



DORSET & WILTSHIRE  
FIRE AND RESCUE  
AUTHORITY

# Statement of Assurance

## 2023 – 2024



PASSIONATE ABOUT  
CHANGING & SAVING LIVES

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## Introduction

As a public service, each fire and rescue authority is accountable to its communities and must provide information in a clear and transparent way to ensure that they are open to evaluation and scrutiny.

To support this approach the Fire and Rescue National Framework (2018) mandates that all fire and rescue authorities in England should produce an annual statement of assurance. It states the following:

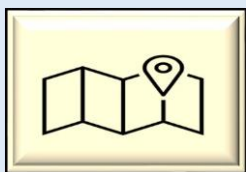
*'Fire and rescue authorities must provide annual assurance on financial, governance and operational matters and show how they have had due regard to the expectations set out in their integrated risk management plan and the requirements included in the Framework. To provide assurance, fire and rescue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

In addition, these statement of assurance documents are to be used 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).

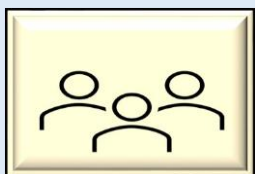
Contained within this Statement of Assurance the Authority set out how we deliver and assure our arrangements for governance, financial management, operational (incorporating prevention, protection, response and resilience) and health and safety.

For transparency, we have also included the current, emerging, and future challenges that we face, and how these will be managed.

## Overview of Dorset and Wiltshire Fire and Rescue Service



**Our Service covers a geographic area of over 2350 square miles and covers the 4 constituent authorities of Bournemouth Christchurch & Poole, Dorset, Swindon, and Wiltshire.**



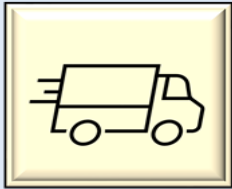
**We serve around 1.54 million members of our communities. This has increased from 1.43 million since 2011 with the median age rising over the same period from 42.4 to 44.9 (source – ONS).**



**We operate from and maintain an estate consisting of 59 premises, made up of fire stations, training sites, workshops, stores facilities and corporate offices.**



**Our operational staff consist of a blend of wholetime and on-call firefighters (staff with an alternative primary employment) who are in turn supported by our corporate staff.**



We utilise 74 fire engines, as well as a large number of support vehicles, which are serviced and maintained at our two vehicle workshops.

Our work is driven by our 5 Service priorities which are at the heart of everything we do.



**Help you to make safer and healthier choices**

We want people to be more aware about the risks they face and to help support them to be safer. We are committed to improving the wellbeing of our communities.



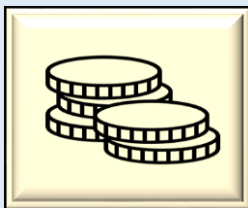
**Protect you and the built environment from harm**

We will work with our communities to improve safety and reduce the effect that day-to-day hazards and risks can have on people and the environment.



**Be there when you need us**

We will provide a professional and prompt response when an emergency happens.



**Make every penny count**

We will continue to be a well-respected and trusted Service, offering excellent value for money.



**Supporting and developing our people**

Making sure our staff are at the centre of everything we do, are well led and have the right knowledge and skills, is crucial to the success of our Service.

## Governance

1. Governance is 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. The functions and responsibilities of Fire and Rescue Authorities are set out in the Fire and Rescue Services Act 2004 which came into effect on 1 October 2004. Under this Act, every Fire and Rescue Authority must make provision, in its area, for:
  - ❖ promoting fire safety
  - ❖ extinguishing fires
  - ❖ protecting life and property in the event of fires
  - ❖ rescuing people in the event of road traffic accidents
  - ❖ protecting people from serious harm to the extent that it considers it reasonable to do so, in the event of road traffic accidents
3. In discharging this overall responsibility, the Authority is responsible for putting in place proper arrangements for the governance of its affairs, facilitating the effective exercise of its functions and use of its resources, which includes arrangements for the management of risk and the maintenance of an effective internal control environment.
4. Dorset & Wiltshire Fire and Rescue Authority (the Authority) act as our overall governing body and ensures that there is appropriate scrutiny and oversight of the Dorset & Wiltshire Fire and Rescue Service (the Service) arrangements and performance.
5. 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
6. Members of the Authority have a legal duty to monitor the operational performance of the Service and to consider best practice. This is done through workstreams and committees, as well as the full Authority, which meets quarterly.
7. All of the governance arrangements for the Authority can be found in the [Members' Handbook](#).
8. The principles of Governance are set out within our published [Corporate Governance Policy](#). The Authority reviews and approves this policy every two years, along with seven other policy documents that shape how we operate and the services we provide.
9. Through the delivery of the Corporate Governance policy, and the requirements set out in the Members Handbook, we ensure that the arrangements in place provide an effective and transparent system of control. To ensure the scrutiny and delivery of our strategic goals as well as provide assurance that we are providing an effective and efficient service to our communities.
10. Strategic vision is defined by our five strategic priorities which in turn are shaped by the Authority policies. These provide for the basis of the governance structures in place.



11. To deliver these priorities and policies, the Authority is required, by the Fire & Rescue Services Act (2004) to produce a Community Risk Management Plan (CRMP), covering at least a three-year period. We deliver our CRMP through our Community Safety Plan (CSP).
12. Effective governance ensures that the Chief Fire Officer and the Strategic Leadership Team (SLT) are held to account regarding the performance of the Service in the delivery of its corporate objectives through the CSP.
13. The system of internal governance arrangements is supported by external scrutiny including external and internal audit functions and through the Home Office Inspection process delivered by His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS),(the Inspectorate).

## ► **How we assure our corporate governance arrangements**

### **Strategic planning, performance management and risk management**

14. Our strategic planning cycle is initiated with the development of a Strategic Assessment of Risk (SAR). This process undertakes an assessment of the factors, information and data that we have available to better understand the risks and pressures that may affect the Service and/or its communities. This process is completed every 2 years.
15. The SAR, in conjunction with our strategic priorities and policies underpin the development of our CSP which sets out how the Service will deliver against those priorities and policies and mitigate against any risks identified within the SAR.
16. Our CSP is the roadmap which supports decision making so that we can ensure that the allocation of our resources is considerate of competing requirements and are focused where we need them to be.
17. Our CSP is subject to robust governance and scrutiny and through the development of this plan we engage and consult with a wide range of stakeholders.
18. The consultation process is aligned to the Gunning principles and is delivered through a range of mediums. This helps ensure that we reach, engage with, and hear back from the widest range of people from across our communities including those that are classified as 'hard to reach'.
19. This provides assurance that the plan considers the needs and views of those stakeholders so that we can plan to serve our communities in the most effective way.
20. Following the consultation process we consider any feedback that we have received and will amend the draft plan as required.
21. Prior to publication, the CSP is subject to scrutiny and approval by the Authority.
22. The methodology we apply to plan and deliver our CSP is aligned to the requirements of the Fire Standards Boards Community Risk Management Planning national standard.
23. Our approach to CRMP planning is scrutinised and assessed by the Inspectorate as an element of the inspection process. The report from our latest inspection, published in January 2023, stated,

*“When assessing risk, it considers relevant information collected from a broad range of internal and external sources and datasets. This includes data from the national risk register, census data and information from external organisations”.*

*“The service routinely collects and updates the information it has about the people, places and threats it has identified as being at greatest risk”.*

24. Our strategic planning and stakeholder engagement process was assured in 2022 by the South West Audit Partnership as an element of our internal audit programme of work and was awarded the highest level (substantial) of assurance.
25. Our CSP is delivered through a number of Service strategies and our Service Delivery Plan (SDP) which turns the intent into action over the timeframe of the CSP.
26. The SDP forms the basis of our internal performance management structure and ensures that our senior management maintain scrutiny and oversight of our performance through clearly defined Key Lines of Enquiry (KLOE's) aligned to strategic priorities.
27. The Service Delivery Team, comprised of Heads of Department, Area Managers and Directors ensures robust scrutiny and governance structures are in place so that senior leaders remain cognisant of any emerging issues that may affect service delivery.
28. The Authority scrutinise performance on a quarterly basis with Strategic priorities one, two and three reviewed by the four Local Performance and Scrutiny (LPS) Committees. LPS committees are aligned to the four constituent authorities across our Service area and provide a mechanism for ensuring local accountability. Priorities four and five are reported quarterly to the Finance & Audit Committee.
29. The Authority receives overall Service performance presentations on a six-monthly basis, with an annual performance report published each September. All performance reports are available on our [website](#).
30. Our performance management system is well embedded and was subject to scrutiny by our Internal Auditors in 2021. Our arrangements were awarded 'substantial Assurance', with a number of areas of good practice identified.
31. The Service has a well embedded risk management culture and utilises a bespoke system to hold its risk registers and to allocate risk ownership across the Service.
32. As part of the risk management arrangements the Service has a clear risk appetite matrix, which is reviewed annually by the SLT, to ensure that it remains relevant and reflects the current risk appetite.
33. The Service's strategic risks are overseen and reviewed by members of the SLT on a monthly basis. Ownership, oversight and scrutiny of strategic risk is delegated by the Authority to the Finance & Audit Committee, who review them on a quarterly basis.

### **His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS)**

34. Since July 2017 the Inspectorate have held the responsibility of undertaking independent inspections of England's fire and rescue authorities and these inspections provide a source of independent assurance of the Services arrangements in respect of:
  - ❖ the operational service provided to the public (including prevention, protection, and response)
  - ❖ the efficiency of the fire and rescue service (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)
35. The inspection process is based around a defined judgement criteria that is designed to promote improvements across the fire and rescue service sector. Inspections are delivered through a wide variety of different methods that allow the Inspectorate to engage with a broad cross section of our staff and to gain an understanding of how our Service functions.

36. Following our last full inspection in January 2023, the Inspectorate awarded the Service graded judgements of ‘Good’ in providing an effective service, ‘Outstanding’ in managing our resources efficiently and ‘Good’ at how we look after our people.
37. In response to the Inspectorates report, His Majesty’s Inspector, Wendy Williams, stated.  
*“I congratulate the service on its first-rate performance in keeping people safe and secure from fires and other risks”.*  
*“It (the Service) has made excellent progress in many areas, and we have identified four examples of innovative or promising practice”.*
38. The third full inspection of the Service took place in Spring 2024, with a published report anticipated around Autumn 2024.

### **Internal audit**

39. To provide additional independent assurance over its arrangements, the Authority has appointed the South West Audit Partnership (SWAP) as its Internal Auditors.
40. SWAP work closely with our Finance & Audit Committee to plan a 4-year audit strategy. This is designed to deliver a well-balanced and risk-based approach, ensuring adequate coverage aligned to the eight themes of a healthy organisation. These are:
  - ❖ corporate governance
  - ❖ financial management
  - ❖ risk management
  - ❖ performance management
  - ❖ commissioning & procurement
  - ❖ information management
  - ❖ programme & project management
  - ❖ people & asset management
41. Each year an internal audit annual plan is scheduled, in consultation with the SLT, External Auditors and the Chair of the Finance & Audit Committee to ensure that the work remains balanced and considers any required changes or emerging risks.
42. The annual internal audit plan is subject to scrutiny and approval by the Finance & Audit Committee annually in March, as a delegated duty of the Authority.
43. Internal audit assurance reports are provided to Members of the Finance & Audit Committee on a quarterly basis to ensure ongoing scrutiny and transparency. These reports are available on our [website](#).
44. Recommendations arising from audits are added to our performance management system and allocated to the appropriate person with clear actions and timescales. Progress against these recommendations are reported quarterly to the Finance & Audit Committee.
45. The areas covered in the 2023-24 internal audit plan and the assurance ratings awarded were:
  - ❖ cyber security (substantial assurance)
  - ❖ industrial relations (substantial assurance)
  - ❖ secondary contracts monitoring (adequate assurance)
  - ❖ grievance arrangements (adequate assurance)
  - ❖ short term absence management (substantial assurance)
  - ❖ payroll (substantial assurance)
  - ❖ P-cards & fuel cards (adequate assurance)
  - ❖ business continuity (substantial assurance)



46. Annually, SWAP produce an Internal Audit Charter which defines the purpose of the audit process and sets out the roles and responsibilities required of stakeholders. SWAP also issue an annual opinion of our overall control environment and arrangements, based upon the work they have completed.
47. At the Finance & Audit Committee meeting in March 2024, SWAP confirmed that:  
*“the Authority and the Service have complied with its obligations in line with the requirements as set out within this Charter”.*
48. For the year 2023-24 the Service was awarded an overall ‘substantial’ annual assurance opinion, for the third year in succession. This independent opinion confirms that, in relation to the areas of work covered.  
*“A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited”*

### **Information governance and data transparency**

49. The key objectives in relation to Information governance are set out within our published Corporate Governance policy.
50. We follow the principles of BSI 27001- Information Security Management as the standard for good internal information governance and we are preparing to align to the digital and cyber fire standard when it is published in 2024.
51. An information asset register is in place to provide oversight of all information and personal information held by the Service. Information Asset Owners (IAOs) manage their information assets in line with national standards, internal procedures, and data protection legislation and provide annual assurance of this.
52. Direction, guidance and training is provided to staff through a suite of Information Governance procedures and mandatory e-learning. This is complemented by ongoing awareness campaigns to ensure that all staff understand their responsibilities for managing information.
53. The Service has embedded an Information Governance Group (IGG) which is made up of representatives from across all departments. IGG meets twice a year to discuss information governance issues and risks and to share information about the wider national picture.
54. Cyber security issues continue to pose threats to all organisations. To mitigate this threat our Cyber Security arrangements are aligned to the Government’s Cyber Essentials standard and the National Cyber Security Centre (NCSC) Minimum Cyber Security Standard. We have completed a gap analysis against the NCSC Cyber Assessment Framework and have plans in place to ensure compliance with this.
55. Protective monitoring is in place as well as threat monitoring through our membership of CISP (Cyber security Information Sharing Partnership) and South West WARP (Warning Advice and Reporting Point)
56. Information Governance and Information Communication Technology (ICT) teams work closely together to monitor and complete a cyber action plan to ensure that we have appropriate technical controls in place to counter the latest security threats.
57. Security incidents are monitored, and we have processes and procedures in place to effectively manage and mitigate incidents when they do happen.

58. Policies and procedures are in place to ensure that physical assets remain safe and secure within Service premises and whilst in the public domain. This includes the use of identity cards and access permission to prevent unauthorised entry into buildings and a clear process to immediately report the loss of equipment or data.
59. Compulsory e-learning containing elements of cyber security is provided across the Service. This is complemented by regular phishing simulation exercises and ensures that cyber security remains at the forefront of day-to-day decision making.
60. Service staff complete bi-annual e-learning training which covers data protection and information security, and compliance is monitored on a quarterly basis.
61. Data sharing agreements exist for all arrangements with our partners in compliance with our legal responsibilities and these are reviewed by the Information Governance team prior to acceptance.
62. Data protection impact assessments are now embedded across the Service to ensure that any new processes involving the collection of personal data are appropriately considered.
63. We maintain a freedom of information publication scheme. In the last year we have complied with 97% of requests, under the Freedom of Information Act 2000, within the 20-working day legal timescale. Furthermore, 95% of subject access requests received were responded to within the legal timeframe of one month (or three months for complex requests).
64. The Authority receives regular reports to provide assurance that the Service is demonstrating compliance with requests for information and wider information management legislation.
65. Complaints about the Service or our staff can be raised directly through our website and our corporate complaints process directs that any complaints we receive are recorded, investigated, and resolved within 14 working days. We monitor themes to ensure that any emerging issues are addressed appropriately.
66. Information management is a key element of the eight themes of a healthy organisation that direct the Service's internal audit planning and provide us with independent assurance of our arrangements. Areas for focus within our internal audit arrangements to date have included:
  - ❖ information security (*adequate assurance*)
  - ❖ records management (*substantial assurance*)
  - ❖ cyber security (*substantial assurance*)

## **Fire Standards**

67. The Fire Standards Board (FSB) was created to oversee the identification, organisation, development and maintenance of fire standards for FRSs in England.
68. The FSB commissions the National Fire Chiefs Council (NFCC) Fire Standards Team to coordinate and facilitate the standards on their behalf, with the objective of benefitting the profession, services and communities served by them.
69. 17 standards have now been published by the FSB and cover a range of organisational and operational areas for FRSs to consider including safeguarding arrangements and fire investigation.
70. The Service has an ongoing programme of work in place to ensure that its arrangements align to these standards, with any identified gaps considered and addressed, where appropriate.

71. As part of their approach to inspecting the Inspectorate will provide due consideration to the fire standards.

### **Code of Corporate Governance and Annual Governance Statement**

72. We have a requirement as set out in the Accounts and Audit regulations 2015 to publish an Annual Governance Statement. This is included within our published financial statement of accounts.
73. To help provide assurance that our arrangements are robust and in line with good practice, we undertake an annual review against the Corporate Governance in Local Government framework (2016), published by the Chartered Institute of Public Finance and Accountancy (CIPFA) and Society of Local Authority Chief Executives (SOLACE). This assessment forms part of our governance assurance and was last completed in 2023.
74. Our external auditors, Deloitte LLP, as part of their work undertake an assessment of our Annual Governance Statement. In their latest report, Deloitte LLP commented that:
- “We have assessed whether the AGS has been prepared in accordance with CIPFA guidance. We have also reviewed minutes of the Fire Authority and Finance & Audit Committee, reviewed internal audit reports and reviewed the risk register to ensure that anything relevant to the AGS has been adequately disclosed. No issues have been identified as at the date of this report”*
- “The Annual Governance Statement complies with the Delivering Good Governance guidance issued by CIPFA/SOLACE”.*

### **Financial**

75. Our strategic direction and vision is set by our Priority of ‘Making every penny count’ along with the published Financial Management Policy Statement, which sets out our high level approach to financial management.
76. The Authority has a statutory requirement, as set out by the Accounts and Audit (England) Regulations 2015, to publish the annual financial results of our activities for the year annually. The external audit process for public sector accounts has been subject to delay nationally in recent years for a variety of reasons. In July 2024 central Government announced proposals to set a backstop date of 13 December 2024 for the sign-off of accounts for the financial years up to and including 2022/23. Five further backstop dates were proposed for the financial years up to and including 2027/28, with a deadline of 28 February 2025 for the 2023/24 accounts. The Authority expects to be able to meet this deadline.

### **How we assure financial arrangements**

77. The appropriate Financial Regulations that we are required to adhere to form part of the Members’ Handbook, which is published on the Service’s website. The Handbook details the financial responsibilities of the Authority, its Committees, the Chief Fire Officer, the Clerk & Monitoring Officer, the Treasurer and other officers.
78. The responsibility for the production of the Service’s statement of accounts and the continuous review of the regulations sits with the Head of Financial Services & Treasurer.

79. Our Statement of Accounts are produced in compliance with the format determined by the CIPFA code of practice. This shows the annual costs of providing our service and the format aims to give a “true and fair” view of our financial position and transactions.
80. The Authority published the [unaudited accounts for 2023-24](#) prior to the deadline of 31 May 2024. The audited statutory final accounts for 2021-22 are scheduled to be approved by the Finance & Audit Committee in September 2024 with approval of the 2022-23 accounts taking place by the end of December 2024.
81. As well as legislation, the Service is also subject to a number of national and international standards and codes of practice. Relevant staff in the Finance Team undertake regular training in relation to these in order to ensure they are rigorously applied to the financial activities of the Service.
82. The Service holds a suite of procedural documents and forms to ensure that all staff responsible for undertaking any financial activities (e.g. budget management, procurement of goods and services, income generation) do so in line with the appropriate requirements.
83. We comply with the requirements set out in the Fire and Rescue Services National Framework for England 2018, by producing a [Medium Term Finance Plan \(MTFP\)](#) which is reviewed and approved by the Authority prior to publication.
84. Our MTFP includes an outline financial strategy to meet the requirements of the strategic priorities as set within our CSP. This includes plans for achieving efficiencies and value for money across all elements of service delivery.
85. We produce an annual Treasury Management Plan to support the provision of all services and functions through the management of the Authority's cash flow, debt, and investments in line with the CIPFA Treasury Management Code of Practice.
86. Regular reporting to both the Fire Authority and the Finance & Audit Committee takes place throughout the year at their quarterly meetings on a number of financial governance related issues.
87. To ensure effective control and management of our resources we have robust budgeting processes in place.
88. Annual budget reviews take place at departmental level and budgetary forecasts are effectively used to support decision making. Monthly budget monitoring reports are prepared by each department, tracking actual spend and forecasting the year end outturn against their budgets. The budget forecast is scrutinised quarterly to identify areas where savings can be made, or if additional funds are required.
89. Internal Audit reviewed our budget management arrangements in 2022 and we were awarded the highest level of assurance (substantial).
90. We continue to refine our business case processes and strengthen our approach to value for money (VFM), by developing and enhancing our comprehensive VFM framework, tools, and dashboard for each Service priority. This helps to ensure that we continue to demonstrate effective use of the resources available to us and help us to better understand, and consistently quantify our costs and cashable savings, non-cashable savings, areas of cost avoidance and wider societal savings generated by our work.
91. To support good financial management, the Service has additionally embedded a Resource and Savings Programme (RSP) for the period 2024-26.
92. The RSP sets out clear objectives which include improving financial sustainability and improving the efficiency of our time and money. Oversight and scrutiny of this programme is delivered by an RSP board who meet on a regular basis, aligned to our democratic timetable.

93. Assurance of our financial arrangements is a key feature of our internal audit strategy and annual programme. This provides the coverage of the Financial Management element of the 8 themes of a healthy organisation.
94. The auditors review and provide an opinion on specific processes and controls that we have in place as part of our overall financial management arrangements.
95. In the year 2023-24, the internal audit plan covered
- ❖ payroll arrangements (*Substantial assurance*)
  - ❖ procurement and fuel card arrangements (*Adequate assurance*)
96. Following our inspection in 2022 by the Inspectorate, The Service was awarded a grading of 'Outstanding' within the 'Efficiency pillar. In our published report, the Inspectorate made the following comments;
- "Dorset and Wiltshire Fire and Rescue Service has made commendable progress in relation to efficiency and we have judged the service to be outstanding for how it uses its resources to manage risk".*
- "We are impressed with the value-for-money dashboard the service has created, which is aligned to its strategic priorities. This clearly shows where money has been saved for reinvestment; where the service has done more with its resources; future costs that have been avoided; and how it has saved money for partner organisations".*
- "The service has developed a sound understanding of future financial challenges. It plans to mitigate its main or significant financial risks".*
- "The service has made savings and efficiencies, which haven't affected its operational performance and the service it provides to the public".*

### **External audit**

97. Our Statement of Accounts are subject to scrutiny by our appointed external auditors. To the end of 2023/24 Deloitte LLP, as our appointed external auditors, are responsible for the completion of the following assurance activities:
- ❖ auditing of the annual financial statements
  - ❖ providing an annual opinion on the Authority's accounts
  - ❖ providing a value for money conclusion
98. Deloitte LLP have substantially completed their audit of the 2021-22 financial statements and have commented within its 2021-22 report that;
- "Based on the current status of our audit work, we envisage issuing an unmodified audit opinion on the Authority's financial statements".*
99. An unmodified audit opinion provides assurance that our financial statements are transparent and compliant with accounting regulations.
100. With respect to our value for money arrangements, the auditors noted that.
- "From our work to date, we have not identified any risks of significant weakness in arrangements to secure economy, efficiency and effectiveness in the use of resources".*



## Procurement

101. The Service has a four-year Procurement Plan (2022-26) which is aligned to the National Procurement Strategy (2018). We have reviewed our arrangements against the maturity levels set out across the three priority areas in this strategy.
102. The Procurement Plan is structured to provide a clear picture of our procurement landscape, how we intend to develop and enhance our arrangements and how we procure goods and services from third party organisations to support the Authority's Standing Orders and Financial Regulations.
103. Our Procurement Manager oversees the day-to-day procurement processes to support compliance with standing orders and regulations and to oversee any changes to legislation and guidance to ensure that the Service is positioned appropriately to embed these.
104. Our procurement process is well structured, starting with the initial identification of need and continues through to the end of the contract or useful life of an asset. Procurement arrangements are embedded across the Service and guidance on processes is made available to staff through our internal intranet. All of our contracts are currently managed through the Bluelight E-procurement hub which is accessible by suppliers and the public via our Service website.
105. Impact assessments are built into the procurement process to ensure that due consideration is given to information governance, equality, diversity & inclusion, and environmental sustainability issues.
106. Processes are in place to capture savings and efficiencies, arising from procurement activity, and these feed into our wider value for money arrangements and the NFCC savings register.
107. Our procurement arrangements are aligned to the following legislation and statutory guidance:
  - ❖ Health and Safety at work Act 1974 and associated regulations
  - ❖ Equality Framework for the Fire Services (revised 2012)
  - ❖ Public Services (Social Value) Act (2012)
  - ❖ Public Contract Regulations (2015)
  - ❖ Modern Slavery Act (2015)
  - ❖ Policing & Crime Act (2017)
  - ❖ Fire & Rescue Service National Framework (2018)
  - ❖ Public Procurement (Amendment etc.) (EU Exit) Regulations 2020 SI 1319 (PP Amendment Regulations 2020)
  - ❖ Cabinet Office Procurement policy notes - (PPN 10/21)
108. 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, we have published our [Modern Slavery Statement on our website](#). This statement is reviewed and approved annually by the Authority and was last reviewed in September 2023.
109. Internal Audit completed a review of our Procurement Plan in 2023 as part of the annual audit programme. This provided an independent assurance opinion as to how our procurement arrangements met the statutory requirements and achieved efficiencies and savings through the use of frameworks and collaborative working.

110. A grading of 'substantial assurance' was provided with the internal auditors, commenting that:

*"There is a robust Procurement Strategy in place which is supported by a robust, up to date and approved suite of Procurement Policy and Procedures that meet the requirements of statutory regulations".*

## **Operational**

111. Our operational service delivery comprises of three defined areas, Prevention, Protection and Response & Resilience.

112. Each of these functions supports the delivery of three of our Service priorities.

113. In delivering these services we are required to comply with a range of legislation and regulations. The key legislative requirements for our operational delivery are set out within:

- ❖ Health and Safety at Work Act 1974, and associated regulations
- ❖ Crime and Disorder Act 1998
- ❖ Fire and Rescue Services Act 2004
- ❖ Civil Contingencies Act 2004
- ❖ Regulatory Reform (Fire Safety) Order 2005
- ❖ Fire and Rescue Services (Emergencies) (England) Order 2007
- ❖ Localism Act 2011
- ❖ The Coroners (Investigations) Regulations 2013
- ❖ Policing and Crime Act 2017
- ❖ Fire and Rescue Service National Framework for England (2018)
- ❖ Fire Safety Act 2021

114. Compliance with these statutory requirements is achieved through the work we undertake and the services that we deliver.

## **Prevention**

115. Our approach to prevention services is defined by our Service Priority 1 – *Help you to make safer and healthier choices* and the key objectives are set out in our published [prevention policy](#).

116. Our statutory duty is to prevent fires; however we additionally deliver a wide range of education and engagement programmes in other areas including road safety and general education to help improve the lives of people across our communities.

117. We have a dedicated prevention team who work closely with partner agencies to ensure that we are reaching those members of the community who need us the most. Together with support from our station-based operational staff we provide support, advice and appropriate equipment to keep people safe.

## **How we assure our Prevention arrangements**

118. Our CSP sets out how we are going to achieve our prevention objectives, and this is supported by a robust Prevention plan that sets out the detail of how we deliver these objectives.

119. Following a review of our plan in 2022, the Inspectorate concluded that.  
*“The prevention plan is clearly linked to the risks identified in its CSP”.*
120. We have a corporate target to achieve a 5% reduction in accidental dwelling fires (from the average attended during the last five years) as well as embedding other supporting KPI’s to ensure there is oversight and scrutiny of our performance in pursuit of these objectives.
121. We use modelling and profiling techniques, together with relevant data and information internally and from our partners and public referrals ensure that appropriate interventions are targeted to help reduce risks and to prioritise those identified as being at the highest risk.
122. Internally we apply an integrated approach to our work, meaning that we work closely with protection and response teams through risk sharing meetings and the risk sharing portal to ensure the most vulnerable members of the community are identified and prioritised.
123. We proactively engage and collaborate with key stakeholders within health and other partner organisations to share appropriate data and information to help identify those most in need of support. To support this approach, we have a dedicated Partnership Officer in place.
124. Our work is key to the continued development and delivery of the Integrated Care System (ICS) across our Service area. The Integrated Care Board (ICB) and Integrated Care Partnership (ICP) are essential to the successful delivery of the model.
125. We continue to work with existing partners and are constantly working to strengthen those relationships as well as create new ones. During 2023/24 our partnership with Wessex Water has been strengthened and data is now shared from their Priority Services Register (PSR). This has led to a significant increase in referrals for vulnerable households with overall partnership referrals 56.9% above the previous year.
126. Our collaboration work with SGN (gas distribution company) and Wales and West Utilities was recognised as innovative practice within the sector by the Inspectorate. This partnership has helped the Service to secure 25,000 carbon monoxide detectors and 2,500 wi-fi carbon monoxide detectors over a five-year period, which we can install for those most in need. The Inspectorate made comment that.  
*“The service’s collaboration with other organisations is impressive”.*
127. Central to our risk-based work are the Safe & Well visits to vulnerable members of the community who have been identified as high risk. The visit is a person-centred home visit carried out by a trained Safe & Well Advisor or a member of operational crew. The visit focuses on health as well as fire risks. It involves the systematic identification of, and response to health and well-being issues, along with fire risk reduction. Where applicable, advice will be provided on the following areas.
- ❖ using electricity safely
  - ❖ cooking safely
  - ❖ making an escape plan
  - ❖ what to do if there is a fire
  - ❖ keeping children safe
  - ❖ good practice – night-time routine and other points relevant to the resident or property
  - ❖ identifying and discussing any further support required

128. Information on how to request a Safe and Well visit, either for themselves or someone else is available through our Service website which contains a wide range of resources, supporting information and advice. Our literature is available in 26 alternative languages to support our diverse communities and also has a translation service that can be changed to 132 different languages and has an audio speaking function for those who are visually impaired.
129. We received assurance from the Inspectorate that.
- "Prevention activity is clearly prioritised using a risk-based approach towards people most at risk from fire and other emergencies. For example, all safe and well visits are assessed using a triage process to make sure the most vulnerable are prioritised"*.
130. Our Prevention teams work to the highest standards and have the required levels of training to perform their role effectively and professionally.
131. We undertake quality assurance of our Safe and Well visits through the auditing of visits and follow up customer satisfaction and behaviour change surveys. This assures us that that we are delivering a consistently high level of service and that the right approach is being taken.
132. In addition to our targeted prevention work, we actively support national and local campaigns, designed to raise awareness of community fire risks across a wide range of channels, to support the reduction of preventable deaths. These campaigns include, amongst others, National Hoarding Awareness week and Chimney Fire Safety Awareness week.
133. Safety messaging is also aligned to coincide with supporting our diverse communities, for example, Diwali, the Festival of Lights. This year particular focus has been to support the Afghan resettled families and new resources have been created to support the community.
134. As an emergency service we recognise that our staff may come into contact with adults and children at risk who, for a number of factors, may require safeguarding interventions.
135. We provide our staff with training and support to ensure that they are equipped to understand their responsibilities and to identify those in need of safeguarding when appropriate. Staff have access to out of hours safeguarding referral support through our Duty Area Manager.
136. Mandatory safeguarding training is provided to operational and non-operational roles and more in-depth training and awareness for employees with specific safeguarding responsibilities. Compliance of this training is monitored internally.
137. Within our most recent report the Inspectorate made specific comment that.
- "Staff are good at identifying and responding to safeguarding concerns"*.
138. Our safeguarding arrangements were also included within our 2022-23 Internal Audit programme of work, and we were provided with 'substantial' assurance of our arrangements with key strengths observed, including but not limited to
- "Safeguarding practice and statistics are reported to and scrutinised regularly by the Service's Fire Authority members at Performance and Scrutiny Boards"*.
139. The Fire and Rescue Service Act 2004 states that we have a statutory duty to rescue people in the event of a road traffic accident. Whilst we will always respond to such incidents when we are needed, we also take a pro-active approach to road safety to help prevent them from occurring.

140. This is achieved through the work we deliver in collaboration with road safety partners to support a multi-agency approach to road safety and through the publishing of road safety education resources which are designed to help us engage with high risk road user groups.
141. We support two road safety partnerships covering the service area, the Wiltshire & Swindon Road Safety Partnership (WSRSP) and Dorset Road Safe (DRS). Education is delivered through the partnerships in an integrated way with each member providing specialist knowledge and resources to engage and educate the public. We support the partnerships at both strategic and delivery level meetings.
142. Additionally, we continue to develop partnerships with corporate organisations to fund and develop new road safety initiatives through corporate social responsibility. In total the department has raised £22k this year to help sustain future delivery.
143. We attend and support NFCC Road Safety Groups – South West Accident Reduction Working Group (SWARG), South West Road Safety Group and National Road Safety Forum.
144. We deliver a number of targeted road safety programmes, including the ‘Safe Drive Stay Alive’ roadshow to young drivers & passengers aged 16-19 and the ‘Biker Down’ programme.
145. The ‘Survive the Drive’ programme is delivered in recognition of the national data that indicates that military personnel are at an increased risk of being involved in a road traffic collision. With approximately 30% of the British Army being based in the Service area, this presented itself as a considerable risk. The programme is delivered in partnership with and funded by the Ministry of Defence.
146. We continue to engage with communities to seek to reduce fire-setting behaviours and as part of our performance reporting governance, we have a corporate target that states “*We will achieve a 5% reduction in deliberate fires (from the average achieved during the last five years)*”.
147. We have an Arson Reduction Officer who is supported by the team of Fire Safety Intervention Advisors and who maintains a close watch of trends and service data and reacts accordingly to inform our approach to reducing risk.
148. The Service’s universal educational programmes for children and young people are delivered under the banner of “DWISE” – “Dorset & Wiltshire Inspirational Education”. The core messages are delivered to children and young people by our team of education officers via their educational settings (for example school, pre-school, home educated, college or university) or community settings (for example children and young people’s groups, libraries) and supported with additional material available for public use our website and social media sites such as You Tube.
149. All DWISE educational programmes are evaluated by teachers, parents/carers, and the participants to enable us to assess the understanding and positive safety behaviour choices.
150. The education programme covers range of topics including water safety, road safety, fire safety, keeping fit and arson reduction. As well as proactively targeting specific ages to promote the safety messages, resources are available to react to specific requirements such as an emerging safety issue in a particular location or demographic or as a result of an incident.
151. To make sure that all of our interventions are effective and provide value for money, we have developed and implemented a prevention evaluation framework which allows us to review and reflect on the work we have delivered.



152. The evaluation framework allows us to calculate any cashable, non-cashable and societal benefits. For the year 2023/24, our evaluation framework shows that our prevention work over the course of this year has delivered £1.3M of societal benefit.
153. Our road safety, education and youth intervention schemes are measured and evaluated through attendee behavioural change surveys and feedback questionnaires. These processes ensure that we constantly review our arrangements to ensure that we are delivering the appropriate content.
154. The Inspectorate reviewed our framework, as part our 2022 inspection, and commented that.  
*“The service has an impressive framework to ensure it offers value for money”.*  
*“The service is effective at evaluating its prevention activities”.*
155. Our performance management framework provides assurance to senior leaders that we remain on track to deliver against our prevention objectives.

## **Protection**

156. Our published strategic priority states that that we will “protect you and the built environment from harm”.
157. This priority, coupled with our published Protection Policy sets out our key objectives with regards to our protection work.
158. Our CSP shows how we intend to deliver against these objectives over the timeframe of the plan and is supported by a protection and an enforcement plan.

## **How we assure our Protection arrangements**

159. We are the enforcing Authority for the fire safety requirements of the Fire and Rescue Services Act 2004, the Fire Safety Act 2021, and the Regulatory Reform (Fire Safety) Order 2005, the Fire Safety (England) Regulations 2022, the Building Safety Act 2022 and other related legislation.
160. Following the tragic events at Grenfell Tower in 2017, there has been a greater emphasis on FRSs to strengthen and enhance their protection arrangements in response to changes in fire safety legislation.
161. Our Risk Based Inspection Programme commenced in 2021 and was based around a risk calculation matrix that helped us to identify and target premises that may have known risks or have a higher risk or fire safety compliance issues.
162. Within this programme, we prioritised all high-rise buildings within our Service area. All identified premises were inspected over a three-year period, ending in March 2024.
163. In alignment with our CSP (2024-28) we have developed a new Risk Based Intervention Programme (RBIP). The reference to ‘inspection’ has been replaced with ‘intervention’ to align with the revised NFCC risk-based methodology and to reflect the value of alternative methods of engagement with relevant premises and Responsible Persons.
164. Governance arrangements are in place to ensure that we remain on track to deliver this new programme of work.
165. To support the delivery of this work we have increased the number of staff that we have dedicated to Protection activity from 33 in 2021 to 42 in 2024.

166. All protection staff 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.
167. Additionally, we have provided enhanced fire safety training to our operational, station-based crews allowing us to deliver a greater number of Business Fire Safety Checks (BFSC) which improves our outreach and support to smaller businesses.
168. We actively promote the utilisation of technology, including sprinklers and fire doors, and provide clear guidelines on complying with fire safety laws. Our [website](#) and social media channels are regularly updated to provide businesses and the public with consistent and relevant information to support compliance with these.
169. We are committed to raising standards and reducing risk within care settings in line with the NFCC/Care Quality Commission (CQC) memorandum of understanding. Due to the progressive work that we have undertaken in this area we are now the NFCC Regional lead for the CQC.
170. To facilitate reporting concerns for fire safety, we have a dedicated section on our [website](#) where individuals can log their complaints. If the complaint is specific to a particular premises, a job is created for that premises, enabling us to track its completion and maintain correspondence.
171. Where fire safety concerns have been identified, we will task a Fire Safety Inspector to visit the premises to complete a thorough fire safety audit. Where appropriate, this may involve a multi-agency approach. Where we are not the enforcing agency for an enquiry, we will refer the information to the primary enforcing agency for review.
172. The Protection team has established a robust and integrated process to ensure audits are conducted in a consistent and systematic manner and we have an embedded quality assurance process which includes assessments of processes, decision making and standardisation through CPD sessions to ensure the effectiveness and consistency of inspections and other activities.
173. Completed audits, and any outcomes, are recorded on our internal system. The responsible person for that premises will be contacted by letter or email to confirm the outcome. This may include restrictions and any required actions to support the improvement of fire safety provision at the premises.
174. A selection of completed fire safety audits were reviewed as part of the inspection process in 2022 and the Inspectorate concluded that.

“The audits we reviewed were completed to a high standard in a consistent, systematic way, and in line with the service’s policies”.

“Quality assurance of protection activity takes place in a proportionate way”.
175. Where we identify premises with low compliance levels, we have a range of tools to provide guidance, encourage improvement through informal means, or, in severe cases, employ formal enforcement measures, prohibition orders, or prosecution with the objective of bringing conditions to an acceptable level.
176. Our [Enforcement Plan](#) outlines our regulatory obligations under The Regulatory Reform (Fire Safety) Order 2005. It provides a comprehensive overview of our powers, the scope of legislation, and our commitment to improving fire safety standards in collaboration with responsible persons.

177. Any formal notices that we serve undergo a case review and quality assurance within 28 days to ensure procedural compliance and to consider prosecution if necessary and proportionate. These will all be added to the [National NFCC enforcement register](#). In compliance with the Environment and Safety Information Act 1988.
178. This year, a total of 65 formal notices were served and having invested in a development of a prosecution team we have taken the lead in steering the NFCC Enforcement working group.
179. Following our inspection by the Inspectorate in 2022, they commented that.  
*“The service consistently uses its full range of enforcement powers, and when appropriate, prosecutes those who don’t comply with fire safety regulations”.*
180. Our day-to-day protection activity is supported through the sharing of data with partner organisations to support legislative compliance and identify emerging areas of work including asylum accommodation.
181. We conduct joint visits and consultations to achieve common safety goals and we have Memorandums of Understanding (MOUs) and service level agreements in place with other agencies to support this approach.
182. Continued joint working with Local Authorities and Multi-Disciplinary Team (MDT) through the mechanism of the newly formed Building Safety Regulator (BSR) has enabled a shared understanding of high-rise residential building risks.
183. We actively participate in Safety Advisory Groups (SAG) for premises with regulated stands, as well as Event Safety Advisory Groups (ESAG) for larger outdoor events like festivals, concerts, and sporting events.
184. Internally we share intelligence across prevention, protection and response teams to deliver an integrated approach to reducing community risks. This is supported through regular meetings and the utilisation of operational information exchange form through our risk sharing portal which will send the notification to the appropriate person.
185. We have trained Fire Investigation Officers who may attend premises following a fire related incident. They will gather and collate information and evidence as part of their investigation which may be used by the Police, other enforcement agencies and HM Coroners as part of a prosecution or to assist in reducing the incidence of fire.
186. Automatic fire alarms (AFAs) are one of the largest sources of demand on our resources. Many of these are as a result of faulty equipment and do not require a response.
187. To address this, we have implemented call reduction methods in our Service Control Centre (SCC) for commercial premises, specifically between 08:00 and 18:00 each day.
188. Our Protection teams will engage with those locations where we experience repeated unwanted fire alarms and they will carry out an audit, with a particular emphasis on the management of fire detection and warning systems, to help prevent reoccurrences.
189. We have reviewed the opportunities to extend our AFA call challenge approach and will be implementing these during 2024.
190. Our protection services have been judged to be ‘Good’ by the Inspectorate in their latest published inspection report in 2022.

## **Response and Resilience**

191. Our vision that drives our approach is set out in our Service Priority – “*Be there when you need us– we will continue to provide a professional and prompt response when an emergency happens*”.
192. The objectives that drive our response and resilience arrangements are set out in our published Response & Resilience Policy.
193. During the year 2023-24, we received 32,444 emergency calls.
194. Our emergency response resources consist of frontline fire engines and specialist appliances, operating from 50 fire stations and crewed by well trained and professional operational crews, 80% of whom are on-call Firefighters.
195. Emergency call handling and mobilisation of these assets is undertaken by our Fire control staff based at our Service Control centre (SCC) who in turn are supported by other members of the Networked Fire Services Partnership (NFSP).

## **How we assure our Response and Resilience arrangements**

### **Mobilisation and Service Control Centre**

196. Most of the incidents that we attend are as a result of a call to the Fire and Rescue Service and we are required, by the Fire & Rescue Services Act 2004, to make provision for the handling of calls for help and for summoning the appropriate resources to respond to emergencies.
197. We achieve this by operating a dedicated SCC which is staffed by highly trained Fire Control operators.
198. To ensure that we have resilience across this critical function, we operate as part of the NFSP, which is partnership with other FRS's and ensures that mutual support is offered to or available from control rooms in Devon & Somerset and Hampshire & Isle of Wight. Across the partnership, we have developed joint capabilities and continue to strengthen aligned ways of working.
199. Regular exercises enable control rooms to manage operations across the NFSP, fostering a comprehensive understanding of resources, response plans, and cross-border working arrangements.
200. A key feature of the NFSP is that we operate borderless mobilisation. This means that the nearest resources are mobilised to incidents regardless of geographical boundaries and ensures that those in need of assistance receive the quickest available response.
201. Fire control staff mobilise resources based on defined response plans that have been specifically developed for different incident types to ensure that we deliver the most effective response. However, where appropriate and proportionate, Fire control staff have the flexibility 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.
202. Additionally, we are signed up to Operation Willow Beck which provides collaborative support to all FRSs in handling high call volumes.
203. We monitor key performance indicators (KPIs) and measures related to call handling, mobilisation times, and performance criteria through our reporting system. The SCC management team reviews performance monthly and reports quarterly.

204. In our 2022 inspection report it was commented that.

*"We are pleased to see control staff integrated into the service's command, training, exercise, debrief and assurance activity. We were given examples of how fire control staff have been involved in training and major incident exercises with operational staff".*

*"Control has good systems in place to exchange real-time risk information with incident commanders, other responding partners and other supporting fire and rescue services".*

205. The Fire Standards Board published its Fire Control Standard on 31 March 2023. Work is in progress with the NFSP to review arrangements across the NFSP and align to the standard.

### **Operational Risk Information**

206. 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 that purpose. This information is referred to as site specific risk information (SSRI) Operational staff comply with Service procedures regarding the identification and management of operational risk information to be able to identify and record risks specific to individual premises.

207. Risk information gathered is assessed using the 'Provision of Risk Information System' (PORIS) model which defines the level of risk and ranges from very low to very high. This then forms the basis for the SSRI and other operational risk information that we capture, which is categorised from Level 1 (lowest risk) to Level 5.

208. All operational risk information is managed & monitored centrally by the operational risk team in liaison with those who are responsible for carrying out the gathering and updating of the risk information.

209. The Operational Risk team are responsible for coordinating and delivering risk information within on-call areas of the service to reduce the time pressure on, on-call staff who have historically had limited time to complete site visits during working hours.

210. Robust monitoring and governance arrangements are in place to ensure that the risk information we hold remains relevant, accurate and in date in line with the defined review frequencies.

211. A three-stage quality assurance process involving operational crews, district commanders and the operational risk team is in place to ensure that the risk information being gathered is appropriate and accurate. Any information falling below the required standard will be rejected and sent back to the originator to be reviewed.

215. Risk information is made accessible to all crews via electronic Mobile Data Terminals (MDTs) and Risk Information Tablets (RITs). All operational pumping appliances have one fixed MDT and one RIT, which is demountable, and enables staff to access the information whilst away from the appliance at the incident ground.

216. To ensure that the risk information being accessed remains up to date the MDT's and RITs connect to our network, when on Service premises, and automatically refresh when changes are available.

217. Internally, we also utilise a Risk Information Sharing Portal which provides controlled access to all of the SSRIs across our Service area along with their current review status. This site allows for the immediate internal access of risk information across key stakeholders, as well as sharing risks identified by other departments.



218. An automatic risk information sharing system has been established across the NFSP and has become a more efficient way of sharing this information. This approach is being held up as national best practice and those responsible for the design have shared this concept at a national level.
219. The Inspectorate commented in its 2022 report of the Service that.
- “Control has good systems in place to exchange real-time risk information with incident commanders, other responding partners and other supporting fire and rescue services”.*
- “The information we reviewed was up to date and detailed. It could be easily accessed and understood by staff. Encouragingly, it had been completed with input from the service’s prevention, protection and response functions when appropriate”.*

### **Responding to Incidents (including Major Incidents and National Resilience)**

220. We completed a comprehensive Fire Cover Review (FCR) in November 2023 which provided us the first Service-wide review of existing fire cover and response arrangements undertaken since combination in April 2016. One of the fundamental objectives of this review was to.
- “ensure appliance / resource availability is efficient and effective to meet current and future risk and demand, across all Service areas”*
221. The overall availability of our response resources is continually monitored through service wide ICT software, which provides real time and accurate information and is monitored by the Duty Group Manager (DGM)
222. Our Service Control Centre (SCC) constantly monitors resource availability and will relocate resources as and when required to support an effective & timely operational response.
223. A resourcing team is in place to ensure we make best use of our staff and their skills in the availability and deployment of our resources. The team balance availability in particular areas depending on numbers of appliances and officers available to respond to dynamic risks and threats and adapt to the changing numbers of available staff. Planning is carried out in accordance with the degradation plan and crewing procedures.
224. We have robust risk informed plans in place to manage reductions in resource availability across our Service area. Business continuity plans are in place to cover varying degrees of crewing degradation across the NFSP and are aligned to the Government guidance on Minimum Service Levels.
225. Over 80% of our fire engines are crewed by on-call firefighters. Recruiting and retaining on-call firefighters is one of our biggest challenges but we are working hard to retain our on-call staff whilst always looking for better ways to support the recruitment of new staff.
226. Against our optimum availability model, on-call availability rose from 71.3% in 2022/23 to 75.1% in 2023/24.
227. Specialist resources are located across the Service to align to the risks we face and our service wide delivery and response plans. These include Aerial Ladder Platforms, Technical Rescue teams, Environmental Support Units, Wildfire vehicles, High Volume Pumps and Command Units.

228. Our corporate response targets are aligned to the research completed by Exeter University on fire survivability. These 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
229. Incident response time performance is monitored and reported on through our performance management system to LPS Committees and the Authority. Where appliances fail to meet response times, the incident is reviewed to inform learning.
230. To reduce the risk of fires, we target risk reduction activities for premises outside the 10-minute response time. This is managed through the Risk Based Intervention Programme for commercial premises and the Pinpoint system for domestic premises.
231. We have a comprehensive, strong and well-structured approach to incident command, which is regularly reviewed through the Incident Command Coordinating Group (ICCG) and the Incident Command Board (ICB), both of which meet quarterly to provide corporate assurance for this Service critical area.
232. The ICCG monitors practices and procedures, audits incident ground paperwork for quality and completion and ensures learning is embedded and further developed. The ICB provides oversight, assurance and strategic direction of incident command practices, which includes the incident command framework outlining key areas for monitoring and development.
233. Incident Command training is delivered at a number of locations and through a combination of differing methods including classroom-based, practical revalidations, monthly rota group training, and officer training days. In addition to this, support is delivered via the on-call training planner, annual training action plan, and rota group planner which includes a quarterly session delivered by command trainers, body worn camera assessments, officer training days, and XVR assessments.
234. We have an Incident Command Assessor Network comprising of operational staff across all command levels who perform assessments at both simulated and live incidents.
235. To ensure that we are well prepared to work with other responders effectively, we embed and practice the Joint Emergency Services Interoperability Principles (JESIP). This approach ensures that we remain up to date with working practices and can effectively manage and learn from events that we attend with the other emergency services.
236. We provide incident commanders with a wide range of multi-agency training which includes JESIP Command Course, Multi-Agency Operational Training, Multi-Agency Tactical Training and Multi-Agency Gold Incident Command.
237. Incident commanders undergo three-yearly refreshers on JESIP and Multi-Agency training is delivered at operational, tactical and strategic levels for all operational staff including firefighters and fire control.
238. We also participate in the National Inter-Agency Liaison Officers (NILO) network, Critical National Infrastructure and Safety Advisory Groups.

239. Governance, oversight, and assurance of our incident command arrangements is provided through our Incident Command Co-Ordinating Group (ICCG) and our Incident Command Board (ICB). An incident command assurance framework is in place and monitored at the ICB on a quarterly basis.
240. A number of our incident commanders were interviewed during our inspection by the Inspectorate in 2022 and they concluded that they.
- “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)”*
241. Larger and more complex incidents are managed through nationally recognised command structures, associated with Integrated Emergency Management. These are the Strategic Coordinating Group (SCG) and Tactical Coordinating Group (TCG). Well embedded telephone conference protocols are in place to support urgent and real time information sharing during the early stages of a multi-agency incident, before SCGs and TCGs are established.
242. The Service has formalised mutual assistance resource sharing protocols with bordering FRSs. Section 13/16 mutual aid agreements are in place with all bordering FRS’s as required by the Fire Services Act 2004.
243. If required, and to support an effective incident response, we can request additional resources from bordering FRSs or from further afield, through the NFCC and National Coordination and Advisory Framework (NCAF).
244. Our arrangements for flood rescue and provision of high-volume water pumping have been independently assured by National Resilience, as part of an ongoing programme.
245. We keep our communities well informed with relevant and timely information about incidents to keep them safe during and after those incidents.
246. The Service has a comprehensive website; a significant programme of social media engagement and a media department on call 24/7 to support the management of public messaging during incidents.
247. The Communications team attend all media cells for both Local Resilience Forums (LRF) and provide a rolling log of decisions, actions and priorities to ensure all communication and engagement activity is aligned and supported across these partners. The duty press officer is a member of any business continuity incident.
248. With respect to our response arrangements, the Inspectorate commented in our published 2022 report that.
- “Dorset and Wiltshire Fire and Rescue Service is good at responding to fires and other emergencies”.*
- “Dorset and Wiltshire Fire and Rescue Service is good at responding to major and multi-agency incidents”.*
- “The service has good systems in place to inform the public about ongoing incidents and help keep them safe during and after incidents”*

### **Operational Preparedness and Service Resilience**

249. We have an exercise procedure that provides clear direction on the requirements for different exercise types and sets out where there is a requirement to include cross-border fire and rescue services and multi-agency partners within those exercises.

250. A Service Exercise Co-ordinating Group is in place and made up of representatives from across the Service. Together they have the responsibility for developing an annual plan that aligns to the Service needs and monitoring its delivery.
251. All exercises are debriefed to ensure that the objectives have been met and any learning is captured and communicated with larger exercises subject to more formal structured debriefing involving all appropriate stakeholders.
252. As an active member of both the Dorset and Wiltshire & Swindon LRFs the Service also participates in multi-agency exercises undertaken through these groups. These are designed to test wider community plans in response to major and multiagency events such as pandemics, severe weather or terrorism.
253. The Service undertook 11 exercises in 2023/24 in partnership with the LRF's to test response plans for a variety of different scenarios including evacuation plans, cyber incidents and national power outages.
254. The work we undertake with the LRFs supports the delivery of our obligations as defined by the Civil Contingencies Act (2004) and ensures that local and regional risks are well understood and planned for, in consideration of the national risks and threats within the National Security Risk Assessment (NSRA).
255. An annual review of the LRFs community risk registers and the Service's risk registers ensures that we have considered and aligned risks, identified any new or emerging risks, and that we have the appropriate response & recovery plans and resources in place.
256. Our strategic and senior managers actively lead and support LRF meetings to ensure that our own plans and response arrangements are integrated with partners, and we are also the employing body for the Dorset Civil Contingencies Unit.
257. Our 2022 inspection report noted that.  
*"The Service works well with its local resilience forums".*
258. We align our business continuity arrangements to the Business Continuity Institute approach as best practise. An annual horizon scan is undertaken to identify further risks and threats and supports the identification of the annual business continuity programme of work. This programme is designed to ensure mitigation and preparedness against the risks and threats identified.
259. During 2023/24 our business continuity arrangements were included as part of our annual internal audit programme of work. This provided us with independent assurance over our arrangements and we were pleased to receive the highest assurance rating of 'Substantial'.

### **Operational Competence**

260. The Fire Professional Framework sets out the competencies that are required to be maintained by our Firefighters, Officers, and Fire Control staff.
261. To ensure that our operational staff have the appropriate training and skills to carry out their role effectively the Service has risk assessed skills matrices that help us align the correct skill sets to where they are most needed. These are reviewed on a 6-monthly basis to provide assurance that they remain appropriate for the needs of the Service.
262. Operational competence is monitored through an individual's Operational Licence and Maintenance of Skills. The Operational Licence covers those risk critical skills which must be kept up to date in line with defined review dates.

263. Operational Licence skills include emergency response driving, breathing apparatus and incident command. These skills can only be achieved through specific acquisition and refresher training.
264. Any individual who is not in date for an Operational Licence skill is 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.
265. The Service records Operational Licence and Maintenance of Skills evidence using our bespoke competency recording system. This system is well embedded and enables competence levels to be monitored. The Service has KPI's in place to monitor Operational Licence (target - 100%) and Maintenance of skills (target - 80%) and monthly monitoring of these numbers is undertaken by training managers.
266. The Service makes best use of technology to support our operational training delivery and assessments and, coupled with other technologies in use, such as MDT, RITs, we can assure ourselves that our staff are well trained and are able to access real time information to enhance firefighter safety and continually improve ways of working.
267. To support the planning and delivery of training, our annual training plan is in place with progress monitored by the Head of Operational Training.
268. In our 2022 report, the Inspectorate commented that.
- “The service has an excellent understanding of current and future skills requirements and has an achievable plan to address them”.*
269. During that inspection, a number of training records were reviewed, and it was commented that.
- “Encouragingly, the records sampled showed that staff’s competencies were all up to date”.*
270. National Operational Guidance (NOG) is managed by a dedicated team within our Learning and Organisational Development team.
271. A Service wide, comprehensive gap analysis of the NOG strategic actions has been carried out with the resulting outstanding actions distributed to the responsible departments.

### **Operational Learning**

272. Operational Assurance (OA) Officers are automatically mobilised to specific incident types, but this role can be undertaken at any incident if the resources are available to do so. The role of the OA Officer is to undertake an objective assessment of the management of the incident and identify any areas of learning or good practice.
273. OA Officers submit structured OA forms onto our Operational Effectiveness Database (OED) where this is assessed by our Operational Assurance team to establish how the information need to be processed or communicated.
274. Operational debriefing arrangements within the Service have been aligned to the National Operational Learning Good Practice Guide. Debriefing incidents promotes reflection, learning and the identification of good practice, which may then be circulated for wider understanding across the Service.
275. All operational staff have access to the OED and are able to debrief and reflect on any incident, regardless of its size or duration. They have the ability to capture any areas of good practice or learning via a 'hot' debrief form.



276. More formal structured debriefing arrangements are in place for those instances where a deeper review of the incident is believed will obtain good insights. A weekly review is undertaken of those incidents that potentially meet the triggers as contained within the Good Practice Guide and Incident Commanders will be contacted to establish whether they feel that a structured debrief would be of value.
277. We have staff trained to facilitate structured debriefs and ensures that these sessions are supported using the right information, with the most appropriate stakeholders, to deliver the most effective outcomes.
278. Actions identified through any form of debriefing are allocated to the most appropriate member of the Service, through our Operational Effectiveness Database (OED) and this supports a culture of continuous improvement.
279. National learning received from National Operational Learning (NOL), Joint Organisational Learning (JOL) and the HM Corners office is reviewed and assessed by the Services Operational Assurance team, to establish if there are any actions resulting from these national sources.
280. Any information that requires an action by the Service as a result of these notifications, will also be added to the OED and allocated to the appropriate person. Additionally, any information or learning from within that may be suitable for national learning will be uploaded to the appropriate portal.
281. National learning and information is also gathered from the NFCC who have multiple workplace sites linked to specific areas of work. Regular oversight is in place to provide assurance that the right Service staff are linked into the appropriate workplace groups. This ensures that learning flows into the correct area of the Service.
282. An annual programme of operationally focused audits is in place and is managed by our Operation Assurance team. Any opportunities to strengthen our arrangements will be considered and actioned where required.

### **Health, Safety & Welfare**

283. The health, safety, and welfare of our staff and others who may be affected by our activities is a key priority for the Service.
284. Health and safety training is provided to all members of staff and is aligned to individuals' roles. Corporate targets and appropriate monitoring is in place to ensure that we have assurance that this training has been completed.
285. Health and Safety procedures are in place and accessible through the Service intranet to support and guide the compliance and continuous improvement of our health, safety, and welfare arrangements.
286. A survey of our staff, completed by the Inspectorate in 2022, confirmed that 92% of respondents felt that their personal safety and welfare is treated seriously at work.
287. We have a Health and Safety Committee in place, chaired by the Deputy Chief Fire Officer, that meets quarterly and reviews and scrutinises our Health and Safety arrangements and performance. This information is also reported to Authority Members via the Finance & Audit Committee.
288. We are accredited to the International Organisation for Standardisation (ISO) 45001 Health and Safety Standard and 55001 Asset Management Standard.
289. Assurance of our compliance with these standards is provided through 6 monthly Continual Assessment Visits (CAVs).

290. CAVs are completed by external auditors, trained to British Standard Institution's competencies, and support the active monitoring and continuous improvement of our arrangements.
291. In our last ISO45001 assessment in November 2023, it was concluded that.  
*"The audit team concludes based on the results of this audit that the organization does fulfil the standards and audit criteria identified within the audit report and it is deemed that the management system continues to achieve its intended outcomes"*.
292. In our last ISO55001 assessment in May 2024, it was concluded that.  
*"Based upon interviews and evidence sampled during this remote assessment sufficient evidence has been observed to make a positive recommendation for continued certification to ISO 55001:2014"*
293. As part of our continued assurance arrangements for the ISO 45001 and ISO 55001 accreditation we deliver an annual programme of internal audits to monitor compliance, provide assurance and identify areas for improvement.
294. This work is delivered by staff from across the Service who have all completed training on delivering audits.

### **Current and future challenges**

295. The following risks are listed on the Services strategic risk register and remain a focus for the SLT and the Authority to monitor.
296. Our strategic risks are reviewed monthly by the SLT as the risk owners and collectively at the Strategic Leadership Meetings. Scrutiny of how these risks are being managed is undertaken through quarterly Finance & Audit Committee meetings. Our strategic risk register and the quarterly reports are published on our website.

### **Secure financial sustainability that ensures and maintains effective Service provision**

297. Financial sustainability continues to be a key risk and focus area for us. The Fire Authority agreed the revenue budget for 2024-25 and Medium-Term Finance Plan (MTFP) 2024-25 to 2027-28 on 8 February 2024. The Authority, through its MTFP, was able to achieve a balanced budget position for 2024-25 but is becoming increasingly reliant on Government grant. The 2024-25 Finance Settlement is the sixth one-year settlement, and the Authority has no certainty over funding levels beyond this. Whilst we have positive external assurances regarding our financial management and efficiency arrangements, future funding is still a concern with an estimated deficit position of £2m for 2025-26 increasing to £3.1m in 2027-28. The Authority has therefore commenced a resource and savings programme to deliver £2.5m of permanent revenue base budget savings over the next 12 – 24 months to achieve ongoing financial sustainability.

## **A robust and financially sustainable on-call duty system to meet the needs of our Service**

298. Over 80% of our fire engines are crewed by on-call firefighters, who balance their time between their primary employment and ourselves. As with the fire and rescue sector nationally, the on-call duty system model remains challenging and our Assistant Chief Fire Officer for Community Safety, is now undertaking a lead role at a national level to work across the sector to help establish any future opportunities for change. Internally, our on-call recruitment plans focus on bridging any identified contractual gaps and prioritising those stations where most value can be achieved. We continue to review reasons for leaving as well as engaging with primary employers to promote the role of on-call firefighters in the community. The increased focus on on-call recruitment and our 'Have-a-Go' events is starting to show a positive impact, whereby we are employing higher numbers of on-call staff. This approach also benefits the Service through improved availability and a more diverse workforce.

## **Protection against cyber risks**

299. The global, national, and local threat of cyber incidents remains high. To monitor and manage this risk we have security risk management processes in place. In accordance with the Civil Contingencies Act 2004, we have robust and resilient business continuity arrangements in place in the event of an incident, and these plans have been exercised and tested. e-learning is in place to support all staff in the awareness of data protection responsibilities and processes and any emerging cyber threats. Our Cyber Security arrangements are aligned to the Government's Cyber Essentials standard and the National Cyber Security Centre Minimum Cyber Security Standard. We undertake an annual ICT Health Check to provide assurance that our technical arrangements support the protection of our information assets, support resilience and safeguard our critical functions. We continue to evaluate ways in which we can strengthen these arrangements. Protective monitoring is in place, as well as threat monitoring, through our membership of Cyber Security Information Sharing Partnership and South-West Warning Advice and Reporting Point. Information security arrangements remain as a core element of our internal audit programme, to ensure that we are seeking independent assurance of our arrangements.

## **Sustainability of our operational training facilities**

300. The provision of operational training is a statutory duty under Section 7(2)(b) of the Fire and Rescue Services Act 2004. It is fundamental to ensuring the safety and wellbeing of our staff and communities. The current facilities, provided across four sites; inherited by the legacy services, need investment and enhancements to meet the future operational and welfare needs of our firefighters and their instructors. With the ongoing economic uncertainty, inflation driving increasing costs, along with supply chain disruptions and environmental pressures, the future operational training provisions could be compromised should we not secure sustainable facilities. To safeguard against these future challenges, meet environmental responsibilities and ensure that the training facilities are cost effective, a longer-term alternative solution has been identified and is being progressed, subject to the usual planning approvals. This will deliver a long term, fit for purpose and sustainable resource, which, we anticipate, will reduce this risk.

## **Conclusion**

301. Our Statement of Assurance provides a comprehensive overview of how we deliver high standards of governance, financial and operational management to our communities.
302. We are confident that and processes and controls that we have in place provide us and our communities with assurance of our arrangements across our Service.
303. Additionally, many of these arrangements have been scrutinised independently by external agencies and support our confidence levels of these arrangements.
304. We recognise that in an ever-changing environment that there continues to be challenges for us as a Service. However, we are confident that we have positive a culture of continuous improvement that helps us manage those challenges and that we continue to build upon a solid foundation to sustain high levels of service delivery.
305. Should you have any queries or require any further information, please do not hesitate to contact us and we will be more than happy to help.