Item 26/44 Appendix A

DORSET & WILTSHIRE FIRE AND RESCUE AUTHORITY

Statement of Assurance

2025 – 2026

PASSIONATE ABOUT
CHANGING & SAVING LIVES

Contents

Introduction

This is the Dorset & Wiltshire Fire and Rescue Service Annual Statement of Assurance which we publish in line with the requirements of The Fire and Rescue National Framework 2018). The Framework states that:

'Fire and rescue authorities must provide annual assurance on financial, governance and operational matters and show how they have had due regard to the expectations set out in their integrated risk management plan and the requirements included in the Framework. To provide assurance, fire and rescue authorities must publish an annual statement of assurance' - Guidance on statements of assurance for fire and rescue authorities in England.

This document is one of the ways that we provide assurance to our communities that our arrangements relating to the below key areas are robust;

- Financial Management
- Governance
- Operational Matters (including Prevention, Protection and Response & Resilience)

This document is also reviewed by His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) (the Inspectorate), during their programme of inspections and as a source of information on which the Secretary of State's biennial report is based, under section 25 of the Fire and Rescue Act (2004).

Dorset and Wiltshire Fire & Rescue Service

The Service area covers approximately 2500 square miles, and we serve approximately 1.5 million people across our communities. We are bordered by six counties (Devon, Somerset, Gloucestershire, Oxfordshire, Berkshire and Hampshire) and we have a coastline that stretches for 88 miles from Lyme Regis in the west to Highcliffe in the east.

We employ approximately 1,300 members of staff who work together to deliver our services.

Approximately 1000 members of staff are employed as wholetime or on-call firefighters and are based out of 50 fire stations. Of these, four are fully crewed by wholetime personnel, eight are staffed by a mix of wholetime and on-call firefighters, and 38 are crewed solely by on-call firefighters.

The Service is supported by a corporate workforce of around 300 staff. Our corporate staff deliver functions including finance, human resources, cyber security and estate & fleet management.

The Service Control Centre (SCC) provides round-the-clock support by answering 999 emergency calls 24 hours a day, 365 days a year. The SCC operates in shifts, with four teams (Watches) consisting of eight staff members to ensure continuous and effective initial response to emergency calls.

The Service also works collaboratively with many partner agencies to help deliver the most effective and efficient services to our communities.

Vision, Priorities and Legislative requirements

We are much more than a Fire and Rescue Service. We are helping people to become safer, healthier and to live more independently. Improving wellbeing and investing in future generations is central to our way of thinking. We will play a key part in supporting our communities and businesses to grow safely and responsibly. When you need us, we will respond quickly and professionally to limit distress, harm and economic loss.

The Service sets out five Priorities that are the foundations for all of the work that we deliver.

Priority 1	**Helping you to make safer and healthier choices** We want you to be more aware about the risks you face and support you and your business to be safer. We are committed to improving the wellbeing of you and your family.
Priority 2	**Protecting you and the built environment from harm** We will work with you to improve your safety and reduce the effect that day-to-day hazards and risks can have on you and your environment.
Priority 3	**Being there when you need us** We will continue to provide a professional and prompt response when an emergency happens.
Priority 4	**Making every penny count** We will continue to be a well-respected and trusted Service, offering excellent value for money.
Priority 5	**Supporting and developing our people** We make sure our staff are at the centre of everything we do, are well led and have the right knowledge and skills, this is crucial to the success of our Service.

Like any organisation we are also directed by legislative requirements. Some legislation, such as the Fire and Rescue Services Act, is specific to the Fire and Rescue Sector. Other legislation such as the Equality Act, is more general but still influences what we do and how we do it. Below is a selection of some of the legislation that we comply with.

- ✓ **Fire and Rescue Services Act (2004)**
- ✓ **Regulatory Reform (Fire Safety) Order 2005**
- ✓ **Building Safety Act 2022**
- ✓ **Regulatory Enforcement & Sanctions Act 2008**
- ✓ **Fire Safety Act 2021**
- ✓ **Civil Contingencies Act 2004**
- ✓ **Procurement Act 2023**
- ✓ **Modern Slavery Act 2015**
- ✓ **Employment Rights Act 1996**
- ✓ **Equality Act 2010**
- ✓ **Data Protection Act 2018**
- ✓ **Health and Safety at Work Act 1974**

Governance arrangements

1. The term 'governance' can be defined as *"the combination of processes and structures that are put in place to inform, direct, manage and monitor the activities of an organisation to support the achievement of its objectives".*
2. For the Service the 'objectives' are defined by the five Priorities as listed above. These provide the basis for the required governance structures we have in place.
3. The governing body for the Service is The Fire and Rescue Authority (the Authority).
4. The Authority is the statutory body constituted in accordance with The Dorset & Wiltshire Fire and Rescue Authority (Combination Scheme) Order 2015 (Statutory Instrument No 435).
5. The main purpose of the Authority is to oversee the policy and service delivery of the Service.
6. The Authority comprises of 18 elected Members from our four constituent areas. These are;

   - Bournemouth, Christchurch and Poole Council
   - Dorset Council
   - Swindon Borough Council
   - Wiltshire Council

7. Authority Members are responsible for determining the policy direction of the Service, setting a budget to fund delivery of that policy direction; and undertaking scrutiny to ensure that intended outcomes are being achieved economically, efficiently, effectively and in accordance with statutory requirements.
8. The Authority is directly responsible for;

   - Approving the Community Safety Plan (CSP)
   - Approving associated policies and significant changes to Service delivery that have policy implications
   - Approving the annual budget and fire precept
   - Approving the Medium-Term Finance Plan (MTFP)
   - Approving significant changes to the agreed revenue and capital programme
   - Approving and monitoring the Treasury Management Policy
   - Scrutinising the six-monthly performance presentation and the annual performance report

9. To support the governance arrangements the Authority must appoint the following statutory roles to which it may delegate specific functions;

   - A head of paid service (Chief Fire Officer)
   - A Chief Finance Officer
   - A Monitoring Officer

10. The Authority has also established the following committees to which it delegates specific responsibilities.

    - <u>Finance & Audit Committee</u>
      Responsibilities include (but not limited to);
      - Oversee the internal and external audit arrangements and to approve the audit plans, strategy, programmes and annual letters/reports, and to secure effective co-ordination between internal and external audit, in consultation with the relevant officers

- ensuring sound day to day financial management arrangements are in place and overseeing financial expenditure
- to monitor the risk management and business continuity arrangements and make recommendations to the full Authority as necessary

➢ Local Performance and Scrutiny Committee (LPS) (x4 aligned to constituent areas)

Responsibilities include (but not limited to);

- to monitor the effectiveness and improvement of local response emergency arrangements appropriate to its area
- to monitor the outcomes of partnership working and the effectiveness of engagement with local partners

➢ Appointments and Disputes Committee

Responsibilities include (but not limited to);

- Make the appointments of the CFO/Deputy Chief Fire Officer (DCFO) to determine the terms and conditions on which they hold office, including remuneration, and to deal with any related issues concerning their employment
- Consider and decide on grievances between an employee and the CFO/DCFO

➢ Appeals Committee

- Where the policies of the Authority provide for any member of staff conditioned to the Grey Book or the Green book, to appeal to elected Members against dismissal or termination, the role of the Appeals Committee is to hear and determine the appeal whether the dismissal or termination is for a disciplinary matter, ill health, redundancy, or some other substantial reason

11. The full governance arrangements for the Authority are defined in the published Members' Handbook. which also confirms roles, responsibilities, delegations, and a code of conduct.
12. All information can be found in our Fire and Rescue Authority page of the Service website
13. Internally, our performance management systems and internal meeting structures deliver the appropriate governance to monitor and oversee Service delivery aligned to our CSP.
14. The governance structure includes an embedded meeting structure at Department, Directorate, Strategic Leadership Team (SLT) and Service Delivery Team (SDT) levels.
15. Internal meetings are supported by data dashboards that provide relevant information relating to performance.
16. In addition to the performance meeting structure there are specific governance structures in place to provide scrutiny over our approach to the delivery of;
    - ➢ Culture (Culture Development Committee)
    - ➢ Health and Safety (Health and Safety Committee)
    - ➢ Digital Data and Technology (DDAT Board)
    - ➢ Information Governance (Information Governance Group)

Assurance of our governance arrangements

17. The principles of governance are set out within our published Corporate Governance Policy. The Authority reviews and approves this policy every two years.
18. The Accounts and Audit regulations 2015 require us to publish an Annual Governance Statement (AGS). We include this within our published financial statement of accounts.
19. The AGS is an expression of the measures taken by the Authority to ensure appropriate business practice, high standards of conduct and sound governance. It explains how the organisation manages its governance and internal control arrangements and measures the effectiveness of those arrangements.
20. Governance arrangements are also subject to scrutiny and assessment by independent external and internal audit functions and through the Home Office Inspection process delivered by the Inspectorate.
21. Our external auditors, Bishop Fleming, as part of their work, undertake an independent assessment of our governance arrangements and are required to report to the Authority if the AGS does not comply with "Delivering Good Governance in Local Government: Framework 2016 Edition" published by the Chartered Institute of Public Finance and Accountancy (CIPFA) / the Society of Local Authority Chief Executives and Senior Managers (SOLACE).
22. In their report dated 31 March 2025 Bishop Fleming stated;

    "We are satisfied with the Authority's arrangements to assess performance and evaluate Service delivery"
23. Our internal audit providers, through their internal audit strategy and annual plan, review the Service governance arrangements in line with their eight themes of a healthy organisation.
24. All audits are designed to assess the effectiveness of the governance, risk and control elements of the areas being audited.
25. Each year an internal audit annual plan is developed, in consultation with the SLT, external auditors and the Chair of the Finance & Audit (F&A) Committee, to ensure that the work remains balanced and considers any required changes or emerging risks.
26. The internal audit plan is subject to review and approval by the F&A Committee.
27. Internal governance meetings have clear terms of reference and agendas.
28. Our corporate performance management system is well embedded and was most recently subject to independent assurance by our internal auditors (SWAP) in 2025. Our arrangements were awarded the highest level of 'Substantial Assurance'.
29. Based upon the full programme of work completed in the year, SWAP issue an annual opinion of our overall governance, risk and control environment. For the year 2025-26, SWAP confirmed an overall 'Substantial' assurance rating and commented;

    " On the balance of our 2025/26 audit work for Dorset & Wiltshire Fire and Rescue Service, enhanced by the work of external agencies, I am able to offer a Substantial Assurance opinion in respect of the areas reviewed during the year."
30. We are accredited to the International Organisation for Standardisation (ISO) 45001 Health and Safety Standard and 55001 Asset Management.
31. Compliance with these standards is independently assured through six-monthly continual assessment visits. These are completed by external auditors, trained to British Standard

Institution's competencies, and support the active monitoring and continuous improvement of our arrangements.

32. We apply the principles of BSI 27001 - Information Security Management as the standard for our information governance arrangements.

33. Our cyber security arrangements are aligned to the Government's Cyber Essentials standard and the National Cyber Security Centre minimum Cyber Security Standard.

34. We undertake an annual review against the Corporate Governance in Local Government framework 2016, published by CIPFA and SOLACE. This assessment forms part of our governance assurance and was last completed in 2025.

35. The Inspectorate holds the responsibility to undertake independent inspections of England's fire and rescue authorities. The inspection process provides an additional source of independent assurance of the Service's arrangements in respect of the following areas (including governance arrangements) to support the delivery of;

    - Operational service provided to the public (including Prevention, Protection, and Response)
    - Efficiency of the FRS (how well it provides value for money, allocates resources to match risk, and collaborates with other emergency services)
    - How well the FRS looks after its people (how well it promotes its values and culture, trains its staff, and ensures they have the necessary skills, ensures fairness and diversity for the workforce, and develops leadership and service capability)

Financial arrangements

36. Our strategic vision is set within Priority 4 of *'Making every penny count'* along with the published Financial Management Policy Statement, which sets out our high-level approach to achieve good financial management.

37. The Authority is responsible for having appropriate arrangements in place to secure the economic, efficiency and effectiveness in its use of resources and to maintain an effective system of internal control that supports the achievement of their policies, aims and objectives; whilst safeguarding and securing value for money from the public funds at their disposal.

38. The appropriate financial regulations that we are required to adhere to form part of the Members' Handbook. The Handbook details the financial responsibilities of the Authority, delegated committees, the CFO, the Treasurer and other Officers.

39. A Treasurer is a statutory appointment by the Authority, and the responsibilities of this position are delegated to the Assistant Chief Officer – Director of Financial Services and Treasurer to the Fire & Rescue Authority.

40. The Fire and Rescue Services National Framework for England 2018 requires that the Service produces a Medium-Term Finance Plan (MTFP).

41. The MTFP sets out the strategic financial context of the Authority and how it plans to balance its revenue and capital budget requirements over the life of the plan.

42. The MTFP is subject to review and scrutiny by the Authority and is published on our website. The latest document was approved by Members in February 2025 and covers the financial years 2025-2029.

43. Annual budget planning takes place at departmental level and budgetary forecasts are used to support decision making and deliver a balanced budget.

44. Procurement activity is managed in line with our Contract and Procurement Standing Orders and our internal procurement procedures.

45. Contract management arrangements are in place, and all contracts are managed through a national procurement database. This information can be accessed by suppliers and the public via our website.

46. We have embedded the social value requirements of the new Procurement Act 2023, into our documents, policies and procedures and this will continue to form part of the preliminary market engagement process.

47. Processes are in place to capture savings and efficiencies, arising from procurement activity, and these feed into the Service's wider value for money arrangements.

48. The Authority recognises its responsibility to support the elimination of discrimination and exploitation in all business dealings and supply chains. In recognition of the Modern Slavery Act 2015, we have published our Modern Slavery Statement on our website.

49. We produce an annual Statement of Accounts to comply with The Accounts and Audit (England) Regulations 2015, and this is published on our website.

50. The accounts are produced in compliance with the format determined by the CIPFA code of practice and shows the annual costs of providing our service. The format aims to give a "true and fair" view of our financial position and transactions.

51. Treasury management activity is guided by our annual Treasury Management Strategy, which is approved by the Authority in February each year.

52. The management of the Authority's cash flow, debt and investments is aligned with the CIPFA Treasury Management Code of Practice.

53. Our business case process helps to strengthen our approach to value for money (VFM). This helps to ensure that decision making is centred around the effective use of the resources available to us.

54. We also have in place a VFM dashboard that helps us more broadly understand the impact of work undertaken by the Service. This helps us to consistently quantify our cashable savings, non-cashable savings, areas of cost avoidance and wider societal savings generated by our work.

Assurance of our financial arrangements

55. The F&A Committee oversee and scrutinise the delivery of our Priority 4, 'making every penny count'.

56. This includes scrutiny of our treasury management activity and performance through six-month and annual reports. Quarterly investment and borrowing performance updates are also presented to F&A Committee.

57. Members seminars are held annually to update Members on the Service's financial position and future plans.

58. Due to the ongoing financial pressures faced by the Service, we hold a strategic risk entitled "Failure to secure financial sustainability that ensures and maintains effective service provision". Management mitigations for this risk are communicated quarterly to the F&A Committee.

59. The Service holds a suite of procedural documents and forms that aid and support staff in delivering financial services. Financial regulations are monitored on a regular basis to ensure accuracy and alignment.

60. Changes to regulations, legislation and associated training opportunities are monitored by the finance team to ensure that skills and knowledge remain up to date. This includes attendance at webinars and training sessions delivered by CIPFA.

61. As part of our mitigations against the threat of financial fraud, regular staff communications are shared. This includes reminders about whistleblowing, anti-fraud, corruption and bribery procedures, alerting staff about their role and responsibilities, and any relevant procedure they need to follow.

62. Monthly budget monitoring reports are prepared by each department, tracking actual spend and forecasting the year end outturn against the budgets. The budget forecast is scrutinised quarterly to identify areas where savings can be made, or if additional funds are required.

63. Independent assurance of our financial management arrangements is obtained from the work undertaken by our internal & external auditors and through the Inspectorates inspection process.

64. Our Internal Audit Strategy focuses on “Eight themes of a healthy organisation” which includes financial management.

65. In recent years, our internal auditors have provided independent assurance of the following areas;

- Payroll arrangements (*Substantial assurance*) (2023-24)
- Procurement and fuel card arrangements (*Adequate assurance*) (2023-24)
- MTFP and financial resilience (*Substantial assurance*) (2024-25)
- Financial controls and oversight (Reasonable assurance) (2025-26)
- Procurement process evaluation (Substantial assurance) (2025-26)
- Treasury and reserves management (Substantial assurance) (2025-26)

66. Comments from the Auditors included;

- *“DWFRS has a clearly defined Treasury Management Strategy that aligns with CIPFA principles and is supported by detailed Treasury Management Practices (TMPs)”*
- *“The Authority has a comprehensive set of up-to-date finance policies and procedures, which are adequate to oversee financial arrangements and support appropriate segregation of duties, escalation and accountability”*
- *“The training and guidance for procurement and contract management at DWFRS appears comprehensive and well-structured, providing assurance that staff have the necessary and up to date knowledge to comply with legislation and internal processes”*

67. Our financial arrangements are also subject to scrutiny by our appointed external auditors, Bishop Fleming, who hold the responsibility of providing an independent opinion on whether;

- The financial statements (FS) give a true and fair view of the financial position of the Authority at the year end and of its expenditure and income for the year then ended
- FS have been prepared properly in accordance with the CIPFA/Local Authority (Scotland) Accounts Advisory Committee Code of Practice on Local Authority Accounting in the United Kingdom 2023-24
- FS have been prepared in accordance with the requirements of the Local Audit and Accountability Act 2014

- The Authority has arrangements in place to secure economy, efficiency and effectiveness in its use of resource

68. In their annual report for the year ended 31 March 2026, Bishop Fleming stated that;
    - *"We are satisfied that the Authority has appropriate arrangements in regard to its financial planning for 2025/26 and beyond"*
    - *"Based on the work carried out, we are satisfied that there are no significant weaknesses in the Authority's financial sustainability arrangements. We have not raised any improvement recommendations"*
    - *"Based on the work carried out, we are satisfied that there are no significant weaknesses in the Authority's arrangements for improving economy, efficiency, and effectiveness"*
69. Following our HMICFRS inspection in 2024 it was concluded that;
    - *"The Service continues to have sound financial management"*
    - *"The Service regularly scrutinises all information about its costs"*

Operational arrangements

70. Our operational service delivery comprises of three defined areas, Prevention, Protection and Response & Resilience.
71. Our approach to community safety is a holistic approach to protect people through every stage of life. We focus our efforts on helping people start well, live well and age well; and our resources are directed to engage, educate and support those areas of our community that are most at risk.

Prevention arrangements

72. Service Priority 1 – *'Help you to make safer and healthier choices'* and the key objectives set out in our published Prevention Policy define the direction of our prevention work.
73. Whilst our statutory duty is to prevent fires, we compliment this with providing a wide range of education and engagement programmes in other areas including road safety and general education.
74. To support the achievement of Priority 1 and the objectives within the Prevention Policy we have a Prevention Plan in place.
75. Our Prevention team, supported by station-based staff, deliver Home Fire Safety Visits (HFSV) to vulnerable members of the community. The visit is a person-centred home visit carried out by a trained Home Safety Advisors or Operational Crews. The visit focuses on the persons health as well as fire related risks.
76. A HFSV takes a holistic approach to reducing risk. This is achieved by considering the individual, their home environment and lifestyle choices. It places the wishes, behaviours, needs and abilities of the individuals at the heart of the visit. During the visit, occupants will be given fire safety advice and have appropriate fire safety equipment fitted, as required.
77. We work with key partners and receive referrals from the ambulance service, hospitals, police forces, housing providers, utility companies and care providers. These referrals provide us with access to some of the most vulnerable and at-risk people within our communities.

78. We have seen a significant increase in referrals from Partner agencies who have access to the Priority Services Register. This is a free, UK-wide service providing extra support and practical help from energy suppliers, network operators, and water companies and the register is a database of individuals or households with specific vulnerabilities.

79. As set out in the Fire and Rescue Service Act (2004), we have a statutory duty to rescue people in the event of a road traffic accident. Whilst we respond to such incidents when they occur, the Service also takes a pro-active, preventative approach to road safety to help reduce the likelihood of incidents occurring in the first place.

80. The Service has developed a range of road safety education resources that are designed to engage with high-risk road user groups. These high-risk target groups have been identified by analysing the Government issued 'STATS 19' collision data. This provides the Service with an intelligence led approach to ensuring that resources are allocated to where they can be most effective.

81. We support two road safety partnerships covering the Service area. The Wiltshire and Swindon Road Safety Partnership and Dorset Road Safe. We also attend and support National Fire Chiefs Council (NFCC) road safety groups, South-West Accident Reduction Working Group, South-West Road Safety Group and The National Road Safety Forum.

82. The Service delivers the NFCC approved 'Go-Drive' education to young drivers and passengers aged 16-19. This is available free of charge to all Key Stage 3 schools and colleges. This approach has been academically evaluated to be most appropriately targeted in achieving positive behaviour change.

83. We also deliver the 'Survive the Drive' programme delivered in partnership with and funded by the Ministry of Defence (MOD). National data has indicated that (military) service personnel are at an increased risk of being involved in a road traffic collision. With approximately 30% of the British Army based in the Service area, this presents itself as a considerable risk. We have also helped create several internal road safety videos for and funded by the MOD and we are integrated into the national MOD Road Safety Strategy.

84. 'Biker Down' courses are delivered in response to STATS 19 data which shows that 1 in 3 fatal collisions, over a three-year period involved a motorcycle. Delegates are identified and encouraged to sign up to this training at community engagement events.

85. The Services universal educational programmes for children and young people is delivered under the banner of 'DWISE' (Dorset & Wiltshire Inspirational Education).

86. The 'DWISE' programme, inspired by Firefighters, aims to help children and young people live healthier and safer lives. Resource material is designed for different ages, developing the topics covered as appropriate for the young person's/child's age and circumstances.

87. We take a risk-based approach to our delivery, using fire incident data, areas of deprivation data and considering station locality in relation to the school. A risk-rating is calculated based on these elements.

88. 'Rank 1' rated schools are targeted by our Education Advisors for assembly-based delivery for years one to four. Year five children see us take a classroom-based approach to enable us to provide more detailed knowledge, which builds upon the previous four years of input that we've provided. 'Rank 2' rated schools are provided with resources for delivery by schools teaching staff.

89. We have also developed a series of targeted education videos and packages for schools specifically relating to deliberate fires.

90. Our Arson Reduction Officer, supported by a team of Fire Safety Intervention Advisors, maintains a close watch of trends and Service data and reacts accordingly informing our approach to reducing risk.

91. We work closely with both Wiltshire and Dorset Police, Local Authorities (LA), local schools and voluntary organisations, such as the Dorset Heaths Partnership, to help promote positive engagement and reinforce the potential consequences of fire setting behaviours.

92. We also work with partners to reduce the number of fires from disposable BBQs in use in public spaces, and have continued the campaign 'Bring a Picnic, not a BBQ'. This complements the work we do to provide education through initiatives to protect our wildlife areas and reduce instances of wildfires.

93. Safety messaging is made publicly available via our website and covers a range of themes, advice and support. Our Protection and Response teams work closely to share risk information to help ensure the most vulnerable members of the community are identified and prioritised.

94. We support national and local campaigns designed to raise awareness of community fire risks. The campaigns cover a range of topics, and we work with partners to promote these and help reduce preventable deaths. We engage with people via our social media platforms, such as Facebook, Instagram and Nextdoor.com.

95. Our printed literature is available in 26 other languages to support our diverse communities, and information can be translated into 132 different languages via the translation service on the website. An audio speaking function is provided for the visually impaired.

96. We deliver messaging to coincide with supporting our diverse communities, for example, during Diwali and the Festival of Lights.

97. We hold a key role in safeguarding our communities, our people and our organisation through safe and effective safeguarding practices. We are committed to the safeguarding of children, young people and adults and protecting the safety of vulnerable individuals.

98. Safeguarding procedures include a flowchart which supports our staff on when and how to make a referral, where to send it and who to contact for advice and support. These procedures are regularly reviewed and updated in line with legislation changes and learning.

99. Service staff are trained to understand their responsibilities in relation to safeguarding and to equip them to be able to deal with cases as and when required. A 24/7 safeguarding reporting route and support structure is in place.

Assurance of our Prevention arrangements

100. Home fire safety procedures, guidance and impact statements are in place to ensure we offer a consistent approach. Our approach is aligned to NFCC best practice guidance and is embedded across the Service.

101. An eligibility criterion and risk and prioritisation process is in place to ensure our HFSV provision is targeted to those most at risk of fire and that are particularly vulnerable. The risk of harm from fire substantially increases with age, ill-health and disability, and therefore these areas are our focus.

102. HFSVs are quality assured through the auditing of visits, follow up customer satisfaction, and behaviour change surveys. This helps to ensure that the right approach is in place and allows us to identify how we can continue to provide the highest standard of service to our communities.

103. We hold a list of all current partnerships on a register and annually review and evaluate the requirements, attendees and frequency of partnership meetings to ensure that they provide the best value for the Service and the community.

104. We have corporate targets in place for our Prevention arrangements. These targets are subject to the oversight and scrutiny arrangements as previously noted and provide assurance through the governance routes of our Prevention delivery. The corporate targets are;

    - We will reduce the number of accidental dwelling fires compared to the average attended during the last five years
    - We will reduce the number of deliberate fires compared to the average attended during the last five years

105. To help ensure that our Prevention work is effective and provides VFM, we have an evaluation framework which allows us to review, reflect and identify opportunities to enhance the work we deliver.

106. Our Prevention work is aligned to NFCC standards, and we have reviewed our arrangements against the published Prevention Fire Standard.

107. Mandatory training for our staff is added to our training system. Completion rates are monitored to ensure that we have assurance that our staff have the appropriate level of training and remain up to date.

108. The Inspectorate reviews our Prevention arrangements as a key element of their inspection framework and this provides an invaluable source of independent scrutiny and assurance.

109. Conclusions from our last published Inspection report included;

    - “The Service’s prevention plan for 2023–25 is clearly linked to the risks it has identified in its CSP”
    - “The Service routinely exchanges information with other public sector organisations about people and groups at greatest risk. It uses this information to challenge planning assumptions and target prevention activity”
    - “We found good evidence that the Service routinely refers people at greatest risk to organisations that may better meet their needs. Arrangements are also in place to receive referrals from others. And the Service acts appropriately on the referrals it receives”
    - “There is a clear quality assurance process in place for specialist civilian safe and well advisors”
    - “The Service is good at responding to safeguarding concerns”

110. Following our 2024 inspection, the Inspectorate made a number of recommendations on how we may strengthen our Safe & Well (now Home Fire Safety) arrangements. These recommendations were accepted and oversight of delivery is built into our performance management system. Progress is reported to the Inspectorate on a quarterly basis.

111. Additional independent assurance is received through monitoring by Safeguarding Boards and Partners who assess the effectiveness of local safeguarding arrangements in various ways including audits and reports. This provides us with 3rd party scrutiny and assurance that our arrangements are sufficient and suitable and provides opportunities to enhance our approach where possible.

112. During this financial year we also commissioned an internal audit by our Corporate Assurance team with positive assurance outcomes related to our governance arrangements.

Protection arrangements

113. Service Priority 2 – *'Protect you and the built environment from harm'*, and the key objectives set out in our published Protection policy define the direction of our protection activity.
114. We deliver against these through a protection and an enforcement plan with key elements set out in our Service Delivery Plan.
115. The Protection department conducts various types of fire safety audits, including proactive audits of high-rise residential buildings, re-inspections based on previous risk and compliance scores, thematic audits triggered by information from reactive enforcement activities indicating lower compliance levels, and reactive audits prompted by local intelligence, incidents such as fires or automatic fire alarm (AFA) activations, or referrals from other enforcing authorities.
116. The Protection department plan includes the delivery of the Risk Based Intervention Programme (RBIP). The RBIP commenced in April 2024 and will continue until March 2028, aligned to the CSP 2024-2028.
117. The RBIP is tailored to our Service area and considers risks across a range of factors. It includes those premises selected based on their high-risk scores from a calculation matrix, premises on the Building Risk Review list, and those with specific risks or anticipated poor levels of fire safety compliance.
118. In addition to this we proactively identify premises and respond to intelligence received to address potential regulatory breaches. We provide routes for reporting fire safety concerns or complaints about specific premises through our website
119. Fire Safety Inspectors conduct audits of identified premises and audit outcomes are communicated to the responsible person through letters or emails and recorded on our internal system.
120. For premises identified with compliance issues, we have the ability to apply a range of enforcement tools. This ranges from providing guidance, encouraging improvement through informal means, or, when appropriate and proportionate to do so, employ formal enforcement measures, issue prohibition orders, or undertake a prosecution.
121. To support the Protection teams, enhanced fire safety training has been delivered to our response crews, so that they can undertake business fire safety checks and improve our outreach to smaller businesses. This improves the quality of our internal referral processes and increases productivity across a wider range of risk premises.
122. Prevention teams have also received fire safety awareness training to ensure they remain updated on protection issues.
123. Our external website is regularly updated to provide businesses and the public with consistent and relevant information. Our Protection department partners with local businesses and trade associations to ensure adherence to the relevant fire safety legislation.
124. Memorandums of Understanding (MOUs) and Service Level Agreements (SLA) with other agencies are in place and in date and are reviewed and monitored.

125. Continued joint working with the LA and Multi-Disciplinary Team through the mechanism of the Building Safety Regulator (BSR) enables a shared understanding of high-rise residential building risks.

126. Partnership arrangements with the Care Quality Commission (CQC) facilitate the sharing of data and intelligence regarding care settings. We engage in consultations with the CQC, and a reciprocal arrangement is in place. The NFCC/CQC MOU serves as the foundation for ongoing collaborative relationships and intelligence sharing.

127. We maintain a positive working relationships with all four Housing Authorities, particularly in supporting the licensing and regulation of houses in multiple occupation. Following the guidelines of the 'LACoRS Guide' (Local Authorities Coordinators of Regulatory Services), we conduct regulatory visits to premises where the Service serves as the lead authority. Additionally, we offer assistance to the LA Housing Departments where we are not the lead authority, such as caravan sites.

128. We have an existing arrangement with the South-West Environment Agency that supports the sharing of intelligence on issues such as pop-up waste sites, addressing compliance concerns and conducting joint site inspections.

129. Our ongoing efforts involve obtaining and reviewing the published LA planning lists. When we identify a development of significant scale or complexity, we engage with the planning office to emphasise the importance of considering appliance access under B5 of Building Regulations. We also encourage the provision and appropriate location of hydrants and highlight the benefits and design possibilities of automatic water suppression systems, such as sprinklers.

130. We actively participate in Safety Advisory Groups and Event Safety Advisory Groups for larger outdoor events like festivals, concerts, and sporting events to ensure that the appropriate risk assessments are completed to help keep people safe.

131. AFA's make up a significant amount of our overall Service demand. In response we have implemented a call challenge policy to help reduce the levels of unwanted AFA's on the Service. Additionally, an AFA Reduction Group is in place to identify further areas for engagement and demand reduction.

132. For commercial premises where the Regulatory Reform (Fire Safety) Order 2005 applies and where an unwanted AFA attendance is made, analysis is carried out to identify repeat offenders. The Protection team then targets reduction activities, focusing on auditing the premises, particularly the fire detection and warning system and its management.

133. For domestic premises where operational crews respond to AFAs, Prevention teams work with residents to deliver HFSVs to support in making occupants safer in their homes. Where repeat responses are made to domestic premises, but which operate under a housing provider, the Service works with those organisations to help reduce instances of false alarms and to ensure the safety of the residents.

134. Where Fire Safety Inspectors identify issues or situations during an inspection that may impact operational crews at an incident, this information is shared with the local stations.

Assurance of our Protection arrangements

135. We have a corporate target in place for our Protection arrangements. This is subject to oversight and scrutiny arrangements as noted previously and provides assurance that Protection teams are achieving the targets as required.

136. Our corporate target is;

- *We will provide intervention activities for 100% of all identified buildings that fall within our Risk-Based Intervention Programme*

137. Internal governance arrangements are well embedded to provide assurance that we remain on track to deliver our protection work.

138. Our procedural documents adhere to NFCC guidance and the Service's Prosecution Team are the lead team within the NFCC Enforcement Working Group.

139. All Protection staff either hold a Level 4 certificate in fire safety or are working towards this qualification as part of their personalised development pathway, in accordance with the NFCC competency framework.

140. The Protection team has established a robust and integrated quality assurance process to ensure audits are conducted in a consistent and systematic manner. This includes assessments of processes, decision making and standardisation through Continual Professional Development sessions to ensure the effectiveness of inspections and other activities. The Enforcement Management Model is used to compare initial audit outcomes with the actions taken.

141. The standards and behaviours of the Protection team are monitored through peer assessments in line with the Code of Ethics.

142. As required by the Environment and Safety Information Act 1988, we maintain and regularly update the NFCC enforcement register of all of the enforcement action we take.

143. We hold all current Protection partnerships on a register and annually review and evaluate the requirements, attendees and frequency of partnership meetings to ensure that they provide the best value for the Service and the community.

144. We have reviewed our arrangements against the published NFCC Protection Fire Standard, and any gaps in alignment are being delivered through clear actions.

145. The Inspectorate review our Protection arrangements as a key element of their inspection framework. This provides us with an invaluable source of independent scrutiny and assurance.

146. Following the 2024 inspection the Inspectorate provided the following conclusions;

- *"There is a good quality assurance process in place for specialist fire safety inspectors"*
- *"The Service's risk-based intervention programme is clearly linked to the risks it has identified in its CSP"*
- *"The audits we reviewed were completed to a high standard in a consistent, systematic way and in line with the Service's policies"*
- *"The Service uses its full range of enforcement powers where necessary"*
- *"The Service has good processes in place to measure how effective its activity is, and to make sure all sections of its communities have appropriate access to protection services that meet their needs"*

147. We recognise the recommendations made by the Inspectorate in our 2024 report and these have been included within our internal performance management system to track progress. Quarterly progress updates are provided to the Inspectorate.

Response and Resilience arrangements

148. Service Priority 3 – *'Being there when you need us'* and the key objectives set out in our published Response and Resilience Policy define the direction of our response activity.

Operational Competence and Operational Preparedness arrangements

149. Operational licence skills include emergency response driving, breathing apparatus and incident command. These skills can only be achieved through specific acquisition courses and refresher training and must be kept up to date in line with defined review dates.

150. Individuals are responsible for ensuring their operational licence and wider general skills (maintenance of skills) records are up to date and recorded in our competency recording system.

151. The Service has risk assessed skills matrices that ensures that it has the appropriate skills and abilities across the Service. These are reviewed on a six-monthly basis to ensure that they are still reflective of Service requirements.

152. The station skills matrix covers all operational stations. The Flexi Duty Officer skills matrix is linked to the officer's rota, and a third matrix is specifically for SCC staff and aligns to the NFCC. Specific skills profiles are allocated to each member of the operational workforce.

153. The Service has an annual training plan which is regularly reviewed and updated to ensure that our staff have the requisite skills and knowledge to deal with the operational incidents they are likely to encounter.

154. We have a suite of operational guidance documents which have been produced in collaboration with other Services across the Networked Fire Services Partnership (NFSP) (Devon & Somerset FRS and Hampshire & Isle of Wight FRS).

155. These documents now form a library of National Operational Guidance (NOG) and are accessible via an online portal. The suite of documents contains tactical guidance, operational prompts, risk and impact assessments and training packages.

156. To support operational preparedness, the Service exercise procedure provides clear direction on the requirements for different exercise types and includes requirements for cross-border fire and rescue services and multi-agency partners. An annual plan is designed for exercise themes across the Service and takes into consideration current and emerging risks.

157. The Service participates in both the Dorset and the Wiltshire & Swindon Local Resilience Forums (LRF). This approach supports the delivery of our requirements as a category 1 responder, within the Civil Contingencies Act (2004) and helps us prepare, in collaboration with partners, for a range of incidents aligned to the Government issued National Risk Register.

158. Our Resilience Team work closely with the two LRFs to identify risks and work with Partners to ensure that arrangements and planning are effective to manage reasonably foreseeable risks and are supported by an annual business continuity horizon scan.

159. Section 7(2)(d) of the Fire & Rescue Services Act (2004) places a requirement on the Fire & Rescue Authority to make arrangements for obtaining information needed for the purpose of i) extinguishing fires in its area; and ii) protecting life and property in the event of fires in its area.
160. Information gathered for the purpose of 7(2)(d) is referred to as site specific risk information (SSRI) and contains information which will guide firefighters in how they approach an incident at that location, effectively and safely.
161. SSRI is assessed using the 'Provision of Risk Information System'. This process defines the level of risk applied to that information, and ranges from very low (level 1) to very high (level 5).
162. Officers and operational watches work across the communities and undertake visits at premises to gather, update and ensure that we hold the most up to date risk information.
163. The Service has in place, arrangements to coordinate, gather and deliver risk information within on-call areas of the Service, where on-call crews have less available time to collect this information.
164. We hold a responsibility to ensure that specific public events are planned to be as safe as possible, and we have a process in place to ensure risk information is available to operational crews during the time frames of the planned event.
165. New and reviewed operational risk information is shared so that familiarisation can be undertaken either as a site visit or a tabletop review.
166. All risk information is made accessible to all crews and officers via electronic Mobile Data Terminals (MDTs) and Risk Information Tablets (RITs) which are available on our fire appliances to ensure immediate access when required.

Operational Competence and Operational Preparedness assurance

167. Operational competence is aligned to the Fire Professional Framework. We gain assurance internally through monitoring the completion rates of operational licence and maintenance of skills of our Firefighters, Officers and SCC staff.
168. Key performance indicators (KPI's) are in place to monitor operational licence and maintenance of skills, with monthly monitoring of these numbers undertaken by management teams.
169. Individuals who are not 'in date' for an operational licence skill are taken 'off the run' for that specific skill. This ensures the safety of the individual, their colleagues and the public. Exceptions may be made but only following a documented risk assessment process.
170. Progress against the Annual Training Plan is regularly monitored and reported to the SDT.
171. Operational guidance documents are continually reviewed with changes directed by the Central Programme Office following national incident learning. This ensures that our published guidance remains current.
172. The Service Exercise Coordinating Group meets quarterly and oversees the delivery of the Service Exercise Plan to ensure that it remains on track, aligned to risk and needs of the Service and that the appropriate learning is gathered.

173. A quality assurance process is in place to ensure that submitted SSRI is appropriate and accurate. Any information identified as falling below the required standard will require further updates.

174. To ensure that SSRI remains current, a process is in place to provide reminders as to when the information must be reviewed and updated by.

175. The delivery of the annual Business Continuity Programme helps mitigate and prepare the Service for the risks and threats identified. The delivery of this is monitored through the Service performance management process for oversight.

176. HMICFRS provided independent assurance following the 2024 Inspection that;

- *"The Service is making good progress in aligning its procedures with national operational guidance"*
- *"The Service continues to be effective at workforce planning"*
- *"Workforce skills and capabilities are managed well"*
- *"The Service has an effective process to manage risk information"*
- *"The Service's continuity arrangements are good"*

Mobilisation and Service Control Centre arrangements

177. The Fire & Rescue Services Act (2004) requires that the Service makes provision for the handling of calls for help and for summoning the appropriate resources to respond to emergencies.

178. The Service operates a dedicated SCC, staffed 24/7 by four Watches of eight staff each, consisting of one Watch Manager, two Crew Managers, and five Control Operators. Additional staff support the ongoing management of the Command & Control system (C&C) and provide training to ensure that appropriate staff competencies are achieved and maintained.

179. Resilience for our SCC is provided through the NFSP, which ensures reciprocal support between all partner control rooms (Devon & Somerset FRS and Hampshire & Isle of Wight FRS) is in place to handle calls and mobilise resources.

180. During 2026-27, the NFSP will implement a new mobilising system to ensure the function is delivered using the most up to date technology. Over the same period, Kent FRS will join the Partnership, adding further resilience for call handling and mobilisation across the Partnership.

181. We participate in Operation Willow Beck, the process designed in collaboration between the Home Office, the NFCC Mobilising Officers Group, the NFCC Fire Control Room Project and British Telecom, to mitigate periods of increased emergency call volumes.

182. The NFSP operates borderless mobilisation. Control operators across the Partnership will mobilise the nearest resources to incidents regardless of geographical boundaries.

183. Our SCC constantly monitors Service resource availability and will relocate resources as and when required to dynamically support an effective and timely operational response.

Mobilisation and Service Control Centre assurance

184. Regular exercises enable all control rooms to manage operations across the NFSP, fostering a comprehensive understanding of resources, response plans, and cross-border working arrangements.

185. We have maintained a secondary SCC facility which provides additional resilience and functionality during major incidents and serves as a training and assessment centre for existing staff and new recruits, without impacting the main control room operations.

186. The Service has KPI's in place for SCC staff competencies for Control Licence skills and Maintenance of Skills subject areas. Completion rates are regularly reviewed and measured against national standards and recorded in our competence system.

187. We also monitor KPIs related to call handling, mobilisation times, and performance criteria. The SCC management team reviews performance monthly and reports quarterly.

188. All calls into our SCC are reviewed against a set of criteria to ensure we are categorising calls and mobilising resources in line with our response plans.

189. However, where appropriate and proportionate, control operators have the flexibility and discretion to apply 'dynamic mobilisation'. This allows them to increase or decrease resources based on the information received at the time of call to ensure the most appropriate response.

190. The SCC utilise the Service debriefing process which enables staff to identify best practices or areas for improvement. These insights are fed into our internal Organisational Effectiveness Database (OED) for ongoing learning and development.

191. The Inspectorate visited the SCC during the 2024 Inspection and again in 2025 as part of a revisit focusing on the control room mobilising system.

192. We accepted a recommendation from the Inspectorates revisit regarding the strategic oversight arrangements for SCC, and this is being actioned with progress monitored internally.

193. Generally, we have received positive assurance from the Inspectorate of our control and mobilising arrangements including;

- *"The Service works well with its fire control partners"*
- *"We were pleased to see the Service's fire control staff integrated into its command, training, exercise, debrief and assurance activity. We found that fire control staff are involved in exercises, including testing the management of high-rise incidents"*
- *"We found that there was a good culture of reporting in fire control. Staff escalate issues through the NFSP central team to the provider that holds the contract for the mobilisation system. The NFSP team prioritise issues and track actions through this process"*
- *"We found that fire control staff were knowledgeable and confident in using back-up systems"*

Response arrangements (including Major Incidents and National Resilience)

194. Our front-line response is provided by operational crews based out of 50 fire stations. Of these, four are fully crewed by wholetime personnel, eight are staffed by a mix of wholetime and on-call firefighters, and 38 are crewed solely by on-call firefighters.

195. To support effective response delivery, the Service maintains a broad and strategically located range of specialist capabilities. These include aerial ladder platforms, technical rescue teams, wildfire vehicles, high volume pumps and command units.

196. We continually review crewing availability to ensure that we can respond to dynamic threats and to maximise the deployment of staff skills across the Service. Strategic

oversight is maintained daily by the appointed Duty Group Manager (DGM), in line with our degradation and crewing procedures.

197. Comprehensive response plans and Pre-Determined Attendances (PDAs) are in place for all incident types and are underpinned by detailed risk and task analyses.
198. We work closely with both LRFs to ensure proportionate incident response arrangements are in place for scenarios that are likely to require a multi-agency response.
199. The Service commitment to continuous improvement extends to operational policy, with learning from complex or high-profile incidents, such as those involving high-rise buildings or ACM (Aluminium Composite Material) cladding, resulting in tangible changes - including revised PDAs and the introduction of roles such as Evacuation Officers.
200. The Service Incident Command Framework supports the delivery of the effective response to the variety of incidents that we attend.
201. Incident Command training is delivered and embedded within monthly Officer Rota Group Training. Each rota group attends and covers operational licence and maintenance of skills training sessions.
202. The Service participates in a number of working groups that support joint learning, shared practice and regional and national direction. These include the South-West Command Group, the National Command Group and the National Inter-Agency Liaison Officers network.
203. Incident command training, delivered by the Service, incorporates leadership skills, dynamic and analytical risk assessment, command and control, the principles of Joint Emergency Service Interoperability Programme (JESIP) and the concept of operational discretion.
204. Larger and more complex incidents are managed through nationally recognised command structures, associated with Integrated Emergency Management. These are the Strategic Coordinating Group and Tactical Coordinating Group. Furthermore, well embedded telephone conference protocols, known as Op-link, are in place to support urgent and real time information sharing with our partners during the early stages of a multi-agency incident.
205. Well-established mutual assistance arrangements under Sections 13 and 16 of the Fire and Rescue Services Act 2004, ensure resilience across borders and strengthen our ability to respond to larger or protracted incidents.
206. If required, we have processes in place to request additional resources from bordering FRSs or from further afield, through the NFCC and National Coordination and Advisory Framework.
207. To reduce the risk of fires, we target risk reduction activities for premises outside the 10-minute response time. This is managed through systems looking at risks across both commercial and domestic premises.
208. The Service has a significant programme of social media engagement and a media on call response, 24/7, to support the management of public messaging during incidents.

Response assurance

209. Community risk and demand are continually assessed through periodic assessments including the Fire Cover Review and Strategic Assessment of Risk. These reviews take a wider look at the environment that we operate within and guide strategic decision making

to ensure that we allocate resources effectively and efficiently in response to the information available.

210. Governance and oversight of our response delivery is supported through data collected and displayed through 'How's My Team Doing' dashboards. Dashboards show a range of data for each station including number of fire calls attended, competency rates and number of HFSVs delivered.

211. Incident response time performance is monitored and reported on through our performance management system and governance arrangements. This is also reported to Authority Members through LPS Committees and to the full Authority for overall oversight. Where appliances fail to meet response times, the incident is reviewed to inform learning.

212. Our response time targets are.

- Attend sleeping risk properties in an average under 10 minutes from call ringing until on scene time for 1st pump
- Attend sleeping risk properties in an average under 13 minutes from call ringing until on scene time for 2nd pump
- Attend other buildings in an average under 10 minutes from call ringing until on scene time for 1st pump
- Attend other buildings in an average under 15 minutes from call ringing until on scene time for 2nd pump
- Attend road traffic collisions in an average under 15 minutes from call ringing until on scene time for 1st pump

213. All incident command levels are aligned to Skills for Justice criteria and the NOG THINCS (The Incident Command Skills) behavioural framework.

214. Incident command competencies are monitored through monthly reports from our training competency system to ensure that they are in line with the annual training plan.

215. Every Incident Commander, at each command level, has a personal development folder that contains marking booklets, assessment footage and other supporting evidence for assurance of their competencies.

216. Incident Command arrangements are governed, overseen and scrutinised through the Service's Incident Command Co-ordinating Group and the Incident Command Board.

217. Operational availability is actively managed through the operational availability system, providing real-time integration between workforce availability and mobilisation. Strategic oversight of this is maintained by the DGM, ensuring alignment with established crewing and degradation procedures.

218. Business continuity plans are in place to cover varying degrees of crewing degradation across the Service and are aligned to the Government guidance on minimum service levels.

219. Our Officer rota ensures that we have appropriate levels of availability of Level 2, 3 and 4 Officers, including those with specialist skills such as Hazardous Materials Advisors and Fire Investigators.

220. The availability of on-call firefighters remains a key challenge and is consistent with the national picture. As a result, we hold a strategic level risk which is owned by a Member of the SLT and reported to the Authority on a quarterly basis for oversight and scrutiny.

221. In response to this risk, the Service is delivering a programme of change to strengthen this critical element of our operating model. This includes increased engagement with our on-

call workforce and communities, targeted investment, the adoption of enabling technologies and the development and piloting of alternative duty models.

222. Independent assurance is received through the Inspectorates inspection programme.

223. The Inspectorate concluded in our latest report in 2024 that;

- *"The Service has a good command of incidents"*
- *"They (Incident Commanders) were familiar with risk assessing, decision-making and recording information at incidents in line with national best practice, as well as the Joint Emergency Services Interoperability Principles (JESIP)"*
- *"Dorset and Wiltshire Fire and Rescue Service is good at responding to fires and other emergencies"*
- *"The Service is prepared to respond to major and multi-agency incidents"*
- *"The Service works well with other fire and rescue services"*
- *"The Service's continuity arrangements are good"*
- *"The Service is effective at keeping the public informed"*

224. Our arrangements for flood rescue and provision of high-volume water pumping are also periodically independently assured by National Resilience, as part of an ongoing programme.

225. We align our arrangements to published NFCC Fire Standards including;

- Emergency Response Driving
- Emergency Preparedness
- Fire Investigation

Operational Learning arrangements

226. All operational staff have the opportunity to capture and record operational learning through the approach to 'Hot Debriefing', which is typically undertaken at the conclusion of an incident. Hot debrief forms are available to submit through our OED where the information is assessed and allocated to the appropriate person or team for consideration.

227. Where a more in-depth review is needed, either due to the complexity of the incidents or because of the number or range of resources to deal with the incident, we have structured debriefing arrangements in place.

228. We review those incidents, as set out within the NFCC Organisational Learning Good Practice Guide, that may benefit from a structured debrief. Incident Commanders from those incidents are then contacted to clarify if a structured debrief is required.

229. Debriefing processes can also be applied to exercises to ensure that objectives have been met, and any learning is captured and communicated.

230. Structured debriefs are planned to ensure that all relevant information and stakeholders are consulted and integrated into the process and are facilitated by trained members of staff.

231. Any agreed actions resulting from a structured debrief are allocated via the OED to the appropriate people for delivery.

232. Any published National Operational Learning, Joint Organisational Learning or from HM Coroner's Office is reviewed and assessed to establish if there are any required actions for the Service. Any required actions identified will be allocated to a member of staff and tracked through the OED to ensure delivery.

233. Specific incident types will result in the automatic allocation of an Operational Assurance (OA) Officer. However, this role may be undertaken at any incident if resources are available. The role of the OA Officer is to undertake an objective assessment of the incident and identify any areas of learning or good practice.

Operational Learning assurance

234. Our debriefing arrangements are aligned to the NFCC Organisational Learning Good Practice Guide.

235. We align our arrangements to the published Operational Learning NFCC Fire standard.

236. We deliver audits against National Operational (Including the Grenfell Tower Inquiry) to provide assurance that required Service actions in response to recommendations have been actioned.

237. All submissions received from Operational Assurance Officers are reviewed to ensure quality of content and to help identify trends and themes.

238. Regarding our arrangements, the Inspectorate concluded that;

- *"The Service has an effective process to evaluate operational performance"*
- *"We were encouraged to see the Service is contributing towards, and acting on, learning from other fire and rescue services, and operational learning gathered from emergency service partners"*
- *"It has an operational effectiveness database which staff spoke positively about"*

Conclusion

239. This Statement of Assurance provides an overview of the arrangements that we have in place to deliver high standards of governance, financial management and operational delivery and the sources of assurance that we have.

240. All HMICFRS publications relating to the Service are available on their website

241. Should you have any queries or require any further information, please do not hesitate to contact the Service via one of the below options;

    Telephone: 01722 691000

    Email: enquiries@dwfire.org.uk

    Website: Completing the contact form on our website using this link