

# Performance report - Quarter 3

Finance & Audit Committee

1 October to 31 December 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 Service places organisational resilience at the centre of its governance and assurance arrangements. Business continuity and risk management are embedded within strategic decision-making to ensure critical services can be maintained. Risks are identified and managed through established corporate processes in line with relevant legislation and national guidance. Business continuity arrangements are supported by a formal framework that provides a consistent approach across the Service and reflects recognised good practice.

The Service's asset management arrangements are regularly reviewed to ensure compliance with statutory requirements, good practice, and governance standards, supporting safe and effective operational delivery. Independent assurance is provided through ISO 55001 accreditation, with a successful external audit completed in November that identified no significant non-conformities. The next external audit is scheduled for May 2026.

The Service remains committed to achieving Net Zero and continues to make measurable progress through a coordinated sustainability programme. Energy use across the estate is closely monitored using real-time data to identify trends, address high consumption, and inform energy efficiency improvements. Based on current performance, the Service remains on track to achieve a reduction in carbon emissions, with a forecast reduction of around 12% by the end of the year compared to the recent five-year average.

The Service has a Digital, Data and Technology (DDaT) Strategy that supports the effective use of information and technology to enable operational activity, with clear governance and security arrangements, aligned to the Community Safety Plan. The Service continues to invest in and develop its ICT infrastructure to ensure systems remain current, secure, and resilient.

The Service makes effective use of national procurement frameworks and continues to participate in collaborative and joint procurements to achieve value for money. Current collaborative activity includes, for example, technology aggregation and the Devon and Cornwall Police self-drive hire re-procurement.

## KLOE 6 sub-diagnostic

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

The Service places organisational resilience at the centre of its governance and assurance arrangements, recognising that effective business continuity planning and risk management are essential to maintaining critical service delivery. These activities are embedded within strategic decision making and treated as ongoing priorities rather than reactive functions. Risks, both current and emerging, are identified, evaluated, and monitored through established corporate processes that align with national legislation and recognised sector frameworks, including the Civil Contingencies Act 2004 and national guidance from Fire Standards Board on community risk management planning.

Business continuity arrangements are maintained through a formalised framework that reflects the Business Continuity Institute's (BCI) Good Practice Guidelines, ensuring a consistent, structured approach across the Service. To support informed decision making and early identification of threats, the Service undertakes systematic horizon scanning using credible national and international sources. This includes the BCI Horizon Scan Report, which identifies evolving risks such as cyber disruption, supply chain vulnerability, and extreme weather, alongside HM Government's National Risk Register and Chronic Risks Analysis. Together, these publications provide insight into both acute and long-term resilience challenges, including climate impacts, increasing technological reliance, and biosecurity considerations. These perspectives are fully integrated into the Service's Strategic Assessment of Risk, ensuring coherence between national risk intelligence and local planning.

Resilience activity extends beyond internal governance structures. The Service works closely with external partners through active participation in Local Resilience Forums and engagement with the National Fire Chiefs Council Business Continuity Group, supporting collaboration, shared learning, and consistency of approach across the fire and rescue sector. Intelligence and best practice drawn from these partnerships directly inform the biennial Strategic Assessment of Risk, which underpins the Service's wider strategic planning cycle and ensures that continuity and mitigation measures remain proportionate, evidence led and aligned with national resilience priorities.

During quarter 3, the Service managed 12 full business continuity incidents and implemented 'Business Continuity (BC) lite' arrangements on a further ten occasions. These activations are primarily related to estate-based issues affecting fire stations, information, communications and technology disruptions, and short-term crewing challenges. All incidents were managed in line with established procedures, supporting continuity of critical services and minimising operational impact.

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

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

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

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

Further guidance on the Act requirements has been published on our website for our suppliers, including information on Consortia arrangements.

We are continuing to engage with the dedicated Communities of Practice set up by the Cabinet Office, the Blue Light Commercial (BLC) Group as well as some informal groups and networks made up of local authorities and other public sector bodies.

The Service continues to make good use of national procurement contracts, which includes actively promoting and partaking in collaborative and joint procurements. The Service is currently participating in collaborative procurements, for example, Technology Aggregation, Devon and Cornwall Police self drive hire re-procurement.

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

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

BLC, in partnership with the Home Office, is looking to deliver a single, national e-commercial solution which will aid fire and rescue services with contracted third-party spend (e-procurement). The Procurement Manager is participating in this project on behalf of the Service. This has now been released to the market.

BLC are also looking at the ICT category across the Police and Fire and Rescue Service Sector with a view to looking at starting a sector lead procurement for Laptops.

## **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 robust management of the Service's Estate, Fleet, and Equipment is essential to the delivery of operational capabilities and the achievement of strategic objectives. All assets are systematically monitored and evaluated to assess performance, identify risks, support informed decision-making, and ensure operational resilience, efficiency, and alignment with Service priorities.

Asset management policies, procedures, and controls are subject to regular review and update to ensure compliance with statutory obligations, industry best practices, and corporate governance frameworks. These processes also support continual improvement, risk mitigation, and assurance that assets are managed to optimise value, safety, and operational readiness. Our approach is assured through our accreditation to the British Standards Institute ISO55001. A successful external ISO 55001 audit was undertaken in November 2025, with on-site assessments conducted at Swindon, Shaftsbury, Stratton, and Gillingham. As part of this, auditors reviewed governance arrangements, asset management planning, risk management processes, performance monitoring, and operational controls, as well as interviewing staff to confirm understanding and the consistent application of procedures. No significant non-conformities were identified. The next scheduled external audit will take place in May 2026 as part of the ongoing certification cycle.

During this quarter, the Fleet and Equipment team completed the delivery of the first batch of eight new fire appliances (P1s) into operational service. These appliances have been deployed to Royal Wootton Bassett, Pewsey, Ludgershall, Tisbury, Malmesbury, and Hamworthy, with the remaining two allocated to Driver Training.

Cyclical maintenance works were completed at Charmouth and Bowerhill. In addition, the next four sites scheduled for refurbishment were procured during quarter 3, with works planned to commence in quarter 4 at Blandford, Bridport, Devizes, and Calne. The Salisbury Fire Station roof replacement contract has also been procured and will involve a full roof replacement, including enhanced insulation to improve energy efficiency.

Work to convert Westlea Fire Station to 224 commenced this quarter and has progressed well. The project remains on track for completion in January.

A project to further enhance the tracking of equipment assets has commenced, with the testing of Radio Frequency Identification (RFID) tags at Bere Regis. This technology enables the identification of all equipment carried on an appliance by scanning each

locker with a handheld device, rather than individually as is the current practise. This has the potential to significantly improve asset visibility and control as well as improve productivity of crews.

## **KLOE 6 sub-diagnostic**

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

The Service remains firmly committed to achieving Net Zero and continues to make measurable progress through the delivery of a coordinated and wide-ranging sustainability programme.

Energy consumption across the Service estate is closely monitored via a Power BI dashboard, which provides real-time data to support detailed analysis. This system enables the early identification of a change in usage patterns, facilitates the escalation of high-consumption sites to the Estates team, and supports decision-making on energy efficiency improvements.

We remain on track to reduce the amount of CO<sub>2</sub>e (carbon dioxide equivalent) compared to the average of the last five years. At the end of quarter 3, the Service is currently on track for a 12% reduction at the end of this year.

A series of environmental audits has been undertaken across the estate to support staff in the responsible management of their locations and to reinforce individual accountability for sustainability. The Service continues to actively promote participation in the Green Champions programme, with the aim of appointing at least one Green Champion at each site.

Waste reduction and improved waste management remain key priorities. Regular station audits have identified opportunities for improvement, particularly in relation to segregation of waste at source. Ongoing engagement with personnel throughout the year focuses on increasing awareness of correct segregation practices and the importance of effective housekeeping. This behaviour-led approach has already delivered tangible results, with skip expenditure reducing from £27,000 over a 12-month period last year to £5,000 in the first six months of the current year.

The decarbonisation of the Service fleet continues to be a significant focus area. The fleet currently includes two large electric maintenance vans and 22 Volvo V60 mild hybrid vehicles, supported by the installation of six electric vehicle charging points. Future procurement of white fleet vehicles will include electric options, where appropriate, ensuring a progressive transition away from internal combustion engine vehicles as they reach the end of their operational life.

To further enhance environmental performance, six stations have been identified for feasibility studies. At Chippenham, opportunities are being explored to increase the use of renewable energy through the integration of solar and wind technologies. At Cricklade and Melksham, proposed works focus on reducing heat loss around appliance bay doors and improving overall heating efficiency. At Westbourne, Stratton, and Redhill Park, upgrades to heating system controls are under consideration.

## KLOE 6 sub-diagnostic

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

The Service maintains a strong commitment to meeting the requirements of the Fire Standards Board's Community Risk Management Planning (CRMP) Fire Standard, which outlines the expectations for assessing and addressing risk within communities. Following the most recent updates to the standard, we completed a detailed review to identify any gaps and implemented several small refinements to ensure our practices continue to meet the national benchmark. This work supports our statutory responsibilities under the Fire and Rescue National Framework for England, which places a duty on fire and rescue authorities to produce a CRMP that identifies foreseeable risks and clearly demonstrates how prevention, protection, and response activities are used to reduce harm.

Our approach to developing the CRMP is also aligned with the principles set out by His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS), which emphasise the importance of robust risk analysis and transparent governance. Recent HMICFRS assessments have highlighted our strengths in this area, noting that the Service "continues to identify risk well" and maintains "an effective community risk management plan." These observations reflect the inspectorate's effectiveness criteria, which require evidence-based decision making, well-defined accountability arrangements, and clear links between risk and resource allocation.

Central to our CRMP process is the Strategic Assessment of Risk (SAR), completed every two years. The most recent SAR was issued in September 2025 after engagement with key partners. It provides a future focused analysis of national, regional, and local risk using the PESTLEO framework, considering Political, Economic, Social, Technological, Environmental, Legal, and Organisational factors. The development of the SAR involved close collaboration with our three Operational Groups and their stations, ensuring operational knowledge directly shapes strategic planning. The SAR confirms that the priorities within our Community Safety Plan (CSP) 2024–28 continue to reflect emerging risk patterns and remain fit for purpose.

Delivery of the CSP 2024–28 is supported by five cross service strategies: Asset Management; Community Safety; Data, Digital & Technology; Environmental; and People. These strategies cascade into the annual Service Delivery Plan, which sets out specific actions and performance indicators for the year ahead. Directors and Heads of Department develop their respective delivery plans annually, ensuring clear ownership of outcomes. Progress is overseen through our well-established performance management framework, which recently received 'substantial assurance' from the South West Audit Partnership (SWAP). This

independent review confirmed that our governance arrangements, along with our risk management and business continuity processes, are mature, consistently applied, and aligned with recognised good practice.

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

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

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

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

A capital plan is in place to ensure that projects and activities are being monitored and prioritised to meet business needs.

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

How do we evidence this is being achieved?

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.

The ICT management system is in delivery and aligned to the Services removal of Lotus Notes licencing in March 2026, with ICT and Operational Comms as initial users. Phase three scoping underway for wider Service use, including 'triage' and job request flow. This will assist in the removal of duplicate processes, outside of lotus notes whilst achieving efficiencies through automation and self-service.

The ICT Health Check 2025 was completed in July 2025, the outcome continues to report and show positive progress in our approach to ICT infrastructure and data security. It highlighted 40 high and medium risks and these are being addressed through a mitigation plan and progress is monitored monthly.

The focus for ICT in this quarter has been to:

- Continue with the implementation of multi-factor authentication.
- Support the NFSP Control room procurement with ICT technical support.
- Prepare for the ICT element of the Training Centre projects.
- Deliver the rolling hardware replacement programme and successfully addressing backlogs from previous years.
- Complete the replacement Multi Function Printing Devices (MFD Printers) programme across the Service.
- Continue to deliver the SDWAN project with BT and EE with the pilots, switch on and data centre switch overs on track to commence in quarter 4.
- Deliver the new back up system to provide increased support and business assurance for MS365 data, business continuity and disaster recovery.
- Work with users to define the end user hardware requirements on station.
- Body Worn Camera (BWC) procurement underway for hardware and cloud based software.
- Progress the WiFi refresh procurement to deliver new services on all sites in 2026-27.

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

### **KLOE 7 Summary**

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

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

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

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

### **KLOE 7 sub-diagnostic**

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

For some time now, we have been engaging with local Members of Parliament, Ministry of Housing, Communities and Local Government (MHCLG) and the National Fire Chiefs Council to influence the debate on financial sustainability for fire and rescue services and lobby for council tax flexibility. This has included briefing sessions for local MPs and letters from the Chair and Chief Fire Officer to relevant government ministers. A meeting was held in October 2025 with the new Fire Minister to highlight our position and the risks faced.

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

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

### **KLOE 7 sub-diagnostic**

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

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

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

### **KLOE 7 sub-diagnostic**

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

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

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

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

### **KLOE 12 Summary**

The Service maintains a strong and well-managed Health and Safety system, as demonstrated through recent external audit and the continued maintenance of ISO 45001 accreditation. The quarterly trend for work-related absence due to physical injuries or ill health has reduced by 9% (from 243 to 222 days) compared with the same time last year. Nine people contributed to these figures, of which four are designated long-term sick or in long-term recovery, accounting for 85% of days lost in quarter three.

Reportable incidents to the Health and Safety Executive (HSE) under RIDDOR have remained the same as the same quarter last year (eight), including four 'over seven days' injuries, three 'dangerous occurrences', and one major injury. All incidents and audit outcomes are reviewed and monitored through established governance arrangements to support continual improvement. There are no strategic issues to raise with Members.

### **KLOE 12 sub-diagnostic**

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

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

To assure on health and safety compliance, on average, three audits are required to be completed each quarter from the BSI trained auditor pool. To ensure sufficient capacity, additional auditor training took place in October 2025. A balanced audit plan has been communicated to auditors for financial year 2025-26 to enable workloads to be managed and capacity identified so that audits are undertaken in the relevant timescales. This enables audits to undergo a quality assurance process before the final audit reports being presented to the appropriate Service team or committee.

The quarterly trend for work-related absence due to “physical” injuries or ill health is down 9% (243 down to 222) compared to the same time last year. In this quarter, nine people (incidents) are contributing to these figures. Of the nine people, four are designated long-term sick or in long-term recovery, and their days lost (189) are 85% of the total in quarter three.

The highest injury category within the report is manual handling, 43% (96 days), which is due to this injury category. The next highest category is “Falls from height <2m”, with 32% (70 days), and the remaining 25% (56 days) make up the rest of the days lost for 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 stayed the same as the same quarter last year (eight). Four were reported within the ‘over seven days’ category, three within the ‘dangerous occurrence’ category, and one major injury.

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

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

#### **KLOE 13 Summary**

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

The Service maintains a strong governance framework, reinforced by independent assurance from the South West Audit Partnership (SWAP). In June 2024 Councillor Small, Chair of the Finance and Audit Committee was appointed to the SWAP Members Board. For the second consecutive year, SWAP's annual opinion rated our arrangements as 'Substantial Assurance'. This outcome reflects the results of the 2024–25 audit programme, where five of eight audits achieved a substantial rating and the remaining three were assessed as adequate.

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

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

### **KLOE 13 sub-diagnostic**

**How well does the Fire and Rescue Authority have oversight and scrutiny to ensure that the Service is appropriately effective and efficient in ensuring the safety of communities from fire and other risks?**

The Authority has five key priorities and performance against these are overseen and scrutinised by Members on a quarterly basis. Priorities one, two and three are reviewed at the four Local Performance and Scrutiny Committee meetings. These took place to consider quarter 1 performance in August 2025 using a new LPS dashboard. Priorities four and five were reviewed at the Finance & Audit Committee at their meeting in September 2025 for quarter 1 performance and December 2025 for quarter 2.

The LPS dashboards, performance reports and presentations at these meetings provide details on the effectiveness and efficiency of the Service, as well as looking at how the Service is supporting, developing, and ensuring the health and wellbeing of its people. The annual report was approved by Members and published in September. This is further supported with a Statement of Assurance providing assurance of the previous year's governance, finance, and operational matters.

The Authority oversees and scrutinises the development and delivery of the CSP. A presentation of overall performance against each priority is provided to the Authority at six and 12-month intervals.

## KLOE 13 sub-diagnostic

### How effective and efficient are our governance arrangements?

The Service operates within a mature and well-established governance framework, strengthened through regular independent assurance provided by the SWAP. For the second year running, SWAP has issued an overall annual opinion of Substantial Assurance, reflecting strong governance, effective controls, and sound risk management across the organisation. This rating is underpinned by findings from the 2024–25 audit cycle, in which five of eight audits attracted a substantial rating and the remaining three were judged to provide adequate assurance. Early audits from the 2025–26 programme reinforce this positive picture: in quarter 1, SWAP reviewed the Corporate Performance Management Framework and again concluded that it offers substantial assurance, demonstrating clear alignment with the Authority’s expectations. The Internal Audit Plan remains on track, with all scheduled quarter 2 audits completed within agreed timescales.

To maintain these high standards, the Service applies a layered approach to oversight, drawing on a combination of external assessment, technical accreditation, and internal review. These mechanisms include:

- Independent external audits, providing impartial evaluation of governance arrangements.
- British Standards Institution (BSI) assessments, which confirm continued certification to ISO 45001 for Occupational Health and Safety and ISO 55001 for Asset Management.
- Formal inspections by His Majesty’s Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS), offering sector wide benchmarking and assurance.
- Peer assessments, including the recent National Fire Chiefs Council (NFCC) review of our business continuity practices.

Our governance arrangements are also structured around the seven core principles set out in the CIPFA/SOLACE, Delivering Good Governance in Local Government Framework. Each principle is examined annually in October through formal evidence gathering process that identifies strengths, highlights areas for improvement, and records where compliance has been met. This ensures an ongoing cycle of reflection, transparency, and continuous improvement.

Taken together, these activities create an integrated and comprehensive assurance environment. The outcomes inform the production of the Service’s annual Statement of Assurance, which brings together evidence of compliance with statutory

responsibilities and recognised good practice. To support openness and public confidence, both current and previous Statements of Assurance are published on the Service's website.

### **KLOE 13 sub-diagnostic**

#### **How effective and efficient are we at managing data?**

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

Our legislative information governance compliance remains positive in relation to the Freedom of Information Act and the Data Protection Act. In quarter 3 we received 37 Freedom of Information requests and 90% were responded to within 20 working days. The average response time was 15 working days. No themes were identified this quarter however we did use the exemption that information was accessible by other means on six occasions. One internal review was carried out and was upheld, resulting in copies of fire safety correspondence between us and a charity being disclosed where they had previously been withheld using a section 31 exemption. We received six subject access requests, three from members of the public and four from staff. Six were due a response in the period and we responded to 86% in line with statutory timeframes.

Six security incidents were reported during the quarter. None resulted in a reportable data breach. Four of these incidents related to data handling, one from a phishing email and one a lost mobile phone. These incidents provide us the opportunity to review ways of working, so that we can learn and improve our processes. A phishing simulation resulted in a 24% click rate and those who did not recognise the email are receiving further training and awareness.

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

Completion of the mandatory data protection and cyber security training is at a positive 93%.

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

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

There were 15 complaints received this quarter with 14 due for completion. Of these six were upheld, and eight were not upheld. 85.7% of these were resolved with 20 days (or within the date agreed with the complainant). Two complaints were escalated for stage two review by SLT. 33 compliments were received this quarter.

## **Priority: Supporting and developing our people**

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

#### **KLOE 8 Summary**

In quarter 3, long-term sickness absence remained the largest contributing factor to the absence figures for all staff groups, excluding Fire Control. Mental health is the highest causation for Wholetime, On-Call and Corporate staff. Respiratory was the highest causation for Fire Control. Musculo-skeletal was the second highest causation for all staff groups.

The Service has a corporate target to reduce the average sickness levels compared to the average during the last five years. The average target (including Wholetime, Corporate and Fire Control) for quarter 3 was 7.14 shifts lost per person with the actual figure being 6.63 shifts lost person meaning we continue to be on track to achieve this target with the trend line on a downwards trajectory.

In quarter 3, 14 staff were supported with a Wellbeing Support Plan (previously known as a stress action plan). 12 were from previous quarters and two new plans were set in place in quarter 3.

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.

There were 46 return to work discussions recorded as overdue and this is an increasing trend from both the same quarter last year and the previous quarter. It is anticipated that the new combined process of self-certification and return to work discussion will see an improvement going forward.

In quarter 3, 92% of staff passed their fitness test and 21 individuals are supported with fitness improvement plans which include advice and guidance on nutrition and weight management. There has been an increase in fitness improvement programmes, and work is being undertaken to identify any themes or patterns.

In quarter 3, 46 staff members were on limited duties, with an average duration of under 90 days. There has been a shift in the service position toward limited duties, given the increase in NHS waiting times. The change in focus is to establish whether individuals can undertake meaningful work that contributes to the service delivery and priorities, in which case an exception form will be completed from the outset. This revised approach will be evaluated in six months enabling any long-term change to be reflected in the Attendance Management Procedure.

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?

The Service has a strong focus and understanding of the well-being needs of our workforce and has continued to take positive steps to support staff with their physical, psychological and operational well-being.

Absence Management: In quarter 3, long-term sickness absence remained the largest contributor to absence figures across all staff groups, excluding Fire Control. That said, there was a shift in causation with mental health being the highest causation for Wholetime and On-call staff, followed by musculoskeletal. Mental health remained the highest causation for Corporate staff, with musculoskeletal being the second. The highest causation in Fire Control was respiratory followed by musculoskeletal. Whilst the shift in causation was acknowledged, all mental health cases are discussed at Strategic case review and assurance provided on support from health and wellbeing, HR people partners and line management.

Absence levels in all staff groups, except Corporate, were lower than the same quarter last year but a slight increase corporate. There is a cautionary note regarding the comparison, as the NFCC have taken over national reporting, they no longer want DWFRS to send over figures as full time equivalent (FTE) shifts lost and want this as actual shifts lost. The reporting has been updated to match the new requirements. This will affect corporate figures where we have varying shift patterns, for example, if someone normally works a shorter day than the standard FTE day and is off sick, they will show a whole shift lost now rather than a fraction of a shift.

The Service has a corporate target to reduce the average sickness levels compared to the average during the last five years. The average target (including Wholetime, Corporate and Fire Control) for quarter 3 was 7.14 shifts lost per person with the actual figure being 6.63 shifts lost person meaning we are on track to achieve this target. In quarter 3, two new Wellbeing Support Plans (previously known as a stress action plan) were set in place with 12 plans continue in place from previous quarters. There were 46 return to work discussions recorded as overdue and this is an increase in 20 from the same quarter last year in addition to showing an increasing trend from quarter 2. The new combined process of self-certification and return to work discussion in one should show a decreasing trend going forward together with the accessibility of the new HR management system. It is acknowledged How's My Team records and shows visibly the number of outstanding return to work discussions. In terms of short term sickness management this is also showing an increase in uncompleted sickness absence review meetings with 47 uncompleted from previous quarters which is an rising trend. A meeting with the Head of People Support and the Senior HR People Partner took place in January to address this prior to being raised at the February 2026 People Meeting.

There was one Stage 1 Absence Review Board held in quarter 3, and there was one referrals made to the Independent Registered Medical Practitioner (IRMP).

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 and Monthly People Meeting. Sickness procedures are robust and a range of support mechanisms such as counselling and physiotherapy are in place to support staff, with continued promotion of any new initiatives that may be able to support our staff and the Service. Benenden Health: Membership of our Benenden Health (through salary deduction) continues to increase month on month. In quarter 3, eight DWFRS new staff joined, with a total increase of twelve including dependants. We are conscious of the NHS, the main treatment provider, pressures and working closely with our Occupational Health provider and other external agencies on initiatives that may support our staff with the aim to return to work quicker. Although, we are seeing impacts on members of staff, the sickness data continues to show an improving picture from the same period last year. On occasions this could be attributed to long term sickness leavers/retirements, in quarter 3 we had one person ill health retired.

Staff counselling is accessible to all staff and dependants. Counselling services were provided to 31 staff members and seven family members. Trauma risk in management (TRiM) support was active with five trim interventions covering 24 crew members. Safe to Be is updated regularly with all support for mental health both internally and externally.

In quarter 3, 92% of staff passed their fitness test and 21 individuals being supported with fitness improvement plans which includes advice and guidance on nutrition and weight management. There is no change percentage wise from the same quarter last year, however there is an increase of fitness improvement programmes and work is being undertake to identify any themes/patterns.

There has been a shift in the service position regarding limited duties. Whilst the ideal is to support staff to return within a 90-day timeframe, the focus is now on assessing whether individuals can return and undertake meaningful work that contributes to the service delivery and priorities, in which case an exception form can be completed from the outset. This working practice has run from quarter 2 until quarter 4 and reviewed at this time. Although our existing limited duties data for quarter 3 shows 46 members of staff on limited duties, an increase from quarter 2, all remained within an average time period of under 90 days. 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 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.

Our competency recording system provides robust oversight of staff development and enable staff to be booked onto relevant operational training courses, prior to their competence expiration date.

Operational competence and assurance are also demonstrated and maintained through effective performance at real incidents, simulations, exercises, drills, and centrally organised training programmes.

The Training Development and Standards team continually develop and review guidance, strategic actions, course content and training materials arising out of the evolving national standards to ensure alignment. As a result, the Service is in a positive position embedding National Operational Guidance (NOG) across the Service. Following business case approval, the team also deliver Control NOG on behalf to the Networked Fire Services Partnership (NFSP).

## 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 regularly develop and review guidance, strategic actions, course content and training materials arising out of the evolving national standards to ensure alignment. As a result the Service is in a positive position embedding National Operational Guidance (NOG) across the Service. Following business case approval, the team also deliver Control NOG on behalf to the Networked Fire Services Partnership (NFSP).

## 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 three being 24.8% against a target of 22.9%. Whilst this is positive progress, attracting a more diverse range of applicants, particularly for operational roles, remains a key focus for the Service.

There were 45 new starters and 25 leavers in quarter 3. Of the 25 leavers four (16%) were Wholetime; 13 (52%) were On-call; One (4%) was a member of Fire Control and seven (28%) were Corporate. The largest age range of leavers were 36–45: (nine - 36%) and 56–65: (seven - 28%), with latter primarily due to retirement. The primary reasons for leaving were Obtained employment elsewhere (five - 20%); Change in primary employment (three - 12%), Disciplinary: (three - 12%)

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

A women's health and lived experience event was delivered in quarter 3, alongside activities to mark International Men's Day. The Personal Safety Workshop aligned to White Ribbon also ran for the third consecutive year. The Service is committed to White Ribbon; a charity aimed at tackling misogyny and violence against women and girls through male allyship. Pleasingly the Service also successfully renewed its White Ribbon accreditation and in quarter three we had 80 Ambassadors and Champions in total (73 last quarter), comprising of 46 male ambassadors and 27 female champions which is an increase of 9.5% from last quarter.

Preparations are progressing for International Women's Day and Staff Networks Day, and work continues to strengthen support for network leads. Evaluation of the "Developing Diverse Leaders" programme is ongoing, with five of the six delegates having

secured promotion. The service is also exploring the introduction of a female only Incident Command exercise, subject to available resources.

Recruitment activity continued across Wholetime, Corporate and On call roles, with some progress in diversifying the workforce. That said, gaps remain in gender, ethnicity, disability, and age representation across different staff groups. Positive action and workforce development initiatives continue to be essential to addressing these gaps and there has been a wide range of inclusion and development activities this quarter, including community engagement, leadership development programmes, events to support underrepresented groups, and strengthened processes such as People Impact Assessments.

Our Safe To portal promotes Equality Diversity & Inclusion by giving improved accessibility to health and wellbeing, reporting lines, tools to challenge and leadership initiatives.

In quarter 3, there were 14 new performance management cases. This included four discipline cases, one bullying and harassment case, and two formal grievances. In relation to the four discipline cases, two were due to a Breach of the Code of Ethics, and two were in relation to Performance Management (Capability). In quarter 3, 16 cases were carried forward; resulting in the professional standards team managing a total of 30 cases.

Of the 14 new cases this quarter, WDS and On-Call staff groups each account for five cases and Corporate staff account for four cases.

14 performance management cases were closed in quarter 3; seven of which were as a result of a hearing. Of the seven hearings four were at stage three (the available sanctions of which are up to and including dismissal).

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

There have been no new Employment Tribunal claims submitted this quarter, although following the appeal closed this quarter a tribunal claim is anticipated.

## KLOE 10 sub-diagnostic

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

In quarter 3 activity as per the internal communications engagement plan was delivered. There were two 'On-Call Question Time' sessions during this quarter. The Culture Development Committee is now well established and held one meeting during this quarter, chaired by the CFO and Sunita Gamblin QPM. During quarter 3, there were no new episodes of the Culture Conversations podcast.

There were no open seats taken up at SLT meetings in quarter 3. There have been eight open seats taken up at Service Delivery Team meetings this quarter. There were five Bitesize Leaders sessions held during quarter 3, which focused on corporate governance. These involved engaging with staff about our corporate governance, setting our priorities, ensuring staff understand these processes.

During quarter 2 our first mini Culture Survey was launched. This was open for response until early November and encouraged staff to respond to questions around inappropriate behaviours witnessed at work and how we're improving policies and procedures to support staff. Improvement actions were developed to promote the work of HR People Partners, the Culture dashboard and our Safe2 area on CONNECT. The survey was open for 42 days and we received 143 responses (10.39% of staff). The annual staff survey will be launched again in quarter 4.

We continue to engage with unions on a monthly basis via face to face meetings attended by the Director of People and ACFO Response. This is a focus as we move towards potential station closures.

During quarter 3 the CFO Blog continued. The October, November and December editions had 789 individual staff views between them. We are averaging 263 individual staff views per month this quarter.

During quarter 3 we have continued to support the delivery of project communication plans across the organisation, working with Strategic Planning to ensure these are delivered and evaluated. As such, the focus has been on the comms delivery and consultation planning for the RSP programme.

## KLOE 10 sub-diagnostic

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

The Service continues to actively identify and address disproportionality across its workforce through targeted action, data monitoring, and developing inclusive practice.

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 three being 24.8% against a target of 22.9%. Whilst this is positive progress, attracting a more diverse range of applicants, particularly for operational roles, remains a key focus for the Service.

Two working groups have been setup to review the Wholetime recruitment process to consider different approaches to the sifting and online tests as well as reviewing the practical job relating tests to ensure they are still appropriate for future processes and support a diverse applicant base. The focus is maintaining minimum standards but also supporting an approach to positive action and no having a detrimental impact on applicants from underrepresented groups.

The following provides a summary of the starters and leavers data from quarter 3.

#### Wholetime Recruitment:

- New Starters: seven.
- Ethnicity: all White British.
- Gender: two female and five male.
- Age: Two aged 25–35; five aged 36–45.
- Sexual orientation: six heterosexual; one bisexual.
- Religion: four Christian; one no religion; two preferred not to say.

It is recognised that there continues to be disproportionality in female and ethnic minority recruitment. A positive Action Steering Group and recruitment working groups remain in place to address this.

Corporate Recruitment:

- New Starters: eight (all White British).
- Ethnicity: all White British.
- Gender: three female, five male.
- Age: Even spread across the age bands.
- Sexual orientation: seven heterosexual; one bisexual.
- Religion: three Christian; five no religion.

Underrepresentation remains in disability (3%), youngest and oldest age groups and Christian representation.

On call Recruitment:

- New Starters: 30.
- Ethnicity: 27 White British, two White Other, one Mixed.
- Gender: four female, 26 male.
- Age: predominantly 17-24 (14) and 25-35 (ten).
- Sexual orientation: 30 heterosexual.
- Religion: eight Christian; 22 no religion.

There has been an Increase in younger (17–24) starters, but continuing underrepresentation in gender (11% female), ethnic diversity, disability, and older age groups.

Fire Control: No new starters in quarter 3

In quarter 3 there were 25 leavers. The diversity data is set out below.

- Wholetime: four (16%).
- On-call: 13 (52%).
- Fire Control: one (4%).
- Corporate: seven (28%).

Age:

- 17–24: two (8%).
- 25–35: three (12%).
- 36–45: nine (36%).
- 46–55: four (16%).

- 56–65: seven (28%).
- 66+: zero.

Gender:

- Female: four (16%).
- Male: 21 (84%).

There were no significant trends for sexual orientation, disability, ethnicity, or religion. The primary reasons for leaving were Obtained employment elsewhere (five - 20%); Change in primary employment (three - 12%), Disciplinary: (three - 12%).

19 Leavers discussions were required in quarter 3 and 17 were completed and returned. No themes identified from free text comments.

A draft Positive Action Scoping Document has been developed, and work is underway to produce a staff benefits video that reflects a diverse range of roles and colleagues. In addition, a newsletter and “keep in touch” options are being explored to maintain engagement with the WDS talent pool.

A women’s health and lived experience event has been delivered, alongside activities to mark International Men’s Day. The Personal Safety Workshop aligned to White Ribbon ran for the third consecutive year. The organisation also successfully renewed its White Ribbon accreditation.

Preparations are progressing for International Women’s Day and Staff Networks Day, and work continues to strengthen support for network leads, with a paper scheduled for SLT consideration in quarter 4.

Attendance on the Women’s Development Programme continues to be monitored. Evaluation of the “Developing Diverse Leaders” programme is ongoing, with five of the six delegates having secured promotion. The service is also exploring the introduction of a female only Incident Command exercise, subject to available resources.

Recruitment activity continued across Wholetime, Corporate and On call roles, with some progress in diversifying the workforce. That said, gaps remain in gender, ethnicity, disability, and age representation across different staff groups. Positive action and workforce development initiatives continue to be essential to addressing these gaps and there has been a wide range of inclusion and development activities this quarter, including community engagement, leadership development programmes, events to support underrepresented groups, and strengthened processes such as People Impact Assessments.

In quarter 3, there were 14 new performance management cases. This included four discipline cases, one bullying and harassment case, and two formal grievances. In relation to the four discipline cases, two were due to a Breach of the Code of Ethics, and two were in relation to Performance Management (Capability). In quarter 3, 16 cases were carried forward; resulting in the professional standards team managing 30 cases.

Of the 14 new cases this quarter, WDS and On-Call staff groups each account for five cases and Corporate staff account for four cases.

14 performance management cases were closed in quarter 3; seven of which were as a result of a hearing. Of the seven hearings four were at stage 3 (the available sanctions of which are up to and including dismissal).

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

There have been no new Employment Tribunal claims submitted this quarter, although following the appeal closed this quarter a tribunal claim is anticipated.

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

#### **KLOE 11 Summary**

The Service have a range of programmes, initiatives, and activities in place to develop and support our leadership capability. There was one corporate induction held this quarter with a total of 26 attendees. Two individuals attended outside the mandatory timescale and seven individuals who have not yet attended within the mandatory timescale. They have all been added to the next available dates and this has been escalated to their line managers.

Year to date, since 1 April 2025, 46 probations have been met, one has been extended, and no staff contracts have been terminated during their probation period. Five final probation forms are outstanding at the end of the quarter.

The 1:1 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. Unfortunately, due to issues with the HRMIS system, it was agreed to halt the recording of 1:1 reviews for this quarter.

Leadership programmes 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

All development pathway workbooks have been digitalised will be reviewed and refreshed once the new Learning Management system is in place. These pathways are fully embedded within the wider Learning and Organisational Development programme, which includes the Trainer Assessor, Management in Lifesaving, and Leadership in Lifesaving frameworks, alongside apprenticeship and educational opportunities for staff.

A Bitesize Leaders programme is in place which has the flexibility to accommodate any changes arising out of emerging issues/hot topics. The topic for the quarter 3 sessions was Corporate Governance.

The Service's apprenticeships cover a wide range of areas including Leadership Development, Finance, Human Resources and Facilities Management. In quarter 3, we had 32 staff members undertaking apprenticeships; 10 operational (eight male and two female) and 22 corporate (six male and 16 female). Five apprentices are under the age of 25.

Our coaching and mentoring schemes are under further development with key staff receiving level five training via the apprenticeship scheme, with further students being trained to a level three coaching standard. This process will support the Service in meeting its cultural goals as coaches will support leader development, improve performance, and behaviour change.

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?**

This quarter there was one corporate induction sessions held in November with 26 attendees. Two individuals (one on-call and one wholetime firefighter) who attended a Corporate Induction after the mandatory timeframe. At the end of quarter 3, there are seven individuals who have not yet attended the Corporate Induction within the mandatory timescale due to various reasons; however, they have all been added to the next available dates and this has been escalated to their line managers.

Following the corporate induction, a survey regarding the effectiveness of the process is sent out. 25 of the 26 attendees completed the feedback survey (96% response rate). 88% of respondents stated that the Corporate Induction either met or exceeded expectations. Attendees highlighted the smooth organisation and coordination of the session, the welcoming and friendly atmosphere, and effective engagement through interactive activities. 12% of respondents stated that the overall induction required improvement feeling that parts of the programme were rushed and would have benefited from clearer context around individual roles and how they fit within the wider service.

One way that we evaluate how successful the induction period has been for a new starter is data from probation reviews. Year to date, since 1 April 2025, 46 probations have been met, one has been extended, and no staff contracts have been terminated during their probation period. Five final probation forms are outstanding at the end of the quarter.

Due to issues with the HRMIS system, it was agreed to halt the recording of 1:1 reviews for this quarter.

### **KLOE 11 sub-diagnostic**

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

All development pathway workbooks are now digitalised and will be reviewed and refreshed once the new Learning Management system is in place. These pathways are fully embedded within the wider Learning and Organisational Development programme, which includes the Trainer Assessor, Management in Lifesaving, and Leadership in Lifesaving frameworks, alongside apprenticeship and educational opportunities for staff.

Leadership in Lifesaving courses are scheduled quarterly and are open to all staff. They form a key part of our approach to developing future leaders and delivering the commitments within our Culture Delivery Plan. The newly introduced Management in Lifesaving course further strengthens leadership capability across all levels of the Service.

Bitesize Leaders Forum: Continue to provide a platform to develop middle management teams and align the activities of their teams towards organisational goals and priorities.

Apprenticeships: The Service's apprenticeships cover a wide range of areas including Leadership Development, Finance, Human Resources and Facilities Management. In quarter 3, we had 32 staff members undertaking apprenticeships; 10 operational (eight male and two female) and 22 corporate (six male and 16 female). Five apprentices are under the age of 25.

Coaching: The Service have several coaches training to be qualified at the Institute of Leadership & Management level three and level five. This process will support the Service in meeting its cultural goals as coaches will support leader development, improve performance, and in turn steer behaviour change. Applying an internal coaching approach reduces reliance on external providers, builds trust across teams, and helps embed continuous learning and accountability throughout the organisation.

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 is part of the NFCC coaching portal which ensures a diverse range of coaches and support are available for staff across the Fire Service sector.

Incident Command: 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. Acquisition training for new station managers was delivered over this quarter. The training, aligned to Skills for Justice and National Operational Guidance provided the necessary skills to support tactical decision making at incidents. A structured rota group training programme is in place for Flexible Duty Officers.