Item 26/25 Appendix A

Performance report - Quarter 4

Finance & Audit Committee

1 January to 31 March 2026

DORSET & WILTSHIRE
FIRE AND RESCUE

Priority: Making every penny count

KLOE (Key Lines of Enquiry) 6: How well do we use resources to manage risk?

KLOE 6 Summary

To support the early identification of emerging threats and risks, the Service undertakes routine horizon scanning using recognised national and international intelligence sources. These include the Business Continuity Institute Horizon Scan Report, Her Majesty's (HM) Government's National Risk Register, and the UK Government's Chronic Risks Analysis.

Further guidance on the requirements of the Procurement Act 2023 has been published on the Service's website for suppliers, including new below-threshold procurement requirements for successful bidders to register basic information on the Central Digital Platform (Find a Tender Service). The Service continues to engage with the dedicated Public Procurement Communities of Practice, established by the Cabinet Office from 01 April 2026, together with the Blue Light Commercial Group and wider informal networks comprising local authorities and other public sector bodies.

The Service continues to pursue innovation in equipment asset management and is exploring the use of Radio Frequency Identification (RFID) technology to enhance asset tracking arrangements. Through research and development activity, progress has been made in the use of RFID tagging, whereby equipment is fitted with a small chip that can be scanned using handheld devices. This approach is intended to improve the efficiency and accuracy of appliance inventory processes.

There are continual development and investment in the ICT infrastructure to remain current and maintain the safety and security of our systems and information. Increased focus on a joint working approach across both internal departments and our partners. This ensures the Service utilises its information, data, and technology efficiently to support operational activity with clear governance and security arrangements.

KLOE 6 sub-diagnostic
To what extent are business continuity arrangements in place and how often are they tested?
Organisational resilience remains a core component of the Service's governance, assurance, and risk management arrangements. In accordance with statutory duties placed on category one responders under the Civil Contingencies Act 2004, the Service maintains a systematic approach to business continuity and emergency preparedness to sustain critical functions and operational capability in the face of disruption. Business continuity planning is embedded within strategic and corporate decision-making processes and is treated as an integral, ongoing activity rather than a reactive response to incidents. Strategic and operational risks, both current and emerging, are identified, assessed, and monitored through established corporate risk management processes. These arrangements are aligned with national legislation, including the Civil Contingencies Act 2004, and relevant sector guidance such as Fire Standards Board and National Fire Chiefs Council (NFCC) guidance on community risk management planning. This ensures that resilience considerations are proportionate, evidence-led, and consistent with national expectations placed upon fire and rescue authorities. The Service maintains a formal business continuity management framework aligned to the Business Continuity Institute's Good Practice Guidelines. This provides a structured and consistent methodology for identifying critical activities, assessing vulnerabilities, and implementing appropriate mitigation and recovery measures across all functions. To support early identification of emerging threats, the Service undertakes routine horizon scanning using recognised national and international intelligence sources. These include the Business Continuity Institute Horizon Scan Report, HM Government's National Risk Register, and the UK Government's Chronic Risks Analysis. Collectively, these publications inform understanding of acute and long-term risks, including cyber disruption, supply chain fragility, climate-driven hazards, increasing reliance on digital systems, and biosecurity risks. Relevant intelligence derived from these sources is formally incorporated into the Service's Strategic Assessment of Risk (SAR), ensuring alignment between national risk intelligence and local risk planning. This process supports compliance with statutory duties under the Fire and Rescue Services Act 2004 to make provision for preventing and responding to emergencies and ensures that resilience measures remain responsive to changing risk profiles. The most recent SAR was undertaken in 2025 and is published on the Service's website. Resilience activity extends beyond internal governance arrangements through sustained engagement with external partners. The Service continues to actively participate in the Local Resilience Forum in line with multi-agency collaboration requirements under

the Civil Contingencies Act 2004, supporting a coordinated approach to emergency planning and response. In addition, engagement with the National Fire Chiefs Council Business Continuity Group enables the sharing of best practice and promotes consistency and continuous improvement across the wider Service. Learning and intelligence from these forums directly inform the biennial SAR and the wider service planning cycle.

During quarter 4, the Service managed 15 full business continuity incident activations and implemented proportionate 'Business Continuity Lite' arrangements on 13 further occasions. The majority of these incidents related to Estate and Infrastructure issues affecting fire stations, along with temporary degradation of operational resources. Additional activations were associated with ICT system disruption, Fire Control impact, multi-agency issues, and a period of severe weather. All incidents were managed in accordance with established business continuity procedures, enabling the continuation of critical services and minimising disruption to operational delivery.

KLOE 6 sub-diagnostic

To what extent do we show sound financial management of non-pay costs, including estates, fleet and equipment through benchmarking, contract renegotiation and procurement?

The Procurement Act 2023 officially came into force on 24 February 2025. The transition period is ongoing, with both the old regulations and the new Procurement Act 2023 live. The Procurement Team have completed the specialist procurement e-learning modules, and internal training has been provided to contract owners on the new Act and Contract Management.

The underlying procurement policies and procedures have been refreshed and published. Work is due to finish imminently on the Contract Management documents and templates. Internal e-learning modules available to all staff will be reviewed and updated shortly to reflect the new requirements.

Further guidance on the Procurement Act 2023 requirements has been published on our website for our suppliers, including below threshold procurement new requirements for the winning bidders to register onto the Central Digital Platform or Find a Tender Service (FTS) system with some basic information.

We are continuing to engage with the dedicated new Public Procurement Communities of Practice (commenced as from 01 April 2026) set up by the Cabinet Office, the Blue Light Commercial (BLC) Group as well as some informal groups and networks made up of Local Authorities and other Public Sector bodies.

The Service continues to make good use of national procurement contracts, which includes actively promoting and partaking in collaborative and joint procurements. The Service is currently participating in collaborative procurements, for example, Adobe Licensing Aggregation (contract now awarded), Windows 20525 licensing (two aggregated procurements, one is at the recommendation report stage, and the other is for Microsoft licensing replacement, which is due to commence shortly).

An internal audit of the procurement function was completed in quarter 4 2025-26 with a substantial opinion issued.

We are a member of the commercial group for the procurement of a New National Framework for Personal Protective Equipment, working with Kent Fire and Rescue Service and other commercial leads. This is now in the final stages of the procurement process.

BLC, in partnership with the Home Office, is looking to deliver a single, national e-commercial solution which will aid fire and rescue services with contracted third-party spend (e-procurement). The Procurement Manager is participating in this project on behalf of the Service. The contract has now been awarded. We are currently awaiting further information and details from BLC.

KLOE 6 sub-diagnostic

To what extent do we understand what assets we are responsible for across the Service and how do we demonstrate effective management of these assets?

Effective oversight of the Service's estate, fleet, and equipment underpins both day-to-day operations and the delivery of long-term strategic goals. Each asset is routinely tracked and assessed to measure performance, highlight potential risks, and inform decision-making. This structured approach helps maintain resilience, improve efficiency, and ensure resources remain aligned with organisational priorities.

Accountability is embedded through clearly defined leadership roles across all asset areas, ensuring the Service's approach to asset management remains strong and responsive.

The Fleet Team have ensured that all three command support units have been completed this quarter and are now stationed at Pewsey, Gillingham and Hamworthy. In addition, seven flexi-duty officer cars were delivered into Service and distributed at the end of March.

Cyclical maintenance works were completed at Calne, and work started at refurbishing Devizes. We have carried over cyclical work into quarter 1 for Blandford and Bridport, both of which started in late April. Work to convert Westlea Fire Station to 2-2-4 working pattern was completed this quarter.

In our ongoing pursuit of innovation, we are committed to refining equipment asset tracking. Through our research and development activities, we have made significant strides with the use of RFID tagging of equipment, where a small chip is attached to the item, enabling it to be scanned using a handheld device. This approach aims to streamline the inventory process for appliances. Preliminary assessments suggest that this could shorten the full appliance inventory duration from 60-90 minutes down to less than 30 minutes. We are currently moving on to a trial at four stations. At present our Asset Management System holds information on more than 60,000 individual assets, facilitating effective lifecycle management, audit compliance, and informed resource planning. Integrating RFID technology will further enhance this system.

Our current contract with the uniform provider is coming to an end this quarter, and we have awarded a new contract to a different supplier. Throughout the procurement process, we conducted thorough uniform trials with multiple suppliers over a period of ten weeks, during which 15 staff members evaluated the uniforms' quality across various aspects (quality, comfort, washing, etc.). The chosen new uniform will preserve the professional appearance of the Service and has resulted in a cost savings of £34.19 per standard set of issue.

KLOE 6 sub-diagnostic

To what extent do we understand and manage our impact upon the environment?

Energy usage across the Service’s estate is closely monitored through a Power BI dashboard, which supplies real-time data to support thorough analysis and decision-making on energy efficiency improvements. This is enabling us to make positive decisions and understand where the most impact can be made.

The refurbishment of Westlea Fire Station has been completed, featuring the installation of a new air handling system. This fire station has historically struggled with maintaining a comfortable internal temperature, particularly during periods of extreme

weather. It is anticipated that the new system will not only be more energy efficient but also reduce energy costs, enhance indoor air quality and comfort, and lower our carbon footprint. Energy usage at the site will be closely monitored using the Power BI dashboards.

We remain on track to reduce the amount of CO2e (carbon dioxide equivalent) compared to the average of the last five years. At the end of quarter 4, the Service is currently on track for a nine percent reduction this year.

Over this quarter the Service has conducted research into wind turbines as a possible alternative to solar panels, our findings indicate that they are not as efficient at this time, which has resulted in a decision to not progress with this at this time. The Service will continue it's journey with solar panels with progress being made at Chippenham and Westbourne.

We have begun incorporating the costs of skips and rubbish removal into our interactions with fire stations following their requests for such services. This approach is enhancing their comprehension of the total costs and allowing us to have more productive conversations about cost containment and waste minimisation. In addition, a series of environmental audits has been undertaken across the estate to support staff in the responsible management of their locations and to reinforce individual accountability for sustainability.

A new waste management contract has been procured, which includes both waste management and recycling services. Our previous contractor has seen large increased in waste transportation costs, this new provision is expected to see a reduction of £100,000 in the overall contract value and should see a reduction in Co2 caused by waste transportation.

The decarbonisation of the Service fleet continues to be a significant focus area. The fleet currently includes two large electric maintenance vans and 22 Volvo V60 mild hybrid vehicles, supported by the installation of six electric vehicle charging points. Future procurement of non-operational white fleet vehicles will continue to consider electric options, where appropriate, supporting our progression away from internal combustion engine vehicles.

KLOE 6 sub-diagnostic
To what extent do our plans address the risks identified in the integrated risk management plan?
The Service continues to operate a structured and robust approach to the identification, assessment, and management of risk, fully aligned with the Fire Standards Board's Community Risk Management Planning (CRMP) Fire Standard. This activity supports the Service's statutory obligations under the Fire and Rescue National Framework for England, which requires Fire and Rescue Authorities to produce and routinely review a CRMP that identifies foreseeable risks within their area, and clearly demonstrates how resources are targeted to mitigate those risks. The framework further requires transparency in decision making and clear alignment between risk, strategic priorities, and operational delivery, all of which are reflected within the Service's current approach. The development and governance of the CRMP are also aligned with the principles and effectiveness criteria set out by His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS). These principles emphasise the importance of comprehensive risk analysis, effective use of data and intelligence, and clear accountability for risk-related decision making. Recent HMICFRS findings have recognised the Service's capability in this area, concluding that it continues to identify risk effectively and maintains a strong and coherent CRMP. These observations provide external validation that risk management arrangements are evidence led, well governed, and clearly linked to how resources are prioritised and deployed. A central component of the Service's CRMP is the SAR, which is undertaken on a biennial basis and provides the analytical foundation for strategic planning. The most recent SAR was published in September 2025 following engagement with key internal and external partners. The next SAR will be developed and published in 2027, to support the development and delivery of the next Service strategic plan. Performance and risk are monitored through the Service's established Performance Management and Assurance framework. This framework was subject to independent review by the South West Audit Partnership, which provided substantial assurance that governance, risk management, and business continuity arrangements are mature, consistently applied, and aligned with recognised good practice.

In line with the Service's planning cycle, a further SAR will be undertaken in 2027 to inform the development of the next Community Safety Plan (CSP) in 2028. This approach ensures that the Service's risk management arrangements remain current, evidence based, and responsive to changes in the operating environment.

KLOE 6 sub-diagnostic

To what extent do we demonstrate effective management of Information and Communication technology?

The Service has a Digital Data & Technology (DDaT) Strategy. This helps to ensure that the Service utilises its information, data, and technology efficiently to support operational activity with clear governance and security arrangements, which are aligned to the CSP.

There is continual development and investment in the ICT infrastructure to remain current and maintain the safety and security of our systems and information. Increased focus on a joint working approach across both internal departments and our partners. This ensures the Service utilises its information, data, and technology efficiently to support operational activity with clear governance and security arrangements. The department works closely with the Information Governance and Cyber Security Team to deliver the Service's Cyber Security Framework.

A capital plan is in place to ensure that projects and activities are being monitored and prioritised to meet business needs. There are no concerns about the spend against this capital programme.

We continue to invest in key initiatives to support sustainability and value for money, making best use of resources for front line services, enabling access to information that is supported by the right technology and infrastructure, based on community and business needs. Audits support assurance of effective ways of working and a progressive learning and development environment. This is being achieved through:

- Reviewing the ICT capital and revenue programmes against the DDaT Strategy and adapting the scheduling to meet the changing needs of the Service.
- Fully utilising the ICT management system, Manage Engine, across other teams to maximise efficiencies in the way in which the Service manages its assets and job request flows. (It assists in removing duplicate processes, outside of Lotus Notes whilst introducing automation and self-service.)

- The mitigations for the 2025 ICT Health Check (ITHC) 2025 along with the audit programme actions are on track and we are now preparing for this years ITHC.
- Prioritising the work to implement Multi-factor Authentication (MFA) on Gartan, the remaining system to address this risk. This currently impacts on ability to achieve Cyber Essentials Certification.
- Providing technical support for the Network Fire Service Partnership (NFSP) Control Room system procurement as well as Emergency Services Network (ESP) support as it develops.
- Supporting the work associated with establishing and improving the two training centres.

ICT Capital & Revenue programmes:

- Amendments to programming of activity is ongoing to accommodate flexibility in business requirements and changes.
- Rolling hardware replacement programme underway and is successfully catching up on previous years. Availability of hardware and procurement processes aligned.
- The SDWAN project is ongoing with BT and EE across 60 sites:
    - 19 Live in quarter 4 2025-26.
    - 40 rolling out over next few weeks.
    - One final connection at Gillingham being scheduled.
    - Completion is expected by end of May 2026.
- Working with users to define the end user hardware requirements on station, this has been delayed due to other dependent project delays.
- Body Worn Camera (BWC) procurement for hardware and cloud-based software is ongoing.
- WiFi refresh project in delivery for new services on all sites in quarters 1 and 2 2026-27.

KLOE 7: How well are we securing an affordable way of managing the risk of fire and other risks now and in the future?

KLOE 7 Summary

Financial management and governance remain strong, and the Service is consistently rated highly in audit and inspection processes. The financial sustainability of the Service remains a significant concern and the Fire Authority are considering options to address this.

The Service continues to engage with all relevant stakeholders to influence the debate on financial sustainability for fire and rescue services and, to maintain increased council tax flexibility. The Treasurer continues to actively engage in any opportunities to outline the local position nationally via the Ministry of Housing, Communities and Local Government (MHCLG) and the Service responds to national consultations on finances whenever any such opportunity is given.

The revenue budget for 2026-27 was approved by Fire Authority on 10 February 2026. Ongoing council tax precept flexibility of £5 per year was granted by central government as part of the multi-year settlement, but the benefit of this was reduced by cuts to our Revenue Support Grant allocation of £1.2m per year. This grant is our only source of funding received directly from the government in the settlement and will be reduced by 19.5% in total over the three-year settlement period.

The updated Medium-Term Finance Plan outlines forecast deficits of £1.207m in 2026-27, increasing to £1.470m in 2027-28 and £1.705m in 2028-29. The work of the Resourcing and Savings Programme and the Member Working Group was presented to Fire Authority on 10 February 2026 with a focus on the options available to ensure financial sustainability.

KLOE 7 sub-diagnostic

To what extent do we understand and take action to mitigate our main or significant financial risks?

For some time now, we have been engaging with local Members of Parliament, MHCLG and the National Fire Chiefs Council to influence the debate on financial sustainability for fire and rescue services and lobby for council tax flexibility. This has included briefing sessions for local MPs and letters from the Chair and Chief Fire Officer (CFO) to relevant government ministers. A meeting was held in October 2025 with the new Fire Minister to highlight our position and the risks faced. Further discussions have been held with the Fire Funding team at MHCLG since the 2026-27 budget setting process was completed.

The Fire Authority is up to date with the external audit of its accounts. The audit for 2024-25 was completed by Bishop Fleming in February 2026.

The South West Audit Partnership (SWAP) internal auditors completed the scheduled treasury management processes and controls audit in July 2025. Substantial assurance was given with one low priority action, which has been completed. The additional audit on financial controls requested by members was completed in quarter 4 2026-27. Reasonable assurance was given, with one follow up management action required.

KLOE 7 sub-diagnostic

To what extent do we have a track record for achieving savings and avoiding any residual future budget gaps?

Members approve the Service budget and Medium-Term Finance Plan annually each February. The budget recently approved for 2026-27 outlines the financial challenges that the Authority faces and the need to set a balanced revenue budget for each respective year.

The Service has a strong history of delivery financial efficiencies. Annual revenue savings totalling £15.1m have now been permanently removed from our base budget since the Service was formed in 2016.

KLOE 7 sub-diagnostic

To what extent is our use of reserves sustainable and promoting new ways of working?

The Service continually monitors its plans for reserves usage to ensure sufficient levels are maintained to support financial sustainability. The reserves plan and general balances risk assessment are approved annually by Members at the Authority each February as part of the budget setting papers.

Levels of reserves and general balances are then reviewed and published as part of the annual Statements of Accounts process. The Finance & Audit Committee is updated quarterly on the current reserves position as part of the wider financial position update. The usage of reserves is subject to a stringent process aligned to key priorities and supporting strategic projects.

KLOE 12: How effective is the Occupational Health and Safety management system in the Service?

KLOE 12 Summary

The Service maintains a well-managed Health and Safety system with good levels of compliance, supported by recent external audit and the continued maintenance of ISO 45001 accreditation.

Work-related absences due to physical injuries or ill health have increased by 93% (from 176 to 340 days) compared with the same period last year. Nine employees accounted for these absences, with five long-term sickness or recovery cases responsible for 300 days (88% of the total days lost in quarter 4).

Reportable incidents to the Health and Safety Executive (HSE) under RIDDOR have increased compared with the same quarter last year, with three incidents reported under the ‘over seven days’ category and one major injury. We review and monitor all incidents and audit outcomes through our governance arrangements to support continual improvement. There are no strategic issues to raise with Members.

KLOE 12 sub-diagnostic

How well structured and embedded is the Health & Safety policy, practices and culture to ensure a safe and legally compliant Service?

The risk-based British Standards Institution (BSI) internal audit plan has been produced and is targeted at various health and safety procedures aligned to Health and Safety legislation. These are also aligned to some of the requirements within the clauses in ISO 45001 standard. Audit outcomes may identify some non-conformities which can be used to demonstrate continual improvement within the standard. All improvement actions are closely monitored by the central team and at the Health and Safety Committee.

To assure on health and safety compliance, on average, three audits are required to be completed each quarter from the BSI trained auditor pool. To ensure sufficient capacity, additional auditor training took place in October 2025. A balanced audit plan has been communicated to auditors for financial year 2025-26 to enable workloads to be managed and capacity identified so that

audits are undertaken in the relevant timescales. This enables audits to undergo a quality assurance process before the final audit reports being presented to the appropriate Service team or committee.

The number of working days lost through work related physical injuries or ill health this quarter is up 93% (176 to 340) compared to the same time last year. In this quarter, nine people (incidents) are contributing to these figures. Of the nine people, five are designated long term sick or in long term recovery and their days lost are 88% (300) of the total in quarter 4.

The number of reportable incidents to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) has increased over the same quarter last year. Three were reported within the ‘over seven days’ category, and one major injury.

The Service always strives for continual improvement; it has an overall high level of compliance and is accredited to the ISO 45001 Occupational Health and Safety Management system standard. There are no strategic issues to raise with Members.

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

KLOE 13 Summary

The governance arrangements for the Fire Authority and Service continue to be well embedded and work well. These arrangements have been assured through independent audit provisions, with good levels of assurance being awarded.

The Service maintains a strong governance framework, reinforced by independent assurance from the South West Audit Partnership (SWAP). Councillor Small, Chair of the Finance and Audit Committee sits on the SWAP Members Board. For the third consecutive year, SWAP's annual opinion rated our arrangements as 'Substantial Assurance'. This outcome reflects the results of the 2025–26 audit programme, where five of nine audits completed achieved a substantial rating and the remaining four were assessed as adequate.

The Service is proactively managing its information governance and information security compliance requirements. Strategic and tactical processes are aligned to regulatory requirements and the principles of British Standards Institute 27001. Cyber security arrangements are operating well and continually monitored. The Service is in a positive position against the national Cyber Assessment Framework led by the Home Office but more work is required. Annual Information and Communication Technology testing is conducted externally giving additional assurance of the robust arrangements in place and provides opportunity to improve on our arrangements. Work is nearing completion to ensure suppliers meet multi-factor authentication requirements on third party systems so that we can progress our re-accreditation for Cyber Essentials which we hope to achieve during 2026.

Outside of our legal requirements, effective data management is at the forefront of business processes and system development. Investment in technology and improved data management processes across prevention, protection and response is enabling high quality, automated and evidence-based standards for data, supporting improved decision-making, effective performance management, accessibility and transparency.

KLOE 13 sub-diagnostic
How well does the Fire and Rescue Authority have oversight and scrutiny to ensure that the Service is appropriately effective and efficient in ensuring the safety of communities from fire and other risks?
The Fire Authority has five key priorities and performance against these are overseen and scrutinised by Members on a quarterly basis. Priorities one, two and three are reviewed at the four Local Performance and Scrutiny (LPS) Committee meetings. These took place to consider quarter 3 performance in February 2026 using a new LPS dashboard. Priorities four and five were reviewed at the Finance & Audit Committee at their meeting in March 2025 for quarter 3 performance. The LPS dashboards, performance reports and presentations at these meetings provide details on the effectiveness and efficiency of the Service, as well as looking at how the Service is supporting, developing, and ensuring the health and wellbeing of its people. The annual report was approved by Members and published in September. This is further supported with a Statement of Assurance providing assurance of the previous year's governance, finance, and operational matters. The Authority oversees and scrutinises the development and delivery of the CSP. A presentation of overall performance against each priority is provided to the Authority at six and 12-month intervals.

KLOE 13 sub-diagnostic
How effective and efficient are our governance arrangements?
The Service operates within a mature and well-developed governance framework that supports effective decision making, accountability, and the management of risk. Independent assurance continues to evidence the strength of these arrangements. For another year, the SWAP has issued an overall annual opinion of Substantial Assurance, reflecting strong governance, effective internal controls, and embedded risk management practices across the organisation. This opinion is supported by the outcomes of the 2024–25 internal audit programme, during which five of eight audits received a substantial assurance rating and the remaining three were assessed as providing adequate assurance. Consistent with good practice within the Fire and Rescue sector and the wider public sector, the Service adopts a layered approach to assurance. This combines independent external scrutiny, sector-led inspection, technical accreditation, and internal review to provide a comprehensive view of organisational effectiveness and compliance. Key sources of assurance include: • Independent external audit, providing objective assessment of governance, risk, and control arrangements. • BSI assessments, confirming continued certification to ISO 45001 (Occupational Health and Safety Management) and ISO 55001 (Asset Management), supporting compliance with statutory health and safety duties and effective stewardship of assets under the Fire and Rescue Services Act 2004. • Inspections by His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS), offering sector-wide benchmarking and assurance against the requirements of the Fire and Rescue National Framework for England. • Peer review activity, including engagement with the National Fire Chiefs Council. Governance arrangements are further underpinned by alignment with the Chartered Institute of Public Finance and Accountancy (CIPFA)/ Society of Local Authority Chief Executives (SOLACE), delivering Good Governance in Local Government Framework. The Service structures its governance practices around the framework's seven core principles, which reflect the expectations placed on public bodies for leadership, transparency, integrity, and accountability. In October, each principle was formally assessed through a structured evidence-gathering process. This process identifies areas of strength, highlights opportunities for improvement, and records where compliance has been achieved, ensuring that governance arrangements remain subject to regular review and challenge.

Collectively, these activities provide an integrated and robust assurance environment, enabling senior leaders and Members to take informed decisions and discharge their statutory and fiduciary responsibilities. The outputs directly inform the Service's annual Statement of Assurance, which consolidates evidence of compliance with legislation, national frameworks, and recognised good practice across governance, risk management, and operational delivery.

In support of transparency and public accountability, the Service publishes both current and previous Statements of Assurance on its website, reinforcing public confidence in the effectiveness of its governance arrangements.

KLOE 13 sub-diagnostic

How effective and efficient are we at managing data?

Members can be assured that the Service is proactively managing its information and security compliance requirements. Strategic and tactical processes are detailed in the supporting documentation associated with the Statement of Assurance.

Our legislative information governance compliance remains positive in relation to the Freedom of Information Act and the Data Protection Act. In quarter 4 we received 86 Freedom of Information requests, our busiest quarter to date. 65 were due to be responded to and 54 (83%) were responded to within 20 working days. The average response time was 14 working days. Of the 86 requests received, 35 of these were either directly or indirectly related to the Resource Saving Programme (RSP) and proposed station closures. A lower volume theme identified this quarter related to the use of Aqueous Film Forming Foam (AFFF).

To accommodate this increased volume of Freedom of Information (FOI) requests, the Information Governance Team temporarily paused some business as usual (BAU) to proactively prioritise statutory FOI deadlines.

We received three subject access requests, from current or previous staff members. One was due a response in the period and the statutory timeframe was met. None of the requests were extended owing to complexity and no particular themes or emerging trends were identified.

Six security incidents were reported during the quarter. None resulted in a reportable data breach. Three of these incidents related to data handling, two from an email to the wrong recipient and one a document left in a pool car. These incidents provide us the opportunity to review ways of working, so that we can learn and improve our processes.

The Service continues to monitor progress against its Cyber Action Plan as a mitigation against the strategic cyber risk. The work to ensure third party cloud services have multi-factor authentication in place is still awaiting compliance from one supplier but there is assurance that this is being prioritised. The use of mobile data terminals on the fire ground needs further consideration at a national level in order for services to comply with the Cyber Essentials, and once direction and a solution has been agreed, our application for Cyber Essentials will be submitted.

In compliance with the requirements of the National Fire Chiefs Council's Cyber Assessment Framework a cyber exercise has been conducted this quarter based on the National Cyber Security Centre (NCSC) exercise in a box, facilitated by an external company as arranged by the Home Office. Once the report has been received, any learning from this will be actioned.

A successful exercise was carried out in March to test our cyber incident response, based on the NCSC's exercise in a box. This was carried out in collaboration with Business Continuity and ICT and involved members of the Infrastructure and Security Team, Group Managers, Information Asset Owners and Leads. We are in the process of reviewing the learning to ensure this is incorporated into our plans going forward. We are currently carrying out a gap analysis of our position against the revised Cyber Assessment Framework (version four). It contains expanded expectations on monitoring and threat hunting, secure software development and lifestyle management, with AI and automation risks embedded across the framework.

One phishing campaign has been tested this quarter, with a click rate of 8.9%. This is greatly reduced from 24% in the previous quarter, however it may not be appropriate to compare these two figures as each member of staff will receive a randomised phishing email and difficulty may vary. Staff who clicked received advice on how to spot a phishing email.

Completion of the mandatory data protection and cyber security training is at a positive 95%.

In addition to our legal compliance responsibilities, we are ensuring that data management is at the forefront of business processes and system development. We have a balanced approach in place that considers risk and resource, but continue to increase our effectiveness in managing data as technology evolves to support to enable high quality, automated and evidence-based decision-making and effective performance management.

Robust data retention policies are in place and the use of automated data validation and data quality checks of our key datasets ensures robust data is used within DWFRS and submitted to government.

There were eight complaints received this quarter with ten due for completion. Five were resolved within 20 working days, and five were extended with agreement of the complainant. Of these ten all were not upheld. Two complaints were escalated, one for

stage two review by Strategic Leadership Team (SLT) and one to the Local Government Ombudsman. The matter escalated to SLT is awaiting a parliamentary process to take its course so that the current legislation can be amended and fresh guidance issued by the Equality and Human Rights Commission.

24 compliments were received this quarter.

Priority: Supporting and developing our people

KLOE 8: How well do we understand the wellbeing needs of our workforce and act to improve workforce wellbeing?

KLOE 8 Summary

In quarter 4, workforce wellbeing activity continued to be supported through a robust Health and Wellbeing framework, although full sickness absence reporting remains unavailable during the transition from HRMIS to iTrent. This currently limits quarter 4 and year-end reporting on sickness trends, causation and performance against the corporate absence target. The Data and Analytics team continue to work on this interface and have been able to provide some high-level absence data and trend analysis.

In quarter 4, long-term sickness absence remained the largest contributing factor to the absence figures for all staff groups, excluding Fire Control. Mental health is the highest causation for Wholetime, On-Call and Corporate staff. Respiratory was the highest causation for Fire Control. Musculo-skeletal was the second highest causation for all staff groups, excluding Fire Control.

The Service has a corporate target to reduce the average sickness levels compared to the average during the last five years. The cumulative average target (including Wholetime, Corporate and Fire Control) for quarter 4 was 9.5 shifts lost per person with the cumulative actual figure being 8.74 shifts lost person, meaning that, at year end we have achieved the corporate target once again with the trend line continuing on a downwards trajectory.

Eight new Wellbeing Support Plans were put in place and 14 plans remained active from previous quarters. Staff continued to have access to counselling, physiotherapy and Trauma Risk Management (TRiM) support, with counselling provided to 43 staff members and four family members, and four TRiM interventions delivered. Membership of Benenden Health also continued to increase.

Management oversight remains strong, with absence cases reviewed through Strategic Case Review and monthly People Meetings. There were five Stage one Absence Review Boards held during quarter 4, reflecting improved escalation and case management of long-term sickness. However, short-term sickness management remains an area for improvement, with 50 people meeting a trigger and 18 reviews remaining incomplete. This continues to be addressed through management meetings, refreshed manager training and targeted follow-up.

There were 34 overdue return to work discussions recorded in quarter 4, a reduction compared with the same quarter last year, and 31 individuals were supported through fitness improvement plans, including 14 carried forward from previous quarters.

Health and wellbeing resources continue to be promoted through the Safe To programme, and a review of key wellbeing and attendance procedures will support closer alignment with future service priorities.

KLOE 8 sub-diagnostic
How well do we understand the wellbeing needs of our workforce and act to improve workforce wellbeing?
Full sickness absence reporting remains unavailable during the transition from HRMIS to iTrent which currently limits quarter 4 absence data and detailed year-end analysis. The Data and Analytics team continue to work on this interface and have been able to provide the following high level absence data and trend analysis. In quarter 4, long-term sickness absence remained the largest contributing factor to the absence figures for all staff groups, excluding Fire Control. Mental health is the highest causation for Wholetime, On-Call and Corporate staff. Respiratory was the highest causation for Fire Control. Musculo-skeletal was the second highest causation for all staff groups, excluding Fire Control. The Service has a corporate target to reduce the average sickness levels compared to the average during the last five years. The cumulative average target (including Wholetime, Corporate and Fire Control) for quarter 4 was 9.5 shifts lost per person with the cumulative actual figure being 8.74 shifts lost person, meaning that, at year end we have achieved the corporate target once again with the trend line continuing a downwards trajectory. In quarter 4, eight new Wellbeing Support Plans (previously known as a Stress Action Plan) were set in place with 14 plans continue in place from previous quarters. There were 34 returns to work discussions recorded as overdue in this quarter, this is a decrease from the same quarter last year. Quarter 4 would have also seen the new combined process of self-certification and

return to work discussion which could be the reason for the decrease, but it is too early to confirm this.

In terms of short-term sickness management, the increasing trend remains showing an increase in uncompleted sickness absence review meetings. This quarter 50 people met a trigger with 18 remaining incomplete. Whilst this is being flagged at various operational manager meetings, we are not seeing an improvement. The Senior Human Resources People Partner (HRPP) is working on reangling to managers training to reflect the purpose and importance of this, whilst the Head of People Support will pick up with the Area Manager – Response. This remains to be highlighted at the monthly People Meetings.

There were five stage one Absence Review Boards held in quarter 4 in terms of escalation of long-term sickness management cases. This has seen an increase which has been a reflection of collaboration at monthly People Meetings, enabling managers to escalate cases whilst being kept up to date with progress but also a prognosis of a return to work, deciding if timescales are compatible with the service.

Sickness absence continues to be professionally managed through our dedicated Health and Wellbeing Team who work closely with Line Managers and HRPP, with strategic oversight at the Strategic Case review and monthly People Meeting. Sickness procedures are robust and a range of support mechanisms such as counselling and physiotherapy are in place to support staff, with continued promotion of any new initiatives that may be able to support our staff and the Service. Whilst they remain robust a number will be reviewed in terms of aligning to the direction of the service including Stress Management, Attendance Management and Health & Wellbeing. This will be incorporated into the projects and change priorities programme.

Membership of our Benenden Health (through salary deduction) continues to increase month on month. In quarter 4, eleven DWFRS staff joined, with a total increase of nineteen including dependants.

Staff counselling is accessible to all staff and dependants. Counselling services were provided to 43 staff members and four family members. Trauma risk in management (TRiM) support was active with four trim interventions. Safe to Be is updated regularly with all support for mental health both internally and externally.

In quarter 4, 31 individuals being supported with fitness improvement plans which includes advice and guidance on nutrition and weight management. This includes 14 from previous quarters.

All of our health and wellbeing resources are publicised through our ‘Safe To’ programme which updates regularly to ensure staff are signposted to this support.

KLOE 9: How well trained and skilled are staff?

KLOE 9 Summary
The Service continues to maintain a structured and evolving approach to workforce competence, with operational staff expected to sustain the skills and capabilities required for their roles. Competence is monitored through established oversight arrangements, including dashboard reporting, local management review, and centrally organised training, providing assurance that staff remain capable in role through operational activity, exercises, drills and formal development. During quarter 4, the Training Development and Standards team continued a comprehensive review of the competency framework to align it with National Operational Guidance (NOG) incident type methodology. This work will support the introduction of a new three-year training planner and associated resources, improving consistency in training delivery while enabling local managers to tailor activity to station risk profiles and operational need. The operational training offer continues to be enhanced by blended learning, including digital and virtual provision, and a full review of current digital learning packages is underway ahead of the launch of the new Learning Management System (LMS). This will help ensure that learning content remains relevant, proportionate and aligned with future operational requirements. Strategic oversight of training priorities remains in place through a cross-directorate group responsible for the Annual Training Action Plan. Together with embedded competence tracking and continued alignment to evolving national standards, this provides a strong basis for understanding workforce skills and maintaining capability across both operational and control environments.

KLOE 9 sub-diagnostic
How well do we understand the skills and capabilities of our workforce?
All operational staff are expected to maintain the necessary skills and competencies for their roles. For station-based personnel, performance and development are monitored through the How's My Team Doing (HMTD) dashboards. Operational competence and assurance are demonstrated and maintained through effective performance at real incidents, simulations, exercises, drills and centrally organised training programmes. This approach ensures that staff remain skilled, capable and competent in their operational roles.

The Training Development and Standards Team are currently undertaking a comprehensive review of the competency framework to align it with the NOG incident types methodology. This work will directly support the rollout of a new three-year training planner, designed to provide greater consistency and clarity while supporting local managers in the effective planning and delivery of training at station level. The planner will be supported by associated training resources, helping to standardise delivery and ensure a consistent training offer across all operational fire stations.

Skill and competence maintenance will continue to be delivered through a locally executed training plan, tailored by local management to reflect station risk profiles and training needs, while remaining aligned to national standards and organisational priorities. This ensures training remains practical, relevant and proportionate.

The Operational Training Programme is further enhanced through a blended learning model incorporating digital learning and virtual courses, supporting a range of learning preferences. As part of this, a full review of all digital learning and eLearning packages is currently underway. The team is evaluating the existing suite of digital learning to streamline and refine the offer in advance of the launch of the new LMS. This review remains ongoing and will ensure digital learning continues to support core competence, currency and future operational requirements.

Oversight of training priorities is provided through a cross-directorate group responsible for the development, delivery and monitoring of the Annual Training Action Plan. Regular strategic reviews identify emerging risks, future skill requirements and organisational priorities, with targeted learning and development initiatives incorporated into the competency framework to ensure the Service remains responsive to changing operational demands.

Competence tracking is embedded across the organisation, enabling robust oversight of staff development. Line Managers routinely review competency levels to ensure staff are appropriately deployed on operational training and development activity, aligning individual capability with organisational need.

The Training Development and Standards Team regularly develop and review guidance, strategic actions, course content and training materials arising from evolving national standards, ensuring continued alignment. As a result, the Service is well positioned to embed NOG across operational and control environments. Following business case approval, the team also deliver Control NOG on behalf of the Networked Fire Services Partnership (NFSP).

KLOE 10: How well do we ensure fairness and diversity?

KLOE 10 Summary

Quarter 4 analysis continues to show disproportionality in recruitment to operational roles, particularly for women and people from minority ethnic backgrounds. In the quarter, Wholetime recruitment resulted in eight new starters, all white British and male, and there were no new starters into Fire Control. Year-to-date data for On-call and Corporate recruitment shows some broader diversity, but incomplete equality recording and the transition from HRMIS to iTrent continue to limit full comparison and trend analysis.

The Service continues to respond through targeted positive action and review of recruitment processes. Working groups are reviewing wholetime recruitment, including sifting, online testing and practical job-related tests, to maintain minimum standards while reducing the risk of disproportionate impact on underrepresented groups. Attraction activity also continues through diversity-focused advertising, buddy support via staff networks, and Disability Confident commitments, with reasonable adjustments available throughout recruitment.

Retention and progression activity also continued during quarter 4. Leaver's analysis did not identify significant equality trends beyond continued under-representation in operational roles, although retirement remained the main reason for leaving. Positive action work is being strengthened through a draft scoping document, stronger network support, six-and-12-month feedback activity, People Impact Assessments, and targeted development initiatives to support progression for underrepresented groups.

This was supported in quarter 4 through the Positive Action Steering Group, which met in February to oversee targeted activity across attraction, retention and progression. Activity included development of more representative recruitment materials, engagement with the wholetime pool through newsletters and events, strengthened support for staff networks, progression activity for operational women, 107 community engagement activities, continued use of People Impact Assessments, renewed focus on six and 12 month feedback surveys, and renewal of White Ribbon accreditation with increased Ambassador and Champion numbers.

Detailed equality analysis is undertaken on our leavers profile with no specific trends identified but continued levels of under-representation in the gender and ethnicity of our operational roles.

Our Safe To portal promotes equality diversity & inclusion by giving improved accessibility to health and wellbeing, reporting lines, tools to challenge and leadership initiatives.

In quarter 4, there were 14 new performance management cases. This included seven discipline cases, two bullying and harassment cases, and four formal grievances.

In quarter 4, 13 cases were carried forward; resulting in the professional standards team managing a total of 27 cases. Of all new cases in quarter 4, the split between On-Call and Wholetime is still evenly balanced (five On-Call and seven Wholetime). In addition, there were two new corporate cases opened in quarter 4.

Eight performance management cases were closed in quarter 4; one of which was as a result of a hearing (appeal). Of the remaining seven, four cases were discipline and three grievance cases; two formal and one informal.

The creation of the compliance and investigation team, with dedicated investigators has resulted in the time taken to resolve cases decreasing.

There has been one Employment Tribunal claim submitted this quarter (early conciliation), this follows the appeal closed in quarter 3 as anticipated.

KLOE 10 sub-diagnostic
How well do leaders seek feedback and challenge from all parts of the workforce?
In quarter 4, activity as per the internal communications engagement plan was delivered. Workplace visits by the CFO and SLT continue on an ad hoc basis across the organisation, but this quarter focused on the eight stations affected by the public consultation on possible station closures. The main focus of our internal comms this quarter was the potential station closure communications and this included an all staff dial in/briefing in January, supported by multiple station visits and other all staff communications. There were two open seats taken up at SLT meetings this quarter, both in January. There were ten open seats taken up at Service Delivery Team (SDT) meetings in the quarter. The Staff Survey was launched on 23 February 2026 and closed during quarter 1. Work to analyse the results and implement the outcomes has begun and will be fed back to staff through the Managers Briefing Days later in the year. We continue to engage with unions on a monthly basis via face-to-face meetings attended by the Director of People and Director of Community Safety.

We continue to support and develop communication plans for projects and this quarter that included discussions about the redistribution of water rescue capabilities in some locations. We continue to maintain our staff intranet CONNECT and work was ongoing in the quarter to implement the outcomes of the internal comms audit. This includes work on the homepage of CONNECT which is now out to consultation with Heads of Department, before going live. This quarter there were three CFO blog posts, viewed by 654 members of staff.

During the quarter we also held an International Women's Day event for staff at Salisbury Fire Station which was really well attended. Female members of staff were able to bring along a friend from outside the organisation to try out firefighting activities and consider whether firefighting is a career for them.

KLOE 10 sub-diagnostic
How well do we identify and address potential disproportionality in recruitment, retention, and progression?
It is to be noted that due to data being in the process of being transferred from the original HRMIS to the new iTrent system, reports are currently only available for quarter 4 up to 20 March 2026. The quarterly workforce profile report allows us to monitor any trends and this has been broken down for quarter 4 as below: Wholetime recruitment: • New Starters: eight. • Ethnicity: all white British. • Gender: all male. • Age: four aged 25-35; three aged 36-45; one aged 56-65. • Sexual orientation: seven heterosexual; one preferred not to say. • Religion: two Christian; five no religion; one preferred not to say. • Disability: none declared. There were no new starters in Fire Control this quarter. Following the Wholetime recruitment process review meetings, two working groups were set up to consider different approaches to the sifting and online tests as well as reviewing the practical job relating tests to ensure they are still appropriate for future processes and support a diverse applicant base. The focus is maintaining minimum standards but also supporting an approach to positive action and not having a detrimental impact on applicants from underrepresented groups. The work of the practical job related test group has been completed while the sifting group continues to progress. To support with attracting a more diverse pool of applicants we have ensured that our roles are advertised in media that would attract minority ethnic applicants as well as female applicants. There are LGBTQIA+ Fire Pride, Neurodiversity, Operational Women and Minority Ethnic network groups in place that can act as recruitment buddies to individuals in our recruitment processes.

We are recognised as a Disability Confident employer and ensure that support and reasonable adjustments are in place for candidates in our recruitment processes.

In quarter 4 there were 12 Corporate new starters between (up to 20 March 2026). Year to date, there has been 78 Corporate new starters who commenced employment since 01 April 2025.

Age:

- 17–24: six (8%).
- 25–35: 19 (24%).
- 36–45: 18 (23%).
- 46–55: 19 (24%).
- 56–65: eight (10%).
- Data not recorded - eight (10%) of the Corporate new starters.

Gender:

- Female: 38 (49%).
- Male: 33 (42%).
- Gender not recorded: seven (9%) of Corporate new starters.

Ethnicity:

- White British: 66 (85%).
- Black or Black British: one (1%).
- Any other White background: one (1%).
- Mixed: one (1%).
- Ethnicity not recorded: nine (12%) of Corporate new starters.

Sexual Orientation:

- Heterosexual: 61 (78%).
- Gay/ Lesbian: four (5%).
- Bisexual: two (3%).
- Chose not to disclose: two (3%).
- Not recorded: nine (12%) of Corporate new starters.

Religion:

- No religious beliefs: 40 (51%)
- Christian: 21 (27%).
- Muslim: one (1%).
- Other: one (1%).
- Chose not to disclose: six (8%)
- Not recorded: nine (12%) of Corporate new starters.

Two (3%) of the 78 Corporate new starters disclosed a disability.

On-call recruitment:

In quarter 4 there were 19 On-call new starters between (up to 20 March 2026). Year to date, of the 74 new starters who commenced employment since 1 April 2025.

Age:
- 17–24: 22 (30%).
- 25–35: 24 (32%).
- 36–45: nine (12%).
- 46–55: one (1%).
- 56–65: four (5%).
- Not recorded: 14 (19%) of On-call new starters.

Gender:
- Female: six (8%).
- Male: 54 (73%).
- Not recorded: 14 (19%) of On-call new starters.

Ethnicity:
- White British: 56 (76%).
- Any other White background: two (3%).
- Mixed: one (1%).
- Not recorded: 15 (20%) of On-call new starters.

Sexual Orientation:

- Heterosexual: 58 (78%).
- Chose not to disclose: one (1%).
- Not recorded: 15 (20%) of On-call new starters.

Religion:

- No religious beliefs: 38 (51%).
- Christian: 15 (20%).
- Buddhist: one (1%).
- Chose not to disclose: five (7%).
- Not recorded: 15 (20%) of On-call new starters.

Two (3%) of the 74 on-call new starters disclosed a disability.

The Service renewed its advertising package with YourVacancy, securing a discounted 24-month agreement. This ensures continued promotion of vacancies across four diversity-focused job sites at a significantly reduced cost.

Under the Disability Confident Scheme, seven corporate applicants were invited to interview; however, none were subsequently offered employment.

No Firefighter Recruitment Experience Events (FREE) took place this quarter.

In quarter 4 there were 27 Leavers

- Wholetime: six (22%).
- On-call: eight (30%).
- Fire Control: one (4%).
- Corporate: 12 (44%).

Age:

- 17-24: two (7.5%).
- 25-35: four (14.5%).
- 36-45: three (11.5%)
- 46-55: nine (33%).
- 56-65: seven (26%).

- 66 and over: two (7.5%).

Gender:

- Female: five (19%).
- Male: 22 (81%).

There were no significant trends in terms of sexual orientation, disability, ethnic origin or religion and belief.

The top three primary reasons for leaving for all staff were:

- Retirement: 11 leavers (40%)
- Obtained Employment Elsewhere: eight leavers (29%).
- Work life Balance: two (7.5%).

There were no significant trends for secondary reasons for leaving.

23 leavers discussions took place in quarter 4 with the documentation for one remaining outstanding. On the leavers discussion forms there are two free text questions. Analysis of the responses to these questions has identified no particular trends. Any contentious issues are taken up with the line manager by the HRPP.

To help identify and address potential disproportionality, a Positive Action Steering Group aims to meet at least quarterly to innovate, oversee delivery of and evaluate, positive action activities across all staff groups. In the last quarter, the group met on 03 February and the following progress has been made:

Attraction and Recruitment:

- Work is underway by the media team to create a video on staff benefits that represents On-call, Wholetime, Corporate, and Fire Control. This will include a mix of diversity.
- To retain interest of those in our Wholetime pool, a four-six week newsletter with publicly available information has been created. We are exploring also sharing this with people who we had contact with through our buddy scheme. People in the pool were also invited to our celebrations for International Women's Day. Three people accepted and joined us on the day.

Retention:

- International Women's Day in March was celebrated with an online conference and a practical event at Salisbury Fire Station. Approximately 30 people attended the online conference and 18 people partook in the practical events including

three people from our Wholetime pool and two members of the public as guests of colleagues. One of the guests has since submitted her expression of interest for On-call.

- We are aligning our six and 12 month questionnaires with HR and will include a question about whether staff are considering leaving. Equality Diversity and Inclusion (EDI) team will progress this in quarter 1 of 2026-27.
- Strengthened support for Network Leads and attendance for On-call has been agreed by SLT. A procedure is being written with arrangements to support equitable pay for leads and access for on call or part time staff at internal and external inclusion events.

Progression:

- One delegate attended the Women's Development Programme with Women in the Fire Service in quarter 4. The EDI Manager continues to monitor feedback and evaluate this programme for value and effectiveness but this relies on receiving feedback from delegates.
- Evaluation of our "Developing Diverse Leaders" programme completed in 2025-26 has slipped and will be completed in quarter 1 2026-27. An evaluation of our Buddy Scheme will be completed with learning for relaunch.
- The Learning & Organisational Development (L&OD) team continue to explore a female only Incident Command exercise for operational women. It is hoped that this will be a safe space where operational women can learn and practice, without the pressures of being in a group where they are underrepresented. This is pending subject to resource.
- An XVR demonstration of Incident Command Level One is planned for delivery to our Operational Women's Group in quarter 1 2026-27.

Other activities:

- Teams including crews and the operational support team undertake community engagement activities across the Service to learn from underrepresented groups and promote the Service as an employer of choice. In total 107 engagements were undertaken by Response this quarter. Work is ongoing to strengthen the reporting and organisational learning from these as part of a community engagement framework.
- A Community Newsletter is published three times a year to maintain relationships with community leads and reach groups of people who are seldomly heard. The latest newsletter was published and shared in quarter 4.
- As well as being the right thing to do, People Impact Assessments help us identify and address potential disproportionality and meet our legal obligations as part of the Equality Act 2010 and the Public Sector Equality Duty. This quarter 46 new People Impact Assessments were received, of which 20 required a stage two with the support of relevant network leads and our scrutiny panel.

- Feedback from the six and 12 month “How is it being one of us?” surveys are conducted to identify opportunities for improvement and any themes of potential disproportionality for underrepresented groups. This work resumed in quarter 4 and is being strengthened.
- The majority of our workforce are male and we recognise that these colleagues are our strength in addressing the international and national agenda to end Violence Against Women and Girls (VAWG). To support this agenda and the women who are underrepresented in our organisation we are a White Ribbon accredited organisation. After three years of membership, our renewal application has been approved. We currently have 45 Ambassadors and 30 Champions which is an increase of two since quarter 3 and ten over the last year.

This group has recently been paused to re-evaluate working areas and to strengthen the approach to positive action.

In quarter 4, there were 14 new performance management cases. This included seven discipline cases, two bullying and harassment cases, and four formal grievances. In relation to the seven discipline cases, the breakdown of reasons is set out below:

- Breach of Code of Ethics: One
- Breach of Procedure: One
- Sexual Misconduct: One
- Performance Management (Capability): One
- Breach of Code of Conduct: Three

In quarter 4, 13 cases were carried forward; resulting in the professional standards team managing a total of 27 cases.
Of all new cases in quarter 4, the split between On-Call and Wholetime is still very even (five On-call and seven Wholetime). In addition, there were two new Corporate cases opened in quarter 4.

Eight performance management cases were closed in quarter 4; one of which were as a result of a hearing (appeal). Of the remaining seven, four cases were discipline; two of which resulted in Words of Advice/Local Management Action Plan, one resulted in a resignation, and one was no case to answer. Of the three grievance cases; two formal and one informal grievances, none were upheld.

The creation of the compliance and investigation team, with dedicated investigators has resulted in the time taken to resolve cases decreasing.

There has been one Employment Tribunal claim submitted this quarter (early conciliation), this follows the appeal closed in quarter 3 as anticipated.

KLOE 11: How well do we develop leadership and capability?

KLOE 11 Summary

The Service continues to maintain a broad leadership and organisational development offer to support leadership capability across the workforce. During quarter 4, delivery continued across formal induction, leadership programmes, coaching development, apprenticeships and structured operational command training, providing a coherent framework for both current and future leaders.

Corporate induction remained well embedded, with two sessions delivered in quarter 4 attended by 38 staff in total. Feedback was strongly positive, with 97% of respondents reporting that the induction met or exceeded expectations. Probation outcomes also remain positive year to date, with 64 probations met, two extended and no contracts terminated during probation, although a small number of final probation forms remain outstanding.

A range of leadership development activity continued through quarter 4, including Bitesize Leaders, Leadership in Lifesaving, Management in Lifesaving and work to evaluate the High Challenge High Support Framework as a common behavioural language for middle managers. Alongside this, Learning and Organisational Development progressed the design of a structured internal coaching framework, supported by staff undertaking level five and level three coaching qualifications to build an internal coaching cadre.

Development pathways continue to be strengthened through the digitalisation of pathway workbooks, ongoing apprenticeship activity across operational and corporate roles, and preparatory work for the new Learning Management System. Structured command development also remains in place through Fire Service College training for supervisory managers and rota-based training for flexible duty officers, helping ensure leadership capability is developed consistently across the Service.

In quarter 4, 31 staff members were undertaking apprenticeships: 11 Operational staff (nine males, two females) and 20 Corporate staff (five males, 15 females).

Five apprentices are under the age of 25. The breadth of the apprenticeship offer reflects L&OD's commitment to development that is not confined to operational or leadership roles. The portfolio includes programmes in Leadership Development, Finance, Human Resources and Facilities Management, recognising that capability development across the whole organisation contributes to the Service's overall effectiveness.

A press release from the Department of Work and Education was published 16 March 2026 which details further changes to the use of the Growth and Skills levy. There are a variety of changes which include a number of Apprenticeship Standards being defunded with effect from September 2026 and the introduction of new Apprenticeship Units from April 2026 onwards. Unfortunately, this includes the Level five Coaching apprenticeship that we have been using to build our coaching network.

Due to the transition to the new iTrent system, it was agreed to halt the recording of 1:1 reviews for this quarter.

KLOE 11 sub-diagnostic

How well do we manage and develop the individual performance of our staff?

Due to the transition to the new iTrent system, it was agreed to halt the recording of 1:1 reviews for this quarter.

This quarter there were two corporate induction sessions held. The first, in January, had 24 attendees and the second, in March, had 14 attendees (38 attendees in total this quarter).

During this quarter, three individuals attended a Corporate Induction after the mandatory timeframe.

At the end of this quarter, there are three individuals on the tracker who have not yet attended the corporate induction within the mandatory timescale due to various reasons; however, they have all been added to the next available dates and this has been escalated to their line managers.

Following the corporate induction, a survey regarding the effectiveness of the process is sent out. 35 of the 38 attendees completed the feedback survey (92% response rate). Of those who completed the survey, 97% stated that the corporate induction either met or exceeded expectations and one respondent stated that the overall induction required improvement.

Feedback across both sessions was positive overall, with attendees describing the environment as welcoming and the content as useful. Some participants suggested including more practical and interactive elements in future sessions.

The Protection session was consistently identified as the most valuable component across both events, with attendees highlighting its relevance, engagement and contribution to developing new knowledge and perspectives.

One way that we evaluate how successful the induction period has been for a new starter is data from probation reviews. Year end, since 01 April 2025, 64 probations have been met, two have been extended, and no staff contracts have been terminated during their probation period. 13 final probation forms are outstanding at the end of the year.

KLOE 11 sub-diagnostic
To what extent are the career pathways of all staff effectively managed?
The Bitesize Leaders programme continued its delivery during quarter 4, providing targeted, accessible development for middle managers. The programme is designed to be flexible and responsive, allowing emerging themes and operational priorities to shape session content in near real time. This adaptability is a deliberate design feature, ensuring the programme remains relevant to managers' lived experience, rather than operating as a fixed syllabus disconnected from practice. In quarter 3 the programme focused on corporate governance, equipping managers with a clearer understanding of their responsibilities within the broader organisational framework. This theme was carried through into early quarter 4 conversations and continues to inform the language and framing, managers use when discussing accountability and decision-making. The programme High Challenge High Support (HCHS) is being evaluated as a framework for a common behavioural language across the middle management layer. This shared vocabulary is central to DWFRS's approach to leadership culture, it gives managers a recognised benchmark against which to assess their own behaviour and the behaviour of those they lead. The programme's ambition is the internalisation of a leadership approach that makes challenge constructive and support meaningful.

Delivery of both the Leadership in Lifesaving, and Management in Lifesaving courses continued during quarter 4. These programmes sit at the core of DWFRS's offer for supervisory managers. They remain central to the L&OD programme and continue to attract strong engagement from supervisory staff.

Alongside formal training programmes, L&OD has been supporting operations in a drive to raise operational standards on stations through clearer work routines and structured training plans. This work recognises that leadership development does not happen only in training but in the way managers apply expectations, have conversations and model the behaviours they ask of others.

The development of a structured coaching framework for DWFRS is one of the most significant pieces of L&OD work underway. In quarter 4, this work progressed substantively, with the framework design advancing in parallel with the development of an internal coaching cadre.

Key staff are receiving level five coaching training via the apprenticeship scheme. A further cohort is being trained to level three. Together, these two groups will form the coaching cadre that delivers internal coaching support across the Service. The intention is that this cadre will support leader development, performance improvement and positive behaviour change, contributing directly to the cultural goals set out in the HCHS strategy.

The coaching framework, once established, will integrate with the wider L&OD programme and will provide a structured offer that managers and staff can access as part of their development. Work to define that offer, including referral routes, supervision arrangements and quality assurance, is ongoing.

Apprenticeships continue to provide a structured method for developing staff across a range of disciplines. In quarter 4, 31 staff members were undertaking apprenticeships: 11 Operational staff (nine males, two females) and 20 Corporate staff (five males, 15 females).

Five apprentices are under the age of 25. The breadth of the apprenticeship offer reflects L&OD's commitment to development that is not confined to operational or leadership roles. The portfolio includes programmes in Leadership Development, Finance, Human Resources and Facilities Management, recognising that capability development across the whole organisation contributes to the Service's overall effectiveness.

Apprenticeships are embedded within the wider L&OD programme, sitting alongside the Trainer Assessor, Management in Lifesaving and Leadership in Lifesaving frameworks as part of a coherent offer. They provide a nationally recognised, quality-assured route for staff development that meets both individual and organisational need.

A press release from the Department of Work and Education was published 16 March 2026 which details further changes to the use of the Growth and Skills levy. There are a variety of changes which include a number of Apprenticeship Standards being defunded with effect from September 2026 and the introduction of new Apprenticeship Units from April 2026 onwards. Unfortunately, this includes the level five Coaching apprenticeship that we have been using to build our coaching network.

A significant piece of infrastructure work completed during quarter 4 is the digitalisation of all development pathway workbooks. These workbooks support staff at all levels to understand the expectations placed on them, plan their development and track their progress. Moving them to a digital format removes a longstanding barrier to access and makes them easier to update as requirements change.

The workbooks will be reviewed and refreshed once the new LMS is in place. The LMS will provide a platform through which development pathways can be assigned, tracked and reported on at an organisational level, giving L&OD and senior leaders greater visibility of workforce development activity.

Budget planning and preparatory work to engage an external consultant to develop and build formal development pathways is also underway. This investment will ensure that pathways are structured, evidenced and fit for purpose, providing staff with clear routes through the organisation and giving the Service confidence that it is developing the right people for the right roles.

Supervisory managers continue to undertake their initial incident command training at the Fire Service College. This facility enables assessment across a range of simulated incident types, providing a rigorous and standardised development experience that supports consistent command competence across the Service.

A structured rota group training programme is in place for flexible duty officers, ensuring that command capability at that level is maintained and developed through planned, regular activity rather than left to chance.