

Performance report - Quarter 3

Finance & Audit Committee

1 October to 31 December 2024



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

The Service's risk management arrangements continue to be linked into the business continuity processes that are themselves aligned to the Business Continuity Institute's (BCI) Good Practice Guidance. To further support this, the Service continues to review current and future risks through the regular horizon scanning. This includes a gap analysis against the Business Continuity Institute's Horizon Scan, being a key member of Local Resilience Forums, having robust risk management arrangements as well as the research and work undertaken to review the biennial Strategic Assessment of Risk (SAR).

Procurement arrangements remain in a positive position, with a continued focus and approach on collaborative procurements to support our approach to value for money. The Service continues to make good use of national procurement contracts. The new Procurement Act 2023 will go live on 24 February 2025. There will be a transition period during which the existing regulations and new Procurement Act 2023 will apply.

An external audit, completed by the British Standards Institute, confirmed the continuation of our accreditation to ISO55001-Asset Management. Maintaining this accreditation provides assurance that the Service adheres to nationally recognised standards for asset management.

The Service has completed the tender process and commissioned a consultant to undertake an environmental audit to cover eight service locations (Stratton, Chippenham, Shaftsbury, Weymouth, Christchurch, Verwood & Hamworthy). This will provide a comprehensive overview of the Services' current energy usage and emissions, as well as recommendations for how to reduce carbon emissions at those eight sites.

The Service is continuing to develop its ICT infrastructure, with an increased focus on a joint working with our partners. This ensures the Service utilises its information, data, and technology efficiently to support operational activity with clear governance and security arrangements. Following approval of the Community Safety Plan (CSP) in June, the Service has a revised Digital Data & Technology Strategy in place which as previously reported to Members received a 'substantial' assurance rating from our internal auditors.

KLOE 6 sub-diagnostic

To what extent are business continuity arrangements in place and how often are they tested?

The Service continues to have a good understanding of the current and future risks through the regular horizon scanning undertaken. This includes a gap analysis against the Business Continuity Institute Horizon Scan, being a key member of Local Resilience Forums, having robust risk management arrangements as well as the research and work undertaken to deliver the biennial Strategic Assessment of Risk (SAR). Our internal auditors awarded the Service with 'substantial' assurance during their most recent risk management audit in January 2024, with no supplementary actions. Risk management must remain comprehensive and robust across the Service to ensure the continuation of good business continuity management.

The Service's risk management arrangement continues to be linked into to the business continuity arrangements and help to provide clarity on the areas of focus. Having a strong link between our risk management arrangements and business continuity management ensures that planning and preparations are suitable and sufficient. This then assures the continuation of our critical activities and the maintenance of service delivery, through business continuity incidents.

During quarter 2 of 2024-25 the Service had three full business continuity incidents and a further nine occasions where our business continuity lite arrangements were put in place. These included responding to severe weather alerts and planning for estate work requiring the relocation of fire appliances. This quarter a business continuity exercise was also undertaken looking at the Service's response during a National Power Outage.

The Service's business continuity arrangements are aligned to the Business Continuity Institute's (BCI) Good Practice Guidance. This provides assurance that our arrangements are effective and strong. During the internal audit programme, undertaken by South West Audit Partnership (SWAP) in 2023-24, the Service's business continuity arrangements received 'substantial' assurance which continued the 'substantial' assurance received in 2018.

Our significant event, risk management arrangements, and business continuity processes remain well embedded, assured, and aligned, ensuring the Service continues to meet the requirements of the Civil Contingencies Act 2004.

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?

Procurement procedural and managerial arrangements continue to be in a positive position, with a continued focus and approach to collaborative procurements to support our approach to value for money. The Service continues to make good use of national procurement contracts, which includes actively promoting and partaking in collaborative/joint procurements. The Service is currently participating in collaborative procurements for:

- The Multi Agency Incident Transfer Procurement with the Networked Fire Services Partnership. The individual services will be part of a call off contract using the Direct Award procurement process from the BlueLight National Framework.
- The BlueLight Gazetteer with the Networked Fire Services Partnership. The individual services will be call off a contract using the Direct Award procurement process from a National Framework.
- A Wide Area Network with the Networked Fire Services Partnership, led by Kent Fire and Rescue Service procurement team.
- Virtual Machine Ware Contract, a Virtualisation Cloud computing company. The contract has been signed.

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 for this procurement. We are participating in the supplier engagement sessions as well as reviewing procurement documents.

We have completed questionnaires and applied to be part of the commercial groups for the procurement of New National Frameworks for Emergency Response Vehicles being led by Devon & Somerset Fire and Rescue Services as well as the Emergency Response Equipment being led by West Midlands Fire and Rescue Services.

We are working with others over securing a new national procurement framework for smoke alarms and associated equipment (Led by West Midlands Fire and Rescue Service). The tender is due for release week commencing 13th January 2025. The

evaluation team have been updated on the timetable and plan for the evaluation process (including delivery of the sample alarms) during March 2025.

The BlueLight e-Tendering Hub went live on 1 April 2024. We have extended our contract for the old system and have now completed all our procurements. The Procurement Administrator is archiving the completed procurements and downloading these for retention. They are making good progress with this. This will be completed before the end of March 2025.

When procuring goods, services and works, the Service continues to follow the national and local level regulations, including adhering to the Public Procurement Regulations 2015. As part of this, the Service is required to ensure that the principles of transparency and fairness are applied throughout all stages of the procurement processes. Our approach is published on the Service's website.

The Procurement Act 2023 will go live on the 24 February 2025. There will be a transition period during which the existing regulations and the new Procurement Act 2023 will apply. Some members of the Procurement Team have already completed the specialist procurement e-learning modules. We have a comprehensive supplier page on our website including a link to the Cabinet Office pages, webinars and the BlueLight Commercials Page. Procurement policies and procedures are being reviewed and new processes will be introduced as well as training and education where required. Further guidance has been published on our website for our suppliers including links to the Cabinet Office Site and details of the up-and-coming webinars the Cabinet Office are hosting. The Procurement Manager is also engaging with the dedicated Communities of Practice set up by the Cabinet Office as well as the BlueLight Commercial Group.

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?

During this quarter the Service underwent an external audit completed by the British Standards Institute and we have maintained our accreditation to ISO55001 (Asset Management). As part of this inspection the following fire stations were visited and assessed; Devizes, Corsham, Amesbury, and Blandford. In addition, our Vehicle and Preparation Centre at Blandford and Bowerhill Workshops were also visited and assessed. Maintaining the ISO 55001 accreditation ensures that the organisation adheres to nationally recognised standards for asset management.

The BlueLight Asset Management System continues to be developed and expanded to assist the Service with controlling its assets. Following the implementation of this system the stations are completing 3,000 equipment inventory checks and over 40,000 equipment safety checks per quarter. This helps the Service track and maintain assets efficiently, ensuring that all equipment is in optimal condition and ready for use.

Procurement and Finance, along with the Assets department, monitor the economic situation to stay on top of parts, material, and labour cost increases, as well as global supply chain disruptions. This focus helps to ensure that appropriate decisions are made with regard to ordering timeframes and stock levels.

The Service has commissioned external technical consultants to undertake energy audits across eight sites of our sites. The appointed consultants will complete site visits, data analysis, and deliver reports over the next four months. These reports will then help us to develop our Heat Decarbonisation Plans at these sites to improve our estates environmental impact.

The Fleet Programme continues to progress well, with the team keeping a firm awareness of the challenges with supply chains and delays. The project to deliver the new appliances has been completed with evaluations being undertaken throughout the project. The fleet is procured using frameworks that ensure the best value. We constantly assess products and prices across the markets for best value. The total sale of old vehicles and equipment this year so far has generated over £147,000 of income.

KLOE 6 sub-diagnostic

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

The Service has completed the tender process and commissioned a consultant to undertake an environmental audit to cover eight service locations (Stratton, Chippenham, Shaftsbury, Weymouth, Christchurch, Verwood & Hamworthy). This will provide a comprehensive overview of the Services' current energy usage and emissions, as well as recommendations for how to reduce carbon emissions at those eight sites. This will be completed by May 2025 with the findings and recommendations implemented over 2025-26.

We continue to trial systems that will enable us to monitor the Services' energy usage across the estate. The trial has so far provided data on expected payback periods for solar panel installations and how the performance of new estate plant

installations is affecting our carbon footprint. These types of systems would allow the Service to monitor and evaluate the efficiency savings implemented from work at each site, including work from the energy audits.

We continue to work with partner agencies both at national and local levels to learn from their experiences and to seek opportunities for joint working on environmental projects.

The Service is working with six Green Champions on key stations, through this we are working to develop the champion role which will be used as a template for other stations, this includes training, sharing of knowledge, and the creation of resources to assist with reducing a station's carbon footprint.

Environmental improvements continue to be considered in all changes across our estate for reactive, capital, and general maintenance work.

KLOE 6 sub-diagnostic

To what extent do our plans address the risks identified in the integrated risk management plan?

The Service conducts a Strategic Assessment of Risk (SAR) every two years. It is currently being developed for release in June 2025. The SAR is a detailed analysis considering national, regional and local risks. It includes a full PESTELO analysis involving the three operational groups and stations across the service. This is coupled with risk and demand data and an organisational review, ensures that the SAR is comprehensive and robust.

The SAR is a key document for the Service and supports decision-making and planning and serves as the foundation for the Service's strategic plan, the Community Safety Plan (CSP). While a SAR informs the initial development of the strategic plan, the subsequent SAR, conducted midway through the plan's cycle, ensures it is still relevant, highlighting emerging areas of focus or priority.

The Authority approved the new CSP (2024-28) after a three-month public consultation in June 2024. Its implementation is monitored and reviewed through our established performance management framework, which is both rigorous and reliable. This includes an internal delivery plan and accountability held to a Service Delivery Team and then further reporting to directors.

The Service continues its commitment in meeting the Fire Standards Board's Community Risk Management Plan standards in both the development and delivery of the CSP and aligns fully with the requirements of His Majesty's Inspectorate of

Constabulary and Fire & Rescue Services (HMICFRS) methodology. The most recent HMICFRS inspection identified that the 'the Service continues to identify risk well' and 'has an effective community risk management plan'.

KLOE 6 sub-diagnostic

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

The Service is continuing to develop its ICT infrastructure, with an increased focus on a joint working with our partners. This ensures the Service utilises its information, data and technology efficiently to support operational activity with clear governance and security arrangements. Following approval of the CSP in June, the Service has a revised Digital Data & Technology Strategy in place which, as previously reported to Members, received a 'substantial' assurance rating from SWAP internal auditors.

The current focus for ICT is:

- Further improving our infrastructure, security and storage to support the development and use of new technologies on the frontline and changes in the way we are working.
- Strengthening our resilience and increasing Service efficiency.
- Accessible information through apps and use of AI tools for increased business resilience and efficiency.
- Ensuring hardware meets user needs, aligned to flexible and sustainable ways of working.

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 Service remains concerned about the medium to longer-term financial sustainability of the Authority.

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 former Chief Fire Officer consistently highlighted the issue on a national level through his role as Chair of the National Fire Chiefs Council's Finance Committee. The Treasurer continues to actively engage in any opportunities to outline the local position nationally via the Home Office and the Service responds to national consultations on finances whenever any such opportunity is given.

The Service has managed to set a balanced budget for 2025-26. Additional precept flexibility of £5 was granted by central government as part of the provisional settlement but grant funding totalling £1.8m was also removed leaving the Service in a cost neutral position. The revised Medium-Term Finance Plan deficit forecasts reported to Members at Fire Authority in February 2025 were £1.38m for 2026-27, rising to £1.76m for 2027-28. The work of the Resourcing and Savings Programme (RSP) needs to continue at pace to ensure ongoing financial sustainability is delivered.

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, the Service have been engaging with local Members of Parliament, the Home Office and National Fire Chiefs Council to influence the debate on financial sustainability for fire and rescue services and, in particular, lobby for council tax flexibility. This has included briefing sessions for local MPs and letters from the Chair and Chief Fire Officer to relevant government ministers. This approach continued in 2024-25, particularly following the General Election.

Early in its tenure the new Government set several backstop dates for the completion of historical outstanding external audit processes. Our previous auditors, Deloitte LLP, subsequently confirmed that they would be unable to achieve the backstop date of 13 December 2024 set for the 2022-23 statements. This was due to delays in receiving the required assurances from the

auditors of Wiltshire Pension Fund. The backstop date for the completion of the 2023-24 process is 28 February 2025. Audit work with our new Auditors, Bishop Fleming, has progressed well and will be completed prior to this deadline, but full accounts sign off will not be achieved again prior to the deadline due to the pension fund audit and the legacy issues from 2023-24.

SWAP completed the scheduled medium-term financial plan internal audit for 2024-25 in quarter 1. Substantial assurance was given with no recommended actions.

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 2025-26 settlement from Central Government provided the option of £5 council tax flexibility but also the removal of grant funding totalling £1.8m, which left the Service in a cost neutral position. A balanced budget for 2025-26 was presented and approved by Members at Fire Authority in February 2025. Future budget deficits were outlined as part of the Medium Term Financial Plan and the Service has needed to develop plans to reduce spending. These decisions are guided by the work of the RSP which has a schedule of work which includes regular reviews of our financial assumptions and options for making further savings and efficiencies. This work will continue at pace into 2025-26 to ensure ongoing financial sustainability.

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 for the approaching financial year. Levels of reserves and general balances are then reviewed and published as part of the annual Statements of Accounts process. The Finance & Audit Committee are 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 continues to exhibit a strong health and safety performance. The trend for work-related absence due to physical injuries or ill health quarterly trend is up from 197 days to 243 days compared to the same time last year. Of the seven people three are designated long-term sick or in long-term recovery and their days lost 237 are 98% of the total in quarter 3. The number of reportable incidents to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 has increased to eight over the same quarter last year. 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 work-related absence due to physical injuries or ill health quarterly trend is up from 197 days to 243 days compared to the same time last year. In this quarter, seven people are contributing to these figures. Of the seven people, three are designated long-term sick or in long-term recovery and their days lost (237) are 98% of the total in this quarter.

The number of reportable incidents to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) has increased over the same quarter last year to eight. All occurrence reports have been fully investigated and actions taken where required.

The Service has good levels of compliance in relation to Health and Safety and this is upheld by the Service being accredited to ISO45001 Occupational Health and Safety Management system standard. The next audit by British Standards Institution auditors will be in November 2024.

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

KLOE 13 Summary

The governance arrangements for the 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 aligned its governance, from performance through to assurance, to the Key Lines of Enquiry from HMICFRS, which has been in place since 2019 and continues to be a positive approach. Through this the Service uses the HMICFRS methodology as a baseline assessment to review arrangements and performance against their 'good' assessment.

In December 2023, the Authority's application to join SWAP was approved by their Board, and Councillor Small was subsequently appointed to the SWAP Members Board at the Authority meeting in June 2024. The SWAP four-year audit strategy and the 2024-28 annual plan were developed collaboratively by SWAP, the Service, and the Chair of the Finance & Audit Committee and were approved by Members in March 2024. Four audits have been completed so far this year. These are Social Media, Medium Term Finance, Site Security and Data, Digital and Technology Strategy.

The Service is proactively managing its information governance and information security compliance requirements. Strategic and tactical processes are aligned to the principles of British Standards Institute 27001. Cyber security arrangements are operating well and continually monitored. An assessment of the Cyber Assessment Framework led by the Home Office also demonstrates the Service is in a positive position for its cyber security arrangements. Annual Information and Communication Technology testing is conducted externally giving additional assurance of the robust arrangements in place. Due to the continued proactive work in this area, risks are reducing, and any remedial action is prioritised and regularly monitored. This includes work 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 by quarter 2 of 2025-26.

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 and effective performance management.

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 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 & Scrutiny Committee meetings. These took place to consider quarter 2 performance in November. Priorities four and five were reviewed at the Finance & Audit Committee at their meeting in December for quarter 2 performance.

The 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 is approved by Members and published each year in September. This is further supported with a Statement of Assurance providing assurance of the previous year's governance, finance, and operational matters. The process of developing the Statement of Assurance received a 'substantial' assurance rating from internal audit and was commended by the Local Government Association peer review team led by the Chair of the Authority. The internal audit annual report from SWAP awarded the Service an overall grade of 'substantial assurance' following delivery of the 2023-24 audit programme as reported in the Finance and Audit meeting in July 2024.

The Authority oversees and scrutinises the development and delivery of the CSP, which includes the Service undertaking consultation and community engagement. The CSP was reviewed following public consultation to take account of feedback and signed off in June 2024. 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 received an overall grade of 'substantial assurance' in the 2023-24 audit programme, as highlighted in the annual internal audit report provided by SWAP, our internal auditors.

The Authority's application to join SWAP was approved by their Board, and Councillor Small was subsequently appointed to the SWAP Members Board at the Authority meeting in June 2024.

The SWAP four-year audit strategy and the 2024-28 annual plan were developed collaboratively by SWAP, external auditors, the Service, and the Chair of the Finance & Audit Committee and were approved by Members in March 2024. Six audits have been completed so far this year. These are Social Media (reasonable assurance), Medium Term Finance (substantial assurance), Site Security (reasonable assurance) and Data, Digital and Technology Strategy (substantial assurance) Access and Account Management and Control (reasonable assurance), and Operational Risk Information (substantial assurance).

The Service utilises multiple performance standards incorporating internal and external audits, British Standards Institution audits (for ISO45001 and ISO55001), HMICFRS inspections, and peer reviews to provide robust assurance mechanisms. These assessments contribute to the development of the annual Statement of Assurance alongside the internal assurance mechanisms. This was presented to Members at the Authority meeting in September 2024.

The Authority and Service have aligned fully with HMICFRS methodology, from policy creation to operational execution. This alignment is supported by Key Lines of Enquiry that adhere to the inspectorate's judgment criteria and 'good' rating standards. An annual review against the current standards, supplemented by quarterly performance reports, provides continual evidence of the Service's positioning. This was further validated by an internal audit, which granted a 'substantial' assurance rating.

The Service has well-defined reporting requirements and oversight and performance management arrangements that are embedded across the Service and up to Authority level. This provides consistent performance reporting from the CSP and Authority's five priorities down to individual team and watch levels. The station-level dashboards are used to provide data and visual presentation of our performance, as well as being a management tool for teams.

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. There are strategic and tactical processes that broadly align to the principles of British Standards Institute 27001 and are detailed in the supporting documentation associated with the Statement of Assurance. In this quarter we received:

- 37 Freedom of Information requests – a 6% increase from last quarter. 95% of those that required a response in this quarter were responded to within 20 working days. The average response time was 12 days, an increase from last quarter. The majority of requests this quarter were related to fire statistics (seven) and contract/procurement information (eight). There have been two internal reviews requested during this quarter, one decision was upheld and one decision was not upheld.
- Three subject access requests under the Data Protection Act.
- 12 complaints - 14 were due to be responded to this quarter and 71% were resolved within 14 day, all of which were not upheld. 2 complaints related to safeguarding matters due to a firefighter being impersonated. There has been some learning from the complaints received and improvements to processes and training for call handlers as well as local management action to address expectations at events and visits.
- 31 compliments.

Seven security incidents were reported during the quarter. These related to data handling incidents whereby emails were sent to the wrong recipient. No breaches were reported to the Information Commissioner's Office. Each incident is investigated, risk assessed, and relevant learning is shared with the respective team/manager.

The Service continues to monitor progress against its Cyber Action Plan and is nearing the completion on the work to ensure third party cloud services have multi-factor authentication in place. Good progress is being made and our application for Cyber Essentials will be resubmitted in quarter 4 and we hope to have secured this by quarter 2 of 2025-26.

The Service has resubmitted the updated gap analysis against the new National Fire Chiefs Council's Cyber Assessment Framework this quarter. There is one control to meet in order to reach the baseline profile, which is carrying out an annual cyber incident response exercise. The Home Office has secured funding to contract an external company to carry out a table top cyber exercise for 20 fire and rescue services (including Dorset & Wiltshire Fire and Rescue Service) during quarter 4.

The SWAP internal audit on access control and user account management found that we had a reasonable (high) level of assurance. Two actions were identified which are being progressed.

The annual ICT health check took place in July 2024. A plan is in place, in conjunction with ICT, with timescales and action owners to ensure that the high and medium risks are mitigated as soon as possible. There is overall good progress in completing the high and medium risks.

The Service is creating a new in house e-learning course for mandatory data protection and cyber security training for all staff. This will be rolled out in quarter 4 for corporate, fire control and wholetime staff and in quarter 1 2025-26 for on-call staff.

In addition to our legal compliance responsibilities, we are ensuring that data management is at the forefront of business processes and system development. Investment in technology and improved data management processes which join up prevention, protection and response is enabling high quality, automated and evidence-based standards for data supporting improved decision-making and effective performance management.

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 3, long-term sickness was the largest contributing factor to the absence figures for all staff groups. Musculo-skeletal remains the highest cause of absence for all operational members of staff (excluding Fire Control and corporate sickness). The main causation for Fire Control and Corporate was mental health.

The Service has a corporate target to achieve average sickness levels lower than the previous five-year average. The cumulative target (wholetime/corporate/Fire Control) for quarter 3 was 7.06 shifts lost per person, was achieved with a cumulative actual figure of 7.20 shifts lost person.

Sickness absence continues to be closely managed, and our sickness procedures are robust and balanced, providing a range of mechanisms such as counselling and physiotherapy to support staff. Membership of our personal private healthcare scheme through salary deduction continues to increase month on month, with the demand for the different services it offers, reflective of the challenges faced through the NHS. The Service does still consider, through a cost benefit analysis, funding for private investigations if it is considered that NHS waiting times are delaying treatment and/or recovery. However, now a private healthcare scheme is available for staff, funding decisions consider whether the private health scheme arrangement includes the treatment required and are therefore considered by exception.

In quarter 3, 94% of staff passed their fitness test and ten individuals are supported with fitness improvement plans which includes the provision of advice and guidance on fitness improvement, including weight management and nutritional information. The pass rate is an increase of 2% from the same period in 2023-24.

During quarter 3 a number of key health messages, such as world mental health day, lung cancer, managing stress, and staying healthy through the festive season, were published. There are also several wellbeing advice resources available including toolkits produced by Public Health England. All of our health and wellbeing resources are publicised through our 'Safe To' programme.

KLOE 8 sub-diagnostic

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

In quarter 3, long-term sickness was the largest contributing factor to the absence figures for all staff groups. Musculo-skeletal remains the highest cause of absence for all operational members of staff (excluding Fire Control and corporate sickness). The main causation for Fire Control and Corporate was mental health.

The Service has a corporate target to a reduction in the average sickness levels compared to the average during the last five years. The cumulative target (wholetime/corporate/Fire Control) for quarter 3 was 7.06 shifts lost per person. The cumulative actual figure is 7.20 shifts lost person. Sickness absence continues to be professionally managed through our dedicated Health and Wellbeing team who work closely with Line Managers and Human Resources Business Partners, with strategic oversight at the Strategic Case review.

Sickness procedures are robust and a range of support mechanisms such as counselling and physiotherapy are in place to support staff. Membership of our personal private healthcare scheme through salary deduction continues to increase month on month. The usage continues to demonstrate a demand for the different services it offers, reflective of the challenges faced through the NHS, of which these continue. The Service does still consider, through a cost benefit analysis, funding for private investigations if it is considered that NHS waiting times are delaying treatment and/or recovery. However, now a private healthcare scheme is available for staff, decisions consider whether the private health scheme arrangement includes this treatment and will therefore be based on exception.

In quarter 3, 94% of staff passed their fitness test and ten individuals are supported with fitness improvement plans which includes the provision of advice and guidance on fitness improvement, including weight management and nutritional information. The pass rate is an increase of 2% from the same period in 2023-24.

KLOE 9: How well trained and skilled are staff?

KLOE 9 Summary

Our competence recording system is well embedded across the organisation and enables comprehensive tracking of staff competencies. All operational staff are expected to maintain the necessary skills and competencies for their roles. For station-based personnel, performance and development are tracked through the How's My Team Doing (HMTD) Dashboards.

The Service continues to conduct training delivery in accordance with the Operational Training Programme which is further enhanced by a mix of digital learning and virtual courses. This blended learning model caters to diverse learning preferences, enriching the training experience and ensuring staff remain proficient in their core competencies while adapting to evolving challenges.

Operational competence and assurance are demonstrated and maintained through effective performance at real incidents, simulations, exercises, drills, and centrally organised training programs. This ongoing evaluation process ensures that all team members remain skilled, capable and competent in their roles.

The competency framework and associated training materials are regularly evaluated against national standards to ensure alignment and in relation to this the Training Development and Standards team are making significant strides in adopting and embedding National Operational Guidance across the Service.

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 tracked through the HMTD Dashboards. The competency framework and associated training materials are regularly evaluated against national standards to ensure alignment. Operational competence and assurance is demonstrated and maintained through effective performance at real incidents, simulations, exercises, drills, and centrally organised training programs. This ongoing evaluation process ensures that all team members remain skilled, capable and competent in their roles.

The Operational Training Programme is further enhanced by a mix of digital learning and virtual courses. This blended learning model caters to diverse learning preferences, enriching the training experience and ensuring staff remain proficient in their core competencies while adapting to evolving challenges.

Skill maintenance is planned via a training planner that is executed at the local level, and local management tailor it to the specific needs of each station. This approach ensures training remains practical, relevant, and directly responds to the requirements of the National Occupational Standards.

Additionally, a Cross-Directorate group oversees the development, implementation, and monitoring of the Annual Training Action Plan to address organisational priorities. The Service conducts regular strategic reviews to identify future goals, with actionable steps delivered through targeted learning and development initiatives. Emerging risks and new skill requirements are assessed and incorporated into the competency framework to keep pace with changing operational demands.

Our competency tracking system is deeply integrated within the organisation, providing robust oversight of staff development. Line Managers routinely review competency levels to ensure team members are assigned to suitable operational training courses, aligning their capabilities with the organisation's objectives.

The Training Development and Standards team continues to make significant strides in adopting and embedding National Operational Guidance across the Service.

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

KLOE 10 Summary

The Service's recruitment processes are transparent and reviewed to ensure there are no unintentional barriers to recruitment. A wide range of initiatives are in place to support our work to increase the diversity of our workforce. The Service continues to use social media as a key part of our positive action work. Community profile information is available to crews, so that the Service can target, support and strengthen community engagement activities.

The diversity of our workforce is monitored on a quarterly basis and our corporate target, to improve the diversity of our workforce as a whole compared to the last five years, continues to make positive progress with our actual workforce diversity in quarter 3 being 22.83% against a target of 22.3%.

Equality data of all starters and leavers is captured to monitor trends. There were no significant trends by staff group or protected characteristic.

There were 28 leavers in quarter 3, four females and 24 males. Nine from wholetime (32%), 12 from on-call (43%), seven from corporate (25%) and zero from Fire Control (0%). The top three primary reasons for leaving for all staff were:

- Retirement with ten leavers (36%) selecting this reason
- Obtained Employment Elsewhere six leavers (21%) selecting this reason
- Moving out of catchment area with four leavers (14%) selecting this reason

Of the 28 leavers, 24 were required to have a leavers discussions (86%).

There were ten new disciplinary cases this quarter, 12 cases were concluded and 15 cases carried forward into quarter 4. Post case reviews are held for all closed cases with the aim of them taking place within four weeks of the case concluding. Post case reviews enable lessons learnt, potential procedural changes and organisational learning and improvements to be captured.

No new Employment Tribunal claims were submitted in this quarter. An existing claim was settled.

Launched in March 2024, our Safe To portal promotes Equality Diversity & Inclusion by giving improved accessibility to health and wellbeing, reporting lines, tools to challenge and leadership initiatives. At the end of quarter 3 staff have visited the home pages for these resources as follows:

- Safe To Be: 579 times over the lifetime of the page (478 at end of quarter 2)
- Safe To Speak: 774 times over the lifetime of the page (674 at end of quarter 2)
- Safe To Challenge: 370 times over the lifetime of the page (323 at end of quarter 2)
- Safe To Lead: 239 times over the lifetime of the page (201 at end of quarter 2)

KLOE 10 sub-diagnostic

How well do leaders seek feedback and challenge from all parts of the workforce?

In this quarter there were

- Two 'On-Call Question Time' sessions.
- Episode five of the Culture Conversations podcast was published, focused on resilience and managing change. This format is designed to engage staff with updates on the Culture Delivery Plan and complement existing communications channels.
- Four Bitesize Leaders sessions.
- Open seats taken up at SLT and SDT.
- Two CFO staff update videos.
- Team briefing sessions following publication of the HMICFRS Inspection Report.
- Two CFO staff update videos focusing on the Fire and Rescue Authority meeting and the Resourcing and Savings programme.

Communications and engagement are at the heart of our project delivery across the organisation, ensuring communication plans are delivered and evaluated. This quarter there has been a focus on the RSP and Training Centre project.

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 maintain our staff intranet (CONNECT) and provide support and training to staff. The Safe To portal has now received over 1,500 hits since it was launched.

We continue to publish Weekly Update newsletters weekly and the monthly FireWire staff e-magazine. These are all emailed to all staff. There were no instances during quarter 3 where this did not take place.

KLOE 10 sub-diagnostic

How well do we identify and address potential disproportionality in recruitment, retention, and progression?

The Service's recruitment processes are transparent and reviewed to ensure there are no unintentional barriers to recruitment. A wide range of initiatives are in place to support our work to increase the diversity of our workforce. The Service continues to use social media as a key part of our positive action work. Community profile information is available to crews, so that the Service can target, support and strengthen community engagement activities.

The diversity of our workforce is monitored on a quarterly basis and our corporate target, to improve the diversity of our workforce as a whole compared to the last five years, continues to make positive progress with our actual workforce diversity in quarter 3 being 22.83% against a target of 22.3%.

Equality data of all starters and leavers is captured to monitor trends. There were no significant trends by staff group or protected characteristic.

There were 28 leavers in quarter 3, four females and 24 males. Nine from wholetime (32%), 12 from on-call (43%), seven from corporate (25%) and zero from Fire Control (0%). The top three primary reasons for leaving for all staff were:

- Retirement with 10 leavers (36%) selecting this reason
- Obtained Employment Elsewhere six leavers (21%) selecting this reason
- Moving out of catchment area with four leavers (14%) selecting this reason

Of the 28 leavers, 24 were required to have a leavers discussions (86%).

There were ten new disciplinary cases this quarter, 12 cases were concluded and 15 cases carried forward into quarter 4. Post case reviews are held for all closed cases with the aim of them taking place within four weeks of the case concluding. Post case reviews enable lessons learnt, potential procedural changes and organisational learning and improvements to be captured.

No new Employment Tribunal claims were submitted in this quarter. An existing claim was settled.

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

KLOE 11 Summary

Corporate inductions were not held this quarter due to a well-attended session the previous quarter. With the exception of one Corporate member of staff, all new starters have attended Corporate Induction within the agreed timescales.

Since 1 April 2024, 32 probations have been met, one has been extended and one staff contract has been terminated during their probation period. There are 24 final probation reviews outstanding at the end of the quarter.

One-to-one reviews are recorded over a rolling 12-month period and completion rates are monitored. Trend analysis suggests that reviews tended to be conducted quite evenly over the 12-month period. The overall completion rate for quarter 3 is 90.6%.

Leadership in Lifesaving courses have been scheduled to take place on a quarterly basis and are now made available to all staff to attend to support with our focus on developing future leaders and to deliver actions from the culture delivery plan. During this quarter 1 leadership in lifesaving course took place.

Four Bitesize leaders forum sessions, aimed at corporate and operational middle managers, were delivered to 110 staff by an external facilitator which focussed on building resilience and managing change. This session was positively received with an average feedback rating of 4.4 stars out of 5.

The Service's apprenticeships cover a wide range of areas including Leadership Development, Finance, Human Resources and Facilities Management. In quarter 3 there were 23 members of staff undertaking apprenticeships.

The Service have several coaches qualified at the Institute of Leadership & Management level three and level five. Revised arrangements for our coaching and mentoring schemes are under development with the intention to utilise the apprenticeship levy to train key staff to a level three coaching standard. The Service also uses the National Fire Chiefs Council (NFCC) Coaching (and mentoring) portal where staff can register as a coach but also access coaching support. The Woman in the Fire Service are part of the NFCC coaching portal which ensures a diverse range of coaches and support are available for staff across the Fire Service sector.

Supervisory Managers undertake their initial incident command training using the facilities at the Fire Service College, which enables them to be assessed at a range of incidents. The facilities at the MOD site at Copehill Down are being reviewed, with a trial course being run in January 2025. If suitable, this venue may be adopted to provide additional command courses. A structured rota group training programme is in place for Flexible Duty Officers. The officer training days have been revamped and each command level now attend training specific to their role.

KLOE 11 sub-diagnostic

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

There were no corporate inductions held this quarter due to a well-attended session the previous quarter. With the exception of one Corporate member of staff, all new starters have attended Corporate Induction within the agreed timescales.

Since 1 April 2024, 32 probations have been met, one has been extended and one staff contract has been terminated during their probation period. There are 24 final probation reviews outstanding at the end of the quarter.

The one-to-one personal review process ensures that a discussion and appraisal take place at least once a year and focuses on wellbeing, performance and development. One-to-one reviews are recorded over a rolling 12-month period and completion rates are monitored. Trend analysis suggests that reviews tended to be conducted quite evenly over the 12-month period. The overall completion rate for quarter 3 is 90.6%.

KLOE 11 sub-diagnostic

To what extent are the career pathways of all staff effectively managed?

Leadership in Lifesaving courses have been scheduled to take place on a quarterly basis and are now made available to all staff to attend to support with our focus on developing future leaders and to deliver actions from the culture delivery plan. During this quarter one leadership in lifesaving course took place with nine staff.

Four Bitesize leaders forum sessions, aimed at corporate and operational middle managers, were delivered to 110 staff by an external facilitator which focussed on building resilience and managing change. This session was positively received with an average feedback rating of 4.4 stars out of 5.

The Service's apprenticeships cover a wide range of areas including Leadership Development, Finance, Human Resources and Facilities Management. In quarter 3 there were 23 members of staff undertaking apprenticeships.

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