

# Performance report - Quarter 4

Finance & Audit Committee

1 January to 31 March 2025



**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 integrated approach to risk and business continuity management ensures the Service remains resilient, responsive, and well-prepared to manage both anticipated and unexpected challenges. Our business continuity framework is fully aligned with the Business Continuity Institute's Good Practice Guidelines, helping to formulate and manage a consistent and structured approach to preparedness and response.

Our 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 and joint procurements. The Procurement Act 2023 has now gone live, with a transition period during which the existing regulations and the new Procurement Act 2023 will apply.

The Service's fleet programme continues to progress well with the new Unimog (a specialist wildfire vehicle) just arriving in Service and during quarter 1 2025-26 will undergo test and training to be brought on-the-run for the Summer, to support with wildfire incidents.

During this year the Service have undertaken several activities to assist with our programme of reducing our environmental impacts. This includes the installation of automated meter reading data loggers on all gas meters, undertaking energy audits at eight of our sites to begin to facilitate the decarbonisation of our Estate, full decarbonisation of Cricklade Fire Station by electrifying heating and hot water systems and the removal of gas (the station is being used as our pilot site for similar projects), implementing vehicle telemetry and purchasing electric vehicles for our equipment and supplies team.

The Service undertakes a Strategic Assessment of Risk biennially, with the current iteration currently undergoing consultation with our partners ahead of its planned publication in June 2025. This comprehensive analysis considers risks at the national, regional, and local levels.

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, the Service has a revised its Digital Data & Technology Strategy 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?**

In January 2024, the Service received a ‘substantial’ assurance rating from internal auditors for its risk management arrangements, with no recommendations for improvement. This outcome reflects the maturity and effectiveness of our approach and highlights the clear integration between risk management and business continuity planning, ensuring continuity of critical services during periods of disruption. Taken together, the Service’s integrated approach to risk and business continuity management helps ensure we are resilient, responsive, and well-prepared to manage both anticipated and unexpected challenges.

Our Business Continuity Framework is fully aligned with the Business Continuity Institute (BCI’s) Good Practice Guidelines, helping to formulate and manage a consistent and structured approach to preparedness and response. Over the course of year to date the Service experienced 24 full business continuity incidents (five last quarter) and activated ‘BC lite’ arrangements on 22 occasions (nine last quarter). These responses included incidents such as wildfire, estate-related fire appliance relocations, partner agency cyber-attack and a power outage event. In addition, the Service has been involved in several multi-agency exercises, including one at Poole Port in January 2025 as well as the Home Office instructed technical cyber exercise.

Our processes remain compliant with the Civil Contingencies Act 2004 and are subject to regular review and testing. The most recent business continuity audit conducted by the South West Audit Partnership (SWAP) in 2023–24 reaffirmed our ‘substantial’ assurance rating, a standard we have consistently upheld since it was first achieved in 2018. During quarter 4 our arrangements will also be independently assessed by our peers through the National Fire Chiefs Council (NFCC) Business Continuity institute.

The Service maintains strong and well-established business continuity arrangements, underpinned by comprehensive and proactive risk management processes. We continue to strengthen our understanding of both current and emerging risks through regular horizon scanning. This includes a gap analysis against the Business Continuity Institute Horizon Scan and active engagement with Local Resilience Forums. These efforts are further reinforced by our biennial Strategic Assessment of Risk (SAR) and robust internal risk management systems.

### **KLOE 6 sub-diagnostic**

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

The Procurement Act 2023 has now gone live. There will be a transition period during which the existing regulations and the new Procurement Act 2023 will apply. Procurement Team have and are completing the specialist procurement e-learning modules. 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 information on the registration process for the Central Digital Platform. We are also engaging with the dedicated Communities of Practice set up by the Cabinet Office, the Blue Light Commercial Group as well as some informal groups and networks made up of local authorities and other public sector bodies.

The Service continues to make good use of national procurement contracts, which includes actively promoting and partaking in collaborative and joint procurements. The Service is currently participating in collaborative procurements for example Water Aggregation, Technology Aggregation, Multi Agency Incident Transfer Procurement and BlueLight Gazetteer and a Wide Area Network with the Networked Fire Services Partnership.

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 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 evaluation process has now been completed. West Midlands Fire and Rescue Service (FRS) have now awarded the framework which will be available for as a route to market for the procurement of a new contract as from 1 June 2025.

**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?**

The Fleet Capital Programme continues to progress well. Thirty-five new generation appliances were brought into Service between 2022-25, with a further 16 new appliances to be procured in the future. In addition, the new Unimog (a specialist wildfire vehicle) has just arrived in Service and during quarter 1 2025-26 will undergo test and training to be brought on-the-run for the summer, to support with wildfire incidents. The Service's fleet is procured using procurement frameworks, to ensure the best value. Furthermore, the Service ensures that vehicles and equipment are exited from Service through cost-effective and efficient routes, with the total sales this year generated over £178k of income.

The Service has had three external audits undertaken by the British Standards Institute and continues to maintain our ISO55001 accreditation. The next audits, as part of this accreditation, will take place at Christchurch, Redhill Park, Ludgershall, and Melksham in May 2025. The ISO55001 accreditation is important to the Service as it demonstrates the robust asset management systems in place. This accreditation provides assurance that assets are managed efficiently to optimise their performance, reduce risks, and improve financial outcomes.

The Service's BlueLight Asset Management System supports the Service to track and maintain assets efficiency and ensures that equipment is in optimal condition and ready for use. This is used by firefighters on all stations as well as staff at our training centres and equipment workshops. The use and compliance of this system is an area audited as part of ISO55001.

**KLOE 6 sub-diagnostic**

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

The Authority has set a corporate target to reduce our CO<sub>2</sub> equivalent emissions across our electricity and gas consumption, compared to the average over the last five years, this year the Service has seen a 12% reduction compared to the five-year average.

During this year the Service have undertaken a number of activities to assist with our carbon reduction programme. This includes the installation of automated meter reading data loggers on all gas meters, undertaking energy audits at eight of our sites to begin to facilitate the decarbonisation of our estate, full decarbonisation of Cricklade Fire Station by electrifying heating and hot water systems and the removal of gas (the station is being used as our pilot site for similar projects), implementing vehicle telemetry and purchasing electric vehicles for our equipment and supplies team.

As part of our Environmental Programme the Service has also developed an online platform for monitoring energy usage across the estate. We are now able to identify the cost of utilities at premises ranking them from best performing to worst, which is helping to identify patterns or abnormalities at sites for investigation and action. Overall, this gives us better control and understanding of utility usage and will help to control and reduce costs, whilst targeting estate refurbishment work to reduce the carbon footprint of heating and powering the estate.

During quarter 3 we underwent an external audit of eight service sites completed by external consultants. They completed site surveys, and data analysis, and presented their findings during April 2025. The data and recommendations from these audits will now be used by the Estates Department to support the Carbon Reduction Programme, to ensure that the Service gets a good return on investment.

We continue to undertake visits and mini audits across the estate. This involves engaging with staff and crews to measure how aware they are of environmental issues and what they can do to help us improve (for example, switching off lights, recycling, and turning down heating).

Planning for the future decarbonisation of the fleet continues to progress with three electric vans now in operation, and the installation of six charging points at key Service sites. Following our engagement with eight other fire and rescue services and other organisations, who are further ahead with implanting electric vans into their fleet, the Service has received valuable learning, which has supported our steady approach in the move to electric vehicles. This supported our decision to install telematics on our vehicles, so that data will help aid decision making.

**KLOE 6 sub-diagnostic**

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

The Service undertakes a Strategic Assessment of Risk (SAR) biennially, with the current iteration undergoing consultation with our partners ahead of its planned publication in June 2025. This comprehensive analysis considers risks at the national, regional, and local levels. It includes a full strategic assessment, developed in collaboration with the three operational groups and stations across the Service. Combined with risk and demand data, as well as an organisational review, this ensures the SAR remains both thorough and robust.

The SAR is a cornerstone document for the Service, underpinning strategic decision-making and planning. It serves as the foundation for the Community Safety Plan (CSP). While the SAR informs the initial development of the CSP, a mid-term review has been conducted to ensure that we capture emerging risks and priorities.

Following the three-month public consultation, the Authority approved the latest CSP (2024–2028) in June 2024. Its delivery is governed by the Service’s established performance management framework, which is both rigorous and reliable. This includes an internal delivery plan with accountability to the Service Delivery Team, followed by regular reporting to the Directorate.

The Service remains committed to meeting the Fire Standards Board’s Community Risk Management Plan standards throughout the development and implementation of the CSP. The plan is also fully aligned with His Majesty’s Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) methodology. In its most recent inspection, HMICFRS reported that ‘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 the ICT infrastructure, with increased focus on a joint working approach across both internal departments and our partners. This ensures the Service utilises its information, data and technology efficiently to support operational activity with clear governance and security arrangements.

The delivery of ICT related work is directed by the Services Digital Data & Technology Strategy aligned to the CSP. A plan is in place to ensure that projects and activities are being monitored and prioritised to meet business needs. These focus on:

- Increased strength in our infrastructure, security and storage to support the development and use of new technologies on the frontline.
- Increased accessibility protection.
- Historical products and processes replaced through investment in new, to mitigate our weaknesses and increase efficiency.
- Accessible information through Apps and use of AI tools for increased business resilience.

Audits support assurance of effective ways of working and a progressive learning and development environment.

We continue to invest in key initiatives to support sustainability and value for money (VFM), making best use of resources for front line services, enabling access to information that is supported by the right technology and infrastructure, based on community and business needs.

ICT capital and revenue programmes are continually reviewed against the Digital Data & Technology Strategy and scheduling adapted to meet the changing needs of the Service. Some of the work being progressed includes:

- Procurement and rollout of end user hardware.
- Scoping and procurement of Multi-Function Printing Devices (MFDs).
- A wide area network at pilot sites being rolled out and whole Service rollout due to commence in the next quarter.
- Data and Information Storage renewal procurement.
- Working with users to define the end user hardware requirements on station.
- Body Worn Camera scoping and procurement for Hardware and Cloud Based software.

## **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 in February 2025 were £1.38m for 2026-27, rising to £1.76m for 2027-28. The work of the Resourcing and Savings Programme and the Member Working Group 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, we 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.

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 was 28 February 2025. Our

current auditors, Bishop Fleming, progressed well with their work but full accounts sign off was not achieved prior to the deadline, due to the pension fund audit legacy issues. The audit backlog has now been cleared due to these deadlines and the Authority can move forward with its audit work for 2024-25, which has a backstop date of 27 February 2026.

The SWAP internal auditors 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 down from 193 days to 176 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 167 are 95% of the total in this quarter. The number of reportable incidents to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) has reduced from three to one 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 down from 193 days to 176 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 (167) are 95% of the total in quarter four.

The number of RIDDOR reports to the HSE has also seen a reduction this quarter. Decreasing from three to one over the same quarter last year. Of all the Adverse Occurrence Reports (AORs) reported this quarter only one resulted in the requirement to report under RIDDOR, which was made under the 'over seven day' category. 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 last audit was British Standards Institution auditors was in April 2025. Only very minor non-conformities were identified, all of which are being actioned.

### **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.

In December 2023, the Authority's application to join South West Audit Partnership (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 early 2026.

Outside of our legal requirements, effective data management is at the forefront of business processes and system development. Investment in technology and improved data management processes across prevention, protection and response is enabling high quality, automated and evidence-based standards for data supporting improved decision-making 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 3 performance in February. Priorities four and five were reviewed at the Finance & Audit Committee at their meeting in February for quarter 3 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?**

Following the successful application by the Authority to become a member of SWAP, formal approval was granted by the SWAP Board. Subsequently, Councillor Small was appointed to represent the Authority on the SWAP Members Board during the June 2024 Authority meeting.

The SWAP four-year audit strategy and the accompanying annual plan for 2024–28 were developed collaboratively, involving SWAP, external auditors, the Service, and the Chair of the Finance & Audit Committee. These plans were formally approved by Members in March 2024. The eight planned audits have been completed in the current year: Social Media (reasonable assurance), Medium Term Finance (substantial assurance), Site Security (reasonable assurance), Data, Digital and Technology Strategy (substantial assurance), Access and Account Management and Control (reasonable assurance), Operational Risk Information (substantial assurance), Planned & Reactive Fleet Maintenance (substantial assurance) and Workforce Planning (substantial assurance).

The Service adopts a layered approach to assurance, drawing on a variety of internal and external performance assessments. These include internal and external audits, British Standards Institution evaluations (ISO45001 and ISO55001), HMICFRS inspections, and peer reviews. Collectively, these contribute to a robust and credible assurance framework, which supports the production of the annual Statement of Assurance. The current statement was presented to Members during the Authority meeting in September 2024. The work to develop this year’s Statement of Assurance is currently underway, with it due to be presented to the Authority in September 2025.

Clear governance and reporting structures are in place, enabling effective performance oversight from individual teams up to Authority level. These mechanisms ensure that performance is tracked consistently against the CSP and the Authority’s five strategic priorities. At an operational level, station dashboards provide accessible, data-driven insights that are used for both performance monitoring and team management.

## 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 36 Freedom of Information requests, 27 required a response in this quarter and 26 were responded to within 20 working days. One request was responded to within 21 days. No themes were identified this quarter.

During this quarter we received seven subject access requests under the Data Protection Act, four of these were due a response in the period and we responded to three. The fourth is on hold, as we await further information from the requestor.

Nine complaints were due to be responded to this quarter and 89% were resolved within 20 working days, 78% were not upheld. Two of these complaints were received and due in the previous quarter but not reported on as these were dealt with under our disciplinary process in the first instance, leading to a delay in determining an outcome. One complaint was late due to the subsequent discipline process and the complainant was not informed of timelines. This complaint was escalated to Senior Management and as a result, officers have been reminded of best practice in keeping complainant informed. Three complaints related to staff conduct, two of which were upheld in part.

Timeframes for resolving complaints has been aligned to the response rate for other public enquiries from 14 to 20 working days. Pleasingly we received 26 compliments in quarter 4.

Seven security incidents were reported during the quarter. These were related to data handling, a lost device and access control.

One of these resulted in a data breach, which, following a risk assessment, was deemed not reportable to the Information Commissioners Office, however internal learning has been captured.

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. The use of mobile data terminals on the fire ground needs further consideration at a national level in order for services to comply with the Cyber Essentials and once direction and a

solution has been agreed our application for Cyber Essentials will be submitted. This is likely to be early 2026 and, in the meantime, measures are in place to continue to monitor this risk.

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

The annual ICT health check took place in July 2024. There is overall good progress in mitigating the risks, there has been some recent slippage on some of the high and medium risks. The ICT health check for 2025 is being scheduled along with the audit programme.

The mandatory data protection and cyber security training is being rolled out in quarter 1 for all staff to complete.

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 4, long-term sickness remains the largest contributing factor to the absence figures for all staff groups. Mental health absence has been the highest cause of absence across all staff groups excluding on-call. Musculo-skeletal is the highest causation for on-call and the second highest cause of absence for all other staff groups.

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 (wholtime/corporate/Fire Control) for quarter 4 was 9.45 shifts lost per person. The cumulative actual figure is 9.42 shifts lost person meaning that, at year end we have achieved the corporate target.

Sickness absence continues to be professionally and closely managed through our dedicated Health and Wellbeing team who work closely with Line Managers and Human Resources People Partners, with strategic oversight at the Strategic Case review. Our sickness procedures are robust and we offer a range of support mechanisms such as counselling and physiotherapy to support staff.

Our processes are regularly reviewed to ensure they remain fit for purpose in a financially challenging internal and external operating environment. 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. We are conscious of the NHS, the main treatment provider, pressures and working closely with Benenden and other external agencies on initiatives that can support our staff with the aim to return to work quicker.

In quarter 4, 94% of staff passed their fitness test and 11 individuals are supported with fitness improvement plans which includes the provision of advice and guidance on fitness improvement, including weight management and nutritional information. This year end position is a 2% improvement from last year.

During quarter 4 a number of key health messages, such as boosting energy, heart health and strength training, power of neurodiversity, hearing loss 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 which updated regularly to ensure staff are signposted to this support.

## **KLOE 8 sub-diagnostic**

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

In quarter 4, long-term sickness remains the largest contributing factor to the absence figures for all staff groups. Mental health absence has been the main cause of sickness across all staff groups excluding on-call. Musculo-skeletal is the highest causation for on-call and the second highest cause of absence for all other staff groups. Staff counselling remains accessible by all staff with a recent review of the data identifying over the previous two years staff members are accessing on average seven sessions per person. The current entitlement is eight sessions. Safe to Be is updated regularly with all support for mental health both internally and externally.

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 and Fire Control) for quarter 4 was 9.45 shifts lost per person. The cumulative actual figure is 9.42 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 People Partners, with strategic oversight at the Strategic Case review. We are conscious of the NHS, the main treatment provider, pressures and working closely with Benenden and other external agencies on initiatives that can support our staff with the aim to return to work quicker.

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 4, 94% of staff passed their fitness test and 11 individuals are supported with fitness improvement plans which includes the provision of advice and guidance on fitness improvement, including weight management and nutritional information. This year end position is a 2% improvement from last year.

## **KLOE 9: How well trained and skilled are staff?**

### **KLOE 9 Summary**

The Operational Training Programme sets out the skills and competencies required for staff to maintain competence in role. The plan is further enhanced by a mix of digital learning and virtual courses. This blended learning model supports diverse learning preferences, enriching the training experience and ensuring staff remain proficient in their core competencies while adapting to evolving challenges. A Cross-Directorate group oversees the development, implementation, and monitoring of the Annual Training Action Plan to address organisational priorities and emerging risks.

Our competency recording system is deeply embedded 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. Operational competence and assurance is also demonstrated and maintained through effective performance at real incidents, simulations, exercises, drills, and centrally organised training programmes.

The Training Development and Standards team continues to make 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 How's My Team Doing (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 4

being 24% against a target of 22.3%. Pleasingly at year end, our corporate target has been exceeded. Whilst this is positive there is still much to do in attracting a more diverse range of applicants, particularly for operational roles.

There were 39 leavers in quarter 4, nine females and 30 males. Eight from wholetime, 21 from on-call, nine from corporate and one from Fire Control. The top three primary reasons for leaving for all staff were:

- Obtained employment elsewhere with 12 leavers (31%) selecting this reason
- Personal/work commitments with eight leavers (20%) selecting this reason
- End of temporary contract with six leavers (15%) selecting this reason

Of the 39 leavers, 31 were required to have a leavers discussion (79%).

There were 36 new starters in quarter 4; three Wholetime, all male, appointed as a result of our on-call to wholetime transferability process. There were 15 On Call new starters, six females, nine males and six new starters in Fire Control, five female with one preferring not to say. There were 12 corporate new starters, eight females and four males.

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

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 4 staff have visited the home pages for these resources as follows:

- Safe To Be: 717 times over the lifetime of the page (579 at end of previous quarter)
- Safe To Speak: 891 times over the lifetime of the page (774 at end of previous quarter)
- Safe To Challenge: 443 times over the lifetime of the page (370 at end of previous quarter)
- Safe To Lead: 284 times over the lifetime of the page (239 at end of previous quarter)

Other mechanisms for staff to raise concerns is through our Guardians – with one person making contact and our anonymous reporting line FRS Speak out with one additional person making contact through this route.

The Service is committed to White Ribbon, a charity aimed at tackling misogyny and violence against women and girls through male allyship. In mid-April we have 67 Ambassadors and Champions in total, comprising of 42 male ambassadors and 25 female champions. This is a 24% increase on last quarter.

The Equality, Diversity and Inclusion (EDI) team also publish a Community Newsletter three times a year to maintain relationships with community leads and reach groups of people who are seldomly heard. The latest newsletter was published in quarter 4 (February) and has been viewed an additional 98 times since being published.

There were four new disciplinary cases this quarter, and four new bullying and harassment cases. Eighteen cases were concluded and 14 cases carried forward into quarter 1. 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.

There were no ongoing Employment Tribunal claims this quarter and one new claim was submitted.

## **KLOE 10 sub-diagnostic**

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

The Culture Development Committee is now well established and held one meeting during this quarter, co-chaired by the Chief Fire Officer (CFO) and Independent advisor, Sunita Gambin. Episode six of the Culture Conversations podcast was published, receiving 474 views. This communication channel is designed to engage staff with updates on the Culture Delivery Plan and this episode was focused on the 'middle ground', a recorded discussion following the Culture Development Committee.

There were no 'On-Call Question Time' sessions this quarter. However, the new CFO Blog was launched as the preferred method of communication from the CFO with staff. We hope this approach will encourage staff to engage in meaningful conversations and build stronger connections with the CFO and his work. The March edition has had 314 individual staff views, while the first edition in February had 299.

There were two open seats taken up at Strategic Leadership Team (SLT) meetings in March. Seven open seats were taken up at Service Delivery Team (SDT) meetings, two in January and five in February. There were four Bitesize Leaders sessions held and

these focused on the new CFO's priorities and commitments. The Managers Briefing Days programmed to be held this quarter were postponed to June 2025 to allow more time for some key project work to take place.

Our annual Staff Survey took place this quarter, and the results are now being analysed. We will engage with staff on the key findings during the Managers Briefing Days in June linked to the work being undertaken in line with the CFO commitments.

We continue to engage with unions on a monthly basis via face to face meetings attended by the Director of People and Assistant Chief Fire Officer - Response.

The focus of our project communication has been on the Training Centre project and the Resourcing and Savings Programme (RSP) programme using our regular mechanisms such as FireWire, Weekly Update and CONNECT.

## **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 4 being 24% against a target of 22.3%. Pleasingly, at year end, our corporate target has been exceeded. Whilst this is positive there is still much to do in attracting a more diverse range of applicants, particularly for operational roles.

There were 39 leavers in quarter 4, nine females and 30 males. Eight from wholetime, 21 from on-call, nine from corporate and one from Fire Control. The top three primary reasons for leaving for all staff were:

- Obtained employment elsewhere with 12 leavers (31%) selecting this reason
- Personal/work commitments with eight leavers (20%) selecting this reason

- End of temporary contract with six leavers (15%) selecting this reason

Of the 39 leavers, 31 were required to have a leavers discussion (79%).

There were 36 new starters in quarter 4; 19 females, one male and one preferred not to say.

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

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 4 staff have visited the home pages for these resources as follows:

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Other mechanisms for staff to raise concerns is through our Guardians – with one person making contact and our anonymous reporting line FRS Speak out with one additional person making contact through this route.

Guardians are promoted at every opportunity as part of other communications and training delivery and regular communication is scheduled by the Equality, Diversity and Inclusion (EDI) team for April, July and November every year via various media (weekly update, full Firewire article, EDI & You). There are currently seven Guardians, who's training this quarter included a presentation by the Safeguarding Team on suicide and domestic abuse.

The Service is committed to White Ribbon, a charity aimed at tackling misogyny and violence against women and girls through male allyship. In mid-April we have 67 Ambassadors and Champions in total, comprising of 42 male ambassadors and 25 female champions. This is a 24% increase on last quarter.

The EDI team also publish a Community Newsletter three times a year to maintain relationships with community leads and reach groups of people who are seldomly heard. The latest newsletter was published in quarter 4 (February) and has been viewed an additional 98 times since being published. The next Newsletter is due to be published in July.

There were four new disciplinary cases this quarter, and four new bullying and harassment cases. Eighteen cases were concluded and 14 cases carried forward into quarter 1. 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. Of all 18 cases concluded in this quarter, the category breakdown by breach is as follows:

- Four for Appeal.
- Three for Breach of Conduct.
- Seven for Breach of Code of Ethics.
- One for Performance Management (Capability).
- Three for Sexual Harassment/Misconduct.

There were no ongoing Employment Tribunal claims this quarter and one new claim was submitted.

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

#### **KLOE 11 Summary**

There were two corporate inductions held this quarter with 23 attendees in total. At the end of this quarter, there are four individuals who have not yet attended the Corporate Induction within the mandatory timescale and these cases have been escalated as necessary.

Year end, since 1 April 2024, 43 probations have been met, one has been extended and one staff contract has been terminated during their probation period. There are six 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 4 is 88.9%.

All development pathway workbooks have been digitalised. Development pathways are integrated within L&OD activities, and the development framework encompasses Trainer Assessor, Management in Lifesaving, Leadership in Lifesaving with apprenticeships and educational opportunities available to staff.

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. A newly developed Management in Lifesaving course was delivered this quarter, raising the competence, confidence and capability of all of our managers from across the Service.

Bitesize leaders forum sessions continue to be delivered to corporate and operational middle managers. The most recent focus has been to build on the work already being addressed within the Service's Cultural Report, and the session this quarter, which took place in January, focussed on the newly appointed CFO having the opportunity to set out his vision for the future.

The Service's apprenticeships cover a wide range of areas including Leadership Development, Finance, Human Resources and Facilities Management. In quarter 4, ten staff completed apprenticeships, with nine achieving distinctions and one achieving a merit. Twenty-Five staff are currently undertaking apprenticeships across the Service.

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 NFCC Coaching (and mentoring) portal, which is connected with the Woman in the Fire Service, thus ensuring 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. A structured rota group training programme is in place for Flexible Duty Officers.

**KLOE 11 sub-diagnostic**

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

There were two corporate inductions held this quarter with 23 attendees in total. At the end of this quarter, there are four individuals who have not yet attended the Corporate Induction within the mandatory timescale and these cases have been escalated as necessary.

Year end, since 1 April 2024, 43 probations have been met, one has been extended, and one staff contract has been terminated during their probation period. There are six 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 4 is 88.9%.

**KLOE 11 sub-diagnostic**

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

All development pathway workbooks have been digitalised. These will be reviewed and updated when additional resources are soon to be put in place. Development pathways are integrated within L&OD activities, and the development framework encompasses Trainer Assessor, Management in Lifesaving, Leadership in Lifesaving with apprenticeships and educational opportunities available to staff.

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. This course is newly developed Management in Lifesaving course, raising the capability of all of our managers from across the Service.

Bitesize leaders forum sessions continue to be delivered to corporate and operational middle managers. The most recent focus has been to build on the work already being addressed within the DWFRS Cultural Report, and the session this quarter provided

the newly appointed CFO the opportunity to set out his vision for the future, covering key aims that would cement the Services to a healthy organisational culture.

The Service's apprenticeships cover a wide range of areas including Leadership Development, Finance, Human Resources and Facilities Management. In quarter 4, ten staff completed apprenticeships, with nine achieving distinctions and one achieving a merit. Twenty-Five staff are currently undertaking apprenticeships across the Service.

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 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. A structured rota group training programme is in place for Flexible Duty Officers.