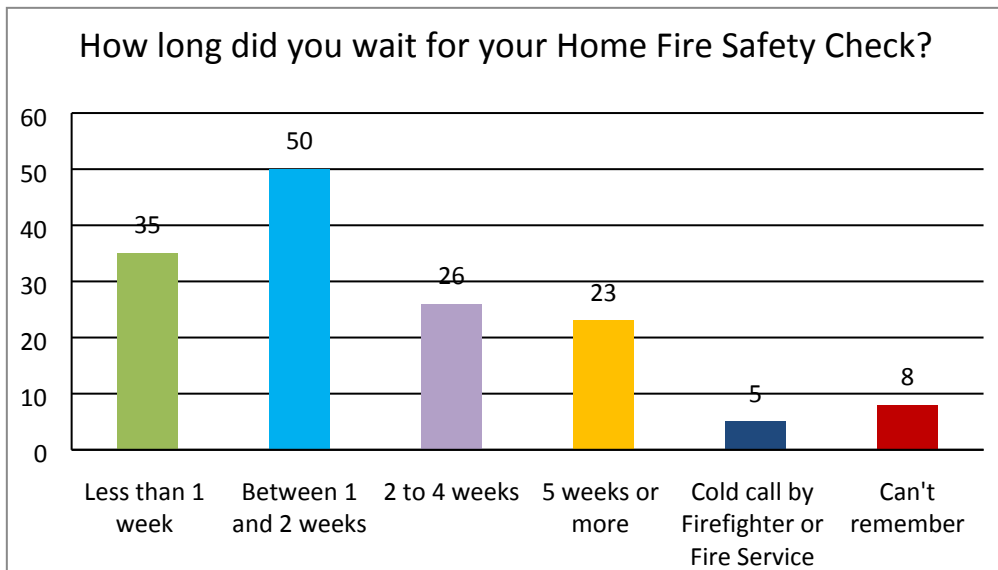
147 of 150 respondents replied to this question on the survey. The majority of customers received their HFSC as a "hot strike" or within two weeks of booking their appointment (61%) but 16% (23 people) waited longer than five weeks.

5.   Fire Safety Audit surveys (FSA)

5.1   Of the 200 surveys sent out, 94 were returned, a response rate of 47%.

5.2   **Overall Satisfaction:**

Fire Safety Audit Satisfaction

Fairly satisfied, 9, 10%

Very satisfied, 84, 90%

All were very or fairly satisfied with the Fire Safety Audit (FSA) they received.

5.3   **Reason for Audit:**

Reason for Fire Safety Audit

- 5
- 4
- 5
- 72
- 4

Series 1
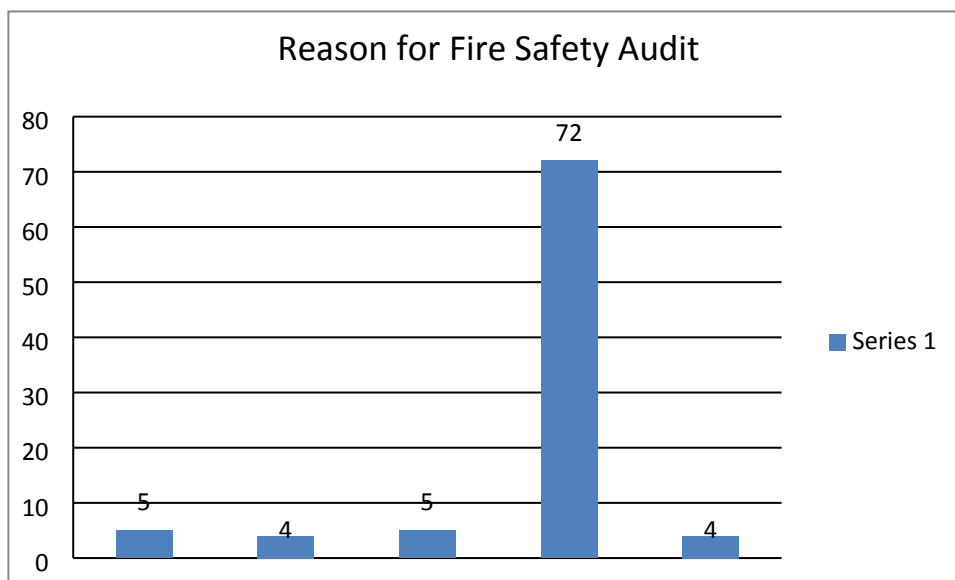
90 of 94 respondents replied to this question on the survey. The majority of FSAs were carried out as part of the routine inspection programme; however there are other times where fire safety advice is actively sought or follow a call from the public concerned about a premises.

5.4   **Length of Wait:**

How long did you wait for the Audit to take place?

A bar chart with five bars showing values: 22, 22, 13, 8, 24. Legend: Series 1
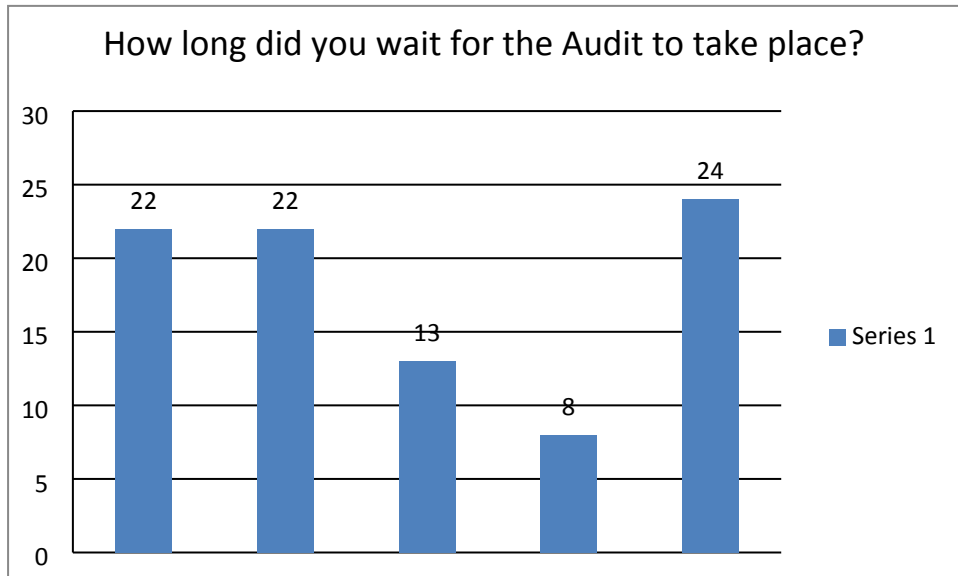
89 respondents replied to this question on the survey. 44 (49%) of the FSAs took place within two weeks of being booked and only 8 (9%) had to wait more than a month.

5.5   **FSA Outcomes:**

What is your opinion of the visit?

A horizontal bar chart showing the following values:

Category	Value
It gave me a chance to discuss solutions to areas of concern	50
It gave me a chance to discuss the findings	48
They informed me about areas of concern	54
It was friendly and informative	90
It was efficient	66
It was helpful	86

In general those receiving FSAs found them to be helpful, friendly and informative as well as giving them an opportunity to discuss areas of concern and their findings. Under half of those having an FSA were required to take action (37 of the 88 who replied) with 46 receiving a written report, with which they were all very satisfied.

6.   Matters arising from Surveys

- The introduction of the revised arrangements for non-emergency lock-ins and lock-outs will reduce the number of incident attendances, subsequently we are likely to see the reduction in number of surveys distributed;
- Some people are receiving letters direct from the Service as part of the piloting of Safe and Well Visits, their feedback remains consistent with other respondents;
- While satisfied with our visit, many of those receiving HFSCs did report that their smoke alarms did fall from their ceiling after being placed there. Our current policy on fixing smoke alarms does not allow us to screw these into the ceiling, but to fix them to the ceiling with glue. This continues to be monitored.

7.   Compliments

The Service is pleased to have received a number of compliments from members of the public. These are received by letter and email. In the third quarter the Service received 21 compliments – 6 in October, 8 in November and 7 in December.

8.   Complaints

In the third quarter of 2016/17 the Service received three complaints. Two were satisfied at Stage 1 of the Service's complaints procedure (one upheld and one not upheld) and one is still outstanding, awaiting investigation. Complaints against the Service are processed in accordance with the Service's complaints procedure.

STRATEGIC OPERATIONAL COMMANDER GARY JEFFERY
HEAD OF COMMUNITY SAFETY

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For Publication	**Bedfordshire Fire and Rescue Authority Service Delivery Policy and Challenge Group**	
	23 March 2017	
	Item No. 11	

REPORT AUTHOR: **HEAD OF PROJECTS, SAFETY AND BUSINESS SUPPORT**

SUBJECT: **CORPORATE RISK REGISTER**

For further information on this Report contact:
Group Commander Darren Cook
Head of Projects, Safety and Business Support
Tel No: 01234 845163

Background Papers: None

Implications (tick ✓):

LEGAL			FINANCIAL	
HUMAN RESOURCES			EQUALITY IMPACT	
ENVIRONMENTAL			POLICY	
CORPORATE RISK	Known	✓	CORE BRIEF	
	New		OTHER (please specify)	

Any implications affecting this report are noted at the end of the report.

PURPOSE:

To consider the Service's Corporate Risk Register in relation to Service Delivery.

RECOMMENDATION:

That Members note and approve the review by the Service of the Corporate Risk Register in relation to Service Delivery.

---

1.   Introduction

1.1   Members have requested a standing item to be placed on the Agenda of the Policy and Challenge Groups for the consideration of risks relating to the remit of each Group. In addition, the Fire and Rescue Authority's (FRA) Audit and Standards Committee receives regular reports on the full Corporate Risk Register.

1.2   An extract of the Corporate Risk Register showing the risks appropriate to the Service Delivery Policy and Challenge Group together with explanatory notes regarding the risk ratings applied is appended to this report.

2.   Current Revisions

2.1   The register is reviewed on a monthly basis during the Service's Corporate Management Team (CMT) meetings and by CMT members between these meetings if required. A copy of the risks relevant to the Service Delivery Policy and Challenge Group are attached for your information and approval.

2.2   Changes to individual risk ratings in the Corporate Risk Register: None. All risks that are reported to the Service Delivery Policy and Challenge Group have been reviewed and there are no risk rating changes to report to Members.

2.3   Updates to individual risks in the Corporate Risk Register:

- **CRR00044: If the Service does not have a reliable accurate system for continuously monitoring and updating the availability and skills of Retained Duty System (RDS) operational personnel and RDS appliances then there could be delays in mobilising the nearest available appliance to emergency incidents. This could significantly impact upon the effectiveness and mobilising of our emergency response, increase risks to firefighters and the community, reduce our ability to monitor performance, undermine RDS employees confidence in the Service and could result in negative media coverage:** The new availability system is providing accurate availability information enhancing the day to day management of RDS individual and appliance availability. Following go live of the replacement mobilisation system in November 2016 work will commence to progress integration between Gartan and RMS so that crewing changes automatically update appliance availability on the mobilising system.

- **CRR00046: Due to a range of factors which deplete the number of staff available to crew fire appliances the cost of using of pre-arranged overtime to cover wholetime crewing has become excessive and crewing arrangements lack resilience:** Following consultation with representative bodies revisions to operational crewing policy were implemented mid-December, designed to reduce the use of overtime to a sustainable level. These changes have now been in place for approximately two months and have been effective in reducing the amount of overtime incurred without detriment to crewing and response standards. The implementation and effectiveness of the revised policy will continue to be monitored over the coming months.

GROUP COMMANDER DARREN COOK
HEAD OF PROJECTS, SAFETY AND BUSINESS SAFETY

Explanatory tables in regard to the risk impact scores, the risk rating and the risk strategy.

Risk Rating

Risk Rating/Colour	Risk Rating Considerations / Action

Very High	High risks which require urgent management attention and action. Where appropriate, practical and proportionate to do so, new risk controls must be implemented as soon as possible, to reduce the risk rating. New controls aim to:
	    o reduce the likelihood of a disruption
	    o shorten the period of a disruption if it occurs
	    o limit the impact of a disruption if it occurs
	These risks are monitored by CMT risk owner on a regular basis and reviewed quarterly and annually by CMT.

High	These are high risks which require management attention and action. Where practical and proportionate to do so, new risk controls *should* be implemented to reduce the risk rating as the aim above. These risks are monitored by CMT risk owner on a regular basis and reviewed quarterly and annually by CMT.
Moderate	These are moderate risks. New risk controls should be considered and scoped. Where practical and proportionate, selected controls should be prioritised for implementation. These risks are monitored and reviewed by CMT.
Low	These risks are unlikely to occur and are not significant in their impact. They are managed within CMT management framework and reviewed by CMT.

Risk Strategy

Risk Strategy	Description
Treat	Implement and monitor the effectiveness of new controls to reduce the risk rating. This may involve significant resource to achieve (IT infrastructure for data replication/storage, cross-training of specialist staff, providing standby-premises etc.) or may comprise a number of low cost, or cost neutral, mitigating measures which cumulatively reduce the risk rating (a validated Business Continuity plan, documented and regularly rehearsed building evacuation procedures etc.)
Tolerate	A risk may be acceptable without any further action being taken depending on the risk appetite of the organisation. Also, while there may clearly be additional new controls which could be implemented to 'treat' a risk, if the cost of treating the risk is greater than the anticipated impact and loss should the risk occur, then it may be decided to tolerate the risk maintaining existing risk controls only.
Transfer	It may be possible to transfer the risk to a third party (conventional insurance or service provision (outsourcing)), however it is not possible to transfer the responsibility for the risk which remains with BLFRS.
Terminate	In some circumstances it may be appropriate or possible to terminate or remove the risk altogether by changing policy, process, procedure or function.

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For Publication	Bedfordshire Fire and Rescue Authority Service Delivery Policy and Challenge Group 23 March 2017 Item No. 12

REPORT AUTHOR: **DEPUTY CHIEF FIRE OFFICER**

SUBJECT: **REVIEW OF WORK PROGRAMME 2016/17**

For further information
on this report contact:

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Background Papers: None

Implications (tick ✓):

LEGAL			FINANCIAL	
HUMAN RESOURCES			EQUALITY IMPACT	
ENVIRONMENTAL			POLICY	
CORPORATE RISK	Known	✓	OTHER (please specify)	
	New		CORE BRIEF	

Any implications affecting this report are noted at the end of the report.

PURPOSE:

To review and report on the work programme for 2016/17 and to provide Members with an opportunity to request additional reports for the Service Delivery Policy and Challenge Group meetings for 2017/18.

RECOMMENDATION:

That Members review the work programme for 2016/17 and note the 'cyclical' Agenda Items for each meeting in 2017/18.

GLEN RANGER
DEPUTY CHIEF FIRE OFFICER

SERVICE DELIVERY POLICY AND CHALLENGE GROUP (SDPCG) PROGRAMME OF WORK 2016/17

Meeting Date	'Cyclical' Agenda Items		Additional/Commissioned Agenda Items	
	Item	Notes	Item	Notes
16 June 2016	• Appointment of Vice Chair			
	• Review Terms of Reference			
	• SD Performance Monitoring Report (Annual Review) and Programmes to date			
	• Audit and Governance Action Plans Monitoring Report	None		
	• New Internal Audits Completed to date	None		
	• Operational Decisions Made	Verbal Update		
	• Corporate Risk Register			
	• Work Programme 2016/17			

Meeting Date	'Cyclical' Agenda Items		Additional/Commissioned Agenda Items	
	Item	Notes	Item	Notes
15 September 2016	• SD Performance Monitoring Report Q1 and Programmes to date • Audit and Governance Action Plan Monitoring Report • New Internal Audits Completed to date • Corporate Risk Register • Customer Satisfaction report (Q4 2015/16 and Q1 2016/17) • Operational Decisions Made • Work Programme 2016/17	 Verbal Update	Annual Review of Partnerships Attendance Standards	Added June 2016 by HCS Added by SDPCG 16 June 2016

Meeting Date	'Cyclical' Agenda Items		Additional/Commissioned Agenda Items	
	Item	Notes	Item	Notes
1 December 2016	• SD Performance Monitoring Report Q2 and Programmes to date • Audit and Governance Action Plan Monitoring Report • New Internal Audits Completed to date • Corporate Risk Register • Customer Satisfaction Report (Q2) • Operational Decisions Made • Work Programme 2016/17 • Review of the Fire Authority's Effectiveness		Attendance Standards – update on performance figures Presentation of Fire Special Operations Team (FSOT) (provisional depending on attendance of same presentation at Members Development Day on 1 November 2016 Presentation on Police and Ambulance collaboration	Added by SDPCG 15 September 2016 Added by DCFO at 15 September 2016 (Included on Members Development Day Programme 1 November 2016) Added by SDPCG 15 September 2016 (Deferred to 23 March 2017)

Meeting Date	'Cyclical' Agenda Items		Additional/Commissioned Agenda Items	
	Item	Notes	Item	Notes
23 March 2017	• SD Performance Monitoring Report Q3 and Programmes to date		Forced Entry Pilot Results	Added by SDPCG 15 September 2016
	• Proposed Service Delivery Indicators and Targets 2017/18		Presentation on Police and Ambulance collaboration	Moved from 1 Dec 2016 meeting
	• Audit and Governance Action Plan Monitoring Report		Visit to Control Room	Added by SDPCG 1 December 2016
	• New Internal Audits Completed to date			
	• Corporate Risk Register			
	• Customer Satisfaction Report (Q3)			
	• Operational Decisions Made	Verbal Update		
	• Review of the Work Programme 2016/17			

SERVICE DELIVERY POLICY AND CHALLENGE GROUP (SDPCG) PROGRAMME OF WORK 2017/18

Meeting Date	'Cyclical' Agenda Items		Additional/Commissioned Agenda Items	
	Item	**Notes**	**Item**	**Notes**
15 June 2017	• Appointment of Vice Chair			
	• Review Terms of Reference			
	• SD Performance Monitoring Report (Annual Review) and Programmes to date			
	• Audit and Governance Action Plan Monitoring Report			
	• New Internal Audits Completed to date			
	• Customer Satisfaction Report			
	• Operational Decisions Made	Verbal Update		
	• Corporate Risk Register			
	• Work Programme 2017/18			

Meeting Date	'Cyclical' Agenda Items		Additional/Commissioned Agenda Items	
	Item	Notes	Item	Notes
14 September 2017	• SD Performance Monitoring Report Q1 and Programmes to date • Audit and Governance Action Plan Monitoring Report • New Internal Audits Completed to date • Corporate Risk Register • Customer Satisfaction report • Operational Decisions Made • Annual Review of Partnerships • Work Programme 2017/18	Verbal Update		

Meeting Date	'Cyclical' Agenda Items		Additional/Commissioned Agenda Items	
	Item	Notes	Item	Notes
30 November 2017	• SD Performance Monitoring Report Q2 and Programmes to date • Audit and Governance Action Plan Monitoring Report • New Internal Audits Completed to date • Corporate Risk Register • Customer Satisfaction Report (Q2) • Operational Decisions Made • Work Programme 2017/18 • Review of the Fire Authority's Effectiveness			

Meeting Date	'Cyclical' Agenda Items		Additional/Commissioned Agenda Items	
	Item	Notes	Item	Notes
15 March 2018	• SD Performance Monitoring Report Q3 and Programmes to date • Proposed Service Delivery Indicators and Targets 2017/18 • Audit and Governance Action Plan Monitoring Report • New Internal Audits Completed to date • Corporate Risk Register • Customer Satisfaction Report (Q3) • Operational Decisions Made • Review of the Work Programme 2016/17	Verbal Update		

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