Quarterly Performance Report

Q4 2025-26 January – March

Contact Us

In an emergency

Dial 999 and ask for the fire service.

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

Contacting us when it's not an emergency

Visit our website: rbfrs.co.uk

Email us: performance@rbfrs.co.uk

Call us: 0118 945 2888

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

Accessibility

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

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Introduction

This is the Quarter Four (Q4) 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 2025-26 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

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

- Prevention
- Protection
- Response
- Resilience

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Our Commitments

These align to our overarching principles: Risk Management, Sustainability, Culture and Capability.

Principle: Risk Management

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

Principle: Sustainability

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

Principle: Culture

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

Principle: Capability

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

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The areas of focus are delivered through our Service Plans and Hub Safety Plans and our projects and programmes. Ongoing analysis of performance data and information supports decision-making across the organisation.

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:

- **Service Provision**: Monitoring the delivery of our statutory obligations and the services provided by RBFRS.
- **Corporate Health**: Monitoring how key resources are managed, which includes measures relating to staff, finance and health and safety.
- **Priority Programmes**: Progress against our key programme activity (our Community Risk Management Plan (CRMP), RBFRS Development Programme and Strategic Asset Investment Framework).
- **Assurance**: Monitoring corporate risk management and other assurance activity including internal audit and our HMICFRS Action Plan.

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	
↑	Improvement in performance from equivalent period the previous year	Comparison of current year against 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.

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Service Provision Summary

74.9%
% Occasions we responded to emergency incidents within 10 minutes

1,768
Total number of emergency incidents in Berkshire

188
Total number of Fire Safety Audits completed

1,509
Safe and Well Visits completed in Berkshire

70.6%
Referrals for threat of or incidence of arson, completed within 48 hours

269
Statutory fire consultations completed

13
Number of compliments received

3
Service delivery Hub exercises completed

60
Visits to Buildings in Interim Measures

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Incident Trends

In Quarter 4 2025/26, we responded to 1,768 emergency incidents in Berkshire, an increase of 20 compared to the same quarter last year. Quarter 4 historically records the lowest count of incidents across the year. Since 2021, RBFRS have attended no less than 1,736 incidents and peaked at 1,925 (2022).

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

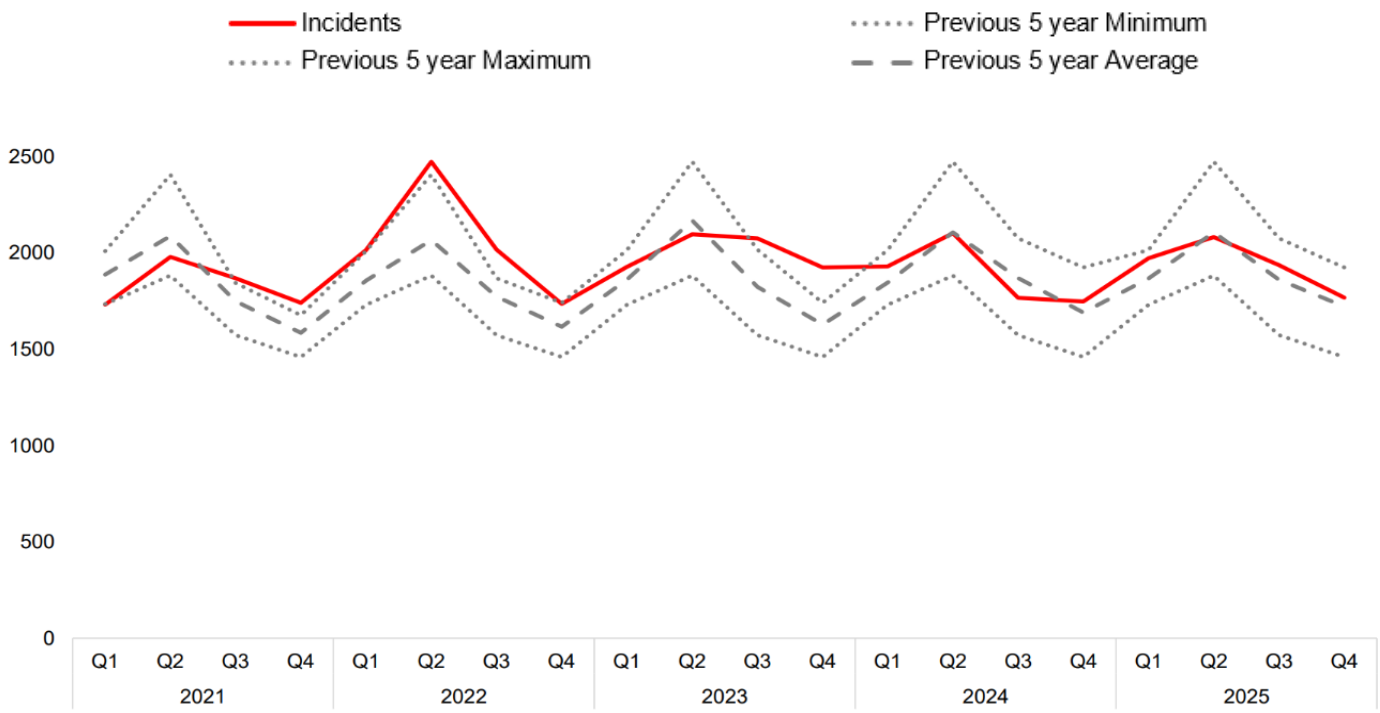

Figure 1: Total Number of Incidents

Despite increasing volumes of incident for the time of year, our response in target timeframe of 74.9% saw an improvement by 2.7 percentage points compared to Q4 last year. We met the response standard in both February and March, which is notable having been below target standard for the previous two years.

Through reviewing incident data, the performance of individual stations showed us progress due to the on-call support in Hungerford improving. Whilst no direct causal link could be made, this is a significant achievement following sustained investment and effort. The long-term sustainability of such outcomes cannot be assured due to variable complex and compound factors.

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The month of January recorded the highest number of incidents attended (648) during this quarter. Nearly half of these were due to False alarms: 315 (49%). False Alarms then reduced in number whereas the proportion remained around half of all attended incidents in February 293 (55%) and March 294 (49%).

We saw wet weather at the beginning of the quarter, with the Environment Agency stating that January and February of 2026 were the wettest since 2014. Despite this, there was no increase in flooding incidents when compared to previous years, possibly due to steady not heavy rainfall.

Primary fires accounted for around 13% of all attended incidents in Q4 2025/26, an increase of 3 percentage points compared to Q3. This is an above average count of incidents across the year.

Other incident counts were below the average: Secondary fires 7%, Special Services 25%, False Alarms 51%. Remaining incidents are categorised as Effecting Entry 4% which was also higher than average, counting 62. As the majority are calls to assist another agency, this may be due to winter mortality.

A 23.4 percentage increase was noted in primary fires, categorised predominantly as occurring in domestic and residential dwellings. Of the Primary fires attended, 87 (38.3%) were domestic incidents, which is a reduction compared to previous years.

Figure 2 demonstrates that whilst the number of incidents categorised as ‘domestic’ matches Q4 2022, the percentage of fire incidents, the proportion of those out of all fire incidents attended is at the lowest since 2017.

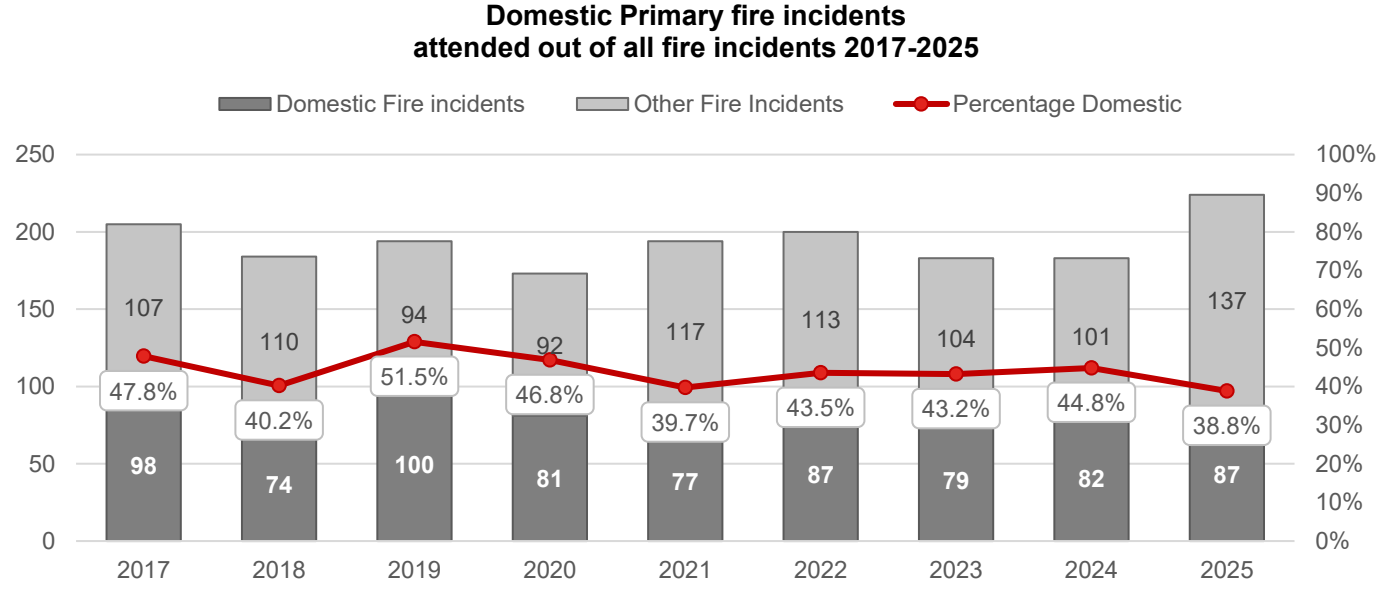

Figure 2: Fire incidents 2017-2025

The second highest attended category of primary fire related to Transport “vehicles on fire”, recording 70 (30.8%). This is expected, with this category accounting for 25.4% of fire types attended in 2025, 1.5 percentage points less than the previous two years.

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The count of Secondary fires attended was around 50% less in February compared to the months before and after. This may have been impacted by weather conditions recording a steady rainfall. Overall, as at Q4 Primary Fires increased and Secondary Fires reduced, compared to last year.

Criminality is a cause in both fire incident types, seeing a shift from antisocial behaviour to arson and different crimes. This highlights the importance of partnership working to inform staff and better anticipate challenges and prepare in protection, prevention and response.

Figure 3 shows the number of these incidents comparing Q4 this year and last year. Similar numbers with the exception of Primary fires.

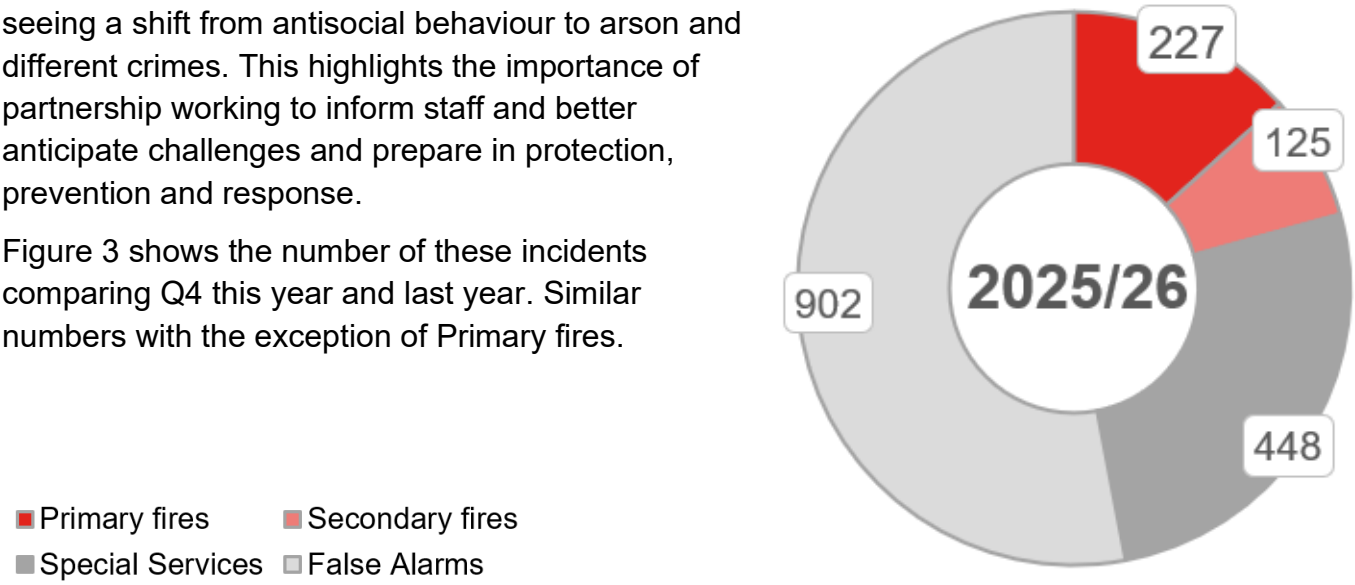

Figure 3: Number of Incidents Attended Q4 2025-26

Positively, we saw a low number of non-fatal fire casualties – see next section for information.

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Fire-related Casualties in Berkshire

Non-fatal fire casualties remained consistently low throughout the year and significantly below target. The previous year saw a small increase in casualties in Q1 (June) and Q2 (July), as illustrated in Figure 1, below. However, no themes were identified as the incidents were unrelated and spread across a wide geographical area.

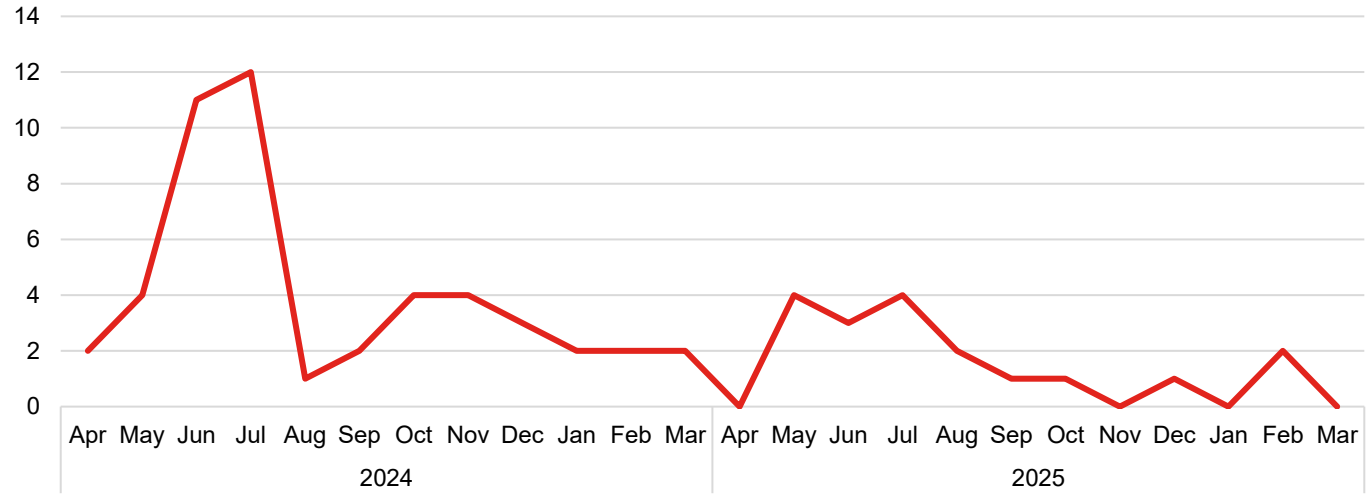

Figure 1: Number of Non-fatal Fire Casualties by Stats Year

The lower numbers reported will continue to be monitored to understand if there is a direct link between how we are prioritising our prevention interventions and the reduction in fire-related casualties. Our partnership with the NHS and the sharing of relevant data have been instrumental in supporting targeted prevention activity in areas with historically low referral rates, particularly Slough. This approach has helped us identify vulnerable individuals at increased risk of fire in the home who may not have been referred through traditional routes. We will continue to strengthen this partnership and maximise the use of data to ensure those most at risk receive the support they need.

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Reducing Deliberate Fires

A recurring theme throughout 2025/26 was vehicle-related arson believed to be linked to organised criminal activity. These incidents contributed to the Service's primary fire figures and remain an area of concern due to their association with wider criminality and community risk.

Following early spikes through the year, deliberate secondary fires showed a more positive trajectory, falling considerably in numbers, as depicted in Figure 2.

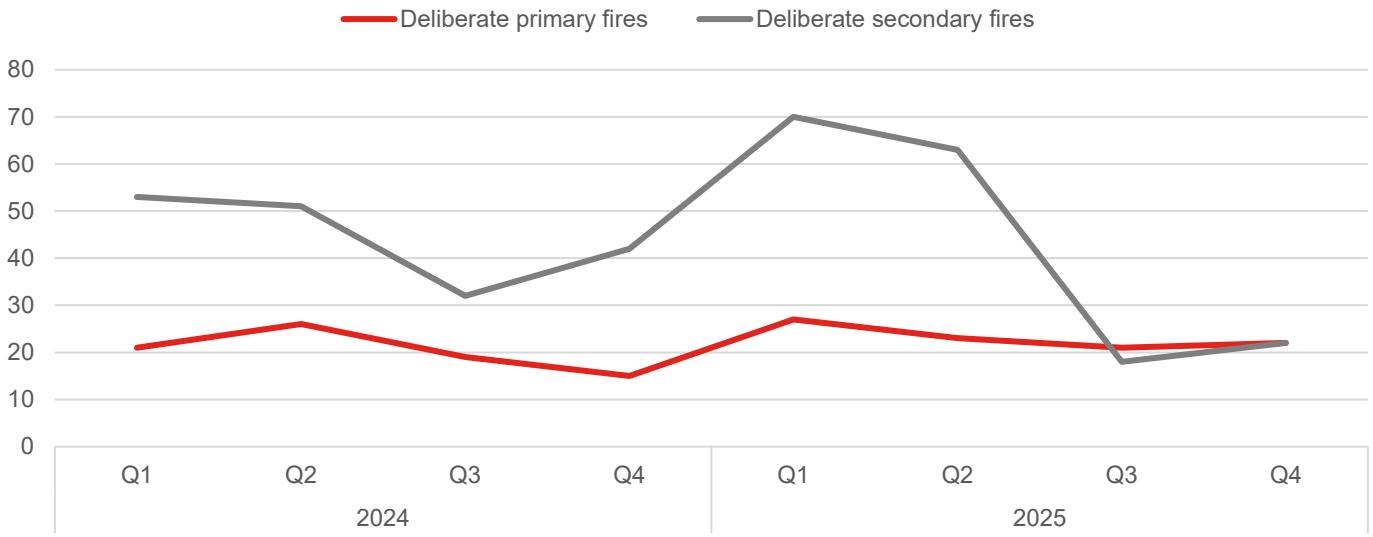

Figure 2: Deliberate Primary and Secondary Fires by Stats Year

This improvement followed some proactive targeted youth engagement, visible operational presence, arson prevention messaging and enforcement activity in affected areas.

RBFRS Fire Investigation Officers played a key role in supporting a successful prosecution that resulted in a custodial sentence being imposed on an individual convicted of arson with intent to endanger life. Throughout the investigation, RBFRS worked closely with colleagues from Thames Valley Police, providing specialist fire investigation expertise and evidence that contributed to securing the conviction. This outcome demonstrates the value of effective partnership working in bringing offenders to justice and protecting local communities from serious fire-related crime.

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Corporate Measures: Service Provision Data Summary

Corporate Measure 1: Number of Fire Deaths				2025/26 Target: 0	
	Q1	Q2	Q3	Q4	Year End
Previous Year (2024/25)	1	1	0	1	3
Target (max)	0	0	0	0	0
2025/26 Actual	2 ↓	0 ↑	0 ↔	2↓	4 ↓

Two fire deaths were recorded during Q4. Serious Fire Incident Reviews (SFIR) highlighted smoking materials and deliberate fire-setting behaviour as key contributory factors. The prevention and safeguarding activity identified specific risks around vulnerable individuals, ensuring targeted work to strengthen support was delivered alongside partners.

Corporate Measure 2: Number of non-fatal fire casualties					2025/26 Target: 34 max
	Q1	Q2	Q3	Q4	Year End
Previous Year (2024/25)	17	15	11	6	49
Target (max)	9	7	9	9	34
2025/26 Actual	7 ↑	7 ↑	2 ↑	2 ↑	18 ↑

The low number of non-fatal fire casualties indicates that the Service's targeted prevention approach is having a positive impact. Trends highlight that there have been more casualties in specific areas of Berkshire, which suggests the link between harm in areas with historically lower partner referral rates. Further focus on referral rates in low referral areas remains essential.

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Corporate Measure 3: Number of deliberate primary fires					2025/26 Target: 112 max
	Q1	**Q2**	**Q3**	**Q4**	**Year End**
Previous Year (2024/25)	21	26	19	15	81
Target (max)	28	29	28	27	112
2025/26 Actual	27 ↓	23 ↑	21 ↓	22 ↓	93 ↓

Q1, Q3 and Q4 recorded a higher number of deliberate primary fires compared to last year. Vehicle-related arson connected to organised criminal activity was identified as a key contributor to this measure. We continue to work with Thames Valley Police (TVP) to share intelligence through Community Safety Partnerships (CSPs) and the joint working of the Thames Valley Forensic Fire Investigation team, working alongside scenes of crime officers. This effective partnership resulted in an RBFRS Fire Investigator attending Reading Crown Court in March as an expert witness following an arson in Slough in 2024/25.

Corporate Measure 4: Number of deliberate secondary fires					2025/26 Target: 207 max
	Q1	**Q2**	**Q3**	**Q4**	**Year End**
Previous Year (2024/25)	53	51	32	42	178
Target (max)	53	52	51	51	207
2025/26 Actual	70 ↓	63 ↓	18 ↑	22 ↑	173 ↑

This quarter saw a low count of deliberate secondary fires across Berkshire, with a marked reduction from Q4 last year. This improvement has followed targeted activity in affected areas, youth engagement, including assemblies in conjunction with TVP at schools, visible operational presence and arson prevention messaging.

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Prevention Measures

Corporate Measure 5: Increase the number of Referrals for Safe and Well Visits received from our partners — **2025/26 Target: 5%**

	Q1	Q2	Q3	Q4	Year End
Previous Year (2024/25)	12.4%	16.0%	4.8%	37.1%	17.4%
Target	5%	5%	5%	5%	5%
2025/26 Actual Number	1342 ↑	1321 ↑	1426 ↑	1445 ↓	5534 ↑
2025/26 % change	13.3% ↑	13.2% ↓	19.4% ↑	-1.1% ↓	10.6% ↓

Safe and Well partner referrals reflect focused improvement work in geographical areas with historically low referral rates. Data-sharing work with the NHS has been central to progressing with this to help identify individuals at higher risk. We will continue this partnership with the NHS to explore best use of information held in relation to patients with vulnerabilities that could mean they are at a higher risk of fire in the home

Corporate Measure 6: Percentage of Safe and Well referrals, where there has been a threat or incidence of arson, completed within 48 hours — **2025/26 Target: 100%**

	Q1	Q2	Q3	Q4	Year End
Previous Year (2024/25)	76.9%	70.8%	84.6%	71.4%	76.0%
Target	100.0%	100.0%	100.0%	100.0%	100.0%
2025/26 Actual	90.9% ↑	82.8% ↑	78.8% ↓	70.6% ↓	80.6% ↑

Compared to last year, overall performance improved. Those not achieved in timescale are largely due to human factors outside the Service's control, such as victim availability, partner delays and incomplete information at the referral stage. Work is ongoing to improve referral quality to best reach people in need.

Corporate Measure 7: Percentage of Very High-Risk Safe and Well Referrals completed within 72 hours — **2025/26 Target: 45%**

	Q1	Q2	Q3	Q4	Year End
Previous Year (2024/25)	30.0%	28.6%	16.2%	28.2%	26.0%
Target	45.0%	45.0%	45.0%	45.0%	45.0%
2025/26 Actual	35.7% ↑	19.6% ↓	29.5% ↑	25.4% ↓	27.8% ↑

Corporate Measure 8: Percentage of High Risk Safe and Well Referrals completed within 14 days — **2025/26 Target: 64%**

	Q1	Q2	Q3	Q4	Year End
Previous Year (2024/25)	44.2%	43.3%	47.6%	47.8%	46.0%
Target	64.0%	64.0%	64.0%	64.0%	64.0%
2025/26 Actual	52.2% ↑	39.7% ↓	40.9% ↓	41.5% ↓	43.3% ↓

Learnings continue to evidence the complexity of individual circumstances, including hospitalisation and the need for multi-agency visits. In all cases, Safeguarding contact has been made promptly and work is ongoing to improve referral quality in terms of the information supplied with the referral and to our own scheduling process.

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Protection Measures

Corporate Measure 9: Proportion of Fire Safety Audits conducted against premises identified as High or Very High-Risk in our Risk Based Inspection Programme completed in timescale. **2025/26 Target: Monitor**

	Q1	Q2	Q3	Q4	Year End
Previous Year (2024/25)	128	128	70	65	391
2025/26 Actual	87	109	139	122	457

No performance figure is reported against this measure due to ongoing reporting challenges relating to audit timescales within the current reporting system. Work is underway to resolve these issues and improve the accuracy and reliability of future performance reporting.

Notwithstanding these reporting limitations, assurance can be taken from the overall delivery of the Risk-Based Inspection Programme during the year. At the start of the reporting period, the RBIP identified **283 audits** for completion based on assessed risk. During the year, **457 RBIP audits were completed**, significantly exceeding the planned programme. This demonstrates that sufficient resources were in place to manage and respond to identified risks, while maintaining a proactive approach to risk-based inspection activity across the Service. The level of activity delivered provides confidence that risks were being appropriately addressed, despite the current challenges in reporting performance against the formal measure.

Corporate Measure 10: Number of Fire Safety Audits completed **2025/26 Target: Measure of volume**

	Q1	Q2	Q3	Q4	Year End
Previous Year (2024/25)	205	204	151	113	673
Target	~	~	~	~	~
2025/26 Actual	167 ↓	186 ↓	225 ↑	188 ↑	766 ↑

In addition to the Risk-Based Inspection audits, Fire Safety teams audited an additional 309 audits responding to complaints.

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Corporate Measure 11a: Percentage success when cases go to court					2025/26 Target: 80%
	Q1	**Q2**	**Q3**	**Q4**	**Year End**
Previous Year (2024/25)	1	0	0	0	1
Target	80%	80%	80%	80%	80%
2025/26 Actual	No cases ↓	No cases ↔	No cases ↔	No cases ↔	No cases ↓
Corporate Measure 11b: Number of informal actions taken as a result of Protection intervention					**2025/26 Target: Measure of volume**
	Q1	**Q2**	**Q3**	**Q4**	**Year End**
Previous Year (2024/25)	42	44	39	90	215
Target	-	-	-	-	-
2025/26 Actual	39 ↓	29 ↓	41 ↑	34 ↓	143 ↓
Corporate Measure 11c: Number of formal actions taken as a result of Protection intervention					**2025/26 Target: Measure of volume**
	Q1	**Q2**	**Q3**	**Q4**	**Year End**
Previous Year (2024/25)	10	2	1	6	19
Target	-	-	-	-	-
2025/26 Actual	12 ↑	9 ↑	10 ↑	8 ↑	39 ↑

A decrease in informal actions is linked to an increase in formal actions, compared to the previous year.

Fire Safety Inspecting Officers (FSIOs) are using the full range of enforcement powers to address the highest-risk premises. Managing formal notices for some premises is complex and represents a significant commitment of time and effort, to work diligently to reduce risk across these buildings.

Corporate Measure 12: Percentage of statutory fire consultations completed within the required timeframes					2025/26 Target: 95%
	Q1	**Q2**	**Q3**	**Q4**	**Year End**
Previous Year (2024/25)	99.2%	99.6%	96.1%	92.8%	96.7%
Target	95.0%	95.0%	95.0%	95.0%	95.0%
2025/26 Actual	94.4% ↓	92.9% ↓	97.6% ↑	95.5% ↑	95.0% ↓

In 2025/26 the Protection Team completed 1,076 consultations of which 95% (1,014) were complete within timeframe. We experienced an increased volume of audits and formal actions. Staffing pressures and reduced capacity contributed to occasional missed timescales. Some consultations require referral to a Fire Engineer due to their complexity; these referrals automatically apply a two-week extension, which results in some consultations being recorded as overdue.

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Response Measures

Corporate Measure 13: Percentage of occasions where the first fire engine arrives at an emergency incident within 10 minutes from time the emergency call was answered — **2025/26 Target: 75%**

	Q1	Q2	Q3	Q4	Year End
Previous Year (2024/25)	74.7%	68.5%	73.2%	72.2%	72.0%
Target	75.0%	75.0%	75.0%	75.0%	75.0%
2025/26 Actual	71.0% ↓	**67.3% ↓**	73.3% ↑	74.9% ↑	71.5% ↓

The performance against the response standard for Q4 was fractionally below target with 74.9% of all incidents reached within 10 minutes of time of first emergency call being answered. This is the best performance during any quarter during the last three years and the first time since May 2024 that the standard has been met in two consecutive months. Good appliance availability and relatively low call volumes in the absence of extreme weather conditions contributed to the improved performance against a very challenging standard.

Corporate Measure 14: Percentage of wholetime frontline pumping appliance availability — **2025/26 Target: 97.4%**

	Q1	Q2	Q3	Q4	Year End
Previous Year (2024/25)	97.7%	95.2%	96.7%	98.1%	96.9%
Target	97.4%	97.4%	97.4%	97.4%	97.4%
2025/26 Actual	96.7% ↓	96.3% ↑	96.2% ↓	98.1% ↔	96.8% ↓

Wholetime appliance availability remains strong. The new leave policy took effect from January with an aim to spread staff leave throughout the year. This resulted in additional annual leave being taken in the normally low-demand Q4 period. Encouragingly, despite additional extractions due to leave and extraordinary staffing issues, no reduction in availability was seen compared to the same period in 2024/25.

Corporate Measure 15: Percentage of hours where there is adequate crewing on on-call frontline pumping appliances (based on 24/7 crewing) — **2025/26 Target: 50%**

	Q1	Q2	Q3	Q4	Year End
Previous Year (2024/25)	34.1%	35.5%	24.7%	36.6%	34.4%
Target	50.0%	50.0%	50.0%	50.0%	50.0%
2025/26 Actual	**34.3% ↑**	**32.8% ↓**	**28.4% ↑**	**28.7% ↓**	**31.0% ↓**

While improvements were seen at 80% of stations during Q4, the reduction in availability resulting from a single absence at one station offset any substantial gains that would have been made since the previous quarter. A comprehensive On Call improvement plan has been developed and work is already underway to address the inherent fragility of the duty system through a phased approach, informed by the NFCC's national study which was released in May 2026.

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Corporate Measure 16: Percentage of time that 14 or more pumping appliances are available					2025/26 Target: 100%
	Q1	**Q2**	**Q3**	**Q4**	**Year End**
Previous Year (2024/25)	91.2%	70.1%	82.6%	96.7%	85.1%
Target	100.0%	100.0%	100.0%	100.0%	100.0%
2025/26 Actual	90.1% ↓	**84.8% ↑**	**79.9% ↓**	93.9% ↓	**87.1% ↑**

It is notable that the availability of whole-time appliances was identical to the same quarter last year, despite around 7% additional unavailability of staff due extra leave taken as mentioned above. Unfortunately, the reduction in On Call availability for whole shifts where whole-time appliances were unavailable resulted in a slight dip in performance overall compared to the same quarter last year, which was driven by the significant decrease in On Call availability at a single station, as mentioned above in Corporate Measure 15.

Resilience Measures

Corporate Measure 17: Percentage of visits to Very High, High and Medium Operational Risk sites completed in timescale					2025/26 Target: 100%
	Q1	**Q2**	**Q3**	**Q4**	**Year End**
Previous Year (2024/25)	71.0%	54.7%	58.4%	18.3%	52.0%
Target	100.0%	100.0%	100.0%	100.0%	100.0%
2025/26 Actual	**72.5% ↑**	**52.0% ↓**	**53.3% ↓**	**60.7% ↑**	**58.1% ↑**

Issues persist with the performance against this measure with risk visits not being completed and/or recorded on time.

Fire crews and RIEPOs find that some people responsible for the sites they are due to inspect do not respond to the requests for visits. Equally, some fire crews run late in reporting risk visits from previous quarter, leading to a lag, although the visit has been carried out.

On some occasions RIEPO's identify data quality issues and must confirm details with officers before publishing records, leading to missing the quarter's deadline.

The method of recording and retrieving data in CM 17 is rigid and makes it difficult to assess the volume of work undertaken and how much out of date risk information is retained at any given time.

A new operational risk recording system has been deployed from April 2026. This system will allow faster information sharing, improved efficiency and easier assurance of currency. It is intended that a new set of measures will be deployed to support the roll out of the new system.

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Corporate Measure 18: Number of Service Delivery Hub exercises completed					2025/26 Target: 12
	Q1	**Q2**	**Q3**	**Q4**	**Year End**
Previous Year (2024/25)	3	3	3	2	11
Target	3	3	3	3	12
2025/26 Actual	**2 ↓**	3 ↔	**4 ↑**	3 ↑	12 ↑

3 Service delivery hub level exercises were completed in Q4, bringing the annual total to 12, in line with the requirements of the Operational Learning and Assurance Policy. During the year hubs exercised a variety of theme including structural fires, wildfire, water rescue, wide area flooding, hazardous materials, buildings under construction and mass casualty RTC. Multi-agency exercising has been an area of improvement and this report notes that 66 invites were sent to partner agencies with 33 resulting attendances at our exercises recorded over the financial year.

Corporate Measure 19: Percentage of Automatic Fire Alarm calls where RBFRS did not attend					2025/26 Target: 45% min
	Q1	**Q2**	**Q3**	**Q4**	**Year End**
Previous Year (2024/25)	24.9%	32.7%	51.5%	52.6%	41.0%
Target	45.0%	45.0%	45.0%	45.0%	45.0%
2025/26 Actual	**55.9% ↑**	**55.6% ↑**	**52.8% ↑**	**55.5% ↑**	**54.9% ↑**

Meeting and exceeding this target is positive. Non-attendance at fire alarms impacts the community by allowing firefighters to utilise time more efficiently and effectively for important risk critical activities including training, exercising, risk visits and community safety work.

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Customer Satisfaction Measures

Corporate Measure 20: Percentage of respondents experiencing a fire, fire safety audit, or a safe and well visit, satisfied with the service received — **2025/26 Target: 95%**

	Q1	Q2	Q3	Q4	Year End
Previous Year (2024/25)	99.1%	98.9%	91.0%	9.1%	90.4%
Target	95.0%	95.0%	95.0%	95.0%	95.0%
2025/26 Actual	99.0% ↓	99.0% ↑	100% ↑	100% ↑	99.5% ↑

Customer satisfaction remains very high year-to-date, exceeding the 95% target. While satisfaction rates are high, the response rates for any category other than Safe & Well visits remains very low.

Corporate Measure 21: Number of complaints received — **2025/26 Target: Monitor**

	Q1	Q2	Q3	Q4	Year End
Previous Year (2024/25)	1	6	9	6	16
Target	~	~	~	~	~
2025/26 Actual	9 ↓	4 ↑	9 ↔	3 ↑	25 ↓

All complaints received were investigated and escalated according to relevant policy.

Corporate Measure 22: Number of compliments received — **2025/26 Target: Monitor**

	Q1	Q2	Q3	Q4	Year End
Previous Year (2024/25)	7	12	10	8	29
Target	~	~	~	~	~
2025/26 Actual	12 ↑	13 ↑	16 ↑	13 ↑	54 ↑

Broadly categorised, we received 48 compliments for 'Action by RBFRS staff or crew, 5 for 'Community Engagement Event' and 1 for 'Conference or Occasion'.

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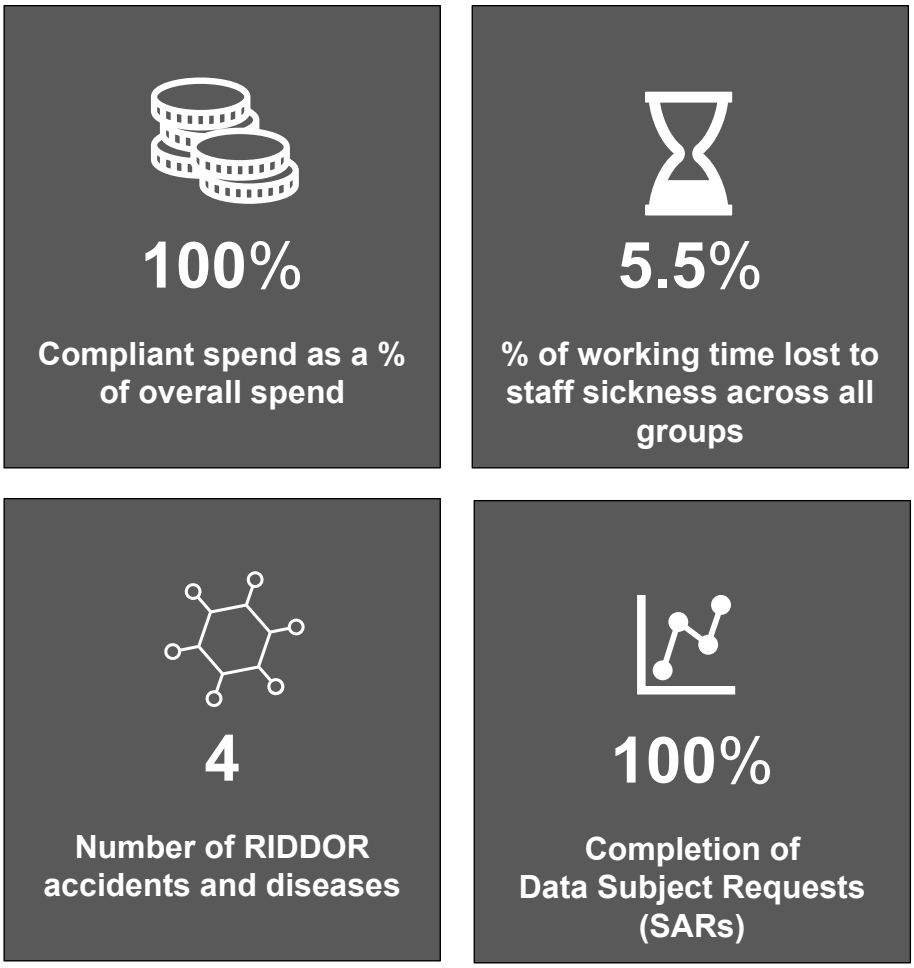
Quadrant Two – Corporate Health

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



The percentage of working time lost to sickness across all staff groups has outturned for 2025/26 at 5.5% which is a significant improvement on the previous year. There was a marked decrease in working time lost to mental health, a number of cases have been resolved with individuals returning to the workplace. The provision of training and support to managers and individuals contribute to the performance improvement.

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Corporate Measures: Corporate Health Data Summary

Human Resources and Learning & Development

Corporate Measure 23: Percentage of working time lost to sickness across all staff groups — **2025/26 Target: 5% max**

	Q1	Q2	Q3	Q4	Year End
Previous Year (2024/25)	5.4%	6.6%	7.7%	6.6%	6.5%
Target	5.0%	5.0%	5.0%	5.0%	5.0%
2025/26 Actual	5.3% ↑	4.9% ↑	**6.3%** ↑	5.4% ↑	5.5% ↑

Source: Data calculated and supplied by HR

The levels of days lost to sickness and percentage of working time lost to sickness reduced this quarter. This decrease is due to:

- The total number of days lost to sickness this quarter this quarter decreasing (1506 in Q4 v 1717 in Q3.
- Trends over the last 4 years shows sickness always sees a decrease from Q3 to Q4.
- Long-term sickness cases decreased by 16% (1088 in Q3 to 911 in Q4).
- Short-term decreased by 5% (629 in Q3 to 595 in Q4).
- MSK reduced by 13%.
- Mental Health, Respiratory, Gastro and MSK decreased this quarter, although Gastro and Other absences increased.

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

	Q4 25/26		**Q3 25/26**		**Q4 24/25**	
	Days Lost	Occurrences	Days Lost	Occurrences	Days Lost	Occurrences
Gastro	108	29	157	34	136	43
Mental Health	546	28	772	37	871	34
Musculo Skeletal	354	34	407	45	402	40
Respiratory	180	46	205	68	203	45
Other	318	58	179	49	362	60
Total Days Lost	**1506**	**58**	**1717**	**232**	**1974**	**222**

Sickness by Contract Type

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

Wholetime

- Absence decreased from 1196 days last quarter to 909 days this quarter this quarter due to all sickness types days lost reducing.
- Total days lost to sickness for this staffing group is 24% lower than last quarter and 27% lower than the same period last year.

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- Mental Health saw a 31% decrease this quarter.
- MSK decreased by 43% this quarter and the number of episodes also decreased from 38 to 28. This is 36% lower than the same time last year.
- There were 19 episodes of gastro sickness. No absences relating to gastro followed local water rescue training this quarter. HR and H&S teams will continue to monitor this on an ongoing basis.
- End Q4 saw 25 individuals remaining absent, equating to 409 days.

On-Call

- On-Call absence increased this quarter and is higher than the same period last year (51 days).
- Five headlining sickness categories contributed to days lost: MSK, Headaches, Mental Health, Respiratory and Virus.
- Mental Health days lost decreased compared to Q3. Q4 last year had no mental health cases.

Green Book

- Sickness absence decreased this quarter and also lower than the same period last year.
- MSK, Viruses and Headaches all increased.
- Mental health days lost remains high but reduced compared to Q3.
- Gastro reduced this quarter.

Control sickness

- Sickness increased this quarter but was higher compared to Q4 last year.
- MSK, Headaches and ENT all increased compared to Q3.
- Skin Condition, Mental Health and Gastro have all seen a reduction. Only Mental Health increased during the same period last year.

Mental Health

- Mental Health sickness days lost decreased for all types of contract this quarter.
- 36% of all sickness days lost this quarter were Mental Health related.
- Core categories of mental health absence were work-related stress, stress non- work-related and ‘other’.

Musculoskeletal (MSK) Sickness

- Sickness days lost decreased this quarter.
- Top three reasons for MSK absence were lower limb, back and neck.
- MSK Sickness levels reduced for Wholetime, increased for On-Call and Control and Green Book.
- MSK absence is lower compared to Q4 last year.
- Long term MSK sickness cases totalled ten, all of which have returned to the workplace.
- Consistent with other Fire and Rescue Services, MSK absence remains one of the top three highest causes of sickness absence.

Respiratory

- 180 days lost and 46 episodes of respiratory sickness this quarter.
- Respiratory has shown a 12% decrease.
- If trends continue, we expect to see Respiratory absence reduce from Q4 to Q1.

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Sickness Absence across other Fire and Rescue Services

Benchmarking data is supplied with a lag due to data collection. In Q4, we are able to present on Q3 data.

Top 3 reasons by Contract Type

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

Percentage of working time lost

As at Q3 2025/26

Contract Type	Average across All FRS	RBFRS	Ranking
Wholetime	6.0	7.0	9/38
Control	8.1	6.9	18/32
Green Book	3.9	2.7	30/39

As at Q2 2025/26:

Contract Type	Average across All FRS	RBFRS	Ranking
Wholetime	5.7	5.8	16/40
Control	7.9	5.1	5/34
Green Book	3.28	2.2	33/41

In comparison to other FRS the majority of reasons for RBFRS sickness absence are similar. Mental Health, MSK, Respiratory and Gastro consistently appear across all contract types in both datasets. RBFRS remained consistent during Q1 and Q2. For Q3 RBFRS remained consistent for Wholetime. Green Book remains low but Control increased.

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HR Support for Staff

HR proactively monitor sickness and provided, support managers in the resolution of individual case matters, ensuring suitable return to work plans are in place and support mechanisms are accessed, as appropriate.

Managers are supported with the knowledge and skills to ensure effective and consistent management and through the mental health training, all staff are more equipped to stage early intervention, accessing professional health supports or assisting colleagues to create a safe, stigma free environment.

Regular meetings with key managers are held to focus on absence and the suitable control measures available to expedite health improvement or return. The light duties pool enables individuals to do meaningful work, positively impacting their mental health and reintegration into the workplace. Work undertaken is not at the detriment of recovery with time allotted to ensure full rehabilitation.

Health promotion continues with attention to health issues that may impact different staff groups in different ways, some guidance was provided regarding fatigue, combining health and safety and health and wellbeing interests. New guidance and resource for women's health are in the process of being designed for roll out over future quarters.

Corporate Measure 24: Percentage of eligible staff with Personal Development Reviews — **2025/26 Target: Monitor**

	Q1	Q2	Q3	Q4	**Year End**
Previous Year (2024/25)	32%	76% ↓	81%	81%	81%
Target (max)	100%	100%	100%	100%	100%
2025/26 Actual	**0%**	**66% ↓**	**81% ↔**	**81% ↔**	**81% ↔**

Source: Data calculated and supplied by HR

At Q4 653 staff were eligible to have received a Personal Development Review (PDR) meeting between June and August 2025.

45 employees were exempt for the following reasons:

- new employees
- absences from the workplace

Dual contract employees only require one PDR and therefore have only been counted once.
490 active staff are recorded as having had their PDR at the end of the quarter.

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

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Corporate Measure 25: Number of formal grievances					2025/26 Target: Monitor
	Q1	Q2	Q3	Q4	**Year End**
Previous Year (2024/25)	5	11	4	2	20
Target	-	-	-	-	-
2025/26 Actual	4 ↑	3 ↑	6[1] ↓	3 ↓	16 ↑

Source: Data supplied by HR

This quarter received three complaints. Of the three complaints received, three were received from colleagues with under 2 years' Service.

No complaints were received through SaySo this quarter. Complaints received through SaySo are investigated as fully as possible within the confines of the anonymous nature of some of the complaints.

[1]Five complaints were recorded at Q3 – the figures are corrected to report six complaints, within an additional complaint confirmed since previous publication.

Health and Safety

Corporate Measure 26: Number of RIDDOR accidents and diseases					2025/26 Target: 4 max
	Q1	Q2	Q3	Q4	**Year End**
Previous Year (2024/25)	1	0	1	1	3
Target (max)	1	1	1	1	4
2025/26 Actual	**2 ↓**	**2 ↓**	**2 ↓**	**4 ↓**	**10 ↓**

Source: Data supplied by Health & Safety

RIDDOR = Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

The number of RIDDOR reports for Q3 has been adjusted from 3 to 2.

The number of RIDDOR reports made in 2025/26 increased year on year and exceeded the target. Further analysis has been carried out. No significant trends have been identified in relation to types of injury, activities, causes or demographics. This finding has been reported through the Health, Safety and Wellbeing Committee.

The four RIDDOR reports made in Q4 are confirmed as meeting the criteria. Two dangerous occurrences were reported (suspected BA set leakage and exposure to carbon monoxide), both have been investigated. Two over seven-day injuries have also been reported.

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Finance and Procurement

Corporate Measure 27: Percentage of spend subject to competition — **2025/26 Target: 85%**

	Q1	Q2	Q3	Q4	Year End
Previous Year (2024/25)	89.9%	91.3%	91.9%	92%	91.4%
Target	85%	85%	85%	85%	85%
2025/26 Actual	86.8% ↑	90.4% ↑	93.9% ↑	91.9% ↑	91.2% ↓

Source: Data calculated and supplied by Finance

- Competition Q4 Report – We exceeded Q4 target with a few waivers:
- ADT Fire and Security Plc – Close protocol fire alarm in HQ operated by ADT Fire and Security Plc. Due to proprietary nature of the service, only ADT can provide the service.
- Cadcorp Ltd – Perpetual licence to the system held by the Authority; the authority requires support and maintenance function which can only be provided by Cadcorp Ltd.
- Stephanie Wheeler Associates Ltd – Independent HR consultancy to support fair and impartial workplace investigation. Specialist work can be carried out by one supplier to maintain continuity of the investigation.
- Heightech Group – working at height training and equipment – equipment in current use for working at height training provided by the supplier. Single supplier solution.
- Wade Macdonald – recruitment for finance and procurement positions due to unsuccessful recruitment exercise due to limited competition in the job market. There was an urgent need for the role to be filled therefore, Wade Macdonald was commissioned.

Corporate Measure 28: Compliant spend as a percentage of overall spend — **2025/26 Target: 100%**

	Q1	Q2	Q3	Q4	Year End
Previous Year (2024/25)	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%
2025/26 Actual	100% ↔	100% ↔	100% ↔	100% ↔	100% ↔

Source: Data calculated and supplied by Finance

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Freedom of Information

Corporate Measure 29: Number of Information Commissioner assessments finding that the Service has breached Information Rights Legislation* — **2025/26 Target: 0**

	Q1	Q2	Q3	Q4	Year End
Previous Year (2024/25)	0	0	0	0	0
Target	0	0	0	0	0
2025/26 Actual	0 ↔	0 ↔	0 ↔	0 ↔	0 ↔

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

Corporate Measure 30: Monitoring the annual completion of the mandatory Protecting Information Course — **2025/26 Target: Monitor**

	Q1	Q2	Q3	Q4	Year End
Previous Year (2024/25)	60%	71%	68%	56%	65.5%
Target	95%	95%	95%	95%	95%
2025/26 Actual	**54% ↓**	**77% ↑**	**82% ↑**	**71.0% ↓**	**71.0% ↓**

Q4 figures are 11% down on Q3 figures, possibly impacted by the rollout of the new staff development system (SDS). There is a year-on-year improvement.

Corporate Measure 31: Reporting of data breaches and near misses to include those that are reported to the ICO — **2025/26 Target: Monitor**

	Q1	Q2	Q3	Q4	Year End
Previous Year (2024/25)	0	0	0	0	0
Target	0	0	0	0	0
2025/26 Actual	0 ↔	0 ↔	0 ↔	0 ↔	0 ↔

6 reported breaches during Q4, which resulted in 4 Data Breaches and 2 Near Misses.

Corporate Measure 32: Completing the Data Subject Requests (SARs) within the permitted time frames — **2025/26 Target: Monitor**

	Q1	Q2	Q3	Q4	Year End
Previous Year (2024/25)	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%
2025/26 Actual	100% ↔	100% ↔	100% ↔	100% ↔	100% ↔

3 Subject Access Requests arrived during Q4 all worked within permitted timeframes.

Corporate Measure 33: Having a complete set of published Retention Schedules and keeping them up to date and auditing that data is retained in line with retention schedules — **2025/26 Target: Monitor**

	Q1	Q2	Q3	Q4	Year End
Previous Year (2024/25)	57%	63%	60%	43%	60%
Target	100%	100%	100%	100%	100%
2025/26 Actual	**63% ↑**	**69% ↑**	**82% ↑**	**71.0% ↑**	**71.0% ↑**

Although reporting below target we saw an improvement compared to last year in performance relating to our published retention schedules. By having clear schedules and the ability to effectively apply them, we reduce risks around data management and data protection legislation.

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Revenue Budget & Position

The 2025/26 Revenue Budget agreed by Fire Authority in February 2025 was set at £47.965m.

The revenue outturn for 2025/26 shows a surplus of £165,000, which will be transferred into the General Reserve. Variances against individual revenue lines are explained below.

Employee costs

The Grey book pay award from 1 July 2025 was agreed at 3.2%. This compares to a budget assumption of 2%, resulting in an additional pressure of £235,000 over the original budget – however reserves were set aside to meet these costs and were subsequently added to the budget for 2025/26. The proportion of firefighters at development level was higher than the number budgeted.

There was a salary cost saving of £123,000 on wholetime stations for the year. However, pressure on the overtime budget resulted in overtime expenditure exceeding the budget by £458,000, resulting in a net pressure of £335,000. Less than a third of the overtime costs related to detachments, incident attendance and general crewing, with the remainder covering sickness, leave, light duties and training. The station overtime budget was £911,000.

On-call stations showed an underspend across the county, resulting in a saving of £120,000.

The Green book pay award was also settled at 3.2%. This compares to a budget assumption of 2%, resulting in an additional pressure of £115,000. Again, reserves were set aside to meet these costs and were added to the budget for 2025/26. Vacancies, some pending restructures, resulted in savings of £324,000.

Repairs and Maintenance

An Asset Management Survey was commissioned at a cost of £48,000. The Erebus project resulted in additional costs of £10k.

Clothing and PPE

The costs of purchase of new rib shirts, to be rolled out in 2026/27, increased expenditure for the year by £53,000 more than originally budgeted.

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Communications

The Home Offices charges for the Airwave system are forecast to be £310,000 less than budget. The delay in the introduction in the new WAN has resulted in spend of £118,000 less than budgeted.

Occupational Health

An additional £80,000 of budget was allocated to this line in anticipation of additional costs, but these have been controlled such that the additional spend was only £40,000.

Suppliers Other

Additional spend to maintain hydrants, amounting to £22,000 more than budget, is included on this line.

Other Contracts

The unbudgeted costs of transitioning to a new payroll contract were £78,000. Cross Border costs were £63,000 higher than expected (though offset by additional Cross Border income – shown below).

Income other

Includes £61,000 received on an un-budgeted legal settlement and £72,000 additional income on cross border recharging.

Appropriations to Reserves

The use of reserves to cover the unbudgeted elements of the pay awards was not required due to the favourable variances on other budget lines. This means that the use of reserves is £350,000 less than expected.

Gov Grants/Precepts

As part of budget setting, the Authority had to estimate, based on unitary authority data, the income due from Government for section 31 business rates relief payments. The net variance is £132,000 more income than in the budget.

The detailed revenue outturn for quarter 4, 2025/26 is shown on the next two pages.

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Revenue Position Quarter 4 2025/26

	Annual Budget £'000	Q4 Outturn £'000	Budget to Actual Variance £'000
EMPLOYEES			
STATIONS	21,914	22,129	215
NON-STATIONS	15,835	15,511	(324)
TRAINING	702	701	(1)
OTHER	372	386	14
	38,823	**38,727**	**(96)**
PREMISES			
REPAIRS & MAINTENANCE	897	973	76
RATES	988	989	1
CLEANING	299	318	19
UTILITIES	571	565	(6)
	2,755	**2,845**	**90**
SUPPLIES			
INSURANCE	452	455	3
EQUIPMENT	571	582	11
IS EQUIPMENT & LICENCES	1,446	1,446	0
CLOTHING/PPE	423	476	53
COMMUNICATIONS	935	512	(423)
OCCUPATIONAL HEALTH	346	306	(40)
PRINT/STATIONERY/PUBLICATIONS/SUBSCRIPTIONS	140	159	19
COMMUNITY FIRE SAFETY SUPPLIES	101	101	0
SUPPLIES OTHER	264	291	27
	4,678	**4,328**	**(350)**
CONTRACTS			
CONTRIBUTION TO TVFCS	1,128	1,114	(14)
LEGAL	50	84	34
OTHER CONTRACTS (incl. Professional Services)	1,737	1,880	143
	2,915	**3,078**	**163**
TRANSPORT			
VEHICLE RUNNING COSTS	855	859	4
TRAVEL	259	270	11
	1,114	**1,129**	**15**

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	Annual Budget £'000	Q4 Outturn £'000	Budget to Actual Variance £'000
PENSIONS			
PENSIONS	714	686	(28)
	714	**686**	**(28)**
INCOME			
GRANTS	(2,097)	(2,101)	(4)
RENTAL INCOME	(264)	(270)	(6)
TVFCS RECHARGE INCOME	(456)	(456)	0
INCOME OTHER	(1,109)	(1,255)	(146)
	(3,926)	**(4,082)**	**(156)**
NET COST OF SERVICES	**47,073**	**46,711**	**(362)**
DEBT CHARGES INTEREST	329	318	(11)
INVESTMENT INTEREST	(604)	(614)	(10)
REVENUE FUNDING OF CAPITAL	1,260	1,260	0
APPROPRIATION TO/(FROM) RESERVES	(673)	(323)	350
FINANCING COSTS	543	543	0
MOVEMENT ON ACCRUED HOLIDAY PAY	37	37	0
NET EXPENDITURE	**47,965**	**47,932**	**(33)**
GOV GRANTS/PRECEPTS	(47,965)	(48,097)	(132)
(SURPLUS)/DEFICIT BEFORE USE OF RESERVES	**0**	**(165)**	**(165)**

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Equality, Diversity and Inclusion Objectives

Objective: Increasing the diversity of staff at all levels	End 24/25		Q1	Q2	Q3	Q4
We recognise the value that a diverse workforce brings and will take action to increase the diversity of job applicants, seeking individuals with the right behaviours and skills to help us reflect and engage with our local communities.	G		G	G	G	G

During Q4, 12 successful Wholetime apprentices started. Of these successful applicants:

- 25% are female
- 8.3% identify as an ethnicity other than White British
- 16.6% declared a disability

Wholetime Firefighter apprentice applications opened again for an intake to start in Q2 2026/27.

Recruitment opened for this year's Summer Internship scheme aimed at 18-year-olds from ethnic backgrounds currently underrepresented din RBFRS.

Work is underway to develop and implement an evidence-based Action Plan to support targeted positive action activity.

Objective: Leadership and corporate commitment	End 24/25		Q1	Q2	Q3	Q4
We will support our organisational leaders to understand their role in tackling inequalities and demonstrating inclusive behaviours, in line with our Behavioural Competency Framework. This commitment means we will be strong and visible in our leadership and ensure that all staff and members of our local communities have confidence in our commitment to equality, diversity and inclusion.	G		G	G	G	G

Consultation for the Equality, Diversity and Inclusion (EDI) Objectives concluded in Q4. Feedback informed the final objectives to be presented to Fire Authority in Q1.

The Service progressed actions outlined in the Sexual Harassment Risk Assessment. Work focused on strengthening organisational culture, improving facilities, and developing face to face training.

Work continued for both the EDI Action Plan and the Culture Plan, ensuring that leadership responsibilities, inclusive behaviours and organisational expectations are embedded across all levels of the Service.

Actions from the Equality Impact Assessment (EIA) Audit progressed to improve processes.

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Objective: Improving our service delivery by creating strong links with our community	End 24/25		Q1	Q2	Q3	Q4
We will connect and communicate with our diverse local community to develop meaningful and sustainable links, which help us to increase our understanding of their needs. We will ensure that we tailor our prevention, protection and response activities accordingly and target the most vulnerable people with the greatest risk.	A		A	A	A	A

A strategic approach to community engagement continued to develop. This included a review of the events booking process and associated policy to ensure that organisational priorities and engagement activity is coordinated and aligned.

Notable community engagement activity included:

- Attendance at Park Run held at Prospect Park as part of the Wholetime recruitment drive.
- Attendance at Alfie's Truckshow
- Newbury Holi Festival of Colours
- Lambourn Have a Go Day

This objective remains amber because there remains a need to establish a robust mechanism for capturing and reporting community engagement activity across the organisation. This aims to ensure that all stations and watches are consistently contributing to proactive engagement, particularly with communities that are at greater risk and those currently underrepresented.

Objective: Building on our inclusive culture	End 24/25		Q1	Q2	Q3	Q4
We will continue taking action to ensure we have a culture where everyone feels valued and is treated with dignity and respect and support all staff to contribute to the creation of an inclusive working environment.	G		G	G	G	G

Through Q4, delivery of the EDI and Cultural Awareness Training continued for all staff. Training supports the development of a consistent, organisation wide understanding of inclusive behaviours and expectations. Staff networks continued to meet regularly, providing spaces for connection, support and feedback. A review of the EDI Network has been carried out to strengthen and improve engagement and impact with a refined approach for 2026/27 focusing on specific themes. Further changes and updates have been made to staff facilities to ensure they remain inclusive, accessible and supportive of staff wellbeing and align to the service's minimum standard. The new Adjustments Policy was published providing clearer guidance to managers and staff on workplace adjustments and support. The 'In Their Shoes Sexual Harassment Prevention Training' was rolled out to all staff in Q4 and 510 staff have received this training to date.

Tables containing relevant Equality, Diversity and Inclusion data are in Appendix C - Equality, Diversity and Inclusion Data.

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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 24/25		Q1	Q2	Q3	Q4
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	A	A	A
We will build on our horizon scan and evidence base developed for our CRMP to improve our understanding of climate change, societal and technological risks.	G		G	G	G	G
We will develop our wildfire capability to respond to the impact of climate change.	G		G	G	G	G
We will develop our water rescue capability to respond to the impact of climate change.	G		G	C	C	C

Priority 2: We will develop a Risk Based Prevention Programme to target those most vulnerable and at risk from emergency incidents	End 24/25		Q1	Q2	Q3	Q4
We will use our evidence base to identify who is most at risk in our communities, to ensure our resourcing is targeted in the most effective and efficient way.	NS		NS	G	G	G
We will continue to work with our partner agencies to ensure high quality referrals for the most vulnerable.	C		C	C	C	C
Data and local knowledge in prevention	C		C	C	C	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 24/25		Q1	Q2	Q3	Q4
Appliance Availability, will look to generate the evidence to review the requirements, define extractions and refine what RBFRS need to enhance the availability of 19 fire engines by reviewing ridership factor and making recommendations to mitigate the effects of extractions in the long term to support the Organisation in achieving the current requirement of the CRMP.	G		G	A	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	G	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	G	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.	G		G	C	C	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 24/25		Q1	Q2	Q3	Q4
We will assess the volume and costs of responding to incidents which do not currently form part of our core statutory responsibilities. Public safety will remain our priority, and this information will be used to support the implementation of "Fit of the Future", the NFCC and sector ambitions for the future of fire and rescue service over the next five years.	C		C	C	C	C

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Priority 5: We will develop our Service to reduce the impact of fire safety issues in commercial buildings.	End 24/25		Q1	Q2	Q3	Q4
New Ways of working	NS		NS	NS	G	G
We will evaluate our new Risk-Based Inspection Programme to ensure we are targeting the premises with the greatest risk	G		G	G	G	G
We will evaluate the changes we have made to our call challenge policy and review our response	G		G	C	C	C
Sprinklers	C		C	C	C	C
Building Safety Regulator	C		C	C	C	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 24/25		Q1	Q2	Q3	Q4
Develop our service delivery policies to integrate our wholetime and on-call availability to achieve our baseline service provision of 14 frontline appliances, making dynamic and intelligence-based decisions to maximise cover and our response standard. We will monitor and evaluate these processes.	C		C	C	C	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 24/25	Q1	Q2	Q3	Q4
Fleet: Special Appliances	On Track	A	NS	NS	NS	NS
	On Budget	G	NS	NS	NS	NS
Fleet: Fire Appliances	On Track	NS	A	A	A	G
	On Budget	NS	G	G	G	A
Fleet: Other Ancillary Vehicles	On Track	G	G	G	A	A
	On Budget	G	G	G	G	G
Equipment	On Track	G	G	G	G	G
	On Budget	G	G	G	G	A

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ICT		End 24/25	Q1	Q2	Q3	Q4
ESMCP (Emergency Services Mobile Communications Programme)	On Track	R	R	R	R	A
	On Budget	R	R	R	R	R
Networks	On Track	A	A	A	A	R
	On Budget	A	A	A	A	R
Hardware	On Track	G	G	G	G	G
	On Budget	G	G	G	G	G
Software	On Track	G	G	G	A	A
	On Budget	G	G	G	G	A
Services	On Track	G	G	G	G	G
	On Budget	G	G	G	G	G

Buildings		End 24/25	Q1	Q2	Q3	Q4
Langley	On Track	G	G	G	G	A
	On Budget	G	R	R	A	A
Estates Development	On Track	A	A	A	A	A
	On Budget	G	G	G	G	G
P1 Heat Decarbonisation	On Track	G	A	A	A	A
	On Budget	A	G	G	G	G
EDI Station Improvements	On Track	A	A	A	G	A
	On Budget	A	G	G	A	G
Training Centre	On Track	G	G	G	G	C
	On Budget	G	G	G	G	A
Service House Refurbishment	On Track	G	G	C		
	On Budget	G	G	C		
LED Priority 2	On Track	G	C			
	On Budget	G	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-Q4 is detailed below, ordered by RAG status:

Project	Aim	Q1	Q2	Q3	Q4
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	A	A	A
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.	R	R	A	A
PRF Digitalisation	The project will; deliver a digital solution for Personal Record Files (PRFs) removing the need for paper filing	R	On Hold	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.	R	A	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	G	G
Power Bi Pilot	The project will complete a proof of concept using the 7(2)(d) Risk Visits and use the results of these to determine how to build capability and capacity more broadly across the organisation	C			
Asset Management	This project aims to increase capacity by delivering an efficient and quicker equipment audit process with improved tracking.	C			

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» Communications and Engagement Pillar

Our staff survey told us that 39% of staff thought our communications were good. Sharing information accurately and effectively, and in a timely manner is critical, particularly for an organisation with the continuous improvement agenda.

A revised Communication and Engagement Strategy is in progress, which captures the feedback we have received from across the Service.

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.	Q1	Q2	Q3	Q4
Review existing social media channels to ensure they continue to positively drive engagement with communities.	G	G	G	G
Provide clarity to our workforce on what communications channels are available and suitable for the variety of audiences we need to reach.	NS	G	G	G
Develop our stakeholder mapping tool to align our activity with the differing levels of stakeholder interaction, communication and engagement needs.	NS	G	G	C
Ensure that we improve the accessibility of our comms, duly considering groups protected by the Equality Act (2010).	NS	G	G	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.	NS	G	G	C

Objective 2: Build an informed and engaged workforce.	Q1	Q2	Q3	Q4
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	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	G	G
Establish an ongoing engagement programme plan across the Service to drive professional discussion and conversation.	NS	NS	NS	G

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Objective 3: Utilise and embrace new technology to drive effective communications and engagement.	Q1	Q2	Q3	Q4
Increase engagement and improve communication with on-call colleagues.	G	G	G	G
Develop the website and intranet to utilise new tools available and streamline processes for end users.	G	G	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.	NS	G	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.	NS	NS	NS	G

Objective 4: Effectively measure the success of communications and engagement activity.	Q1	Q2	Q3	Q4
Develop an evaluation framework for all communications and engagement activities carried out to ensure it meets the objectives.	G	G	G	G
Develop a communications and engagement dashboard, using learning to improve.	C			

Objective 5: Ensure appropriate training and development is in place to support our workforce to deliver the Communications and Engagement Strategy.	Q1	Q2	Q3	Q4
Ensure appropriate policies and procedures are in place to enable staff to effectively communicate in line with expected standards.	G	G	G	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.	NS	NS	NS	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 Objectives with the relevant tracking status as up to end Q4.

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.	Q1	Q2	Q3	Q4
Effective grievance and discipline action plan implementation (including Misconduct recommendations).	G	G	G	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.	Q1	Q2	Q3	Q4
Neuro inclusion action plan looking at actions to support neurodivergent staff in all aspects of work.	G	G	G	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.	G	[1]	[1]	[1]
Direct Entry Scheme provides an alternative route of entry into the role of Station Manager.	[2]	[2]	[2]	[2]
Review of developments and needs to improve recruitment and retention. Review data and information to help inform decisions.	C			

[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.

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Objective 3: We will increase the diversity of our operational workforce by 100% in the next three years to better reflect the communities we serve. We recognise that diversity is not just related to gender and ethnicity, we want to improve diversity of thought and experience ensuring we are an inclusive employer for all. This will help improve equality of access to services for all our communities.	Q1	Q2	Q3	Q4
Development of a culture dashboard to support RBFRS understand and measure impacts on culture.	G	G	G	G
Review the EDI objectives to comply with the Public Sector Equality Duty. Conducting consultation with the public and FA approval.	G	G	G	G
Sexual harassment awareness within the service of the duty and acceptable behaviours.	G	G	G	G
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.	Q1	Q2	Q3	Q4
Create clear pathways for development for key areas such as L&D and green book departments. [1]	A	A	A	A
Introduce the Coaching and Mentoring Strategy and associated training.	A	A	A	G
Introduce succession planning to ensure better workforce management and development of staff aiding business continuity.	A	A	A	G
Developing Potential Strategy to implement an effective talent management process	G	G	G	G
Redesign PDR process to take account of Behavioural Competency Framework (BCF) changes and embedded and effective.	G	G	G	G
Review Development and Assessment Pathways (DAPS) to ensure the structure and output of development and assessment pathway is meeting need.	NS	NS	NS	NS
Reward (recognising performance).	NS	NS	NS	NS

[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.

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Objective 5: We recognise the value of the On-call duty system. We will ensure our process and procedures support the attraction and retention of staff, which will enable us to better manage risk across Berkshire.	Q1	Q2	Q3	Q4
On-call Working Group action plan: review action plan to prioritise work packages to support On-call staff development.	G	G	G	G
Speed up the process of On-call becoming part of the crew. Review if there is appetite for skills-based mobilising and develop plan.	G	G	G	G
On-call retention of staff.	G	G	G	G

Objective 6: We will continue to invest in leadership across the organisation. We will increase opportunities to bring together leaders from across the service to close the gaps and improve levels of trust. We will share leadership experience and learning wisely, inside and outside the sector.	Q1	Q2	Q3	Q4
Leading the Service Fire Standard analysis to inform action plan.	A	A	G	G
Leading and Developing People Fire Standard.	G	G	G	G
Review the leadership provision within RBFRS to ensure it is effective and meets emerging organisation need.	G	G	G	G
Staff survey action progression and review.	G	G	G	G
Consider the leadership development requirements of SLT and develop and discharge a plan.	NS	G	G	G
Assess and determine how visible leadership can be measured. Trusted leadership.	NS	NS	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.	Q1	Q2	Q3	Q4
Operational competency fire standard action plan. [1]	G	G	G	A
Initiate a review of how operational training is delivered. [2]	NS	G	G	A
Officer Training Programme (OTP) Review: Commission new review of OTP and introduce changes agreed through SDS to provide interim solutions and guidance.	NS	G	G	C
Conduct a review of the training programme for On-call to ensure that staff can access the training they need in the quickest time possible.	NS	NS	NS	NS
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.	Q1	Q2	Q3	Q4
Health, Safety and Wellbeing Action Plan.	G	G	G	G
To roll out mental health trauma related training to improve awareness and early interventions.	G	G	G	G
Sickness Working Group action plan.	G	G	G	G
Review the Trauma Support provision to ensure approach used is still fit for purpose/effective.	NS	NS	NS	G
Evaluate data from the Strength Test pilot to determine future practice/requirements.	G	G	G	C

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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.

All risks are presented in detailed tables through pages **x-y.** These were updated end June 2026.

Key Updates

Strategic Risks	
Score Change:	None
Closed Risks:	None
New Risks:	990 Tethered Wade 995 Loss of Pension Provider 997 Geopolitical Instability 999 Supply Chain Security

Service Delivery Risks	
Score Change:	993 Retention Schedules – current and inherent score changed from 19 to 21.
Closed Risks:	926 New Finance System 969 IRIS Payroll Performance
New Risks:	998 TVFCS Technology Replacement

Project Risks	
Score Change:	None
Closed Risks:	989 TVFCS Legal Agreement- current score reduced so no longer a corporate risk
New Risks:	986 Insufficient or incorrectly developed specialist capability

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Updates to Highlight

New Strategic Risk:

997 Geopolitical Instability

This is an emerging risk because ongoing geopolitical tensions, sanctions and hostile state activity are increasing instability in global supply chains and energy markets, with the UK remaining exposed to disruption in fuel, electricity, gas and other critical commodities. For RBFRS, this creates growing uncertainty around the cost and availability of essential resources. This could lead to higher fuel and energy bills, procurement delays and reduced access to key goods needed to maintain operations. These external pressures have direct operational and financial consequences. Subsequently, the risk is developing quickly and requires close monitoring and mitigation.

The inherent score of 17 indicates that this would be a relatively high and significant risk without controls. The current score of 14 shows that mitigation measures in place already reduce the level of exposure, bringing the risk further within appetite. This remains an area requiring ongoing monitoring.

Closed Service Risk

926 New Finance System

The implementation of the new finance system is complete which removed the underlying issue that prompted the risk to be raised. With the new system in place, the organisation is no longer reliant on the previous platform, which had limited support for legislative updates and workarounds. This increases confidence in the integrity, resilience and continuity of financial reporting. As a result, the original risk is no longer considered current and has been formally closed.

Increased Risk Score

893 National Power Outage

Current Score increased from 18 to 20. This reflects a reduced likelihood of the risk occurring, but a greater potential impact should it materialise. The revised score more accurately reflects the current risk status. This was amended as part of a wider review of the organisational risk register to ensure that all risk scores align with the risk scoring matrix set out in the Organisational Risk Policy.

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» Strategic Risks

ID	Risk Title	Risk Description	Inherent Score	Current Score	Treated Score
6	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
8	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	23	18
12	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
13	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
14	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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ID	Risk Title	Risk Description	Inherent Score	Current Score	Treated Score
30	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
35	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
44	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
50	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	18	15

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ID	Risk Title	Risk Description	Inherent Score	Current Score	Treated Score
54	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
55	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
56	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
57	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

ID	Risk Title	Risk Description	Inherent Score	Current Score	Treated Score
2	Geopolitical instability and economic security	If ongoing geopolitical tensions - including armed conflict, sanctions, and hostile state activity continues, it is likely to create volatility in global supply chains and energy markets. The UK remains exposed to disruptions in fuel, electricity, gas, and critical commodities. Organisationally, this will affect RBFRS with increased fuel costs, higher energy bills and restricted availability of certain goods.	17	14	0
3	Terrorism or hostile actor activity affecting RBFRS	If the UK threat state changes from its current level to a higher level, then the likelihood of foreign states, including espionage and surveillance within the UK could increase, making attacks on public spaces, infrastructure, or emergency services more probable impacting RBFRS staff and on our ability to provide critical life safety support.	13	13	8
7	Capital Projects- Effective Estates Management	If we fail to effectively manage our property assets to ensure they are fit for purpose and in the right locations, which may become increasingly likely given the funding challenges and the increasing age of our fire stations, then we can expect our revenue expenditure to increase, our services to be less effective and our stations to further decline which would be significant in respect to our strategic objectives; to ensure value for money and ensure fire stations are suitable and accessible for our own staff and the communities they serve.	23	17	13
10	Volatility of Protection staff numbers	If Protection staff turnover increases, which may be likely due to the increasing and higher paid opportunities available in the private sector, we will experience a greater number of new FSIs in development, which will affect our ability to meet our strategic commitment in supporting those with responsibility for premises to understand their duties in ensuring the safety of all people using buildings covered by the Building Safety Act 2022 and Regulatory Reform (Fire Safety) Order 2005, whilst ensuring that our services are accessible to all, due to the length of time it takes for a new FSI to become qualified.	17	16	13

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ID	Risk Title	Risk Description	Inherent Score	Current Score	Treated Score
11	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
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
16	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
17	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 wholetime 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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ID	Risk Title	Risk Description	Inherent Score	Current Score	Treated Score
18	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
19	Business and Democratic Support Resource	If our resources reduce further, which will become likely given planned absences (sickness and AL), then we can expect the following: reduced capacity and organisational knowledge and resilience, which is significant in respect to supporting SLT objectives.	17	13	13
20	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
21	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
22	Maintenance of operational equipment	If we fail to maintain our operational equipment which may become likely or if skill levels and staff resources are not maintained we can expect failures of the equipment leading to potential injury and unable to perform our objective to supply fit for purpose frontline response equipment.	24	13	10

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ID	Risk Title	Risk Description	Inherent Score	Current Score	Treated Score
23	Environmental/Sustainability	If RBFRS fails to develop, fund and implement an environmental and sustainability plan, then we can expect an increase in financial pressure with rising energy costs, and RBFRS' reputation as a public sector organisation to be negatively impacted through being out of alignment to wider societal progress towards creating a more sustainable future which will significantly impact our ability to deliver our statutory duties and strategic objectives.	24	15	10
24	Fleet strategy, documentation and control	If we fail to manage our fleet operations appropriately, we risk affecting frontline operational capability and policy compliance. There is a lot of inconsistency in the documentation, policies and controls we have across Service that relate to Fleet. There are also a large number of owners of documents that have a bearing on the delivery or use of fleet, potentially leading to gaps that could lead to non-compliance.	17	16	10
25	Ground Contamination	If there is contaminated ground and/or aquifers at RBFRS sites due to historical activities which is becoming increasingly likely due to aging infrastructure and changes to environmental regulations then we can expect remediation costs and financial penalties, which is significant in respect to our financial security, sustainability goals and our public reputation.	18	13	10
26	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	21	12
27	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
28	Re-tendering of Hard FM services	If there is a failure of the hard FM tender process due to inadequate time being available for the process, coupled with incomplete and inaccurate fixed asset data there could be sub-optimal quality service with poor value for money.	22	15	12
29	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	0

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ID	Risk Title	Risk Description	Inherent Score	Current Score	Treated Score
31	Loss of power to Whitley Wood site	If there is a loss of power to Whitley Wood Fire Station and Training Centre due to inadequate DNO provision and/or undersized infrastructure, which is becoming increasingly likely due to delays in upgrading of the infrastructure then we can expect a potential loss of site including response and training activities which is significant in respect to our strategic commitments and statutory obligations.	24	13	6
32	Martyn's Case Law	There is a risk that RBFRS may fail to comply with the requirements of Martyn's Law (Protect Duty), leading to insufficient preparedness for a terrorist attack. This includes the possibility that staff are not adequately trained, threat-mitigation measures are not implemented, security procedures are unclear or untested, and vulnerabilities within publicly accessible areas remain unaddressed. A failure to comply or to take proportionate protective-security measures could increase the likelihood and impact of a terrorist incident, result in injury or loss of life, and expose the organisation to legal, financial, and reputational consequences once Martyn's Law comes into force.	25	16	10
33	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
34	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
36	Secure email for Safeguarding	If we do not allow Safeguarding to send agency referrals without a sensitivity label which may become increasingly likely due to the issues with agencies opening and processing mails and attachments with sensitivity labels, then we can expect severe impacts to referral subjects which are significant in respect to Safeguarding.	14	8	8
37	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

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ID	Risk Title	Risk Description	Inherent Score	Current Score	Treated Score
38	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
40	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
41	Alternative energy systems	If we do not react appropriately to the emerging risks from Lithium Ion Batteries, Battery Energy Storage Systems (BESS) and other decarbonisation initiatives, which may become likely given the pace, complexity and scope of change in this area, then we can expect potential compromises in public and firefighter safety which is significant in respect of delivering our statutory duties and managing our reputation.	21	16	11
42	Command support alignment effectiveness	If we fail to assure that we have effective and aligned command support arrangements across the Thames Valley, which may become increasingly likely given a lack of coordination, then we can expect sub-optimal command support at incidents which could impact our operational response and effect the safety of our staff and members of the public.	18	15	10
43	TVFCS Legal agreement	If we fail to renew the Legal Agreement Relating to the Steady State Operation of the Thames Valley Fire Control Service, which may become likely given the complexity of reaching a legally compliant collaborative agreement, then we can expect delays in the TVFCS Technology Replacement Programme which is significant in respect to the delivery of statutory duties arising from the Fire and Rescue Services Act 2004 and the Civil Contingencies Act 2004.	23	18	12
46	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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ID	Risk Title	Risk Description	Inherent Score	Current Score	Treated Score
47	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
48	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
49	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
51	Out of hours Comms	If a large incident happens outside of normal office hours, the Communications and Engagement Team may not be available to provide information about the incident to the press and public. Failing to provide accurate information may lead to misinformation, harm to those in the vicinity and have a negative impact on our reputation.	18	13	6
52	Asylum Hotels	If we do not appropriately audit the fire safety provisions and maintain operational risk awareness for the Asylum/Refugee Hotels in Berkshire, which are potentially increasing in complexity and various political pressures, we may fail to effectively mitigate and respond to this risk within our communities for which we have statutory responsibility and be suitably prepared to respond to operational incidents in changing conditions, which could have implications for the for the health, safety and wellbeing of our staff and residents.	17	13	10

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ID	Risk Title	Risk Description	Inherent Score	Current Score	Treated Score
53	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
58	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
59	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

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Project Risks

ID	Risk Title	Risk Description	Inherent Score	Current Score	Treated Score
9	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
39	Information sharing between TVFCS, IC & Bridgehead	If we fail to provide an appropriate mechanism which supports effective communications between TVFCS and the incident ground, including the gathering and disseminating of FSG information across TVFCS / Command unit / Bridgehead, due to the aging command support equipment and arrangements we increase the risk of inaccurate or lost information adversely impacting the safety of staff and building occupants. This could impact our operational response and affect the safety of our staff and members of the public.	18	12	12
60	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 all open actions has been collated July 2026 to reflect the audit status closer to the time of this report's publication.

A complete list of closed audits can be reviewed in the **Appendix E Audits.**

Open Audits

Total 32

Audit	Red	Amber	Green
CRMP			1
Equality Impact Assessment		1	5
Follow Up		1	
Health and Safety			4
HR		1	
IT			2
Pensions Administration		1	2
Procurement			1
Risk and Governance		2	6
Risk Information			4
Total	**0**	**6**	**25**

Closed Audit Actions:

Total 53

Audit	Count
CRMP	1
Equality Impact Assessment	1
Facilities Management	2
Follow Up	3
Health and Safety	4
HR	6
Information Governance	5

Audit	Count
IT	5
IT General Controls	1
Payroll Provider	6
Pensions Administration	11
Procurement	1
Risk and Governance	5
Sickness Absence	2

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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 up to end Q4 are below:

Section One: Effectiveness	End 24/25	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.	New	A	A	G	G

Section Two: Efficiency	End 24/25	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	A	A	A	A
The service should assure itself that its use of enforcement powers prioritises the highest risks and includes proportionate activity to reduce risk.	New	A	G	G	G

Section Three: People	End 24/25	Q1	Q2	Q3	Q4
Process to identify, develop and support high-potential staff and aspiring leaders.	G	G	G	G	G
Understanding and application of Personal development reviews (PDR).	G	G	G	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	Lukasz Wrona	Sep-24	G	NS
Emergency Response Driving	Becci Jefferies	Tommy Cliff	Feb-21	C	C
Operational Response - Learning	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 - Equality, Diversity and Inclusion 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	112 max	The total number of primary fires that have been started deliberately. The target is a 5% reduction on the five-year average.
4	Number of deliberate secondary fires	207 max	The total number of secondary fires that have been started deliberately. The target is a 5% reduction on the five-year average.
Prevention Measures			
5	Increase the number of Referrals for Safe and Well Visits received from our partners	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	Proportion of Fire Safety Audits conducted against premises identified as High or Very High-Risk in our Risk Based Inspection Programme completed in timescale	Monitor	A Fire Safety Audit is carried out to enforce the Regulatory Reform Order (RRO) 2005. Our Risk-Based Inspection Programme targets the riskiest premises in the county for inspection. Fire Safety Audits can also result from complaints or can be carried out after an incident or for training purposes. This measure allows us to monitor how our resources are being targeted at risk.
10	Number of Fire Safety Audits completed	Measure of Volume	The percentage of completed Fire Safety Audits carried out in commercial premises, where the result was 'Broadly Compliant' (satisfactory) and no further action or follow-up was required. If we are successfully targeting our resources at the riskiest properties, we would expect to see a high percentage that are not 'Broadly Compliant'.
11a	Percentage success when cases go to court	80%	RBFRS prosecute serious cases following Fire Safety Audits. A successful outcome at court is a finding or admission of guilt.
11b	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
11c	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
12	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.

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

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19	Percentage of Automatic Fire Alarm calls where RBFRS did not attend	45% (min)	In some circumstances we are able to seek confirmation before attending an Automatic Fire Alarm Call, enabling us to be more efficient.
Customer Satisfaction Measures			
20	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 is sent to those who have experienced a dwelling fire, to business owners/managers who have experienced a fire in their commercial premise, to business owners/managers who have had a full fire safety audit, to a sample of individuals who have received a Safe and Well Visit asking about their satisfaction and experience with the service they received from RBFRS.
21	Number of complaints received	Measure of Volume	The number of complaints made to RBFRS about any aspect of our service or staff.
22	Number of compliments received	Measure of Volume	The number of compliments received by RBFRS about any aspect of our service or staff.

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» Corporate Health

Measure		2025/26 Target	Definition/Rationale
Human Resources and Learning & Development			
23	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.
24	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.
25	Number of formal grievances	Monitor	The number of formal grievances raised by staff under the Grievance, Bullying and Harassment Policy.
Health and Safety			
26	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			
27	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.
28	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).

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Freedom of Information			
29	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).
30	Monitoring the annual completion of the mandatory Protecting Information Course	95%	RBFRS are required to adhere to Data Protection and GDPR legislation. How to protect the data we use daily is a responsibility that we are audited on with regards to compliance. This measure monitors quarterly compliance of Service Personnel with passing the Protecting Information Course.
31	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.
32	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.
33	Having a complete set of published Retention Schedules and keeping them up to date and auditing that data is retained in line with retention schedules	100%	RBFRS are required to 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.

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Appendix C - Equality, Diversity and Inclusion Data

Measure	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	2025/26 YTD	Previous year (24/25) to date	Number of authorised posts at end Q3 2025/26
Staff In Post:							
Wholetime	379	373	374	382	382	382	377 (363 if you remove x10 Resilience FF's)
On-call	60	57	60	60	60	60	65
Control	41	41	40	39	39	41	39
Green Book	201	203	199	200	200	197	203
Total	**681**	**674**	**673**	**681**	**681**	**680**	**687**
Staff Turnover:							
Wholetime	5	6	1	6	18	29	
On-call	4	1	1	2	9	9	
Control	0	0	1	2	3	0	
Green Book	9	7	7	11	34	28	
Total Number of Leavers (Heads)	18	14	10	21	64	66	
Staff in Post (SIP)	681	674	673	681	676	680	
Percentage of Leavers vs. SIP	**2.6%**	**2.1%**	**1.5%**	**3.1%**	**9.5%**	**9.9%**	
Female Staff Percentage:							
Wholetime	8.4	8.6	8.8	9.2	9.2	8.4%	
On-call	10.0	10.5	11.7	11.7	11.7	8.3%	
Control	65.9	65.9	67.5	66.7	66.7	65.9%	
Green Book	57.7	59.1	58.8	61.0	61.0	59.4%	
Of Total Staff	**26.9%**	**27.5%**	**27.3%**	**27.9%**	**27.9%**	**26.6%**	
Ethnicity (Percentage of Staff Non-White British):							
Wholetime	6.3	6.4	6.4	6.5	6.5	6.3%	
On-call	11.7	12.3	11.7	11.7	11.7	11.7%	
Control	9.8	9.8	10.0	10.3	10.3	98%	
Green Book	22.9	23.2	22.1	23.5	23.5	22.8%	
Of Total Staff	**11.9%**	**12.2%**	**11.7%**	**12.2%**	**12.2%**	**11.8%**	

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Staff Ethnicity Profile:

Ethnicity	Wholetime	On-call	Control	Green Book	Total [All Staff]
White British	357	52	34	146	559
Other Ethnicity	25	7	4	47	83
Prefer not to say	30	1	1	7	39
Total	**382**	**60**	**39**	**200**	**681**

Staff Age Profile:

Age Group	Wholetime	On-call	Control	Green Book	Total [All Staff]
25 and Under	29	5	4	15	53
26 - 35	106	17	13	31	167
36 - 45	117	22	8	43	190
46 - 55	114	10	11	62	197
56 - 65	16	6	3	45	70
66 and Over	0	0	0	4	4
Total	**382**	**60**	**39**	**200**	**681**

Staff Gender Profile:

Gender	Wholetime	On-call	Control	Green Book	Total [All Staff]
Female	35	7	26	122	190
Male	347	53	13	78	491
Prefer not to say	0	0	0	0	0
Total	**382**	**60**	**39**	**200**	**681**

Staff Disability Profile:

Number of employees who have declared a disability	Q1	Q2	Q3	Q4	2025/26 YTD	n/a New	Previous year (24/25) to date
Wholetime	53	51	49	49	49		54
On-Call	3	3	5	5	5		2
Control	7	6	5	4	4		7
Green Book	45	44	42	40	40		43
Total	**108**	**104**	**101**	**98**	**98**		**106**

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This table shows the % breakdown against Berkshire benchmarking data:

Staff in Post	% Female	Berkshire %	% with a disability	Berkshire %	% Ethnic Minority	Berkshire %
Wholetime	8.4%	50.5%	14%	13%	2.4%	26.9%
On-Call	10%	50.5%	5%	13%	1.7%	26.9%
Control	65.9%	50.5%	17.1%	13%	4.88%	26.9%
Green Book	57.7%	50.5%	22.4%	13%	15.9%	26.9%
Total	**26.6%**	**50.5%**	**15.9%**	**13%**	**6.5%**	**26.9%**

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Appendix D - Glossary

Abbreviation	Meaning	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	

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DIM	Detection Identification Monitoring	Mobilised from Oxfordshire Fire and Rescue Service
DPA	Data Protection Act	
DRA	Dynamic Risk Assessment	One of the methods for identifying risk in the workplace and recording it for legal reasons
DSS	Director of Support Services	
DVR	Digital Voice Recorder	
EDI	Equality, Diversity and Inclusivity	
EIR	Environmental Information Regulations	
EPM	Emergency Planning Manager	One for each of the six Unitary Authorities
EPO	Emergency Planning Officer	Some of the EPM's have an EPO, such as Reading Borough Council
ESMCP	Emergency Services Mobile Communications Programme	
ESN	Emergency Services Network	
EVP	Employee Value Proposition	
FARRG	Fire and Rescue Risk Group	
FBU	Fire Brigades Union	
FCP	Forward Control Point	A nominated point area where resources can be deployed from to meet the needs of an incident
FDO	Flexi Duty Officer	
FF	Firefighter	
FI	Fire Investigation	
FIO	Fire Investigation Officer	A nominated Officer with the skills to assess what caused a fire and why
FOIA	Freedom of Information Act	
FPS	Firefighters' Pension Scheme	
FRIC	Fire and Rescue Indemnity Company	
FRSA	Fire and Rescue Service Association	
FS	Fire Safety	Green/Grey book personnel carrying out inspections within buildings and events
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	

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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	
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

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L3	Level 3 Officer	Incident Command Level - Group Manager A & B
L4	Level 4 Officer	Incident Command Level - Area Manager and Principal Officer
LGPS	Local Government Pension Scheme	
LFB	London Fire Brigade	
LGV	Light Goods Vehicle	
LMS	Learning Management System	
LPP	Light Portable Pump	
LRF	Local Resilience Forum	Multi-agency partners collaborate to fulfil their duties under the Civil Contingencies Act 2004
LSP	Local Safety Plan	
MAC	Media Advisory Cell	
MAPS	Multi-Agency Problem Solving	
MDT	Mobile Data Terminal	
MHCLG	Ministry of Housing Communities and Local Government	
MORRG	Management of Road Risk Group	
MRV	Multi Roll Vehicle	
MSK	Musculoskeletal-(sickness)	
NAG	Neighbourhood Action Group	
NFCC	National Fire Chiefs Council	
NILO	National Interagency Liaison Officer	
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

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		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	
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

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SCAS	South Central Ambulance Service	
SCC	Strategic Command Centre	
SCG	Strategic Coordinating Group	
SDMT	Service Delivery Management Team	
SECTU	South East Counter Terrorism Unit	
SIRO	Senior Information Responsible Officer	
SJCC	Staff Joint Consultative Committee	
SLT	Senior Leadership Team	
SM	Station Manager	
SPB	Strategic Performance Board	
SPS	Structured Professional Support	
Stn 1	Station 1 – Caversham Road	Wholetime
Stn 2	Station 2 – Wokingham Road	Wholetime
Stn 3	Station 3 – Dee Road	Station closed in 2021
Stn 4	Station 4 - Newbury	Wholetime
Stn 5	Station 5 - Hungerford	Retained (On-call)
Stn 6	Station 6 - Lambourn	Retained (On-call)
Stn 7	Station 7 – Pangbourne	Station closed in 2021
Stn 9	Station 9 – Wargrave	Station closed in 2020
Stn 10	Station 10 – Wokingham	Wholetime
Stn 11	Station 11 – Mortimer	Retained (On-call)
Stn 14	Station 14 – Ascot	Satellite Station (24 hours per day, 7 days per week)
Stn 15	Station 15 – Crowthorne	Retained (On-call)
Stn 16	Station 16 – Bracknell	Wholetime
Stn 17	Station 17 – Slough	Wholetime
Stn 18	Station 18 – Langley	Wholetime
Stn 19	Station 19 – Maidenhead	Wholetime
Stn 20	Station 20 – Whitley Wood	Wholetime
Stn 21	Station 21 – Windsor	Satellite Station (24 hours per day, 7 days per week)
Stn 22	Station 22 – Theale	Wholetime
TCG	Tactical Coordinating Group	
TCR	Training Course Request	
TIC	Thermal Image Camera	
TOA	Threat of Arson	
TRI	Training Records Indicator	
TVFCS	Thames Valley Fire Control Service	
TVP	Thames Valley Police	
UA	Unitary Authority	
USAR	Urban Search and Rescue	
UPS	Uninterruptible power supply	An uninterruptible power supply (UPS) or uninterruptible power source is an electrical

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		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	

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Appendix E - Audit

The below lists all audit actions closed after audit as at end Q4 2025-26 for reference.

Audit title	Action	Date Due	Priority
Health and Safety	2022:HS:2 We will review all managers who have been with the Service for more than three years and ensure that health and safety refresher training has been provided in a timely manner.	30/06/2023	M
Facilities Management	2022: FM:3a We will ensure that the Pre Planned Maintenance is formally reviewed and monitored with progress notes and actions recorded against the Pre Planned Maintenance.	30/04/2023	L
Facilities Management	2022: FM:6 We will ensure that defects are appropriately monitored, tracked and implemented in accordance with the prioritisation schedule where possible.	30/04/2023	M
CRMP	2023: CRMP: 2 We will utilise a risk scoring matrix that quantifies the likelihood and consequence and ensure the project tracker is C with risks for the CRMP.	31/08/2024	M
Information Governance	2024: GDPR: 4b The Records Retention Schedule template will be updated to cover: format of the record (electronic, paper etc.); retention trigger; reason for retention period (for instance, a relevant Act); and method of disposal. Following this, the Service will centrally track the Schedules to ensure they remain up to date.	30/06/2024	M
Information Governance	2024: GDPR: 7 The Data Protection Policy will be updated (including additional conditions for special category data – GDPR Article 9 and DPA Schedule 1).	31/12/2024	L
Information Governance	2024: GDPR: 10a The Service will formally document and agree the lawful bases for the different types of data processed by the organisation. This will include the rationale for the lawful bases as relevant. Subsequently, this will be communicated to relevant staff.	31/12/2024	L
Information Governance	2024: GDPR: 10b Documentation within a relevant policy/procedure with regards to consent management:	31/12/2024	L
Information Governance	2024: GDPR: 10c The Service will update the 'what information a consent request should cover' section of the Consent Policy/Procedure (to be developed as part of the above action). Following this, the Service will ensure that all consent forms cover the required areas.	30/06/2024	M

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Audit title	Action	Date Due	Priority
IT General Controls	2024: IT General Controls: 4 Management will ensure the New Starter Form is completed and attached to vFire helpdesk tickets for all new starters.	31/08/2024	L
Payroll Provider	2025: Dataplan: 1 Dataplan and RBFRS will review the current contract arrangements and ensure formal documentation exists for any continued service.	31/12/2025	M
Risk and Governance	2025: Risk and Governance: 1 The Intelligence, Risk and Performance team will work with Risk Owners to review the treatments within the Corporate Risk Register for each risk. Working alongside the relevant risk owner, we will work to determine the appropriateness of these against mitigating the assigned inherent risk score and amend where necessary.	30/06/2025	L
Risk and Governance	2025: Risk and Governance: 2 The Intelligence, Risk and Performance team will undertake a comprehensive review of the current Corporate Risk Register- reviewing each risk individually with Risk Owners to provide assurance that the risk and resultant scores are accurate and updated/refreshed as required.	30/06/2025	M
Risk and Governance	2025: Risk and Governance: 3 We will C a training needs analysis for the risk management training across the business for operational and non-operational staff. Following this, the completion of mandatory training will be monitored and reported with reminders sent to staff as required.	30/06/2025	M
HR	2025: Discipline and Grievance: 1 We will ensure that all officers have received appropriate training before involvement in a disciplinary hearing or an investigation.	30/06/2025	M
HR	2025: Discipline and Grievance: 2 We will ensure that complaints are correctly classified as formal or informal within the HR team tracker.	30/06/2025	L
HR	2025: Discipline and Grievance: 3 We will acknowledge all complaints within seven days of receipt.	30/06/2025	M
HR	2025: Discipline and Grievance: 4 We will ensure that investigation checklists are Cd for all cases where an internal investigation is undertaken.	30/06/2025	L
HR	2025: Discipline and Grievance: 5 We will clearly communicate any delays to disciplinary investigations to the employee, and evidence of this communication will be retained on file.	30/06/2025	L

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Audit title	Action	Date Due	Priority
HR	2025: Discipline and Grievance: 6 Where investigation reports include recommendations or lessons learnt, we will record these on the HR tracker spreadsheet and follow through actions to completion.	30/06/2025	L
IT	2025: Cyber Essentials: 1 The Patch Management Policy will be extended to include all software applications in use, particularly those that are internet-facing, widely deployed, or critical to business operations.	30/09/2025	M
IT	2025: Cyber Essentials: 3 Management will update the Information Security Policy to outline the steps to be taken in response to suspected account or password compromise.	30/09/2025	M
IT	2025: Cyber Essentials: 4 Management will update the Information Security Policy to outline the steps to be taken in response to suspected account or password compromise.	30/09/2025	M
IT	2025: Cyber Essentials: 5 Management will review the conditional access policies to ensure multi-factor authentication is enabled for all cloud services, that support multi-factor authentication, for all users.	31/08/2025	L
IT	2025: Cyber Essentials: 7 Management will ensure a formally documented process for processing of joiners, movers, and leavers is established and followed. Further, management will ensure that a formal process for giving someone access to systems at an “administrator or privileged” level is documented and followed.	31/07/2025	L
Payroll Provider	2025: Payroll Provider: 1 In future contracts, RBFRS will ensure that Service Level Agreements are formally defined for all parties involved in the contract and will be signed by each party to ensure mutual accountability and clarity of expectations.	25/11/2025	M
Payroll Provider	2025: Payroll Provider: 2 ePaysafe access rights will be regularly reviewed to ensure all those with access are authorized. Levels of access rights will be outlined within the Operational guidance document.	25/11/2025	L
Payroll Provider	2025: Payroll Provider: 3 IRIS will ensure that overpayments are recorded centrally, supported by a structured system for tracking repayment plans.	31/12/2025	M

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Audit title	Action	Date Due	Priority
Payroll Provider	2025: Payroll Provider: 4 In future contracts, RBFRS will ensure that roles and responsibilities for the payroll function are formally documented to ensure clear accountability. This documentation will specifically include responsibilities for tracking and monitoring overpayments, as well as the second-checking function.	25/11/2025	L
Payroll Provider	2025: Payroll Provider: 5 The Service will consider implementing a separate log for tracking deductions from salary that are not related to overpayments.	18/11/2025	L
Risk and Governance	2025: Risk and Service Plans : 1 Management will review and update the Organisational Risk Policy to include reminders for Risk Owners to describe the cause and effect of risks in the risk description. We will ensure that the strategic commitments field is correctly applied to all risks and that this reflects current organisational priorities.	31/03/2026	M
Risk and Governance	2025: Risk and Service Plans: 4 As part of the ongoing training needs analysis agreed during the 2024/25 Risk Management audit, we will incorporate training in relation to setting adequate risk treatments. We will also reiterate the scoring criteria and application of it to risk owners as part of the training.	31/03/2026	L
Health and Safety	2025: Follow Up: 1 We will ensure that new starters who have not fully Cd and returned their induction pack are chased within four weeks of their start date.	31/03/2026	L
Health and Safety	2025: Follow Up: 2 We will continue to provide regular health and safety refresher training to all managers that have been with the Service for more than three years.	31/03/2026	
Sickness Absence	2025: Follow Up: 3 We will introduce a cyclical refresher session to keep the staff informed of any changes or updates in the process.	31/03/2027	M
Sickness Absence	2025: Follow Up: 4 We will include a discussion about the right to privacy risk (through the mandatory manager sickness absence workshops) and reiterate that this may be infringed when providing detailed commentary on Fire Watch	31/03/2026	L
Equality Impact Assessment	2026: Equality Impact Assessments: 2 fields (Last Review Date and Outstanding Actions)within the EIA Tracker will be populated and noted within the tracker. We will ensure that all policies are recorded on the EIA Tracker, providing management with clear oversight of their completion. We will consider whether all policies truly benefit from having an EIA in place.	09/01/2026	M

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Audit title	Action	Date Due	Priority
Pensions Administration	2026: FF Pension Admin: 1 All key documentation and policies will be shared centrally with relevant staff. We will reiterate the requirement to communicate any changes in policies or working instructions to staff.	31/01/2026	L
Pensions Administration	2026: FF Pension Admin: 2 WYPF will ensure that all policies and procedures are reviewed and updated and that a regular review period is set for future reviews. Where no changes are required the review dates should still be updated to evidence the review.	31/03/2026	L
Pensions Administration	2026: Pension Admin: 3 Segregation of duties will be consistently applied to all activities involving monetary calculations.	31/01/2026	M
Pensions Administration	2026: FF Pension Admin: 4 We will reiterate the requirement for all documentation, including checklists and manual calculations to be retained on the Members' record.	31/01/2026	M
Pensions Administration	2026: FF Pension Admin: 5 RBFRS will investigate the reason behind two employees not being on the WYPF system and will undertake reconciliations on a frequent basis.	19/02/2026	H
Pensions Administration	2026: FF Pensions Admin: 6 We will reiterate the requirement for all documentation supporting pension amendments (including opt-in and opt-out forms) to be retained centrally.	31/01/2026	L
Pensions Administration	2026: FF Pensions Admin: 8 Management will maintain and retain a centralised log of all overpayments, including details of recovery actions taken.	31/03/2026	H
Pensions Administration	2026: FF Pensions Admin: 10 All Pension Savings Statements will be dated.	30/01/2026	L
Pensions Administration	2026: FF Pensions Admin: 12 WYPF will sign all exception reports once they have been reviewed.	31/01/2026	L
Pensions Administration	2026: Pensions Admin: 13 WYPF Finance team will ensure that a secondary check on reconciliation reports is Cd prior to sending information to RBFRS and is consistently recorded.	12/02/2026	L
Follow Up	2026: Follow up: 1 We will ensure that new starters who have not fully Cd and returned their induction pack are chased within four weeks of their start date.	31/03/2026	L
Follow Up	2026: Follow Up: 2 We will continue to provide regular health and safety refresher training to all managers that have been with the Service for more than three years.	31/03/2026	M

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Audit title	Action	Date Due	Priority
Follow Up	2026: Follow up: 4 We will include a discussion about the right to privacy risk (through the mandatory manager sickness absence workshops) and reiterate that this may be infringed when providing detailed commentary on Fire Watch.	31/03/2026	L
Health and Safety	2026: Contaminants: 1 We will ensure that the Contamination Prevention and Management Policy is reviewed as per the set timeframe and the updated policy will be shared with staff.	31/03/2026	L
Procurement	2026: Procurement: 1 We will keep the contract register up to date by recording contract expiries, extensions and revised end dates in a timely manner. Any draft extensions or pending updates will be clearly noted in the register to provide transparency on work still in progress.	31/03/2026	M
Risk and Governance	2021: RAG: 1 The Performance Management Framework will be updated to clearly outline that the SLT is the main group responsible for review of the CRR.	31/07/2022	L
Health and Safety	2022:HS:3 We will integrate the review of the Workplace Safety Inspection policy within a formal meeting such as the Health and Safety Wellbeing Committee who will approve future changes	31/03/2023	L
Health and Safety	2022:HS:6 We will introduce lessons learned in the quarterly meetings to the Health and Safety Committee and cascade the information to employees.	31/01/2024	L
Grenfell Action Plan	2022:GFA Management will ensure that documents that demonstrate evidence of closed actions are captured, tracked and stored centrally.		L
West Yorkshire Pension Fund	2022: WYPF:1 Cd	01/04/2023	L
West Yorkshire Pension Fund	2022: WYPF:2 WYPF will ensure the review of the Reconciliation Reports is Cd by an independent checker and is documented on UPM.	01/04/2023	L
Facilities Management	2022: FM: 1a We will ensure that the contractor portal is kept up to date for each of the contractor scheduled works and all necessary statutory compliance checks will be included.		NA
Facilities Management	2022: FM:1b We will ensure that the three residential properties the Service is responsible for are included within the contractor scheduled works.		M

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Audit title	Action	Date Due	Priority
Facilities Management	2022: FM:2a We will develop a process to ensure upcoming works are checked and delayed works are identified and chased.	30/04/2023	M
Facilities Management	2022: FM:2b We will ensure that all overdue works are picked up and Cd work certificates are saved within the shared drive.	30/04/2023	M
Facilities Management	2022: FM:3b We will also consider whether formal scrutiny over the PPM should take place and be presented on a frequent basis to a committee or forum.	30/04/2023	L
Facilities Management	2022: FM:4a We will consider whether a service level agreement should be established with HBI for the provision of asbestos services.	30/04/2023	L
Facilities Management	2022: FM:4b We will ensure that performance meetings are held in accordance with the contractual obligations and recorded in a consistent format.	30/04/2023	L
Facilities Management	2022: FM:5 We will ensure that inspections are undertaken on a six-monthly basis for all sites and Cd workplace inspection reports will be signed off and sighted in accordance with the Policy.	01/06/2023	M
Facilities Management	2022: FM:7 We will ensure that a sustainability plan is developed to identify and plan ways to embed sustainability in the Facilities Department	31/07/2023	L
Risk and Governance	2022: RAG:1a We will update the Policy to include a formal risk appetite statement which will be developed to clearly articulate the level of risk that the Service is willing to accept.	31/10/2023	M
Risk and Governance	2022: RAG:1b We will also establish a process for de-escalating risks including a guideline to outline when prior approval is needed before risks can be removed.	31/10/2023	M
Risk and Governance	2022: RAG: 2 We will ensure the risk management training is Cd at all required levels. A method to monitor compliance regarding training completion will be introduced.	30/11/2024	M
Risk and Governance	2022: RAG: 3 There will be an annual review of the SLT Terms of Reference ensuring it is kept up to date	30/11/2023	L
Risk and Governance	2022: RAG: 4 We will ensure the skill-based questionnaires are Cd for all members to ensure the right training can be signposted for members.	30/09/2023	L

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Audit title	Action	Date Due	Priority
IT General Controls	IT: 10 Management will ensure that firmware patches are administered to systems in a timely manner; scheduled and documented.	30/06/2023	M
IT General Controls	2023: IT: 1 IT Security Policy - Contained within "Acceptable use of ICT Resources"	31/07/2023	M
IT General Controls	2023: IT: 2 Training	01/08/2023	H
IT General Controls	2023: IT: 3 Endpoint Anti-Virus	01/06/2023	H
IT General Controls	2023: IT: 4 Boundary Firewall		H
IT General Controls	2023: IT: 5 Firewall Rules	31/07/2023	M
IT General Controls	2023: IT: 6 Physical Access	31/07/2023	L
IT General Controls	2023:IT: 7 User Access Policy and Review - Contained within "Acceptable use of ICT Resources"	31/07/2023	M
IT General Controls	2023: IT: 8a User Access Management		L
IT General Controls	2023: IT: 8b User Access Management	31/07/2023	H
IT General Controls	2023: IT: 9 Back up management	31/07/2023	M
IT General Controls	2023: IT: 10 Firmware patches	31/07/2023	M
CRMP	2023: CRMP: 3 We will present all risks identified as part of the CRMP to SLT for challenge, and SLT will scrutinise actions to manage the risk and potential benefits defined. In addition, costs for projects agreed as part of the CRMP will be presented for scrutiny and challenge.	28/02/2024	M

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Audit title	Action	Date Due	Priority
CRMP	2023: CRMP: 4 We will develop an action plan on how the Service will deliver CRMP priorities and ensure the progress is monitored on an ongoing basis. We will also ensure action plans/ project trackers are kept up to date and include: Projected costs; Resource allocation; Time to completion; Monitoring arrangements.	30/09/2024	L
HR	2024: WYPF: 1 WYPF will send confirmation that details have been updated when they are contacted by a member to make changes to existing details on the UPM system.	31/03/2024	L
HR	2024: WYPF: 2 WYPF Finance team are to implement a secondary check on reconciliation reports once they have been produced to ensure accuracy of data provided to RBFRS.	31/03/2024	L
Information Governance	2024: GDPR: 1 The Service will update the Data Flow Maps to cover the missing areas identified in the audit findings (or adopt the official ICO Record of Processing Activities template) and ensure all areas are Cd, including Article 9 (conditions for all special category data).	31/03/2024	H
Information Governance	2024: GDPR: 2a The Contracts Register will be updated to cover: whether there will be sharing of personal data with the third party; if the third party is a controller or processor; contract owner; or whether the contract contains the required contractual data confidentiality terms and conditions / clauses. A register will be produced of third parties to whom 'in scope' (personal) data is transferred to without a contract.	31/03/2024	H
Information Governance	2024: GDPR: 2b The Standard Terms of Business will be updated to cover the areas identified in the audit findings. Following this, the Service will ensure that the Standard Terms of Business are utilised for all contracts where there is sharing of personal information.	31/03/2024	H
Information Governance	2024: GDPR: 3 The following will be documented in relevant policies and procedures with respect to password management.	31/12/2024	L
Information Governance	2024: GDPR: 4a The Records Retention Policy and Document Management Policy and Procedure will be updated.	31/12/2024	L
Information Governance	2024: GDPR: 5 The Information Governance team will develop a centralised chasing and escalation process for repeat non-compliance/ overdue training	31/03/2024	H

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Audit title	Action	Date Due	Priority
Information governance	2024: GDPR: 6 Formal responsibility will be assigned to a forum for oversight and review of GDPR compliance across the organisation. As part of this, a periodic report will be produced.	31/07/2024	M
Information Governance	2024: GDPR: 8 A review will be undertaken of all Service privacy notices to ensure that they cover all required areas of GDPR in line with ICO guidance	30/06/2024	M
Information Governance	2024: GDPR: 9a The Subject Access Request Policy will be updated to cover the areas identified in the audit findings, ensuring that it focuses on all rights under GDPR rather than just the right of access	30/06/2024	M
Information Governance	2024: GDPR: 9b The Subject Access Requests and Data Subject Requests Log will be updated to cover the areas identified in the audit findings.	31/12/2024	L
Information Governance	2024: GDPR: 11a The Information Security and Data Breach Policy will be updated.	31/12/2024	L
Information Governance	2024: GDPR: 11b The Data Breach Log will be updated to cover the areas identified in the audit findings. Following this, the Service will ensure that the Log is fully Cd	30/06/2024	M
HR	2024: Sickness Absence: 2 We will communicate to line managers the importance of completing the Sickness Self-Certification and Return to Work Interview Forms in a timely manner. We will discuss the right to privacy risk and reiterate that this may be infringed when providing detailed commentary on Fire Watch.	29/02/2024	M
HR	2024: Sickness Absence: 3 We will monitor compliance with the Sickness Absence Policy and challenge managers where non-compliance is noted.	31/01/2024	M
HR	2024: Sickness Absence: 4 We will review the Sickness Absence Policy and agree on procedures for long-term sicknesses and sickness absences due to specialist hospital appointments.	17/01/2024	L
HR	2024: Sickness Absence: 5 We will ensure that all actions added to the Sickness Working Group Action Log have a due date or a placeholder if one cannot be determined.	29/02/2024	L
HR	2024: Dataplan: 1 RBFRS will review the user access rights to determine if access is appropriate and if adequate contingencies are in place to cover absences.	31/03/2024	L

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Audit title	Action	Date Due	Priority
IT General Controls	2024: IT General Controls: 1 Management will ensure that the documented review interval of ICT Antivirus Policy is consistent to avoid confusion. Once the transition to Microsoft Defender is C, management will review and update the ICT Antivirus Policy to ensure the change of anti-virus solution is appropriately reflected in the policy.	31/08/2024	L
IT General Controls	2024: IT General Controls: 2 Management will implement a formal process to track alerts generated by anti-virus solutions to ensure they are actioned by IT in a timely manner by directing alerts to the ticketing system.	31/08/2024	M
IT General Controls	2024: IT General Controls: 3 Management will ensure a formal process is established to perform periodic reviews of the firewall rule base (where there has been no change to firewall rules over a specified period and therefore, no review of rules) and firewall logs. Evidence of formal periodic review will be retained.	31/08/2024	M
IT General Controls	2024: IT General Controls: 5 Management will communicate the importance of notifying IT of upcoming leavers in a timely manner via raising a support ticket to ensure leavers' accounts are promptly disabled.	31/07/2024	H
IT General Controls	2024: IT General Controls: 6 Management will introduce a formal process for the periodic review of user access levels across the organization.	30/09/2024	M
IT General Controls	2024: IT General Controls: 7 Management will ensure the RBFRS ICT Password Policy is updated to reflect the Service's policy on maximum password age. Management will then ensure that the configured password policy is aligned to the documented password policy.	31/07/2024	M
Business Support	2024: Driving Licence Checks: 1 Form 144 will be Cd, detailing the training requirements for the individual on ad hoc basis as and when training is required.	30/11/2024	M
Business Support	2024: Driving Licence Checks: 2 We will ensure that the request form is Cd 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 Cd and the individuals driving licence is registered on DAVIS.	31/10/2024	H
Business Support	2024: Driving Licence Checks: 3 We will develop a process for sharing compliance and/or the escalation of concerns with driving licence checks and performance with regards to training through	31/12/2024	L

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	existing internal meetings. This will be done on a scheduled basis e.g. quarterly, six monthly.		
Payroll Provider	2025: Dataplan: 2 Dataplan will ensure there is a segregation of duties between who will action payroll.	30/01/2025	M
Payroll Provider	2025: Dataplan: 3 Dataplan will remind all staff involved in actioning payroll requests.	30/01/2025	M
Pensions Administration	2025: FF Pension Administration: 1 WYPF will ensure that all policies and procedures are reviewed and updated and that a regular review period is set for future reviews.	31/03/2025	L
Pensions Administration	2025: FF Pension Administration: 2 WYPF will ensure that the resignations early leaver (deferred benefits letters) is issued to the members in a timely manner.	11/03/2025	L
Pensions Administration	2025: FF Pension Administration: 4 WYPF Finance team will ensure that a secondary check on reconciliation reports is Cd prior to sending information to RBFRS and is consistently recorded.	11/03/2025	L
Payroll Provider	2025: Payroll Provider: 6 The Service will only make deductions once the formal agreement has been put in place where applicable	18/11/2025	L
Payroll Provider	2025: Payroll Provider: 7 All exceptions identified within Pay Check Reports will be investigated by IRIS and escalated to RBFRS where applicable, and evidence of this investigation will be retained.	18/11/2025	M

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