

Performance report - Quarter 1

Finance & Audit Committee

1 April to 30 June 2026



DORSET & WILTSHIRE
FIRE AND RESCUE

Priority: Making every penny count

KLOE (Key Lines of Enquiry) 6: How well do we use resources to manage risk?

KLOE 6 Summary

Organisational resilience remains a core part of the Service's governance framework, supporting assurance that essential functions can continue during disruption. As a Category 1 responder under the Civil Contingencies Act 2004, the Service maintains emergency preparedness and business continuity arrangements that are embedded within strategic planning, decision-making and service delivery. Service provisions are robust and appropriate and align well with both Local Resilience Forum plans and practises.

Further guidance on the Procurement Act 2023 requirements has now been published on the Service's website for suppliers, including new below threshold procurement requirements for the winning bidders to register onto the Central Digital Platform or Find a Tender Service (FTS) system with some basic information. The Service is also continuing to engage with the dedicated new Public Procurement Communities of Practice (commenced as from 1 April 2026) set up by the Cabinet Office, the Blue Light Commercial (BLC) Group as well as some informal groups and networks made up of Local Authorities and other Public Sector bodies.

In May 2026 a full re-accreditation audit was undertaken by the British Standards Institute against ISO55001 Asset Management. Maintaining this accreditation demonstrates that the Service manages its assets through a robust, internationally recognised management system, helping to ensure equipment, facilities, and vehicles are reliable, cost-effective, and available to support the delivery of safe and effective emergency services.

There is continual development and investment in the ICT infrastructure to remain current and maintain the safety and security of our systems and information. Increased focus on a joint working approach across both internal departments and our partners. This ensures the Service utilises its information, data, and technology efficiently to support operational activity with clear governance and security arrangements.

KLOE 6 sub-diagnostic

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

Organisational resilience remains a core part of the Service's governance framework, supporting assurance that essential functions can continue during disruption. As a Category 1 responder under the Civil Contingencies Act 2004, the Service maintains emergency preparedness and business continuity arrangements that are embedded within strategic planning, decision-making and service delivery.

A structured risk management approach is used to identify, assess and monitor existing and emerging threats to operational performance and organisational objectives. These arrangements reflect legal requirements and are informed by national good practice, including guidance from the National Fire Chiefs Council (NFCC) and Fire Standards Board.

Business continuity is supported by a comprehensive management framework based on recognised standards and good practice. Critical activities, vulnerabilities and controls are regularly reviewed, supported by horizon scanning, using sources such as the National Risk Register, UK Government Chronic Risks Analysis and Business Continuity Institute Horizon Scan Report.

Risk intelligence is incorporated into the Strategic Assessment of Risk (SAR), ensuring local planning reflects current national and local risk information. The latest SAR was completed in 2025, and preparatory work has begun on the next assessment, scheduled for publication in 2027.

Resilience planning is strengthened through collaboration with Local Resilience Forum partners and the NFCC Business Continuity Group. Learning from these forums informs business continuity arrangements, the SAR and wider Service planning.

During quarter 1 of 2026–27, there were 12 formal business continuity activations and eight further 'Business Continuity Lite' responses. Most related to estate and infrastructure issues affecting fire station operations, with others involving security matters, partner agency disruption and ICT outages. In each case, arrangements were applied effectively and critical services remained operational.

KLOE 6 sub-diagnostic

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

The Procurement Act 2023 officially came into force on 24 February 2025. The transition period is ongoing, with both the old regulations and the new Procurement Act 2023 live.

The Cabinet Office “Awareness” e-Learning Module has been rolled out to relevant members of staff to undertake. We have had 23 members of staff complete this module to date.

The Procurement Overview (PA23) e-Learning Module is currently with the Learning & Organisational Development (L&OD) team. We are awaiting a go-live date for this, so that it can be rolled out to members of staff to undertake.

The Procurement Manager has now produced a Contract Management Framework, along with a suite of guides, information sheets and templates that can be used. These will be issued following the training session on contract management, which is currently being developed with stakeholders. The training will be rolled out to all current contract managers and their deputies.

The Procurement Manager is also working with the Procurement Administrator on reviewing and updating the Service’s contract management e-learning module. Cordie will be engaged as part of this work.

Further guidance on the Procurement Act 2023 requirements has been published on our website for our suppliers, including below threshold procurement new requirements for the winning bidders to register onto the Central Digital Platform or Find a Tender Service (FTS) system with some basic information.

We are continuing to engage with the dedicated new Public Procurement Communities of Practice (commenced as from 1 April 2026) set up by the Cabinet Office, the Blue Light Commercial (BLC) Group as well as some informal groups and networks made up of Local Authorities and other Public Sector bodies.

The Cabinet Office are continuing to release further Procurement Policies Notes (PPNs), which we are reviewing and looking to see if we need to incorporate these into our procurement procedures.

The Service continues to make good use of national procurement contracts, which includes actively promoting and partaking in collaborative and joint procurements. The Service is currently participating in collaborative procurements, for example, Adobe Licensing Aggregation (contract now awarded), Windows 20525 licensing (two aggregated procurements, one is at the recommendation report stage, and the other is for Microsoft licensing replacement, which is due to commence shortly).

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

We are a member of the commercial group for the procurement of a New National Framework for Personal Protective Equipment (PPE), working with Kent Fire and Rescue Service and other commercial leads. This is now in the final stages of the procurement process.

BLC, in partnership with the Home Office, is looking to deliver a single, national e-commercial solution which will aid fire and rescue services with contracted third-party spend (e-Procurement). The Procurement Manager is participating in this project on behalf of the Service. The contract has now been awarded. We are currently awaiting further information and details from BLC.

KLOE 6 sub-diagnostic

To what extent do we understand what assets we are responsible for across the Service and how do we demonstrate effective management of these assets?

The effective management of the Service's estate, fleet and equipment is fundamental to sustaining operational capability and supporting the delivery of frontline services. Asset performance is subject to continuous monitoring and review to inform strategic planning, support evidence-based decision-making and ensure that resources remain efficient, resilient and aligned to the Service's key priorities.

In May 2026 a full re-accreditation audit was undertaken by the British Standards Institute against ISO55001 Asset Management. This audit focused on practical asset monitoring at stations, and a day was spent reviewing all the Service documents and processes for asset management. The conclusion from the auditor was that we continue to meet the standards and audit criteria, and the Service has successfully retained its certification. The Service has held this accreditation for the past two years. Maintaining this accreditation demonstrates that the Service manages its assets through a robust, internationally recognised

management system, helping to ensure equipment, facilities, and vehicles are reliable, cost-effective, and available to support the delivery of safe and effective emergency services.

The final three of eight P1 fire appliances purchased and delivered into Service in 2025-26 are going through in-Service familiarisation and will be on-the-run during quarter 2.

The estate cyclical work, carried into 2026-27 at Blandford, Bridport and Salisbury (roof) is now underway with expected completion in the Autumn. The delivery of the 2026/27 cyclical maintenance programme is likely to be affected by a temporary reduction in staffing within the Estates Team. A new member of the team is expected to commence in October 2026; however, the impact of this transition within a small team is likely to present short-term capacity challenges.

During this period, the Estates Team will continue to prioritise the delivery of business-as-usual activities alongside the Service's strategic priorities. In particular, the ongoing development of the Service's two training sites will remain a key focus, with work progressing at both locations. As a result, there may be some impact on the pace of delivery of the cyclical maintenance programme, which will continue to be monitored and managed to minimise disruption.

During the first quarter, the Estates Team received and completed 338 reactive maintenance requests across the Service's estate. This level of activity is consistent with the typical quarterly workload and represents one aspect of the team's day-to-day responsibilities in maintaining safe, operational buildings.

Alongside responding to reactive maintenance, a significant area of the team's work is ensuring that the Service continues to meet its statutory compliance obligations by maintaining appropriate inspection, testing and maintenance regimes and procuring specialist contracts where required. During the quarter, new contracts were procured and awarded for water hygiene and Legionella prevention, supporting compliance with the Health and Safety at Work etc. Act 1974 and the Control of Substances Hazardous to Health (COSHH) Regulations 2002. A further contract was also awarded for the inspection and maintenance of gas and hot water systems to support compliance with the Gas Safety (Installation and Use) Regulations 1998, helping to ensure the continued safe operation of the Service's estate.

KLOE 6 sub-diagnostic

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

The Service remains committed to achieving Net Zero through the delivery of its sustainability programme, led by a single Environmental lead, who works closely with colleagues across the organisation.

Energy consumption across the estate continues to be monitored through a Power BI dashboard, enabling trends to be identified, high-energy-use sites to be investigated, and opportunities for improved energy efficiency to be prioritised.

During the quarter, the Service reduced waste production by 7% compared with the same period last year. Water consumption increased by 3.2%, primarily due to higher usage at Salisbury, Bere Regis and Weymouth fire stations. This increase was partly offset by reduced consumption at Lyme Regis, Christchurch and Swindon. Ongoing monitoring also identified a water leak at Bere Regis Fire Station, which has since been repaired. Variations in water use are expected and are influenced by operational activity and training requirements at individual sites.

The Service's lead is also running a pilot of Internet of Things (IoT) technology at Shaftesbury Fire Station. The trial will monitor environmental conditions, including room and water temperatures, occupancy and air quality, to provide better data for managing building performance, improving energy efficiency and identifying potential issues at an early stage.

KLOE 6 sub-diagnostic

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

The Service maintains a mature, systematic approach to risk management that informs strategic planning, resource allocation and service delivery. This is aligned to the Community Risk Management Planning Fire Standard and the Fire and Rescue National Framework for England, ensuring activity is focused on the most significant risks facing communities.

Risk information is gathered, analysed and reviewed through established governance arrangements, supporting consistent assessment of existing and emerging risks and evidence-based decisions on investment, prevention, protection and response.

External scrutiny, including His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) inspection findings, continues to recognise the Service's strong understanding of local risk and its use of intelligence to inform planning and deployment decisions.

The SAR remains the principal evidence base for longer-term planning and policy development. The latest SAR was published in September 2025 following extensive consultation, and preparatory work has begun on the next assessment, scheduled for publication in 2027.

Governance, assurance and performance arrangements provide ongoing oversight of organisational performance and risk exposure. Independent assurance from the South West Audit Partnership (SWAP) has confirmed that governance, risk management and business continuity processes are well established, effective and aligned to recognised standards.

The next SAR will be undertaken in 2027 and will inform the Authority's next strategic plan (Community Risk Management Plan), currently named the Community Safety Plan (CSP). This which is due for implementation from 2028.

KLOE 6 sub-diagnostic

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

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

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

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

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

- Reviewing the ICT capital and revenue programmes against the DDaT Strategy and adapting the scheduling to meet the changing needs of the Service.
- Developing the AI strategy into a programme of work and identifying associated resource requirements.
- Maximising use of current systems and process adaptation, before looking to increase budgets for new systems.
- Adopting Cloud first principles for consideration in any new developments, whilst identifying risks to service infrastructure/data and adopting most appropriate solutions in line with security compliance.
- The mitigations for the 2025 ICT Health Check (ITHC) along with the audit programme actions are on track and will continue with this year's ITHC in quarter 2.
- Changes have been made to work on the implementation of Multi-factor Authentication (MFA) in Gartan - the remaining system to address this risk. This currently impacts the ability to achieve Cyber Essentials Certification.
- Providing technical support for the Network Fire Service Partnership (NFSP) Control Room system procurement as well as Emergency Services Network (ESN) support as it develops.
- Also supporting the work associated with establishing and improving the two training centres, as well as the service modernisation programme.

ICT Capital & Revenue Programmes:

Amendments to programming of activity is ongoing to accommodate flexibility in business requirements and changes.

- Rolling hardware replacement programme ongoing and is successfully catching up on previous years. Availability of hardware and procurement processes aligned.
- The SDWAN project completed.
- Body Worn Camera (BWC) procurement is complete and supplier has been identified.
- WiFi refresh project in delivery.
- New Data Centre - work being scoped.
- New Security Platform – work being scoped, to align multiple services into one more efficient product.

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

KLOE 7 Summary

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

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

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

The Medium-Term Financial plan approved by Fire Authority in February 2026 outlined forecast deficits of £1.207m in 2026-27, increasing to £1.470m in 2027-28 and £1.705m in 2028-29. In June 2026 the Fire Authority approved a plan to address this before 2027-28.

KLOE 7 sub-diagnostic

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

For some time now, we have been engaging with local Members of Parliament, MHCLG and the National Fire Chiefs Council to influence the debate on financial sustainability for fire and rescue services and lobby for council tax flexibility. This has included briefing sessions for local MPs and letters from the Chair and Chief Fire Officer (CFO) to relevant government ministers. Regular discussions continue to be held with the Fire Funding team at MHCLG to explore options to deliver financial sustainability.

The Fire Authority is up to date with the external audit of its accounts. The audit for 2024-25 was completed by Bishop Fleming in February 2026. The 2025-26 audit commenced in August 2026.

The SWAP internal auditors completed the scheduled accounts payable and accounts receivable audits in July 2026. Reasonable assurance was given for both, and the required actions are now being implemented.

KLOE 7 sub-diagnostic

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

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

The Service has a strong history of delivery financial efficiencies. Annual revenue savings totalling £15.9m have now been permanently removed from our base revenue budget since the Service was formed in 2016. The cumulative value of those savings will total £98m by March 2027.

KLOE 7 sub-diagnostic

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

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

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

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

KLOE 12 Summary

The Service maintains a well-managed Health and Safety system with good levels of compliance, supported by established audit and governance arrangements and the continued maintenance of ISO 45001 accreditation.

Work-related absences due to physical injuries or ill health have increased by 15% (from 242 to 278 days) compared with the same period last year. Six employees accounted for these absences, with four long-term sickness or recovery cases responsible for 252 days (91% of the total days lost in quarter one).

Reportable incidents to the Health and Safety Executive (HSE) under RIDDOR have decreased compared with the same quarter last year, with two incidents reported under the 'over seven days' category. We review and monitor all incidents and audit outcomes through our governance arrangements to support continual improvement. There are no strategic issues to raise with Members.

KLOE 12 sub-diagnostic

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

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

To assure on health and safety compliance, on average, three audits are required to be completed each quarter from the BSI trained auditor pool. To ensure sufficient capacity, additional auditor training took place in October 2025. A balanced audit plan has been communicated to auditors for financial year 2026-27 to enable workloads to be managed and capacity identified so that

audits are undertaken in the relevant timescales. This enables audits to undergo a quality assurance process before the final audit reports being presented to the appropriate Service team or committee.

The number of working days lost through work related physical injuries or ill health this quarter is up 15% (242 to 278) compared to the same time last year. In this quarter, six people (incidents) are contributing to these figures. Of the six people, four are designated long term sick or in long term recovery and their days lost (252) are 91% of the total in quarter 1.

The number of reportable incidents to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) has decreased over the same quarter last year. Two were reported within the 'over seven days' category injury.

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

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

KLOE 13 Summary

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

The Service maintains a strong governance framework, reinforced by independent assurance from the SWAP. Councillor Small, Chair of the Finance and Audit Committee sits on the SWAP Members Board. For the third consecutive year, SWAP's annual opinion rated our arrangements as 'Substantial Assurance'. This outcome reflects the results of the 2025–26 audit programme, where five of nine audits completed achieved a substantial rating and the remaining four were assessed as adequate.

The Service is proactively managing its information governance and information security compliance requirements. Strategic and tactical processes are aligned to regulatory requirements and the principles of British Standards Institute 27001. Cyber security arrangements are operating well and continually monitored. The Service is in a positive position against the national Cyber Assessment Framework led by the Home Office but more work is required to ensure compliance against the revised framework, which now has wider expectations. Annual Information and Communication Technology testing is conducted externally giving additional assurance of the robust arrangements in place and provides opportunity to improve on our arrangements. Work is nearing completion to ensure suppliers meet multi-factor authentication requirements on third party systems, however the national approach to risk information tablets (RITs) and mobile data terminals (MDTs) has still not been confirmed in order for us to progress our re-accreditation for Cyber Essentials which were hoping to achieve early this year.

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

KLOE 13 sub-diagnostic

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

The Fire Authority has five key priorities and performance, against these are overseen and scrutinised by Members on a quarterly basis. Priorities one, two and three are reviewed at the four Local Performance and Scrutiny (LPS) Committee meetings. These took place to consider quarter 4 performance in August 2026, using the LPS dashboard. Priorities four and five are reviewed at this Finance & Audit Committee, quarter 4 performance at the July meeting and quarter 1 2026-27 at the September meeting.

The LPS dashboards, performance reports and presentations at these meetings provide details on the effectiveness and efficiency of the Service, as well as looking at how the Service is supporting, developing, and ensuring the health and wellbeing of its people. The annual report 2025-26 is being approved by Members and published in September. This is further supported with a Statement of Assurance providing assurance of the previous year's governance, finance, and operational matters.

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

KLOE 13 sub-diagnostic

How effective and efficient are our governance arrangements?

Strong governance arrangements remain central to the Service's ability to meet statutory responsibilities, manage risk and maintain public confidence. The established assurance framework supports transparency, informed decision-making and clear accountability. Independent scrutiny continues to confirm these arrangements are effective, with SWAP again issuing an overall annual opinion of Substantial Assurance.

During 2025–26, nine internal audits were completed: five received the highest level of assurance and four were rated Adequate Assurance. The audit of the Corporate Performance Management Framework confirmed that performance information is robust, reliable and appropriately governed.

Assurance is drawn from internal and external audit, HMICFRS inspection, accredited management systems and sector-led review activity. This provides Members and senior leaders with a balanced view of compliance, performance and organisational effectiveness.

The Service's governance framework is informed by the Chartered Institute of Public Finance and Accountancy (CIPFA)/ Society of Local Authority Chief Executives (SOLACE). Delivering Good Governance framework. A structured evidence-based review, annually, against its seven principles ensures areas of good practice, compliance and opportunities for further improvement.

Audit, inspection and review findings are integrated into performance and risk management arrangements, supporting organisational learning, early identification of issues and effective monitoring of improvement actions. The Service's Annual Statement of Assurance, including current and historical statements, are published on the website, these provide transparent evidence of compliance with statutory responsibilities, national frameworks and sector good practice.

KLOE 13 sub-diagnostic

How effective and efficient are we at managing data?

Our legislative information governance compliance remains positive in relation to the Freedom of Information Act and the Data Protection Act.

In quarter 1, 43 Freedom of Information (FOI) requests were received, of which 14 were directly or indirectly related to proposed station closures. 52 were due to be responded to in this quarter and 47 (90%) were responded to within 20 working days. The average response time was 15 working days. While the volume of FOI requests received this quarter has reduced compared to the previous quarter, and levels of interest related to station closures have reduced, activity remains higher than average. Two requests for internal review were received during the quarter. One review upheld the decision to withhold the data; the other overturned the original decision, resulting in disclosure of the remaining data.

11 subject access requests were received, the joint highest total on record (matching quarter 3 2022-23). Six of these were from current or previous staff members. Ten were due a response in the period and nine (90%) were responded to within the statutory timeframes. No significant themes or emerging trends were identified during the quarter. Whilst only one request was technically considered to be complex, many requests required extensive liaison with both internal and external stakeholders to identify, retrieve and review relevant information before disclosures could be made. This has increased the level of resource required to process requests.

Six security incidents were reported during the quarter. None resulted in a reportable data breach. Four of these incidents related to data handling - two from an email to the wrong recipient and two unauthorised disclosure of sensitive data and one special category data made available to a recruiting manager. These incidents provide us with the opportunity to review ways of working, so that we can learn and improve our processes.

The Service continues to monitor progress against its Cyber Action Plan as a mitigation against the strategic cyber risk. The work to ensure third party cloud services have multi-factor authentication in place is still awaiting compliance from one supplier and a local solution is being implemented.

A working group has been set up by the NFCC, involving the National Cyber Security Centre (NCSC), our Service and several other fire and rescue services with regard to authentication to risk information tablets (RITs) and mobile data terminals (MDTs). Due to a change in the requirements, this has been a barrier to us achieving Cyber Essentials. As a result, the NCSC will prepare a statement for the working group to consider regarding the future direction for fire and rescue services for RITs and MDTs.

A gap analysis is currently being undertaken to assess our position against the revised Cyber Assessment Framework (version four). It contains expanded expectations on monitoring and threat hunting, secure software development and lifestyle management, with AI and automation risks embedded across the framework.

Key digital projects and system procurements have been supported by the cyber team to ensure security compliance.

Completion of the mandatory data protection and cyber security training is at a positive 95%.

In addition to our legal compliance responsibilities, we are ensuring that data management is at the forefront of business processes and system development. We have a balanced approach in place that considers risk and resource, but continue to

increase our effectiveness in managing data as technology evolves to support to enable high quality, automated and evidence-based decision-making and effective performance management.

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

There were nine complaints received this quarter with eight due for completion. Five were resolved within 20 working days, and two were extended with agreement of the complainant. Six (75%) of these complaints were not upheld. There were no trends or themes from the complaints but there was some procedural learning identified and actioned. We received notification of one complaint reported to the Local Government Ombudsman (LGO) regarding enforcement action. This was not progressed by the LGO.

Twenty compliments were received this quarter, nine related to our attendance at an incident, two were for a job well done to staff who were not on duty and others related to assisting other blue light services, safe and well and stations or school visits.

Priority: Supporting and developing our people

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

KLOE 8 Summary

In quarter 1, workforce wellbeing activity continued to be supported through established health and wellbeing arrangements, with sickness absence professionally managed through the Health and Wellbeing Team, line managers and HR People Partners, and strategic oversight through Strategic Case Review and monthly People Meetings.

Long-term sickness absence remained the largest contributing factor across all staff groups. Mental health was the highest causation for Corporate and Fire Control staff, while musculoskeletal absence was the highest causation for Wholetime and On-call staff. Sickness increased across all staff groups compared with the same quarter last year; however, the quarter 1 actual average of 2.09 shifts lost per person remained below the target of 2.18, meaning the Service is currently on track to achieve the corporate sickness target.

Four new Wellbeing Support Plans were put in place and 30 plans continued from previous quarters. Staff continued to access counselling, physiotherapy, Trauma Risk Management (TRiM) support, with counselling provided to 47 staff members and ten family members, three TRiM interventions delivered, and continued growth in private healthcare membership.

Short-term sickness management remains an area for improvement. In quarter 1, 33 people met a trigger and 16 had not had a line manager meeting. Across the 2025-26 quarters to date, 78 sickness absence review meetings remained outstanding. This is being addressed through operational management meetings, refreshed manager training, People Meetings and targeted follow-up with Response managers.

Seven Absence Review Boards were held during the quarter, reflecting continued escalation of long-term sickness cases. In addition, 38 individuals were supported through fitness improvement plans, including 16 carried forward from previous quarters. Safe To continues to promote wellbeing resources, and a LiveWell Dorset clinic was delivered during the quarter to support cardiovascular health and lifestyle advice.

Benchmarking indicates that DWFRS performs well in several areas compared with other fire and rescue services, particularly for Wholetime, Fire Control and Corporate staff sickness levels. Overall sickness was slightly above the national average, with long-term absence remaining the key area of focus.

KLOE 8 sub-diagnostic

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

In quarter 1, long-term sickness absence remained the largest contributing factor to the absence figures for all staff groups. Mental health is the highest causation for Corporate and Fire Control staff, and musculoskeletal the highest causation for Wholetime and On-call. The second highest varied across all staff groups with Wholetime and Corporate being hospital/post operative, and On-call due to a mental health.

The sickness figures for quarter 1 show an increase in all staff groups compared to the same time last year. That said, the average target (including Wholetime, Corporate and Fire Control) for quarter 1 was 2.18 shifts lost per person with the actual figure being 2.09 shifts lost person, meaning that we are on track to achieving the corporate target to reduce the average sickness levels compared to the average during the last five years.

- Corporate shifts lost 1.91 (increase of 0.28)
- Fire Control shifts lost 4.41 (increase of 2.55)
- Wholetime shifts lost 2.04 (increase of 0.23)
- On-call days lost 4.96 (increase of 1.03)

Wellbeing Support Action Plans

In quarter 1, four new Wellbeing Support Plans (previously known as a Stress Action Plan) were set in place with 30 plans continuing in place from previous quarters. The numbers remaining open is higher than any period last year, however, the wellbeing plans are a supportive document and the increase could be representative of staff feeling able to reach out.

Short-term Sickness

In terms of short-term sickness management, this quarter 33 people met a trigger, with 16 of these not had a meeting conducted by their line manager. In total, there currently remains 78 sickness absence review meetings not being undertaken by line managers (review based on all quarters in 2025-26 to date). Of those that have had a sickness review meeting eight remain on a sickness improvement target. It is recognised that the lack of a system, and the resource intensive burden on Human Resources People Partners (HRPP), this is not an effective process in short term sickness. That said, the line manager plays a pivotal role in this and despite HRPP coaching and guidance, it is recognised that this is a reduction from the same period last year and we are not seeing a vast change in this. The Senior HRPP is also developing training to managers training to reflect the purpose and importance of this. The Head of People Support is working closely with the Area Manager – Response to ensure this area is addressed appropriately.

We are still experiencing issues with how the new HR system is able to report on sickness data. Manual workarounds are being used but this results in further development required in terms of line management guidance, education and support to ensure broad and consistent awareness of the impacts of short-term sickness.

There were seven Absence Review Boards held in quarter 1 in terms of escalation of long-term sickness management cases. Two of these related to reconvened cases. We are continuing to see an increase which has been directly related to increased collaboration at monthly People Meetings, enabling managers to escalate cases whilst being kept up to date with progress but also a prognosis of a return to work, deciding if timescales are compatible with the service.

Sickness absence continues to be professionally managed through our dedicated Health and Wellbeing Team who work closely with Line Managers and HRPP, with strategic oversight at the Strategic Case review and monthly People Meeting. Sickness procedures are robust and a range of support mechanisms such as counselling and physiotherapy are in place to support staff, with continued promotion of any new initiatives that may be able to support our staff and the Service. Whilst they remain robust a number will be reviewed in terms of aligning to the direction of the service including Stress Management, Attendance Management and Health & Wellbeing. This will be incorporated into the projects and change priorities programme.

This quarter saw a number of new members of our private healthcare arrangements available through salary deduction. It continues to increase month on month. In quarter 1, nine DWFRS staff joined, with a total increase of 16 including dependants.

Staff counselling is accessible to all staff and dependants. Counselling services were provided to 47 staff members and ten family members. Trauma risk in management (TRiM) support was active with three trim interventions. Safe to Be is updated regularly with all support for mental health both internally and externally.

In quarter 1, 38 individuals being supported with fitness improvement plans which includes advice and guidance on nutrition and weight management. This includes 16 remaining on plans from previous quarters.

In terms of benchmarking and aligning to the NFCC report issued after quarter 4, DWFRS performed well compared with many other fire and rescue services, particularly for Wholetime Firefighters, Fire Control and Corporate Staff, where sickness levels are all lower than the national average.

Overall, employees at DWFRS lost an average of three days to sickness during the quarter, compared with the national average of 2.7 days. This means overall absence is slightly higher than average, but not among the highest in the sector.

Some positive findings include:

- Wholetime Firefighters lost 5.0% of working time to sickness compared with 5.5% nationally.
- Fire Control staff lost 4.8% of working time to sickness compared with 7.3% nationally.
- Support Staff lost 2.9% of working time to sickness compared with 3.8% nationally.

The main area of focus is DWFRS' absence is more likely to be long-term than in many other services:

- 74% of firefighter sickness absence was long-term compared with 65% nationally.
- 68% of corporate staff sickness absence was long-term compared with 64% nationally.

All of our health and wellbeing resources are publicised through our Safe To programme which updates regularly to ensure staff are signposted to this support. We ran a free LiveWell Dorset clinic in quarter 1 delivered by the NHS Dorset. The appointment involves looking at cardiovascular health, specifically, checking for diabetes and cholesterol through a finger stick blood test, as well as offer advice based on the results. Blood pressure, BMI, and a lifestyle assessment is also undertaken. This was previously carried out three years ago and unfortunately, despite numerous attempts, we have not been able to find a similar offering for Wiltshire based staff.

KLOE 9: How well trained and skilled are staff?

KLOE 9 Summary

The Service continues to maintain a structured approach to understanding and sustaining the skills and capabilities of its workforce. Operational staff are expected to maintain the competencies required for their roles, with oversight supported through How's My Team Doing dashboards, local management review, operational performance, simulations, exercises, drills and centrally organised training programmes.

During quarter 1, the Training Development and Standards Team continued its comprehensive review of the competency framework to align it with National Operational Guidance (NOG) incident type methodology. This work supports the rollout of a new three-year training planner and associated resources, providing greater consistency and clarity while enabling local managers to plan and deliver training that reflects station risk profiles and local training needs.

The operational training offer continues to be enhanced through blended learning, including digital learning and virtual courses. A full review of digital learning and eLearning packages remains underway ahead of the launch of the new Learning Management System, ensuring the learning offer is streamlined, relevant and aligned with future operational requirements. Strategic oversight of training priorities is provided through a cross-directorate group responsible for the Annual Training Action Plan. Regular reviews identify emerging risks, future skill requirements and organisational priorities, enabling targeted development activity to be incorporated into the competency framework.

Competence tracking is embedded across the organisation, with line managers routinely reviewing staff capability to ensure appropriate deployment on operational training and development activity. Continued review of guidance, course content and training materials ensures alignment with evolving national standards, including preparedness to embed NOG across operational and control environments.

KLOE 9 sub-diagnostic

How well do we understand the skills and capabilities of our workforce?

All operational staff are expected to maintain the necessary skills and competencies for their roles. For station-based personnel, performance and development are monitored through the How's My Team Doing (HMTD) dashboards. Operational competence and assurance are demonstrated and maintained through effective performance at real incidents, simulations, exercises, drills and centrally organised training programmes. This approach ensures that staff remain skilled, capable and competent in their operational roles.

The Training Development and Standards Team are currently undertaking a comprehensive review of the competency framework to align it with the NOG incident types methodology. This work will directly support the rollout of a new three-year training planner, designed to provide greater consistency and clarity while supporting local managers in the effective planning and delivery of training at station level. The planner will be supported by associated training resources, helping to standardise delivery and ensure a consistent training offer across all operational fire stations.

Skill and competence maintenance will continue to be delivered through a locally executed training plan, tailored by local management to reflect station risk profiles and training needs, while remaining aligned to national standards and organisational priorities. This ensures training remains practical, relevant and proportionate.

The Operational Training Programme is further enhanced through a blended learning model incorporating digital learning and virtual courses, supporting a range of learning preferences. As part of this, a full review of all digital learning and eLearning packages is currently underway. The team is evaluating the existing suite of digital learning to streamline and refine the offer in advance of the launch of the new LMS. This review remains ongoing and will ensure digital learning continues to support core competence, currency and future operational requirements.

Oversight of training priorities is provided through a cross-directorate group responsible for the development, delivery and monitoring of the Annual Training Action Plan. Regular strategic reviews identify emerging risks, future skill requirements and organisational priorities, with targeted learning and development initiatives incorporated into the competency framework to ensure the Service remains responsive to changing operational demands.

Competence tracking is embedded across the organisation, enabling robust oversight of staff development. Line Managers routinely review competency levels to ensure staff are appropriately deployed on operational training and development activity, aligning individual capability with organisational need.

The Training Development and Standards Team regularly develop and review guidance, strategic actions, course content and training materials arising from evolving national standards, ensuring continued alignment. As a result, the Service is well positioned to embed NOG across operational and control environments. Following business case approval, the team also deliver Control NOG on behalf of the Networked Fire Services Partnership (NFSP).

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

KLOE 10 Summary

In quarter 1, leaders continued to seek feedback and challenge through workplace visits, open seats at senior meetings, staff survey follow-up, union engagement, On-call Question Time sessions, the Culture Conversations podcast and CFO blogs.

The CFO and SLT focused workplace visits on the eight stations affected by the public consultation on possible station closures, while staff engagement remained strong through three SLT open seats and 13 SDT open seats.

The 2026 staff survey closed early in quarter 1. Although participation was lower than in 2025, the findings highlighted encouraging trends alongside areas requiring further improvement. Work has begun to respond to the feedback, including sharing results with managers, accelerating activity to reduce workloads and improving participation in future surveys.

Recruitment equality reporting remains limited while our new HR system reporting is configured, so quarter 1 analysis is based on manual recording. Wholtime recruitment continues to show disproportionality in relation to women and minority ethnic groups. There were five new wholtime starters from the internal transferability pool, no Fire Control starters, 13 Corporate starters and 16 On-call starters, including two females. Corporate recruitment included ten guaranteed interview candidates under Disability Confident, with three subsequently offered roles.

The Service continues to address potential disproportionality through positive action, inclusive advertising, recruitment buddy support from staff networks, Disability Confident commitments, review of recruitment and assessment processes, targeted On-call recruitment support and engagement activity including a careers event in Trowbridge. The Positive Action Steering Group

has been paused briefly to strengthen the approach and is due to restart in quarter 2, supported by a draft 'Our Positive Action Priorities' plan.

Leaver analysis for quarter 1 identified 32 leavers, with retirement, obtaining employment elsewhere and work-life balance the top three reasons for leaving. No significant trends were identified by sexual orientation, disability, ethnic origin or religion and belief, although under-representation in operational roles remains a continued area of focus.

Employee relations and professional standards processes continue to be monitored for fairness and consistency. In quarter 1, 15 new cases were opened, and 31 cases were managed in total. Seven cases were closed during the quarter, and there was no evidence at this stage of disproportionate case levels affecting one staff group. One Employment Tribunal claim was settled and two remain ongoing.

Positive action activity continues across attraction, recruitment, retention and progression, including representative recruitment materials, future engagement with colleges, support for staff networks, Pride attendance, a planned Women in the Fire Service event, the Women's Development Programme, review of the Developing Diverse Leaders programme, People Impact Assessments, community engagement and renewal of White Ribbon accreditation.

KLOE 10 sub-diagnostic

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

In quarter 1, the Chief Fire Officer (CFO) and Strategic Leadership Team (SLT) continue to visit workplaces across the organisation, focused this quarter on the eight stations affected by the public consultation on possible station closures.

Three open seats were taken up at SLT meetings this quarter and 13 at Service Delivery Team (SDT) meetings. These high numbers reflect the willingness of our staff to learn about the organisation and undertake continuous professional development (CPD) in their roles.

The staff survey ran during quarter 4 and finished early in quarter 1. While participation was lower than in 2025, the 2026 survey findings highlight a number of encouraging trends alongside areas where further improvement is needed. Work to address the outcomes of the feedback has begun and includes sharing the full results with managers at the Managers Briefing Days in September, accelerating work to reduce workloads, and working to increase participation in future surveys.

Communication plans for projects this quarter have included the contaminants project.

During quarter 1, there was one new episode of the Culture Conversations podcast which is designed to engage staff with updates on the Culture Delivery Plan. The episode released in May focused on the importance and power of staff networks within DWFRS, liked to the national Staff networks day.

Engagement continues with the unions on a monthly basis via face-to-face meetings attended by the Director of People and Director of Community Safety.

Two On-call Question Time sessions were held during the quarter with good engagement from attendees. These are scheduled to allow as many on-call watches as possible to attend and were some of the best attended calls we have held so far.

This quarter there were three CFO blog posts, viewed by 662 members of staff.

KLOE 10 sub-diagnostic

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

Reports to enable equality data to be downloaded from our new HR System have not yet been configured. The data below has therefore been drawn from records held by the recruitment team outside the system, focusing on the areas of greatest under-representation within each staff group. Meaningful comparison with the previous year is not possible due to the absence of comparable data.

Wholetime

There were five new starters during this quarter. They were drawn from the internal transferability pool, meaning existing on-call staff who moved into wholetime roles.

In general terms, wholetime operational recruitment continues to show disproportionality in relation to females and minority ethnic groups, and this is being addressed.

Fire Control

There were no new starters in Fire Control this quarter.

Corporate

There were 13 new corporate starters this quarter. Of these, one person disclosed a disability, representing 8% of the total. Ten corporate candidates were offered a guaranteed interview under the Disability Confident Scheme, and three were subsequently offered roles.

All corporate vacancies continue to be advertised on LGBTjobs.co.uk, Neurodiversityjobs.co.uk, Disabilityjob.co.uk and BMEjobs.co.uk.

On-call

There were 16 new on-call starters:

- 14 males (87.5%)
- two females (12.5%).

No Firefighter Recruitment Experience Events (FREE) took place this quarter. However, some stations are planning to run FREEs later in the year following well-attended open days.

This quarter, the team exhibited at a careers event in Trowbridge. The event attracted a diverse range of job seekers and provided a valuable opportunity to showcase the breadth of roles available within the service as well as raising awareness of the existence of the on-call role.

To address disproportionality relating to age, gender, sexual orientation, disability, ethnic origin and religion or belief, a Positive Action Steering Group meets quarterly to drive forward positive action initiatives and review their effectiveness and impact. This group has recently been paused to re-evaluate work areas and strengthen the approach to positive action; however, it is due to restart in quarter 2. A Positive Action plan has been drafted and shared with the Culture Development Committee for wider comment and review. The Positive Action Steering Group will review existing activity, consider any additional positive action work that has been implemented, and agree the future approach.

The Head of People Support attended a best practice session on how Norfolk FRS delivered an innovative wholetime recruitment campaign in 2025. The campaign was supported by an organisation specialising in psychology-led, bespoke assessment and recruitment tools for fire and rescue services. The learning is being used to identify how future DWFRS recruitment activity could better address potential disproportionality at the attraction, assessment and selection stages. A meeting with key stakeholders is scheduled for quarter 2 to consider next steps. Over the coming months, activity will focus on exploring available options and identifying which fire and rescue services have changed recruitment processes in ways that increased the number of women applying or progressing, and how this was achieved. Any future process will also need to reflect the updated NFCC Leadership Framework, that was launched in August, particularly in relation to recruiting against the revised behaviours.

To support the attraction of a more diverse pool of applicants, roles are advertised through media likely to reach minority ethnic and female applicants. LGBTQIA+ Fire Pride, Neurodiversity, Operational Women and Minority Ethnic network groups are also in place and can act as recruitment buddies for individuals going through recruitment processes.

We are recognised as a Disability Confident employer and ensure that support and reasonable adjustments are available to candidates throughout recruitment processes.

Recruitment activity continues to be monitored to identify barriers, improve access and reduce potential disproportionality. To address potential disproportionality at the attraction and application stages, the team continues to use the People Meeting to highlight stations where engagement is more challenging. This enables early escalation and targeted support. The online applicant guide has been reviewed and updated, and stations are encouraged to signpost candidates to it so applicants have clearer information about the role and recruitment process.

The new e-recruitment module launched at the start of the quarter. It introduced a streamlined application form and a pre-screening stage assessing fitness, availability and response time before candidates progress. Guidance was issued to stations and virtual surgeries were offered to recruiting managers. Although uptake was low, the sessions provided useful one-to-one support to improve confidence and consistency in using the system.

Assessment processes are also being reviewed to support fairness and progression. The new firefighter assessments has replaced the Situational Judgement Test (SJT) and Behavioural Skills Questionnaire (BSQ) with a more modern assessment aligned to the NFCC Leadership Framework, NFCC Core Code of Ethics and National Apprenticeship Programme. The pilot to

remove practical tests that do not add value has been reviewed and extended for a further three months. This provides additional assurance that the streamlined process does not create unintended issues at the upcoming Basic Skills course.

Targeted operational support is being used where recruitment challenges may affect workforce representation and resilience. Two part-time operational Recruitment Support Firefighters have commenced in post, providing support to priority White and Blue Group stations identified by Group Managers. Recruitment has continued for the remaining post supporting Red Group stations. A revised recruitment day running order was also implemented, reducing sports hall booking time and delivering cost savings. Communication with stations has been maintained through regular on-call recruitment updates in FireWire and at April and May On-Call Managers' Meetings, sharing progress, promoting positive developments and keeping stations informed of recent and ongoing changes.

We continue to review and refine promotion processes to ensure progression opportunities are fair, transparent and accessible. The revised Crew Manager (CM)/ Watch Manger (WM) promotion process has been launched, supported by clear guidance and communications for all eligible candidates. To improve consistency in assessment, AI-assisted scoring of evidence statements is being trialled, with all outcomes moderated by human assessors.

As our HR system was not ready to manage the 2026 promotion process as a result it is being delivered manually while alternative digital solutions are explored. Learning from this process, alongside ongoing monitoring of progression outcomes, will help identify and address any potential disproportionality in promotion opportunities and outcomes across workforce groups.

Leavers

In quarter 1 there were 32 leavers, broken down as follows:

- seven from wholetime (22%)
- 14 from On-call (44%)
- two from Fire Control (6%)
- nine from Corporate (28%).

The highest number of leavers fell within the 46 to 55 age group (37.5%), followed by the 25 to 35 age group (25%). The lowest numbers of leavers were recorded in the following groups:

- three from 17-24 age group (9.5%)
- four from 36-45 age group (12.5%)
- three from 56-65 age group (9.5%)

- two from 66+ age group (6%).

In terms of gender, the largest proportion of leavers were male:

- six female leavers (19%)
- 26 male leavers (81%).

Of the 32 leavers this quarter, there were no significant trends in terms of sexual orientation, disability, ethnic origin or religion and belief.

The top three primary reasons for leaving for all staff were:

- Retirement (34%)
- Obtained employment elsewhere (22%)
- Work-life balance with four leavers (12.5%).

There are no significant trends by staff group but the retirement reason aligns to the highest number of leavers by age, falling within the potential retirement age bracket.

81% of leavers were eligible for a leaver discussion and three leaver discussions are yet to be received. Analysis of the leavers discussion responses has not identified any trends. Any contentious issues are taken up with the line manager by the People Partner.

In quarter 1, the Managing Performance – Capability procedure was published and will be reviewed after six months to assess consistency, fairness and impact. The Grievance procedure has also been reviewed and amended to strengthen practice, including the introduction of Compliance & Investigation team involvement in formal grievance investigations. A review of the Discipline procedure is planned within the next six months.

There were 15 new cases in this quarter, which, when added to cases from previous quarters, resulted in a total of 31 cases being managed in quarter 1. Seven cases were closed in quarter 1, four of which were also opened. Analysis of new cases shows a broadly even distribution between On-call and Wholetime staff groups, with seven On-call cases and five Wholetime cases, alongside two new corporate cases. Based on the available case data, there is no evidence at this stage of disproportionate case levels affecting one staff group.

Of the 11 new disciplinary cases, all required the appointment of an Investigating Officer. All Investigating Officers were appointed within five working days of the case being opened. This provides evidence of a consistent and timely approach to case allocation, supported by the introduction of the Compliance & Investigation Team in September 2025, which has improved capacity to appoint Investigating Officers promptly. Investigating Officers were also appointed to investigate the two new bullying and harassment cases within five working days of the cases being opened. This further supports evidence of consistent treatment across case types and timely progression at the initial investigation stage.

Of the 12 cases resolved or closed during the quarter, the shortest resolution time was 37 days and the longest was 176 days. The longest case was delayed due to Compliance & Investigation capacity. Resolution times will continue to be monitored to ensure delays are understood and managed consistently, and do not result in disproportionate impact for any staff group.

No Employment Tribunal claims were received during quarter 1, providing no current indication of escalation arising from the operation of these procedures. One Employment Tribunal claim was settled during the quarter and two remain ongoing.

Ongoing monitoring of case outcomes, resolution times and escalation routes will continue to provide assurance that employee relations processes are applied fairly, consistently and without evidence of disproportionality.

To help identify and address potential disproportionality, a positive action steering group meets quarterly to innovate, oversee delivery of and evaluate, positive action activities across all staff groups. In the last quarter, more work has been done to ensure that a more robust positive action plan is in place and that there are sufficient resources to deliver. The following work is ongoing:

Attraction and Recruitment:

- A staff benefits video that represents On-call, Wholetime, Corporate, Fire Control and a mix of characteristics has been completed and launched in line with communication activity.
- To retain interest of those in our Wholetime pool, a four-six week newsletter with publicly available information has been created – this is also being shared with people who we had contact with through our buddy scheme.
- Work is ongoing with a new and more inclusive website – this is due for launch on 1 December 2026.
- Benchmarking with other services has been completed and shared with a working group in quarter 1. Further research work is being carried out to be reviewed in the new year. It is intended that the next Wholetime recruitment process won't launch until 2028.
- An engagement programme is being developed for public service students across four interested colleges and seven sites in Dorset and Wiltshire, reaching over 250 potential future recruits. It aims to strengthen Wholetime and On-call

recruitment pipelines, improve public image, and build students' understanding of firefighter fitness standards and selection processes. The suggested model involves two, three-hour sessions per college: an introductory presentation with fitness testing, followed by a re-test, practical selection activities, and appliance familiarisation. Next steps are to confirm internal resourcing, engage colleges quickly so activity can be built into academic plans, and agree how the programme would work best at each site.

- In recent recruitment processes, three candidates were invited to interview through the Disability Confident scheme and all were subsequently offered positions, despite not being the highest-scoring applicants at the shortlisting stage. Their success highlighted that shortlisting scores do not always fully reflect a candidate's skills, experience and potential, reinforcing the value of inclusive recruitment practices. The experience has also prompted further discussion on improving accessibility and inclusivity within recruitment processes to attract talent from the widest possible pool.
- The Service hosted an Enterprise Day at Salisbury Fire Station for ten female students from South Wilts Grammar School. The event promoted Fire Service careers, particularly operational and On-call firefighter roles, and helped address underrepresentation by challenging stereotypes and increasing awareness of routes into the Service. Students completed a station tour and practical firefighter activities before developing ideas to improve engagement with young people. All ten students were previously unaware of On-call firefighters, and one group reported that interest in firefighting increased from one out of five students before the event to all five saying they would consider it afterwards.

Retention:

- A paper outlining necessary support for network leads and attendance for on call staff has been presented to SLT. Additional resource has been agreed in support of positive action. A comprehensive procedure for the new arrangements is under consultation and will be published in quarter 2.
- Following significant legal developments, Pride attendance was agreed for Chesil Youth Pride, Bourne Free and Swindon Pride. Arrangements are being managed locally.
- A local Women in the Fire Service UK (WFS) event is due to take place in September in collaboration with other fire and rescue service partners across the South West. Sunita Gamblin QPM has kindly agreed to be a key note speaker on the day and our Service are arranging a classroom-based workshop: The Curiosity Lab.
- The delivery team for the Personal Safety Workshop have recently met to review the feedback from last year and are preparing improvements ready for the next delivery in November.

Progression:

- Three delegates started the Women's Development Programme with Women in the Fire Service in quarter 1. The Equality Diversity and Inclusion (EDI) Manager continues to monitor feedback and evaluate this programme for value and effectiveness, but this relies on receiving feedback from delegates.
- Evaluation of our "Developing Diverse Leaders" programme completed in 2025-26 has slipped been completed in quarter 1 2026-27. Delivery is intended again for this year, pending a procurement process. An evaluation of our Buddy Scheme will be completed ahead of the next Wholetime campaign in 2028.
- The L&OD team continue to explore a female only Incident Command exercise for underrepresented groups including operational women. It is hoped that this will be a safe space where ops women can learn and practice, without the pressures of being in a group where they are underrepresented. As a precursor to this a demonstration of Incident Command Level 1 (ICL1) assessment was delivered to our Operational Women's Group in quarter 1.

Other activities:

- Teams including crews and the operational support team undertake community engagement activities across the service to learn from underrepresented groups and promote the service as an employer of choice. In total 141 engagements were undertaken by Response this quarter. Work is ongoing to strengthen the reporting and organisational learning from these as part of a community engagement framework.
- A Community Newsletter is published three times a year to maintain relationships with community leads and reach groups of people who are seldomly heard. The next newsletter will be published in quarter 2.
- As well as being the right thing to do, People Impact Assessments help us identify and address potential disproportionality and meet our legal obligations as part of the Equality Act 2010 and the Public Sector Equality Duty. This quarter 51 new People Impact Assessments were received, of which 13 required a Stage two with the support of relevant network leads and our scrutiny panel.
- Feedback from the six and 12 month "How is it being one of us?" surveys are conducted to identify opportunities for improvement and any themes of potential disproportionality for underrepresented groups. This work resumed in quarter 4 and has been strengthened to ensure relevant departments consider and communicate consideration and any action via the Culture Development Committee.
- The majority of our workforce are male and we recognise that these colleagues are our strength in addressing the international and national agenda to end Violence Against Women and Girls (VAWG). To support this agenda and the women who are underrepresented in our organisation we are a White Ribbon accredited organisation. After three years of membership, our renewal application has been approved. Our three-six year plan has been submitted to White Ribbon. We currently have 48 Ambassadors and 36 Champions.

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

KLOE 11 Summary

The Service continues to develop leadership and capability through corporate induction, probation, temporary promotion oversight, leadership development activity, apprenticeships, development pathways and structured operational command training. During quarter 1, recording of 1:1 reviews was paused due to development and implementation of the new HR system, with the new version due to be available from 1 August 2026.

Corporate induction is well embedded with one session held in quarter 1. Two individuals had not attended within the mandatory timescale by the end of the quarter but were booked onto the next event. Year to date, 23 probations have been met, none have been extended and no contracts have been terminated during probation, although 36 final probation reviews were outstanding.

Temporary promotion arrangements continue to be monitored. At the end of quarter 1 there were 13 temporary Watch Manager promotions and 12 temporary Crew Manager promotions at Watch Manager and below, alongside seven temporary promotions at Station Manager and above. Some temporary promotions have exceeded six months where continuity, specialist skills or project stability are required, and the Chair of Postings will review rotation more closely and record the rationale where roles remain in place.

Leadership development continues through the Bitesize Leaders programme, Leadership in Lifesaving, Management in Lifesaving and evaluation of the High Challenge High Support framework as a shared behavioural language for middle managers. Learning and Organisational Development is also supporting operations to raise standards on stations through clearer work routines and structured training plans.

Work continues to establish a structured coaching framework and internal coaching cadre, with staff undertaking level five and level three coaching training.

Apprenticeships continue to provide a structured method for developing staff across a range of disciplines. In quarter 1 30 staff members were undertaking apprenticeships.

Apprenticeships remain a key route for development across operational and corporate disciplines, although forthcoming changes to the growth and skills levy, including defunding of some standards from September 2026, will affect use of the level five coaching apprenticeship.

Development pathway workbooks have been digitalised to improve access and maintainability. These will be reviewed and refreshed once the new Learning Management System is in place, enabling pathways to be assigned, tracked and reported at organisational level. Preparatory work is also underway to engage external support to develop formal development pathways.

Structured command development remains in place. Supervisory managers continue to undertake initial incident command training at the Fire Service College, while flexible duty officers are supported through a rota group training programme to maintain and develop command capability through planned, regular activity.

Alongside this we have invested in our innovative approach to Realistic Firefighting, using properties awaiting demolition. This approach enables us to ensure our firefighters are exposed to a range of incidents but within highly controlled conditions. This also enables us to assess issues raised during incident debriefs.

KLOE 11 sub-diagnostic

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

Due to the development and implementation of the new HR system we had to continue to pause the recording of 1:1 reviews for this quarter. The new 1:1 process will be launched on 1 August 2026.

This quarter, one corporate induction session was held with 17 attendees. At the end of this quarter, there were two individuals who have not attended the Corporate Induction within the mandatory timescale. They are both booked to attend the next event.

Following the corporate induction, a survey regarding the effectiveness of the process is sent out. For the most recent event, nine responses were received, representing a 53% response rate. Feedback was positive, with 100% of respondents stating that the Corporate Induction either met or exceeded their expectations.

One way that we evaluate how successful the induction period has been for a new starter is data from probation reviews. Year to date, 23 probations have been met, none have been extended, and no staff contracts have been terminated during their probation period. 36 final probations reviews are outstanding at the end of the quarter.

The number and duration of temporary promotions are monitored. At supervisory level there are three staff in temporary promotion roles that have been in the temporary role for more than six months. There are no CM or WM temporary promotions that have been in place for more than two years. At middle manager level there was one member of staff in a temporary promotion role that has been in role for more than six months, there are no Station Manager (SM) and above temporary promotions that have been in place for more than two years.

Temporary promotions are discussed at Postings Group meetings and where temporary promotions have exceeded six months this is predominantly due to the skills/experience and stability required in the roles. This applies to temporary posts that have been filled to support projects for fixed temporary durations and at on-call stations where the potential pool of candidates is very limited.

The potential rotation of roles will be reviewed more closely moving forwards by the Chair of Postings to ensure that where possible rotations may be considered and the rationale for remaining in post documented.

KLOE 11 sub-diagnostic

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

Our Bitesize Leader sessions provide targeted, accessible development for middle managers and are designed to be flexible and responsive, allowing emerging themes and operational priorities to shape session content in near real time. This adaptability is a deliberate design feature, ensuring the programme remains relevant to managers lived experience, rather than operating as a fixed syllabus disconnected from practice. There were no Bitesize Leaders sessions during this quarter.

Delivery of both the Leadership in Lifesaving, and Management in Lifesaving courses continued during quarter 1. These programmes sit at the core of DWFRS's offer for supervisory managers. They remain central to the L&OD programme and continue to attract strong engagement from supervisory staff.

Alongside formal training programmes, L&OD has been supporting operations in a drive to raise operational standards on stations through clearer work routines and structured training plans. This work recognises that leadership development does not happen only in training but in the way managers apply expectations, have conversations and model the behaviours they ask of others.

The programme High Challenge High Support (HCHS) is being evaluated as a framework for a common behavioural language across the middle management layer. This shared vocabulary is central to the Service's approach to leadership culture; it gives managers a recognised benchmark against which to assess their own behaviour and the behaviour of those they lead. The programme's ambition is the internalisation of a leadership approach that makes challenge constructive and support meaningful.

The development of a structured coaching framework for the Service is one of the most significant pieces of L&OD work underway.

Key staff are receiving level five coaching training via the apprenticeship scheme. A further cohort is being trained to level three. Together, these two groups will form the coaching cadre that delivers internal coaching support across the Service. The intention is that this cadre will support leader development, performance improvement and positive behaviour change, contributing directly to the cultural goals set out in the HCHS strategy.

The coaching framework, once established, will integrate with the wider L&OD programme and will provide a structured offer that managers and staff can access as part of their development. Work to define that offer, including referral routes, supervision arrangements and quality assurance, continued in quarter 1.

Apprenticeships continue to provide a structured method for developing staff across a range of disciplines. In quarter 1, 31 staff members were undertaking apprenticeships: 11 Operational staff (nine males, two females) and 20 Corporate staff (five males, 15 females).

Five apprentices are under the age of 25. The breadth of the apprenticeship offer reflects L&OD's commitment to development that is not confined to operational or leadership roles. The portfolio includes programmes in Leadership Development, Finance, Human Resources and Facilities Management, recognising that capability development across the whole organisation contributes to the Service's overall effectiveness.

Apprenticeships continue to provide a structured method for developing staff across a range of disciplines. In quarter 1 30 staff members were undertaking apprenticeships:

- 14 Operational staff (12 males, two females).
- 16 Corporate staff (four males, 12 females), three of which have completed apprenticeship (three females).
- Four apprentices are under the age of 25.
- Five upcoming likely new apprenticeships (five females), two have already applied.

Apprenticeships are embedded within the wider L&OD programme, sitting alongside the Trainer Assessor, Management in Lifesaving and Leadership in Lifesaving frameworks as part of a coherent offer. They provide a nationally recognised, quality-assured route for staff development that meets both individual and organisational need.

As previously advised a number of Apprenticeship Standards being defunded with effect from September 2026 and the introduction of new Apprenticeship Units from April 2026 onwards. Unfortunately, this includes the level five coaching apprenticeship that we have been using to build our coaching network.

Development pathway workbooks have been digitised and will be reviewed and refreshed once the new Learning Management System (LMS) is in place. The LMS will provide a platform through which development pathways can be assigned, tracked and reported on at an organisational level, giving L&OD and senior leaders greater visibility of workforce development activity.

Supervisory managers continue to undertake their initial incident command training at the Fire Service College. This facility enables assessment across a range of simulated incident types, providing a rigorous and standardised development experience that supports consistent command competence across the Service.

Alongside this we have invested in our innovative approach to realistic firefighting, using properties awaiting demolition. This enables us to ensure our firefighters are exposed to a range of incidents within highly controlled conditions. This approach also enables us to provide training opportunities for the whole crew and assess issues raised during incident debriefs.

A structured rota group training programme is in place for flexible duty officers, ensuring that command capability at that level is maintained and developed through planned, regular activity rather than left to chance.