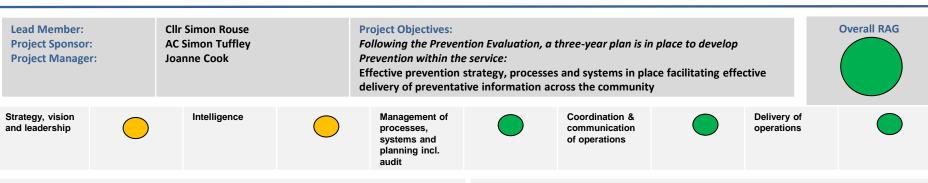
Project: Prevention Improvement Plan (Appendix 1)



Summary – Period dated: June – August 2022

Key Activities

- Incident upload from Vision into PRMS reviewed against all incident types that should pull through. Although assured that all relevant incidents were being received with the exception of 'small hazmat', the system upgrade at TVFCS caused an issue with incident pull through that has not been able to be resolved. This has impacted on all follow up activity to incidents since that date, with measures necessary to redress the backlog when it is able to be accessed.
- Recruitment has reduced the vacancies within the Central Prevention team to just one. However, as onboarding to competent takes four to six months, this does not have an immediate impact on delivery numbers.
- Firesetter Intervention Scheme (FIS) delivery model review of scoring and supervision moved to delayed due to this work being undertaken by the NFCC Firesetter Intervention Scheme core group at a national level.
- Scoring review for Home Fire Safety Visit assessment linked to research on risk of fire fatality or serious injury drafted and tested prior to consultation circulation.

Priorities for Next Period: September - November 2022

Progress

- Prevention strategy through the next stages of the consultation process. It is scheduled for final stage of approval 12 October.
- Firesetter intervention scoring review in line with the outcomes of the National Fire Chief's Council (NFCC) core group.
- Station objectives process to include dashboard reporting capability, evaluation form and service wide objective area.

Complete

- Initial set of Key Performance Indicators (KPIs) for Prevention identified with information summarised for Service KPIs.
- Review of referral processes to increase protection of sensitive information submitted by partner agencies, facilitate external reporting (Home Office/ HMICFRS) and uplift of information to the National Data Hub.

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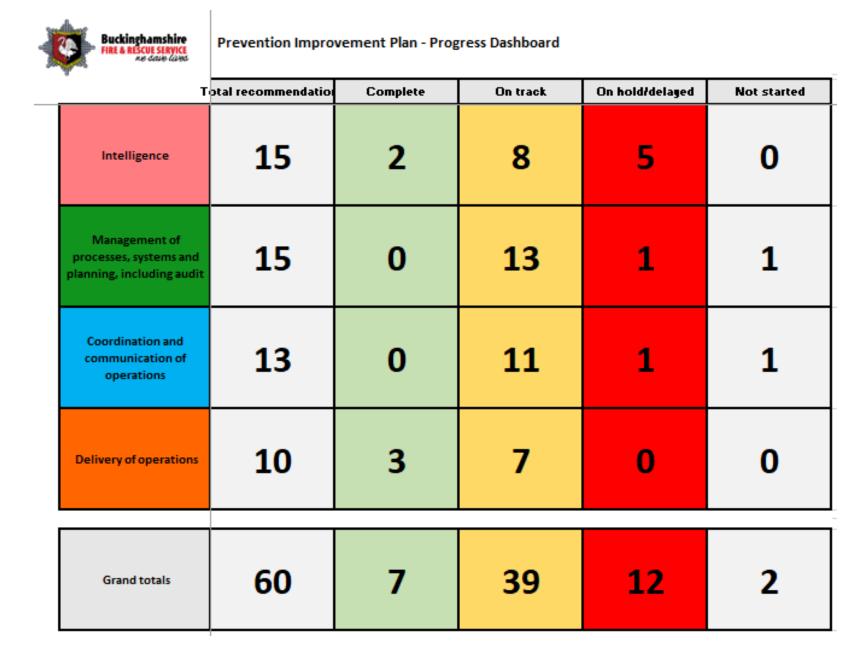
RESCUE SERVICE

Project: Prevention Improvement Plan (Appendix 1)

| Project Sponsor: AC | | Cllr Simon Rouse AC Simon Tuffley Joanne Cook | | Project Objectives: Following the Prevention Evaluation, a three-year plan is in place to develop Prevention within the service: Effective prevention strategy, processes and systems in place facilitating effective delivery of preventative information across the community | | | | Overall RAG | |
|--|------------|---|------------|---|--|--|---------------|---|----------|
| Strategy, vision and leadership | \bigcirc | Intelligence | \bigcirc | Management of processes, systems and planning incl. audit | | Coordination & communication of operations | | Delivery of perations | |
| Summary – Period dated: June - August 2022 | | | | | | Key Milestones | 5 | Forecast/ Act | tual RAG |
| Key Activities (continued) | | | | | Effective system for dealing with referrals implemented, prioritising those with highest level of risk | | | October 202 | 22 |
| | | | | | Approval of revised Prevention Strategy | | | October 2022 | |
| | | | | | An effective system defining levels of risk in the community | | | October 202 | 22 |
| | | | | | Evidence in place to support removal of Prevention Cause for Concern | | | October 202 | 22 |
| | | | | | Change Request Log: | | | | |
| | | | | | NA | NA | | NA | |
| Risk/ Issue RAG Description | | | | Mitigating Action | | | N | Next Action | |
| Enter top three highest risks to the plan | | | | | | | | | |
| Staff capacity Failure to recruit into vacant roles impacting on ability of Prevention team to conduct core day to day activity as well progress actions within the Prevention Improvement Plan | | | | Use of operational staff through alternate duties business cases to alleviate capacity issues | | | | as 1 role readvertised for the fourth time. | |
| Prioritisation of visits by risk level (risk stratification) Capacity of 3 rd party company (Active Informatics) to make changes to the Prevention side of the Premises Risk Management System whilst the migration to 365 and development of the Site Specific Risk Information (SSRI) ar is underway delays ability to progress areas of work require for prevention including the prioritisation of visits by risk level | | | | | ability to provide development time to be applied within the | | | | |
| Collaborative working – staff capacity Staff retention in key departments and conflicting priorities within the organisation impacting upon Prevention team's ability to deliver against the recommendations | | | | - | | | the other dep | Continue regular liaison with other dept leads | |

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Appendix 2: Prevention Improvement Plan dashboard update – July 2022



Appendix 3: Prevention Improvement Plan dashboard update – August 2022

