



Quarterly Performance Report

Q1 2026-27 April – June 2026





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

This is the Quarter One (Q1) Performance Report, summarising our progress across the Service.

About Us

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 (RBFRS) provides services across the County of Berkshire.

Our [Annual Plan 2026-27](#) highlighted areas of focus in order to achieve the Strategic Commitments made to the people of Royal Berkshire in our Community Risk Management Plan (CRMP).

The Strategic Commitments are aligned to our four overarching principles:

- » Culture
- » Capability
- » Risk management
- » Sustainability

These guide delivery of our Prevention, Protection, Response and Resilience services.



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Our Commitments

Our Vision sets our longer-term direction of travel. We place the community at the heart of all that we do. Our Strategic Commitments outline how we intend to achieve our Purpose.

These are:

>> Prevention

We will reduce the risk to our communities through our targeted prevention activity, working with partners to deliver prevention and education activities, ensuring our services are accessible to all.

>> Protection

We will support those responsible for premises to understand and meet their duties under the Building Safety Act 2022 and Regulatory Reform (Fire Safety) Order 2005, whilst ensuring that our services are accessible to all. Where appropriate, we will use our regulatory powers to achieve compliance and improve safety outcomes.

>> Response

We will ensure that our people are well trained, equipped and located to provide a safe and effective response to our communities when emergencies occur.

>> Resilience

We will ensure we are a resilient organisation and work with our partners to promote and build resilience in the communities we serve.

>> Sustainability

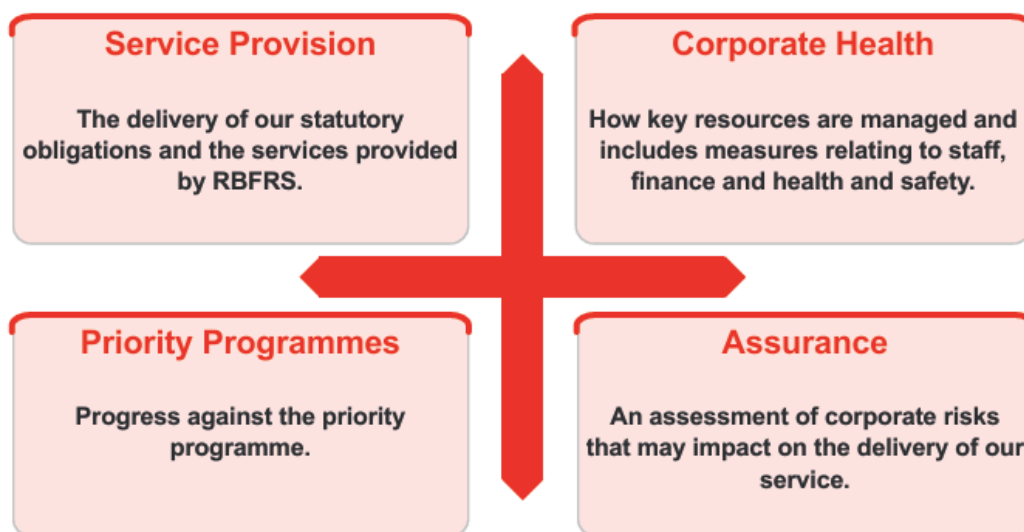
We are committed to ensuring that we provide a financially sustainable Service and take meaningful action to help address the climate emergency.



Performance Management

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.

We monitor performance across four quadrants:



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.

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Key to Colours, Status, Ratings and Symbols

Performance Measures

	Target exceeded by more than 10%	Comparison with target number or percentage
	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	Comparison of current year against the previous year
↑	Improvement in performance from equivalent period 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

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Quadrant One – 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.

Further detail outlining incident types is available via [Appendix A - Home Office Incident Type Definitions](#).

For Service Provision Measure Definitions, go to [Appendix B - Performance Measures and Definitions](#).



Service Provision Summary



73%

% Occasions we responded to emergency incidents within 10 minutes



2,194

Total number of emergency incidents in Berkshire



238

Total number of Fire Safety Audits completed



1,393

Safe and Well Visits completed in Berkshire



74.2%

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



267

Statutory fire consultations completed



13

Number of compliments received



3

Service delivery Hub exercises completed



99

Visits to Buildings in Interim Measures

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Incident Trends

In Quarter 1 2026/27, we responded to 2,194 emergency incidents in Berkshire, an increase of 221 compared to the same quarter last year and nearly 200 more than in 2022, when we last saw prolonged warm temperatures. In April the temperatures started to rise and this saw extremely hot and dry conditions in May and June.

An increase in volumes of incident for the time of year, due to an extended period of hot weather and dry conditions saw a rise in outdoor fires and some large and demanding incidents. One major incident occurred the last weekend of May which was also a Bank Holiday, this led to significant resource demands. Under these circumstances, our response in target timeframe has understandably been below standard.

Figure 1 (below) shows our 5-year trend in incidents, with the five-year maximum, minimum and average incident levels included for comparison. This quarter is above the five-year average.

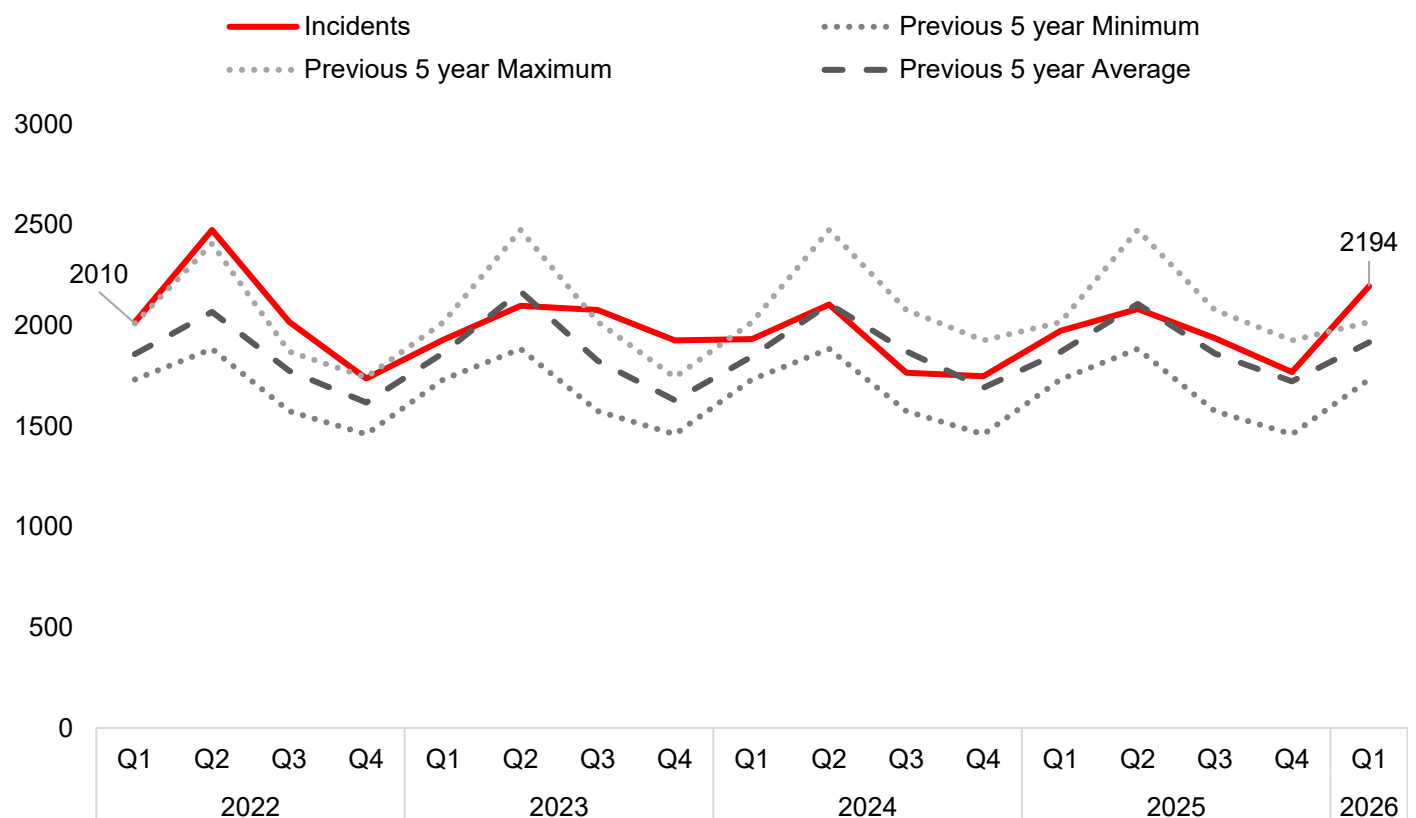


Figure 1: Total Number of Incidents

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Corporate Measures: Service Provision Data Summary

During Quarter 1, Prevention, Response and Safety Education continued to deliver targeted activity to reduce risk, strengthen partnerships and support vulnerable people across Berkshire. Non-fatal casualties were recorded across several areas, mainly linked to accidental domestic fires, ethanol burner use, vehicle fires and smoke inhalation. Follow-up activity included hot strikes, safeguarding involvement, Safe and Well referrals and local awareness work.

Deliberate primary and secondary fires remained a concern, with themes including vehicle fires, suspected arson, organised crime, anti-social behaviour, youth fire-setting and fires in parks or open spaces. Partnership work with Thames Valley Police, Community Safety Partnerships, local authorities, safeguarding teams, housing providers and community safety partnerships continues to support risk reduction. As part of our new Safeguarding Assurance Group (SAG) and RBFRS Safeguarding Training Competency Framework, we will look at delivering risk-based training workshops for staff on key risk themes and areas linked to a data-led approach.

Corporate Measure 1: Number of Fire Deaths					2026/27 Target: 0
	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (2025/26)	2 ↓	0 ↑	0 ↔	2 ↓	2 ↓
2026/27 Actual	0 ↑				0 ↑
We continue to engage in targeted prevention activity across Berkshire focusing on those most at risk. Safe and Well visits, risk-based referrals and community engagement continue to support early identification and reduction of fire risk. Q1 also provided an opportunity for the Safeguarding Team to review our Significant Fire Incident Review (SFIR) process, the previous year's actions and to commence the implementation of the 2026 SFIR Report to establish ongoing learning and improvement					

Corporate Measure 2: Number of non-fatal fire casualties					2026/27 Target: 34 max.
	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (2025/26)	7 ↑	7 ↑	2 ↑	2 ↑	7 ↑
Target (max)	9	7	9	9	34
2026/27 Actual	12 ↓				12 ↓
Two separate incidents accounted for seven casualties. Post-fire advice was supplied for both. Post fire actions where casualties were involved included safeguarding within a multi-agency context & SCAS Safe and Well referrals.					

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Corporate Measure 3: Number of deliberate primary fires					2026/27 Target: 112 max
	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (2025/26)	27 ↓	23 ↑	21 ↓	22 ↓	27 ↓
Target (max)	28	29	28	27	112
2026/27 Actual	26 ↑				26 ↑
During Q1, deliberate primary fires were recorded across all areas apart from RBWM. The most notable patterns were linked to vehicle fires, suspected arson, organised crime, repeat victimisation & targeted behaviour. Slough recorded a higher-than-usual number of incidents. Hot strikes & Threat of Arson visits have been completed, with TVP investigations ongoing. Overall, Q1 profile highlights the continuing need for intelligence sharing, arson investigation, Threat of Arson support and partnership activity with TVP and other agencies to manage risk and reduce further harm in line with our commitment to the Serious Violence Duty					

Corporate Measure 4: Number of deliberate secondary fires					2026/27 Target: 207 max
	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (2025/26)	70 ↓	63 ↓	18 ↑	22 ↑	70 ↓
Target (max)	53	52	51	51	207
2026/27 Actual	50 ↑				50 ↑
During Q1, deliberate secondary fires were recorded across all areas. Recurring themes include fires in parks, open spaces, campfires, litter bins, youth fire-setting, ASB & unsafe use of fire in publicly accessible locations. Overall, the Q1 deliberate secondary fire profile highlights continued concern around youth fire-setting, anti-social behaviour, fire use in parks, open spaces & other public areas. Ongoing monitoring, timely intelligence sharing, targeted prevention messaging and multi-agency problem-solving will remain important to reducing repeat incidents and managing risk in known hotspot locations					



Prevention Activities and Corporate Measures

The Annual Schools Programme successfully delivered fire safety sessions to over 70% of Key Stage 2 pupils in Year 5 across Berkshire, while 41 declined participation. Data for remaining schools is being collated and will be reported in Q2. The Safety Education Team also continued to engage with Special Educational Needs schools and designed and delivered three bespoke Home School Sessions. These sessions received nearly 50 expressions of interest, demonstrating positive demand and reach.

Despite several tragic water-related fatalities occurring nationally, Berkshire did not experience any water fatalities during the reporting period. Nationally, 13 of these fatalities involved young people aged 11 to 17, while a further five involved adults. In response to the national picture, the Safety Education Team has and will continue to work closely with educational establishments across the county to promote the Royal Life Saving Society (RLSS) self-led water safety education packages. In addition, Prevention and Response teams continue to target identified water safety hotspot locations and ensure that water safety remains a key focus within the Prevention Communications Plan, as well as prioritising school requests for water safety sessions.

Prevention and the Safety Education Team also addressed a seasonal and emerging risk, including book burning after exams. Work with the Reading Youth Panel is ongoing to co-design prevention messaging within a video for educational settings, with the intention of sharing with the NFCC Staywise platform, allowing other UK FRS' to utilise the resource in the future. FireSafe communications have been issued to education partners during high-risk seasonal periods when we see an increase in referrals. Fifteen FireSafe referrals were received during Q1.

Partnership and safeguarding work continued to strengthen, including presenting at the Royal Holloway University Domestic Violence Summit and which resulted in numerous planned presentations to Domestic Abuse Forums and MARAC's (Multi-Agency Risk Assessment Conferences for high-risk domestic abuse cases) on 'arson being used as a weapon', Threat of Arson, Safe and Well Visits, and referral pathway support. This is expected to improve domestic abuse referrals, supporting delivery of the Serious Violence Duty, and our Thames Valley Threat of Arson Procedure.

The Complex Case Escalation Meetings held across the three Prevention Hubs, now with support from the Safeguarding Team, continue to demonstrate a significant positive impact. On average, there has been a 50% reduction in the number of cases requiring attention at these weekly meetings, decreasing from approximately 40 to 50 very high and high risk cases to around 20 cases. This improvement reflects the effectiveness of early intervention, case management processes, and collaborative working arrangements in addressing risk and supporting vulnerable individuals more efficiently through joint visits, multi-agency strategy meetings or case closure.

Two Prevention Days and six Effectiveness and Efficiency Workshops were delivered with Prevention staff, generating improvement ideas for a report to PAB. A Safe and Well Revisit evaluation report also identified further efficiency opportunities. A Volunteer Celebration Event recognised our volunteers and chaplains.

A key development has been ongoing collaboration with NHS Health and Care colleagues to build a Population Health approach to prevention. This will align health and care vulnerability data with RBFRS risk profiling to better identify where vulnerabilities such as dementia, smoking, being housebound and emollient use intersect with fire risk, without using patient-identifiable data.

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Overall, Quarter 1 demonstrates strong progress across Prevention, with achievements in education, safeguarding, threat of arson referrals, partnership engagement, complex case management, water safety, arson prevention, service improvement and data-led risk reduction. This work has strengthened delivery and improved the service's ability to identify, engage and support those most at risk across Berkshire.

Corporate Measure 5: Increase in the number of Safe and Well partner referrals in areas identified as having low uptake in previous 2 years.

2026/27 Target: 5%

	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (2025/26)	282				282
2026/27 Actual Number	305				305
2025/26 % change	7.8%				7.8%

The lowest two areas identified as having low uptake were Slough and Bracknell Councils. We have seen a very positive position in Bracknell at the end of Q1. Over Q1 an At Risk Programme (ARP) training session was delivered on behalf of Bracknell Forest Safeguarding Board with good attendance from partner agencies. The board continues to promote the safe and well service and supports us by encouraging partners to engage with our training and ensure they make referrals. We attended a dementia awareness week event in Bracknell, which saw an uptake of health and social care professionals making referrals and undertaking our ARP training. 7 care agencies have made referrals over Q1, which is pleasing. Having previously identified care agencies as significantly underrepresented as referrers, significant effort went into raising awareness within the sector

In Slough, referrals increased in April and June, giving an overall Q1 rise of 2.2%. While modest, this is positive given the previous challenges in Slough. The increase is believed to be linked to the NHS risk work. In the short term, the Prevention Manager will share referral agency data, including referral numbers, through Slough Safer Partnership (SSP) to support partner accountability for increasing S&W referrals. Longer term, following the prevention restructure, RBFRS will have greater capacity to deliver partner and community-based interventions, including ARPs and targeted events.

Corporate Measure 6: Percentage of Safe and Well referrals, where there has been a threat or incidence of arson, completed within 48 hours

2026/27 Target: 100%

	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (2025/26)	90.9% ↑	82.8% ↑	78.8% ↓	70.6% ↓	90.9% ↑
2026/27 Actual Number	74.2% ↓				74.2% ↓

There were 31 Threat of Arson (TOA) Visits completed during Q1. Of these, 23 were completed within 48 hours, 8 were recorded as not achievable under corporate measure allowances. The 8 not achievable cases were due to circumstances outside our control, with the majority being at the request of the victim to move the date.

Q1 has seen an increase in TOA referrals, including credible threats & cases that have led to arson attacks, specifically with reference to organised crime groups. 6 referrals were linked to a subsequent incident following referral & visit completion, & in two cases attendance to complete a TOA visit was undertaken as a result of an incident. The remaining 23 referrals had no reported subsequent incidents.

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Corporate Measure 7: Percentage of Very High-Risk Safe and Well Referrals completed within 72 hours

2026/27 Target: 45%

	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (2025/26)	35.7% ↑	19.6% ↓	29.5% ↑	25.4% ↓	35.7% ↑
2026/27 Actual	47.5% ↑				47.5% ↑

During Q1, we saw an improvement in performance taking us above our target level of 45% our best performance since before March 2024. In all cases Very High Safe and Well referrals received initial contact within 72 hours. The primary delivery issue continues to be availability for joint visits with family members or partner agencies. The importance of quality referrals is important and a review showed high-quality referrals from Wokingham Borough Council and Community Hospital.

The Very High referrals are allocated to Prevention Technicians rather than station-based crews, and they continue to be closely monitored. Every effort is being made to complete the Safe and Well visits at the earliest opportunity, with progress regularly reviewed to ensure risks are appropriately managed and any barriers to completion are addressed promptly.

Complex Case Escalation meetings continue to provide effective oversight and support decision-making, with overdue or higher-risk cases reviewed jointly by Safeguarding and Prevention colleagues where appropriate.

Reading received 12 very high-risk referrals with one closed without visit and one remaining overdue within our complex case process. West Berkshire completed 6 referrals while Wokingham performed strongly with 75% completed within target

Corporate Measure 8: Percentage of High Risk Safe and Well Referrals completed within 14 days

2026/27 Target: 64%

	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (2025/26)	52.2% ↑	39.7% ↓	40.9% ↓	41.5% ↓	52.2% ↑
2026/27 Actual	40.9% ↓				40.9% ↓

During Q1, performance against the 14-day target varied across areas. Wokingham achieved 50% with many visits completed but a significant number falling outside the timescale, particularly in RBWM and West Berkshire.

The main reasons across the county for delay were difficulty contacting occupants, missed or rearranged appointments, hospital admissions, client availability, declined visits and joint visits requiring partner or family involvement. Complex Case Escalation (CCE) meetings and CCE processes continue to support oversight, escalation and timely decision-making, but delivery remains dependent on partner availability and occupant engagement.

We also hope the ongoing collaboration with our NHS data set partnership, will assist in the future with linking directly in with the six Berkshire Integrated Care Leads and improving timelines with regards to progressing all referrals through to visits in the most effective, efficient yet safe way.

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Protection Measures

Q1 has seen a significant increase in fire safety audit activity, with 238 audits completed compared with 167 during the same period in 2025/26. This increase reflects a focused effort by the Protection team to address a concentration of RBIP inspections that became due within a similar timeframe, alongside an increased emphasis on reducing overdue inspections across both Protection hubs.

The successful completion of Level 3 Fire Safety Certificate training by a member of staff has further strengthened operational capacity, enabling a greater focus on RBIP premises and contributing to the increased audit output. As a result, all local authority areas have seen positive inspection activity, with the highest volumes recorded in Windsor and Maidenhead (60), Slough (50), and Reading (49).

The increased volume of audit activity has resulted in a corresponding rise in informal actions, with 52 informal interventions completed during the quarter compared with 39 in the same period last year.

Formal enforcement activity remained broadly consistent with previous performance levels, with 11 formal actions completed during Q1 compared with 12 during the same period in 2025/26.

Performance against statutory consultation timescales was 93.7% for Q1, marginally below the 95% target, despite this, the Protection team completed a substantial volume of statutory consultations alongside increased audit and enforcement activity.

The ability to maintain high consultation performance whilst significantly increasing inspection activity demonstrates the resilience of the Protection function and the positive impact of the recent restructure. The team remains focused on reducing overdue inspections, improving compliance outcomes, and maintaining effective risk-based regulation across the community

Corporate Measure 9: Percentage of Fire Safety Audits of premises identified as High or Very High Risk in our Risk-Based Inspection Programme completed in timescale

2026/27 Target: Monitor

Performance against targeted timescales could not be reported during Quarter 1, however all inspection activity completed was recorded and accurately reported. Performance reporting against this measure has been fully established from Quarter 2 onwards, with ongoing work to improve compliance with inspection timescales and reduce the number of overdue premises.

Corporate Measure 10: Number of Fire Safety Audits completed

2026/27 Target:
Measure of volume

	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (2025/26)	167 ↓	186 ↓	225 ↑	188 ↑	167 ↓
2026/27 Actual	238 ↑				238 ↑

Teams completed a significant number of audits in Q1, and progress to reprofile our RBIP timeframes continues, with 90 of these audits recorded as closed audits from our RBIP and others used to develop staff to increase our number of competent inspectors.

A plan to utilise all available resources in Q3 to focus on the reprofiling work is being created. Following this period, we should be in a position to estimate a completion timeframe.

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Corporate Measure 11: Number of informal actions taken as a result of Protection intervention					2026/27 Target: Measure of volume
	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (2025/26)	39 ↓	29 ↓	41 ↑	34 ↓	39 ↓
2026/27 Actual	52 ↑				52 ↑
With an overall increase in number of fire safety audits completed in Q1 and the number of formal actions remaining steady, it means the overall number of informal actions increased during this period. Reasons for an increase in informal outcomes are as a result of targeted inspections at mid-rise blocks of flats, as part of the 11-18m project and the continued push to complete RBIP inspections, especially in East Hub. This increase is proportionate to the higher number of audits undertaken and demonstrates the team's continued commitment to working with responsible persons to secure compliance through advice, guidance, and proportionate intervention wherever appropriate.					

Corporate Measure 12: Number of formal actions taken as a result of Protection intervention					2026/27 Target: Measure of volume
	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (2025/26)	12 ↑	9 ↑	10 ↑	8 ↑	12 ↑
2026/27 Actual	11 ↓				11 ↓
Formal enforcement activity remained broadly consistent with previous performance levels, with 11 formal actions completed during Q1 compared with 12 during the same period in 2025/26. Several higher-risk premises required formal intervention. Protection Hub Manager and Fire Safety Managers have continued to reinforce the importance of applying the full range of available enforcement powers where necessary, ensuring inspectors have the confidence to pursue formal outcomes when the level of risk or non-compliance warrants such action. With the new Protection structure in place, a consistent approach is being monitored when issuing outcomes to activities following fire safety inspections.					

Corporate Measure 13: Percentage of statutory fire consultations completed within the required timeframes					2026/27 Target: 95%
	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (2025/26)	94.4% ↓	92.9% ↓	97.6% ↑	95.5% ↑	94.4% ↓
2026/27 Actual	93.7% ↓				93.7% ↓
Performance against statutory consultation timescales was 93.7% for Q1, marginally below the 95% target. While performance remains strong overall, a number of consultations were impacted by factors outside of the team's direct control, including withdrawn applications, delays in receiving information from partners, and applications requiring further clarification before a response could be provided. A small number of consultations were also affected by competing priorities, annual leave and the complexity of higher-risk premises requiring					

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formal intervention. West Berkshire recorded lower performance than other areas and has been reviewed to identify learning and improvement opportunities.

Response Measures

Although April saw the best performance, 78.1%, against the response standard for three years, the arrival of extremely hot and dry conditions during May and June increased demand creating downward pressure on performance against the standard. This impact, combined with the Major Incident at Daler Rowney during the final weekend of May, led to overall performance against the standard for the quarter being two percentage points below the 75% target. Nonetheless, this performance remained two percentage points higher than the previous year.

The continued focus on Wholetime appliance availability led to a reduction in the number of occasions a wholetime appliance was unavailable due to crewing issues. Despite significant improvements at two On Call stations, the absence of two key members of staff severely impacted availability at two other stations creating a net reduction in availability. This reduction in On Call availability had a knock-on impact on the number of shifts where 14 appliances were available and resulted in a drop in performance compared to the previous year for combined appliance availability.

The improvement of On Call availability is a particular of focus for the Service and significant progress has been made with attraction and recruitment which is expected to feed into improved availability in the medium term, once recruits are trained become available for critical crewing.

Corporate Measure 14: Percentage of occasions where the first fire engine arrives at an emergency incident within 10 minutes from time the emergency call was answered 2026/27 Target: 75%

	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (2025/26)	71.0% ↓	67.3% ↓	73.3% ↑	74.9% ↑	71.0%
2026/27 Actual	73.0% ↑				73.0% ↑

April saw the Response Standard achieved for the third month in a row and recorded the best performance against the measure for three years, with 78.1% of incidents reached within 10 minutes of the first call.

May saw the first of a series of heatwaves which have broken records that have stood since the summer of 1976. It was during the first of those heatwaves at the end of May that a Major Incident was declared for the Daler Rowney fire which fell during a heatwave over the second May Bank Holiday.

The elevated call volumes associated with the challenging weather conditions impacted performance in both May and June brought performance below the standard overall for the quarter, but it is pleasing to note that, despite the demand, the performance from last year was improved upon by two percentage points

Corporate Measure 15: Percentage of wholetime frontline pumping appliance availability 2026/27 Target: 97.4%

	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (2025/26)	96.7% ↓	96.3% ↑	96.2% ↓	98.1% ↔	96.7% ↓
2026/27 Actual	97.0% ↑				97.0% ↑

Q1 saw 33 wholetime appliances unavailable for whole shifts, a marked improvement on the 56 that were degraded during the same period last year.

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CRMP Priority 6 was implemented for four of those shifts due to the availability overnight of an On Call appliance to support the provision of 14 appliances.

Where wholetime appliances are not available due to crewing shortfalls, availability is routinely maximised during day shifts by detaching any surplus wholetime staff to crew on call appliances.

Corporate Measure 16: Percentage of hours where there is adequate crewing on on-call frontline pumping appliances (based on 24/7 crewing) **2026/27 Target: 50%**

	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (2025/26)	34.3% ↑	32.8% ↓	28.4% ↑	28.7% ↓	34.3% ↓
2026/27 Actual	23.7% ↓				23.7% ↓

There has been a significant increase in appliance availability at both Hungerford (47.2%) and Mortimer (47.4%) during Q1.

This improvement has been driven by the appointment of two new Watch Managers, together with a number of personnel successfully completing driver training and progressing through their On-Call Trainee Programme (OCTP). These developments have strengthened operational resilience, increased the availability of competent personnel, and contributed positively to overall appliance availability across both stations.

Unfortunately, overall availability has suffered as result of the unavailability of key staff at Crowthorne and Maidenhead.

A clear plan for the on-call duty system is being implemented and improvements in attraction and recruitment have already been seen which should begin to impact availability in the medium term.

Encouragingly the availability of 4x4 appliances crewed by on call staff has been a key part of our response during the heatwaves and these specialist appliances have been highly effective in reducing resourcing demands for wildfires.

Corporate Measure 17: Percentage of time that 14 or more pumping appliances are available **2026/27 Target: 100%**

	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (2025/26)	90.1% ↓	84.8% ↑	79.9% ↓	93.9% ↓	90.1% ↑
2026/27 Actual	85.2% ↓				85.2% ↓

Despite the improvement in wholetime appliance availability, the reduction in On Call availability, particularly at Crowthorne, has adversely impacted the number of occasions where 14 appliances were available.

With the continued focus on further increasing wholetime availability, the advances at Hungerford and Mortimer, and the prospect of imminent improvement at Lambourn, improvements are expected in Q2.

Succession plans for Crowthorne are also in hand and expected to close skills gaps that have negatively impacted crewing and availability.

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Resilience Measures

During Quarter 1, RBFRS maintained its capability to prepare for and respond to significant and disruptive events while continuing to deliver its core functions. The period included sustained operational demand associated with hot and dry weather, as well as the major incident at Daler Rowney. These conditions tested operational command, resource management, partnership working and the Service's ability to maintain wider service delivery. Although response performance and appliance availability came under pressure, RBFRS continued to manage demand and protect its capacity to respond to higher-risk incidents. The effective use of specialist 4x4 appliances during periods of increased wildfire risk also reduced the demand placed on frontline pumping appliances and demonstrated the value of maintaining a range of operational capabilities.

The Service's resilience is supported by activity across prevention, protection and response. Targeted prevention work, safeguarding activity, partnership engagement and the management of complex cases help to reduce the likelihood and consequences of emergencies. Protection activity identifies and addresses risk within the built environment. Operational preparedness, appliance availability, competent staff, effective Fire Control arrangements and current risk information support a safe and timely response when incidents occur. Resilience is a whole-Service outcome. It depends on the collective strength of our arrangements, as well as the specific emergency planning, business continuity and multi-agency capabilities reported within this section. As such this overview reaches beyond the specific resilience measures identified in this report.

Alongside our Operational Risk visits and Operational Exercising (as detailed in our corporate measures below), Organisational resilience is further supported by RBFRS business continuity arrangements.

The Service's framework requires the identification of critical and prioritised activities, assessment of the consequences of disruption, maintenance of business impact assessments and plans, and regular exercising. The Business Continuity Steering Group provides oversight of the business continuity management system, including plans, exercises, learning and barriers to effective delivery. Planned work to define minimum viable service models for extended disruption should also support clearer strategic decisions about the level at which critical functions must be maintained during prolonged or widespread emergencies in line with our CCA duties.

Overall, the Q1 evidence provides assurance that RBFRS has functioning arrangements for operational preparedness, exercising, multi-agency working, business continuity and organisational learning. The Service maintained its response capability during a demanding quarter and delivered both internal and partner-led exercise activity.

Corporate Measure 18: Percentage of Very High, High and Medium operational risk sites with an overdue operational risk visit

2026/27 Target: 0%

	Q1	Q2	Q3	Q4	Year to Q1
2026/27 Actual	3.33%				3.33%

As at 30th June 2026 of our 1142 sites identified for Crews and our Risk Information and Emergency Planning Officers to visit, 38 were identified as not having been visited by RBFRS for the purpose of gathering risk information within their inspection cycle timescale. This amounts to 3.33%. Access to sites at times when crews are available continues to be one impact on the ability to deliver in timescale.

The new Operational Risk Information corporate measure is under development and review to improve accuracy across our reporting process and to provide better understanding of our management of operational risk information. The Risk Information Working Group delivered station dashboards which went live in April 2026 and are being used to support premises visits and have improved timeliness and efficiency of the entire operational risk information gathering and recording process. The positive feedback from crews on the user experience of

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the dashboards, the improved visibility of risk information and processes will all support the continued improvement towards the target of no sites with visits outstanding.

Corporate Measure 19: Number of Service Delivery Hub exercises completed

2026/27 Target: 12

	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (2025/26)	2 ↓	3 ↔	4 ↑	3 ↑	2 ↓
2026/27 Actual	3 ↑				3 ↑

Operational exercising remains central to the Service's preparedness and assurance arrangements. Three Service Delivery Hub exercises were completed during Q1, compared with two during the same period last year. All three hubs completed an exercise, keeping RBFRS on track to deliver the annual programme of 12 exercises. The exercises tested the delivery of core operational tasks under pressure and were supported using site-specific risk information and local knowledge. This provides assurance that the service is actively testing its ability to apply plans, procedures and command arrangements within realistic scenarios. For context, HMICFRS data tells us that over the last year RBFRS has the highest number of training exercise completed per 1,000 FTE firefighters of all English Fire and Rescue Services.

Learning from the exercises identified a need to strengthen early-stage command arrangements, with particular emphasis on setting clear objectives, maintaining effective decision logs and making timely use of command support. These themes are consistent with emerging learning from the Daler Rowney incident and will inform future operational training, exercising and assurance activity. The value of the exercise programme will ultimately depend not only on whether exercises take place, but on whether identified learning results in completed actions and demonstrable improvement in operational practice.

The corporate measure records Service Delivery Hub exercises only and does not represent the full extent of RBFRS resilience activity. During Q1, RBFRS staff also participated in six exercises organised by partner agencies. In addition, 37 representatives from partner organisations attended RBFRS planned exercises, representing 70 per cent of those invited. This wider activity supports the testing of interoperability, the validation of plans and the development of a shared understanding of risks, responsibilities, capabilities and command arrangements. It also provides opportunities to identify gaps which may not be apparent when we exercise alone.

This multi-agency activity supports RBFRS's responsibilities as a Category 1 responder under the Civil Contingencies Act 2004. These responsibilities include assessing the risk of emergencies, maintaining emergency and business continuity plans, co-operating and sharing information with other responders, and maintaining arrangements to warn, inform and advise the public. The Act does not require every function to continue at its normal level during an emergency. It does, however, require arrangements which enable critical functions to be maintained, while activity may be increased, reduced or suspended according to the circumstances and the needs of the community.

The wider programme is also consistent with the Emergency Preparedness and Resilience Fire Standard. The standard expects fire and rescue services to undertake risk-based planning, align their arrangements with multi-agency plans, embed JESIP, contribute to Local Resilience Forum activity and maintain the ability to respond to major incidents, large-scale emergencies and disruptive challenges. It also places emphasis on information

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sharing, warning and informing, recovery, national resilience and learning jointly with partners. Participation in external exercises and partner involvement in RBFRS exercises is evidence of testing our resilience.

Corporate Measure 20: Percentage of Automatic Fire Alarm calls where RBFRS did not attend

2026/27 Target: 50% min

	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (2025/26)	55.9% ↑	55.6% ↑	52.8% ↑	55.5% ↑	55.9% ↑
2026/27 Actual	58.0% ↑				58.0% ↑

Performance remained strong during Q1, with RBFRS not attending 58.0% of automatic fire alarm calls. This exceeded the 50% target, improved from 55.9% in Q1 2025/26 and was above the 54.8% achieved across 2025/26. For reference, the average England FRS non-attendance figure is 46.2%. The improvement was maintained during a period of increased demand associated with warm, dry weather and the late-May heatwave. This provides assurance that TVFCS continued to apply call challenge effectively, avoiding unnecessary mobilisations and preserving appliances and crews for higher-risk incidents and other essential activity.

The wider evidence shows that the policy has substantially reduced the number of unwanted fire signals attended. The twelve-month evaluation recorded a reduction in attended UwFS incidents from 2,719 to 1,780 following implementation. However, total AFA calls received increased by 3.8% over the same comparison period. We are managing demand rather than reducing the underlying number of alarm signals. Continued work with repeat premises, responsible persons, alarm receiving centres and protection teams remains necessary to address causes at source.

Local performance ranged from 38.3% in Reading to 74.6% in West Berkshire. Some variation is expected because sleeping risks, schools and other higher-risk premises remain exempt from call challenge

Overall, RBFRS is performing well in protecting operational capacity from unnecessary attendance, while further progress is required to reduce the volume of unwanted signals generated.

**Customer Satisfaction Measures**

Corporate Measure 21: Percentage of respondents experiencing a fire, fire safety audit, or a safe and well visit, satisfied with the service received

2026/27 Target: 95%

	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (2025/26)	99.0% ↓	99.0% ↑	100% ↑	100% ↑	99.0% ↑
2026/27 Actual	99.4% ↑				99.4% ↑

We have seen a slight increase in the volume of businesses responding to fire safety audit surveys. These have all been positive and confirmed both the quality of the audits and positive actions they have taken to improve fire safety within their premises.

Safe and Well surveys included positive comments on the conduct of crews and technicians and include a range of actions they have taken as a result of the intervention, many involved ensuring their alarms are more frequently tested, closing doors downstairs and the charging of devices especially at night.

Feedback on the service included:

"I feel reassured following the visit about our safety"

"The service was amazing"

"The gentleman that came to carry out the check is a real asset to your organisation. He was friendly and explained everything clearly. So sorry I have forgotten his name!"

Corporate Measure 22: Number of complaints received

2026/27 Target: Monitor

	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (2025/26)	9 ↓	4 ↑	9 ↔	3 ↑	9 ↓
2026/27 Actual	7 ↑				7 ↑

During April–June 2026, seven complaints were recorded, representing a 30% reduction compared with the same quarter last year, although volumes increased from three complaints in the preceding quarter. All seven cases are recorded as closed. Most complaints were acknowledged promptly. Customer Service was the most common complaint type, accounting for three cases, while four of the seven complaints related to the West Hub. Work is continuing to strengthen the recording and monitoring and review of complaints to provide greater assurance that themes and learning are consistently identified and used to inform service improvement

Corporate Measure 23: Number of compliments received

2026/27 Target: Monitor

	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (2025/26)	12 ↑	13 ↑	16 ↑	13 ↑	12 ↑
2026/27 Actual	12 ↑				12 ↑

12 compliments were received during this quarter with senders praising staff for being professional during frontline care, providing community engagement that made safety messaging accessible and enjoyable through practical demonstrations, clear explanations and friendly interaction. It also demonstrated positive local relationships with compliments coming from residents, community groups, schools and event organisers. Work is

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continuing to strengthen the recording and monitoring and review of compliments to provide greater assurance that themes and learning are consistently identified and used to inform service improvement and where activities work well.'



Quadrant Two – Corporate Health

Corporate Health performance is monitored in relation to human resources (HR) and learning and development, health and safety (H&S) and finances within RBFRS, to ensure the organisation is being run safely, efficiently and is cost effective.

For Corporate Health Measure Definitions, go to [Appendix B - 2025-26 Performance Measures and Definitions](#).

Corporate Health Summary



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Corporate Measures: Corporate Health Data Summary

Human Resources and Learning & Development

Corporate Measure 24: Percentage of working time lost to sickness across all staff groups

2026/27 Target: 5% max

	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (2025/26)	5.3% ↑	4.9% ↑	6.3% ↑	5.4% ↑	5.3% ↑
2026/27 Actual	5.5% ↓				5.5% ↓

Source: Data calculated and supplied by HR

The levels of days lost to sickness reduced this quarter but the percentage of working time lost increased slightly this quarter.

This decrease in days lost is due to:

- » Total number of days lost to sickness this quarter decreasing (1506 in Q4, 1482 in Q1).
- » Sickness trends over past 4 years shows consistent decrease from Q4 to Q1.
- » Short-term decreased by 10% (595 in Q4, 535 in Q1).
- » Long-term sickness cases increased by 4% (911 in Q4, 947 in Q1).
- » Although the total days lost to sickness decreased, Wholetime has seen an increase.
- » Reduced: Mental Health by 11%, Respiratory by 53%.
- » Increased: Gastro by 20%, MSK by 9%, all other sicknesses combined by 16%.

The top three reasons for sickness absence this quarter were Mental Health, MSK and Gastro. These reasons will fluctuate quarter on quarter and will also be impacted by seasonal factors.

Q1 26/27			Q4 25/26			Q1 25/26		
	Days Lost	Occurrences	Days Lost	Occurrences		Days Lost	Occurrences	
Gastro	135	40	108	29		136	37	
Mental Health	484	27	546	28		666	26	
Musculo Skeletal	388	37	354	34		519	44	
Respiratory	95	17	180	46		74	21	
Other	380	69	318	58		184	38	
Total Days Lost	1482	190	1506	195		1579	166	

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Sickness by Contract Type

Whilst Sickness for Control and On-Call increased, Green Book and Wholetime reduced.

Wholetime

- » Absence increased from 909 days last quarter to 1066 days this quarter. This is due to MSK and Gastro increasing. Mental Health and Respiratory however saw a reduction in days lost this quarter.
- » Total days lost to sickness is 14.73% higher than last quarter (909 days) and 17.5% higher than the same period last year (880 days).
- » Mental Health has again seen a 3.3% decrease this quarter, the number of episodes has also reduced. It is 19% higher than the same time last year. The number of episodes is consistent with last year. Of the 17 wholetime mental health cases eight were off last quarter nine are new cases.
- » Wholetime MSK has increased by 33.8% this quarter, the number of episodes has also increased from 28 to 31. It is 8.7% higher than the same time last year. The number of episodes is, however, lower than last year. Of the 31 wholetime MSK cases four were off last quarter 27 are new cases in Q1.
- » This quarter there were 32 episodes of wholetime gastro sickness this quarter. After reviewing the accident report for Q1, one gastro absence followed local water rescue training. HR and H&S teams will continue to monitor this on an ongoing basis. This equated to one day of sickness.
- » 18 individuals remain absent at quarter end, equating to 449 days: 12 Long (405 days), 6 short (44 days).

On-Call

- » On-Call absence totalled only two episodes of sickness for On-Call meaning sickness days lost reduced by 60% from last quarter (134 days) but 35% higher than the same period last year (35 days). One individual has returned and one remains absent and due back in Q3.
- » Two sickness categories: Headache and ENT
- » There were no mental health cases this quarter.

Green Book

- » Decreased this quarter and lower than the same period last year
- » Heart and Headaches increased. All other cases in the above table reduced.
- » Mental health days lost reduced. This is lower than last quarter and lower than the same period last year however increased the number of episodes from 4 in Q4 to 7 in Q1.
- » Gastro, Respiratory and Viruses all reduced.
- » There are four employees who remain off sick at the end of the quarter equating to 17 days.

Control sickness

- » Reduced this quarter and lower when compared to the same period last year
- » MSK, Mental Health, Headaches and Skin Conditions all increased compared to Q4.
- » Respiratory, gastro and ENT reduced.
- » Nine employees who were off sick this quarter have returned to the workplace.

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HR Support

Specialist trauma focused therapy/CBT support is provided as necessary, more recently we have seen earlier requests for support, whilst employees are still in the workplace, instead of accessing support once they are absent. Where support has been provided in previous quarters we are now seeing employees return to work having identified improved coping strategies to enable them to perform effectively in the workplace.

Benenden remains a source of support and continues to be promoted and used by individuals to speed up their return to the workplace. In a recent case an individual was able to see a consultant to get a diagnosis, earlier than through the NHS. They were then able to have a treatment plan put in place and they are back in the workplace.

The quarterly hub meetings remain in place for Wholetime, On-Call and TVFCS which includes addressing Occupational Health missed or late cancelled appointments. A target for zero missed appointments is now included as a station objective. We have seen a decrease in missed appointment/late cancelled costs over the last quarter because of this target, individuals being held accountable, and HR working closely with the Operational Support and Improvement team to identify the most suitable dates to ensure that routine and asbestos medicals are scheduled to minimise the impact on crewing.

Managers and employees have been reaching out for support in adjustments for neurodiversity, we are recommending adjustments in relation to IT, working environment and coaching.

This quarter we have commenced work on expanding the menopause policy to include other female hormone health related conditions such as endometriosis and pre-menstrual syndrome. We have produced some additional guides on adenomyosis and pre-menstrual syndrome / Premenstrual Dysphoric Disorder. These aim to raise awareness of the conditions and help managers support employees that may have them. The guidance will be published in Q2.

In Q1 our employee benefits package was expanded to include free mortgage advice, gym discounts, and reduced cost dental insurance. The objective is to reduce the effect of rising living costs and the associated impact on mental health that financial difficulties can have.

Mental Health

- » Sickness days lost has reduced this quarter.
- » 33% of all sickness days lost this quarter were Mental Health related.
- » The biggest categories of mental health absence this quarter were Other, non work-related stress and work-related.
- » All contract types apart from Control decreased this quarter.

During Q1 the following activities were undertaken against the mental health action plan:

- » Ongoing delivery of Mental Health Awareness (part 2) training – 612 staff received training to date.
- » Stress Awareness Month was supported in April.
- » Mental Health Awareness Week - supported in May.
- » Two Trauma Support sessions - delivered in Q1.



Musculoskeletal (MSK) Sickness

- » MSK absence reduced this quarter and is lower when compared to the same quarter last year.
- » The top three reasons for MSK absence were lower limb, back and shoulder
- » MSK Sickness levels increased for Wholetime and Control and decreased for Green Book and On-Call.
- » Consistent with other Fire and Rescue Services, MSK absence remains one of the top three highest causes of sickness absence.
- » Two MSK related sicknesses caused by accidents at work this quarter equated to eight working days.

Respiratory

- » 95 days lost and seven episodes of respiratory sickness this quarter.

Following previous trends and as predicted last quarter this has shown a 47% decrease from last quarter (180 days lost and 46 episodes) and is consistent with the same period last year where there was a decrease from Q4 (203 days) to Q1 (74 days). If trends continue, we expect to see respiratory absence to reduce again from Q1 to Q2.

Sickness Absence across other Fire and Rescue Services

The Rankings in the below tables are based on 1 being the highest level of sickness (days lost or % working time lost); higher numbers indicate lower levels.

Percentage of working time lost Q4 25/26

Contract	Average across All FRS	RBFRS	Ranking
Wholetime	5.5	5.2	22/39
Control	7.3	9.4	9/32
Green Book	3.8	2.5	33/40

Top 3 reasons by Contract Type

Contract Type	All FRS Top 3	RBFRS Top 3
Wholetime	MSK, Mental Health and Respiratory	Mental Health, MSK and Gastro
Control	Mental Health, Respiratory and Gastro	Mental Health, Respiratory and MSK
Green Book	Mental Health, MSK and Respiratory	MSK, Mental Health and Heart

Compared to other FRS the majority of RBFRS sickness absence reasons are similar. Mental Health, MSK, Respiratory and Gastro consistently appear across all contract types in both datasets. RBFRS has remained consistent in ranking for Green Book but Control and Wholetime fluctuate each quarter. The average percentages of all FRS sickness working time lost has decreased for all contract types. We do not have access to the data for other FRS and cannot make comparison. Percentages for RBFRS decreased for Wholetime and Green Book, increased for Control.

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**Corporate Measure 25: Percentage of eligible staff with Personal Development Reviews****2026/27 Target: 100%**

	Q1	Q2	Q3	Q4
Previous Year (2025/26)	0%	66% ↓	81% ↔	81% ↔
2026/27 Actual	5.5%			

Source: Data calculated and supplied by HR

At Q1 640 staff were eligible to have received a Personal Development Review (PDR) meeting. Dual contract employees only require one PDR and therefore have only been counted once.

32 employees were exempt due to absences from the workplace.

A new Staff Development System (SDS) has been launched, with the PDR element going live on 15 June 2026[JW1.1]. To date, 18% of staff have started completing the form, while 12% have submitted it to their line manager for review. These figures are expected to increase significantly next quarter and continue to be monitored on an ongoing basis throughout the quarter.

As the PDR process began at the end of Quarter 1 to coincide with the launch of the PDR process on the 15 June, completion rates are expected to be lower than those recorded at the same point last year.

The SDS sends automatic reminders to staff who have not yet started or completed the PDR which is likely to also have an impact on completion rates. As the process is no longer a paper-based process and is completed online, there is no requirement to provide, log, file, or record paper documentation. This will deliver a significant time saving.

The SDS will also provide the ability to monitor completion rates at each stage of the process (self-review, manager review, endorsing manager review and employee final sign off). This will ensure areas with low completion rates can be identified easily and targeted with additional support (where required).

Corporate Measure 26: Number of formal grievances**2026/27 Target: Monitor**

	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (2025/26)	4 ↑	3 ↑	6 ¹ ↓	3 ↓	16 ↑
2026/27 Actual	3 ↑				3 ↑

Source: Data supplied by HR

For this quarter, three complaints have been received. The complaints received were for a variety of reasons from different staff groups and no specific trends could be identified. The annual Discipline and Complaint Effectiveness Report was completed in Q1 and will be presented to Audit and Governance in Q2.

One complaint was received through SaySo in Q1. Complaints received through SaySo are investigated as fully as possible within the confines of the anonymous nature of some of the complaints.

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Health and Safety

Corporate Measure 27: Number of RIDDOR accidents and diseases 2026/27 Target: 4 max

	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (2025/26)	2 ↓	2 ↓	2 ↓	4 ↓	10 ↓
Target (max)	1	1	1	1	4
2026/27 Actual	3 ↓				3 ↓

Source: Data supplied by Health & Safety

Two RIDDOR reports were for injuries that led to sickness absence of over seven consecutive days, resulting in a total of 12 working days lost, due to the shift pattern. The third RIDDOR was a dangerous occurrence involving a breathing apparatus (BA) set at the Fire Service College. This is being investigated. All recent BA related investigations are being revisited to identify common causes and ensure recommendations have been implemented.

In Q1 there were:

- » 10 injury accidents (three moderate, seven minor), half the amount reported in Q4 2025/26
- » 25 near misses; a small increase on near miss reports compared to Q4.

Several reports related to appliance issues, which are being followed up with the supplier by Fleet and Equipment.

In Q1 79 days were lost to shoulder related absence. This is being targeted by an educational piece on shoulder anatomy, common injuries and preventative exercises.



Finance and Procurement

Corporate Measure 28: Percentage of spend subject to competition 2026/27 Target: 85%

	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (2025/26)	86.8% ↑	90.4% ↑	93.9% ↑	91.9% ↑	91.2% ↓
2026/27 Actual					

Due to issues with our finance system we have been unable to report on this measure – it will be updated at the next Audit and Governance Meeting (reporting on both Q1 and Q2)

Corporate Measure 29: Compliant spend as a percentage of overall spend 2026/27 Target: 100%

	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (2025/26)	100% ↔	100% ↔	100% ↔	100% ↔	100% ↔
2026/27 Actual					

Due to issues with our finance system we have been unable to report on this measure – it will be updated at the next Audit and Governance Meeting (reporting on both Q1 and Q2)

Efficiency and Productivity

Corporate Measure 30. Delivery of Efficiency Plan Savings (Year 1) 2026/27 Target: Monitor

	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (2025/26)	-	-	-	-	-
2026/27 Actual	£225k				£225k

The Service has delivered £225,000 against the annual £1m target. Potential additional initiatives have been identified totalling up to £1.041m. These include, numerous ICT contracts, reducing the corporate events budget, stopping the Direct Entry Pilot and restructuring the Protection function. Service activity for current and future years are monitored by the new Efficiency and Investment Board overseen by the CFO.

Corporate Measure 31. Working hours saved through improved ways of working 2026/27 Target: Monitor

	Q1	Q2	Q3	Q4	Current Year End Target
Previous Year (2025/26)	-	-	-	-	-
2026/27 Actual Hours Saved	120hrs				4178 hours

All potential hours saved by projects and programmes such as development of a Starters/Movers/Leavers App or the introduction of a new Staff Development System are recorded and monitored. The hours reported are where change has been implemented in the quarter. Some of the larger projects are delivering in phases so the benefit realisation will be iterative, more detail on some of these are in our Process and Systems Pillar on page 48.

**Freedom of Information**

Corporate Measure 32: Number of Information Commissioner assessments finding that the Service has breached Information Rights Legislation*

2026/27 Target: 0

	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (2025/26)	0 ↔	0 ↔	0 ↔	0 ↔	0 ↔
2026/27 Actual	0 ↔				0 ↔

*Freedom of Information Act, Environmental Regulations or Data Protection Legislation

During Q1, the organisation received 32 FOI and EIR requests. Through effective case management and coordination across service areas, all requests were responded to within the statutory 20 working day timeframe, maintaining 100% compliance.

Corporate Measure 33: Reporting of data breaches and near misses to include those that are reported to the ICO

2026/27 Target: 0

	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (2025/26)	0 ↔	0 ↔	0 ↔	0 ↔	0 ↔
2026/27 Actual	0 ↔				0 ↔

Three information governance incidents were reported and investigated during Q1. Two were confirmed as personal data breaches and one was classified as a near miss. Following assessment, neither breach met the threshold for notification to the Information Commissioner's Office (ICO).

Corporate Measure 34: Completing the Data Subject Requests (SARs) within the permitted time frames

2026/27 Target: 100%

	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (2025/26)	100% ↔	100% ↔	100% ↔	100% ↔	100% ↔
2026/27 Actual	100% ↔				100% ↔

Five requests were received during Q1, comprising three Subject Access Requests (SARs) and two requests for the erasure of personal data. All three SARs have been completed and closed within the required timeframe. The two erasure requests are in progress at time of recording due to complexities.

SARs take up a significant resource with over 300 hours of time taking capacity from other essential Information Governance and HR work such as process improvements, policy reviews and reporting. In Q1 56 hours were spent by Information Governance and 247 hours for HR.

Corporate Measure 35: Percentage of fully up to date and complete retention schedules

2026/27 Target: 100%

	Q1	Q2	Q3	Q4	Year to Q1
Previous Year (2025/26)	57%	63%	60%	43%-	57%
2026/27 Actual	76% ↑				76% ↑

Of the 29 Retention Schedules currently in place, 7 require review and update.

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Revenue Budget & Position

The 2026/27 Revenue Budget agreed by Fire Authority in February 2026 was set at £50.61m.

The forecast revenue outturn for 2026/27 is shown in **Appendix A**. The projected revenue outturn for 2026/27 at quarter 1 shows a surplus of £366,000. Variances against individual revenue lines are explained below.

- » **Employee costs** - The Grey book pay award from 1 July 2026 was agreed at 3.8%. This compares to a budget assumption of 3%, resulting in an additional pressure of £161,000 over the original budget. Despite the challenges posed by above-target sickness levels and increasing vacancies on watches, spend on overtime decreased by £11,500 compared to the same period last year, despite the 3.2% increase in pay from July 2025. Employee costs for on-call stations are expected to show an underspend of £52,000.

The Green book pay award was settled at 3.3%. This compares to a budget assumption of 3%, resulting in an additional pressure of £32,000. Overall, non-station employee costs are £182,000 below budget, mainly due to Director post vacancies.

- » **IT Equipment and Licences** - There will be an underspend on this line of £75,000 stemming from savings on MS core licences and contractual savings in relation to mobile phones.
- » **Contribution to TVFCS** - a saving of £43,000 is expected due to staff turnover and vacancies
- » **Grants** - A request to MHCLG for funding to support remediation enforcement activity was successful resulting in an additional grant of £95,790
- » **Investment Income** - Interest from investments is expected to be £38,000 higher than budget for the year.

The detailed revenue outturn for quarter 1, 2026/27 is shown on the next two pages.



Revenue Position Quarter 1 2026/27

Royal Berkshire Fire Authority

APPENDIX A

Budget Update - Revenue Position Quarter 1 2026/27

	Annual	Q1	Forecast to	Fcast -
	Budget	Outturn	YE	Budget
	£'000	£'000	£'000	Variance
	£'000	£'000	£'000	£'000
EMPLOYEES				
STATIONS	22,668	5,642	22,817	149
NON-STATIONS	16,388	3,848	16,206	(182)
TRAINING	706	67	706	0
OTHER	361	96	352	(9)
	40,123	9,653	40,081	(42)
PREMISES				
REPAIRS & MAINTENANCE	766	184	766	0
RATES	1,008	301	1,008	0
CLEANING	321	59	301	(20)
UTILITIES	573	43	587	14
	2,668	587	2,662	(6)
SUPPLIES				
INSURANCE	461	261	453	(8)
EQUIPMENT	617	110	604	(13)
IT EQUIPMENT & LICENCES	1,299	584	1,224	(75)
CLOTHING/PPE	429	122	426	(3)
COMMUNICATIONS	706	22	695	(11)
OCCUPATIONAL HEALTH	339	115	328	(11)
PRINT/STATIONERY/PUBLICATIONS/SUBS	152	93	156	4
CRPTIONS				
COMMUNITY FIRE SAFETY SUPPLIES	110	28	113	3
SUPPLIES OTHER	261	56	244	(17)
	4,374	1,391	4,243	(131)
CONTRACTS				
CONTRIBUTION TO TVFCS	1,171	285	1,128	(43)
LEGAL	50	8	50	0
OTHER CONTRACTS (incl. Professional Services)	1,449	813	1,434	(15)
	2,670	1,106	2,612	(58)
TRANSPORT				
VEHICLE RUNNING COSTS	878	91	888	10
TRAVEL	56	12	48	(8)
	934	103	936	2

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Royal Berkshire Fire Authority

APPENDIX A

Budget Update - Revenue Position Quarter 1 2026/27

	Annual Budget £'000	Q1 Outturn £'000	Forecast to YE £'000	Fcast - Budget Variance £'000
PENSIONS				
PENSIONS	521	76	510	(11)
	521	76	510	(11)
INCOME				
GRANTS	(1,466)	(1,113)	(1,562)	(96)
RENTAL INCOME	(272)	(191)	(264)	8
TVFCS RECHARGE INCOME	(471)	(118)	(471)	0
INCOME OTHER	(497)	(150)	(491)	6
	(2,706)	(1,572)	(2,788)	(82)
NET COST OF SERVICES	48,584	11,344	48,256	(328)
DEBT CHARGES INTEREST	329	31	329	0
INVESTMENT INTEREST	(372)	(97)	(410)	(38)
REVENUE FUNDING OF CAPITAL	1,800	0	1,800	0
APPROPRIATION TO/(FROM) RESERVES	(274)	0	(274)	0
FINANCING COSTS	543	0	543	0
NET EXPENDITURE	50,610	11,278	50,244	(366)
GOV GRANTS/PRECEPTS	(50,610)	(16,574)	(50,610)	0
(SURPLUS)/DEFICIT BEFORE USE OF RESERVES	0	(5,296)	(366)	(366)

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Equality, Diversity and Inclusion Objectives

Equality Objectives Progress Update

Overall RAG Status: Green

Rationale: Delivery remains on track. Action Plan implementation is in its early stages, with activity underway across all four objectives and no significant delivery concerns identified. A number of key foundations have been established during Q1, with Task and Finish Groups commencing in Q2 to support continued delivery of the action plan.

Objective: Equitable Access	End 25/26	Q1
We will use data, evidence and community insight to focus our activity where it can have the greatest impact, ensuring people who face higher risks or barriers are better supported while improving safety outcomes for all. We will analyse incident trends, vulnerability and access barriers to target our prevention, protection and emergency response work where it will be most effective. This ensures people with greater needs receive appropriate support, while all communities benefit from a safer and more responsive service.	n/a	G

Total Actions	5	In progress	3	Complete	0	Not started	2
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Summary

Standardised Equality Monitoring questions have been developed in line with best practice and are already being used for workforce data. Work is underway to implement the collection of equality monitoring data within Prevention activities. (1.1.1)

Guidance is currently being developed to support the collection of equality monitoring information during Safe and Well visits, with the new process due to commence in Q2. (1.1.2)

At this stage, Safe and well referrals are being focused on the East of the county and Bracknell areas at this stage, Safe and Well referrals are being targeted towards areas of identified need, including East Berkshire and Bracknell, rather than specific demographic groups. This reflects lower referral volumes in these areas and the current focus on wider prevention priorities, including water safety and wildfire prevention activity. (1.2.1)

Other activity in this area:

Station plans for 2026/27 have been rolled out and include equality-related objectives.

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Objective: Employer of Choice	End 25/26	Q1
We will create a fair, supportive and high performing workplace where people want to join, stay and develop, and which reflects the breadth of experience, talent and perspectives within Berkshire. We aim to be an organisation where people feel valued, respected and able to do their best work. We will attract high-quality candidates from a wide range of backgrounds, provide clear opportunities for development, and build trust through fair processes and strong leadership all while maintaining the highest professional and operational standards.	n/a	G

Total Actions	9	In progress	6	Complete	0	Not started	3
Summary Standardised Equality Monitoring questions have been published and are being embedded across different areas of the organisation, including workforce and employment data. The information collected is being used to support quarterly equality monitoring dashboards (2.1.1 & 2.1.2) Work is underway to review positive action approaches adopted by other Fire and Rescue Services to support improvements in workforce representation. A report is expected in Q2 and will inform future positive action activity (2.2.1). A new community events procedure has been developed by the Safety Education team. Work is underway to identify and promote career-focused events throughout the year to support attraction activity (2.2.2). MyPath was launched on 1 June 2026. This provides an additional development pathway that is open to all employees, regardless of role, through either nomination or self-nomination (2.3.1). A reasonable adjustments tracker has been developed and introduced to improve organisational oversight of adjustments and support arrangements across the Service (2.4.1).							



Objective: Belonging at work	End 25/26	Q1
We will build a respectful and psychologically safe culture where everyone feels they belong and can contribute to their full potential. This means setting clear expectations for professional behaviour, supporting open communication and helping staff develop the skills needed to work well with colleagues from different backgrounds. By embedding inclusive behaviours into daily practice, we can strengthen teams, improve wellbeing and help everyone thrive across the organisation.	n/a	G

Total Actions	10	In progress	6	Complete	0	Not started	4
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Summary

We have strengthened the ways in which employees can provide feedback, raise concerns and contribute ideas about how we work across the Service. Recent developments include:

- » Informal "One Team Talking" sessions with the Chief Fire Officer, providing opportunities for open discussion and employee engagement. Following positive feedback, these sessions will move to a monthly format from August.
- » The "Call on Us" request feature, enabling employees to request support, visits or attendance from members of the Senior Leadership Team.
- » Enhanced feedback and suggestion mechanisms through Siren.
- » Ongoing participation in Senior Leadership Team visits, providing opportunities for face-to-face engagement across the Service (3.1.1).

We have continued to reinforce organisational values through a range of engagement and communication activities. Work is also ongoing to support leaders and managers in promoting respectful behaviours, encouraging open conversations and creating inclusive team environments where different perspectives are valued. Expectations relating to professional conduct, dignity at work and organisational values have been incorporated into the refreshed behavioural competency framework. An organisation-wide webinar on psychological safety and creating psychologically safe teams was also delivered during the quarter (3.1.2).

We have continued to use workforce feedback, survey results and employee insight to identify areas requiring additional engagement or support. This has informed targeted engagement activity through SLT visits, One Team Talking sessions and focused conversations with employees (3.1.3).

Staff wellbeing and absence data continue to be monitored through quarterly dashboard meetings, with actions progressed through the Sickness Working Group (3.4.1).

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Resources and support mechanisms continue to be reviewed to ensure they remain accessible, inclusive and responsive to employee needs (3.4.2).

Through our Inclusive Employers membership, consultancy support was utilised during June to review organisational policies. The Bullying, Harassment and Grievance policies were separated and consulted upon during the quarter, ahead of consideration through formal governance processes. Reviews of the Disability Policy and Trans Equality Policy will commence in Q2. The Equality, Inclusion and Diversity Policy is currently under consultation, with consultation due to conclude in early Q2 (3.2.1).

Objective: Inclusive by Design	End 25/26	Q1
We will design our services, information and environments so they are accessible, clear and easy for everyone to use. We will identify potential barriers early and develop practical, proportionate solutions to remove them. By using Equality Impact Assessments effectively and collaborating with staff and communities, we will ensure our services, processes and assets are fair, inclusive and fit for purpose.	n/a	G

Total Actions	6	In progress	0	Complete	3	Not started	3
Summary: A new Equality Impact Assessment (EIA) framework has been developed, including revised EIA templates, a screening tool and enhanced guidance. The new process provides greater accountability and oversight, helping to ensure Equality Impact Assessments give due regard to the Public Sector Equality Duty and support improved decision-making (4.1.1). The guidance has been developed as an EIA Toolkit, designed to provide managers and employees with the information and support required to complete Equality Impact Assessments effectively (4.1.2). Equality considerations have also been further embedded into organisational governance through updates to SLT report templates, Project Initiation Documents (PIDs), Policy, Learning and Development (PLD) documentation and business case templates (4.1.3).							

Tables containing relevant Equality, Diversity and Inclusion data are in [Appendix C - Workforce Equality Monitoring Data](#). Graphs containing progress against Objective Three of the People Strategy are also available under this section.

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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 [Annual Plan](#) are included under this section for:

» [Community Risk Management Plan](#)

RBFA is required to publish a Community Risk Management Plan (CRMP). This section details progress against the six priorities.

» [Culture Plan](#)

This section outlines four of the Culture Plan areas:

- [Places](#)
- [Processes and systems](#)
- [Communications and engagement](#)
- [People](#)

Key to Colours, Ratings and Symbols

Priority Programme 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

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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 majority of actions against our CRMP commitments published are currently on track with Priorities 4 and 6 complete.

Progress against our CRMP commitments is detailed below:

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 25/26	Q1
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.	A	G
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
We will develop our wildfire capability to respond to the impact of climate change.	G	G
We will develop our water rescue capability to respond to the impact of climate change.	C	

Priority 2: We will develop a Risk Based Prevention Programme to target those most vulnerable and at risk from emergency incidents	End 25/26	Q1
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.	G	G
We will continue to work with our partner agencies to ensure high-quality referrals for the most vulnerable.	C	
Data and local knowledge in prevention	C	

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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 25/26	Q1
Appliance Availability, will look to generate the evidence to review the requirements, define extractions and refine what RBFPS 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.	G	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.	G	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.	G	G
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.	C	

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 25/26
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.	C



Priority 5: We will develop our Service to reduce the impact of fire safety issues in commercial buildings.	End 25/26	Q1
New Ways of working	G	G
We will evaluate our new Risk-Based Inspection Programme to ensure we are targeting the premises with the greatest risk	G	G
We will evaluate the changes we have made to our call challenge policy and review our response	C	
Sprinklers	C	
Building Safety Regulator	C	

Priority 6: We will maintain 19 frontline fire appliances, and a baseline service provision of 14 frontline fire appliances, utilising wholetime and On-call staff as effectively as possible, through local management	End 25/26
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.	C

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Culture Plan

The Culture Plan contains five key pillars of work for Places, Processes and systems, Communications and engagement, Governance and structure, and People. Work is ongoing to structure and shape the delivery plan. This section outlines four of these areas: Places, Processes and systems, Communications and engagement and People.

» Places Pillar

Our working environment can influence our behaviours and therefore our culture.

This area of work draws together work of our facilities, estates and sustainability teams, particularly focusing on establishing better dignified spaces, along with optimising contaminants control and meeting our sustainability aspirations.

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.

Management of this work is through the Places programme governance and reported under the Strategic Asset Framework (SAIF).

Strategic Asset Investment Framework

SAIF sets out how we will sustain, change and renew the vital capital assets necessary to support our services.

Progress is detailed below.

Fleet and Equipment		End 25/26	Q1
Fleet: Special Appliances	On Track	NS	G
	On Budget	NS	G
Fleet: Fire Appliances	On Track	G	C
	On Budget	A	A
Fleet: Other Ancillary Vehicles	On Track	A	A
	On Budget	G	G
Equipment	On Track	G	G
	On Budget	A	A

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ICT		End 25/26	Q1
ESMCP (Emergency Services Mobile Communications Programme)	On Track	A	A
	On Budget	R	R
Networks	On Track	R	G
	On Budget	R	R
Hardware	On Track	G	G
	On Budget	G	G
Software	On Track	A	A
	On Budget	A	A
Services	On Track	G	G
	On Budget	G	G

Buildings		End 25/26	Q1
Langley	On Track	A	G
	On Budget	A	G
Estates Development	On Track	A	G
	On Budget	G	A
P1 Heat Decarbonisation	On Track	A	G
	On Budget	G	A
EDI Station Improvements	On Track	A	G
	On Budget	G	A
Training Centre	On Track	C	G
	On Budget	A	A
Service House Refurbishment	On Track	C	
	On Budget	C	
LED Priority 2	On Track	C	
	On Budget	C	
Contaminants Estate Development	On Track	C	
	On Budget	C	
Slough	On Track	C	
	On Budget	C	

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» Process and Systems Pillar

We have an ambitious efficiency and productivity programme. The way we interact with systems and processes affects the way we work with each other and with our communities. We want to liberate time to ensure we have capacity to deal with new and emerging risks. We want leaders to have time to lead and develop staff. Under this pillar, project status as captured end-Q1 is detailed below, ordered by RAG status:

Project	Aim	End 25/26	Q1
Microsoft 365	Leverage Microsoft 365 products across the Service, establish a clear governance structure and optimise the utilisation of available apps. The project will implement a framework for prioritising and delivering changes, including process changes to maximise benefit realisation.	A	G
Staff Development System	The overarching aim of this project is to implement a transparent, integrated and intuitive system to facilitate organisational growth, development and performance.	A	A
PRF Digitalisation	The project will; deliver a digital solution for Personal Record Files (PRFs) removing the need for paper filing	On Hold	On Hold
Finance System Replacement	The Finance System Replacement Project will implement a new and modern finance system, to replace Sage 1000 and V1. The project will review and refresh processes and procedures, introducing new ways of working in Finance and Procurement, and introducing automation where possible.	G	G
Risk Management Solution	To identify, implement and evaluate improvements and new ways of working, ensuring robust processes and governance are in place to maintain accurate data.	G	G
Asset Management - Phase 2 (asset tagging)	Following the pilot completed in Bracknell and Crowthorne, this project aims to increase capacity by delivering an efficient and quicker equipment audit process with improved tracking.	N/A	G
FaRDaP (Fire and Rescue Data Platform)	Project required due to the Home Office's decision to implement a new Incident Recording System, FaRDaP. We must integrate FaRDaP for the collection of response data, replacing our current in-house Incident Recording System (IRS). Phase 1 will implement the FaRDaP solution, with changes to the way MHCLG receive data. Phase 2 will decommission the IBIS IRS database with incident information entered directly onto FaRDaP. Future project to incorporate prevention and protection data with dates for this currently unknown.	N/A	A

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» Communications and Engagement Pillar

This Strategy sets out how Royal Berkshire Fire and Rescue Service (RBFRS) will communicate and engage its stakeholders in an inclusive way.

The Strategy reflects five objectives across a three-year period (2024- 2027). Objective one and two directly addresses feedback raised through the Staff Survey. Objective three to five directly addresses the Communications and Engagement Fire Standard.

All aspects of this plan are currently 'Green' (G) or complete.

Objective 1: Create and deliver engaging and inclusive internal and external communications, through a multi-channel approach.	End 25/26	Q1
Review existing social media channels to ensure they continue to positively drive engagement with communities.	G	G
Provide clarity to our workforce on what communications channels are available and suitable for the variety of audiences we need to reach.	G	G
Develop our stakeholder mapping tool to align our activity with the differing levels of stakeholder interaction, communication and engagement needs.	C	C
Ensure that we improve the accessibility of our comms, duly considering groups protected by the Equality Act (2010).	C	C
Review and build our community contacts and relationships to ensure we are offering equal access to our services across the County through our communications.	C	C

Objective 2: Build an informed and engaged workforce.	End 25/26	Q1
Ensure open and honest, two-way communications and engagement channels are in place to gauge staff morale and have strategies to address any areas of concern.	G	G
Review how the Senior Leadership Team engagements operate to further support relationship building and trust, seeking to address feedback shared through staff survey results.	G	G
Establish an ongoing engagement programme plan across the Service to drive professional discussion and conversation.	G	G

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Objective 3: Utilise and embrace new technology to drive effective communications and engagement.	End 25/26	Q1
Increase engagement and improve communication with on-call colleagues.	G	G
Develop the website and intranet to utilise new tools available and streamline processes for end users.	G	G
Explore the possibility of digitising the majority of our channels to align to our sustainability strategy and data we are seeing nationally around news consumption.	G	G
Develop and implement appropriate additional external channels and consolidate internal communications channels to more efficiently and effectively drive discussion and engagement across all teams, utilising new and existing systems.	G	G

Objective 4: Effectively measure the success of communications and engagement activity.	End 25/26	Q1
Develop an evaluation framework for all communications and engagement activities carried out to ensure it meets the objectives.	G	G
Develop a communications and engagement dashboard, using learning to improve.	C	C

Objective 5: Ensure appropriate training and development is in place to support our workforce to deliver the Communications and Engagement Strategy.	End 25/26	Q1
Ensure appropriate policies and procedures are in place to enable staff to effectively communicate in line with expected standards.	C	C
Provide access to continuing professional development (CPD) and access to resources and equipment to enable an efficient and effective Communications and Engagement Team to respond to planned campaign based, crisis and reputational communications. Support the Senior Leadership Team to be prepared to respond to the media demand during a major incident or critical event.	G	G

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» People Pillar

This area of work includes our People Strategy which has eight objectives covering key areas of focus for us as an organisation. Our Health, Safety and Wellbeing Strategy is included within this area in support of safe and healthy people, places and processes. The below highlights the relevant tracking status as up to end Q1.

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 and 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.	End 25/26	Q1
Effective grievance and discipline action plan implementation (including Misconduct recommendations).	C	
Review of performance management processes. Action plan detailing priorities linked to misconduct review.	C	
Behavioral competency framework review and implementation. Includes design, engagement, socialisation of new framework.	C	

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.	End 25/26	Q1
Neuro inclusion action plan looking at actions to support neurodivergent staff in all aspects of work.	C	
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.	1	
Direct Entry Scheme provides an alternative route of entry into the role of Station Manager.	2	
Review of developments and needs to improve recruitment and retention. Review data and information to help inform decisions.	C	

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¹ Work paused whilst focus is on delivering a new payroll system.

² In line with the NFCC, the Direct Entry Scheme this project stopped.

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.	End 25/26	Q1
Development of a culture dashboard to support RBFRS understand and measure impacts on culture.	G	C
Review the EDI objectives to comply with the Public Sector Equality Duty. Conducting consultation with the public and FA approval.	G	C
Sexual harassment awareness within the service of the duty and acceptable behaviours.	G	C
Production of EDI data to support organisational monitoring and decision making.	C	

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.	End 25/26	Q1
Create clear pathways for development for key areas such as L&D and green book departments. ¹	A	G
Introduce the Coaching and Mentoring Strategy and associated training.	G	G
Introduce succession planning to ensure better workforce management and development of staff aiding business continuity.	G	G
Developing Potential Strategy to implement an effective talent management process	G	G
Redesign PDR process to take account of Behavioural Competency Framework (BCF) changes and embedded and effective.	G	C
Review Development and Assessment Pathways (DAPS) to ensure the structure and output of development and assessment pathway is meeting need.	NS	G

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Reward (recognising performance).	NS	NS
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¹ 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 the professional technical core pathway for green book roles is an area of work that has been slowed to accommodate other high priority work on the Service Plan.

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.	End 25/26	Q1
On-call Working Group action plan: review action plan to prioritise work packages to support On-call staff development.	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.	G	A
On-call retention of staff.	G	A
On-call Improvement plan has been developed and agreed which highlights areas of focus for the two amber rated activities. Scoping documents are being written for these and awaiting review of these prior to work being commissioned.		

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.	End 25/26	Q1
Leading the Service Fire Standard analysis to inform action plan.	G	A
Leading and Developing People Fire Standard.	G	G
Review the leadership provision within RBFRS to ensure it is effective and meets emerging organisation need.	G	C
Staff survey action progression and review.	G	G
Consider the leadership development requirements of SLT and develop and discharge a plan.	G	G
Assess and determine how visible leadership can be measured. Trusted leadership.	NS	NS

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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.	End 25/26	Q1
Operational competency fire standard action plan. ¹	A	G
Initiate a review of how operational training is delivered. ²	A	G
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
Officer Training Programme (OTP) Review: Commission new review of OTP and introduce changes agreed through SDS to provide interim solutions and guidance.	C	
Workforce planning task and finish group and associated action plan.	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.	End 25/26	Q1
Health, Safety and Wellbeing Action Plan.	G	G
To roll out mental health trauma related training to improve awareness and early interventions.	G	G
Sickness Working Group action plan.	G	G
Review the Trauma Support provision to ensure approach used is still fit for purpose/effective.	G	G
Evaluate data from the Strength Test pilot to determine future practice/requirements.	C	



Quadrant Four – Assurance

Our Assurance Quadrant brings together progress updates on our areas of work around Risk.

Updates to assess progress are included under this section for:

- >> [Corporate Risk Register](#)
- >> [Audit Plan](#)
- >> [HMICFRS Action Plan](#)
- >> [Fire Standard Implementation Tracking](#)

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

Audit, HMICFRS and Fire Standard Implementation Tracking 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

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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.

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

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.

The risks are presented in detailed tables through pages 58-65, as recorded on 1st September 2026.

Key Updates

Work to migrate the Risk Register to a new platform has been completed and a review and refresh of all risks has accompanied this. Some risks have been superseded with new risks as part of this process.

Strategic Risks

Score Change:	Firefighter Safety: change from 20 to 22 (more likely) and then back down to 20 (less likely) following new treatments. Grenfell Inquiry Recommendations: change from 18 to 15 (less likely) so no longer a Corporate Risk. Organisational Capacity: change from 23 to 21 (less likely)
Closed Risks:	Volatility of funding – superseded by Management of financial pressures National Power Outage planning – superseded by National & Regional Risks
New Risks:	Pensions Governance – superseding previous Pensions Governance and Pensions Case Law Management of financial pressures – superseding Volatility of funding and Management of Budget pressures

Service Delivery Risks

Score Change:	Capital Projects – Effective Estates Management: change from 17 to 16 (less likely) so no longer a Corporate Risk. Compromising of physical security at RBFRS sites: change from 21 to 18 (less likely)
Closed Risks:	Management of Budget Pressures - superseded by Management of financial pressures Pensions Case Law – superseded by new Pensions Governance Pensions Governance – superseded by new Pensions Governance

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IRIS Payroll Performance

New Risks:	National & Regional Risks – superseding National Power Outage planning Protection Uplift Grant
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Project Risks

Score Change:	None
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Closed Risks:	None
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New Risks:	None
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Updates to Highlight**» New Strategic Risk: Management of financial pressures**

This risk supersedes two previous financial risks, volatility of funding and management of budget pressures. As the financial landscape has changed over the last few years it was recognised that a new, up to date risk was required to accurately articulate the risk to the service and capture the latest treatments. This is a risk because of the constant fluctuating funding streams, rising cost pressures and macro-economic uncertainty. These pressures require close monitoring and strategic decisions on the allocation of resources to ensure effective and efficient use of resources.

The inherent score and current score of 23: Almost certain to happen with a High impact indicates how significant this risk is to the service and the potential impact on public safety, organisational reputation, strategic and statutory objectives.

» New Service Risk: Protection Uplift Grant

This is a risk covering the potential loss of an external funding grant from the Ministry of Housing, Communities and Local Government (MHCLG) that directly funds posts in the Protection Department working towards our legislative requirements under the Regulatory Reform Order 2005 and Building Safety Act 2022. It has an inherent and current score of 18: Could happen with a High impact as it would have a significant impact considering the current financial situation and requirement to make budgetary savings. This remains an area requiring ongoing monitoring and engagement with MHCLG.

» Change in Risk Score: Firefighter Safety

The current score increased from 20 to 22 making the risk more likely following the identification of some areas where the intended effect of treatments was not being realised to their full potential. Further work was then done to achieve the full effect and this brought the current score back down to 20, returning the risk to a position of Unlikely to happen with a Major impact.

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» Strategic Risks

Risk Title	Risk Description	Inherent Score	Current Score	Treated Score
Supply Chain Security	If our supplier's digital security is compromised, which may become increasingly likely given the escalating cyber threat, then we can expect to fail to meet our statutory obligations which is significant in respect to public and staff safety, security of personal data, financial security and organisational reputation.	23	23	18
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
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
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 organizational reputation.	23	21	12
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

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Risk Title	Risk Description	Inherent Score	Current Score	Treated Score
Firefighting PPE	If RBFRS is unable to procure, replace, maintain, or sustain sufficient stocks of structural firefighting PPE for both training and operational response due to supply-chain disruption, manufacturing delays, specification changes, or funding pressures, then firefighter safety, operational readiness, and service delivery may be adversely affected. This could result in reduced training availability, delayed competency and revalidation activity, restricted operational response capability, increased wear on existing PPE stocks, and potential inability to safely deploy personnel to incidents requiring structural firefighting PPE.	23	17	13
Pensions Governance	If we do not maintain effective pension governance, management and administration arrangements - including keeping abreast of pension case law, regulatory change and ensuring that appropriate records, capacity, expertise and direction are in place to support the Pensions Administrator - in the context of increasing technical complexity, frequent regulatory change and competing organisational demands, then we are at risk of failing to meet our employer and statutory duties, breaching pension regulations and guidance, and being subject to legal challenge and scrutiny by The Pensions Regulator, resulting in enforcement or penalty action and adverse impacts on employees and pensioners, with consequential financial, legal and reputational damage to the Service.	21	18	15
Management of financial pressures	If RBFRS is unable to maintain sufficient visibility of funding volatility and make robust, strategic decisions on the allocation of resources, which may become increasingly likely given macro-economic uncertainty, fluctuating funding streams and rising cost pressures, then we can expect reduced value for money, inefficient use of resources, and potential reductions in service delivery that may impact public safety and organisational reputation, which are significant in respect to our strategic and statutory objectives.	23	23	13
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	15	15

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Risk Title	Risk Description	Inherent Score	Current Score	Treated Score
Loss of Pension provider	If we lose our Pension provider, which may become increasingly likely due to the increasing complexity and demand of supporting multiple Firefighter pension schemes, then we will not be able to administer the pension scheme which would be a failure to meet our statutory responsibilities.	24	22	15
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	21	16
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
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	13

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>> Service Delivery Risks

Risk Title	Risk Description	Inherent Score	Current Score	Treated Score
Tethered Wade	If we are unable to deliver tethered wade training and assessment as planned, which has become more challenging given access to suitable venues, water quality, conflicting training priorities for staff release, instructor availability and wider training capacity pressures, then we can expect an impact to the operational water related competence, limitations on safe operational deployment in water environments, and an increased risk of firefighter injury or the need to withdraw from incidents, which is significant in respect to our objectives for firefighter safety, operational effectiveness and compliance with statutory and professional standards.	23	23	15
IBIS/Community Risk Management	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
Protection Capacity	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	18	18
Command Support Deployment	If we deploy both command support units at one operational location, which is certain, given current RBFRS disposition, then we can expect command support vehicles to be unavailable due to wholtime crew mobilisations and a lack of on call crew availability, which is significant in respect to the need to provide a safe system of work for operational incidents utilising the incident command system and a consequent potential impact on staff and public safety.	18	18	12

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Risk Title	Risk Description	Inherent Score	Current Score	Treated Score
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
Advanced and Spatial Analysis	If we are unable to maintain and improve advanced data analytical capability and capacity, which is likely due to current resourcing level and increasing demand for analysis then we can expect to not have robust evidence and analysis to support the CRMP and other decision making, and fail to meet the requirements set out in the Data Management Fire Standard and CRMP guidance, which will impact our ability to identify risk and plan resourcing effectively and efficiently, including delivery of the new CRMP on time, and with sufficient depth of analysis to enable specific objectives.	21	21	18
Retention Schedules and Audit	If the Service does not implement Retention Schedules or have an ability to audit data retention within Microsoft 365 - an increasingly likely outcome due to limited understanding and training - then requests such as Subject Access Requests, Freedom of Information Requests, and other GDPR related rights queries will take significantly longer to complete, and storage usage within Microsoft 365 will continue to grow unnecessarily, which would lead to increased operational costs, reduced efficiency, and non-compliance with legislative and corporate strategic commitments.	21	21	12
Compromising of physical security at RBFRS sites	If physical security is compromised at any of the RBFRS sites, due to inadequate infrastructure or gaps in understanding of the risks, then we can expect unauthorised access by third parties that might lead to risk to health, safety or life and theft of tools, equipment or personal effects which are significant in respect to our need to protect and safeguard our people, places and assets.	25	18	12
Short Term Loss of Power	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	18	12
Insufficient or incorrectly developed specialist capability	There is a risk that the Service fails to develop, maintain, or sustain sufficient specialist operational capability (including skills, capacity, equipment, and availability) to respond safely and effectively to current and emerging risks, due to workforce constraints, training and revalidation requirements, funding pressures, and reliance on small numbers of specialist staff.	22	22	13

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Risk Title	Risk Description	Inherent Score	Current Score	Treated Score
Risk to staff safety	If there are threats to prevention to protection staff safety which is becoming increasingly likely due to the increased risk notifications linked to risk to staff, then we can expect reports of staff experiencing physical or verbal abuse which is significant in respect to our duty of care to our staff.	21	18	15
RBIP reporting	If we cannot get accurate reporting relating to the Risk Based Inspection Programme from IBIS, which is likely due to our inability to continue to develop the IBIS system, we will not receive accurate reporting and identification relating to which buildings we should inspect, which will impact our ability to respond to risk effectively.	17	17	13
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	18	12
National & Regional Risks	If we do not have appropriate business continuity arrangements in place for national and regional risks, which is likely due to gaps in current Business Continuity Planning processes, then we can expect severe and critical impacts on service delivery, our staff and the public, which is significant in meeting our statutory duties.	18	18	13
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	17	11
Worker Protection Act	If the organisation fails to take reasonable steps to prevent sexual harassment in the workplace, which may become likely given the introduction of the Worker Protection Act 2024 and possible gaps in awareness, training and policy enforcement, then we can expect to see the following consequences: increased risk of harm to individuals; increased risk of employment tribunal claims; risk of reputational harm and financial penalties – each of which is significant in relation to our legal compliance, employee wellbeing and organisational integrity.	24	22	10

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Risk Title	Risk Description	Inherent Score	Current Score	Treated Score
IRS replacement implementation (FARDAP)	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	18	12
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	18
Hydrant inspection and testing capacity and capability	If we do not improve our hydrant teams capacity and capability in line with the significant backlog of work and increasing costs in the sector, which is likely given the existing establishment and budget, then we can expect to be unable to deliver against our statutory duty in s.38 Fire and Rescue Services Act 2004, and good practice in NOG which states that "adequate water supply" is a core control measure. Lack of capacity and capability in this function is a contra-indicator to Grenfell Inquiry technical evidence which highlighted that validated flow testing of hydrants is essential to guarantee sufficient water under worst-case fire scenarios. This is significant as it impacts our Response and Resilience strategic commitments and may lead to negative outcomes for firefighter safety, public safety and effective firefighting operations.	17	17	10
Failure to achieve a step-change to strategic, planned communications and engagement during organisational change	There is a risk that, without a deliberate step-change to a more strategic, audience-led communications and engagement approach, the Service will continue to operate in a reactive and fragmented way. This may result in uncoordinated messaging, communication saturation, and the use of inappropriate channels or timing. As a consequence, key messages may not reach the right people at the right time, reducing clarity, engagement and impact, and limiting our ability to support staff through change and maintain confidence in leadership.	17	17	10

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Risk Title	Risk Description	Inherent Score	Current Score	Treated Score
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 mobilisation 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
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	20	15
Protection Uplift Grant	If the external Protection Uplift grant funding from MHCLG is stopped or reduced, which may be likely given that we have not received any commitment from them for this financial year, then we can expect increased budget pressures as this funds permanent posts which is significant considering the current financial situation and the requirement to make budgetary savings.	18	18	0

» Project Risks

Risk Title	Risk Description	Inherent Score	Current Score	Treated Score
TVFCS Technology replacement programme	If we fail to replace the mobilising system in TVFCS, which may be likely given the timeframe and complexity of the work, then we can expect our existing system to become unsupported, vulnerable and not compliant with security standards which are significant in respect to our statutory duties.	24	22	6
CRMP 2027	If we do not balance the resourcing requirements for CRMP 27, which is becoming increasingly likely given demands on organisational capacity, then we can expect an impact on service plan activity across multiple departments, which is significant in respect to our statutory obligations, staff wellbeing and service to the public.	18	18	10

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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 open actions has been collated as of 1st September 2026 to reflect the audit status closer to the time of this report's publication. In line with our internal auditors, high and medium priority actions are reported in detail here.

A list of completed high and medium audit actions since 30th June 2026 can be reviewed in [Appendix E Audits](#).

Open Audit Actions (High or Medium priority)

Total 13

Audit	Red	Amber	Green
Business Continuity		2	
Follow Up			1
IT	1		4
Pensions Administration	1		
Procurement	1		
Risk and Governance		1	1
Risk Information	1		
Total	4	3	6

Closed Audit Actions (All Priority)

Total 25

Audit	Count
Business Continuity	5
Equality Impact Assessment	6
Follow Up	3
Health and Safety	4
HR	1

Audit	Count
Pensions Administration	1
Risk and Governance	2
Risk Information	3

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HMICFRS Action Plan

Our latest [HMICFRS report](#) was published in April 2025. Across eleven areas, it found the service was 'good' in eight areas and 'adequate' in three areas. Improvements were identified within the report and the actions to address these are tracked via our internal governance structures.

All actions and progress are below:

Section One: Effectiveness	End 25/26	Q1	Q2	Q3	Q4
The service should make sure it has an effective method to share fire survival guidance information with multiple callers and that it has a dedicated communication link in place.	G	G			

Section Two: Efficiency	End 25/26	Q1	Q2	Q3	Q4
The service needs to show clear rationale for the resources allocated between prevention, protection and response activities. This should reflect, and be consistent with, the risks and priorities set out in its community risk management plan.	A	G			
The service should assure itself that its use of enforcement powers prioritises the highest risks and includes proportionate activity to reduce risk.	G	G			

Section Three: People	End 25/26	Q1	Q2	Q3	Q4
Process to identify, develop and support high-potential staff and aspiring leaders.	G	G			
Understanding and application of Personal development reviews (PDR).	G	G			

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Fire Standard Implementation Tracking

The Fire Standards Board oversees the identification, organisation, development and maintenance of the professional standards for fire and rescue services. As each standard is published, we undertake a gap analysis and create an action plan in support of any identified gaps.

Standards in Progress are below, in order of Action Plan progress tracking status:

Fire Standard	Owner	Manager	Fire Standard publication date	Gap analysis status	Action Plan progress
Operational Response - Preparedness	Tom Brandon	Sean Francis	Feb-21	C	A
Fire Investigation	Dave Crease	Tim Benham	Apr-22	C	A
Data management	Lukasz Wrona	Anna Smy	Aug-22	C	A
Leading the Service	Mark Arkwell	Angela Smith	Dec-22	C	A
Community Risk Management Planning	Annie Pratt	Graeme Hartley	May-21	C	G
Operational Response - Competence	Becci Jefferies	Becci Jefferies	Feb-21	C	G
Code of Ethics	Becci Jefferies	Lucy Greenway	May-21	C	G
Protection	Dave Crease	Matt Hoult	Sep-21	C	G
Prevention	Dave Crease	Matt Hoult	Jul-21	C	G
Procurement and Commercial	Conor Byrne	Shuvhum Bhandari	Sep-24	C	G
Emergency Preparedness and Resilience	Tim Readings	Alison Hazelton	May-22	C	G
Leading and Developing People	Mark Arkwell	Becci Jefferies	Dec-22	C	G
Fire Control	Tim Readings	Simon Harris	Mar-23	C	G
Communication & Engagement	Annie Pratt	Mark Antell	Mar-23	C	G
Internal Governance and Assurance	Annie Pratt	Angela Smith	Jun-24	C	G
Digital and Cyber	Lukasz Wrona	Lee Arslett	Sep-24	G	NS
Emergency Response Driving	Becci Jefferies	Tommy Cliff	Feb-21	C	C
Operational Response - Learning	Tim Readings	Tim Readings	Feb-21	C	C
Safeguarding	Dave Crease	Darci Hellend	Jan-22	C	C

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Appendices

- » Appendix A - Home Office Incident Type Definitions
- » Appendix B - Performance Measures and Definitions
- » Appendix C - Workforce Equality Monitoring Data
- » Appendix D - Glossary
- » Appendix E - Audits





Appendix A - 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.

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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.

For a complete list of most recent definitions:

<https://assets.publishing.service.gov.uk/media/5a82339ee5274a2e8ab5806e/fire-statistics-definitions.pdf>

<https://assets.publishing.service.gov.uk/media/5a82339ee5274a2e8ab5806e/fire-statistics-definitions.pdf>

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Appendix B - Performance Measures and Definitions

» Service Provision Definitions

Measure		2025/26 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	34 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	102 max	The total number of primary fires that have been started deliberately.
4	Number of deliberate secondary fires	194 max	The total number of secondary fires that have been started deliberately.
Prevention Measures			
5	Increase in the number of Safe and Well partner referrals in areas identified as having low uptake in previous 2 years	5%	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	45%	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.
8	Percentage of High Risk Safe and Well Referrals completed within 14 days	64%	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.

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**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.	100%	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 targeting those premises on the programme alongside additional demands for fire safety audits such as complaints.
10	Number of Fire Safety Audits completed	Measure of Volume	The measure of volume sets out the volume of audits undertaken to support our programme of inspecting the highest risk premises. The measure includes audits which may, for a number of reasons, have been out of target (CM09) but completed within the quarter. We have retained a service level measure which looks at the compliance levels of our visits to ensure we are targeting our resources at the higher risk properties.
11	Number of informal actions taken as a result of Protection intervention	Measure of Volume	To demonstrate the use of a range of legislative tools available to the Protection Team to support improvements in fire safety and the protection of the public and staff. We will separately monitor the formal actions across different premise types and occupancy
12	Number of formal actions taken as a result of Protection intervention	Measure of Volume	To demonstrate the use of a range of legislative tools available to the Protection Team to support improvements in fire safety and the protection of the public and staff. We will separately monitor the formal actions across different premise types and occupancy
13	Percentage of statutory fire consultations completed within the required timeframes	95%	Statutory fire consultations have a legally defined timeframe in which they must be completed. Types of consultation include licensing and building regulations.

**Response Measures**

14	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.
15	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.
16	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.
17	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. Ensuring we maximise our capabilities to support availability and our response.

Resilience Measures

18	Percentage of Very High, High and Medium operational risk sites with an overdue operational risk visit	0%	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.
19	Number of Service Delivery Hub exercises completed	12	Service Delivery Hub-level operational exercises (alongside additional multi-agency 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.

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20	Percentage of Automatic Fire Alarm calls where RBFRS did not attend	50% (min)	In some circumstances we are able to seek confirmation before attending an Automatic Fire Alarm Call, enabling us to be more efficient.
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**Customer Satisfaction Measures**

21	Percentage of respondents experiencing a fire, fire safety audit, or a safe and well visit, satisfied with the service received	95%	A customer feedback questionnaire/survey is sent to those the service has interacted with: • Those who have experienced a dwelling fire. • Customer feedback survey of business owners/ managers who have experienced a fire in their commercial premises. • Customer feedback questionnaire is sent to business owners/ managers who have had a full fire safety audit. • Customer feedback questionnaire is sent to a sample of individuals who have received a Safe and Well Visit We ask about their satisfaction and experience with the service they received from RBFRS. Additionally, this helps us understand the impact of the work completed and any behavioural changes that people may have put in place as a result of our interactions.
22	Number of complaints received	Measure of Volume	The number of complaints made to RBFRS about any aspect of our service or staff.
23	Number of compliments received	Measure of Volume	The number of compliments received by RBFRS about any aspect of our service or staff.

**>> Corporate Health**

Measure		2025/26 Target	Definition/Rationale
Human Resources and Learning & Development			
24	Percentage of working time lost to sickness across all staff groups	5% (max)	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.
25	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.
26	Number of formal grievances	Monitor	The number of formal grievances raised by staff under the Grievance, Bullying and Harassment Policy.
Health and Safety			
27	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			
28	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.
29	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).



Efficiency and Productivity			
30	Delivery of Efficiency Plan Savings (Year 1)	Monitor	This measure will report to internally by tracking actual financials against the baseline savings within the Efficiency Plan.
31	Working hours saved through improved ways of working	Monitor	This measure will demonstrate the amount of tangible hours saved within the year being reported. It will use the benefits tracker for reporting total hours.
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	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.
34	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.
35	Percentage of fully up to date and complete retention schedules	100%	RBFRS are required to adhere 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 C - Workforce Equality Monitoring Data

Measure	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	2026/27 YTD	Previous year (25/26) to date	Number of authorised posts at end Q4 2025/26
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Staff In Post:

Wholetime	379				379	379	379 (369 if you remove x10 Resilience FF's)
On-call	58				58	60	65
Control	40				40	41	39
Green Book	193				193	201	195
Total	670				670	681	678

Staff Turnover:

Wholetime	4				4	5
On-call	2				2	5
Control	2				2	0
Green Book	9				9	9
Total Number of Leavers (Heads)	17				17	19
Staff in Post (SIP)	670				670	681
Percentage of Leavers vs. SIP	2.54				2.54	2.79

Ethnic Minority Staff Percentage:

Wholetime	6.7%				6.7%	6.3
On-call	12%				12%	11.7
Control	15%				15%	3.8
Green Book	22.3%				22.3%	22.9
Of Total Staff	12%				12%	12%

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**Staff Disability Profile Percentage:**

Number of employees who have declared a disability	Q1	Q2	Q3	Q4	2026/27 YTD	n/a New	Previous year (25/26) to date
Wholetime	12.9%				12.9%		14.0%
On-Call	8.6%				8.6%		5.0%
Control	10%				10%		17.1%
Green Book	20.7				20.7		22.4%
Total	14.6%				14.6%		15.9%

Staff Age Profile:

Age Group	Wholetime	On-call	Control	Green Book	Total [All Staff]
25 and under	20.0%	6.7%	6.9%	7.4%	7.9%
26 - 35	30.0%	16.6%	31.0%	27.7%	24.9%
36 - 45	20.0%	20.2%	32.8%	29.3%	26.4%
46 - 55	25.0%	32.1%	19.0%	31.1%	30.0%
56 - 65	5.0%	22.3%	10.3%	4.5%	10.2%
66 and over	0.0%	2.1%	0.00%	0.00%	0.6%
Total	100%	100%	100%	100%	100%

Staff Sex Profile Percentage:

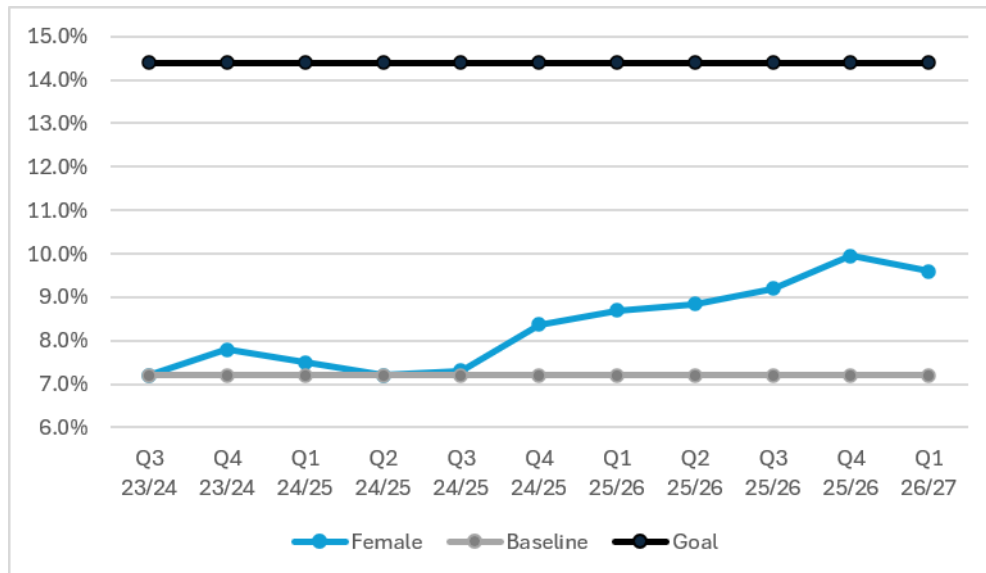
Sex	Wholetime	On-call	Control	Green Book	Total [All Staff]
Female	9.2%	12.1%	65%	61.1%	27.8%
Male	90.8%	87.9%	35%	38.9%	72.2%
Prefer not to say	0%	0%	0%	0%	0%
Total	100.00%	100.00%	100.00%	100.00%	100.00%

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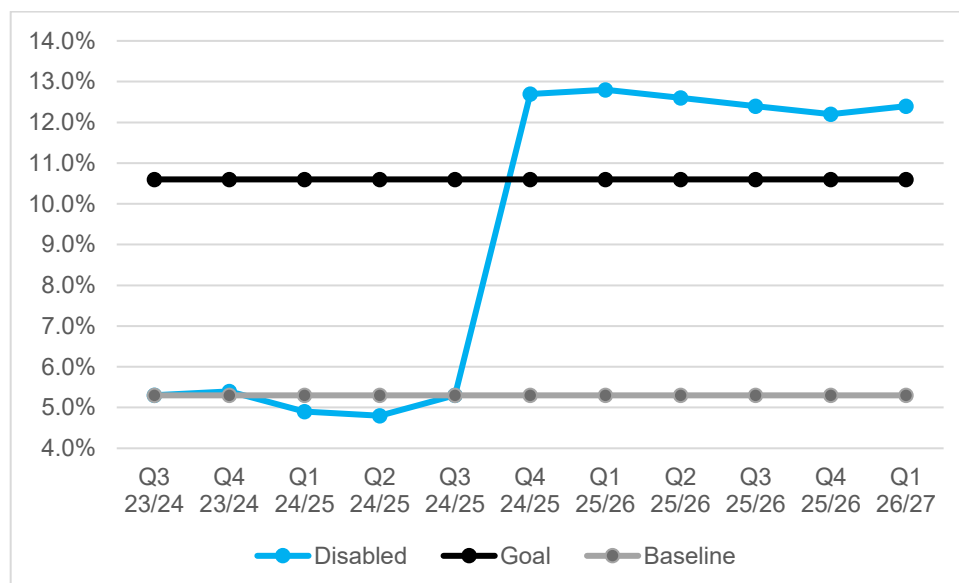


Appendix C - People Strategy Objective Three Progress

Graph 1 – Percentage of Female operational staff.



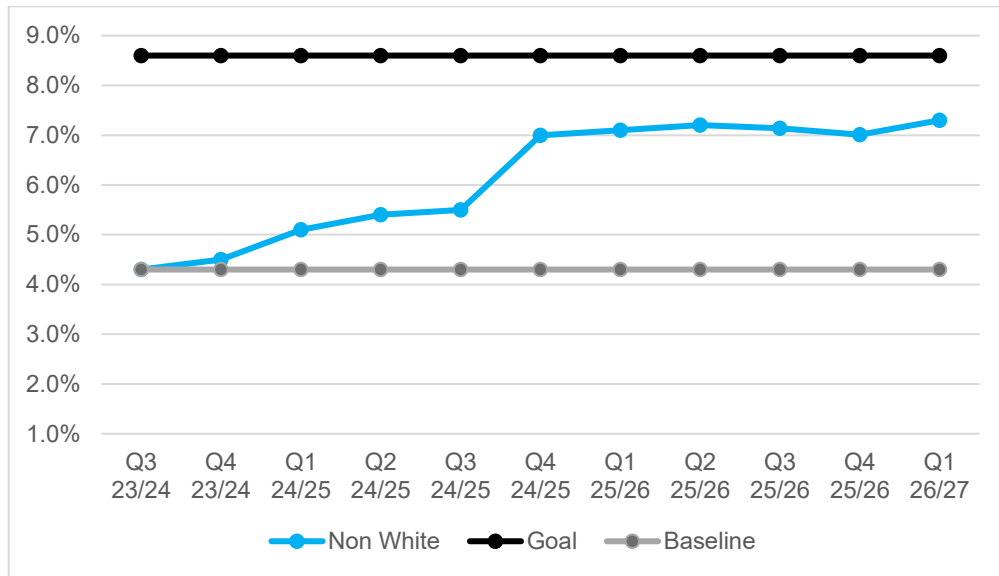
Graph 2 – Percentage of operational staff with a disability.



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Graph 3 – Percentage of non-white operational staff.





Appendix D - Glossary

Abbreviation		Context
ACFO	Assistant Chief Fire Officer	
AFA	Automatic Fire Alarm	
AIO	Accident Investigation Officers	
AFI	Action from Inspection	
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

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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	
FaRDaP	Fire and Rescue Data Platform	Replacement for IRS
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
FSA	Fire Safety Advisor	
FSG	Fire Survival Guidance	
FSI	Fire Safety Inspector	
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 of 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	

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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	

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NFCC	National Fire Chiefs Council	
NILO	National Interagency Liaison Officer	
NoD	Notice of Deficiency	
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	
PACE	Police and Criminal Evidence	A PACE Interview is any interview conducted in line with the Police and Criminal Evidence Act 1984 (PACE). This piece of legislation sets out the powers and duties of the interviewer, the rights of suspects and the admissibility of evidence.
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	

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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	
RRG	Response Resourcing Group	
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	
SFIR	Significant Fire Incident Review	
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

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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	
UPS	Uninterruptible power supply	An uninterruptible power supply (UPS) or uninterruptible power source is an electrical apparatus that provides emergency power to a load when the input power source or mains power fails.
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 E - Audit

The below lists the audit actions completed since the last update up to 1st September 26/27 and agreed closed by Heads of Service for review.

Audit title	Action	Date Due	Priority
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
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	Medium
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	Medium
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	Medium
2025: Follow Up: 3	Original Audit Action, 2024: Sickness Absence: 1 We will introduce a cyclical refresher session to keep the staff informed of any changes or updates in the process.	31/03/2026	Medium
2025: Risk and Service Plans: 8	The Service will ensure that all service plans clearly and consistently link works to the strategic commitments and include required prioritisation.	31/01/2026	Low
2025: Risk and Service Plans: 10	The Service will ensure that required work packages have appropriate mechanisms of oversight during work delivery, with this documented on the Service Plan. Where this is not required, this will be agreed prior to works commencing and will be documented on the Service Plan.	31/03/2026	Medium
2026: Equality Impact Assessments: 1	We will implement measures to improve completion rates of EIA training among Policy and Project Owners. We will undertake a training needs analysis to identify where training	15/06/2026	Medium

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Audit title	Action	Date Due	Priority
	is required for specific role holders, considering the feedback received from the survey as part of this.		
2026: Equality Impact Assessments: 3	We will investigate the reasons behind the overdue EIAs and implement a targeted strategy to ensure future assessments are completed ahead of their due dates.	31/03/2026	Low
2026: Equality Impact Assessments: 4	We will reiterate the importance of the requirement for EIAs to be completed at the earliest appropriate stage of a project, ideally during the scoping or initiation phase.	31/03/2026	Low
2026: Equality Impact Assessments: 5	We will introduce a requirement for full EIAs at the policy development stage in order to would strengthen alignment with the Public Sector Equality Duty, streamline automated review processes, and incorporate documented consultation with affected groups.	31/03/2026	Medium
2026: Equality Impact Assessments: 6	We will establish a formal sign-off process for EIAs, ensuring that reviews involve individuals with relevant subject knowledge and that approval is documented. This review will also check that no sections of the assessment have been left blank.	31/03/2026	Medium
2026: Equality Impact Assessments: 7	We will maintain accurate review logs that document EIA closure status and include the rationale for any updates.	31/03/2026	Low
2026: FF Pensions Admin: 7	WYPF will ensure that the resignations early leaver letters (deferred benefits letters) are issued to the members in a timely manner.	30/06/2026	Low
2026: Contaminants: 2	Upon implementation of the Cornerstone SDS system, we will centrally track training compliance, routinely report it to the appropriate forum, and escalate any non-compliance promptly.	31/03/2026	Medium
2026: Contaminants: 3	We will carry out routine annual or biennial checks of all operational staff to ensure that all required medical assessments are completed on time and accurately recorded. Any assessments that are overdue or approaching their due date will be scheduled promptly.	31/03/2026	Medium
2026: Contaminants: 4	We will assess facilities specification inspections, and for all areas that fall below the minimum standard, formal actions will be raised, tracked through to completion, and reported to relevant forum. Follow-up will be documented to confirm that mitigating actions are tracked to completion, supporting progress toward meeting the minimum contaminant-handling standards.	31/03/2026	Medium

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Audit title	Action	Date Due	Priority
2026: Follow Up: 1	Follow Up Audit identified not enough evidence that this action has been fully implemented. Original Action 2024: Driving Licence Checks: 1 Form 144 will be updated to include a planned first day of driving and the vehicles the individual can drive that are covered by the licence held. Once all training requirements have been met, forms will be signed and dated to confirm that the individual is qualified to drive the required vehicles. Forms will be retained centrally for ease of access. Revalidation of training will continue to be monitored via the training log.	31/12/2026	Medium
2026: Follow Up: 2	Follow Up Audit identified not enough evidence that this action has been fully implemented. Original Action 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. Business Support will also conduct checks on all requests and confirm that driver training has been completed.	31/12/2026	High
2026: Contaminants: 5	We will update the Terms of Reference for Health, Safety and Wellbeing Committee, and Firefighting Contamination Working Group to include clear review dates and meeting frequencies. We will ensure these are reviewed in line with the agreed review cycle, so they remain current and effective.	30/04/2026	Low
2026: Business Continuity: 1	All new actions recorded within the Business Continuity Steering Group action and decision log will have clear due dates assigned at the point each action is opened.	30/06/2026	Low
2026: Business Continuity: 2	A formal benchmarking or alignment exercise will be undertaken against the requirements of the Civil Contingencies Act.	30/11/2026	Low
2026: Business Continuity: 5	The Service will complete a risk based, organisation wide assessment of critical functions by using national and regional risk registers to identify which activities and BCPs must be prioritised during major disruption.	30/06/2026	Low
2026: Business Continuity: 6a	The BCP for HR & EDI will be completed to include all critical/priority services.	31/08/2026	Low
2026: Business Continuity: 7b	All exercises will be included in the learning log once completed. If lessons learned have been identified and have not been included in the learning log or BCP, the rationale behind this will be documented.	30/06/2026	Medium

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