Annual Governance Statement 2025/26

Scope of Responsibility

Executive Summary and Governance Opinion

This Annual Governance Statement (AGS) explains how we have complied with our Local Code of Corporate Governance and how we meet the requirements of the Accounts and Audit Regulations 2015. It also sets out the outcomes of our annual review of the effectiveness of our governance arrangements for the financial year ended 31 March 2026.

This Annual Governance Statement (AGS) explains how Buckinghamshire & Milton Keynes Fire Authority ("the Authority") has complied with its Local Code of Corporate Governance and how it meets the requirements of the Accounts and Audit Regulations 2015. It also sets out the outcomes of the Authority's annual review of the effectiveness of its governance arrangements for the financial year ended 31 March 2026.

Our governance framework is underpinned by the seven core principles of the CIPFA/SOLACE *Delivering Good Governance in Local Government Framework (2016)*. In preparing this statement, we have also had regard to the May 2025 Addendum, with particular emphasis on evidencing governance conclusions through published assurance sources, demonstrating transparency, and taking a forward-looking view of governance risks and resilience.

Governance Framework and Assurances

Our review of effectiveness has been informed by a range of assurance sources, including:

- Internal audit reporting presented during 2025/26, including the Annual Internal Audit Report and the approved 2025/26 internal audit strategy, charter and plan considered by the Overview and Audit Committee in July 2025 and two assurance reviews of the On-Call Improvement Programme
- The Chief Internal Auditor's annual opinion, which provides **reasonable assurance** on the adequacy and effectiveness of the system of internal control

- External audit reporting during 2025/26, including KPMG's 2024/25 Audit Plan considered by the Overview and Audit Committee in July 2025 and subsequent audit progress reporting during the year
- His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) findings and follow-up considered during 2025/26, including the March 2025 decision immediately before the start of the financial year to return the Service to its default phase of monitoring and the Authority's subsequent oversight of sustaining improvement through 2025/26
- The work of the Overview and Audit Committee
- The Corporate Risk Register and Directorate risk management arrangements
- Performance management processes including oversight by the CRMP Performance Board
- Internal governance arrangements and the role of statutory officers

Taken together, these sources provide a 2025/26 evidence base for assessing the effectiveness of our governance arrangements during the year.

Overall Governance Opinion

Having considered the results of this review, we are satisfied that:

Based on assurance activity and governance evidence reported during 2025/26, we are satisfied that our governance arrangements during the year remained broadly fit for purpose and continued to support effective decision-making, oversight, risk management and stewardship of public resources.

This conclusion is supported by the operation of our governance framework during 2025/26, including implementation of the Annual Delivery Plan 2025/26, oversight by the Overview and Audit Committee and the Authority during the year, internal audit reporting presented in July 2025, and external audit planning and progress reporting received during 2025/26.

Buckinghamshire & Milton Keynes Fire Authority ('the Authority') is responsible for maintaining a sound system of internal control that supports the achievement of its policies, aims and objectives whilst safeguarding the public funds and organisational assets. There is also a responsibility for ensuring that the Authority is administered prudently and economically and that resources are applied efficiently and effectively, which includes arrangements for the management of risk.

This statement explains how the Authority has complied with the principles of the CIPFA/SOLACE 'Delivering Good Governance in Local Government Framework' (2016 Edition) and meets the requirements of regulation 6(1) of the Accounts and Audit Regulations 2015 in relation to the review of its systems of internal control and the publication of an annual statement on its governance.

Under the Accounts and Audit Regulations 2015, the Authority must ensure that it has a sound system of internal control which—

(a) facilitates the effective exercise of its functions and the achievement of its aims and objectives;

(b) ensures that the financial and operational management of the Authority is effective; and

(c) includes effective arrangements for the management of risk.

The Purpose of the Governance Framework

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievements of the strategic objectives of the Authority, to evaluate the likelihood of those risks being realised and the impact should they occur, and to manage them efficiently, effectively, and economically. The system of internal control has been in place for the year ended 31 March 2026 and up to the date of approval of the Statement of Accounts.

The Governance Framework

The governance measures in place reflect the seven principles of good governance set out in the CIPFA/SOLACE ‘Delivering Good Governance in Local Government: Framework (2016)’.

Core Principle A: Behaving with integrity, demonstrating strong commitment to ethical values and respecting the rule of law.

Members' Code of Conduct and Register of Interests. A local Code of Conduct for all Members has been agreed by the Authority and a Register of disclosable pecuniary interests for each Member is reviewed annually and published on the Authority's website. To ensure legal compliance and to avoid a conflict of interest arising, there is a panel of four "Independent Persons" appointed by the Authority for the purposes of assisting both an individual Member and the Authority itself in the event of an allegation being made that a member has breached the Authority's Code of Conduct.

Member Officer Protocol. The Protocol on Member and Officer Relations sets out the respective obligations and expectations and contains a reminder of the Authority's core values. This was subject to a quadrennial review and approved by the Overview and Audit Committee at its meeting on 19 July 2023 for recommendation to the Authority whereupon it was adopted on 11 October 2023. In advance of Member review the Protocol had been reviewed by employee representatives via the Joint Consultation Forum at its meeting on 1 March 2023 who were in agreement that the Protocol should include reference to the five ethical principles from the **Core Code of Ethics for Fire and Rescue Services – England** https://www.local.gov.uk/publications/core-code-ethics-fire-and-rescue-services-england

Leadership. There are nominated Lead Members for various work streams and departments. This collaborative approach ensures levels of trust, confidence and awareness, improve for the benefit of the public and the service. In addition to the four Lead Member roles for Service Delivery, Protection and Collaboration; People, Equality and Diversity and Assurance; Finance and Assets, Information Security, IT; and Health and Safety and Corporate Risk, the Vice Chairman's responsibilities include leading on the Authority's response to any Government proposals relevant to the responsibilities of the Authority, and any transitions or changes arising from such proposals; Climate Change and to lead on the Authority's response to any matters relating to HMICFRS.

The Chairman's role is to preside at meetings of the Authority; to be the principal member spokesperson for the Authority; to represent the Authority at civic and ceremonial functions; to liaise with the Chief Fire Officer, statutory officers, senior officers, and Authority members on matters related to the governance and conduct of the Authority; to support Lead members and the Vice Chairman where

needed in the carrying out of their responsibilities; and to provide leadership to the Authority, with the aim of securing political consensus wherever possible.

Ethical Framework. The Authority's objective is to embed Equality, Diversity and Inclusion (EDI) into everything it does, both internally and externally. An EDI strategic review has taken place, which includes the governance of EDI; splitting the work into a strategic Culture and Ethics Steering group and staff networks. The Authority has an EDI Policy Statement. An annual update on the EDI objectives is provided to the Authority, this includes headlines and workforce data. This year the Authority has developed an EDI Framework to guide and prioritise our EDI activity in line with the CRMP. It provides a clear focus to 2030 across four areas Inclusive Leadership and Culture; Community and Workforce Connectedness; Empowerment Through Opportunity; and Transparency and Accountability and is supported by a yearly delivery plan

Code of Conduct for Staff. The Code provides individuals with an understanding of the standards expected when performing duties as an employee and guides behaviour, placing an obligation on all employees to take responsibility for their own conduct. An updated Code of Conduct was approved by the Authority at its meeting on 12 June 2024 (Item 19) https://bucksfire.gov.uk/wp-content/uploads/2024/05/FIRE-AUTHORITY-ANNUAL-MEETING-AGENDA-AND-REPORTS-120624-Compressed.pdf

Behavioural and Leadership framework, underpinned by the refreshed organisational Promise, Values and Behaviours, was introduced. This included the creation of brand principles and message architecture, designed to improve clarity, consistency, and alignment in all communications. These tools are being embedded across all teams, helping staff to better understand and confidently share key organisational messages.

Our Promise

WE ARE

COMMITTED

to providing an excellent, modern and agile Fire & Rescue Service for our community.

WE ARE

DEDICATED

to having the right people, at the right time with the right skills to keep you safe.

WE ARE

TOGETHER

we will work to protect and safeguard people and places.

Our Core Values

COMPASSION

INTEGRITY

RESPECT

Our Core Behaviours

PROFESSIONAL

CONNECTED

EMPOWERING

AMBITIOUS

Register of Gifts and Hospitality. In accordance with the Code of Conduct, staff are required to register offers and acceptances of gifts or hospitality in the Register, summaries of the entries are publicly available.

Whistleblowing Policy. A procedure is in place and published for employees or contractors to raise concerns about a dangerous or illegal activity or wrongdoing that they are aware of through their work. An updated Whistleblowing and Raising Concerns procedure was approved by the Overview and Audit Committee at its meeting on 07 November 2024 (Item 11) https://bucksfire.gov.uk/wp-content/uploads/2024/10/OVERVIEW-AND-AUDIT-COMMITTEE-AGENDA-AND-REPORTS-7-NOVEMBER-2024-min-1.pdf. The aim of the procedure is to encourage individuals who have concerns about any aspect of the Service's work, to not overlook these concerns, but to raise these within a safe and supportive working environment, where individuals feel able to speak up.

Complaints process. The procedure is published explaining how complaints from the public will be handled and investigated. All concerns and complaints are treated seriously, and people asked what resolution they are seeking. We keep them up to date with progress and check that they are satisfied when the issue is resolved. We take any learning from the investigation and incorporate it in our processes. We are a learning organisation.

Counter-Fraud and Corruption Policy. The Authority has a zero-tolerance approach to fraud, bribery and corruption, whether it is attempted from inside or outside the organisation. A copy of the policy is available on our website**.**

Statutory Officers. The Monitoring Officer provides advice on the scope of the powers and responsibilities of the Authority and has a statutory duty to ensure lawfulness and fairness of decision making and also to receive allegations of breaches of the Code of Conduct by Authority Members. The Director of Legal & Governance acts as the Authority's Monitoring Officer and is governed by the professional standards set by the Solicitors' Regulation Authority.

In accordance with UK GDPR requirements the Authority has a designated Data Protection Officer (DPO). Under a service contract entered into with Royal Berkshire Fire and Rescue Authority in December 2025 one of its staff fulfils the DPO role.

The Chief Finance Officer and Monitoring Officer are both members of the Strategic Leadership Board (SLB), helping to develop and implement strategy and to resource and deliver the Authority's strategic objectives.

Core Principle B: Ensuring openness and comprehensive stakeholder engagement.

The Community Risk Management Plan 2025-26. On 11 December 2024 (Item 13) https://bucksfire.gov.uk/wp-content/uploads/2024/11/FIRE-AUTHORITY-SUMMONS-AND-AGENDA-11-DECEMBER-2024-min.pdf the Authority approved the Community Risk Management Plan (CRMP) and covers the period 2025-2030

This is the Authority's Integrated Risk Management Plan that sets out future improvements to the services provided by the Authority to the community within the constraints that it faces whilst managing risk. The community was consulted and encouraged to engage in debating the issues and priorities set out in the plan, allowing the public to hold the Authority accountable for its decisions and actions in an open and transparent manner.

The On-call Improvement Programme

The need to review the number of on-call fire engines was formalised through the Community Risk Management Plan (CRMP) 2025–2030, which committed the Chief Fire Officer to modernising response arrangements where historic provision no longer reflected current risk, demand, or workforce realities. Analysis undertaken for the CRMP showed that the existing model—particularly the number of on-call appliances—had become misaligned with actual incident demand, with wholetime resources already meeting most need and some on-call engines unable to be reliably crewed. This created risks around unpredictable availability and false assurance to communities. At the same time, HMICFRS findings reinforced the expectation that fire and rescue services must ensure resources are sustainable and matched to foreseeable risk. The On-Call Improvement Programme was therefore initiated to address these long-standing issues, using updated risk modelling, availability data, and workforce evidence to determine a more resilient, reliable and sustainable level of on-call provision.

Assurance was provided by the Authority's Internal Audit function in a 'Phase 1' and 'Phase 2' assurance review. The outcomes of Phase 1 and Phase 2 were reported to the Authority's Overview and Audit Committee at its meeting on 11 March 2026. Phase 1 Report: https://bucksfire.gov.uk/wp-content/uploads/2026/02/OVERVIEW-AND-AUDIT-COMMITTEE-AGENDA-AND-REPORTS-11-MARCH-2026-min.pdf (Item 7e, pp. 97-121)

Phase 2 Report: addendum to Item 7 - https://bucksfire.gov.uk/wp-content/uploads/2026/03/ITEM-7ei_OIP-Assurance-Review-Phase-2-Final-Report.pdf

Both reports were received by the Authority when it convened to consider the feedback received during the 10 week public consultation before accepting officers' recommendations at its Extraordinary Meeting on 18 March 2026https://bucksfire.gov.uk/wp-content/uploads/2026/03/EXTRAORDINARY-FIRE-AUTHORITY-MEETING-AGENDA-AND-REPORTS-18-MARCH-2026.pdf (Items 6f and 6g, pp. 197-237)

Public engagement.

During 2025/26, we continued to strengthen our approach to communication, consultation and engagement, recognising the importance of meaningful dialogue with communities, staff, stakeholders and partners in supporting effective governance and decision-making.

We developed and implemented a more strategic and audience-led approach to communications, moving beyond a traditional broadcast model towards one focused on engagement, participation and insight. This included increasing our visibility within the diverse communities we serve, strengthening relationships with community groups and stakeholders, and ensuring our communications were more representative, accessible and inclusive.

To support this approach, we developed a Communications and Engagement Framework and a Community Engagement and Events Framework, aligned to the Community Risk Management Plan (CRMP) 2025–2030 and national Fire Standards. These frameworks established clearer governance arrangements, principles and standards for consultation, engagement and evaluation, ensuring activity is coordinated, evidence-based and aligned to our organisational priorities. They also introduced a stronger focus on measuring impact, gathering feedback and using insight to inform future decision-making.

We also progressed work to strengthen how feedback from communities, businesses and service users is captured and used to inform service improvement. This included the development of proposals for a more structured customer feedback approach, supporting transparency, accountability and continuous improvement.

A significant example of stakeholder engagement during the year was our consultation on the On-Call Improvement Programme. Between November 2025 and January 2026, we undertook a comprehensive ten-week consultation on proposals to modernise elements of our On-Call operating model. The consultation included public events, staff engagement, independently facilitated focus groups, targeted stakeholder activity, online consultation, media engagement and digital communications. More than 1,000 individuals and organisations participated in the process, with all responses independently analysed to provide assurance of transparency and objectivity. We considered consultation feedback alongside operational evidence, financial information and professional judgement, resulting in refinements to the final proposals, including changes to arrangements at Buckingham Fire Station. This demonstrated our commitment to meaningful consultation and ensuring stakeholder views are capable of influencing decision-making.
Alongside formal consultation activity, we continued to enhance our digital communications and online presence. Through a more targeted and insight-led content strategy, engagement levels increased significantly across digital channels, extending the reach of prevention, protection, recruitment and community safety messaging. The focus shifted from simply publishing information to creating opportunities for interaction, discussion and participation, helping to improve public understanding, trust and confidence in our Service.

We also commenced work on the redevelopment of our intranet, supporting improvements to internal communication, accessibility of information and employee engagement. This forms part of a wider programme to strengthen communication and collaboration across our organisation.

Together, these developments have strengthened our approach to openness, transparency and stakeholder engagement, ensuring communities, employees and partners have greater opportunities to influence, challenge and contribute to the development of our services and future priorities.

As stated above (Core Principle A) our complaints procedure is published explaining how complaints from the public will be handled and investigated. To encourage communications with us, our privacy statement aims to reassure people how we will protect their privacy. It explains their rights to personal information we hold about them and how to access this. We have a Subject Access Request form on our website which people may choose to use to contact us about information we hold on them although they may contact us in other ways if they prefer.

Prevention performance continues to be viewed in terms of the number of Home Fire Safety Visits (HFSV) delivered, with this being the only Prevention performance measure reported annually to the Home Office. As recognised in the Prevention - Fire Standards Board, the primary purpose of a HFSV is to mitigate and reduce fire risk combined with trying to change some of the riskier behaviours that may affect or increase a person's exposure to increased fire risk.

Not including post incident advice with or without the provision of risk reduction equipment (e.g. smoke detection), the significant increase in the delivery of Home Fire Safety Visits (HFSVs) observed in 2022/23 and further exceeded in 2023/24 was sustained into 2024/25, with continued year-on-year growth. In 2024/25, the Service completed 5066 face -to-face HFSVs, demonstrating a strong and consistent commitment to community fire prevention.

Engagement with partners. The Authority fulfils its role as a statutory community safety partner through participation in and with the following: Milton Keynes Safer Together Partnership Board (quarterly); Milton Keynes City Council (Anti-social behaviour case management, 6 per year); Buckinghamshire Safeguarding Adults Partnership Board (6 per year); Buckinghamshire Safeguarding Children Partnership Board (Quarterly partnership meeting, Learning and Information (6 per year) ; Buckinghamshire Council Adult Social Care (6 per year); MARAC / DRIVE DAPP (MKCC: monthly, Buckinghamshire: monthly) MARAC (Multi-Agency Risk Assessment Conference) focuses on safeguarding high-risk domestic abuse victims, DRIVE DAPP (Domestic Abuse Perpetrator Programme); PREVENT Buckinghamshire (quarterly); and NFCC Safeguarding South Region (quarterly).

It participates in the following Protection partnership groups: South Buckinghamshire Housing & Environmental Health Team meetings; Red Kite Community Housing liaison meeting; Buckinghamshire Council Licensing Liaison Meeting; Buckinghamshire Council Housing Group; NFCC Water Officers Group ; and the MKCC, BC and BFRS Strategic and tactical Partnership Working Group meetings (Remediation/joint regulatory meeting)

Since January 2023, Fire and Rescue services became a statutory specified authority under the Serious Violence Duty and as such the Service is a member of the Violence Reduction Partnership Strategic and Operational Boards and the Buckinghamshire Serious Violence Task Force. Aligned to this is membership of the Thames Valley Violence Against Women and Girls (VAWG) Strategic Board. Within this structure is participation in sub and working groups as appropriate.

The Service also has representation on the MK Together Management Board, Milton Keynes Exploitation Network, Buckinghamshire Anti-slavery & Exploitation Network and Buckinghamshire Safeguarding Adults Board.

The Chairman, together with another Member was the Authority's representative on the Thames Valley Fire Control Service Joint Committee. Through the Chairman, the Authority participates in the Thames Valley Collaboration Steering Group through which the Authority complies with its obligations under Section 2 of the Policing and Crime Act 2017 to keep collaboration opportunities with the Thames Valley Police and South Central Ambulance Service under review and, where it would be in the interests of efficiency or effectiveness of at least two of the services, for those services to give effect to such collaboration.

Authority meetings. The meetings of the Authority and its committee meetings are accessible to the public and the dates are published on the website as are the agendas and committee papers, minutes and decisions for those meetings and those of the Thames Valley Fire Control Service Joint Committee to which the Authority appoints two Members.

Internal Boards. Our Internal governance is made up of four parts to ensure there is appropriate level of scrutiny.

1) Delivery Groups

To ensure the effective delivery of our objectives, three key delivery groups have been established:

- Service Delivery Group: Tasked with ensuring that all our Prevention, Protection and Response & Resilience objectives are met.
- People Delivery Group: focuses on ensuring that the People enabling functions are operating effectively
- Finance, and Assets Delivery Group: focuses on ensuring that the finance, assets and digital enabling functions are performing effectively and efficiently to support the achievement of our objectives.

All delivery groups report to the Community Risk Management Plan (CRMP) Performance and Programme Boards, which maintain strategic oversight of directorate plans and ensure that performance and risk are coordinated across all departments.

2) CRMP Performance Board

The CRMP Performance Board plays a crucial role in our governance structure by monitoring performance across our Objectives and Enablers on a monthly basis. Ongoing analysis of performance data supports decision-making across the service, with management teams regularly reviewing and monitoring data and information.

3) Programme Board

The Programme Board is established to drive and support the changes required to deliver our CRMP and Annual Delivery Plan. It provides strategic direction, monitors progress, and addresses any issues that may arise during the execution of projects.

4) Strategic Leadership Board

Strategic oversight is provided by the Strategic Leadership Board and ultimately the Fire Authority and its committees. The Strategic Leadership Board acts as the 'clearing house' for decision and information papers to the Authority's committees.

The Joint Consultation Forum. The objective of the Joint Consultation Forum is to continuously improve organisational performance by developing greater trust and increased job satisfaction through employee engagement. Its current membership comprises a senior management representative, representatives from the People Directorate, a territorial Group Commander, and up to two representatives from each of the recognised Representative Bodies namely Fire Brigades Union, Fire Officers' Association, and UNISON.

The Forum facilitates joint examination and discussion of issues of mutual interest with the aim of seeking acceptable solutions to matters through a genuine exchange of views and information. Consultation does not remove the right of managers to manage – they must still make the final decision – but it does require that the views of employees will be sought and considered before significant decisions are taken. The Forum membership has the ability to extend its membership to representatives of other recognised Representative Bodies, such as the Fire and Rescue Services Association, and non-affiliated staff representatives, should the request for employee representation arise.

Core Principle C: Defining outcomes in terms of sustainable economic, social and environmental benefits.

Annual Delivery Plan: At its meeting on 12 February 2025, the Authority approved its 2025/26 Annual Delivery Plan (Item 12) https://bucksfire.gov.uk/wp-content/uploads/2025/02/FIRE-AUTHORITY-AGENDA-AND-REPORTS-12-FEBRUARY-2025-INCLUDING-LATE-URGENT-ITEMS-1-2-AND-3.pdf details the Year One programme of work arising out of the 2025-2030 Community Risk Management Plan (CRMP) which was approved by the Fire Authority on 11 December 2024.

The plan is designed to make it easier to see how the CRMP is put into practice. It includes clear objectives across prevention, protection, response, workforce, digital innovation, and resource management.

This plan supports teams, partners, and our community by showing what we're doing, why it matters, and how we're working to provide an excellent, modern and agile fire and rescue service.

Sustainability Framework. The Overview and Audit Committee approved the adoption of its Sustainability Framework at its meeting on 11 March 2026. This framework sets out a high-level approach to sustainability and climate change. It is not a detailed delivery plan, but provides the principles, expectations and governance through which sustainability considerations are embedded across strategies, plans and
investment decisions

Partnership Register. The Authority has identified and recorded all partnership arrangements. All partnerships are the subject of formal agreements ensuring that these articulate their legal status; respective liabilities and obligations; governance and audit; dispute resolutions and exit provisions. A review of partnership arrangements is undertaken regularly, and key partnership updates are reported to the Executive Committee in order to provide assurance on risks associated with delivering services through third parties. Other key services provided through third parties are overseen by specific governance arrangements, namely:

- The Thames Valley Fire Control Service (hosted by Royal Berkshire Fire and Rescue Service) is overseen by a joint committee with Member representatives appointed by the three participating fire and rescue services, supported by Senior Responsible Officers (SROs) from the three services.
- The Authority is represented at Officer and Member level on the three levels of decision-making bodies of the Thames Valley Emergency Services Collaboration Programme.
- Firefighters Pension Administration is overseen by the Local Pension Board. The administrators (West Yorkshire Pension Fund) attend the Board on a quarterly basis to discuss emerging risks, issues and performance against key performance indicators. An annual report from the Local Pension Board is received by the Overview & Audit Committee and pensions issues are flagged in the corporate risk register which is regularly reviewed by the Overview & Audit Committee.

Core Principle D: Determining the interventions necessary to optimise the achievement of the intended outcomes.

Performance Management. For 2025-26 the service had a suite of performance measures was split across the six areas of our CRMP: 1. Prevention 2. Protection 3. Response 4. People 5. Finance & Assets 6. Digital & Data

This Key Performance Measures report has been designed as a rounded and balanced picture of how the Service is performing at a local level. The report is presented to Members quarterly and includes a summary of key measures to be highlighted, a performance measures overview and performance measures details showing actual performance alongside relevant trend information and (where needed) commentary.

The report contains many types of targets and methods of comparison. Some targets are aspirational, some are there to ensure minimum standards are met and others are there to identify exceptions within trends, allowing us to identify possible needs for change/reaction.

Medium Term Financial Plan. This is approved annually by the Authority and sets out the resources needed to deliver services and the capital programme ensuring it is in line with its corporate priorities and objectives set out in the CRMP. It, alongside the Treasury Management Strategy and Prudential Indicators, provides a strategic overview of how capital expenditure; capital financing and treasury management activity contribute to the delivery of outcomes, as well as overview of the management of risk and future financial sustainability.

Corporate Risk Register This identifies controls to mitigate identified risks and is monitored on an on-going basis with reporting to every CRMP Performance Board and to the Overview & Audit Committee.

During 2025/26, the Authority's approach to corporate risk management evolved from a primarily register-based reporting model to a more integrated framework aligned to the revised governance structure and delivery of the CRMP and Annual Delivery Plan. By November 2025, Corporate Risk Management Policy and Framework had been updated to reflect the introduction of Delivery Groups and an Organisational Risk Group, with a revised approach to how risks are reviewed, monitored, scored and presented. In particular, the methodology moved to reporting untreated, treated and target scores, enabling clearer distinction between inherent exposure, the

effect of controls already in place, and the intended residual position once further mitigation is delivered. This has supported a more joined-up and dynamic approach to the management of strategic risk during 2025/26, with stronger links between directorate risks, programme delivery, performance oversight and corporate assurance.

Departmental Risk Registers. Each Directorate maintains its own risk register. These are reviewed monthly at each delivery group and CRMP Performance Board which considers whether there are any risks which require escalation for potential inclusion in the Corporate Risk Register. Corporate risks are also scrutinised by the Authority's Overview and Audit Committee at each of its meetings.

Safeguarding. The Service works in partnership with local safeguarding, anti-slavery and exploitation, and domestic violence networks to support and improve the lives of the people at risk in its community. Assurance of safeguarding processes is provided through participation in the annual audits conducted under Section 11 of the Children Act 2004, Working Together to Safeguard Children 2023, and contributing to the formation of the safeguarding boards annual reports required under the Care Act 2014. Further assurance is provided through participation in the National Fire Chiefs Council (NFCC) safeguarding groups and alignment with national guidance on safeguarding processes developed by the NFCC and through demonstrating compliance with the Safeguarding Fire Standard.

Where safeguarding needs are identified, referrals are made in line with the safeguarding procedure. As further exemplified in Working Together to Safeguard Children 2023, escalation is used where an agency response is not in line with service expectations. Complex cases and those at heightened risk of fire through self-neglect or threat of arson are supported through interaction between relevant agencies and the provision of an enhanced level of safety equipment.

As part of our 2025/26 Annual Plan, the Service has completed a comprehensive evaluation of progress arising from the external Safeguarding Peer Review undertaken on 25–26 February 2025. The review assessed safeguarding governance, capacity, assurance and operational practice, providing an independent assessment of current arrangements and identifying opportunities for further improvement. Following the publication of the Peer Review Report in April 2025, all actions identified through the review have been completed and embedded into business-as-usual arrangements, strengthening safeguarding oversight, assurance and operational practice across the Service.

Through this peer-led process, we have been able to test our current arrangements against recognised good practice, learn from sector expertise, and identify opportunities to further improve the quality of safeguarding across our Service.

The Service participates in single agency and thematic Safeguarding Adult Reviews and Domestic Homicide Reviews as required by the Care Act 2014 and the Domestic Violence, Crime and Victims Act 2004, ensuring multi-agency learning is acted upon.

In line with the Prevent Duty introduced under the Counter-Terrorism and Security Act 2015, the Service also has representation on the Prevent Board working in partnership to safeguard people and the community from the threat of terrorism and radicalisation, disseminating the information shared in the annual Counter Terrorism Local Profile to appropriate staff groups.

Core Principle E: Developing the Authority's capacity, including the capability of its leadership and the individuals within it.

Authority Constitutional Documents. The Authority's Standing Orders define the roles and responsibilities of the Authority, Committees, Members and Officers and the protocols to be followed. The respective roles and responsibilities for members and officers are set out in the Combination Order (the statutory instrument that formed the Authority in 1997). Members of the Authority are also members of either Buckinghamshire Council or Milton Keynes City Council. Some members may also be members of other agencies with which we may be working. Members are reminded of their responsibility to declare interests at each meeting. There is a scheme of delegation from the Authority to the Chief Fire Officer and statutory officers. The Chief Fire Officer is also the Chief Executive of the Authority.

There are two ordinary committees of the Authority: the Executive Committee, and the Overview and Audit Committee.

Member Development. New members appointed onto the Authority are given an induction welcome pack, which includes information on the Service's promise, values and behaviours, Members' Allowances, Code of Conduct, Protocol on Member and Officer Relations, principal officers and a general overview of the Service. There were six new Members appointed onto the Authority during 25/26 (two of whom had served on the Authority some years previously) and the Authority appointed a new Chair, Vice Chair and Lead Members. Members have a training and development programme with regular workshops and a dedicated Member Support Officer. All Members were invited to an induction presentation which was held on Teams before the Annual Meeting. Members were also invited to visit Thames Valley Fire Control and the Safety Centre in Milton Keynes. There were four Extraordinary Meetings of the Authority held, in addition to the usual meeting schedule. The Chairman attended the Local Government Association (LGA) Annual Fire Conference and was a member of the LGA Fire Commission

The People Strategy was approved and endorsed by the Authority as part of our CRMP 2025-30. Enabler 1 is An inclusive, Healthy and Engaged Workforce -People Strategy and its goal is to optimise the contribution and wellbeing of all staff. The key aims within the people strategy are: Strive for a more diverse and engaged workforce; Ensure all staff can access wellbeing support easily throughout their career and know how and where to obtain it; Ensure all staff are appropriately trained to fulfil their role and are committed to creating and maintaining a thriving culture.

Senior leaders are role models for our core values and behaviours and possess the right skills and capacity to manage change. Clear communications and ease of access are in place for fair and transparent succession and promotional processes.

Empower our leaders, with training and support, to performance manage

The Thrive Leadership Programme was piloted, following detailed analysis and feedback which identified gaps in leadership development. The programme is designed to build leaders' confidence and capability to get the best from their teams. It is aligned to the Authority's four core behaviours and embeds a self-reflective, curious and coaching mindset to strengthen performance management in ourselves and others.

Rolling out Thrive Service wide to remaining line managers as a mandatory requirement (and others as optional) provides a consistent, evidence-based approach to leadership development that directly addresses HMICFRS feedback, People Survey priorities, and cultural risks. It represents a credible, scalable intervention to strengthen leadership capability, improve performance management confidence, and embed a coaching led leadership culture across the Service.

Embed our talent management programme

The staff development pathway, together with the leadership and behavioural framework, is now fully embedded across the Authority. This has been achieved through a comprehensive programme of initiatives, including:

- A dedicated intranet hub designed for clear and intuitive navigation
- A consistent cascade of key messages and expectations through leadership events at all levels
- A programme of staff development workshops, including the inaugural Women's Network Development Day
- Targeted support sessions and coaching to reinforce learning and embed best practice

The most recent Assessment Development Centre, attended by both support and operational colleagues, achieved a 100% success rate. Notably, three delegates scored above 90%, securing access to the High Potential Development Programme. This demonstrates the strength of the development pathway and the extent to which it is now understood and embedded.

Our innovative practice has also been shared with the NFCC and other services, both in response to direct requests and through NFCC recommendation, contributing to wider sector learning and improvement.

Develop our coaching and mentoring programme

To support a more people-centred culture of communication and development, we launched an official mentoring programme in November 2025 and introduced coaching interventions through the Thrive Programme (outlined above).

Mentoring: This programme supports confidential, longer-term mentoring relationships in an official capacity. Since work commenced in November 2025, individuals have been identified and a mentoring pool established. Training ran from January to March 2026, resulting in a bank of 26 trained mentors. Eight mentoring relationships were established within the first eight weeks of the programme being available, and early feedback from both mentors and mentees has been positive.

Coaching: Our approach to coaching has been foundational and deliberately inclusive. Coaching is embedded as a core skill within our Thrive Programme, which will be rolled out Service-wide to all leaders, covering key skills such as presence, active listening and curiosity to support behaviour change. As part of Module 2, the coaching skills session has consistently been one of the highest-rated elements of the pilot programme, alongside Insights Discovery.

The inclusion of coaching skills was welcomed, with 84% of participants indicating it should ‘definitely’ or ‘probably’ be an important part of the programme. Provision of coaching within the Service was also viewed as important by 89% of those attending the pilot Thrive Programme.

Female coaching: Since July 2025, we have offered ad hoc specialist confidence and impact coaching for women within the Service, and 60% of those coached have achieved promotion in that period. This success highlights the value of specialist, meaningful support for women in the fire and rescue service, and the offer will continue through 2026 and 2027 where required.

Succession planning. Regular systematic and rigorous Strategic Workforce and Succession Planning processes are in place, which incorporate current workforce planning requirements and horizon scanning of likely future external and internal challenges. Outcomes from these processes are subsequently translated into timely interventions to ensure the Authority continues to meet workforce capacity requirements and build capability. In addition, it provides opportunity to refresh the workforce through the identification of people; internal and where required external to fill identified key positions.

Health and wellbeing. The Service continues to promote the value of health and wellbeing with employees throughout all roles and committed to establishing a positive health and wellbeing culture within the workplace, which include promoting awareness and understanding of wellbeing, implementing effective and fair processes, and instilling positive behaviour by all. Support for employees includes access to Occupational Health, an employee assistance programme, Welfare Officer, mental health first aiders, trauma support debriefers, professional supervision (for identified roles), a confidential reporting line. National campaigns are supported and communicated to employees throughout the year via a variety of mediums, such as the Intranet, posters, posts on social media. On a regular basis education and training is provided to new employees and supervisory managers on key topics such as wellbeing, attendance management, occupational health, trauma support. In addition, the Service continues to work closely with The Fire Fighters Charity as the help and support the health and wellbeing of past and present UK fire service employees.

The service is reviewing and strengthening its health and wellbeing proposition, with a Private Medical Insurance (PMI) options paper approved in March 2026 and due for imminent roll-out. We have also refreshed our Mental Health First Aid capability, completing refresher training in January 2026 to ensure continued confidence and consistency of support across the Service. This workstream links closely with the reward and recognition project (due for completion in July 2026) to ensure our overall employment offer is joined-up, and it will also align with the planned People Directorate restructure in 2026, with welfare and wellbeing remaining within scope as part of those changes.

Training Needs Analysis. Workforce and succession planning processes are in place with outcomes from these processes being translated into timely interventions to ensure the Authority continues to meet workforce capacity requirements and build capability. The Service's Training Needs Analysis (TNA) collates staff training requirements annually and is monitored quarterly by the People

Delivery Group (mentioned above). The TNA is translated into prioritised learning programmes, submitted by department managers, and scrutinised to ensure alignment with business priorities, business continuity succession plans and approved budgets.

Apprenticeships: The Authority continues to demonstrate efficiencies through the use of apprenticeships and utilising the government levy. Due to being effective in fully utilising the levy, the Service is now benefiting from co-funding arrangements with the department of education, where they fund 95% of the apprenticeship cost and the organisation funds the other 5%. This offers training in various departments for new starters such as Firefighters and IT alongside upskilling existing staff.

The Service secured a transfer of apprenticeship levy from Milton Keynes Council to fund cohort 13 of our firefighter apprentices. this allows us to continue to build on the success of our Firefighter Apprenticeship Programme, offering career opportunities and providing our pivotal service to the community – keeping them safer.

Fire Service College. The current contract the Service has with the Fire Service College (the FSC), commenced in June 2022 and will continue until the end of May 2025. The Service has taken the option to extend this contract from 1 June 2025 to 31 May 2027 with an updated version. A feature of the extension is that our instructors can take the lead and run Service Fire Fighter Development Programmes and claim the days back as working for the FSC. This ensures that our instructors are kept up to date with best practice within other fire and rescue services, rather than becoming insular.

The FSC facilities are used to assess and maintain the competence of operational staff for Breathing Apparatus and 'Incident Command (IC) Level 1 and to deliver training on fire behaviour and road traffic collisions.

Refresher training and assessment for Incident Command Levels 2 and 3 is also covered in the arrangement with the FSC. This covers Station and Group Commanders.

The facilities at the FSC enable large scale exercises to be run which helps us to test operational capability under the Joint Emergency Services Interoperability Principles (JESIP), further developing relationships with partner agencies, such as South Central Ambulance Service and Thames Valley Police, who are keen to remain involved in these exercises.

Core Principle F: Managing risks and performance through robust internal control and strong public financial management.

Managing Data. The Authority has a data management framework which includes a programme of auditing the quality and accuracy of data used in decision making and performance monitoring; a training programme; and procedures for identifying personal and other sensitive information, assessing the impact of systems, processes and procedures, and for sharing information with other agencies and members of the public. The CRMP Performance Board reviewed and challenged performance against targets and objectives.

The Authority uses encrypted email for the transmission of information outside of its Virtual Private Network (VPN) and has resilient back-up arrangements to assist in compliance and accountability to the confidentiality, integrity and availability of information.

Overview & Audit Committee. This committee reviews arrangements for identifying and managing the Authority's business risks and the approval or recommendation of policies in respect of the Authority's governance framework.

Chief Finance Officer. The Director of Finance & Assets ensures the sound administration of the financial affairs of the Authority, as required by the statutory duties associated with section 112 of the Local Government Finance Act 1988 and the Accounts and Audit Regulations 2015. The Chief Financial Officer is required to adhere to professional and ethical standards set by CIPFA.

Risk Management Strategy. This ensures that the Authority identifies strategic risks and applies the most cost-effective control mechanisms to manage those risks and reduce impact on the service provided to the public. The Authority's Risk Management Policy and Guidance is reviewed and approved by the Executive Committee.

Business Continuity Management. This is to ensure the Authority is resilient to interruptions which have the potential to adversely affect the delivery of core functions. The Authority's business continuity management processes include specific guidance for the management of pandemics.

Governance Structure. All material business decisions are taken by the Chief Fire Officer in consultation with the Strategic Leadership Board (SLB) or by Members. Papers submitted for decision-making purposes must be referred to the Chief Finance Officer and the Monitoring Officer for financial and legal scrutiny prior to any decision being taken. The Chief Finance Officer, supported by the Chief Fire Officer leads the promotion and delivery of good financial management so that public money is safeguarded and used appropriately, economically, efficiently and effectively. This is achieved by a finance team that is suitably resourced, professionally

qualified and suitably experienced. The Chief Finance Officer meets regularly with the Lead Member responsible for Finance, as well as with the leaders of the political groups represented on the Authority. As stated above a review of the governance structure was undertaken and implemented.

Core Principle G: Implementing good practices in transparency, reporting and audit to deliver effective accountability

Pay Policy Statement. This is reviewed at least annually (most recently approved by the Authority in February 2026) setting out its policies on the remuneration of its chief officers, the remuneration of its lowest paid employees and the relationship between the remuneration of its chief officers and the remuneration of its employees who are not chief officers.

Gender Pay Gap Reporting**.** This is reported annually to the Authority's Executive Committee (most recently approved in March 2026). The Authority publishes six pieces of prescribed data about the pay and bonuses of male and female workers within the organisation. The report is published annually on the https://gender-pay-gap.service.gov.uk website as well as the Authority's website. An ethnicity pay gap was also included within this report.

Transparency Information. Data is published on the website in accordance with the Local Government Transparency Code (latest version published February 2015) to promote openness and accountability through reporting on local decision making, public spending and democratic processes.

Agendas, minutes and decisions. These are published on the website and include the rationale and considerations on which decisions are based.

Internal Audit. Buckinghamshire Council Internal Audit service provides the internal audit function for the Authority and reports to the Overview & Audit Committee. Regulation 5 of the Accounts and Audit Regulations 2015 states that the Authority must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance. Proper internal audit practices are defined in the Public Sector Internal Audit Standards 2017. The Chief Internal Auditor provides this opinion in an annual report on the System of Internal Control, which is used to inform the Authority's Annual Governance Statement.

External Audit. Since 1 April 2024 this function is provided by KPMG. External auditors provide an opinion on whether the financial statements of the Authority give a true and fair view of the financial position and of the income and expenditure for the year. They also provide a conclusion on the Authority's arrangements to secure economy, efficiency and effectiveness, as well as reporting to the National Audit Office on the Authority's Whole of Government Accounts return.

His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS). HMICFRS published the Buckinghamshire Fire and Rescue Service Round 3/2023-2025 report on 19 October 2023. The report can be found here: BFRS 2023-2025 - HMICFRS This report sets out HMICFRS inspection findings for Buckinghamshire Fire and Rescue Service following the inspection during May and June 2023.

The latest report for the Service identifies three causes of concern, accompanied by 10 recommendations, and 26 areas for improvement. The report was noted at the Extraordinary Fire Authority meeting on 24 October 2023. All of the causes of concern were closed by the end of 2024/25.

During 2025/26 we have worked on delivering the areas for improvement the HMICFRS identified alongside our annual plan. Progress has been reviewed through our internal governance with final sign off at the HMICFRS improvement board chaired by the Chief Fire Officer.

We were inspected again in quarter 4 of 2025-26. The 2025–27 inspection programme includes several updates. HMICFRS has streamlined its approach by reducing the diagnostic areas from 11 to 10 combining the efficiency questions. This round also places a stronger emphasis on leadership at all levels, introduces greater scrutiny of values, culture and misconduct, and adds a new focus on how a Fire and Rescue Authority's governance, oversight and scrutiny affects the service. HMICFRS also looked more closely at how services support community resilience, including working effectively with local communities to prevent fires.

Statement of Assurance**.** This provides staff, partners and local communities with an assurance that the Authority is doing everything it can to keep them safe and that it is providing value for money.

Review of effectiveness Buckinghamshire and Milton Keynes Fire Authority has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework including the system of internal control. Our review of effectiveness is informed by the work of the officers within the Authority who have responsibility for the development and maintenance of the governance environment.

In addition, the Chief Internal Auditor's annual report, comments made by the external auditors (KPMG), the Operational Assessment, other review agencies and inspectorates (referred to earlier) and the Overview and Audit Committee are all sources providing scrutiny and recommendations on which we have drawn to compile the action plan set out in Appendix B.

It is a management responsibility to develop and maintain the internal control framework and to ensure compliance. It is the responsibility of Internal Audit to form an independent opinion on the adequacy of the system of internal control.

This opinion should be used as a key strand of the assurance framework which management use to develop their Annual Governance Statement.

The role of the internal audit service is to provide management with an objective assessment of whether systems and controls are working properly. It is a key part of the Authority's internal control system because it measures and evaluates the adequacy and effectiveness of other controls so that:

- The Authority can establish the extent to which they can rely on the whole system; and
- Individual managers can establish the reliability of the systems and controls for which they are responsible.

This is presented as the Chief Internal Auditor's opinion:

'The results of the audit work undertaken, when combined with our experience, the cumulative knowledge gained through our ongoing liaison with officers, knowledge of previous years' performance, and the current climate in which the Authority is operating, form the basis for the overall opinion. As such, the Chief Auditor can provide ***Reasonable Assurance*** *that Buckinghamshire & Milton Keynes Fire Authority had in place an adequate and effective framework of governance, risk management and internal control for the period between 1 April 2025 and 31 March 2026.'*

July 2026

Forward Look: Governance Challenges, Risks and Priorities

In line with the CIPFA/SOLACE May 2025 Addendum, we have considered how our governance arrangements will need to evolve in light of issues identified and monitored during 2025/26 and to support delivery of the Community Risk Management Plan 2025-2030 and Annual Delivery Plan 2025/26.

While our governance arrangements are assessed as operating with reasonable effectiveness, a number of strategic challenges and emerging risks will require sustained attention over the medium term.

Sustaining Improvement Following HMICFRS Inspection

During Q4 of 2025-26, HMICFRS inspected the Service. The outcome report from this inspection, due in mid Q2 2026-27, will highlight any areas for improvement and potentially any causes for concern. We will need to schedule any resulting action plans into our planning arrangements, and they may affect our priorities and delivery of our Annual Plan.

Financial Resilience and Resource Sustainability

We continue to face financial pressures arising from inflation, pay and pension costs, and wider public sector funding constraints. Our governance arrangements will continue to focus on:

- alignment between the Medium-Term Financial Plan and the CRMP
- prioritisation of resources based on risk and community outcomes
- maintaining strong financial oversight and challenge

Workforce Capacity, Culture and Leadership

The delivery of our objectives depends on maintaining a capable, diverse and resilient workforce. Our governance priorities include:

- embedding the People Strategy and Staff Development Pathway
- ensuring effective succession planning and leadership development
- continuing to strengthen organisational culture, including equality, diversity and inclusion, behaviours and ethical standards

Climate Change and Environmental Governance

We have established a Sustainability Framework. Our future governance arrangements will focus on:

- embedding climate considerations into decision-making
- strengthening oversight of environmental performance
- improving transparency of reporting on climate-related risks and actions

Data, Digital and Information Governance

As reliance on data and digital systems increases, our governance arrangements will continue to ensure:

- compliance with data protection and information governance requirements

- robust cyber security and resilience arrangements
- effective use of data to support evidence-based decision-making

Partnership and Collaboration Governance

We operate within a complex partnership landscape. Our governance priorities include:

- ensuring clarity of accountability within collaborative arrangements
- managing risks associated with partnership delivery
- demonstrating value for money and effectiveness

Strengthening the Assurance Framework

In response to the 2025 Addendum, we will continue to strengthen our governance assurance framework through:

- improved integration and evaluation of assurance sources
- further development of the corporate risk management framework
- clearer identification and reporting of significant governance issues
- continued alignment of the AGS with best practice

We recognise that good governance is a continuous process of review, learning and improvement. The actions set out in Appendix B, together with the priorities identified above, will support the continued strengthening of our governance arrangements in the years ahead.

Conclusion

Consistent with the overall governance opinion set out above, and as a result of the extensive work we have undertaken to review internal structures, clarify roles and responsibilities, and introduce new systems and processes, working together with the Chief Internal Auditor, the External Auditors and our own Overview and Audit Committee, we have a plan (see Appendix B) in place to address the weaknesses identified and ensure continuous improvement of our governance system. Appendix A sets out progress against the delivery of the 24/25 Annual Governance Statement action plan.

Further to the Chief Internal Auditor's comments, we propose over the coming year to take steps set out in Appendix B to address the above matters to further enhance our governance arrangements. We are satisfied that these steps will address the need for improvements that were identified in our review of effectiveness and will monitor their implementation and operation as part of our next annual review.

29/07/26

Signed …… Date …….

Cllr Llew Monger - Chairman of the Buckinghamshire & Milton Keynes Fire Authority

29/07/26

Signed …….. Date …….

Louise Harrison – Chief Executive and Chief Fire Officer of the Buckinghamshire & Milton Keynes Fire Authority