



BEDFORDSHIRE FIRE AND RESCUE AUTHORITY

Members of Service Delivery Policy and Challenge Group.

Bedford Borough Councillors: C Atkins and J Mingay

Central Bedfordshire Councillors: J Chatterley and D McVicar

Luton Borough Councillors: D Franks and T Khan

A meeting of **Service Delivery Policy and Challenge Group** will be held at **Conference Room, Fire and Rescue Service Headquarters, Kempston, Bedford MK42 7NR** on **Thursday, 29 November 2018** starting at **10.00 am**.

Nicky Upton
Democratic and Regulatory and Services Supervisor

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 (see note below).
3.	Communications	Chair	

Item	Subject	Lead	Purpose of Discussion
4.	Minutes	Chair	To confirm the minutes of the meeting held on 19 September 2018. (Pages 5 - 14)
5.	Service Delivery Performance Monitoring Report Q2	DCFO	To consider a report (Pages 15 - 24)
6.	Service Delivery Programmes to Date Report Q2	DCFO	To consider a report (Pages 25 - 38)
7.	New Internal Audit Reports	DCFO	To consider a report (Pages 39 - 52)
8.	Audit and Governance Action Plan Monitoring Report	DCFO	To consider a report (Pages 53 - 58)
9.	Customer Satisfaction Report	HP	To consider a report (Pages 59 - 74)
10.	Operational Decision Making Procedures - Exception Report	HRes	To receive a verbal update
11.	Corporate Risk Register	OAM	To consider a report (Pages 75 - 78)
12.	Liaison with HM Prison Bedford	HP	To consider a report (Pages 79 - 84)
13.	Work Programme 2018/19	Chair	To consider a report (Pages 85 - 90)

Item	Subject	Lead	Purpose of Discussion
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Local Government Act 1972: Schedule 12A (as amended) - Exclusions on the Public

Chair

To consider whether to pass a resolution under Section 100(A) of the Local Government Act 1972 to exclude the public from the remainder of the meeting on the grounds that consideration of the following items of business is likely to involve the disclosure of exempt information as defined in Paragraphs 1 and 2 of Part 1 of Schedule 12A to the Act as amended.

Item	Subject	Lead	Purpose of Discussion
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14.	Fire Fatality	HP	To receive a presentation
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Next Meeting

10.00 am on 7 March 2019 at Conference Room, Fire and Rescue Service Headquarters, Kempston, Bedford MK42 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.

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For Publication

Bedfordshire Fire and Rescue Authority
Service Delivery Policy and Challenge Group
29 November 2018
Item No. 4

MINUTES OF SERVICE DELIVERY POLICY AND CHALLENGE GROUP MEETING HELD ON 19 SEPTEMBER 2018 AT 10.00am

Present: Councillors C Atkins, J Chatterley, D Franks, and J Mingay (Chair)

DCFO A Hopkinson, SOC I Evans and SOC G Jeffery

18-19/SD/013 Apologies

13.1 An apology for absence was received from Councillor McVicar.

18-19/SD/014 Declarations of Disclosable Pecuniary and Other Interests

14.1 There were no declarations of interest.

18-19/SD/015 Communications

15.1 There were no communications.

18-19/SD/016 Minutes

RESOLVED:

That the Minutes of the meeting held on 26 June 2018 be confirmed and signed as a true record.

18-19/SD/017 Service Delivery Performance Monitoring Report Quarter 1 and Programmes to date

- 17.1 DCFO Hopkinson submitted the Quarter 1 2018/19 project and performance report. The format of the report had been amended so that the exceptions were reported with the relevant section of the report rather than having both the project and performance exception reports together.
- 17.2 In relation to the project exceptions, DCFO Hopkinson reported that the Co-responding Project was RAG rated Red as the co-responding trials remained on hold subject to the ongoing national negotiations around pay and terms and conditions.
- 17.3 The Emergency Services Mobile Communications Programme project was RAG rated Amber awaiting the outcome of a national review of the project.
- 17.4 DCFO Hopkinson advised that the Policy and Challenge Group would be receiving a separate report on the Replacement Mobilising System later on in the meeting.
- 17.5 The Asset Management and Fleet Management System had been updated to Green as a report was being submitted to the Fire and Rescue Authority at its next meeting to request that a reduced budget for the project be brought forward into the current financial year to allow the project to progress.
- 17.6 The Collaborative Working project was RAG rated as Green with a number of initiatives continuing to be progressed. The initial options appraisal for a joint Headquarters undertaken would be submitted to the next meeting of the Fire and Rescue Authority. A drone had now been purchased and joint training with the Police had commenced. The Red Routes trial in Luton and would commence on 1 October 2018.
- 17.7 The Blue Light Collaboration Event held on 1 August 2018 had been very successful and was well received by staff and others who attended, such as the Chair of the Authority and the Police and Crime Commissioner. Another workshop would be held in the New Year focussing on community safety.

- 17.8 The PPE project was RAG rated Green as the call-off contract had been signed and a contacts set-up meeting with the new supplier had taken place.
- 17.9 The Retained Duty System Improvement Project was RAG rated Green. The supplier of the availability module for the Retained Duty System had also been selected to provide a system for the Whole-time Duty Management System Improvement Project.
- 17.10 Members who had attended the station visit the previous evening reported that some firefighters had expressed concern about collaboration, and that there was some misinformation about what this included. DCFO Hopkinson advised that the Corporate Management Team was seeking to address this in a number of ways, including the extension of management briefing days, more internal communications and visits of senior Officers to stations.
- 17.11 SOC Jeffrey introduced the performance report for the first quarter of 2018/19 and referred to the exception reports.
- 17.12 PI08 (the average response time to primary fire incidents) had missed its target by 13%. The indicator measuring average response times to dwellings (PI09) had performed at 9% above target levels, indicating that the average response time had been missed for incidents that were in more remote parts of the County and were not the most high-risk. There were also incidents that had been identified where the arrival of the second appliance had overwritten the arrival of first appliance and these had had to be manually overwritten.
- 17.13 DCFO Hopkinson reported on a large piece of work that was being undertaken as part of the development of a new Community Risk Management Plan that sought to identify risks and requirements for the Service at both the present time and 10-15 years in the future, taking into account the extensive growth planned for in the County. This would also evaluate if the Service's resources were in the right locations to mitigate against the risks identified. He confirmed that this would also take into account growth at both London Luton Airport and Cranfield Airport.
- 17.14 In relation to Section 106 and Community Infrastructure Levy funding, SOC Evans reported that all three constituent local authorities had agreed that developers would be required to provide fire hydrants by condition in planning permission for large developments. It was understood that very large developments, such as Cambourne in Cambridgeshire, could release funding for the provision of a new fire station, although this had not yet been the case in Bedfordshire.

- 17.15 The target for PI11 (the average call-handling time to mobilise to primary fires) had been missed by 40%. This related to 9 calls which had call-handling times ranging from 61 seconds to 440 seconds. The top five in terms of length had been analysed and the reasons for the length of time had been identified as wrong information given by the caller, the caller not knowing the location of the incident and over the border incidents which required coordination with other Fire and Rescue Services. It was recognised that this only related to a small number of incidents, which would be fully investigated, and that performance would continue to be monitored.
- 17.16 Members asked for information on the 440 second call.
- 17.17 PI12, (number of “false alarm malicious”/”hoax calls” mobilised to) 13 (number of “false alarm malicious”/”hoax calls” not attended) and 14 (number of “false alarm good intent” mobilised to) had all missed their targets.
- 17.18 In relation to PI12, there had been 58 calls during the reporting period and 33 were mobilised to. The calls would need to be monitored to ensure that there was enough call challenge.
- 17.19 There did not appear to be any identifiable trends, although there were repeat offenders.
- 17.20 Over half of the mobilisations to false alarm good intent calls were to controlled burning or fires on open ground.
- 17.21 It was noted that there was a process by which landowners could advise the Service that they were undertaking controlled burns and this could then be entered onto the mobilising system to prevent mobilisations to those fires. Councillor Franks suggested that this should be publicised more widely to raise awareness of this facility.
- 17.22 PI17 (the percentage of fire safety audits carried out on high and very high risk premises) was an annual target and the audit scheduling throughout the year was not evenly distributed. SOC Evans reassured Members that the target would be met by the end of the year.
- 17.23 PI18 (the rate and number of fires in non-domestic buildings) had missed its target by 18%. There were a small number of fires of this type and therefore performance was subject to fluctuation. Of the 37 fires during the quarter, 9 were classified as

deliberate, including 3 separate incidents at HMP Bedford. 20 were minor fires contained to the first item ignited and 7 were confined to the room of origin. The fire at Bedfordshire Growers was one of the incidents reported under this indicator.

- 17.24 SOC Evans advised that HMP Bedford had experienced a high number of fires people had to be rescued or led to safety. This was of a significant concern and the decision had been made to write to the authority responsible for the Prison as previous concerns had been raised with the Deputy Governor.
- 17.25 Members requested that a report on the Service's liaison with HMP Prison be submitted to a future meeting of the Policy and Challenge Group.
- 17.26 It was noted that HMP Bedford was currently in special measures, as well as being the subject of an official warning letter submitted to the Justice Secretary.
- 17.27 Of the 37 non-domestic premises, 29 had previously received a fire safety audit. After fire inspections had been undertaken by a Fire Safety Inspection Officer at 28 of the premises. No specific issues had been identified as part of that process.
- 17.28 The Policy and Challenge Group was advised that the Service worked closely with local authorities and registered social landlords on fire safety issues.
- 17.29 SOC Jeffrey referred to the appendix of the report setting out the information measures. There had been 116 road traffic collisions during the quarter and 2 water deaths, both in Bedford Borough.
- 17.30 SOC Evans reported that the Service had recently been involved in a pilot project to develop an innovative new water rescue device being used as an alternative to the traditional lifebuoys that are placed alongside the banks of rivers and water ways, including the River Ouse in Bedford. Designed in partnership, the Portsafes rescue system uses an extendable 'reach and rescue' pole that is contained in a lockable box and stands on the water's edge similar to the traditional lifebuoy. But unlike the lifebuoy, it is secure and tamper proof. To get the pole they'll need to call the Fire Service on 999 for a code to unlock it, which means we'll also be on our way to assist.

17.31 DCFO Hopkinson reported that this product had been developed by the supplier in conjunction with the Service's technical support team. The Community Safety team had been recognised at the Service Awards evening for their efforts to deploy these devices along the River Ouse in Bedford. An article had been published in a fire publication explaining how the device worked and this could be circulated to Members for information.

RESOLVED:

1. That the progress made on the Service Delivery Programmes and Performance be acknowledged.
2. That a report on the Service's liaison with HMP Bedford be submitted to a future meeting of the Policy and Challenge Group.

(Note: at the end of the meeting, SOC G Jeffrey reported that the 440 second call had been received from a caller driving down the M1 reporting a fire on the opposite side of the carriageway. The driver did not know his/her location and was unable to provide information on landmarks that would allow the location of the fire to be identified.)

18-19/SD/018 Audit and Governance Action Plans Monitoring Report

- 18.1 DCFO Hopkinson reported that all actions had been completed. The action arising from the audit of Collaboration was to be confirmed by follow up audit.
- 18.2 DCFO Hopkinson advised that a number of improvements to the Blue Light Collaboration Board's performance monitoring and reporting mechanisms had been made following the audit recommendations. The first meeting of the Board's Tactical Delivery Group had been arranged for October 2018.
- 18.3 He further reported that it had been agreed to store the performance monitoring and reporting documents on Resilience Direct, which was available to Officers in both the Police and Fire and Rescue Service.

RESOLVED:

That progress made against current action plans be acknowledged.

18-19/SD/019 Customer Satisfaction Survey Report Quarter 1 2018/19

- 19.1 SOC Evans presented the results of customer satisfaction surveys conducted from 1 April 2018- 30 June 2018. During this period, the Service had achieved a 100% customer satisfaction rate.
- 19.2 The response rate for surveys had decreased significantly during the reporting period following a change in the way that surveys were being delivered. They used to be sent through the post to individuals following the surveys and had now been left for individuals to complete and this had led to a drop in the response rate to 14%. This would be investigated to improve the return rate in future reporting periods.
- 19.3 SOC Evans expressed that view that the questionnaires were valuable, not only for the feedback on the service received, but also in identifying the vulnerabilities of individuals receiving the Safe and Well visits.

RESOLVED:

1. That the report and the continuing good levels of customer satisfaction be acknowledged.
2. That the Fire and Rescue Authority be recommended to consider ways of improving feedback of its meetings to the constituent authorities, such as a video presentation being provided by the Chief Fire Officer outlining the extensive activities undertaken by the Service that Members of the constituent councils may not be aware of.

18-19/SD/020 Operational Decision Making Procedures – Exception Report

- 20.1 There were no exceptions to report.

18-19/SD/021 Replacement Mobilising System

- 21.1 SOC Jeffrey submitted the report on behalf of SOC Ball, which provided an update on the Replacement Mobilising System, including some background information, focusing on the option that had been selected as the way forward and the scope of the work being undertaken in partnership with Cambridgeshire (CFRS) and Suffolk (SFRS) Fire and Rescue Services.

- 21.2 SOC Jeffrey reported that the Service's current Replacement Mobilising System was procured in partnership with Essex Fire and Rescue Service in 2012. The contract with the supplier was coming to an end and Essex had decided to not renew the contract. This had led to the Service needing to identify another way forward and consultants had been engaged to provide an options appraisal.
- 21.3 The Authority had agreed at its meeting on 26 April 2018 to proceed with the procurement of a new system in collaboration with Cambridgeshire Fire and Rescue Service and Suffolk Fire and Rescue Service.
- 21.4 Following this, a joint Executive Project Board had been established between the three Services. A number of project teams had also been established to progress a variety of work streams including the technical specification, procurement strategy and resources and ICT requirements.
- 21.5 It was noted that there would be no requirement for a secondary control room as this function would be provided by another Service. This improved resilience and provided opportunities for cost savings through economies of scale.

RESOLVED:

That the update provided be received.

18-19/SD/022 Arson Case Study

- 22.1 SOC Evans introduced a case study commissioned by the DCFO on how the Service responded to incidents of deliberate fire setting in domestic dwellings
- 22.2 The case study related to a fire reported in the early hours of 22 June 2018 in a residential area in Luton. The first appliance arrived at the scene at 01.00, within eight minutes of receiving the call. Another two appliances were mobilised to the scene.
- 22.3 The whole building was affected by fire and smoke damage. The fire had been declared as "persons reported"; however, the property was found to be unoccupied at the time of the fire. It was subsequently identified that the owner was an elderly individual who resided in a care home.

- 22.4 Upon attendance at the incident, it was established that there were clear signs of forced entry and two seats of fire in both the kitchen and a bedroom, indicating that the fire had been caused by arson. A balance was therefore struck between scene preservation and extinguishing the fire.
- 22.5 Uniformed police attended the incident and there had been excellent on-scene liaison from the Police with immediate house to house enquiries on the night. An after fire 'hot strike' was conducted after the incident to 10 properties in the immediate vicinity. It was noted only 2 of the 10 households contacted responded to enquiries.
- 22.6 Group Commander Allen, who attended as part of the initial response, visited the scene the next day as he was a member of the Service's specialist Fire Investigation Team. A joint fire investigation was undertaken in partnership with the Police in accordance with the Memorandum of Understanding for Fire Investigation. Evidence at the scene suggested that the fire was deliberately set following a burglary at the property.
- 22.7 The forensic investigation recovered blood within and outside the property and this was identified as belonging to a known individual for whom an arrest warrant was served. The individual was subsequently arrested.
- 22.8 A formal Fire Investigation report was completed which may be presented in evidence in criminal proceedings.
- 22.9 Members recognised the close working relationship between the two Services in dealing with the incident and thanked those involved in the co-ordination involved which would hopefully lead to a successful prosecution.

RESOLVED:

1. That the report provided be received.
2. That the Policy and Challenge Group's thanks to all those involved in the incident for the excellent demonstration of strong partnership working and co-ordination between the Police and Fire and Rescue Service which would hopefully result in a successful prosecution be recorded.

18-19/SD/023 Corporate Risk Register

23.1 DCFO Hopkinson presented the review of the Corporate Risk Register in relation to Service Delivery. There had been no changes or updates to risk ratings over the reporting period.

RESOLVED:

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

18-19/SD/024 Work Programme

24.1 The Group received its work programme and noted that the additional report on the liaison with HMP Bedford would be scheduled for the Policy and Challenge Group's next meeting.

24.2 DCFO Hopkinson advised that a report on the national data set published by the Home Office for benchmarking purposes would be presented to the Group when it was available in its entirety, as at this point in time, only half the data set had been published.

RESOLVED:

That the Work Programme be received.

The meeting finished at 11.21am.

For Publication

**Bedfordshire Fire and Rescue Authority
Service Delivery Policy and Challenge Group
29 November 2018
Item No. 5**

REPORT AUTHOR: DEPUTY CHIEF FIRE OFFICER

**SUBJECT: PERFORMANCE REPORT QUARTER TWO 2018-19
(April 2018 to September 2018)**

For further information on this Report contact: Adrian Turner
Service Performance Analyst
Tel No: 01234 845022

Background Papers: Previous Service Delivery Quarterly Performance Summary Reports

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 the Service Delivery Policy and Challenge Group with with a report for 2018/19 Quarter Two, detailing:

- 1. A summary report of performance against Service Delivery indicators and associated targets for Quarter Two 2018/19 (April 2018 - September 2018).

RECOMMENDATION:

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

1. Performance

- 1.1 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.
- 1.2 This report presents Members with the Quarter Two performance summary 2018/19 covering the period April 2018 to September 2018. Performance is shown in Appendix A. The indicators and targets included within the report are those established as part of the Authority’s 2018/19 planning cycle.
- 1.3 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%

2. Performance Summary and Exception Reports Q2 – 2018/19

All performance indicators are on target with the exception of:

- 2.1 **Pi01 the rate and number of primary fires.** The cumulative target for Quarter 2 is derived based on a linear projection against the full year target ie 50% of the full year target. However, primary fires have seasonal variation, with more primary fires in the spring and summer. This is influenced by the seasonal trend for deliberate fires (see below). Analysis of the distribution of incidents over previous years shows that on average 54% of our total annual number of primary fires occur in the first two quarters. On this basis the performance at Quarter 2 is actually on track for meeting the annual target. Compared to this point last year the number of primary fires is down in all areas and is comprised of the following types and numbers of fires: dwellings 194, other buildings 96, outdoor 85 and road vehicles 189.
- 2.2 **Pi04 The rate of deliberate (arson) fires per (10,000 Population).** The cumulative target for Quarter 2 is derived based on a linear projection against the full year target ie 50% of the full year target. However, deliberate fires have seasonal variation, with more deliberate fires set in the spring and summer. Analysis of the distribution of incidents over previous years shows that on average 64% of our total annual number of deliberate fires occur in the first two quarters. On this basis the performance at Quarter 2 is actually on track for meeting the annual target. 2017/18 saw an exceptionally high number of deliberate fires during the first quarter. Compared to this point last year the number of deliberate fires is down in all areas (buildings, dwellings, outdoor and road vehicles).
- 2.3 **Pi08 The average response time to primary fire incidents.** Response times are measured from the time of call to the time the first appliance arrives at the scene. Primary fires are generally more serious fires that harm people or cause damage to property, including buildings, vehicles or outdoor structures. The target for Pi08, the average response time to primary fires incidents, has been missed by 18%. After further analysis the underlying reasons attributed to this increase during Q2 include; a large number of fires in rural locations leading to long travels distances, unavailability of the closest appliances has led to longer response times for appliances having to travel from further away. Work remains on-going to improve On-Call appliance availability and the accuracy of the data from the Mobilising Data Terminals on fire appliances.
- 2.4 **Pi11 The average call-handling time to mobilise to primary fires.** For Q2 the 60 seconds average call handling time for mobilising to primary fires has been missed by 35%. The average call time increase, to 80.84 seconds, is the result of a small number of incidents. Further analysis has identified a number of reasons, including: the caller

not knowing their actual location, over the border incidents where control staff have to obtain further information from other fire control rooms, over the border 'make up' calls involving protracted resource discussions, and difficulties communicating with the caller. Two of the lengthiest calls included one received from Hertfordshire FRS (401 seconds), which required further clarification from the original caller, prior to determining actual attendance requirements. Another (215 seconds) was due to not being able to match the address provided by the caller. Ongoing training within Service Control has led to a 26% reduction in call handling times when compared to Q2 of the previous financial year.

- 2.5 **Pi13 The percentage of false alarm malicious" / "hoax calls" not attended.** The total percentage of false alarm malicious / hoax calls not attended is 54% and remains below the target of 56%. Service Control undertakes call challenge to identify false or hoax calls based on information received by the caller. During Q2 there was a large increase in the number of Hoax calls received, one offender in particular made in excess of 20 hoax 999 calls in a 24 hour period during August. Service Control have passed relevant information to Bedfordshire Police to support further investigation. During Q2 Service Control instigated a social media campaign to raise public awareness of the impact of hoax calls. Within the early part of Q3 Service Control staff have undertaken call audit and training review work to ensure a consistent approach to call filtering.
- 2.6 **Pi14 Number of "false alarm good intent" mobilised to.** Over 51% of the total 208 mobilisations to false alarm good intent during Q2 were to controlled burning or fires on open ground. During the hot weather experienced within Q2, there has been greater public awareness, through national and local incidents and media campaigns, of the hazards of fires outside which may have led to the rise in false alarm good intent mobilisations. Further monitoring will take place over the next quarter to identify any further trends.
- 2.7 **Pi16 The number of fire safety audits/ inspections completed** In the reporting period there were 421 audits and 377 inspections of multi-storey housing undertaken as a special initiative. Following the Grenfell disaster BFRS undertook a countywide survey of premises with external cladding. Whilst priority was given to high rise, we also surveyed low and medium rise premises. During these inspections poor management that could have resulted in a fire risk to residents was identified in some of the low/medium rise premises. These were dealt with, but it was considered important to conduct a survey on all low/medium rise property (including those without external cladding) to check for widespread issues. The routine audit programme for operational crews was temporarily suspended to facilitate this specific initiative. No serious issues were identified in the course of this work, which provided assurance of adequate safety standards in our multi-storey housing stock.

The total number of audits and inspections is slightly below target as a result of this initiative and abstractions/vacancies from the specialist fire safety inspection team (e.g. resourcing replacement fire safety MIS project).

ANDREW HOPKINSON
DEPUTY CHIEF FIRE OFFICER

SUMMARY OF SERVICE DELIVERY 2018/19 QUARTER TWO

Measure				2018-19 Quarter 2					
No.	Description	Aim	2018-19 Full Year Target	Average over last 5 years	2017-18 Q2	Q2 Actual	Q2 Target	Performance against Target	Comments
Pi 01a	The rate of primary fires (per 100,000 population)	Lower is Better	157.57	88.17	91.31	82.70	78.79	Amber	Missed target by 4%
Pi 01b	The number of primary fires		1047	572.80	604	547	523.50		
Pi 02a	The rate of primary fire fatalities (per 100,000 population)	Lower is Better	0.45	0.21	0.45	0.15	0.23	Green	Aim to achieve fewer than 4 annual fatalities
Pi 02b	The number of primary fire fatalities		<4	1.40	3	1	2		
Pi 03a	The rate of primary fire Injuries (per 100,000 population)	Lower is Better	3.31	1.97	2.42	0.91	1.66	Green	Aim to achieve fewer than 23 annual injuries
Pi 03b	The number of primary fire injuries		<23	12.80	16.00	6	11.50		
Pi 04a	The rate of deliberate (arson) fires per (10,000 population)	Lower is Better	11.72	7.61	9.10	7.33	5.86	Red	Missed Target by 25%
Pi 04b	The number of deliberate (arson) fires		779	495.00	602	485	389.50		
Pi 05a	The rate of accidental dwelling fires (per 10,000 dwellings)	Lower is Better	15.52	7.24	7.65	6.38	7.76	Green	18% better than target
Pi 05b	The number of accidental dwelling fires		411	188.40	200.00	169.00	205.50		

SUMMARY OF SERVICE DELIVERY 2018/19 QUARTER TWO

Measure				2018-19 Quarter 2					
No.	Description	Aim	2018-19 Full Year Target	Average over last 5 years	2017-18 Q2	Q2 Actual	Q2 Target	Performance against Target	Comments
Pi 06	The number of deliberate building fires	Lower is Better	68	38	36	28	34	Green	18% better than target
Pi 07	The percentage of occasions global crewing enabled 9 riders on two pump responses (whole-time)	Higher is Better	90%	95%	99%	99%	90%	Green	9% better than target
Pi 08	The average response time to primary fire incidents (mm:ss)	Lower is Better	10	9.02	10.62	11.80	10	Red	Missed target by 18%
Pi 09	The average response time to dwelling fires (mm:ss)	Lower is Better	10	7.75	8.90	9.15	10	Green	7% better than target
Pi 10	The average response time to road traffic collisions (mm:ss)	Lower is Better	13	9.55	11.07	12.53	13	Green	4% better than target
Pi 11	The average call-handling time to mobilie to primary fires (ss:ss)	Lower is Better	60	62.70	69.18	80.84	60	Red	Missed target by 35%
Pi 12	Number of "false alarm malicious" / "hoax calls" mobilized to	Lower is Better	122	69	53	60	61	Green	3% better than target
Pi 13	The percentage of false alarm malicious" / "hoax calls" not attended	Higher is Better	56%	44%	43%	52%	56%	Amber	Missed target by 7%

SUMMARY OF SERVICE DELIVERY 2018/19 QUARTER TWO

Measure				2018-19 Quarter 2					
No.	Description	Aim	2018-19 Full Year Target	Average over last 5 years	2017-18 Q2	Q2 Actual	Q2 Target	Performance against Target	Comments
Pi 14	Number of "false alarm good intent" calls mobilised to	Lower is Better	623	285	332	376	311.5	Red	Missed target by 21%
Pi 15	The percentage of Building Regulation consultations completed within the prescribed timescale	Higher is Better	95%	96%	95%	96%	95%	Green	1% better than target
Pi 16	The number of fire safety audits/ inspections completed	Higher is Better	1800	936	1166	798	900	Red	Missed target by 11%
Pi 18a	The rate of non-domestic fires (per 1,000 non-domestic properties)	Lower is Better	6.99	4.27	3.69	3.36	3.50	Green	4% better than target
Pi 18b	The number of fires in non-domestic buildings		125	76	66	60	62.50		
Pi 19a	The rate of automatic fire detector false alarms in non-domestic properties (per 1,000 non – domestic properties)	Lower is Better	37.19	26.55	18.46	15.44	18.60	Green	17% better than target
Pi 19b	The number of automatic fire detector false alarms in non-domestic properties		665	472	330	276	332.50		

Information Measures Only

Measure		2018-19 Quarter 2		
No.	Description	Average over last 5 years	2017-18 Q2	Q2 Actual
Inf01	The number of RTC's attended	192.40	216	249
Inf02	The number of people killed or seriously injured in road traffic collisions (Partnership Indicator)	No Data Available		
Inf03	The number of water related deaths	1.60	3	3
Inf04	The number of water related injuries	0.00	0	0

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REPORT AUTHOR: DEPUTY CHIEF FIRE OFFICER

SUBJECT: SERVICE DELIVERY PROGRAMME REPORT
 QUARTER TWO 2018/19 (F/Y April 2018 to March 2019)

For further information on this Report contact: Prue Wullems
 Service Improvement Manager
 Tel No: 01234 845018

Background Papers: Previous Service Delivery Programme Quarterly Reports

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 2018/19 Quarter two, detailing the progress and status of the Service Delivery Programmes and Projects to date.

RECOMMENDATION:

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

1. Programmes and Projects 2018/19

- 1.1 Projects contained in this report have been reviewed and endorsed in February 2018 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.
- 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:
- The **Fleet Asset Management System Project** is reported under Business Systems Improvement (Corporate Services) but also included here for information;
 - 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, apart from Co-Responding which is still subject to ongoing national negotiations and delays;
 - 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 2018/19 to 2021/22 has been taken within the proposed 2018/19 Budget and Medium-Term Financial Plan, as presented to the Authority for agreement in February 2018.
- 1.4 Other points of note and changes for the year include the following:
- The **Replacement MDT Project** has been added in the last period. This project is now ready to commence, and the Procurement Stage will begin in the next period.

- 1.5 The Corporate Management Team monitors progress of the Strategic Projects monthly. The Strategic Programme Board now review the Programme quarterly with the next Programme Board review scheduled on 05 November 2018, and the one following on 30 January 2019.
- 1.6 Appendix A gives a summary of status to date on the projects in Service Delivery. 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. Requires Programme Board intervention

2. Programme and Projects Summary and Exception Reports Q2 – 2018/19

- 2.1 There are currently two projects within Service Delivery in Exception status. These are as follows:
- The **Co-Responding Project** remains on status Red. There is no change from the last report as the current trials remain on hold and are subject to the ongoing national negotiations. This is outside local control. It is recommended that the project be deferred, and re-instated in the future should the national position change to re-engagement.
 - The **Emergency Services Mobile Communications Programme (ESMCP) Project** remains on Amber as revisions to the strategic direction of the project are yet to be agreed, following the very recent Home Office announcements regarding incremental approach to delivery of ESN. Internal discussions are underway regarding formation of an ESMCP Compliance Programme, to ensure that all BFRS projects relating to ESMCP are governed together.

SERVICE DELIVERY PROGRAMME REPORT

APPENDIX A

Project Description	Performance Status	Comments
<p>2018 Replacement Mobilising</p> <p>Aim: To deliver a new mobilising system that is ESMCP compliant.</p>	<p>Green</p>	<p>15 October 2018: 2018 Replacement Mobilising Project (RMP)</p> <p>The RMP 2018 project is rated Green and remains on track to deliver as expected. Following the recent Home Office announcement regarding a new strategic direction for the ESMCP Programme on a much longer timeframe, the pressure to become ESN compliant in the immediate future has been relieved, but BFRS will continue to support the process both locally and regionally.</p> <p>Under the Home Office’s new incremental strategy for ESN, the Motorola Solutions ESN agreement will be extended by 30 months through the end of 2024. The incremental approach proposed enables BFRS to concentrate on the immediate need to have a fully functioning Control Room with Cams FRS, and to take a more considered approach to choose test and deploy ESN products as they become available. These will be the subject of separate but linked projects.</p>

Project Description	Performance Status	Comments
<p>Fleet Asset Management System</p> <p>Aim: To implement a cloud-based Fleet Asset tracking system to manage fleet assets from purchase to end of life, including purchase, management of inventory, locational tracking, inspection, test, servicing, maintenance and disposal.</p>	<p>Green</p>	<p>15 October 2018: Fleet Asset Management System</p> <p>The project status remains on Green. The full project governance framework is now in place, and a Project Initiation Document (PID) will be presented to the Programme Board, following review and acceptance by SOC Chris Ball. The Project Manager GC Andy Draper is now working with the Procurement Manager on the final elements of the framework purchase; the finalisation of the business and technical specification documents is underway, and the procurement is expected to commence soon, following ratification of the specifications. Resourcing for the project continues to be challenging. However, this is under the scrutiny of the Programme Board.</p>

Project Description	Performance Status	Comments
<p>Collaborative Working</p> <p>Aim: Exploring opportunities for collaborative working with other agencies</p>	<p>Green</p>	<p>17 October 2018: Collaborative Working</p> <p>The status of the project overall is Green.</p> <p><u>Estates</u></p> <p>Shared Headquarters A meeting is scheduled in for DCFO and Treasurer to meet with the Police’s DCC and ACO to consider available options and to take the matter further forward including a meeting with the PCC and FRA members.</p> <p>Unmanned aerial vehicle (UAV) Based at Potton Station, training for all crew will complete in first week in November. A working group is established to implement operational use. Work is underway to develop a collaborative Memorandum of Understanding with Police for joint operations.</p> <p>Red Routes A 6 months trial began on 1 October and Fire vehicles as a deterrent after incidents are returning to base through routes identified by Police as Burglary hotspots. Police will evaluate in April 2019</p> <p>Blue Light Collaboration Following the successful event in August, the Blue Light Strategic Board has created a Tactical Delivery Group constituted by staff from Police and BFRS to coordinate the generation and project management of new collaborative workstreams. The first meeting is on 9 November.</p>

Project Description	Performance Status	Comments
<p>Collaborative Working, Cont.....</p>	<p>Green</p>	<p>Joint vehicle workshops. The feasibility of shared space for vehicle workshops is being explored.</p> <p>Driver training The feasibility of Police and BFRS alleviating operational pressures of Police through closer working on driver training is being explored.</p> <p>Motor cycle training There is currently a training programme underway to establish motorcycle trainers who can potentially offer training to Other Blue Light services including Blood Bike charity. This would be under license from College of Policing.</p> <p>EEAST Senior officers at BFRS and EEAST are engaging in exploratory discussion around potential options for collaboration in certain areas of service delivery and also shared estates. These discussions are at an early stage, and no decisions have yet been made as to whether such collaboration is feasible.</p> <p>In parallel, a formal pilot has recently been established to service EEAST ambulances at our BFRS workshops. This will be evaluated in due course, and it is hoped that this may lead to a more lasting arrangement.</p>

Project Description	Performance Status	Comments
<p>Co-responding</p> <p>Aim: To develop a co-responding capability with support East of England Ambulance to support community health and outcomes.</p>	<p>Red</p>	<p>16 October 2018: Co-Responding</p> <p>This project status is Red, and it remains on hold due to the on-going national negotiations. This is outside BFRS control, so nothing can be done to ameliorate. No further national updates are available at this time.</p> <p>It is recommended that the project be deferred, and re-instated in the future should the national position change.</p>

Project Description	Performance Status	Comments
<p>Emergency Services Mobile Communications Programme (ESMCP)</p> <p>Aim: 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 Home Office.</p>	<p>Amber</p>	<p>15 October 2018: Emergency Services Mobile Communications Programme (ESMCP)</p> <p>The ESMCP Project status is still on Amber as revisions to the strategic direction of the project are yet to be agreed, following the very recent Home Office announcements regarding incremental approach to delivery of ESN. Current focus continues to be on Coverage, with the region taking a collaborative approach to testing coverage under the Assure programme. The Service is still awaiting a schedule from the Home Office for delivery of devices for coverage testing, and it is still not yet determined if BFRS will conduct their own testing, or if Bedfordshire Police will undertake this on behalf of other Emergency Services.</p> <p>In parallel, BFRS is also considering approaches to adoption of the Assure products and whether the Service will adopt Assure 1 with a limited lifespan, or Assure 2, which has longer life span but less assurance.</p> <p>The second of the Home Office Value for Money (VfM) exercises was completed and submitted in early September.</p> <p>The Product Artefact Guides issued by the Home Office for reporting ESMCP Project deliverables has been shared with the Cambs FRS 2018 RMP Project Team, to ensure compliance with the Home Office Master Document Register.</p> <p>The Service continues to send representatives to regional meetings to ensure that we are up to date with the latest news from the Home Office.</p>

Project Description	Performance Status	Comments
<p>PPE (Bristol)</p> <p>Aim: To replace the current supplier Ballyclare with a consortium supplier Bristol</p>	<p>Green</p>	<p>15 October 2018: PPE Bristol</p> <p>The project status is Green. Though there has been a slight slippage in rollout plans due to the complexity of planning the sizing operation to ensure there is no impact on mobilisation, this is within tolerance so the project status has not changed. The “sizing” timetable to measure up all fire fighters for their personal protective equipment (PPE) is now agreed with the supplier Bristol, who will attend Service premises on several occasions during November for measuring up. Samples of art work that will be used on the tunic are being reviewed by GC Andy Draper; the chosen sample is due to be approved for use later this month. This is on track to meet the manufacturing window, estimated for BFRS early in the New Year. Subject to no issues in manufacturing, rollout is still planned to commence Q4.</p>

Project Description	Performance Status	Comments
<p>Replacement MDT Project</p> <p>Aim: To replace the out of support MDT equipment with ESN compliant hardware and software</p>	<p>Green</p>	<p>13 November 2018: Replacement MDTs</p> <p>This project has not yet started, but is now ready to commence following a Project Board meeting on 05 November to consider the options available to meet the following objectives:</p> <ul style="list-style-type: none"> • Support the NFCCs Fire Commercial Transformation Programme (FCTP) and the Strategic Commercial Board (SCB), for mobilising innovation; • Look into opportunities for leading a buying framework to create aggregation efficiencies; • Take advantage of potential collaboration opportunities; • Procure MDTs of a common hardware specification that can be used for either 1st or 2nd MDTs, and ensure MDT devices and applications are ESN compliant prior to Airwave decommissioning. <p>The decision was made that 2 MDT’s would still be required for BFRS appliances. These will be of the same universal specification, future proofed for ESN as far as possible from information available to date, and Windows 10 compatible.</p> <p>BFRS will lead the development of a buying framework, initially partnering with Lincs FRS and Kent Police, and opening up to other partners in the future.</p> <p>The project will be delivered in 2 stages; Stage 1 for hardware procurement, and Stage 2 for software applications. The timeline to delivery of Stage 1 is subject to further investigation as to whether additional penetration testing and Code of Connection (CoCo) certification is required.</p>

Project Description	Performance Status	Comments
<p>Retained Duty System Improvement Project (RDSIP)</p> <p>Aim: To deliver improvements to the effectiveness, efficiency and economy of the operation of the Retained Duty System within BFRS.</p>	<p>Green</p>	<p>29 October 2018: Retained Duty System Improvement Project (RDSIP) The RAG status for this project is Green (Unchanged from the last report).</p> <p>Availability module – Following the major update undertaken in July, the Service continues to develop the software in terms of functionality and reporting. Latest development of the software includes the ability to use dedicated colours for specific booking codes to assist users in determining the status of crew members and Service control with predicting future ridership impacts. Following agreement with SDLT, KPI's for the On Call (RDS) stations will form part of a quarterly report provided by ODT.</p> <p>Phased Alert – Work continues to progress with Gartan for alterations to the current software which will further assist with phased alert rostering. Gartan have produced a work flow to incorporate these alterations and this is currently under review by the Service before applying required changes to the module. Once all policies and changes have been negotiated with the representative bodies, and the workforce, these amendments can be implemented in support of any future phased alerting requirements.</p> <p>Payroll – Phase 1 of the payroll module is now complete. Configuration requirements have been agreed by the Payroll manager for phase 2, Gartan are now in the process of applying the changes for user acceptance testing and roll out. This will include the capability within the system to adopt average earning payments for both annual leave and sickness absence.</p>

Project Description	Performance Status	Comments
<p>Retained Duty System Improvement Project (RDSIP), Cont.....</p>	<p>Green</p>	<p>A full audit of the Payroll module has been programmed within this financial year, and the Service will be seeking assurance that the Gartan Payroll system is fully functional and claims throughout all On call (RDS) stations are consistent and correct.</p> <p>The nationally agreed pay increase will be applied to the system in time for the November Pay, this is in line with the Wholetime increase.</p> <p>Service Policies – The Policy implementation group is currently reviewing all proposals for changes to the On Call (RDS), with the intention of producing an On Call (RDS) handbook, thus removing the need for multiple policies. The implementation group are also reviewing the changes identified through the improvement project to determine if there are any legal / financial implications prior to finalising the hand book and implementation.</p>

Project Description	Performance Status	Comments
<p>Wholetime Duty Management System</p> <p>Aim: To procure and implement a replacement wholetime duty management system which enables effective and efficient management of operational crewing and supports flexible ways of working to meet the challenges facing a modern fire and rescue service.</p>	<p>Green</p>	<p>18 October 2018: Wholetime Duty Management System (Rota Replacement):</p> <p>The project status remains on Green. Contract award was made to Gartan Technologies Limited on 21st August 2018, the procurement stage is complete and the configuration and implementation stage has begun. The project governance framework documents are in final draft, and the Project Initiation Document (PID) detailing the stages and timeline of the project delivery is awaiting approval. The Project team is about to be established, comprising members from HR & Payroll, Wholetime Ops, Business Information Team (BIT) and ICT Shared Services, and project team meetings will be scheduled regularly.</p> <p>There are currently workarounds discussion taking place with regard to iTrent integration, interdependencies with the SharePoint and Windows 10 upgrade projects, which will take precedence due to the incompatibilities between old systems and Windows 10. These may impact the delivery schedule of Gartan, but exact timelines are still being considered.</p>

For Publication

Bedfordshire Fire and Rescue Authority
Service Delivery Policy and Challenge Group
29 November 2018
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: RSM Strategy for Internal Audit
Bedfordshire Fire Authority 2018/19 to 2020/21

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 audits completed since the last meeting of the Service Delivery Policy and Challenge Group.

Item 7.1

RECOMMENDATION:

That Members acknowledge progress made to date.

1. Background

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

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 This report presents the internal audit report on:

- Use of Risk Information (completed on 5 September 2018; report finalised on 18 September 2018 (Appendix A).
Conclusion: Green – Substantial Assurance).

2.2 The actions arising from the above audits will be incorporated as 'new' actions within the Audit and Governance Actions Monitoring Report in March 2019 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.

ANDREW HOPKINSON
DEPUTY CHIEF FIRE OFFICER



BEDFORDSHIRE FIRE & RESCUE AUTHORITY

Use of Risk Information

FINAL

Internal audit report: 2.18/19

18 September 2018

This report is solely for the use of the persons to whom it is addressed.
To the fullest extent permitted by law, RSM Risk Assurance Services LLP will accept
no responsibility or liability in respect of this report to any other party.



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Debrief held	5 September 2018	Internal audit team	Daniel Harris - Head of Internal Audit Louise Davies - Client Manager Satnam Parmar – Senior Auditor Jamil Khan - Internal Auditor
Draft report issued	17 September 2018		
Responses received	18 September 2018		
Final report issued	18 September 2018	Client sponsor	Gary Jeffery - Service Operational Commander
		Distribution	Gary Jeffery - Service Operational Commander John Belcher - Response Support Manager

As a practising member firm of the Institute of Chartered Accountants in England and Wales (ICAEW), we are subject to its ethical and other professional requirements which are detailed at <http://www.icaew.com/en/members/regulations-standards-and-guidance>.

The matters raised in this report are only those which came to our attention during the course of our review and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Management actions raised for improvements should be assessed by you for their full impact before they are implemented. This report, or our work, should not be taken as a substitute for management’s responsibilities for the application of sound commercial practices. We emphasise that the responsibility for a sound system of internal controls rests with management and our work should not be relied upon to identify all strengths and weaknesses that may exist. Neither should our work be relied upon to identify all circumstances of fraud and irregularity should there be any.

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We have no responsibility to update this report for events and circumstances occurring after the date of this report.

RSM Risk Assurance Services LLP is a limited liability partnership registered in England and Wales no. OC389499 at 6th floor, 25 Farringdon Street, London EC4A 4AB.

1 EXECUTIVE SUMMARY

1.1 Background

We have undertaken a review as part of the approved internal audit plan for 2018/19 of the use of risk information. This focussed on reviewing how the Service identifies, collects, uses and reports on risk information received to ensure this is promptly available to the officers on duty to ensure they are aware of any risks when attending an incident to maintain both their safety and ensure the incident is addressed appropriately.

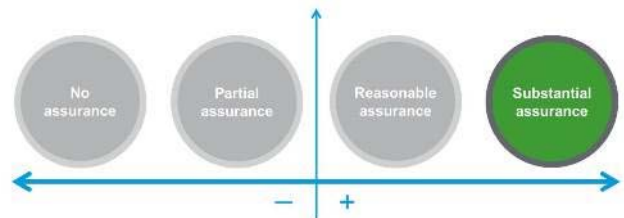
The collation and display of site specific risk information (SSRI) for use by operational personnel is managed by the Response Support Manager and the Response Support Technician. The SSRI is owned by the Station Commander of the fire station in whose ground the premises are located. Risk information is available to operational personnel via Mobile Data Terminals (MDT) fitted to rescue pumps and also electronically to service control.

1.2 Conclusion

We found a well-designed and applied control framework in place for the collection, management and reporting of site-specific risk information.

Internal audit opinion:

Taking account of the issues identified, the board can take substantial assurance that the controls upon which the organisation relies to manage the identified area are suitably designed, consistently applied and operating effectively.



1.3 Key findings

The key findings from this review are as follows:

Service Order for Site Specific Risk Information (SSRI)

Bedfordshire Fire and Rescue Service has a Service Order in place for site specific risk information. This sets out the processes to be followed in the collection, use and review of site specific risk information. Whilst the processing of this information is undertaken currently, the Service Order is in draft and has not been made available to all relevant staff via the Authority's intranet. There is a risk of key processes not being carried out effectively if the Service Order has not been communicated to all relevant staff. **(Medium)**

Completion of SSRI forms

During routine or specific Fire Safety inspections, an initial assessment of risk will be conducted by operational personnel and/or Fire Safety Inspecting Officers using a blank SSRI Alert Form. If the SSRI Alert completed by FSI/Os identifies 4 or more specific hazards then the form must be forwarded to the Response Support Team. On receipt, RST will produce an SSRI inspection folder and forward it to the relevant fire station requesting a full SSRI inspection to be undertaken by operational personnel. Station Commanders will review and sign the completed SSRI to provide subjective quality assurance checks ensuring all detail is correct, comprehensive, relevant and legible before passing it to the Response Support Team.

The Response Support Technician will then export the SSRI information to the Mobile Data Terminals. A final sign off will be undertaken by Station Commanders to confirm that the information has been appropriately uploaded to MDTs and is functional. We confirmed for a sample of ten sites that the authorisation process had been complied with.

Ongoing review of SSRI information

Premises will be re-inspected based on the risk categorisation. The designated re-inspection frequency for each category of site is:

- Special risk - yearly
- Very High Risk - 2 yearly
- High risk 3 yearly
- High Rise Risk - 5 yearly

We confirmed for our sample of ten sites that eight had reviews in line with their defined review frequency and the two SSRIs due for review were being undertaken at the time of audit.

Special Risk Sites

For all risk sites categorised as Special Risk, the Station Commander must ensure a Site Specific Risk Plan is created. SSRPs are reviewed on an annual basis and we confirmed for a sample of three special risk sites that this had been complied with.

Low Risk Sites

Hazard information for low risk category sites is covered by Premises Type Risk information (PTRI). These provide details of common risks found in certain premises. The Service Order for SSRI lists 28 PTRI templates for premises such as schools, car repair garages, shops and hotels documenting the most common risks and hazards. PTRIs are accessible via MDTs and the intranet.

Mobile Data Terminals (MDT)

On the MDT, a colour coded symbol denoting the site risk category is placed at the geographical location:

- Special - Red Square
- Very High Risk - Red triangle
- High risk - Orange Triangle
- High rise - Orange square with Ladder symbol

We confirmed for our sample that these were placed at each geographical location appropriately. We confirmed risk information is available to operational personnel via Mobile Data Terminals fitted to rescue pumps and also available electronically to service control.

Monitoring of outstanding SSRI reviews

As part of the monthly report to the Operational Delivery Team, the number of outstanding SSRI reviews are reported and a reminder for operational personnel to complete all outstanding reviews is given. We confirmed this had taken place for a sample of three months (December 2017, February 2018 and June 2018).

We have also agreed two 'low' priority management actions which are detailed in section two below.

1.4 Additional information to support our conclusion

The following table highlights the number and categories of management actions made. The detailed findings section lists the specific actions agreed with management to implement.

Area	Control design not effective*		Non Compliance with controls*		Agreed actions		
	Low	Medium	High	Low	Medium	High	
Use of Risk Information	2	(8)	1	(8)	2	1	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.

2 DETAILED FINDINGS

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 regulatory scrutiny/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, regulatory scrutiny, reputational damage, negative publicity in national or international media or adverse regulatory impact, such as loss of operating licences or material fines.

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

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Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
1	<p>Bedfordshire Fire and Rescue Service has a Service Order in place for Site Specific Risk Information.</p> <p>This sets out the processes to be followed in the collection, use and review of site specific risk information.</p> <p>Whilst the processing of this information is undertaken currently, the Service Order is in draft</p>	No	NA	<p>We confirmed through review of the Site Specific Risk Information Service Order that it provided comprehensive detail on the collection, use and display of risk information. This included the process for the completion of SSRI Alert forms and their authorisation by Station Commanders.</p> <p>We noted through discussion with the Response Support Manager that whilst the processes documented within the Service Order were being carried out, the Service Order was in draft format and had not been</p>	Medium	The Service Order for Site Specific Risk Information will be signed by the Chief Fire Officer, uploaded to the organisation's intranet and communicated to all relevant staff.	October 2018	Response Support Manager

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
	and has not been made available to all relevant staff via the Authority's intranet.			<p>uploaded to the intranet to ensure it is available to all relevant staff.</p> <p>There is a risk of key processes not being carried out effectively if the Service Order has not been communicated to all relevant staff.</p>				
2	<p>For all risk sites categorised as Special Risk, the Station Commander must ensure a SSRP is created.</p> <p>Where a SSRP is created, it will be considered for a table-top exercise to validate it. SSRPs are reviewed on an annual basis. The completion of validation exercises is not formally evidenced.</p>	No	NA	<p>We noted that SSRPs did not formally evidence that plans had been validated via table top exercises as set out in the relevant Service Order.</p> <p>There is a risk of plans not being appropriate if evidence is not retained to demonstrate that plans have been validated.</p>	Low	The completion of validation exercises for Site Specific Risk Plans for Special Risk sites will be recorded.	December 2018	Response Support Manager
3	<p>Hazard information for low risk category sites is covered by Premises Type Risk information (PTRI). These provide details of common risks found in certain premises.</p> <p>The Service Order for SSRI lists 28 PTRI templates for premises such as schools, car</p>	Yes	No	<p>We selected a sample of three PTRIs and confirmed that they provided details of common hazards and risks experienced.</p> <p>We noted that whilst one of the three was in date, the remaining two were two years past their review date.</p>	Low	<p>The frequency of review of PTRIs will be considered and revised to an appropriate time period.</p> <p>PTRIs will be updated before the new review timeframe if new information is received</p>	December 2018	Response Support Manager

Ref	Control	Adequate control design (yes/no)	Controls complied with (yes/no)	Audit findings and implications	Priority	Action for management	Implementation date	Responsible owner
	<p>repair garages, shops and hotels.</p> <p>All PTRIs are reviewed annually. PTRI documents are available on appliance MDTs.</p>			<p>There is a risk of information being out of date and inaccurate if it is not regularly reviewed.</p> <p>We were informed through discussion with the Response Support Manager that whilst PTRIs were due for annual review, in practice the generic risk information held for these low/medium risk sites would not change that frequently.</p> <p>We have therefore agreed an action relating to the revision of review timeframes for PTRIs.</p>		through operational learning.		

APPENDIX A: SCOPE

The scope below is a copy of the original document issued.

Scope of the review

The scope was planned to provide assurance on the controls and mitigations in place relating to the following areas:

Objectives of the area under review

To provide assurance over the systems for the collation, use and reporting of risk information

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

Areas for consideration:

To review how the Service identifies, collects, uses and reports on risk information received to ensure this is promptly available to the officers on duty to ensure they are aware of any risks when attending an incident to maintain both their safety and ensure the incident is addressed appropriately. This will also consider how this information is built into operational plans, for example, if it is identified that fireworks are at a property, how do attending fire fighters know this information to adopt a suitable approach to the situation.

Limitations to the scope of the audit assignment:

- This review will not provide assurance that all risk information has been provided
- This review will not comment on the appropriateness of the action taken as a result of the information provided.
- All testing will be compliance based sample testing only; and
- Our work will not provide any guarantee against material errors, loss or fraud or provide an absolute assurance that material error, loss or fraud does not exist.

APPENDIX B: FURTHER INFORMATION

Persons interviewed during the audit:

- Gary Jeffery - Service Operational Commander
- John Belcher - Response Support Manager
- Heather Shoosmith - Response Support Technician

FOR FURTHER INFORMATION CONTACT

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For Publication

Bedfordshire Fire and Rescue Authority
Service Delivery Policy and Challenge Group
29 November 2018
Item No. 8

REPORT AUTHOR: DEPUTY CHIEF FIRE OFFICER
(SERVICE DELIVERY)

SUBJECT: AUDIT AND GOVERNANCE ACTION PLANS MONITORING REPORT

For further information on this report contact: Karen Daniels
Service Assurance Manager
Tel No: 01234 845013

Background Papers:

- Action Plans contained in Internal and External Audit Reports
 - Action Plan contained in the Annual Governance Statement 2017/18
 - Minutes of the Audit Committee dated 5 April 2012
-

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 on progress made to date against current action plans arising from internal and external audit reports.

RECOMMENDATION:

That Members acknowledge progress made to date against the action plans and consider any issues arising.

1. Introduction

- 1.1 The Members of the Service Delivery Policy and Challenge Group previously endorsed that the Group should receive monitoring reports at each of its meetings advising of progress against current action plans arising from internal and external audit reports, and the Authority's Annual Governance Statement.
- 1.2 In their meeting on 5 April 2012, Members of the Audit and Standards Committee agreed that progress on the action plans be reported to each meeting of the appropriate Policy and Challenge Group and action point owners report progress by exception to the Audit and Standards Committee. This is the third report to the Service Delivery Policy and Challenge Group for the year 2018/19.

2. Monitoring Report of Actions Arising From Internal and External Audit Reports

- 2.1 The monitoring report of progress made to date against agreed actions arising from internal and external audit reports is attached as Appendix A.
- 2.2 The monitoring report covers, in order, the following:
 - Outstanding actions from internal and external audit reports, including those reports received during 2018/19 and those from previous years, which have a proposal to extend the original completion date. There are no requests to extend the original completion date.

- Outstanding actions from internal and external audit reports, including those reports received during 2018/19 and those from previous years, which are on target to meet the original or agreed revised completion date.
- Completed actions which are subject to a subsequent or follow up audit. These will remain on the report until this audit is complete and the action validated.
- Completed actions that are of a Low risk and do not require a follow-up audit. These will be removed from the report once they have been reported as completed to the Policy and Challenge Group.
- Any actions that have been superseded by new actions. (Actions are removed from the report once they have been reported as superseded to the Policy and Challenge Group.)

2.3 There are no requests to extend the original completion date. All actions are completed subject to follow-up audit.

3. Monitoring Report of Actions Arising from the Authority's Annual Governance Statement

3.1 The monitoring report covers the actions within the 2017/18 Annual Governance Statement (if applicable) which was formally adopted by Members of the Audit and Standards Committee, on behalf of the Authority, at their meeting on 6 July 2018, as part of the 2017/18 Statement of Accounts.

4. Organisational Risk Implications

4.1 The actions identified within internal and external audit reports and the Annual Governance Statement represent important improvements to the Authority's current systems and arrangements. As such, they constitute important measures whereby the Authority's overall management of organisational risk can be enhanced.

4.2 In addition, ensuring effective external and internal audit arrangements and the publication of an Annual Governance Statement are legal requirements for the Authority and the processes of implementation, monitoring and reporting of improvement actions arising therefore constitute an important element of the Authority's governance arrangements.

ANDREW HOPKINSON
DEPUTY CHIEF FIRE OFFICER

**Monitoring Report of Actions Arising from Audit Reports
(incorporating any actions outstanding at 31 March 2018 from earlier reports)**

APPENDIX A

URN	Auditing Body & Source	Audit Area and Responsible Manager	Priority	Agreed Action	Progress Report to Date	Timing For Completion	Status ('Not Started', 'In Progress' or 'Completed')
CPCA 1.1.4 (17/18)	RSM Nov 17: Final Report (17/18)	Collaboration – Police and Crime Act 2017 Partnership Development Manager and Blue Light Collaboration Board	Medium	The Blue Light Collaboration Board will develop a standard collaboration project planning template to appraise all projects prior to their implementation. This will include ensuring consideration of: <ul style="list-style-type: none"> • Executive and Operation leads; • Financial and resourcing matters; • Delivery timescales; • Legal implications; • Training impacts; and • Expected operational and community benefits. 	The Blue Light Board made a transition in November 2017 from being a "Project Board" to a "Programme Board" This transition allows an overarching role to be established which in turn enables multiple projects to be individually managed. The new Terms of Reference for the Board specifies that every project will be managed through formal project management process and structures. This is now being done by Bedfordshire Police Project office and addresses all the required actions.	Original Dec 17	Completed – To be confirmed by follow up audit

**Monitoring Report of Actions Arising from Audit Reports
(incorporating any actions outstanding at 31 March 2018 from earlier reports)**

URN	Auditing Body & Source	Audit Area and Responsible Manager	Priority	Agreed Action	Progress Report to Date	Timing For Completion	Status ('Not Started', 'In Progress' or 'Completed')
				<p>The templates will be reviewed and approved by the Blue Light Collaboration Board prior resources being used to initiate and deliver the project. The approval will be clearly documented within the Blue Light Collaboration Board meeting minutes.</p> <p>In addition to this, the performance reporting mechanisms will need to be reviewed to ensure that milestones and benefits are monitored appropriately.</p>			

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For Publication

Bedfordshire Fire and Rescue Authority
Service Delivery Policy and Challenge Group
29 November 2018
Item No. 9

REPORT AUTHOR: HEAD OF PROTECTION

SUBJECT: CUSTOMER SATISFACTION REPORT - QUARTER 2: (01 JULY – 30 SEPTEMBER 2018)

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 2 2018/19 (01 July – 30 September 2018).

RECOMMENDATION

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

1. Executive Summary

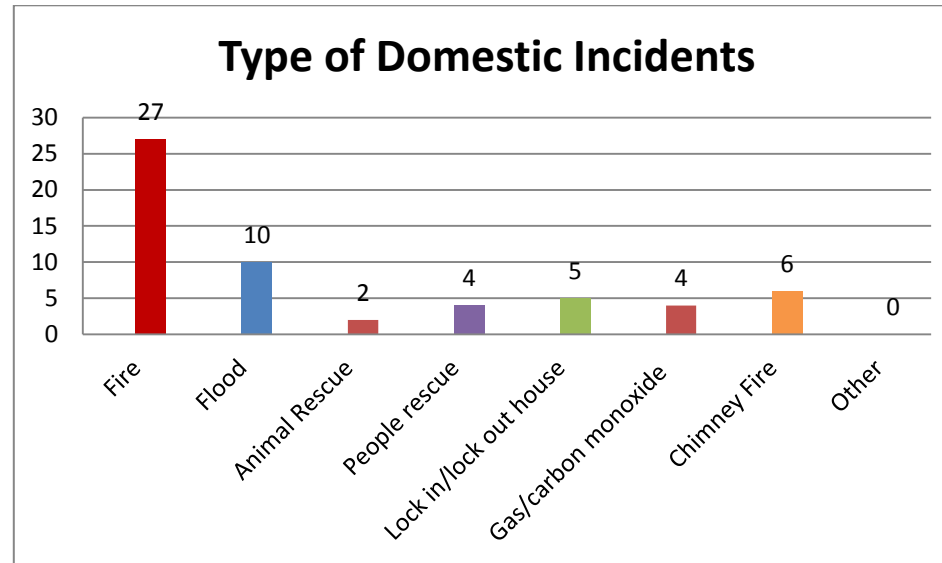
- 1.1. Customer satisfaction is measured through surveys (undertaken after an incident, following a Safe and Well visit (S&WV) or Fire Safety Audit), and letters of compliments and complaints.
- 1.2. Surveys undertaken in Q2 2018/19 indicate that 99% of respondents across all survey areas were either very or fairly satisfied with the overall service provided. Of the 15 responses from commercial organisations that suffered an incident all were very satisfied with the service they received. The rate of responses for surveys issued in Quarter 2 is shown on the next page, with comparisons against the same period in 2017/18.
- 1.3. To deal with the reduction in the return rate for Safe and Well Visit surveys (S&WVs) experienced in Q1, which has been attributed to a change in how surveys were being completed, during October we mailed out 500 surveys to a sample of addresses where a Safe and Well Visits had been completed. This has enabled the number of responses to double from the previous quarter (from 108 to 259) although the return rate remains low. However, there remains a consistently positive response to Safe and Well Visits with all but one person very or fairly satisfied with their service.
- 1.4. In order to improve return rates for S&WVs we will be working more closely with crews to ensure they understand the importance of carrying out the survey, sending questionnaires to recipients of S&WVs within a month of the visit taking place and exploring electronic ways of completing the survey.
- 1.5. Figures in the report have been rounded to whole numbers.

Area surveyed	Total number of surveys returned	Total number of surveys sent	Return rate	Comparison to Q2 2017/18 (return rate)
After the Incident (Domestic)	69	111	62%	57%
After the Incident (Non Domestic)	15	28	54%	67%
Safe and Well Visit	259	797*	33%	77%
Fire Safety Audit	96	153	63%	62%
Totals / Average Return rate	393	1,089	40%	66%

* This is the figure for the number of visits undertaken.

2. After the Incident (Domestic)

2.1. Type of Incident

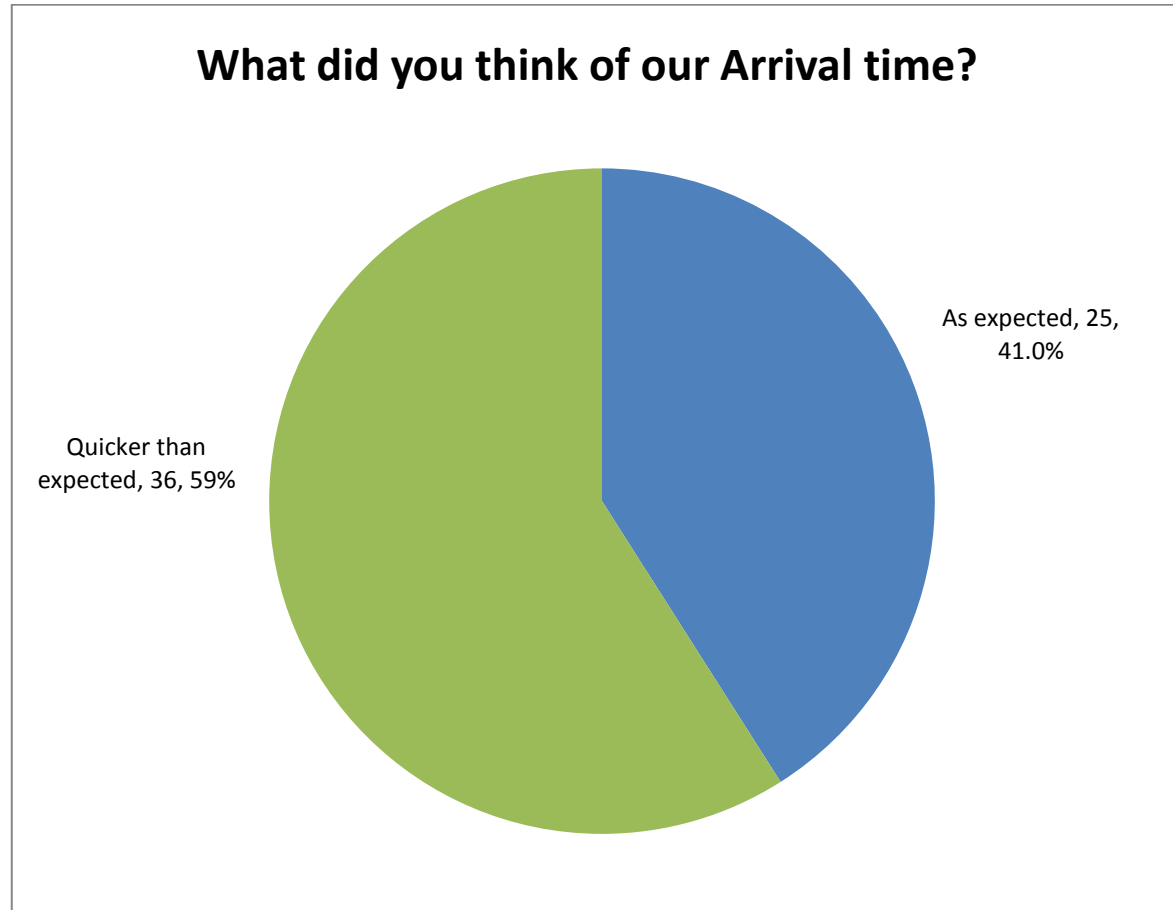


111 surveys were sent out, which is a low number due to the low number of incidents where an addressable location was provided (i.e. this excludes fires in open countryside, road traffic collisions and similar incidents). 69 replies have been received, a response rate of 62%. 58 respondents gave details of the incidents they were involved and in the main types included fires, flooding (in domestic properties) and lock-ins or lock-outs.

2.2. Overall satisfaction

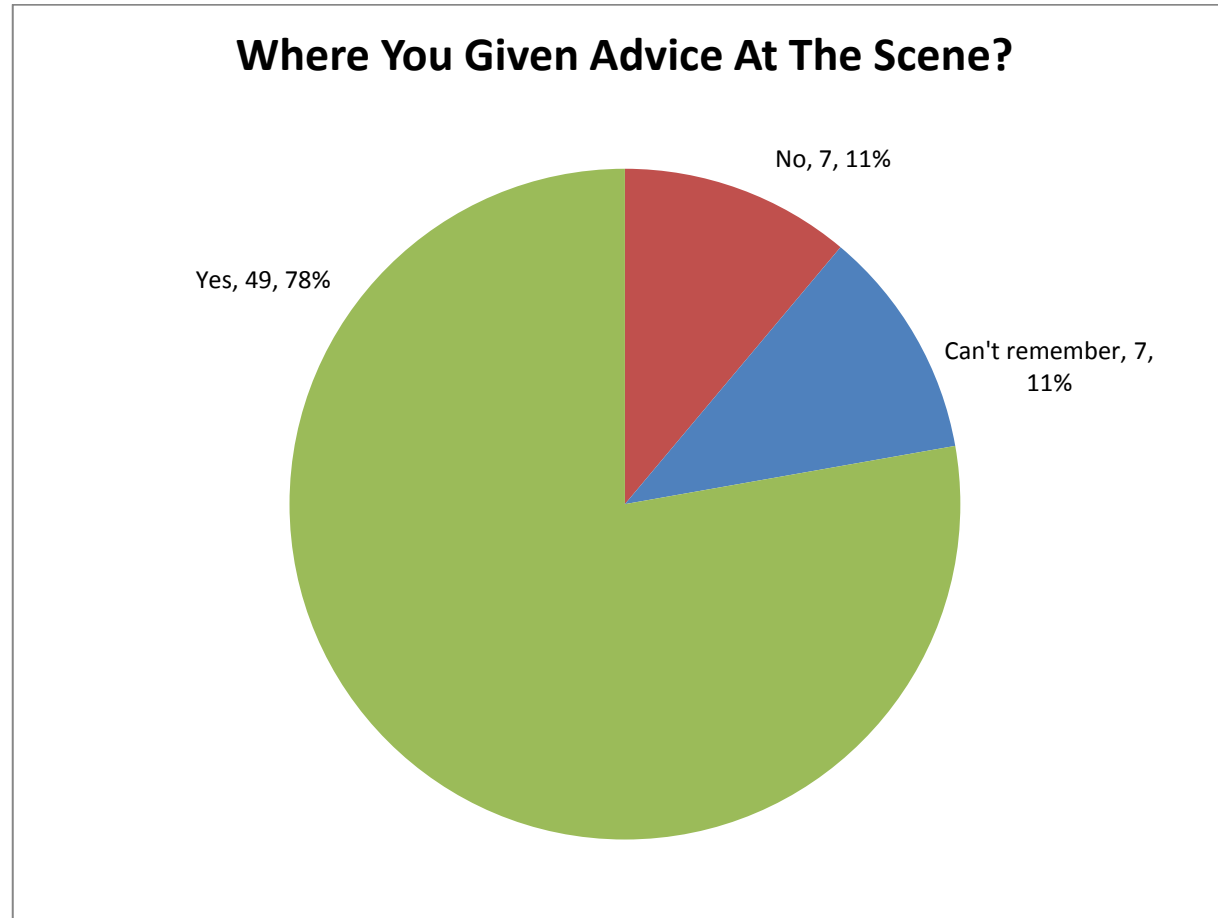
Everyone that responded to this question (65 out of 69) was very satisfied with the service they received. No one was dissatisfied with the service (i.e. 4 respondents did not choose to answer this question).

2.3. Arrival times



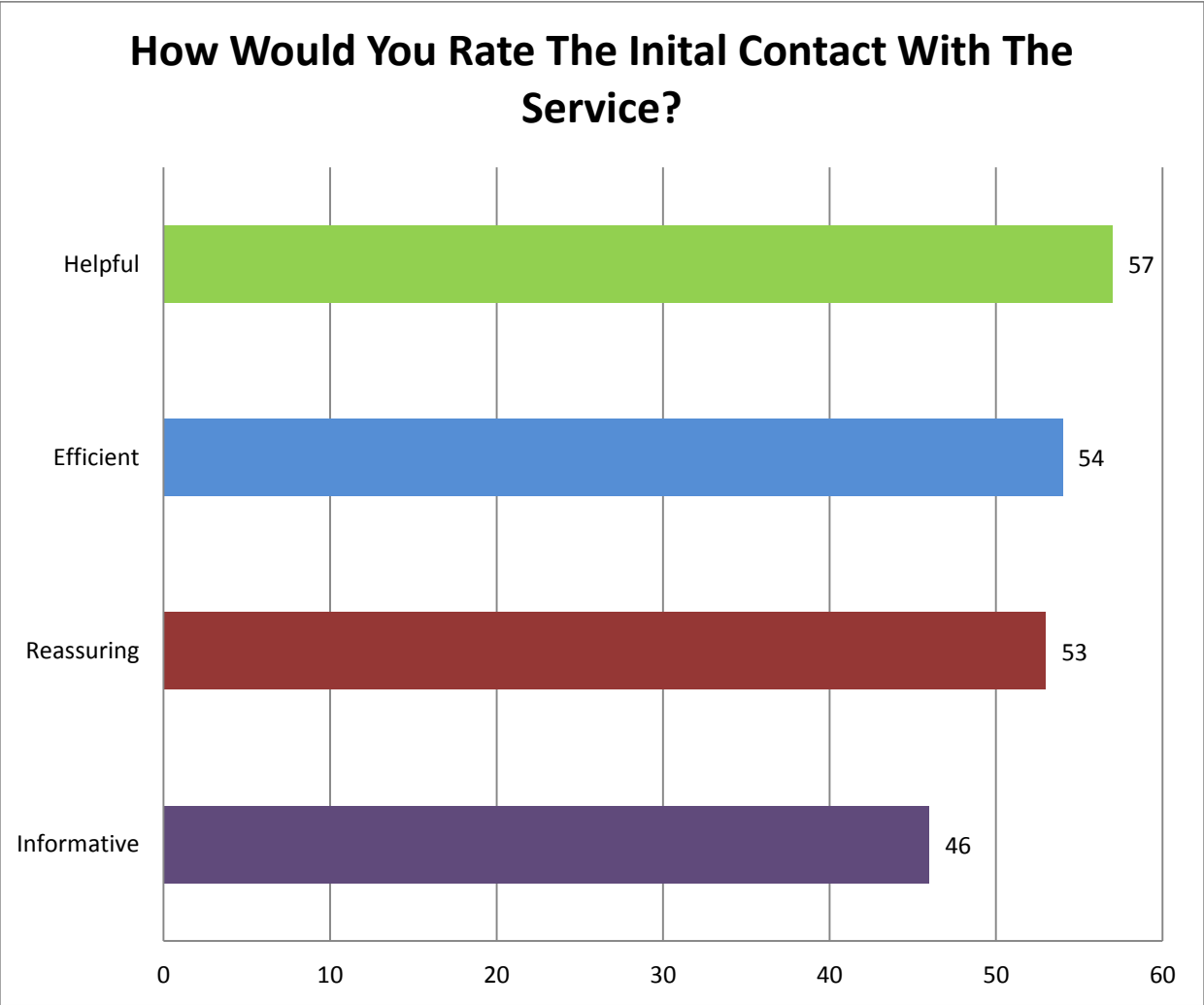
Of the 61 respondents who replied to this question, 36 (59%) thought the Service arrived quicker than expected, none thought the Service arrived slower than expected. 67% of respondents had called the Service themselves and they were all positive about the assistance they received.

2.4. Advice given



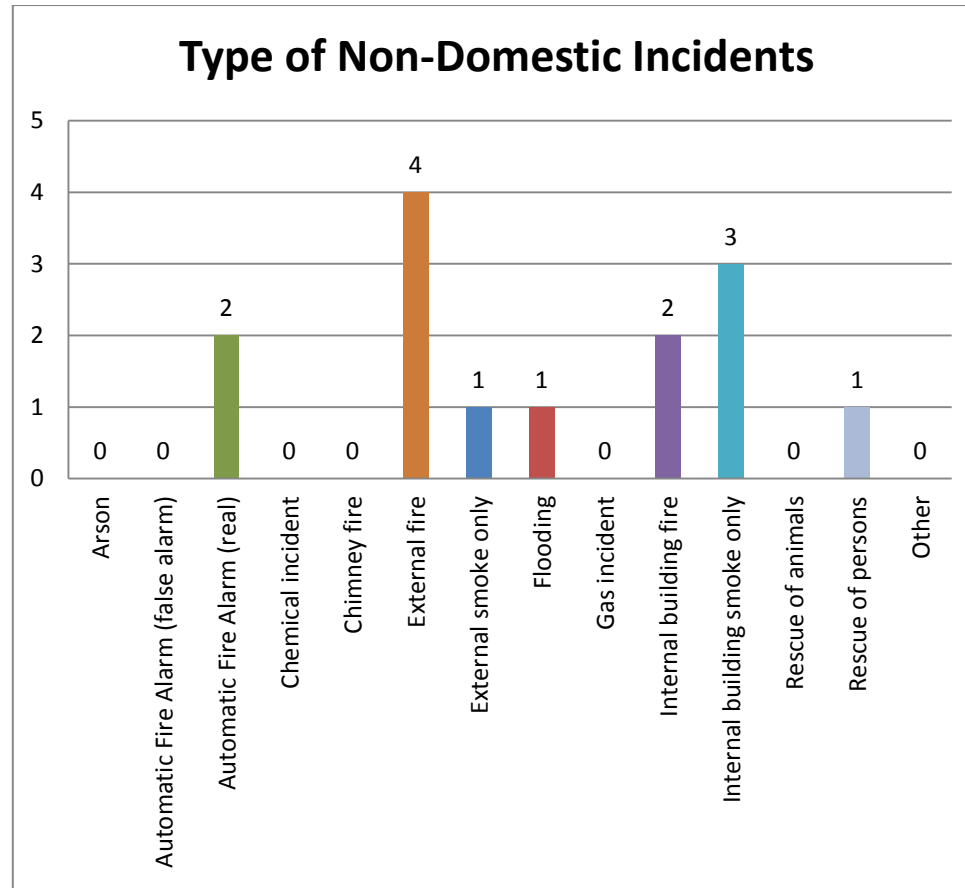
63 respondents replied to this question on the survey, 49 (78%) of those involved in incidents were given advice at the scene.

Many people found contact with the Service to be helpful, efficient, reassuring and informative.



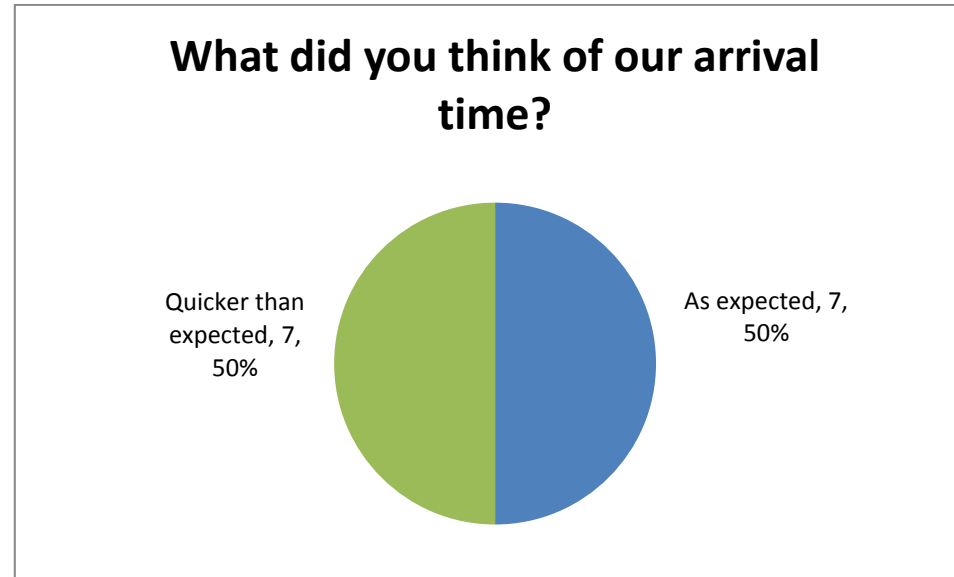
3. After the Incident (Non Domestic)

3.1. Type of Incident



There were only 28 incidents involving commercial properties during Q2, and 15 survey responses have been received (a response rate of 54%). In all 15 instances the respondent was very satisfied with the service they received from the Service.

3.2. Arrival Times

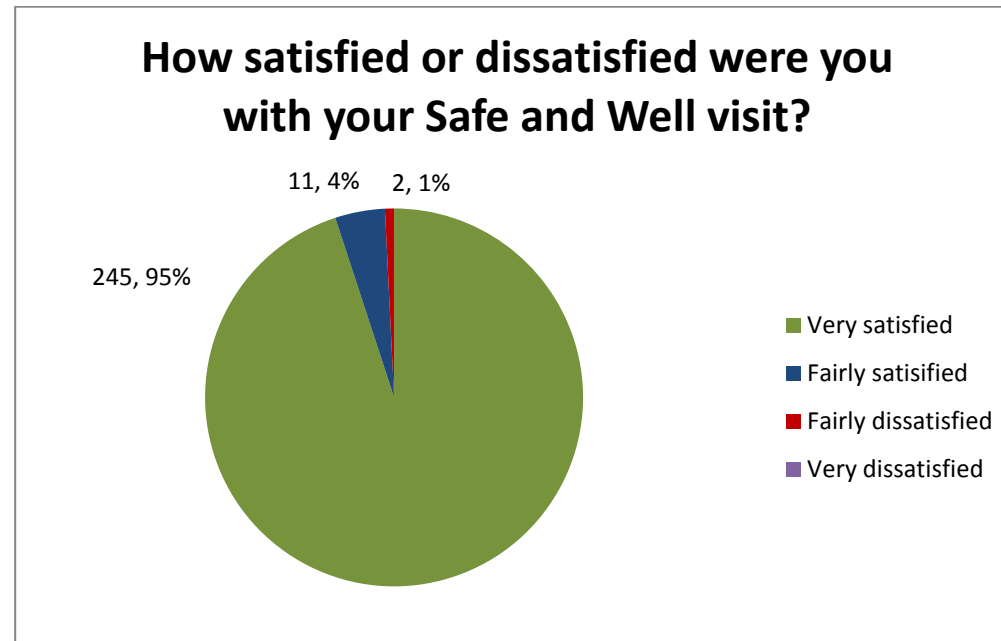


14 respondents answered this question and they were evenly divided on whether the Service arrived quicker than expected or as expected. None thought we arrived slower than expected.

4. Safe and Well Visits (S&WVs)

During Q2 Safe and Well Visit questionnaires were to be completed at the end of the visit so that people are not inconvenienced by receiving a questionnaire in the post some weeks after the actual visit. In Q2 797 S&WVs took place, however, a low rate of completed surveys were submitted. To improve the quality of evidence further surveys were sent in October by post to 500 randomly selected recipients of S&WVs (cross checked with those who had already completed surveys to ensure we did not ask the same people twice). This has more than doubled the number of surveys received from 108 in Q1 to 259 in Q2, increasing the response rate from 14% in Q1 to 33% in Q2. Further work will be undertaken in Q3 to continue to boost this return rate including working more closely with crews to ensure they understand the importance of carrying out the survey, sending questionnaires to recipients of S&WVs within a month of the visit taking place and exploring electronic ways of completing the survey.

4.1. Overall Satisfaction



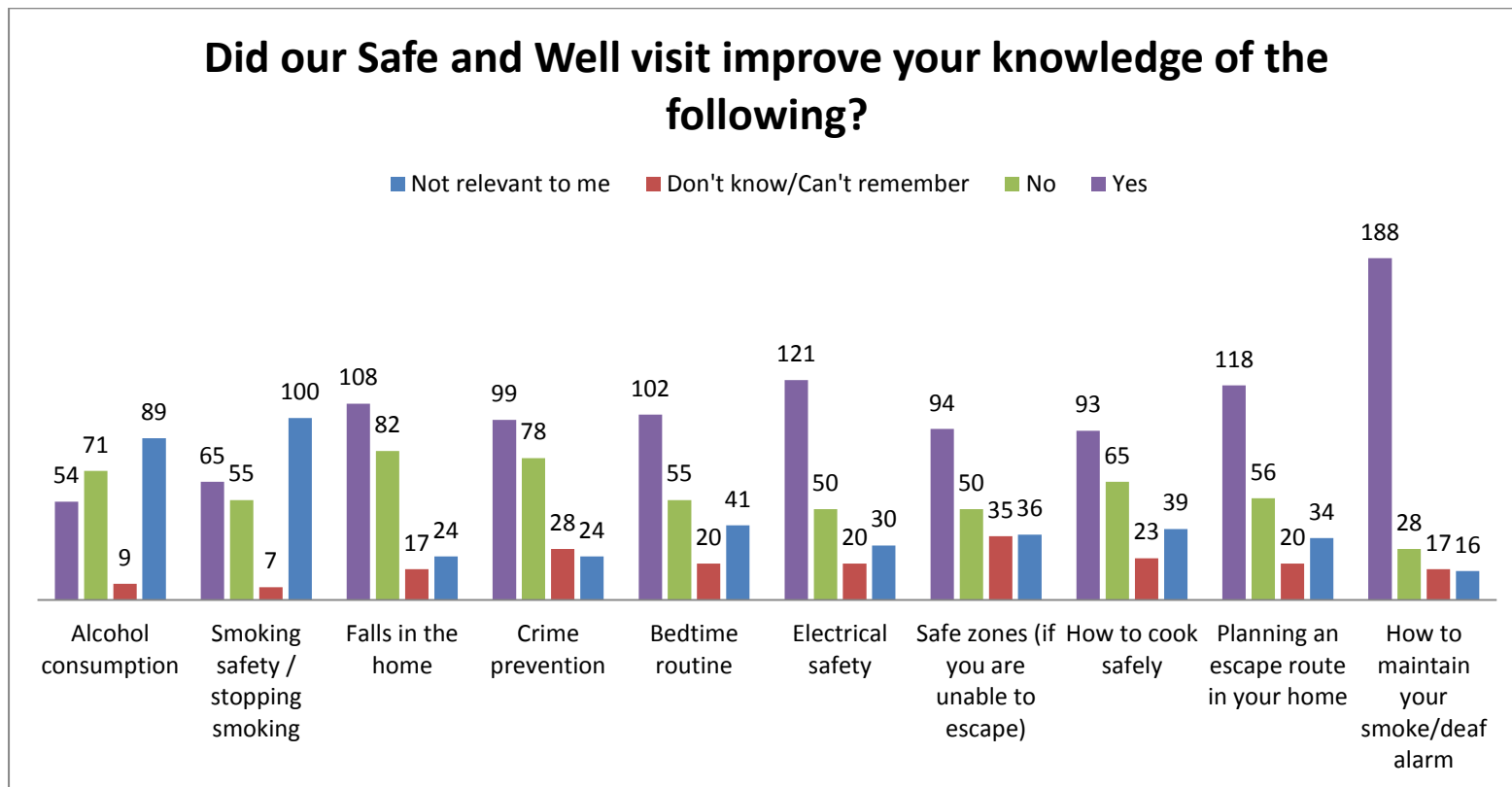
Of the 258 people who answered this question all respondents that replied, but two, were very or fairly satisfied with their S&WV. One person was fairly dissatisfied because their newly installed smoke alarm had fallen down the day after it had been put up. Those installing smoke alarms are not allowed to fix these with screws and so they are only stuck to the ceiling with the resident advised to have someone permanently attach it in place. The other fairly dissatisfied person thought sending two firefighters in a fire engine was unnecessary. They were visited because they had an oxygen cylinder at the property and thought the firefighters were “pleasant and efficient”.

As ever there were many positive comments from those we visited about the service people received. The most common comment was that the staff visiting them, whether Community Safety staff or Firefighters were courteous, polite, friendly, helpful and professional.

4.2. Providing information

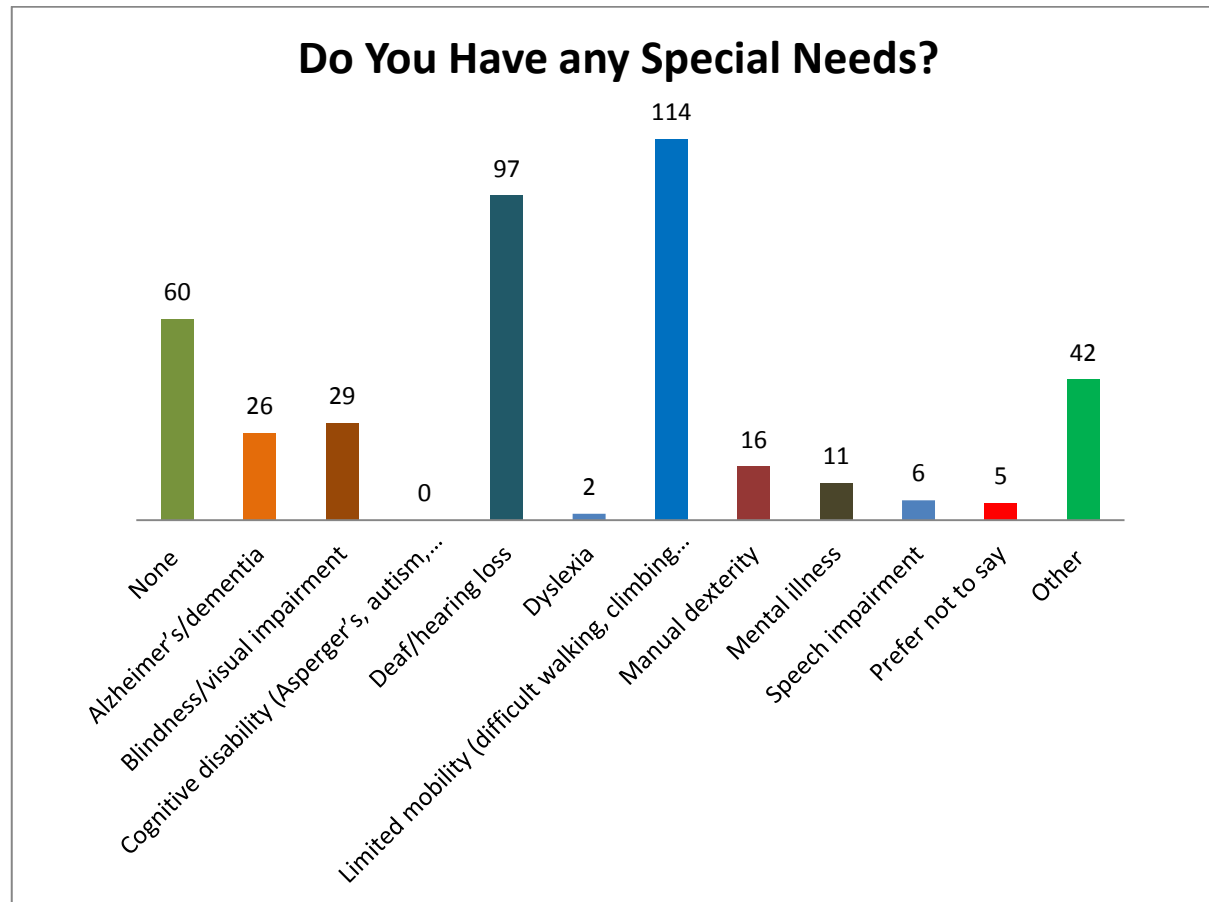
Part of the benefit of Safe and Well Visits is the opportunity to give vulnerable people more information about a range of safety issues, such as how to avoid slips and trips and talking to them about smoking cessation and their use of alcohol.

The table below shows how much those visited thought the advice given had improved their knowledge of these safety issues. In many cases three quarters of people benefited from advice on a wide range of topics. This was lower for alcohol consumption and smoking as many people did not smoke or consumer alcohol.



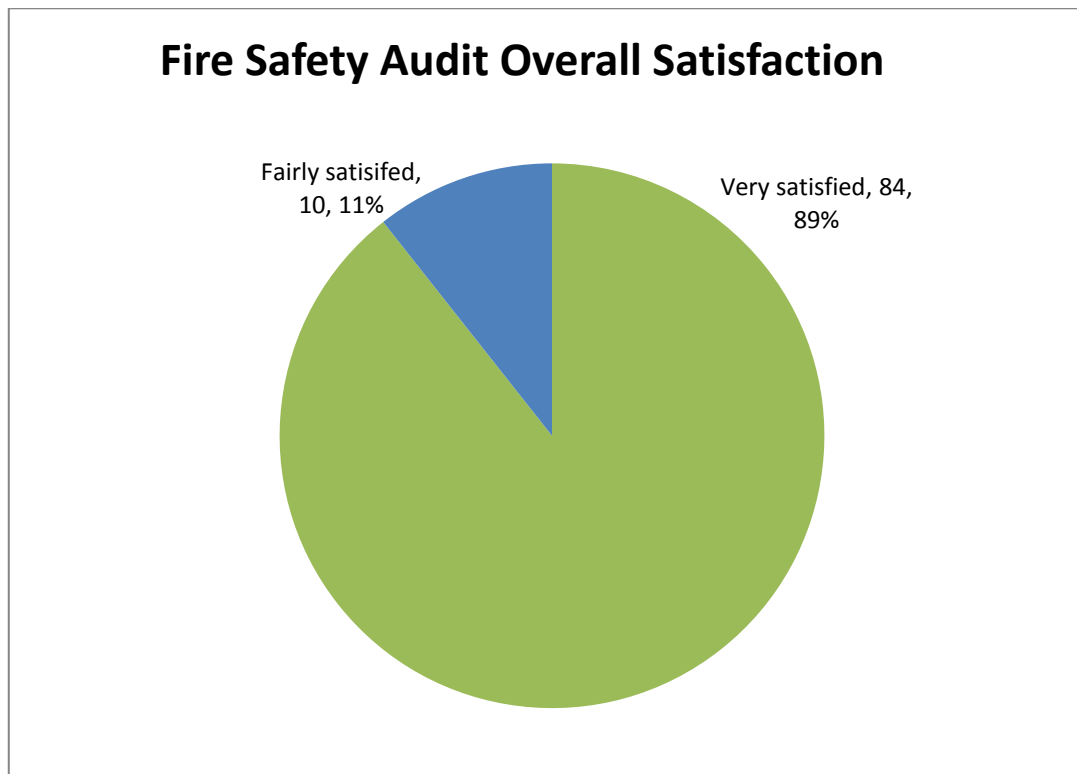
4.3. Health Issues

People who are receiving Safe and Well Visits are considered vulnerable due to their age and other factors. Not all have health issues, but the table below shows some of the common issues affecting those visited. These include loss of hearing (with implications for the need for specialised smoke alarms for the hard of hearing) and limited mobility (with implications for their ability to escape from their property quickly).



5. Fire Safety Audit surveys (FSA)

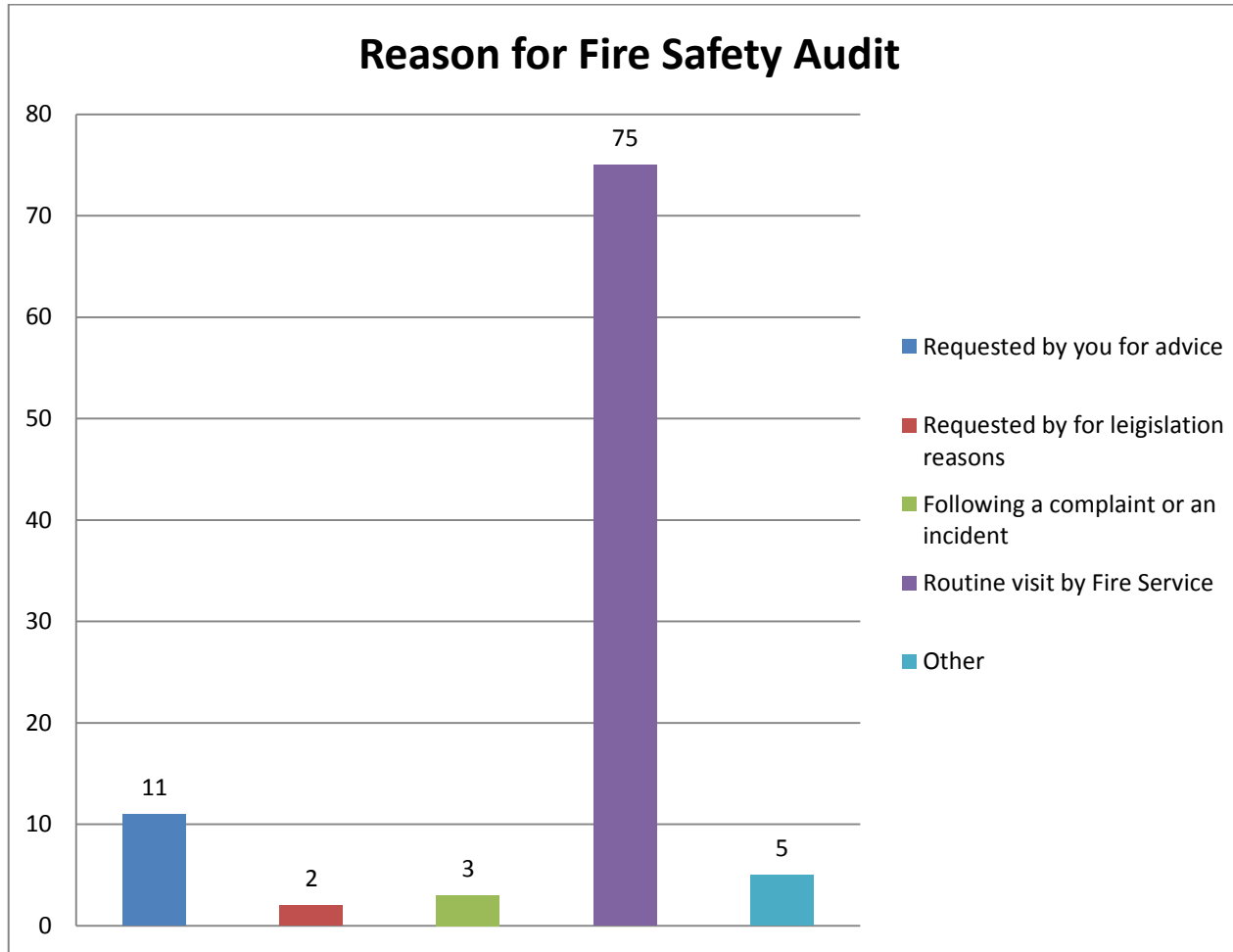
5.1. Overall Satisfaction



Of the 153 surveys sent out, 96 were returned, a response rate of 63%.

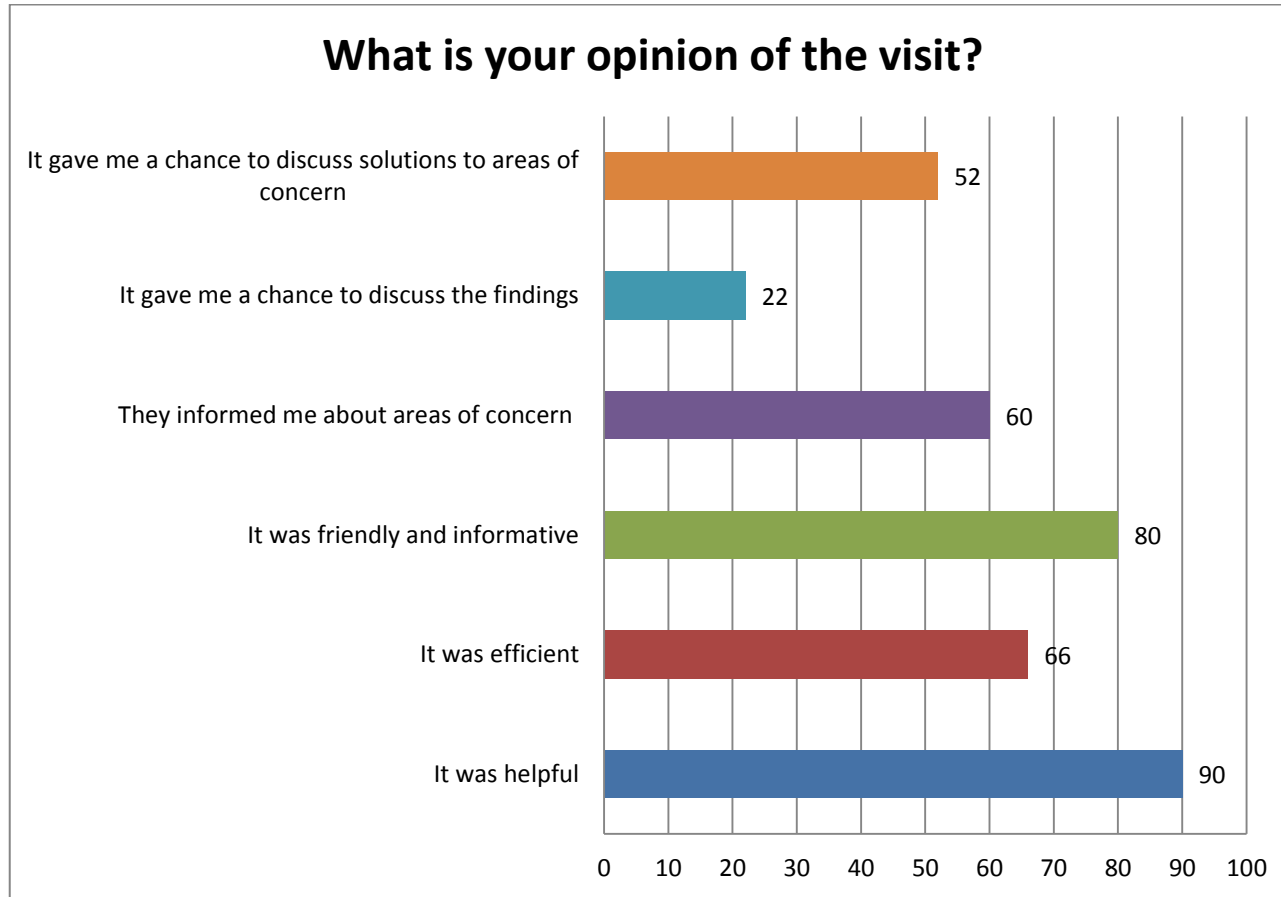
Not everyone responded to the question about overall satisfaction but of those who did (94) all were very or fairly satisfied with the Fire Safety Audit (FSA) they received.

5.2. Reason for Audit



Almost all respondents said their FSA were carried out as part of the routine inspection programme.

5.3. FSA Outcomes



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 (44%) of those having an FSA were required to take action with 62 receiving a written report, with which they were either very or fairly satisfied.

6 Matters arising from Surveys

The level of customer satisfaction across all services continues to remain very high.

Despite a mail out to those receiving Safe and Well Visits the return rate on surveys remains lower than the previous year. Further steps will be taken in Q3 to both increase the number of surveys completed at the time of the visit and to increase rates of return by mailing surveys to those receiving visits.

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 second quarter the Service received 17 compliments, five in July, six in August and six in September.

8 Complaints

In the second quarter of 2018/19 the Service received six complaints: none in July, five in August (all satisfied at Stage 1, four upheld and one not upheld) and one in September, which has been satisfied at Stage 2 and was not upheld.

**SOC IAN EVANS
HEAD OF PROTECTION**

For Publication

Bedfordshire Fire and Rescue Authority
Service Delivery Policy and Challenge Group
29 November 2018
Item No. 11

REPORT AUTHOR: HEAD OF SERVICE DEVELOPMENT AND ASSURANCE

SUBJECT: CORPORATE RISK REGISTER

For further information on this Report contact: Strategic Operational Commander Andy Peckham
Head of Service Development and Assurance
Tel No: 01234 845129

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 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:

There are no changes to the Corporate Risk Register individual risk ratings.

- 2.3 Updates to individual risks in the Corporate Risk Register:

CRR00002: If we cannot recruit or retain adequate numbers of part time fire fighters, particularly in relation to day cover, then we will not be able to fully crew our fire appliances and thus have a detrimental impact on our service delivery due to the unavailability of our fire appliances.

Through the Retained Duty System (On-Call) Improvement Project, a number of work streams have provided options that support improvement with the recruitment and retention of On-Call personnel. It is through this project that the Service have

defined opportunities that will support a more flexible and family friendly approach for On-Call personnel. The next phase of this project includes negotiations, with the work force and trade unions, on policy changes to incorporate these improvements and lead to improving the Services overall availability of On-Call appliances.

CRR00022: If we have inadequate or incomplete operational pre planning policies, procedures or information available to us then we can potentially risk injury or even death to our firefighters and staff.

National Operational Guidance Programme has now issued training specifications in a number of areas. The Service is waiting for specific gap analysis toolkits to be developed to enable an analysis to be completed. The Service is well embedded with Regional partners to ensure that best practice is shared and risk information is consistent.

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 communities, reduce our ability to monitor performance, undermine RDS employees confidence in the Service and could result in negative media coverage.

The Gartan availability system continues to provide accurate availability information enhancing the day to day management of RDS (On-Call) individual and appliance availability. The system has proven to be very reliant at all times, supporting On-Call stations and management reporting.

**STRATEGIC OPERATIONAL COMMANDER ANDY PECKHAM
HEAD OF SERVICE DEVELOPMENT AND ASSURANCE**

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	<p>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:</p> <ul style="list-style-type: none"> • reduce the likelihood of a disruption • shorten the period of a disruption if it occurs • limit the impact of a disruption if it occurs <p>These risks are monitored by CMT risk owner on a regular basis and reviewed quarterly and annually by CMT.</p>
High	<p>These are high risks which require management attention and action. Where practical and proportionate to do so, new risk controls <i>should</i> 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.</p>
Moderate	<p>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.</p>
Low	<p>These risks are unlikely to occur and are not significant in their impact. They are managed within CMT management framework and reviewed by CMT.</p>

Risk Strategy	Description
Treat	<p>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)</p>
Tolerate	<p>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</p>
Transfer	<p>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</p>
Terminate	<p>In some circumstances it may be appropriate or possible to terminate or remove the risk altogether by changing policy, process, procedure or function</p>

For Publication

Bedfordshire Fire and Rescue Authority
Service Delivery Policy and Challenge Group
29 November 2018
Item No. 12

REPORT AUTHOR: HEAD OF PROTECTION

SUBJECT: LIAISON WITH HM PRISON BEDFORD

For further information on this Report contact: Ian Evans, Head of Protection
Tel No: 01234 845000

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 information in relation to the Service's liaison with HMP Bedford following an increase in the number of incidents requiring BFRS response.

RECOMMENDATION

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

1 Introduction

1.1 At the Service Delivery Policy and Challenge meeting held on 19 September 2018 members were advised that there has been an increase in the number of incidents attended at HMP Bedford and that as a result of concern over this the Service has taken certain actions. Members requested that a report be provided on the situation.

2 An overview of HMP Bedford

2.1 HMP Bedford is a Category B facility which holds more than 500 male prisoners. The total certified normal accommodation is 322 with an operational capacity of 485. The prison has been on its current site, situated close to the town centre of Bedford, since 1801 with modification and expansion in 1849 and 1992. A new fire alarm system was installed in 2002.

2.2 All prisons have, by design, restricted access and egress. This poses a number of difficulties to BFRS when attempting to deal with fire and rescue situations e.g. restricted personnel and appliance movements and difficulty and delay in accessing the scene of operations. The age of HMP Bedford and the expansions and modifications that have taken place add to these difficulties. The traditional brick and timber construction of the older parts of the prison presents additional risks in terms of the potential for fire spread. The behaviour from detainees can be unpredictable and may involve hostilities against fire and rescue service personnel. During night time hours the number of prison staff on site is low and this presents further difficulties in relation to the management of incidents.

3 The Incident Trend for HMP Bedford

- 3.1 In the five financial years 2013/14 to 2017/18 BFRS has attended a total of 74 incidents at HMP Bedford. This comprises 18 false alarms, 4 special services and 52 fires. Of particular concern is the significant increase in the number of fire incidents attended each year, as shown in Chart 1 below. It can be seen that this peaked in 2016/17. Of these fires only 5 were accidental in nature, with the rest having been deliberately set. This has included serious incidents including disorder in November 2016 which caused £1M in damage to two wings of the prison.

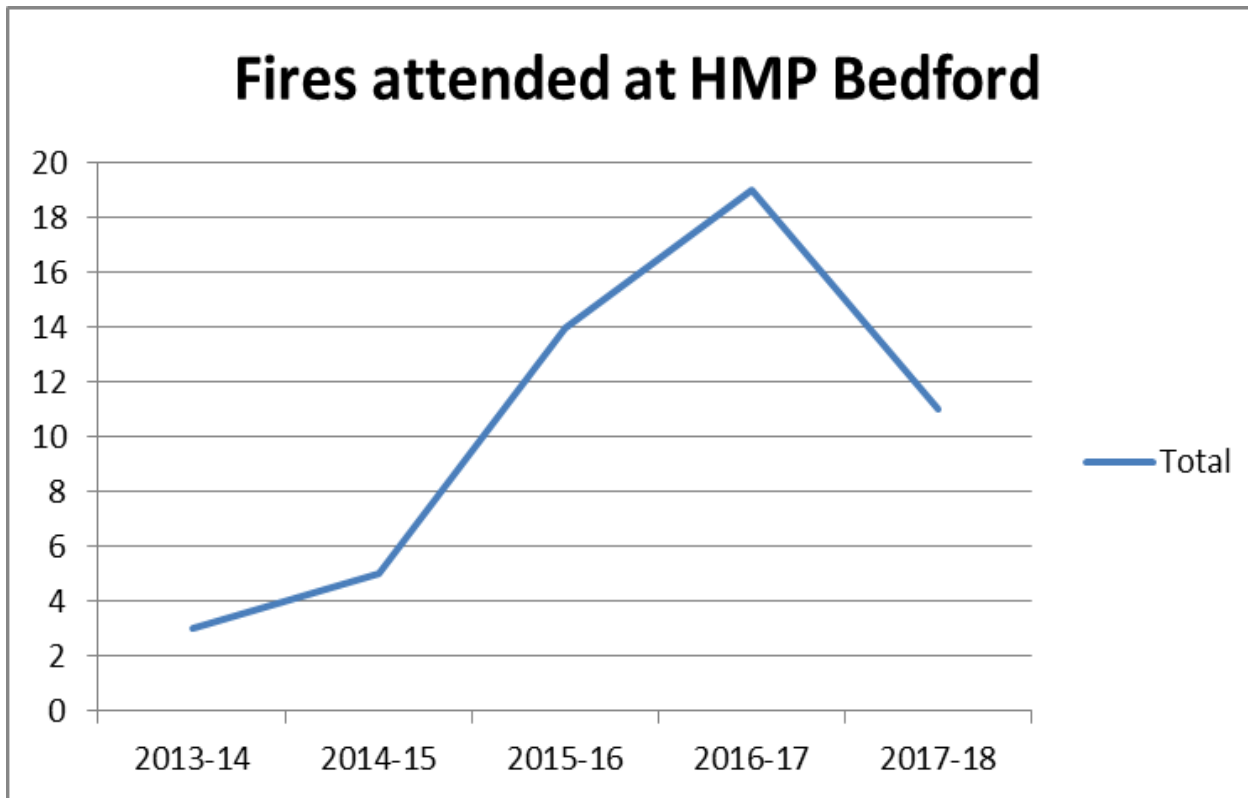


Chart 1 - Fires attended at HMP Bedford over the last 5 years

- 3.2 An analysis of our deliberate fire records found that 13 out of 14 of the rescues recorded over the last five financial years took place at HMP Bedford.
- 3.3 In May 2018 HMP Bedford was placed in “special measures” by the Government because of safety concerns. In September 2018 the Chief Inspector of Prisons triggered an "urgent notification" process at the prison regarding concerns over a lack of control in parts of the prison. The inspection found rates of assaults on staff to be high and living conditions to be poor and overcrowded.
- 4 Pre-planning
- 4.1 Due to the nature of HMP Bedford and the risks it presents to both the occupants and firefighter safety, HMP Bedford is designated as a special risk. Regular visits take place for information gathering and familiarisation and BFRS holds Site Specific Risk Information (SSRI) and Site Specific Risk Plans (SSRP) relating to dealing with both minor and major incidents.
- 4.2 In the event of a fire, prison staff will evacuate prisoners in sequence depending upon the severity of the incident: by cell, by landing, by wing. Certain prison staff are trained to take immediate action to deal with fires using respiratory protective equipment and on site firefighting equipment.
- 4.3 In April 2017 it was considered necessary to write directly to the Deputy Governor of HMP Bedford regarding the need to ensure that up to date agreed response plans were in place. There is a Memorandum of Understanding between HMP Bedford and BFRS and this was reviewed in September 2017 and following internal review processes was sent to HMP Bedford in March 2018 for signature. BFRS is currently awaiting return of the document by HMP Bedford representatives. There have been a number of multi-agency exercises conducted to test emergency arrangements. However, in May 2018 our operational debrief process highlighted problems with prison staff being unaware of agreed procedures leading to operational difficulties in gaining access. The most recent exercise involving BFRS and prison staff took place in June 2018.

5 Other Actions

5.1 HMP Bedford is a Crown Premises and as such BFRS does not hold the statutory responsibility for enforcement of the Regulatory Reform (Fire Safety) Order. This is the responsibility of the Crown Premises Fire Inspection Group (CPFIG). Given the nature of the premises, the prevailing conditions and the rise in the occurrence of incidents, it was considered appropriate to officially write to CPFIG and highlight this as a matter of concern. Our letter sent in October 2018 has been acknowledged by CPFIG Lead Inspector of Prisons and there is an intention for further dialogue around the systems and procedures they have in place for the investigation and monitoring of fires.

6 Recommendation

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

IAN EVANS
HEAD OF PROTECTION

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For Publication

Bedfordshire Fire and Rescue Authority
Service Delivery Policy and Challenge Group
29 November 2018
Item No. 13

REPORT AUTHOR: DEPUTY CHIEF FIRE OFFICER

SUBJECT: WORK PROGRAMME 2018/19

For further information on this report contact: Nicky Upton
Democratic and Regulatory Services Supervisor
Tel No: 01234 845149

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 on the work programme for 2018/19 and to provide Members with an opportunity to request additional reports for the Service Delivery Policy and Challenge Group meetings.

RECOMMENDATION:

That Members consider the work programme for 2018/19 and note the 'cyclical' Agenda Items for each meeting in 2018/19.

**ANDREW HOPKINSON
DEPUTY CHIEF FIRE OFFICER**

SERVICE DELIVERY POLICY AND CHALLENGE GROUP (SDPCG) PROGRAMME OF WORK 2018/19

Meeting Date	'Cyclical' Agenda Items		Additional/Commissioned Agenda Items	
	Item	Notes	Item	Notes
29 November 2018	<ul style="list-style-type: none"> • 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 2018/19 • Review of the Fire Authority's Effectiveness 	Verbal update		

Meeting Date	'Cyclical' Agenda Items		Additional / Commissioned Agenda Items	
	Item	Notes	Item	Notes
7 March 2019	<ul style="list-style-type: none"> • SD Performance Monitoring Report Q3 and Programmes to date • Proposed Service Delivery Indicators and Targets 2018/19 • Audit and Governance Action Plan Monitoring Report • New Internal Audits Completed to date • Corporate Risk Register • Customer Satisfaction Report (Q3) • Operational Decisions Made • Annual Review of Partnerships • Review of the Work Programme 2018/19 	Verbal Update		

SERVICE DELIVERY POLICY AND CHALLENGE GROUP (SDPCG) PROGRAMME OF WORK 2019/20

Meeting Date	'Cyclical' Agenda Items		Additional / Commissioned Agenda Items	
	Item	Notes	Item	Notes
TBC June 2019	<ul style="list-style-type: none"> • 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 • Corporate Risk Register • Work Programme 2019/20 	Verbal Update		

Meeting Date	'Cyclical' Agenda Items		Additional / Commissioned Agenda Items	
	Item	Notes	Item	Notes
TBC September 2019	<ul style="list-style-type: none"> • 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 (Q1) • Annual Review of Partnerships • Operational Decisions Made • Work Programme 2019/20 	Verbal Update		