Appendix B – Baseline Assessment

**DORSET & WILTSHIRE FIRE AND RESCUE**

# Service Delivery Plan

## 2017 - 2018

**To Support the Community Safety Plan (2017 - 2021)**

*PASSIONATE ABOUT*
**CHANGING & SAVING LIVES**

# Contents

# HOW IT ALL FITS TOGETHER

The Community Safety Plan sets out our ambition over the next few years. It has five priorities:

1. Making safer and healthier choices
2. Protecting you and the environment from harm
3. Being there when you need us
4. Making every penny count.
5. Supporting and developing our people

Each of the strategic priorities is supported by four Key Lines of Enquiry (KLOE).

The KLOE's pose specific questions against which performance is appraised using performance indicators and commentary provided by managers.

To ensure that the current performance position is well understood, each KLOE has a baseline assessment against three levels – *Developing, Established* and *Advanced*.

Progression to the next level within these categories is indicated in the Service delivery plan. This plan is further supported by a comprehensive set of *on-going* key activities and projects along with those that are being put in place to *strengthen* or advance our current position.

These activities and projects are in our performance management system (Sycle) and form the basis of departmental and team delivery plans that managers' report their progress against.

Under these arrangements, the Local Performance & Scrutiny Committees consider and scrutinise performance against the first three priorities that are:

1. Making safer and healthier choices
2. Protecting you and the environment from harm
3. Being there when you need us

Finance, Governance and Audit Committee review performance against the priority, namely

4. Making every penny count.

5. Supporting and developing and supporting our people

# How we Set & Review our Performance



Community Safety Plan
Sets out our plan for the coming years

Priorities
Shows the strategic approach we are following
Achievements reported through Annual Reports & Accounts

Key Lines of Enquiry
Identifies where we are, where we need to go & the things we need to deliver
Quarterly performance review by committees & Fire Authority

Departmental Actions & Projects
Sets out the actions & projects for departments & teams
Monthly review between directors, heads of departments & their teams

Individual Performance
Personal aims & expectations
One to ones & Personal Reviews

Values

Direction

Action

Knowing where we are

# PRIORITY 1: MAKING SAFER AND HEALTHIER CHOICES

**KLOE 1: How are we working with our partners to use a wider range of information to improve the well-being and independence of vulnerable people?**

| DEVELOPING | ESTABLISHED | ADVANCED |
|---|---|---|
| A process is in place for defining the level of community risk and for targeting those individuals who are most at risk predominantly from fire. Risk analysis is largely undertaken centrally through electronic analysis of population social demographics and there is little local ownership. As a result, targeting higher risk individuals is only partially effective because there is no consistent use of relevant partner data and intelligence. Delivery of services is not consistently tailored to specific individual needs and solutions are found on an ad hoc basis. | Processes are in place for defining community risk and for targeting people who are most vulnerable in all parts of the communities. However, more work needs to be done to make sure that targeting consistently uses relevant partner data and intelligence. Cross functional working is taking place and this ensures the most vulnerable are also identified through local intelligence which is inclusive and reflective of all groups within the community. There is a one team approach to service delivery that maximises resources and this is apparent in our performance framework. Interventions are delivered in conjunction or on behalf of partners and staff have the correct knowledge and skills to operate safely and effectively. Delivery of services is tailored to individual needs and there are processes in place that enable a flexible approach that makes sure all parts of the community receive a consistent level of service | The processes that are in place for defining community risk and for targeting people who are most vulnerable in all parts of the communities have been benchmarked against best practice and validated by stakeholders and partners. There is effective collaboration between partners and effective sharing of data and intelligence is embedded which enables resources across agencies to be maximised. Interventions are tailored to individual needs and there are processes in place that enable a flexible approach that makes sure all parts of the community receive a consistent level of service. We are championing the innovative use of technology to support independent living. Interventions are evaluated at all levels to drive improvement and they are outcome focused. |

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| Performance is measured mainly by metrics and there is no consistent methodology for evaluating successes. There are also no direct links being made to partner outcomes. | Evaluation is undertaken to try to measure how effective these interventions are in improving the well-being and independence of vulnerable people, although more work needs to be done to strengthen this and determine how interventions deliver positive outcomes. | Where appropriate evaluation has been aligned to partner strategies and outcomes and the alignment has been externally validated. Outcomes are shared with communities, partners and staff through our performance management and governance framework. |

## BASELINE ASSESSMENT

We are continuing to working with partners to try to ensure that we are targeting resources at the most vulnerable and trying to make every contact count. Our approach uses data and information to support the delivery of our prevention and education activities. We endeavour to identify those most at risk through a number of methods. This includes referrals from our partners, direct referrals from the public and by using specialist computer modelling software Pinpoint and MOSAIC. The modelling software uses data sets and algorithms to help us to determine where the most vulnerable in our communities are and this is actively used to target resources. We also ensure that our activities are being delivered to reduce local risks through the knowledge and relationships that are developed within Area Management Teams (AMT's) via their partnership work and engagement with public and voluntary sector organisations. This use of intelligence across teams and departments informs the full range of activities we deliver including Safe and Well checks, youth engagement programmes, arson reduction and road safety initiatives. Records are kept and work allocated across the service using the Community Fire Risk Management Information System (CFRMIS). Data sharing exists between key partners and although they are limited in their extent in some areas, our approach is being strengthened through the Dorset Information Sharing Concordant and Single View of the customer in Wiltshire and Swindon.

We are also working to ensure we are contributing towards wider health outcomes and to help us to achieve this we are actively involved in Health and Wellbeing Boards and their respective delivery groups. This has also enabled us to look at how we might contribute towards the strategic outcomes that are set out in the two Sustainability and Transformation Plans (STP) that cover our Service area. In Dorset we are fully involved in the STP. Our potential role has been recognised in the STP delivery plans, particularly in terms of contributing towards one of the key themes which is prevention at scale. We continue to work closely with partners to determine areas where we can add value, especially through the on-going development and delivery of our Safe and Well visits. In the Wiltshire, Swindon, Bath and North East Somerset STP area although we are not directly involved in the delivery plans at this stage, we continue to play a key part in developing and delivering Safe and Independent Living (SAIL). This is a partnership referral process that signposts vulnerable people to appropriate services across the public and voluntary sector. Our success is linked to our ability to gain access to vulnerable people

through our Safe and Well visits, which is reflective of our brand and positive reputation within our communities. The SAIL scheme is currently the immediate focus within the STP in trying to move from a general reactive approach to treatment and care to more of an emphasis on prevention and proactive care that will enable vulnerable people to live more independently.  We will continue to work at a strategic level to strengthen relationships and generate collective understanding of the potential role we might play in adding capacity to emerging STP delivery plans.

We continue to sit on the Swindon Providers Forum, Prevention of Harm Board and Older Persons Forum in Wiltshire and on the Health and Well Being Board and Early Help Board in Dorset.  Across both STP areas we also continue to work proactively at a locality level to ensure that we are able to identify opportunities where we are able to contribute towards keeping people safe and independent in collaboration with a wide range of partners.  Although the majority of this work sits outside STP delivery plan at this stage; through our performance framework, we have developed our Key Lines of Enquiry and associated delivery plans so that they are reflective of wider health and social care priorities and outcomes. This allows us to align our delivery plans and our evaluation to key priorities within Health and Well-Being strategies.

An area we continue to investigate is the evaluation of our Safe and Well visits. An initial meeting with the Emergency Care Network (ECN) has led to discussion with the Academic Health Science Network (AHSN). This is with a view to the AHSN evaluating our Safe and Well visits to establish the value for money that they provide and the potential reduction in vulnerability and subsequent savings we contribute towards across the wider clinical and public health arena. The AHSN are currently looking at the details of our Safe & Well visits to determine the most appropriate methodology.

Area Management teams also continue to coordinate work and build on partnership arrangements across the Service's area to see where we can add value and help to protect vulnerable people though active participation in Community Safety Partnerships, safeguarding boards, strategic road safety boards, Drug and Alcohol boards and in supporting the domestic abuse strategies through signposting and our safeguarding arrangements. We have ensured that our Safe and Well advisors have been trained by public health to recognise more complex needs and to understand how and where individuals can be signposted to so that they receive a person centred approach. In addition, all of our Safe and Well advisors and our operation crews have received safeguarding and dementia awareness training which has been invaluable in making sure we are able to signpost and request interventions from partners that are proportionate and appropriate. We continue to react to individual needs during our Safe and Well visits but we have recognised that we need to develop our more consistent and thorough approach in areas such as translation services or where individuals may have disabilities that affect their communication. This is an area we will focus on strengthening during 2017/18.

More work needs to be done to make sure that targeting consistently uses relevant partner data and intelligence so that we are delivering our services to the most vulnerable. We are also aware that as a new service, we need to continue to make sure that internal teams are working as closely as possible and in a consistent way to support the delivery of services across our communities. In addition, more work needs to be done with partners to evaluate how effective these interventions are in improving the well-being and independence of vulnerable people, and in determining how interventions deliver wider societal benefits including reducing demand on public services and delivering cost benefits.

| OVERALL JUDGEMENT APRIL 2017 | DEVELOPING | ESTABLISHED | | ADVANCED |
|---|---|---|---|---|
| BY APRIL 2018 | DEVELOPING | ESTABLISHED | | ADVANCED |

## KEY PERFORMANCE INDICATORS TO SUPPORT CORPORATE PERFORMANCE MONITORING
None

## EXTERNAL ACCREDITATIONAL STANDARDS WE ARE CURRENLY WORKING TOWARDS
At this moment, there are none that we consider would substantially improve performance against this Key Line of Enquiry

## EXTERNAL ACCREDITATION STANDARDS THAT WE ARE BENCHMARKING PERFORMANCE AGAINST
None identified

## KLOE 2: How are we delivering education programmes which support families, children and young adults to achieve their potential and strengthen our communities?

| DEVELOPING | ESTABLISHED | ADVANCED |
|---|---|---|
| A range of education programmes and interventions are being delivered and although they are well received they are not consistently linked to partner outcomes. Limited evaluation occurs at the end of each event and this is generally only used to improve practical delivery. All activities involving children, young persons and other vulnerable groups only take place after undergoing our formal risk assessment process and these are reviewed by not yet annually. | Education programmes and interventions are being delivered which target vulnerable people, but more work needs to be done to make sure that this is consistent. Partners are involved in shaping the content and outcomes of programmes and evaluation is consistently used to drive improvement and to measure positive community outcomes; although more work needs to be done to strengthen these links. Suitable and sufficient assessments of all significant risks to staff, and those who may be affected by the Service's activities, are undertaken, recorded and applied by competent staff. All activities involving children, young persons and other vulnerable groups only take place after undergoing our formal risk assessment process and these are reviewed annually. | An appropriate range of education programmes are in place that are clearly targeted at supporting families, children and young adults to achieve their potential and strengthen our communities. Specific programmes and interventions are also in place to support the most vulnerable. Programmes are linked to the outcomes of partners and where appropriate they have been developed in consultation with them. Programmes are evaluated at all levels to drive improvement and where appropriate they have been externally validated. Suitable and sufficient assessments of all significant risks to staff, and those who may be affected by the Service's activities, are undertaken, recorded and applied by competent staff. All activities involving children, young persons and other vulnerable groups only take place after undergoing our formal risk assessment process and these are reviewed annually |
| There is limited consistency or coordination in gaining funding for events and there is a lack of consistent understanding of the value of education programmes outside of delivery | Funding for events is coordinated centrally but is secured collaboratively with Area Management Teams through proactive stakeholder engagement that reflects local needs. Events are | Delivery plans are developed through cross functional working using local intelligence from Area Management Teams and central delivery teams. There is a one team approach to |

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| teams. Events are planned and delivered centrally with little engagement within Area Management Teams. | planned and delivered in partnership between Areas and central delivery teams and the positive outcomes of interventions form an integral part of performance management reporting at district and Area level. | delivering and reporting outcomes which are shared with Members, communities, partners and staff through our performance management framework. |

## BASELINE ASSESSMENT

We provide a range of education and intervention programmes that are designed to inform children, young adults and vulnerable people about the dangers of fire. Increasingly we are also delivering packages and programmes that help people to make safer and more informed choices about their wider health and well-being. The majority of the interventions are developed in house by our education team and they are delivered directly by our staff and volunteers. However, some education packages can be delivered by other organisations. The development and delivery of education programmes takes into account the National Chief Fire Officers Association Children and Young People's Strategy and local needs.  In order to meet the vision of the Dorset & Wiltshire Fire and Rescue Authority, the structure within the prevention team has been designed to facilitate the delivery of a wide range of programmes and education sessions in all five upper tier authority areas. Our universal provision has been delivered to children and young people in schools, at youth groups, community events and in the Safewise Centres in Bournemouth and Poole.

Our Education programmes aim to achieve the following outcomes;

- prevent children and young people being harmed or killed in accidental fires or causing fires through ignorance or carelessness.

- prevent children and young people becoming involved in fire crime and anti-social behaviour and to help to divert children from fire crime and anti-social behaviour.

- educate and develop children in fire safety skills and responsible citizenship.

- provide children and young people with the skills to enable them to maintain a safe and healthy lifestyle and to be able to make more positive life choices which will help them to lead safer lives

We achieve this by actively engaging with children and young people through key stages in schools and colleges, though our work with a range of partners and through different commissioning routes. The design and delivery of our education programme aims to prevent, reduce and divert children and young people, and in some cases, their families from becoming involved in anti-social behaviour and fire crime. It also provides them with fire safety skills and understanding of fire related risks while promoting responsible citizenship. Education related to road safety is also delivered in partnership through our road safety initiatives such as the honest truth and safe drive stay alive. The Education team work across the service area and are proactive in providing support and build relationships with their local fire stations and education establishments to contribute towards reducing local risks.  Our youth intervention and education programmes, including driver education, and our work in promoting wider health and well-being are also complimented by the design and delivery of activities and events which take place at the Safewise safety centres which we support financially in conjunction with partners and key stakeholders. The reach and impact of our work with the Safewise charity will increase with the development of the safety centre at Wroughton.

We ensure that all of our interventions are tailored to the age, ethnicity, abilities and gender of children and young people and we have worked with partners to establish information sharing arrangements which support effective inter-agency working, ensure confidentiality, and meet legal requirements whilst setting boundaries and guidelines for referrals. We continue to strengthen our work in partnership with other public and third sector organisations to meet shared objectives and outcomes. The education team have regular meetings to discuss how to continually improve the sessions that are delivered and to share good practise. All of our education and youth intervention programmes have in place suitable and sufficient risk assessments and these are reviewed annually.

We are actively reviewing our youth intervention and education programmes during 2017/18 to make sure we can continue to deliver high quality events that meet the needs of the young people who attend our programmes and to ensure they are sustainable and deliver wider partner outcomes where necessary. During this review we will continue to deliver SPARC and Salamander programmes that are led by specialist teams. These modular courses currently allow commissioners to achieve a bespoke programme suited to their particular requirements and this principle will remain during the review along with determining how we measure positive outcomes.  We will also continue to work with the Prince's Trust to establish how we can continue to contribute to delivering positive outcomes for young people who may be disadvantaged or suffering temporary personal challenges.

We have a cadet's programme running in the south of the organisation which is a twenty session, once a week programme that provides a BTEC Award which is assessed throughout the programme. We are expanding this cadet's programme and will deliver the same BTEC programme in Wiltshire during 2017/18 in addition to the current cadet programmes that run at Cricklade and Ludgershall. These programme are supported by volunteers and they run continually in a similar way to a military cadet programme.

We also deliver a Firesetters education scheme for 4-18 year olds who are referred to us after being assessed as having an interest in fire setting. The main purpose of this scheme is to achieve a "Firesafe" child or young person and the programme is delivered by specially trained staff. Through dialogue and positive intervention, we attempt to show them the dangers of their practices and to offer support and advice to the individual and their families or guardians.

Another strand of our offer includes educational talks and presentations on safety and health awareness for older people and community groups. We use physical resources such as our sprinkler demonstration unit, electrical safety vehicle and our vent vehicle to complement the delivery of safety messages and education programmes. We look at our statistics and if a young person is re-referred back into our Firesetter programme we consider fully the individual case and the history to ascertain why we are seeing them again and how best to work with them again. During 2017/18 we are putting in place an arson reduction coordinator on a trial basis to help to manage the Firesetters scheme and to do more focused prevention work around arson reduction with Area Management Teams and partners.

Across all of our education and youth intervention programmes we are actively seeking opportunities to work across the public sector, with voluntary agencies, the military and blue light services at a local, regional and national level to make sure we are maximising the positive impact we have on communities and individuals.

| OVERALL JUDGEMENT APRIL 2017 | DEVELOPING | ESTABLISHED |  | ADVANCED |
|---|---|---|---|---|
| BY APRIL 2018 | DEVELOPING | ESTABLISHED |  | ADVANCED |

## KEY PERFORMANCE INDICATORS TO SUPPORT CORPORATE PERFORMANCE MONITORING

➢ Number of school pupils visited in schools by education officers
➢ Number of School pupils visited by fire crews and /or visited the stations
➢ Number of school pupils visiting safety centres
➢ Number of adult sessions at safety centres
➢ Number of children/ young people in voluntary and community groups talked to by education officers or fire crews
➢ Number of vulnerable adults receiving a talk by education officers or fire crews
➢ Number of university / college students receiving a Fire Safety input
➢ Number of Firesetter cases
➢ Number of Firesetter re-referrals

➢ Number of deliberate fires

Corporate Target –

1. By 2020, we achieve a positive outcome for 75% of young people completing an organised programme or scheme
2. **Achieve a 5% reduction in deliberate fires (over the average achieved during the last 5 years – 2011-2016**

## EXTERNAL ACCREDITATIONAL STANDARDS WE ARE CURRENTLY WORKING TOWARDS

Assessor and verifier qualification for Youth intervention courses.  The Youth Intervention Manager will be working towards this during April / May 2017

## EXTERNAL ACCREDITATION STANDARDS THAT WE ARE BENCHMARKING PERFORMANCE AGAINST

None identified

## KLOE 3: How are we delivering effective road safety education to reduce the risk of road traffic deaths and injuries?

| DEVELOPING | ESTABLISHED | ADVANCED |
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| There is a centrally coordinated and delivered approach to road safety which aims to contribute to a reduction in the number of those killed or injured on our roads. Educations programmes are well received but there is little evaluation of their positive impact in terms of outcomes. Partners are engaged in supporting the delivery of events and activities but this is, on occasion, inconsistent. | Road safety education programmes are being delivered which are targeted to those most at risk, but more work needs to be done to make sure that this targeting is consistent. Evaluation is undertaken, to drive improvement in delivery and to measure community outcomes, although more work needs to be done to strengthen links with partners and provide evidence that programmes are driving down the risk of having an accident on the roads. There is a coordinated | There is clear evidence that road safety activities are driven down the numbers of killed or seriously injured on our roads and this has been evidenced and validated through a shared evaluation framework. Regular communications and interaction takes place at a strategic level and the common vision and delivery plans drive forward innovative approaches to educating those at risk. We work effectively with key partners to enhance the reputation of our |

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| | approach to road safety with partners and a common vision and strategic direction. | programmes at a local and National level across all sectors. |
| Area Management Teams are not engaged in developing delivery plans and only report data post events. | Events and programmes are fully supported by Areas and District Commanders work closely with the central team to determine where at risk groups are within their local communities. Reporting on delivery plans is driven through District Commanders with the central team supporting them so that risks and positive outcomes are reported to Member's, partners, staff and local communities. | Area Management Teams recognise the value of our interventions and actively support the delivery of local initiatives through District Commanders. Cross functional working is the norm and reporting of risks and positive outcomes is consistently driven by Areas with central team support, so that performance can be shared with member's, partners, staff and local communities. |

## BASELINE ASSESSMENT

We are now represented on all our local Road Safety Partnership meetings in both Dorset & Wiltshire. Road traffic casualties in Dorset & Wiltshire cost the national economy a combined total £288million during 2014. (data supplied by Department for Transport). Road Safety initiatives focus on targeting high risk road users identified through statistical analysis of casualties. This is delivered in partnership and work is leading to our active participation in road safety education events organised through a range of tried and tested partnerships. One area of focus is on young drivers aged 16-24. In Dorset and Wiltshire this age group made up 27% of all casualties during 2014.

During 2016/17, we delivered road safety education to around 16,900 people from across Dorset & Wiltshire. These attendees were reached through a number of different initiatives and the targeting of high risk groups. We will continue to focus on increasing this number with our partners to try to reduce the devastating impact road traffic collisions (RTC) have on individuals and communities.

Twenty-four percent of the British Army is located in the areas we cover and data from the Ministry of Defence indicate that army staff are 161% more likely to be involved in an RTC than the rest of the UK population. We use the Safe Drive Stay Alive Roadshow as our educational tool for the Army. This year 2,800 Army staff attended the roadshow and the roadshows for 2017/18 in the Wiltshire area are already booked in, with a further 5,000 attendees

expected. The Dorset area camps of Blandford & Bovington are to be introduced to the programme in the next 12 months and this will further extend the reach of our education and prevention activities.

A continuing area of focus for road safety education are new drivers. The Safe Drive Stay Alive in programme Wiltshire was delivered to 7,500 young people during the 2016/17 school year. This reached more than 90% of schools across Wiltshire & Swindon. We will be working locally through Area Management Teams and with Members to try to expand this to cover all schools within Wiltshire and the main roadshow tour for 2017/18 is currently being booked to run from September to December.

Safe Drive Stay Alive in Dorset will have reached 3,600 young people by the end of 2016/17 school year. To assist in the delivery and continued expansion of the programme, a working group consisting of representatives from the Dorset Road Safe partnership has been set up to review the current programme for the 2017/18 delivery. This includes reviewing content, key messages and bringing more schools into the programme. We will once again be working through the central team with Area Management Teams, Members and local partners to achieve our aspiration of being able to deliver Safe Drive Stay Alive to all schools within Bournemouth, Dorset and Poole.

We continue to engage with the corporate world and offer road safety education through small scale road safety events to larger Safe Drive Stay Alive Roadshows. So far during 2016/17 we have worked with Network Rail, Bam Nuttall and Southern Electric with a total of 2600 attendees. We will continue to look at how we can engage with businesses and specific high risk sectors to improve road safety education during 2017/18. We also support national campaigns, by coordinating or assisting with road safety education events, including National Road Safety Week, NPCC Don't Drink & Drive Campaigns and events to raise awareness about the recent changes in mobile phone law.

We have an excellent profile in road safety and are often contacted to advise and assist other areas in developing their own Safe Drive Stay Alive programme. We have recently helped the Gloucester road safety partnership set up their own version of the event and have received requests to assist in Warwickshire and Bristol. We are also assisting the British Army Headquarters in delivering our model of Safe Drive to the entire British Army.

Through our partnership work, we also target motorcycle riders. We support the BikeSafe programme in Wiltshire with the use of our stations to run courses for free. We attend motorcycle events across the Service area to promote road safety messages and engage with the motorcycle community. We also work in partnership with the police and commercial business by supporting community safety events where members of the public can attend to improve their knowledge around car maintenance, first aid and general road safety information.

Some evaluation of our events is undertaken but more work needs to be to strengthen this and demonstrate that what we are doing is having a positive impact on driving down RTC's and injuries and deaths. We also operate 3 social media profiles with more than 8,000 followers. These are used to further

our education reach by posting road safety advice and information. There are currently no evaluation arrangements in place to allow us to measure the potential impact our social media profile has, but we are confident it makes a positive contribution.

| OVERALL JUDGEMENT APRIL 2017 | DEVELOPING | ESTABLISHED | | ADVANCED | |
|---|---|---|---|---|---|
| BY APRIL 2018 | DEVELOPING | ESTABLISHED | | ADVANCED | |

## KEY PERFORMANCE INDICATORS TO SUPPORT PERFORMANCE MONITORING

➢ Number of people killed or seriously injured in road traffic collisions
➢ Number of people killed or seriously injured in road traffic collisions - Wiltshire
➢ Number of people killed or seriously injured in road traffic collisions - Swindon
➢ Number of people killed or seriously injured in road traffic collisions - Bournemouth and Poole
➢ Number of people killed or seriously injured in road traffic collisions - Dorset
➢ Number of people killed or seriously injured in road traffic collisions – M4

Corporate Target - Working in partnership, we will help to reduce the number of deaths and serious injuries in road traffic collisions by 40%

## EXTERNAL ACCREDITATIONAL STANDARDS WE ARE CURRENLY WORKING TOWARDS

At this moment, there are none that we consider would substantially improve performance against this Key Line of Enquiry

## EXTERNAL ACCREDITATION STANDARDS THAT WE ARE BENCHMARKING PERFORMANCE AGAINST

None identified

## KLOE 4: How are vulnerable people receiving the level of support, advice and information they require to drive down their risk of fire?

| DEVELOPING | ESTABLISHED | ADVANCED |
|---|---|---|
| Prevention activities are delivered primarily on the basis of self- referral or as part of other prevention activities where targeting the most vulnerable is only partially successful. There are central processes in place to identify who is most likely to be at risk of fire but more work needs to be done to create a person centred approach. Performance management processes are in place but these are target driven and do not focus on outcomes. | Prevention activities are delivered effectively to those most at risk from fire. Targeting is undertaken, using shared data, local intelligence and referral programmes with other agencies, although there is more work to be done to make sure all relevant sources of data are available. This approach ensures high risk individuals are provided with the right advice and support to allow them to live safely. It also enables resources to be used efficiently and to ensure the right interventions are delivered that are specific to the individual. High risk premises are also revisited periodically to ensure the correct measures remain in place. Technology is used as appropriate and we work effectively with partners to ensure there is an integrated approach to managing higher risk individuals. | There is clear evidence through validated evaluation that prevention activities have driven down fire risk within local communities and that individuals have received appropriate interventions to enable positive outcomes to be achieved in the majority of cases. Regular communications and interaction takes place with key partners to make sure appropriate information and data on vulnerable people is shared so that we can collectively maximise our resources. Technology is used as an integral way of managing individuals who have a higher risk of having a fire and this is undertaken in conjunction with partners where appropriate. Evaluation allows lessons to be learnt and to enable continuous improvement. |
| There is limited evidence of cross functional working and there is a degree of disconnect between District Commanders and prevention teams in terms of understanding where at risk individuals are and how they are being targeted. | Area Management Teams work closely in an integrated way with prevention teams and District Commanders understand and help to target resources locally to compliment response and protection arrangements. Evaluation is embedded within the management processes | Area Management Teams are proactive in working with prevention teams to deliver against their responsibility for coordinating prevention, protection and response arrangements. There is positive interaction with Members and they are engaged in and understand the role they play in |

| | but outcomes cannot always be measured and the process has not been externally validated | holding officers to account for the safety of our communities. |
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## BASELINE ASSESSMENT

Our approach to prevention aims to improve the safety and well-being of our communities by identifying 'at risk' groups and individuals and working with our partners to help to prevent fires and other incidents occurring. We also continue to be involved in trying to help people change their behaviours to improve their wider health and well-being. We pro-actively target vulnerable people so that we manage our resources effectively to drive down risk. Our approach uses data and information to support the delivery of our prevention activities which compliment response and protection arrangements. We identify those most at risk by referrals from our partners, direct referrals and by using the specialist computer modelling software Pinpoint and MOSAIC.

This allows us to focus our prevention and protection activities where they will have the best effect. We also ensure that our activities are being delivered according to local risk in conjunction with the Area Management Teams (AMT's). This use of intelligence across teams and departments informs the full range of activities we deliver such as our Safe and Well checks, youth engagement programmes, arson reduction and road safety. Records are kept and work allocated across the service using the Community Fire Risk Management Information System (CFRMIS).

High profile incidents have also enabled effective collaborative links to be built locally. In one of our operational areas, a volunteer is now based out of the community centre, in what was previously a very hard to reach community. This local reactive approach to partnership and community engagement compliments our central referral processes. We are also looking to introduce a more effective process of risk-rating within the referral system. This approach will also aim to signpost people who are at lower risk of having a fire to self-education resources, allowing us to maximise our capacity and the impact we have. This is part of an approach that will deliver a person based referral system and we are working with partners to ensure that we have access to appropriate data sources to enable this to be as effective as possible.

The development of Safe and Well checks has meant that we are now dealing with individuals who have increasingly complex needs. This has resulted in a need to focus on the quality of the visits and the outcomes achieved as much as the quantity of visits we undertake. We are also receiving more safeguarding referrals from other agencies with respect to fire vulnerability, especially as a result of hoarding. To manage this increase, we have reviewed our approach to safeguarding and we believe we have a coherent and effective safeguarding procedures and associated processes in place.

We are actively engaged in the wider prevention agenda, particularly in relation to health and we are continually looking to explore avenues to identify where our brand and reputation would allow us to add value and reduce individual and community risk. Some of the areas where we will be focusing during 2017/18 are:

• Working in collaboration with the Police and the Police and Crime Commissioner's Office through the Prevention of Harm Board in the north.

• A Safe and Well advisor working in collaboration with a hub of GP Practices to seek referrals. This will be evaluated with a view to being replicated elsewhere.

• Through the Academic Health Sciences Network, looking to work with the Falls Partnership in Dorset to determine the best toolkit for identifying risk from slips, trips and falls and to seek mutual referrals. We are also currently part of the Swindon Falls Collaboration Group and we are working to adopt a complimentary approach there.

• We are continuing to meet with and receive training from Air Liquide to highlight the risks associated with oxygen use within the home.

• We are also investigating a partnership with SSAFA (Soldiers, Sailors, Airmen and Families Association) with a view to mutual referrals to assist ex-services personnel.

Our brand and reputation are a vital part of our success and we are working to create our own branding for Safe and Well. We will use this to promote the service within the community and to partner agencies. We have worked with other Fire and Rescue Services to identify what we feel is the most appropriate approach and we aim to have this consistent applied across all our literature and website during 2017/18. This will include the use of the CFOA approved Safe and Well Video.

Within the Safe and Well Team there is now a full complement of Advisors. New Managers are also in place bringing with them a wealth of skills and experience with which to take the team forwards.  We are looking to recruit further new Advisors to support the remote rural communities in the north of the service area which lie outside the operational crews' response times. A mapping exercise is therefore being undertaken to identify the areas of greatest need for their deployment.

All wholetime stations are undertaking Safe and Well checks with clients with more complex needs being referred to Safe and Well Advisors or to other agencies through Safe and Independent Living (SAIL) or safeguarding systems.

A strong team of volunteers has existed for some time in the south of the organisation and new volunteers have been recruited in the north and we are looking to expand on this. A comprehensive volunteer framework is being developed in order to effectively recruit, retain, manage and utilise volunteers going forwards. A new area we are looking at for volunteers is to assist with the transfer of patients who have been discharged to their homes from hospital. Another avenue being explored is to utilise volunteers in a befriending service to combat loneliness and isolation in the community, which has been identified as a key health issue across our service area.

Wholetime firefighter training sessions have been delivered in the south covering dementia awareness. Feedback has been very positive and this training will be delivered to the rest of the service during 2017. The Social Care Institute for Excellence is also keen to work with DWFRS to develop a dementia e-learning package. We have used their videos and information within our current training session and their expertise has been invaluable.

Following the introduction of Safe and Well visits in April 2016, a draft evaluation report has been received from Public Health detailing the successes over the past year of Safe and Well delivery within Dorset. Excellent figures and outcomes are indicated and we will build on this work with the Academic Health Sciences Network. Their role will be to help us to undertake a comprehensive assessment of the impact of Safe & Well Intervention on clients and to provide some measure of their social and/or financial benefit.

We continue to evaluate the Safe and Independent Living (SAIL) forms in Dorset to ensure they are fit for purpose. These are now being used across the Service area, having been introduced into Wiltshire during the past year and recently reintroduced and beginning to be embedded within the Swindon area.

We have been involved in a smoke alarm procurement process with other Fire and Rescue Services to ensure best value products are used with our clients. West Midlands Fire and Rescue Service are leading on this procurement exercise, which has now been completed, and we await the full evaluation of the testing process before a product is chosen.

| OVERALL JUDGEMENT APRIL 2017 | DEVELOPING | ESTABLISHED | | ADVANCED |
|---|---|---|---|---|
| BY APRIL 2018 | DEVELOPING | ESTABLISHED | | ADVANCED |

## KEY PERFORMANCE INDICATORS TO SUPPORT CORPORATE PERFORMANCE MONITORING

- Number of Safe and Well Visits conducted
- Number of Safe and Well Visits conducted – Wiltshire
- Number of Safe and Well Visits conducted – Bournemouth and Poole
- Number of Safe and Well Visits conducted – Dorset
- Number of Safe and Well Visits conducted – Swindon
- Percentage of Safe and well Checks that are high risk

Corporate Target – By 2020, we will ensure that 85% of Safe and Well Checks are undertaken on high risk individuals

## EXTERNAL ACCREDITATIONAL STANDARDS WE ARE CURRENLY WORKING TOWARDS

BSI Internal Auditing Standards

## EXTERNAL ACCREDITATION STANDARDS THAT WE ARE BENCHMARKING PERFORMANCE AGAINST

None identified

# PRIORITY 2: PROTECT YOU AND THE ENVIRONMENT FROM HARM

## KLOE 5: How are we effectively working with our partners to safeguard the vulnerable people we come into contact with?

| DEVELOPING | ESTABLISHED | ADVANCED |
|---|---|---|
| We have a clear policy and supporting procedures setting out the legal responsibilities associated with safeguarding. Appropriate staff have received initial training to recognise signs of maltreatment and/ or abuse. | We have a clear policy and supporting procedures setting out the legal responsibilities associated with safeguarding. Appropriate staff have received initial training to recognise signs of maltreatment and/or abuse and staff who come into contact with more vulnerable people receive continuation training. Staff are confident and proactive in managing safeguarding issues. Advice is readily available and there are clear reporting lines with defined roles and responsibilities and these arrangements are resilient. | We have a clear policy and supporting procedures setting out the legal responsibilities associated with safeguarding. Appropriate staff are well trained and confident about their own and their colleagues' roles, responsibilities, and professional boundaries in relation to safeguarding. Advice is readily available and there are clear reporting lines with defined roles and responsibilities and these arrangements are resilient. |
| Systems are in place to access advice and enable reporting in line with local safeguarding requirements. Systems are monitored and audited centrally. | Systems are in place to monitor the effectiveness of the safeguarding processes and audit is used to drive improvement. Key members of staff attend safeguarding boards. External validation of safeguarding processes is being developed. | Clear processes exist to enable safeguarding and child protection concerns to be referred to the appropriate agencies. These processes are subject to audit and review and there is clear evidence of organisational learning. Safeguarding systems have been externally validated and they align with national best practice. |

## BASELINE ASSESSMENT

Our Safeguarding procedure and internal processes have been developed collaboratively to make sure there is alignment across local authorities and partner agencies. They are governed by a set of key principles and themes that are aligned to statutory responsibilities and best practice. This ensures that people who are at risk of abuse, harm, neglect and exploitation receive help and support in a way that is sensitive to their individual circumstances, is person centred and outcome focused.

The key principles are:

• Empowerment - people are encouraged to make their own decisions.

• Prevention - taking action prior to harm occurring.

• Proportionate – the response is appropriate to risk.

• Protection - support for those in greatest need.

• Partnership - engagement with local communities to prevent, detect and report abuse

• Accountability - transparency in delivering safeguarding of a quality that is able to be scrutinised.

The procedures have been reviewed to make them clearer and easier to follow including bookmark links and easy to follow flow charts.   Additions to the procedures include handling confidential information and personal information sharing Personal Information Sharing Agreement (PISA). PISA enables the legal and secure exchange of personal information between partner organisations that have a common obligation or desire to provide services within the community. Form PR001 (safeguarding referral form) has been amended in line with Safeguarding policies and procedures, to reflect the update from the Care Act 2014 making safeguarding personal. It makes it clear to staff that it is imperative to directly consult with the person to confirm what outcomes they want to achieve and what support they may need to keep safe and manage their risks. The procedure is also reflective of the requirements associated with the Data Protection Act 1998. Information and guidance is also provided for occasions where consent can be overridden.

In compliance to the policy and procedures, we adopt a 'whole system approach' to adult and children's safeguarding. Safeguarding arrangements are delivered via a broad spectrum of activities including through support and promotion of both national and local safety campaigns (Prevention). Through

specific intervention such as Safe and Well visits, Firesetter programmes and other children and young people programmes and by multi agency training and awareness through formal safeguarding arrangements, in partnership with local authority safeguarding teams and other key agencies.

Formal safeguarding arrangements are delivered predominantly by the Safeguarding Co-ordinator following the Safeguarding Adult Boards framework and processes.

The Safeguarding Coordinator is responsible for supporting the organisation in its commitment to safeguard and promoting the welfare of young people and adults at risk. To provide professional, accessible and reliable advice and guidance to staff on safeguarding concerns and practice. This includes legislation, organisational and local authority policy and procedures, best practice and continuous improvement. The purpose of this is to embed safeguarding standards across the organisation and to develop and establish good working relationships with partner agencies and local authorities. This approach also ensures that our staff are able to raise safeguards with local services, arrange extra support for the referrals that do not meet the safeguard thresholds and know when to sign post and when to call 999.

To ensure there is resilience in the process a team of trained safeguarding officers are available to provide guidance and support to all members of the service. Cover is available 24 hours a day 365 days a year. The out of hours' function is covered by the Duty Area Manager who is contactable via Fire Control. The geographical Area Commanders also provide strategic management representation on all Local Safeguarding Boards. The Safeguarding Co-ordinator represents the service on local sub groups and all meetings where the service has been involved in safeguarding. This is predominantly through attendance at Multi Agency Risk Management Meetings (MARMM). The purpose of the meeting is to consider the specific circumstances associated with each case and to clarify whether any further actions need to be taken. Any agency can call a MARMM although it will usually be called by the lead agency for the case.

We have reviewed which staff roles within the organisation need to be Disclosure and Barring Service (DBS) checked to ensure safer recruiting. All safeguarding staff share information and work in partnership with other agencies to ensure the appropriate and proportionate safeguarding of children, young people and adults at risk. If a safeguarding concern is raised internally the Safeguarding Coordinator and Senior Point of Contact (SPOC) work in conjunction with the Local Authority Designated Officer (LADO) if the concern is for a child (under 18).

All our staff receive safeguarding training during their corporate induction. Front facing staff receive additional enhanced level 3 bespoke training and appropriate refresher training. This ensures that all staff are trained to a consistent level and that understanding of roles and responsibilities associated with safeguarding are embedded and consistent.

The Safeguarding Coordinator has completed additional training including; Safeguarding Essential Training, Information Asset Owner training (storing of confidential information), Serious Case Review and Managing Incidents, Managing Allegations and attended conferences on Hate Crime, Self- Neglect and Hoarding (which now comes under the Care Act) and Domestic Abuse.

We are developing an e–learning package that will be trialled by staff in various roles across the service.  Training will then go service wide and will be compulsory for all staff. The package is designed to assist staff in identifying safeguarding concerns and ensuring they are fully versed on the service's procedures including the action to take if they have a concern for an adult or child. In addition, modern slavery, forced marriage, female genital mutilation (FGM), child sexual exploitation (CSE) and radicalisation will also be included in the types of abuse that staff may come across.

We have also ensured that we work closely in partnership with South West Ambulance and the Police forces that serve our area of responsibility. If either the ambulance service or the police visit a property and think that there is a fire risk or some fire intervention is required, this comes to the Safeguarding Coordinator to disseminate and make sure it is managed internally and to feedback any outcomes to the referring agency. In the near future this role will be undertaken by the Safe and Well Co-ordinators. Working with other agencies allows better access and management of fire risks for individuals with care and support needs and raises the awareness and training around identifying and managing fire risks in domestic dwellings and the built environment.

The Safeguarding Co-ordinator also sits on a self-neglect and hoarding panel which sets out the shared understanding across key agencies of how we jointly respond to very serious situations of adult self-neglect (this is being trialled in Poole and Bournemouth).  The aim is to prevent death or serious injury by ensuring there is a shared multi agency understanding and recognition of issues involved in working with individuals who self-neglect, ensuring effective multi agency working and practice and to make sure agencies and organisations uphold their duty of care.

Other agencies, partners and groups we are actively engaged with include Safeguarding Adult Reviews and Local Safeguarding Learning and Development Advisors. These help us to confirm we are on track with training and development of our staff in relation to safeguarding and to make sure our procedures and processes are fit for purpose. We have also completed safeguarding audits when requested across all of our unitary Authorities. This includes Section 11 audits which try to ensure organisations recognise the need to safeguard and promote the welfare of children.

| OVERALL JUDGEMENT APRIL 2017 | DEVELOPING | ESTABLISHED | | ADVANCED |
|---|---|---|---|---|
| BY APRIL 2018 | DEVELOPING | ESTABLISHED | | ADVANCED |

## KEY PERFORMANCE INDICATORS TO SUPPORT PERFORMANCE MONITORING

Number of referrals to Adult Safeguarding Boards
Number of referrals to Child Safeguarding Boards

## EXTERNAL ACCREDITATIONAL STANDARDS WE ARE CURRENTLY WORKING TOWARDS

At this moment, there are none that we consider would substantially improve performance against this Key Line of Enquiry

## EXTERNAL ACCREDITATION STANDARDS THAT WE ARE BENCHMARKING PERFORMANCE AGAINST

None identified

## KLOE 6: How are we providing professional advice and support for local business so they can meet their legal fire safety obligations and add to the economic growth of our communities?

| DEVELOPING | ESTABLISHED | ADVANCED |
|---|---|---|
| An appropriate policy is in place that supports the delivery of statutory responsibilities. An effective but limited risk based approach to delivering a fire safety audit programme that compliments prevention and response arrangements is in place. | An appropriate policy is in place that supports the delivery of statutory responsibilities. The fire safety strategy is clearly defined, planned and implemented, and is linked to the Integrated Risk Management Plan (IRMP). | An appropriate policy is in place that supports the delivery of statutory responsibilities. The approach to fire safety has evolved to fully encompass other regulatory bodies, business and third sector groups. Liaison and consultation with these stakeholders informs the inspection programme. A well informed risk analysis process is in place. |
| However, there is poor integration across functional areas with silo working and a lack of consistent understanding about priorities with a | There is effective integration across functional teams and Area Management Teams work closely with protection teams to ensure the | There is consistent and effective integration across functional teams and Area Management Teams work closely with protection teams to |

| | | |
|---|---|---|
| rigid delivery programme. Capacity is available to make sure we meet our statutory consultation responsibilities. | inspection programme is focused on targeting priority areas and is risk based and reactive to local circumstances. Liaison and consultation with business and the third sector meets all statutory requirements and there is a pro-active approach to business education. | ensure local and national intelligence are used to identify trends and inform priorities to improve levels of safety across business and within the communities. All consultation meets statutory guidance and there is evidence that this contributes towards positive outcomes in the built environment and in communities. |

## BASELINE ASSESSMENT

The Governments 'Focus on Enforcement' paper (2013) encouraged a consistent approach to the advice given to businesses, and in the assessment of compliance. To ensure we have a consistent approach to the advice and guidance given by the fire safety team and to make sure we have in place a common approach to enforcement we have ensured that the majority of fire inspecting officers have now either passed or are awaiting final results in a Level 4 Diploma in Fire Safety. This is a recognised national competence level to ensure that fire safety matters are investigated correctly. The achievement of the level 4 diploma is a key part in the development pathway for fire safety officers. Our approach to development also includes ongoing in-house training, which is programmed at appropriate intervals to ensure our staff are able to maintain their competence. Guest speakers are also invited in to provide training in specific areas where we feel there is merit so that we can be assured we are upskilling staff in key risk critical areas. The team are also working with the Institute of Fire Engineers for accreditation as Life Safety Auditors. This third party accreditation is achieved by peer review and it is an ongoing live external assessment by a sector competent professional body. Staff achieving a Level 4 qualification with an accredited body allow us to actively evidences our collective fire safety competence in meeting National Occupational Standards in Fire Safety. The qualification is taken through a blended style of learning of both optional and mandatory units. This helps us to ensure our work is supported by high levels of technical sector competence and consistency in delivery.

A key area of focus for our IRMP is to deliver a proactive, targeted business support, inspection and audit programme in high risk buildings. We actively analysis fire data which is used by the team to develop and deliver a targeted programme of inspections. One area of focus that has resulted from this approach is to undertake a programme of audits in care homes. This is as a direct result of several small fires in these types of premises; and it is also reflective of a regional and national trend.  We use every opportunity with care providers to establish compliance benchmarks and deliver education for health carers and people with physical disabilities. The importance of this proactive work has been tragically underlined at the recent fires in Staffordshire and Hertfordshire. In response to trends in recent enforcement action work has also focussed on residential accommodation above

commercial risks.  The use of the new Fire Safety 'Short Audit' allows greater flexibility for inspecting officers to perform thematic audits. Planning is underway with Area management teams to make sure that we have a one team approach to the delivery of the audit programme and to ensure we make the best use of operational crews to support our thematic reviews.

The team's interventions allow us to inspect, audit, educate and raise standards in fire safety compliance. The impact of this is less enforcement action and generally greater compliance. However, where enforcement action is required this is carried out diligently.

One of our points of focus during 2017/18 will continue to be a pro-active approach to providing business support and education aimed at promoting residential and commercial sprinkler systems and alongside this to strengthening awareness of fire safety responsibilities and compliance.

During the early part of 2017 the Fire Safety team, supported by local area management representatives, were able to secure the existing residential sprinkler system at Selwood Housing in Wiltshire. The housing association had been determined to decommission the system due to ongoing costs and our intervention and liaison with the sprinkler association ensured they remain in place under a new agreeable maintenance schedule. This is an excellent example of the positive role we know we can play in championing the installation and maintenance of sprinkler systems to help to mitigate life risk in buildings. To promote the use of sprinkler systems we run a series of seminars to educate developers and builders on their benefits and potentially how they can contribute towards improved building design. One area we are researching is the benefit to us of match funding sprinkler projects. This has led to positive initial talks in a number of areas and we are looking to build on these and secure ring fenced funding year on year to support a structured and proportionate approach across the service area. As an organisation have been active with our Member's and their constituent Authorities in lobbying government to request that suggested amendments to BB100 – a building design guide for schools, that appear to dilute the focus on sprinkler systems in new builds are rescinded. We are also working with others in the fire sector to try to persuade government to strengthen their commitment to sprinkler installation through specific parliamentary groups.

In addition, we are looking at innovative ways to inform and educate business and the public. In one approach we are seeking to fund an educational film with Bournemouth University to promote fire safety and to educate people in the business community on what they need to do to comply with legislation and stay safe from fire in commercial premises. The intention is that the file will be available through social media.

We recognise the real importance that developing effective partnerships with regulatory authorities such as the Housing, Licensing and the Health and Safety Executive can have in driving down risk and reducing incidents of fire through strengthening compliance. As a result, we are focused on developing effective working practices with partner agencies such as the Care Quality Commission and Clinical Commissioning Group in relation to jointly regulated premises. We have embedded a team member in the south of our service area within the health arena to work collaboratively to educate and inform

other agencies. They facilitate confidential audits and we are seeking opportunities to replicate this approach in the north of the service. We are also actively involved in a targeted programme to support local and small high street businesses to raise awareness of their fire safety responsibilities, an approach that is supported by the Food Standards Agency and Environmental Health. An outcome of our work has been the development of effective partnerships with local Environmental Health teams and the Police; this has been particularly productive in trying to address compliance issues in Houses of Multiple Occupation (HMO's) and to protect vulnerable people who often reside in this type of housing. By developing stronger links with partners such as Environmental Health, Immigration, the Environment Agency and the Food Standards Agency we are able to share intelligence and maximise our impact in reducing both commercial and residential risks.

As part of the Primary Authority Scheme we have adopted an active approach and this has resulted in our support for key housing groups such as Aster and Colten Care and we also support the Royal National Lifeboat Institute (RNLI) and Oak Furniture Land in achieving greater fire safety compliance in their premises.  We are looking to expand to other housing associations and are proactive in seeking new agencies to work with while making certain we have the capacity to undertake this work alongside our other areas of focus. Our ability to offer professional and consistent fire safety advice allows us to educate and influence higher standards of fire precautions across business communities in other counties and also in other countries through our work with the RNLI.

Our unwanted fire signals procedure sets out the requirement that monthly monitoring takes place by Fire Safety and the Area Management Teams to identify businesses that need to take action over unwanted fire signals. Regular liaison then takes place with the AMT's and their local Fire Safety Hub Manager to review National fire trends, locality based performance and this is actively reviewed to agree the best way to support action that will result the rates of unwanted fire signals reducing. Fire Safety Officers also meet business owners to provide technical advice.

We recognise that there are significant benefits in using assistive technology and Personal Protection Systems (PPS) to enhance the protection of the most vulnerable in our communities. As a result, the Fire Safety team have been working with partner agencies to create an innovative product which can identify when fire breaks out, raise the alarm and then extinguish the fire in an area where a vulnerable person with limited mobility may be living for most of the time. The product has been developed and tested and it is ready for use in the community. To provide the best safety for the vulnerable person the PPS activation has been automatically linked to a call centre by both SIM card and by RFID radio wave technology. This provides significant resilience to the operation and effectiveness of the unit. As soon as either the linked smoke alarm activates, or the device operates the fire service are notified and can mobilise suitable resources. The units are not designed to be a long term solution but they will be used to manage immediate individual risk until agencies can investigate longer term, more sustainable solutions. To support the RFID radio wave technology aerials has been placed across the Service on our fire stations to receive and send vital information on activations. The roll out of the new PPS units will have a direct positive impact in

controlling small fires in highly vulnerable people's homes and getting a response to them as quickly as possible.  The final part of the work is to continue to promote the availability of PPS with housing associations and local authorities so that they become more aware of this technology.

Every fatal fire is investigated and professionally detailed to understand areas such as; background of the individual, fire dynamics, building performance and reasons for the loss of life. Reports are provided to support Coroner reviews. The fire safety team also have the technical ability and competencies to support the Police or insurance agencies in specialist fire investigations.  The Head of Fire Safety is looking at alternative delivery models for fire investigation in conjunction with the Director of Operations, as there is the potential to add resilience and improve the capacity and flexibility within the team.

The Fire Safety Team has a dedicated 'Enforcement Team' of one Station Manager and two Green Book staff who investigate failings of fire safety precautions. The team also carry out quality assurance and training for regular fire safety team members to ensure the consistency of approach. The Protection team are also able to draw on the legal expertise of a barrister to ensure correct legal compliance. The Service regularly meets with partner FRS's to ensure consistency in approach and to share in legal training. We continue to investigate alternative delivery models that can blend the Fire Investigator and Fire Enforcement roles to improve service delivery, add resilience and improve capacity and the flexibility within the team. We monitor our performance in terms of enforcement to make certain that in all cases we have acted proportionately and in a legally compliant way. By having these controls in place alongside the competency framework for fire safety officers the Service is able to be assured that we are delivering prohibition and restriction notices to ensure consistency and compliance in how we manage and police fire safety law.

| OVERALL JUDGEMENT APRIL 2017 | DEVELOPING | ESTABLISHED | | ADVANCED | |
|---|---|---|---|---|---|
| BY APRIL 2018 | DEVELOPING | ESTABLISHED | | ADVANCED | |

## KEY PERFORMANCE INDICATORS TO SUPPORT CORPORATE PERFORMANCE MONITORING
- Enforcement/Prohibition notices served
- Proactive inspection programme
- Business Support
- Building Regulation Consultations
- Significant/Non Significant fires in non-domestic premises
- Attended false alarms from automatic fire detection equipment - non domestic premises-
- Number of audits

Corporate Target –

3. By 2020, we will have audited 100% of known sleeping accommodation identified as high risk where the fire safety order applied
4. By 2020, we will have audited 100% of other non-domestic premises identified as high risk where the fire safety order applies

## EXTERNAL ACCREDITATIONAL STANDARDS WE ARE CURRENLY WORKING TOWARDS
- Xact Training: Level 4 Diploma in Fire Safety
- Institute of Fire Engineers: Accredited Fire Safety Auditor

## EXTERNAL ACCREDITATION STANDARDS THAT WE ARE BENCHMARKING PERFORMANCE AGAINST
None identified

## KLOE 7: How are we identifying and driving down risk risks to the community, unique heritage and environment?

| DEVELOPING | ESTABLISHED | ADVANCED |
|---|---|---|
| An approach exists which sets out the vision for identifying and driving down risk in our community and there is an inspection programme in place. However, this is not comprehensive or consistent and needs to be strengthened. | A clear process is in place identifying and driving down risk in our community which is supported by a well-developed inspection programme. This uses recognised and robust audit and information gathering processes. The information held is readily available and in a format that reflects the needs of the different groups of users who access it. | There is a clear and auditable approach in place with a well-developed inspection programme which has been evaluated and demonstrates that the information gathered is available, up to date and in a user friendly format and that it is actively used to reduce risks. |
| Information gathering does take place but the way it is collected and the usefulness of the intelligence is inconsistent. There is no evaluation | An evaluation process for assessing the range of premises and unique heritage sites and their relative risks is used to inform the re-inspection programme. A clear and audited process is in | There is good engagement with local communities and heritage owners and this enables effective information sharing. The approach taken also compliments and |

| | | |
|---|---|---|
| undertaken on how risk information is used in practice. | place for communicating accurate and up to date information to operational staff. | demonstrates effective working with other enforcement agencies with the outcome that it reduces the burden of inspections.<br><br>Active evaluation is an integral part of the process and this is used actively to ensure continuous improvement, with a focus on the consistency and quality of the information that is available. |

## BASELINE ASSESSMENT

Operational crews continue to gather and review information on key risks within their geographical areas to help ensure that they are prepared for emergency incidents should they occur. The highest risk sites have Site Specific Risk Information (SSRI) produced which is available for crews on mobile data terminals when they attend incidents. This information is regularly audited and updated by crews to ensure it is up to accurate and relevant. District Commanders also liaise and coordinate with partners and risk owners/occupiers to assist them in producing information and guidance on their risks that is also made available to operational crews.  This can include the production of tactical fire plans, salvage plans and environmental protection plans.

Area Management teams work closely with the Fire Safety teams to ensure operational crews are made aware of fire safety issues and to ensure work is undertaken with risk owners to reduce their risk of a fire starting and to make sure expected control measures and information are available. Specific work takes place with local authorities and environmental partners on heathland fire safety including wildfire weather predictions and flood working groups.

As a Category 1 responder we play an active role in supporting both of the Local Resilience Forum' that cover our service area. This includes planning, preparing and responding to risks within the community risk register. We also actively participate in reviewing local plans that complement generic risk plans.  Where this could have an impact on our emergency response, these plans are shared with the Integrated Risk Management Planning Team for inclusion in any reviews of our emergency cover arrangements.

We have approximately 130 Mobile Data Terminals (MDTs) which are capable of displaying chemical, crash, hydrant, mapping and risk data. Messaging and Crewing functionality via the Airwave Network was added in 2015 when the NFSCP was activated. MDTs have now gone beyond their original end of

life although their functionality remains in place. We have developed a replacement plan to make sure that operational crews have access to all of the electronic data and risk information they require to ensure safe and effective ways of working are put in place at all operational incidents. This work is being undertaken with an awareness of the impending changes that will be required as part of the Emergency Services Network (ESN) Programme which is the government sponsored replacement for Airwave.

A process is in place identifying and driving down risk in our community. Pinpoint and Mosaic are used to determine and target those who are most at risk, and prevention and protection resources are prioritised to mitigate individual and community risks that sit outside our response standard areas.

| OVERALL JUDGEMENT APRIL 2017 | DEVELOPING | ESTABLISHED | | ADVANCED |
|---|---|---|---|---|
| BY APRIL 2018 | DEVELOPING | ESTABLISHED | | ADVANCED |

## KEY PERFORMANCE INDICATORS TO SUPPORT CORPORATE PERFORMANCE MONITORING

- Number of fire related deaths
- Number of fire related deaths in accidental dwelling fires
- Total number of fire related injuries
- Total number of fire related injuries in accidental dwelling fires
- Number of accidental dwelling fires
- Number of deliberate fires
- Number of fires
- Number of safe and well visits
- Number of identified premises that have an SSRI
- Number of SSRIs being re-inspected within the agreed timescales

Corporate Target –
1. Achieve a 5% reduction in accidental dwelling fires (over the average achieved during the last 5 years – 2011-2016)
2. Achieve a 5% reduction in deliberate fires (over the average achieved during the last 5 years – 2011-2016)

**EXTERNAL ACCREDITATIONAL STANDARDS WE ARE CURRENLY WORKING TOWARDS**

At this moment, there are none that we consider would substantially improve performance against this Key Line of Enquiry

**EXTERNAL ACCREDITATION STANDARDS THAT WE ARE BENCHMARKING PERFORMANCE AGAINST**

None identified

## KLOE 8: How do we support local resilience partnership arrangements to make sure we can fulfil our statutory responsibilities and improve community resilience?

| DEVELOPING | ESTABLISHED | ADVANCED |
|---|---|---|
| Arrangements for operational preparedness are being developed based on the community risk register and this has some links to our Integrated Risk Management Plan (IRMP). | Arrangements for operational preparedness reflect the issues identified within the respective LRF Community Risk Registers. Plans are developed in all risk areas and they are largely embedded within our Integrated Risk Management Plan (IRMP). | Emergency preparedness is based on multi-agency collaboration and cooperation and we play a full and active role in managing risks identified within the respective Community Risk Registers that cover our service area. Plans are in place for all identified risks and our Integrated Risk Management Plan (IRMP) is fully reflective of the resources and competencies we need to discharge our statutory functions. |
| Engagement with partners in developing and maintaining emergency planning are in place but there is a lack of consistency in how we support delivery groups and executive groups within both Local Resilience Forums (LRF's) that cover our area. | Engagement with category 1 and 2 responders in developing and maintaining emergency plans is a part of normal business and there is a consistent commitment and approach to supporting delivery groups and executive arrangements | Engagement with category 1 and 2 responders in developing and maintaining emergency plans is a part of normal business and there is a consistent commitment and approach to supporting delivery groups and executive arrangements |

| | within both Local Resilience Forum's that cover our service area. | within both Local Resilience Forum's that cover our service area. |
|---|---|---|
| There are some direct links to communities which have been identified as being vulnerable but these relationships are not established. | There is clarity and sufficient resource to maintain and improve these arrangements and there is consistent evidence of stakeholder consultation and involvement in developing and maintaining emergency plans.<br><br>There are also effective arrangements in place for training and exercising and we play a full and active part in these arrangements. This ensures we are able to fulfil our statutory responsibilities. | We are proactive in leading on issues relating to community resilience and arrangements are consistently embedded within Area Management Teams. LRF plans are an integral part of our risk management arrangements and we train and exercise against the requirements in a consistent and structured way at both a local and service wide level. |

## BASELINE ASSESSMENT

We continue to fully support the work of the Local Resilience Forums (LRFs) that cover the police force areas within Dorset and Wiltshire. This work continues to involve the assessment of community risk, the creation of plans to address those risks and the implementation of training events and exercises to test the agreed plans. We achieve this by utilising the provision of a dedicated Station Manager whose role it is to ensure that we are playing an active part within both respective Local Resilience Forum's (LRF's) and that the involvement of other officers is coordinated.

LRF plans are supported through training and exercising, this provides assurance that plans are effective and that the capability to respond is in place. The outcomes of exercises and training events are used to provide reassurance that we have the capability to respond, as well as to inform the development of future plans and training events. They also allow us to make certain that we have the appropriate resources and skills to discharge our statutory responsibilities in an Emergency which is a key requirement within the Civil Contingencies Act 2004.

Officers are trained to work alongside colleagues from other agencies within both Tactical Coordinating Groups (TCG's) and Strategic Coordinating Groups (SCG's). The purpose of the command and control arrangements s to make sure that major and complex incidents have a clear direction, and are

well resourced and controlled. At a strategic level they also have responsibility for developing recover plans as early as is practicable and we play a full and active role in training and exercising against these arrangements.

The government led Joint Emergency Services Interoperability Programme (JESIP) provides a framework to ensure that emergency service commanders work effectively together at the scene of incidents. We have provided instructors to run JESIP courses and ensured that all our senior commanders have completed multi agency training. JESIP is now embedded as a core feature of all the large exercises run in both counties. However, following a recent Joint Emergency Services Interoperability Programme (JESIP) assurance visit, a number of actions were identified that will further improve the way we work with our LRF partners. The aim is to ensure that the Joint Emergency Services Interoperability Programme (JESIP) principles are fully embedded in our organisation and across the respective LRF's. Work is also currently on-going to extend the use of the Resilience Direct platform to all operational officers. This will improve our integrated emergency management communications both internally and across our partnerships ensuring that in an emergency there is a commonly recognised information picture (CRIP).

With the support of the LRF coordinator in the Wiltshire and Swindon LRF and the Civil Contingencies Unit (CCU) in the Bournemouth, Dorset and Poole LRF we contribute to the assessment of the risks which could be most harmful to our community. These risks are captured in the Community Risk Register (CRR) which is also reflective of identified national risks. The CRR is used to develop joint plans based on risk to enable a suitable and sufficient response to specific types of emergencies. We are also actively involved in shaping and testing generic areas such as command and control.

The LRFs that cover our service area are overseen and coordinated by Business Management Groups (BMG) and executive groups, which direct the work plans and provide management and governance. DWFRS officer's lead on specialist groups across both LRF's and this includes the ACFO (Operations) who leads the Dorset Business Management Group and the Chief Fire Officer who acts as the deputy chair of the Wiltshire and Swindon LRF Executive Group and the joint chair of the Bournemouth, Dorset and Poole LRF. A hazardous materials officer also leads on the planning for a response to identified chemical emergencies.

The effectiveness of our joint preparedness arrangements has been evaluated during 2016/17 by an internal review of the Civil Contingencies Unit in the south of the service area and by an external peer review in Wiltshire and Swindon. Statutory and non-statutory guidance that supports the Civil Contingencies Act set out the expectations for LRF's and for individual Category 1 and 2 responders. In addition, the cabinet office undertakes an annual capability survey which evaluates the performance of separate organisations as well as the joint capability of the LRF. The 2017 survey is in progress as of April 2017 and we will monitor the results and react to support other agencies in delivering improvements in any areas that are identified.

Coordination of messages to the public is carried out through warning and informing groups which are made up of professional communicators from all partners in the LRF, including our communication and media team. Information can be shared securely among partners using the Resilience Direct platform, which holds copies of local plans, and can provide access to mapping.

| OVERALL JUDGEMENT APRIL 2017 | DEVELOPING | ESTABLISHED | | ADVANCED |
|---|---|---|---|---|
| APRIL 2018 | DEVELOPING | ESTABLISHED | | ADVANCED |

## KEY PERFORMANCE INDICATORS TO SUPPORT CORPORATE PERFORMANCE MONITORING

➢ JESIP Assurance Team QA outcomes
➢ Performance across the Local Resilience Forums is reported to constituent bodies. There are no outcome measures yet in place to identify the effectiveness of the role that individual partners play

## EXTERNAL ACCREDITATIONAL STANDARDS WE ARE CURRENLY WORKING TOWARDS

JESIP Assurance Team QA outcomes

## EXTERNAL ACCREDITATION STANDARDS THAT WE ARE BENCHMARKING PERFORMANCE AGAINST

None

# PRIORITY 3: BEING THERE WHEN YOU NEED US

## KLOE 9: Are appliances available when we need them?

| DEVELOPING | ESTABLISHED | ADVANCED |
|---|---|---|
| Emergency fire cover is maintained and provides sufficient numbers of appliances to ensure our response standards can be met across the service in those areas where this achievable. Where this is not achievable due to geography and topography, suitable and sufficient arrangements are in place to increase prevention and protection activities in order to mitigate risk. | Robust arrangements are in place to ensure that where there is a degradation in availability of appliances, disposition of those appliances is effectively managed and controlled to maximise response capability. Robust arrangements are also in place to monitor, manage and adjust crewing to ensure that the maximum availability of appliances is maintained. | Emergency fire cover is fully maintained and complimented by integrated prevention, protection and resilience activities down to a local level. Robust arrangements are in place to ensure the correct level of response capability is available to mitigate risk against well thought through planning assumptions and flexible approaches to crewing and advanced technologies ensure that resources are maximised. |

## BASELINE ASSESSMENT

The Operations Directorate is structured across three area commands; Dorset, Wiltshire and Bournemouth, Poole and Swindon aligned with local authority areas.

The significant conurbations of the Bournemouth, Poole and Swindon command area are well served by whole-time duty system stations, this being the area of greatest risk within the service. As such availability across our whole-time stations is robust, suitable and sufficient.

In the Wiltshire and Dorset command areas' where the majority of our stations are on-call, availability is less robust. This is a national as well as local issue highlighted in a number of service reports and is listed as a strategic risk for the service.

On a day to day basis, availability is managed via an electronic availability system (Gartan) which enables managers to monitor performance and react to shortfalls in cover.

Arrangements are in place to provide support cover where there are shortfalls and this is managed by Response Support teams in conjunction with duty managers to ensure that cover across the service is at an optimum based on availability.

Further arrangements are in place to reallocate resources to key areas as a result of operational activity which is managed by the Service Control Centre (SCC) at the local level, but also across the Networked Fire Services Partnership (NFSP).

Robust business continuity arrangements, which include degradation plans, are in place to deal with significant events such as pandemic flu or severe weather to ensure that cover is always maintained at an optimum.

On-call support officers have been appointed on fixed term contracts in the Wiltshire area to reflect the approach in Dorset the aim of which is to support the recruitment and development of on-call firefighters as well as to manage the allocation of resources to key areas experiencing shortfalls.

Recruitment campaigns are a regular feature of station work programmes and these are having a positive effect in a number of locations, but this must be balanced by increasing turnover of staff.

An on-call review is well under way as part of the mitigation of the strategic risk and this has identified a number of solutions to improve the sustainability of the on-call duty system. The salary scheme currently being piloted in Wiltshire area is being optimised in preparation for roll out across the service which will aid flexibility and hence support recruitment and retention.

The on-call review has also introduced the concept of impact assessments for on-call personnel which ensures that new policies and procedures are considered from an on-call perspective and adjusted to reflect the needs of that duty system.

Improvements have been made in implementing the contents of the Whole-time Collective Agreement and now we have the same start finish times, Watch colours and annual leave systems for all Whole-time staff across the Service. The On-call staff in the Dorset, Bournemouth and Poole areas will need to change their annual leave period to converge with the rest of the Service.

Additional work is taking place in converging the Availability and Payroll modules in Gartan for all On-call staff. An additional module Gartan Roster will be adopted to accurately plan and recording staff work time. It should dramatically reduce administration and make the day-to-day running of multiple rosters at multiple locations easier.

There are clear arrangements in place to provide appropriate resources to meet reasonable predictable levels of operational activity. Covering crewing shortfalls and On-call availability remains a challenge. It has been agreed to develop a number of District Support Officers and these will need to be embedded in new ways of working for the Area Teams and District Commanders.

| OVERALL JUDGEMENT APRIL 2017 | DEVELOPING | ESTABLISHED | | ADVANCED |
|---|---|---|---|---|
| BY APRIL 2018 | DEVELOPING | ESTABLISHED | | ADVANCED |

## KEY PERFORMANCE INDICATORS TO SUPPORT CORPORATE PERFORMANCE MONITORING
➢ Percentage of sleeping risk properties where the first appliance met the response standard
➢ Percentage of sleeping risk properties where the second appliance met the response standard
➢ Percentage of incidents to other properties where the first appliance met the response standard
➢ Percentage of incidents to other properties where the second appliance met the response standard
➢ Percentage of road traffic collisions where the first appliance met the response standard

Corporate Target - On 75% of occasions, we will achieve our response standards based on a 10-minute response time including all call handling and travel time

## EXTERNAL ACCREDITATIONAL STANDARDS WE ARE CURRENLY WORKING TOWARDS
At this moment, there are none that we consider would substantially improve performance against this Key Line of Enquiry

## EXTERNAL ACCREDITATION STANDARDS THAT WE ARE BENCHMARKING PERFORMANCE AGAINST
None

## KLOE 10: How effective and efficient are our response arrangements for dealing with the range of incidents and medical emergencies we attend?

| DEVELOPING | ESTABLISHED | ADVANCED |
|---|---|---|
| Integrated Risk Management Plans are in place that identify the nature of risk that communities are exposed to which informs the level of response capability required and in which areas to ensure that the right resources are mobilised at the right time to the right place. | Integrated risk management plans extend beyond traditional fire related risk and include for example, medical emergency risk profiles and wider health risk profiles and response capabilities are positioned to mitigate those risks. Arrangements are in place at a District level to ensure coordination of activities that maintain both a local and service wide capability. | Robust Inter and intra operability arrangements are in place to ensure that opportunities to improve emergency response capabilities are proactively explored and developed. The range of incidents attended and breadth of response capability maintained maximises not only our resources but those of partners across the spectrum.<br><br>Demand management approaches are fully coordinated across partner organisations to ensure the right capability is maintained in the right place to mitigate risk to our communities. |

### BASELINE ASSESSMENT

Our assessment of the risks our communities face is undertaken as part of our on-going strategic assessment. This includes analysis of historical incident data, demographics and population profiles, the built environment including our heritage and critical infrastructure and risks that are identified within the Community Risk Registers of both of our Local Resilience Forums.

The purpose of response arrangements is to save life, protect property and also to prevent harm to the environment. Response arrangements are one element within our Integrated Risk Management Plan (IRMP). We plan our response arrangements to make best use of our resources in order to mitigate identified risks within our communities.

Our target response times to life risk incidents have been developed to reflect the outcomes of research that was undertaken by Exeter University on fire survivability.

Our Health and Safety Policy explains how we achieve a balance between ensuring firefighter safety and carrying out the role of a Fire and Rescue Service. This includes overt reference to the firefighter safety maxim which is a corner stone of our Incident Command Training and competence.

The Communities Programme seeks to strengthen Response arrangements through;

- Developing an enhanced On Call system that appropriately rewards availability, maintains flexibility and provides a service wide holistic approach to the recruitment, retention and development of On Call staff.
- Providing On Call Support Officers to support On Call stations and work with District Commanders and other service Delivery departments to reduce community risk and improve community safety.
- Completing an Emergency Cover Review to inform our emergency response arrangements and provide detailed community risk information for every station location.
- Reviewing the; type, number and disposition of our emergency response vehicles, including ALPs, other special appliances, and pumping appliances.
- In partnership with SWAST conducting projects on emergency medical response initiatives to improve community response to the most vulnerable.
- Reviewing the arrangements for the technical rescue emergency response, this includes; rope, water and large animal rescue.

The Emergency Response Standards introduced by the Fire and Rescue Authority are life-focused indicators setting challenging targets for a wider variety of incidents.  The response times commence when the caller is connected to Fire Control and are part of a focused approach to Integrated Risk Management Planning (IRMP), where prevention and protection measures are considered for those at risk communities some distance from an operational response. The first two indicators measure the percentage of properties with a 'sleeping risk' (dwellings, hotels, prisons, caravan parks, etc.) where the first appliance attended a fire within 10 minutes from time of call and the second appliance in 13 minutes. We then look at 10 and 15 for a non-sleeping risk such as a commercial premises and the 1st pump to an RTC in 15 minutes.

Due to the crewing arrangements within the Areas, we have a very high level of achievement of performance for the response standards set. Where the standard was not made for an incident within the response time boundaries, each case is investigated to establish the facts, with a view to improving performance wherever possible. We have found that we have various reasons behind failing response times such as traffic congestion for On-call

responders. We also encourage joint training between stations and duty systems and sometimes that has caused issues with the location of the responding appliances.

We continually meet the majority of our response standards in areas with wholetime appliances. We continue to look at Improvements to the On-call appliances within the area as at times they are unavailable due to crewing which in turn has an adverse effect on response times. Local management continue to monitor this availability and plans are in place for the recruitment of new firefighters. We are also implementing recommendations falling out of an On-call review and are strengthening recruitment and retention by investing in District Support Officers and the adoption of an On-call salary scheme across the Service.

We are reviewing our existing medical support with a view to aligning & developing our response capability, seeking future collaborative opportunities and ensuring an integrated approach is maintained with South West Ambulance Services Foundation Trust (SWASFT) in support of the Trust.

There are currently 7 specific project areas:

1. Co-Responder scheme alignment

2. Co-responder scheme expansion

3. Medical response for WDS staff

4. FACS (Fire & Ambulance Clinical Support) Programme

5. Concern for Welfare (Forced entry)

6. Falls response

7. Tri service support officer

In this way we are working in partnership with SWASFT to deliver and integral approach to improved patient care

| OVERALL JUDGEMENT APRIL 2017 | DEVELOPING | ESTABLISHED | | ADVANCED |
|---|---|---|---|---|
| BY APRIL 201 | DEVELOPING | ESTABLISHED | | ADVANCED |

## KEY PERFORMANCE INDICATORS TO SUPPORT CORPORATE PERFORMANCE MONITORING

Evaluation and measuring framework yet to be completed for the full range of Communities Programme, however, for continuity and comparison the current range of KPIs to be adopted to check improvements and progress of new ways of working.

- Attended false alarms from automatic fire detection equipment - non domestic premises
- Percentage of sleeping risk properties where the first appliance met the response standard
- Percentage of sleeping risk properties where the second appliance met the response standard
- Percentage of incidents to other properties where the first appliance met the response standard
- Percentage of incidents to other properties where the second appliance met the response standard
- Percentage of road traffic collisions where the first appliance met the response standard
- Number of people rescued at fire related incidents
- Number of people rescued at flooding incidents
- Number of people rescued at road traffic incidents

## EXTERNAL ACCREDITATIONAL STANDARDS WE ARE CURRENLY WORKING TOWARDS

At this moment, there are none that we consider would substantially improve performance against this Key Line of Enquiry

## EXTERNAL ACCREDITATION STANDARDS THAT WE ARE BENCHMARKING PERFORMANCE AGAINST

None

## KLOE 11: How are our operational staff prepared for the identified hazards and risks associated with the range of incidents they are likely to attend?

| DEVELOPING | ESTABLISHED | ADVANCED |
|---|---|---|
| Operational staff are prepared for the foreseeable hazards associated with emergency incidents through operational training where risk is both assessed and managed. All new operational staff attend structured corporate induction.  Arrangements exist for the effective supervision of all operational staff. Levels of competence, including the maintenance of individual operational licences, are regularly monitored locally and at Area Management Teams.

A fully costed and resourced operational training delivery plan is in place to deliver the volume and frequency of courses to enable all operational staff to maintain their respective operational licence. | Operational staff are prepared for the foreseeable hazards associated with emergency incidents through operational training where risk is both assessed and managed. All new operational staff attend structured corporate induction.  Arrangements exist for the effective supervision of all operational staff. Levels of competence, including the maintenance of individual operational licences, are regularly monitored and actively managed at Area Management Teams.

All 8 areas of the Fire Professional Framework for operational licence are covered during the acquisition and maintenance phases associated with operational competence. The operational licence within the service covers 4 of these areas which have been prioritised as being risk critical.

A fully costed and resourced operational training delivery plan is in place to deliver the volume and frequency of courses to enable all operational staff to maintain their operational licence. All course outcomes are aligned to sector specific standards, qualifications or best practice. | Operational staff are prepared for the foreseeable hazards associated with emergency incidents through operational training where risk is both assessed and managed. There is an embedded and coherent approach to operational learning, development and assessment which makes sure that staff are fully developed to deliver their operational role. All course outcomes are aligned to sector specific standards, qualifications or best practice.

Individuals take responsibility for their own learning and development and there are clear responsibilities and structures for the delivery of training development and assessment. Effective realistic and appropriate methods are used to ensure staff develop and maintain competencies in all aspects of their role.

A single proportionate web enabled recording system is in place that enable managers to monitor levels of competence and identify areas for further development. |

Health, Safety and Welfare arrangements are in place to monitor accidents and adverse occurrences resulting from operational and training activities and this ensures issues are identified and addressed as they arise. However, the processes are not aligned or consistently applied across the organisation.

Effective realistic and appropriate methods are used to ensure staff develop and maintain competencies in all aspects of their operational role. Recording systems are in place that enable managers to monitor levels of competence and identify areas for further development.

All staff receive specific health & safety training commensurate with their role. The necessary information, instructions, training and supervision are provided to allow all staff to carry out their duties effectively and safely The locations staff work at are safe and without risks to health and where, in the case of emergency operations this is not possible, **safe systems of work are in place** to protect them from readily identifiable hazards

Health, Safety and Welfare arrangements are in place to monitor accidents and adverse occurrences resulting from operational and training activities and this ensures issues are identified and addressed as they arise. Processes and practice are in place to ensure this intelligence is actively used to identify where additional training, equipment or resources are required.

A single operational intelligence system is in place and this is actively used to ensure health, safety and welfare arrangements are in place to monitor accidents and adverse occurrences resulting from operational and training activities. Processes and practice are embedded in normal business and this ensures this intelligence is actively used to identify areas where additional training, equipment or resources are required.

Effective arrangements are in place for cross-agency training which makes sure effective incident management and operational delivery at multi-agency incidents takes place. Joint Operational Learning arrangements are well established and audited as part of the Joint Emergency Services Interoperability Programme (JESIP).

| Limited quality assurance takes place across operational training delivery. | Effective and auditable quality assurance is an integral part of operational training delivery. | Effective and auditable quality assurance is embedded in all areas of operational training delivery and people development. |
|---|---|---|

## BASELINE ASSESSMENT

All Operational personnel attend corporate induction. During initial training they are taught to use the equipment they operate and to understand the generic and specific risks they will face during the acquisition phase of their training. This training is role specific and it is built upon while they are in development. When they have met all of the requirements of their role development programme and satisfied their assessors that they have reached the required level in terms of knowledge, skills, understanding and practical application they are signed off as being safe and competent in role. At this stage they enter the maintenance phase of their development.

The initial training and development prior to someone being deemed as competent differs slightly in the north and south of the new service area but across the service operational competence is demonstrated by satisfactory performance at real incidents, during simulations, exercises, drills, or centrally run training courses. Assessments may be summative or formative. The recording of competence in the maintenance phase for operational staff also currently differs in terms of systems and details within the system, however, a project is running to develop and roll out a single cloud based competence recording system during 2017/18.

The Service's operational licence covers four areas of the Fire Professional Framework for operational licence. These are driving, breathing apparatus and fire behaviour training, incident command and casualty care. All eight areas of the Fire Professional Framework for operational licence are covered in the acquisition and maintenance phases of operational training. These include working at height, water rescue, extrication and hazard materials. The competence of staff is monitored locally at station level on an ongoing basis and at monthly Area Management Teams. Where individuals fail to meet the requirements of their role, either in terms of meeting the required outcomes or the set frequencies for reaccreditation, a judgement is made by the Area Management Team in conjunction with the training team to determine if they should remain available for all aspects of their operational role. They are then provided with a development plan to allow them to become reaccredited. All operational staff are required to actively monitor their own competence and make sure they remain in date.

Significant work has been undertaken to align the central training centres at West Moors in Devizes to align functional capabilities. The lead trainers are now working effectively together and management team meetings have been strengthened through the use of Sycle and effective performance

management meetings. Operational training practice conforms to national standards where they exist and the level of accidents and adverse occurrences at operational incidents is not indicating that there are any issues with the ability of operational staff to safely and effectively resolve the range of incidents they attend. We have also ensured that we have sufficient experienced operational Flexible Duty Officers in place to support all of the required levels of incident command.

Operational incidents are debriefed where it is identified there are learning or training opportunities.  These debriefs are most often undertaken in a live environment after the incident has been resolved. At larger scale incidents formal multi-agency debriefs are undertaken to assist in identifying trends and issues that may need to be addressed through a centrally directed training plan or intervention. District Commanders, working with their local management teams, also arrange training to make sure competence in areas not covered by core operational licenses are covered locally. When developing this training District Commanders consider existing or emerging risks, specialist skill requirements, vehicles, equipment, or PPE, staff succession planning and local partnership working. Annual watch audits are also carried out by the District Commanders to ensure that personnel are maintaining competencies in key areas. The watch audits are tailored around local risks and also cover both practical testing and underpinning operational knowledge.

The Operational Development & Effectiveness Group (ODEG) has a standing agenda item covering operational training. The purpose of this agenda item is to examine the progress and effectiveness of planned activities and identify reactive operational training needs and devise potential solutions delivered centrally and within Districts. This compliments the fully costed central training plan in place across the service. The ODEG meeting held in July is used to confirm the services training plan for the next financial year to enable this to be fed into the corporate and financial planning cycle. Training Centre Managers then develop the annual operational training schedule. The training centre managers also analyse and report against course evaluations and audit training centre courses to ensure there is continuous improvement.

| OVERALL JUDGEMENT APRIL 2017 | DEVELOPING | ESTABLISHED | | ADVANCED |
|---|---|---|---|---|
| BY APRIL 2018 | DEVELOPING | ESTABLISHED | | ADVANCED |

## KEY PERFORMANCE INDICATORS TO SUPPORT CORPORATE PERFORMANCE MONITORING

There are different processes and systems in place to record levels of competence. Until one single process and system is developed, it is intended to maintain the existing sets of indicators

*Swindon and Wiltshire*

➢ Percentage competent in Operational Licence - RDS
➢ Percentage competent in Operational Licence - RDS
➢ Percentage competent in the RTC modules of the Operational Licence - WDS
➢ Percentage competent in the RTC modules of the Operational Licence - RDS
➢ Percentage competent in the BA modules of the Operational Licence - WDS
➢ Percentage competent in the BA modules of the Operational Licence - RDS

*Bournemouth & Poole and Dorset*

➢ Percentage of Operational managers maintaining the Incident Command assessment aspect of their Operational licence- (WT)
➢ Percentage of Operational managers maintaining the Incident Command assessment aspect of their Operational licence- (RDS)
➢ Percentage of Operational personnel maintaining the SIM3 aspect of their Operational licence - (WT)
➢ Percentage of Operational personnel maintaining the SIM3 aspect of their Operational licence - (RDS)
➢ Percentage of Operational drivers maintaining the ERD aspect of their Operational licence-(WT)
➢ Percentage of Operational drivers maintaining the ERD aspect of their Operational licence-(RDS)
➢ Percentage of Operational personnel maintaining the BA/FBT aspect of their Operational licence - (WT)
➢ Percentage of Operational personnel maintaining the BA/FBT aspect of their Operational licence – (RDS )
➢ Percentage of Operational personnel maintaining the BA/FBT aspect of their Operational Licence
➢ Percentage of Operational Managers maintaining the Incident Command Assessment aspect of their Operational Licence
➢ Percentage of Operational Drivers maintaining the ERD aspect of their operational licence
➢ Percentage of competencies in date


## EXTERNAL ACCREDITATIONAL STANDARDS WE ARE CURRENLY WORKING TOWARDS
At this moment, there are none that we consider would substantially improve performance against this Key Line of Enquiry

## KLOE 12: How do we learn from operational and community risk; to improve the response services we provide?

| DEVELOPING | ESTABLISHED | ADVANCED |
|---|---|---|
| Response arrangements to meet organisational needs is being refined, based on the changing community risk profile and is driven by the IRMP. There is a link between learning on the incident ground, new training and procedures and new equipment requirements. | The Response approach has been clearly defined, reflects wider capabilities and is planned and implemented based on the community risk profile which is linked to the IRMP. Clear responsibility to develop, maintain and improve the response approach to meet organisational needs within a safe system of work is assigned, monitored and managed. This enables staff to contribute positively towards their own and others health and safety and to ensure adequate welfare arrangements are provided at operational incidents.<br><br>An outcome of the approach taken is to review safe systems of work and to ensure that where necessary risk assessments are revisited or put in place to manage identified risks. | Response performance information is effectively evaluated at all levels to drive improvement and learning. Audit, review and evaluation systems involve all levels within the Service and within external agencies and stakeholders. Clear and audited processes exist to feed learning from operational incidents back to crews through effective procedures and training. Results are shared with personnel and partners and partners assist in the audit processes |

## BASELINE ASSESSMENT

We learn from all the incidents we attend and on many occasions carry out debriefs immediately following the incident or will undertake more formal command debriefs which are carried out following larger incidents in which other agencies may also be invited. Where a fire has involved a fatality, we will undertake operational debriefs ensure our fire-fighting actions have been to the highest levels and we will follow-up these incidents with a multi-agency fatal fire conference once the coroner has completed their inquest. We monitor Preventing Future Deaths reports which are made by coroners the end of an inquest for the benefit of individual, organisations or public bodies.

We have an operational effectiveness database to capture learning points and organisational improvements form incidents inside and outside the service. In addition, we review any national reports or guidance to determine if there are any gaps in the Service. Where necessary an improvement plan will be put in place.

We would review any We believe we have the required appliances and personnel in the right places. However, we constantly review this due to changes in incidents and risk due to the increase of people and properties, both commercial and private dwellings. We have recently reviewed the use and effectiveness of the 'second aways', where on some On-call fire stations there are two front line appliances and sometime the management team may have difficulty in keeping them both on the run at all times. In addition, we have historically always used the same type of fire appliances and standard crewing arrangements across all of our stations but other Services have invested in smaller fire engines with different capabilities.

We constantly monitor our operational activity through our various management information systems. This allows us to consider our response and prevention activity to drive down incidents. For example, we use Pinpoint to identify high risk premises that are remote from our fire stations and mean that the operational response is likely to be delayed. These are then prioritised for fire safety audits or Safe and Well visits.

The Civil Contingencies Act 2004 places a statutory duty on all Category One responders to carry out risk assessments and maintain a Community Risk Register.

We have adopted a comprehensive multi-agency approach to this work and has engaged a wide range of subject matter experts, stakeholders and partners in the process. An Individual Risk Assessment is the first step in the emergency planning process and aims to identify those risks which could result in a major emergency or incident in Dorset or Wiltshire.  Each risk is identified using the National Risk Register of Civil Emergencies, local knowledge and professional judgement of the LRF area; it is then quantified on its likelihood to occur and the probable impacts on the community.

Individual Risk Assessment is important as it enables us to ensure that our emergency plans and protocols are sound and proportionate to the risks that exist in the Dorset and Wiltshire areas, and enable us to take preventative action where appropriate. Risk assessment is not a static process and is subject to constant review. The information contained in the Community Risk Registers, as a result, are regularly updated.

The Response approach has been defined, planned and is being implemented based on the community risk profile and linked to the Integrated Risk Management Plan (IRMP). Work is underway as part of the Communities Programme to review this to strengthen and harmonise this approach.

| OVERALL JUDGEMENT APRIL 2017 | DEVELOPING | ESTABLISHED | | ADVANCED |
|---|---|---|---|---|
| BY APRIL 2018 | DEVELOPING | ESTABLISHED | | ADVANCED |

## KEY PERFORMANCE INDICATORS TO SUPPORT CORPORATE PERFORMANCE MONITORING
Fires confined to room of origin

H&S Injuries at incidents

## EXTERNAL ACCREDITATIONAL STANDARDS WE ARE CURRENLY WORKING TOWARDS
At this moment, there are none that we consider would substantially improve performance against this Key Line of Enquiry

## EXTERNAL ACCREDITATION STANDARDS THAT WE ARE BENCHMARKING PERFORMANCE AGAINST
None

# PRIORITY 4: MAKING EVERY PENNY COUNT

## KLOE 13: Are effective governance and decision making arrangements in place?

| DEVELOPING | ESTABLISHED | ADVANCED |
|---|---|---|
| The vision, priorities and overall approach to good governance are stated, but there is limited understanding as to how these fit together and that are not aligned to an agreed code. The governance arrangements are not adequately assured and there is a limited understanding of what needs to be improved. | The vision, priorities and overall approach are clearly stated, but more work needs to be done so that fully staff understand how they fit in. There is a clear framework to governance aligned to an agreed code but more work needs to be done to embed this framework. | The vision, priorities and overall approach are clearly stated and well understood. There is a clear framework to governance which is up to date, complies with an agreed code. |
| Internally, decision making is largely viewed as the province of the Strategic Leadership Team and there is little delegation of authority to lower tiers of management. There are processes by which we engage with our community, staff and stakeholders before decisions are made but these are fragmented and not clear. | There is more work needed to ensure that decision making is consistent at all levels. The process by which the Service engages with its community, staff and stakeholders before decisions are taken is in place but not yet embedded. | Decision making all levels is clear and systematic. There is clear and systematic evidence that we engage with our community, staff and stakeholders before decisions are taken. |
| A corporate system is being developed for collating and analysing equality expectations and objectives into financial plans, policies and service delivery. Equality analysis or impact assessments are integrated systematically into planning and decision making across the organisation. | We can demonstrate a growing understanding of how corporate policies and processes affect our diverse communities differently and takes steps to ensure that policies and processes promote equality and value diversity as well as addressing inequalities. Organisational strategies and plans include specific and measurable equality objectives and outcomes, | Corporate improvement and policies consistently promote and lead to positive outcomes for at risk communities, staff from marginalised groups and support a diverse workforce. We can demonstrate a clear link between meeting their equality objectives and positive outcomes for our communities. We have a strong and well |

Members, management and auditors work together to jointly identify opportunities to improve internal controls, although this is principally auditor led. Improvement plans are formulated but not yet systematically overseen by senior management. Members receive regular reports on internal controls and review progress on improvement actions. Members, management and auditors are still developing confidence over internal controls.

Information management and security procedures are in place and there is growing internal confidence in the managerial arrangements. There are some good practices in place but internal assessment has identified that key issues exist, with some cause of concern requiring appropriate action plans to be put in place. Compliance arrangements for accessing to information are in place with a clear policy, procedure and management arrangements.

which are measured and monitored regularly, but this is not fully embedded.

Management and auditors work together to jointly identify opportunities to improve internal controls. Improvement plans are well managed and are overseen by senior management but this is not yet fully mainstreamed into routine management. Members receive regular reports on internal controls and review progress on improvement actions. Members, management and auditors have growing confidence in the internal controls being relied upon.

Information management and security procedures are in place and there is growing internal confidence in the processes in place. No major 'high risk' issues or failings have been identified with regards to information management without a clear plan to migrate the issues.  Compliance arrangements for accessing to information are in place with a clear policy, procedure and management arrangements. Information management practices throughout

evidenced approach of effective partnership working.

Members, management and auditors work together to jointly identify opportunities to improve internal controls. Improvement plans are well managed and are overseen by senior management. Members receive regular reports on internal controls and review progress on improvement actions. Members, management and auditors have high levels of confidence over internal controls with very favourable reports. Information management and security procedures are in place and there is good internal confidence in the processes in place that is fully assured. Compliance arrangements for access to information are in place with a clear policy, procedure and management arrangements.

Information management practices throughout the organisation are embedded and systematically assured. Information sharing protocols are in place and embedded. Assurance processes are systematically applied. There is a high degree of confidence in these arrangements. Senior management and Members regularly review the performance and issues associated with legal compliance.

| | | |
|---|---|---|
| Work is still needed to fully embed good information management practices throughout the organisation. Information sharing protocols are in place but not widely understood or applied. Although there is a stated aim that we are committed to transparency, this is not always followed in practice. | the organisation are being embedded although there is still a lack of consistency in understanding and practice by frontline staff. Information sharing protocols are in place and being embedded. Assurance processes are emerging to support a growing confidence in these arrangements. Senior management and Members regularly review the performance and issues associated with legal compliance. There is increasing confidence in the arrangements in place supported by an emerging assurance process. | |

## BASELINE ASSESSMENT

The Authority has a clear governance policy and framework based upon the CIPFA/ SOLACE code of governance. A comprehensive baseline assessment and an annual assurance framework underpins the Statement of Assurance required under the National Framework. Auditors have provided a substantial level assurance rating for these arrangements. There is a Member governance champion and a Member led Governance Working Group have reviewed key aspects of these arrangements and a number of improvements have been made by agreed of the Authority. As part of this work, the Authority is currently seeking to reduce the number of Members to further streamline the decision-making framework. Work is currently being undertaken to align the governance arrangements to the recently revised code published in 2016. The Authority has agreed a clear vision and set of policies and priorities set out in its Community Safety Plan. These priorities are translated through a comprehensive performance framework that provides a line of sight to the work of individuals. A Service-wide performance and risk management system is in place that allows activities, projects, risks and key performance indicators to be coherently linked and reported against. Business continuity planning and testing forms part of this approach. The reporting of performance is transparent at all levels including structured reporting through the Finance, Governance and Audit Committee. This is further supported by a specific Members dashboard containing performance details against the priorities and the associated key lines of enquiry. The framework has been strengthened over the past 12 months and further realignment is anticipated when the national inspection and standards regime is better known.

Directors and Heads of Departments have been heavily involved in this work but more engagement is needed with teams and stations to ensure that the performance framework is fully understood to strengthen its application.

Members, management and auditors have worked well during 2016/17 work together to jointly identify opportunities to improve internal controls. Members, management and auditors now have growing confidence in the internal controls being relied upon. Improvement plans are well managed and are overseen by senior management and reviewed on a quarterly basis by the Finance, Governance and Audit Committee. This is now fully mainstreamed into routine management with auditors satisfied with the robustness of these arrangements. Members receive regular reports on internal controls and review progress on improvement actions.

The Authority is fulfilling its legal responsibilities under the Data Protection Act and Freedom of Information Act. Members receive regular reports providing assurance that the Authority is demonstrating compliance with requests for information. Full alignment of information security management processes is in line with the ISO 27001. An Information Governance Group is now well established and manages information risk Service wide. Information Asset Owners are clear on their responsibilities to manage their information assets and in their role on the Information Governance Group. This contributes to the annual statement of assurance for information governance. An Information Governance Audit was conducted in 2016/17 and this provided a substantial level assurance rating, with minor improvements which are now complete. The annual IT Health Check provides assurance that our technical arrangements are in place to protect our information assets are the completion of the mitigation plan is monitored regularly.

We are a signatory to the overarching data sharing protocols that existing within the two counties - One Swindon and the Dorset Information Sharing Charter and data sharing agreements exist for all arrangement with our partners in compliance with our legal responsibilities.

The policy framework established for April 2016 is now embedded across policy teams and provides staff with a single location for accessing policies, procedures and guidance. The review, consultation and publication of documents is centrally managed to ensure a consistent and robust process which ensures our policies and procedures meet our legal requirements. A plan is in place and actively monitored to align procedural processes. This plan was subject to a recent internal audit, the results of this recognised the good work prior to combination and validated the future work plan.

Complaints continue to be well managed and Members receive assurance on a regular basis in relation to the number of the complaints resolved within 14 working days and those which were upheld.  The corporate process was the subject of an internal audit in 2016/17, the results of which provided substantial level assurance. Minor improvements were identified and these are being addressed in the development of the system early 2017/18.

There are a variety of channels being utilised by the Service to engage and communicate with local communities. Some of these are led corporately and others through local initiatives, contributing to formal and informal partnership interactions. This area is the focus of a current internal audit –

management of external communications such as the website, social media and press coverage, to demonstrate positive outcomes. Service wide community events are corporately managed and involvement in key high profile events mandatory.

| OVERALL JUDGEMENT APRIL 2017 | DEVELOPING | ESTABLISHED | | ADVANCED |
|---|---|---|---|---|
| BY APRIL 2018 | DEVELOPING | ESTABLISHED | | ADVANCED |

## KEY PERFORMANCE INDICATORS TO SUPPORT CORPORATE PERFORMANCE MONITORING

➢ Number of SARS responded to within 40 working days
➢ Number of FOI requests responded to within 20 working days
➢ Number of security breaches and time taken to contain
➢ Number of complaint resolved within 14 working days and number upheld
➢ Number of website hits, Facebook and Twitter followers
➢ Number of press releases
➢ Staff survey results

## EXTERNAL ACCREDITATIONAL STANDARDS WE ARE CURRENLY WORKING TOWARDS

CIPFA/SOLACE Delivering good governance in Local Government Framework 2016

## EXTERNAL ACCREDITATION STANDARDS THAT WE ARE BENCHMARKING PERFORMANCE AGAINST

➢ ISO 31000 Risk Management (benchmarking compliance not accreditation)
➢ ISO 22301 Business Continuity Management (benchmarking compliance not accreditation)
➢ ISO 27001 Information Security (benchmarking compliance not accreditation)

## KLOE 14: How are we providing effective health and safety support to our staff?

| DEVELOPING | ESTABLISHED | ADVANCED |
|---|---|---|
| A clear policy and associated procedures are in place although these are not embedded. Senior managers are still the main focus for driving health and safety. There is a developing culture of good health and safety practice, although personal understanding of individual responsibilities remains patchy. Staff and their representative bodies participate in the process of improving the health, safety and wellbeing of employees and other stakeholders. Performance reporting and management arrangements for health and safety are being developed to effectively identify strengths and areas for improvement.  Auditing and reviewing of health and safety activities are being introduced. No external benchmarking or assurance is in place. Health and safety targets are being implemented Service wide but are not fully understood or embedded in service planning and delivery. | A clear policy and associated procedures are in place and are well on their way to being fully embedded. There is a developing culture of good health and safety practice, with personal understanding of individual responsibilities largely understood. Staff and their representative bodies are engaged in the process of improving the health, safety and wellbeing of employees and other stakeholders and feel fully engaged. Performance reporting and management arrangements for health and safety are well developed to effectively identify strengths and areas for improvement.  Auditing and reviewing of health and safety activities is becoming more systematic with growing managerial assurance supported by clear and robust evidence. Where they are appropriate, health and safety targets are being implemented Service wide and are driving improvements. | A clear policy and associated procedures are in place and are fully embedded across the Service. There is a culture of good health and safety practice, with personal understanding of individual responsibilities largely understood and evidenced. Staff and their representative bodies are fully engaged in the process of improving the health, safety and wellbeing of employees and other stakeholders and feel fully engaged. Performance reporting and management arrangements for health and safety are well advanced to identify strengths and areas for improvement.  Auditing and reviewing of health and safety activities is systematic with growing managerial assurance and robust evidence. Where they are appropriate, Health and safety targets are being implemented Service wide and are driving improvements. |
| We comply with all relevant aspects of health, safety, and welfare legislation including appropriate codes of practice. Equipment and safe systems of work are provided and maintained so that risks to health and safety are as low as reasonably practicable. More work is | We comply with all relevant aspects of health, safety, and welfare legislation including appropriate codes of practice. Equipment and safe systems of work are provided and maintained so that risks to health and safety are as low as reasonably practicable. These practices | We comply with all relevant aspects of health, safety, and welfare legislation including appropriate codes of practice. Equipment and safe systems of work are provided and maintained so that risks to health and safety are as low as reasonably practicable. These practices |

necessary to fully embed this. Necessary information, instructions, training and supervision are provided to allow all staff to carry out their duties effectively and safely. Operational staff are prepared for the foreseeable hazards associated with emergency incidents through operational training where risk is both assessed and managed.

The locations staff work at are safe and without risks to health and where, in the case of emergency operations this is not possible, safe systems of work are in place to protect them from readily identifiable hazards. There is safe handling, storage and transport of articles and substances and staff are able to contribute positively to their own and others health and safety at work whilst recognising the importance they play in policy implementation. More work is needed to embed these practices.

All accidents, incidents and near misses are properly investigated with the purpose of establishing root causes and preventing reoccurrence. Adequate welfare facilities are provided for all staff at work and competent health, safety, and welfare advice is readily

are becoming more embedded in the Service. Necessary information, instructions, training and supervision are provided to allow all staff to carry out their duties effectively and safely. Operational staff are prepared for the foreseeable hazards associated with emergency incidents through operational training where risk is both assessed and managed.

The locations staff work at are safe and without risks to health and where, in the case of emergency operations this is not possible, safe systems of work are in place to protect them from readily identifiable hazards. There is safe handling, storage and transport of articles and substances and staff are able to contribute positively to their own and others health and safety at work whilst recognising the importance they play in policy implementation. There is a greater sense that these practices are embedded although more work is needed to fully achieve this.

All accidents, incidents and near misses are properly investigated with the purpose of establishing root causes and preventing reoccurrence. This practice still required a significant level of management oversight to ensure it is carried out. Adequate welfare

are fully embedded in the Service. Necessary information, instructions, training and supervision are provided to allow all staff to carry out their duties effectively and safely. Operational staff are prepared for the foreseeable hazards associated with emergency incidents through operational training where risk is both assessed and managed.

The locations staff work at are safe and without risks to health and where, in the case of emergency operations this is not possible, safe systems of work are in place to protect them from readily identifiable hazards. There is safe handling, storage and transport of articles and substances and staff are able to contribute positively to their own and others health and safety at work whilst recognising the importance they play in policy implementation.

All accidents, incidents and near misses are properly investigated with the purpose of establishing root causes and preventing reoccurrence. Adequate welfare facilities are provided for all staff at work and competent health, safety, and welfare advice is readily

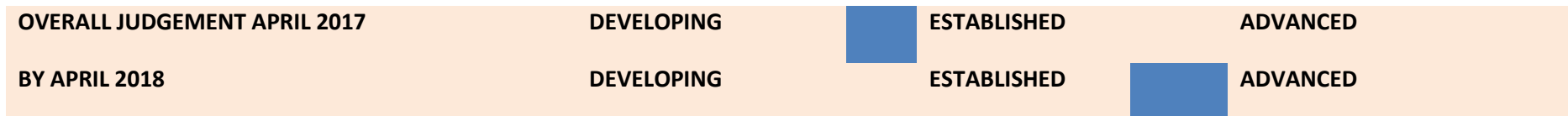| | | |
|---|---|---|
| available. Staff are consulted on health and safety matters as we recognise they can make a vital contribution to the implementation of this policy and its associated procedures. Suitable and sufficient assessments of all significant risks to staff, and those who may be affected by our activities, are undertaken, recorded and applied by competent staff. | facilities are provided for all staff at work and competent health, safety, and welfare advice is readily available. Staff are consulted on health and safety matters as we recognise they can make a vital contribution to the implementation of this policy and its associated procedures. Suitable and sufficient assessments of all significant risks to staff, and those who may be affected by our activities, are undertaken, recorded and applied by competent staff. | available. Staff are consulted on health and safety matters as we recognise they can make a vital contribution to the implementation of this policy and its associated procedures. Suitable and sufficient assessments of all significant risks to staff, and those who may be affected by our activities, are undertaken, recorded and applied by competent staff. |
| External validation of the health and safety practice and culture is being put in place and being progressed. | External validation of the health and safety practice is being put in place and the approach is well developed. | External validation of the health and safety practice  has been secured. |

## BASELINE ASSESSMENT

The agreed health and safety policy and is now well communicated throughout management teams and considered as embedded within the Service through range of procedures. Senior managers are driving health and safety forward with a developing common safety culture now evident. The health and safety assurance framework, linked to the agreed policy and the statement of assurance required under the National Framework, supports a further level of scrutiny and assurance by senior management and Members. This framework helps us identify and maintain attention on significant risks and issues and the implementation of adequate controls.

Staff and their representative bodies participate in the process of improving the health, safety and wellbeing of employees as part of the consultation process within the procedure development process. Health and safety performance reports continue to be monitored through the Health, Safety and Welfare Committee, chaired by the Director with lead responsibility for this agenda. Key issues are reported to the Strategic Leadership Team (SLT) and Members through the Finance, Governance and Audit Committee.

Service wide Key Performance Indicators (KPI) support the monitoring of performance. These are embedded through our Corporate Performance Management System (SYCLE) and discussed at departmental meetings with the Director. This data is presented and discussed at the quarterly Health, Safety and Welfare committee, Senior Leadership Team and the Finance, Governance and Audit committee who collectively overview progress and ensure good governance.   The recording of absence due to injury or ill health is now on one management system but this data needs to be further assured against health and safety requirements to allow the robust analysis of absence and wellbeing.

Compliance against wider legal obligations has been undertaken through sample quality assurance visits, to confirm on-the-ground practice. Procedure migration is on track with harmonised management systems being developed and rolled out across the wider Service. This is overseen by the director and SLT on a monthly basis. Accident and near miss reporting systems will be harmonised by May 2017. This will further improve consistency and understanding across the workforce and allow management reports to be produced with common definitions and data. The process for introducing equipment and resources has started to be strengthened through the Operations Delivery and Equipment Group and by using risk assessors trained to one standard. This will be further embedded by the introduction of one management system for risk assessing within the Service (Due end May 2017).

The commitment by the Fire Authority to gain BS OHSAS 18001:2007 by the end of 2018 is contained within the convergence plan. Auditing and reviewing of health and safety activities will be further enhanced through the development of internal auditors as part of the role of District Commanders who will be trained to carry out internal audits to the BS 18001 standard.  This initiative remains on track with training due to take place June-October 2017.

| OVERALL JUDGEMENT APRIL 2017 | DEVELOPING | | ESTABLISHED | | ADVANCED |
|---|---|---|---|---|---|
| BY APRIL 2018 | DEVELOPING | | ESTABLISHED | | ADVANCED |

## KEY PERFORMANCE INDICATORS TO SUPPORT CORPORATE PERFORMANCE MONITORING

- Number of RIDDOR incidents dangerous occurrences
- Number of RIDDOR near misses
- Number of RIDDOR incidents Over 7 days
- Number of RIDDOR incidents Major injury
- Number of RIDDOR Occupational diseases
- Number of Equipment failures
- Number of service vehicle accidents during Non-operational incidents

- Number of service vehicle accidents during operational incidents
- Number of days lost due to work related injury or ill health

Corporate Targets –

1. By 31 March 2019, to have achieved accreditation against BS OHSAS 18001 Occasional Health and Safety Management
2. To reduce the number of working days lost through work related injuries and ill health by 5%

## EXTERNAL ACCREDITATIONAL STANDARDS WE ARE WORKING TOWARDS
British Standard Occupational Health and Safety Assessment Series (BS OHSAS) 18001:2007

## EXTERNAL ACCREDITATION STANDARDS THAT WE ARE BENCHMARKING PERFORMANCE AGAINST
CFOA SW H&S Quarterly meetings provide a platform for benchmarking across the SW Fire Services and give an opportunity for best practice to be shared and health and safety performance to be discussed

## KLOE 15: Do we have robust financial management and procurement plans in place to ensure long term viability and value for money?

| DEVELOPING | ESTABLISHED | ADVANCED |
|---|---|---|
| There is a financial plan in place and this is focused on the short term viability. There is a limited financial audit process to provide assurance that effective financial planning is in place, but more work needs to be done to embed these plans. | There is a clear financial plan in place to ensure medium term viability and value for money on which audit assurance is given, and plans are linked into key core priorities. | There are clear and credible financial plan in place to ensure long term viability and value for money on which robust audit assurance is given. Plans are clearly linked to the key core priorities. |

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| Balanced budgets have been established based on realistic assumptions. | Balanced budgets have been established based on realistic assumptions, relevant financial and non-financial information, risk assessment and management and Member Scrutiny. | Balanced budgets have been established based on annual zero based principles, relevant financial and non-financial information and validated risk assessment with systematic management and Member Scrutiny. |
| There are robust processes in place to support value for money but these are not well understood. | There are robust processes in place to support, implement and regular monitor value for money with a growing understanding about how they are to operate. | There are robust processes in place to support, implement and regular monitor value for money which are well understood. |
| The annual accounts are prepared in accordance with relevant, standards and timetables, supported by comprehensive working papers. The accounts submitted for audit present fairly the financial position but may contain material errors or mis-statements requiring adjustment. | The annual accounts are prepared in accordance with relevant, standards and timetables, supported by comprehensive working papers. The accounts submitted for audit present fairly the financial position but contain only errors or omissions considered 'immaterial' and do not require adjustment. | The annual accounts are prepared in accordance with relevant, standards and timetables, supported by good comprehensive working papers. The accounts submitted for audit present fairly the financial position and contain no errors or omissions or only errors or omissions considered 'immaterial' and do not require adjustment. |
| Management and Member Scrutiny of financial management is limited. | Members and managers are regularly updated and informed of the financial position in the short to medium term with assurances that the Service is sustainable in the medium term. | Members and managers are regularly and systematically updated and informed of the financial position with good assurances that the Service is sustainable and there is high confidence in these arrangements. |
| There is a financial management information system in place and accessible, but budgetary control is limited with no real linkage to the | The financial management information system supports budgetary control at all levels, with | The financial management information system supports very effective budgetary control at all |

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| planning processes. The financial and planning processes run to different timescales. | linkages to core priorities through the KLOEs and the planning process. | levels, with clear linkages to core priorities, through the KLOEs and the planning process. |
| There is an efficiency and improvement plan with limited processes in place to identify and prioritise areas for future investment. The delivery of the efficiency plan is not systematic. | There is a clear efficiency and improvement plan in place with realistic timescales for achievement, allocated resources and which is monitored regularly. | There are clear robust efficiency and improvement plans, with realistic timescales for achievement, supported by robust save to invest options, fully resourced and monitored, with justifications and identified cashable and non-cashable savings. |
| Procurement practices in place which are regularly reviewed, take into account of the diverse needs of clients, and are in compliance with relevant standards. | Good procurement practices are in place which are regularly reviewed, take into account of the diverse needs of clients, and are in compliance with relevant standards.  Regular procurement training and information is provided to support and embed throughout the organisation. Benchmarking is undertaken, but is limited to key areas, ensuring a range of quality services are delivered, demonstrating value for money in comparison to others. | Good procurement practices are in place, in collaboration with key partners, which are regularly monitored, maintained and updated, and are in compliance with relevant standards, regulations and best practice.  Systematic and regular procurement training and information is provided and embedded throughout the organisation.  Benchmarking of key areas and activities is common, ensuring a significant range of good quality services are successfully delivered, demonstrating best value is achieved. |
| Training is provided on financial topics for Members and relevant non-finance staff, but is not regular or systematic. | Regular and systematic training is provided on financial topics for Members and relevant non-finance staff. | Regular and systematic training is provided training on financial topics for Members and relevant non-finance staff. |

## BASELINE ASSESSMENT

The Authority has a Medium Term Financial Plan in place, developed with Members, covering the financial years to 2019/20.  The Plan demonstrates how the Authority is able to balance its revenue budget over this time period, using reserves and balances as necessary.  At the end of this period the Authority expects to have general balances of approximately £6m in excess of risk assessed general balances of £2.5m, still available to support future revenue budgets.  Further work is required to achieve a balanced long term budget that does not require the support of balances.

The Authority has successfully brought together the budgets of the two former Services, and achieved the savings identified in the Combination Business Case.  Moving forward a key area of focus for 2017/18 will be to work with Heads of Department to ensure that base budget requirements are scrutinised more closely, and establish sustainable budgets that are aligned to the Community Safety Plan and our key priorities.

Financial performance is monitored by Members on a quarterly basis, through reports presented at the Finance, Governance and Audit Committee, the first quarter performance being reported at the September Committee.  The Committee also receives six monthly and annual reports on Treasury Management.  Subject specific seminars are provided for members of the Finance, Governance and Audit Committee to ensure they are aware of, and kept up to date with, key financial topics and issues.  We are currently developing a monthly Strategic Leadership Team performance dashboard that will include a review of key areas of revenue and capital budget performance.  At present key spending items or large ticket items, such as capital projects are routinely monitored cyclically on a quarterly basis.  Greater emphasis will be placed on monitoring much more frequently, i.e. monthly.

During 2017/18, another key focus area will be to help departments and budget managers with their financial planning and monitoring.  We will be providing regular training on two fronts, primarily on the use of, and familiarisation with our financial management system, Agresso, and secondly by putting this into practice, making the most of the financial information available, and upskilling managers so that they can fulfil their financial responsibilities effectively.  We will also be clear about the Finance Teams' responsibilities, and how they can support departments and budget managers

The two former Authorities have had excellent records with internal and external audit.  KPMG continue as the external auditor for the new Authority, and we are working closely with them to ensure that our first set of financial statements, covering the 2016/17 financial year, are prepared on time and to the required standards.  Changes in accounting regulations will mean that more stringent deadlines are required for producing and auditing the financial statements in respect of 2017/18.  In order to accommodate this, additional resources will be required in preparation, planning and delivering the revised closedown timetable throughout 2017/18.   Gateway Assure are our new internal audit partners.  The internal audit plan includes an annual assessment of key financial controls, and for 2016/17 Gateway have concluded that there are 'Adequate' controls in place.  No substantial weaknesses have been identified, but a number of action plan items have been agreed, and we recognise that there is further progress to be made during 2017/18.

The Authority submitted an Efficiency Plan to the Home Office in October 2016, to support its case to receive a four-year confirmed local government finance settlement from Government. The cashable savings identified in the Efficiency Plan have been incorporated in to the Medium Term Finance Plan, and will be monitored and reported through the Finance, Governance and Audit Committee.

We have been working hard to bring together all of the contracts of the two former authorities in one comprehensive contracts register. This not only allows us to review all of our keys contracts, ensure that they are successfully novated to the new Authority and, as we start to implement new contracts and make financial savings, this enables us to plan for future procurement activity more effectively.

During 2016/17 we have participated in the Home Office "Basket of Goods" review, although this looked at the price paid by the two previous Authorities for a variety of goods. We are also participating in the CFOA Sector Wide Spend Analysis Project, a project jointly sponsored by CFOA and the Home Office. As a much larger organisation, new contracts and procurements are becoming more complex and time consuming and we acknowledge that additional resources are required, to enable us to work effectively, and ensure that value for money is achieved through our procurement processes. Our key procurement focus for 2017/18 is to provide awareness training across the organisation, embedding good procurement practices and providing technical expertise, support and advice for the ever increasing numbers of complicated procurements.

| OVERALL JUDGEMENT APRIL 2017 | DEVELOPING | ESTABLISHED | | ADVANCED |
|---|---|---|---|---|
| BY APRIL 2018 | DEVELOPING | ESTABLISHED | | ADVANCED |

## KEY PERFORMANCE INDICATORS TO SUPPORT CORPORATE PERFORMANCE MONITORING
➢ Forecast actual capital spend as a percentage of planned capital expenditure
➢ Forecast actual revenue spend as a percentage of revenue budget

## EXTERNAL ACCREDITATIONAL STANDARDS WE ARE CURRENLY WORKING TOWARDS
At this moment, there are none that we consider would substantially improve performance against this Key Line of Enquiry

None

## KLOE 16: Are we making the most effective use of our assets to deliver our priorities?

| DEVELOPING | ESTABLISHED | ADVANCED |
|---|---|---|
| There are no clear and focused asset management strategies covering property, fleet, equipment and ICT linked to the strategic planning, efficiency processes and integrated risk management planning processes. As a consequence, asset management and its objectives and initiatives are not consistently understood across the Service. Asset registers exist but not regularly reviewed. There is limited understanding or management of the risks associated with sound asset management or legal compliance. | There are some clear and focused asset management strategies covering property, fleet, equipment and ICT linked to the strategic planning, efficiency processes and integrated risk management planning processes. As a consequence, asset management and initiatives are not consistently understood across the Service. Asset registers exist but not comprehensively reviewed. Asset management supports safe systems of work so that risks to health and safety are as low as reasonably practicable. | There are clear and focused asset management strategies covering property, fleet, equipment and ICT linked to the strategic planning, efficiency processes and integrated risk management planning processes. Asset registers exist and are regularly reviewed. There is a sound understanding of asset management, associated risks and legal compliance and actions are in place and systematically managed. Asset management supports safe systems of work so that risks to health and safety are as low as reasonably practicable. |
| Maintenance plans and programmes of work are in place that follow sound health and safety practices and expectations are becoming embedded and increasingly assured. An annual programme of planned property maintenance is based on a rolling programme of property surveys. The opportunities and potential to support the smarter working programme and | Maintenance plans are in place and programmes of work that follow sound health and safety practices and expectations are becoming more embedded and increasingly assured. An annual programme of planned property maintenance is based on a rolling programme of property surveys. The opportunities and potential to support the smarter working programme and | Maintenance plans are in place and programmes of work that follow sound health and safety practices and expectations are fully embedded and assured. An annual programme of planned property maintenance is based on a rolling programme of property surveys. The opportunities and potential to support the smarter working programme and share property assets are well understood and a programme of |

| share property assets is not yet fully discussed and agreed with key partners. | share property assets is being discussed with key partners. | improvement is being delivered with key partners. |
|---|---|---|
| The strategy and frameworks for asset management is not externally validated or accredited. | Work is well underway to secure external validation or accreditation for asset strategy and management frameworks. | External validation or accreditation for the asset strategy and management frameworks are in place. |

## BASELINE ASSESSMENT

Systems: There are a number of separate management information systems exist and the process of creating one overall approach for asset management has commenced. These legacy systems are not compatible in all cases and this has created problems in managing the range of information being held. Work has been undertaken to establish an effective and efficient asset management approach. Due to capacity and staff turnover issues, this has centred around creating single asset processes and delivering reactive maintenance of both fleet and equipment. Work is underway to develop this approach to meet the requirements of the principles of PAS 55-1:2008, which is an internationally recognised standard setting out the specification for an effective asset management system, although more work needs to be done to formalise a number of key processes. The approach to manage property, fleet, equipment and ICT is linked to the strategic planning process through Sycle and regular monitoring progress takes place through Team Meetings, although the movement of staff in the assets department and difficulties in recruiting suitably qualified managers and staff has hampered this in a number of all key teams. The aim is to follow the Royal Institution of Chartered Surveyors (RICS) guidance for Public Sector Property Asset Management. ICT has a five-year strategy in place with the remaining aspects of assets needing to be harmonised and strategically framed against the Community Safety Plan and Medium Term Finance Plan.

Property: A condition survey of the property assets of both the then Wiltshire Fire Authority and Dorset Fire Authority was undertaken December 2015 and January 2016 to establish a common baseline and over the last year, a review has been undertaken of 20% of the estate. This work is being used to inform the work underway on the Communities Programme and the MTFP (capital programme 17/18 – 19/20). A further tranche of 20% will be reviewed in 2017/18 to refine costs within the capital programme. Maintenance plans and asset registers are in place and monitored, although the understanding and management of the risks associated with sound asset management and legal compliance needs to be strengthened. We comply with BS OHSAS 18001 in the south and are working on developing this in the north with a target of March 2018. Opportunities to share property assets have been discussed with key partners in Wiltshire (for example as part of the One Public Estate) and more work is underway to strengthen this approach across the whole Service. Work to develop the Integrated Property Asset

Management Strategy has commenced, in conjunction with the Communities Programme and specialist consultants and this strategy will be published by September 2017. This strategy will further strengthen the approach to sharing assets with our key partners.

Fleet:     During the planning stage to merge services the decision was made to simply combine the vehicle replacement plans and the legacy capital programmes. Since this time a substantial amount of work has been carried out in aligning the vehicle life cycles, replacement programmes and working with departments to support new ways of working. It was found that there are major differences in the type of vehicles, how the vehicles were utilised and how they were distributed. Once the initial work was concluded the department plan was amended to reflect these issues. The department still has two software systems to manage the fleet especially the maintenance programme which will need to be addressed.

Equipment/Hydrants/Stores: Progress has been made to align the two previous service maintenance programmes which largely are manage as two separate systems. Some work has been carried out to identify what type and extent the new system will have to cover with a full roll out due for 2018/19

ICT:     The Service has agreed a 5-year ICT roadmap that sets out the direction for ICT and the associated investments requirements. This underpins the financial plans agreed by the Authority. The plan sets out the key projects and activities to realise the agreed business benefits and the financial savings in the efficiency plan. These activities and projects are monitored through Sycle at departmental and directorate level with key issues raised at SLT. Quarterly assurance will be provided to Members via the Finance, Governance and Audit. The majority of the harmonisation work has focused on the ICT infrastructure and ensuring sound security arrangements are in place to meet best practice; legal compliance and external accreditation standards. Penetration tests have been conducted with key mitigation controls now in place. Much of this work has been completed however, there are still some outstanding areas to finalise involving third party suppliers. Internal audit has provided reassurance to SLT and Members over the plans and progress so far made. The Service has invested in unifying its software infrastructure and further committed to cloud based technology. While there are still areas to complete, the Service is now operating a single mail and calendaring system and work has progressed on the delivery of Office 365 to support the Service ambitions towards a more mobile and digitally enabled organisation. The policy environment is being fully determined before the intended roll out during 2017 to support the smarter working programme. All new equipment has been entered into the ICT Inventory and audits have taken place to bring older equipment onto the inventory. The ICT Inventory has replacement periods built into it, enabling us to accurately predict spend over those replacement periods. Our ICT assets will be monitored monthly to ensure that hardware replacement periods are consistent with the current performance and expected life of the equipment; hardware meets the requirement of the Service's current business needs; software licences are managed and compliant and equipment is disposed of in a managed and compliant manner. A contracts register exists along with a software asset

register has been updated to show all software held by the new Service. The department broadly works to the ITIL best practice guidance for effective ICT Asset Management.

| OVERALL JUDGEMENT APRIL 2017 | DEVELOPING | | ESTABLISHED | ADVANCED |
|---|---|---|---|---|
| BY APRIL 2018 | DEVELOPING | | ESTABLISHED | ADVANCED |

## KEY PERFORMANCE INDICATORS TO SUPPORT PERFORMANCE MONITORING

None. Assets and ICT Indicators are managed internally

## EXTERNAL ACCREDITATIONAL STANDARDS WE ARE CURRENLY WORKING TOWARDS

➢ ITIL Best Practice Guidance
➢ External accreditation standards associated with Airwave and compliance with legal requirements

## EXTERNAL ACCREDITATION STANDARDS THAT WE ARE BENCHMARKING PERFORMANCE AGAINST

➢ PAS 55 – 1:2008
➢ RICS Public Sector Property Asset Management
➢ CIPFA public sector property costs benchmarking service
➢ HMG "basket of goods" benchmarking service

# PRIORITY 5: SUPPORTING AND DEVELOPING OUR PEOPLE

**KLOE 17: How are we ensuring our strategic workforce plans support the attraction and recruitment of the right people with the right skills at the right time to deliver current and future Service priorities?**

| DEVELOPING | ESTABLISHED | ADVANCED |
|---|---|---|
| Our workforce and succession planning arrangements are being developed. Workforce and succession planning is not directly linked to talent management and progression processes. | A strategic workforce and succession plan is in place and is supported by talent management and progression plans which consider potential future needs and align with strategic priorities. | Clear strategic workforce planning arrangements are in place that have been translated into good practices. |
| Workforce Planning is predominantly concerned with establishment control and there are no clear links with financial scenario planning. Succession planning is undertaken but this is paper based and systems to assist are in their infancy. | Workforce planning is effectively linked to finance. Succession planning is embedded and linked to talent and progression processes. | Strategic workforce planning is linked to finance and drives and influences future organisational design and decision making, ensuring that we remain responsive to future needs. |
| Systems are in place to collect and analyse employment data across a range of practices including recruitment, training, leavers, grievances and discipline. Systems are being developed to provide employment data required by legislation (e.g. gender pay reporting). | We regularly monitor, analyse and publish employment data, and we use this to inform its workforce strategy and management practice. | We have systems in place to provide data against a range of employment criteria over and above legal requirements. Data collated is used to inform and shape strategic workforce planning initiatives which ensure that we remain an Employer of Choice. |
| The value of a diverse workforce is recognised, although positive action is not well developed. Positive action is HR led. | The value of a diverse workforce is fully recognised and a rolling plan of positive action initiatives are carried out and there are good | Positive action is part of business as usual, linked to workforce planning and recruitment, driven by Area and supported by HR. |

partnership arrangements between HR and the Areas.

The workforce plan includes equality considerations and objectives with measureable employment targets to improve workforce diversity through succession plans.

We can demonstrate improved equality in our workforce profile, including increased numbers of people previously under represented.

We has achieved our target to be a more diverse organisation and has increased the numbers of under- represented groups.

Workforce planning is predominantly regarded as an HR function with transactional engagement from departments.

There is a good level of shared ownership and engagement throughout the Service. Workforce planning is seen as a cross cutting issue.

There is Service wide ownership and engagement with Strategic Workforce Planning is recognised as a key organisational planning activity.

Recruitment processes are of good quality but require a lot of manual input which requires streamlining. Recruitment is HR led. e-Recruitment is utilised but not to its full capability.

Recruitment processes are streamlined and carried out in partnership with the Department and HR. e-Recruitment is utilised but HR are the custodians and drive its use and development.

Recruitment processes are streamlined and continuously improved to ensure the Service continues to attract the right people with the right skills. Recruitment is Manager led. E-Recruitment is embedded within the Service and is driven by Managers and the HR Business Partner.

There is not a structured approach to Apprenticeships. The apprenticeship levy is understood but we do not capitalise on the opportunities it affords.

The approach to Apprenticeships is clear and in place with good links to workforce planning. Plans are in place to utilise the apprenticeship levy to provide development opportunities for existing staff.

Apprenticeships are embedded and fully linked to workforce planning. The apprenticeship levy is utilised to provide development opportunities for existing staff as part of our development pathway.

Corporate induction takes place but departmental and team induction is inconsistent and not aligned to our expectations. Understanding of the skills, knowledge and

Corporate, departmental and management induction programmes are being delivered and supported consistently. There is a clear link and process from recruitment through to induction

There is a seamless and embedded process from recruitment through to induction. This enables new joiners to quickly and confidently establish themselves in the workplace. The induction

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| behaviours required of a role, and how to access aligned development is not in place. | which enables new joiners to quickly establish themselves in the workplace. The induction process includes a focus on development pathways. | process includes a focus on development pathways. |
| There is not a structured approach to role induction for those who move role. The quality of role induction is dependent on the line manager. | Role induction is in place although it is not fully embedded. | Role induction is in place and is fully integrated into workforce planning and linked to development pathways. |
| We ensure that all employment policies and procedures comply with equality legislation and employment codes of practice and assesses new/changing policies for their impact on people with protected characteristics. | We have policies and practices to enhance workforce equality and diversity. | We have inclusive policies and procedures in place which are actively promoted and understood by all staff and used by managers to promote equality. |

## BASELINE ASSESSMENT

Workforce planning practices and methodology is continuing to develop as the Service establishes itself. The HR Department have worked hard to pull together the workforce establishment into a single system (apart from the On Call workforce) at a time where there has been an unprecedented number of changes in the workforce due to the number of temporary roles and staff movement and changes required.  This has entailed the requirement to combine twice as many staff numbers, and deal with postings and appointments for all uniformed wholetime staff with varying contracts (and terms and conditions) and the complexities this brings when staff move to different areas of the new service.

The first phase of moving to a single HR recording system has been successfully delivered in line with agreed timescales. Having our employees registered on one system will enable further development work to take place so that much of the workforce establishment reporting can be provided electronically.

Work has been undertaken to provide a more accurate picture of predicted retirements for uniformed staff.  Coupled with this, vacancy information from monitoring our establishment levels allows us to more accurately predict the number of wholetime vacancies that are likely to occur over the next 10 years + and thereby feeding our recruitment needs into our workforce planning arrangements. Regularly postings and workforce planning meetings take

place to ensure that managers are engaged and involved with workforce planning to ensure that future business needs are identified and that succession planning and any associated staffing issues are highlighted so that highlighted concerns are addressed in a structured and timely fashion.

As a result of the combination we have also managed an unprecedented number of corporate vacancies throughout the year, due to staff changes and turnover, where we have dealt with the associated recruitment processes and supported managers accordingly, ensuring that we are legally compliant and that we recruit people with the right skills and knowledge.

In order to assist the transition to the new Organisation, additional temporary roles were included in the structure. Our combination consultation document advised that departmental reviews would take place 18 months to 2 years post combination to ensure that the structure fits the future challenges that we face. This review process commenced in April 2017 and will continue until 30 September 2017.

An external review of our recruitment processes was undertaken during 2016. We have identified improvements required to our recruitment practices and have developed an action plan to further streamline and enhance the work that we do in this area, ensuring they are more customer focused. An E Recruitment system is in place and investment has been made to improve its functionality and end user interface. Managers will receive training to enable them to take more responsibility for this HR function.

We are always mindful of increasing interest and applications from a diverse workforce. Positive action activities are being planned to raise awareness and attract people who are part of under-represented groups so we can achieve a more diverse workforce. We are engaging with and actively involving our existing staff to ensure positive action initiatives are valid and provide relevant information to enable potential applicants to make informed choices. To assure ourselves that there are no unintended barriers to the recruitment of people from under-represented groups we are undertaking a root and branch review of our processes and procedures. We will also be looking at how we can offer more flexible contracts for our on call staff to increase interest and retention to achieve a more diverse workforce. There is recognition that positive action needs to be established as a pan-organisational part of "business as usual" culture and a stakeholder group has been set up to manage this.

Limited workforce data has been collected due to storage on multiple systems as a legacy from previous constituent Services. The single HR management information system has improved the availability of data and ability to analyse available information to identify trends and set out ways of promoting equality in the workforce in terms of recruitment, promotions, succession planning. We will be strengthening staff profiling in order to identify areas of the Service where are workforce is under-represented in order that we can better target our recruitment and retention activities. We will be setting targets in support of our positive action activities. Recent communication exercises have highlighted to staff the reasons for gathering equality data and the importance of this for the Service and for individuals.

A number of changes have been made to UK apprenticeships during 2016/17, not least the introduction of an employer levy (effective 6 April 2017) and public sector apprentice targets.  During 2016/17, we contributed to national consultations about the proposed changes and have been working with public sector partners to understand implications and identify opportunities for collaboration.  As part of the changes, new apprentice standards are being developed to replace old frameworks and we are a member of the Employer Trailblazer group which is working on development of a new apprentice standard for Operational Firefighter.  As part of Service workforce planning, we are intending to recruit a further cohort of eight operational apprentices in 2018 which should give sufficient time for the new standard to be agreed and will enable us to build positive action activities into the apprentice process.

Now that new arrangements are known and the digital apprenticeship service (on-line levy portal) is in place, we have also identified potential apprentice standards which could benefit existing staff and add to our learning offering for the workforce.  A communications plan has been developed to increase understanding of new apprenticeships and we are working with line managers to identify potential apprenticeship opportunities in Corporate departments.  We are seeking to maximise our use of levy funding through providing training that meets our needs as well as developing and motivating our people.   We are continuing to build relationships with partner services with a view to efficiently procuring apprentice training providers and to enable effective benchmarking and shared approaches to further develop in the future.

A good quality induction is essential to ensuring new staff are welcomed, become familiar with our culture and values, understand key policies and can be effective in their role as soon as possible.  To ensure new people are effectively introduced, a corporate induction event was developed in 2016 and continues to be successfully run for all new joiners. In support of this, blended learning materials have been developed within DWdle to support pre-learning and provide new people with essential on-boarding information prior to joining and during their induction period.

It is recognised that a role induction is also needed when people move to new roles and teams and a pilot "management bootcamp" event was run during 2016 for people moving into their first line management role.  This will be built in to the role induction process for new managers in the future and we are also working on supporting materials and guidance to ensure the consistency of team and department induction when people move roles.

HR procedures continue to be developed and ensure that roles and responsibilities are clearly communicated. A range of inclusive policies and procedures are in place to enhance workforce equality and diversity; to encourage a good work-life balance; and to allow reasonable adjustments to be made in support of individual needs and responsibilities.

We are continuing to review our procedures to ensure that they offer flexibility and encourage smarter working. Flexible working arrangements are available to our staff to help support them with work/life balance/other responsibilities outside of work. A training schedule is being developed so that

Manager's receive training and support in HR procedures to ensure that they understand their role and responsibilities. This will develop their knowledge base and provide consistency in approach. Our procedures are consulted on with representative bodies and draft policies are made available routinely across the Service for individual comment and consultation before final publication.

| OVERALL JUDGEMENT APRIL 2017 | DEVELOPING | | ESTABLISHED | ADVANCED |
|---|---|---|---|---|
| BY APRIL 2018 | DEVELOPING | ESTABLISHED | | ADVANCED |

## KEY PERFORMANCE INDICATORS TO SUPPORT CORPORATE PERFORMANCE MONITORING
- Number and % of On Call staff leaving
- Number and % of On Call staff joining
- Number and % of WDS staff leaving
- Number and % of WDS staff joining
- Number and % of Fire Control staff leaving
- Number and % of Fire Control staff joining
- Number and % of Corporate staff leaving
- Number and % of Corporate staff joining
- Number and % Exit interviews requested
- Staff turnover rates

Corporate Target to support our positive action activities –

We will increase the diversity of our operational workforce, by ensuring that 20% of recruitment is from under-represented groups

## EXTERNAL ACCREDITATIONAL STANDARDS WE ARE CURRENLY WORKING TOWARDS
At this moment, there are none that we consider would substantially improve performance against this Key Line of Enquiry

## EXTERNAL ACCREDITATION STANDARDS THAT WE ARE BENCHMARKING PERFORMANCE AGAINST
None

## KLOE 18: How are we making sure that our staff are trained and developed to be able to carry out their role effectively?

| DEVELOPING | ESTABLISHED | ADVANCED |
|---|---|---|
| Learning & development opportunities are limited. Development pathways are in development but lack flexibility and are not clearly aligned to role level/grade. | We provide a range of accessible and appropriate learning and development opportunities to support all staff groups. Development pathways are flexible enough to meet individual learning needs and are reflective of equality objectives and outcomes. | Development Pathways are clearly structured and fully embedded. |
| Learning and development interventions are delivered predominantly through traditional face to face methods and there is little flexible or blended delivery. | Blended learning and development is increasingly being used to support appropriate training and development programmes and enable more flexible access to learning. | Blended learning and development are considered the norm, with a focus on maximising technology through intuitive accessibility. Blended learning and development opportunities are clearly signposted and accessible to all staff. |
| Individuals take little personal responsibility for their learning in role and professional development and, where they do it is seen as a route to promotion. Learning is organisationally driven and limited to current role. | Individuals are beginning to take personal responsibility for their learning and professional development. We provide learning and development interventions for broader and future roles. | Staff feel supported and encouraged by the organisation and are personally motivated to achieve their full potential There is a culture of self-directed learning which empowers staff to take responsibility and accountability for their own learning and development. Staff seek out opportunities for development that provide diverse and broader experience than that achieved in their role. We embrace the ethos of a Learning organisation. |

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| Coaching and Mentoring arrangements are informal and unstructured. As a result, there is no consistency in the use of these techniques to develop teams and individuals. | Coaching and mentoring skills are developing and are being used to effectively develop teams and individuals. Coaching and Mentoring arrangements are in place, with qualified assessors providing support and guidance. Coaching and Mentoring is Service led. | Coaching and Mentoring is embedded across the Service and links with talent management, progression and development activities. Coaching and Mentoring is individual and Service led. |
| Personal Reviews are not linked to behaviours. There is no clear link between behaviours and progression processes. | There is a clear link between our behaviour framework and personal development, performance management and progression arrangements. Progression is individual led, focussed on performance in role and individual impact on the department and organisation. | Our behaviour framework and our performance management, selection and progression arrangements are fully integrated and embedded. Personal Reviews are embedded and are linked to behaviours. Individuals actively own and take responsibility for their development. Progression is individual led, focussed on consistently high performance in role and individual impact on the organisation. |
| Quality Assurance and evaluation arrangements for learning and development activities exist in some areas in their infancy. | There is a clear Quality Assurance Framework in place which includes clear evaluation methodology. This framework has been communicated and understood and performance is beginning to be benchmarked externally. | There is high confidence in the Quality Assurance Framework, which is fully embedded and is externally validated and regarded as notable practice. Learning from training and development is used to inform and shape future workforce development planning considerations and commissioning. |

## BASELINE ASSESSMENT

Learning and development (L&D) needs identified as essential requirements for roles have continued to be met during 2016/17 through the provision or procurement of courses and events.  A Further Education procedure was also introduced to enable staff to apply for funding from the Service to enhance

their personal development beyond existing job needs.  Whilst this approach has enables us to react to training needs, it limits our workforce's ability to understand what training the Service will support or offer and can prove a challenge to effective budgeting for L&D needs.  During 2017, we will, therefore, be working on the production of an L&D Framework to clarify the offering to our workforce and ensure that the best use is made of our resources in this area – both people and finances. Equality and inclusion training is made available to all staff and volunteers through face-to-face events and, increasingly, through e-learning modules which can be accessed flexibly at a time and place to suit members of staff. All training delivered at Service Training Centres includes an Equality statement as part of the course introduction to highlight commitment in this area. Training Centre Instructors and the People & Development team are able to make adjustments to delivery methods if individuals have specific needs (e.g. dyslexic spectrum).

To support talent management and a consistent approach to progression, work has commenced on Development Pathways for all staff groups.  Our focus during 2016 has been the Pathway for uniformed, operational staff where it is essential that we have sufficient numbers of competent people who are ready to take on the next level of role to enable effective incident management and response.  This Development Pathway is currently being rolled out and communicated across the Service with anyone in legacy development arrangements being transitioned to the new process.  Work has commenced with stakeholders on Development Pathways for other staff groups and an implementation programme is in place to introduce these during 2017.  This approach will allow us to align development requirements and the provision of interventions to ensure a fair and consistent approach to progression, to enable effective development of talent, and to be open and realistic with staff about expectations. We are actively engaging with partner organisations such as the Police and RNLI to identify learning and development collaboration opportunities.

To support the implementation of new development programmes and to encourage personal responsibility for development, we are improving our blended approach to Learning & Development and have begun using DWdle (our e-learning portal) during 2016 to produce and market a number of e-learning modules to support managers and leaders in their day to day activities.  This method of learning enables consistent delivery of knowledge to a wide audience; reduces costs of travel and attendance at courses; facilitates on-line assessments; and, for our dispersed learners who are working a number of different duty patterns, enables access to a wide range of learning at a time and place to suit them.  Many of these resources are freely available for people to make use of for their personal development and, as we continue to build the content of our Development Pathways, we intend to make more use of DWdle to provide pre-course learning, post-course evaluations and knowledge assessments.

We are beginning to use DWdle for mandatory training, e.g. Protecting Information; Managing Procurement; and Personal Reviews, and we will continue to build on this during 2017/18 to support a more blended approach to learning. The range of materials available is being reviewed and enhanced on an on-going basis and internal expertise in e-learning systems is being developed.  We have established an arrangement with ACAS to make their e-learning on management topics available, and have procured a series of "pocketbooks" on a range of leadership topics.  Further promotion of DWdle content is

planned throughout 2017/18 and we are also in discussion with other FRSs about how we can better share learning materials between Services, and the potential for a national e-learning platform for UKFRS.

Given our range of systems and difference in approach between Dorset FRS and Wiltshire FRS, we took the decision to suspend performance appraisals in the new Service to allow a focus on the design and development of a future process that meets our needs.  We have, therefore, been working with a range of internal stakeholders to develop a performance appraisal process, which will be launched during 2017.  The new Personal Review and Leadership Review format will be implemented in phases (for different staff groups) during 2017 and supported by e-learning for all staff, guidance documents, and skills training for managers.  Our DWdle e-learning system is being used as the vehicle for Reviews which will enable staff and managers to develop Action Plans to address any performance or development needs and will facilitate future developments of "signposting" learning to support individuals' development.  Although responses to our recent Eyes & Ears engagement survey show that a high percentage of staff understand what is required of them in their role and how they contribute to Service priorities, this element is addressed within the Personal Review to maintain a focus on an on-going basis.

Coaching and mentoring are recognised as key skills to support development and to enable learning and development within the workplace.  We are continuing to use coaching and mentoring in some parts of the Service and this will be further developed to support the roll-out of key initiatives, e.g. Lifesaving Leaders.  We are supported by several of our partners including the RNLI and Police who have well-developed networks of coaches and we will be seeking to develop coaching skills more widely in the future (once L&D frameworks are in place) to enable more cross-sector exchanges of coaching skills and develop these partnerships further.

Quality Assurance and evaluation arrangements  are  in their infancy.

| OVERALL JUDGEMENT APRIL 2017 | DEVELOPING | | ESTABLISHED | | ADVANCED |
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| BY APRIL 2018 | DEVELOPING | | ESTABLISHED | | ADVANCED |

## KEY PERFORMANCE INDICATORS TO SUPPORT CORPORATE PERFORMANCE MONITORING

➢ Number staff completing development pathways for their current role
➢ Number staff completing development activities above their current role
➢ Percentage of staff completing Personal Review
➢ Number of staff taking up coaching and mentoring opportunities

## EXTERNAL ACCREDITATIONAL STANDARDS WE ARE WORKING TOWARDS

At this moment, there are none that we consider would substantially improve performance against this Key Line of Enquiry

## EXTERNAL ACCREDITATION STANDARDS THAT WE ARE BENCHMARKING PERFORMANCE AGAINST

None

## KLOE 19: How are we ensuring we have the leadership capability to successfully lead and support our staff?

| DEVELOPING | ESTABLISHED | ADVANCED |
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| Leadership is viewed organisationally as something specific to the strategic management team and is not consistently understood or displayed at all levels. | Leadership has been defined and is understood to be broader than just the Strategic Leadership Team Visible leadership is beginning to be demonstrated and role modelled. | Visible, authentic and transformational leadership behaviours are clearly apparent at all levels enabling a constructive and positive organisational culture. |
| There are differences in understanding about what defines leadership and management and there is no coherent understanding of the leadership expectations required. | Leadership expectations are defined and there is a growing understanding of what leadership means for us and what is expected of staff at different levels. | Strong leadership is visible which provides clarity of direction. The expectations required of our leaders are articulated and shapes the foundation of leadership development and progression activities. |
| There is limited understanding of our leadership capability. Leadership development is based on traditional thinking. | We understand our organisational leadership requirements and capability, which defines our leadership programme and activities and this approach is being strengthened. | We have a clear understanding of its leadership capability at all levels of the organisation linked to strategic workforce planning. SLT lead by example. There are regular two way discussions on areas of team strengths and those to develop, which ensures that leadership discussions and decisions are enriched through diverse range of skills and knowledge. Teams regularly carry out 360 degree assessments, with outcomes informing tailored leadership development. |
| There is no formalised organisational leadership development framework in place. Some individuals are provided with opportunities to attend leadership development programmes. | Leadership development is defined and integrated within a formalised learning and development framework. There are visible links with development pathways. Evaluation systems | Leadership development is valued and is fully integrated within the broader organisational learning and development framework. Clear links with development pathways exist. External |

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| Evaluation systems and processes need to be strengthened. | and processes are used to inform and shape the future programme | accreditation and benchmarking has been obtained. |
| Members and management commit publicly to our core values.  There is a growing awareness of the RESPECT framework and some embedding in policies has commenced, although behaviours are not consistently understood or applied in practice. Relationships across teams are developing.  Decision making is viewed, in the main, to be the responsibility of the Strategic Leadership Team. | Values and Behaviours are being displayed in line with the RESPECT framework, although it is not yet fully embedded in all policies, procedures and practice. Relationships across teams are positive there is good understanding between teams about service priorities and direction. Staff are trusted and empowered to take decisions and to work flexibly to achieve our priorities. | Values and Behaviours are being clearly displayed and championed in line with the RESPECT framework at all levels. This framework is fully embedded in all policies, procedures and practice. There are excellent relationships across teams with clarity on service priorities and direction. |
| Talent management and succession planning arrangements are not yet clear and transparent. | Talent management arrangements are in place, defined and communicated. The alignment between talent management and succession planning need to be further strengthened. Leaders are beginning to take an active role in the development and progression of others. | Clearly defined talent management and progression arrangements are visible and attract those who can demonstrate that they have made a positive impact in the workplace. Processes developed to identify talent include a self-assessment element, with leadership development including a focus on emotional intelligence. Leaders take responsibility and an active role in the development and progression of potential leaders. |
| Managers rely on HR to advise them of the content of HR procedures and seek support and assistance in undertaking HR processes. | Managers and HR work closely together. Managers take the lead on undertaking HR | Managers are confident in undertaking the 'people management' aspects of their role, checking for alignment in complex situations. |

| | processes, but appreciate the input of HR for specialist advice and guidance. | |
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| The requirement for staff to understand their health and wellbeing support responsibilities are being embedded. Managers are still introducing the idea that Health and Wellbeing is about being emotionally healthy as well as physically healthy. | Staff understand and largely comply with their health and wellbeing support responsibilities. Roles and responsibilities for health and wellbeing support are clearly defined to ensure effective development and implementation of health and wellbeing activities. All managers and staff ensure that their responsibilities for health and wellbeing support are discharged effectively and that there is robust monitoring in place to ensure that this is happening. There is a growing understanding that Health and Wellbeing is about being emotionally healthy as well as physically healthy. | A robust structure for health and wellbeing support is in place with effective systems for performance management of data and information and these are subject to regular review and evaluation. Roles and responsibilities are well understood, fully embedded and operating as determined by the Policy. The work environment supports the promotion of healthy lifestyles and where work design is compatible with people's health needs and limitations. There is a service wide acknowledgement and support that Health and Wellbeing is about being emotionally healthy as well as physically healthy. |
| The monitoring and analysis of absence and wellbeing is being embedded. | The monitoring and analysis of absence and wellbeing is embedded with clear lines of responsibility between line management, the HR Business Partner and the Health and Wellbeing team. | Absence management is actively managed with clear lines of responsibility between line management, the HR Business Partner and the Health and Wellbeing team. Trend analysis is advanced and enables proactive cause analysis, which enables an identification and understanding of any significant variations to enable continuous improvements in the health and wellbeing of our staff. |
| Agreed fitness standards and testing arrangements are being implemented. | Agreed fitness standards and testing arrangements are embedded. There is effective liaison between line management and health and | Agreed fitness standards and testing arrangements are embedded. Line management and health and wellbeing work together to |

| | wellbeing to ensure the health and safety of staff and operational availability. | ensure the health and safety of staff and operational availability. |
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| A range of health and wellbeing arrangements (Occupational Health, TRiM, Stress Management and Counselling support) are being implemented. | A range comprehensive health and wellbeing arrangements (Occupational Health, TRiM, Stress Management and Counselling support) are being implemented, but this needs to be further embedded. We have assessed ourselves against the Public Health Wellbeing Charter and has plans in place to address any gaps identified. | A range comprehensive health and wellbeing arrangements (Occupational Health, TRiM, Stress Management and Counselling support are in place and fully embedded. We have assessed ourselves against the Public Health Wellbeing Charter and embedded arrangements to ensure staff and managers are supported. |
| There is little understanding that there is a link between wellbeing and conditions of service. There is no coherent employer brand and there are different understandings about what this means, both internally and externally.  The 'employer offer' is also not widely understood or communicated and the focus of reward is limited to remuneration and terms and conditions. | There is an understanding of the link between wellbeing and conditions of service. There is an employer brand, which is defined and understood. This is now being recognised and used to support recruitment & retention activities.  The value of having a clear 'employer offer' is recognised and a plan of action has been developed to review and refresh this through a flexible and proportionate model. | There is a direct link between wellbeing and conditions of service. There is a coherent employer brand which is defined and understood.  The brand is recognised internally and externally and is being used positively to enhance recruitment and retention activities. The importance of our 'employer offer' is understood as being broader than remuneration and terms & conditions.  We are recognised as a diverse and welcoming employer, attracting and retaining staff from all sectors of the community. |

## BASELINE ASSESSMENT

In the period leading up to combination, it was recognised that our Heads of Department needed support in building new teams, managing new people in new posts, working with more dispersed groups, integrating single systems and developing new procedures within each area.   A bespoke Leadership Support Programme was, therefore, developed to provide Heads of Department with support and skills through workshops, 1-2-1 coaching and assistance with team meetings.  Coaching sessions were continued to November 2016 and our "Working Together Forum" was established alongside these to give senior managers and directors a bi-monthly platform to share, consult and move forward pan-organisational issues: topics at this Forum have included decision making; strategic planning; employee engagement; and appraisal.  Moving forward, the Working Together Forum will continue to provide a discussion space for senior leaders where collaborative working opportunities can be developed. Terms of Reference are currently being agreed to ensure the Forum is a key arrangement for ensuring decision making and cross-functional working are cascaded throughout the Service.

Feedback on leadership was gathered through the "Working Together" exercise completed in May 2016 which gave Heads of Department an opportunity to engage with new teams about what was going well and what needed to improve in DWFRS.  Responses from the exercise were used to begin shaping priorities for Leadership Development and through the Eyes& Ears employee engagement survey in February 2017.  Outcomes from Eyes & Ears were discussed with Heads of Department at May 2017's Working Together Forum to engage leaders in the results, ensure consistent understanding of feedback and to support managers with communicating results, engaging with their teams and creating a culture of action.

We continue to support leadership development through sponsoring managers to participate in a number of national programmes including the Executive Leadership Programme, Cross Sector Leadership Exchange and Networking Women in Fire. Involvement in these programmes with colleagues from other public sector partners and from FRSs across the UK, enables us to keep abreast of development in leadership theory, benchmark our practice with others, share learning and continue to evolve our Service culture.  During 2016 we have also commenced a piece of work with the RNLI to develop a Lifesaving Leaders initiative which will be piloted in September 2017 with a view to rolling this programme out to line managers from supervisory to senior leadership level.  This will form part of our leadership development for emerging managers and leaders in the future, and we are also considering how this can complement work being undertaken across all South West emergency services through our involvement with the SWESCP.

 It is recognised that there will be individual development needs in addition to the standard leadership offering, and we are continuing to develop our Development Pathways approach to ensure the provision of appropriate interventions and fairness of access to development across the Service.  The Development Pathway for uniformed, operational employees has been agreed and will be rolled out in the first quarter of 2017/18 and work has commenced on aligned pathways for other staff groups with a view to introducing these in phases during 2017/18.  This should help to improve our

management of talent within the Service, ensure clarity of our L&D offering for all staff, and enable a fair and consistent approach to development for all staff across the new Service.

Prior to combination, it was agreed that a new framework of values and behaviours would be developed for DWFRS based on Wiltshire FRS's RESPECT framework and including content from Dorset FRS's Uni-dimensional Behaviours.  Following agreement of the new content in February 2016, signage was produced for all workplaces and guidance booklets made available to all staff and the RESPECT acronym and what it stands for (Responsibility, Equality, Support, Professionalism, Excellence, Communication and Transformation) is well known across the Service.

During 2016, we reviewed our policies and procedures to check that RESPECT was effectively referenced within corporate guidance.  As a result, RESPECT is now a "standing item" in our corporate induction process; referenced in the introduction to all training courses; and has been built into training for authors of policies and procedures to ensure the values and behaviours are effectively embedded in new ways of working. Job applicants are assessed against the RESPECT values as well as their knowledge, skills and experience and we have developed a "self-assessment" for potential candidates to explain the RESPECT framework, to contextualise the behaviours in workplace scenarios and to re-position the Values as a fundamental element of our organisational culture and drive for smarter working.  The new appraisal process being implemented in 2017 provides an opportunity to further promote RESPECT and to enable meaningful discussions between managers and staff about how they demonstrate our values in their day to day work.

An independent review of our Service culture during 2016 suggests that there is still some confusion about the different "levels" within the RESPECT guidance and that the explanation of some elements may be overly complicated.  Other organisational changes, particularly the roll out of Smarter Working, also need to be reflected within our framework of behaviours, so a review and refresh of RESPECT is planning during 2017/18.

Health and wellbeing of staff is seen as vital to the success of DWFRS and considerable work is underway to support this. A constraint has been the need to align two separate sets of HR processes, procedures and systems. A new Health & Fitness procedure has been developed setting out the fitness standards required of operational staff across the Service.  There have been different approaches to fitness levels in the past and to support Wiltshire staff attain the fitness levels required, 12-month amnesty period has been agreed for staff to reach the nationally recommended standards. Work continues in partnership with Service to provide professional support and advice to fully embed fitness testing arrangements throughout the Service. It is expected that this will be achieved by September 2018.

We have provided health assessments through an Occupational Health provision at two sites across the new Service to make sure our staff are fit to carry out their role, and have actively managed the health and wellbeing of our staff and provided additional support to staff and managers when it is needed.

Procurement of a new OH contract to be in place by 1 November 2017 has commenced.   This will ensure consistency of practice and support for all staff. Procedures for Occupational Health, Stress Management, TRiM, and Health & Wellbeing are currently in development and will be released by 31 March 2017.

The long term absence procedure within the Attendance Management Procedure has been reviewed to ensure consistency of long term case management across the whole organisation. In the absence of a single HR system reliance has been placed on the existing processes and procedures. These include the reporting of initial absence, the management of the illness period including keeping in touch processes and return to work interviews. Trigger points are used to manage multiple absence periods and includes the use of sickness absence plans and the Occupational Health support. Finally, if attendance does not improve, this could involve dismissal from the service.  A revised short term absence process will be developed in due course, including a review of trigger points as an absence measurement, as these differ across the respective geographical areas.  There were differences with how sickness information is recorded across Dorset and Wiltshire and work was undertaken to align and validate the information from the two systems so that absence management information is comparable. A new single approach (both in terms of procedure and system) has been implemented.

We have adopted the national firefighter fitness standards set out in the Fire and Rescue National Framework for England, and have put arrangements in place to ensure staff are supported to achieve and maintain these requirements.  As part of this, we have set out a comprehensive plan to introduce fitness equipment to all stations across the Service by the end of June 2017. In the longer term we need to ensure our stations have appropriate storage facilities for our fitness equipment.

| OVERALL JUDGEMENT APRIL 2017 | DEVELOPING | | ESTABLISHED | | ADVANCED |
|---|---|---|---|---|---|
| BY APRIL 2018 | DEVELOPING | | ESTABLISHED | | ADVANCED |

## KEY PERFORMANCE INDICATORS TO SUPPORT PERFORMANCE MONITORING

- Number of staff who did not pass fitness assessment (WDS)
- Number staff who did not pass fitness assessment (On Call)
- Number staff who have been accepted onto a talent management programme (WDS/RDS/Fire Control/Corporate)
- Average days lost to sickness (On Call)
- Average shifts lost to sickness (Fire Control)
- Average shifts lost to sickness (Non-Uniformed)
- Average shifts lost to sickness (WDS)
- Number of days lost due to work related injury or ill health-DWFRS

Corporate Target - To have a sickness absence no higher than the average reported for other comparable fire and rescue services in England

## EXTERNAL ACCREDITATIONAL STANDARDS WE ARE CURRENLY WORKING TOWARDS

At this moment, there are none that we consider would substantially improve performance against this Key Line of Enquiry

## EXTERNAL ACCREDITATION STANDARDS THAT WE ARE BENCHMARKING PERFORMANCE AGAINST

The National Fire Service Benchmarking Survey regarding Absence Management Data.

Public Health England – Workplace Wellbeing Charter

## KLOE 20: How are we successfully engaging and involving our people to develop a flexible, values-driven culture and demonstrate a one team approach?

| DEVELOPING | ESTABLISHED | ADVANCED |
|---|---|---|
| There is a lack of clarity around the alignment of corporate, departmental and team direction. This results in inconsistent understanding of the national and local context and poor understanding of how. individual and team roles contribute to delivering corporate priorities or partnerships. | There is a strategic planning framework and internal delivery plan that is increasingly understood throughout the organisation. The framework provides clarity about how departmental and individual role. objectives and outcomes align. Outcomes to partnerships are not yet fully understood. | There is a strategic planning framework and internal delivery plan that is clearly understood throughout the organisation. Links between priorities, key lines of enquiry, team and individual plans and activities are understood at all levels of the service. Strategic plans are aligned with appropriate partner outcomes. |
| People are still trying to understand their roles and how they and their teams contribute towards delivering our priorities. Regularity and performance focus of team meetings and one to ones is variable. | People understand their role and team requirements and what outcomes are required. Departmental, Team and one to one meetings discuss progress, but do not fully utilise the performance management tools available. One to ones are taking place on a more regular basis. Core briefs are being developed to ensure consistency in monthly team updates of key corporate messages. | People understand their role and team requirements and what outcomes are required. Performance management arrangements are in place ensure that team meetings discuss progress against department plans. Manager and staff one to ones take place on a regular basis with a clear focus on performance feedback and development. |
| Teams and relationships are still developing, and there is a focus on departmental tasks and activities which drives a silo-mentality rather than cross-functional and more agile ways of working. Some redesign of systems and processes has commenced, however, process improvement methodologies are still developing | Matrix and cross-functional working exists and is producing results at programme and project level delivering outcomes in more agile and innovative ways. Process improvement methodologies are developing to support continuous improvement and improved performance but are not routinely applied across the Service. | Staff are trusted and empowered to take decisions and to work flexibly to achieve our priorities.

 'One team – one Service' is evident throughout workplaces with matrix and cross-functional working being used to effectively deliver our priorities. Process improvement are well used to |

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| to support continuous improvement and improved performance. | | enable continuous improvement and is delivering coherent results. |
| Communication channels are variable and messages are not consistently received. Communication is mainly 'top down'. This prevents open and honest two-way communication and constructive feedback. There is variable understanding of the value in sharing ideas and knowledge across departments. | A variety of communications channels are used to effectively deliver consistent messages and to encourage open, and honest two-way communication. The applications and use of these channels remains patchy and not fully embedded. | Communication is open, honest and transparent, and strong authentic leadership ensures that people re trusted, listened to and understood. There are high satisfaction levels with the working environment and positive culture across all staff groups. Highly effective two-way communication exists, with constructive challenge and positive feedback encouraged. |
| Staff engagement surveys are ad- hoc and there is limited independent data about staff morale and wellbeing and the level to which they are engaged and motivated. | A staff engagement survey is being used to inform understanding of staff morale, wellbeing and motivation with outcomes from this feeding into our performance and evaluation frameworks. | A staff engagement survey is being actively used to develop understanding of staff morale, wellbeing and motivation with outcomes from this feeding into our performance and evaluation frameworks. Positive outcomes can be demonstrated. |
| Organisational feedback is limited to operational matters and procedure development. Regular meetings take place with representative bodies. | Organisational feedback arrangements are in place and are used to improve ways of working. Employees are encouraged to provide new ideas. There is a good level of engagement with representative bodies. | There is a strong ethos encouraging organisational feedback and evaluation to achieve continuous improvement and enhance performance. There is active engagement with representative bodies who take part in working parties to support improved ways of working. |
| Some investment has been made in new technology to enable new ways of working and | Technology is being embraced to enable real time communication and people are generally | Technology and smarter ways of working are confidently used to support robust knowledge |

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| real time communication but confidence levels in the use of the new technology is generally low.<br><br>We are delivering some activities that align with the Fire and Rescue Service Equality Framework. | competent and confident in using it to support openness and transparency.<br><br>We have achieved a good level of assurance against the Fire and Rescue Service Equality Framework. | sharing, two way communication and engagement.<br><br>We have achieved a substantial level of assurance against the Fire and Rescue Service Equality Framework. |

## BASELINE ASSESSMENT

<u>Strategic planning and employee understanding</u>

The Authority has agreed a clear vision and set of policies and priorities set out in its Community Safety Plan. These priorities are translated through a comprehensive performance framework that provides a line of sight to the work of individuals. A Service-wide performance and risk management system is in place that allows activities, projects, risks and key performance indicators to be coherently linked and reported against. This is supported by team, Department and one to one meetings. Business continuity planning and testing forms part of this approach. The reporting of performance is transparent at all levels including structured reporting through the Finance, Governance and Audit Committee. This is further supported by a specific Members dashboard containing performance details against the priorities and the associated key lines of enquiry. The framework has been strengthened over the past 12 months and further realignment is anticipated when the national inspection and standards regime is better known. Directors and Heads of Departments have been heavily involved in this work but more engagement is needed with teams and stations to ensure that the performance framework is fully understood to strengthen its application.

Regular team meetings are taking place which include discussion and monitoring of department plans. This enables progress to be monitored and issues to be discussed and resolved. Team meetings provide an opportunity to ensure staff are clear on their priorities but can raise concerns regarding workload and for team wellbeing issues to be raised.

<u>Staff Engagement</u>

We have an Employee Engagement Strategy in place which provides a clear commitment to communicate and engage with staff. The strategy aims to achieve a more motivated workforce who are happier at work and more fulfilled, leading to high levels of commitment and productivity. The strategic

delivery plan coordinates service wide actions to provide regular internal communication with staff and opportunities for engagement and this is monitored quarterly by SLT.

We recognise four representative bodies who meet regularly with Service leaders and are involved, consulted and engaged about a wide range of issues and any changes across the organisation. Service procedures are consulted on with representative bodies and draft policies are made available routinely for individual comment and consultation before final publication.

There was positive feedback at the recent Managers Consultation days regarding the Services approach to internal communications. Staff felt well informed through the regular corporate channels in place such as the weekly update, Firewire, the staff site, Chiefs podcast and the SLT Question Time sessions. Our approach is being validated by internal auditors.

We have just undertaken our first staff engagement survey – 'Eyes and Ears'. This was managed by an external company, ORC, who have provided benchmarking with local authorities. ORC are supporting Heads of Department and SLT in understanding the results, communicating these to their teams and ensuring responsibility for improvement actions and that these are fed into the Services planning processes. The Eyes and Ears survey includes equality monitoring questions to enable analysis of staff satisfaction by a range of protected characteristics. The Working Together Forum will monitor delivery of these improvements and the Eyes and Ears sounding board will enable staff to get involved in proposals for improvement. Regular communication with staff will continue throughout the year to demonstrate a direct link with staff feedback and the actions taken.  A second survey will be carried out during 2018/19 so that we can identify how these actions have contributed to a change in how staff feel about working for the Service.

Regular events are being established to recognise staff who have achieved qualifications and these will be publicised to share news of their successes.

Smarter ways of working

As a new service covering a large geographical area, a programme of work is underway which enables our staff to work flexibly and efficiently with the opportunity for a better work life balance. A vision for Smarter Working was developed during 2016/17 to "enable staff to work flexibly and efficiently, with the opportunity for a better work-life balance. We want to create a working environment that benefits the public and our staff by working smarter. To do this we want to create a culture that empowers staff to work in an efficient and effective way with people, technology, buildings and workspaces that enable good communication and flexible ways of working".  The Smarter Working approach is essential to realise benefits in terms of reduced travel time to attend work or meetings; better business continuity as people can work from any location; improved morale as staff have flexibility to work from appropriate locations to suit both them and the Service; and more outcome-focussed leadership management with work increasingly being about "what you achieve not where you do it".   To work towards this vision, a multi-disciplinary Smarter Working group, including ICT, Assets, Information

Management, HR and People Development, has been established and has agreed high level actions which are now beginning to roll out through this service delivery plan.

To support the creation of a culture that empowers staff to work more efficiently and effectively, we continue to work with partner organisations to deliver process improvement training which supports the re-design and development of our ways of working, enables effective management of change "within the work" and develops skills in continuous improvement. Training is targeted so that those attending utilise their skills in streamlining ways of working and can support other team members with continuous improvement activities to achieve our Smarter Working vision and drives our cultural change.

All the Heads of Department, as well as the Strategic Leadership Team, attend the Eyes and Ears Forum to provide a cross cutting matrix working group to consider pan- organisational issues. This forum ensures good leadership, ownership and empowerment for the whole Service and creates a one team ethos.

Fire and Rescue Equality Framework

During 2016/17 we have benchmarked the new Service against the National FRS Equality standard and plans are in place to address areas where there is a need to improve.

A significant amount of work has also been completed to begin the embedding of EDI in the new Service and to align principles of the national FRS Equality standard to the RESPECT framework in practice. This includes regular provision of EDI training sessions to develop a consistency of understanding across the Service, and these are well attended by new and existing employees. The EDI Manager is working with a number of partner organisations to ensure that DWFRS is part of local initiatives (e.g. Hate crime, modern slavery, prejudice free) and effectively contributing to all parts of our local communities. We have been working with Stonewall to develop the number of Straight Allies across the new Service and staff from under-represented groups are being encouraged and enabled to set up support networks.

A new Impact Assessment (IA) process was developed for DWFRS in the period leading to combination and a large volume of new procedures were developed during 2016/17 for which IAs were therefore required. Production of these was supported by the EDI Manager and Team Assistant and IA is now built into our process for writing Policies and Procedures with training on this provided to all those involved.

| OVERALL JUDGEMENT APRIL 2017 | DEVELOPING | | ESTABLISHED | | ADVANCED |
|---|---|---|---|---|---|
| BY APRIL 2018 | DEVELOPING | | ESTABLISHED | | ADVANCED |

## KEY PERFORMANCE INDICATORS TO SUPPORT CORPORATE PERFORMANCE MONITORING

To be developed as part of the smarter working programme

## EXTERNAL ACCREDITATIONAL STANDARDS WE ARE CURRENLY WORKING TOWARDS

➢ Development Pathways and Leadership Programme are benchmarked to Fire Professional Framework
➢ Fire and Rescue Equality Framework

## EXTERNAL ACCREDITATION STANDARDS THAT WE ARE BENCHMARKING PERFORMANCE AGAINST

➢ Investors in People
➢ Stonewall Workplace Equality Index
➢ PAS 3000 Smarter Working