



**DORSET & WILTSHIRE
FIRE AND RESCUE
AUTHORITY**

Item 26/12

MEETING	Dorset & Wiltshire Fire and Rescue Authority
DATE OF MEETING	10 February 2026
SUBJECT OF THE REPORT	Our Culture Progress
STATUS OF REPORT	For open publication
PURPOSE OF REPORT	To review and approve
EXECUTIVE SUMMARY	<p>This report summarises our culture progress; particularly against our the 2023–2025 Culture Delivery Plan.</p> <p>Progress is captured across 37 deliverables aligned to the Service’s commitment to develop an inclusive, safe, and high-performing workplace culture.</p> <p>The plan was a pivotal response to our Independent Review, as well as including recommendations arising out of our own internal culture review, which commenced prior to the commissioning of our independent review, and His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) reports into values and behaviours and the handling of misconduct.</p> <p>The plan also considered relevant recommendations of other Fire and Rescue Service culture reviews and the National Fire Chief Council (NFCC) Culture Action Plan.</p> <p>The Culture Development Committee (CDC) supported by the Strategic Leadership Team (SLT) leads, staff networks, and external partners has overseen the implementation and evaluation process with the Finance & Audit Committee adding a further level of scrutiny and assurance through six-monthly highlight reports.</p>

	<p>The vast majority of the actions within plan have been successfully delivered with significant milestones achieved, although a few medium and long-term initiatives remain in progress. This in part is due to some deliverables being ongoing pieces of work.</p> <p>To provide robust assurance against our progress the Service commissioned two external audits; one through our internal audit arrangements and the other through commissioning Practice to Progress (P2P), who undertook our Independent Review. The outcome of both audits shows positive progress being made.</p> <p>The HMICFRS also undertook a revisit week commencing 24 November 2025 to assess the progress the Service has made against our Cause of Concern. The cause of concern revisit letter also recognised that good progress had been made and closed three of the five concerns.</p> <p>The Service is proud of the progress made, particularly ensuring that our staff feel safe and supported. It is however recognised that there is; and will always be, more work to do.</p> <p>The culture action plan was created as a three-year plan, with all actions due for delivery by April 2026. Whilst successful progress has been made, it is felt that a further plan focussed on strengthening and embedding would be beneficial to maintain focus in this area. This approach would also ensure that the outstanding actions can be completed and recommendations from the progress audits can be implemented.</p> <p>The next iteration of the plan will be a two year plan covering the period April 2026 until March 2028 at which point any future actions would be built into our next Community Safety Plan, Service Strategies and monitored through the Service's normal performance management and reporting processes ensuring our staff are able to thrive in an inclusive, safe and supportive workplace.</p> <p>Improvements will continue as we mature, evolve and respond organisationally, listening to our community and colleagues, monitoring wider societal risks, and reviewing policy, procedure and process with guidance from NFCC and HMICFRS.</p>
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RISK ASSESSMENT	<p>Failure to continuously promote and develop organisational culture may result in the organisation not achieving its vision and service priorities.</p> <p>In addition, there could be direct impacts on equality, diversity and inclusion improvements not being realised, which will in turn result in further impacts on recruitment, retention, progression, staff morale, wellbeing and physical and psychological safety. This will have detrimental impacts for all those involved in the Service and may cause governance and reputation damage for the Authority.</p> <p>There is however a recognition that a balance must be achieved and maintained, so as not to have the unintended consequence of creating change fatigue which could disengage staff.</p>
COMMUNITY IMPACT ASSESSMENT	<p>If our communities are not assured that the Service is working hard on its cultural development, there will be an impact on the high level of public trust that the Service is held in.</p> <p>This will have an impact on community engagement and positive action initiatives, which will impact on the Service meeting the needs of the community it serves and achieving a more diverse workforce.</p>
ENVIRONMENTAL IMPACT ASSESSMENT	None for the purposes of this paper.
BUDGET IMPLICATIONS	None for the purposes of this paper.
RECOMMENDATIONS	<p>Members are asked to:</p> <ol style="list-style-type: none"> 1. Review, note, endorse and recognise the successful progress of the Culture Delivery Plan. 2. Support and endorse the creation of the next iteration of a culture improvement plan to cover the period 2026 – 2028 which will focus on embedding and strengthening what’s in place as well as ensuring the successful delivery of recent audit recommendations.
BACKGROUND PAPERS	<ol style="list-style-type: none"> 1. Internal Culture Review Internal-Culture-Review-Report-FINAL.pdf

	<ol style="list-style-type: none"> 2. Independent Review into Workplace Culture at Dorset & Wiltshire Fire and Rescue Service: Full Report. September 2023 3. Dorset & Wiltshire Fire and Rescue Service’s Response to the Independent Review’s Recommendations. October 2023 4. Open letter from Chief Fire Officer Ben Ansell to Alex Johnson QFSM. October 2023 All documents are available on the Service’s website. https://www.dwfire.org.uk/about-us/your-fire-and-rescue-service/independent-review/ 5. Culture Action Plan for UK Fire and Rescue Services. National Fire Chiefs Council. July 2023 https://nfcc.org.uk/wp-content/uploads/2023/08/Culture-Action-Plan_FINAL.pdf 6. Culture Action Plan Summary Close Down Report. National Fire Chiefs Council. April 2025 Culture Action Plan Closure Summary Report - NFCC 7. A spotlight review of the values and culture in fire and rescue services. His Majesty’s Inspectorate of Constabulary and Fire & Rescue Services. March 2023 https://hmicfrs.justiceinspectores.gov.uk/publication-htm/valves-and-culture-in-fire-and-rescue-services/ 8. Standards of behaviour. The managing of misconduct in Fire and Rescue Services. His Majesty’s Inspectorate of Constabulary and Fire & Rescue Services. August 2024 Standards of behaviour: The handling of misconduct in fire and rescue services 9. NFCC Independent Challenge and Support Panel Report. February 2025 Independent Challenge and Support Panel Report
<p>APPENDICES</p>	<p>Appendix A – Culture Action Plan - Progress Statements</p> <p>Appendix B – SWAP Audit</p>

	Appendix C – P2P Sense check report Appendix D – HMICFRS Cause of Concern Revisit Letter
REPORT ORIGINATOR AND CONTACT	Andy Cole, Chief Fire Officer Andy.cole@dwfire.org.uk Tel no: 01722 691000

1 Introduction

- 1.1 Over the past three years our organisational culture has been under sharp focus and scrutiny. Whilst this initially brought challenges in terms of a relentless media focus impacting on staff morale and organisational reputation, it quickly gave renewed impetus and purpose to reinvigorate our commitment to our code of ethics as well as the humility to recognise that we had work to do to ensure our staff felt safe and supported in the workplace and that the voices and concerns of our staff were actively listened to so positive changes would come.
- 1.2 Whilst our organisation has specifically been under the spotlight a focus, the Fire Sector as a whole, has necessarily, also been subjected to increased scrutiny. His Majesty's Inspectors of Constabulary and Fire and Rescue Service have published two key reports – Values and Culture in the Fire and Rescue Service and Thematic Review of Misconduct.
- 1.3 The National Fire Chief's Council has also published its own Culture Action Plan as well as commissioning an independent challenge and support panel report. All these reports demonstrated the need for cultural improvement and change.
- 1.4 It is fully recognised that organisational culture change is not a quick and easy task, it is an evolutionary journey of continuous learning and improvement, driven by a strong desire and commitment to make meaningful and lasting change.
- 1.5 Our internal and external audits have recognised that the Service has made excellent progress on delivering the actions of our culture action plan and remain dedicated to creating an inclusive and supportive workplace. This report sets out the positive progress made, highlights some of the key achievements (Section 11) and sets out our proposed next steps.
- 1.6 Whilst we recognise the good work of our staff and the improvements made, it is done so with full acknowledgement that there is still much work to do and our commitment to this and achieving our cultural vision is resolute.

2 Background

- 2.1 In November 2022, London Fire Brigade (LFB) published their Independent Culture Review of London Fire Brigade report. Following the publication of this report, the Service undertook a self-assessment against the report recommendations and commissioned our internal culture review.
- 2.2 However, as Members are aware, in January/February 2023 there was significant interest into our Service following allegations of poor workplace behaviour in the media. As a result, the previous Chief Fire Officer commissioned an independent review of into our workplace culture.
- 2.3 The Independent Review report was published on 17 October 2023, along with the Service's response in the form of an open letter to the lead of the Independent Review Team and a management response to each of the recommendations.
- 2.4 The Service accepted all the recommendations and was committed to delivering them in a timely and collaborative manner.

3 Culture Action Plan

- 3.1 Our culture action plan was developed to ensure the effective delivery of the recommendations and was presented to the Fire Authority in December 2023.
- 3.2 At the time our culture action plan was created there were several other national drivers such as HMICFRS reports and recommendations from other workplace culture reviews within the Fire Sector. Where appropriate these fed into the action plan.
- 3.3 The plan was set out against the following themes:
- Building trust and confidence
 - Strengthening support, welfare, and facilities
 - Clear cultural expectations for all staff
 - Strengthening leadership and engagement in workplaces
 - Strengthening key procedures and practices
- 3.4 The timescales within the plan were unapologetically ambitious, to ensure the organisation was responsive, staff were supported, and changes were made.
- 3.5 The timescales included 'quick wins' to be delivered by April 2024, longer term changes by April 2025 with a focus on continuous improvement by April 2026.

4 Our Culture Vision Statement

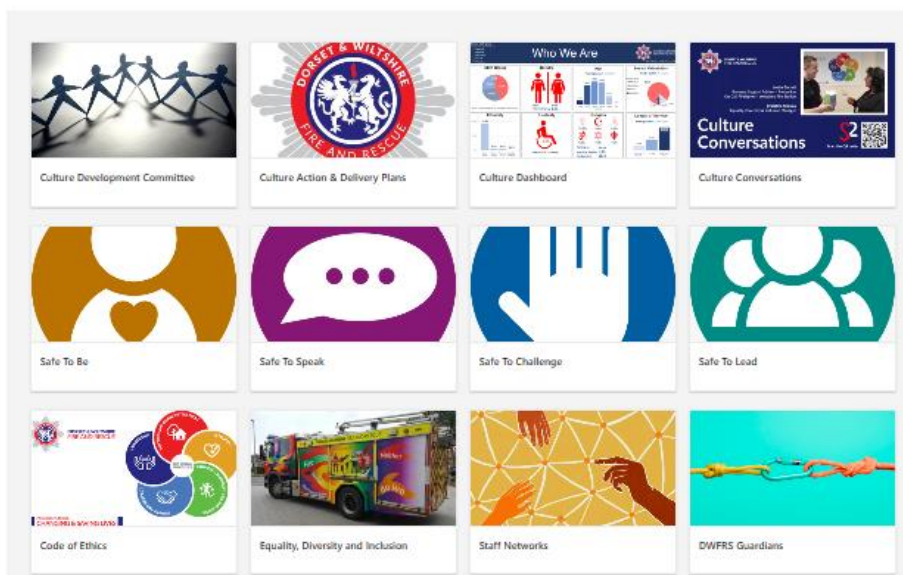
- 4.1 As well as setting out the actions required our culture action plan also set out our culture vision statement: -

'We are proud of being part of our fire and rescue service. We recognise, respect and celebrate the contribution everyone makes. Everyone works in a safe environment where they feel supported, welcomed and able to thrive. Value-based leadership and good teamwork is clear to see throughout the Service. Decision-making is at the lowest appropriate level and people are encouraged and empowered to use professional judgement and discretion. If things go wrong, we learn and improve. Our leaders are accountable and manage performance and behaviour with everyone feeling a strong sense of belonging.'

- 4.2 In support of our vision statement, we developed an organisational culture statement (Appendix A) which clearly set out our intent for change and expectations of our staff.

5 Staff engagement and information

- 5.1 Once created, our culture action plan was shared with staff, who were encouraged to provide feedback through Leadership Forums and Manager Engagement Days. This helped to ensure that actions were transparent, still relevant and accountable to everyone.
- 5.2 As we moved to the delivery phase of our culture journey our action plan was converted into a delivery plan identifying the appropriate strategic leadership team (SLT) lead, the action owner along with a status tracker to ensure progress was monitored and reported upon.
- 5.3 A dedicated SharePoint site 'Our Culture' was created to ensure all staff are able to access our action and delivery plans, view highlight reports, easily access the various supporting products created as well as being able to find updates on the work of the Culture Development Committee (CDC).
- 5.4 In addition to the above, the site (screenshot below) also provides helpful links to some of the key deliverables from the culture action plan, specifically our Safe To portal and our culture dashboard.



- 5.5 Staff engagement has been a high priority in the successful delivery of our culture action plan. In addition to the SharePoint site, our communications strategy has included regular articles and features in the Weekly Update and Firewire publications, as well as the introduction of a 'Culture Conversations' podcast.
- 5.6 A key element of our staff engagement was our commitment to the expansion and growing membership of our staff networks, embedding our commitment to increasing openness, hearing the voices of our staff and taking action. All members of SLT act as a SLT champion to each of the staff networks, enabling their voices to be heard at the top of the organisation, ensuring that decisions are made cognisant of staff voices.
- 5.7 All our key strategic meetings, such as Strategic Leadership Team and Service Delivery Team meetings as well as our Bitesize Leader sessions offer 'open seats' to staff. The CDC offers open seats with a good representation from all our staff groups, attending in this capacity. Open seat attendees are encouraged to actively participate in the meeting with their meeting evaluation feedback sought as a priority.

6 Delivery and oversight arrangements

- 6.1 A cross departmental culture steering group was set up comprised of action owners to ensure that the work delivered was undertaken in a collaborative manner.
- 6.2 From an Officer perspective, the action plan was overseen by the CDC. The Committee, who meet on a quarterly basis, was initially chaired by the Deputy Chief Fire Officer and is now chaired by the Chief Fire Officer following his commencement in role in January 2025. This demonstrated clear intent that our new Chief Fire Officer fully acknowledged the importance of our culture journey and immediately recognised that it had to be visibly led at the very top of the organisation.
- 6.3 A recommendation of the Independent Review was that a committee set up to oversee arrangements be chaired by an independent person. The role was advertised with two individuals responding, each with valuable and complementary skills sets.
- 6.4 In appreciating the value, they would both add, the Service asked them each to provide support with Professor Manuela Barreto assisting in the development of our culture assurance framework and decision-making model and DCI Megan Elkins from Wiltshire Police providing scrutiny to the CDC.
- 6.5 Unfortunately, in January 2025, after only a couple of months in post, DCI Elkins had to step down from her role. Fortunately, the Service had started to work with Sunita Gamblin QPM, an ex-Deputy Chief Constable and Executive Coach with a keen interest in Diversity and Inclusion and following a personal request from CFO Cole, Sunita agreed to be the independent co-chair of the Culture Development Committee.
- 6.6 Sunita came with a wealth of relevant experience particularly from her role as the independent co-chair of Greater Manchester Fire & Rescues' Culture Board. Since March 2025 Sunita has been working closely with CFO Cole and has immersed herself within the Service, ensuring she meets numerous members of staff and staff networks to hear the 'ground truth' of how it feels to work in our Service.

6.7 Since working closely with the Service, Sunita has brought invaluable independence, scrutiny and expertise to her role. Her work has included the following areas of focus and support: -

Provide independent, unbiased scrutiny and oversight of culture activity, acting as a critical friend and advocate for progress across all cultural and inclusion initiatives	Champion and support the Diverse Leaders Programme, including coaching delegates, strategic advice and challenge
Attend and co-chair four quarterly culture development committee meetings, including other culture-related meetings, ensuring effective support and accountability.	Review documentation, agendas, minutes, reports and other relevant papers relating to committee activities and decision-making.
Engage in regular (monthly) discussions on EDI and cultural development across all directorates, including staff network leads and the leadership group.	Challenge, influence and advise on ethical matters, ensuring alignment with organisational values and best practice.
Provide constructive feedback and recommendations to support improved organisational performance and cultural maturity.	Report observations and recommendations relevant to culture, inclusion and leadership practice.
Attend staff network meetings, maintaining regular contact with network chairs to provide support, challenge and guidance.	Participate in stakeholder panels for ACFO appointments, contributing an independent cultural and ethical perspective.
Support organisational engagement through blogs, social media and external communications, encouraging positive participation and reputation building.	Attend Code of Ethics training and contribute to the ongoing development and embedding of ethical standards.
Encourage leadership development to strengthen team cohesion, clarify goals and inspire inclusive thinking.	Support and re-energise the strategic development of SLT sponsors/champions for all staff networks.
Undertake station visits to gain insight into lived experience and operational culture.	Encourage membership and engagement in race equality benchmarking activity to assess and improve organisational performance.
Elevate staff voice and help translate feedback into meaningful actions, demonstrating listening, care and accountability.	Following F&A recommendation for an external review, suggest that P2P be approached to undertake this work.

Promote and support pre-event planning for an annual <i>Power of Inclusion Day</i> to maximise impact and engagement.	Encourage the inclusion of appraisal objectives focused on embedding inclusion at all levels.
Advocate for external speakers at CDC to bring insight, challenge and best practice.	Support and encourage the planning of the Women's Conference, including its strategic intent and impact.

- 6.8 It was important that Fire Authority Members had confidence in the delivery and embedding of the action plan and to that end, a highlight report is presented to the Finance & Audit Committee every six months so that actions are scrutinised, providing further assurance against our progress.
- 6.9 In addition, the Chair and Vice Chair of the Authority, and the Chair of the Finance & Audit Committee, along with the Member EDI lead, meet with the CFO and Director of People Services prior to the Finance & Audit Committee to enable a deeper dive into the work being done and the changes being made.

7 HMICFRS Inspection in 2024

- 7.1 In April 2024 the Service was inspected by the HMICFRS, with the resulting report published in October 2024. The inspection report concluded that the Service was 'Inadequate' in 'promoting the right values and culture' and advised the Service of a 'Cause for Concern' which is set out below:

'The service needs to do more to make sure that its staff routinely demonstrate behaviours in line with its values. We found strong evidence of behaviours that aren't in line with service values and were told about some areas of the service which have a culture of tolerating unacceptable behaviour. Staff don't always have the confidence to report these issues and worryingly, when they do, they aren't always supported by managers. We acknowledge that the service has commissioned and published an independent review into its workplace culture and has a plan in place to improve its organisational culture.'

Recommendations

The service should update its culture delivery plan to include the following recommendations:

- The service should make sure that its staff are able to demonstrate that they understand and follow the Core Code of Ethics and should be able to demonstrate that it has built the code into all relevant policies and practices.*
- The service should assure itself that senior and middle managers act as role models and show they are committed to service values through their behaviour.*

- *The service should establish a culture where behaviours that aren't in line with its values are routinely challenged, making sure all staff are trained and supported to identify and challenge these behaviours.*
- *The service should make sure appropriate support is provided to those raising workforce concerns.*
- *The service should make sure staff fully understand the role of the culture development committee and the actions it is taking.'*

7.2 Understandably the Service was disappointed with this outcome particularly as the inspection had been brought forward by six months. This meant a lot of the great work being done had not had the necessary time to embed prior to the inspection progress. However, this outcome gave renewed energy to continue to drive forward our culture development with vigour.

7.3 Aware of our culture action plan, the HMICFRS confirmed that the Service did not need to create a separate action plan providing their recommendations were covered.

7.4 In addition to our cause of concern, the Service also received three Areas for Improvement (Afi) in relation to Ensuring Fairness and Promoting Diversity. These are:

- The Service needs to improve the diversity of its workforce, particularly for wholetime firefighter roles.
- The Service should train all staff in equality, diversity and inclusion and make sure staff understand the benefits of positive action.
- The service should make sure it has effective grievance procedures that staff have confidence in and should resolve disciplinary and work-related concerns promptly.

7.5 The culture delivery plan also includes actions to address these areas of improvement.

7.6 Appreciating the increased focus required, a strategic risk was raised and is monitored by SLT on a monthly basis. All corporate risks are also overseen and scrutinised by the Fire Authority's Finance & Audit Committee. This demonstrated the strategic importance of our cultural development and ensured the momentum for change was positively maintained.

8 Early Progress

8.1 The December 2023 Fire Authority paper regarding the culture action plan advised that several positive steps had already been taken and were therefore not included in the action plan. These were:

- Introduced the independent and anonymous reporting line through Crimestoppers (FRS Speak Up).
- Launched a culture dashboard providing information about the composition of our workforce as well as information regarding the reasons for and outcomes from discipline/bullying and harassment investigations, to increase transparency and build confidence in raising concerns.

- Communicated expectations around use of WC facilities and monitoring arrangements in workplaces.
- Introduced structural changes within Learning and Development and HR to strengthen leadership and management arrangements, support and oversight. This included the addition of a Watch Manager role to ensure continued delivery of our 'Not of my Watch' awareness training.
- Ensure operational females were key stakeholders to organisational projects, such as operational welfare facilities, thus ensuring that the views of operational staff who are under-represented in the organisation are fully considered and accommodated.
- Implemented changes to Disclosure and Barring Services checks for new starters. This has followed a change in legislation whereby Fire and Rescue Authorities are now listed in Schedule 1 Rehabilitation of Offenders Act 1974 (Exceptions) meaning that all staff must complete at least a standard level check which is monitored annually by the Service.
- Ensured the Culture Development Committee has a broad representation across the Service.
- Commenced a programme of staff engagement following the publication of the Independent Review report, through Q&A sessions with all staff, Leaders Forum discussions and the Culture Development Committee to ensure a collective commitment to change across all parts of our Service.

9 Embedding the Code of Ethics

9.1 The culture action plan led to the development of some new initiatives, all of which continued to support the embedding of the Code of Ethics. These were:

- Workload and Expectations discussion paper
- Dignity and Respect at Work Framework
- Decision Making Framework

9.2 Along with existing products, processes and procedures the illustration below demonstrates how our work has continued to positively embed the Code of Ethics within our organisation.



10 Culture Assurance Framework

- 10.1 A vital part of any change programme is to evaluate the impact of the actions taken. This was achieved through the development of a culture assurance framework.
- 10.2 The Service worked with Professor Manuela Barreto to develop the framework, comprising of a set of measures depicting what adequate, good and outstanding progress would look like for each action of our culture delivery plan. This ensured that action owners were accountable for the work they were leading so that that the work done was embedded and having a demonstrable positive organisational impact.
- 10.3 Appendix A sets out a summary of each of the actions which has been evidenced within the framework.

11 Key Achievements

- 11.1 Of the 37 actions; some of the key achievements are highlighted below:
 - Culture Dashboard: Developed and launched in October 2023, the culture dashboard provides service-wide equality and performance information including reasons for and outcomes of disciplinary investigations to create confidence in

reporting and transparency in the knowledge that all concerns raised are investigated with appropriate action taken.

- **Safe To:** Our portal provides a range of information, links and signposts to information, enables easier and more accessible reporting of concerns, improving transparency and trust. Better accessibility includes information such as raising concerns and exploring health and wellbeing provision from personal mobile phone devices, supported by well-publicised QR codes.
- **Confidential and anonymous reporting line:** At the outset (October 2023) our FRS Speak up reporting line managed independently by Crimestoppers, received no reports of concerns, with our first concern raised through this mechanism in January 2025. To date nine concerns have been raised via this route. When appropriate, these cases are discussed at strategic case review meetings and shared with SLT on a quarterly basis.
- **Mental Health Provision:** Our support mechanisms have been reviewed to ensure they remain fit for purpose and responsive to the dynamic environment in which we operate.
- **Code of Ethics Workshop:** To further embed our code of ethics ensuring that our staff fully understand what this means in practice ensuring that our staff behave and hold their peers to account against these standards.
- **Leadership Development Programme:** Our existing programme has been refreshed with a greater focus on behaviours and a new course; Management in Lifesaving has also been developed that provides developmental support to newly appointed managers, so that they are able to thrive in their new role. The course includes advice, guidance and support when dealing with staff performance issues.

12 Actions Carried Forward

12.1 Of the 37 actions; five actions have been carried forward. They are: -

- **Action 3:** All managers that are promoted, including on a temporary basis, are clear on their role and expectations. (Action 12 & 15 have been merged with Action 3)
- **Action 10:** Remote Working - Sub-actions 10.1 and 10.4
- **Action 20:** Review the quantity and quality of our e-learning with a view to increasing the level of face-to-face input.
- **Action 30:** Develop a senior leader coaching programme
- **Action 32:** Provide further clarity on roles, expectations and mechanism for effective communication and engagement with staff at all levels.

12.2 Similarly, whilst all other actions have been completed because they meet the criteria for adequate or good in our culture assurance framework, this work will continue to evolve and improve as the Service matures and responds to changes in our operating environment.

13 Lessons Learned

- 13.1 Our culture action plan was developed at a time of intense focus and scrutiny on our organisation, creating an urgency to act promptly and decisively.
- 13.2 The action plan developed was very comprehensive and has supported the Service on its cultural development. Whilst this has been positive there have been some lessons learnt in delivering this important programme of work.

- Resource constraints: whilst some teams had been given additional resources, this was as a direct result of the London Fire Brigade Culture review and not our own independent review. In this way, the additional work arising out of our Independent Review and resulting culture action plan had to be managed alongside existing workloads. Whilst in many cases this work aligned with the direction of travel and chimed with activities already planned, the action plan did result in additional work to be delivered in a tighter timescale.

Similarly, the plan did not recognise that it would take time for the additional resources to be set in place and develop vital organisational familiarisation prior to delivering against the action plan.

- Workloads and Timescales: Following on from above, due to the lean nature of the organisation several of the activities were owned by the same person. This has meant that the delivery timescales were not realistic and placed additional pressure on those responsible. Whilst accepting the urgency and need to act, it must be acknowledged that it takes time to develop quality products. This was particularly apparent with the leadership development aspects of the action plan.
- Scope Control: Once we moved to delivering the actions, there were several outcomes that met the objective of more than one action creating a sense of duplication. It is recognised that this was somewhat inevitable as the organisation matured over the course of our cultural journey and as the various deliverables were developed.
- Cross-Departmental Collaboration: The delivery of the plan identified the need to strengthen stakeholder engagement as a cornerstone of project management. It is also recognised that the challenges outlined in workloads and timescales impact effective stakeholder engagement.
- Communication: One of the areas within the cause of concern was that staff were not aware of the work of the CDC. To address this several communication methods were utilised, including the creation of our 'Our Culture' SharePoint site, updates from the Culture Development Committee, our culture conversation podcasts, as well as regular articles in FireWire.

14 Additional actions undertaken

- 14.1 Whilst appreciating the culture action plan was developed at a point in time, we operate in a dynamic environment. In acknowledging this there has been a lot of other work progressed under the umbrella of our cultural improvement. Some of these are celebrated below: -

- Delivery of a new, externally facilitated course – Developing Diverse Leaders
- Strengthened focus on staff networks at CDC
- Reactive support for staff during major incidents/changes eg. civil disturbance following Southport murders and Supreme court ruling on gender
- Improvements to independent reporting line to include anonymous reporting with two-way encrypted communication
- Improved paternity and maternity support provision
- Introduction of Men's Support Network
- Stronger working links with NFCC to include consultation of toolkits and development of PCL strategy
- Stronger working relationship with White Ribbon for future collaboration
- Invitation to join strategic NFCC Violence Against Women and Girls (VAWG) working group
- Pilot of Drive Thrive Strive programme
- Refresh and improved information sites including "Our Culture" SharePoint site, culture conversations, human library, sparking conversations, EDI Connect pages
- "This is Me" (other organisations would often refer to this as a 'disability passport')
- Race Equality Matters membership
- Increased engagement with Women in the Fire Service events
- Preventing Sexual Harassment toolkit and materials in support of the Worker Protection Act
- Managing Workloads and Expectations discussion paper

15 Face to Face Equality, Diversity and Inclusion Training

15.1 Our internal culture review and our independent report amplified the need for face-to-face EDI training. This was also highlighted as an area for improvement within our HMICFRS inspection report. Whilst new starters received face to face input, other EDI training was not specific and weaved into other courses. There were two EDI E Learning courses that required mandatory completion, which were monitored and reported against, but these courses needed refreshing to better articulate the EDI issues faced by a modern society.

15.2 A Code of Ethics workshop has been developed and delivered with positive feedback, this will be further augmented by our newly developed Drive, Thrive, Strive programme, which will form part of our induction, but will be rolled out, over time to all staff. As well as providing enlightened and engaging face to face group input, it is anticipated that this will eventually provide efficiency savings as the programme will replace individual E-Learning course completion.

16 External Validation

16.1 It was important that our progress was externally validated. To that end two audits were commissioned.

- The first through our Internal Audit arrangements, the work programme of which is signed off by the Finance & Audit Committee.

- The second, commissioned by the Chair of the Finance & Audit Committee whereby the Service welcomed Practice to Progress (P2P), who undertook our Independent Review, back to review our progress against their report recommendations.

16.2 Internal Audit - Our internal auditors, South West Audit Partnership (SWAP) carried out an audit in September/October 2025. The objective of the audit was '*To assess the effectiveness, robustness, and transparency of the processes and mechanisms by DWFRS in delivering its Culture Action Plan*'. The audit which was reported to the Finance and Audit Committee in December 2025 received substantial assurance with the Audit Opinion stating, '*The review confirmed a sound system of governance, risk management and control, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.*' The four priority three (lowest level) findings will be incorporated into the next iteration of our culture action plan. The audit is attached at Appendix B.

16.3 P2P Sense Check – During the course of October and November 2025 P2P carried out a sense check review into the progress against the recommendations in their Independent Review. The resulting report recognised the positive progress that the Service had made and commended the Service for this. Whilst the assessment against each of the recommendations demonstrated that most recommendations had been completed, five actions had not been achieved. The outstanding actions related to:

1. DWFRS should further develop its range of positive action initiatives to encourage greater levels of recruitment and promotion of all under-represented groups, particularly women.
2. Establish goals to significantly increase female representation at both the whole time and on-call firefighter level whilst ensuring the selection procedures are fair and transparent
3. Identify barriers to women and other underrepresented groups from being attracted to joining and being successful in the selection process to become a firefighter. Any identified barriers should be removed from the process whilst ensuring no dilution of the robustness of the selection criteria.
4. Develop a coaching programme to support senior leaders and managers of the Service in generating cultural change, in line with many modern, progressive organisations.
5. Strengthen leadership development, with particular focus on supervisory and middle managers.

The delivery of these outstanding actions will be managed and overseen in the next iteration of our culture action plan.

17 **HMICFRS Cause for Concern Revisit**

17.1 The HMICFRS also undertook a revisit week commencing 24 November 2025 to assess the progress the Service has made against our Cause of Concern. The revisit letter recognised the positive work undertaken by the Service which resulted in three of the five concerns being closed: -

- The service has effectively communicated the Core Code of Ethics and built it into its policies and procedures
- The service has created a culture where staff feel safe to challenge and raise concerns
- The service gives appropriate support to staff who raise workforce concern

The two remaining areas of the Cause of Concern relate to: -

- More senior and middle managers are demonstrating positive behaviours, but there is still more to do
- The purpose of the culture development committee is unclear

The Service was delighted with this feedback, particularly as it recognises that our staff feel safe to challenge and raise concerns, and importantly that staff are supported when raising concerns.

18 Ensuring a Sustained Focus for Continued Positive Progress

18.1 Whilst we celebrate the good work of our staff and the improvements made, it must be recognised that there is still work to do to continuously improve our ways of working. To maintain this positive momentum and sustained progress the following key commitments and actions will continue: -

- **Strong Leadership:** Ensuring our workplaces are safe and positive places enabling our staff to thrive must be a priority. SLT and senior managers need to continue to lead from the top and embody the Code of Ethics.
- **Sustain CDC Oversight:** The Culture Development Committee continues to provide a valuable forum that encourages discussion and learning, with a strong focus on staff networks. An Independent co-chair ensures high levels of scrutiny and strategic thinking.
- **Staff Networks:** Ensure our arrangements facilitate high levels of attendance and participation.
- **Continue to report on culture metrics:** This is included in strategic case reviews, quarterly performance meetings and via the Fire Authority's Finance & Audit Committee.
- **Reinforce Leadership Accountability:** Our review of our promotions processes will ensure strong links to performance and behaviours. Our Leadership Development interventions and ways of working must empower and support our Leaders to carry out their roles with confidence and competence, aligned to our Code of Ethics.
- **Strengthen Evaluation:** Integrate culture assurance into all major change projects and annual surveys.

19 Summary and Next Steps

- 19.1 The Culture Delivery Plan has laid critical foundations for a safer, more inclusive workplace. While progress is tangible across many themes, sustained leadership, communication and focus are essential to fully realise the long-term cultural transformation envisioned in the NFCC and our own cultural vision statement.
- 19.2 This report sets out the positive progress made but recognises that the Service must continue to focus on our cultural improvement.
- 19.3 Mindful of this the next culture improvement plan will seek to embed and strengthen our work as well as ensuring the outstanding actions and audit recommendations are incorporated.
- 19.4 To ensure good governance and assurance a range of metrics will be developed to monitor, embed and evaluate the impact of this work.

Appendix A

Culture Action Plan – Progress Statements

Building trust and confidence	
Action Number 1	Promote and further develop our culture dashboard to increase the transparency of HR performance data and outcomes.
Key Outcome	Increased transparency to build staff confidence and trust. Staff know that robust action is taken to manage inappropriate behaviours.
Deliverables	A culture dashboard that is regularly updated and is accessible to all staff.
Lead Officer(s)	Mark Woodfield Sadie Price
Progress Statement:	<p>A comprehensive culture dashboard is available to all staff from the homepage of Connect and is refreshed monthly with current data. The dashboard gives staff oversight of the service's staff profile, the actions we are taking, provides evidence of how we are changing, and includes longer term trends for key datasets.</p> <p>The usage of the dashboard is reviewed frequently to ensure staff awareness continues. The ED&I team signpost policy authors and project managers to the data to help inform People Impact Assessments.</p> <p><u>Monitoring Arrangements:</u></p> <p>KPIs and metrics will be set in place to track usage.</p>
Action Status:	Closed

Action Number 2	Explore means of overcoming data protection restrictions to allow a greater public interest test to help increase reporting.
Key Outcome	Increased transparency to build staff confidence and trust. Staff know that robust action is taken to manage inappropriate behaviours.
Deliverables	Revised procedures that include a legitimate interest test that conforms to data protection and employment legislative requirements for cases of potential gross misconduct.


	National lobbying for further transparency in discipline outcomes.
Lead Officer(s)	Sadie Price Lisa Breakspear Jenny Long
Progress Statement:	<p>The discipline procedure has been reviewed and a section added regarding sharing of outcomes. Information regarding cases and the outcomes of these is published periodically by the Service. This is anonymised to protect the identity of individuals. In exceptional circumstances the Service may elect to include an individual's identity. In such cases, a "legitimate interests" assessment would be undertaken. In all cases, the complainant (if applicable) will be advised of the outcome. This will be accompanied by a confidentiality agreement which restricts the complainant from discussing the outcome with any other person.</p> <p>Whilst it has been recognised Nationally that the Fire Service would benefit from the creation of 'barred lists' and greater ability to disclose information akin to the Police, no progress on this has been achieved.</p> <p><u>Monitoring Arrangements:</u></p> <p>National developments will continue to be monitored, and procedures and associated processes will be aligned to any changes.</p>
Action Status:	Closed

Action Number 3	All managers that are promoted, including on a temporary basis, are clear on their role and expectations.
Key Outcome	<p>Staff have increased confidence and trust in their line management and promotion processes.</p> <p>Inappropriate behaviour is more consistently dealt with at the earliest opportunity.</p>
Deliverables	<p>Clear expectations and formalised handover arrangements.</p> <p>Management Development Programme (role induction)</p> <p>Increased monitoring and support arrangements by Group and Area Management.</p>
Lead Officer(s)	Robbie Macpherson

	Adele Smyth
Progress Statement:	<p>Open Position Statement:</p> <p>To date “Roles and Responsibility” guides (including expectations) have been produced for station-based Crew Manager’s & Watch Manager’s, District Commanders and Service Control Centre managers.</p> <p>The guides are available via the Connect page, to existing managers, and managers new to role.</p> <p><u>Further work in progress:</u></p> <p>Work will be on-going to complete further role out of the guides to incorporate all management roles.</p> <p>The HRPP team will look to develop roles and responsibilities guides, as completed for uniformed roles, to further enforce a clear expectation of their role and managers responsibilities.</p> <p>Further work is underway by the HRPP team to support promoted staff with understanding and implementing HR process and procedures in managerial roles.</p> <p><i>Note: Actions 3, 12 and 15 have been merged with Action 3 carrying all actions forward.</i></p>
Action Status:	Incomplete – carried over

Action Number 4	Implement a revised complaints process for members of the public to raise concerns.
Key Outcome	<p>Increased public trust and confidence in the way the Service will handle complaints.</p> <p>Better data analysis to inform organisational learning and performance management.</p>
Deliverables	<p>A revised complaints procedure and database.</p> <p>Oversight and links to formal managerial processes</p>
Lead Officer(s)	<p>Sam Stephens</p> <p>Sadie Price</p>
Progress Statement:	There is a revised procedure and a new compliments and complaints process that empowers member of the public to raise concerns more easily. This has been publicly communicated via internal and external comms and evidence is available as part of our governance arrangements for the Culture Action Framework.

	<p><u>Monitoring Arrangements:</u></p> <p>Complaints which result in formal managerial processes are monitored and reported against through existing reporting mechanisms with oversight at the Strategic Case Management Board.</p>
Action Status:	Closed

<p>Strengthening support, welfare and facilities</p> 	
Action Number 5	Introduce ‘Safe To’ staff support programme.
Key Outcome	<p>A more accessible means for staff to raise concerns on a confidential and anonymous basis and improved awareness of what they can expect from the Service.</p> <p>Better data analysis to inform organisational learning and performance management.</p> <p>Build trust and more transparency</p>
Deliverables	<p>A range of initiatives to support staff, to include:</p> <ul style="list-style-type: none"> - Staff portal - Independent reporting line - Speak Up Guardians
Lead Officer(s)	Christine Sharma
Progress Statement:	<p>The <i>Safe To</i> (S2) staff support programme was launched in March 2024. This portal is housed in Connect and profiled on the homepage.</p> <p>Table talkers on meeting room tables and posters in facilities remind colleagues that information is easily accessible via S2 on:</p> <ol style="list-style-type: none"> 1. support for health and wellbeing (Safe To Be) 2. how to raise a concern (Safe To Speak) 3. how to challenge (Safe To Challenge) 4. our leadership programme (Safe to Lead) <p>These signposts include a QR code by which colleagues can easily access this information from their mobile phone, in a space and at a time they are comfortable with.</p> <p>To strengthen raising a concern, Safe To Speak includes information on our Independent Report Line, FRS Speak Up. We also promote obtaining objective support from our DWFRS</p>

	<p>Guardians. Themes from these and other reporting mechanisms are monitored by the Oversight Panel.</p> <p><u>Monitoring Arrangements:</u></p> <p>To ensure S2 remains relevant and useful for colleagues, page hits are monitored on a quarterly basis. EDI Manager reviews new organisational developments and adds to the relevant areas within the S2 Portal.</p>
Action Status:	Closed

Action Number 6	Improve mental health provision
Key Outcome	Ensure the Service have a range of supportive measures in place so that staff can seek help when they need it.
Deliverables	A range of mental health support interventions.
Lead Officer(s)	Vicky Read
Progress Statement:	<p>The Strategic Leadership Team (SLT) has reviewed and confirmed that our current mental health and wellbeing arrangements are appropriate. These resources are in place to support all staff, and we encourage everyone to make use of them.</p> <p>Line managers play a key role in promoting and supporting mental wellbeing. With ongoing promotion of these resources continues through Safe 2, the Weekly Update, and FireWire (where appropriate), helping to keep mental health and wellbeing visible and accessible across the service.</p> <p>Line managers also continue to receive education and support through e-learning modules and Managers' Briefing Days, ensuring they are equipped to support and signpost their teams effectively.</p> <p>While support is available, it's important to remember that self-care is a personal responsibility. Taking proactive steps to look after your own mental health is essential. It also plays a vital role in recognising when someone may need support and in taking the first steps to access it.</p> <p><u>Monitoring Arrangements:</u></p> <ul style="list-style-type: none"> - Stats provided from our contractors - Contractual quarterly meetings - KPI on Cycle - Dashboard (coming soon)
Action Status:	Closed

Action Number 7	Commence a further review of female facilities on stations.
Key Outcome	Appropriate and fit for future facilities so that staff feel valued aiding recruitment and retention.
Deliverables	A blueprint of appropriate facilities which is built into the capital replacement programme. Consideration for facilities for females returning from maternity
Lead Officer(s)	Ian Hopkins Leah Smith
Progress Statement:	All sites now have separate female and male facilities. Further work will be undertaken during the BAU refurbishment programme to further improve facilities. A review of disabled facilities will take place that may allow further expansion of female only facilities. <u>Monitoring Arrangements:</u> As part of the capital programme, we will always consider further improvements that can be made when stations are undergoing construction work.
Action Status:	Closed

Action Number 8	Review the fireground welfare provision.
Key Outcome	Improved and dignified welfare facilities at incidents commensurate with a modern fire & rescue service.
Deliverables	A revised procedure for incident ground welfare, the effectiveness of which is regularly monitored and audited.
Lead Officer(s)	Robbie Macpherson Leah Smith
Progress Statement:	Following agreement by SLT in 2024, two welfare trailers were purchased. The trailers provide separate male/female toilet facilities, and suitable hand washing and sanitary provision at incidents. The units are located in Corsham and Ferndown, ensuring we can get a welfare facility to any location within the Service area in approximately one hour. Both units became operationally available in April 2025 and have been utilised at multiple incidents to date. <u>Monitoring Arrangements:</u> Project review and debrief with all key stakeholders is programmed.

	Ongoing monitoring from operational crews and Service Control Centre via the Operational Effectiveness Database.
Action Status:	Closed

Action Number 9	Undertake further consultation on workwear.
Key Outcome	Workwear is of high quality and fit for purpose. Staff feel they can represent the Service in a positive and professional manner.
Deliverables	A review of workwear in collaboration with key stakeholder to identify and implement further improvements.
Lead Officer(s)	Ian Hopkins
Progress Statement:	We are now out to tender and when this closes, we will start a further consultation over 10 weeks by trialling uniform options with 15 staff (Male & Female) across different departments. <u>Further work in progress:</u> Following this trial, we will gather survey results to help us decide on the best option.
Action Status:	Closed

Action Number 10	Review our remote working arrangements
Key Outcome	Maintaining a long-term positive culture where all staff and in particular new starters feel a sense of belonging.
Deliverables 10.1	Updated smarter working principles included in our leadership development interventions.
Lead Officer 10.1	Vikki Shearing
Deliverables 10.2	New starter network Corporate team buddy scheme
Lead Officer 10.2	Hannah Rees
Deliverables 10.3	Programme of events SLT visits on station (open day)
Lead Officer 10.3	Emily Cheeseman
Deliverables 10.4	Team development days
Lead Officer 10.4	Fliss Williams

Progress Statement:	<p>10.1: A review of our remote working arrangements has taken place. Work is continuing to ensure these remain flexible enough to ensure staff achieve the right work life balance, are supportive to individual personal needs and also ensure high levels of performance, job satisfaction and high levels of morale.</p> <p>10.2: A decision was made by HR not to progress a new starter network and corporate team buddy scheme at this time. This may be revisited pending the review of the remote working arrangements.</p> <p>10.3: A programme of SLT visits and events on station is underway and being managed by the Executive Support team.</p> <p>10.4: Team development sessions</p> <p><u>Further work in progress:</u></p> <p>10.1: This work is being informed by the research carried out from the Developing Diverse Leaders course. A revised procedure will be published to reflect the review and adjustments made to our leadership interventions to support our approach.</p>
Action Status:	10.2, 10.3 Closed. 10.1, 10.4 Incomplete – carried over

Action Number 11	Personal safety at work
Key Outcome	<p>All colleagues feel psychologically and physically safe at work.</p> <p>Colleagues recognise inequality, understanding how people who share protected characteristics (sex/gender, race etc) can experience disadvantage.</p> <p>Colleagues understand misogyny and VAWG and know how to challenge this.</p> <p>Colleagues understand the importance of allyship and practice this.</p> <p>Managers understand the importance of recognising and applying equity in all practices, challenging the status quo when necessary.</p> <p>Colleagues understand that safeguarding applies internally as well as externally</p>
Deliverables	<ul style="list-style-type: none"> • White Ribbon Action Plan • Personal Safety workshops (and digital provision for wider access) • Dignity & Respect Framework (incl Zero tolerance & organisational culture statement) • Further embed Code of Ethics • Further embed understanding of importance of People Impact Assessments

	<ul style="list-style-type: none"> • Widen suite of “Sparking Conversations” activity packs • Launch of “Safe To” • Implement Worker Protection Act <p>Safeguarding team cover through corporate induction, training, comms and station visits</p>
<p>Lead Officer(s)</p>	<p>Christine Sharma</p>
<p>Progress Statement:</p>	<p>The Service has a number of measures in place to prevent and address negative behaviour and encourage positive behaviour. These address a range of potential concerns including sexism, racism and homophobia. A White Ribbon Steering Group meets regularly to progress our Service commitment to end VAWG. This includes the continued delivery of our popular personal safety workshops in collaboration with Police. Our Dignity and Respect Framework including our culture statement was launched with the introduction of the Worker Protection Act in October 2024, together with a toolkit and presentation developed in house, to prevent sexual harassment in the workplace.</p> <p>At this time, key HR and ED&I procedures were updated to reflect these changes, and a Service -wide risk assessment to prevent sexual harassment was completed with all heads of department.</p> <p>A suite of packs called “sparking conversations” and a digital human library have been developed to promote psychologically safe spaces where people can learn through discussion and lived experience. These include a wide range of subjects experienced by underrepresented and marginalised groups such as menopause, immigration, Black history month and Pride. Additional intervention and resources such as Not on My Watch and free bystander training hosted by the Suzy Lamplugh Trust support colleagues in being able to challenge negative behaviour appropriately. All resources are available on Safe To and are promoted regularly as part of our EDI communications plan.</p> <p>More robust People Impact Assessments ensure managers identify and address possible sexism, racism, or any other negative impact to personal safety at a systemic level.</p> <p>There are numerous ways in which colleagues can raise concerns including our independent reporting line <i>FRS Speak Up</i>, our Whistleblowing procedure and our Anti-Bullying and Harassment procedure. DWFRS Guardians are also in place to support people in raising a concern where their personal safety has been compromised. All of the above is easily accessible through Safe To.</p>

	<p><u>Monitoring Arrangements:</u></p> <p>These include the number of times keys pages on Safe To are visited, the number of White Ribbon Ambassadors and Champions, the number of open investigations and the themes via the Culture Dashboard, the Oversight Panel, feedback from staff networks, feedback from delivery of programmes and staff surveys.</p>
Action Status:	Closed

Action Number 12	Workloads and expectations
Key Outcome	Clear expectations
Deliverables	<p>Diary and meeting etiquette</p> <p>Area Leadership Team (ALT) restructure</p> <p>Include in leadership provision</p>
Lead Officer(s)	<p>Jenny Long</p> <p>Darren Langdown</p>
Progress Statement:	<p>A Workloads and Expectations discussion paper was developed and presented to SLT in September 2024; this included a number of suggestions for Managers and Staff to implement. A Bitesize Leader Forum focussed on building resilience took place in November. This also resulted in a Culture Conversation with Vikki Shearing which also referenced the discussion paper which was shared with staff.</p> <p>The ALT restructure was set in place and has had positive impacts on Station Manager workloads. The ALT structure has recently been reviewed with successes identified. Due to our need to have organisational agility in response to changes in our funding and operation environment, following the appointment of our new CFO, the ALT structure has been further reviewed with changes coming into place in October 2025.</p> <p><u>Monitoring Arrangements:</u></p> <p>The discussion paper recommendations will be reviewed in September to monitor any positive changes. Mini surveys will also seek to measure workloads.</p> <p><i>Note: Actions 3, 12 and 15 have been merged with Action 3 carrying all actions forward.</i></p>
Action Status:	Closed

Clear cultural expectations for all staff



Action Number 13	Introduce and publicise a new Dignity at work framework including a zero tolerance and culture statement that is aligned to the NFCC Culture statement.
Key Outcome	<p>Staff are clear that unacceptable behaviour will be dealt with robustly.</p> <p>Staff have a clear understanding of expected behaviours and their personal responsibility in this.</p>
Deliverables	<p>Dignity at work framework.</p> <p>Zero tolerance and culture statement.</p> <p>Contracts of employment amended.</p>
Lead Officer(s)	Jenny Long
Progress Statement:	<p>A Dignity and Respect Framework was written to include an organisational culture statement. This was published in October 2024 with the Preventing Sexual Harassment toolkit and resources, as part of our response to the implementation of the Worker Protection Act.</p> <p>A Service decision was made not to include a zero-tolerance statement as it is felt this will compromise the trust and psychological safety we are looking to continue to build with our staff. We chose instead to include use the title of 'organisational culture statement' in alignment with the NFCC approach.</p> <p>The Framework is included and promoted within our leadership delivery including Leadership in Lifesaving. The HRPP team will also include these resources when supporting newly promoted managers.</p> <p><u>Further work to embed:</u></p> <p>Contracts of employment are being updated in 2026.</p>
Action Status:	Closed

Action Number 14	Continue to deliver and embed the code of ethics.
Key Outcome	Our code of ethics is fully understood by managers and staff and embedded across the Service.
Deliverables	A code of ethics information resource that is widely publicised and made easily accessible to all staff.

	<p>A new code of ethics e-learning package for managers.</p> <p>A code of ethics workshop.</p> <p>Review of probation procedure to incorporate code of ethics.</p> <p>Recording and monitoring attendance at workshop/ training sessions delivered by managers.</p> <p>Strengthen code of ethics and EDI input on corporate induction.</p> <p>Comms plan to further embed code of ethics (table talkers etc)</p> <p>360 Feedback</p> <p>Embed in expectations of Crew Manager/Watch Manager/Station Manager guides</p>
<p>Lead Officer(s)</p>	<p>Christine Sharma</p> <p>Robbie Macpherson</p>
<p>Progress Statement:</p>	<p>All current digital resources for the Code of Ethics have been added to the Safe To Portal and are profiled under Safe To Challenge. A visual framework of how we embody the Code of Ethics systemically in policy and practise has been created and will be added to our reviewed Code of Conduct.</p> <p>When launched in March 2024, Safe To materials included table talkers for all meeting rooms and mess room tables. As well as the QR code for the portal and our independent reporting line, these included positive indicators of our Code of Ethics. Safe To and associated pages are promoted regularly as part of our ED&I communications plan.</p> <p>A Code of Ethics workshop has been added to our induction programme and is mandatory for all new staff to attend. This is bolstered by the probation process and procedure which has been updated to align with the Code of Ethics. A fully resourced version of the workshop is also made available to all staff to run with their teams on a voluntary basis. Attendance as part of induction is fully recorded and monitored. Capture of the voluntary workshop being delivered will be strengthened with the introduction of a new Learning Management System.</p> <p>The Senior Leadership and Service Delivery Teams completed 360 feedback aligned with the Code of Ethics in 2023-2024. Further work is underway to make this available to more staff.</p> <p>The work completed to date on role guides, includes examples of how the Code of Ethics is embedded as part of our daily practise.</p>

	<p><u>Monitoring Arrangements:</u></p> <p>A further digital learning resource is in development for all staff and has been paused pending the review of all DWFRS e-learning.</p> <p>Feedback from the Code of Ethics workshop is regularly reviewed and suggestions are considered for improvement. The ED&I Manager continues to identify and work with departments to further embed the Code of Ethics in existing and new areas of opportunity. A recent example of this is with the recently launched ThreatAware portal.</p>
Action Status:	Closed


Action Number 15	Develop and deliver a revised set of station expectations for operational managers and staff.
Key Outcome	Clear expectations of standards and behaviours for all station-based staff.
Deliverables	A coherent, visible, and well understood set of revised standards for all stations.
Lead Officer(s)	Robbie Macpherson
Progress Statement:	<p>Roles & Responsibility guides (including expectations) have been developed using an electronic format, accessed via Connect. Currently, these cover station-based Crew Manager's & Watch Manager's, District Commanders and Service Control Centre managers.</p> <p>The guides are available for all staff to access and review.</p> <p>Work will be on-going to complete further role out of the guides to incorporate all operational and management roles.</p> <p><i>Note: Actions 3, 12 and 15 have been merged with Action 3 carrying all actions forward.</i></p>
Action Status:	Closed

Action Number 16	Develop a culture assurance framework.
Key Outcome	An on-going framework to measure the levels of understanding and adherence to the code of ethics to aid continuous improvement.
Deliverables	An evaluation and assurance framework linked to our staff survey, culture dashboard and engagement initiatives to measure our cultural improvements.

Lead Officer(s)	Christine Sharma.
Progress Statement:	<p>A Culture Assurance Framework has been developed in partnership with an independent Professor in Organisational Psychology. The framework includes measures and indicators which outline parameters for adequate, good and outstanding. Measures of successful outcomes include resources, publications, evaluations, staff data, initiatives and staff survey results.</p> <p><u>Monitoring Arrangements:</u></p> <p>Our Culture Delivery Plan will be “closed” but our cultural journey will continue organically as part of our usual business and service delivery plans. Progress against outstanding actions from the Culture Delivery Plan will continue to be monitored by the ED&I Manager as part of our existing governance arrangements. Our all-staff survey will include the same set of questions each time as part of our monitoring arrangements and a series of themed mini surveys will take place over the next 12 months. The ongoing results of these surveys will help steer future cultural work.</p>
Action Status:	Closed

Action Number 17	Implement changes arising out of changes to legislation on our approach to DBS standard checks for new and existing staff.
Key Outcome	Provide increased assurance and public trust and confidence in the staff being employed by the Service.
Deliverables	<p>A DBS re-check and risk assessment process.</p> <p>A revised DBS procedure.</p>
Lead Officer(s)	Sadie Price
Progress Statement:	<p>Following a change in legislation, our security checking arrangements and associated procedures have been reviewed and updated. This included a full DBS re-checking programme for existing staff which incorporated an amnesty period for staff to disclose convictions. The agreed NFCC risk assessment tool was used, and a modified approach was taken to non-disclosures. Formal case management was invoked for disclosures assessed as high risk. An annual self-declaration process has been introduced, and we have strengthened associated procedures in relation to the notification of criminal proceedings. For new staff, adverts were updated to confirm revised DBS checking requirements and disclosures continue to be assessed using the NFCC risk assessment tool which are considered, assessed and</p>

	<p>agreed by a Risk Assessment Panel. We are in the process of updating contracts of employment to reflect the changes.</p> <p><u>Monitoring Arrangements:</u></p> <p>Completion of the annual self-declarations is monitored by Professional Standards.</p>
Action Status:	Closed

Strengthening leadership and engagement in workplaces 	
Action Number 18	Further strengthen our training to managers on our revised performance and discipline procedures
Key Outcome	All managers clear about the procedures, expectations and support available for dealing with inappropriate behaviour
Deliverables	Revised HR Modules within the leadership development programme.
Lead Officer(s)	Chris Mitchell Adele Smyth
Progress Statement:	<p>Management in Lifesaving Programme has been developed and incorporates the current key HR procedures. The new initiative is for Crew Managers, and further work will be completed for other ranks and corporate staff.</p> <p><u>Further work in progress:</u></p> <p>The pilot has taken place, and the programme is being reviewed considering feedback. Three courses are scheduled for delivery in Q3, Q4 and Q1. Progress will be monitored as part of our usual business.</p> <p>The discipline and performance management procedures are under review, with a view to streamlining the processes. These changes will be incorporated into the Management in Lifesaving Programme.</p>
Action Status:	Closed

Action Number 19	Review our leadership development programme to ensure an even stronger focus on EDI, behaviours and culture.
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Key Outcome	<p>All managers better understand cultural expectations and their role in leading and maintaining standards.</p> <p>A leadership programme that sets out mandatory and discretionary training attendance linked to Gartan Expert.</p>
Deliverables	<p>A revised leadership development programme.</p> <p>Recording and monitoring mandatory attendance on our leadership development interventions.</p> <p>ED&I content and delivery is embedded across leadership development programme and other delivery mechanisms.</p>
Lead Officer(s)	<p>Chris Mitchell</p> <p>Fliss Williams</p>
Progress Statement:	<p>A review of the leadership programmes has taken place to ensure there is a stronger focus on EDI, values and behaviours. A cross-mapping matrix has been produced to identify where EDI content is covered in each of the programmes and content has been aligned to key themes and trends identified by HR and EDI to embed content throughout our offering. A restructure of the L&OD team has seen the introduction of x 11 Leadership Management and Culture (LMC) trainers to support with the delivery and co-design of our leadership development programmes to provide further reach and credibility. EDI have also been identified as a key stakeholder in the design of our new Management in Lifesaving programme to ensure managers are aware of their cultural expectations and role modelling the code of ethics from day one of their journey into management and leadership roles.</p> <p><u>Further work in progress:</u></p> <p>Aligning leadership and management development programmes with the promotions process and development pathways to ensure that course attendance forms a mandatory requirement for staff promotions, ensuring that all managers have the right skills to lead and manage their teams.</p>
Action Status:	Closed

Action Number 20	Review the quantity and quality of our e-learning with a view to increasing the level of face-to-face input.
Key Outcome	Staff and managers understand and have the confidence to raise, support and manage EDI issues.
Deliverables	E-learning aligned to all roles with a clearer distinction between acquisition and reaccreditation.

	Increased face to face training sessions.
Lead Officer(s)	Fliss Williams Luke Read
Progress Statement:	A restructure of the L&OD team has allowed for the creation of a digital learning team, who have been appointed to review the e-learning offering. This review aligns with the introduction of a new Learning Management System and aims to review the quantity and frequency of all e-learning to improve the learning experience and engage learners. This review will also consider formats for delivery and aims to reduce the volume of e-learning by 40% whilst still delivering core learning outcomes. Alternative methods of delivery will include face to face training for EDI packages, and test first functionality for re-accreditation of some packages.
Action Status:	Incomplete – carried over

Action Number 21	Review the territorial group structure to provide greater visibility, more consistent working with HR and other corporate departments.
Key Outcome	Station-based managers working to clearer standards and expectations. Increased visibility of managers and oversight of station standards. Increased oversight of station-based culture and development. Effective cross department working.
Deliverables	Embedded new Area Leadership Team (ALT) structure with lead references. Improved ways of working Evaluate the effectiveness of the introduction of the Area Leadership Team.
Lead Officer(s)	Darren Langdown
Progress Statement:	As set out within Action 12, the ALT restructure was set in place and has had positive impacts on Station Manager workloads. The ALT structure has recently been reviewed with successes identified. Due to our need to have organisational agility in response to changes in our funding and operation environment, following the appointment of our new CFO, the ALT structure has been further reviewed with changes coming into place in October 2025.

Action Status:	Closed
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Action Number 22	Continue to deliver 'Not on my Watch' awareness sessions to all staff.
Key Outcome	All staff have an increased understanding of cultural standards and expectations
Deliverables	Record and monitor mandatory attendance at 'Not on my Watch' awareness sessions. Externally validate 'Not on my Watch' session.
Lead Officer(s)	Leah Smith
Progress Statement:	Not on my Watch sessions are being expedited to all teams across the service. The 11 Leadership, Management and Culture Trainers have been onboard for 9 months and are now in a position to able increase delivery rate further. Feedback reviews of the session are regularly scheduled and actions to improve the session further are in place. <u>Monitoring Arrangements:</u> Data is now included in the dashboard and fed into Sycle reports.
Action Status:	Closed

Action Number 23	Introduce a 360-degree assessments aligned to the Code of Ethics.
Key Outcome	Managers are self-aware, listen and act positively on feedback provided.
Deliverables	360-degree assessments, included within the leadership development programme.
Lead Officer(s)	Fliss Williams Chris Mitchell
Progress Statement:	360 feedback has been implemented to all senior managers at SDT and above, aligned to the Code of Ethics. All senior leaders have received a feedback report, and 1:1 coaching session to support them to interpret their feedback and form a personal development plan. <u>Further work in progress:</u> 360 feedback is being considered as part of the new Learning Management System (LMS) procurement, to provide a Service

	wide mechanism in place to support with promotions process and development programmes.
Action Status:	Closed

Action Number 24	Better understand the barriers to progression for operational female staff.
Key Outcome	Improved awareness and understanding of the barriers to progression so that our operational female staff are better supported.
Deliverables	<p>Work with female staff and in particular the operational women’s network to understand their perspective regarding barriers to progression.</p> <p>Working collaboratively, develop, promote, and implement progression initiatives.</p>
Lead Officer(s)	Christine Sharma
Progress Statement:	<p>The Operational Women’s Group (OWG) is well established and allows for psychologically safe spaces where our operational women can share any challenges, including barriers to progression. The network meets quarterly, and any concerns are discussed and addressed at our quarterly Culture Development Committee. Discussions at meetings are recorded or kept as minutes and there is a record of subsequent actions.</p> <p>As with each of our staff networks, the OWG is support by an SLT lead. Our Director of People champions this network, helping to improve awareness of the barriers our operational women face at a strategic level.</p> <p>The Positive Action Steering Group is chaired by the ED&I Manager and considers initiatives to address barriers to progression for underrepresented groups of staff. Developing Diverse Leaders is an example of this and a recent bespoke survey for the OWG will inform further initiatives such as an Incident Command Level 1 taster for women.</p> <p>It is recognised that barriers and disadvantages experienced by underrepresented groups often go unrecognised or unacknowledged by those who are directly affected. This may stem from a form of cognitive dissonance or a desire to conform to the majority. For many, reflecting on these dynamics can be uncomfortable, as individuals naturally want to be valued for their performance and contributions, regardless of gender, ethnicity, or other personal characteristics. While the lived experiences of underrepresented employees offer valuable insights for</p>

	<p>organisational growth and inclusion efforts, we recognise this is not the full picture. Neither is it fair to expect these groups of people to carry the burden of educating others and driving cultural change.</p> <p><u>Monitoring Arrangements:</u></p> <p>Barriers to progression will be monitored by the network lead, the SLT lead, the ED&I manager and the Culture Development Committee. Additional themes will be identified in all-staff and mini surveys.</p>
Action Status:	Closed

Action Number 25	Strengthen coaching and mentoring arrangements for female staff.
Key Outcome	Improved progression opportunities for all female staff.
Deliverables	Working collaboratively, set in place a coaching and mentoring programme specifically for women and underrepresented groups.
Lead Officer(s)	Christine Sharma Fliss Williams
Progress Statement:	<p>A mentoring and coaching programme specifically for underrepresented staff has been co-developed in partnership with Karen Daber DL. “<i>Developing Diverse Leaders</i>” has been successfully delivered since 2017 with other blue light services. Participants go on to achieve personal growth, lateral development opportunities and promotion. The aim is to empower delegates to reflect on their strengths, recognise their barriers and project their potential. This is done in part by shared lived experience and also includes one to one development with Institute of Leadership and Management (ILM) accredited coaches. All six delegates are underrepresented in our organisation and four have achieved progression since completion of the course,</p> <p>Further work in progress:</p> <p>The Service will further seek to explore how to support operational females through enhanced coaching and other initiatives driven by the Positive Action Steering Group. As outlined in Action 25, a recent bespoke survey for the OWG will also help inform further initiatives.</p>
Action Status:	Closed

Action Number 26	Continue to use the 'Our Time' programme to support the progression of operational females.
Key Outcome	Operational female staff are better supported in their professional development and career progression.
Deliverables	High levels of participation in the Our Time programme. Evaluate the effectiveness of previous attendance.
Lead Officer(s)	Fliss Williams
Progress Statement:	The Our time programme is no longer in place due to capacity and resources from external partners leading this initiative. As an alternative the Service have sought developing operational females with the Developing Diverse Leaders Programme and will further seek to explore how to support operational women through enhanced coaching and other initiatives driven by the Positive Action Steering Group.
Action Status:	Closed

Action Number 27	Further training on pregnancy, maternity and menopause for all managers.
Key Outcome	Increased understanding and awareness across the Service. All female staff are better supported.
Deliverables	Included in the revised leadership development programme.
Lead Officer(s)	Christine Sharma Adele Smyth
Progress Statement:	Information support and guidance has been strengthened for all staff on Connect. This includes strengthened content on Safe To, the new "This is Me" document to help facilitate discussion about anything staff feel they may need additional support for, and our new digital Human Library which includes lived experiences. In addition to this, the HRPP team have strengthened their approach to supporting managers. During pregnancy, maternity and menopause, HRPP advisors will proactively support managers with advice and guidance to support staff. Members of the Women's Support Network and Operational Women's Groups have created resources on women's hormones to include intersectionality and operational challenges. This piece of work has been informed by the NHS Women's Health Strategy and has been added to the Human Library for all staff.

	<p><u>Further work in progress:</u></p> <p>A service review is being undertaken for maternity which has identified some areas of improvement to our processes and the information available for both women during maternity and their line managers.</p> <p>Actions being progressed include guidance documents for managers and employees at each stage of the maternity process, and a Family Friendly page on Connect.</p> <p>Management in Lifesaving is being developed which captures awareness of maternity for line managers.</p> <p>Development of training and guidance for HR People Partners (HRPPs) to share with line managers to develop understanding and awareness is also being developed to further strengthen knowledge and understanding.</p>
<p>Action Status:</p>	<p>Closed</p>

<p>Action Number 28</p>	<p>Continue our membership to Women in the Fire Service.</p>
<p>Key Outcome</p>	<p>Female staff are supported and have opportunities for professional and personal development.</p> <p>Greater learning for the Service of national issues and approaches.</p>
<p>Deliverables</p>	<p>Continued membership and participation with this national group.</p>
<p>Lead Officer(s)</p>	<p>Christine Sharma</p>
<p>Progress Statement:</p>	<p>Our current corporate membership with Women in the Fire Service (WFS) will continue and we will proactively engage with the organisation, promoting the benefits to our staff. Throughout the year, there are opportunities for staff to take part in their Women’s Development Programme. This bespoke programme helps women identify clear, practical and realistic steps to develop self-confidence in their professional and personal lives. Nine women have attended this course to date with a further three attending a cohort in October 2025.</p> <p>Feedback to include whether this course met their personal and professional goals is captured and monitored by way of evaluation.</p> <p>DWFRS continues to engage with the annual WFS National event. Eleven colleagues attended the events in 2024 and 2025, including our Director of People and Head of Corporate Support who are senior sponsors of our Operational Women’s Group and Women’s Support Network.</p>

	<p>A Regional WFS event was support in early 2025. Aligned with International Women’s Day, eleven members of staff including two male colleagues took part in this event.</p> <p>Experience and learning from these events are always shared wider with the organisations through staff networks and Service-wide communications.</p> <p><u>Monitoring Arrangements:</u></p> <p>We will continue to engage with WFS at National and Regional levels, promoting the opportunities available to all staff via general communications and to members of the Operational Women’s Group and Women’s Support Network in meetings.</p>
Action Status:	Closed

Action Number 29	Develop a decision-making model.
Key Outcome	<p>Managers are empowered and confident to make decisions.</p> <p>Decisions are made at the appropriate levels with clear escalation protocols</p>
Deliverables	A decision-making model that is included in the leadership development programme.
Lead Officer(s)	Jenny Long
Progress Statement:	An ethical decision-making model was developed in partnership with an independent Professor in Organisational Psychology. The model has been published under Safe To lead and will form part of our Staff Code of Conduct. It forms part of our leadership development programme and will be included in the support provided to new managers by the HRPP team.
Action Status:	Closed

Action Number 30	Develop a senior leader coaching programme.
Key Outcome	Managers and leaders benefit from external support for their personal growth and organisational learning.
Deliverables	Senior leader coaching programme.
Lead Officer(s)	Jenny Long
Progress Statement:	The Service regularly uses Colourworks – a personality profile tool and in 2023/24 senior leaders took part in 360 assessments to identify development needs. The 360 assessment was delivered alongside a one hour feedback/coaching support. Senior leaders

	<p>are also expected to complete the Executive Leadership Programme which is focussed on understanding their leadership style.</p> <p>With these foundations in place, our commitment to creating a coaching culture needs to start at the top of the organisation, therefore we are setting arrangements in place to create an executive coaching pool.</p>
Action Status:	Incomplete – carried over

Action Number 31	Positive Action and community engagement for underrepresented groups
Key Outcome	<p>All staff will understand the importance of positive action and the benefits of diversity in the workplace.</p> <p>Our staff networks will continue to be the conduit for improvement. We will better understand the needs of our staff, particularly underrepresented groups.</p> <p>Better understanding of the changing needs of our community and how to meet them.</p> <p>We will learn from engaging with the community, amending our approaches where reasonably possible to provide a more equitable service.</p>
Deliverables	<p>Deliver Positive Action Plan to include attraction, recruitment, retention and progression.</p> <p>Strengthen staff network membership and activity. Promote the power of allyship for underrepresented groups.</p> <p>Strengthen service wide understanding of importance and value of staff networks.</p> <p>Link in staff development programmes and delivery plan.</p> <p>Strengthen community engagement to actively reach seldom heard voices, build trust and make our communities safer.</p>
Lead Officer(s)	Christine Sharma
Progress Statement:	<p>A Positive Action Steering group was established in 2023 and a Positive Action Plan is in place to include arrangements and activities to attract, recruit, retain and progress underrepresented staff.</p> <p>Since the introduction of the Culture Delivery Plan, the following positive action improvements have been made:</p>

	<p>Attraction and Recruitment: improved content on our external website; advertisements with bespoke websites for underrepresented groups; promotion of vacancies through the Asian Fire Service Association (AFSA) and Women in the Fire Service (WFS); improved Buddy Scheme for wholetime recruitment and introduction of Buddy me Days; improved accessibility arrangements during recruitment including interview.</p> <p>Retention: Launch of Safe To; Staff Welfare Units; Dignity and Respect Framework; “This is Me”; improved maternity and maternity support arrangements and the Human Library.</p> <p>Progression: Promotion of attendance at National events with AFSA and WFS to all staff; Developing Diverse Leaders Programme.</p> <p>Positive Action is overtly promoted as part of regular communication and is embedded when sharing new processes and initiatives. This is with the aim of normalising inclusion as everyday practise. The important roles our staff networks play is included in this approach with specific action including the introduction of a Men’s Support Network following a Staff Networks Survey.</p> <p>Community engagement continues to take place through our Response, Prevention and Protection activities. Each function has been strengthening their approach respectively.</p> <p>Community requests for engagement have been centralised through our external website. This is supported by a new commissioning model for crews and is also promoted through our Community Newsletter.</p> <p><u>Monitoring Arrangements:</u></p> <p>We continue to gather data and review arrangements such as our Wholetime recruitment process. Where trends that appear to be out of proportion are identified, we will seek to analyse further and address.</p> <p>A Community Engagement Strategy is in development for our operational response crews, to further support them with targeted activities to better support all our communities. This work continues as our usual business.</p>
Action Status:	Closed

Action Number 32	Provide further clarity on roles, expectations and mechanism for effective communication and engagement with staff at all levels.
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Key Outcome	All our staff are kept informed regularly and consistently by managers, that they are accessible to their teams and have structured ways of ensuring two-way communication.
Deliverables	<p>Overview of all mechanisms for corporate comms outlining roles and responsibilities at all levels and clarity of expectations.</p> <p>Review of meeting structures and standing items</p> <p>Ensuring effective stakeholder analysis and comms plan are developed for all projects</p> <p>Strengthen corporate stakeholder oversight</p>
Lead Officer(s)	Emily Cheeseman
Progress Statement:	A framework identifying how we will deliver effective communication and engagement activity exists although this has not yet been published. An internal communication audit is underway across the Service. Once complete, a report will be published including suggested improvements. From staff feedback already received, one of these will be a clear charter detailing the responsibilities and expectations of all staff in regard to communication.
Action Status:	Incomplete – carried over

Strengthening key procedures and practices



Action Number 33	Further strengthen the monitoring, oversight and reporting of our managing performance and discipline procedures.
Key Outcome	<p>Staff have confidence that performance is appropriately managed in a consistent way.</p> <p>Increased corporate oversight of trends, management intervention and learning opportunities.</p>
Deliverables	<p>Establishment of a panel to improve oversight arrangements.</p> <p>Analysis of investigations and publication of high-level outcomes</p>
Lead Officer(s)	Sadie Price
Progress Statement:	A Strategic Case Management Oversight Board is now in place. This allows for timely strategic decisions relating to risk critical cases and allows for better scrutiny of progress against key targets.

	<p>Data is captured and analysed for trends. This data and associated trends / commentary is summarised and reported to the board; is published on the culture dashboard; and is reported every 6 months to the Fire Authority.</p> <p>A Compliance and Investigation Team has been created. The team includes dedicated investigators, with the aim of improving investigation timescales, consistency and improved investigation quality.</p> <p><u>Monitoring Arrangements:</u></p> <p>Data is collected as standard for all cases and is monitored against existing targets.</p>
Action Status:	Closed

Action Number 34	Review the HR departmental structure to have a stronger focus on delivering the HR function through the HR business partners.
Key Outcome	<p>A higher level of support and autonomy to HRPPs and managers.</p> <p>Improved ways of working between the HR department and departments across the Service.</p> <p>Higher levels of 'customer' satisfaction with HR.</p>
Deliverables	<p>A revised HR structure and improved ways of working.</p> <p>Evaluate the effectiveness of the introduction of the new HR structure.</p>
Lead Officer(s)	Jenny Long
Progress Statement:	<p>A new HR structure was set in place in January 2024. This saw the leadership in the department separating into two areas – People Support and People Operations, to ensure greater focus, resilience and removable of points of failure.</p> <p>The restructure increased capacity to the HR People Partnering function as well as providing resources to create a professional standards team, strengthening our case management arrangements.</p>
Action Status:	Closed

Action Number 35	Further review maternity and menopause procedures and processes.
Key Outcome	Increased understanding and awareness across the Service. Female staff are supported. Improved retention of female staff.
Deliverables	Reviewed procedures in collaboration with key stakeholders.
Lead Officer(s)	Adele Smyth Christine Sharma
Progress Statement:	<p>A review of maternity arrangements has taken place at a National level. This, together with research and feedback from DWFRS women's networks has resulted in maternity pay being increased to 39 weeks for all staff. Additionally, maternity support and paternity leave has been increased to 2 weeks full pay.</p> <p>A detailed review with broad stakeholder engagement has taken place. A revised maternity procedure and supporting information has been published.</p> <p>HRPPs take a more active role in advising and guiding staff and managers with maternity arrangements to ensure staff are better supported.</p> <p>A Management in Lifesaving (MIL) course has been developed which captures awareness of maternity for line managers. An initial pilot took place, and the course was reviewed following this feedback. HRPPs are involved in the delivery of the course.</p> <p>Information and support information for menopause has been collated and strengthened in one area on Connect for all staff. This is one of a number of actions captured, tracked and monitored on a menopause action plan by the Health and Wellbeing and ED&I teams.</p>
Action Status:	Closed

Action Number 36	Strengthen the leavers process.
Key Outcome	Increased awareness of the reasons for staff leaving the Service so that this can inform organisational learning and performance management.
Deliverables	New electronic process embedded. Evaluate the effectiveness of the new leavers process

Lead Officer(s)	Sadie Price
Progress Statement:	<p>The requirement to undertake an exit interview has been made mandatory. In doing so, it was hoped that more valuable data / information could be captured to inform organisational learning and improve retention and inclusivity. Despite this change, we are yet to see a 100% return rate. The content of exit discussions varies significantly but no specific trends have been identified. It is hoped that further improvements to the process through the introduction of the new HR systems will improve engagement through a more efficient and streamlined process.</p> <p>The process has been strengthened to ensure that data collected from exit interviews is properly captured and where appropriate escalated for any action / intervention.</p>
Action Status:	Closed

Action Number 37	Provide assurance that we are fully compliant with the national fire standards.
Key Outcome	Fire standards are met.
Deliverables	Audit implementation and compliance with national fire standards, in particular standards for Leading the Service, Leading and Developing People, and Communications and Engagement.
Lead Officer(s)	Nick Sjogren
Progress Statement:	<p>The approach to Fire standards is delivered by our Corporate Assurance (CA) team. They receive comms directly relating to Fire standards so that we are aware of new standards and/or changes.</p> <p>The approach to fire standards will remain 'live' in that there will be periodic reviews and updates to these.</p> <p>Gap analysis has been completed or is in progress for all published 19 standards. Key points of contact have been identified who are the experts in their area and are able to review the requirements of the standard and provide a position on what the Service is already doing, how we can show this and any areas that require strengthening.</p> <p>Regular meetings are scheduled by the CA team to ensure that the recorded position remains relevant and up to date.</p> <p>A process is being put into place to ensure that the relevant Director has vision of the standards and has the opportunity to review and comment on the position and status of the Services position against that standard.</p>

Action Status	Closed
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