Item 26/51 Appendix A

Performance report - Quarter 2

Finance & Audit Committee

1 July to 30 September 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

The Service has comprehensive business continuity arrangements embedded within its governance and risk management framework, supported by regular reviews, horizon scanning and partnership learning. These arrangements were activated six times during quarter 2 of 2026–27, maintaining critical services on every occasion.

The Service continues to strengthen procurement and contract management through staff training, a new contract management framework and updated supplier guidance. This quarter, 33 staff completed procurement awareness training and 27 completed the procurement overview module, with contract manager training planned for October 2026.

This quarter the Service maintained fleet and equipment maintenance despite exceptional wildfire demand, while progressing plans for eight new fire appliances for 2027. Refurbishments at four stations and further equipment and electrical upgrades were completed, with lightweight firefighting personal protective equipment (PPE) procurement planned over winter for operational use in 2027.

Carbon emissions have been reduced by 23% compared with the same quarter last year, taking emissions to 31% below its five-year baseline. Electricity, gas and water consumption fell by 17%, 12% and 15% respectively, supported by efficiency measures and estate investment. Further solar installations are planned, while a 4% rise in waste-related emissions is considered likely to reflect the contract changeover and remains under monitoring.

KLOE 6 sub-diagnostic
To what extent are business continuity arrangements in place and how often are they tested?

In quarter 2 of 2026–27, the Service activated its full formal business continuity arrangements on six occasions. This includes issues covering ICT, severe weather and a technical issue in Fire Control. The arrangements proved effective in every case, with critical services remaining operational throughout.

These response arrangements sit within the Service's wider governance framework, in which organisational resilience supports assurance over the continuity of essential functions during disruption. The Service's responsibilities as a Category 1 responder under the Civil Contingencies Act 2004 are reflected in emergency preparedness and business continuity arrangements that form part of strategic planning, decision-making and service delivery.

A comprehensive business continuity management framework, grounded in recognised standards and good practice, provides for regular reviews of critical activities, vulnerabilities and controls. Alongside this, a structured risk management process identifies, assesses and monitors existing and emerging threats to operational performance and organisational objectives. This approach reflects legal requirements and draws on national good practice, including guidance from the National Fire Chiefs Council (NFCC) and Fire Standards Board. Business continuity was subject to an internal audit and received the highest level of assurance.

Horizon scanning supports these reviews by drawing on sources including the National Risk Register, UK Government Chronic Risks Analysis and Business Continuity Institute Horizon Scan Report. The resulting intelligence feeds into the Strategic Assessment of Risk (SAR), so that local planning takes account of current risks at both national and local levels.

Following completion of the latest SAR in 2025, work is now under way on the next assessment, which is scheduled for publication in 2027. This will support the development of the Authority's next strategic plan, due from 2028.

Partnership working provides a further source of learning for this work. Collaboration with Local Resilience Forum partners and the NFCC Business Continuity Group strengthens resilience planning, with learning from both forums informing business continuity arrangements, the SAR and wider Service planning.

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. During this quarter we have had 33 members of staff complete the Cabinet Office “Awareness” Procurement Module. The content has been shared across the Service, so it is accessible to all members of staff for future reference. The Procurement Overview (PA23) internal e-Learning Module has gone live during this quarter. To date we have had 27 members of staff complete the module, and access remains open to all members of staff. The Procurement Manager has produced a Contract Management Framework, along with a suite of guides, information sheets and templates that can be used. Training sessions on contract management, developed with stakeholders across the Service, were rolled out to all current contract managers and their deputies during October and November 2026. The content of this included guidance issued by the Cabinet Office on contract management requirements. The Procurement Manager is reviewing and updating the Service’s contract management internal e-learning module. This will be issued in the coming weeks once the in-person training sessions have been completed. Further guidance on the Procurement Act 2023 requirements has been published on our website for our suppliers, including new requirements for successful bidders in below-threshold procurements to register on the Central Digital Platform or Find a Tender Service (FTS) system with some basic information.

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?
Fleet and equipment maintenance performance has remained strong throughout an exceptionally busy summer period marked by numerous wildfire incidents. These events placed additional pressure on operational vehicles and equipment; however, the teams successfully balanced increased reactive work with the delivery of scheduled maintenance. Throughout this quarter, we have been finalising the build programme for the remaining eight Generation 2 fire appliances. Delivery will take place in two phases, with the first four P1 appliances scheduled to enter operational service during March and April 2027. The remaining four appliances, comprising one P1 and three P7s, are planned for delivery in June 2027. Estate cyclical refurbishment works have been completed at Blandford, Bridport, Devizes and Salisbury. Further refurbishment specifications have been written for Shaftesbury and Verwood with expected start times of January 2027. Further estates improvements completed this quarter include new breathing apparatus compressors at Chippenham and Salisbury, and remedial work to upgrade and improve the electrics at Chippenham and Stratton. Following another exceptionally busy wildfire season, the Supplies Team has continued its work to explore options for the introduction of lightweight PPE for firefighters. A specification has now been developed, and procurement activity will take place over the winter to identify a suitable supplier. The aim is to have lightweight PPE in place and available for operational use in 2027.

KLOE 6 sub-diagnostic
To what extent do we understand and manage our impact upon the environment?
The Asset Department continues to play a key role in supporting the organisation's commitment to reducing its environmental impact. Through targeted investment in our estate, equipment, fleet and operational processes, we are making steady progress towards improving sustainability, reducing carbon emissions, and increasing the efficient use of resources across the Service. This quarter, the Service has continued to make significant progress in reducing its environmental impact. Overall carbon emissions have decreased by 23% compared to the same quarter last year, with total emissions now 31% lower than the Service's five-year CO2e baseline. This positive performance has been driven by reductions in energy consumption across the estate, with electricity usage decreasing by 17% and gas consumption reducing by 12%. These improvements reflect the continued focus on energy efficiency measures, investment in estate improvements (i.e. solar panels, insulation, LED lighting), and the ongoing implementation of sustainability initiatives across the organisation. We have also been developing plans to install further solar panels at Chippenham, Shaftesbury and Westbourne in the next six months to help further reduce our electricity consumption. Waste-related CO2e emissions have increased this quarter by 4% following several years of sustained reductions. During the reporting period, the waste management contract transitioned to a new service provider. As part of the mobilisation process, the outgoing contractor emptied and removed existing waste containers, while the incoming contractor commenced collections using replacement bins. This transition resulted in some sites receiving two waste collections within a relatively short timeframe, which may have temporarily inflated the reported waste volumes and associated emissions for the quarter. As a result, the increase is considered likely to be a one-off effect related to the contract changeover rather than a reflection of a sustained rise in waste generation.

The Service will continue to monitor waste and recycling performance closely over the coming quarters and will investigate further should this increasing trend persist in future reports.

The estate achieved a significant reduction in water consumption during the quarter, with usage falling by 15% compared to the same period last year. This improvement was primarily driven by substantial reductions in consumption at Gillingham, Portland, Redhill Park fire stations, and several medium-sized operational sites across the estate.

The reduction reflects the positive impact of ongoing water efficiency measures, increased monitoring of consumption, and a continued focus on identifying and addressing areas of avoidable water use.

KLOE 6 sub-diagnostic

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

The Service undertakes a Strategic Assessment of Risk, every two years to support the development of planning and development. Our most recent document was published in September 2025 following appropriate partnership consultation.

Work has already begun for the next SAR, which is scheduled for publication in 2027. This assessment will inform the Authority's next strategic plan, its Community Risk Management Plan. The plan is currently known as the Community Safety Plan (CSP), with the next plan due to be approved and published in April 2028.

A mature and systematic risk management approach connects the Service's understanding of community risk with strategic priorities, resource allocation and service delivery. Alignment with the Community Risk Management Planning Fire Standard and the Fire and Rescue National Framework for England ensures that activity addresses the most significant risks facing communities.

Established governance arrangements support the collection, analysis and review of risk intelligence. Through this process, existing and emerging risks are assessed consistently, providing evidence to guide investment and decisions across prevention, protection and response. Governance, assurance and performance arrangements maintain ongoing oversight of organisational performance and exposure to risk.

External scrutiny continues to recognise the strength of the Service's understanding of local risk and the way intelligence informs planning and deployment. This is reflected in inspection findings from His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS), which rated this area good.

Independent assurance from the South West Audit Partnership (SWAP) further confirms that the Service's governance, risk management and business continuity processes are well established, effective and aligned with recognised standards.

KLOE 6 sub-diagnostic

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

The Service's Digital Data & Technology (DDaT) Strategy supports the efficient use of information, data and technology for operational activity, with clear governance and security arrangements aligned to the CSP.

Ongoing development and investment keep ICT infrastructure up to date and maintain the safety and security of systems and information. Greater collaboration across internal departments and with partners supports efficient use of information, data and technology, under 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.

The capital plan provides a framework for monitoring and prioritising projects and activities to meet business needs.

We continue to invest in initiatives that support sustainability and value for money, making the best use of resources for frontline services. This includes providing access to information through technology and infrastructure that meet community and business needs. Audits help assure effective working practices and support ongoing learning and development. Key activities include:

- Reviewing ICT capital and revenue programmes with the DDaT Strategy and adjusting business as usual schedules to meet the changing needs of the Service and the Modernisation Programme.
- Translating the AI strategy into a programme of work and identifying the resources required.
- Making full use of existing systems and adapting processes across departments before seeking increased budgets for new systems.

- Considering cloud-first principles for all new developments, assessing risks to Service infrastructure and data, and selecting the most appropriate solutions in line with security compliance requirements.
- The 2026 ICT Health Check (ITHC) and audit programme actions remain on track, with this year's ITHC continuing in quarter 2.
- Work with Gartan continues, but Multi-factor Authentication (MFA) is not yet in place. This currently affects the ability to achieve Cyber Essentials Certification.
- Providing technical support for Vision 5, the Network Fire Service Partnership (NFSP) Control Room system, and for the Emergency Services Network (ESN) as it develops.
- Supporting the establishment and improvement of the two training centres and the Service modernisation programme.

ICT Capital and Revenue Programmes:

- The rolling hardware replacement programme continues to catch up on previous years, with hardware availability and procurement processes aligned.
- Body Worn Camera (BWC) delivery is now underway.
- The WiFi refresh project is complete.
- New Data Centre – existing support is being extended pending estate decisions. Two on-site locations must be confirmed before the off-site cloud-based third failover can be procured and connected. Full procurement is due to begin in January 2027, ahead of delivery and implementation from summer 2028.
- New Security Platform – procurement is ready to begin.
- New Internet lines – scoping for re-procurement is underway.

There are some ongoing issues with recruitment and maintaining skilled resources which are being reviewed.

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 2025-26 audit commenced in August 2026, and the audit completion report was presented to Finance and Audit Committee in December 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 have been 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 decreased by 16% (from 319 to 267 days) compared with the same period last year. Nine employees accounted for these absences, with four long-term sickness or recovery cases responsible for 235 days (88% of the total days lost in quarter 2).

Reportable incidents to the Health and Safety Executive (HSE) under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) have decreased from six to four compared with the same quarter last year, all reported under the 'over seven days' category. Manual handling remains the largest contributor to days lost and continues to be an area of focus. 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 will need to be re-assessed in 2027-28. 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.

Work-related absence due to physical injuries or ill health quarterly trend is down 16% (319 to 267) compared to the same time last year. In this quarter, nine people (incidents) are contributing to these figures. Of the nine people, four are designated long term sick or in long term recovery and their days lost (235) are 88% of the total in quarter 2.

The highest injury category within the quarter is manual handling with 156 days (58%). The next highest category is collision with a person with 92 days (34%), and the rest of the categories, 19 days (7%) make up the rest of the days lost for this quarter.

The number of reportable incidents to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) has decreased by two over the same quarter last year. The four RIDDORs 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 the Service continue to be well embedded and work well, reinforced by independent assurance from the SWAP.

The 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 ISO 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 we are 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 1 performance in November 2026, using the LPS dashboard. Priorities four and five are reviewed at this Finance & Audit Committee, quarter 1 performance at the September meeting and quarter 2 at the December 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 has been 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 Community Safety Plan. A presentation of overall performance against each priority is provided to the Authority at six and 12-month intervals.

KLOE 13 sub-diagnostic
How effective and efficient are our governance arrangements?
The Service uses the Delivering Good Governance framework, developed by the Chartered Institute of Public Finance and Accountancy (CIPFA) and the Society of Local Authority Chief Executives (SOLACE), to inform its governance arrangements. An annual evidence-based review against the framework's seven principles assesses compliance, identifies good practice and highlights opportunities for improvement. This review is completed in October. Members and senior leaders receive assurance from a range of sources: internal and external audit, HMICFRS inspection, accredited management systems and sector-led reviews. Together, these provide a balanced assessment of compliance, performance and organisational effectiveness. This scrutiny supports an established assurance framework designed to promote

transparency, informed decisions and clear accountability, enabling the Service to discharge its statutory responsibilities, manage risk and maintain public confidence. SWAP's latest overall annual opinion was again Substantial Assurance, providing independent confirmation of the effectiveness of these arrangements.

The nine internal audits completed in 2025–26 resulted in five awards of the highest level of assurance and four ratings of Adequate Assurance. Within that programme, the Corporate Performance Management Framework audit established that performance information was robust, reliable and subject to appropriate governance.

In 2026–27, four audits have been reported on. The reported outcomes include Substantial Assurance for both Malpractice Management and Business Continuity, and Reasonable Assurance for Accounts Payable and Accounts Received.

Findings from audits, inspections and reviews feed into the Service's performance and risk management arrangements, allowing improvement actions to be monitored, issues to be identified early and learning to inform organisational practice. Public accountability is supported by publication of the Annual Statement of Assurance on the Service's website. Both current and historical statements are available, setting out 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?
Whilst a challenging position, the Service's legislative information governance compliance remains positive in relation to the Freedom of Information Act and the Data Protection Act. **Freedom of Information** 57 Freedom of Information (FOI) requests were received, and 56 were due to be responded to in this quarter and 37 (66%) were responded to within 20 working days. The average response time was 19 working days. FOI activity has remained exceptionally high throughout the quarter, which has resulted in much of the planned work being paused to prioritise statutory requests. The number of FOI requests responded to within the statutory deadline fell to 66% this quarter, which is the lowest level experienced to date. This reflects both the volume and increasing complexity of requests being received.

Five requests for internal review were received during the quarter, compared with just two during the whole of 2025. Two of these internal reviews have concluded and upheld the original decision, with three remaining in progress. During this quarter we have also received one live Information Commission complaint relating to the withholding of vehicle registration numbers. The Information Commission has advised that it is currently experiencing record complaint volumes, so we expect the outcome to take some time.

Data Protection
15 Subject Access Requests (SARs) were received, of which eight were submitted by current or former employees.

Seven of the nine requests due for response within this quarter (78%) were completed within the statutory timeframe. This was the busiest quarter on record for SARs. The previous highest quarterly total was 11 requests, with volumes historically averaging between six and eight each quarter. The complexity and contentiousness of SARs also continues to increase. This significantly extends the time required to identify, review, redact and prepare information for disclosure, placing additional pressure on available resources and impacting overall case handling times.

Two data protection related complaints were also received during the quarter. One concerned the extension of the response timeframe for a complex SAR and this was not upheld. The second related to the retention of emails beyond our standard retention period. Whilst further work is being carried out to improve email retention through the implementation of automated retention controls, the complaint was not upheld.

Information Security
There were nine recorded security incidents during the quarter:

- Seven data handling incidents, comprising of four emails sent to an incorrect recipient and one instance of personal information being shared with a third party as a system workaround.
- Two instances of incorrect information being disclosed to an individual - one lost Service ID card and one personal data breach involving a data processor, affecting staff personal data.

The incident involving the data processor was reported to the Information Commission. Affected individuals were also notified and provided with advice to help them take appropriate steps to protect themselves and mitigate any potential risks arising from the incident.

Cyber security

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.

This year's IT Health Check took place this quarter and identified 30 high risks and 17 medium risks. The mitigation plan is now being addressed and monitored.

The Service's Airwave Vision 4 Code of Connection has been approved until January 2027. The National Cyber Security Centre (NCSC) are expected to provide a national statement regarding the future direction for the authentication of RITS and MDTs, following the working group that the Service contributed to earlier in the year.

As part of our planning for the implementation of Microsoft Purview to better protect and govern our data, we have identified the need to improve our Identity and Access management (this was also identified as an audit action). Planning is underway in conjunction with ICT.

The gap analysis is currently being undertaken to assess the Services 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.

A phishing awareness campaign ran for two weeks in June. The overall phish-prone rate was 13.53%. This represents a slight improvement on the previous campaign result of approximately 14% and remains significantly below the industry average of around 30%.

While these results are encouraging, it is recognised that there is still more work to do to ensure staff are as informed and resilient as possible in relation to phishing threats. In particular, there is a need to further target training and awareness activity

towards individuals who have demonstrated a higher susceptibility to phishing attacks. This is increasingly important given the growing use of AI tools to create more sophisticated and convincing phishing emails.

Completion of mandatory data protection and cyber security training is at a positive 94%.

There were 16 complaints received this quarter, with 11 due for completion, of which nine were resolved within 20 working days. One investigation was extended with the agreement of the complainant, and one investigation outcome was late. Eight (72.7%) of these complaints were not upheld. The three upheld complaints this quarter related to driving incidents, and the investigation identified some areas for improvement for vehicle training and for individual driver awareness.

50 compliments were received this quarter.

Priority: Supporting and developing our people

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

KLOE 8 Summary

In quarter 2, workforce wellbeing continued to be supported by the Health and Wellbeing Team, line managers and HR People Partners, with strategic oversight through Strategic Case Review and monthly People Meetings.

Long-term sickness remained the largest contributor to absence across all staff groups. The quarter 2 cumulative average was 2.78 shifts lost per person against a cumulative target of 2.73; resulting in a very slight negative variance. Corporate and Wholetime absence decreased compared with the same quarter last year, while Fire Control and On-call absence increased. Mental health was the leading recorded cause for all staff groups except for On-call, where musculoskeletal absence was the primary causation.

Counselling was provided to 71 staff members and ten family members, with stress, anxiety and depression the prevalent referral themes. Counselling and physiotherapy remain available, and Safe to Be continues to signpost internal and external mental health support. Seven staff joined the private healthcare arrangements, an increase of nine members including dependants.

Short-term sickness management remains an area for improvement. In quarter 2, 21 people met a trigger and 11 had not had a line manager meeting; 14 meetings from quarter 1 also remained outstanding. Two individuals remained on sickness improvement targets. HR system reporting limitations continue to require manual workarounds.

To assist managers a sickness absence dashboard is being developed with Data Analytics. People Partners are also developing a dedicated Absence Management ‘Spotlight On’ session.

Two Absence Review Boards were held during quarter 2, down from seven in quarter 1. Monthly People Meetings and Group Manager meetings continue to support case escalation through an agreed process. In quarter 2, 89% of staff passed their fitness test. 34 fitness improvement plans are in place, including 16 carried forward, with advice on nutrition and weight management.

The latest available NFCC benchmarking relates to quarter 1. In comparison to this national data our Wholetime absence was 4.5% against 5.6% nationally, and our Corporate absence was 2.9% against 3.5%; Fire Control absence was higher at 9.6% against 6.7%.

People Partners are developing spotlight on sessions that will include absence management in addition to Health & Wellbeing Team updating CONNECT pages and signposting to managers guidance.

KLOE 8 sub-diagnostic

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

The sickness figures for quarter 2 show an increase in Fire Control and On-call compared to the same time last year, however, we know this related to long-term absence particularly in Control which has a small workforce with one long-term case elevating the figures. The average target (including Wholetime, Corporate and Fire Control) for quarter 2 was 2.73 shifts lost per person with the actual figure being 2.78 shifts lost person, slightly missing our target for this quarter. The shifts lost for each staff group are set out below along with the comparative shifts lost for quarter 2 last year.

- Corporate shifts lost 1.83 (1.94 last year).
- Fire Control shifts lost 5.30 (1.12 last year).
- Wholetime shifts lost 1.96 (2.67 last year).
- On-call days lost 4.99 (3.78 last year).

In quarter 2, long-term sickness absence remains the largest contributing factor to the absence figures for all staff groups. Mental health is the highest causation for all staff except On-call where the primary cause of sickness absence is musculoskeletal.

38 Fire and Rescue Services (including our Service) contribute to the NFCC Sickness Data report. Due to the publication dates of the NFCC data we are only able to compare against the NFCC data for quarter 1. Therefore, the comparison below is based on quarter 1 data for both the NFCC and our Service.

- Wholetime we reported 4.5% of working days lost to sickness, which is better than the national average of 5.6%.

- Fire Control we reported 9.6% of working days lost to sickness, above the national average of 6.7%.
- Corporate we reported 2.9% of working days lost, which is better than the national 3.5%.
- Long-term sickness accounted for around 65% of support staff absence, which is very close to the national picture of 69%.
- On-call, due to national variations in contract management the report does not provide percentage sickness rates for on-call. That said, the Service's long-term sickness proportion within the on-call was approximately 70%, slightly below the sector average of 72.8%.

In large this paints a positive picture in terms of comparison against the sector. However, and recognised within the Service, long-term sickness continues to be the highest category of absence across the sector, accounting for 69% of all sickness absence nationally during quarter 1. Whilst our Service was slightly lower for on-call staff in relation to long term sickness, we were above the national average for all other staff groups.

Sickness absence continues to be professionally managed through our dedicated Health and Wellbeing Team who work closely with Line Managers and Human Resource People Partner (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 our procedures remain robust a number will be reviewed to ensure alignment with our 'Enabling HR, Empowering Managers' approach. Quarter 2 saw the introduction of a redirected HR resource to lead on Health and Wellbeing projects connected to organisational change. Great strides have already taken place with revamping our CONNECT pages, which should be the central point of information and guidance for all staff and managers, to ensure they are person centric and user friendly.

There were two Absence Review Boards held in quarter 2 in terms of escalation of long-term sickness management cases. This is a decrease from quarter 1. Collaboration continues at both monthly People Meetings and Group Manager meetings with a scope and escalation process agreed between both. This is to continue to support our managers, enabling them to escalate cases.

Short-term Sickness
In terms of short-term sickness management, this quarter 21 people met a trigger, with 11 of these not having had a meeting conducted by their line manager. In total, there currently remains 14 sickness absence review meetings not being undertaken by line managers (from quarter 1). Of those that have had a sickness review meeting two remain on a sickness improvement target. It is recognised that this is a reduction from quarter 1 report.

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.

Health and Wellbeing are working closely with the Data Analytics team to develop a dashboard related to short term sickness and creating a sickness profile for the staff member. It is anticipated this will bring an automated approach, being fed from the new HR system, to what is currently a highly resource intensive process.

People Partners are developing spotlight on sessions that will include absence management in addition to Health & Wellbeing Team updating CONNECT pages and signposting to managers guidance. From quarter 3 monitoring of short-term attendance management will move to the Health & Wellbeing Team prior to the release of the dashboard.

Staff counselling is accessible to all staff and dependants. Counselling services were provided to 71 staff members and ten family members. The referral theme which was prevalent across the quarter was stress, anxiety and depression. The highest referral area was Wiltshire. Counselling support is specifically offered to those potentially impacted by our Service Modernisation Programme (previously the Resource and Savings Programme (RSP)). Four individuals self-referred under this support offering.

Safe to Be is updated regularly with all support for mental health both internally and externally with work undertaken to ensure triangulation of all support including reflecting NFCC toolkits such as Suicide Prevention.

This quarter saw a number of new members of our private health arrangements available through salary deduction. It continues to increase month on month. In quarter 2, seven DWFRS staff joined, with a total increase of nine including dependants.

In quarter 2, 89% of staff passed their fitness test. 34 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.

KLOE 9: How well trained and skilled are staff?

KLOE 9 Summary

The Service uses competence frameworks, training records, assessments, operational assurance and performance reporting to understand and monitor workforce capability. How's My Team Doing (HMTD) dashboards track station-based performance and development. Competence is demonstrated and maintained through incidents, exercises, drills, simulations and centrally organised training.

Gartan Expert remains the primary competency management system for operational staff, recording competencies, operational licences, skills maintenance and development activity. Structured assurance across operational disciplines, including Incident Command acquisition, assessment, revalidation and skills gap analysis, helps identify development needs and maintain licences. Together, these arrangements support targeted training, compliance monitoring and operational availability.

Strategic Workforce Planning meetings, departmental succession reviews and talent management identify future staffing requirements, critical skills, succession risks and development needs. Talent reviews and one-to-one discussions help identify potential, while leadership programmes, coaching and trainer and assessor development build capability and support career progression.

Training priorities are reviewed through governance linked to the Annual Training Action Plan, organisational risk, National Operational Guidance (NOG) requirements and emerging operational demands. Aligning learning and development with these priorities supports organisational resilience and maintains the skills and competence needed for current and future service delivery.

The new Learning Management System (LMS) will improve visibility of qualifications, skills, competence records and development activity, helping identify gaps, inform workforce planning and target development. As parts of the wider Gartan platform approach end of life, Learning and Organisational Development (L&OD), Digital Services and stakeholders are assessing whether iTrent and the new system could provide a longer-term integrated solution. Gartan Expert continues to be maintained and developed to meet current competence assurance and operational capability needs while future arrangements are reviewed.

KLOE 9 sub-diagnostic
How well do we understand the skills and capabilities of our workforce?
The Service combines established processes, systems and assurance activities to understand workforce skills, competence and capability. It monitors operational competence through competence frameworks, training records, assessments, operational assurance and performance reports. HMTD dashboards track station-based personnel's performance and development. Competence is demonstrated and maintained through incidents, exercises, drills, simulations and centrally organised training. Structured competence assurance covers several operational disciplines, including Incident Command. Acquisition, assessment, revalidation and skills gap analysis assess capability, identify development needs and maintain operational licences. These arrangements give managers a clear view of current competence and help them target development where gaps exist. Formal workforce and succession planning also inform the Service's understanding of capability. Strategic Workforce Planning meetings, departmental succession reviews and talent management processes identify future staffing requirements, succession risks, critical skills and development needs. Talent reviews, one-to-one discussions and succession planning frameworks help managers identify potential and develop the capability needed for the future. Training priorities are reviewed through governance arrangements linked to the Annual Training Action Plan, organisational risk, NOG requirements and emerging operational demands. Aligning learning and development with these priorities supports organisational resilience and workforce planning, maintaining the skills and competence needed for current and future service delivery. The new LMS will improve visibility of qualifications, skills, competence records and development activity across the Service. Its implementation will strengthen understanding of workforce capability, helping identify skills gaps, inform workforce planning and target learning and development more effectively. Leadership programmes, coaching, trainer and assessor development, and succession planning build leadership capacity and capability. Together, they prepare the Service for future organisational challenges while supporting individual development and career progression.

Gartan Expert is the primary competency management system for operational staff. It records and monitors competencies, operational licences, skills maintenance requirements and development activity, giving managers visibility of workforce capability and competence. Used alongside HMTD dashboards, operational assurance and workforce planning, this information helps identify skills gaps, monitor compliance, support operational availability and set training and development priorities.

As parts of the wider Gartan platform approach end of life, the Service is reviewing its future competency management arrangements. Learning and Organisational Development, Digital Services and wider stakeholders are assessing whether iTrent and the new LMS could provide a longer-term integrated solution for competency, training and workforce capability information. The review aims to ensure future arrangements meet operational competence management, workforce planning and organisational requirements. Meanwhile, Gartan Expert continues to be maintained and developed to meet current competence assurance and operational capability needs.

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

KLOE 10 Summary

In quarter 2, leaders continued to seek workforce feedback through workplace visits, open seats at senior meetings, publication of the full Staff Survey results, Managers Briefing Days, monthly union meetings and CFO blogs. Survey follow-up includes accelerating work to reduce workloads.

Seven open seats were taken up at Strategic Leadership Team (SLT) meetings and one at a Service Delivery Team (SDT) meeting. Six Managers Briefing Days attracted 229 attendees; 117 completed the feedback survey, with 90% finding the sessions useful. Three CFO blog posts were viewed by 603 staff.

Recruitment equality reporting remains limited while iTrent reports are configured, and the analysis relies on records held outside the system. Quarter 2 recruitment comprised 17 Corporate starters, seven On-call starters, 14 Wholetime starters and four Fire Control starters.

Accessible recruitment remains supported by the Disability Confident Scheme, reasonable adjustments and inclusive advertising. Four Firefighter Recruitment Experience Events were delivered across Amesbury, Malmesbury and Tisbury. Targeted operational recruitment support continued at priority stations, with work planned to extend recruitment buddy support.

The Positive Action plan has been shared with the Culture Development Committee for review. Review of practical job-related recruitment tests has been completed, while work on sifting and online assessments continues ahead of the next planned Wholetime recruitment campaign in 2028. A college engagement programme has been developed across four colleges and seven sites, with interventions scheduled to support future recruitment pipelines.

There were 21 leavers in quarter 2: four Wholetime, 12 On-call and five Corporate, with none from Fire Control. The principal reasons were retirement (38%), employment elsewhere (24%) and work-life balance (19%). Twenty leavers were offered discussions, with two responses outstanding; the available discussion responses identified no particular trends.

Retention and progression activity includes additional resource agreed for staff network support and procurement for further delivery of Developing Diverse Leaders. Arrangements for network support are being finalised following consultation. Feedback from six- and 12-month new-starter surveys is being considered through the Culture Development Committee to inform improvement.

People Impact Assessments continue to support fair decision-making: 79 new assessments were received in quarter 2, with 22 requiring Stage 2 scrutiny supported by network leads and the scrutiny panel. Community engagement continued, a Community Newsletter was published, and development of a more inclusive website progressed towards its planned launch on 1 December 2026.

KLOE 10 sub-diagnostic

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

In quarter 2, activity as per the internal communications engagement plan was delivered. There were several workplace visits by the CFO and SLT to workplaces. Seven open seats were taken up at SLT meetings, and one open seat was taken up at an SDT meeting. These are growing numbers and show willingness of our staff to learn about the organisation and undertake continued professional development (CPD) in their roles.

The full Staff Survey results were published this quarter after the high-level early analysis was made available to staff in quarter 1. The results were also presented to all managers at Managers Briefing Days and generated good discussions about participation and in the survey and improving outcomes. Work to implement the outcomes of the Staff Survey has begun and includes accelerating work to reduce workloads.

In this quarter, we ran six Managers Briefing Days, these focused on Staff Survey results, Operational Excellence, modernisation programme overview and input from the Compliance and Investigation team. The feedback from these sessions was overwhelmingly positive. Of the 229 attendees, 117 completed the feedback survey. 90% of respondents said that the session was useful to them, alongside positive free text comments about the sessions, speakers and potential improvements.

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

This quarter there were three CFO blog posts, viewed by 603 members of staff. As a result of our approach to internal communication, we are seeing an improvement in staff honestly and sharing their views. This was evident at the Managers Briefing Days where feedback was honest, constructive and forthcoming.

KLOE 10 sub-diagnostic

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

Recruitment and progression
Reports to enable equality data to be downloaded from iTrent 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.

Corporate
Between 1 July and 30 September 2026, there were 17 new corporate starters. Of these, six disclosed a disability, representing 35% of the total. Recent recruitment processes have highlighted the positive impact of the Disability Confident Scheme.

In these processes, three candidates were invited to interview through the scheme. Although they were not the highest-scoring applicants at the shortlisting stage, they demonstrated they met the minimum criteria for the role and the guaranteed interview scheme gave them the opportunity to demonstrate their skills, experience and potential.

All three candidates were subsequently offered roles, reflecting on the experience, one recruiting manager described it as a powerful reminder of the value of inclusive recruitment. While shortlisting scores are an important part of the process, they do not always reflect a candidate's full potential.

The success of these appointments has also prompted wider conversations about how we can continue to make our recruitment processes more accessible and inclusive, helping us attract talent from the widest possible pool. This was communicated during August’s Culture Development Committee Meeting to give employees a wider understanding of the scheme. All corporate vacancies continue to be advertised on LGBTjobs.co.uk, Neurodiversityjobs.co.uk, Disabilityjob.co.uk and BMEjobs.co.uk. iTrent reporting has not yet been configured to identify how many candidates applied after seeing vacancies through these sites.

On-call
Between 1 July and 30 September 2026, there were seven new on-call starters: five males (71%) and two females (29%). Four firefighter recruitment experience events (FREEs) took place this quarter across Amesbury, Malmesbury and Tisbury. Planning is also underway for a female-only FREE in quarter four.

In October, the Recruitment Manager will attend the first meeting of the NFCC Recruitment and Workforce Diversity Working Group, which will focus on developing workforce diversity guidance. This will provide an opportunity to contribute to the guidance, share best practice and learn from other fire and rescue services.

The Operational Recruitment Support team has continued its inclusive attraction activity in Bere Regis, Ludgershall, Pewsey and Warminster, providing targeted support to stations identified as recruitment priorities. The Operational Recruitment Support team is developing social media content that applies the 'This Girl Can' concept to on-call firefighting. The content aims to encourage more women to consider the role and challenge some of the perceived barriers to joining the Fire and Rescue Service. An initial meeting will also be held with key stakeholders to explore extending the buddy scheme to support people from all under-represented groups. This forms part of planned activity to address disproportionality in recruitment of females and minority ethnic groups addressed through positive action.

An initial meeting will also be held with key stakeholders to explore extending the buddy scheme to support people from all under-represented groups.

Our quarterly workforce profile report allows us to monitor any trends in new starters by staff group in terms of disproportionality with age, gender, sexual orientation, disability, ethnic origin and religion or belief.

Wholetime
There were 14 new starters during this quarter. Five were from the internal transferability pool (i.e. existing on-call staff taking up a wholetime role) and nine were from the Wholetime Firefighter recruitment pool. Of the nine appointed from the wholetime firefighter pool, six were male and three were female. None declared a disability.

Fire Control
There were four new starters in Fire Control this quarter, this included one transferee. Two were male and two were female. Two declared a disability.

Positive Action
A Positive Action Steering Group meets quarterly to drive forward positive action initiatives and review their effectiveness and impact. A Positive Action plan has been drafted and shared with the Culture Development Committee for wider comment and review.

Following the wholetime recruitment process review meetings two working groups were set up to consider different approaches to the sifting and online tests as well as reviewing the practical job relating tests to ensure they are still appropriate for future processes. The work of the practical job-related test group has been completed while the sifting group continues to progress. Benchmarking with other Services has been completed and this work has been shared with a working group in quarter 1. Further research work is being carried out to be reviewed in quarter 4. It is intended that the next wholetime recruitment process won't launch until 2028.

To support with attracting a more diverse pool of applicants we have ensured that our roles are advertised in media that would attract minority ethnic applicants as well as female applicants. There are LGBTQIA+ Fire Pride, Neurodiversity, Operational Women and Minority Ethnic network groups in place that can act as recruitment buddies to individuals in our recruitment processes.

We are recognised as a Disability Confident employer and ensure that support and reasonable adjustments are in place for candidates in our recruitment processes.

Leavers
In quarter 2 there were 21 leavers, broken down as follows:

- Four from wholetime (19%).
- 12 from on-call (57%).
- Five from corporate (24%).

- Zero from 17-24 age group (0%).
- Seven from 25-35 age group (33%).
- Four from 36-45 age group (19%).
- Five from 46-55 age group (24%).

- Three from 56-65 age group (14%).
- Two from 66+ age group (10%).

- Two female leavers (10%).
- 19 male leavers (90%).

There are no significant trends by staff groups. Of the 21 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 with eight leavers (38%) selecting this reason.
- Obtained Employment Elsewhere with five leavers (24%) selecting this reason.
- Work life Balance with four leavers (19%) selecting this reason.

There are no significant trends by staff group. There were no significant trends for secondary reasons for leaving.

Of 21 leavers this quarter, 20 required leavers discussions (95%). To date we have yet to receive two leavers discussions back. On the leavers discussion forms there are two free text questions. Analysis of the responses to these questions has identified no particular trends. Any contentious issues are taken up with the line manager by the HRPP.

To help identify and address potential disproportionality, a positive action steering group aims to meet at least 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:

- Work is ongoing with a new and more inclusive website – this is due for launch on 01 December 2026.
- As part of our review of our sifting and process for wholetime recruitment, 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 has been developed with 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. All colleges delivering this programme are now scheduled for intervention.
- Planning for a half-day female only FREE in quarter 4 is underway.
- Operational recruitment support (ORS) team have been progressing inclusive attraction efforts in Bere Regis, Ludgershall, Pewsey and Warminster as part of their targeted recruitment support to stations identified as a recruitment priority. This will include positive action efforts.
- The use of AI is being explored to create positive media for external communications. The aim is to attract more women to explore operational roles, whilst protecting our staff from tokenism and negative public attention.

Retention:

- A paper outlining necessary support for network leads and attendance for on call staff has been considered by SLT. A comprehensive procedure for the new arrangements underwent consultation and is being finalised.
- A local Women in the Fire Service UK (WFS) event took place at Severn Park in September with fire and rescue service partners across the South West. Sunita Gamblin QPM delivered a key note speech and our service delivered a classroom based workshop: The Curiosity Lab. Rich data from keynote workshop has been collated and shared with partners. We will also review with key stakeholders for any appropriate action to support women in our Service.
- 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. We are exploring partner attendance and White Ribbon Ambassadors are promoting allyship attendance.
- A guest speaker is attending our Culture Development Committee (CDC) in November to discuss their work as an ally for gender equity and tackling Violence Against Women and Girls (VAWG) as part of End Violence Against Women and Girls (EVAWG) in Wiltshire.
- Training is being explored with White Ribbon and Race Equality Matters regarding all reasonable steps to prevent sexual harassment and prevent harassment based on race, to support changes from Employment Rights Act. This will be delivered to leaders across the Service.

Progression:

- Three delegates started the Women's Development Programme with Women in the fire service in quarter 2. 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.
- Following the success of "Developing Diverse Leaders", a procurement process is underway for further delivery for underrepresented managers. This is due to be sent for supplier invitation at the beginning of November.
- 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 operational women can learn and practice, without the pressures of being in a group where they are underrepresented. This is pending subject to resource. An XVR demonstration of ICL1 was delivered to our Operational Women's Group in quarter 1.

Other activities:

- 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 last newsletter was published in quarter 2 and the next is due in quarter 4 following website development.
- 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 79 new People Impact Assessments were received, of which 22 required a Stage 2 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 has been strengthened to ensure relevant departments consider and communicate any subsequent action via the Cultural 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 VAWG. To support this agenda and the women who are underrepresented in our organisation we are a White Ribbon accredited organisation. We currently have 48 Ambassadors and 39 Champions.
- Our three-six year White Ribbon action Plan was approved by White Ribbon in quarter 2. White Ribbon will be attending our next meeting in January.

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

KLOE 11 Summary

The Service's new one-to-one process launched on 1 August 2026. Reporting protocols are being established, with completion rates expected in quarter 3. Induction, probation and development arrangements continue to support workforce capability, alongside leadership, coaching and operational command development frameworks.

Two corporate induction sessions were held in quarter 2, with 48 attendees. Twenty attendees responded to the evaluation, all confirming that the event met or exceeded their expectations. Six individuals attended after the mandatory timeframe, and three remained overdue at quarter end but were booked onto future dates.

From November 2026, corporate induction will be renamed 'Welcome to Dorset & Wiltshire Fire and Rescue Service' to clarify that the mandatory event applies to every staff group. An Operational Excellence session will be added to the agenda.

Year to date, 33 probations have been met, three extended and no contracts terminated during probation; 16 final reviews remained outstanding at quarter end. From 1 November 2026, probation will extend to existing staff taking up a new contract, except for like-for-like moves, with the procedure being updated accordingly.

Apprenticeships remain part of the development offer across operational and corporate disciplines. In quarter 2 31 members of staff were undertaking an apprenticeship.

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.

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.

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. During this quarter, Westover Retail Park in Bournemouth was utilised to provide realistic training in a commercial unit. During this time 26 crews, with 130 firefighters took part in training activities. This facility also enabled training material for NOG Guided Drills to be recorded and new equipment on trial to be tested.

KLOE 11 sub-diagnostic

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

The new one-to-one process was launched on 1 August 2026. We are currently establishing reporting protocols and will be able to provide completion rates in quarter 3.

This quarter there were two corporate induction sessions held. The first, in July, had 26 attendees and the second, in September, had 22 attendees (48 attendees in total this quarter).

During this quarter, six individuals attended the Corporate Induction after the mandatory timeframe.

At the end of this quarter, there are three individuals who have not yet attended the Corporate Induction within the mandatory timescale due to various reasons; however, they have all been added to the next available dates.

Following the corporate induction, a survey regarding the effectiveness of the process is sent out. 20 of the 48 attendees completed the feedback survey (42% response rate) and all respondents confirmed the induction met or exceeded their expectations.

Attendees stated they found the sessions informative, useful and relevant, with clear signposting to further information. The welcome and overview of the Service were particularly well received, with attendees highlighting how welcome they felt and describing the introduction as inspiring. Staff were also praised for being lovely and welcoming.

The only improvement point raised was that the room was uncomfortably hot during the first half of the day. Otherwise, attendees were very positive and expressed their thanks to everyone involved.

In response to feedback from colleagues in Response, Corporate Induction will be renamed 'Welcome to Dorset & Wiltshire Fire and Rescue Service' from November 2026, making it clear that the mandatory event is for all staff groups, not only corporate staff. An additional session on Operational Excellence will also be added to the agenda, raising the profile of this key area from the outset of an individual's employment with the Service.

One way that we evaluate how successful the induction period has been for a new starter is data from probation reviews. Year to date, 33 probations have been met, three have been extended, and no staff contracts have been terminated during their probation period. There are 16 final probations reviews outstanding at the end of the quarter.

From 1 November 2026, the scope of probation periods will be extended to include existing staff taking up a new contract, with the sole exception of 'like-for-like' moves. The probation procedure is being updated to reflect this change, and service-wide communications will be issued shortly.

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 2. These programmes sit at the core of the Service's leadership offering.

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 2.

Apprenticeships are embedded within the wider L&OD programme and continue to provide a structured method for developing staff across a range of disciplines. In quarter 2, 31 staff members were undertaking apprenticeships.

Development pathway workbooks have been digitised and will be reviewed and refreshed once the new 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. During this quarter, Westover Retail Park in Bournemouth was utilised to provide realistic training in a commercial unit. During this time 26 crews, with 130 firefighters took part in training activities. This facility also enabled training material for NOG Guided Drills to be recorded and new equipment on trial to be tested.

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.