



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

Thursday, 10th July, 2025

At

6.30 pm

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

For further information regarding this meeting, please contact:

Committee Team

0118 938 4611

E-Mail at committeeteam@rbfrs.co.uk

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



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DATE AND TIME: Thursday, 10th July, 2025 at 6.30 pm

VENUE: Lynda Kenyon Suite
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S U M M O N S

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

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

GRAHAM BRITTEN
Monitoring Officer

To: Members of the Audit and Governance Committee:

Councillor Owen Jeffery	Councillor Mohammed Nazir
Councillor Billy Drummond	Councillor Zafar Satti
Councillor Dennis Benneyworth	Councillor Dilbagh Parmar
Councillor Greg Bello	Councillor Andy NG Siu-hong
Councillor Tricia Brown	

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

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AGENDA

- (a) Accessible Version - Agenda Pack_(Pages 5 - 124)
- (b) Appointment of Chair for the 2025/26 Municipal Year

2. Appointment of the Vice-Chair for the 2025/26 Municipal Year

3. Apologies for Absence

4. Declarations of Interest

Purpose:

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

5. Consideration of any matters properly referred to this Committee for decision

6. Minutes of the Meeting held on 24 March 2025 (Pages 125 - 134)

Recommendation:

That the minutes of the meeting and any recorded actions held on 24 March 2025 be confirmed as a correct record and signed by the Chair.

7. Local Pensions Board - Annual Report (Pages 135 - 142)

Purpose:

To note the Pension Board Annual update.

8. Grant Thornton Audit Update (*Pages 143 - 144*)

Purpose:

To note updates from External Audit firms and to note the Audit Plan for the 2024/25 Statement of Accounts.

9. Internal Audit Update / Plan

Purpose:

To note RSM's Annual Report and Internal Audit Plan for 2025/26.

10. Emergency Services Mobile Communications Programme verbal update

Purpose:

To receive for note an update on Emergency Services Mobile Communications Programme.

11. Quarterly Performance Report (2024/25 - Quarter 4 (January - March 2025)) (*Pages 145 - 238*)

Purpose:

To note Royal Berkshire Fire and Rescue Service's (RBFRS) Quarter 4 performance for the 2024/25 financial year.

12. Forward Plan (*Pages 239 - 240*)

Purpose:

To note the Forward Plan.

13. Date of next meeting

Monday 20 October 2025 at 6.30pm, RBFRS Headquarters, Newsham Court, Pincents Kiln, Calcot, Reading, Berkshire RG31 7SD.



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AGENDA

- 1. Appointment of Chair for the 2025/26 Municipal Year**
- 2. Appointment of the Vice-Chair for the 2025/26 Municipal Year**
- 3. Apologies for Absence**
- 4. Declarations of Interest**

Purpose:

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

- 5. Consideration of any matters properly referred to this Committee for decision**
- 6. Minutes of the Meeting held on 24 March 2025 (Pages 5 - 14)**

Recommendation:

That the minutes of the meeting and any recorded actions held on 24 March 2025 be confirmed as a correct record and signed by the Chair.

- 7. Local Pensions Board - Annual Report (Pages 15 - 24)**

Purpose:

To note the Pension Board Annual update.

- 8. Grant Thornton Audit Update (Pages 25 - 26)**

Purpose:

To note updates from External Audit firms and to note the Audit Plan for the 2024/25 Statement of Accounts.

Agenda Item 1a

9. Internal Audit Update / Plan *(To Follow)*

Purpose:

To note RSM's Annual Report and Internal Audit Plan for 2025/26.

10. Emergency Services Mobile Communications Programme verbal update

Purpose:

To receive for note an update on Emergency Services Mobile Communications Programme.

11. Quarterly Performance Report (2024/25 - Quarter 4 (January - March 2025)) *(Pages 27 - 120)*

Purpose:

To note Royal Berkshire Fire and Rescue Service's (RBFRS) Quarter 4 performance for the 2024/25 financial year.

12. Forward Plan *(Pages 121 - 122)*

Purpose:

To note the Forward Plan.

13. Date of next meeting

Monday 20 October 2025 at 6.30pm, RBFRS Headquarters, Newsham Court, Pincents Kiln, Calcot, Reading, Berkshire RG31 7SD.

MINUTES OF THE MEETING OF THE AUDIT AND GOVERNANCE COMMITTEE



Held on Monday, 24th March, 2025 at 6.30 pm

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

- Members:** (*present)
- * Councillor Greg Bello
 - * Councillor Dennis Benneyworth
 - * Councillor Tricia Brown
 - * Councillor Billy Drummond
 - Councillor Harjinder Gahir
 - * Councillor Owen Jeffery
 - Councillor Mohammed Nazir
 - Councillor Zafar Satti
 - Councillor Lou Timlin

In Attendance: Tom Brandon (Area Manager Collaboration and Policy, AM C&P)
 Conor Byrne (Head of Finance and Procurement, HF&P)
 David Crease (Area Manager, Prevention and Protection, AM P&P)
 Dan Harris (RSM Internal Auditor)
 Grace Hawkins (Grant Thornton, External Auditor)
 Becci Jefferies (Head of Human Resources and Learning Development, HHR&L&D)
 Melissa Jackson (Performance Officer, Intelligence, Risk and Performance)
 Annie Pratt (Head of Corporate Services, HCS)
 Tim Readings (Group Manager, Intelligence Risk and Performance Manager)
 Nikki Richards (Deputy Chief Executive, DchX)
 Anna Smy (Data and Performance Manager, Intelligence, Risk and Performance)

Action

41. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Dennis Benneyworth, Harjinder Gahir, Zafar Satti and Lou Timlin.

Councillor Mohammed Nazir was in attendance online.

42. DECLARATIONS OF INTEREST

There were no Declarations of Interest from Members in accordance with the provisions of the Fire Authority’s Code of Conduct. There were no Declarations of Interest received from Officers.

43. MINUTES OF THE MEETING HELD ON 30 JANUARY 2025

Nikki Richards, Deputy Chief Executive (DChEx) and Fayth Rowe, Democratic Support Lead confirmed three actions captured in the minutes of the last meeting had been completed.

RESOLVED that the Minutes of the meeting on 30 January 2025, be approved as a true record to be signed by the Chair.

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

There were no matters properly referred to this Committee for decision.

45. INTERNAL AUDIT UPDATE

Conor Byrne, Head of Finance and Procurement (HF&P), informed the Committee the Internal Audit update was a progress report on three audits completed of which a positive opinion had been received. He also stated the report details the Audit Plan for 2025/26.

Dan Harris, RSM reported all three audits carried out since the last meeting received reasonable assurance (Payroll Provider – Dataplan, Risk Information and Fire Fighter Pension Administration).

In referring to the current year programme, page 30 in the agenda pack, Dan Harris stated there were five reviews in progress. RSM had started the Follow Up report and Cyber Review will commence in two weeks and further stated the next Committee in July will be a busy one.

Appendix B, page 31 outlines the 2024/25 Annual Opinion, three reviews have received a positive assurance. He stated the remaining audits listed earlier may potentially impact year-end opinion if they do not receive positive opinions.

From page 34 to 40 lists the eight medium prior actions across the three reviews that received a reasonable assurance.

In response to a question from the Chair on page 30, Dan Harris confirmed the dates listed for the Driving Licence Checks were current, however all the other dates listed on the page should read 2025 (instead of 2024). In referring to page 50, Dan Harris explained it covered key developments and publications in the sector including questions for Audit Committees to consider. RSM carried out a gap analysis on its own working arrangements.

The Emerging Risk Register on page 62 was not specific to the Fire Service or Emergency Services, however management could use as a tool to check and challenge against own corporate risks.

The Vice-Chair queried, using the Heathrow power outage earlier in the week, as an example whether auditors needed to look into whether they were assured business continuity measures were in place.

Nikki Richards, Deputy Chief Executive (DcHx) reported the Service were planning an exercise to test business continuity against a cyber-attack. This would cover power outages across all sites.

Dan Harris reported from page 73 outlines the Internal Audit Strategy including 2025/26 Internal Audit Plan. Section 1.1 (page 77) lists the nine audits and follow up audits RSM propose to undertake in 2025/26. Section 1.2 (page 81) was a backward look on the delivery of the internal audit strategy from 2020/21 to 2025/26. He stated that the audit plan remained flexible which meant reviews could be added or swapped throughout the year.

In response to a question from the Vice-Chair who highlighted the assurance provided for Driving Licence Checks were labelled as red (minimal assurance / poor progress). Dan Harris confirmed officers had requested RSM to carry out a review on Driving Licence Checks which came with a series of management actions. Nikki Richards added that assurance given may have been actions to any part of the driving licence checks process.

The Vice-Chair moved the recommendation which was seconded by the Chair.

RESOLVED that:

- 1) The RSM Progress report be noted, and
- 2) RSM's 2025/26 Audit Plan be approved.

46. GRANT THORNTON AUDIT PLAN FOR 2024/25 ACCOUNTS

Conor Byrne, HF&P highlighted this will be the first meeting in several years where no report of the backlog of the signing of statement of accounts will be made, due to the final year (2024/25) was cleared in January 2025.

In referring to significant risks identified starting on page 112, Grace Hawkins (Grant Thornton) reported there were risks under ISA (UK) 240 and explained significant risks were those risks that have a higher risk of material misstatement. She also outlined the closing valuation of land and buildings, and investment assumptions that underpin significant estimates. She advised Grant Thornton were working with the valuer and finance team around this significant risk.

Grace Hawkins reported IFRS 16 implementation requires all leases to be accounted for 'on balance sheet' by the lessee which was a major change of requirement from IAS 17. This was a mandatory requirement for all local authorities.

She reported no significant risks had been identified around the Service's Value for Money (VFM) arrangements and in referring to the audit timeline on page 134 confirmed Grant Thornton were in phase 1.

In response to a question from Vice-Chair on the significant risk identified around the valuation of the pension fund net liability and the key assumptions that underpin this estimate, Grace Hawkins reported management relied on an expert and explained the estimate could be at risk of bias. It was a risk for all public sector bodies and stated the report detailed Grant Thornton's audit procedures around this risk.

In addition, Nikki Richards reported the risks identified were also in the Corporate Risk Register, for example Cyber Security had been recognised and managed as a risk.

The Chair asked a question on the Backstop. Grace Hawkins advised Grant Thornton inherited the audit report for the year ended 31 March 2024, therefore a disclaimer of opinion was issued due to the backstop. Guidance had not been received from National Audit Office (NAO) and Financial Reporting Council (FRC), therefore Grant Thornton was continuing with 2024/25 audits as planned.

In response to the Chair, Grace Hawkins advised there were no concerns around Materiality. She advised the audit fees were scale fees set by Public Sector Audit Appointments (PSAA).

RESOLVED that Audit Plan for the 2024/25 Statement of Accounts be noted.

47. CHANGE TO LEASE ACCOUNTING POLICY

Conor Byrne; HF&P, reported the International Financial Reporting Standard (IFRS) 16 became effective from 1 April 2024 for local authorities and as mentioned earlier in the auditor's report, now include how leases will be determined. Under IFRS 16 all leases have to be accounted for on a balance sheet. This authority has set £7,000 in relation to non-commercial leases (Windsor Fire Station would fall into this category). This policy would not have an impact on the General Fund.

In response to the Vice-Chair, Conor Byrne explained the Authority's assets were re-valued which has to be carried out on a five-year cycle.

RESOLVED that the new accounting policy for leases outlined in Appendix A be agreed.

48. FRIC VALUE FOR MONEY REPORT

Conor Byrne; HF&P, reported the Authority is a member of the Fire & Rescue Company (“FRIC”) which provides insurance cover and risk mitigation advice. FRIC was established in 2015 and its aim is to provide competitively priced cover.

The Authority has received two payments of £13,962 and £13,850 in relation to the distribution of surpluses in relation to prior years. Its membership started with 9 Fire and Rescue Services (FRSs) and has now grown to 14. FRIC does not provide discounts to attract new members and has remained competitive to attract new FRSs.

Both the Vice-Chair and Councillor Drummond commended FRIC’s ethos. The Vice-Chair asked whether it was worth getting London Fire Brigade to join as a member. Conor Byrne reported it was important members were of a similar size and similar risk profile. He further stated as FRIC membership grows, that may be when it will be able to be tailored to other FRS needs.

RESOLVED that the FRIC Value for Money Report attached as Appendix A be noted.

49. ANNUAL REPORT ON GOVERNANCE

Annie Pratt, Head of Corporate Services (HCS) stated the Annual Report on Governance was a summary of Audit and Governance Committee in the last 12 months which included Member Allowances and attendance to the end of February. She reported Member Allowances and attendance will be updated to the end of May for the Annual Fire Authority meeting in June.

In response to the Chair, she confirmed that this Authority should expect to receive the results from the recent His Majesty’s Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) in April.

RESOLVED that:

- 1) The report be noted, and that it be recommended the Fire Authority;
 - a) Note the report,
 - b) Note Members’ Allowances received from 1 June 2024 – 31 May 2025; and
 - c) Note the 2024/25 attendance record of Royal Berkshire Fire Authority Members from 1 June 2024 – 31 May 2025.

50. MEMBER DEVELOPMENT ANNUAL REPORT AND PROGRESS AGAINST ACTION PLAN

Annie Pratt; HCS, presented the Member Development Annual Report and progress against the action plan. Nikki Richards; DcHx, drew Members attention to paragraph 8.1, Risk Implications which highlighted the next round of His

Majesty’s Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) inspection will inspect the governance of the Fire Authority. She stated all Members are required to complete all allocated e-learning courses in particular Cyber Security to avoid any potential cyber-threat to the organisation and to ensure compliance.

RESOLVED that:

- 1) The Member Development Annual report be noted; and
- 2) The progress of the 2024/25 Member Development Action Plan (Appendix A) be noted.

51. QUARTERLY PERFORMANCE REPORT 2024/25 QUARTER THREE (OCTOBER - DECEMBER 2024)

Melissa Jackson, Performance Officer presented the report. Starting with Quadrant One – Service Provision she highlighted the following:

- The number of incidents in Quarter 3 is lower than the same period last year and close to the five-year average for this time of year.
- There has been a fall in the number of False Alarms attended. The new Automatic Fire Alarm (AFA) policy was introduced on 20th September 2024 has shown an early indication that fewer false alarm incidents were attended.
- West Berkshire continues to present our biggest challenge, with extended rural areas presenting longer response times. Low On-call availability in the West also has a direct impact on this.
- Within Resilience Measures, we are reviewing measure 17 ‘Percentage of visits to Very High, High and Medium Operational Risk sites completed in timescale’, due to a review of data reporting processes. This is to ensure accuracy and integrity.
- There were no fire fatalities in this quarter however this will sadly change for our Q4 report. The target of zero fatalities will not be met during this reporting year.
- In comparison to Q1 and Q2, the number of non-fatal fire casualties has decreased, however the Q3 maximum ‘target’ of 8 was exceeded with 11 casualties recorded. 6 of those were attributed to kitchen fires. Cooking is the biggest risk in domestic homes. No incident resulted in life changing injury, however this will be monitored by prevention managers.
- Both primary and secondary deliberate fires have reduced in numbers from the previous year.
- A total of 1,194 Safe and Well partner referrals were received in Q3. Of 1,348 completed visits in Q3, 840 were from partner/agency referral. The 10% increase target has previously been exceeded and despite the fall in % change to 4.8%, the number of referrals received was the highest in all three quarters to date.

Action

- Slough showed positive signs compared to previous quarters with a 4.8% increase in referrals. Year-to-date, this measure was above target at 10.8% which showed a positive direction of travel.
- Resourcing issues for Prevention (an open Community Safety Advisor position in Central Hub) expect to be resolved in Q4.
- Performance across Threat of Arson referrals remains exceptional, with 100% of 21 referrals received completed within 48 hours.
- High Risk Safe and Well Referrals success rate has improved below target of 57%. Review of cases reveal that contact is typically within the target time however visits are often delayed due to personal requirements such as family or support worker availability.
- A compliment was received from a member of public following a technicians' Safe and Well Visit.

In answer to a question from Councillor Bello on the increase of secondary fires, Anna Smy, Performance Manager confirmed she was working with Becca Chapman, Community Risk and Intelligence Analyst and will provide an update in quarter four (July 2025).

Performance Manager (PM)

In response to the Chair's question on the increase of kitchen fires, Tom Brandon, Area Manager Response and Resilience listed the number of factors ranging from the high number of electrical appliances in the home to using electrical appliances at night when asleep. He advised it was better to be awake and alert when using appliances such as dishwashers.

The Vice-Chair commended the Safety at Home course he attended as part of his Member Development and stated he had learnt the importance of not charging his mobile phone at night.

In taking Members through Quadrant Two, Corporate Health, Melissa Jackson reported the volume of Employee Relations cases increased with Employee Relations cases accounting for 25% of all mental health days lost.

She highlighted the progress against EDI Objectives such as:

- Summer Internship scheme agreed to become business-as-usual activity annually.
- Continued uplift in community engagement activity, particularly from operational crews.
- Initial delivery of our Culture Plan and framework a plan to be rolled out more widely in Q4.

GDPR measures notably measure (CM34) '*Monitoring the annual completion of the mandatory Protecting Information Course*' was added and was showing red. Nikki Richards, DcHx reported it was a requirement for both Fire Authority Members and staff to complete this course on an annual basis.

Councillor Drummond queried the overtime forecast which showed £566,000 over budget for the year. Conor Byrne, HF&P reported this was due to the

number of vacancies which in turn increased overtime expenditure. This year, 10 additional Firefighters will be recruited. He stated that it was hoped savings will be made from CRMP 6, however the delay in this policy impacted overtime.

The Chair queried Wholetime absence. Becci Jefferies, Head of Human Resources and Learning and Development (HHR&L&D), reported that HR has seen a trend and stated the top three reasons for sickness absence were:

- Musculoskeletal
- Mental Health
- Respiratory

She added there was a risk of activity in the role of Wholetime Firefighters, as well as since COVID pandemic the waiting list for treatment was longer. The Service were looking at Preventative approaches to reduce risk of injury. Becci Jefferies also stated the increase in mental health absence in some cases were related to ongoing investigations either by the complainant or the investigated.

In taking Members through Quadrant three, Priority Programmes, Melissa Jackson reported this quadrant brought together progress updates on the following key projects and programmes of work.

- Community Risk Management Plan (CRMP)
- People Strategy Reporting
- Strategic Asset Investment Framework (SAIF)

In looking at the CRMP in greater detail, Priority 1 - a workshop had been delivered with the Senior Leadership Team to look at horizon scanning to improve our understanding of climate change, societal and technological risks. Work on renewable energy had been paused due to the lack of personnel. Priority 3 – this was a phased approach and Priority 4 – this work had been completed and was a non-statutory duty. Priority 5 – work had paused around New Ways of Working and Priority 6 – policies to integrate wholetime and on call availability to achieve baseline service provision of 14 frontline appliances continues to be monitored and evaluated.

In answer to a query from the Chair on how Priority 6 (P6) affected West Berkshire, Tim Readings, Area Manager Collaboration and Policy reported on-call availability was a challenge in West Berkshire, however it was also a national issue. On-call was based on a 1950's crewing model where on-call staff had to be no more than five minutes away from an on-call fire station. Tom Brandon reassured Members there was a continued on-call recruitment drive.

In discussing Quadrant Four, Assurance, Members were advised three new risks were added to the Corporate Risk register.

- Risk 962 – Grenfell Inquiry Recommendations
- Risk 943 – PSDS sustainability programme requiring more RBFRS funding
- Risk 960 – Short term loss of power management

There were a number of Fire Standards in progress. In examining the Audit Plan, Nikki Richards reported there was 1 medium management action and 1 outstanding update on the Driving Licence Checks. In discussing Cyber risks, Conor Bryne reported the Fire and Rescue Insurance Company (FRIC) had put in place additional cyber cover in its policy.

RESOLVED that:

- 1) The performance against Service Provision and Corporate Health measures for the targets agreed by the Fire Authority for 2024-25 be noted;
- 2) The progress made on the priority programmes be noted; and
- 3) The position of corporate risk be noted.

52. FORWARD PLAN

RESOLVED that the Forward Plan be noted.

53. DATE OF NEXT MEETING

Thursday 10 July 2025, 6.30pm, RBFRS Headquarters, Newsham Court, Pincents Kiln, Calcot, Reading RG30 2NS.

(The meeting concluded at 20:26pm)

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ROYAL BERKSHIRE FIRE AUTHORITY REPORT



COMMITTEE	AUDIT AND GOVERNANCE COMMITTEE
DATE OF MEETING	10 JULY 2025
SUBJECT	LOCAL PENSIONS BOARD – ANNUAL REPORT
LEAD OFFICER	LUCY GREENWAY, SENIOR HR ADVISER
LEAD MEMBER	N/A
EXEMPT INFORMATION	NONE
ACTION	DECISION

1. EXECUTIVE SUMMARY

1.1. This annual report updates the Audit and Governance Committee with:

- The scheme administrator’s performance figures for 2024-25;
- The recent activities of the Local Pensions Board (for the firefighter pension schemes); and
- An overview of current national issues.

1.2. The Local Pensions Board currently considers the performance of the local firefighter Pensions administrator as adequate. Overall performance against targets is at 81.15% (down from 93.33% for 2023-24). While targets are being met in some areas, some significant issues with the production of annual benefit statements have resulted in a breach being reported to The Pensions Regulator. Ongoing interaction with the administrators is currently being undertaken to address this.

1.3. Complexity continues to be an issue in relation to the administration of firefighters’ pension schemes, which impacts the Scheme Manager’s current risks. Whilst the beginnings of a steady-state pensions’ environment are evident the schemes administrators and the Service’s in-house team have significant challenges to address the mandated legal remedies in two areas. A report on the current administrative issues and challenges due the complexity of the schemes will be reported to the Audit and Governance Committee in due course by the Head of HR and L&D.

1.4. The main national issues are:

- The volume and complexity of work required to address the age discrimination remedy for wholetime firefighters, a number of which have already retired.
- The complexity of the work required to address the part-time workers discrimination for on-call firefighters. This statutory deadline has now been extended until 31 March 2026.
- Compounding these factors has been the changing national guidance, amendments to official online calculators and updates to software used by West Yorkshire Pension Fund (WYPF). This has had a significant impact, requiring calculations to be undertaken manually.

2. **RECOMMENDATION**

That Audit and Governance Committee:

- 2.1. **NOTE** the contents of this report.
- 2.2. **APPROVE** the appointment of Lucy Greenway as acting Pension Board Chair.

3. **REPORT**

Background

- 3.1. The Royal Berkshire Fire Authority's Local Pensions Board is established under the Public Service Pensions Act 2013 and it exists to assist the Scheme Manager in assuring that there is compliance with the scheme rules.
- 3.2. The Board exists to enhance transparency, widen governance and enhance oversight of the firefighters' pension schemes.
- 3.3. The Board consists of four members: two management representatives (Lucy Greenway and Annie-Rose Pratt) and two scheme member representatives (Lincoln Ball and Steve Collins). The Chairmanship of the Board rotates between the management and the member representatives. During the stats year 2024-2025 Jim Powell was the Chair and Lincoln Ball the vice-Chair. Lucy Greenway is currently the Acting Chair following Jim Powell's departure in March 2025.
- 3.4. Annie-Rose Pratt joined the board in April 2025 replacing Jim Powell as a management representative (to be approved at the 10 July Audit and Governance Committee – see separate paper).
- 3.5. By agreement of the Board the chairmanship rotated on 1 April 2024 and Lucy Greenway is the current Acting Chair with Lincoln Ball as vice-Chair.
- 3.6. Given the knowledge requirements, all members strive to provide a minimum four-year term.

- 3.7. To retain knowledge and aid succession, the Board plans for a staggered replacement of its members.

Local Pensions Board Activity

- 3.8. The Board has met on two occasions since last year's Annual Report with all meetings being quorate. Also attending Board meetings are representatives from the Human Resources department and the Chief Fire Officer as the named Scheme Manager. An invite is offered, periodically, to a representative from West Yorkshire Pensions Fund, the scheme administrators for Royal Berkshire.
- 3.9. Board members keep in touch between meetings as required.
- 3.10. The Board monitors all its activities and the key performance indicators. These are consolidated into a Pensions Board Dashboard to assist with currency and oversight.
- 3.11. The Board was notified of a material breach that was reported to the Pensions Regulator on 1 April 2025. This breach related to a delay in producing Annual Benefits Statement Remedial Service Statements (ABS RRS) by the statutory deadline of 31 March 2025. The Scheme Manager had the discretion under Section 29(10)(b) of the Public Service Pensions and Judicial Offices Act 2022 to set a later date for Remedial Service Statements (RSS)'. RBFRS chose not to use this discretion and therefore reported it as a breach to the Pensions Regulator. RBFRS communicated with members to explain the current situation via internal channels, with all affected employees being sent a letter on 25 March 2025. The Pension Board was in support of this decision, and progress will continue to be monitored at or outside of meetings where appropriate.
- 3.12. With the agreement of the Scheme Manager the board has further updated its Terms of Reference in the last twelve months.
- 3.13. The Board has also further developed its skills and knowledge acquisition and maintenance procedures and resources since the 2024 Annual Report.
- 3.14. Board members keep up to date with fire pensions bulletins issued monthly by the Local Government Association and develop their knowledge through the Pension Regulator's education toolkit for public sector pensions.
- 3.15. The Chair meets with members of the Human Resources department periodically to track progress against planned activities.
- 3.16. The Chair and Board members are invited to contract meetings between the Human Resources department and West Yorkshire Pension Fund and attends these meeting periodically.
- 3.17. Members of the Board assist the Service in completing surveys, assisting with audits and working on new activities such as the recent amendments to the discretionary powers that the Scheme Manager has responsibility for.

3.18. At each Board meeting the Board scrutinises the performance of the Scheme Administrator and where necessary discuss matters with the Human Resources officers for observations or questions to be raised at contract meetings.

Annual Report Information

3.19. The Annual Report covers the period 1 April 2024 – 31 March 2025.

3.20. The Board has maintained scrutiny in relation to the administrator’s key performance indicators (KPIs).

3.21. The following table identifies the broad performance of the Scheme Administrators compared with previous years:

Area	2024-25	2023-24	2022-23	2021-22	2020-21
Discrete Activities	279	285	296	286	418
Performance Target met	83.15%	93.33%	90.2%	94.6%	95.7%

Table 1 Comparison of Pension Administrator’s Board Performance 2020-2025

3.22. Drilling into the types of activities undertaken by the administrators, these are summarised in the table below:

Activity	No of cases	Target met as %	Target % compared with 2023-24
Age 55 Increase to Pension	8	100%	Same
Change of Address	22	100%	Same
Change of Bank Details	5	100%	Same
Death in Retirement	13	100%	+23%
Deferred Benefits Into Payment of Lump Sum	10	61.5%	Same
Deferred Benefits Set Up on Leaving	48	37.5%	-55%
Implement Divorce Settlement Pension sharing	1	100%	Same
DWP Request For Information	N/A	N/A	N/A

General Payroll Changes	26	100%	Same
Initial letter Death in Retirement	13	100%	Same
Pension Estimate	25	56%	-32%
Retirement Actual	8	100%	Same
Set Up New Spouse Pension	6	100%	+20%
Transfer In Quote	9	88.9%	Same
Update Member Details	75	100%	+3%
Dependant Pension To Set Up	6	100%	Same
Deferred Benefits Into Payment Quote	3	100%	+100%
Death Grant to Set Up	1	100%	N/A

Table 2 Pension Administrator's Performance 2024-25

- 3.23. In narrative of the above tables, there is an improvement in some areas of activity, but significant issues in others (namely the production of pensions estimates). The performance of providing pensions estimates is significantly below that which would be expected by the Pensions Board. This is not unique to RBFRS as nationally, there is an issue with the production of estimates, however this is a situation that continues to be monitored.
- 3.24. Administrator's performance is a key standing item in the quarterly contract meetings where narrative is provided on areas where the performance targets are not met and a focus placed on performance areas where any delays could be materially significant, for example resolving pension issues upon a bereavement. Broadly, the administrator's explanations for performance targets being missed is the complexity of issues. Administrators also continue to experience increased workloads due to the discrimination remedy activity being experienced by everyone in the sector.

Other Significant Issues

- 3.25. A steady-state firefighters' pensions environment is clearly emerging with all serving firefighters now in the same pension scheme. However, the complexity and scale of work to remedy the previous discrimination and enact the legislation continues to create a significant demand on capacity and workloads.
- 3.26. The board maintains a risk register which was reviewed in February 2025. With the agreement of the Scheme Manager, the number of risks reduced

from six to four, with two risks relating to the Pension Board Term of Office and Conflicts of Interest, being subsumed into the overall knowledge and governance risks. Overall, the risk scores have been reducing slightly as the Board considers that its risks are being addressed and risk treatments are appropriate. A separate Risk Register covering pensions more generally is maintained by the Head of HR and L&D

3.27. The two main areas of pensions remedy are:

3.27.1. Part-time workers remedy. In relation to on-call firefighter pensions, after losing a legal case new guidance is in place to backdate on-call firefighters' pension entitlements to before 2000.

3.27.2. Age discrimination remedy. The service has moved all existing firefighters onto the 2015 Firefighters Pension Scheme but is going through an exercise to correct retrospectively the contribution rates of existing firefighters which then may have knock-on tax implications. WYFP is currently calculating the benefits of 10 firefighters who retired without their 'legacy' in order to align with the legal judgement and legislation.

3.28. Royal Berkshire continue to pay out pensions based on immediate detriment.

4. CONTRIBUTION TO STRATEGIC COMMITMENTS

4.1. Given the costs of the firefighter pension schemes there is a link to commitment 5, Sustainability. We are committed to ensuring that we provide a financially sustainable Service and take meaningful action to help address the climate emergency.

5. FINANCIAL IMPLICATIONS

5.1. The Fire Authority currently makes an allowance of £121.48 per meeting available to each Local Pensions Board member.

5.2. The Terms of Reference provide for:

- All reasonable expenses incurred by board members to be reimbursed upon production of a valid expenses claim.
- Adequate resources for the board to fulfil its role including the provision of legal advice and training. The board will seek approval from the HHR&LD for such expenditure.

6. LEGAL IMPLICATIONS

6.1. The provision of the Local Pensions Board is a requirement of sections 5 and 6 of the Public Service Pensions Act 2013.

6.2. The operation of the Local Pensions Board is also governed by:

- i. The Firefighters' Pension Scheme (Amendment) (Governance) Regulations 2015 (regulations 4A to 4D),

- ii. The Public Service Pensions (Record Keeping and Miscellaneous Amendments) Regulations 2014 (regulation 6).
 - iii. The Pensions Act 2004 (section 248A).
- 6.3. The Court of Appeal held in December 2018 that the way in which the transitional provisions of the 2015 pension scheme were implemented amounted to unlawful age discrimination and this has led to the relevant discriminatory sections of the legislation being overridden by that legal judgement which was clarified by a further judgement made by the Employment Appeal Tribunal on 12 February 2021.
- 6.4. The remedy intended to rectify the unlawful discrimination has since been implemented through legislation in Part 1 of the Public Service Pensions and Judicial Offices Act 2022.

7. EQUALITY AND DIVERSITY IMPLICATIONS

- 7.1. The public sector equality duty requires public bodies to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010.
- 7.2. The current national issues in relation to firefighter pensions relate directly to age discrimination and the Equality Act 2010 and as such Royal Berkshire Fire Authority's actions and procedures to address these matters also directly relate to being assured that the law is applied.
- 7.3. To reduce the risk of discrimination, the resolutions made by the Fire Authority at its meetings of 17 February 2021, 7 December 2021 (Management Committee) and 28 April 2022 gave effect to the Employment Appeal Tribunal judgement for individuals about to retire who meet the eligibility criteria regardless of whether they are a claimant or non-claimant. Currently in RBFRS this applies only to pension scheme members who have retired since February 2021 with members retiring on the 2015 scheme before that (back to 1 April 2015) yet to have their cases resolved.
- 7.4. There are no additional equality and diversity implications considered in relation to this report.

8. RISK IMPLICATIONS

- 8.1. If there is a failure to comply with the requirements of The Public Service Pensions Act 2013 (as amended), The Firefighters' Pension Scheme (England) Regulations 2022 (as amended) and related regulations which may become increasingly likely given the legal determinations, current guidance and complexity with relation to the pension schemes then we can expect that there will be an increase in reports of potential breaches of the legislation, administrative errors, complaints and further legal proceedings leading to reputational and financial loss which are significant given the Fire Authority's strategic commitments.

Agenda Item 7

- 8.2. If local pension board members, who are lay members, possess insufficient knowledge of the various firefighter pensions issues, which is possible given the complexity of the firefighters pensions legislation and guidance, then we can expect that the oversight and assurance provided to the Fire Authority will be negatively affected which is significant given this is a legal requirement of the Public Sector Pensions Act 2013.
- 8.3. The Board maintains a risk register which is reviewed regularly. The four main identified risks are related to: knowledge, transparency, individual capacity and governance. All risks are managed and are being monitored with three risks (knowledge, individual capacity and governance) needing more treatment.

9. SUSTAINABILITY IMPLICATIONS

- 9.1. None

10. CONSISTENCY WITH DUTY TO COLLABORATE

- 10.1. The legislation enables the establishment of joint boards with others. This was discussed briefly at the Local Pensions Board meeting on 25 November 2022.
- 10.2. Currently the provision of a joint board is not a matter being pursued within Royal Berkshire Fire and Rescue Service.
- 10.3. Locally, especially given a shared administration provider, there is a potential for a joint Local Pensions Board with Buckinghamshire and Milton Keynes Fire Authority.

11. PRINCIPAL CONSULTATION

- 11.1. The Chief Fire Officer
- 11.2. The Chief Finance Officer
- 11.3. The Monitoring Officer

12. BACKGROUND PAPERS

- 12.1. None.

13. APPENDICES

- 13.1. None.

14. CONTACT DETAILS

- 14.1. Lucy Greenway, Acting RBFRS Pensions Board Chair, 07585 991606, greenwayl@rbfrs.co.uk
- 14.2. Lincoln Ball, RBFRS Pensions Board vice-Chair, 07541 263386, lincoln_ball@live.co.uk

ROYAL BERKSHIRE FIRE AUTHORITY



COMMITTEE	AUDIT & GOVERNANCE COMMITTEE
DATE OF MEETING	10 JULY 2025
SUBJECT	GRANT THORNTON AUDIT UPDATE
LEAD OFFICER	CONOR BYRNE, HEAD OF FINANCE AND PROCUREMENT
LEAD MEMBER	N/A
EXEMPT INFORMATION	N/A
ACTION	FOR NOTE

1. EXECUTIVE SUMMARY

1.1 Members will receive an update in relation to the audit of the 2024/25 Statement of Accounts from the external Auditors, Grant Thornton.

2. RECOMMENDATION

The Committee is requested to:

2.1 **NOTE** the verbal update on the audit of the 2024/25 Statement of Accounts.

3. REPORT

3.1 Representatives from Grant Thornton will present a verbal update on progress in delivering the audit of the 2024/25 Statement of Accounts.

4. CONTRIBUTION TO STRATEGIC COMMITMENTS

4.1 Commitment 5 – We are committed to ensuring that we provide a financially sustainable Service and take meaningful action to help address the climate emergency.

5. FINANCIAL IMPLICATIONS

5.1 The payment due to Grant Thornton for the audit of the 2024/25 Financial Statements will be £111,904.

6. LEGAL IMPLICATIONS

- 6.1 Statutory Instrument (2024) No. 907 - "The Accounts and Audit (Amendment) Regulations 2024" (the SI) imposes a backstop date of 27 February 2026 by which date Grant Thornton is required to issue its opinion on the 2024/25 Financial Statements.

7. EQUALITY AND DIVERSITY IMPLICATIONS

- 7.1 None

8. RISK IMPLICATIONS

- 8.1 The use of backstop increases the financial risk to the Authority in the short-term but will allow greater assurance to be built back over the medium term.

9. SUSTAINABILITY IMPLICATIONS

- 9.1 None

10. CONSISTENCY WITH DUTY TO COLLABORATE

- 10.1 Grant Thornton were appointed by PSAA through a national procurement exercise.

11. PRINCIPAL CONSULTATION

- 11.1 The Chief Fire Officer has been consulted.

12. BACKGROUND PAPERS

- 12.1 None.

13. APPENDICES

- 13.1 None.

14. CONTACT DETAILS

- 14.1 Conor Byrne, Head of Finance and Procurement, byrnec@rbfrs.co.uk

ROYAL BERKSHIRE FIRE AUTHORITY REPORT



COMMITTEE	AUDIT AND GOVERNANCE COMMITTEE
DATE OF MEETING	10TH JULY 2025
SUBJECT	QUARTERLY PERFORMANCE REPORT 2024-25 QUARTER 4 (JANUARY - MARCH 2025)
LEAD OFFICER	MELISSA JACKSON, PERFORMANCE OFFICER
LEAD MEMBER	N/A
EXEMPT INFORMATION	NONE
ACTION	TO NOTE

1. EXECUTIVE SUMMARY

1.1 To provide Audit & Governance Committee with an overview of the Royal Berkshire Fire and Rescue Service (RBFRS) fourth quarter (January - March 2025) performance for the 2024-25 financial year.

2. RECOMMENDATION

That the Audit & Governance Committee:

2.1 **NOTE** the performance against Service Provision and Corporate Health measures for the targets agreed by the Fire Authority for 2024-25.

2.2 **NOTE** the progress made on the priority programmes.

2.3 **NOTE** the position of corporate risk.

2.4 **DISCUSS** and **AGREE** any further actions, if appropriate.

3. REPORT

3.1 The quarterly performance report supports the Performance Management Framework which provides structure and governance that will enable RBFRS to measure, monitor and manage outputs and outcomes in a timely manner, allowing the organisation to respond and make informed decisions to ensure that statutory obligations and the Fire Authority’s Strategic Commitments are successfully delivered.

Agenda Item 1a

- 3.2 Following data capture, review and analysis, evidence is reviewed by the Strategic Performance Board (SPB) whose purpose is to lead, support and monitor the effective delivery of the Strategic Objectives by monitoring and reviewing performance across the four Quadrants.
- 3.3 Informed by these processes, key data and highlights have been extracted and reviewed by the Senior Leadership Team (SLT) and are presented in this report for scrutiny at the Audit and Governance committee.
- 3.4 The attached report provides an overview of performance for the fourth quarter (January - March 2025) performance for the 2024-25 financial year. It reports performance in four key areas:
- 3.5 Quadrant one - Service Provision - This section presents data and information which will allow members to monitor how RBFRS are doing at delivering its statutory obligations and any internal services provided between teams, departments and functions.
- 3.6 Quadrant two - Corporate Health - This section brings together all data, information and measures from across the organisation, which will allow members to monitor how RBFRS are managing key resources, e.g. People and Finance.
- 3.7 Quadrant three - Priority Programmes (Community Risk Management Plan (CRMP), People Strategy Reporting and the Strategic Asset Investment Framework) - This section will allow members to monitor progress of work designed to deliver a defined outcome which is different to or improves on current working practices, policies and procedures in support of delivering against the strategic commitments and Corporate Plan 2023-27.
- 3.8 Quadrant four - Assurance - This section provides an assessment of corporate risks that may impact on service delivery. This section will also include data and information from audit monitoring and an update on the HMICFRS Action Plan.

4. CONTRIBUTION TO STRATEGIC COMMITMENTS

- 4.1 **Prevention:** We will reduce the risk to our communities through our partnership duties and prevention education activities, ensuring that our services are accessible to all.
- 4.2 **Protection:** We will support those with responsibility for premises to understand their duties in ensuring the safety of all people using buildings covered by the Building Safety Act 2022 and Regulatory Reform (Fire Safety) Order 2005, whilst ensuring that our services are accessible to all.
- 4.3 **Response:** We will ensure that our people are trained and resources are located to provide the most effective response and to have a positive impact on incidents in our communities.

- 4.4 **Resilience:** We will ensure we are resilient and work with our partners to promote and build resilience in the communities we serve.
- 4.5 **Sustainability:** We are committed to ensuring that we provide a financially sustainable Service and take meaningful action to help address the climate emergency.
- 4.6 **People:** We will support our staff by providing a safe and inclusive environment for them to thrive in, building a diverse organisation that is engaged with, and accessible to, our communities.

5. FINANCIAL IMPLICATIONS

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

6. LEGAL IMPLICATIONS

- 6.1 There are no legal implications arising from this report.

7. EQUALITY AND DIVERSITY IMPLICATIONS

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

8. RISK IMPLICATIONS

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

9. SUSTAINABILITY IMPLICATIONS

- 9.1 There are no sustainability implications arising from this report.

10. CONSISTENCY WITH DUTY TO COLLABORATE

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

11. PRINCIPAL CONSULTATION

- 11.1 The Chief Fire Officer was consulted during preparation of this report.
- 11.2 The Head of Finance and Procurement was consulted on the content of this report.

12. BACKGROUND PAPERS

- 12.1 Annual Plan 2024-25.

Agenda Item 1a

13. **APPENDICES**

13.1 Included with main report.

14. **CONTACT DETAILS**

14.1 Melissa Jackson, Performance Officer, 07570 950889

14.2 Anna Smy, Data and Performance Manager, 07795 302741



Quarterly Performance Report

Q4 2024-2025 January – March



Contact Us

In an emergency

Dial 999 and ask for the fire service.

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

Contacting us when it's not an emergency

 Visit our website: rbfrs.co.uk

 Email us: performance@rbfrs.co.uk

 Call us: 0118 945 2888

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

Accessibility

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



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Introduction

Royal Berkshire Fire Authority (RBFA) is a combined fire authority, from six unitary authorities within Royal Berkshire (Bracknell Forest, Reading, Royal Borough of Windsor and Maidenhead, Slough, West Berkshire and Wokingham). It is the responsibility of RBFA to provide an effective and efficient fire and rescue service for communities across Berkshire.

Royal Berkshire Fire and Rescue Service (RBFPS) provides services across the County of Berkshire.

Our **Annual Plan** for 2024-25 highlighted 9 areas of focus in order to achieve the Strategic Commitments made to the people of Royal Berkshire in our Community Risk Management Plan (CRMP). See details in [Appendix A - 2024-25 Areas of Focus](#).

The Strategic Commitments are aligned to our four overarching principles:

- >> Culture
- >> Capability
- >> Risk management
- >> Sustainability

To achieve our purpose, we place the community at the heart of all that we do to deliver:

- >> Prevention
- >> Protection
- >> Response
- >> Resilience





Our Performance

Every year, we set corporate measure targets for our performance to ensure we are delivering what we have promised in our strategic commitments. Our Corporate Measures directly align to our plan, our core duties and responsibilities.

Each quarter, we monitor our Performance against all elements of the Annual Plan through the Strategic Performance Board. This supports decision-making across the organisation. Key data is then provided formally within this report for the Audit and Governance Committee to scrutinise.

We monitor performance across four quadrants:





Q4 Highlights

Quadrant 1 Service Provision

Through Q4, the service maintained its new station-based staff establishment figure of 334, thanks to the arrival of 18 new apprentices at the end of Q3. This contributed to improved performance against the measures for wholtime and combined appliance availability.

Response standard target of 75 percent was not achieved. Whilst the number of incidents were lower in Q3 and in Q4, the response standard dropped for the travel component.

The map below details by unitary the number of **incidents attended** and the **percentage** meeting response standard.

Notably, Bracknell Forest, Reading and Slough response standard was met during Q4.

Across Berkshire, the distribution of incident numbers and response times vary, impacted by location of incident, rural/urban composition, road works and other local factors.

Total number of emergency incidents attended in Berkshire

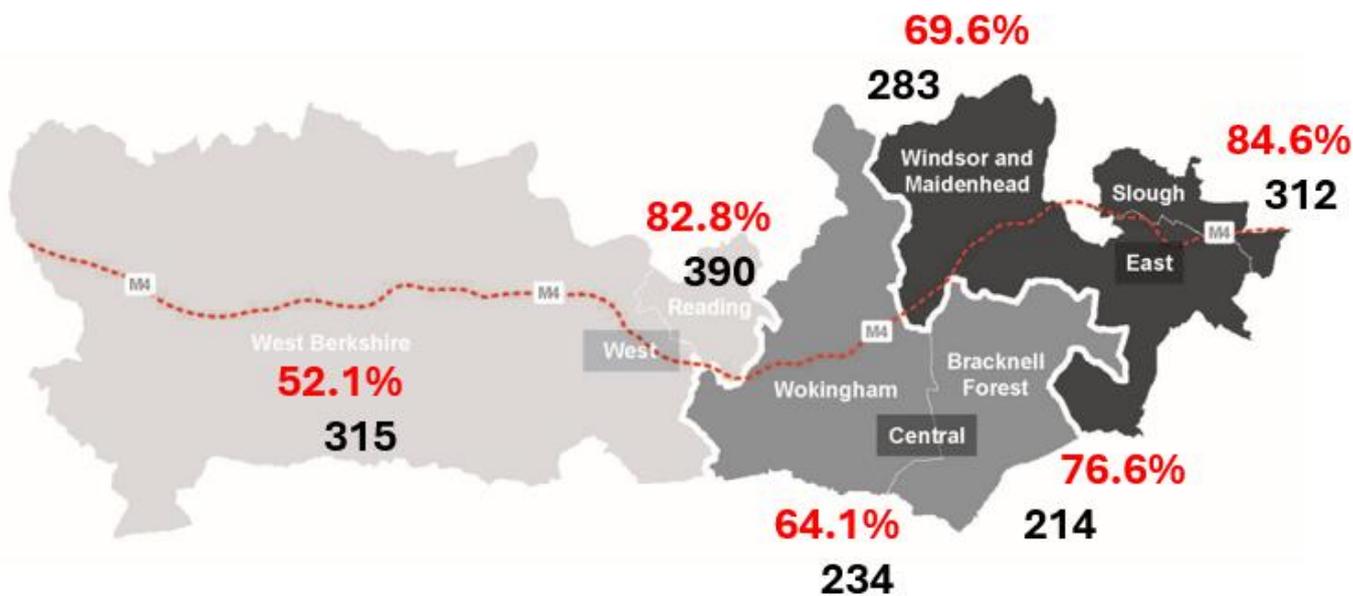
1,748

↓ previous year & quarter

% of emergency incidents response within 10 minutes

72.2%

↑ vs previous year



Service level measures will be explored in 2025-26 to better understand unique challenges. The CRMP Priority 3 will seek to optimise the service’s Response model, however any review of the response standard would require public consultation as part of a wider CRMP process.



Response applied learnings from the Response Resourcing Group monthly meetings that noted demand for leave is highest and appliance availability most challenged during Summer months. The team aim to forecast staffing levels, to mitigate any shortfalls for summer 2025-26.

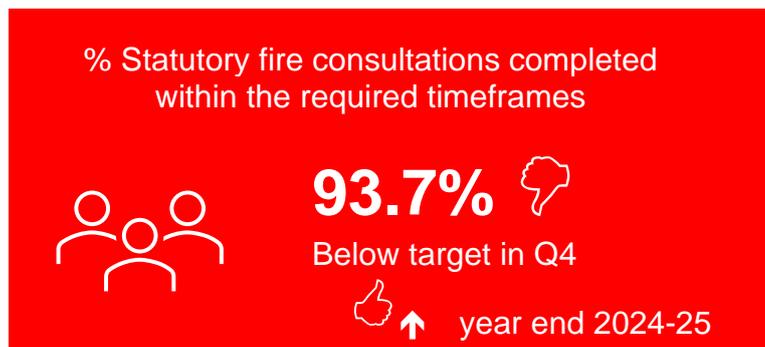
We have been analysing data trends for outdoor fires (including wildfires) that are increasing. We know that hot dry summers place a significant demand on our service and saw this with both 2018 and 2022 having very high numbers of outdoor fires. Our current increase in incidents is showing a similar trend with March 2025 being the driest March for more than 60 years across England and Wales, To mitigate this risk we have worked to create tactical fire plans and further training to enhance our tactical wildfire incident command knowledge. We anticipate that this expertise will be essential as climate change continues to bring extensive spate conditions, with warm and dry Spring/Summer months, increasing wildfire risk.

Resilience measures for operational risk sites have required attention due to the risk profile of premises and the operational risk this may pose to staff being changeable for a variety of reasons - including inspections completed and intelligence gained. This may mean the due date of operational risk inspections change, moving the deadline for officers

Protection performance targets remain challenging, in part due to accuracy of the Risk-Based Inspection Programme (RBIP) list and premises classifications. Continual improvement to capture information is in place through desktop reviews, drive-bys, and full inspections.

Staffing capacity issues and inspection workloads have been and will continue to be focused on through training and process reviews.

Central Hub secured a successful prosecution in Wokingham resulting in a £26,000 fine. Two prohibition notices were issued in Slough.





Prevention saw positive outcomes. In total 4996 Safe and Well referrals a range of quality sources were assigned to Berkshire in 2024-25, demonstrating successful partnership working. Where meeting target timescales for Very High Risk and High Risk referrals proved difficult, an investigation found most cause for delay as factors outside of the service's control or complexity in cases. Understanding real-world barriers and cultural sensitivity is important. We use this knowledge to guide our approach to working within the different communities we serve.



100%

referrals for threat of or incidence of arson, completed within 48 hours



matching 2023-24



1,583

Safe and Well Visits completed in Berkshire



vs 2023-24



36.9%

% increase in the number of partner referrals received



↑ -1.4% Q4 2023-24

Prevention teams and partner agencies identified youth antisocial behaviour, mental health concerns and rough sleeper populations as key contributors to some fires through Q4. This resulted in enhanced targeting of these demographics, with joint response in Post-fire prevention work between prevention teams and frontline crews critical to the sharing of insights and information.

Campaigns via our communication team, printed leaflets, safety education such as school visits by RBFPS personnel and crews, through community engagement activity and equality, diversity and inclusion (EDI) objective work ensures the service is in the public eye.

Customer Experience surveys received for Q4 saw all areas responded as 100% satisfaction. The highest count of responses to paper surveys came from individuals regarding completed Safe and Well Visits. Responses to domestic and commercial fire incidents proved low. This may require evaluation.

Fire fatality:

1 in Q4.

A Tier 2 Fire Investigation confirmed the cause of fire to be accidental.



6

complaints received and resolved about service interactions



+4 Q4 2024-25 vs Q4 2023-24

+1 vs end 2023-24



8

compliments received about service or personnel



= Q4 2024-25 +16 vs end 2023-24



Quadrant 2 Corporate Health

Equality, Diversity and Inclusion (EDI) objectives are all **Green** except for one, adjusted to an Amber RAG status. The objective: Improving our service delivery by creating strong links with our community is now an **Amber**. Leaders agreed that further work is required, that an effective system needs to be put into place. Prevention and EDI representatives will work together to better capture and evidence EDI activity information for review, scrutiny and assessment.



680

Total staff in post

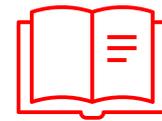
↑ +40 vs 2023-24



11.8%

% Staff Non-White British

↓ vs 2023-24



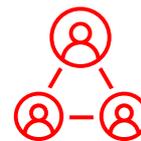
106

Number who have declared a disability

↑ +71 Q4 2023-24

Information Governance measures ended in Q4 with mixed outcomes. Maintaining Retention Schedules fell below the 100% target in to 43% - the lowest value in 2024-25, ending with 56%. The Protecting Information Course saw a decrease in compliance, not meeting the 95% target. The 2024-25 year ended on 64%. Both measures will be in focus in 2025-26.

Completing the Data Subject Requests (SARs) within the permitted time frames



100%



Number of RIDDOR accidents and diseases



3



↑ vs Q4 2023-24

Equal to previous year total

Health and Safety - Six instances of injury accidents followed a water rescue training course. This prompted a review of water rescue practices to ensure that the hazard of poor water quality at our training venues is suitably and sufficiently managed.



Finance exceeded the target for percentage of spend subject to competition with 4 waivers: ADT Fire and Security Plc, Cadcorp, Ricardio-AEA Ltd and Heightec. The common rationale for these is of consistency and supporting seamless integration in our everyday operations.



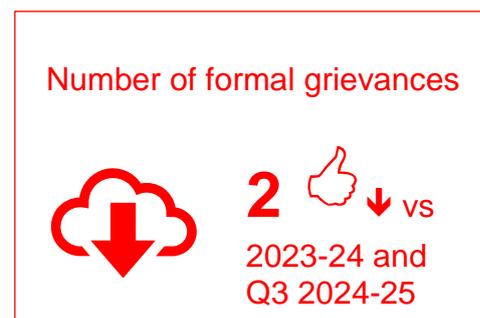
Human Resources saw a positive trend in Q4, with overall decrease in the days lost to sickness and percentage of working time lost to sickness. Decrease in days lost for Wholetime (17%) and Control (17%). Increases for Green Book (13%) and On-Call (60%).



Health Partners (Occupational Health) rolling benchmarking data saw **21% of RBFRS cases related to MSK issues** - compared to 28% for their 'emergency services' clients and 26% across their client base.

50% of RBFRS cases related to mental health issues. This compares to 35% for their emergency services clients and 31% across their client base.

The widening gap between RBFRS and other emergency services clients and the client base may reflect the number of mental health absences linked to employee relations cases. Discipline and Grievances continue to be monitored to support any required actions.



Q4 closed with 81% of 452 eligible staff Receiving a Personal Development Review (PDR) in the timeframe. This is a decrease compared to Q4 2023-24 (94%).

Following pilot scheme and work to amend the process through 2024-25, a new simplified version of the current PDR form (which includes reference to RBFRS' revised Behavioural Competency Framework) will launch in 2025-26 alongside an updated policy.



Quadrant 3 Priority Programmes

Community Risk Management Plan (CRMP)

Priorities 1 is **Amber** and 2, 3 and 5 have all started, reflecting a **Green** status.

Priorities 4 and 6 are complete/transitioned to business as usual.

Strategic Asset Investment Framework

The **Strategic Asset Investment Framework** saw some programmes completed, others continuing on track and in green status for budget.

Notably, the **Emergency Services Mobile Communications Programme (ESMCP)** continues to be red for all areas as there has been limited activity at a National Level (this is a Government led programme). The **Estates Management Plan** recovered from being Red in Q3 for budget. **P1 Heat Decarbonisation** continues on track with a red for budget.

People Strategy Reporting

Within People Strategy Reporting, in Q4 2024-25 we launched our **Culture plan**. Leadership Forums were held to support this. We began to embed many months of close working with staff across all aspects of the service.



Quadrant 4 Assurance

Corporate Risk - 2024-25 Risk position shift

During the 2024-25 year, a number of risks were effectively managed within our risk appetite. Where the current score reduced to below 17, these have been removed.

Coding: As per [Appendix B – Key to Colours, Ratings and Symbols](#)

Position as start of Q1 - April 2024

LIKELIHOOD	Almost Certain	9	14	17 663 932	23 843	25
	Likely to happen	7	11	16 892	21 931 681 893 917 879 928 682	24
	Could happen	4	8	13	18 506 798 629 906 891 844 918	22
	Unlikely to happen	2	5	10	15	20 417
	Rarely occurs	1	3	6	12	19
		Low	Minor	Moderated	High	Major
		IMPACT				

New risks have arisen. Accepted and managed risks have re-emerged for a variety of reasons.



The chart below shows the movement of the strategic risks from the start to end, demonstrating our active management of risks. Managed to below 17 – 892 and 917.

Position at close of Q4 - March 2025

LIKELIHOOD	Almost Certain	9	14	17 663 932 918	23 891 842	25
	Likely to happen	7	11	16	21 962 879 681 682 928	24
	Could happen	4	8	13	18 506 798 629 906 893 931	22
	Unlikely to happen	2	5	10	15	20 417
	Rarely occurs	1	3	6	12	19
		Low	Minor	Moderated	High	Major
IMPACT						



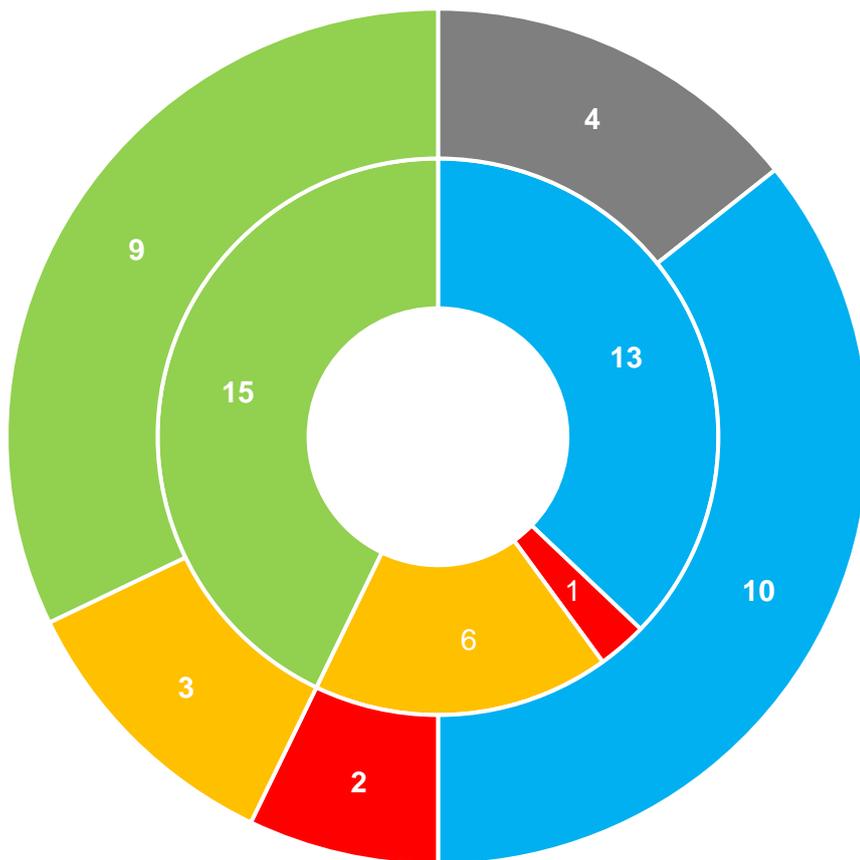


Audit Actions

Our audit actions are reviewed quarterly but reflect a rolling audit programme.

Audit Status is presented below.

Red, Amber, Green, Blue for 'complete', **Grey** for 'not started' - as per [Appendix B – Key to Colours, Ratings and Symbols](#).



Outer circle (end date of 31st March 2025)

- » Red: Actions relate to GDPR and our records retention schedule. We have a corporate measure to monitor this and actions to track schedules.
- » Grey: These relate to risk information from a recent audit with target dates within 2025/26.

Inner Circle (start date of 1st April 2024)

- » Red: This relates to pensions and is being monitored by our finance team, reported within Corporate Health.



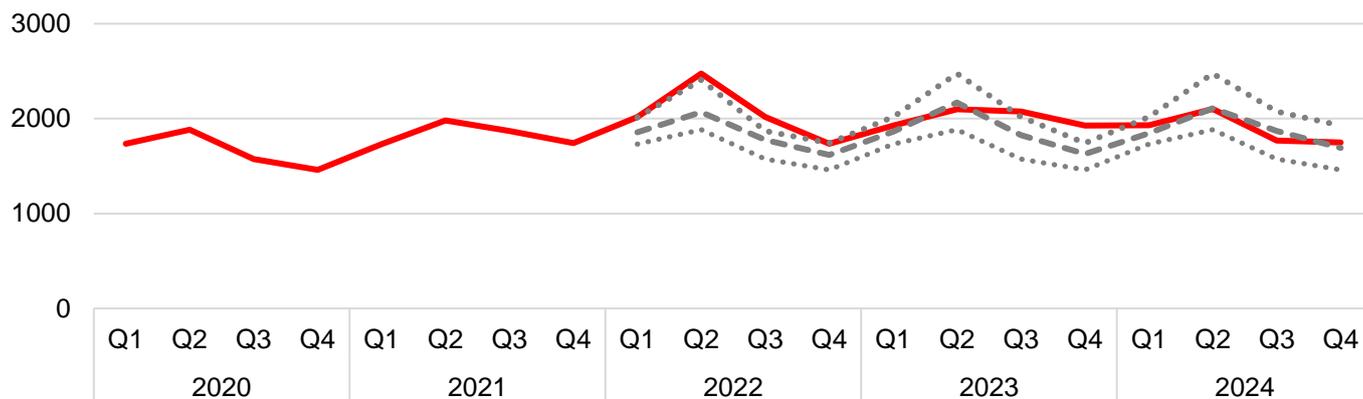
Quadrant One – Service Provision

Incident Trends

In Quarter 4 2024/25 we responded to 1,748 emergency incidents in Berkshire – a reduction of 9.6% total number of incidents from the same quarter last year.

A nominally higher number of incidents was recorded in Windsor and Maidenhead in this period. The count of incidents in all other unitaries across Berkshire reduced compared to 2023-24.

Total Number of Incidents



— Incidents Previous 5 year Minimum Previous 5 year Maximum - - - Previous 5 year Average

The chart above shows the 5-year trend in incidents over time. From 2022 it includes the five-year maximum, minimum and average incident levels for comparison. This illustrates the fall in overall incident numbers during the Covid-19 pandemic. It should be noted that 2022 recorded a hot, dry summer. The number of incidents is slightly above the five-year average for this time of year. A similar downward pattern is noted, with the fall in incident numbers.



Corporate Measures: Service Provision

Service Provision monitors the service we provide to the public. Performance is monitored in relation to attendance at incidents, types of incidents, Prevention activities and fire safety in commercial buildings.

For Corporate Measure Service Provision Definitions, view [Appendix C - 2024-25 Performance Measures and Definitions](#).

Overall Measures					
1. Number of Fire Deaths			2024/25 Target: 0		
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	2	1	0	1	4
Target (max)	0	0	0	0	0
2024/25 Actual	1 ↑	1 ↔	0 ↔	1 ↔	3 ↑
<p>In response to the fatality in Q4, the SFIR process was instigated and is being followed. Post fire prevention activity has taken place in the surrounding area and a Tier 2 Fire Investigation has been conducted confirming the cause of fire to be accidental.</p>					
2. Number of non-fatal fire casualties			2024/25 Target: 31 max.		
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	7	16	8	7	38
Target (max)	7	8	8	8	31
2024/25 Actual	17 ↓	15 ↑	11 ↓	6 ↑	49 ↓
<p>Non-fatal fire injuries significantly dropped from numbers in previous quarters. No fire casualties in Slough or Wokingham. The 6 injuries caused by fires started in domestic dwellings. The majority were not serious and cause varied although cooking and smoking materials continue to be a known risk in the home. All incidents resulted in post fire engagement and prevention activity, which evidenced joint working through prevention and response teams and close working with partner agencies in relation to safeguarding concerns.</p>					



3. Number of deliberate Primary Fires					2024/25 Target: 125 max.
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	20	26	25	29	100
Target (max)	31	31	31	32	125
2024/25 Actual	21 ↓	26 ↔	19 ↑	15 ↑	81 ↑

With 15 deliberate primary fires in Q4, the reduction is almost 50% from Q4 last year and is significantly below our maximum target. While incident numbers are low, the clearest trends in terms of cause show as Mental Health and vehicle (car) fires. Primary deliberate fires, including fatal fires are increasingly linked to those with complex mental health needs. We now have a robust process of complex case meetings, in addition to improving our recording processes in the hub to reflect the nature of such received referrals we receive and when appropriate do share our intelligence and knowledge of these individuals and the presenting community risks.

4. Number of deliberate Secondary Fires					2024/25 Target: 233 max.
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	68	65	39	15	233
Target (max)	77	81	34	41	233
2024/25 Actual	53 ↑	51 ↑	32 ↑	42 ↓	178 ↑

Deliberate secondary fires showed an increased from Q3 figures, a rise from Q4 last year and exceeded our maximum target. Unlike Q4 last year, climatic conditions differed from, with low rainfall and warmer temperatures which are more conducive to secondary fires.

Whilst the Q4 number higher compared to the previous year, just 1 deliberate secondary fire was recorded in Wokingham – a noted reduction from 8 recorded fires in Q3 that led to intervention work with TVP.

Trends noting youth behaviour and fires caused by rough sleepers populations are being monitored. The latter, were down in number, following enhanced prevention activity targeting this demographic. Hub prevention managers attend the **Antisocial Behaviour in parks and open spaces meeting**, alongside the problem-solving tasking group. Close working takes place outside of these meetings with the community safety officer and Thames Valley Police (TVP) where necessary and requires continued proactive focus for prevention and response teams.

Data integrity surrounding inputs was flagged in Q4 because some bonfires were classified as deliberate but may have more appropriately been recorded as accidental. This practice occurred due to unclear stop messaging codes. Communications have been shared with crews via the General Manager Response Area Managers (GM RAMs) and a reduction in such instances is expected, with improved data recording.



Prevention Measures					
5. Increase the number of Referrals for Safe and Well visits received from our partners				2024/25 Target: 10%	
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24) % change	18.4%	13.5%	8.6%	-1.4%	13.2%
Target % change	10%	10%	10%	10%	10%
2024/25 Actual Number ¹	1184	1167	1194	1458	5003
2024/25 % change	12.4% ↓	16.0% ↑	4.8% ↓	36.9% ↑	17.4% ↑
<p>¹Actual Number 2024/25 includes Over the border (OTB) referrals of which there 7: 2 in Q2, 4 in Q3, 1 in Q4. In total 4996 referrals were assigned to unitaries in Berkshire.</p> <p>Q4 ended the year with excellent performance with a % change increase of 36.9%, exceeding the measure target of 10%. East Hub also saw the first increase in referrals this year in Slough. East Hub Prevention have been working with partners to promote the S&W service via CSP, Safeguarding, community/agency events and ARPs. The quality of referrals, rather than just the number, determine our success in reducing community risk and this is closely monitored by Prevention managers.</p>					
6. Percentage of Safe and Well referrals, where there has been a threat or incidence of arson, completed within 48 hours				2024/25 Target: 100%	
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%
2024/25 Actual	100% ↔	100% ↔	100% ↔	100% ↔	100% ↔
<p>Threats of arson pose a significant and credible risk to the public. Referrals result from specific intelligence received from TVP. Responding to these referrals within the 48-hour window – indeed, in most cases within 24 hours - is key to increasing the safety of victims and contributing as a statutory partner under the Serious Violence Duty. The service is proud to report 100% completion across the quarter and the year.</p>					



7. Percentage of Very High Risk Safe and Well Referrals completed within 72 hours					2024/25 Target: 40%
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	37.5%	49.0%	32.7%	30.2%	37.3%
Target	40%	40%	40%	40%	40%
2024/25 Actual	31.0% ↓	28.6% ↓	16.2% ↓	28.2% ↓	26.0% ↓

8. Percentage of High Risk Safe and Well Referrals completed within target time					2024/25 Target: 57%
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	43.1%	52.5%	52.2%	52.6%	50.2%
Target	57%	57%	57%	57%	57%
2024/25 Actual	44.2% ↑	43.3% ↓	47.5% ↓	47.4% ↓	45.8% ↓

Teams worked effectively to share resources across Hubs during a period which saw staff sickness contribute to a shortage of Safe and Well Technicians.

Improved performance compared to the previous quarter saw 28.2% of very high-risk referrals completed in timescale. On review, initial contact was found to have been made or attempted in the majority of cases within the 72hour target (in most cases, well within this target time).

Visits are often delayed due to factors outside of the service’s control, including:

- >> Partner agency availability for complex visits
- >> Family availability for complex visits
- >> Clients remaining in hospital and absent from the home
- >> Clients delaying appointments to suit their own requirements

Additionally, for High Risk referrals, key reasons for delay include:

- >> Multiple contact attempts being made
- >> Visits declined by client

The complex nature of these referrals presents real-world challenges to complete in the measure time frames. This is being monitored.



Protection Measures

9. Percentage of Fire Safety Audits of premises identified as High or Very High Risk in our Risk-Based Inspection Programme completed in timescale ² **2024/25 Target: Monitor**

	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	-	-	-	-	-
Target	-	-	-	-	-
2024/25 Actual	-	22.4%	10.4%	0.0%	11.4%

²The due dates and targets were set for this measure in July, hence reporting commences from Q2.

The **Risk-Based Inspection Programme (RBIP)** is used pro-actively to arrange fire safety inspections, booking these in alongside other priority activities including managing on-going HRRB work and training newer members of the team.

The timescale deadlines placed on RBIP inspections means that due dates will be unevenly distributed across the year. Some months have very few required, others have an almost unattainable target. Although Q4 details 0% achieved in time frame, 66 audits due from previous quarters were closed against the RBIP.

Protection Managers are looking at ways to better manage demands across the next year.

10. Percentage of Full Fire Safety Audits with a 'Broadly Compliant' result ³ **2024/25 Target: 60%**

	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	69.6%	62.4%	65.3%	76.1%	69.0%
Target	60%	60%	60%	60%	60%
2024/25 Actual	75.1% ↓	78.8% ↓	79.5% ↓	73.5% ↑	76.9% ↓

³As part of the Risk Based Inspection Programme the Fire Safety Inspecting Officers should be visiting premises which are less likely to conform to the RRO 2005 and are therefore a higher risk to life. This measure illustrates the percentage of closed Fire Safety Audits carried out in commercial premises, where the result was 'Broadly Compliant' (satisfactory) and no further action or follow-up was required.

Targeting audits - which would be considered higher risk through our RBIP - doesn't necessarily result in non-compliance. Therefore, it is challenging to aim for only 60% of audits recorded as broadly compliant. The RBIP targets premises which pose a higher risk to the public due to the nature of the premises, such as care homes and HRRBs.

Due to the increased risk, our known highest risk buildings - such as those in interim measures - are managed separately on an ongoing basis. Moving forward, our intention is to manage these buildings via formal notices.



11. Percentage success when cases go to court					2024/25 Target: 80%
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	0 cases	0 cases	0 cases	0 cases	0 cases
Target	80%	80%	80%	80%	80%
2024/25 Actual	100% (1 case)	0 cases	0 cases	100% (1 case)	100% (2 cases)
<p>In Q4, Central Hub had a successful outcome in a prosecution in Wokingham, the result of a number of personnel supporting one another to achieve this successful outcome.</p> <p>Two prohibitions were counted: one with a legal case being built, the other unlikely to progress with legal proceedings due to immigration action in process against the responsible person.</p>					
12. Percentage of Statutory fire consultations completed within the required timeframes					2024/25 Target: 95%
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	97.0%	98.4%	95.5%	96.4%	96.9%
Target	95%	95%	95%	95%	95%
2024/25 Actual	99.2% ↑	99.6% ↑	96.1% ↑	93.7% ↓	97.1% ↑
<p>Q4 and the year completed both above target and the previous year performance, despite a dip on the previous quarter. Data recording issues contributed to this where some deadlines were incorrectly recorded by in-development Fire Safety Inspecting Officers (FSIOs) as missed. This has been identified and addressed through training to prevent reoccurrence. Dependencies with partner agencies, and limitations on staff capacity accounted for other failures.</p>					



Response Measures					
13. Percentage of occasions where the first fire engine arrives at an emergency incident within 10 minutes from time the emergency call was answered 2024/25 Target: 75%					
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	74.6%	72.9%	71.5%	70.1%	72.3%
Target	75%	75%	75%	75%	75%
2024/25 Actual	74.7% ↑	68.5% ↓	73.2 ↑	72.2 ↑	72.0% ↓
<p>Service performance against the Response Standard during Q4 has improved by more than two percentage points in comparison to the same period last year. Multiple factors for this including challenging rural geography in the West of the county, a noted change in call types and volume, increasing volume of traffic and ongoing challenges with appliance availability.</p>					
14. Percentage of wholetime frontline pumping appliance availability 2024/25 Target: 97.4%					
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	97.3%	97.1%	97.6%	97.8%	97.4%
Target	97.4%	97.4%	97.4%	97.4%	97.4%
2024/25 Actual	97.7% ↑	95.2% ↓	96.7% ↓	98.1% ↑	96.9% ↓
<p>Wholetime appliance availability exceeded the 97.4% target during Q4. Human factors such as leave and sickness and training responsibilities to maintain the competence of operational staff to present a significant challenge. Q4 benefitted from seasonally low demand for leave. The internal Response Resourcing Group (RRG) is forecasting staffing levels months ahead to and liaising with Training colleagues to coordinate the planning of training and optimising availability while still ensuring safety-critical courses are delivered on time. With 18 new apprentices on stations in November, the service reached its increased station-based establishment figure of 334, which included the 10 additional posts approved by the fire authority in April 2024.</p>					



15. Percentage of hours where there is adequate crewing on On-call frontline pumping appliances (based on 24/7 crewing)					2024/25 Target: 50%
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	46.5%	38.4%	33.5%	41.5%	40.0%
Target	50%	50%	50%	50%	50%
2024/25 Actual	34.1% ↓	35.5% ↓	24.% ↓	36.6% ↓	32.7% ↓
<p>Q4 saw an improvement in availability compared to Q3 at every station in the service. Notable achievements include Maidenhead more than doubling from 9.3% to 20.3% (due to two firefighters passing their incident command assessments) and at Crowthorne where availability increased from 51.6% to 76.8% - a credit to the station and all the staff supporting substantial recruitment and training efforts.</p> <p>Availability of On Call appliances remains challenging with the overall performance below the 50% target. Lambourn struggles to reach double figures in the absence of a qualified incident commander. It is anticipated that by the end of Q1 2025-26 this manager will be in place, meaning the station will be available at times without the need for detachments.</p>					
16. Percentage of time that 14 or more pumping appliances are available					2024/25 Target: 100%
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	-	-	-	-	-
Target	100%	100%	100%	100%	100%
2024/25 Actual	91.2%	70.1%	82.6%	96.7%	85.1%
<p>Improvement with performance reaching 96.7%, notably from a significant contribution of On Call appliances to maintaining our baseline provision with 11 of the 17 shifts where a wholetime appliance was degraded still meeting the target of 14 appliances. This enabled the service to maintain 14 appliances for 174 of the 180 shifts during Q4. This measure is based on availability of 14 appliances for whole shifts. An appliance unavailability of a 'few hours' can mean the entire shift is discounted for the purposes of calculating performance.</p>					



Resilience Measures					
17. Percentage of visits to Very High, High and Medium Operational Risk sites completed in timescale					2024/25 Target: 100%
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	57.7%	80.0%	83.3%	56.0%	69.8%
Target	100%	100%	100%	100%	100%
2024/25 Actual	71.0% ↑	54.7% ↓	65.2% ↓	64.4% ↓	52.1% ↓

The risk profile of premises and the operational risk this may pose to staff is aligned to numerous parameters. Those may change for a variety of reasons, including inspections completed and intelligence gained. If the due date changes (within a month) or new properties are identified these can all impact the % total. Changes may alter the due date of operational risk inspections. Where a deadline can move for officers, forward planning and reporting are affected. For these reasons, this reporting is noted as being a snapshot for a period of time.

We identified in Q4 that the inspections undertaken by a new officer (within Q3) were not being captured within our reporting tool. This resulted in a lower percentage of inspections completed within target as the measure includes all inspections due but omitted those completed in target by the new officer.

Re-calculating these figures resulted in a change to Q3 from 57.3% as was previously reported to A&G Q3, to **65.2%**.

Further work will be carried out to improve the way we record and report on operational risk inspection activities.



18. Number of Service Delivery Hub exercises completed					2024/25 Target: 12
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	4	1	4	3	9
Target	3	3	3	3	9
2024/25 Actual	3 ↓	3 ↑	3 ↑	2 ↓	↓ 11 ↓
<p>A steady picture across the year, consistently aligned to target from Q1-Q3.</p> <p>Q4 target was missed because 1 exercise planned for Q4 was carried forward. Subsequently that will be counted in Q1 of the 2025-26 stats year.</p>					
19. Percentage of Automatic Fire Alarm calls where RBFRS did not attend					2024/25 Target: 30% min.
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	25.7%	25.8%	24.8%	25.1%	25.4%
Target (min)	30%	30%	30%	30%	30%
2024/25 Actual	24.9% ↓	32.7% ↑	51.5% ↑	52.5% ↑	41.0% ↑
<p>The percentage of Automatic Fire Alarm (AFA) calls that RBFRS did not attend has increased.</p> <p>The new AFA policy was introduced on 20 September 2024. Following the implementation of the new AFA policy, the percentage of calls where RBFRS did not attend has increased significantly to 51.5%. This represents more than a 100% increase compared to the 5-year average.</p> <p>Just as with the report in Q3, the rise in the percentage for Q4 2024 reflects a deliberate and successful effort to focus resources more efficiently, attending fewer false alarms. This indicates improved adherence to policy guidelines and suggests the wider Thames Valley adoption has contributed to effective policy delivery by TVFCS. The new policy appears to have had a positive impact on reducing RBFRS attendance at AFA calls. A comprehensive evaluation plan is in place to look at the impact of the new policy in more detail over the next two years, with formal reporting to Fire Authority at 12 and 24 months.</p>					



Customer Experience Measures					
20. Percentage of respondents experiencing a domestic fire satisfied with the service received					2024/25 Target: 100%
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	100%	100%	100%	No returns	100%
Target	100%	100%	100%	100%	100%
2024/25 Actual	100% ↔	100% ↔	100% ↔	100% ↔	100% ↔
21. Percentage of respondents experiencing a commercial fire satisfied with the service received					2024/25 Target: 95%
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	100%	100%	100%	No returns	100%
Target	95%	95%	95%	95%	95%
2024/25 Actual	100% ↔	100% ↔	100% ↔	100% ↔	100% ↔
22. Percentage of respondents satisfied with the Fire Safety Audit service they received					2024/25 Target: 90%
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	100%	90.9%	N/A	N/A	94.7%
Target	90%	90%	90%	90%	90%
2024/25 Actual	100% ↔	None received	None received	None received	100% ↔
<p>Since Q3 2023/24 the Fire Safety Audit surveys have been conducted via a QR code and an online form. Process is under review to determine effectiveness or changes that may be implemented to promote a greater level of engagement and response.</p>					
23. Percentage of respondents satisfied with the Safe and Well service received					2024/25 Target: 100%
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	100%	100%	98.8%	100%	100%
Target	100%	100%	100%	100%	100%
2024/25 Actual	98.9% ↓↔	100% ↔	100% ↔	100% ↔	98.7% ↓



24. Number of complaints received				2024/25 Target: Monitor	
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	7	6	6	2	21
Target	-	-	-	-	-
2024/25 Actual	1 ↑	6 ↔	9 ↓	6 ↓	22 ↑
In Q4, a total of 6 complaints. The reasons for complaint included operational activity, accidental damage during an incident, professional conduct/behaviour, inconsistency in advice received/understood and the way money is spent in the Service.					
25. Number of compliments received				2024/25 Target: Monitor	
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	4	4	5	8	21
Target	-	-	-	-	-
2024/25 Actual	7 ↑	12 ↑	10 ↑	8 ↔	37 ↑
Compliment to Safe and Well Technicians: 2 (to different individuals)					
Compliment to crew(s): 6 (following incidents, including one from Hampshire Fire and Rescue Service to Crew and Thames Valley Fire Control Service (TVFCS))					



Quadrant Two – Corporate Health

Revenue Budget & Position

The 2024/25 Revenue Budget was set at £45.964 million. The budget was set with no addition to or use of the Budget Contingency Reserve.

The revenue outturn for 2024/25 is shown on the following pages and shows a surplus of £370,000 compared to budget. £350,000 of this surplus has been transferred to the Budget Contingency Reserve to cover the unbudgeted element of the pay awards for 2025/26 with the balance of £20,000 transferred to the Transformation Fund.

Variances against individual revenue lines are explained below.

- » The Green book pay award was finalised at an average of 3.38% against a budgeted figure of 3.75% - a saving of £33,000. This is part of the Non-Stations Employee underspend of £115,000, which includes various vacancies, but is partly offset by higher officer overtime.
- » Utility costs were £112,000 lower than budget due to reduced gas and electricity usage, coupled with lower gas prices.
- » A bulk purchase of new non-PPE clothing was delivered and rolled out at the end of the financial year. This expenditure together with a backdated price increase on the national PPE contract led to additional costs of £103,000.

As reported in the Statement of Accounts to 31 March 2024, the Competition and Markets Authority imposed a charge control mechanism on Motorola in respect of the revenue that it could earn from Airwave. Motorola lodged an appeal but were unsuccessful, and the Authority has received £344,000 in compensation.

The Pension Grant from Government, to cover additional employer pension contribution costs, came in £87,000 higher than budgeted.

The Authority has been able to invest more money at higher fixed rates, resulting in interest received being £378,000 higher than budgeted for the full year.

£519,000 is being set aside from revenue resources to cover new WAN licenses.



Revenue Outturn Quarter 4 2024/25

	Annual Budget £'000	Q4 Outturn £'000	Budget to Actual Variance £'000
EMPLOYEES			
STATIONS	20,736	20,703	(33)
NON-STATIONS	14,542	14,427	(115)
TRAINING	712	723	11
OTHER	343	355	12
	36,333	36,208	(125)
PREMISES			
REPAIRS & MAINTENANCE	1,048	1,108	60
RATES	941	941	0
CLEANING	294	302	8
UTILITIES	742	630	(112)
	3025	2981	(44)
SUPPLIES			
INSURANCE	437	442	5
EQUIPMENT	594	584	(10)
IS EQUIPMENT & LICENCES	1,479	1,486	7
CLOTHING/PPE	373	476	103
COMMUNICATIONS	913	548	(365)
OCCUPATIONAL HEALTH	268	286	18
PRINT/STATIONERY/PUBLICATIONS/SUBSCRIPTIONS	142	161	19
COMMUNITY FIRE SAFETY SUPPLIES	124	117	(7)
SUPPLIES OTHER	240	256	16
	4,570	4,356	(214)
CONTRACTS			
CONTRIBUTION TO TVFCS & COLLABORATION	1,063	1,055	(8)
LEGAL	50	74	24
CONTRACTS OTHER (incl Professional Services)	1,289	1,293	4
	2,402	2,422	20
TRANSPORT			
VEHICLE RUNNING COSTS	801	836	35
TRAVEL	236	243	7
	1,037	1,079	42
PENSIONS			
PENSIONS	537	530	(7)
	537	530	(7)



INCOME			
GRANTS	(1,120)	(1,227)	(107)
RENTAL INCOME	(265)	(251)	14
TVFCS RECHARGE INCOME	(429)	(429)	0
INCOME OTHER	(917)	(945)	(28)
	(2,731)	(2,852)	(121)
NET COST OF SERVICES			
DEBT CHARGES INTEREST	333	333	0
INVESTMENT INTEREST	(492)	(870)	(378)
REVENUE FUNDING OF CAPITAL	1,793	1,793	0
CAPITAL CONTRIBUTIONS TO STAFFING COSTS			0
APPROPRIATION TO/(FROM) RESERVES	(1,380)	(861)	519
FINANCING COSTS	550	550	0
REVERSAL OF ACCRUED HOLIDAY PAY	(13)	(13)	0
NET EXPENDITURE	45,964	45,656	(308)
GOV GRANTS/PRECEPTS	(45,964)	(46,026)	(62)
(SURPLUS)/DEFICIT BEFORE USE OF RESERVES	0	(370)	(370)



Equality, Diversity and Inclusion Objectives

	End 23/24		Q1	Q2	Q3	Q4
<p>Objective: Increasing the diversity of staff at all levels</p> <p>We recognise the value that a diverse workforce brings and will take action to increase the diversity of job applicants, seeking individuals with the right behaviours and skills to help us reflect and engage with our local communities.</p>	G		G	G	G	G
<p>Q4 began with the recruitment process for the RBFRS Summer Internship Programme, a part of RBFRS positive action activity to attract a diverse workforce. Of 9 shortlisted candidates, 4 successful interns will be selected in Q1. In addition, the Service allocated 4 positions for Leonard Cheshire Interns for 2025/26 and recruitment is underway.</p> <p>The latest cohort of wholetime firefighter apprentices commenced their employment in February with 25% of apprentices female, marking our highest percentage to date in our new recruit cohort.</p> <p>Discover a career as firefighter sessions continued throughout Q4 along with a review and restructure to ensure cost and resource effectiveness.</p>						
<p>Objective: Leadership and corporate commitment</p> <p>We will support our organisational leaders to understand their role in tackling inequalities and demonstrating inclusive behaviours, in line with our Behavioural Competency Framework. This commitment means we will be strong and visible in our leadership and ensure that all staff and members of our local communities have confidence in our commitment to equality, diversity and inclusion.</p>	G		G	G	G	G
<p>Procurement for Anti racism training for all of SLT has been agreed for Q1 2025-26, to look at racial bias in the workplace, microaggressions & microinvalidations, how to become a race equality ally.</p> <p>Our Equality Monitoring Data collection concluded in Q4. This aimed to enhance the quality of our data and introduce religion and sexual orientation reporting.</p> <p>Highlights:</p> <ul style="list-style-type: none"> » Those sharing information regarding a disability increased by 10%. » Sexual orientation data collected for 66% of our workforce. » Religion data collected for 68% of our workforce. » A 2% increase in those that are not White British (category includes 'prefer not to say'). » A secondary question relating to 'disability type' indicated the most shared were Neurodiversity and Mental Health, followed by musculoskeletal. <p>EDI and Cultural Awareness Training continues to be rolled out to all staff across the service with 42% of staff having now completed the training. Sessions will continue throughout 2025-2026.</p> <p>Work continued against the Culture Plan, the review of the RBFRS Behavioural Competency Framework and review of EDI objectives in line with the Public Sector Equality Duty. Progress against the current objectives is collating understanding for where the Service can better focus EDI efforts. New objectives will provide further clarity and be measurable.</p>						



<p>Objective: Improving our service delivery by creating strong links with our community</p> <p>We will connect and communicate with our diverse local community to develop meaningful and sustainable links, which help us to increase our understanding of their needs. We will ensure that we tailor our prevention, protection and response activities accordingly and target the most vulnerable people with the greatest risk.</p>	G		G	G	G	A
<p>A review into the EDI accountability for watch-based station managers concluded in Q4 and recommended changing the accountability on an annual basis to a different watch colour to ensure a more coordinated approach across stations.</p> <p>Engagement continued with different community groups for Q4 within Berkshire and included:</p> <ul style="list-style-type: none"> » Visit by Headquarters staff from different departments at to JMJC Mosque Slough to further establish a relationship with the Muslim community. » Wokingham: Engagement with the Hong Konger community, Loneliness campaign. » Bracknell: Fire safety talk for adults with learning difficulties, Wayz 16–25-year-old adults with SEN, with Ascot ladies united. » Slough: LGBTQ+ youth group. » Langley: WI East Hub Prevention team event with MensMatters. <p>A strong area of focus when considering the new EDI objective to progress for 2025/2026 is for stations to utilise local data to understand and tailor engagement to those immediate communities and groups that are vulnerable and most at risk.</p>						
<p>Objective: Building on our inclusive culture</p> <p>We will continue taking action to ensure we have a culture where everyone feels valued and is treated with dignity and respect and support all staff to contribute to the creation of an inclusive working environment.</p>	G		G	G	G	G
<p>EDI and Cultural Awareness training has been in place to provide employees an understanding of EDI, improved cultural awareness and action planning surrounding EDI.</p> <p>Work on our stations and training centre continued to progress the aim for all stations to ensure separate male and female sleeping, washing and sanitary areas and where possible individual occupancy and gender neutral.</p> <p>The HQ stations visits programme continues with positive feedback explaining the benefits of this programme on the watches. This will continue throughout 2025/2026. The Service celebrated Neurodiversity Celebration Week by sharing staff experiences, poems and learning opportunities. To further build on our inclusive culture the service is looking to amend its approach to focus more on staff stories and experiences.</p>						

Tables containing relevant Equality, Diversity and Inclusion data are in [Appendix D - Equality, Diversity and Inclusion Data](#).



Corporate Measures: Corporate Health

Corporate Health performance is monitored in relation to staffing levels, health and safety and finances within RBFPS, to ensure the organisation is being run safely, efficiently and is cost effective.

For Corporate Health Definitions, view [Appendix C - 2024-25 Performance Measures and Definitions](#).

Human Resources and Learning & Development					
26. Percentage of working time lost to sickness across all staff groups				2024/25 Target: 5% max	
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	4.0%	4.8%	6.9%	6.3%	5.5%
Target	5.0%	5.0%	5.0%	5.0%	5.0%
2024/25 Actual	5.4% ↓	6.6% ↓	7.7% ↓	6.6% ↑	6.5% ↑

The top three reasons for sickness absence this quarter remain as Mental Health, MSK and Respiratory. These reasons fluctuate quarter on quarter and will be impacted by seasonal factors. MSK absence remains one of the top three highest causes of sickness absence, consistent with other Fire and rescue Services.

Sickness by Contract Type

Wholetime absence

- » Wholetime absence reduced from 1487 days to 1240 this quarter due to Mental Health, Respiratory and Endocrine decreasing. It is 16% higher than the same period last year (1045 days).
- » Mental Health absence is 20% higher than the same time last year. The number of episodes remain consistent, 10 were off last quarter 11 were new cases; 7 were long and 4 were short term cases.
- » Respiratory reduced but Gastro and MSK have increased from last quarter, with 8 episodes of gastro sickness following a water rescue course. Action is being taken to review control measures.
- » At end Q4, 14 individuals remain absent equating to 368 days. (9 Long: 341 days, 5 short: 27 days).

On-Call absence

- » On-Call absence increased and is higher than the same period last year (75 days), due to two long term cases starting in Q4 (equating to 90 days).
- » As with Q2 and Q3, this quarter saw sickness days lost only to MSK, Respiratory and Heart. No Mental Health cases in this staffing group this quarter, consistent with the same period last year.
- » One individual on long term sick left the service during Q4 (equating to 31 days).
- » At end Q4, one individual remains off sick at the end of the quarter, due to return in Q1 2025-26.

Green Book

- » Sickness absence increased and is higher than the same period last year.
- » Gastro, Virus and Headaches increased this quarter compared to Q3. All were short-term cases and returned to the workplace but for one individual on a phased return (light duties).
- » Mental Health days lost increased with all absence long term (8 episodes: 5 from Q3, 3 new cases).
- » Number of episodes remain the same. There are no short terms cases this quarter.
- » End Q4, 5 individuals remain off sick at (4 Long - 208 days and 1 short - 6 days)

Control sickness

- » Control sickness reduced this quarter and when compared to the same period last year.
- » Respiratory, Headache, Skin, Gastro and ENT reduced or are the same compared to Q3.
- » All but one employees returned to the workplace.



Mental Health

Mental Health sickness days lost reduced this quarter.

- » 44% of all sickness days lost this quarter were Mental Health related.
- » The biggest categories of mental health absence this quarter were work-related stress, depression, anxiety, PTSD and non- work-related stress.
- » Wholetime has seen a decrease but Control and Green Book increased. On-Call continue to have no mental health absences.

During Q4 the following activities were undertaken against the mental health action plan:

- » Mental Health Awareness (part 2) training – 467 staff have received the training to date.
- » Time to Talk Day was supported in February.
- » Increase in requests for Trauma Support sessions, with four sessions delivered. A further three sessions were planned for Q1 2025-26.
- » 15 Structured Professional Support sessions took place for eight individuals through Health Assured.

Musculoskeletal (MSK) Sickness

Musculoskeletal (MSK) sickness days increased this quarter. Further analysis shows:

- » Top three reasons for MSK absence were lower limb, back and neck.
- » MSK Sickness levels increased for Wholetime and On-Call, decreased for Green Book and Control.
- » MSK absence is lower when compared to the same quarter last year.
- » 10 long term MSK sickness cases and 7 individuals have returned to the workplace.

Respiratory

Respiratory sickness reduced this quarter in terms of both episodes and days lost and is comparable to the same period last year. If trends continue, we expect a further reduction of respiratory absence from Q4 to Q1.

HR Support

During Q4 another sickness absence management workshop took place for line managers to help them address managing absence with more sessions to follow. The light duties pool has gone live, with a register of those in the pool available, along with updated rehabilitation/light duties plans and supportive managers guides in place.

Focus with line managers included meetings which have been held to support returns to the workplace. This included two medical capability cases which have resulted in returns to the workplace on amended duties. We are using case conferences with our OH Physician to move more complex cases forward.

Quarterly Hub meetings have taken place in the last quarter and as a result face to face meetings are being held with employees to support return to the workplace.

Welfare support is regularly given and signposting to sources of support remains ongoing with regular check ins on individuals who may have been struggling.



Human Resources and Learning & Development

27. Percentage of eligible staff with Personal Development Appraisals						2024/25 Target: 100%
	Q1	Q2	Q3	Q4	Year to Q4	
Previous Year (2023/24)	62.5%	86.0%	92.0%	94.0%	94%	
Target	100%	100%	100%	100%	100%	
2024/25 Actual	32.0% ↓	76.0% ↓	81.0% ↓	81.0% ↓	81.0% ↓	

Source: Data calculated and supplied by HR

At Q4 555 staff were eligible to have received a Personal Development Review (PDR) meeting between April and July 2024. Dual contract employees only require one PDR and therefore have only been counted once. A total of 104 employees who were either new or had been absent from the workplace were exempt. By end-Q4, 452 active staff were recorded as having had their PDR which equates to 81%. This is lower than the same period last year (94% in Q4 23/24). The deadline for completion of PDR meetings this year was July 2024. Of the meetings that have taken place, 68% (379) of completed PDR forms have been returned to HR.

Managers have access to reports to monitor performance locally and HR are contacting Managers on a regular basis to ensure meetings have been recorded accurately and that paperwork has been returned.

28. Number of formal grievances						2024/25 Target: Monitor
	Q1	Q2	Q3	Q4	Year to Q4	
Previous Year (2023/24)	2	3	4	8	17	
Target (max)	-	-	-	-	-	
2024/25 Actual	5 ↓	11 ↓	4	2	22	

Source: Data supplied by HR

A six-monthly update report analysing the effectiveness of grievance and disciplines was written and presented to Audit and Governance in Q4 of 2023/2024 and could not conclude specific trends for the increase in complaints. Where actions are identified, these are addressed in a timely manner as appropriate. An annual report on the effectiveness of discipline and grievances for the year 2024/2025 is currently being undertaken and will be presented to Audit and Governance in Q3 of 2025/2026. An effective Discipline and Grievance action plan continues to be monitored and updated in line with national recommendations or reports. An external discipline audit took place in Q4 – the results including any actions required will be published in Q1.

Health and Safety

29. Number of RIDDOR accidents and diseases						2024/25 Target: 4 max
	Q1	Q2	Q3	Q4	Year to Q4	
Previous Year (2023/24)	1	0	1	1	3	
Target (max)	1	1	1	1	4	
2024/25 Actual	0 ↑	0 ↔	0 ↑	3 ↓	3 ↔	

Source: Data supplied by Health & Safety

In Q4, all three RIDDOR reports were due to injuries resulting in absence above seven days. One of these resulted in a RIDDOR reportable fracture. Hazard categories included slips, trips and falls and exposure to harmful substance. An increase in injury accidents was recorded (18 in Q4 compared to eight in Q3). 10 of 18 injury accidents occurred during training - 6 followed a water rescue training course in February (including one of the RIDDOR events). This prompted a review of water rescue practices to ensure suitable and sufficient hazard management against poor water quality at our training venues. Near misses decreased from 17 in Q3 to 7 in Q4, with the majority arising from routine activities.



Finance and Procurement

30. Percentage of spend subject to competition 2024/25 Target: 5% max

	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	80.5%	85.1%	91.6%	87.6%	86.2%
Target	85%	85%	85%	85%	85%
2024/25 Actual	89.9% ↑	91.3% ↑	91.9% ↑	92% ↑	91.4% ↑

Q4 2024/2025 financial year included four waivers:

1. ADT Fire and Security Plc – closed protocol fire alarm in HQ and changing supplier will need to replace the whole smoke alarm system costing authority additional cost. Waiver completed to stay with the current provider because the IP is on the system.
2. Cadcorp - We own perpetual Cadcorp software licences and pay an annual Support and Maintenance fee. The software is specialist and complex and is embedded in our strategic and analytical work.
3. Ricardio-AEA Ltd: Chemical hazards database is unique to a single government approved supplier that provides patented/proprietary goods.
4. Heightec - The current device in use is provided by Heightec, who are the original equipment manufacturers of the device. For operational reasons the device needs to be common across the service to allow equipment from several appliances to be used seamlessly at large incident, or when a firefighter is on out duties, they can use and operate the same equipment, instantly on any appliance in the county.

31. Compliant spend as a percentage of overall spend 2024/25 Target: 5% max

	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	98.8%	100%	100%	100%	99.6%
Target	100%	100%	100%	100%	100%
2024/25 Actual	100% ↑	100% ↑	100% ↑	100% ↑	100% ↑

In Q4, Compliant spend met the required target of 100%.



Freedom of Information					
32. Number of Information Commissioner assessments finding that the Service has breached Information Rights Legislation*					2024/25 Target: 0
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	0	0	0	0	0
Target	0	0	0	0	0
2024/25 Actual	0 ↔	0 ↔	0 ↔	0 ↔	0 ↔
*Freedom of Information Act, Environmental Regulations or Data Protection Legislation					
33. Monitoring the annual completion of the mandatory Protecting Information Course					2024/25 Target: Monitor
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	--	--	--	--	--
Target	95%	95%	95%	95%	95%
2024/25 Actual	60%	71%	68%	56%	64% avg
Whilst there has been improvement since the last reported audit, Q4 dipped. An uplift in compliance is needed across the Service.					
34. Reporting of data breaches and near misses to include those that are reported to the ICO					2024/25 Target: Monitor
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	--	--	--	--	--
Target	0	0	0	0	0
2024/25 Actual	0	0	0	0	0
Of 4 breaches reported during Q4, none required reporting to the ICO.					
35. Completing the Data Subject Requests (SARs) within the permitted time frames					2024/25 Target: Monitor
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	--	--	--	--	--
Target	100%	100%	100%	100%	100%
2024/25 Actual	100%	100%	100%	100%	100%
36. Having a complete set of published Retention Schedules and keeping them up to date and auditing that data is retained in line with retention schedules					2024/25 Target: Monitor
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	--	--	--	--	--
Target	100%	100%	100%	100%	100%
2024/25 Actual	57%	63%	60%	43%	56% avg
With Q4 remaining below where we need to be, this measure is in focus for Information Governance for Q1 and Q2 2025/26.					



Quadrant Three – Priority Programmes

Our Priority Programmes Quadrant brings together progress updates on our areas of work where we are delivering defined outcomes that are different to, or improve on, current working practices, policies and procedures.

Updates to assess progress against the projects and objectives set in our 2024-25 Annual Plan are included under this section for:

- » [Community Risk Management Plan](#)
- » [People Strategy Reporting](#)
- » [Strategic Asset Investment Framework](#)



Community Risk Management Plan

RBFA is required to publish a Community Risk Management Plan (CRMP – formerly known as an Integrated Risk Management Plan). In early 2023, we consulted on and published a CRMP for 2023-27, which reflects the priorities and requirements of the [Fire and Rescue National Framework for England](#).

The below shows progress against our CRMP commitments published in our 2023-24 Annual Plan.

Priority 1: We will develop our Integrated Service Delivery Strategy to meet the changing profile of risk in Berkshire due to climate change, societal and technological shifts.						
	End 23/24	Q1	Q2	Q3	Q4	
We will build on our horizon scan and evidence base developed for our CRMP to improve our understanding of climate change, societal and technological risks.	G	G	G	G	G	
We will develop our water rescue capability to respond to the impact of climate change.	G	G	G	G	G	
We will develop our wildfire capability to respond to the impact of climate change.	R	G	A	G	G	
As society adapts, through increased use of alternative and renewable energy systems in vehicles, homes and businesses, we must adapt what we do to mitigate the risk. The hazards we manage are changing and we must keep pace with these changes. We will develop our prevention activities and response model to reduce the impact of incidents from alternative fuel sources, both to the Service and the people of Berkshire.	G	G	A	A ¹	A ¹	
Work on alternative energy systems has paused due to a lack of available personnel to undertake the tasks, due to long term sickness absence. It is anticipated that this will be reestablished in Q1.						
Priority 2: We will develop a Risk Based Prevention Programme to target those most vulnerable and at risk from emergency incidents						
	End 23/24	Q1	Q2	Q3	Q4	
We will use our evidence base to identify who is most at risk in our communities, to ensure our resourcing is targeted in the most effective and efficient way.	NS*	NS*	NS*	NS*	NS*	
We will continue to work with our partner agencies to ensure high quality referrals for the most vulnerable.	G	G	G	G	C	
Data and local knowledge in prevention	G	G	G	G	C	
*Changed to NS from a previous amber due to the conscious decision to manage workloads and prioritise activity. Completed activities have transitioned to business as usual. Interdependencies within Priority 2 with Priority 3 and 5 will be investigated through the new CRMP Board.						



Priority 3: We will develop our response model to ensure that we are providing the most effective response to incidents within Berkshire, ensuring that it is aligned to the risks identified, sustainable and provides value for money

	End 23/24	Q1	Q2	Q3	Q4
In preparation for a project commencing in 2024/25 to improve our response to incidents, we will use our CRMP evidence base and our annual review of risk to assess our response model to determine the areas that will form part of this project.	R	A	A	G	G
Appliance Availability, will look to generate the evidence to review the requirements, define extractions and refine what RBFRS need to enhance the availability of 19 fire engines by reviewing ridership factor and making recommendations to mitigate the effects of extractions in the long term to support the Organisation in achieving the current requirement of the CRMP.	NS	NS	NS	NS	G
Define the level of command resource* required to provide an effective and efficient response to foreseeable incidents such as fires, road traffic collisions and other emergencies within Berkshire and what arrangements must be made to meet the full range of service delivery risks, local and national resilience duties.	NS	NS	NS	NS	G
We will identify the specialist capabilities needed from both station-based and non-station-based operational staff (e.g., flexi-duty officers). This includes understanding which capabilities are critical, which are needed in the longer term, and how to crew these specialist roles.	NS	NS	NS	NS	G

The CRMP Priority 3 programme team was established and commenced work on a review of the RBFRS response model in Q4 to focus on three main areas: Appliance Availability, Incident Command and Specialist Capabilities. In Q4, the workstreams began on the Stabilise and Identify phases, with a target of June for producing an Identify Report for the Senior Leadership Team (SLT). Work is on track to meet this deadline. Following this report, Priority 3 may have workstreams commissioned to develop and deliver specific recommendations from the report.

Priority 4: We will review the incidents that do not form part of our core statutory responsibilities, to better understand the implications for the Service in attending these incidents. Notwithstanding the review of our response and the gathering of this data, public safety will remain the primary priority of the Service

	End 23/24	Q1	Q2	Q3	Q4
We will assess the volume and costs of responding to incidents which do not currently form part of our core statutory responsibilities. Public safety will remain our priority, and this information will be used to support the implementation of "Fit of the Future", the NFCC and sector ambitions for the future of fire and rescue service over the next five years.	G	A	G	C	C



Priority 5: We will develop our Service to reduce the impact of fire safety issues in commercial buildings.						
	End 23/24	Q1	Q2	Q3	Q4	
We will evaluate our new Risk-Based Inspection Programme to ensure we are targeting the premises with the greatest risk	G	G	G	G	G	
We will evaluate the changes we have made to our call challenge policy and review our response	G	G	G	G	G	
Sprinklers		G	G	G	C	
Building Safety Regulator		G	G	G	C	
New Ways of working		NS	NS	NS	NS	
<p>RBIP and New Ways of working have potential interdependencies with Priority 3 and Priority 2 and these will be explored at the new CRMP Board. Call Challenge Policy is now under evaluation and has switched to Business as Usual with the benefits being captured in an evaluation report.</p>						
Priority 6: We will maintain 19 frontline fire appliances, and a baseline service provision of 14 frontline fire appliances, utilising Whole time and On-call staff as effectively as possible, through local management						
	End 23/24	Q1	Q2	Q3	Q4	
Develop our service delivery policies to integrate our wholetime and on call availability to achieve our baseline service provision of 14 frontline appliances, making dynamic and intelligence-based decisions to maximise cover and our response standard. We will monitor and evaluate these processes.	G	G	G	G	C	
<p>Priority 6 has transitioned to Business as Usual. This is monitored by the Operational Support and Improvement Team.</p>						



People Strategy Reporting

The Development Programme contains five key pillars of work for places, processes and systems, comms and engagement and governance & assurance and People. Reporting for four of these primarily take place in other areas with this update focused on the People pillar. The People Strategy was published in April 2024. Work is ongoing to structure and shape the delivery plan and the below represents an initial progress review on associated activities.

Objective 1: We are one Team and we all contribute to the delivery of our services to the public, all staff should feel safe to come to work and maintaining public trust and confidence is essential. How we work together is important. We will maintain our zero tolerance to harassment, bullying and we extend that to include victimisation. We will increase ways to make staff feel safe and provide tools and support to help staff to speak out. We will review and further embed the use of behavioral competencies making it easier to understand and more widely use				
	Q1	Q2	Q3	Q4
Effective grievance and discipline action plan implementation (including Misconduct recommendations)	G	G	G	G
Review of performance management processes. Action plan detailing priorities linked to misconduct review	G	G	G	G
Establish values and plan for communication and engagement across organisation	G	G	G	C
Behavioral competency framework review and implementation. Includes design, engagement, socialisation of new framework	NS	NS	G	G
Objective 2: We will seek to attract and retain a professional, talented and diverse workforce. We will work with employees and representative bodies to make our workplaces inclusive for all, ensuring we balance needs of the individual with managing risk to the community.				
	Q1	Q2	Q3	Q4
Neuro inclusion action plan looking at actions to support neurodivergent staff in all aspects of work	G	G	G	G
Disability work with me: Support to individuals with disabilities	G	G	G	C
Review of developments and needs to improve recruitment and retention. Review data and information to help inform decisions	G	G	G	G
Conduct a review of the current Employee Value Proposition (EVP), gathering data on employee perceptions, benchmarking against sector standards, and developing recommendations to strengthen the EVP	NS	NS	NS	G
Direct Entry Scheme provides an alternative route of entry into the role of Station Manager.	NS	NS	NS	NS



Objective 3: We will increase the diversity of our operational workforce by 100% in the next three years to better reflect the communities we serve. We recognise that diversity is not just related to gender and ethnicity, we want to improve diversity of thought and experience ensuring we are an inclusive employer for all. This will help improve equality of access to services for all our communities.

	Q1	Q2	Q3	Q4
Development of a culture dashboard to support RBFRS understand and measure impacts on culture	NS	NS	NS	NS
Review the EDI objectives to comply with the Public Sector Equality Duty. Conducting consultation with the public and FA approval	NS	NS	NS	G
Production of EDI data to support organisational monitoring and decision making	G	G	G	C
Sexual harassment awareness within the service of the duty and acceptable behaviours	NS	NS	G	G

Objective 4: We will empower our staff to develop, grow and understand their role in the organisation. We will recognise good performance, and effectively manage poor performance. We will create pathways for career progression for all staff groups and develop tools to manage talent.

	Q1	Q2	Q3	Q4
Developing Potential Strategy to implement an effective talent management process ¹	G	G	A	G
Introduce the Coaching and Mentoring Strategy and associated training	G	G	G	G
Create clear pathways for development for key areas such as L&D and green book departments ²	G	G	A	A
Review Development and Assessment Pathways (DAPS) to ensure the structure and output of development and assessment pathway is meeting need, is effective and designed to support development timescales.	NS	NS	NS	NS
Review the promotion process to ensure that it is fit for purpose	G	G	G	G
Redesign PDR process to take account of Behavioural Competency Framework (BCF) changes and embedded and effective.	G	G	G	G
Introduce succession planning to ensure better workforce management and development of staff aiding business continuity.	G	G	G	G
Reward (recognising performance)	NS	NS	NS	NS

¹ The Talent Management pilot has concluded, the data and feedback analysis is being collated to inform the findings and recommendations in an evaluation report. This finalisation of this work has been delayed due to absence / capacity across the Resourcing and Development team. Next steps will be informed by the report.

² A planned approach has been agreed for the creation of Professional and Support Services Development and Assessment Pathways, work has commenced on DAPs for Prevention roles. Progress on this area of work has



been slowed to accommodate other high priority work on the Service Plan because of absence / capacity across the Resourcing and Development team.

Objective 5: We recognise the value of the On-call duty system. We will ensure our process and procedures support the attraction and retention of staff, which will enable us to better manage risk across Berkshire

	Q1	Q2	Q3	Q4
On-call working group action plan: review action plan to prioritise work packages to support On-call staff development	G	G	G	G
Speed up the process of On-call becoming part of the crew. Review if there is appetite for skills-based mobilising and develop plan	A	A	A	G
On-call retention of staff	G	G	G	G

Objective 6: We will continue to invest in leadership across the organisation. We will increase opportunities to bring together leaders from across the service to close the gaps and improve levels of trust. We will share leadership experience and learning wisely inside and outside the sector.

	Q1	Q2	Q3	Q4
Utilise the engagement opportunities and leadership sessions to support organisational development in line with the Safe, Supportive and Inclusive values. Includes watch/team culture development.	G	G	G	G
Consider the leadership development requirements of SLT and develop and discharge a plan	NS	NS	NS	NS
Leading the Service fire standard analysis to inform action plan	G	G	G	A
Leading and Developing People Fire Standard	G	G	G	G
Review the leadership provision within RBFRS to ensure effective and meets emerging organisation need	G	G	G	G
Assess and determine how visible leadership can be measured. Trusted leadership.	NS	NS	NS	NS

Objective 7: Developing and maintaining skills and knowledge across our operational workforce is a priority. We will increase the variety of training delivery methods available to make it easier to access resources. We will improve tracking tools for learners and increase capacity to provide greater assurance that learning objectives are being met.

	Q1	Q2	Q3	Q4
Officer Training Programme (OTP) Review: Commission new review of OTP and introduce changes agreed through SDS to provide interim solutions and guidance	A	A	A	A
Conduct a review of the training programme for On-call to ensure that staff can access the training they need in the quickest time possible.	NS	NS	NS	NS
Operational competency fire standard action plan	G	G	G	G
Initiate a review of how operational training is delivered	G	G	G	G
Workforce planning task and finish group and associated action plan	G	G	C	



Objective 8: Health, Safety and Wellbeing remain a priority for us. We will work with staff, representative bodies and experts, to implement our new Safety, Health and Wellbeing Strategy to deliver safe and healthy people, places and processes.

	Q1	Q2	Q3	Q4
Health, Safety and Wellbeing Action Plan	G	G	G	G
To roll out mental health trauma related training to improve awareness and early interventions	G	G	G	G
Review the Trauma Support provision to ensure approach used is still fit for purpose/effective.	NS	NS	NS	NS
Evaluate data from the Strength Test pilot to determine future practice/requirements	NS	NS	G	G
Sickness Working Group action plan	G	G	G	G



Strategic Asset Investment Framework

The Strategic Asset Investment Framework (SAIF) sets out how we will maintain and renew the vital capital assets necessary to support our services. Our capital assets include our fire stations, training centre and HQ, fleet and equipment, and our ICT systems. All together, they represent a major capital investment programme.

Buildings		Status				
		End 23/24	Q1	Q2	Q3	Q4
Estates Development	On Track	G	G	G	A	A
	On Budget	G	G	G	R	G
Training Centre	On Track	G	G	G	G	G
	On Budget	G	G	G	G	G
Slough	On Track	G	G	C	C	C
	On Budget	G	G	C	C	C
Langley	On Track	NS	A	A	G	G
	On Budget	NS	A	A	G	G
P1 Heat Decarbonisation	On Track	A	G	G	G	G
	On Budget	R	R	R	R	A
EDI Station Improvements	On Track	G	G	G	G	A
	On Budget	G	G	G	G	A
Contaminants Estate Development	On Track	G	G	C	C	C
	On Budget	G	G	C	C	C
Service House Refurbishment	On Track	G	G	G	G	A
	On Budget	G	G	G	A	G
LED Priority 2	On Track	G	G	G	G	G
	On Budget	G	G	G	G	G



Fleet and Equipment		Status				
		End 23/24	Q1	Q2	Q3	Q4
Fleet: Special Appliances	On Track	G	G	C	C	A
	On Budget	G	G	C	C	G
Fleet: Other Ancillary Vehicles	On Track	G	G	G	G	G
	On Budget	G	G	G	G	G
Equipment	On Track	G	G	G	G	G
	On Budget	G	G	G	G	G

ICT		Status				
		End 23/24	Q1	Q2	Q3	Q4
Hardware	On Track	A	G	G	G	G
	On Budget	G	G	G	G	G
Software	On Track	G	G	A	G	G
	On Budget	G	G	A	A	G
Networks	On Track	R	A	R	G	A
	On Budget	R	A	G	G	A
Services	On Track	G	G	G	G	G
	On Budget	G	G	A	G	G
ESMCP	On Track	R	R	R	R	R
	On Budget	R	R	R	R	R



Quadrant Four – Assurance

Corporate Risk Register

RBFRS has a comprehensive Organisational Risk Management Policy, along with a framework for monitoring and managing risks and uncertainties to ensure that organisational objectives can be achieved.

Strategic Risks and those with a current score of 17 or above, are escalated to the Corporate Risk Register and monitored monthly by the Senior Leadership Team.

This section includes:

- >> [Strategic Risks](#)
- >> [Service Plan Risks](#)
- >> [Project Risks](#)

Each risk has 3 risk scores:

- >> Inherent Score – the risk score at the risk’s initial assessment
- >> Current Score – the risk score as of this current moment in time
- >> Treated Score – the risk score we expect to reach once the treatments have been completed and have mitigated the impact or likelihood of the risk.

Classification of Risk Scores and Risk Movement

20-25	Outside assumed Risk Appetite and requires mitigation to proceed
19	Inside Risk Appetite only because of extremely low probability. Mitigate if necessary and possible, accept only if no further action can be justified
17-18	Inside Risk Appetite. Mitigate further if cost effective to do so - discuss with a Director
7-16	Inside Risk Appetite. Mitigate further if cost effective to do so
1-6	Inside Risk Appetite and unlikely to need further mitigation

Quarterly Risks as presented in the following pages were updated end-March 2025.

Strategic Risks



Q4 Updates:

Closed Risks:

- » Risk 843 Proportion of operational staff in development
- » Risk 844 Cost of living impact on staff
- » Risk 917 Culture

Risk ID	Risk Short Name	Risk Description	Inherent Score	Current Score	Treated Score
417	Firefighter Safety	If we do not maintain the safety, health and wellbeing of our operational staff through effective training; operational policy and guidance; safe systems of work and means to capture and respond to operational learning, we risk a significant firefighter injury or fatality, a failure to comply with our legal duty and an undermining of the operational effectiveness and competence of our staff. This could significantly impact the effectiveness of our operational response, have a long-term impact on staff welfare and damage our public reputation and trust levels.	25	20	19
506	Volatility of funding	If RBFRS fails to receive sufficient funding, which is becoming more likely given the level of national debt, the Government's fiscal policy, increasing volatility in local funding and increasing budget pressures, we can expect to face further reductions in service delivery and a loss of public trust, which will severely impact on our ability to deliver our statutory duties and strategic objectives.	24	18	16
629	Management of Cyber Security	If we fail to ensure compliance with Cyber Security best practices and guidelines, which is increasingly likely due to ongoing evolution in the sophistication of attack methodologies, we may be exposed to operational degradation, financial loss and/or reputational damage due to reduced availability, integrity or currency of our data and systems.	21	18	12



Risk ID	Risk Short Name	Risk Description	Inherent Score	Current Score	Treated Score
663	Capital Projects - Effective Estate Management	If we fail to effectively manage our property assets to ensure they are fit for purpose and in the right locations, which may become increasingly likely given the funding challenges and the increasing age of our fire stations, then we can expect our revenue expenditure to increase, our services to be less effective and our stations to further decline which would be significant in respect to our strategic objectives; to ensure value for money and ensure fire stations are suitable and accessible for our own staff and the communities they serve.	23	17	10
681	WDS Operational Availability, Crewing and Capabilities	If we do not maintain the necessary numbers, skills and knowledge requirements of WDS personnel, which requires constant attention with our lean operating model, we may see adverse impacts on the provision of appliance availability, delivery of our response standard and our wider service plans and this could significantly impact community safety and our organisational reputation.	23	21	12
682	On-call Operational Availability, Crewing and Capabilities	If we do not sustain activity to ensure our On-call provision has the appropriate numbers of personnel with the necessary skills, knowledge and availability then we risk undermining organisational resilience in our response capability and this could impact community safety and organisational reputation.	21	21	12
798	Environmental/ Sustainability	If RBFRS fails to develop, fund and implement an environmental and sustainability plan, then we can expect an increase in financial pressure with rising energy costs, and RBFRS' reputation as a public sector organisation to be negatively impacted through being out of alignment to wider societal progress towards creating a more sustainable future which will significantly impact our ability to deliver our statutory duties and strategic objectives.	23	18	10



Risk ID	Risk Short Name	Risk Description	Inherent Score	Current Score	Treated Score
842	Volatility of operational staff numbers	If PP&R staff turnover increases, which may become more likely with changes in pension rules and recruitment of neighbouring services, then we can expect to have a challenge in retaining required levels of PP&R staff, which may affect our ability to meet our strategic commitment to ensure a swift and effective response when called to emergencies.	25	23	15
879	Organisational Capacity	If RBFRS does not effectively align its organisational resource capacity to priority areas, which is becoming increasingly likely given internally and externally driven demand within an environment of greater spending restriction, then we can expect reduced delivery of core services, negatively impacting on the wellbeing and retention of staff, which will significantly impact our ability to deliver all our annual objectives.	23	21	13
891	FDO numbers, skills & knowledge	If we do not maintain the necessary numbers, skills and knowledge requirements of Flexi Duty Officers personnel, which requires constant attention with our lean operating model, we may see adverse impacts on the provision of incident command and specialist capability, which could significantly impact community safety, firefighter safety and our organisational reputation.	23	23	12
892	MEN Arena Inquiry	If we do not evaluate and respond to the recommendations made within the Manchester Arena report which is becoming increasingly likely given current demands on capacity, then we can expect potential impact to the safety of our staff and members of the public which is significant in respect to our public reputation and managing our community risk.	17	13	10
893	National Power Outage planning	If we do not have appropriate business continuity arrangements in place for a widespread power outage, which is increasing likely due to gaps in current Business Continuity Planning processes, then we can expect severe and critical impacts on service delivery and our staff, which is significant in meeting our statutory duties and impacts on community safety.	21	18	12



Risk ID	Risk Short Name	Risk Description	Inherent Score	Current Score	Treated Score
906	IT Disaster recovery	If we suffer a system(s) or data loss, which may become increasingly likely due to ageing systems and increased risks from cyber incidents, then we may be exposed to a disruption in the continuity of key digitally delivered services for a prolonged period of time, which are significant in respect to our capability to deliver all services, reputation, statutory reporting timeframes, or staff wellbeing.	21	18	16
918	Wildfire Capability	If we do not prepare for the impact of a changing climate on the likelihood and severity of wildfires and ensure we are suitably prepared to respond to operational incidents in changing conditions, which may become more likely given resource pressures and the speed of climate change, then we can expect to see increased harms from fire which are significant in respect of our statutory responsibilities to mitigate risk within our communities and our duties to ensure the health, safety and wellbeing of our staff.	22	17	13
928	ESMCP	If we do not plan for and make sufficient provision of resources and budget to support the development and implementation of ESMCP products and capabilities at a Service level, then we will not be a part of the proposed Emergency Services Network and we will be out of step with national and regional partners across the three emergency services. This could significantly impact on the effectiveness of our operational mobilization and response and limit access and use of operational technology to support incident command and joint emergency services interoperability which would have significant negative impact on our ability to deliver our core functions.	21	21	12



Risk ID	Risk Short Name	Risk Description	Inherent Score	Current Score	Treated Score
931	Industrial Action	If we do not secure, or make every endeavour to secure, adequate resources to meet the full range of service delivery risks and duties as defined in FRA 2004 and CCA 2008, which may become increasingly likely given the volatile national industrial relations landscape across the public sector, then we can expect to fail in delivery of our target statutory duties and providing adequate resource to meet the identified risk in Berkshire, which is significant in respect to public and staff safety and organisational reputation.	24	18	16
932	Fleet strategy, documentation and control	There is a lot of inconsistency in the documentation, policies and controls we have across Service that relate to Fleet. There are also a large number of owners of documents that have a bearing on the delivery or use of fleet, potentially leading to gaps that could lead to non-compliance. If we fail to manage our fleet operations appropriately, we risk affecting frontline operational capability and policy compliance.	17	17	10
962	Grenfell Inquiry Recommendations	If we do not react accordingly to the recommendations from the Grenfell Tower Inquiry and review regional arrangements in line with suggested national standards, which is likely given the ongoing development of the suggested areas we need to review in light of these recommendations, then we can expect to fail to adhere to this national guidance which is significant in respect to both our response to public safety and organisational reputation.	24	21	15



Service Plan Risks

Q4 Updates:

Score Change:

- » Risk 933 Fires in Tall Buildings increase from 17 to 21
- » Risk 938 Resilient Communication Technology reduced from 24 to 20
- » Risk 797 TVFCS Staffing Resilience reduced from 18 to 16 (no longer on Corporate Risk Register)

Closed Risks:

- » Risk 913 External Audit
- » Risk 914 Training Delivery
- » Risk 940 Data Analysis Capacity

New Risks:

- » Risk 949 Guest Wi-Fi
- » Risk 964 IRS to FARDAP
- » Risk 966 Protection Capacity
- » Risk 967 Volatility of Protection Staff Numbers
- » Risk 968 BOSS Mobile
- » Risk 969 IRS Replacement

Risk ID	Risk Short Name	Risk Description	Inherent Score	Current Score	Treated Score
664	Management of Budget Pressures	If we fail to accurately capture budget pressures over the medium term, which is becoming more likely given the volatility in the macro-economic environment, then resource allocation will become sub-optimal, impacting negatively on our ability to deliver an efficient and effective service to the public.	24	18	16



Risk ID	Risk Short Name	Risk Description	Inherent Score	Current Score	Treated Score
685	Pensions Case Law	If we do not keep informed of pension case law and prepare records and establish adequate arrangements to meet the expected changes to pension regulations and ensure the Pensions Administrator undertakes the necessary action; which is becoming increasingly difficult due lack of understanding and clear direction, the technical complexity associated with changes and competing demands, then we can expect to be in breach of the regulations, subject to potential legal challenge and adversely impact employees and pensioners, which are significant in respect to our financial security, employer duties and our reputation.	24	22	18
686	Pensions Governance	If we do not employ an effective pension governance, management and administration strategy; which is becoming increasingly important given the complexity and changes made to pension regulations, limited pensions expertise and capacity within the HR department, then we can expect to fail in our employer duties, breach regulations, be subject to legal challenge and scrutiny from The Pensions Regulator resulting in potential for enforcement and penalty notices, which are significant in respect to our financial security, statutory duty and our reputation.	21	21	15
909	Fire Investigation	If we are unable to effectively investigate Tier 2 Accidental and Deliberate fires within RBFRS and support a multi-service approach to ISO 17020 accreditation, which is possible due to a lack of internal capability and reliance on a 1 month notice period contract with West Midlands FRS for all accidental Tier 2 fire investigations, then we can expect to encounter issues in supporting Criminal Prosecutions as well as Inquests, Safety boards and other Prevention activities which is significant in respect of public safety and the reputation of RBFRS	21	18	12



Risk ID	Risk Short Name	Risk Description	Inherent Score	Current Score	Treated Score
926	New Finance System	If we do not implement a new Finance System by December 2024, which is a possibility given the suggested length of time for implementation from pre-market engagement then we can expect to receive no updates from Sage in relation to legislative changes and limited workarounds from Datel, which will impact the integrity of financial reporting.	22	18	10
933	Fires in tall buildings	If we do not deliver and train for appropriate interventions for Fires in Tall Buildings, which is likely given that the service is not fully aligned to National Operational Guidance, then we can expect this to impact the effectiveness of firefighting and rescue operations in these scenarios, which is significant in respect of the safety of high-rise building occupants.	17	21	10
934	Alternative Energy Systems	If we do not react appropriately to the emerging risks from Lithium Ion Batteries, Battery Energy Storage Systems (BESS) and other decarbonisation initiatives, which may become increasingly given the pace, complexity and scope of change in this area, then we can expect potential compromises in public and firefighter safety which is significant in respect of delivering our statutory duties and managing our reputation.	21	18	12
938	Resilient communication technology	If we fail to design and maintain resilient communication technology as a result of changes within the communications and digital industry and service demand, we can expect disruption to operations and delivery of our statutory duties, which could significantly impact our ability to deliver our core service.	24	24	15
941	Productivity Programme Risk	If we don't have the required capacity and capability to deliver the Productivity Programme, the RBFA Efficiency Plan may be at risk as the associated benefits may not be realised.	21	18	8
943	PSDS sustainability programme requiring more RBFRS funding	Unforeseen infrastructure, building fabric or building structural issues leading to insufficient funding within the RBFRS element of the Public Sector Decarbonisation Scheme sustainability programme.	18	20	12



Risk ID	Risk Short Name	Risk Description	Inherent Score	Current Score	Treated Score
949	Guest Wi-Fi-Financial and Reputational Risk *NEW	If we do not comply with the legislation on securing our corporate and guest Wi-Fi networks which may become likely without appropriate systems in place to assure compliance with UK GDPR, DP Act 2018, Communications Act 2003, The Digital Economy Act 2010, Anti-Terrorism, Crime and Security Act 2001, then we can expect to expose the service to reputational damage and severe financial penalties which are significant in respect to our financial security and our public reputation.	23	23	6
954	Addressbase Data and Process	If we cannot rely on the accuracy of Addressbase data, which could become likely given existing variances in the accuracy, consistency and maintenance approach to this data, this could leave gaps in our approach to managing risks to the communities we serve, which could in turn result in a failure to meet our statutory duties towards our communities and our staff, as well as prevent us from being able to deliver on our CRMP commitments.	24	22	19
955	IBIS/Community Risk Management Risk	If we continue relying on the in-house community risk management solution (currently IBIS), which is likely in the short term given the amount of resource necessary and time needed to replace this, there is a risk that the solution fails, support resource becomes unavailable, information is poorly entered or missed, all of which would be significant in respect of our protection and prevention duties, staff safety and wellbeing, as well as our productivity and efficiency commitments.	22	22	10
960	Short term loss of power management	If mains power is lost to a site that has no fixed standby power generation, then there is risk that systems will shut down once UPS degrade, and operational capability affected.	20	17	12
964	IRS to FARDAP Change *NEW	If we are forced to re-design our existing IRS system to match the new data structure which is being imposed by the Home Office, there is a risk of complications and failures affecting our in-house solution which can have a detrimental effect on our ability to record and consume risk information.	23	23	15



Risk ID	Risk Short Name	Risk Description	Inherent Score	Current Score	Treated Score
966	Protection Capacity *NEW	If the focus on remediating unsafe buildings continues, requiring a more formal approach and includes medium rise buildings, which is likely due to the communications from MHCLG, we will experience a significant increase in work for protection teams, which will impact our ability to maintain our inspection schedule for the Risk Based Inspection Programme and complete BSR work as required, which will affect our ability to meet our strategic commitment in supporting those with responsibility for premises to understand their duties in ensuring the safety of all people using buildings covered by the Building Safety Act 2022 and Regulatory Reform (Fire Safety) Order 2005, whilst ensuring that our services are accessible to all.	21	21	18
967	Volatility of Protection Staff Numbers *NEW	If Protection staff turnover increases, which may be likely due to the increasing and higher paid opportunities available in the private sector, we will experience a greater number of new FSIs in development, which will affect our ability to meet our strategic commitment in supporting those with responsibility for premises to understand their duties in ensuring the safety of all people using buildings covered by the Building Safety Act 2022 and Regulatory Reform (Fire Safety) Order 2005, whilst ensuring that our services are accessible to all, due to the length of time it takes for a new FSI to become qualified.	17	17	13
968	Boss Mobile Access *NEW	Potential for data breach BOSS Mobile. To facilitate FSG (fire survival Guidance) 2 user profiles have been setup on BOSS mobile with generic logons and weak passwords shared by multiple users. Also there appear to be 20+ users with no name identifiers with simple passwords. The use of generic logins goes against all current security advice as users are not identifiable when they access critical incident information. Additionally, the use of simple passwords (many the same as the login) goes against the agreed password policy.	21	21	18



Risk ID	Risk Short Name	Risk Description	Inherent Score	Current Score	Treated Score
969	IRS Replacement implementation (FARDARP) *NEW	If we fail to adequately implement the changes required by the Home Office's new IRS system, we may face various penalties and non-compliance with requirements to report incident information or cause significant disruption to the service and instability to internal IRS system, all of which could have a negative impact on staff and ability to continue meeting our statutory duties.	21	21	12

Project Risks

Risk ID	Risk Short Name	Risk Description	Inherent Score	Current Score	Treated Score
897	Command Support effectiveness	If we fail to assure that we have effective and robust command support arrangements that are aligned across the Thames Valley, there is an increasing likely hood, given the aging command support equipment and arrangements that the command support arrangements would be operating sub-optimally. This could impact our operational response and affect the safety of our staff and members of the public.	21	18	10



Audit Plan

Audits provide assurance that the Service is run properly and in ways that have been agreed by our Officers and Members. They demonstrate that the business is conducted in accordance with relevant legislation, government expectations, good practice and organisational policy. Our Audit Programme is agreed by the Audit and Governance Committee at the start of the year.

Progress against all actions open at the start of Quarter 4, or opened during the quarter, is detailed below.

Audit title/date	Audit Action	Date due (revised if applicable)	Priority	Status
Health & Safety 13/12/2022	2022: HS:2 We will review all managers who have been with the Service for more than three years and ensure that health and safety refresher training has been provided in a timely manner.	31/12/2023	Medium	G
Progress: Progress: 16/01/2025. 10 grey book staff attended the IOSH Managing Safely refresher. An initial IOSH Managing Safely course was cancelled due to insufficient numbers in Q3, but a full course ran in early Q4. Training needs for green book managers included on TNA.				
Facilities Management 10/03/2023	2022: FM3a We will ensure that the Pre-Planned Maintenance (PPM) is formally reviewed and monitored with progress notes and actions recorded against the PPM.	30/04/2023	Low	G
Progress: A new review of PPMs processes are currently in discussion for easy access to obtain information. PPMs are on the portals of our contractors that can be pulled into a report. Estates Manager has now left the service - this will be picked back up by the FM.				
Facilities Management 10/03/2023	2022: FM6 We will ensure that defects are appropriately monitored, tracked and implemented in accordance with the prioritisation schedule where possible.	30/04/2023	Medium	G
Progress: Defects are monitored by triage process, tracked and monitored throughout. A new process document is to be created for easy access to obtain information. This can now be closed, Weekly reports are obtained and updated on Firewatch.				
Community Risk Management Plan 15/10/2023	2023: CRMP: 1 We will develop policies and procedures relating to the CRMP in accordance with NFCC guidance. These will be made available to staff and form part of a regular review.	30/06/2026	Low	G
Progress: Following an initial draft this work was paused to allow for IRP team restructure. Restructure completed and this work has been programmed into the Corp. Services Service Plan 2025-26.				



Audit title/date	Audit Action	Date due (revised if applicable)	Priority	Status
Community Risk Management Plan 15/10/2023	2023: CRMP: 2 We will utilise a risk scoring matrix that quantifies the likelihood and consequence and ensure the project tracker is complete with risks for the CRMP.	30/06/2026	Medium	A
Progress: Progress: Following changes to the CRMP Team this work has been included in the Service Plan for 2025-26. It should commence in Q2 25-26 as this aligns with the work to refresh the CRMP evidence base.				
GDPR 11/01/2024	2024: GDPR: 4a The Records Retention Policy and Document Management Policy and Procedure will be updated.	12/03/2025	Low	C
Progress: Revised policy published; action can be closed. Completed				
GDPR 11/01/2024	2024: GDPR: 4b The Records Retention Schedule template will be updated. Following this, the Service will centrally track the Schedules to ensure they remain up to date and complete.	30/06/2024	Medium	R
Progress: Unaccepted staffing issues in IG have caused this item slip.				
GDPR 11/01/2024	2024: GDPR: 7 The Data Protection Policy will be updated.	31/03/2024	Low	G
Progress: On track.				
GDPR 11/01/2024	2024: GDPR: 8 A review will be undertaken of all Service privacy notices to ensure that they cover all required areas of GDPR in line with ICO guidance	30/06/2024	Medium	C
Progress: An updated Privacy template that complies with the Audit comments and as Privacy Notices are being updated, the revised template is used. Completed.				
GDPR 11/01/2024	2024: GDPR:10a The Service will formally document and agree the lawful bases for the different types of data processed by the organisation. This will include the rationale for the lawful bases as relevant. Subsequently, this will be communicated to relevant staff.	30/06/2024	Medium	G
Progress: IG determine the lawful basis, and we have documented internally what we use. Policy states to engage with IG, detail will be added to the Data Protection policy to cover the detail asked by the auditor. Realigning to GDPR 7.				



Audit title/date	Audit Action	Date due (revised if applicable)	Priority	Status
GDPR 11/01/2024	2024: GDPR: 10b The consent management policy and procedure will be updated.	30/06/2024	Low	G
Progress: IG agreed not to have a new policy but to update our Data Protection Policy; Draft policy exists, publication is tied to all the policy updates awaiting final agreement. Aligning with the date for GDPR 7.				
GDPR 11/01/2024	2024: GDPR: 10c The Service will update 'what information a consent request should cover' section of the Consent Policy/Procedure (to be developed as part of the above action).	30/06/2024	Medium	A
Progress: FORM updates for consent are currently being reviewed. Revised date end August.				
Sickness Absence 15/01/2024	2024: Sickness Absence: 1 All managers will undertake mandatory sickness absence training which will be monitored and tracked through to completion. We will introduce a cyclical refresher session to keep the staff informed of any changes or updates in the process.	30/09/2024	Low	G
Progress: 115 managers have received training input to date. Training has been scheduled quarterly for new managers and those not yet attended.				
IT General Controls 04/07/2024	2024: IT General Controls: 4 Management will ensure the New Starter Form is completed and attached to vFire helpdesk tickets for all new starters.	31/08/2024	Low	G
Progress: Documentation completed awaiting publication.				
Facilities Management 31/10/2024	2024: Driving Licence Checks: 1 Form 144 will be completed, detailing the training requirements for the individual.	30/11/2024	Medium	C
Progress: Completed.				
Facilities Management 31/10/24	2024: Driving Licence Checks: 2 We will ensure that the request form is completed by all drivers prior to a pool car being checked out for use.	30/10/2024	Low	C
Progress: Completed.				



Audit title/date	Audit Action	Date due (revised if applicable)	Priority	Status
Facilities Management 31/10/2024	2024: Driving Licence Checks: 3 We will develop a process for sharing compliance and/or the escalation of concerns with driving licence checks and performance with regards to training through existing internal meetings. This will be done on a scheduled basis e.g. quarterly, six monthly.	31/12/2024	Low	C
Progress: Completed.				
Payroll Provider 30/01/2025	2025: Dataplan: 1 Dataplan and RBFPS will review the current contract arrangements and ensure formal documentation exists for any continued service.	31/12/2025	Medium	A
Progress: Completed.				
Payroll Provider 30/01/2025	2025: Dataplan: 2 Dataplan will ensure there is a segregation of duties between who will action payroll.	30/01/2025	Medium	C
Progress: Completed.				
Payroll Provider 30/01/2025	2025: Dataplan: 3 Dataplan will remind all staff involved in the actioning payroll requests, that all supporting.	30/01/2025	Medium	C
Progress: Completed.				
Risk Information 11/03/2025	2025: Risk Information: 1 The Service will consider how IBIS can be adapted to incorporate and automate the process issues identified. The Service will consider, how it could deliver an optimal 'operational risk information system'.	27/02/2026	Med	NS
Progress: Not yet started.				
Risk Information 11/03/2025	2025: Risk Information: 2 The Service will ensure all documentation used in risk information updating processes are retained as applicable. In addition, the Service will also consider enhancing quality control.	27/02/2026	Med	NS
Progress: Not yet started.				



Audit title/date	Audit Action	Date due (revised if applicable)	Priority	Status
Risk Information 11/03/2025	2025: Risk Information: 3 The Service will ensure the Information Sharing Protocol process has been resumed with adequate reporting to the Service Delivery Management and monitor any identified gaps.	27/02/2026	Med	NS
Progress: Not yet started.				
Risk Information 11/03/2025	2025: Risk Information: 4 The Service will ensure that all relevant service delivery staff complete their mandatory training and compliance rate monitored. Including outlining a training compliance escalation process.	27/02/2026	Med	NS
Progress: Not yet started.				
Pensions 11/03/2025	2025: FF Pension Administration: 1 WYPF will ensure that all policies and procedures are reviewed and updated and that a regular review period is set for future reviews.	31/03/2025	Low	C
Progress: Completed.				
Pensions 11/03/2025	2025: FF Pension Administration: 2 WYPF will ensure that the resignations early leaver (deferred benefits letters) is issued to the members in a timely manner.	11/03/2025	Low	C
Progress: Completed.				
Pensions 11/03/2025	2025: FF Pension Administration: 3 WYPF will ensure that the UPM is updated to enable the ABS and RSS calculation. The WYPF will make sure that all active members who are in scope for remedy have their annual allowance checked and taxes are paid.	30/06/2025	Med	R
Progress: Awaiting update.				
Pensions 11/03/2025	2025: FF Pension Administration: 4 WYPF Finance team will ensure that a secondary check on reconciliation reports is completed prior to sending information to RBFRS and is consistently recorded.	11/03/2025	Low	C
Progress: Completed.				



HMICFRS Action Plan

The HMICFRS report for RBFRS was published in 2019 rating us good in each of the three areas of effectiveness, efficiency and people. Improvements were identified within the report and the actions to address these are tracked through this report.

Actions and progress are below.

Section One: Effectiveness							
Improvement	Delivered via	Status					
		End 23/24	Q1	Q2	Q3	Q4	
Prevention evaluation to better understand benefits	Service Plans (Service Delivery & Collaboration and Policy)	G	G	C			
Prevention quality assurance	Collaboration and Policy Service Plan	C	G	C			
Protection quality assurance	Collaboration and Policy Service Plan	C					
Addressing the burden of false alarms	Collaboration and Policy Service Plan	G	G	C			
Keeping the public informed during ongoing incidents	Corporate Services Service Plan	C					
Effective system to use for learning and debriefs	Collaboration and Policy Service Plan	C					
Post Incident prevention activity	Collaboration and Policy Service Plan	C					
Up to date site specific risk information		C					
MDTs		C					
Response Model		G	G	G	G	C	



Section Two: Efficiency							
Improvement	Delivered via	Status					
		End 23/24	Q1	Q2	Q3	Q4	
Best use of available technology	ICT Strategy	C					
Productive Workforce		G	G	G	G	C	

Section Three: People							
Improvement	Delivered via	Status					
		End 23/24	Q1	Q2	Q3	Q4	
Values and behaviours understood and demonstrated	HR & L&D Service Plan	C					
Effective use of competence recording system	HR & L&D Service plan	C					
Effective grievance procedures in place	HR & L&D Service plan	C					
Staff are confident in using feedback mechanisms	Corporate Services Service plan	C					
Process to identify, develop and support high-potential staff and aspiring leaders	HR & L&D Service plan	G	G	G	G	G	
Absence/Attendance procedures		G	G	C			
Workforce Planning		A	G	G	G	C	
Tools and opportunities to increase diversity		G	G	G	G	C	
Understanding and application of PDRs		G	G	G	G	G	

Q4 Update:

Our latest HMICFRS report was published in January 2025. The report noted Royal Berkshire Fire and Rescue Service (RBFRS) as performing to a high standard, receiving three ‘good’ judgments across the three areas (effectiveness, efficiency and people) inspected. To view the full report, go to: <https://www.justiceinspectorates.gov.uk/hmicfrs/frs-assessment/frs-2021/royal-berkshire/>.



Fire Standard Implementation Tracking

Standards in Progress

	Fire Standard	Owner	Manager	FS consultation	FS publication date	Gap analysis	SLT Review	Action Plan progress
1	Emergency Response Driving	Becci Jefferies	Tommy Cliff	C	Feb-21	C	C	C
2	Operational Response - Preparedness	Tom Brandon	Andy Stockwell	C	Feb-21	C	C	A
3	Operational Response - Competence	Becci Jefferies	Becci Jefferies	C	Feb-21	C	C	G
4	Operational Response - Learning	Tim Readings		C	Feb-21	C	C	C
5	Code of Ethics	Becci Jefferies	Lucy Greenway	C	May-21	C	C	G
6	Community Risk Management Planning	Annie Pratt		C	May-21	C	C	A
7	Protection	Dave Crease	Matt Hoult	C	Sep-21	C	C	G
8	Prevention	Dave Crease	Matt Hoult	C	Jul-21	C	C	G
9	Safeguarding	Dave Crease	Darci Hellend	C	Jan-22	C	C	C
10	Fire Investigation	Dave Crease	Tim Benham	C	Apr-22	C	C	A
11	Emergency Preparedness and Resilience	Tim Readings	Alison Hazelton	C	May-22	C	C	A
12	Data management	Annie Pratt	Anna Smy	C	Aug-22	C	C	A



13	Leading and Developing People	Wayne Bowcock	Becci Jefferies	C	Dec-22	C	C	G
14	Leading the Service	Wayne Bowcock	Angela Smith	C	Dec-22	C	C	A
15	Fire Control	Tim Readings	Simon Harris	G	Mar-23	G	G	A
16	Communication & Engagement Consultation	Annie Pratt	Mark Antell	G	Mar-23	C	C	G
17	Internal Governance and Assurance	Annie Pratt	Angela Smith	C	Jun-24	C	C	G
18	Digital and Cyber	Lukasz Wrona		C	Sep-24	NS	NS	NS
19	Procurement and Commercial	Conor Byrne		C	Sep-24	NS	NS	NS



Appendices

- » Appendix A - 2024-25 Areas of Focus
- » Appendix B - Key to Colours, Ratings and Symbols
- » Appendix C - 2024-25 Performance Measures and Definitions
- » Appendix D - Equality, Diversity and Inclusion Data
- » Appendix E - Glossary
- » Appendix F - Home Office Incident Type Definitions





Appendix A - 2024-25 Areas of Focus

In order to achieve the Strategic Commitments we have made to the people of Royal Berkshire, our plan for 2024-2025 sets out how we will achieve these and highlights areas of focus. These are aligned to our overarching principles: Sustainability, Culture, Capability and Risk Management.

Principle: Culture

- » People: We will support our staff by providing a safe and inclusive environment for them to thrive in, building a diverse organisation that is engaged with, and accessible to, our communities.
- » Culture: We will continue to embed our One Team culture, to ensure it is visible both within and outside the service to inspire trust, confidence and pride amongst our staff and within our communities.

Principle: Capability

- » Capability: We will continue to lead and manage RBFRS in accordance with good practice and national professional standards and we will continuously improve, learning from events and holding ourselves to account
- » Collaboration: We will continue to explore collaboration opportunities to ensure we deliver effective and efficient services to the people we serve.

Principle: Risk Management

- » Prevention: We will reduce the risk to our communities through our partnership duties and prevention education activities, ensuring that our services are accessible to all.
- » Protection: We will support those with responsibility for premises to understand their duties in ensuring the safety of all people using buildings covered by the [Building Safety Act 2022](#) and [Regulatory Reform \(Fire Safety\) Order 2005](#), whilst ensuring that our services are accessible to all.
- » Response: We will ensure that our people are trained, and resources are located to provide the most effective response and to have a positive impact on incidents in our communities.
- » Resilience: We will ensure we are resilient and work with our partners to promote and build resilience in the communities we serve.

Principle: Sustainability

- » Sustainability: We are committed to ensuring that we provide a financially sustainable Service and take meaningful action to help address the climate emergency.



Appendix B - Key to Colours, Ratings and Symbols

Performance Measures

	Target exceeded by more than 10%	Comparison with target
	Target met or exceeded by up to 10%	
	Target missed by up to 10%	
	Target missed by more than 10%	
	NA (non-applicable) or data accuracy issues affect confidence in reporting	
↑	Improvement in performance from equivalent period the previous year	Comparison with actual the previous year
↔	Maintenance of performance from equivalent period the previous year	
↓	Decline in performance from equivalent period the previous year	

Priority Programme, Audits and other Project Status

R	Issues are having an impact on delivery
A	There are issues with the project but these are being managed
G	Project on Track
C	Project complete
NS	Project not yet started or not due to start

Classification of Risk Scores and Risk Movement

20-25	Outside assumed Risk Appetite and requires mitigation to proceed
19	Inside Risk Appetite only because of extremely low probability. Mitigate if necessary and possible, accept only if no further action can be justified
17-18	Inside Risk Appetite. Mitigate further if cost effective to do so - discuss with a Director
7-16	Inside Risk Appetite. Mitigate further if cost effective to do so
1-6	Inside Risk Appetite and unlikely to need further mitigation

↑	Risk increasing
↔	No risk movement
↓	Risk decreasing



Appendix C - 2024-25 Performance Measures and Definitions

» Service Provision Definitions

Measure		2024/25 Target	Definition/Rationale
1	Number of fire deaths	0	The number of deaths that occur as the result of a fire, even when the death occurs weeks or months later.
2	Number of non-fatal fire casualties	31 max	The number of non-fatal casualties requiring hospital treatment that occur as a result of a fire. The target is a 10% reduction on the five-year average.
3	Number of deliberate primary fires	125 max	The total number of primary fires that have been started deliberately. The target is a 5% reduction on the five-year average.
4	Number of deliberate secondary fires	233 max	The total number of secondary fires that have been started deliberately. The target is a 5% reduction on the five-year average.
Prevention			
5	Increase the number of Referrals for Safe and Well Visits received from our partners	10%	We receive referrals from other agencies for individuals at risk from fire in their homes. These referrals are a high-quality source of information about those at risk in our communities.
6	Percentage of Safe and Well referrals, where there has been a threat or incidence of arson, completed within 48 hours	100%	Safe and Well Referrals are risk assessed, with each category of risk having an expected timescale for completion. Cases where there is a threat of arson are the highest risk.
7	Percentage of Very High-Risk Safe and Well Referrals completed within 72 hours	40%	Safe and Well Referrals are risk assessed, with each category of risk having an expected timescale for completion. Very High-Risk referrals have a timescale of 72 hours. Over the duration of the CRMP period (2023 to 2027) we aim to bring the proportion completed in timescale up to 50%



8	Percentage of High Risk Safe and Well Referrals completed within 14 days	57%	<p>Safe and Well Referrals are risk assessed, with each category of risk having an expected timescale for completion. High-Risk referrals have a timescale time of 14 days.</p> <p>Over the duration of the CRMP period (2023 to 2027) we aim to bring the proportion completed in timescale up to 70%</p>
Protection			
9	Percentage of Fire Safety Audits of premises identified as High or Very High Risk in our Risk-Based Inspection Programme completed in timescale.	Monitor	<p>A Fire Safety Audit is carried out to enforce the Regulatory Reform Order (RRO) 2005. Our Risk-Based Inspection Programme targets the riskiest premises in the county for inspection. Fire Safety Audits can also result from complaints or can be carried out after an incident or for training purposes. This measure allows us to monitor how our resources are being targeted at risk.</p>
10	Percentage of Fire Safety Audits with a 'Broadly Compliant' result	60% max	<p>The percentage of completed Fire Safety Audits carried out in commercial premises, where the result was 'Broadly Compliant' (satisfactory) and no further action or follow-up was required. If we are successfully targeting our resources at the riskiest properties, we would expect to see a high percentage that are not 'Broadly Compliant'.</p>
11	Percentage success when cases go to court	80%	<p>RBFRS prosecute serious cases following Fire Safety Audits. A successful outcome at court is a finding or admission of guilt.</p>
12	Percentage of statutory fire consultations completed within the required timeframes	95%	<p>Statutory fire consultations have a legally defined timeframe in which they must be completed. Types of consultation include licensing and building regulations.</p>



Response			
13	Percentage of occasions where the first fire engine arrives at an emergency incident within 10 minutes from time the emergency call was answered	75%	This is our Response Standard and looks at the time taken from when the Fire Control Room Operator answers the phone until the time the first fire engine (appliance) arrives at the scene of the incident. We aim to attend 75% of emergency incidents in under 10 minutes.
14	Percentage of wholetime frontline pumping appliance availability	97.4%	This measure shows the percentage of time that our wholetime pumping appliances are available for mobilisation. Reasons for unavailability include mechanical defects and crewing.
15	Percentage of hours where there is adequate crewing on On-call frontline pumping appliances (based on 24/7 crewing)	50%	This is the percentage of hours where there are sufficient qualified firefighters on On-call pumping appliances (fire engines) to enable the appliance to be available. On-call fighters are ready to leave their place of work or home and attend emergencies from the local On-call station.
16	Percentage of time that 14 or more pumping appliances are available	100%	This monitors our CRMP commitment to ensure a minimum of 14 pumping appliances are available and includes wholetime and On-call appliances.
Resilience			
17	Percentage of visits to Very High, High and Medium Operational Risk sites completed in timescale	100%	Operational Risk sites are those locations with particular characteristics (e.g. use, location) that pose a specific or unusual risk to our firefighters and the surrounding communities. Regular familiarisation visits by crews and support staff are required to ensure understanding of the risk is up to date.
18	Number of Service Delivery Hub exercises completed	12	Service Delivery Hub-level operational exercises are an important part of ensuring RBFRS is prepared for incidents that might occur through testing our planning assumptions, guidance and site-specific response plans.



Efficiency			
19	Percentage of Automatic Fire Alarm calls where RBFRS did not attend	30% (min)	In some circumstances we are able to seek confirmation before attending an Automatic Fire Alarm Call, enabling us to be more efficient.
Customer Experience			
20	Percentage of respondents experiencing a domestic fire satisfied with the service received	100%	A customer feedback questionnaire is sent to those who have experienced a dwelling fire asking about their satisfaction and experience with the service they received from RBFRS.
21	Percentage of respondents experiencing a commercial fire satisfied with the service received	95%	A customer feedback questionnaire is sent to business owners/ managers who have experienced a fire in their commercial premises asking about their satisfaction and experience with the service they received from RBFRS.
22	Percentage of respondents satisfied with the Fire Safety Audit service they received	90%	A customer feedback questionnaire is sent to business owners/ managers who have had a full fire safety audit, asking about their satisfaction and experience with the service they received from RBFRS.
23	Percentage of respondents satisfied with the Safe and Well service received	100%	A customer feedback questionnaire is sent to a sample of individuals who have received a Safe and Well Visit and asks about their satisfaction and experience with the service they received from RBFRS.
24	Number of complaints received	Monitor	The number of complaints made to RBFRS about any aspect of our service or staff.
25	Number of compliments received	Monitor	The number of compliments received by RBFRS about any aspect of our service or staff.



» Corporate Health

Measure		2024/25 Target	Definition/Rationale
Human Resources and Learning & Development			
26	Percentage of working time lost to sickness across all staff groups	5%	This measure looks at sickness across the whole organisation and the percentage of time lost, based on the number of working hours available to the organisation.
27	Percentage of eligible staff with Personal Development Reviews	100%	This measure reflects the percentage of eligible employees who have had a Personal Development Review meeting. Eligible staff are those who have completed their initial probation period, before the end of the PDR period and who have not been absent for over 50% of the reporting period. Employees moving within the Organisation to new roles on trial or probation periods will still be eligible for a PDR.
28	Number of formal grievances	Monitor	The number of formal grievances raised by staff under the Grievance, Bullying and Harassment Policy.
Health and Safety			
29	Number of RIDDOR accidents and diseases	Max 4	RIDDOR (Reporting of Injuries Diseases and Dangerous Occurrences Regulations) are more serious injury accidents and diseases.
Finance and Procurement			
30	Percentage of spend subject to competition	85%	This measure looks at all items of expenditure over £10k as RBFA must obtain quotes or tenders for all these purchases. This excludes statutory payments such as local authority charges or HMRC.
31	Compliant spend as a percentage of overall spend	100%	This measure calculates the supplier spend that is in a compliant contract as a percentage of the total spend to external bodies and suppliers (as per RBFA contract regulations).



Freedom of Information			
32	Number of Information Commissioner assessments finding that the Service has breached Information Rights Legislation (Freedom of Information Act, Environmental Regulations or Data Protection Legislation)	0	RBFRS are required to conform to Data Protection and Freedom of Information legislation. The Information Commissioner is responsible for determining compliance and issuing advice or penalties. This measure includes only incidents where there is a finding of a breach (not complaints which are subsequently dismissed).
33	Monitoring the annual completion of the mandatory Protecting Information Course	95%	RBFRS are required to adhere to Data Protection and GDPR legislation. How to protect the data we use daily is a responsibility that we are audited on with regards to compliance. This measure monitors quarterly compliance of Service Personnel with passing the Protecting Information Course.
34	Reporting of data breaches and near misses to include those that are reported to the ICO	0	RBFRS are required to conform to Data Protection and GDPR legislation. This measure monitors the reporting of data breaches and near misses, specifically those that are reported to the Information Commissioners Office
35	Completing the Data Subject Requests (SARs) within the permitted time frames	100%	RBFRS are required to adhere to Data Protection and GDPR legislation. This measure monitors completion of Data Subject Requests (SARs) within the permitted timeframe, 1 month, or 2 months with an agreed extension.
36	Having a complete set of published Retention Schedules and keeping them up to date and auditing that data is retained in line with retention schedules	100%	RBFRS are required to conform to Data Protection and GDPR legislation. This measure monitors compliance to having published, accurate Retention Schedules that are kept up to date and in line with our Records Retention and Disposal Policy.



Appendix D - Equality, Diversity and Inclusion Data

Measure	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	2024/25 YTD	Previous year (23/24) to date	Number of authorised posts at end Q4 2024/25
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Staff In Post:

Wholetime	367	381	376	382	382	371	374 (373 if you remove x10 Resilience FF's)
On-call	62	61	62	60	60	53	65
Control	41	41	41	41	41	41	39
Green Book	184	186	190	197	197	176	200
Total	654	669	669	680	680	640	677

Staff Turnover:

Wholetime	12	3	7	6	36	29
On-call	2	2	2	2	19	9
Control	0	0	0	0	5	0
Green Book	7	11	4	6	31	28
Total Number of Leavers (Heads)	21	16	13	14	92	66
Staff in Post (SIP)	654	669	669	680	636	680
Percentage of Leavers vs. SIP	3.2%	2.4%	1.9%	2%	14.3%	9.88%

Female Staff Percentage:

Wholetime	7.4%	7.1%	7.2%	8.4%	8.4%	7.5%
On-call	8.1%	8.2%	8.1%	8.3%	8.3%	9.4%
Control	65.9%	65.9%	65.9%	65.9%	65.9%	65.9%
Green Book	60.3%	60.2%	60%	59.4%	59.4%	59.4%
Of Total Staff	26.0%	25.5%	25.9%	26.6%	26.6%	25.6%

Ethnicity (Percentage of Staff Non-White British):

Wholetime	4.4%	4.5%	4.5%	6.3%	6.3%	4.4%
On-call	9.7%	11.5%	11.3%	11.7%	11.7%	3.6%
Control	9.8%	9.8%	9.8%	9.8%	9.8%	7.1%
Green Book	19.6%	19.4%	20%	22.8%	22.8%	15.9%
Of Total Staff	9.5%	9.6%	9.9%	11.8%	11.8%	7.7%



Staff Ethnicity Profile:

Ethnicity	Wholetime	On-call	Control	Green Book	Total [All Staff]
White British	324	52	36	147	559
Other Ethnicity	24	7	4	45	80
Prefer not to say	34	1	1	5	41
Total	382	60	41	197	680

Staff Age Profile:

Age Group	Wholetime	On-call	Control	Green Book	Total [All Staff]
25 and Under	33	6	6	18	63
26 - 35	108	18	14	32	172
36 - 45	120	24	8	45	197
46 - 55	106	7	10	58	181
56 - 65	15	5	3	39	62
66 and Over	0	0	0	5	5
Total	382	60	41	197	680

Staff Gender Profile:

Gender	Wholetime	On-call	Control	Green Book	Total [All Staff]
Female	32	5	27	117	181
Male	320	54	14	76	464
Other	30	1	0	4	35
Total	382	60	41	197	680

Staff Disability Profile:

Number of employees who have declared a disability	Q1	Q2	Q3	Q4	2024/25 YTD	Q4 23/24
Wholetime	21	21	22	54	54	23
On-Call	0	0	1	2	2	0
Control	2	2	2	7	7	2
Green Book	12	13	14	43	43	10
Total	35	36	39	106	106	35



Appendix E - Glossary

Abbreviation	Meaning	Context
ACFO	Assistant Chief Fire Officer	
AFA	Automatic False Alarms	
AIO	Accident Investigation Officers	
ALP	Aerial Ladder Platform	
AM	Area Manager	
APB	Additional Pensionable Benefit	
AR3	Animal Rescue Level 3	Officer or team specialising in animal rescue
ARA	Additional Responsibility Allowance	
ARP	Adults at Risk Programme	
ARU	Animal Rescue Unit	
ASB	Anti-Social Behaviour	
AWE	Atomic Weapons Establishment	
BA	Breathing Apparatus	
BAU	Business As Usual	
BCF	Behavioural Competency Framework	
BESS	Battery Energy Storage Systems	
BFBC	Bracknell Forest Borough Council	
BME	Black and Minority Ethnic	
BMKFRS	Buckinghamshire & Milton Keynes Fire & Rescue Service	
BPI	Business Process Improvement	
BSR	Building Safety Regulator	
CAFS	Compressed Air Foam System	Most appliances have this for extinguishing small fires quickly
CEMT	Corporate Emergency Management Team	
CFO	Chief Fire Officer	
CM	Crew Manager	
COMAH	Control of Major Accident Hazards	Top tier and low tier sites throughout Berkshire. High risk sites.
CRP	Community Risk Programme	
CS	Community Safety	
CSA	Community Safety Adviser	
CSP	Community Safety Partnership	
DAPs	Development and Assessment Pathways	
DCFO	Deputy Chief Fire Officer	
DIM	Detection Identification Monitoring	Mobilised from Oxfordshire Fire and Rescue Service
DPA	Data Protection Act	



DRA	Dynamic Risk Assessment	One of the methods for identifying risk in the workplace and recording it for legal reasons
DSS	Director of Support Services	
DVR	Digital Voice Recorder	
EDI	Equality, Diversity and Inclusivity	
EIR	Environmental Information Regulations	
EPM	Emergency Planning Manager	One for each of the six Unitary Authorities
EPO	Emergency Planning Officer	Some of the EPM's have an EPO, such as Reading Borough Council
ESMCP	Emergency Services Mobile Communications Programme	
ESN	Emergency Services Network	
EVP	Employee Value Proposition	
FARRG	Fire and Rescue Risk Group	
FBU	Fire Brigades Union	
FCP	Forward Control Point	A nominated point area where resources can be deployed from to meet the needs of an incident
FDO	Flexi Duty Officer	
FF	Firefighter	
FI	Fire Investigation	
FIO	Fire Investigation Officer	A nominated Officer with the skills to assess what caused a fire and why
FOIA	Freedom of Information Act	
FPS	Firefighters' Pension Scheme	
FRIC	Fire and Rescue Indemnity Company	
FRSA	Fire and Rescue Service Association	
FS	Fire Safety	Green/Grey book personnel carrying out inspections within buildings and events
FSG	Fire Survival Guidance	
FSIOs	Fire Safety Inspecting Officers	
GDPR	General Data Protection Regulation	
GM	Group Manager	
HERU	Hazardous Environmental Response Unit	
HFRS	Hampshire Fire and Rescue Service	
HGV	Heavy Goods Vehicle	
HMEPA	Hazardous Materials Environmental Protection Advisor	Was known as a Hazmat Officer. Specialist Officer with the skills to deal with chemical incidents.



HMICFRS	His Majesty's Inspectorate of Constabulary & Fire and Rescue Services	As at 2019, with context to the HMICFRS Action Plan this read: "Her Majesty's Inspectorate of Constabulary & Fire and Rescue Services"
HMO	House of Multiple Occupancy	
HoS	Head of Service	
HR and L&D	Human Resources and Learning and Development	
HRRBs	High Risk Residential Buildings	
HRU	Heavy Rescue Unit	Attends road traffic collisions of 3 or more cars HGVs
HSE	Health and Safety Executive	
IBIS	Incident & Building Information System	The ICT system where all incident and building information is held.
ICO	Information Commissioner's Office	
ICT	Information Communication Technology	
ICU	Incident Control Unit	Large bus mobilised on 7 pump or more incidents
IEC	Immediate Emergency Care	
IG	Information Governance	
IRMP	Integrated Risk Management Plan	
IRS	Incident Recording System	
ITHC	Information Technology Health Checks	
JESIP	Joint Emergency Services Interoperability Principles	
JO	Junior Officer	
JY	Juliet Yankee	RBFRS call sign in Control for all appliances
L&D	Learning and Development	
L1	Level 1 Officer	Incident Command Level - Crew and Watch Manager
L2	Level 2 Officer	Incident Command Level - Station Manager/Group Manager A
L3	Level 3 Officer	Incident Command Level - Group Manager A & B
L4	Level 4 Officer	Incident Command Level - Area Manager and Principal Officer
LGPS	Local Government Pension Scheme	
LFB	London Fire Brigade	
LGV	Light Goods Vehicle	
LMS	Learning Management System	
LPP	Light Portable Pump	



LRF	Local Resilience Forum	Multi-agency partners collaborate to fulfil their duties under the Civil Contingencies Act 2004
LSP	Local Safety Plan	
MAC	Media Advisory Cell	
MAPS	Multi-Agency Problem Solving	
MDT	Mobile Data Terminal	
MHCLG	Ministry of Housing Communities and Local Government	
MORRG	Management of Road Risk Group	
MRV	Multi Roll Vehicle	
MSK	Musculoskeletal-(sickness)	
NAG	Neighbourhood Action Group	
NFCC	National Fire Chiefs Council	
NILO	National Interagency Liaison Officer	
NOG	National Operational Guidance	
NVQ	National Vocational Qualification	
OCG	Organisational criminal group	
OFRS	Oxfordshire Fire and Rescue Service	
OiC	Officer in Charge	
OJEU	Official Journal of the European Union	
ONR	Office for Nuclear Regulations	
OPAS	Operational Policy and Support	
OQP	Operational Qualifications Planner	
OSEP	Operational Support and Emergency Planning	
OSR	Operational Support Room	
OSU	Operational Support Unit	
OTB	Over the Border	
OTP	Officer Training Programme	
P2P	Purchase to Pay	
PAOT	Pre-Arranged Overtime	
PDA	Pre-determined Attendance	
PDI	Personal Development Interview	
PDR	Personal Development Review	
PFI	Post Fire Inspection	
PID	Project Initiation Document	The formal document used to define project objectives, deliverables, costs and timescales for approval
PPAB	Prevention and Protection Assurance Board	
PPE	Personal Protective Equipment	
PPM	Pre-Planned Maintenance	
PPV	Positive Pressure Ventilation	



PP&R	Prevention, Protection & Resilience	
PQA	Personal Qualities and Attributes	
PRF	Personal Record File	
PSAA	Public Sector Audit Appointments	
PSO	Programme Support Office	
PSTG	Problem Solving Tasking Group	
QCF	Qualifications Credit Framework	
RA	Risk Assessment	
RBFA	Royal Berkshire Fire Authority	
RBIP	Risk Based Inspection Programme	
RBWM	Royal Borough of Windsor and Maidenhead	
RDS	Retained Duty System	
RIDDOR	Reporting of Injuries Diseases and Dangerous Occurrences Regulations	
RIEPO	Risk Information and Emergency Planning Officer	
RMS	Remotely Managed Stations	
RRT	Risk Reduction Team	
RTC	Road Traffic Collision	
RTW	Return To Work	
S&W	Safe and Well visit	
SAG	Safety Advisory Group	
SAIF	Strategic Asset Investment Framework	
SARs	Subject Access Requests	Data subject requests
SCAS	South Central Ambulance Service	
SCC	Strategic Command Centre	
SCG	Strategic Coordinating Group	
SDMT	Service Delivery Management Team	
SECTU	South East Counter Terrorism Unit	
SIRO	Senior Information Responsible Officer	
SJCC	Staff Joint Consultative Committee	
SLT	Senior Leadership Team	
SM	Station Manager	
SPB	Strategic Performance Board	
SPS	Structured Professional Support	
Stn 1	Station 1 – Caversham Road	Wholetime
Stn 2	Station 2 – Wokingham Road	Wholetime
Stn 3	Station 3 – Dee Road	Station closed in 2021
Stn 4	Station 4 - Newbury	Wholetime
Stn 5	Station 5 - Hungerford	Retained (On Call)
Stn 6	Station 6 - Lambourn	Retained (On Call)
Stn 7	Station 7 – Pangbourne	Station closed in 2021
Stn 9	Station 9 – Wargrave	Station closed in 2020
Stn 10	Station 10 – Wokingham	Wholetime



Stn 11	Station 11 – Mortimer	Retained (On Call)
Stn 14	Station 14 – Ascot	Satellite Station (24 hours per day, 7 days per week)
Stn 15	Station 15 – Crowthorne	Retained (On Call)
Stn 16	Station 16 – Bracknell	Wholetime
Stn 17	Station 17 – Slough	Wholetime
Stn 18	Station 18 – Langley	Wholetime
Stn 19	Station 19 – Maidenhead	Wholetime
Stn 20	Station 20 – Whitley Wood	Wholetime
Stn 21	Station 21 – Windsor	Satellite Station (24 hours per day, 7 days per week)
Stn 22	Station 22 – Theale	Wholetime
TCG	Tactical Coordinating Group	
TCR	Training Course Request	
TIC	Thermal Image Camera	
TOA	Threat of Arson	
TRI	Training Records Indicator	
TVFCS	Thames Valley Fire Control Service	
TVP	Thames Valley Police	
UA	Unitary Authority	
USAR	Urban Search and Rescue	
WAH	Working at Height	
WBDC	West Berkshire District Council	
WDS	Wholetime Duty System	
WBSM	Watch Based Station Manager	
WM	Watch Manager	
WRT	Water Rescue Team	
WT	Wholetime	
WYPF	West Yorkshire Pension Fund	



Appendix F - Home Office Incident Type Definitions

Primary fires are potentially more serious fires that harm people or cause damage to property and meet at least one of the following conditions:

- » any fire that occurred in a (non-derelict) building, vehicle or (some) outdoor structures
- » any fire involving fatalities, casualties or rescues
- » any fire attended by five or more pumping appliances

Primary fires are split into four sub-categories:

- » **Dwelling fires** are fires in properties that are a place of residence i.e. places occupied by households such as houses and flats, excluding hotels/hostels and residential institutions; dwellings also include non-permanent structures used solely as a dwelling, such as houseboats and caravans
- » **Other buildings fires** are fires in other residential or non-residential buildings; other (institutional) residential buildings include properties such as hostels/hotels/B&Bs, nursing/care homes, student halls of residence etc; non-residential buildings include properties such as offices, shops, factories, warehouses, restaurants, public buildings, religious buildings etc
- » **Road vehicle fires** are fires in vehicles used for transportation, such as cars, vans, buses/coaches, motorcycles, lorries/HGVs etc; 'Road vehicles' does not include aircraft, boats or trains, which are categorised in 'other outdoors'
- » **Other outdoors fires** are fires in either primary outdoor locations (that is, aircraft, boats, trains and outdoor structures such as post or telephone boxes, bridges, tunnels etc.), or fires in non-primary outdoor locations that have casualties or five or more pumping appliances attending

Purpose-built flat/maisonette fires are split into three sub-categories:

- » fires in purpose-built low-rise (1-3 storeys) flats
- » fires in purpose-built medium-rise (4-9 storeys) flats
- » fires in purpose-built high-rise (10+ storeys) flats

Secondary fires are generally small outdoor fires, not involving people or property. These include refuse fires, grassland fires and fires in derelict buildings or vehicles, unless these fires involved casualties or rescues, or five or more pumping appliances attended, in which case they become primary fires.

Chimney fires are fires in buildings where the flame was contained within the chimney structure and did not involve casualties, rescues or attendance by five or more pumping appliances. Chimneys in industrial buildings are not included and are included under primary fires.



Accidental fires include those where the motive for the fire was presumed to be either accidental or not known (or unspecified).

Deliberate fires include those where the motive for the fire was 'thought to be' or 'suspected to be' deliberate. This includes fires to an individual's own property, others' property or property of an unknown owner. Despite deliberate fire records including arson, deliberate fires are not the same as arson. Arson is defined under the Criminal Damage Act of 1971 as 'an act of attempting to destroy or damage property, and/or in doing so, to endanger life'.

Late fire calls are fires attended by an FRS which were known to be extinguished when the call was made (or to which no call was made) and the fire came to the attention of the FRS by other means (e.g. press report or inquest). Such fires are recorded if an attendance is made (even if for inspection only) but are not recorded if no attendance is made.

Fatal fires are those that result in at least one fatality that would not have otherwise occurred had there not been a fire.

ROYAL BERKSHIRE
FIRE AND RESCUE SERVICE

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

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ITEM	DECISION BODY	NEXT REPORTING DATE	REPORTING FREQUENCY	RECOMMENDED ACTION	LEAD OFFICER	LEAD MEMBER	PART I / II
Appointment of Chair and Vice-Chair	Management Committee	14.07.25	Annual	Decision	MO	N/A	Part I
Annual Outturn	Management Committee	14.07.25	Annual	Note	HF&P	N/A	Part I
Estates Minor Capital Work Projects 2025	Management Committee	14.07.25	Ad-hoc	Agree	HoA	Strategic Assets and Sustainability Lead	Part I
Light Fleet Maintenance Plan 2025	Management Committee	14.07.25	Ad-hoc	Agree	HoA	Strategic Assets and Sustainability Lead	Part I
Fleet Maintenance Joint Working Agreement	Management Committee	14.07.25	Ad-hoc	Agree	HoA	Strategic Assets and Sustainability Lead	Part I
Sustainability Roadmap update	Management Committee	14.07.25	Ad-hoc	Note	HoA	Strategic Assets and Sustainability Lead	Part I
CRMP Priority Programmes	Management Committee	14.07.25	Every meeting	Note	HCS	CRMP Lead	Part I
Q4 Appliance Availability	Management Committee	14.07.25	Quarterly	Note	AM (R&R)	N/A	Part I
Recruitment and Retention six Month Update	Management Committee	07.10.25	Ad-hoc	Note	HHR&L&D	N/A	Part I
Budget Monitoring Q1	Management Committee	07.10.25	Annual	Note	HF&P	Budget and Income Generation Lead	Part I
Appliance Availability Q1	Management Committee	07.10.25	Quarterly	Note	AM (R&R)	N/A	Part I
External Audit report	A&GC	20.10.25	Quarterly	Note	HF&P	N/A	Part I
Internal Audit report	A&GC	20.10.25	Annual	Note	HF&P	N/A	Part I
Annual Governance Statement	A&GC	20.10.25	Annual	Decision	Programme Office Mgr	N/A	Part I
Statement of Accounts	A&GC	20.10.25	Annual	Note	HF&P	N/A	Part I
Q1 Performance Report	A&GC	20.10.25	Quarterly	Note	Data, Performance and Risk Manager	N/A	Part I
Annual Treasury Report and Mid-year report	Fire Authority	25.10.25	Annual	Note	HF&P	Budget and Income Generation Lead	Part I
Budget Monitoring Q2	Management Committee	10.12.25	Annual	Note	HF&P	Budget and Income Generation Lead	Part I
CRMP Priority Programmes	Management Committee	10.12.25	Every meeting	Note	HCS	CRMP Lead	Part I
Appliance Availability Q2	Management Committee	10.12.25	Quarterly	Note	AM (R&R)	N/A	Part I

ITEM	DECISION BODY	NEXT REPORTING DATE	REPORTING FREQUENCY	RECOMMENDED ACTION	LEAD OFFICER	LEAD MEMBER	PART I / II
Annual Governance Statement 23/24	A&GC	26.01.26	Annual	Decision	HF&P / Programme Office Manager	N/A	Part I
Statement of Accounts	A&GC	26.01.26	Annual	Decision	HF&P	N/A	Part I
Statement of Assurance 2024/25	A&GC	26.01.26	Quarterly	Note and Recommend	HCS	N/A	Part I
Gender, Ethnicity and Equality Pay Gap	A&GC	26.01.26	Annual	Note	HHR&L&D	N/A	Part I
Pay Policy Statement	A&GC	26.01.26	Annual	Note and Recommend	HHR&L&D	N/A	Part I
Internal and External Audit report	A&GC	26.01.26	Quarterly	Note	HF&P	N/A	Part I
Constitutional Review	A&GC	26.01.26	Every four years	Note and recommend	MO	N/A	Part I
Q2 Performance Report	A&GC	26.01.26	Quarterly	Note	Data, Performance and Risk Manager	N/A	Part I
Scheme of Member Allowances Annual Review	Management Committee	10.02.26	Annual	Note and recommend	MO	N/A	Part I
Annual Budget 25/26, Medium Term Financial Plan, SAIF and TVFCS Budget	Management Committee	10.02.26	Annual	Note and recommend	HF&P	Finance Lead	Part I
Budget Monitoring Q3	Management Committee	10.02.26	Annual	Note	HF&P	Budget and Income Generation Lead	Part I
CRMP Priority Programmes	Management Committee	10.02.26	Every meeting	Note	HCS	CRMP Lead	Part I
Appliance Availability Q3	Management Committee	10.02.26	Quarterly	Note	AM (R&R)	N/A	Part I
Scheme of Member Allowances Annual Review	Fire Authority	23.02.26	Annual	Decision	MO	N/A	Part I
Contract Regulations	Fire Authority	23.02.26	Ad-hoc	Decision	HF&P	N/A	Part I
Annual Budget 25/26, Medium Term Financial Plan & Strategic Asset Investment Framework and TVFCS Budget	Fire Authority	23.02.26	Annual	Decision	HF&P	Finance Lead	Part I
Pay Policy Statement	Fire Authority	23.02.26	Annual	Decision	HHR&L&D	N/A	Part I
Internal Audit Report	A&GC	16.03.26	Quarterly	Note	HF&P	N/A	Part I
External Audit Report	A&GC	16.03.26	Quarterly	Note	HF&P	N/A	Part I
Annual Report on Members Development	A&GC	16.03.26	Annual	Note and Recommend	HCS	N/A	Part I
Annual report on Governance / Members attendance and allowances	A&GC	16.03.26	Annual	Note and Recommend	HCS	A&GC Chairman	Part I
Quarter 3 Performance Report	A&GC	16.03.26	Quarterly	Note	Data, Performance and Risk Manager	N/A	Part I
Members Code of Conduct Consultation	A&GC	16.03.26	every four years	Decision	MO	N/A	Part I
CRMP Priority Programmes	Management Committee	16.04.26	Every meeting	Note	HCS	CRMP Lead	Part I
Corporate Calendar 2025/26	Fire Authority	30.04.26	Annual	Decision	HCS	N/A	Part I
Lead Member and Champion Annual Reports	Fire Authority	30.04.26	Annual	Note	Lead Officers	Lead Members	Part I
Annual Plan	Fire Authority	30.04.26	Annual	Decision	HCS	N/A	Part I

MINUTES OF THE MEETING OF THE AUDIT AND GOVERNANCE COMMITTEE



Held on Monday, 24th March, 2025 at 6.30 pm

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

- Members:** (*present)
- * Councillor Greg Bello
 - * Councillor Dennis Benneyworth
 - * Councillor Tricia Brown
 - * Councillor Billy Drummond
 - Councillor Harjinder Gahir
 - * Councillor Owen Jeffery
 - Councillor Mohammed Nazir
 - Councillor Zafar Satti
 - Councillor Lou Timlin

In Attendance: Tom Brandon (Area Manager Collaboration and Policy, AM C&P)
 Conor Byrne (Head of Finance and Procurement, HF&P)
 David Crease (Area Manager, Prevention and Protection, AM P&P)
 Dan Harris (RSM Internal Auditor)
 Grace Hawkins (Grant Thornton, External Auditor)
 Becci Jefferies (Head of Human Resources and Learning Development, HHR&L&D)
 Melissa Jackson (Performance Officer, Intelligence, Risk and Performance)
 Annie Pratt (Head of Corporate Services, HCS)
 Tim Readings (Group Manager, Intelligence Risk and Performance Manager)
 Nikki Richards (Deputy Chief Executive, DchX)
 Anna Smy (Data and Performance Manager, Intelligence, Risk and Performance)

Action

41. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Dennis Benneyworth, Harjinder Gahir, Zafar Satti and Lou Timlin.

Councillor Mohammed Nazir was in attendance online.

42. DECLARATIONS OF INTEREST

There were no Declarations of Interest from Members in accordance with the provisions of the Fire Authority’s Code of Conduct. There were no Declarations of Interest received from Officers.

43. MINUTES OF THE MEETING HELD ON 30 JANUARY 2025

Nikki Richards, Deputy Chief Executive (DChEx) and Fayth Rowe, Democratic Support Lead confirmed three actions captured in the minutes of the last meeting had been completed.

RESOLVED that the Minutes of the meeting on 30 January 2025, be approved as a true record to be signed by the Chair.

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

There were no matters properly referred to this Committee for decision.

45. INTERNAL AUDIT UPDATE

Conor Byrne, Head of Finance and Procurement (HF&P), informed the Committee the Internal Audit update was a progress report on three audits completed of which a positive opinion had been received. He also stated the report details the Audit Plan for 2025/26.

Dan Harris, RSM reported all three audits carried out since the last meeting received reasonable assurance (Payroll Provider – Dataplan, Risk Information and Fire Fighter Pension Administration).

In referring to the current year programme, page 30 in the agenda pack, Dan Harris stated there were five reviews in progress. RSM had started the Follow Up report and Cyber Review will commence in two weeks and further stated the next Committee in July will be a busy one.

Appendix B, page 31 outlines the 2024/25 Annual Opinion, three reviews have received a positive assurance. He stated the remaining audits listed earlier may potentially impact year-end opinion if they do not receive positive opinions.

From page 34 to 40 lists the eight medium prior actions across the three reviews that received a reasonable assurance.

In response to a question from the Chair on page 30, Dan Harris confirmed the dates listed for the Driving Licence Checks were current, however all the other dates listed on the page should read 2025 (instead of 2024). In referring to page 50, Dan Harris explained it covered key developments and publications in the sector including questions for Audit Committees to consider. RSM carried out a gap analysis on its own working arrangements.

The Emerging Risk Register on page 62 was not specific to the Fire Service or Emergency Services, however management could use as a tool to check and challenge against own corporate risks.

The Vice-Chair queried, using the Heathrow power outage earlier in the week, as an example whether auditors needed to look into whether they were assured business continuity measures were in place.

Nikki Richards, Deputy Chief Executive (DcHx) reported the Service were planning an exercise to test business continuity against a cyber-attack. This would cover power outages across all sites.

Dan Harris reported from page 73 outlines the Internal Audit Strategy including 2025/26 Internal Audit Plan. Section 1.1 (page 77) lists the nine audits and follow up audits RSM propose to undertake in 2025/26. Section 1.2 (page 81) was a backward look on the delivery of the internal audit strategy from 2020/21 to 2025/26. He stated that the audit plan remained flexible which meant reviews could be added or swapped throughout the year.

In response to a question from the Vice-Chair who highlighted the assurance provided for Driving Licence Checks were labelled as red (minimal assurance / poor progress). Dan Harris confirmed officers had requested RSM to carry out a review on Driving Licence Checks which came with a series of management actions. Nikki Richards added that assurance given may have been actions to any part of the driving licence checks process.

The Vice-Chair moved the recommendation which was seconded by the Chair.

RESOLVED that:

- 1) The RSM Progress report be noted, and
- 2) RSM's 2025/26 Audit Plan be approved.

46. GRANT THORNTON AUDIT PLAN FOR 2024/25 ACCOUNTS

Conor Byrne, HF&P highlighted this will be the first meeting in several years where no report of the backlog of the signing of statement of accounts will be made, due to the final year (2024/25) was cleared in January 2025.

In referring to significant risks identified starting on page 112, Grace Hawkins (Grant Thornton) reported there were risks under ISA (UK) 240 and explained significant risks were those risks that have a higher risk of material misstatement. She also outlined the closing valuation of land and buildings, and investment assumptions that underpin significant estimates. She advised Grant Thornton were working with the valuer and finance team around this significant risk.

Grace Hawkins reported IFRS 16 implementation requires all leases to be accounted for 'on balance sheet' by the lessee which was a major change of requirement from IAS 17. This was a mandatory requirement for all local authorities.

She reported no significant risks had been identified around the Service's Value for Money (VFM) arrangements and in referring to the audit timeline on page 134 confirmed Grant Thornton were in phase 1.

In response to a question from Vice-Chair on the significant risk identified around the valuation of the pension fund net liability and the key assumptions that underpin this estimate, Grace Hawkins reported management relied on an expert and explained the estimate could be at risk of bias. It was a risk for all public sector bodies and stated the report detailed Grant Thornton's audit procedures around this risk.

In addition, Nikki Richards reported the risks identified were also in the Corporate Risk Register, for example Cyber Security had been recognised and managed as a risk.

The Chair asked a question on the Backstop. Grace Hawkins advised Grant Thornton inherited the audit report for the year ended 31 March 2024, therefore a disclaimer of opinion was issued due to the backstop. Guidance had not been received from National Audit Office (NAO) and Financial Reporting Council (FRC), therefore Grant Thornton was continuing with 2024/25 audits as planned.

In response to the Chair, Grace Hawkins advised there were no concerns around Materiality. She advised the audit fees were scale fees set by Public Sector Audit Appointments (PSAA).

RESOLVED that Audit Plan for the 2024/25 Statement of Accounts be noted.

47. CHANGE TO LEASE ACCOUNTING POLICY

Conor Byrne; HF&P, reported the International Financial Reporting Standard (IFRS) 16 became effective from 1 April 2024 for local authorities and as mentioned earlier in the auditor's report, now include how leases will be determined. Under IFRS 16 all leases have to be accounted for on a balance sheet. This authority has set £7,000 in relation to non-commercial leases (Windsor Fire Station would fall into this category). This policy would not have an impact on the General Fund.

In response to the Vice-Chair, Conor Byrne explained the Authority's assets were re-valued which has to be carried out on a five-year cycle.

RESOLVED that the new accounting policy for leases outlined in Appendix A be agreed.

48. FRIC VALUE FOR MONEY REPORT

Conor Byrne; HF&P, reported the Authority is a member of the Fire & Rescue Company (“FRIC”) which provides insurance cover and risk mitigation advice. FRIC was established in 2015 and its aim is to provide competitively priced cover.

The Authority has received two payments of £13,962 and £13,850 in relation to the distribution of surpluses in relation to prior years. Its membership started with 9 Fire and Rescue Services (FRSs) and has now grown to 14. FRIC does not provide discounts to attract new members and has remained competitive to attract new FRSs.

Both the Vice-Chair and Councillor Drummond commended FRIC’s ethos. The Vice-Chair asked whether it was worth getting London Fire Brigade to join as a member. Conor Byrne reported it was important members were of a similar size and similar risk profile. He further stated as FRIC membership grows, that may be when it will be able to be tailored to other FRS needs.

RESOLVED that the FRIC Value for Money Report attached as Appendix A be noted.

49. ANNUAL REPORT ON GOVERNANCE

Annie Pratt, Head of Corporate Services (HCS) stated the Annual Report on Governance was a summary of Audit and Governance Committee in the last 12 months which included Member Allowances and attendance to the end of February. She reported Member Allowances and attendance will be updated to the end of May for the Annual Fire Authority meeting in June.

In response to the Chair, she confirmed that this Authority should expect to receive the results from the recent His Majesty’s Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) in April.

RESOLVED that:

- 1) The report be noted, and that it be recommended the Fire Authority;
 - a) Note the report,
 - b) Note Members’ Allowances received from 1 June 2024 – 31 May 2025; and
 - c) Note the 2024/25 attendance record of Royal Berkshire Fire Authority Members from 1 June 2024 – 31 May 2025.

50. MEMBER DEVELOPMENT ANNUAL REPORT AND PROGRESS AGAINST ACTION PLAN

Annie Pratt; HCS, presented the Member Development Annual Report and progress against the action plan. Nikki Richards; DcHx, drew Members attention to paragraph 8.1, Risk Implications which highlighted the next round of His

Majesty’s Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) inspection will inspect the governance of the Fire Authority. She stated all Members are required to complete all allocated e-learning courses in particular Cyber Security to avoid any potential cyber-threat to the organisation and to ensure compliance.

RESOLVED that:

- 1) The Member Development Annual report be noted; and
- 2) The progress of the 2024/25 Member Development Action Plan (Appendix A) be noted.

51. QUARTERLY PERFORMANCE REPORT 2024/25 QUARTER THREE (OCTOBER - DECEMBER 2024)

Melissa Jackson, Performance Officer presented the report. Starting with Quadrant One – Service Provision she highlighted the following:

- The number of incidents in Quarter 3 is lower than the same period last year and close to the five-year average for this time of year.
- There has been a fall in the number of False Alarms attended. The new Automatic Fire Alarm (AFA) policy was introduced on 20th September 2024 has shown an early indication that fewer false alarm incidents were attended.
- West Berkshire continues to present our biggest challenge, with extended rural areas presenting longer response times. Low On-call availability in the West also has a direct impact on this.
- Within Resilience Measures, we are reviewing measure 17 ‘*Percentage of visits to Very High, High and Medium Operational Risk sites completed in timescale*’, due to a review of data reporting processes. This is to ensure accuracy and integrity.
- There were no fire fatalities in this quarter however this will sadly change for our Q4 report. The target of zero fatalities will not be met during this reporting year.
- In comparison to Q1 and Q2, the number of non-fatal fire casualties has decreased, however the Q3 maximum ‘target’ of 8 was exceeded with 11 casualties recorded. 6 of those were attributed to kitchen fires. Cooking is the biggest risk in domestic homes. No incident resulted in life changing injury, however this will be monitored by prevention managers.
- Both primary and secondary deliberate fires have reduced in numbers from the previous year.
- A total of 1,194 Safe and Well partner referrals were received in Q3. Of 1,348 completed visits in Q3, 840 were from partner/agency referral. The 10% increase target has previously been exceeded and despite the fall in % change to 4.8%, the number of referrals received was the highest in all three quarters to date.

Action

- Slough showed positive signs compared to previous quarters with a 4.8% increase in referrals. Year-to-date, this measure was above target at 10.8% which showed a positive direction of travel.
- Resourcing issues for Prevention (an open Community Safety Advisor position in Central Hub) expect to be resolved in Q4.
- Performance across Threat of Arson referrals remains exceptional, with 100% of 21 referrals received completed within 48 hours.
- High Risk Safe and Well Referrals success rate has improved below target of 57%. Review of cases reveal that contact is typically within the target time however visits are often delayed due to personal requirements such as family or support worker availability.
- A compliment was received from a member of public following a technicians' Safe and Well Visit.

In answer to a question from Councillor Bello on the increase of secondary fires, Anna Smy, Performance Manager confirmed she was working with Becca Chapman, Community Risk and Intelligence Analyst and will provide an update in quarter four (July 2025).

Performance Manager (PM)

In response to the Chair's question on the increase of kitchen fires, Tom Brandon, Area Manager Response and Resilience listed the number of factors ranging from the high number of electrical appliances in the home to using electrical appliances at night when asleep. He advised it was better to be awake and alert when using appliances such as dishwashers.

The Vice-Chair commended the Safety at Home course he attended as part of his Member Development and stated he had learnt the importance of not charging his mobile phone at night.

In taking Members through Quadrant Two, Corporate Health, Melissa Jackson reported the volume of Employee Relations cases increased with Employee Relations cases accounting for 25% of all mental health days lost.

She highlighted the progress against EDI Objectives such as:

- Summer Internship scheme agreed to become business-as-usual activity annually.
- Continued uplift in community engagement activity, particularly from operational crews.
- Initial delivery of our Culture Plan and framework a plan to be rolled out more widely in Q4.

GDPR measures notably measure (CM34) '*Monitoring the annual completion of the mandatory Protecting Information Course*' was added and was showing red. Nikki Richards, DcHx reported it was a requirement for both Fire Authority Members and staff to complete this course on an annual basis.

Councillor Drummond queried the overtime forecast which showed £566,000 over budget for the year. Conor Byrne, HF&P reported this was due to the

number of vacancies which in turn increased overtime expenditure. This year, 10 additional Firefighters will be recruited. He stated that it was hoped savings will be made from CRMP 6, however the delay in this policy impacted overtime.

The Chair queried Wholetime absence. Becci Jefferies, Head of Human Resources and Learning and Development (HHR&L&D), reported that HR has seen a trend and stated the top three reasons for sickness absence were:

- Musculoskeletal
- Mental Health
- Respiratory

She added there was a risk of activity in the role of Wholetime Firefighters, as well as since COVID pandemic the waiting list for treatment was longer. The Service were looking at Preventative approaches to reduce risk of injury. Becci Jefferies also stated the increase in mental health absence in some cases were related to ongoing investigations either by the complainant or the investigated.

In taking Members through Quadrant three, Priority Programmes, Melissa Jackson reported this quadrant brought together progress updates on the following key projects and programmes of work.

- Community Risk Management Plan (CRMP)
- People Strategy Reporting
- Strategic Asset Investment Framework (SAIF)

In looking at the CRMP in greater detail, Priority 1 - a workshop had been delivered with the Senior Leadership Team to look at horizon scanning to improve our understanding of climate change, societal and technological risks. Work on renewable energy had been paused due to the lack of personnel. Priority 3 – this was a phased approach and Priority 4 – this work had been completed and was a non-statutory duty. Priority 5 – work had paused around New Ways of Working and Priority 6 – policies to integrate wholetime and on call availability to achieve baseline service provision of 14 frontline appliances continues to be monitored and evaluated.

In answer to a query from the Chair on how Priority 6 (P6) affected West Berkshire, Tim Readings, Area Manager Collaboration and Policy reported on-call availability was a challenge in West Berkshire, however it was also a national issue. On-call was based on a 1950's crewing model where on-call staff had to be no more than five minutes away from an on-call fire station. Tom Brandon reassured Members there was a continued on-call recruitment drive.

In discussing Quadrant Four, Assurance, Members were advised three new risks were added to the Corporate Risk register.

- Risk 962 – Grenfell Inquiry Recommendations
- Risk 943 – PSDS sustainability programme requiring more RBFRS funding
- Risk 960 – Short term loss of power management

There were a number of Fire Standards in progress. In examining the Audit Plan, Nikki Richards reported there was 1 medium management action and 1 outstanding update on the Driving Licence Checks. In discussing Cyber risks, Conor Bryne reported the Fire and Rescue Insurance Company (FRIC) had put in place additional cyber cover in its policy.

RESOLVED that:

- 1) The performance against Service Provision and Corporate Health measures for the targets agreed by the Fire Authority for 2024-25 be noted;
- 2) The progress made on the priority programmes be noted; and
- 3) The position of corporate risk be noted.

52. FORWARD PLAN

RESOLVED that the Forward Plan be noted.

53. DATE OF NEXT MEETING

Thursday 10 July 2025, 6.30pm, RBFRS Headquarters, Newsham Court, Pincents Kiln, Calcot, Reading RG30 2NS.

(The meeting concluded at 20:26pm)

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ROYAL BERKSHIRE FIRE AUTHORITY REPORT



COMMITTEE	AUDIT AND GOVERNANCE COMMITTEE
DATE OF MEETING	10 JULY 2025
SUBJECT	LOCAL PENSIONS BOARD – ANNUAL REPORT
LEAD OFFICER	LUCY GREENWAY, SENIOR HR ADVISER
LEAD MEMBER	N/A
EXEMPT INFORMATION	NONE
ACTION	DECISION

1. EXECUTIVE SUMMARY

1.1. This annual report updates the Audit and Governance Committee with:

- The scheme administrator’s performance figures for 2024-25;
- The recent activities of the Local Pensions Board (for the firefighter pension schemes); and
- An overview of current national issues.

1.2. The Local Pensions Board currently considers the performance of the local firefighter Pensions administrator as adequate. Overall performance against targets is at 81.15% (down from 93.33% for 2023-24). While targets are being met in some areas, some significant issues with the production of annual benefit statements have resulted in a breach being reported to The Pensions Regulator. Ongoing interaction with the administrators is currently being undertaken to address this.

1.3. Complexity continues to be an issue in relation to the administration of firefighters’ pension schemes, which impacts the Scheme Manager’s current risks. Whilst the beginnings of a steady-state pensions’ environment are evident the schemes administrators and the Service’s in-house team have significant challenges to address the mandated legal remedies in two areas. A report on the current administrative issues and challenges due the complexity of the schemes will be reported to the Audit and Governance Committee in due course by the Head of HR and L&D.

Agenda Item 7

1.4. The main national issues are:

- The volume and complexity of work required to address the age discrimination remedy for wholetime firefighters, a number of which have already retired.
- The complexity of the work required to address the part-time workers discrimination for on-call firefighters. This statutory deadline has now been extended until 31 March 2026.
- Compounding these factors has been the changing national guidance, amendments to official online calculators and updates to software used by West Yorkshire Pension Fund (WYPF). This has had a significant impact, requiring calculations to be undertaken manually.

2. **RECOMMENDATION**

That Audit and Governance Committee:

2.1. **NOTE** the contents of this report.

2.2. **APPROVE** the appointment of Lucy Greenway as acting Pension Board Chair.

3. **REPORT**

Background

- 3.1. The Royal Berkshire Fire Authority's Local Pensions Board is established under the Public Service Pensions Act 2013 and it exists to assist the Scheme Manager in assuring that there is compliance with the scheme rules.
- 3.2. The Board exists to enhance transparency, widen governance and enhance oversight of the firefighters' pension schemes.
- 3.3. The Board consists of four members: two management representatives (Lucy Greenway and Annie-Rose Pratt) and two scheme member representatives (Lincoln Ball and Steve Collins). The Chairmanship of the Board rotates between the management and the member representatives. During the stats year 2024-2025 Jim Powell was the Chair and Lincoln Ball the vice-Chair. Lucy Greenway is currently the Acting Chair following Jim Powell's departure in March 2025.
- 3.4. Annie-Rose Pratt joined the board in April 2025 replacing Jim Powell as a management representative (to be approved at the 10 July Audit and Governance Committee – see separate paper).
- 3.5. By agreement of the Board the chairmanship rotated on 1 April 2024 and Lucy Greenway is the current Acting Chair with Lincoln Ball as vice-Chair.
- 3.6. Given the knowledge requirements, all members strive to provide a minimum four-year term.

- 3.7. To retain knowledge and aid succession, the Board plans for a staggered replacement of its members.

Local Pensions Board Activity

- 3.8. The Board has met on two occasions since last year's Annual Report with all meetings being quorate. Also attending Board meetings are representatives from the Human Resources department and the Chief Fire Officer as the named Scheme Manager. An invite is offered, periodically, to a representative from West Yorkshire Pensions Fund, the scheme administrators for Royal Berkshire.
- 3.9. Board members keep in touch between meetings as required.
- 3.10. The Board monitors all its activities and the key performance indicators. These are consolidated into a Pensions Board Dashboard to assist with currency and oversight.
- 3.11. The Board was notified of a material breach that was reported to the Pensions Regulator on 1 April 2025. This breach related to a delay in producing Annual Benefits Statement Remedial Service Statements (ABS RRS) by the statutory deadline of 31 March 2025. The Scheme Manager had the discretion under Section 29(10)(b) of the Public Service Pensions and Judicial Offices Act 2022 to set a later date for Remedial Service Statements (RSS)'. RBFRS chose not to use this discretion and therefore reported it as a breach to the Pensions Regulator. RBFRS communicated with members to explain the current situation via internal channels, with all affected employees being sent a letter on 25 March 2025. The Pension Board was in support of this decision, and progress will continue to be monitored at or outside of meetings where appropriate.
- 3.12. With the agreement of the Scheme Manager the board has further updated its Terms of Reference in the last twelve months.
- 3.13. The Board has also further developed its skills and knowledge acquisition and maintenance procedures and resources since the 2024 Annual Report.
- 3.14. Board members keep up to date with fire pensions bulletins issued monthly by the Local Government Association and develop their knowledge through the Pension Regulator's education toolkit for public sector pensions.
- 3.15. The Chair meets with members of the Human Resources department periodically to track progress against planned activities.
- 3.16. The Chair and Board members are invited to contract meetings between the Human Resources department and West Yorkshire Pension Fund and attends these meeting periodically.
- 3.17. Members of the Board assist the Service in completing surveys, assisting with audits and working on new activities such as the recent amendments to the discretionary powers that the Scheme Manager has responsibility for.

Agenda Item 7

- 3.18. At each Board meeting the Board scrutinises the performance of the Scheme Administrator and where necessary discuss matters with the Human Resources officers for observations or questions to be raised at contract meetings.

Annual Report Information

- 3.19. The Annual Report covers the period 1 April 2024 – 31 March 2025.
- 3.20. The Board has maintained scrutiny in relation to the administrator's key performance indicators (KPIs).
- 3.21. The following table identifies the broad performance of the Scheme Administrators compared with previous years:

Area	2024-25	2023-24	2022-23	2021-22	2020-21
Discrete Activities	279	285	296	286	418
Performance Target met	83.15%	93.33%	90.2%	94.6%	95.7%

Table 1 Comparison of Pension Administrator's Board Performance 2020-2025

- 3.22. Drilling into the types of activities undertaken by the administrators, these are summarised in the table below:

Activity	No of cases	Target met as %	Target % compared with 2023-24
Age 55 Increase to Pension	8	100%	Same
Change of Address	22	100%	Same
Change of Bank Details	5	100%	Same
Death in Retirement	13	100%	+23%
Deferred Benefits Into Payment of Lump Sum	10	61.5%	Same
Deferred Benefits Set Up on Leaving	48	37.5%	-55%
Implement Divorce Settlement Pension sharing	1	100%	Same
DWP Request For Information	N/A	N/A	N/A

General Payroll Changes	26	100%	Same
Initial letter Death in Retirement	13	100%	Same
Pension Estimate	25	56%	-32%
Retirement Actual	8	100%	Same
Set Up New Spouse Pension	6	100%	+20%
Transfer In Quote	9	88.9%	Same
Update Member Details	75	100%	+3%
Dependant Pension To Set Up	6	100%	Same
Deferred Benefits Into Payment Quote	3	100%	+100%
Death Grant to Set Up	1	100%	N/A

Table 2 Pension Administrator's Performance 2024-25

- 3.23. In narrative of the above tables, there is an improvement in some areas of activity, but significant issues in others (namely the production of pensions estimates). The performance of providing pensions estimates is significantly below that which would be expected by the Pensions Board. This is not unique to RBFRS as nationally, there is an issue with the production of estimates, however this is a situation that continues to be monitored.
- 3.24. Administrator's performance is a key standing item in the quarterly contract meetings where narrative is provided on areas where the performance targets are not met and a focus placed on performance areas where any delays could be materially significant, for example resolving pension issues upon a bereavement. Broadly, the administrator's explanations for performance targets being missed is the complexity of issues. Administrators also continue to experience increased workloads due to the discrimination remedy activity being experienced by everyone in the sector.

Other Significant Issues

- 3.25. A steady-state firefighters' pensions environment is clearly emerging with all serving firefighters now in the same pension scheme. However, the complexity and scale of work to remedy the previous discrimination and enact the legislation continues to create a significant demand on capacity and workloads.
- 3.26. The board maintains a risk register which was reviewed in February 2025. With the agreement of the Scheme Manager, the number of risks reduced

Agenda Item 7

from six to four, with two risks relating to the Pension Board Term of Office and Conflicts of Interest, being subsumed into the overall knowledge and governance risks. Overall, the risk scores have been reducing slightly as the Board considers that its risks are being addressed and risk treatments are appropriate. A separate Risk Register covering pensions more generally is maintained by the Head of HR and L&D

3.27. The two main areas of pensions remedy are:

3.27.1. Part-time workers remedy. In relation to on-call firefighter pensions, after losing a legal case new guidance is in place to backdate on-call firefighters' pension entitlements to before 2000.

3.27.2. Age discrimination remedy. The service has moved all existing firefighters onto the 2015 Firefighters Pension Scheme but is going through an exercise to correct retrospectively the contribution rates of existing firefighters which then may have knock-on tax implications. WYFP is currently calculating the benefits of 10 firefighters who retired without their 'legacy' in order to align with the legal judgement and legislation.

3.28. Royal Berkshire continue to pay out pensions based on immediate detriment.

4. CONTRIBUTION TO STRATEGIC COMMITMENTS

4.1. Given the costs of the firefighter pension schemes there is a link to commitment 5, Sustainability. We are committed to ensuring that we provide a financially sustainable Service and take meaningful action to help address the climate emergency.

5. FINANCIAL IMPLICATIONS

5.1. The Fire Authority currently makes an allowance of £121.48 per meeting available to each Local Pensions Board member.

5.2. The Terms of Reference provide for:

- All reasonable expenses incurred by board members to be reimbursed upon production of a valid expenses claim.
- Adequate resources for the board to fulfil its role including the provision of legal advice and training. The board will seek approval from the HHR&LD for such expenditure.

6. LEGAL IMPLICATIONS

6.1. The provision of the Local Pensions Board is a requirement of sections 5 and 6 of the Public Service Pensions Act 2013.

6.2. The operation of the Local Pensions Board is also governed by:

- i. The Firefighters' Pension Scheme (Amendment) (Governance) Regulations 2015 (regulations 4A to 4D),

- ii. The Public Service Pensions (Record Keeping and Miscellaneous Amendments) Regulations 2014 (regulation 6).
 - iii. The Pensions Act 2004 (section 248A).
- 6.3. The Court of Appeal held in December 2018 that the way in which the transitional provisions of the 2015 pension scheme were implemented amounted to unlawful age discrimination and this has led to the relevant discriminatory sections of the legislation being overridden by that legal judgement which was clarified by a further judgement made by the Employment Appeal Tribunal on 12 February 2021.
- 6.4. The remedy intended to rectify the unlawful discrimination has since been implemented through legislation in Part 1 of the Public Service Pensions and Judicial Offices Act 2022.

7. EQUALITY AND DIVERSITY IMPLICATIONS

- 7.1. The public sector equality duty requires public bodies to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010.
- 7.2. The current national issues in relation to firefighter pensions relate directly to age discrimination and the Equality Act 2010 and as such Royal Berkshire Fire Authority's actions and procedures to address these matters also directly relate to being assured that the law is applied.
- 7.3. To reduce the risk of discrimination, the resolutions made by the Fire Authority at its meetings of 17 February 2021, 7 December 2021 (Management Committee) and 28 April 2022 gave effect to the Employment Appeal Tribunal judgement for individuals about to retire who meet the eligibility criteria regardless of whether they are a claimant or non-claimant. Currently in RBFPS this applies only to pension scheme members who have retired since February 2021 with members retiring on the 2015 scheme before that (back to 1 April 2015) yet to have their cases resolved.
- 7.4. There are no additional equality and diversity implications considered in relation to this report.

8. RISK IMPLICATIONS

- 8.1. If there is a failure to comply with the requirements of The Public Service Pensions Act 2013 (as amended), The Firefighters' Pension Scheme (England) Regulations 2022 (as amended) and related regulations which may become increasingly likely given the legal determinations, current guidance and complexity with relation to the pension schemes then we can expect that there will be an increase in reports of potential breaches of the legislation, administrative errors, complaints and further legal proceedings leading to reputational and financial loss which are significant given the Fire Authority's strategic commitments.

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- 8.2. If local pension board members, who are lay members, possess insufficient knowledge of the various firefighter pensions issues, which is possible given the complexity of the firefighters pensions legislation and guidance, then we can expect that the oversight and assurance provided to the Fire Authority will be negatively affected which is significant given this is a legal requirement of the Public Sector Pensions Act 2013.
- 8.3. The Board maintains a risk register which is reviewed regularly. The four main identified risks are related to: knowledge, transparency, individual capacity and governance. All risks are managed and are being monitored with three risks (knowledge, individual capacity and governance) needing more treatment.

9. SUSTAINABILITY IMPLICATIONS

- 9.1. None

10. CONSISTENCY WITH DUTY TO COLLABORATE

- 10.1. The legislation enables the establishment of joint boards with others. This was discussed briefly at the Local Pensions Board meeting on 25 November 2022.
- 10.2. Currently the provision of a joint board is not a matter being pursued within Royal Berkshire Fire and Rescue Service.
- 10.3. Locally, especially given a shared administration provider, there is a potential for a joint Local Pensions Board with Buckinghamshire and Milton Keynes Fire Authority.

11. PRINCIPAL CONSULTATION

- 11.1. The Chief Fire Officer
- 11.2. The Chief Finance Officer
- 11.3. The Monitoring Officer

12. BACKGROUND PAPERS

- 12.1. None.

13. APPENDICES

- 13.1. None.

14. CONTACT DETAILS

- 14.1. Lucy Greenway, Acting RBFRS Pensions Board Chair, 07585 991606, greenwayl@rbfrs.co.uk
- 14.2. Lincoln Ball, RBFRS Pensions Board vice-Chair, 07541 263386, lincoln_ball@live.co.uk

ROYAL BERKSHIRE FIRE AUTHORITY



COMMITTEE	AUDIT & GOVERNANCE COMMITTEE
DATE OF MEETING	10 JULY 2025
SUBJECT	GRANT THORNTON AUDIT UPDATE
LEAD OFFICER	CONOR BYRNE, HEAD OF FINANCE AND PROCUREMENT
LEAD MEMBER	N/A
EXEMPT INFORMATION	N/A
ACTION	FOR NOTE

1. EXECUTIVE SUMMARY

1.1 Members will receive an update in relation to the audit of the 2024/25 Statement of Accounts from the external Auditors, Grant Thornton.

2. RECOMMENDATION

The Committee is requested to:

2.1 **NOTE** the verbal update on the audit of the 2024/25 Statement of Accounts.

3. REPORT

3.1 Representatives from Grant Thornton will present a verbal update on progress in delivering the audit of the 2024/25 Statement of Accounts.

4. CONTRIBUTION TO STRATEGIC COMMITMENTS

4.1 Commitment 5 – We are committed to ensuring that we provide a financially sustainable Service and take meaningful action to help address the climate emergency.

5. FINANCIAL IMPLICATIONS

5.1 The payment due to Grant Thornton for the audit of the 2024/25 Financial Statements will be £111,904.

6. LEGAL IMPLICATIONS

- 6.1 Statutory Instrument (2024) No. 907 - "The Accounts and Audit (Amendment) Regulations 2024" (the SI) imposes a backstop date of 27 February 2026 by which date Grant Thornton is required to issue its opinion on the 2024/25 Financial Statements.

7. EQUALITY AND DIVERSITY IMPLICATIONS

- 7.1 None

8. RISK IMPLICATIONS

- 8.1 The use of backstop increases the financial risk to the Authority in the short-term but will allow greater assurance to be built back over the medium term.

9. SUSTAINABILITY IMPLICATIONS

- 9.1 None

10. CONSISTENCY WITH DUTY TO COLLABORATE

- 10.1 Grant Thornton were appointed by PSAA through a national procurement exercise.

11. PRINCIPAL CONSULTATION

- 11.1 The Chief Fire Officer has been consulted.

12. BACKGROUND PAPERS

- 12.1 None.

13. APPENDICES

- 13.1 None.

14. CONTACT DETAILS

- 14.1 Conor Byrne, Head of Finance and Procurement, byrnec@rbfrs.co.uk

ROYAL BERKSHIRE FIRE AUTHORITY REPORT



COMMITTEE	AUDIT AND GOVERNANCE COMMITTEE
DATE OF MEETING	10TH JULY 2025
SUBJECT	QUARTERLY PERFORMANCE REPORT 2024-25 QUARTER 4 (JANUARY - MARCH 2025)
LEAD OFFICER	MELISSA JACKSON, PERFORMANCE OFFICER
LEAD MEMBER	N/A
EXEMPT INFORMATION	NONE
ACTION	TO NOTE

1. EXECUTIVE SUMMARY

1.1 To provide Audit & Governance Committee with an overview of the Royal Berkshire Fire and Rescue Service (RBFRS) fourth quarter (January - March 2025) performance for the 2024-25 financial year.

2. RECOMMENDATION

That the Audit & Governance Committee:

2.1 **NOTE** the performance against Service Provision and Corporate Health measures for the targets agreed by the Fire Authority for 2024-25.

2.2 **NOTE** the progress made on the priority programmes.

2.3 **NOTE** the position of corporate risk.

2.4 **DISCUSS** and **AGREE** any further actions, if appropriate.

3. REPORT

3.1 The quarterly performance report supports the Performance Management Framework which provides structure and governance that will enable RBFRS to measure, monitor and manage outputs and outcomes in a timely manner, allowing the organisation to respond and make informed decisions to ensure that statutory obligations and the Fire Authority's Strategic Commitments are successfully delivered.

Agenda Item 11

- 3.2 Following data capture, review and analysis, evidence is reviewed by the Strategic Performance Board (SPB) whose purpose is to lead, support and monitor the effective delivery of the Strategic Objectives by monitoring and reviewing performance across the four Quadrants.
- 3.3 Informed by these processes, key data and highlights have been extracted and reviewed by the Senior Leadership Team (SLT) and are presented in this report for scrutiny at the Audit and Governance committee.
- 3.4 The attached report provides an overview of performance for the fourth quarter (January - March 2025) performance for the 2024-25 financial year. It reports performance in four key areas:
- 3.5 Quadrant one - Service Provision - This section presents data and information which will allow members to monitor how RBFRS are doing at delivering its statutory obligations and any internal services provided between teams, departments and functions.
- 3.6 Quadrant two - Corporate Health - This section brings together all data, information and measures from across the organisation, which will allow members to monitor how RBFRS are managing key resources, e.g. People and Finance.
- 3.7 Quadrant three - Priority Programmes (Community Risk Management Plan (CRMP), People Strategy Reporting and the Strategic Asset Investment Framework) - This section will allow members to monitor progress of work designed to deliver a defined outcome which is different to or improves on current working practices, policies and procedures in support of delivering against the strategic commitments and Corporate Plan 2023-27.
- 3.8 Quadrant four - Assurance - This section provides an assessment of corporate risks that may impact on service delivery. This section will also include data and information from audit monitoring and an update on the HMICFRS Action Plan.

4. CONTRIBUTION TO STRATEGIC COMMITMENTS

- 4.1 **Prevention:** We will reduce the risk to our communities through our partnership duties and prevention education activities, ensuring that our services are accessible to all.
- 4.2 **Protection:** We will support those with responsibility for premises to understand their duties in ensuring the safety of all people using buildings covered by the Building Safety Act 2022 and Regulatory Reform (Fire Safety) Order 2005, whilst ensuring that our services are accessible to all.
- 4.3 **Response:** We will ensure that our people are trained and resources are located to provide the most effective response and to have a positive impact on incidents in our communities.

- 4.4 **Resilience:** We will ensure we are resilient and work with our partners to promote and build resilience in the communities we serve.
- 4.5 **Sustainability:** We are committed to ensuring that we provide a financially sustainable Service and take meaningful action to help address the climate emergency.
- 4.6 **People:** We will support our staff by providing a safe and inclusive environment for them to thrive in, building a diverse organisation that is engaged with, and accessible to, our communities.

5. FINANCIAL IMPLICATIONS

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

6. LEGAL IMPLICATIONS

- 6.1 There are no legal implications arising from this report.

7. EQUALITY AND DIVERSITY IMPLICATIONS

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

8. RISK IMPLICATIONS

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

9. SUSTAINABILITY IMPLICATIONS

- 9.1 There are no sustainability implications arising from this report.

10. CONSISTENCY WITH DUTY TO COLLABORATE

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

11. PRINCIPAL CONSULTATION

- 11.1 The Chief Fire Officer was consulted during preparation of this report.
- 11.2 The Head of Finance and Procurement was consulted on the content of this report.

12. BACKGROUND PAPERS

- 12.1 Annual Plan 2024-25.

Agenda Item 11

13. **APPENDICES**

13.1 Included with main report.

14. **CONTACT DETAILS**

14.1 Melissa Jackson, Performance Officer, 07570 950889

14.2 Anna Smy, Data and Performance Manager, 07795 302741



Quarterly Performance Report

Q4 2024-2025 January – March



Contact Us

In an emergency

Dial 999 and ask for the fire service.

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

Contacting us when it's not an emergency

 Visit our website: rbfrs.co.uk

 Email us: performance@rbfrs.co.uk

 Call us: 0118 945 2888

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

Accessibility

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



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Introduction

Royal Berkshire Fire Authority (RBFA) is a combined fire authority, from six unitary authorities within Royal Berkshire (Bracknell Forest, Reading, Royal Borough of Windsor and Maidenhead, Slough, West Berkshire and Wokingham). It is the responsibility of RBFA to provide an effective and efficient fire and rescue service for communities across Berkshire.

Royal Berkshire Fire and Rescue Service (RBFPS) provides services across the County of Berkshire.

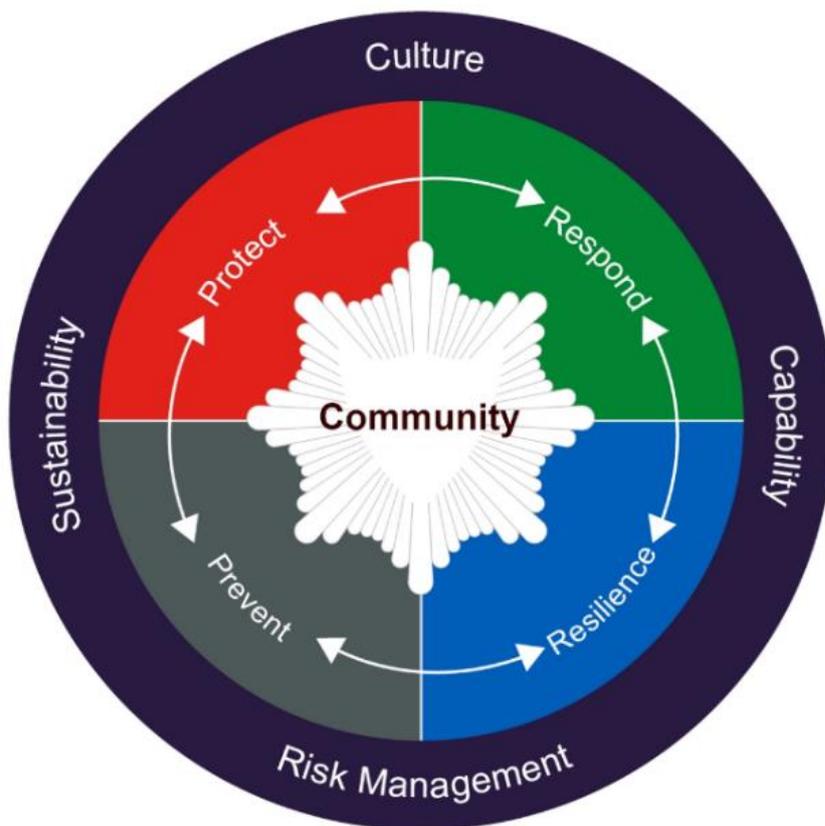
Our **Annual Plan** for 2024-25 highlighted 9 areas of focus in order to achieve the Strategic Commitments made to the people of Royal Berkshire in our Community Risk Management Plan (CRMP). See details in [Appendix A - 2024-25 Areas of Focus](#).

The Strategic Commitments are aligned to our four overarching principles:

- >> Culture
- >> Capability
- >> Risk management
- >> Sustainability

To achieve our purpose, we place the community at the heart of all that we do to deliver:

- >> Prevention
- >> Protection
- >> Response
- >> Resilience





Our Performance

Every year, we set corporate measure targets for our performance to ensure we are delivering what we have promised in our strategic commitments. Our Corporate Measures directly align to our plan, our core duties and responsibilities.

Each quarter, we monitor our Performance against all elements of the Annual Plan through the Strategic Performance Board. This supports decision-making across the organisation. Key data is then provided formally within this report for the Audit and Governance Committee to scrutinise.

We monitor performance across four quadrants:





Q4 Highlights

Quadrant 1 Service Provision

Through Q4, the service maintained its new station-based staff establishment figure of 334, thanks to the arrival of 18 new apprentices at the end of Q3. This contributed to improved performance against the measures for wholtime and combined appliance availability.

Response standard target of 75 percent was not achieved. Whilst the number of incidents were lower in Q3 and in Q4, the response standard dropped for the travel component.

The map below details by unitary the number of **incidents attended** and the **percentage** meeting response standard.

Notably, Bracknell Forest, Reading and Slough response standard was met during Q4.

Across Berkshire, the distribution of incident numbers and response times vary, impacted by location of incident, rural/urban composition, road works and other local factors.

Total number of emergency incidents attended in Berkshire

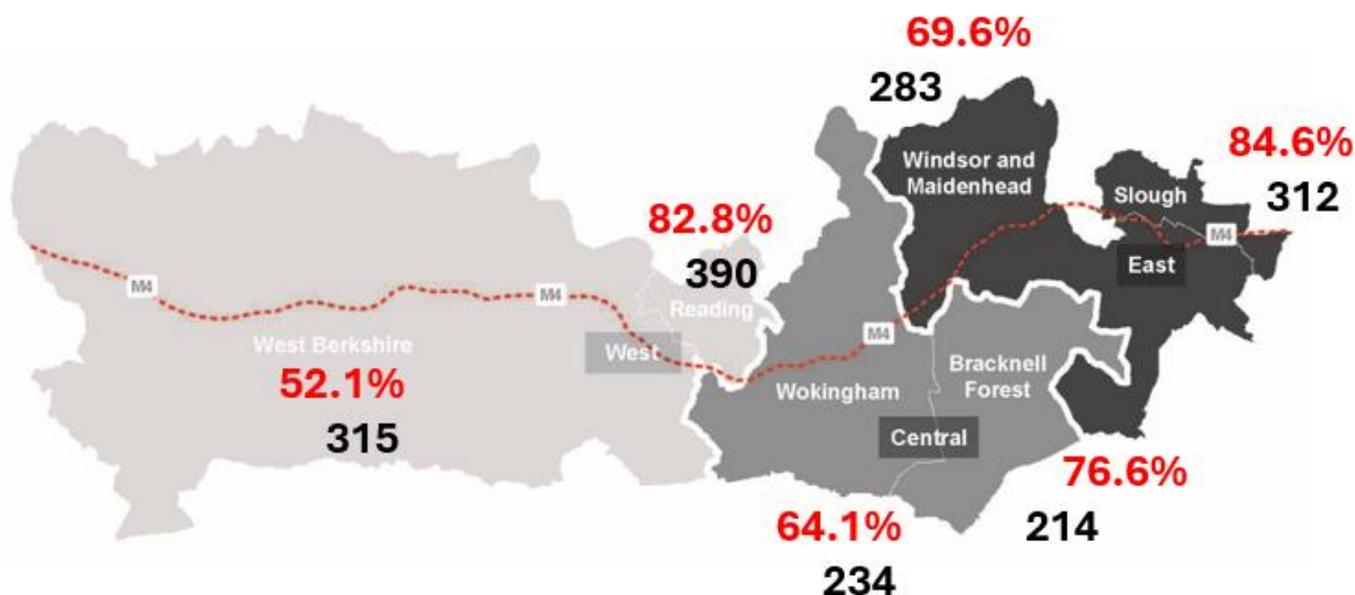
1,748

↓ previous year & quarter

% of emergency incidents response within 10 minutes

72.2%

↑ vs previous year



Service level measures will be explored in 2025-26 to better understand unique challenges. The CRMP Priority 3 will seek to optimise the service’s Response model, however any review of the response standard would require public consultation as part of a wider CRMP process.



Response applied learnings from the Response Resourcing Group monthly meetings that noted demand for leave is highest and appliance availability most challenged during Summer months. The team aim to forecast staffing levels, to mitigate any shortfalls for summer 2025-26.

We have been analysing data trends for outdoor fires (including wildfires) that are increasing. We know that hot dry summers place a significant demand on our service and saw this with both 2018 and 2022 having very high numbers of outdoor fires. Our current increase in incidents is showing a similar trend with March 2025 being the driest March for more than 60 years across England and Wales, To mitigate this risk we have worked to create tactical fire plans and further training to enhance our tactical wildfire incident command knowledge. We anticipate that this expertise will be essential as climate change continues to bring extensive spate conditions, with warm and dry Spring/Summer months, increasing wildfire risk.

Resilience measures for operational risk sites have required attention due to the risk profile of premises and the operational risk this may pose to staff being changeable for a variety of reasons - including inspections completed and intelligence gained. This may mean the due date of operational risk inspections change, moving the deadline for officers

Protection performance targets remain challenging, in part due to accuracy of the Risk-Based Inspection Programme (RBIP) list and premises classifications. Continual improvement to capture information is in place through desktop reviews, drive-bys, and full inspections.

Staffing capacity issues and inspection workloads have been and will continue to be focused on through training and process reviews.

Central Hub secured a successful prosecution in Wokingham resulting in a £26,000 fine. Two prohibition notices were issued in Slough.





Prevention saw positive outcomes. In total 4996 Safe and Well referrals a range of quality sources were assigned to Berkshire in 2024-25, demonstrating successful partnership working. Where meeting target timescales for Very High Risk and High Risk referrals proved difficult, an investigation found most cause for delay as factors outside of the service's control or complexity in cases. Understanding real-world barriers and cultural sensitivity is important. We use this knowledge to guide our approach to working within the different communities we serve.



100%

referrals for threat of or incidence of arson, completed within 48 hours



matching 2023-24



1,583

Safe and Well Visits completed in Berkshire

↓ vs 2023-24



36.9%

% increase in the number of partner referrals received



↑ -1.4% Q4 2023-24

Prevention teams and partner agencies identified youth antisocial behaviour, mental health concerns and rough sleeper populations as key contributors to some fires through Q4. This resulted in enhanced targeting of these demographics, with joint response in Post-fire prevention work between prevention teams and frontline crews critical to the sharing of insights and information.

Campaigns via our communication team, printed leaflets, safety education such as school visits by RBFPS personnel and crews, through community engagement activity and equality, diversity and inclusion (EDI) objective work ensures the service is in the public eye.

Customer Experience surveys received for Q4 saw all areas responded as 100% satisfaction. The highest count of responses to paper surveys came from individuals regarding completed Safe and Well Visits. Responses to domestic and commercial fire incidents proved low. This may require evaluation.

Fire fatality:

1 in Q4.

A Tier 2 Fire Investigation confirmed the cause of fire to be accidental.



6

complaints received and resolved about service interactions



+4 Q4 2024-25 vs Q4 2023-24

+1 vs end 2023-24



8

compliments received about service or personnel



= Q4 2024-25 +16 vs end 2023-24



Quadrant 2 Corporate Health

Equality, Diversity and Inclusion (EDI) objectives are all **Green** except for one, adjusted to an Amber RAG status. The objective: Improving our service delivery by creating strong links with our community is now an **Amber**. Leaders agreed that further work is required, that an effective system needs to be put into place. Prevention and EDI representatives will work together to better capture and evidence EDI activity information for review, scrutiny and assessment.



680

Total staff in post

↑ +40 vs 2023-24



11.8%

% Staff Non-White British

↓ vs 2023-24



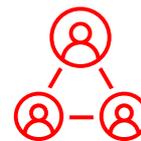
106

Number who have declared a disability

↑ +71 Q4 2023-24

Information Governance measures ended in Q4 with mixed outcomes. Maintaining Retention Schedules fell below the 100% target in to 43% - the lowest value in 2024-25, ending with 56%. The Protecting Information Course saw a decrease in compliance, not meeting the 95% target. The 2024-25 year ended on 64%. Both measures will be in focus in 2025-26.

Completing the Data Subject Requests (SARs) within the permitted time frames



100%



Number of RIDDOR accidents and diseases



3



↑ vs Q4 2023-24

Equal to previous year total

Health and Safety - Six instances of injury accidents followed a water rescue training course. This prompted a review of water rescue practices to ensure that the hazard of poor water quality at our training venues is suitably and sufficiently managed.



Finance exceeded the target for percentage of spend subject to competition with 4 waivers: ADT Fire and Security Plc, Cadcorp, Ricardio-AEA Ltd and Heightec. The common rationale for these is of consistency and supporting seamless integration in our everyday operations.



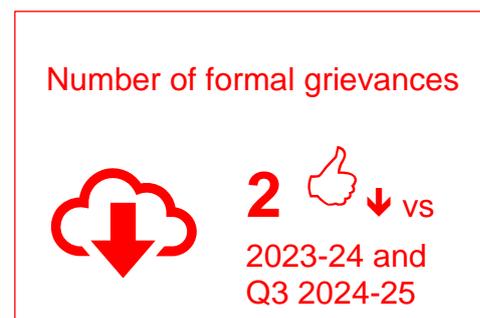
Human Resources saw a positive trend in Q4, with overall decrease in the days lost to sickness and percentage of working time lost to sickness. Decrease in days lost for Wholetime (17%) and Control (17%). Increases for Green Book (13%) and On-Call (60%).



Health Partners (Occupational Health) rolling benchmarking data saw **21% of RBFRS cases related to MSK issues** - compared to 28% for their 'emergency services' clients and 26% across their client base.

50% of RBFRS cases related to mental health issues. This compares to 35% for their emergency services clients and 31% across their client base.

The widening gap between RBFRS and other emergency services clients and the client base may reflect the number of mental health absences linked to employee relations cases. Discipline and Grievances continue to be monitored to support any required actions.



Q4 closed with 81% of 452 eligible staff Receiving a Personal Development Review (PDR) in the timeframe. This is a decrease compared to Q4 2023-24 (94%).

Following pilot scheme and work to amend the process through 2024-25, a new simplified version of the current PDR form (which includes reference to RBFRS' revised Behavioural Competency Framework) will launch in 2025-26 alongside an updated policy.



Quadrant 3 Priority Programmes

Community Risk Management Plan (CRMP)

Priorities 1 is **Amber** and 2, 3 and 5 have all started, reflecting a **Green** status.

Priorities 4 and 6 are complete/transitioned to business as usual.

Strategic Asset Investment Framework

The **Strategic Asset Investment Framework** saw some programmes completed, others continuing on track and in green status for budget.

Notably, the **Emergency Services Mobile Communications Programme (ESMCP)** continues to be red for all areas as there has been limited activity at a National Level (this is a Government led programme). The **Estates Management Plan** recovered from being Red in Q3 for budget. **P1 Heat Decarbonisation** continues on track with a red for budget.

People Strategy Reporting

Within People Strategy Reporting, in Q4 2024-25 we launched our **Culture plan**. Leadership Forums were held to support this. We began to embed many months of close working with staff across all aspects of the service.



Quadrant 4 Assurance

Corporate Risk - 2024-25 Risk position shift

During the 2024-25 year, a number of risks were effectively managed within our risk appetite. Where the current score reduced to below 17, these have been removed.

Coding: As per [Appendix B – Key to Colours, Ratings and Symbols](#)

Position as start of Q1 - April 2024

LIKELIHOOD	Almost Certain	9	14	17 663 932	23 843	25
	Likely to happen	7	11	16 892	21 931 681 893 917 879 928 682	24
	Could happen	4	8	13	18 506 798 629 906 891 844 918	22
	Unlikely to happen	2	5	10	15	20 417
	Rarely occurs	1	3	6	12	19
		Low	Minor	Moderated	High	Major
		IMPACT				

New risks have arisen. Accepted and managed risks have re-emerged for a variety of reasons.



The chart below shows the movement of the strategic risks from the start to end, demonstrating our active management of risks. Managed to below 17 – 892 and 917.

Position at close of Q4 - March 2025

LIKELIHOOD	Almost Certain	9	14	17 663 932 918	23 891 842	25
	Likely to happen	7	11	16	21 962 879 681 682 928	24
	Could happen	4	8	13	18 506 798 629 906 893 931	22
	Unlikely to happen	2	5	10	15	20 417
	Rarely occurs	1	3	6	12	19
		Low	Minor	Moderated	High	Major
IMPACT						



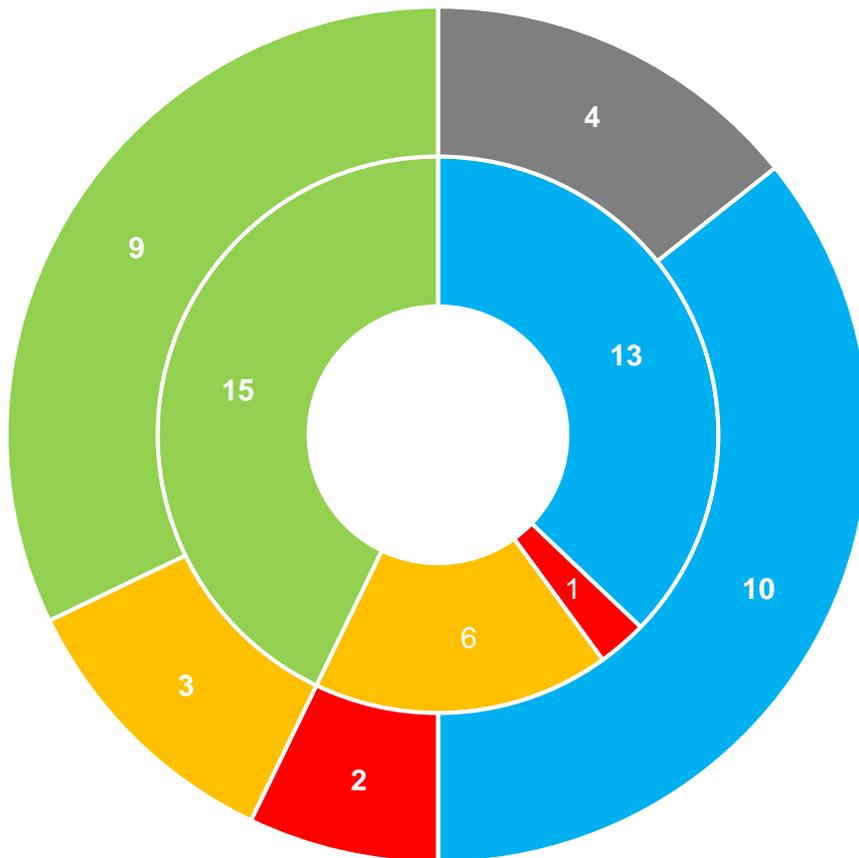


Audit Actions

Our audit actions are reviewed quarterly but reflect a rolling audit programme.

Audit Status is presented below.

Red, Amber, Green, Blue for 'complete', **Grey** for 'not started' - as per [Appendix B – Key to Colours, Ratings and Symbols](#).



Outer circle (end date of 31st March 2025)

- » Red: Actions relate to GDPR and our records retention schedule. We have a corporate measure to monitor this and actions to track schedules.
- » Grey: These relate to risk information from a recent audit with target dates within 2025/26.

Inner Circle (start date of 1st April 2024)

- » Red: This relates to pensions and is being monitored by our finance team, reported within Corporate Health.



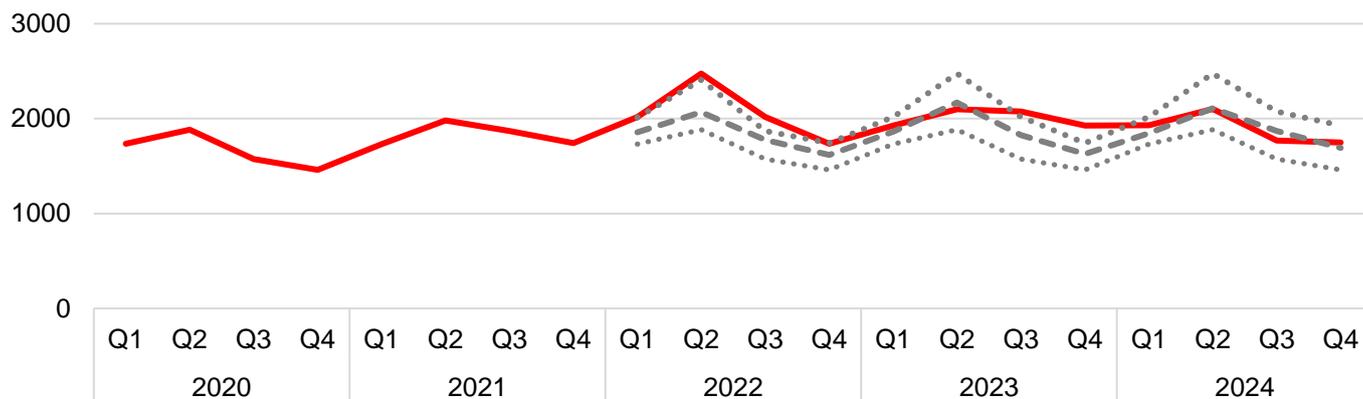
Quadrant One – Service Provision

Incident Trends

In Quarter 4 2024/25 we responded to 1,748 emergency incidents in Berkshire – a reduction of 9.6% total number of incidents from the same quarter last year.

A nominally higher number of incidents was recorded in Windsor and Maidenhead in this period. The count of incidents in all other unitaries across Berkshire reduced compared to 2023-24.

Total Number of Incidents



— Incidents Previous 5 year Minimum Previous 5 year Maximum - - - Previous 5 year Average

The chart above shows the 5-year trend in incidents over time. From 2022 it includes the five-year maximum, minimum and average incident levels for comparison. This illustrates the fall in overall incident numbers during the Covid-19 pandemic. It should be noted that 2022 recorded a hot, dry summer. The number of incidents is slightly above the five-year average for this time of year. A similar downward pattern is noted, with the fall in incident numbers.



Corporate Measures: Service Provision

Service Provision monitors the service we provide to the public. Performance is monitored in relation to attendance at incidents, types of incidents, Prevention activities and fire safety in commercial buildings.

For Corporate Measure Service Provision Definitions, view [Appendix C - 2024-25 Performance Measures and Definitions](#).

Overall Measures					
1. Number of Fire Deaths			2024/25 Target: 0		
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	2	1	0	1	4
Target (max)	0	0	0	0	0
2024/25 Actual	1↑	1↔	0 ↔	1↔	3↑
<p>In response to the fatality in Q4, the SFIR process was instigated and is being followed. Post fire prevention activity has taken place in the surrounding area and a Tier 2 Fire Investigation has been conducted confirming the cause of fire to be accidental.</p>					
2. Number of non-fatal fire casualties			2024/25 Target: 31 max.		
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	7	16	8	7	38
Target (max)	7	8	8	8	31
2024/25 Actual	17↓	15↑	11↓	6↑	49↓
<p>Non-fatal fire injuries significantly dropped from numbers in previous quarters. No fire casualties in Slough or Wokingham. The 6 injuries caused by fires started in domestic dwellings. The majority were not serious and cause varied although cooking and smoking materials continue to be a known risk in the home. All incidents resulted in post fire engagement and prevention activity, which evidenced joint working through prevention and response teams and close working with partner agencies in relation to safeguarding concerns.</p>					



3. Number of deliberate Primary Fires					2024/25 Target: 125 max.
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	20	26	25	29	100
Target (max)	31	31	31	32	125
2024/25 Actual	21 ↓	26 ↔	19 ↑	15 ↑	81 ↑

With 15 deliberate primary fires in Q4, the reduction is almost 50% from Q4 last year and is significantly below our maximum target. While incident numbers are low, the clearest trends in terms of cause show as Mental Health and vehicle (car) fires. Primary deliberate fires, including fatal fires are increasingly linked to those with complex mental health needs. We now have a robust process of complex case meetings, in addition to improving our recording processes in the hub to reflect the nature of such received referrals we receive and when appropriate do share our intelligence and knowledge of these individuals and the presenting community risks.

4. Number of deliberate Secondary Fires					2024/25 Target: 233 max.
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	68	65	39	15	233
Target (max)	77	81	34	41	233
2024/25 Actual	53 ↑	51 ↑	32 ↑	42 ↓	178 ↑

Deliberate secondary fires showed an increased from Q3 figures, a rise from Q4 last year and exceeded our maximum target. Unlike Q4 last year, climatic conditions differed from, with low rainfall and warmer temperatures which are more conducive to secondary fires.

Whilst the Q4 number higher compared to the previous year, just 1 deliberate secondary fire was recorded in Wokingham – a noted reduction from 8 recorded fires in Q3 that led to intervention work with TVP.

Trends noting youth behaviour and fires caused by rough sleepers populations are being monitored. The latter, were down in number, following enhanced prevention activity targeting this demographic. Hub prevention managers attend the **Antisocial Behaviour in parks and open spaces meeting**, alongside the problem-solving tasking group. Close working takes place outside of these meetings with the community safety officer and Thames Valley Police (TVP) where necessary and requires continued proactive focus for prevention and response teams.

Data integrity surrounding inputs was flagged in Q4 because some bonfires were classified as deliberate but may have more appropriately been recorded as accidental. This practice occurred due to unclear stop messaging codes. Communications have been shared with crews via the General Manager Response Area Managers (GM RAMs) and a reduction in such instances is expected, with improved data recording.



Prevention Measures					
5. Increase the number of Referrals for Safe and Well visits received from our partners					2024/25 Target: 10%
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24) % change	18.4%	13.5%	8.6%	-1.4%	13.2%
Target % change	10%	10%	10%	10%	10%
2024/25 Actual Number ¹	1184	1167	1194	1458	5003
2024/25 % change	12.4% ↓	16.0% ↑	4.8% ↓	36.9% ↑	17.4% ↑
<p>¹Actual Number 2024/25 includes Over the border (OTB) referrals of which there 7: 2 in Q2, 4 in Q3, 1 in Q4. In total 4996 referrals were assigned to unitaries in Berkshire.</p> <p>Q4 ended the year with excellent performance with a % change increase of 36.9%, exceeding the measure target of 10%. East Hub also saw the first increase in referrals this year in Slough. East Hub Prevention have been working with partners to promote the S&W service via CSP, Safeguarding, community/agency events and ARPs. The quality of referrals, rather than just the number, determine our success in reducing community risk and this is closely monitored by Prevention managers.</p>					
6. Percentage of Safe and Well referrals, where there has been a threat or incidence of arson, completed within 48 hours					2024/25 Target: 100%
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%
2024/25 Actual	100% ↔	100% ↔	100% ↔	100% ↔	100% ↔
<p>Threats of arson pose a significant and credible risk to the public. Referrals result from specific intelligence received from TVP. Responding to these referrals within the 48-hour window – indeed, in most cases within 24 hours - is key to increasing the safety of victims and contributing as a statutory partner under the Serious Violence Duty. The service is proud to report 100% completion across the quarter and the year.</p>					



7. Percentage of Very High Risk Safe and Well Referrals completed within 72 hours					2024/25 Target: 40%
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	37.5%	49.0%	32.7%	30.2%	37.3%
Target	40%	40%	40%	40%	40%
2024/25 Actual	31.0% ↓	28.6% ↓	16.2% ↓	28.2% ↓	26.0% ↓

8. Percentage of High Risk Safe and Well Referrals completed within target time					2024/25 Target: 57%
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	43.1%	52.5%	52.2%	52.6%	50.2%
Target	57%	57%	57%	57%	57%
2024/25 Actual	44.2% ↑	43.3% ↓	47.5% ↓	47.4% ↓	45.8% ↓

Teams worked effectively to share resources across Hubs during a period which saw staff sickness contribute to a shortage of Safe and Well Technicians.

Improved performance compared to the previous quarter saw 28.2% of very high-risk referrals completed in timescale. On review, initial contact was found to have been made or attempted in the majority of cases within the 72hour target (in most cases, well within this target time).

Visits are often delayed due to factors outside of the service's control, including:

- >> Partner agency availability for complex visits
- >> Family availability for complex visits
- >> Clients remaining in hospital and absent from the home
- >> Clients delaying appointments to suit their own requirements

Additionally, for High Risk referrals, key reasons for delay include:

- >> Multiple contact attempts being made
- >> Visits declined by client

The complex nature of these referrals presents real-world challenges to complete in the measure time frames. This is being monitored.



Protection Measures

9. Percentage of Fire Safety Audits of premises identified as High or Very High Risk in our Risk-Based Inspection Programme completed in timescale ² **2024/25 Target: Monitor**

	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	-	-	-	-	-
Target	-	-	-	-	-
2024/25 Actual	-	22.4%	10.4%	0.0%	11.4%

²The due dates and targets were set for this measure in July, hence reporting commences from Q2.

The **Risk-Based Inspection Programme (RBIP)** is used pro-actively to arrange fire safety inspections, booking these in alongside other priority activities including managing on-going HRRB work and training newer members of the team.

The timescale deadlines placed on RBIP inspections means that due dates will be unevenly distributed across the year. Some months have very few required, others have an almost unattainable target. Although Q4 details 0% achieved in time frame, 66 audits due from previous quarters were closed against the RBIP.

Protection Managers are looking at ways to better manage demands across the next year.

10. Percentage of Full Fire Safety Audits with a 'Broadly Compliant' result ³ **2024/25 Target: 60%**

	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	69.6%	62.4%	65.3%	76.1%	69.0%
Target	60%	60%	60%	60%	60%
2024/25 Actual	75.1% ↓	78.8% ↓	79.5% ↓	73.5% ↑	76.9% ↓

³As part of the Risk Based Inspection Programme the Fire Safety Inspecting Officers should be visiting premises which are a higher risk to life. This measure illustrates the percentage of closed Fire Safety Audits carried out in commercial premises, where the result was 'Broadly Compliant' (satisfactory) and no further action or follow-up was required.

Targeting audits - which would be considered higher risk through our RBIP - doesn't necessarily result in non-compliance. Therefore, it is challenging to aim for only 60% of audits recorded as broadly compliant. The RBIP targets premises which pose a higher risk to the public due to the nature of the premises, such as care homes and HRRBs.

Due to the increased risk, our known highest risk buildings - such as those in interim measures - are managed separately on an ongoing basis. Moving forward, our intention is to manage these buildings via formal notices.



11. Percentage success when cases go to court					2024/25 Target: 80%
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	0 cases	0 cases	0 cases	0 cases	0 cases
Target	80%	80%	80%	80%	80%
2024/25 Actual	100% (1 case)	0 cases	0 cases	100% (1 case)	100% (2 cases)
<p>In Q4, Central Hub had a successful outcome in a prosecution in Wokingham, the result of a number of personnel supporting one another to achieve this successful outcome.</p> <p>Two prohibitions were counted: one with a legal case being built, the other unlikely to progress with legal proceedings due to immigration action in process against the responsible person.</p>					
12. Percentage of Statutory fire consultations completed within the required timeframes					2024/25 Target: 95%
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	97.0%	98.4%	95.5%	96.4%	96.9%
Target	95%	95%	95%	95%	95%
2024/25 Actual	99.2% ↑	99.6% ↑	96.1% ↑	93.7% ↓	97.1% ↑
<p>Q4 and the year completed both above target and the previous year performance, despite a dip on the previous quarter. Data recording issues contributed to this where some deadlines were incorrectly recorded by in-development Fire Safety Inspecting Officers (FSIOs) as missed. This has been identified and addressed through training to prevent reoccurrence. Dependencies with partner agencies, and limitations on staff capacity accounted for other failures.</p>					



Response Measures					
13. Percentage of occasions where the first fire engine arrives at an emergency incident within 10 minutes from time the emergency call was answered 2024/25 Target: 75%					
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	74.6%	72.9%	71.5%	70.1%	72.3%
Target	75%	75%	75%	75%	75%
2024/25 Actual	74.7% ↑	68.5% ↓	73.2 ↑	72.2 ↑	72.0% ↓
<p>Service performance against the Response Standard during Q4 has improved by more than two percentage points in comparison to the same period last year. Multiple factors for this including challenging rural geography in the West of the county, a noted change in call types and volume, increasing volume of traffic and ongoing challenges with appliance availability.</p>					
14. Percentage of wholetime frontline pumping appliance availability 2024/25 Target: 97.4%					
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	97.3%	97.1%	97.6%	97.8%	97.4%
Target	97.4%	97.4%	97.4%	97.4%	97.4%
2024/25 Actual	97.7% ↑	95.2% ↓	96.7% ↓	98.1% ↑	96.9% ↓
<p>Wholetime appliance availability exceeded the 97.4% target during Q4. Human factors such as leave and sickness and training responsibilities to maintain the competence of operational staff to present a significant challenge. Q4 benefitted from seasonally low demand for leave. The internal Response Resourcing Group (RRG) is forecasting staffing levels months ahead to and liaising with Training colleagues to coordinate the planning of training and optimising availability while still ensuring safety-critical courses are delivered on time. With 18 new apprentices on stations in November, the service reached its increased station-based establishment figure of 334, which included the 10 additional posts approved by the fire authority in April 2024.</p>					



15. Percentage of hours where there is adequate crewing on On-call frontline pumping appliances (based on 24/7 crewing)					2024/25 Target: 50%
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	46.5%	38.4%	33.5%	41.5%	40.0%
Target	50%	50%	50%	50%	50%
2024/25 Actual	34.1% ↓	35.5% ↓	24.% ↓	36.6% ↓	32.7% ↓
<p>Q4 saw an improvement in availability compared to Q3 at every station in the service. Notable achievements include Maidenhead more than doubling from 9.3% to 20.3% (due to two firefighters passing their incident command assessments) and at Crowthorne where availability increased from 51.6% to 76.8% - a credit to the station and all the staff supporting substantial recruitment and training efforts.</p> <p>Availability of On Call appliances remains challenging with the overall performance below the 50% target. Lambourn struggles to reach double figures in the absence of a qualified incident commander. It is anticipated that by the end of Q1 2025-26 this manager will be in place, meaning the station will be available at times without the need for detachments.</p>					
16. Percentage of time that 14 or more pumping appliances are available					2024/25 Target: 100%
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	-	-	-	-	-
Target	100%	100%	100%	100%	100%
2024/25 Actual	91.2%	70.1%	82.6%	96.7%	85.1%
<p>Improvement with performance reaching 96.7%, notably from a significant contribution of On Call appliances to maintaining our baseline provision with 11 of the 17 shifts where a wholetime appliance was degraded still meeting the target of 14 appliances. This enabled the service to maintain 14 appliances for 174 of the 180 shifts during Q4. This measure is based on availability of 14 appliances for whole shifts. An appliance unavailability of a 'few hours' can mean the entire shift is discounted for the purposes of calculating performance.</p>					



Resilience Measures					
17. Percentage of visits to Very High, High and Medium Operational Risk sites completed in timescale					2024/25 Target: 100%
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	57.7%	80.0%	83.3%	56.0%	69.8%
Target	100%	100%	100%	100%	100%
2024/25 Actual	71.0% ↑	54.7% ↓	65.2% ↓	64.4% ↓	52.1% ↓

The risk profile of premises and the operational risk this may pose to staff is aligned to numerous parameters. Those may change for a variety of reasons, including inspections completed and intelligence gained. If the due date changes (within a month) or new properties are identified these can all impact the % total. Changes may alter the due date of operational risk inspections. Where a deadline can move for officers, forward planning and reporting are affected. For these reasons, this reporting is noted as being a snapshot for a period of time.

We identified in Q4 that the inspections undertaken by a new officer (within Q3) were not being captured within our reporting tool. This resulted in a lower percentage of inspections completed within target as the measure includes all inspections due but omitted those completed in target by the new officer.

Re-calculating these figures resulted in a change to Q3 from 57.3% as was previously reported to A&G Q3, to **65.2%**.

Further work will be carried out to improve the way we record and report on operational risk inspection activities.



18. Number of Service Delivery Hub exercises completed					2024/25 Target: 12
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	4	1	4	3	9
Target	3	3	3	3	9
2024/25 Actual	3 ↓	3 ↑	3 ↑	2 ↓	↓ 11 ↓
<p>A steady picture across the year, consistently aligned to target from Q1-Q3.</p> <p>Q4 target was missed because 1 exercise planned for Q4 was carried forward. Subsequently that will be counted in Q1 of the 2025-26 stats year.</p>					
19. Percentage of Automatic Fire Alarm calls where RBFRS did not attend					2024/25 Target: 30% min.
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	25.7%	25.8%	24.8%	25.1%	25.4%
Target (min)	30%	30%	30%	30%	30%
2024/25 Actual	24.9% ↓	32.7% ↑	51.5% ↑	52.5% ↑	41.0% ↑
<p>The percentage of Automatic Fire Alarm (AFA) calls that RBFRS did not attend has increased.</p> <p>The new AFA policy was introduced on 20 September 2024. Following the implementation of the new AFA policy, the percentage of calls where RBFRS did not attend has increased significantly to 51.5%. This represents more than a 100% increase compared to the 5-year average.</p> <p>Just as with the report in Q3, the rise in the percentage for Q4 2024 reflects a deliberate and successful effort to focus resources more efficiently, attending fewer false alarms. This indicates improved adherence to policy guidelines and suggests the wider Thames Valley adoption has contributed to effective policy delivery by TVFCS. The new policy appears to have had a positive impact on reducing RBFRS attendance at AFA calls. A comprehensive evaluation plan is in place to look at the impact of the new policy in more detail over the next two years, with formal reporting to Fire Authority at 12 and 24 months.</p>					



Customer Experience Measures					
20. Percentage of respondents experiencing a domestic fire satisfied with the service received					2024/25 Target: 100%
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	100%	100%	100%	No returns	100%
Target	100%	100%	100%	100%	100%
2024/25 Actual	100% ↔	100% ↔	100% ↔	100% ↔	100% ↔
21. Percentage of respondents experiencing a commercial fire satisfied with the service received					2024/25 Target: 95%
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	100%	100%	100%	No returns	100%
Target	95%	95%	95%	95%	95%
2024/25 Actual	100% ↔	100% ↔	100% ↔	100% ↔	100% ↔
22. Percentage of respondents satisfied with the Fire Safety Audit service they received					2024/25 Target: 90%
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	100%	90.9%	N/A	N/A	94.7%
Target	90%	90%	90%	90%	90%
2024/25 Actual	100% ↔	None received	None received	None received	100% ↔
<p>Since Q3 2023/24 the Fire Safety Audit surveys have been conducted via a QR code and an online form. Process is under review to determine effectiveness or changes that may be implemented to promote a greater level of engagement and response.</p>					
23. Percentage of respondents satisfied with the Safe and Well service received					2024/25 Target: 100%
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	100%	100%	98.8%	100%	100%
Target	100%	100%	100%	100%	100%
2024/25 Actual	98.9% ↓↔	100% ↔	100% ↔	100% ↔	98.7% ↓



24. Number of complaints received				2024/25 Target: Monitor	
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	7	6	6	2	21
Target	-	-	-	-	-
2024/25 Actual	1 ↑	6 ↔	9 ↓	6 ↓	22 ↑
<p>In Q4, a total of 6 complaints. The reasons for complaint included operational activity, accidental damage during an incident, professional conduct/behaviour, inconsistency in advice received/understood and the way money is spent in the Service.</p>					
25. Number of compliments received				2024/25 Target: Monitor	
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	4	4	5	8	21
Target	-	-	-	-	-
2024/25 Actual	7 ↑	12 ↑	10 ↑	8 ↔	37 ↑
<p>Compliment to Safe and Well Technicians: 2 (to different individuals)</p> <p>Compliment to crew(s): 6 (following incidents, including one from Hampshire Fire and Rescue Service to Crew and Thames Valley Fire Control Service (TVFCS))</p>					



Quadrant Two – Corporate Health

Revenue Budget & Position

The 2024/25 Revenue Budget was set at £45.964 million. The budget was set with no addition to or use of the Budget Contingency Reserve.

The revenue outturn for 2024/25 is shown on the following pages and shows a surplus of £370,000 compared to budget. £350,000 of this surplus has been transferred to the Budget Contingency Reserve to cover the unbudgeted element of the pay awards for 2025/26 with the balance of £20,000 transferred to the Transformation Fund.

Variances against individual revenue lines are explained below.

- » The Green book pay award was finalised at an average of 3.38% against a budgeted figure of 3.75% - a saving of £33,000. This is part of the Non-Stations Employee underspend of £115,000, which includes various vacancies, but is partly offset by higher officer overtime.
- » Utility costs were £112,000 lower than budget due to reduced gas and electricity usage, coupled with lower gas prices.
- » A bulk purchase of new non-PPE clothing was delivered and rolled out at the end of the financial year. This expenditure together with a backdated price increase on the national PPE contract led to additional costs of £103,000.

As reported in the Statement of Accounts to 31 March 2024, the Competition and Markets Authority imposed a charge control mechanism on Motorola in respect of the revenue that it could earn from Airwave. Motorola lodged an appeal but were unsuccessful, and the Authority has received £344,000 in compensation.

The Pension Grant from Government, to cover additional employer pension contribution costs, came in £87,000 higher than budgeted.

The Authority has been able to invest more money at higher fixed rates, resulting in interest received being £378,000 higher than budgeted for the full year.

£519,000 is being set aside from revenue resources to cover new WAN licenses.



Revenue Outturn Quarter 4 2024/25

	Annual Budget £'000	Q4 Outturn £'000	Budget to Actual Variance £'000
EMPLOYEES			
STATIONS	20,736	20,703	(33)
NON-STATIONS	14,542	14,427	(115)
TRAINING	712	723	11
OTHER	343	355	12
	36,333	36,208	(125)
PREMISES			
REPAIRS & MAINTENANCE	1,048	1,108	60
RATES	941	941	0
CLEANING	294	302	8
UTILITIES	742	630	(112)
	3025	2981	(44)
SUPPLIES			
INSURANCE	437	442	5
EQUIPMENT	594	584	(10)
IS EQUIPMENT & LICENCES	1,479	1,486	7
CLOTHING/PPE	373	476	103
COMMUNICATIONS	913	548	(365)
OCCUPATIONAL HEALTH	268	286	18
PRINT/STATIONERY/PUBLICATIONS/SUBSCRIPTIONS	142	161	19
COMMUNITY FIRE SAFETY SUPPLIES	124	117	(7)
SUPPLIES OTHER	240	256	16
	4,570	4,356	(214)
CONTRACTS			
CONTRIBUTION TO TVFCS & COLLABORATION	1,063	1,055	(8)
LEGAL	50	74	24
CONTRACTS OTHER (incl Professional Services)	1,289	1,293	4
	2,402	2,422	20
TRANSPORT			
VEHICLE RUNNING COSTS	801	836	35
TRAVEL	236	243	7
	1,037	1,079	42
PENSIONS			
PENSIONS	537	530	(7)
	537	530	(7)



INCOME			
GRANTS	(1,120)	(1,227)	(107)
RENTAL INCOME	(265)	(251)	14
TVFCS RECHARGE INCOME	(429)	(429)	0
INCOME OTHER	(917)	(945)	(28)
	(2,731)	(2,852)	(121)
NET COST OF SERVICES			
DEBT CHARGES INTEREST	333	333	0
INVESTMENT INTEREST	(492)	(870)	(378)
REVENUE FUNDING OF CAPITAL	1,793	1,793	0
CAPITAL CONTRIBUTIONS TO STAFFING COSTS			0
APPROPRIATION TO/(FROM) RESERVES	(1,380)	(861)	519
FINANCING COSTS	550	550	0
REVERSAL OF ACCRUED HOLIDAY PAY	(13)	(13)	0
NET EXPENDITURE	45,964	45,656	(308)
GOV GRANTS/PRECEPTS	(45,964)	(46,026)	(62)
(SURPLUS)/DEFICIT BEFORE USE OF RESERVES	0	(370)	(370)



Equality, Diversity and Inclusion Objectives

	End 23/24		Q1	Q2	Q3	Q4
<p>Objective: Increasing the diversity of staff at all levels</p> <p>We recognise the value that a diverse workforce brings and will take action to increase the diversity of job applicants, seeking individuals with the right behaviours and skills to help us reflect and engage with our local communities.</p>	G		G	G	G	G
<p>Q4 began with the recruitment process for the RBFRS Summer Internship Programme, a part of RBFRS positive action activity to attract a diverse workforce. Of 9 shortlisted candidates, 4 successful interns will be selected in Q1. In addition, the Service allocated 4 positions for Leonard Cheshire Interns for 2025/26 and recruitment is underway.</p> <p>The latest cohort of wholetime firefighter apprentices commenced their employment in February with 25% of apprentices female, marking our highest percentage to date in our new recruit cohort.</p> <p>Discover a career as firefighter sessions continued throughout Q4 along with a review and restructure to ensure cost and resource effectiveness.</p>						
<p>Objective: Leadership and corporate commitment</p> <p>We will support our organisational leaders to understand their role in tackling inequalities and demonstrating inclusive behaviours, in line with our Behavioural Competency Framework. This commitment means we will be strong and visible in our leadership and ensure that all staff and members of our local communities have confidence in our commitment to equality, diversity and inclusion.</p>	G		G	G	G	G
<p>Procurement for Anti racism training for all of SLT has been agreed for Q1 2025-26, to look at racial bias in the workplace, microaggressions & microinvalidations, how to become a race equality ally.</p> <p>Our Equality Monitoring Data collection concluded in Q4. This aimed to enhance the quality of our data and introduce religion and sexual orientation reporting.</p> <p>Highlights:</p> <ul style="list-style-type: none"> » Those sharing information regarding a disability increased by 10%. » Sexual orientation data collected for 66% of our workforce. » Religion data collected for 68% of our workforce. » A 2% increase in those that are not White British (category includes 'prefer not to say'). » A secondary question relating to 'disability type' indicated the most shared were Neurodiversity and Mental Health, followed by musculoskeletal. <p>EDI and Cultural Awareness Training continues to be rolled out to all staff across the service with 42% of staff having now completed the training. Sessions will continue throughout 2025-2026.</p> <p>Work continued against the Culture Plan, the review of the RBFRS Behavioural Competency Framework and review of EDI objectives in line with the Public Sector Equality Duty. Progress against the current objectives is collating understanding for where the Service can better focus EDI efforts. New objectives will provide further clarity and be measurable.</p>						



<p>Objective: Improving our service delivery by creating strong links with our community</p> <p>We will connect and communicate with our diverse local community to develop meaningful and sustainable links, which help us to increase our understanding of their needs. We will ensure that we tailor our prevention, protection and response activities accordingly and target the most vulnerable people with the greatest risk.</p>	G		G	G	G	A
<p>A review into the EDI accountability for watch-based station managers concluded in Q4 and recommended changing the accountability on an annual basis to a different watch colour to ensure a more coordinated approach across stations.</p> <p>Engagement continued with different community groups for Q4 within Berkshire and included:</p> <ul style="list-style-type: none"> » Visit by Headquarters staff from different departments at to JMJC Mosque Slough to further establish a relationship with the Muslim community. » Wokingham: Engagement with the Hong Konger community, Loneliness campaign. » Bracknell: Fire safety talk for adults with learning difficulties, Wayz 16–25-year-old adults with SEN, with Ascot ladies united. » Slough: LGBTQ+ youth group. » Langley: WI East Hub Prevention team event with MensMatters. <p>A strong area of focus when considering the new EDI objective to progress for 2025/2026 is for stations to utilise local data to understand and tailor engagement to those immediate communities and groups that are vulnerable and most at risk.</p>						
<p>Objective: Building on our inclusive culture</p> <p>We will continue taking action to ensure we have a culture where everyone feels valued and is treated with dignity and respect and support all staff to contribute to the creation of an inclusive working environment.</p>	G		G	G	G	G
<p>EDI and Cultural Awareness training has been in place to provide employees an understanding of EDI, improved cultural awareness and action planning surrounding EDI.</p> <p>Work on our stations and training centre continued to progress the aim for all stations to ensure separate male and female sleeping, washing and sanitary areas and where possible individual occupancy and gender neutral.</p> <p>The HQ stations visits programme continues with positive feedback explaining the benefits of this programme on the watches. This will continue throughout 2025/2026. The Service celebrated Neurodiversity Celebration Week by sharing staff experiences, poems and learning opportunities. To further build on our inclusive culture the service is looking to amend its approach to focus more on staff stories and experiences.</p>						

Tables containing relevant Equality, Diversity and Inclusion data are in [Appendix D - Equality, Diversity and Inclusion Data](#).



Corporate Measures: Corporate Health

Corporate Health performance is monitored in relation to staffing levels, health and safety and finances within RBFPS, to ensure the organisation is being run safely, efficiently and is cost effective.

For Corporate Health Definitions, view [Appendix C - 2024-25 Performance Measures and Definitions](#).

Human Resources and Learning & Development					
26. Percentage of working time lost to sickness across all staff groups				2024/25 Target: 5% max	
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	4.0%	4.8%	6.9%	6.3%	5.5%
Target	5.0%	5.0%	5.0%	5.0%	5.0%
2024/25 Actual	5.4% ↓	6.6% ↓	7.7% ↓	6.6% ↑	6.5% ↑

The top three reasons for sickness absence this quarter remain as Mental Health, MSK and Respiratory. These reasons fluctuate quarter on quarter and will be impacted by seasonal factors. MSK absence remains one of the top three highest causes of sickness absence, consistent with other Fire and rescue Services.

Sickness by Contract Type

Wholetime absence

- » Wholetime absence reduced from 1487 days to 1240 this quarter due to Mental Health, Respiratory and Endocrine decreasing. It is 16% higher than the same period last year (1045 days).
- » Mental Health absence is 20% higher than the same time last year. The number of episodes remain consistent, 10 were off last quarter 11 were new cases; 7 were long and 4 were short term cases.
- » Respiratory reduced but Gastro and MSK have increased from last quarter, with 8 episodes of gastro sickness following a water rescue course. Action is being taken to review control measures.
- » At end Q4, 14 individuals remain absent equating to 368 days. (9 Long: 341 days, 5 short: 27 days).

On-Call absence

- » On-Call absence increased and is higher than the same period last year (75 days), due to two long term cases starting in Q4 (equating to 90 days).
- » As with Q2 and Q3, this quarter saw sickness days lost only to MSK, Respiratory and Heart. No Mental Health cases in this staffing group this quarter, consistent with the same period last year.
- » One individual on long term sick left the service during Q4 (equating to 31 days).
- » At end Q4, one individual remains off sick at the end of the quarter, due to return in Q1 2025-26.

Green Book

- » Sickness absence increased and is higher than the same period last year.
- » Gastro, Virus and Headaches increased this quarter compared to Q3. All were short-term cases and returned to the workplace but for one individual on a phased return (light duties).
- » Mental Health days lost increased with all absence long term (8 episodes: 5 from Q3, 3 new cases).
- » Number of episodes remain the same. There are no short terms cases this quarter.
- » End Q4, 5 individuals remain off sick at (4 Long - 208 days and 1 short - 6 days)

Control sickness

- » Control sickness reduced this quarter and when compared to the same period last year.
- » Respiratory, Headache, Skin, Gastro and ENT reduced or are the same compared to Q3.
- » All but one employees returned to the workplace.



Mental Health

Mental Health sickness days lost reduced this quarter.

- » 44% of all sickness days lost this quarter were Mental Health related.
- » The biggest categories of mental health absence this quarter were work-related stress, depression, anxiety, PTSD and non- work-related stress.
- » Wholetime has seen a decrease but Control and Green Book increased. On-Call continue to have no mental health absences.

During Q4 the following activities were undertaken against the mental health action plan:

- » Mental Health Awareness (part 2) training – 467 staff have received the training to date.
- » Time to Talk Day was supported in February.
- » Increase in requests for Trauma Support sessions, with four sessions delivered. A further three sessions were planned for Q1 2025-26.
- » 15 Structured Professional Support sessions took place for eight individuals through Health Assured.

Musculoskeletal (MSK) Sickness

Musculoskeletal (MSK) sickness days increased this quarter. Further analysis shows:

- » Top three reasons for MSK absence were lower limb, back and neck.
- » MSK Sickness levels increased for Wholetime and On-Call, decreased for Green Book and Control.
- » MSK absence is lower when compared to the same quarter last year.
- » 10 long term MSK sickness cases and 7 individuals have returned to the workplace.

Respiratory

Respiratory sickness reduced this quarter in terms of both episodes and days lost and is comparable to the same period last year. If trends continue, we expect a further reduction of respiratory absence from Q4 to Q1.

HR Support

During Q4 another sickness absence management workshop took place for line managers to help them address managing absence with more sessions to follow. The light duties pool has gone live, with a register of those in the pool available, along with updated rehabilitation/light duties plans and supportive managers guides in place.

Focus with line managers included meetings which have been held to support returns to the workplace. This included two medical capability cases which have resulted in returns to the workplace on amended duties. We are using case conferences with our OH Physician to move more complex cases forward.

Quarterly Hub meetings have taken place in the last quarter and as a result face to face meetings are being held with employees to support return to the workplace.

Welfare support is regularly given and signposting to sources of support remains ongoing with regular check ins on individuals who may have been struggling.



Human Resources and Learning & Development

27. Percentage of eligible staff with Personal Development Appraisals						2024/25 Target: 100%
	Q1	Q2	Q3	Q4	Year to Q4	
Previous Year (2023/24)	62.5%	86.0%	92.0%	94.0%	94%	
Target	100%	100%	100%	100%	100%	
2024/25 Actual	32.0% ↓	76.0% ↓	81.0% ↓	81.0% ↓	81.0% ↓	

Source: Data calculated and supplied by HR

At Q4 555 staff were eligible to have received a Personal Development Review (PDR) meeting between April and July 2024. Dual contract employees only require one PDR and therefore have only been counted once. A total of 104 employees who were either new or had been absent from the workplace were exempt. By end-Q4, 452 active staff were recorded as having had their PDR which equates to 81%. This is lower than the same period last year (94% in Q4 23/24). The deadline for completion of PDR meetings this year was July 2024. Of the meetings that have taken place, 68% (379) of completed PDR forms have been returned to HR.

Managers have access to reports to monitor performance locally and HR are contacting Managers on a regular basis to ensure meetings have been recorded accurately and that paperwork has been returned.

28. Number of formal grievances						2024/25 Target: Monitor
	Q1	Q2	Q3	Q4	Year to Q4	
Previous Year (2023/24)	2	3	4	8	17	
Target (max)	-	-	-	-	-	
2024/25 Actual	5 ↓	11 ↓	4	2	22	

Source: Data supplied by HR

A six-monthly update report analysing the effectiveness of grievance and disciplines was written and presented to Audit and Governance in Q4 of 2023/2024 and could not conclude specific trends for the increase in complaints. Where actions are identified, these are addressed in a timely manner as appropriate. An annual report on the effectiveness of discipline and grievances for the year 2024/2025 is currently being undertaken and will be presented to Audit and Governance in Q3 of 2025/2026. An effective Discipline and Grievance action plan continues to be monitored and updated in line with national recommendations or reports. An external discipline audit took place in Q4 – the results including any actions required will be published in Q1.

Health and Safety

29. Number of RIDDOR accidents and diseases						2024/25 Target: 4 max
	Q1	Q2	Q3	Q4	Year to Q4	
Previous Year (2023/24)	1	0	1	1	3	
Target (max)	1	1	1	1	4	
2024/25 Actual	0 ↑	0 ↔	0 ↑	3 ↓	3 ↔	

Source: Data supplied by Health & Safety

In Q4, all three RIDDOR reports were due to injuries resulting in absence above seven days. One of these resulted in a RIDDOR reportable fracture. Hazard categories included slips, trips and falls and exposure to harmful substance. An increase in injury accidents was recorded (18 in Q4 compared to eight in Q3). 10 of 18 injury accidents occurred during training - 6 followed a water rescue training course in February (including one of the RIDDOR events). This prompted a review of water rescue practices to ensure suitable and sufficient hazard management against poor water quality at our training venues. Near misses decreased from 17 in Q3 to 7 in Q4, with the majority arising from routine activities.



Finance and Procurement

30. Percentage of spend subject to competition 2024/25 Target: 5% max

	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	80.5%	85.1%	91.6%	87.6%	86.2%
Target	85%	85%	85%	85%	85%
2024/25 Actual	89.9% ↑	91.3% ↑	91.9% ↑	92% ↑	91.4% ↑

Q4 2024/2025 financial year included four waivers:

1. ADT Fire and Security Plc – closed protocol fire alarm in HQ and changing supplier will need to replace the whole smoke alarm system costing authority additional cost. Waiver completed to stay with the current provider because the IP is on the system.
2. Cadcorp - We own perpetual Cadcorp software licences and pay an annual Support and Maintenance fee. The software is specialist and complex and is embedded in our strategic and analytical work.
3. Ricardio-AEA Ltd: Chemical hazards database is unique to a single government approved supplier that provides patented/proprietary goods.
4. Heightec - The current device in use is provided by Heightec, who are the original equipment manufacturers of the device. For operational reasons the device needs to be common across the service to allow equipment from several appliances to be used seamlessly at large incident, or when a firefighter is on out duties, they can use and operate the same equipment, instantly on any appliance in the county.

31. Compliant spend as a percentage of overall spend 2024/25 Target: 5% max

	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	98.8%	100%	100%	100%	99.6%
Target	100%	100%	100%	100%	100%
2024/25 Actual	100% ↑	100% ↑	100% ↑	100% ↑	100% ↑

In Q4, Compliant spend met the required target of 100%.



Freedom of Information					
32. Number of Information Commissioner assessments finding that the Service has breached Information Rights Legislation*					2024/25 Target: 0
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	0	0	0	0	0
Target	0	0	0	0	0
2024/25 Actual	0 ↔	0 ↔	0 ↔	0 ↔	0 ↔
*Freedom of Information Act, Environmental Regulations or Data Protection Legislation					
33. Monitoring the annual completion of the mandatory Protecting Information Course					2024/25 Target: Monitor
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	--	--	--	--	--
Target	95%	95%	95%	95%	95%
2024/25 Actual	60%	71%	68%	56%	64% avg
Whilst there has been improvement since the last reported audit, Q4 dipped. An uplift in compliance is needed across the Service.					
34. Reporting of data breaches and near misses to include those that are reported to the ICO					2024/25 Target: Monitor
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	--	--	--	--	--
Target	0	0	0	0	0
2024/25 Actual	0	0	0	0	0
Of 4 breaches reported during Q4, none required reporting to the ICO.					
35. Completing the Data Subject Requests (SARs) within the permitted time frames					2024/25 Target: Monitor
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	--	--	--	--	--
Target	100%	100%	100%	100%	100%
2024/25 Actual	100%	100%	100%	100%	100%
36. Having a complete set of published Retention Schedules and keeping them up to date and auditing that data is retained in line with retention schedules					2024/25 Target: Monitor
	Q1	Q2	Q3	Q4	Year to Q4
Previous Year (2023/24)	--	--	--	--	--
Target	100%	100%	100%	100%	100%
2024/25 Actual	57%	63%	60%	43%	56% avg
With Q4 remaining below where we need to be, this measure is in focus for Information Governance for Q1 and Q2 2025/26.					



Quadrant Three – Priority Programmes

Our Priority Programmes Quadrant brings together progress updates on our areas of work where we are delivering defined outcomes that are different to, or improve on, current working practices, policies and procedures.

Updates to assess progress against the projects and objectives set in our 2024-25 Annual Plan are included under this section for:

- » [Community Risk Management Plan](#)
- » [People Strategy Reporting](#)
- » [Strategic Asset Investment Framework](#)



Community Risk Management Plan

RBFA is required to publish a Community Risk Management Plan (CRMP – formerly known as an Integrated Risk Management Plan). In early 2023, we consulted on and published a CRMP for 2023-27, which reflects the priorities and requirements of the [Fire and Rescue National Framework for England](#).

The below shows progress against our CRMP commitments published in our 2023-24 Annual Plan.

Priority 1: We will develop our Integrated Service Delivery Strategy to meet the changing profile of risk in Berkshire due to climate change, societal and technological shifts.						
	End 23/24	Q1	Q2	Q3	Q4	
We will build on our horizon scan and evidence base developed for our CRMP to improve our understanding of climate change, societal and technological risks.	G	G	G	G	G	
We will develop our water rescue capability to respond to the impact of climate change.	G	G	G	G	G	
We will develop our wildfire capability to respond to the impact of climate change.	R	G	A	G	G	
As society adapts, through increased use of alternative and renewable energy systems in vehicles, homes and businesses, we must adapt what we do to mitigate the risk. The hazards we manage are changing and we must keep pace with these changes. We will develop our prevention activities and response model to reduce the impact of incidents from alternative fuel sources, both to the Service and the people of Berkshire.	G	G	A	A ¹	A ¹	
Work on alternative energy systems has paused due to a lack of available personnel to undertake the tasks, due to long term sickness absence. It is anticipated that this will be reestablished in Q1.						
Priority 2: We will develop a Risk Based Prevention Programme to target those most vulnerable and at risk from emergency incidents						
	End 23/24	Q1	Q2	Q3	Q4	
We will use our evidence base to identify who is most at risk in our communities, to ensure our resourcing is targeted in the most effective and efficient way.	NS*	NS*	NS*	NS*	NS*	
We will continue to work with our partner agencies to ensure high quality referrals for the most vulnerable.	G	G	G	G	C	
Data and local knowledge in prevention	G	G	G	G	C	
*Changed to NS from a previous amber due to the conscious decision to manage workloads and prioritise activity. Completed activities have transitioned to business as usual. Interdependencies within Priority 2 with Priority 3 and 5 will be investigated through the new CRMP Board.						



Priority 3: We will develop our response model to ensure that we are providing the most effective response to incidents within Berkshire, ensuring that it is aligned to the risks identified, sustainable and provides value for money

	End 23/24	Q1	Q2	Q3	Q4
In preparation for a project commencing in 2024/25 to improve our response to incidents, we will use our CRMP evidence base and our annual review of risk to assess our response model to determine the areas that will form part of this project.	R	A	A	G	G
Appliance Availability, will look to generate the evidence to review the requirements, define extractions and refine what RBFRS need to enhance the availability of 19 fire engines by reviewing ridership factor and making recommendations to mitigate the effects of extractions in the long term to support the Organisation in achieving the current requirement of the CRMP.	NS	NS	NS	NS	G
Define the level of command resource* required to provide an effective and efficient response to foreseeable incidents such as fires, road traffic collisions and other emergencies within Berkshire and what arrangements must be made to meet the full range of service delivery risks, local and national resilience duties.	NS	NS	NS	NS	G
We will identify the specialist capabilities needed from both station-based and non-station-based operational staff (e.g., flexi-duty officers). This includes understanding which capabilities are critical, which are needed in the longer term, and how to crew these specialist roles.	NS	NS	NS	NS	G

The CRMP Priority 3 programme team was established and commenced work on a review of the RBFRS response model in Q4 to focus on three main areas: Appliance Availability, Incident Command and Specialist Capabilities. In Q4, the workstreams began on the Stabilise and Identify phases, with a target of June for producing an Identify Report for the Senior Leadership Team (SLT). Work is on track to meet this deadline. Following this report, Priority 3 may have workstreams commissioned to develop and deliver specific recommendations from the report.

Priority 4: We will review the incidents that do not form part of our core statutory responsibilities, to better understand the implications for the Service in attending these incidents. Notwithstanding the review of our response and the gathering of this data, public safety will remain the primary priority of the Service

	End 23/24	Q1	Q2	Q3	Q4
We will assess the volume and costs of responding to incidents which do not currently form part of our core statutory responsibilities. Public safety will remain our priority, and this information will be used to support the implementation of "Fit of the Future", the NFCC and sector ambitions for the future of fire and rescue service over the next five years.	G	A	G	C	C



Priority 5: We will develop our Service to reduce the impact of fire safety issues in commercial buildings.						
	End 23/24	Q1	Q2	Q3	Q4	
We will evaluate our new Risk-Based Inspection Programme to ensure we are targeting the premises with the greatest risk	G	G	G	G	G	
We will evaluate the changes we have made to our call challenge policy and review our response	G	G	G	G	G	
Sprinklers		G	G	G	C	
Building Safety Regulator		G	G	G	C	
New Ways of working		NS	NS	NS	NS	
<p>RBIP and New Ways of working have potential interdependencies with Priority 3 and Priority 2 and these will be explored at the new CRMP Board. Call Challenge Policy is now under evaluation and has switched to Business as Usual with the benefits being captured in an evaluation report.</p>						
Priority 6: We will maintain 19 frontline fire appliances, and a baseline service provision of 14 frontline fire appliances, utilising Whole time and On-call staff as effectively as possible, through local management						
	End 23/24	Q1	Q2	Q3	Q4	
Develop our service delivery policies to integrate our wholetime and on call availability to achieve our baseline service provision of 14 frontline appliances, making dynamic and intelligence-based decisions to maximise cover and our response standard. We will monitor and evaluate these processes.	G	G	G	G	C	
<p>Priority 6 has transitioned to Business as Usual. This is monitored by the Operational Support and Improvement Team.</p>						



People Strategy Reporting

The Development Programme contains five key pillars of work for places, processes and systems, comms and engagement and governance & assurance and People. Reporting for four of these primarily take place in other areas with this update focused on the People pillar. The People Strategy was published in April 2024. Work is ongoing to structure and shape the delivery plan and the below represents an initial progress review on associated activities.

Objective 1: We are one Team and we all contribute to the delivery of our services to the public, all staff should feel safe to come to work and maintaining public trust and confidence is essential. How we work together is important. We will maintain our zero tolerance to harassment, bullying and we extend that to include victimisation. We will increase ways to make staff feel safe and provide tools and support to help staff to speak out. We will review and further embed the use of behavioral competencies making it easier to understand and more widely use				
	Q1	Q2	Q3	Q4
Effective grievance and discipline action plan implementation (including Misconduct recommendations)	G	G	G	G
Review of performance management processes. Action plan detailing priorities linked to misconduct review	G	G	G	G
Establish values and plan for communication and engagement across organisation	G	G	G	C
Behavioral competency framework review and implementation. Includes design, engagement, socialisation of new framework	NS	NS	G	G
Objective 2: We will seek to attract and retain a professional, talented and diverse workforce. We will work with employees and representative bodies to make our workplaces inclusive for all, ensuring we balance needs of the individual with managing risk to the community.				
	Q1	Q2	Q3	Q4
Neuro inclusion action plan looking at actions to support neurodivergent staff in all aspects of work	G	G	G	G
Disability work with me: Support to individuals with disabilities	G	G	G	C
Review of developments and needs to improve recruitment and retention. Review data and information to help inform decisions	G	G	G	G
Conduct a review of the current Employee Value Proposition (EVP), gathering data on employee perceptions, benchmarking against sector standards, and developing recommendations to strengthen the EVP	NS	NS	NS	G
Direct Entry Scheme provides an alternative route of entry into the role of Station Manager.	NS	NS	NS	NS



Objective 3: We will increase the diversity of our operational workforce by 100% in the next three years to better reflect the communities we serve. We recognise that diversity is not just related to gender and ethnicity, we want to improve diversity of thought and experience ensuring we are an inclusive employer for all. This will help improve equality of access to services for all our communities.

	Q1	Q2	Q3	Q4
Development of a culture dashboard to support RBFRS understand and measure impacts on culture	NS	NS	NS	NS
Review the EDI objectives to comply with the Public Sector Equality Duty. Conducting consultation with the public and FA approval	NS	NS	NS	G
Production of EDI data to support organisational monitoring and decision making	G	G	G	C
Sexual harassment awareness within the service of the duty and acceptable behaviours	NS	NS	G	G

Objective 4: We will empower our staff to develop, grow and understand their role in the organisation. We will recognise good performance, and effectively manage poor performance. We will create pathways for career progression for all staff groups and develop tools to manage talent.

	Q1	Q2	Q3	Q4
Developing Potential Strategy to implement an effective talent management process ¹	G	G	A	G
Introduce the Coaching and Mentoring Strategy and associated training	G	G	G	G
Create clear pathways for development for key areas such as L&D and green book departments ²	G	G	A	A
Review Development and Assessment Pathways (DAPS) to ensure the structure and output of development and assessment pathway is meeting need, is effective and designed to support development timescales.	NS	NS	NS	NS
Review the promotion process to ensure that it is fit for purpose	G	G	G	G
Redesign PDR process to take account of Behavioural Competency Framework (BCF) changes and embedded and effective.	G	G	G	G
Introduce succession planning to ensure better workforce management and development of staff aiding business continuity.	G	G	G	G
Reward (recognising performance)	NS	NS	NS	NS

¹ The Talent Management pilot has concluded, the data and feedback analysis is being collated to inform the findings and recommendations in an evaluation report. This finalisation of this work has been delayed due to absence / capacity across the Resourcing and Development team. Next steps will be informed by the report.

² A planned approach has been agreed for the creation of Professional and Support Services Development and Assessment Pathways, work has commenced on DAPs for Prevention roles. Progress on this area of work has



been slowed to accommodate other high priority work on the Service Plan because of absence / capacity across the Resourcing and Development team.

Objective 5: We recognise the value of the On-call duty system. We will ensure our process and procedures support the attraction and retention of staff, which will enable us to better manage risk across Berkshire

	Q1	Q2	Q3	Q4
On-call working group action plan: review action plan to prioritise work packages to support On-call staff development	G	G	G	G
Speed up the process of On-call becoming part of the crew. Review if there is appetite for skills-based mobilising and develop plan	A	A	A	G
On-call retention of staff	G	G	G	G

Objective 6: We will continue to invest in leadership across the organisation. We will increase opportunities to bring together leaders from across the service to close the gaps and improve levels of trust. We will share leadership experience and learning wisely inside and outside the sector.

	Q1	Q2	Q3	Q4
Utilise the engagement opportunities and leadership sessions to support organisational development in line with the Safe, Supportive and Inclusive values. Includes watch/team culture development.	G	G	G	G
Consider the leadership development requirements of SLT and develop and discharge a plan	NS	NS	NS	NS
Leading the Service fire standard analysis to inform action plan	G	G	G	A
Leading and Developing People Fire Standard	G	G	G	G
Review the leadership provision within RBFRS to ensure effective and meets emerging organisation need	G	G	G	G
Assess and determine how visible leadership can be measured. Trusted leadership.	NS	NS	NS	NS

Objective 7: Developing and maintaining skills and knowledge across our operational workforce is a priority. We will increase the variety of training delivery methods available to make it easier to access resources. We will improve tracking tools for learners and increase capacity to provide greater assurance that learning objectives are being met.

	Q1	Q2	Q3	Q4
Officer Training Programme (OTP) Review: Commission new review of OTP and introduce changes agreed through SDS to provide interim solutions and guidance	A	A	A	A
Conduct a review of the training programme for On-call to ensure that staff can access the training they need in the quickest time possible.	NS	NS	NS	NS
Operational competency fire standard action plan	G	G	G	G
Initiate a review of how operational training is delivered	G	G	G	G
Workforce planning task and finish group and associated action plan	G	G	C	



Objective 8: Health, Safety and Wellbeing remain a priority for us. We will work with staff, representative bodies and experts, to implement our new Safety, Health and Wellbeing Strategy to deliver safe and healthy people, places and processes.

	Q1	Q2	Q3	Q4
Health, Safety and Wellbeing Action Plan	G	G	G	G
To roll out mental health trauma related training to improve awareness and early interventions	G	G	G	G
Review the Trauma Support provision to ensure approach used is still fit for purpose/effective.	NS	NS	NS	NS
Evaluate data from the Strength Test pilot to determine future practice/requirements	NS	NS	G	G
Sickness Working Group action plan	G	G	G	G



Strategic Asset Investment Framework

The Strategic Asset Investment Framework (SAIF) sets out how we will maintain and renew the vital capital assets necessary to support our services. Our capital assets include our fire stations, training centre and HQ, fleet and equipment, and our ICT systems. All together, they represent a major capital investment programme.

Buildings		Status				
		End 23/24	Q1	Q2	Q3	Q4
Estates Development	On Track	G	G	G	A	A
	On Budget	G	G	G	R	G
Training Centre	On Track	G	G	G	G	G
	On Budget	G	G	G	G	G
Slough	On Track	G	G	C	C	C
	On Budget	G	G	C	C	C
Langley	On Track	NS	A	A	G	G
	On Budget	NS	A	A	G	G
P1 Heat Decarbonisation	On Track	A	G	G	G	G
	On Budget	R	R	R	R	A
EDI Station Improvements	On Track	G	G	G	G	A
	On Budget	G	G	G	G	A
Contaminants Estate Development	On Track	G	G	C	C	C
	On Budget	G	G	C	C	C
Service House Refurbishment	On Track	G	G	G	G	A
	On Budget	G	G	G	A	G
LED Priority 2	On Track	G	G	G	G	G
	On Budget	G	G	G	G	G



Fleet and Equipment		Status				
		End 23/24	Q1	Q2	Q3	Q4
Fleet: Special Appliances	On Track	G	G	C	C	A
	On Budget	G	G	C	C	G
Fleet: Other Ancillary Vehicles	On Track	G	G	G	G	G
	On Budget	G	G	G	G	G
Equipment	On Track	G	G	G	G	G
	On Budget	G	G	G	G	G

ICT		Status				
		End 23/24	Q1	Q2	Q3	Q4
Hardware	On Track	A	G	G	G	G
	On Budget	G	G	G	G	G
Software	On Track	G	G	A	G	G
	On Budget	G	G	A	A	G
Networks	On Track	R	A	R	G	A
	On Budget	R	A	G	G	A
Services	On Track	G	G	G	G	G
	On Budget	G	G	A	G	G
ESMCP	On Track	R	R	R	R	R
	On Budget	R	R	R	R	R



Quadrant Four – Assurance

Corporate Risk Register

RBFRS has a comprehensive Organisational Risk Management Policy, along with a framework for monitoring and managing risks and uncertainties to ensure that organisational objectives can be achieved.

Strategic Risks and those with a current score of 17 or above, are escalated to the Corporate Risk Register and monitored monthly by the Senior Leadership Team.

This section includes:

- >> [Strategic Risks](#)
- >> [Service Plan Risks](#)
- >> [Project Risks](#)

Each risk has 3 risk scores:

- >> Inherent Score – the risk score at the risk’s initial assessment
- >> Current Score – the risk score as of this current moment in time
- >> Treated Score – the risk score we expect to reach once the treatments have been completed and have mitigated the impact or likelihood of the risk.

Classification of Risk Scores and Risk Movement

20-25	Outside assumed Risk Appetite and requires mitigation to proceed
19	Inside Risk Appetite only because of extremely low probability. Mitigate if necessary and possible, accept only if no further action can be justified
17-18	Inside Risk Appetite. Mitigate further if cost effective to do so - discuss with a Director
7-16	Inside Risk Appetite. Mitigate further if cost effective to do so
1-6	Inside Risk Appetite and unlikely to need further mitigation

Quarterly Risks as presented in the following pages were updated end-March 2025.

Strategic Risks



Q4 Updates:

Closed Risks:

- » Risk 843 Proportion of operational staff in development
- » Risk 844 Cost of living impact on staff
- » Risk 917 Culture

Risk ID	Risk Short Name	Risk Description	Inherent Score	Current Score	Treated Score
417	Firefighter Safety	If we do not maintain the safety, health and wellbeing of our operational staff through effective training; operational policy and guidance; safe systems of work and means to capture and respond to operational learning, we risk a significant firefighter injury or fatality, a failure to comply with our legal duty and an undermining of the operational effectiveness and competence of our staff. This could significantly impact the effectiveness of our operational response, have a long-term impact on staff welfare and damage our public reputation and trust levels.	25	20	19
506	Volatility of funding	If RBFRS fails to receive sufficient funding, which is becoming more likely given the level of national debt, the Government's fiscal policy, increasing volatility in local funding and increasing budget pressures, we can expect to face further reductions in service delivery and a loss of public trust, which will severely impact on our ability to deliver our statutory duties and strategic objectives.	24	18	16
629	Management of Cyber Security	If we fail to ensure compliance with Cyber Security best practices and guidelines, which is increasingly likely due to ongoing evolution in the sophistication of attack methodologies, we may be exposed to operational degradation, financial loss and/or reputational damage due to reduced availability, integrity or currency of our data and systems.	21	18	12



Risk ID	Risk Short Name	Risk Description	Inherent Score	Current Score	Treated Score
663	Capital Projects - Effective Estate Management	If we fail to effectively manage our property assets to ensure they are fit for purpose and in the right locations, which may become increasingly likely given the funding challenges and the increasing age of our fire stations, then we can expect our revenue expenditure to increase, our services to be less effective and our stations to further decline which would be significant in respect to our strategic objectives; to ensure value for money and ensure fire stations are suitable and accessible for our own staff and the communities they serve.	23	17	10
681	WDS Operational Availability, Crewing and Capabilities	If we do not maintain the necessary numbers, skills and knowledge requirements of WDS personnel, which requires constant attention with our lean operating model, we may see adverse impacts on the provision of appliance availability, delivery of our response standard and our wider service plans and this could significantly impact community safety and our organisational reputation.	23	21	12
682	On-call Operational Availability, Crewing and Capabilities	If we do not sustain activity to ensure our On-call provision has the appropriate numbers of personnel with the necessary skills, knowledge and availability then we risk undermining organisational resilience in our response capability and this could impact community safety and organisational reputation.	21	21	12
798	Environmental/ Sustainability	If RBFRS fails to develop, fund and implement an environmental and sustainability plan, then we can expect an increase in financial pressure with rising energy costs, and RBFRS' reputation as a public sector organisation to be negatively impacted through being out of alignment to wider societal progress towards creating a more sustainable future which will significantly impact our ability to deliver our statutory duties and strategic objectives.	23	18	10



Risk ID	Risk Short Name	Risk Description	Inherent Score	Current Score	Treated Score
842	Volatility of operational staff numbers	If PP&R staff turnover increases, which may become more likely with changes in pension rules and recruitment of neighbouring services, then we can expect to have a challenge in retaining required levels of PP&R staff, which may affect our ability to meet our strategic commitment to ensure a swift and effective response when called to emergencies.	25	23	15
879	Organisational Capacity	If RBFRS does not effectively align its organisational resource capacity to priority areas, which is becoming increasingly likely given internally and externally driven demand within an environment of greater spending restriction, then we can expect reduced delivery of core services, negatively impacting on the wellbeing and retention of staff, which will significantly impact our ability to deliver all our annual objectives.	23	21	13
891	FDO numbers, skills & knowledge	If we do not maintain the necessary numbers, skills and knowledge requirements of Flexi Duty Officers personnel, which requires constant attention with our lean operating model, we may see adverse impacts on the provision of incident command and specialist capability, which could significantly impact community safety, firefighter safety and our organisational reputation.	23	23	12
892	MEN Arena Inquiry	If we do not evaluate and respond to the recommendations made within the Manchester Arena report which is becoming increasingly likely given current demands on capacity, then we can expect potential impact to the safety of our staff and members of the public which is significant in respect to our public reputation and managing our community risk.	17	13	10
893	National Power Outage planning	If we do not have appropriate business continuity arrangements in place for a widespread power outage, which is increasing likely due to gaps in current Business Continuity Planning processes, then we can expect severe and critical impacts on service delivery and our staff, which is significant in meeting our statutory duties and impacts on community safety.	21	18	12



Risk ID	Risk Short Name	Risk Description	Inherent Score	Current Score	Treated Score
906	IT Disaster recovery	If we suffer a system(s) or data loss, which may become increasingly likely due to ageing systems and increased risks from cyber incidents, then we may be exposed to a disruption in the continuity of key digitally delivered services for a prolonged period of time, which are significant in respect to our capability to deliver all services, reputation, statutory reporting timeframes, or staff wellbeing.	21	18	16
918	Wildfire Capability	If we do not prepare for the impact of a changing climate on the likelihood and severity of wildfires and ensure we are suitably prepared to respond to operational incidents in changing conditions, which may become more likely given resource pressures and the speed of climate change, then we can expect to see increased harms from fire which are significant in respect of our statutory responsibilities to mitigate risk within our communities and our duties to ensure the health, safety and wellbeing of our staff.	22	17	13
928	ESMCP	If we do not plan for and make sufficient provision of resources and budget to support the development and implementation of ESMCP products and capabilities at a Service level, then we will not be a part of the proposed Emergency Services Network and we will be out of step with national and regional partners across the three emergency services. This could significantly impact on the effectiveness of our operational mobilization and response and limit access and use of operational technology to support incident command and joint emergency services interoperability which would have significant negative impact on our ability to deliver our core functions.	21	21	12



Risk ID	Risk Short Name	Risk Description	Inherent Score	Current Score	Treated Score
931	Industrial Action	If we do not secure, or make every endeavour to secure, adequate resources to meet the full range of service delivery risks and duties as defined in FRA 2004 and CCA 2008, which may become increasingly likely given the volatile national industrial relations landscape across the public sector, then we can expect to fail in delivery of our target statutory duties and providing adequate resource to meet the identified risk in Berkshire, which is significant in respect to public and staff safety and organisational reputation.	24	18	16
932	Fleet strategy, documentation and control	There is a lot of inconsistency in the documentation, policies and controls we have across Service that relate to Fleet. There are also a large number of owners of documents that have a bearing on the delivery or use of fleet, potentially leading to gaps that could lead to non-compliance. If we fail to manage our fleet operations appropriately, we risk affecting frontline operational capability and policy compliance.	17	17	10
962	Grenfell Inquiry Recommendations	If we do not react accordingly to the recommendations from the Grenfell Tower Inquiry and review regional arrangements in line with suggested national standards, which is likely given the ongoing development of the suggested areas we need to review in light of these recommendations, then we can expect to fail to adhere to this national guidance which is significant in respect to both our response to public safety and organisational reputation.	24	21	15



Service Plan Risks

Q4 Updates:

Score Change:

- » Risk 933 Fires in Tall Buildings increase from 17 to 21
- » Risk 938 Resilient Communication Technology reduced from 24 to 20
- » Risk 797 TVFCS Staffing Resilience reduced from 18 to 16 (no longer on Corporate Risk Register)

Closed Risks:

- » Risk 913 External Audit
- » Risk 914 Training Delivery
- » Risk 940 Data Analysis Capacity

New Risks:

- » Risk 949 Guest Wi-Fi
- » Risk 964 IRS to FARDAP
- » Risk 966 Protection Capacity
- » Risk 967 Volatility of Protection Staff Numbers
- » Risk 968 BOSS Mobile
- » Risk 969 IRS Replacement

Risk ID	Risk Short Name	Risk Description	Inherent Score	Current Score	Treated Score
664	Management of Budget Pressures	If we fail to accurately capture budget pressures over the medium term, which is becoming more likely given the volatility in the macro-economic environment, then resource allocation will become sub-optimal, impacting negatively on our ability to deliver an efficient and effective service to the public.	24	18	16



Risk ID	Risk Short Name	Risk Description	Inherent Score	Current Score	Treated Score
685	Pensions Case Law	If we do not keep informed of pension case law and prepare records and establish adequate arrangements to meet the expected changes to pension regulations and ensure the Pensions Administrator undertakes the necessary action; which is becoming increasingly difficult due lack of understanding and clear direction, the technical complexity associated with changes and competing demands, then we can expect to be in breach of the regulations, subject to potential legal challenge and adversely impact employees and pensioners, which are significant in respect to our financial security, employer duties and our reputation.	24	22	18
686	Pensions Governance	If we do not employ an effective pension governance, management and administration strategy; which is becoming increasingly important given the complexity and changes made to pension regulations, limited pensions expertise and capacity within the HR department, then we can expect to fail in our employer duties, breach regulations, be subject to legal challenge and scrutiny from The Pensions Regulator resulting in potential for enforcement and penalty notices, which are significant in respect to our financial security, statutory duty and our reputation.	21	21	15
909	Fire Investigation	If we are unable to effectively investigate Tier 2 Accidental and Deliberate fires within RBFRS and support a multi-service approach to ISO 17020 accreditation, which is possible due to a lack of internal capability and reliance on a 1 month notice period contract with West Midlands FRS for all accidental Tier 2 fire investigations, then we can expect to encounter issues in supporting Criminal Prosecutions as well as Inquests, Safety boards and other Prevention activities which is significant in respect of public safety and the reputation of RBFRS	21	18	12



Risk ID	Risk Short Name	Risk Description	Inherent Score	Current Score	Treated Score
926	New Finance System	If we do not implement a new Finance System by December 2024, which is a possibility given the suggested length of time for implementation from pre-market engagement then we can expect to receive no updates from Sage in relation to legislative changes and limited workarounds from Datel, which will impact the integrity of financial reporting.	22	18	10
933	Fires in tall buildings	If we do not deliver and train for appropriate interventions for Fires in Tall Buildings, which is likely given that the service is not fully aligned to National Operational Guidance, then we can expect this to impact the effectiveness of firefighting and rescue operations in these scenarios, which is significant in respect of the safety of high-rise building occupants.	17	21	10
934	Alternative Energy Systems	If we do not react appropriately to the emerging risks from Lithium Ion Batteries, Battery Energy Storage Systems (BESS) and other decarbonisation initiatives, which may become increasingly given the pace, complexity and scope of change in this area, then we can expect potential compromises in public and firefighter safety which is significant in respect of delivering our statutory duties and managing our reputation.	21	18	12
938	Resilient communication technology	If we fail to design and maintain resilient communication technology as a result of changes within the communications and digital industry and service demand, we can expect disruption to operations and delivery of our statutory duties, which could significantly impact our ability to deliver our core service.	24	24	15
941	Productivity Programme Risk	If we don't have the required capacity and capability to deliver the Productivity Programme, the RBFA Efficiency Plan may be at risk as the associated benefits may not be realised.	21	18	8
943	PSDS sustainability programme requiring more RBFRS funding	Unforeseen infrastructure, building fabric or building structural issues leading to insufficient funding within the RBFRS element of the Public Sector Decarbonisation Scheme sustainability programme.	18	20	12



Risk ID	Risk Short Name	Risk Description	Inherent Score	Current Score	Treated Score
949	Guest Wi-Fi-Financial and Reputational Risk *NEW	If we do not comply with the legislation on securing our corporate and guest Wi-Fi networks which may become likely without appropriate systems in place to assure compliance with UK GDPR, DP Act 2018, Communications Act 2003, The Digital Economy Act 2010, Anti-Terrorism, Crime and Security Act 2001, then we can expect to expose the service to reputational damage and severe financial penalties which are significant in respect to our financial security and our public reputation.	23	23	6
954	Addressbase Data and Process	If we cannot rely on the accuracy of Addressbase data, which could become likely given existing variances in the accuracy, consistency and maintenance approach to this data, this could leave gaps in our approach to managing risks to the communities we serve, which could in turn result in a failure to meet our statutory duties towards our communities and our staff, as well as prevent us from being able to deliver on our CRMP commitments.	24	22	19
955	IBIS/Community Risk Management Risk	If we continue relying on the in-house community risk management solution (currently IBIS), which is likely in the short term given the amount of resource necessary and time needed to replace this, there is a risk that the solution fails, support resource becomes unavailable, information is poorly entered or missed, all of which would be significant in respect of our protection and prevention duties, staff safety and wellbeing, as well as our productivity and efficiency commitments.	22	22	10
960	Short term loss of power management	If mains power is lost to a site that has no fixed standby power generation, then there is risk that systems will shut down once UPS degrade, and operational capability affected.	20	17	12
964	IRS to FARDAP Change *NEW	If we are forced to re-design our existing IRS system to match the new data structure which is being imposed by the Home Office, there is a risk of complications and failures affecting our in-house solution which can have a detrimental effect on our ability to record and consume risk information.	23	23	15



Risk ID	Risk Short Name	Risk Description	Inherent Score	Current Score	Treated Score
966	Protection Capacity *NEW	If the focus on remediating unsafe buildings continues, requiring a more formal approach and includes medium rise buildings, which is likely due to the communications from MHCLG, we will experience a significant increase in work for protection teams, which will impact our ability to maintain our inspection schedule for the Risk Based Inspection Programme and complete BSR work as required, which will affect our ability to meet our strategic commitment in supporting those with responsibility for premises to understand their duties in ensuring the safety of all people using buildings covered by the Building Safety Act 2022 and Regulatory Reform (Fire Safety) Order 2005, whilst ensuring that our services are accessible to all.	21	21	18
967	Volatility of Protection Staff Numbers *NEW	If Protection staff turnover increases, which may be likely due to the increasing and higher paid opportunities available in the private sector, we will experience a greater number of new FSIs in development, which will affect our ability to meet our strategic commitment in supporting those with responsibility for premises to understand their duties in ensuring the safety of all people using buildings covered by the Building Safety Act 2022 and Regulatory Reform (Fire Safety) Order 2005, whilst ensuring that our services are accessible to all, due to the length of time it takes for a new FSI to become qualified.	17	17	13
968	Boss Mobile Access *NEW	Potential for data breach BOSS Mobile. To facilitate FSG (fire survival Guidance) 2 user profiles have been setup on BOSS mobile with generic logons and weak passwords shared by multiple users. Also there appear to be 20+ users with no name identifiers with simple passwords. The use of generic logins goes against all current security advice as users are not identifiable when they access critical incident information. Additionally, the use of simple passwords (many the same as the login) goes against the agreed password policy.	21	21	18



Risk ID	Risk Short Name	Risk Description	Inherent Score	Current Score	Treated Score
969	IRS Replacement implementation (FARDARP) *NEW	If we fail to adequately implement the changes required by the Home Office's new IRS system, we may face various penalties and non-compliance with requirements to report incident information or cause significant disruption to the service and instability to internal IRS system, all of which could have a negative impact on staff and ability to continue meeting our statutory duties.	21	21	12

Project Risks

Risk ID	Risk Short Name	Risk Description	Inherent Score	Current Score	Treated Score
897	Command Support effectiveness	If we fail to assure that we have effective and robust command support arrangements that are aligned across the Thames Valley, there is an increasing likely hood, given the aging command support equipment and arrangements that the command support arrangements would be operating sub-optimally. This could impact our operational response and affect the safety of our staff and members of the public.	21	18	10



Audit Plan

Audits provide assurance that the Service is run properly and in ways that have been agreed by our Officers and Members. They demonstrate that the business is conducted in accordance with relevant legislation, government expectations, good practice and organisational policy. Our Audit Programme is agreed by the Audit and Governance Committee at the start of the year.

Progress against all actions open at the start of Quarter 4, or opened during the quarter, is detailed below.

Audit title/date	Audit Action	Date due (revised if applicable)	Priority	Status
Health & Safety 13/12/2022	2022: HS:2 We will review all managers who have been with the Service for more than three years and ensure that health and safety refresher training has been provided in a timely manner.	31/12/2023	Medium	G
Progress: Progress: 16/01/2025. 10 grey book staff attended the IOSH Managing Safely refresher. An initial IOSH Managing Safely course was cancelled due to insufficient numbers in Q3, but a full course ran in early Q4. Training needs for green book managers included on TNA.				
Facilities Management 10/03/2023	2022: FM3a We will ensure that the Pre-Planned Maintenance (PPM) is formally reviewed and monitored with progress notes and actions recorded against the PPM.	30/04/2023	Low	G
Progress: A new review of PPMs processes are currently in discussion for easy access to obtain information. PPMs are on the portals of our contractors that can be pulled into a report. Estates Manager has now left the service - this will be picked back up by the FM.				
Facilities Management 10/03/2023	2022: FM6 We will ensure that defects are appropriately monitored, tracked and implemented in accordance with the prioritisation schedule where possible.	30/04/2023	Medium	G
Progress: Defects are monitored by triage process, tracked and monitored throughout. A new process document is to be created for easy access to obtain information. This can now be closed, Weekly reports are obtained and updated on Firewatch.				
Community Risk Management Plan 15/10/2023	2023: CRMP: 1 We will develop policies and procedures relating to the CRMP in accordance with NFCC guidance. These will be made available to staff and form part of a regular review.	30/06/2026	Low	G
Progress: Following an initial draft this work was paused to allow for IRP team restructure. Restructure completed and this work has been programmed into the Corp. Services Service Plan 2025-26.				



Audit title/date	Audit Action	Date due (revised if applicable)	Priority	Status
Community Risk Management Plan 15/10/2023	2023: CRMP: 2 We will utilise a risk scoring matrix that quantifies the likelihood and consequence and ensure the project tracker is complete with risks for the CRMP.	30/06/2026	Medium	A
Progress: Progress: Following changes to the CRMP Team this work has been included in the Service Plan for 2025-26. It should commence in Q2 25-26 as this aligns with the work to refresh the CRMP evidence base.				
GDPR 11/01/2024	2024: GDPR: 4a The Records Retention Policy and Document Management Policy and Procedure will be updated.	12/03/2025	Low	C
Progress: Revised policy published; action can be closed. Completed				
GDPR 11/01/2024	2024: GDPR: 4b The Records Retention Schedule template will be updated. Following this, the Service will centrally track the Schedules to ensure they remain up to date and complete.	30/06/2024	Medium	R
Progress: Unaccepted staffing issues in IG have caused this item slip.				
GDPR 11/01/2024	2024: GDPR: 7 The Data Protection Policy will be updated.	31/03/2024	Low	G
Progress: On track.				
GDPR 11/01/2024	2024: GDPR: 8 A review will be undertaken of all Service privacy notices to ensure that they cover all required areas of GDPR in line with ICO guidance	30/06/2024	Medium	C
Progress: An updated Privacy template that complies with the Audit comments and as Privacy Notices are being updated, the revised template is used. Completed.				
GDPR 11/01/2024	2024: GDPR:10a The Service will formally document and agree the lawful bases for the different types of data processed by the organisation. This will include the rationale for the lawful bases as relevant. Subsequently, this will be communicated to relevant staff.	30/06/2024	Medium	G
Progress: IG determine the lawful basis, and we have documented internally what we use. Policy states to engage with IG, detail will be added to the Data Protection policy to cover the detail asked by the auditor. Realigning to GDPR 7.				



Audit title/date	Audit Action	Date due (revised if applicable)	Priority	Status
GDPR 11/01/2024	2024: GDPR: 10b The consent management policy and procedure will be updated.	30/06/2024	Low	G
Progress: IG agreed not to have a new policy but to update our Data Protection Policy; Draft policy exists, publication is tied to all the policy updates awaiting final agreement. Aligning with the date for GDPR 7.				
GDPR 11/01/2024	2024: GDPR: 10c The Service will update 'what information a consent request should cover' section of the Consent Policy/Procedure (to be developed as part of the above action).	30/06/2024	Medium	A
Progress: FORM updates for consent are currently being reviewed. Revised date end August.				
Sickness Absence 15/01/2024	2024: Sickness Absence: 1 All managers will undertake mandatory sickness absence training which will be monitored and tracked through to completion. We will introduce a cyclical refresher session to keep the staff informed of any changes or updates in the process.	30/09/2024	Low	G
Progress: 115 managers have received training input to date. Training has been scheduled quarterly for new managers and those not yet attended.				
IT General Controls 04/07/2024	2024: IT General Controls: 4 Management will ensure the New Starter Form is completed and attached to vFire helpdesk tickets for all new starters.	31/08/2024	Low	G
Progress: Documentation completed awaiting publication.				
Facilities Management 31/10/2024	2024: Driving Licence Checks: 1 Form 144 will be completed, detailing the training requirements for the individual.	30/11/2024	Medium	C
Progress: Completed.				
Facilities Management 31/10/24	2024: Driving Licence Checks: 2 We will ensure that the request form is completed by all drivers prior to a pool car being checked out for use.	30/10/2024	Low	C
Progress: Completed.				



Audit title/date	Audit Action	Date due (revised if applicable)	Priority	Status
Facilities Management 31/10/2024	2024: Driving Licence Checks: 3 We will develop a process for sharing compliance and/or the escalation of concerns with driving licence checks and performance with regards to training through existing internal meetings. This will be done on a scheduled basis e.g. quarterly, six monthly.	31/12/2024	Low	C
Progress: Completed.				
Payroll Provider 30/01/2025	2025: Dataplan: 1 Dataplan and RBFPS will review the current contract arrangements and ensure formal documentation exists for any continued service.	31/12/2025	Medium	A
Progress: Completed.				
Payroll Provider 30/01/2025	2025: Dataplan: 2 Dataplan will ensure there is a segregation of duties between who will action payroll.	30/01/2025	Medium	C
Progress: Completed.				
Payroll Provider 30/01/2025	2025: Dataplan: 3 Dataplan will remind all staff involved in the actioning payroll requests, that all supporting.	30/01/2025	Medium	C
Progress: Completed.				
Risk Information 11/03/2025	2025: Risk Information: 1 The Service will consider how IBIS can be adapted to incorporate and automate the process issues identified. The Service will consider, how it could deliver an optimal 'operational risk information system'.	27/02/2026	Med	NS
Progress: Not yet started.				
Risk Information 11/03/2025	2025: Risk Information: 2 The Service will ensure all documentation used in risk information updating processes are retained as applicable. In addition, the Service will also consider enhancing quality control.	27/02/2026	Med	NS
Progress: Not yet started.				



Audit title/date	Audit Action	Date due (revised if applicable)	Priority	Status
Risk Information 11/03/2025	2025: Risk Information: 3 The Service will ensure the Information Sharing Protocol process has been resumed with adequate reporting to the Service Delivery Management and monitor any identified gaps.	27/02/2026	Med	NS
Progress: Not yet started.				
Risk Information 11/03/2025	2025: Risk Information: 4 The Service will ensure that all relevant service delivery staff complete their mandatory training and compliance rate monitored. Including outlining a training compliance escalation process.	27/02/2026	Med	NS
Progress: Not yet started.				
Pensions 11/03/2025	2025: FF Pension Administration: 1 WYPF will ensure that all policies and procedures are reviewed and updated and that a regular review period is set for future reviews.	31/03/2025	Low	C
Progress: Completed.				
Pensions 11/03/2025	2025: FF Pension Administration: 2 WYPF will ensure that the resignations early leaver (deferred benefits letters) is issued to the members in a timely manner.	11/03/2025	Low	C
Progress: Completed.				
Pensions 11/03/2025	2025: FF Pension Administration: 3 WYPF will ensure that the UPM is updated to enable the ABS and RSS calculation. The WYPF will make sure that all active members who are in scope for remedy have their annual allowance checked and taxes are paid.	30/06/2025	Med	R
Progress: Awaiting update.				
Pensions 11/03/2025	2025: FF Pension Administration: 4 WYPF Finance team will ensure that a secondary check on reconciliation reports is completed prior to sending information to RBFRS and is consistently recorded.	11/03/2025	Low	C
Progress: Completed.				



HMICFRS Action Plan

The HMICFRS report for RBFRS was published in 2019 rating us good in each of the three areas of effectiveness, efficiency and people. Improvements were identified within the report and the actions to address these are tracked through this report.

Actions and progress are below.

Section One: Effectiveness							
Improvement	Delivered via	Status					
		End 23/24	Q1	Q2	Q3	Q4	
Prevention evaluation to better understand benefits	Service Plans (Service Delivery & Collaboration and Policy)	G	G	C			
Prevention quality assurance	Collaboration and Policy Service Plan	C	G	C			
Protection quality assurance	Collaboration and Policy Service Plan	C					
Addressing the burden of false alarms	Collaboration and Policy Service Plan	G	G	C			
Keeping the public informed during ongoing incidents	Corporate Services Service Plan	C					
Effective system to use for learning and debriefs	Collaboration and Policy Service Plan	C					
Post Incident prevention activity	Collaboration and Policy Service Plan	C					
Up to date site specific risk information		C					
MDTs		C					
Response Model		G	G	G	G	C	



Section Two: Efficiency						
Improvement	Delivered via	Status				
		End 23/24	Q1	Q2	Q3	Q4
Best use of available technology	ICT Strategy	C				
Productive Workforce		G	G	G	G	C

Section Three: People						
Improvement	Delivered via	Status				
		End 23/24	Q1	Q2	Q3	Q4
Values and behaviours understood and demonstrated	HR & L&D Service Plan	C				
Effective use of competence recording system	HR & L&D Service plan	C				
Effective grievance procedures in place	HR & L&D Service plan	C				
Staff are confident in using feedback mechanisms	Corporate Services Service plan	C				
Process to identify, develop and support high-potential staff and aspiring leaders	HR & L&D Service plan	G	G	G	G	G
Absence/Attendance procedures		G	G	C		
Workforce Planning		A	G	G	G	C
Tools and opportunities to increase diversity		G	G	G	G	C
Understanding and application of PDRs		G	G	G	G	G

Q4 Update:

Our latest HMICFRS report was published in January 2025. The report noted Royal Berkshire Fire and Rescue Service (RBFRS) as performing to a high standard, receiving three ‘good’ judgments across the three areas (effectiveness, efficiency and people) inspected. To view the full report, go to: <https://www.justiceinspectorates.gov.uk/hmicfrs/frs-assessment/frs-2021/royal-berkshire/>.



Fire Standard Implementation Tracking

Standards in Progress

	Fire Standard	Owner	Manager	FS consultation	FS publication date	Gap analysis	SLT Review	Action Plan progress
1	Emergency Response Driving	Becci Jefferies	Tommy Cliff	C	Feb-21	C	C	C
2	Operational Response - Preparedness	Tom Brandon	Andy Stockwell	C	Feb-21	C	C	A
3	Operational Response - Competence	Becci Jefferies	Becci Jefferies	C	Feb-21	C	C	G
4	Operational Response - Learning	Tim Readings		C	Feb-21	C	C	C
5	Code of Ethics	Becci Jefferies	Lucy Greenway	C	May-21	C	C	G
6	Community Risk Management Planning	Annie Pratt		C	May-21	C	C	A
7	Protection	Dave Crease	Matt Hoult	C	Sep-21	C	C	G
8	Prevention	Dave Crease	Matt Hoult	C	Jul-21	C	C	G
9	Safeguarding	Dave Crease	Darci Hellend	C	Jan-22	C	C	C
10	Fire Investigation	Dave Crease	Tim Benham	C	Apr-22	C	C	A
11	Emergency Preparedness and Resilience	Tim Readings	Alison Hazelton	C	May-22	C	C	A
12	Data management	Annie Pratt	Anna Smy	C	Aug-22	C	C	A



13	Leading and Developing People	Wayne Bowcock	Becci Jefferies	C	Dec-22	C	C	G
14	Leading the Service	Wayne Bowcock	Angela Smith	C	Dec-22	C	C	A
15	Fire Control	Tim Readings	Simon Harris	G	Mar-23	G	G	A
16	Communication & Engagement Consultation	Annie Pratt	Mark Antell	G	Mar-23	C	C	G
17	Internal Governance and Assurance	Annie Pratt	Angela Smith	C	Jun-24	C	C	G
18	Digital and Cyber	Lukasz Wrona		C	Sep-24	NS	NS	NS
19	Procurement and Commercial	Conor Byrne		C	Sep-24	NS	NS	NS



Appendices

- » Appendix A - 2024-25 Areas of Focus
- » Appendix B - Key to Colours, Ratings and Symbols
- » Appendix C - 2024-25 Performance Measures and Definitions
- » Appendix D - Equality, Diversity and Inclusion Data
- » Appendix E - Glossary
- » Appendix F - Home Office Incident Type Definitions





Appendix A - 2024-25 Areas of Focus

In order to achieve the Strategic Commitments we have made to the people of Royal Berkshire, our plan for 2024-2025 sets out how we will achieve these and highlights areas of focus. These are aligned to our overarching principles: Sustainability, Culture, Capability and Risk Management.

Principle: Culture

- » People: We will support our staff by providing a safe and inclusive environment for them to thrive in, building a diverse organisation that is engaged with, and accessible to, our communities.
- » Culture: We will continue to embed our One Team culture, to ensure it is visible both within and outside the service to inspire trust, confidence and pride amongst our staff and within our communities.

Principle: Capability

- » Capability: We will continue to lead and manage RBFRS in accordance with good practice and national professional standards and we will continuously improve, learning from events and holding ourselves to account
- » Collaboration: We will continue to explore collaboration opportunities to ensure we deliver effective and efficient services to the people we serve.

Principle: Risk Management

- » Prevention: We will reduce the risk to our communities through our partnership duties and prevention education activities, ensuring that our services are accessible to all.
- » Protection: We will support those with responsibility for premises to understand their duties in ensuring the safety of all people using buildings covered by the [Building Safety Act 2022](#) and [Regulatory Reform \(Fire Safety\) Order 2005](#), whilst ensuring that our services are accessible to all.
- » Response: We will ensure that our people are trained, and resources are located to provide the most effective response and to have a positive impact on incidents in our communities.
- » Resilience: We will ensure we are resilient and work with our partners to promote and build resilience in the communities we serve.

Principle: Sustainability

- » Sustainability: We are committed to ensuring that we provide a financially sustainable Service and take meaningful action to help address the climate emergency.



Appendix B - Key to Colours, Ratings and Symbols

Performance Measures

	Target exceeded by more than 10%	Comparison with target
	Target met or exceeded by up to 10%	
	Target missed by up to 10%	
	Target missed by more than 10%	
	NA (non-applicable) or data accuracy issues affect confidence in reporting	
↑	Improvement in performance from equivalent period the previous year	Comparison with actual the previous year
↔	Maintenance of performance from equivalent period the previous year	
↓	Decline in performance from equivalent period the previous year	

Priority Programme, Audits and other Project Status

R	Issues are having an impact on delivery
A	There are issues with the project but these are being managed
G	Project on Track
C	Project complete
NS	Project not yet started or not due to start

Classification of Risk Scores and Risk Movement

20-25	Outside assumed Risk Appetite and requires mitigation to proceed
19	Inside Risk Appetite only because of extremely low probability. Mitigate if necessary and possible, accept only if no further action can be justified
17-18	Inside Risk Appetite. Mitigate further if cost effective to do so - discuss with a Director
7-16	Inside Risk Appetite. Mitigate further if cost effective to do so
1-6	Inside Risk Appetite and unlikely to need further mitigation

↑	Risk increasing
↔	No risk movement
↓	Risk decreasing



Appendix C - 2024-25 Performance Measures and Definitions

» Service Provision Definitions

Measure		2024/25 Target	Definition/Rationale
1	Number of fire deaths	0	The number of deaths that occur as the result of a fire, even when the death occurs weeks or months later.
2	Number of non-fatal fire casualties	31 max	The number of non-fatal casualties requiring hospital treatment that occur as a result of a fire. The target is a 10% reduction on the five-year average.
3	Number of deliberate primary fires	125 max	The total number of primary fires that have been started deliberately. The target is a 5% reduction on the five-year average.
4	Number of deliberate secondary fires	233 max	The total number of secondary fires that have been started deliberately. The target is a 5% reduction on the five-year average.
Prevention			
5	Increase the number of Referrals for Safe and Well Visits received from our partners	10%	We receive referrals from other agencies for individuals at risk from fire in their homes. These referrals are a high-quality source of information about those at risk in our communities.
6	Percentage of Safe and Well referrals, where there has been a threat or incidence of arson, completed within 48 hours	100%	Safe and Well Referrals are risk assessed, with each category of risk having an expected timescale for completion. Cases where there is a threat of arson are the highest risk.
7	Percentage of Very High-Risk Safe and Well Referrals completed within 72 hours	40%	Safe and Well Referrals are risk assessed, with each category of risk having an expected timescale for completion. Very High-Risk referrals have a timescale of 72 hours. Over the duration of the CRMP period (2023 to 2027) we aim to bring the proportion completed in timescale up to 50%



8	Percentage of High Risk Safe and Well Referrals completed within 14 days	57%	<p>Safe and Well Referrals are risk assessed, with each category of risk having an expected timescale for completion. High-Risk referrals have a timescale time of 14 days.</p> <p>Over the duration of the CRMP period (2023 to 2027) we aim to bring the proportion completed in timescale up to 70%</p>
Protection			
9	Percentage of Fire Safety Audits of premises identified as High or Very High Risk in our Risk-Based Inspection Programme completed in timescale.	Monitor	<p>A Fire Safety Audit is carried out to enforce the Regulatory Reform Order (RRO) 2005. Our Risk-Based Inspection Programme targets the riskiest premises in the county for inspection. Fire Safety Audits can also result from complaints or can be carried out after an incident or for training purposes. This measure allows us to monitor how our resources are being targeted at risk.</p>
10	Percentage of Fire Safety Audits with a 'Broadly Compliant' result	60% max	<p>The percentage of completed Fire Safety Audits carried out in commercial premises, where the result was 'Broadly Compliant' (satisfactory) and no further action or follow-up was required. If we are successfully targeting our resources at the riskiest properties, we would expect to see a high percentage that are not 'Broadly Compliant'.</p>
11	Percentage success when cases go to court	80%	<p>RBFRS prosecute serious cases following Fire Safety Audits. A successful outcome at court is a finding or admission of guilt.</p>
12	Percentage of statutory fire consultations completed within the required timeframes	95%	<p>Statutory fire consultations have a legally defined timeframe in which they must be completed. Types of consultation include licensing and building regulations.</p>



Response			
13	Percentage of occasions where the first fire engine arrives at an emergency incident within 10 minutes from time the emergency call was answered	75%	This is our Response Standard and looks at the time taken from when the Fire Control Room Operator answers the phone until the time the first fire engine (appliance) arrives at the scene of the incident. We aim to attend 75% of emergency incidents in under 10 minutes.
14	Percentage of wholetime frontline pumping appliance availability	97.4%	This measure shows the percentage of time that our wholetime pumping appliances are available for mobilisation. Reasons for unavailability include mechanical defects and crewing.
15	Percentage of hours where there is adequate crewing on On-call frontline pumping appliances (based on 24/7 crewing)	50%	This is the percentage of hours where there are sufficient qualified firefighters on On-call pumping appliances (fire engines) to enable the appliance to be available. On-call fighters are ready to leave their place of work or home and attend emergencies from the local On-call station.
16	Percentage of time that 14 or more pumping appliances are available	100%	This monitors our CRMP commitment to ensure a minimum of 14 pumping appliances are available and includes wholetime and On-call appliances.
Resilience			
17	Percentage of visits to Very High, High and Medium Operational Risk sites completed in timescale	100%	Operational Risk sites are those locations with particular characteristics (e.g. use, location) that pose a specific or unusual risk to our firefighters and the surrounding communities. Regular familiarisation visits by crews and support staff are required to ensure understanding of the risk is up to date.
18	Number of Service Delivery Hub exercises completed	12	Service Delivery Hub-level operational exercises are an important part of ensuring RBFRS is prepared for incidents that might occur through testing our planning assumptions, guidance and site-specific response plans.



Efficiency			
19	Percentage of Automatic Fire Alarm calls where RBFRS did not attend	30% (min)	In some circumstances we are able to seek confirmation before attending an Automatic Fire Alarm Call, enabling us to be more efficient.
Customer Experience			
20	Percentage of respondents experiencing a domestic fire satisfied with the service received	100%	A customer feedback questionnaire is sent to those who have experienced a dwelling fire asking about their satisfaction and experience with the service they received from RBFRS.
21	Percentage of respondents experiencing a commercial fire satisfied with the service received	95%	A customer feedback questionnaire is sent to business owners/ managers who have experienced a fire in their commercial premises asking about their satisfaction and experience with the service they received from RBFRS.
22	Percentage of respondents satisfied with the Fire Safety Audit service they received	90%	A customer feedback questionnaire is sent to business owners/ managers who have had a full fire safety audit, asking about their satisfaction and experience with the service they received from RBFRS.
23	Percentage of respondents satisfied with the Safe and Well service received	100%	A customer feedback questionnaire is sent to a sample of individuals who have received a Safe and Well Visit and asks about their satisfaction and experience with the service they received from RBFRS.
24	Number of complaints received	Monitor	The number of complaints made to RBFRS about any aspect of our service or staff.
25	Number of compliments received	Monitor	The number of compliments received by RBFRS about any aspect of our service or staff.



» Corporate Health

Measure		2024/25 Target	Definition/Rationale
Human Resources and Learning & Development			
26	Percentage of working time lost to sickness across all staff groups	5%	This measure looks at sickness across the whole organisation and the percentage of time lost, based on the number of working hours available to the organisation.
27	Percentage of eligible staff with Personal Development Reviews	100%	This measure reflects the percentage of eligible employees who have had a Personal Development Review meeting. Eligible staff are those who have completed their initial probation period, before the end of the PDR period and who have not been absent for over 50% of the reporting period. Employees moving within the Organisation to new roles on trial or probation periods will still be eligible for a PDR.
28	Number of formal grievances	Monitor	The number of formal grievances raised by staff under the Grievance, Bullying and Harassment Policy.
Health and Safety			
29	Number of RIDDOR accidents and diseases	Max 4	RIDDOR (Reporting of Injuries Diseases and Dangerous Occurrences Regulations) are more serious injury accidents and diseases.
Finance and Procurement			
30	Percentage of spend subject to competition	85%	This measure looks at all items of expenditure over £10k as RBFA must obtain quotes or tenders for all these purchases. This excludes statutory payments such as local authority charges or HMRC.
31	Compliant spend as a percentage of overall spend	100%	This measure calculates the supplier spend that is in a compliant contract as a percentage of the total spend to external bodies and suppliers (as per RBFA contract regulations).



Freedom of Information			
32	Number of Information Commissioner assessments finding that the Service has breached Information Rights Legislation (Freedom of Information Act, Environmental Regulations or Data Protection Legislation)	0	RBFRS are required to conform to Data Protection and Freedom of Information legislation. The Information Commissioner is responsible for determining compliance and issuing advice or penalties. This measure includes only incidents where there is a finding of a breach (not complaints which are subsequently dismissed).
33	Monitoring the annual completion of the mandatory Protecting Information Course	95%	RBFRS are required to adhere to Data Protection and GDPR legislation. How to protect the data we use daily is a responsibility that we are audited on with regards to compliance. This measure monitors quarterly compliance of Service Personnel with passing the Protecting Information Course.
34	Reporting of data breaches and near misses to include those that are reported to the ICO	0	RBFRS are required to conform to Data Protection and GDPR legislation. This measure monitors the reporting of data breaches and near misses, specifically those that are reported to the Information Commissioners Office
35	Completing the Data Subject Requests (SARs) within the permitted time frames	100%	RBFRS are required to adhere to Data Protection and GDPR legislation. This measure monitors completion of Data Subject Requests (SARs) within the permitted timeframe, 1 month, or 2 months with an agreed extension.
36	Having a complete set of published Retention Schedules and keeping them up to date and auditing that data is retained in line with retention schedules	100%	RBFRS are required to conform to Data Protection and GDPR legislation. This measure monitors compliance to having published, accurate Retention Schedules that are kept up to date and in line with our Records Retention and Disposal Policy.



Appendix D - Equality, Diversity and Inclusion Data

Measure	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	2024/25 YTD	Previous year (23/24) to date	Number of authorised posts at end Q4 2024/25
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Staff In Post:

Wholetime	367	381	376	382	382	371	374 (373 if you remove x10 Resilience FF's)
On-call	62	61	62	60	60	53	65
Control	41	41	41	41	41	41	39
Green Book	184	186	190	197	197	176	200
Total	654	669	669	680	680	640	677

Staff Turnover:

Wholetime	12	3	7	6	36	29
On-call	2	2	2	2	19	9
Control	0	0	0	0	5	0
Green Book	7	11	4	6	31	28
Total Number of Leavers (Heads)	21	16	13	14	92	66
Staff in Post (SIP)	654	669	669	680	636	680
Percentage of Leavers vs. SIP	3.2%	2.4%	1.9%	2%	14.3%	9.88%

Female Staff Percentage:

Wholetime	7.4%	7.1%	7.2%	8.4%	8.4%	7.5%
On-call	8.1%	8.2%	8.1%	8.3%	8.3%	9.4%
Control	65.9%	65.9%	65.9%	65.9%	65.9%	65.9%
Green Book	60.3%	60.2%	60%	59.4%	59.4%	59.4%
Of Total Staff	26.0%	25.5%	25.9%	26.6%	26.6%	25.6%

Ethnicity (Percentage of Staff Non-White British):

Wholetime	4.4%	4.5%	4.5%	6.3%	6.3%	4.4%
On-call	9.7%	11.5%	11.3%	11.7%	11.7%	3.6%
Control	9.8%	9.8%	9.8%	9.8%	9.8%	7.1%
Green Book	19.6%	19.4%	20%	22.8%	22.8%	15.9%
Of Total Staff	9.5%	9.6%	9.9%	11.8%	11.8%	7.7%



Staff Ethnicity Profile:

Ethnicity	Wholetime	On-call	Control	Green Book	Total [All Staff]
White British	324	52	36	147	559
Other Ethnicity	24	7	4	45	80
Prefer not to say	34	1	1	5	41
Total	382	60	41	197	680

Staff Age Profile:

Age Group	Wholetime	On-call	Control	Green Book	Total [All Staff]
25 and Under	33	6	6	18	63
26 - 35	108	18	14	32	172
36 - 45	120	24	8	45	197
46 - 55	106	7	10	58	181
56 - 65	15	5	3	39	62
66 and Over	0	0	0	5	5
Total	382	60	41	197	680

Staff Gender Profile:

Gender	Wholetime	On-call	Control	Green Book	Total [All Staff]
Female	32	5	27	117	181
Male	320	54	14	76	464
Other	30	1	0	4	35
Total	382	60	41	197	680

Staff Disability Profile:

Number of employees who have declared a disability	Q1	Q2	Q3	Q4	2024/25 YTD	Q4 23/24
Wholetime	21	21	22	54	54	23
On-Call	0	0	1	2	2	0
Control	2	2	2	7	7	2
Green Book	12	13	14	43	43	10
Total	35	36	39	106	106	35



Appendix E - Glossary

Abbreviation	Meaning	Context
ACFO	Assistant Chief Fire Officer	
AFA	Automatic False Alarms	
AIO	Accident Investigation Officers	
ALP	Aerial Ladder Platform	
AM	Area Manager	
APB	Additional Pensionable Benefit	
AR3	Animal Rescue Level 3	Officer or team specialising in animal rescue
ARA	Additional Responsibility Allowance	
ARP	Adults at Risk Programme	
ARU	Animal Rescue Unit	
ASB	Anti-Social Behaviour	
AWE	Atomic Weapons Establishment	
BA	Breathing Apparatus	
BAU	Business As Usual	
BCF	Behavioural Competency Framework	
BESS	Battery Energy Storage Systems	
BFBC	Bracknell Forest Borough Council	
BME	Black and Minority Ethnic	
BMKFRS	Buckinghamshire & Milton Keynes Fire & Rescue Service	
BPI	Business Process Improvement	
BSR	Building Safety Regulator	
CAFS	Compressed Air Foam System	Most appliances have this for extinguishing small fires quickly
CEMT	Corporate Emergency Management Team	
CFO	Chief Fire Officer	
CM	Crew Manager	
COMAH	Control of Major Accident Hazards	Top tier and low tier sites throughout Berkshire. High risk sites.
CRP	Community Risk Programme	
CS	Community Safety	
CSA	Community Safety Adviser	
CSP	Community Safety Partnership	
DAPs	Development and Assessment Pathways	
DCFO	Deputy Chief Fire Officer	
DIM	Detection Identification Monitoring	Mobilised from Oxfordshire Fire and Rescue Service
DPA	Data Protection Act	



DRA	Dynamic Risk Assessment	One of the methods for identifying risk in the workplace and recording it for legal reasons
DSS	Director of Support Services	
DVR	Digital Voice Recorder	
EDI	Equality, Diversity and Inclusivity	
EIR	Environmental Information Regulations	
EPM	Emergency Planning Manager	One for each of the six Unitary Authorities
EPO	Emergency Planning Officer	Some of the EPM's have an EPO, such as Reading Borough Council
ESMCP	Emergency Services Mobile Communications Programme	
ESN	Emergency Services Network	
EVP	Employee Value Proposition	
FARRG	Fire and Rescue Risk Group	
FBU	Fire Brigades Union	
FCP	Forward Control Point	A nominated point area where resources can be deployed from to meet the needs of an incident
FDO	Flexi Duty Officer	
FF	Firefighter	
FI	Fire Investigation	
FIO	Fire Investigation Officer	A nominated Officer with the skills to assess what caused a fire and why
FOIA	Freedom of Information Act	
FPS	Firefighters' Pension Scheme	
FRIC	Fire and Rescue Indemnity Company	
FRSA	Fire and Rescue Service Association	
FS	Fire Safety	Green/Grey book personnel carrying out inspections within buildings and events
FSG	Fire Survival Guidance	
FSIOs	Fire Safety Inspecting Officers	
GDPR	General Data Protection Regulation	
GM	Group Manager	
HERU	Hazardous Environmental Response Unit	
HFRS	Hampshire Fire and Rescue Service	
HGV	Heavy Goods Vehicle	
HMEPA	Hazardous Materials Environmental Protection Advisor	Was known as a Hazmat Officer. Specialist Officer with the skills to deal with chemical incidents.



HMICFRS	His Majesty's Inspectorate of Constabulary & Fire and Rescue Services	As at 2019, with context to the HMICFRS Action Plan this read: "Her Majesty's Inspectorate of Constabulary & Fire and Rescue Services"
HMO	House of Multiple Occupancy	
HoS	Head of Service	
HR and L&D	Human Resources and Learning and Development	
HRRBs	High Risk Residential Buildings	
HRU	Heavy Rescue Unit	Attends road traffic collisions of 3 or more cars HGVs
HSE	Health and Safety Executive	
IBIS	Incident & Building Information System	The ICT system where all incident and building information is held.
ICO	Information Commissioner's Office	
ICT	Information Communication Technology	
ICU	Incident Control Unit	Large bus mobilised on 7 pump or more incidents
IEC	Immediate Emergency Care	
IG	Information Governance	
IRMP	Integrated Risk Management Plan	
IRS	Incident Recording System	
ITHC	Information Technology Health Checks	
JESIP	Joint Emergency Services Interoperability Principles	
JO	Junior Officer	
JY	Juliet Yankee	RBFRS call sign in Control for all appliances
L&D	Learning and Development	
L1	Level 1 Officer	Incident Command Level - Crew and Watch Manager
L2	Level 2 Officer	Incident Command Level - Station Manager/Group Manager A
L3	Level 3 Officer	Incident Command Level - Group Manager A & B
L4	Level 4 Officer	Incident Command Level - Area Manager and Principal Officer
LGPS	Local Government Pension Scheme	
LFB	London Fire Brigade	
LGV	Light Goods Vehicle	
LMS	Learning Management System	
LPP	Light Portable Pump	



LRF	Local Resilience Forum	Multi-agency partners collaborate to fulfil their duties under the Civil Contingencies Act 2004
LSP	Local Safety Plan	
MAC	Media Advisory Cell	
MAPS	Multi-Agency Problem Solving	
MDT	Mobile Data Terminal	
MHCLG	Ministry of Housing Communities and Local Government	
MORRG	Management of Road Risk Group	
MRV	Multi Roll Vehicle	
MSK	Musculoskeletal-(sickness)	
NAG	Neighbourhood Action Group	
NFCC	National Fire Chiefs Council	
NILO	National Interagency Liaison Officer	
NOG	National Operational Guidance	
NVQ	National Vocational Qualification	
OCG	Organisational criminal group	
OFRS	Oxfordshire Fire and Rescue Service	
OiC	Officer in Charge	
OJEU	Official Journal of the European Union	
ONR	Office for Nuclear Regulations	
OPAS	Operational Policy and Support	
OQP	Operational Qualifications Planner	
OSEP	Operational Support and Emergency Planning	
OSR	Operational Support Room	
OSU	Operational Support Unit	
OTB	Over the Border	
OTP	Officer Training Programme	
P2P	Purchase to Pay	
PAOT	Pre-Arranged Overtime	
PDA	Pre-determined Attendance	
PDI	Personal Development Interview	
PDR	Personal Development Review	
PFI	Post Fire Inspection	
PID	Project Initiation Document	The formal document used to define project objectives, deliverables, costs and timescales for approval
PPAB	Prevention and Protection Assurance Board	
PPE	Personal Protective Equipment	
PPM	Pre-Planned Maintenance	
PPV	Positive Pressure Ventilation	



PP&R	Prevention, Protection & Resilience	
PQA	Personal Qualities and Attributes	
PRF	Personal Record File	
PSAA	Public Sector Audit Appointments	
PSO	Programme Support Office	
PSTG	Problem Solving Tasking Group	
QCF	Qualifications Credit Framework	
RA	Risk Assessment	
RBFA	Royal Berkshire Fire Authority	
RBIP	Risk Based Inspection Programme	
RBWM	Royal Borough of Windsor and Maidenhead	
RDS	Retained Duty System	
RIDDOR	Reporting of Injuries Diseases and Dangerous Occurrences Regulations	
RIEPO	Risk Information and Emergency Planning Officer	
RMS	Remotely Managed Stations	
RRT	Risk Reduction Team	
RTC	Road Traffic Collision	
RTW	Return To Work	
S&W	Safe and Well visit	
SAG	Safety Advisory Group	
SAIF	Strategic Asset Investment Framework	
SARs	Subject Access Requests	Data subject requests
SCAS	South Central Ambulance Service	
SCC	Strategic Command Centre	
SCG	Strategic Coordinating Group	
SDMT	Service Delivery Management Team	
SECTU	South East Counter Terrorism Unit	
SIRO	Senior Information Responsible Officer	
SJCC	Staff Joint Consultative Committee	
SLT	Senior Leadership Team	
SM	Station Manager	
SPB	Strategic Performance Board	
SPS	Structured Professional Support	
Stn 1	Station 1 – Caversham Road	Wholetime
Stn 2	Station 2 – Wokingham Road	Wholetime
Stn 3	Station 3 – Dee Road	Station closed in 2021
Stn 4	Station 4 - Newbury	Wholetime
Stn 5	Station 5 - Hungerford	Retained (On Call)
Stn 6	Station 6 - Lambourn	Retained (On Call)
Stn 7	Station 7 – Pangbourne	Station closed in 2021
Stn 9	Station 9 – Wargrave	Station closed in 2020
Stn 10	Station 10 – Wokingham	Wholetime



Stn 11	Station 11 – Mortimer	Retained (On Call)
Stn 14	Station 14 – Ascot	Satellite Station (24 hours per day, 7 days per week)
Stn 15	Station 15 – Crowthorne	Retained (On Call)
Stn 16	Station 16 – Bracknell	Wholetime
Stn 17	Station 17 – Slough	Wholetime
Stn 18	Station 18 – Langley	Wholetime
Stn 19	Station 19 – Maidenhead	Wholetime
Stn 20	Station 20 – Whitley Wood	Wholetime
Stn 21	Station 21 – Windsor	Satellite Station (24 hours per day, 7 days per week)
Stn 22	Station 22 – Theale	Wholetime
TCG	Tactical Coordinating Group	
TCR	Training Course Request	
TIC	Thermal Image Camera	
TOA	Threat of Arson	
TRI	Training Records Indicator	
TVFCS	Thames Valley Fire Control Service	
TVP	Thames Valley Police	
UA	Unitary Authority	
USAR	Urban Search and Rescue	
WAH	Working at Height	
WBDC	West Berkshire District Council	
WDS	Wholetime Duty System	
WBSM	Watch Based Station Manager	
WM	Watch Manager	
WRT	Water Rescue Team	
WT	Wholetime	
WYPF	West Yorkshire Pension Fund	



Appendix F - Home Office Incident Type Definitions

Primary fires are potentially more serious fires that harm people or cause damage to property and meet at least one of the following conditions:

- » any fire that occurred in a (non-derelict) building, vehicle or (some) outdoor structures
- » any fire involving fatalities, casualties or rescues
- » any fire attended by five or more pumping appliances

Primary fires are split into four sub-categories:

- » **Dwelling fires** are fires in properties that are a place of residence i.e. places occupied by households such as houses and flats, excluding hotels/hostels and residential institutions; dwellings also include non-permanent structures used solely as a dwelling, such as houseboats and caravans
- » **Other buildings fires** are fires in other residential or non-residential buildings; other (institutional) residential buildings include properties such as hostels/hotels/B&Bs, nursing/care homes, student halls of residence etc; non-residential buildings include properties such as offices, shops, factories, warehouses, restaurants, public buildings, religious buildings etc
- » **Road vehicle fires** are fires in vehicles used for transportation, such as cars, vans, buses/coaches, motorcycles, lorries/HGVs etc; 'Road vehicles' does not include aircraft, boats or trains, which are categorised in 'other outdoors'
- » **Other outdoors fires** are fires in either primary outdoor locations (that is, aircraft, boats, trains and outdoor structures such as post or telephone boxes, bridges, tunnels etc.), or fires in non-primary outdoor locations that have casualties or five or more pumping appliances attending

Purpose-built flat/maisonette fires are split into three sub-categories:

- » fires in purpose-built low-rise (1-3 storeys) flats
- » fires in purpose-built medium-rise (4-9 storeys) flats
- » fires in purpose-built high-rise (10+ storeys) flats

Secondary fires are generally small outdoor fires, not involving people or property. These include refuse fires, grassland fires and fires in derelict buildings or vehicles, unless these fires involved casualties or rescues, or five or more pumping appliances attended, in which case they become primary fires.

Chimney fires are fires in buildings where the flame was contained within the chimney structure and did not involve casualties, rescues or attendance by five or more pumping appliances. Chimneys in industrial buildings are not included and are included under primary fires.



Accidental fires include those where the motive for the fire was presumed to be either accidental or not known (or unspecified).

Deliberate fires include those where the motive for the fire was 'thought to be' or 'suspected to be' deliberate. This includes fires to an individual's own property, others' property or property of an unknown owner. Despite deliberate fire records including arson, deliberate fires are not the same as arson. Arson is defined under the Criminal Damage Act of 1971 as 'an act of attempting to destroy or damage property, and/or in doing so, to endanger life'.

Late fire calls are fires attended by an FRS which were known to be extinguished when the call was made (or to which no call was made) and the fire came to the attention of the FRS by other means (e.g. press report or inquest). Such fires are recorded if an attendance is made (even if for inspection only) but are not recorded if no attendance is made.

Fatal fires are those that result in at least one fatality that would not have otherwise occurred had there not been a fire.

ROYAL BERKSHIRE
FIRE AND RESCUE SERVICE

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

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ITEM	DECISION BODY	NEXT REPORTING DATE	REPORTING FREQUENCY	RECOMMENDED ACTION	LEAD OFFICER	LEAD MEMBER	PART I / II
Appointment of Chair and Vice-Chair	Management Committee	14.07.25	Annual	Decision	MO	N/A	Part I
Annual Outturn	Management Committee	14.07.25	Annual	Note	HF&P	N/A	Part I
Estates Minor Capital Work Projects 2025	Management Committee	14.07.25	Ad-hoc	Agree	HoA	Strategic Assets and Sustainability Lead	Part I
Light Fleet Maintenance Plan 2025	Management Committee	14.07.25	Ad-hoc	Agree	HoA	Strategic Assets and Sustainability Lead	Part I
Fleet Maintenance Joint Working Agreement	Management Committee	14.07.25	Ad-hoc	Agree	HoA	Strategic Assets and Sustainability Lead	Part I
Sustainability Roadmap update	Management Committee	14.07.25	Ad-hoc	Note	HoA	Strategic Assets and Sustainability Lead	Part I
CRMP Priority Programmes	Management Committee	14.07.25	Every meeting	Note	HCS	CRMP Lead	Part I
Q4 Appliance Availability	Management Committee	14.07.25	Quarterly	Note	AM (R&R)	N/A	Part I
Recruitment and Retention six Month Update	Management Committee	07.10.25	Ad-hoc	Note	HHR&L&D	N/A	Part I
Budget Monitoring Q1	Management Committee	07.10.25	Annual	Note	HF&P	Budget and Income Generation Lead	Part I
Appliance Availability Q1	Management Committee	07.10.25	Quarterly	Note	AM (R&R)	N/A	Part I
External Audit report	A&GC	20.10.25	Quarterly	Note	HF&P	N/A	Part I
Internal Audit report	A&GC	20.10.25	Annual	Note	HF&P	N/A	Part I
Annual Governance Statement	A&GC	20.10.25	Annual	Decision	Programme Office Mgr	N/A	Part I
Statement of Accounts	A&GC	20.10.25	Annual	Note	HF&P	N/A	Part I
Q1 Performance Report	A&GC	20.10.25	Quarterly	Note	Data, Performance and Risk Manager	N/A	Part I
Annual Treasury Report and Mid-year report	Fire Authority	25.10.25	Annual	Note	HF&P	Budget and Income Generation Lead	Part I
Budget Monitoring Q2	Management Committee	10.12.25	Annual	Note	HF&P	Budget and Income Generation Lead	Part I
CRMP Priority Programmes	Management Committee	10.12.25	Every meeting	Note	HCS	CRMP Lead	Part I
Appliance Availability Q2	Management Committee	10.12.25	Quarterly	Note	AM (R&R)	N/A	Part I

ITEM	DECISION BODY	NEXT REPORTING DATE	REPORTING FREQUENCY	RECOMMENDED ACTION	LEAD OFFICER	LEAD MEMBER	PART I / II
Annual Governance Statement 23/24	A&GC	26.01.26	Annual	Decision	HF&P / Programme Office Manager	N/A	Part I
Statement of Accounts	A&GC	26.01.26	Annual	Decision	HF&P	N/A	Part I
Statement of Assurance 2024/25	A&GC	26.01.26	Quarterly	Note and Recommend	HCS	N/A	Part I
Gender, Ethnicity and Equality Pay Gap	A&GC	26.01.26	Annual	Note	HHR&L&D	N/A	Part I
Pay Policy Statement	A&GC	26.01.26	Annual	Note and Recommend	HHR&L&D	N/A	Part I
Internal and External Audit report	A&GC	26.01.26	Quarterly	Note	HF&P	N/A	Part I
Constitutional Review	A&GC	26.01.26	Every four years	Note and recommend	MO	N/A	Part I
Q2 Performance Report	A&GC	26.01.26	Quarterly	Note	Data, Performance and Risk Manager	N/A	Part I
Scheme of Member Allowances Annual Review	Management Committee	10.02.26	Annual	Note and recommend	MO	N/A	Part I
Annual Budget 25/26, Medium Term Financial Plan, SAIF and TVFCS Budget	Management Committee	10.02.26	Annual	Note and recommend	HF&P	Finance Lead	Part I
Budget Monitoring Q3	Management Committee	10.02.26	Annual	Note	HF&P	Budget and Income Generation Lead	Part I
CRMP Priority Programmes	Management Committee	10.02.26	Every meeting	Note	HCS	CRMP Lead	Part I
Appliance Availability Q3	Management Committee	10.02.26	Quarterly	Note	AM (R&R)	N/A	Part I
Scheme of Member Allowances Annual Review	Fire Authority	23.02.26	Annual	Decision	MO	N/A	Part I
Contract Regulations	Fire Authority	23.02.26	Ad-hoc	Decision	HF&P	N/A	Part I
Annual Budget 25/26, Medium Term Financial Plan & Strategic Asset Investment Framework and TVFCS Budget	Fire Authority	23.02.26	Annual	Decision	HF&P	Finance Lead	Part I
Pay Policy Statement	Fire Authority	23.02.26	Annual	Decision	HHR&L&D	N/A	Part I
Internal Audit Report	A&GC	16.03.26	Quarterly	Note	HF&P	N/A	Part I
External Audit Report	A&GC	16.03.26	Quarterly	Note	HF&P	N/A	Part I
Annual Report on Members Development	A&GC	16.03.26	Annual	Note and Recommend	HCS	N/A	Part I
Annual report on Governance / Members attendance and allowances	A&GC	16.03.26	Annual	Note and Recommend	HCS	A&GC Chairman	Part I
Quarter 3 Performance Report	A&GC	16.03.26	Quarterly	Note	Data, Performance and Risk Manager	N/A	Part I
Members Code of Conduct Consultation	A&GC	16.03.26	every four years	Decision	MO	N/A	Part I
CRMP Priority Programmes	Management Committee	16.04.26	Every meeting	Note	HCS	CRMP Lead	Part I
Corporate Calendar 2025/26	Fire Authority	30.04.26	Annual	Decision	HCS	N/A	Part I
Lead Member and Champion Annual Reports	Fire Authority	30.04.26	Annual	Note	Lead Officers	Lead Members	Part I
Annual Plan	Fire Authority	30.04.26	Annual	Decision	HCS	N/A	Part I