Appendix 1

Self-assessment against the CIPFA/Solace Principles 2024/25

The **Annual Governance and Assurance Statement (AGAS)** provides an assessment of the effectiveness of the Avon Fire Authority's (AFA) governance arrangements. We are required to produce this in accordance with Accounts and Audit Regulations 2015, to report publicly on the extent to which the AFA complies with its local code of governance (ours is based on the CIPFA/Solace principles of good governance).

The principles are explained in more detail within the <u>International Framework: Good</u> Governance in the Public Sector.

Principle A	Behaving with integrity, demonstrating strong commitment to ethical values and respecting the rule of law.
Principle B	Ensuring Openness and comprehensive stakeholder engagement.
Principle C	Defining outcomes in terms of sustainable economic, social, and environmental benefits.
Principle D	Determining the interventions necessary to optimise the achievement of the intended outcomes.
Principle E	Developing the entity's capacity, including the capability of its leadership and the individuals within it.
Principle F	Managing risks and performance through robust internal control and strong public financial management.
Principle G	Implementing good practices in transparency, reporting and audit to deliver effective accountability.

This review forms part of the 'review of effectiveness' and informs the AGAS by highlighting key areas which may need to be included. The statement is predominantly backwards looking, reviewing the arrangements that were in place for 2024/25.

The following pages set out the supporting evidence from each department or subject area, in table format. The principle(s) for which this evidence applies (A-G) is shown clearly. Where a weakness or improvement to our governance and assurance framework is identified, a summary of actions implemented in 2024-25 and actions planned in 2025-26 is included.

1	Α	Behaving with integrity, demonstrating strong commitment to ethical values & respecting the rule of law	D	Determining the interventions necessary to optimise the achievement of the intended outcomes	G	Implem
I	В	Ensuring Openness & comprehensive stakeholder engagement	E	Developing the entity's capacity, including the capability of its leadership & the individuals within it		transpa
	С	Defining outcomes in terms of sustainable economic, social, and environmental benefits	F	Managing risks & performance through robust internal control & strong public financial management		deliver e

Implementing good practices in transparency, reporting & audit to deliver effective accountability

		CI	PFA	/SOL	ACE	E Pri	ncip	les	Actions Implemented in 2024-25 Actions Planned in 2025-26
Department	A	В	С	D	E	F	G	Please add any notable improvements made or planned in this area during the year stated. These should only be significant improvements for consideration to be included in the strategic level Annual Governance Statement. BAU not needed. Please type 'N/A' if no notable changes.	
Clerk	Minutes and papers from the AFA Meetings and Committees are available on the separate AFA Modern.gov website. The AFA Standing orders require that all papers are published and submitted to every Member at least five clear days before a meeting.		В				F	G	N/A N/A
Clerk	Work of the AFA and key decisions promoted on separate AFA website. Video recordings of all AFA and Committee meetings are uploaded to the AFA's YouTube Channel for the public to view.		В						N/A N/A
Clerk	Discussion between Members and Officers on the information required in papers to support decision making at Agenda meetings and at Member Briefings. The Clerk ensures members have sufficient time to ask questions to support decision making.				D		F		N/A N/A
Clerk	A Corporate Forward Plan is maintained by the Clerk to reflect (i) the ToR for the AFA and the Committees and (ii) the Scheme of Delegation. The Forward Plan enables effective planning for Officers, also supported by the Modern.gov system, which ensures that agendas are prepared in advance and all report writers are aware of the timeline for reports. Deadlines for submitting and publishing reports have been adhered to.				D		F	G	SLB have extended the time allocated to Officers to check reports for Committees they lead; extending that review period from 1 week to 2 weeks, this then allows the Clerk/SFO 1 week to review and 48 hours for the papers to be released as final to Democratic Services. Including the publication period, this means the timeline for reports will start 4 weeks before the meeting date. In addition, Line Manager Directors have asked to also review reports from their staff on Modern.gov, before they are submitted to the Committee lead director. So, staff will need to be submitting draft reports early.
Clerk	Members are appointed by the four unitary Authorities to AFA, following discussion with political group leaders to ensure political balance (each committee is chaired by a different political party and the split of members sitting on each committee represents the percentage of members from each party nominated to the AFA).					E			New Members joined the AFA in May 2024 and received a full Induction. Membership of Committees was reviewed to ensure unitary authority and political balance. There are no elections in the 4 unitary authorities in May 2025, but the unitary authorities may choose to change their nominated Members. In case membership changes, a full-day Induction is planned for 27 June 2025.
Clerk	Public access statements, public consultation.					E			During the municipal year public access statements were received, read out at meetings and responded to by the Service. They were also uploaded to the AFA website. There has been public consultation on the Service Plan.
Clerk	Protocol for Member/Officer relations: roles of Chair and CFO published on external website.					E		G	The Service arranged for an external expert to run a workshop with Officers and Members to discuss the terms of a new

Α	Behaving with integrity, demonstrating strong commitment to ethical values & respecting the rule of law	D	Determining the interventions necessary to optimise the achievement of the intended outcomes	G	Implementing good practice
В	Ensuring Openness & comprehensive stakeholder engagement	E	Developing the entity's capacity, including the capability of its leadership & the individuals within it		transparency, reporting & a
С	Defining outcomes in terms of sustainable economic, social, and environmental benefits	F	Managing risks & performance through robust internal control & strong public financial management		deliver effective accountable

		CI	PFA	/SOI	LACE	E Pri	ncip	les	Actions Implemented in 2024-25 Actions Planned in 2025-26
Department	Supporting evidence	Α	В	С	D	E	F	G	Please add any notable improvements made or planned in this area during the year stated. These should only be significant improvements for consideration to be included in the strategic level Annual Governance Statement. BAU not needed. Please type 'N/A' if no notable changes.
									Member/Officer Protocol. That workshop resulted in a complete re-draft of the Protocol which was approved by Members at their FA meeting on 6 November 2024. Members also noted that all remaining recommendations of the Independent Governance Review had been completed.
Clerk	The AFA Constitution is a live document and constantly kept under review	Α			D	E	F		During this municipal year, the Clerk updated the remaining chapters of the AFA Constitution (as recommended by an Independent Governance review dated March 2023 and considered at an Extraordinary AFA meeting on 25 April 2023). The remaining chapters (including the new Member/Officer Protocol referred to above) were approved by the AFA at their meeting on 6 November 2024. The Constitution Index and Chapters are published on the separate AFA website.
Clerk	The AFA, AGOC and PRC ToR were re-drafted as part of an Independent Governance Review which reported in March 2023, and approved at an Extraordinary Meeting of the AFA on 25 April 2023.	A			D	E	F		No further amendments were required in 2024-25.
Clerk	The LPB ToR are kept under review by the Independent Chair.	Α					F		The AFA appointed a new Independent Chair to the LPB at their meeting on 19 March 2025 (who will Chair LPB from the July 2025 meeting). That new Chair will review the LPB ToR.
Clerk	The Scheme of Delegation and Contract Procedure Rules was re-drafted and approved at an Extraordinary Meeting of the AFA on 25 April 2023.	Α				Е		G	No further amendments were required in 2024-25.
Clerk	Standing Orders and Financial Regulations reviewed regularly, updated for AFA approval and published. The Financial Regulations were re-drafted, and an addition made to Standing Orders to facilitate 'Task and Finish Groups', which was approved at an Extraordinary Meeting of the AFA on 25 April 2023.	A			D	E	F	G	Further revisions were made to Standing Orders which were approved by the AFA alongside other chapters of the Constitution at their meeting on 6 November 2024. All new chapters of the Constitution have been published on separate AFA website.
Clerk	Members' Code of Conduct - AFA adopted the Local Government Association (LGA) Model Councillor Code of Code with two small amendments at their meeting on 4 October 2023. The AFA also approved 'Arrangements for dealing with complaints under the Members Code of Conduct'.	A				E	F		N/A N/A

A	Behaving with integrity, demonstrating strong commitment to ethical values & respecting the rule of law	D	Determining the interventions necessary to optimise the achievement of the intended outcomes	G	Implementing good practi
В	Ensuring Openness & comprehensive stakeholder engagement	E	Developing the entity's capacity, including the capability of its leadership & the individuals within it		transparency, reporting &
C	Defining outcomes in terms of sustainable economic, social, and environmental benefits	F	Managing risks & performance through robust internal control & strong public financial management		deliver effective accounta

		CI	PFA	/SOI	LACE	E Pri	ncip	les	Actions Implemented in 2024-25	Actions Planned in 2025-26
Department	Supporting evidence	A	В	С	D	E	F	G	Please add any notable improvements made or planne These should only be significant improvements for con- Statement. BAU not needed. Please type 'N/A' if no notable changes.	d in this area during the year stated. sideration to be included in the strategic level Annual Governance
Clerk	Regular training provided to all elected Members including quarterly AFA Member Development Briefings which include updates on key topics such as budget setting and draft budget, our Service Plan, HMICFRS and the values and behaviour framework.	Α	В			E	F		At their meeting on 12 June 2024, the AFA approved a new Training and Development Strategy for Members which sets out the knowledge required for their role and the frequency of training to be delivered. Member Briefings have taken place quarterly on key topics.	N/A
Clerk	The SFO and Monitoring Office are appropriately qualified and with high levels of experience. Annual Continuing Professional Development is required in their professions (accountant and solicitor).					E		G	Both the SFO and the Monitoring Officer complete annual professional development for their professions in addition to meetings/training of professionals in the same Fire sector.	N/A
Clerk	Members receive initial induction and continued development. Welcome briefing, induction and development programme is regularly updated to reflect the changing environment.	Α	В			E			Members who joined the AFA in May 2024 attended Inductions; those briefings are updated to reflect the latest issues facing the Service. Members are also provided with a Members' Handbook with key information, which is updated every year. As above, Members receive annual training and development in accordance with Training and Development Strategy for Members approved on 12 June 2024.	Annual training in accordance with the Training and Development Strategy for Members.
Clerk	Members are required declare their interests annually and at all meetings. Standing agenda item requiring Members to disclose interests in advance of an agenda item discussing a tender exercise.	A					F	G	N/A	N/A
Clerk	Register of interests and register of gifts and hospitality (Members and staff). The Clerk and CFO regularly review and monitor register of interests.	Α					F	G	N/A	N/A
Clerk	Grant of dispensation for Members is utilised once a year for voting on the council tax precept.	A							N/A	N/A
Clerk	The Clerk monitors for any new legislation which may impact AF&RS/AFA and ensures policies/procedures are updated and staff/Members are briefed.	Α							N/A	The Service is not currently affected by the changes to public authorities (as there is already a Mayor for WECA), however, there are changes expected for the Fire Sector in terms of governance arrangements, following a White Paper and a new Fire and Rescue National Framework for England (2018) is overdue. The Clerk will monitor and ensure officers and Members are briefed and the Constitution updated.
Clerk	Members are updated on issues and trends arising from Discipline and Grievance cases.	A							The AGOC ToR incorporate annual monitoring of 'Employee Grievance, Bullying and Harassment and Discipline'.	N/A

Α	Behaving with integrity, demonstrating strong commitment to ethical values & respecting the rule of law	D	Determining the interventions necessary to optimise the achievement of the intended outcomes	G	Implementing good practi
В	Ensuring Openness & comprehensive stakeholder engagement	E	Developing the entity's capacity, including the capability of its leadership & the individuals within it		transparency, reporting &
С	Defining outcomes in terms of sustainable economic, social, and environmental benefits	F	Managing risks & performance through robust internal control & strong public financial management		deliver effective accounta

		CI	PFA	/SOI	LACI	E Pr	incip	les	Actions Implemented in 2024-25 Actions Planned in 2025-26
Department	Supporting evidence	A	В	С	D	E	F	G	Please add any notable improvements made or planned in this area during the year stated. These should only be significant improvements for consideration to be included in the strategic level Annual Govern Statement. BAU not needed. Please type 'N/A' if no notable changes.
									An annual report was presented to AGOC on 19 June 2024.
Clerk	Anti-fraud and Anti-corruption Strategy and Response Plan.	Α							At their meeting on 6 November 2024 the AFA approved a revised Anti-fraud and Anti- corruption Strategy and Response Plan.
Clerk	Modern.gov system provides effective reporting tool ensuring a clear chain where reports pass through appropriate Senior Managers/Lead Directors, to 'take ownership' of reports and carefully check accuracy.							G	The Modern.gov has worked well to ensure that the report writers and the reviewers can take to the same report. As explained above, SLB have decided to extend time for the lead director of a committee to review
Clerk	Standardised report templates for all the AFA meetings uploaded to Modern.gov. Templates contain the following subheadings for the report writer to outline summary, recommendations, background, financial implications, key considerations, risks, legal/policy implications and background papers. AFA papers have increased emphasis on the financial costs of any proposed changes in business cases.			С	D		F		N/A N/A
Clerk	The AFA, its Committees and AF&RS utilise all the powers contained in the following legislation for the benefit of citizens, communities, and other stakeholders: Fire and Rescue Services Act 2004; Civil Contingencies act 2004; Regulatory Reform (Fire Safety) Order 2005; Fire Safety Act 2021; Building Safety Act 2022; Policing and Crime Act 2017	A							These statutory duties/powers are always utilised as 'Business as Usual'.
Collaboration	2021-2026 Collaboration Strategy.	Α	В	С	D		F		N/A The Collaboration Strategy is under review.
Collaboration	The Collaboration Framework and online Collaboration Toolkit highlight the importance of sharing our Values, Ethics and Behaviour Framework, and the Core Code of Ethics for Fire and Rescue Services in England, with new partners. The Toolkit provides guidance, tools and good practice in relation to planning, monitoring, evaluating and closing collaborations; including the capture of intended benefits and social value during the planning phase, reviewed during the evaluation phase.	А	В	С	D		F		The written agreement template has been updated to include a statement on values, ethics, and the behaviours expected of all partners. Online Collaboration Toolkit to be updated to include additional guidance on values, ethics and behaviours.
Collaboration	Collaborators are required to complete a risk assessment (where necessary) during the planning phase. Risk assessments are reviewed during the evaluation phase. Written agreements (partnership agreements, memorandums of understanding, etc) include reference to RAs and, where applicable, detailed						F		N/A N/A

	Α	Behaving with integrity, demonstrating strong commitment to ethical values & respecting the rule of law	D	Determining the interventions necessary to optimise the achievement of the intended outcomes	G	Implementing good practices in
C Defining outcomes in terms of sustainable economic, social, and environmental benefits F Managing risks & performance through robust internal control & strong public financial management deliver effective accountable	В	Ensuring Openness & comprehensive stakeholder engagement	Е	Developing the entity's capacity, including the capability of its leadership & the individuals within it		transparency, reporting & audit to
	С	Defining outcomes in terms of sustainable economic, social, and environmental benefits	F	Managing risks & performance through robust internal control & strong public financial management		deliver effective accountability

		CII	PFA/	/SOL	ACE	E Prir	ncipl	es	Actions Implemented in 2024-25	Actions Planned in 2025-26		
Department	Supporting evidence	Α	В	С	D	E	F	G	Please add any notable improvements made or planned in this area during the year stated. These should only be significant improvements for consideration to be included in the strategic level Annual Govern Statement. BAU not needed. Please type 'N/A' if no notable changes.			
	guidance (as an Appendix) where partners are collaborating on our premises.											
Collaboration	The Register of Collaborations & Formal Partnerships records an effectiveness Red, Amber, Green (RAG) rating for each collaboration based on evidence provided during the last evaluation period.						F		Effectiveness ratings removed from the Register of Collaborations and Formal Partnerships as they served no purpose on this document and duplicated work. Effectiveness ratings are currently held by the Collaboration and Partnerships Manager whilst their purpose and reporting requirements are determined.	Effectiveness ratings and their purpose to be reviewed and agreed, and reporting requirements determined and actioned.		
Collaboration	An annual monitoring of collaboration and partnerships report is presented to AGOC, in accordance with AGOC ToR.						F		N/A	N/A		
Collaboration	Registers are in place to assist in monitoring collaboration, partnership, and HFSV referral arrangements.		В						N/A	N/A		
Collaboration	A 'reporting lines' structure is in place to provide clarity of collaboration management reporting and responsibilities.							G	N/A	N/A		
Comms	The AFRS website provides information regarding the Strategies, Policies, Service Plan (and supporting documents) as well as news and information about levels of performance, incidents, and the work that we do in the community.		В						N/A	N/A		
Comms	Staff intranet ensures access to a wide range of documents, guidance, news and information to all staff. Video content to staff includes CFO updates and the SLT roundup videos.		В						New intranet launched, making all content more easily accessible to staff and for relevant staff to publish their own content for their areas of work.	N/A		
Comms	Communications Charter to reduce the number of platforms the Service uses in line with the adoption of Microsoft 365.		В						N/A	New Communications Charter to be developed in line with development of new intranet and Service ICT upgrades.		
Comms	Corporate Communications strategy and plan.		В						N/A	New Corporate Communications Strategy 2025-2028 to be launched, accompanied by annual plans.		
Comms	Communication and campaign plans identify audience and stakeholders and the intended impact on the community.		В	С					N/A	N/A		
Comms	Staff are encouraged to submit e-Recognition cards to their colleagues to thank them for their support or to recognise them aligned to the values. Staff recognised for their values-aligned work in the AF&RS Awards scheme.	A							N/A	Recognition, awards and long service and good conduct awards process and ceremonies to be redeveloped in line with Service values and recognising need to streamline the current processes.		
Comms	Staff surveys, Touchpoint surveys		В						N/A	N/A		

A	Behaving with integrity, demonstrating strong commitment to ethical values & respecting the rule of law	D	Determining the interventions necessary to optimise the achievement of the intended outcomes	G	Implementing good practi
В	Ensuring Openness & comprehensive stakeholder engagement	E	Developing the entity's capacity, including the capability of its leadership & the individuals within it		transparency, reporting &
C	Defining outcomes in terms of sustainable economic, social, and environmental benefits	F	Managing risks & performance through robust internal control & strong public financial management		deliver effective accounta

		CI	PFA	/SOL	_ACE	Pri	ncip	les	Actions Implemented in 2024-25	Actions Planned in 2025-26
Department	Supporting evidence	A	В	С	D	E	F	G	Please add any notable improvements made or planned	d in this area during the year stated. Sideration to be included in the strategic level Annual Governance
Comms	AF&RS 'Being the best that you can be' document sets out what we expect from leaders within AF&RS, including decision-making practices. SLT keep the document under review to embed employee commitment to values, behaviour framework and code of ethics.	A			D				N/A	N/A
Comms	The Service Bulletins 'The Shout' and 'The Big Shout' include updates from the CFO, news, incidents, our people, value stars and events to keep staff and stakeholders informed of key updates and changes.	A	В						N/A	A review of internal communications strategy and channels to be completed
Corporate Assurance	Internal Audit Plan agreed by AGOC focusing on key areas of risk to provide assurance to Members. Internal Audit reports and action tracking are reported to the SLT and twice a year to AGOC, to highlight exceptions. Annual report and audit opinion provided and reported to AGOC.	A		С		E		G	Action tracking added to the improvement register to offer improved governance of audit actions.	New contract will go out for tender.
Corporate Assurance	Governance and Assurance Framework						F		N/A	Governance and Assurance Framework 2024-2028 will be reviewed and updated if necessary.
Corporate Assurance	ASA produced each year and presented to AGOC for approval.							G	N/A	ASA and AGS to be merged as a combined statement for efficiency
Corporate Assurance	AGS produced each year, with actions for improvement identified and presented to AGOC for approval.							G		ASA and AGS to be merged as a combined statement for efficiency. Review of Effectiveness reworked to remove duplication and aid completion.
Corporate Assurance	Statement on the Role of the Head of Internal Audit (2010) and compliance with Public Sector Internal Audit Standards.							G	N/A	N/A
Corporate Assurance	Corporate Risk Management processes support managers in assessing risk associated with achievement of objectives.				D		F		Stage 2 of the improved risk description work undertaken, with editing of how risk events identified, monitored, and reported. Risk owners have added key risk indicators to the CRR, strengthening the assurance around risk evaluation (of likelihood and impact levels) and scoring. Further guidance materials and resources have been developed. Corporate Risk Management has a dedicated page on the new Service intranet, which will be updated regularly.	Digitising the CRR will be a key priority, to enhance the monitoring and reporting of risk events and create data triggers. Improvement of the quality of 'controls' on the CRR will be undertaken, alongside the introduction of key control indicators – to provide metrics that assure on the effectiveness of controls. Exercises to identify emerging risks will be undertaken with risk owners and leadership. Assessment of risk event interconnectedness will be carried out to map links between different corporate risks and support their effective management.
Corporate Assurance	Corporate Risk Management Strategy 2024-28 and Corporate Risk Appetite & Tolerance Statement are in place.						F		Corporate Risk Management Strategy has guided improvement milestones, as part of advancement of the Service's Risk Management Framework and risk culture.	Further evaluation of riskometers / risk categories will be undertaken, to strengthen effective management of risk appetite and tolerance. Potential value of adding 'Environmental' and 'Culture' risk categories

Α	Behaving with integrity, demonstrating strong commitment to ethical values & respecting the rule of law	D	Determining the interventions necessary to optimise the achievement of the intended outcomes	G	Implementing good practices in
В	Ensuring Openness & comprehensive stakeholder engagement	Е	Developing the entity's capacity, including the capability of its leadership & the individuals within it		transparency, reporting & audit to
C	Defining outcomes in terms of sustainable economic, social, and environmental benefits	F	Managing risks & performance through robust internal control & strong public financial management		deliver effective accountability

		CI	PFA	/SOI	LACE	Pri	ncip	les	Actions Implemented in 2024-25 Actions Planned in 2025-26
Department	ent Supporting evidence			С	D	E	F	G	Please add any notable improvements made or planned in this area during the year stated. These should only be significant improvements for consideration to be included in the strategic level Annual Governance Statement. BAU not needed. Please type 'N/A' if no notable changes.
									Corporate Risk Appetite and Tolerance levels have been embedded into the CRR, using 'riskometers' to hold each risk event to account based on the alignment to risk categories. In January 2025 the SLB reviewed and amended the risk appetite and tolerance levels, as part of their commitment to regular review and to ensure risk appetite is effectively guiding strategic risk management and decision-making.
Corporate Assurance	Corporate Risk is scrutinised monthly by the SLT. The full CRR is reviewed quarterly, with deep dive presentations scheduled for the months in between. AGOC review Corporate Risk at each meeting – with alternating full CRR reports and CRR exception reports being presented.			C F			The improved risk description work created a new refined CRR for reporting to the SLT and AGOC, including a dashboard of riskometers with current risk scores. Follow-up training for Elected Members (on Corporate Risk Management Strategy, Risk Appetite and Tolerance, and newly refined CRR) was delivered and well received. The SLT also received further risk management workshops, including a dedicated session to risk appetite and tolerance. Methods of scrutiny by the SLT will be adapted as the CRR becomes digital and is managed dynamically with the importance of data/metrics to create triggers and inform decision-making more proactively. Alongside deep dives to the SLT, key areas of risk management research will be presented and discussed in workshop-style sessions (informed by Corporate Risk Advisor studying for a MSc in Risk, Crisis and Resilience Management). Elected Members will receive further training on the risk improvement work and key areas of interest, to support their effective governance and oversight.		
Corporate Assurance	All key governance documents published on the AFA website for the public to view, including External and Internal Audit Reports.		В					G	
Corporate Assurance	Policy production, review, and approval processes in place, with policies accessible to staff via the Policy Hub.	Α							KPI on % of policies out of date reported quarterly to SLT and AGOC. Following a dip in performance of policies being in date, a process was put in place to review the due dates for several policies, as the review dates were not suitably staggered, creating a bottleneck for teams who oversee multiple policies. Policies have been risk-assessed to ensure the highest risk policies are prioritised to be reviewed first. KPI on % of policies out of date will continue to be reported to SLT and AGOC It is anticipated the introduction of staggering the review dates of policies in the Service will help ensure policy reviews are now completed on time. A further deep dive will be produced in the performance report for SLT if the issue of out of date polices continues in 2025/26 to allow any appropriate actions to address underperformance to be identified.
DICE	AF&RS Neurodiversity Network (NDN) meets regularly and has a dedicated Teams channel. The aim of the NDN is to be an 'employee resource group' that adds value in promoting awareness, representation, recognition, and support for neurodiversity within AF&RS.		В			E			N/A N/A

Α	Behaving with integrity, demonstrating strong commitment to ethical values & respecting the rule of law	D	Determining the interventions necessary to optimise the achievement of the intended outcomes	G	Implementing good practic
В	Ensuring Openness & comprehensive stakeholder engagement	E	Developing the entity's capacity, including the capability of its leadership & the individuals within it		transparency, reporting &
С	Defining outcomes in terms of sustainable economic, social, and environmental benefits	F	Managing risks & performance through robust internal control & strong public financial management		deliver effective accountable

		CI	PFA	/SOI	_ACE	E Pri	ncip	les	, <i>F</i>	Actions Implemented in 2024-25 Actions Planned in 2025-26
Department	Supporting evidence	A	В	С	D	E	F	G	S S	Please add any notable improvements made or planned in this area during the year stated. These should only be significant improvements for consideration to be included in the strategic level Annual Governance Statement. BAU not needed. Please type 'N/A' if no notable changes.
DICE	The Service has a Reasonable Adjustments Passport process to provide personalised support for employees with any needs around disability (including neurodiversity), physical and/or mental ill health.					E			A re p for a si se th re in D re se la W re	An advisory audit of the Reasonable Adjustments process was undertaken. The review found that AF&RS has made progress in improving its control framework for employees requiring reasonable adjustments, with ongoing transformation to strengthen the recruitment process, screening, assessment, and support for employees with neurodiverse conditions and the adjustment request processes. The review identified areas where further improvements were required. DICE have created new platform for reasonable adjustment passports. A new screening and assessments tool has been launched named <i>Do-IT</i> Neurodiversity Workplace Profiler and is ready to receive referrals. This will be led by the DICE Manager.
DICE	Cultural Surveys and reports	Α	В			Е			R	Review of culture at Control took place and a staff led action plan from the review of culture at Control will be implemented.
DICE	The DICE Strategy (2023-26) is superseded by the People Services Strategy 2024–2025 which incorporates the DICE Strategy principles. The People Service Strategy sets out the strategic direction for the DICE, Learning and Development, Wellbeing and HR teams.	A	В	С		E			T	The People Services Strategy for April 2024 to March 2025 was approved by PRC on 13/12/2023 as an initial 1-year strategy. The People Services Strategy will be formulated into a more comprehensive, long-term strategy. A new strategy will go to PRC at the end of July 2025.
Environment	Environmental impact is monitored by monthly/quarterly Performance Indicators on Energy, Water, Business Travel & Carbon Emissions. In addition, there are regular Environmental Site Audits and a log of site specific environmental non-conformities that are reviewed and actioned.			С			F			Monitoring of the energy and water usage has been added as a requirement of the new Estates Management System, it is also hoped that carbon emissions can be included, along with environmental audits. This will shift the current activities from a manual reporting and interrogation process to a digitised and more automated process, allowing for greater real time scrutiny of energy usage and environmental issues.
Environment	Annual Environmental Action Plan.			С	D				N	N/A N/A
Environment	Environmental Management System in place, including Compliance Register.			С			F		N	N/A N/A

Α	Behaving with integrity, demonstrating strong commitment to ethical values & respecting the rule of law	D	Determining the interventions necessary to optimise the achievement of the intended outcomes	G	Implementing good practi
В	Ensuring Openness & comprehensive stakeholder engagement	E	Developing the entity's capacity, including the capability of its leadership & the individuals within it		transparency, reporting &
С	Defining outcomes in terms of sustainable economic, social, and environmental benefits	F	Managing risks & performance through robust internal control & strong public financial management		deliver effective accounta

		CI	PFA	SOL	ACE	E Pri	ncip	les	Actions Implemented in 2024-25	Actions Planned in 2025-26			
Department	Supporting evidence	A	В	С	D	E	F	G	Please add any notable improvements made or planned in this area during the year stated. These should only be significant improvements for consideration to be included in the strategic level Annual Governa Statement. BAU not needed. Please type 'N/A' if no notable changes.				
Environment	AF&RS Environmental Strategy 2020-2030 outlines the approach to protecting the environment and being more climate resilient. Annual action plan and report produced and performance against Environmental Strategy and Net Zero goal is reported to Environmental Management System Management Review Committee and PRC.			С					N/A	N/A			
Estates	Estates Strategy sets out the rationale for funding and resourcing work on our buildings.					E			N/A	The Estates Strategy will be fully reviewed, resulting in a new strategy. This strategy will lead to Asset Management Plans for each building being produced in future years, alongside annual unit action plans.			
Estates	Compliance with building legislation is monitored.						F		N/A	Software to be implemented to assist with monitoring compliance and enable suppliers/contractors to report compliance directly to us, making more efficient and accurate recording.			
Estates	Estates projects (such us station rebuilds/refurbs as well as local smaller projects) are project managed and reported dependant on scale, in line with procurement thresholds.			С	D		F		Establishment of the use of Project Boards for large scale projects, providing enhanced governance.	N/A			
Finance	Participation in the National Fraud Initiative.	Α					F		N/A	N/A			
Finance	The Service publish a Final Accounts report that contains full details of the AFA's financial affairs including the SFO's foreword, and summary extracts of Budget reports and MTFP. The annual accounts reflect the actuals for the year, and the narrative report reflects how this has varied from budgets and prior years with key explanations as required.		В	С	D		F	G	Changes or improvements made to the 2024/25 final statement of accounts, when compared to previous years, will all be aligned to changes in financial reporting requirements or recommended best practice, including the adoption of mandatory new accounting standards.	N/A			
Finance	Financial management supports the delivery of services and transformational change as well as securing good stewardship. Regular finance updates provided to the SLT to ensure financial performance is as expected.						F		Balance sheet reporting included in the regular updates provided to SLT to align with CIPFA best practice.	N/A			
Finance	On an annual basis as part of the budget setting process, AF&RS will consider Service developments and changes with the SLB and the SLT to ensure budgets are set with the fulfilment of Service objectives in mind. The Service Plan and MTFP processes are aligned in terms of timescales to ensure this continues.				D		F		N/A	N/A			
Finance	Level of Council Tax, Spending within Budget, MTFP, well managed and timely capital programme.						F		N/A	N/A			
Finance	Monthly budget monitoring reports shared with budget managers. Budget guidance and protocols are in place.				D		F		N/A	Internal audit planned during 2025/26 to focus devolved budgets to further our achievements in this area. Standardisation and simplification of reports provided to budget holders is being explored, along			

Ī	A B	Behaving with integrity, demonstrating strong commitment to ethical values & respecting the rule of law	D	Determining the interventions necessary to optimise the achievement of the intended outcomes	G	Implementing good practice
	BE	Insuring Openness & comprehensive stakeholder engagement	E	Developing the entity's capacity, including the capability of its leadership & the individuals within it		transparency, reporting & a
	C D	Defining outcomes in terms of sustainable economic, social, and environmental benefits	F	Managing risks & performance through robust internal control & strong public financial management		deliver effective accountabi
_						

		CI	-				ncip	les	Actions Implemented in 2024-25 Actions Planned in 2025-26
Department	Supporting evidence	Α	В	С	D	E	F	G	Please add any notable improvements made or planned in this area during the year stated. These should only be significant improvements for consideration to be included in the strategic level Annual Governance Statement. BAU not needed. Please type 'N/A' if no notable changes.
									with additional budget holder engagement to finance understanding and ownership across the Service.
Finance	Compliance with the Code of Practice on Managing the Risk of Fraud and Corruption (CIPFA, 2014), CIPFA Finance Management Code, Prudential Code and Treasury Management Code.	A					F	G	Inclusion of regular balance sheet reporting, quarterly indicator reviews as well as half year and full year treasury management papers being taken either to full AFA or
Finance	Internal Audit carry out annual Financial Control audits on a rolling programme to provide assurance in key areas.						F	G	Internal Audit of Asset Management received a partial assurance rating with six management actions agreed. Five of these have now been completed. The Finance Internal Audit planned for 2025/26 will cover general ledger month end and year end controls along with the devolved budgeting processes.
Finance	External Audit carry out annual financial audits and produce an annual report and VFM opinion.			С			F	G	2024/25 saw the sign off of three external audits for the year 2021/22, 2022/23 and
Finance	VFM, Efficiency Returns, Finance policies, Budget Monitors and Outturns are produced consistently and on time.							G	N/A A PES Strategy will be in place from 2025/26 to provide a structured approach to maintain public and firefighter safety, whilst remaining financially sustainable.
Finance	The Financial Services contract provides access to a range of financial support services and resources.					E			BCC reported their intention to withdraw payroll services from their provision at the end of the contract term, 31 st March 2025. A procurement process was completed to appoint a new provider during 2024/25 to allow for sufficient time to transition to the new provider in early 2025/26.
Finance	Regional and national finance support networks provide good resource on financial issues.					E			N/A N/A
Finance	Public consultation takes place for the Draft Budget Strategy annually. The draft unaudited Statement of Accounts and Narrative Report are available for public inspection each year.		В	С	D			G	N/A N/A
Finance	The MTFP and supporting narrative report include information on key concerns and risks considered as well as budget setting assumptions and justifications.		В				F	G	The MTFP has previously been approved on an annual basis. Should a multi-year government finance settlement be announced during 2025/26, the MTFP is likely to be reviewed sooner to ensure the Service uses the latest available information for financial planning.

Α	Behaving with integrity, demonstrating strong commitment to ethical values & respecting the rule of law	D	Determining the interventions necessary to optimise the achievement of the intended outcomes	G	Implementing good pract
В	Ensuring Openness & comprehensive stakeholder engagement	Е	Developing the entity's capacity, including the capability of its leadership & the individuals within it		transparency, reporting &
С	Defining outcomes in terms of sustainable economic, social, and environmental benefits	F	Managing risks & performance through robust internal control & strong public financial management		deliver effective accounta

Implementing good practices in
transparency, reporting & audit to
deliver effective accountability

		CIPFA/SOLACE Principles						les	Actions Implemented in 2024-25	Actions Planned in 2025-26
Department	Supporting evidence	A	В	С	D	E	F	G	Please add any notable improvements made or planne These should only be significant improvements for con- Statement. BAU not needed. Please type 'N/A' if no notable changes.	d in this area during the year stated. sideration to be included in the strategic level Annual Governance
Finance	Capital investment is structured to achieve appropriate life spans and adaptability for future use of resources to optimise social, economic, and environmental wellbeing.			С	D				N/A	N/A
Finance	The Capital Prioritisation and Steering Group ensure all potential capital projects and replacements are assessed for affordability and impact in terms of the Service's key objectives.			С	D				N/A	N/A
Fire Standards (Portfolio)	The Leading the Service Fire Standard articulates the expectations on those who lead within FRSs, particularly their behaviours, ethics, and the activities required to lead well.	A				E			SLT workshop was held to start looking at the detail of this Fire Standard.	Further engagement meeting between SLB and NFCC planned for May 2025 on this Fire Standard to determine actions to be taken in 2025/26.
Fire Standards (Portfolio)	Fire Standard implementation tools in place for the 19 Fire Standards, to enable Fire Standard owners to self-assess against the criteria and identify any gaps in processes for their areas of work, to align to recommended practice.				D	E		G	Workshops and follow up meetings with owners and their teams to carry out the gap analysis and identify evidence they hold to support compliance where met. Engagement with NFCC; this included a workshop to cross map Fire Standards to HMICFRS Area For Improvement actions and Cause of Concern recommendations.	Complete work on gap analysis, evidence identification and what work is required to deliver the criteria/desired outcomes not already met. Implement the 'three lines of assurance' model. Work needed to map HMICFRS, Service Plan and Internal Audit actions to Fire Standards criteria. Continue to work closely with the NFCC utilising their maturity model to understand to what extent we're meeting the standards.
Fleet	Fleet Strategy sets out the rationale for funding and resourcing work on our fleet.				D	Е			New Fleet Strategy was published.	
Governance	ToR for the SLB and the SLT set out decision-making protocols and responsibilities for monitoring and scrutinising.				D				N/A	N/A
Governance	Records of decision making and supporting materials via meeting minutes and reports.		В						N/A	N/A
Governance	Modern Slavery Statement reviewed and published annually.	Α							N/A	The Modern Slavery Statement will be updated and published on the website.
H&S	H&S Risk Management processes managed by the Health, Safety and Welfare (HSW) department who monitor and support relevant managers to complete or review risk assessments within their areas of business.						F		Improvements made to the Risk Assessment (RA) process including migration of RAs to SharePoint and updated RA SOP and accompanying guidance.	Operational RA's to be aligned to NatOG scenarios, further guidance and training to be rolled out across the Service to support those carrying out RAs.
H&S	Health, Safety and Welfare Policy.					Ε			Reviewed and published in 2024/2025.	
H&S	H&S report presented to AGOC					E			H&S report now goes to AGOC, this was not on the agenda previously, so this is an improvement, providing greater transparency and scrutiny.	
HMICFRS (Portfolio)	Monitoring of HMICFRS inspection action plans are co- ordinated and reported by the Service's HMICFRS Service Liaison Officer. The SLT and Service Improvement Board monitor progress against the action		В	С		E		G	An Internal Audit of HMICFRS Governance concluded that AF&RS has implemented a well-designed control framework to support the tracking and implementation of actions	Redesign of the Improvement Register (which is where the HMICFRS actions are recorded) being carried out to improve the user experience and increase effectiveness of recording.

A	Behaving with integrity, demonstrating strong commitment to ethical values & respecting the rule of law	D	Determining the interventions necessary to optimise the achievement of the intended outcomes	G	Implementing good practi
В	Ensuring Openness & comprehensive stakeholder engagement	E	Developing the entity's capacity, including the capability of its leadership & the individuals within it		transparency, reporting &
C	Defining outcomes in terms of sustainable economic, social, and environmental benefits	F	Managing risks & performance through robust internal control & strong public financial management		deliver effective accounta

		CI	PFA	/ SO I	LACE	E Pri	ncip	les	Actions Implemented in 2024-25	Actions Planned in 2025-26			
Department	Supporting evidence	A	В	С	D	E	F	G	Please add any notable improvements made or planned in this area during the year stated. These should only be significant improvements for consideration to be included in the strategic level Annual Governance Statement. BAU not needed. Please type 'N/A' if no notable changes.				
	plan and a report on 'Service Improvement' is presented to the PRC at each meeting for Member-led scrutiny. HMICFRS reports and action plans published on the website.								arising from the HMICFRS inspection. The report gave a reasonable assurance rating and three agreed management actions. In February 2025, the IIB began trialling a process whereby close out reports for HMICFRS Areas for Improvement actions are scrutinised and considered for closure.				
HMICFRS (Portfolio)	Regular HMICFRS inspection process in place, including revisits, and findings acted upon.							G	HMICFRS revisited the Service in March 2024, publishing the revisit letter on 22 May 2024. HMICFRS revisited the Service again in September 2024, publishing the revisit letter in October 2024. Process in place to effectively manage both inspections and revisits with responsibility for organising them sitting with the Service's HMICFRS Service Liaison Officer.	Review of inspection documents from the 2023 Inspection round to identify improvements for the next inspection round anticipated to take place in late summer/early autumn 2025 as part of the FRS 2025/27 Inspection Programme (exact timing to be confirmed by HMICFRS). Monthly meetings with HMICFRS's Service Liaison Lead will continue. HMICFRS have planned training for Service Liaison Officers and informal engagement with the Service will take place. Following the inspection, appropriate action plans will be developed and submitted to HMICFRS within the stipulated timeframes.			
HMICFRS (Portfolio)	Benchmarking of HMICFRS data is presented in the Data Analysis Packs.						F		N/A	N/A			
HR	DBS checks for all staff and security vetting for all HQ based staff.	Α					F		Completed 24/25 year	All new staff are DBS checked, and renewals of DBS and HQ vetting are on an ongoing basis.			
HR	Employees Pay Structure – Hay evaluations conducted as required to ensure corporate staff salaries are in line with their responsibilities.					Е			Benchmarking took place against national averages and operational equivalents with no obvious issues identified.	N/A			
HR	Human Resource policies.	Α				E			A few of them have been updated and republished.	Prioritising those that need a more in-depth review			
HR	Each Service role has a job description for corporate staff and role map for uniformed officers. Each appointment is made using fair selection practices that measure candidates against criteria for each post. This ensures selection of the right people with the right skills, qualifications, and experience. Staff are further supported by policies, guidance notes, training courses including bespoke online learning and courses to ensure they have the support they need to carry out their roles.					E			N/A	Developing online learning for core HR processes, e.g. discipline and grievance			
HR	The Probation Policy for Corporate Staff supported by the induction and onboarding processes and tools.	Α							Internal audit carried out by RSM. Toolkit and on-boarding guidance published internally.	New policy as a result of the audit will be published.			
HR	Zero Tolerance Statement.	Α							N/A	N/A			

Behaving with integrity, demonstrating strong commitment to ethical values & respecting the rule of law	D	Determining the interventions necessary to optimise the achievement of the intended outcomes	G	Implementing good prac
Ensuring Openness & comprehensive stakeholder engagement	Е	Developing the entity's capacity, including the capability of its leadership & the individuals within it		transparency, reporting
Defining outcomes in terms of sustainable economic, social, and environmental benefits	F	Managing risks & performance through robust internal control & strong public financial management		deliver effective account

Implementing good practices in
transparency, reporting & audit to
deliver effective accountability

		CIPFA/SOLACE Principles A				Prir	ncip	les	Actions Implemented in 2024-25	Actions Planned in 2025-26			
Department	Supporting evidence	Α	В	С	D	E	F	G	Please add any notable improvements made or planned in this area during the year stated. These should only be significant improvements for consideration to be included in the strategic level Annual Governance Statement. BAU not needed. Please type 'N/A' if no notable changes.				
HR	Values based recruitment consistently applied, requiring candidates to demonstrate alignment with our values.	Α							Implemented following HMICFRS thematic review. NFCC Code of Ethics now reference in job descriptions and recruitment process	N/A			
HR	Discipline and Grievance Policies; External Compliments and Complaints Policy; Dignity and Respect Policy, Toolkit and recording systems.	A				E			Grievance toolkit will be launched in addiscipline and grievance processes embed in last financial year All published in last financial year through training and development. Dign Respect toolkit being reviewed in collab Bristol Women's Voice.				
HR	Confidential Reporting Code and Guidance.	Α							QR code and guidance launched. Whistleblowing policy approved by the AFA Nov 24.	N/A			
HR	The SLB/SLT review of culture in relation to disciplinary and grievance cases and lessons arising.	Α							Annual report to AFA in July 24	Annual report to AFA in July 25. The Professional Standards Board will capture lessons and continuous improvement for discipline cases. HR team will introduce a learning log for all other case work.			
HR	Professional Standards Board established to manage discipline and grievance cases and instigate external scrutiny and governance.	Α				Е	F		Professional Standards Board first meeting in April 2024.	Review ToR.			
Information Governance	Senior Information Risk Officer/Owner in place.						F		Previous Director Corporate Services held the appointment of Senior Information Risk Officer, then the CFO held the position as an interim measure until a new Director could be permanently appointed.	Current Director Corporate Services to hold the appointment of Senior Information Risk Officer.			
Information Governance	Mandatory staff training for data protection and information security.						F	Previous contract ended August 2024, with		Phase 2 of training to be rolled out to all staff not covered within Phase 1.			
Information Governance	Data Protection Officer registered on Information Commissioner's Office Data Protection Register.	Α					F		N/A	N/A			
Information Governance	Privacy Notices published on the website and regularly updated.		В					G	N/A	N/A			
Information Governance	Accessibility information on the AF&RS website		В						N/A	N/A			
Information Governance	Data management procedures, Record of Processing Activity, Retention Schedule						F		N/A	N/A			
Information Governance	Data Protection Policy, Freedom of Information Policy, ICT policies and Security Incident Management Policy.						Management Policy and published. Freedom of Information Policy updated to Requesting Information from AF&RS Policy, and prepared ready for consultation.		Management Policy and published. Freedom of Information Policy updated to Requesting Information from AF&RS Policy, and prepared ready for consultation.	Requesting Information from AF&RS Policy to go out for consultation, with final version to be published. Information Security Policy and specific ICT Policies to be consolidated into 1 overarching Policy then go out for consultation, with final version and underlying procedures to be published.			
Information Governance	Fol requests responded to within the required timeframe.							G	All legal requirements were met. 145 of a total 149 x Fol/Environmental Information Regulations requests were fully	N/A			

_					
	Behaving with integrity, demonstrating strong commitment to ethical values & respecting the rule of law	D	Determining the interventions necessary to optimise the achievement of the intended outcomes	G	Implementing good practices
	Ensuring Openness & comprehensive stakeholder engagement	Е	Developing the entity's capacity, including the capability of its leadership & the individuals within it		transparency, reporting & aud
	Defining outcomes in terms of sustainable economic, social, and environmental benefits	F	Managing risks & performance through robust internal control & strong public financial management		deliver effective accountabilit
_					

ces in audit to bility

		CI	PFA	/SOI	LACE	Pri	ncip	les	Actions Implemented in 2024-25	Actions Planned in 2025-26			
Department	Supporting evidence	A	В	С	D	E	F	G	Please add any notable improvements made or planned in this area during the year stated. These should only be significant improvements for consideration to be included in the strategic level Annual Governal Statement. BAU not needed. Please type 'N/A' if no notable changes.				
									responded to by the legal deadline. 4 were not fully responded to, but either some data or a notice was sent to meet the legal deadline.				
Information Governance	Breaches of security and data protection are recorded and investigated.	Α						G	N/A	N/A			
Information Governance	Processes in place for internal reviews for Subject Access Requests requests and Fol responses, where recipients are not satisfied with the response provided.	A	В				F	G	N/A	N/A			
Information Governance	Information and data transparency information is reviewed and published on the website in accordance with the Local Government Transparency Code and Local Publication Scheme.	A	В					G	N/A	N/A			
ΙΤ	Robust ICT Infrastructure with supporting ICT policies in place. Disaster recovery plans and business continuity plans in place.					E	F		2024/25 saw many tactical improvements to Infrastructure to stabilise platform (enhanced observability, asset management, and varying cyber initiatives).	 Plans include: Data centre migration (to cloud) to replace legacy on prem infrastructure Replacement of legacy Public Sector Telephone Network telephony Windows 11 upgrade Front Mobile Data Terminal replacement 			
ΙΤ	ICT Strategy sets out the rationale for funding and resourcing ICT equipment, systems and continuous improvements in digital technology.					E	F		A two-year ICT strategy was approved, that focuses on 6 key strategic themes: 1.Excelling in operational excellence 2.Delivering outstanding user experiences 3.Ensuring the highest levels of security 4.Operating with financial precision 5.Is at the forefront of innovation with data driving all that we do 6.Empowerment to users to deliver a digital future	Plans include: • AF&RS ICT Governance overhaul • Fire Standard Board Digital and Cyber alignment			
DICE	Ethics, values and DICE training for Members and staff.	A				E			Promoted NFCC Lunch and Learn sessions. DICE provided cultural awareness and Equality, Diversity, and Inclusion training for all line managers Q1 2025.	Bite sized lunch and learn sessions on Sexism/Misogyny to be delivered in collaboration with SARI and Bristol Women's Voice as part of their respective Service Level Agreements. Elected Members due to receive training on 11 th April 2025, delivered by SARI.			
Leadership and Development	The Service uses MOST for measuring and recording competency in role. Results of competency assessments are recorded in FireWatch and there are reports available for managers and individuals view, to ensure competency is maintained.					E			N/A	A review of MOST would be beneficial.			

Α	Behaving with integrity, demonstrating strong commitment to ethical values & respecting the rule of law	D	Determining the interventions necessary to optimise the achievement of the intended outcomes	G	Implementing good practices in
В	Ensuring Openness & comprehensive stakeholder engagement	Е	Developing the entity's capacity, including the capability of its leadership & the individuals within it		transparency, reporting & audit to
C	Defining outcomes in terms of sustainable economic, social, and environmental benefits	F	Managing risks & performance through robust internal control & strong public financial management		deliver effective accountability

		CI	PFA	so	LACE	E Pri	ncip	les	Actions Implemented in 2024-25 Actions Planned in 2025-26
Department	Supporting evidence	A	В	С	D	E	F	G	Please add any notable improvements made or planned in this area during the year stated. These should only be significant improvements for consideration to be included in the strategic level Annual Governance Statement. BAU not needed. Please type 'N/A' if no notable changes.
Leadership and Development						E			A new Incident Command Process has been written stating assessments will be conducted every two years for commanders at all levels. Any commander at any level who has not been validated within the last two years are unavailable for operational duties (off the run). The Incident Command Process states newly promoted Crew Managers will be revalidated after 12 months, and 24 months thereafter. Additional methods of providing evidence of a commanders' competence can be achieved using exercises, training and real incidents via the Quality Assurance processes.
Leadership and Development	Specialist skills are assessed through peer assessment within that speciality.					E			360 feedback carried out on request or as part of agreed development opportunities agreed with a line manager. PDR reviews carried out annually
Leadership and Development	Half day development day per month for the SLT including external providers delivering leadership training.					E			NFCC Maturity model presentation for Wellbeing and Equality, Diversity, and Inclusion. Presentations from Fire Fighters Charity on wellbeing provisions for staff. SARI presentation planned for behaviours and Supreme Court ruling and how this affects AF&RS
Leadership and Development	The SLB undertake a joint ongoing programme of station and department visits to ensure all staff have an opportunity to discuss issues with leaders within the Service. Middle Manager workshops also take place with the same aim.		В			E			New electronic culture chat form created to capture themes from visits. Coffee mornings with the CFO. HR drop-in clinics, Fire Fighters Charity presentation for corporate staff, Wellbeing sessions are all planned.
Leadership and Development	Leadership Academy provides structured approach to leadership development, in particular identifying and supporting colleagues with high potential.					Е			First cohort for Leadership Academy ran from September 2023 to March 2025. 6 candidates were selected following an application process with 4 completing (1 x candidate withdrew due to personal reasons and 1 x candidate achieved a management position outside of the Organisation towards the end of the programme). Post-programme evaluation to be carried out in June 2025. Plan for cohort 2.
Leadership and Development	Talent management programme, development pathways, apprenticeship programmes, and training plans					E			Development pathways reviewed and updated. Training Bid Process reviewed and updated. New Intranet pages developed to provide information regarding: Development Opportunities Talent Management Programme will be reviewed and developed. Improvements with the Coaching and Mentoring provision in the Service through review and update of processes and documentation, improved awareness and marketing and opportunities. Mentoring and Coaching Mentoring training provided and accessible for all staff.

B Ensuring Openness & comprehensive stakeholder engagement C Defining outcomes in terms of sustainable economic, social, and environmental benefits E Developing the entity's capacity, including the capability of its leadership & the individuals within it deliver effective accountability	A	Behaving with integrity, demonstrating strong commitment to ethical values & respecting the rule of law	D	Determining the interventions necessary to optimise the achievement of the intended outcomes	G Implementing good practices in
C Defining outcomes in terms of sustainable economic, social, and environmental benefits	В	Ensuring Openness & comprehensive stakeholder engagement	Е	Developing the entity's capacity, including the capability of its leadership & the individuals within it	transparency, reporting & audit to
	C	Defining outcomes in terms of sustainable economic, social, and environmental benefits	F	Managing risks & performance through robust internal control & strong public financial management	deliver effective accountability

		CII	PFΔ	/SO	LACE	: Pri	ncin	les	Actions Implemented in 2024-25 Actions Planned in 2025-26
Department	Supporting evidence	A					F	G	Please add any notable improvements made or planned in this area during the year stated. These should only be significant improvements for consideration to be included in the strategic level Annual Governance Statement. BAU not needed.
Leadership and Development	The TAPB ensures that all the processes named in the title are carried out in a consistent way using clear and transparent criteria based on business needs. TAPB page on intranet includes all vacancies and anonymised transfer list and minutes of TAPB Board meetings. Transfer list sent to Station and Group Managers monthly to allow informed local decision making.		В			E		G	Promotion Policy has been under review with the aim of achieving a new fair, transparent and robust Promotion Process, and has just undergone its third consultation. Remedial plan implemented to address challenges caused by variances in processes and communicated via email. Agreement at TAPB that any changes needed which are outside the current process will require agreement at TAPB (minuted), effective communication with stakeholders and where necessary, an impact assessment carried out. Recruitment of additional Organisational Development Administrator who will support with Promotions, adding resilience. Promotions page on the intranet developed to include information and dates to support effective planning and improved understanding and adherence to processes.
Leadership and Development	360 Feedback available for all staff via Training Request Form (TR1). Trained facilitators available within AFRS to support the provision of 360 feedback, although additional external facilitators available, provided by Engauge, as necessary to support. Information available on the staff intranet.					E			360 feedback facilitator course provided to increase trained staff available to support provision of 360 feedback coaching. 360 Feedback available to all staff and highlighted on the development pathways. Requests for 360 feedback should follow the TR1 process. (available on intranet)
Leadership and Development	Promotion and Succession Planning.					Е			N/A N/A
Leadership and Development	Annual PDR of officers and staff (Performance Appraisals). These provide an opportunity to set personal objectives and ensure that all staff are able to have discussions about their aspirations, performance, and future development. Organisational objectives can also be filtered down to individuals during these reviews.	Α				E			PDR training provided to supervisory, middle and senior leaders to improve knowledge of and engagement with the PDR process and provide support for managers to effectively support and plan for the development of their staff. New PDR process implemented to record, monitor and manage completion of PDRs. New support documentation created to support completion of meaningful, quality PDRs in the form of guidance, toolkit, and template. Available on the intranet. New PDR dashboard created to record and support management of PDR completion

1	Behaving with integrity, demonstrating strong commitment to ethical values & respecting the rule of law	D	Determining the interventions necessary to optimise the achievement of the intended outcomes	G	Implementing good pract
E	Ensuring Openness & comprehensive stakeholder engagement	E	Developing the entity's capacity, including the capability of its leadership & the individuals within it		transparency, reporting &
(Defining outcomes in terms of sustainable economic, social, and environmental benefits	F	Managing risks & performance through robust internal control & strong public financial management		deliver effective accounta
	<u> </u>				•

		CI	PFA	'SOL	ACE	E Pri	ncip	les	Actions Implemented in 2024-25	Actions Planned in 2025-26		
Department	Department Supporting evidence		В	С	D	E	F	G	Please add any notable improvements made or planned in this area during the year stated. These should only be significant improvements for consideration to be included in the strategic level Annual Governar Statement. BAU not needed. Please type 'N/A' if no notable changes.			
									rates. Communication regarding non- implementation of new PDR system and rationales for maintaining the new process implemented in 2024 which achieved outcomes to improve knowledge of and engagement with PDRs and improve completion rates and manage non- completion rates.			
Performance	The AFA and AGOC monitors the level of service delivery to the public via a suite of Performance Indicators and Quarterly reports. AGOC are provided with quarterly performance updates and encouraged to challenge areas of under-performance on behalf of the AFA.		В		D		F		N/A	N/A		
Performance	KPI's and regular performance reporting support managers in assessing risk associated with achievement of objectives.				D				Expanded the dashboards available to staff and made access easier through new Intranet.	Launch People Services dashboard. Digitalise the performance monitors.		
Performance	Live incident and sickness information is available to managers to integrate to identify trends and areas to address.				D	Ε	F		N/A	Launch of People Services dashboard Digitalise the performance monitors.		
Performance	Performance scorecards and benchmarking information produced monthly and reported to the local managers				D	E	F		N/A	Home Office launching FaRDaP (Fire and Rescue Data Platform) which will replace Incident Recording System (IRS) and will include incident benchmarking tool.		
Performance	Local Performance Indicators and agreed annual targets. Areas of underperformance are reported regularly to the SLT.				D	E	F		N/A	N/A		
Performance	Monthly target updates, Absence Monitoring, PDR completion monitoring, H&S target monitoring and Incident monitoring.				D	Е	F		N/A	N/A		
Performance	The Service conduct post-incident customer satisfaction surveys to gain feedback and valid against our performance standards. An annual benchmarking report of results is produced by Opinion Research Survey which compares AF&RS with other FRSs.		В		D		F		This was paused in 2024/25 whilst process was being reviewed.	Will be relaunched in 2025/26 with improved process which should increase the volume of uptake.		
Performance	Annual Performance Report produced and published on Internet.		В					G	N/A	N/A		
Performance	Reports are automated where possible to ensure capacity in generating information.				D				Continue to digitalise data collection and visualisation. Shift resourcing process digitalised in 2024/25	N/A		

Α	Behaving with integrity, demonstrating strong commitment to ethical values & respecting the rule of law	D	Determining the interventions necessary to optimise the achievement of the intended outcomes	G	Implementing good practices
В	Ensuring Openness & comprehensive stakeholder engagement	E	Developing the entity's capacity, including the capability of its leadership & the individuals within it		transparency, reporting & au
С	Defining outcomes in terms of sustainable economic, social, and environmental benefits	F	Managing risks & performance through robust internal control & strong public financial management		deliver effective accountabili

ices in k audit to ability

		CI	PFA	/SOI	_ACE	E Pri	ncip	les	Actions Implemented in 2024-25 Actions Planned in 2025-26
Department	Supporting evidence	A	В	С	D	E	F	G	Please add any notable improvements made or planned in this area during the year stated. These should only be significant improvements for consideration to be included in the strategic level Annual Governance Statement. BAU not needed. Please type 'N/A' if no notable changes.
PMO (Portfolio)	Combined Scoping IAs provide an initial assessment of impacts for Data Protection, the Environment, People, Safeguarding, Estates, ICT, Finance and Procurement. Staff must complete these when embarking on projects, policies, collaborations, events, and writing business cases. IAs help ensure work is legally compliant and identify issues. A more detailed IA is carried out when necessary.	A	В	С			F		Working effectively but requires review. This process will be reviewed by the PMO to ensure it continues to be fit for purpose and that there is sufficient Subject Matter Expert capacity.
PMO (Portfolio)	Business cases are presented to the SLB/SLT for consideration and approval. This includes financial information and associated risks.		В		D		F	G	Trial of revised process took place November 2025 – March 2025. Scoping IA now determine if a business case is required. This process has been centralised under the PMO who are responsible for monitoring and supporting authors with drafting, consulting and submitting business cases for approval. A mandatory 3-week consultation period has been introduced. An Exceptions Log is in place to capture any decisions made that deviate from this process and the reasons. A Business Case Register is now published on the intranet so staff can see decisions made. Copies of business cases are also uploaded (subject to data protection).
PMO (Portfolio)	Continuous Improvement Framework and Toolkit provides a structure for planning, managing, and governing Service improvements with guidance, tools and templates relating to any Service improvement work. Monitoring and tracking via the Improvement Register.			С	D		F	G	Framework and toolkit have been subsumed into the new Service intranet. The Project Toolkit has been developed further including a better structure, more templates and guidance. An in-house project management training course has been introduced for staff Improved governance arrangements will be introduced to ensure projects and programmes have robust oversight and scrutiny. A new front end will be developed for the Improvement Register and dashboards to improve the
Prevention	Attendance at Safeguarding Boards and Community Safety Partnerships ensure a joint approach to delivering services to our most vulnerable service users.				D				N/A N/A

A	Behaving with integrity, demonstrating strong commitment to ethical values & respecting the rule of law	D	Determining the interventions necessary to optimise the achievement of the intended outcomes	G	Implementing good practi
В	Ensuring Openness & comprehensive stakeholder engagement	E	Developing the entity's capacity, including the capability of its leadership & the individuals within it		transparency, reporting &
C	Defining outcomes in terms of sustainable economic, social, and environmental benefits	F	Managing risks & performance through robust internal control & strong public financial management		deliver effective accounta

		CI	PFA	/SOL	ACE	E Prii	ncip	les	Actions Implemented in 2024-25	Actions Planned in 2025-26
Department	Supporting evidence	A	В	С	D	E	F	G	Please add any notable improvements made or planne These should only be significant improvements for con Statement. BAU not needed. Please type 'N/A' if no notable changes.	ed in this area during the year stated. sideration to be included in the strategic level Annual Governance
Prevention	Safeguarding policy in place, mandatory safeguarding training delivered across the Service to ensure staff understand their responsibilities within safeguarding.	Α							N/A	New Level 1 Safeguarding awareness training is being released in 2025/26.
Procurement	Ethical values statement included in contracts with external service providers.	Α							N/A	N/A
Procurement	Purchase Requisition Authorisation (PRA) electronic compliance system.	A					F		New PRA system launched on O365.	N/A
Procurement	Use of Bluelight e-procurement system.	Α							N/A	N/A
Procurement	Contract monitoring and procurement processes.	A							Procurement guidance and templates updated to reflect new Procurement Act	Review new guidance and templates to ensure they reflect best practice and any new developments following Procurement Act go live. Provide Contract Management training.
Procurement	Changes to procurement legislation is monitored and processes and training adapted as needed.	Α							Carried out thorough review of guidance, templates, Terms and Conditions and updated Contract Procedure Rules to reflect new Procurement Act in prep for go live in February 2025. All Procurement specialist carried out Procurement Act training before go live.	Continue training and review of documentation following implementation of Procurement Act
Procurement	Collaborations in procurement/purchasing ensure the Service shares knowledge, resources, buying power and best practice, to deliver the best value for money.		В						N/A	N/A
Procurement	Social, economic and environmental factors are considered and implemented within procurement processes and contract management.			С					Procurement considerations have been added to the Impact Assessment Form ensuring early sight and consideration of these factors.	N/A
Protection	Enforcement action is taken under the Regulatory Reform (Fire Safety) Order, where compliance coaching to responsible people is not achievable in line with our Enforcement Policy. Prosecution training provided to Inspecting Officers.	A							Audit completion rates have significantly increased in last 12 months, due to investment in the team and increased capacity.	N/A
Protection	The Service has adopted a RBIP which seeks to prioritise audits of premises which present the highest risk to life.	_					F	_	The Risk Based Inspection Policy was reviewed, and the new version was released in December 2024.	N/A
Risk Management	Business continuity policy and plans						F		An internal audit for Business Continuity took place, with a partial assurance rating and 6 identified management actions.	NFCC setting up a peer review, in which we hope to participate in.
Risk Management	Attendance at the Local Resilience Forum ensures a joined-up approach with Category 1 and Category 2 responders and the voluntary sector.				D		F		Internal review of process was completed to ensure commitment is fully meet in all areas. Appropriate departments informed and review conducted to assess compliance.	N/A

A	Behaving with integrity, demonstrating strong commitment to ethical values & respecting the rule of law	D	Determining the interventions necessary to optimise the achievement of the intended outcomes	G	Implementing good practi
В	Ensuring Openness & comprehensive stakeholder engagement	E	Developing the entity's capacity, including the capability of its leadership & the individuals within it		transparency, reporting &
C	Defining outcomes in terms of sustainable economic, social, and environmental benefits	F	Managing risks & performance through robust internal control & strong public financial management		deliver effective accounta

		CI	PFA	/SOL	_ACE	E Pri	ncip	oles	Actions Implemented in 2024-25 Actions Planned in 2025-26
Department	Supporting evidence	A	В	С	D	E	F	G	Please add any notable improvements made or planned in this area during the year stated. These should only be significant improvements for consideration to be included in the strategic level Annual Governance Statement. BAU not needed. Please type 'N/A' if no notable changes.
Risk Management (Operational Assurance)	South-West Regional Operational Assurance Group (SWROAG) work on standardising processes and procedures for operational assurance, and sharing of risk critical information, allowing Services to better carry out joint operations, with larger data sets, and improved joint learning.						F		A SWROAG meeting takes place every quarter, which includes all neighbouring services and a NFCC representative. The next meeting is due in May 2025.
Risk Management (Operational Assurance)	A debrief process is monitored and controlled by the OA Guidance Team for all Organisational learning at Operational Incidents.						F		Creation of the Operational Learning and Feedback group (OLAF) which runs alongside the structured debrief process.
Risk Management (CRMP)	NFCC Community Risk Strategic framework followed to identify & assess foreseeable fire and rescue related risks as part of the CRMP.				D	Е			N/A N/A
Risk Management (CRMP)	The Baseline Report assesses trends in incidents and reviews utilisation data so we can measure our effectiveness and efficiency in dealing with the operational demands placed on AF&RS.			С			F		Due to other priorities taking precedence and capacity, we have been unable to publish the updated Baseline Report, but all stakeholders have been provided their relevant information, as the work had been conducted. Our plan is to publish the updated Baseline Report following the current piece of work that has taken priority.
Risk Management (CRMP)	The Strategic Assessment enables AF&RS to identify issues with the potential to affect the future strategic direction of the Service. This includes a Political, Environmental, Social, Technological, Environmental, Legal and Organisational analysis in line with the NFCC's Strategic Framework for CRMP.			С			F		Due to other priorities taking precedence and capacity, we have been unable to publish the updated Strategic Assessment of Risk but all stakeholders have been provided their relevant information, as the work had been conducted. Our plan is to publish the updated report following the current piece of work that has taken priority.
Service Planning	Service Plan sets out our Mission, Vision, and Values.	Α	В						Consideration of AF&RS values and whether the Service fully adopt / align with the NFCC Core Code of Ethics.
Service Planning	Public consultation takes place for the Service Plan annually. Key stakeholders include; Staff, AFA Members, Rep Bodies, and the Staff Engagement Network; Local communities and local community groups, Avon and Somerset Police & Crime Commissioner, local businesses, local authorities and bordering fire and rescue services; Avon & Somerset Constabulary, South Western Ambulance Service NHS Foundation Trust and Avon & Somerset LRF members; Local media and local Members of Parliament		В	С	D				Increased stakeholder engagement throughout 2025/26, not just during a 6-8 week formal consultation period.
Service Planning	SLB and SLT workshops take place to scope and update the Service Plan, including horizon scanning and objective setting. Member Planning Workshops/Engagement Sessions also take place.		В	С	D				N/A N/A

Α	Behaving with integrity, demonstrating strong commitment to ethical values & respecting the rule of law	D	Determining the interventions necessary to optimise the achievement of the intended outcomes	G	Implementing good pract
В	Ensuring Openness & comprehensive stakeholder engagement	Е	Developing the entity's capacity, including the capability of its leadership & the individuals within it		transparency, reporting &
С	Defining outcomes in terms of sustainable economic, social, and environmental benefits	F	Managing risks & performance through robust internal control & strong public financial management		deliver effective accounta

Implementing good practices in
transparency, reporting & audit to
deliver effective accountability

		CII	CIPFA/SOLACE PI			E Pri	ncip	les	Actions Implemented in 2024-25	Actions Planned in 2025-26		
Department	Supporting evidence	A	В	С	D	E	F	G	Please add any notable improvements made or planned in this area during the year stated. These should only be significant improvements for consideration to be included in the strategic level Annual Governance Statement. BAU not needed. Please type 'N/A' if no notable changes.			
Service Planning	The Service Plan including CRMP is updated and reviewed by the AFA. The Service Plan explains how the Service matches resources to risk, and along with corporate strategies and team plans, sets out Service aims and objectives.			С	D				Launch of online, four-year, non-rolling Service plan which has improved awareness and engagement.	Development of departmental/team annual plans, alongside an augmented Improvement Register, to improve oversight, scrutiny, and accountability. Review of Service Planning processes to identify improvements that can be made.		
Service Planning	Regular reports on progress against the Service Plan objectives with key matters arising reported to the SLT/AFA.			С					Annual update on progress against our Service Plan provided to AFA.	N/A		
Service Planning	Service strategies and station/team plans are regularly reviewed to ensure they align with priorities and targets set out in the Service Plan.				D				Refresh/launch of a number of new key Service strategies.	Delivery of departmental/team plans to be supported through digital tools (Improvement Register) to improve oversight, scrutiny, and accountability.		
Staff Networks	The Staff Engagement Network aims to involve staff in Service decisions and allows for a platform for staff to raise concerns or ideas that may affect or improve the Service.		В		D				N/A	Launch of new staff network guidance (framework) to allow other/new forums (e.g., Women and Allies Network and LGBTQ+ network) to feed into a more cohesive staff engagement network.		
Staff Networks	The Women and Allies Network aims to support, connect and empower women employees and allies, while fostering an inclusive and positive workplace for everyone. The network will act as a platform for collaboration, advocacy, and professional development for employees that are women and their allies.		В		D				Launched Women and Allies Network.	Embed first year of Women and Allies Network.		
Staff Networks (Unions)	Joint Consultative Committee (JCC) constitution, Fire Brigades Union (FBU) Negotiations Committee in place.		В						N/A	N/A		
Wellbeing	The Wellness Assessment can be used to identify what keeps us well at work and the things that may have a negative effect on our mental health. It may identify measures that can be implemented within the workplace in order to keep staff mentally healthy.					E			Introduction of the Firefighters Charity Wellbeing Assessment Tool. Available on Health and Wellbeing Page on the Intranet and PDR page. Wellbeing gap analysis taken place.	Initiatives and plans to be initiated from the results of the Wellbeing Gap Analysis, e.g. updating SOPs, stress RA and menopause support plan.		
Wellbeing	Mental Health First Aid and TRiM (Trauma Risk Incident Management) practitioners able to support staff in addition to Health and Wellbeing Advisors and provision of counselling services as required.					E			Training and development sessions.	Implementing the Westfield Health Care Plan which improves the access to health, wellbeing and counselling services, launched 1/05.		
Wellbeing	Supplementary Health Care supports the health and wellbeing of staff.					E			Business case for private health care was considered and approved. Procurement took place.	Westfield Health have been awarded a two-year contract to provide Supplementary Health Care for the Service. The scheme will be available from 1 st May 2025 and will be fully funded by the Service for all staff.		