



**DORSET & WILTSHIRE  
FIRE AND RESCUE  
AUTHORITY**

# Statement of Assurance 2022 – 2023



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PASSIONATE ABOUT  
**CHANGING & SAVING LIVES**

# Contents

<b>Introduction</b> .....	3
<b>Governance</b> .....	3
▶ How we assure our corporate governance arrangements.....	4
<b>Financial</b> .....	9
▶ How we assure financial arrangements.....	9
<b>Operational</b> .....	12
<b>Prevention</b> .....	12
▶ How we assure our Prevention arrangements.....	13
<b>Protection</b> .....	15
▶ How we assure our Protection arrangements.....	16
<b>Response and Resilience</b> .....	18
▶ How we assure our Response and Resilience arrangements.....	18
<b>Health, Safety &amp; Welfare</b> .....	23
<b>Current and future challenges</b> .....	25
<b>Conclusion</b> .....	26

## **Introduction**

1. The Fire and Rescue National Framework for England, published in May 2018, provides an overall strategic direction to fire and rescue authorities, whilst still recognising that each fire and rescue authority and their services must remain free to operate in a way that enables the most efficient and effective delivery of their services.
2. Each fire and rescue authority is accountable to its communities. To support transparency of its arrangements, all fire and rescue authorities in England are required to publish an annual Statement of Assurance.
3. This Statement of Assurance sets out our approach as to how we deliver and assure our governance, financial, operational (incorporating prevention, protection, response and resilience) and health and safety arrangements.
4. We also include the current, emerging, and future challenges that we face, and how these will be managed.

## **Governance**

5. Our core governance principles are set out within our published Corporate Governance Policy. Through the delivery of this policy, we ensure that the arrangements in place provide an effective and transparent system of control, to scrutinise the delivery of our strategic goals and provide assurance that we are providing effective and efficient services to our communities.
6. Dorset & Wiltshire Fire and Rescue Authority (the Authority) act as our overall governing body. The Authority comprises of 18 elected Members from our four constituent areas. These are:
  - Bournemouth, Christchurch and Poole Council
  - Dorset Council
  - Swindon Borough Council
  - Wiltshire Council
7. Every two years the Authority undertakes a Strategic Assessment of Risk (SAR). This process considers a wide range of data and information in order to ensure a full awareness of the external and internal environment that it operates within. The SAR supports effective planning through the identification of any significant challenges or emerging issues that may affect the delivery of its objectives.
8. Additionally, the Authority must produce a Community Risk Management Plan (CRMP), covering at least a three-year period. The CRMP sets out the strategic high level visions and priorities and is delivered through our Community Safety Plan (CSP).
9. Members of the Authority have a legal duty to monitor our performance. This is achieved through quarterly reporting to the Finance & Audit Committee and Local Performance & Scrutiny (LPS) meetings and six-monthly reporting to the Authority.

## ► How we assure our corporate governance arrangements

### Strategic planning and performance management

10. We consult and engage with key partners and stakeholders in the development of the SAR, to ensure that it is comprehensive and provides the right information to undertake effective and informed planning. The process is undertaken every two years to ensure that the arrangements we have in place are still reflective of the needs of the community and the wider national environment.
11. Our CSP sets out what it is we intend to achieve and how we intend to achieve it to ensure that we serve our local communities in the most effective way.
12. During its development, our CSP is subject to a period of consultation with our communities and stakeholders. This allows us to consider any feedback to the proposed plan prior to its publication. The CSP is subject to scrutiny and approval by the Authority.
13. The strategic issues, expectations and requirements set out within the CSP are supported by and delivered through our Service strategies. These strategies are translated into day-to-day activities through our Service Delivery Plan and supported by a number of procedural documents.
14. The development and delivery of our CSP is aligned to the requirements of the Community Risk Management Planning national standard, published by the Fire Standards Board.
15. Our approach to strategic planning and stakeholder engagement was independently audited, by the South West Audit Partnership, in 2022 and we were awarded the highest level (substantial) of assurance.
16. Additionally, our CRMP approach is scrutinised by His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) as part of the inspection process. The report from our latest inspection, published in January 2023, stated,  
*“When assessing risk, it considers relevant information collected from a broad range of internal and external sources and datasets. This includes data from the national risk register, census data and information from external organisations”.*  
*“The service routinely collects and updates the information it has about the people, places and threats it has identified as being at greatest risk”.*
17. Performance against the delivery of our [five strategic priorities](#), as set out within the CSP, is monitored internally on a monthly basis at directorate level. Further scrutiny is undertaken quarterly through our Service Delivery Team which includes Heads of Department, Area Managers and Directors. This provides our senior management with an oversight of our performance through clearly defined Key Lines of Enquiry (KLOE's), which are aligned to the strategic priorities.
18. Performance is scrutinised by Members of the Authority on a quarterly basis. Strategic priorities one, two and three are reviewed by the four LPS Committees, aligned to the four constituent authorities across our Service area. This provides a mechanism for ensuring local accountability. Priorities four and five are reported, quarterly, through to the Finance & Audit Committee. Additionally, the Authority, receives overall performance presentations on a six-monthly basis, with an annual performance report published each September.
19. All performance reports are available on our [website](#).

20. Our performance management system is well embedded and was subject to scrutiny by our Internal Auditors in 2021. Our arrangements were awarded 'substantial Assurance', with a number of areas of good practice identified.

### **His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS)**

21. Since July 2017, HMICFRS (or the Inspectorate) holds the responsibility of undertaking independent inspections of England's fire and rescue authorities.
22. The inspection process is designed to promote improvements across fire and rescue services (FRSs) and is intended to give a rounded assessment of every FRS, including:
- The operational service provided to the public (including Prevention, Protection, and Response)
  - The efficiency of the FRS (how well it provides value for money, allocates resources to match risk, and collaborates with other emergency services)
  - How well the FRS looks after its people (how well it promotes its values and culture, trains its staff, and ensures they have the necessary skills, ensures fairness and diversity for the workforce, and develops leadership and service capability)
23. Inspections are delivered through a comprehensive programme of work, utilising a wide range of methodologies that allow the inspection teams to fully understand how an FRS operates and to gather the evidence needed to inform a balanced judgement of its findings.
24. Due to its in-depth review of all aspects of an FRS, inspections provide a source of independent assurance of Services arrangements.
25. To date, HMICFRS have completed three inspections of our Service. This includes two 'full' inspections in 2018 and 2022, which covered all aspects of the inspection methodology. A thematic inspection, against our response to the Covid-19 pandemic, was undertaken in 2020.
26. The themed Covid-19 inspection provided no graded judgements. However, each service received a letter to confirm the inspection findings. [Our letter](#) confirmed that we had rapidly established comprehensive arrangements to cope with the challenges and uncertainties associated with the national pandemic. Furthermore, HMICFRS concluded that our core functions had been maintained and that we were able to quickly adapt our ways of working to keep the community safe whilst sustaining high standards of health, safety and welfare of our staff.
27. Following our first full inspection in 2018, where the Service achieved a grading of 'Good' against the three pillars of inspection, the inspectorate undertook its second inspection of our Service, during a six-week inspection, between February and March 2022. The assessment of our Service was reflected in its [published report](#), in January 2023, with the inspectorate awarding the graded judgements of 'Good' in providing an effective service, 'Outstanding' in managing our resources efficiently and 'Good' at how we look after our people.

28. In response to the Inspectorates report, His Majesty's Inspector, Wendy Williams, stated;  
*"I congratulate the service on its first-rate performance in keeping people safe and secure from fires and other risks".*  
*"It (the Service) has made excellent progress in many areas, and we have identified four examples of innovative or promising practice".*

### **Internal audit**

29. To support the three lines of defence model of assurance, the Authority has appointed the South West Audit Partnership (SWAP) as its Internal Auditors. SWAP have delivered audit services to the Authority since 2019 and are able to provide independent assessments of our process and control arrangements centred around the eight themes of a healthy organisation.
30. Annually, SWAP produce an Audit Charter which defines the purpose of the audit process and sets out the roles and responsibilities required of stakeholders in this process.
31. In its last report to the Finance & Audit Committee in March 2023, SWAP confirmed that.  
*"the Authority and the Service have complied with its obligations in line with the requirements as set out within this Charter".*
32. Each year, an annual internal audit plan is developed by SWAP, in consultation with our Strategic Leadership Team, External Auditors and the Chair of the Finance & Audit Committee. This ensures that a balanced programme of work is planned with due consideration of any current or emerging risks.
33. The audit plan is designed to ensure appropriate coverage of the eight themes of a healthy organisation which are:
- Corporate Governance
  - Financial Management
  - Risk Management
  - Performance Management
  - Commissioning & Procurement
  - Information Management
  - Programme & Project Management
  - People & Asset Management
34. The draft audit plan is subject to scrutiny and approval by the Finance & Audit Committee annually in March, as a delegated duty of the Authority.
35. The list below provides the areas that were covered in the 2022-23 plan, alongside the assurance ratings that were awarded for each:

- Safeguarding Arrangements (*substantial assurance*)
- Fixed Assets (Estates) (*substantial assurance*)
- Creditors and Debtors (*substantial assurance*)
- Business Risk Management Arrangements (*substantial assurance*)
- Budget Preparation and Management (*substantial assurance*)
- Records Management (*substantial assurance*)
- Business Case Evaluation (*substantial assurance*)
- Corporate Procurement Plan (substantial assurance)
- Energy Management (*adequate assurance*)

36. Performance against the internal audit plan and any identified improvement actions are reported to Members of the Finance & Audit Committee on a quarterly basis. These reports are available on our [website](#) for transparency.
37. Following the completion of the annual audit plan, SWAP issue an annual opinion of our overall control environment and arrangements, based upon the work they have completed.
38. For the year 2022-23 the Service was awarded an overall ‘substantial’ annual assurance opinion, for the second year. This independent opinion confirms that, in relation to the areas of work covered;

*‘A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited’.*

### **Information governance and data transparency**

39. Our published [Corporate Governance policy](#) details the core requirements for the Service with regard to information governance and data transparency.
40. As part of our arrangements, we maintain a freedom of information publication scheme. In the last year we have complied with 86% of requests, under the Freedom of Information Act 2000, within the 20-working day legal timescale. Furthermore, 100% of subject access requests received were responded to within the legal timeframe of one month (or three months for complex requests).
41. Our corporate complaints process ensures any complaints we receive are recorded, investigated, and resolved within 14 working days. Themes are monitored to ensure that any emerging issues are addressed appropriately. Complaints can be raised directly through the Service website.
42. Data sharing agreements exist for all arrangements with external partners in compliance with our legal responsibilities. Any new data sharing requests are reviewed by the Information Governance team prior to acceptance.
43. All new processes involving the collection of personal data are subject to data protection impact assessments.

44. Representatives from all departments across the Service meet three times a year as an Information Governance Group (IGG). The IGG discusses information governance issues and risks and shares information about the wider national picture.
45. Our arrangements are aligned to the principles of British Standards Institution 27001 (the recognised management system for managing information security governance risks) to drive improvement and embed good information governance practices.
46. We recognise the continued threat posed by cyber security incidents. A key control in response to this is the maintenance of the Cyber Essentials accreditation. This accreditation is achieved through the completion of a robust self-assessment process, which is then subject to an external independent validation.
47. Service staff complete bi-annual E-learning training which covers data protection and information security. This training was refreshed in early 2023 and all staff are required to undertake the new course.
48. Information management features within our independent internal audit programme of work to ensure coverage of the eight themes of a healthy organisation. Areas for focus within our internal audit arrangements to date have included:
  - Information Security (*adequate assurance*)
  - Records Management (*substantial assurance*)

### **Fire Standards**

49. The role of the Fire Standards Board (FSB) is to oversee the identification, organisation, development and maintenance of Fire Standards for FRSs in England, for the benefit of the profession, services, communities and the public served by them.
50. The FSB commissions the National Fire Chiefs Council (NFCC) Fire Standards Team to coordinate and facilitate the standards on their behalf.
51. To date, the FSB have published 16 standards, which cover a range of organisational and operational areas for FRSs to consider.
52. The Service recognises the importance and benefits of the published standards. An ongoing programme of work is in place to ensure that the Service's arrangements align to these standards, with any identified gaps considered and addressed, where appropriate.

### **Local Government Association peer review**

53. The governance model of the Authority was independently assured in July 2019 by the Local Government Association (LGA), who undertook a bespoke [governance peer review](#). They concluded that.

*“the overall impressions are that the Authority is a good, well organised Fire and Rescue Authority”.*

### **Code of Corporate Governance and Annual Governance Statement**

54. We assess and align our arrangements against the Corporate Governance in Local Government framework (2016), published by the Chartered Institute of Public Finance and



Accountancy (CIPFA) and Society of Local Authority Chief Executives (SOLACE). This assessment forms part of our governance assurance and was last completed in 2022.

55. This approach supports our requirement to publish an Annual Governance Statement, which is included within our statutory Financial Statement of Accounts.
56. Part of the work undertaken by our external auditors, Deloitte LLP, is an assessment of our Annual Governance Statement.
57. In their latest report, Deloitte LLP commented that:  
*“The Annual Governance Statement complies with the Delivering Good Governance guidance issued by CIPFA/SOLACE”.*

## **Financial**

58. The Service has a statutory requirement, as set out by the Accounts and Audit (England) Regulations 2015, to publish the annual financial results of our activities for the year.
59. Our Statement of Accounts are produced in compliance with the format determined by the CIPFA code of practice. This shows the annual costs of providing our service and the format aims to give a “true and fair” view of our financial position and transactions.
60. The published Financial Management Policy, sets out our high level approach to financial management. To maintain compliance with this policy, we have appropriate processes in place to demonstrate sound financial management and control of our assets.

## **How we assure financial arrangements**

61. The Head of Financial Services & Treasurer is responsible for producing the Statement of Accounts, ready for approval and publication. To meet the requirements of the Accounts and Audit Regulations, the Statement of Accounts must be approved and published annually, usually by the end of July. The Accounts and Audit regulations amendment 2022 has extended this timescale to the 30 September for 2022-23 and the following five financial years.
62. In accordance with the requirements of the Fire and Rescue Services National Framework for England 2018, we develop an annual Medium Term Finance Plan (MTFP) which incorporates our reserves strategy and our revenue and capital budgets. Our MTFP includes an outline financial strategy to meet the requirements of the strategic priorities in our CSP. This includes plans for achieving efficiency and value for money. The MTFP is subject to approval by the Authority.
63. In line with the CIPFA Treasury Management Code of Practice, we produce an annual Treasury Management Plan to support the provision of all services and functions through the management of the Authority's cash flow, debt, and investments. This plan is also subject to scrutiny by the Authority, prior to publication.
64. To ensure effective control and management of our resources, we have robust budgeting processes in place. Annual budget reviews take place at departmental level and budgetary forecasts are effectively used to support decision making with the Service.
65. Our budget management arrangements were independently audited in 2022, by SWAP, and were awarded the highest level of assurance (substantial).

66. Financial management is a key feature of our internal audit programme of work each year. This allows the auditors to review and comment on specific elements and controls that we have in place as part of our overall financial management arrangements.

67. The Service was awarded a grading of 'Outstanding' within the 'Efficiency' pillar following our latest HMICFRS inspection. In our report, the Inspectorate made the following comments;

*“Dorset and Wiltshire Fire and Rescue Service has made commendable progress in relation to efficiency and we have judged the service to be outstanding for how it uses its resources to manage risk”.*

*“We are impressed with the value-for-money dashboard the service has created, which is aligned to its strategic priorities. This clearly shows where money has been saved for reinvestment; where the service has done more with its resources; future costs that have been avoided; and how it has saved money for partner organisations”.*

*“The service has developed a sound understanding of future financial challenges. It plans to mitigate its main or significant financial risks”.*

*“The service has made savings and efficiencies, which haven't affected its operational performance and the service it provides to the public”.*

### **External audit**

68. Our Statement of Accounts are subject to scrutiny by our appointed external auditors. Since 2018, Deloitte LLP have been our appointed as our external auditors. Deloitte LLP are responsible for the completion of the following assurance activities:

- Auditing of the annual financial statements
- Providing an annual opinion on the Authority's accounts
- Providing a value for money conclusion

69. Deloitte LLP have substantially completed their audit of the 2021-22 financial statements and have commented within its [2021-22 report](#) that;

*“Based on the current status of our audit work, we envisage issuing an unmodified audit opinion on the Authority's financial statements”.*

70. An unqualified audit opinion provides assurance that our financial statements are transparent and compliant with accounting regulations.

71. Additionally, as part of the audit process, Deloitte LLP have reviewed our value for money arrangements and commented that;

*“From our work to date, we have not identified any risks of significant weakness in arrangements to secure economy, efficiency and effectiveness in the use of resources”.*

72. In its [Auditors Annual Report 2020-21](#), Deloitte LLP also confirmed that;

*“The Authority has a thorough annual financial planning and forecasting process and has set out a Medium-Term Financial Strategy from 2022/23 to 2025/26”.*

## Procurement

73. The Service has a four-year Procurement Plan (2022-26) which is structured to provide a clear picture of our procurement landscape, how we intend to develop and enhance our arrangements, and sets out our ambitions over this period.
74. The Procurement Plan highlights out how we procure goods and services from third party organisations and supports the Authority's Standing Orders and Financial Regulations.
75. The plan is aligned to the National Procurement Strategy (2018), and we have reviewed our arrangements against the maturity levels set out across the three priority areas in this strategy.
76. The Procurement Plan was reviewed by SWAP in January 2023. The scope of this audit was to provide assurances that the Service has efficient procurement arrangements in place to meet statutory requirements and is achieving efficiencies and savings through the use of frameworks and collaborative working.
77. The audit concluded with the Service receiving substantial assurance. SWAP commented that;  
*"There is a robust Procurement Strategy in place which is supported by a robust, up to date and approved suite of Procurement Policy and Procedures that meet the requirements of statutory regulations"*.
78. Our procurement process is well structured, starting with the initial identification of need and continues through to the end of the contract or useful life of an asset. Procurement arrangements are embedded across the Service and guidance on processes is made available to staff through our internal intranet.
79. The Procurement Manager oversees the day-to-day procurement processes to support compliance with standing orders and regulations. All of our contracts are currently managed through the Bluelight E-procurement hub, and this information can be accessed by suppliers and the public via our website.
80. Savings and efficiencies achieved from procurement activity feed into our wider value for money arrangements and the NFCC savings register.
81. Our procurement arrangements are aligned to the following legislation and statutory guidance:
  - Health and Safety at work Act 1974 and associated regulations
  - Equality Framework for the Fire Services (revised 2012)
  - Public Services (Social Value) Act (2012)
  - Public Contract Regulations (2015)
  - Modern Slavery Act (2015)
  - Policing & Crime Act (2017)
  - Fire & Rescue Service National Framework (2018)
  - Public Procurement (Amendment etc.) (EU Exit) Regulations 2020 SI 1319 (PP Amendment Regulations 2020)
  - Cabinet Office Procurement policy notes - (PPN 10/21)

82. Our procurement processes incorporate impact assessments to ensure that information governance, equality, diversity & inclusion, and environmental sustainability issues are considered prior to procurement. This supports our corporate and social responsibilities in respect of the procurement of goods and services.
83. In recognition of the Modern Slavery Act (2015), and to provide assurance that the Service recognises its commitment to eliminating discrimination and exploitation in all business dealings and through our supply chains, we have published our Modern Slavery Statement on our website. This statement has been reviewed and approved by the Authority prior to publication and will be reviewed annually.

## **Operational**

84. We are required to comply with a range of legislation and regulations for each element of the organisation. The key general legislative requirements for our operational delivery are set out within:
- Health and Safety at Work Act 1974, and associated regulations
  - Crime and Disorder Act 1998
  - Fire and Rescue Services Act 2004
  - Civil Contingencies Act 2004
  - Regulatory Reform (Fire Safety) Order 2005
  - Fire and Rescue Services (Emergencies) (England) Order 2007
  - Localism Act 2011
  - The Coroners (Investigations) Regulations 2013
  - Policing and Crime Act 2017
  - Fire and Rescue Service National Framework for England (2018)
  - Fire Safety Act 2021
85. Our operational service delivery has three key components: Prevention, Protection and Response & Resilience.
86. Compliance with statutory requirements is achieved through the work and services that we deliver to our communities through these functions.

## **Prevention**

87. Our Prevention teams, supported by station-based staff and volunteers, work alongside partner agencies to identify those most at risk from fire. They provide advice and where appropriate, equipment, to help prevent fires from starting and reduce the number of fire related injuries and deaths.
88. Whilst our statutory duty is to prevent fires, we are significantly involved in the delivery of a wide range of education and engagement programmes in key focus areas. These include enhancing the wellbeing of vulnerable people, road safety and general education to help

improve the lives of people across our communities. Our focus is to help those people who are the most vulnerable by effectively targeting our limited resources.

89. Our key prevention objectives are set out within our published [Prevention Policy](#).

### **How we assure our Prevention arrangements**

90. Our SAR process provides us with the opportunity to consider a wide range of data, both locally and nationally, to support our strategic decision making, including how and where we deliver prevention activity.
91. Utilising this data, we are able to ensure that the objectives for prevention activity included within our CSP are appropriate for our communities. A robust Prevention Plan is in place and sets out how we achieve these objectives.
92. Following a review of our plan, the Inspectorate concluded that;  
*“The prevention plan is clearly linked to the risks identified in its CSP”.*
93. We actively support national and local campaigns, designed to raise awareness of community fire risks across a wide range of channels, to support the reduction of preventable deaths. These campaigns include, amongst others, cooking safety week and student fire safety week.
94. To further identify those who may be at risk from fire we use modelling and profiling techniques, coupled with relevant data and information obtained from our partners, public referrals and local knowledge, to ensure that appropriate interventions are made to educate, support and reduce risks. Priority is given to those identified as being at the highest risk.
95. A dedicated Partnership Officer is in place to support and develop partnerships with other agencies across the Service area. As a result of this collaborative work, including the work we undertake with local Health and Wellbeing Boards, we are able to share data and information. Through this work we continue to see significant numbers of referrals being made to us.
96. We proactively engage with key stakeholders within health and other partner organisations, in the development and delivery of the Integrated Care System (ICS) across our Service area. The Integrated Care Board (ICB) and Integrated Care Partnership (ICP) are essential to the successful delivery of the commissioning model, of which we are embedded.
97. Following the 2022 inspection by HMICFRS, our collaboration work with Scotia Gas Networks and Wales and West Utilities was recognised as innovative practice within the sector. This work has helped the Service to secure 25,000 carbon monoxide detectors and 2,500 wi-fi carbon monoxide detectors over the next five years, which we are able to install for those most in need. The Inspectorate made comment that;  
*“The service’s collaboration with other organisations is impressive”*
98. Central to our prevention work is the delivery of Safe & Well visits to vulnerable members of the community. This is a person-centred in-home visit carried out by a dedicated Safe & Well advisor or trained operational crews. During the visits, if required, the checking and/or installation of fire safety equipment will take place and, where applicable, occupants will be given advice on the following areas:
- Using electricity safely

- Cooking safely
- Making an escape plan
- What to do if there is a fire
- Keeping children safe
- Good practice – night-time routine and other points relevant to the resident or property
- Identifying and discussing any further support required

99. Safety advice and information on how to request a Safe and Well visit, either for themselves or someone else is available through our [Service website](#). The 2022-23 Safe & Well visits undertaken by the Service totalled 9,712.
100. Our Safe & Well visits are quality assured through the auditing of visits and follow up customer satisfaction and behaviour change surveys. This helps to ensure that the right approach is being taken and allows us to identify how we can continue to provide the highest standard of service to our communities.
101. We received assurance from the Inspectorate that;
- "Prevention activity is clearly prioritised using a risk-based approach towards people most at risk from fire and other emergencies. For example, all safe and well visits are assessed using a triage process to make sure the most vulnerable are prioritised"*.
102. Our Prevention staff have the appropriate levels of training to perform their role effectively and professionally. This is supported by robust workforce planning arrangements that ensure resilience across our Prevention teams.
103. We have a statutory requirement as set out within the Fire and Rescue Service Act 2004, to rescue people in the event of road traffic accidents. However, we believe in taking a proactive approach to road safety to support the prevention of road traffic accidents before they occur.
104. We work closely with road safety partners, across our service area, to ensure that an effective multi-agency approach is in place to support this approach.
105. We have developed a range of [road safety education resources](#), designed to help with our engagement of high-risk road user groups, to help reduce the number of casualties on our roads.
106. We deliver a number of targeted road safety programmes, including the 'Safe Drive Stay Alive' roadshow to young drivers & passengers aged 16-19 and the 'Biker Down' programme. The 'Survive the Drive' programme is delivered in partnership with and funded by the Ministry of Defence. In 2022-23, we delivered a total of 156 road safety focused events.
107. As part of our prevention arrangements, we engage in the support of youth development programmes. Our universal educational programmes for children and young people are delivered under the banner of '[Dorset & Wiltshire Inspirational Education \(DWISE\)](#)'. This programme aims to help children and young people live healthier and safer lives and is inspired by our Firefighters.
108. We have also delivered SPECTRA (Support, Purpose, Enthusiasm, Challenge, Trust, Resilience, Achievement) courses. These are tailored development programmes for young people up to the age of 18 and were designed to promote empowerment in a positive environment. We have worked closely with people experiencing difficulties with mental

health and wellbeing, young people at risk of exclusion from school or those experiencing social exclusion through disability or care responsibilities.

109. Our road safety, education and youth intervention schemes are measured and evaluated through attendee behavioural change surveys and feedback questionnaires. These processes ensure that we constantly review our arrangements to ensure that we are strengthening our approach, where any opportunities exist to do so.
110. We have a key role in safeguarding those most at risk in our communities and fully recognise our duty to safeguard adults and children at risk. We work closely with partners including health leads, clinical commissioning groups and other multi-agency partners, via safeguarding boards, to ensure we play a key role in identifying and supporting those people when they need us.
111. Our staff are trained to understand their responsibilities in relation to safeguarding and we equip them to be able to deal with cases as and when required. Mandatory safeguarding training is provided to operational and non-operational roles. Additionally, we provide more in-depth training and awareness for employees with specific safeguarding responsibilities. Out of hours safeguarding referral support to our staff is provided through our Duty Area Manager.
112. In 2022-23 we have seen a 19.4% increase in safeguarding referrals.
113. Within our most recent report the Inspectorate made specific comment that;  
*“Staff are good at identifying and responding to safeguarding concerns”*.
114. We recognise the benefit in evaluating the work we deliver, to make sure that all of our interventions are effective and provide good value for money. To support this, we have developed and implemented a prevention evaluation framework which allows us to review and reflect on the work we have delivered.
115. The latest figures from our evaluation framework show that our prevention work has resulted in £5.9M of societal savings.
116. The Inspectorate reviewed our framework, as part of its last inspection, and commented that;  
*“The service has an impressive framework to ensure it offers value for money”*.  
*“The service is effective at evaluating its prevention activities”*.
117. Our performance management framework provides assurance to senior leaders that we remain on track to deliver against our prevention objectives.

## **Protection**

118. We are the enforcing Authority for the fire safety requirements of the Fire and Rescue Services Act 2004, the Fire Safety Act 2021, and the Regulatory Reform (Fire Safety) Order 2005, along with other related legislation.
119. Following the tragic events at Grenfell Tower in 2017, there has been a greater emphasis on FRSs to strengthen and enhance their protection arrangements in response to changes in fire safety legislation.

120. Our Fire Safety Inspectors proactively engage with businesses to provide support and fire safety guidance and, where necessary, enforce fire safety standards to protect people and buildings in our communities.
121. Our CSP sets out our objectives in relation to our protection arrangements and ensures that we deliver against the requirements of our [Protection Policy](#).

### **How we assure our Protection arrangements**

122. The Service objectives are translated into clear actions through the Service's Protection Plan, which is supported by the [Enforcement Plan](#).
123. Our approach to business regulation will meet any emerging statutory expectations associated with the Regulatory Reform (Fire Safety) Order 2005 or new legislation, including the Building Safety Act 2022, Fire Safety Act 2021, and the Fire Safety (England) Regulations 2022.
124. We have in place a Risk Based Inspection Programme (RBIP). This is the process that allows us, through the application of a risk calculation matrix, to identify and target premises that may have known specific risks or are more likely to have fire safety compliance issues.
125. Following the identification of these premises, a programme of work, which commenced in 2021, is in place to ensure that all of those premises are inspected over a three-year period. Priority was given to all high-rise buildings within our Service area, and these have now all been inspected. The continued delivery of the RBIP is closely monitored and remains on track.
126. We continually review data to help us to identify those most at risk from fire and maximise the opportunities for interventions, including those located in areas outside of our response standards.
127. Our community engagement work has been strengthened and supports us in better understanding the diverse needs of the communities we serve. This enables us to appropriately tailor our approach to support all aspects of service delivery, including fire safety.
128. Our day-to-day protection activity is supported through the sharing of data with partner organisations, including local authority building control and licensing teams, alongside local knowledge gathered by our staff. Additionally, we offer the public different [mechanisms to raise fire safety concerns](#) directly with us.
129. Our Prevention and Protection teams also share intelligence internally to create a joined up approach to reduce community risks and to support communities in need. This is achieved through regular meetings and supported by our internal risk sharing portal. Fire safety awareness training has been delivered to Prevention teams to ensure they are appraised of fire safety issues they may encounter.
130. We provide fire safety advice and support to businesses directly and engage with business groups including the British Chambers of Commerce. We provide fire safety information through social media channels and via our [website](#). We aim to do this in a way that supports business growth and economic prosperity.
131. Where fire safety concerns have been identified, we will task a Fire Safety Inspector to visit the premises to complete a thorough fire safety audit. Where appropriate, this may



involve a multi-agency approach. Where we are not the enforcing agency for an enquiry, we will refer the information to the primary enforcing agency for review.

132. Our Fire Safety Inspectors are trained in accordance with the NFCC competency framework and to conform with legal compliance, our inspectors are issued with warrant cards.
133. To meet the needs of additional legislative requirements, our wholetime operational response crews are trained to support the delivery of fire safety work and undertake lower risk graded inspections. This allows our Fire Safety Inspectors to focus their resources on reviewing and managing higher risk premises.
134. Completed fire safety audits, and any outcomes, are recorded on our internal system. The responsible person for that premises will be contacted by letter or email to confirm the outcome. This may include restrictions and any required actions to support the improvement of fire safety provision at the premises. Internally, we have a quality assurance process in place to ensure consistency of our approach to audits and application of outcomes.
135. A selection of our completed fire safety audits were reviewed as part of the inspection process in 2022 and the Inspectorate concluded that;  
*“The audits we reviewed were completed to a high standard in a consistent, systematic way, and in line with the service’s policies”.*  
*“Quality assurance of protection activity takes place in a proportionate way”.*
136. Whilst primarily we provide businesses with education and support, we also take our enforcement role seriously. We have robust, legally compliant, processes in place to make sure that, when it is necessary and proportionate, that we issue enforcement action correctly to maintain public safety.
137. To ensure our compliance with the Environment and Safety Information Act 1988, we publish any enforcement action on the [NFCC enforcement register](#).
138. The Inspectorate noted in its latest inspection that;  
*“The service consistently uses its full range of enforcement powers, and when appropriate, prosecutes those who don’t comply with fire safety regulations”.*
139. We have trained Fire Investigation Officers who may attend premises following a fire related incident. They will gather and collate information as part of their investigation which may be undertaken in partnership with the Police or other enforcement agencies.
140. Information and evidence, gathered as part of the fire investigation process, may be used to support serious case conferences and HM Coroners to assist in reducing the incidence of fire.
141. Unwanted automatic fire alarms place a significant demand upon our resources. To address this, we have implemented call reduction methods in our Service Control Centre (SCC) to challenge responses to automatic fire alarms. As a result, we are experiencing a downward trend in the number of calls that require a response.
142. Where we identify repeated unwanted fire alarms, our Protection teams will carry out an audit, with particular emphasis on the effective management of fire detection and warning systems, to help prevent reoccurrences.

143. We continue to actively investigate opportunities to reduce this number further to ensure that our resources are being used effectively and efficiently.
144. Our overall protection arrangements are graded as 'Good' by the Inspectorate.

## **Response and Resilience**

145. Our key response and resilience objectives are set out in our Response & Resilience Policy. Our provision of immediate emergency response consists of frontline fire engines and specialist appliances, operating from 50 fire stations across our Service. Over 80% of our fire appliances are crewed by On-Call Firefighters. Emergency call handling and mobilisation of resources is managed by our SCC.

## **How we assure our Response and Resilience arrangements**

### **Mobilisation and Service Control Centre**

146. We have a dedicated SCC, which ensures that we are compliant with the Fire & Rescue Services Act 2004, to make provision for the handling of calls for help and for summoning the appropriate resources to respond to emergencies.
147. In addition, the Service has a secondary back up control room in place, to enhance the resilience of our SCC.
148. Furthermore, our SCC is supported through our partnership with other FRSs across the Networked Fire Services Partnership (NFSP), which ensures that mutual support is available from control rooms in Devon & Somerset and Hampshire & Isle of Wight and provides a greater depth of resilience in maintaining this critical function.
149. We have defined response plans for different incident types to ensure we mobilise the most effective resources. However, our SCC staff have the ability to apply, where appropriate, 'dynamic mobilising'. This allows them to increase or decrease resources based on information received at the time of call to ensure the most appropriate response.
150. We operate borderless mobilising within the NFSP meaning that the nearest resources are mobilised to incidents regardless of geographical boundaries. This ensures that those in need of assistance receive the quickest available response. Across the NFSP, we have developed joint capabilities and continue to strengthen aligned ways of working.
151. HMICFRS visited our SCC as part of its latest inspection. They commented;  
*"We are pleased to see control staff integrated into the service's command, training, exercise, debrief and assurance activity. We were given examples of how fire control staff have been involved in training and major incident exercises with operational staff".*  
*"Control has good systems in place to exchange real-time risk information with incident commanders, other responding partners and other supporting fire and rescue services".*
152. The Fire Standards Board published its Fire Control Standard on 31 March 2023. Work internally is in progress to ensure that our Service arrangements align to that standard.

### **National Resilience**

153. If required, and to support an effective incident response, we can request additional resources from bordering FRSs or from further afield, through the NFCC and National Coordination and Advisory Framework (NCAF).

154. Additionally, we participate in the National Inter-Agency Liaison Officers (NILO) network, Critical National Infrastructure and Safety Advisory Groups.
155. Our arrangements for flood rescue and provision of high-volume water pumping have been independently assured by National Resilience, as part of an ongoing programme of assurance.

### **Operational Risk Information**

156. To support an effective and safe response, and in accordance with the Fire and Rescue Service Act 2004, our operational crews collect risk information relating to specific premises. This information can be used at an incident to support effective incident command and inform decision making.
157. Risk information is made accessible to all crews via electronic Mobile Data Terminals (MDTs) and Risk Information Tablets (RITs). All operational pumping appliances have one fixed MDT and one RIT, which is demountable, and enables staff to access the information whilst away from the appliance at the incident ground.
158. To ensure that the risk information being accessed remains up to date the MDT's and RITs will connect to our network, when on Service premises, and will automatically refresh when changes are available.
159. Where appropriate, risk information is shared with our bordering FRs through a jointly accessible portal. This ensures that first responders from outside of our own Service have access to the information they may require.
160. We have robust procedural guidance and governance arrangements in place to ensure that the risk information we hold remains relevant, accurate and up to date.
161. Risk information is proactively shared internally between Prevention, Protection, Response and Resilience teams, to facilitate a wider and joined up approach to sharing and managing risk.
162. HMICFRS commented in 2022 that;

*“Control has good systems in place to exchange real-time risk information with incident commanders, other responding partners and other supporting fire and rescue services”.*

*“The information we reviewed was up to date and detailed. It could be easily accessed and understood by staff. Encouragingly, it had been completed with input from the service’s prevention, protection and response functions when appropriate”.*

### **Responding to Incidents (including Major Incidents)**

163. The overall availability of our response resources is continually monitored through service wide Information Communication Technology (ICT) software, which provides real time and accurate information.
164. We have robust risk informed plans in place to manage reductions in resource availability across our Service area, and will relocate resources, as and when required, to support an effective & timely operational response. Business continuity plans are in place to cover varying degrees of crewing degradation across the NFSP.
165. Over 80 percent of our fire engines are crewed by on-call firefighters. The availability of on-call firefighters continues to reflect the national picture, but we are working hard to

ensure that we continue to attract and retain on-call staff. Our approach to this is set out below at paragraph 217, as a response to one of our known current and future challenges.

166. The emergency response standards we have in place are based on fire survivability research, undertaken by Exeter University. Corporate response targets are in place, these are:
- Attend sleeping risk properties in an average under 10 minutes from call ringing until on scene time for 1st pump
  - Attend sleeping risk properties in an average under 13 minutes from call ringing until on scene time for 2nd pump
  - Attend other buildings in an average under 10 minutes from call ringing until on scene time for 1st pump
  - Attend other buildings in an average under 15 minutes from call ringing until on scene
167. Performance against our incident response times is monitored at a local level and reported through our performance management system to LPS Committees and the Authority. Where appliances fail to meet response times, the incident is reviewed to inform learning.
168. Where applicable, premises that are located outside of the 10-minute response time, will receive increased prevention activity, to help reduce the risk of a fire occurring in the first place.
169. Our incident command framework ensures that our incident commanders are trained to respond to incidents that they are likely to encounter. Training is delivered through a combination of methods, including classroom-based input, practical assessments (which may incorporate the use of body cameras and other technology), and specific officer training days. Incident command training also covers the concept of operational discretion.
170. To ensure we are well prepared to work with other responders effectively, we provide a wide range of multi-agency training which includes the Joint Emergency Services Interoperability Principles (JESIP) Command Course, Multi-Agency Operational Training, Multi-Agency Tactical Training and Multi-Agency Gold Incident Command.
171. The embedding of JESIP ensures that we remain up to date with working practices and can effectively manage and learn from events that we attend with the other emergency services.
172. As part of the last inspection process a selection of our incident commanders, from across our Service, were interviewed. We were assured through this independent process that our incident commanders;
- “Were familiar with risk assessing, decision-making and recording information at incidents in line with national best practice, as well as the Joint Emergency Services Interoperability Principles (JESIP)”*
173. Larger and more complex incidents are managed through nationally recognised command structures, associated with Integrated Emergency Management. These are the Strategic Coordinating Group (SCG) and Tactical Coordinating Group (TCG). Well embedded telephone conference protocols are in place to support urgent and real time information sharing during the early stages of a multi-agency incident, before SCGs and TCGs are established.

174. To ensure that our communities are well informed about incidents, to keep them safe during and after those incidents, we have a Corporate Communications & Engagement Team that provide 24/7 support. When necessary, we will also work closely with Local Resilience Forum (LRF) Warning & Informing cells, to ensure consistency of messaging across partners.
175. With regards to our arrangements, the Inspectorate commented that;
- “Dorset and Wiltshire Fire and Rescue Service is good at responding to fires and other emergencies”.*
- “Dorset and Wiltshire Fire and Rescue Service is good at responding to major and multi-agency incidents”.*

### **Operational Preparedness and Service Resilience**

176. To help our crews prepare for any reasonably foreseeable incidents, there is a requirement set out within our exercise procedure to complete a number of operational exercises per year. The procedure provides clear direction on the requirements for different exercise types and sets out where there is a requirement to include cross-border fire and rescue services and multi-agency partners within exercises.
177. Service level exercises are reviewed and agreed annually and are aligned to identified risks and operational need. Exercises are recorded electronically to ensure that the purpose of the exercise and attending resources is captured. All exercises are debriefed to ensure that the objectives have been met and any learning is captured and communicated.
178. We also participate in the exercising programmes across both the Dorset LRF and Wiltshire & Swindon LRF. The Service chairs the quarterly Training & Exercising sub-group in Wiltshire & Swindon and attends the equivalent in Dorset. This collaborative approach supports preparedness for multi-agency events and, in turn improves the overall efficiency and effectiveness of our response and resilience arrangements.
179. A number of multi-agency tabletop exercises, aligned to the National Risk Register, have been completed as part of this programme and include cyber-attack and national & regional power outages.
180. Our work with both LRFs helps us ensure that we meet our obligations under the Civil Contingencies Act 2004. We are also the employing body for the Dorset Civil Contingencies Unit. Our risk management arrangements are aligned to the LRF Community Risk Registers and National Risk Registers, to make sure we have the appropriate response and recovery plans and resources in place.
181. Our strategic managers lead and support LRF executive meetings with Assistant Chief Officer for Service Support in place as Vice Chair for both LRF's. Our territorial Group Managers support and contribute to LRF meetings to ensure that our own plans and response arrangements are integrated with partners.
182. The Inspectorate commented in the latest inspection report that;
- “The Service works well with its local resilience forums”.*

183. Our business continuity arrangements are aligned to the Business Continuity Institute approach as best practice. We review and assure our arrangements annually to ensure that they remain appropriate and considerate of any emerging threats, risks and challenges.
184. We complete an annual review, against both the Community and National Risk Registers, to ensure that we have considered any changes to existing risks and identified any new or emerging risks.
185. Our business continuity & multi-agency arrangements and our critical suppliers & supply chain arrangements have been included as part of our internal audit programme, with positive assurance provided. Business continuity will remain a focus moving forward, to ensure continued independent assurance of our arrangements.

### **Operational Competence**

186. It is essential that our operational staff have the training and skills to carry out their role effectively. The Fire Professional Framework sets out the competencies that are required to be maintained by our Firefighters, Officers, and SCC staff. These skills form part of our operational licence, and a structured approach is in place for the design, delivery and assessment of each element of the Operational Licence.
187. To support the planning and delivery of training, our annual training plan is regularly reviewed and updated to ensure it remains aligned to our CSP. Progress against this plan is monitored by the Head of Operational Training.
188. The Inspectorate commented that;  
*“The service has an excellent understanding of current and future skills requirements and has an achievable plan to address them”.*
189. A specialist database is in place to manage and record operational skills competencies. This is monitored monthly by management at all levels to ensure that corporate standards are maintained.
190. Service training records were reviewed by the Inspectorate in 2022, and it was commented that;  
*“Encouragingly, the records sampled showed that staff’s competencies were all up to date”.*
191. Any individual who is not in date for an Operational Licence skill is taken ‘off the run’ for that specific skill. This ensures the safety of the individual, their colleagues and the public. Exceptions may be made, but only following a documented risk assessment process.
192. The Inspectorate awarded the Service a grading of ‘Good’ within the People pillar, confirming that we are good at looking after our staff and their health and wellbeing and understanding the skills and capabilities of our workforce.
193. We have a full awareness of the published National Operational Guidance (NOG), and a dedicated team is in place to lead on the alignment to these standards and monitor any subsequent changes to this guidance.

## **Operational Learning**

194. Large and more complex incidents are monitored for safety and effectiveness through the mobilisation of Operational Assurance (OA) Officers. OA Officers are able to undertake an objective assessment of the management of the incident, to support the identification of areas for learning or good practice.
195. OA Officers are automatically mobilised to certain incident types. However, the role can be undertaken at any incident, provided that resources are available to do so. Identified learning or best practice may be used to inform future improvement and relevant information is disseminated internally for awareness, when appropriate.
196. Our approach to operational debriefing is aligned to the National Operational Learning Good Practice Guide. Debriefing incidents promotes reflection, learning and the identification of good practice, which may then be circulated for wider understanding across the Service.
197. We have a number of staff trained in the facilitation of more formal structured operational debriefs. This ensures that these sessions are supported using the right information, with the most appropriate stakeholders, to deliver the most effective outcomes of this process.
198. Any actions identified through these processes are allocated to the most appropriate member of the Service, through our Operational Effectiveness Database (OED) and supports a culture of continuous improvement.
199. All operational staff have access to the OED and are able to debrief and reflect on any incident, regardless of its size. Any learning or identification of good practice can be captured via a 'hot' debrief form.
200. Key communications received from National Operational Learning (NOL), Joint Organisational Learning (JOL) and the HM Corners office will be assessed by the Service's Operational Assurance team, to establish if there are any actions resulting from these national sources.
201. Any actions arising from these notifications, alongside any resulting from other national reports, will also be added to the OED.
202. The NFCC have a number of specific workplace sites where learning and information can be shared across the FRS sector. We have a process to ensure that the correct Service staff are linked into the appropriate workplace groups, to ensure that learning flows into the correct area of the Service.
203. We have developed a programme of operationally focused audits, in co-ordination with our senior managers, to strengthen our approach to operational assurance and continuous improvement. Any opportunities to strengthen our arrangements will be considered.

## **Health, Safety & Welfare**

204. We fully recognise and accept our responsibility for the health, safety, and welfare of our staff and others who may be affected by our activities.
205. Staff have access to detailed procedures to support the continuous improvement of our health, safety, and welfare arrangements. These are developed to take account of relevant legislation and guidance and are openly consulted upon to provide staff with relevant and comprehensive information on the risks they face, along with the preventative and protective measures required to control them.

206. We provide health and safety training to all members of staff, with training aligned to their role within the Service.
207. A survey of our staff, completed by HMICFRS, confirmed that 92% of respondents felt that their personal safety and welfare is treated seriously at work.
208. Health and safety arrangements and performance are subject to quarterly review and scrutiny by our Health and Safety Committee, which is chaired by the Deputy Chief Fire Officer. This is also reported to Authority Members via the Finance & Audit Committee, performance report.
209. We continue to maintain our accreditation to the International Organisation for Standardisation (ISO) 45001 Health and Safety Standard. We are one of only a small number of FRSs in England to have achieved this standard.
210. These arrangements require external validation from external auditors, trained to British Standard Institution's competencies, every six months and this helps to further assure that we have robust systems in place for actively monitoring the effectiveness of our Health and Safety management procedures.
211. In our last ISO45001 assessment, in November 2022, the auditors stated that;
- “The strengths of the management system were seen in abundance to be in place, in particular:”*
- “The competence and refresher management over the Garten system and operational trackers greatly aid the management of the operational and maintenance of skills to good levels”.*
- “Good levels of communication and awareness of the H&S systems and processes used within the service which was evidenced over the questioning of Fire Fighters on the site tour”.*
- “Continual improvement processes and systems evidenced to be best practice with good levels of improvements in systems, procedures and equipment's sampled”.*
212. Key findings, emerging from these external assessments, are reported to the Health and Safety Committee and senior managers. Findings are added to a continuous improvement plan and tracked through to completion.
213. As part of our continued assurance arrangements for the ISO 45001 accreditation we are required to undertake a programme of internal audits to monitor compliance, provide assurance and identify areas for improvement.
214. An annual programme of audit work is designed and monitored by the Health & Safety team. We provide formal British Standards Institution (BSI) audit training to a number of Service staff, from both operational and corporate departments, to support this approach.



## **Current and future challenges**

215. The following strategic risks are currently being monitored by the Authority.

### **Secure financial sustainability that ensures and maintains effective Service provision**

216. Financial sustainability continues to be a key risk and focus area for us. The Authority agreed the revised budget and three-year Medium-Term Finance Plan (MTFP) on 8 February 2023. The Authority, through its MTFP, is able to achieve a balanced budget position for 2023-24, within the context of the Governments' fiscal policy. Additionally, we have been able to secure the much-needed council tax flexibility that we have been seeking for some time, which has allowed us to increase the Band D precept by up to £5. Whilst we have positive external assurances regarding our financial management and efficiency arrangements, future funding is still a concern. The 2023-24 Finance Settlement is the fifth one-year settlement. Although we have some information on funding principles for 2024-25, continued uncertainty surrounding the wider economy and the current high levels of inflation are significant concerns, with impacts on supply chain costs and salary negotiations.

### **A robust and financially sustainable on-call duty system to meet the needs of our Service**

217. Over 80% of our fire engines are crewed by on-call firefighters, who balance their time between their primary employment and ourselves. As with the fire and rescue sector nationally, the on-call duty system model remains challenging and our Assistant Chief Fire Officer for Community Safety, is now undertaking a lead role at a national level to work across the sector to help establish any future opportunities for change. Internally, our on-call recruitment plans focus on bridging any identified contractual gaps and prioritising those stations where most value can be achieved. We continue to review reasons for leaving as well as engaging with primary employers to promote the role of on-call firefighters in the community. The increased focus on on-call recruitment and our 'Have-a-Go' events is starting to show a positive impact, whereby we are employing higher numbers of on-call staff. This approach also benefits the Service through improved availability and a more diverse workforce.

### **Protection against cyber risks**

218. The threat of cyber incidents, globally, nationally and locally, remains high. Our security risk management processes are in place to monitor and manage this risk. As required under the Civil Contingencies Act 2004, we have robust and resilient business continuity arrangements in place to enable us to respond in the event of an incident, and these plans have been exercised and tested. Information security arrangements remain as a core element of our internal audit programme, to ensure that we are seeking independent assurance of our arrangements. We continue to strengthen our technical security arrangements, which are central to the resilience and safeguarding of our critical functions. E-learning is in place to ensure that all staff are aware of their data protection responsibilities and the latest cyber threats. We have ensured appropriate technical measures are in place to protect our data and that our staff understand the threats and the action they need to take to avoid security incidents in a remote environment. Cyber Security arrangements are aligned to the Government's Cyber Essentials standard and the National Cyber Security Centre Minimum Cyber Security Standard. An annual ICT Health Check provides assurance that our technical arrangements are in place to protect

our information assets. Protective monitoring is in place, as well as threat monitoring, through our membership of Cyber Security Information Sharing Partnership and South-West Warning Advice and Reporting Point.

### **Sustainability of our operational training facilities**

219. The Service must have tenable and appropriate operational training, with sufficient resources and provision, to ensure a safe and suitable response to emergencies. We currently provide operational training across four sites, which were inherited from the legacy Services prior to our combination. With the ongoing economic uncertainty, inflation driving increasing costs, along with supply chain disruptions and environmental pressures, the future operational training provisions could be compromised should we not act now to ensure sustainable facilities. To safeguard against these future challenges, meet environmental responsibilities and ensure that the training facilities are cost effective, an alternative solution, subject to the usual planning approvals, has now been identified and would deliver a long term, fit for purpose and sustainable resource. Should these plans be approved, we would anticipate that this risk is downgraded and monitored at department level.

**Recruitment and retention of corporate staff** - *This is an emerging strategic risk and not currently on our strategic risk register, however it is being closely monitored by the Directors.*

220. Attracting and retaining talented staff is crucial to the ongoing success of the Service. Instability within the workforce has service wide impacts, including to the continuation of ongoing high performance, loss of organisational knowledge and cost implications associated with recruitment and training. It is becoming increasingly difficult to recruit and retain the corporate members of staff, particularly to roles that are regularly attracting higher salaries in the private sector. Like many organisations we are suffering the wider effects of a more generalised labour market imbalance that has to some extent precipitated by the Covid-19 pandemic and compounded by the current cost-of-living crisis. The Service is reviewing the options that it has available in order to mitigate this risk including an independently commissioned pay structure review.
221. Our strategic risks are reviewed monthly by the Strategic Leadership Team and scrutinised quarterly by elected Members through our Finance & Audit Committee. Our strategic risk register and quarterly reports are published on our website.

## **Conclusion**

222. Our Statement of Assurance provides a comprehensive overview of how we maintain high standards of governance, financial and operational management to our communities.
223. We are confident of our arrangements and processes, across our Service, many of which have been scrutinised internally and by external agencies, are sufficiently robust to provide positive assurance.
224. His Majesty's Inspector (HMI), Wendy Williams CBE, in her press release, following the publication of our latest HMICFRS inspection report stated;

*"I congratulate Dorset and Wiltshire Fire and Rescue Service on its first-rate performance in keeping people safe and secure from fires and other risks. Since its last inspection, it has made improvements in many areas".*

*“We found many positives during our inspection, including examples of innovative and promising practice, such as the service’s partnership with utility companies”.*

225. Whilst we recognise that there continues to be challenges, we are firmly committed to embedding a culture of continuous improvement that helps us not only address and manage those challenges but build upon the effective and efficient services that we deliver to our communities.
226. Should you have any queries or require any further information, please do not hesitate to contact us and we will be more than happy to help.