



**DORSET & WILTSHIRE
FIRE AND RESCUE
AUTHORITY**

Item 11

MEETING	Policy and Resources Committee
DATE OF MEETING	19 May 2016
SUBJECT OF THE REPORT	Integrated Risk Management Plan (IRMP)
STATUS OF REPORT	For publication
PURPOSE OF REPORT	For decision
EXECUTIVE SUMMARY	Fire and Rescue Authorities are required to produce an integrated risk management plan that is evidence based and reflects the diverse nature of our communities and which identifies and prioritises those most at risk. Dorset & Wiltshire Fire and Rescue Service will need to adopt a single approach to risk analysis and develop a process, including appropriate tools to achieve this. The IRMP proposals are split into 9 key project areas supported by governance arrangements and which are aligned to the Services vision and strategic objectives. However, the scale of this proposal is potentially significant and will need to be prioritised taking risk, benefits and resource limitations into account.
RISK ASSESSMENT	There are a number of risks associated with IRMP including: • Capacity to deliver • Failure to take an integrated approach • Inability to balance resources and risk in order to maintain service delivery levels • Failure to realise benefits currently available but on restricted timelines. • Damage to employee relations through ineffective engagement • Failure to realise savings identified within the business case for combination

COMMUNITY IMPACT ASSESSMENT	None associated with this report
BUDGET IMPLICATIONS	The Service gave an undertaking to make savings of £1.5m as a result of combination as outlined within the business case. IRMP projects will secure these savings in the longer term. However, aspects of the IRMP programme will require pump priming in the short term.
RECOMMENDATIONS	Members are asked to approve the integrated risk management programme
BACKGROUND PAPERS	None associated with this report
APPENDICES	A. Intelligence and Risk Modelling Mandate B. Emergency Cover Review Mandate C. Emergency Medical Response Mandate D. Non-Emergency Medical Support Mandate E. Wholetime Duty System Review Mandate F. Retained Duty System Review Mandate G. Firefighter Safety Mandate H. Emergency Response Vehicles Review Mandate I. Emergency Services Mobile Communication Programme Mandate J. IRMP Project Plan K.P&R terms of reference
REPORT ORIGINATOR AND CONTACT	AM J Mahoney james.mahoney@wiltsfire.gov.uk 01722 691387 / 07850945317

1. Introduction

- 1.1 The purpose of this report is to introduce a framework for the delivery of an Integrated Risk Management Programme (IRMP) for Dorset and Wiltshire Fire & Rescue Service (DWFRS).
- 1.2 The report will introduce the concept and process of IRMP and will outline the key aspects of the proposed programme to be included in the Community Safety Plan.

2. Background

2.1 The Legislative environment:

- 2.1.1 There are a number of key areas of legislation that impose responsibilities on Dorset & Wiltshire Fire and Rescue Authority (DWFRA) in relation to IRMP, which include the Civil Contingencies Act 2004, the Regulatory Reform (Fire Safety) Order 2005 and the Fire and Rescue Services Act 2004.
- 2.1.2 This latter act also gives rise to the Fire and Rescue National Framework for England which states that Fire and Rescue Authorities (FRA's) '*must produce an integrated risk management plan that identifies and assesses all foreseeable fire and rescue related risks that could affect its community, including those of a cross-border, multi-authority and/or national nature. The plan must have regard to the Community Risk Registers produced by Local Resilience Forums and any other local risk analyses as appropriate*'.

2.2 Other IRMP Guidance:

- 2.2.1 Other guidance on the structure of IRMP's has been produced, notably by the Department for Communities and Local Government (DCLG) and whilst these remain current, they have not been refreshed for a number of years.
- 2.2.2 Perhaps more relevant and helpful is the Operational Assessment (OpA) toolkit which outlines, through a number of key assessment areas, what is expected by a team of peer reviewers of an IRMP.
- 2.2.3 Both Wiltshire and Dorset Fire and Rescue Services have previously met their legal responsibilities and have had their respective IRMP's scrutinised through the operational assessment and fire peer challenge process.
- 2.2.4 However, both services approached the process of IRMP in different ways using different tools for risk analysis.
- 2.2.5 DWFRA therefore needs to ensure a single approach to IRMP is developed leading to a single view and hence understanding of risk across the new service area.

3. **Community Safety Plan**

- 3.1 The DWFRA vision as outlined within the Community Safety Plan, is about changing and saving lives, supported by four key priorities to help achieve this:
- 3.2 Make every penny count.
- 3.3 Be there when you need us.
- 3.4 Protect you and the environment from harm.
- 3.5 Help you to make safer and healthier choices.
- 3.6 In developing an IRMP, cognisance must be given to these priorities which can be summarised as how we balance risk and resources through our approach to prevention, protection, response and resilience and doing so in an effective, efficient and economic way.
- 3.7 The integrated risk management programme is one of two key change programmes falling out of the Community Safety Plan, the other being Culture and Organisational Development, which is currently being designed.
- 3.8 Elements of these two key change programmes are inextricably linked and should not be considered in isolation.

4. **Risk Management**

- 4.1 DWFRS is one of the largest services in the country in terms of its geography, the number of its fire stations and the size of its budget.
- 4.2 It has a diverse mix of rural and urban living, a diverse mix of road and rail infrastructure, a diverse mix of industrial, heritage and protected wildlife sites and a diverse mix of risks as a result.
- 4.3 The purpose of the IRMP is to plan for, help prevent and to look for opportunities to reduce these risks in order to keep our communities safe, our economy running, and our heritage and environment protected.
- 4.4 With continuing budget constraints the need to balance risk with resources requires ever more innovative and effective risk management, which will be managed in two broad ways:
 - 4.4.1 *Corporate risk management*: which is the process used to identify all the significant opportunities and threats that might affect our ability to meet our vision and priorities and;
 - 4.4.2 *Integrated risk management*: This focuses on the dangers that communities face, for example; fires, road traffic collisions, flooding and terrorist attacks.

- 4.5 These two broad approaches to managing risk must be aligned and be mutually supportive.

5. IRMP Principles

- 5.1 The IRMP is a suite of interdependent projects that make up a wider change programme and in order to ensure consistency of approach and thinking across the programme a set of principles have been established to guide the work:
- 5.2 *We must ensure both Savings and Value for Money:* Projects will look to ensure efficiencies are made, deliver effective outcomes and be economic.
- 5.3 *Our thinking will look beyond existing terms and conditions:* This means that we will seek the most appropriate solutions to meet the needs of the Service and the communities that we serve and if that means we need to deviate away from existing terms and conditions, we will, subject to negotiation.
- 5.4 *We will ensure focussed consultation and effective employee engagement:* IRMP is a major change programme and it will be critical to work with our staff at every stage of development of the projects to both inform and seek ideas and feedback as the work progresses.
- 5.5 *The IRMP will save £1.5m minimum:* This was the foundation of the business case for combination and must therefore be delivered from across this programme of change.
- 5.6 *We will be more innovative and less risk averse:* We will not constrain ourselves to traditional ways of working and thinking and will take appropriate risk to achieve innovative outcomes.
- 5.7 *We will redefine our risk profile to be broader than traditional FRS activities:* In order to extend our service provision into the health and wellbeing agenda, we will need to review not just our own risk profile but also that associated with, for example, co-responding etc. This will need to take account of current and future community risk modelling carried out by our partners.
- 5.8 *Collaboration will be at the heart of all thinking (inter and intra-operability):* All projects will consider what opportunities there are to work with partners from other Fire and Rescue Services, notably NFCSP partners, as well as those in other key areas e.g. Police and Local Authorities.
- 5.9 *Non-statutory response activities will be cost neutral:* Whilst our focus must be on our own statutory duties, where we can support community response needs, we will do so but not to our detriment financially.
- 5.10 *No significant increase in risk to the community:* Whilst community risks may change e.g. through demographic changes (that we will need to react to), that risk will not be increased through any changes made to our service offering.

- 5.11 *No compromise to firefighter safety*: Firefighter safety is a specific project within IRMP looking at media and techniques, but any changes in other project areas such as response vehicles will have firefighter safety as a central point of focus.

6. **Capacity**

- 6.1 The combination programme was itself a significant programme of change that is on-going. It is therefore recognised that those changes need time to become embedded, not least in terms of newly formed teams settling into new ways of working.

- 6.2 It is therefore proposed that the main focus of the IRMP in year 1 will be to carry out research and analysis to support medium to long term change.

- 6.3 However, there are some key drivers and priorities that do need addressing in the short term including the need for savings and these have been built into the IRMP programme of work.

7. **The IRMP Projects**

- 7.1 There are nine projects that make up the IRMP change programme. Whilst they will be managed independently, they are all inextricably linked to each other and have significant interdependencies.

- 7.2 This section will introduce an overview of each of the projects and the individual mandates for each, with more detail appended to this report.

7.3 *Intelligence and risk modelling*:

- 7.3.1 The start point of any risk modelling process is to first understand our communities through research and analysis and then to determine the nature of risk associated with those communities.

- 7.3.2 However, risks ignore boundaries and it will therefore be necessary to consider how the IRMP impacts upon each command area as well as the service as a whole. Similarly, as risk modelling through the availability of greater data sharing, becomes more sophisticated it will be possible to consider risk at a household level.

- 7.3.3 It will therefore be necessary, in developing the IRMP, to consider its construction from the above perspectives and to develop a methodology accordingly.

- 7.3.4 We have learned that people who are vulnerable because of their social and economic circumstances are also vulnerable to fire.

- 7.3.5 We have also learned what areas for example, are more prone to flooding.

- 7.3.6 This means that there is an element of prediction that is possible and whilst we cannot say exactly where and when an incident might occur, we can identify where and when it is most likely to occur.
- 7.3.7 There are a number of sources of information and tools to help us understand this risk, which includes our own emergency incident data, deprivation level data and joint strategic needs assessments from partners to name a few.
- 7.3.8 There are also a number of specialist modelling tools such as Phoenix, as well as MOSAIC (which categorises households based on resident's characteristics).
- 7.3.9 Information sharing protocols currently being piloted such as 'Exeter' data will contribute further significant intelligence to help us understand community risk down to a household level.
- 7.3.10 A mixture of tools is currently in use across the service and it will be necessary to adopt a single approach to the use of those tools in order to develop a consistent understanding of risk across DWFRS.
- 7.3.11 This project will be prioritised as its outcomes will enable analysis for all other projects to take place.
- 7.4 *Emergency Cover Review*
- 7.4.1 The emergency cover review is all about ensuring that our fire (response) stations are in the right place and have the right people, appliances and equipment to respond to and deal with any emergencies that might occur.
- 7.4.2 We do however know that the majority of our fire (response) stations are in the right place and that their local risk profiles have not significantly changed and certainly not to the extent that warrant station relocation.
- 7.4.3 However, where there is significant change proposed e.g. the growth in the Swindon eastern villages, we will carry out focussed reviews in these areas specifically, albeit as part of a wider review.
- 7.4.4 There is a significant interdependency between this project and the integrated property asset management strategy and the fit for purpose analysis that precedes it.
- 7.5 *Emergency Medical Response*
- 7.5.1 Both Dorset and Wiltshire have been operating co-responding schemes for some time on behalf of South West Ambulance Services Trust (SWAST). Whilst these have been successful, the approach differs north and south across the new service.
- 7.5.2 The first priority for DWFRS will therefore be to align the existing schemes in terms of mobilising methodology, response vehicles, crewing and funding mechanisms.

- 7.5.3 SWAST have also indicated that there is potential to extend the co-responding scheme and this will need managing into service, not least due to the impact on the retained duty system.
- 7.5.4 Beyond this, SWAST has also shared their interest in looking at further opportunities for emergency medical response beyond co-responding and we shall be exploring this with them as part of this area of work.
- 7.6 *Non-emergency medical support*
 - 7.6.1 This project is primarily about maximising our capacity to support activities that reduce wider risks in the community as well as supporting our partners.
 - 7.6.2 This project will therefore look at whether we can respond to non-medical emergencies such as slips trips and falls in the home arising from Telecare activation as well as wider patient transport services.
 - 7.6.3 This area of work will be led by partners in SWAST as well as the wider health arena and as such will be driven by partner priorities. The early focus will therefore be on research, analysis and discussion.
- 7.7 *Wholetime Duty System Review*
 - 7.7.1 Operational personnel from the previous Dorset and Wiltshire services work different shifts, starting at different times across the new Authority. These differences need to be addressed primarily for greater consistency and coordination.
 - 7.7.2 The wider mandate is to explore whole time staffing across the combined service to highlight key changes that need to be delivered to improve staff coordination and performance, strengthen the Community Safety Plan, support business continuity and allow the authority to identify real future savings.
 - 7.7.3 The early focus will therefore be on alignment of duty systems, whilst looking at shift times and opportunities for self rostering etc. A broader review will follow.
- 7.8 *Retained Duty System Review*
 - 7.8.1 DWFRS is a predominantly rural service with key areas of urbanisation and as such, the operational response element of the service is predominantly resourced using the retained or on-call duty system.
 - 7.8.2 The challenges of retained availability to respond, coupled with the need to maintain competence against a larger and more complex range of skills, against a backdrop of limited time to train, mean that the current system needs to be strengthened.

7.8.3 Both Dorset and Wiltshire had slightly different ways of working for on-call firefighters and in the first instance, this will need aligning.

7.8.4 Time can then be spent on a wider review leading to the design of a different system that will be fit for purpose, sustainable and affordable.

7.9 *Firefighter Safety*

7.9.1 Dorset & Wiltshire Fire and Rescue Service understand that there is a large element of risk associated with responding to incidents. These incidents involve a wide ranging response that can't be completely mitigated with a single solution. However, there are reasonable assumptions that can be made on likely demand requirements and the suitable control measures required to ensure the continued safety of our workforce.

7.9.2 Dorset & Wiltshire Fire and Rescue Service now have an opportunity to review current standards of firefighter safety and not only align, but continue to maintain the previously high standards. To achieve this we will need to identify future response requirements (as outlined in IRMP projects) and develop appropriate strategies, to ensure future changes do not adversely affect firefighter safety, but in fact enhance it.

7.9.3 This project will therefore focus on firefighting media and firefighting techniques as well as associated equipment and personal protective equipment. Priorities will be driven by contract renewals and opportunities as they arise.

7.10 *Emergency Response Vehicles/Specials*

7.10.1 Firefighting vehicles have evolved and diversified significantly over recent years and have become increasingly technologically advanced machines. The front line pumping appliance, commonly referred to as a 'B Type' is the workhorse of the UK fire and rescue service. It is designed to meet and resolve a wide range of emergency scenarios, whilst more bespoke specialist vehicles have been developed to cater for specialist needs, such as: aerial appliances, off-road vehicles, Command Support Units (CSUs), technical rescue vehicles and Breathing Apparatus Support Units (BASUs) to name but a few.

7.10.2 Following an emergency cover review there will be an opportunity for Dorset & Wiltshire FRS to review the requirements of operational vehicles and potentially have a more diverse fleet, offering greater flexibility in crewing arrangements, utilising new technologies and deliver financial savings and efficiencies.

7.10.3 Priorities will be driven, to an extent, by the capital programme and contract renewals with some urgent decisions being required e.g. on aerial appliance provision across DWFRS.

7.11 *Emergency Services Mobile Communication Programme*

7.11.1 The existing contract for a mobile communications service (FireLink for the Fire Service) is due to expire between 2016 and 2020. Emergency Services Mobile Communications Programme (ESMCP) is the preferred option for the Department for Communities and Local Government (DCLG) for replacing this contract.

7.11.2 ESMCP is a cross Government-led programme to provide a mobile communications system to replace the current Airwave product (FireLink for the FRS) with a new commercial system based on 4G LTE. (4th Generation Long Term Evolution) affecting the Home Office, the Department of Health and DCLG.

7.11.3 In line with national timescales Dorset and Wiltshire FRS has signed up to ESMCP in principal, but on the proviso that network coverage is at least as good as currently provided by Airwave and that all transition costs would be met.

7.11.4 The ESMCP will bring access to secure 4G connectivity through hardware installed within our fleet. This in turn will enable DWFRS to consider new ways of working that take advantage of the mobile technology that will become available through the ESMCP.

7.11.5 This project will have significant implications for the service and will have to be sufficiently resourced to meet the national timelines set centrally.

8. **Governance**

8.1 Integrated risk management planning, by its very nature is a process which incorporates a number of interdependent projects.

8.2 There will be expectations on DWFRS to reduce risk to the communities we serve and to do so within the constraints of the service, not least the MTFP.

8.3 In order to achieve this, IRMP and its associated activities must be monitored and reviewed and it is therefore necessary to incorporate these activities and expected outcomes within the wider performance management framework.

8.4 The Senior Leadership Team (SLT) will act as the IRMP programme board and each project will be sponsored by a member of SLT.

8.5 SLT will receive monthly reports, by exception, from the programme manager.

8.6 The Policy and Resources committee will receive a full progress report at their quarterly meeting (see appendix 11, P&R terms of reference)

8.7 As the IRMP suite of projects are cross functional and have differing sponsors and project managers, the IRMP programme manager will hold regular meetings with the various leads to ensure projects are co-ordinated, issues and risks are managed and milestones are achieved.

8.8 Whilst these programme team meetings will be held monthly, attendance will vary depending on matters arising and approaching milestones.

8.9 Reporting will be managed via the Services performance management framework and Sytle (management information system).

9. Financial considerations

9.1 The original business case for combination was based on the premise that £1.5m could be saved as a result of merging and some of this has already been achieved through reductions in staffing levels.

9.2 The principle of delivering value for money from the IRMP programme will also lead to improvements in effectiveness, efficiencies and economies.

9.3 The medium term financial plan (MTFP) is therefore a further critical consideration in terms of integrated risk management, but should not be the driver of any IRMP planning outputs. Rather, the MTFP should be viewed as a constraint within which service redesign in relation to risk management is developed.

9.4 There may be a need to commission services in some project areas e.g. consultancy and costs will emerge as outcomes of projects e.g. the purchase of new equipment etc.

9.5 Some of these costs will be aligned to the existing capital programme e.g. contract renewals for licensing etc. but some adjustments may therefore be needed to the MTFP following the initial phases of IRMP research.

10. Consultation and Engagement

10.1 The Fire and Rescue National Framework for England, states under section 2.3 that *'each fire and rescue authority integrated risk management plan must: Reflect effective consultation throughout its development and at all stages with the community, its workforce and representative bodies, and partners.'*

10.2 It will therefore be necessary to develop a consultation strategy that reflects best practise as defined by the consultation institute that meets this requirement.

10.3 As part of the business case for combination, certain references were made to the need to review duty systems which was consulted upon and consideration should therefore be given to how this should be reflected, if at all, in any future consultation.

10.4 Where appropriate, key stakeholders will also be engaged and / or co-opted onto working groups to support the design and delivery of project outcomes.

10.5 These points are reflected within the principles that guide the whole IRMP programme.

11. Summary

- 11.1 The IRMP should be seen as a process of identifying community risk and putting measures in place that mitigate such risk.
- 11.2 Each fire and rescue service is obligated to produce an IRMP.
- 11.3 DWFRS has inherited two differing methodologies to IRMP and will therefore need to align its approach in order to create a single view of risk across the service area.
- 11.4 The DWFRS IRMP is incorporated within wider service governance arrangements and business planning processes as one of two key change programmes.
- 11.5 Due to capacity and on-going work associated with combination, the IRMP will focus initially on research but taking opportunities as they arise and addressing urgent items for decision e.g. where contract renewal impacts upon IRMP projects.
- 11.6 The suite of projects is cross-cutting and takes account of wider risks to our communities.
- 11.7 To ensure projects reflect the direction the Service has set, a range of principles have been established to guide the work.

AM J Mahoney

Appendix A

Intelligence and Risk Modelling Mandate

Dorset and Wiltshire Fire & Rescue Service



DORSET & WILTSHIRE
FIRE AND RESCUE

Brief Description

Name
Intelligence and risk modeling
Sponsor
ACFO Aldridge
Coordinator
Dean Corbin
Rationale
Horizon scanning and analysis such as PESTLE can assist in identifying a range of external factors and changes that impact on the wider environment. Used effectively this can allow the Authority to help determine future priorities, opportunities and risk and plan accordingly. Wider foreseeable risks are dealt with as part of our involvement with the LRFs and community risk registers. Dorset FRS and Wiltshire FRS’s ‘Safer 2020’ document brought together various trends and data sources to provide an in-depth scan of the potential landscape for public services and the wider society and economy and what changes may occur by 2020. CLG study (2008). Found that comparing Census (2001) data to instances of dwelling fires using regression analysis showed positive correlations between certain socio-demographic indicators. The report also found a positive correlation (although not as strong) with the Indices of Multiple Deprivation (IMD). We aim to have as accurate as possible understanding of the communities we serve, to enable us to determine how best to mitigate the risks they face in relation to our vision of changing and saving lives. An accurate picture will help drive the decisions we make about what to do and how to do it, when and where balancing response, prevention and protection and resilience. Risk can be considered as comprising two factors, likelihood & impact, the risk of having a fire. Someone living in her own home on the same street as a fire station has the same likelihood of having a fire as her friend who lives in their own home 20 minutes away from the station (assuming all other relevant risk factors are equal). These are the circumstances before we apply any aspects of the Fire Service response. The impact of the fire once it occurs however is different. The response of the Fire Service is likely to mitigate the damage caused to the property, and the likelihood of casualties as a result of the fire. Having a comprehensive understanding and evidence base of community risk allows the service to more accurately determine its intervention strategies and align assets and resources more closely to risk and demand.

Scope

The scope would be around not only using the traditional fire service datasets and demographic modeling tools but to attempt to incorporate datasets of others (such as health) to inform service decisions. The ability to include these types of factors within a risk model has the potential to provide a powerful tool for informing our strategies for intervention and prevention. However in order to effectively target these higher risk groups, we first need to find them. The development of a predictive risk methodology to calculate the varying risks will further assist in identifying the areas and people we need to target our resources on. Therefore we will:

1. Align two currently different approaches to community risk
2. Provide sufficient intelligence and risk information to support business change decisions
3. Future proofing our service delivery models
4. Engage and gather wider intelligence (community not just fire risk) with our partners

We will investigate the commissioning of community risk and emergency cover modeling, measuring and evaluation to external providers, such as; current local partners, universities/colleges or business and link to the Public Service Transformation Network for national experience and best practice.

Community Safety Plan Priority

- Making healthy choices
- Protecting the environment
- Being there when you need us
- Making every penny count

Vision (i.e. how will you know what constitutes success? What does it look like?)

What does it look like – What is the end game?

1. Where we can we will aim to evidence both the number of and scale of incidents reducing as a result of our interventions (response, prevention and protection) relative to the risk environment (including population growth) etc.
2. Develop a risk picture down to household level, to ensure high quality preventative work is delivered in the areas of most need and where the greatest benefit will be realized, our new risk profile will also be used to target community fire safety activity (Household level IRMP).
3. We will have a process to re-evaluate the risk profile on an ongoing basis to reflect most recent data, and to determine whether our prevention work is having the desired effect in reducing fires and related casualties. (Develop Sycle to provide an evaluation tool)
4. Establish strong links to partners' measuring and evaluation tools/programs, especially where joint outcomes are delivered against, such as; SWAST, healthy living.

Success Factors/Benefits	
What are they?	When will they be delivered
1. Having a picture of all our communities and their risks 2. Single view of the customer 3. Single approach to risk analysis 4. Same set of tools across DWFRS 5. Contribute to and align (where practicable) risk profiles for; public health, NHS, LA and SWAST	Once we have analyzed and modeled.

Constraints – Where can't we go?
A decision to concentrate resources and focus on statutory duties only will limit the scope of wider service delivery options and interventions. A key constraint in the adoption of any risk modeling would be the amount of work required to undertake this activity and the impact on the Strategic Planning and Knowledge Management Team. In addition, this could cause delays on other projects. We are tied into what the service has stated as its vision at this stage. As long as it stays within the boundaries of saving and changing lives we are ok. Alignment with JSNA etc. not creating separate versions We recognize that our response alone cannot prevent all fires or casualties. Other variables such as the use of fire resistant material in home furnishing and the installation of fixed alarm systems in properties also contribute to the number of fires deaths and injuries Partner data sharing protocols and understanding.

Interdependencies and Alignment (what are the critical dependencies for this Workstream)

Action or Project	Dependency	Delivered by	Responsible Owner
Determine what datasets we think we need		Dean Corbin/ Ian Jeary	
Determine what datasets we can get.	CFRMIS Ops risk information ESMCP (access to risk information etc) Partners, ie, Exeter data.	Dean Corbin/ Ian Jeary	
Determine what risk modeling tools we will use.	Performance and Planning capacity and capability, Phoenix licensing.	Dean Corbin/Bob Ford	

Community risk review	The appropriate Pre-Determined Attendances (PDA) has been agreed as part of the work undertaken by the Operational Alignment and Efficiency Group (OAEG). This was conducted as part of the Networked Fire Control Services Partnership (NFCSP). Dorset and Wiltshire Emergency Response Standards Consider the methodology undertaken by our neighboring FRSs Devon & Somerset and Hampshire Partner community assessments, specifically; Health, PCC, LA. Other IRMP workstreams, specifically; WDS, RDS, Response Vehicles. Government funding and policy direction. NFCSP mobilisation protocols (AVLS and Attribute based.) Neighbouring FRS stations, duty system, appliance type and IRMP Section 13/16 arrangements Medical and Well being response Multi agency information sharing protocols IPAMs	Dean Corbin /Ian Jeary	
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Critical Actions or Projects and key milestones

Title		Start date	End date	Responsible Owner	Consultation requirements
Determine what datasets we think we need		June 16	July 16	GM Ian Jeary	Performance and Planning Department
Number	Milestone				Delivered by what date
001	Confirm with Performance and Planning on data applications and processes				July 2016

Title		Start date	End date	Responsible Owner	Consultation requirements
Determine what datasets we can get.		June 16	August 16	GM Ian Jeary	Partners, Performance and Planning Department, Prevention and Protection
Number	Milestone				Delivered by what date
002	Confirm with Partners what data is available and can be shared				August 2016

Title		Start date	End date	Responsible Owner	Consultation requirements
Determine what risk modeling tools we will use.		June 16	July 16	Jim Mahoney	Performance and Planning Department
Number	Milestone				Delivered by what date
003	Confirm with Performance and Planning on software applications and processes				July 2016

Title		Start date	End date	Responsible Owner	Consultation requirements
Community risk review		August 16	October 16	Jim Mahoney	RBs, Partners, District Commands, Prevention and Protection
Number	Milestone				Delivered by what date
004	Service community risk review				September 2016
005	Combined partners and service risk review				October 2016

Title		Start date	End date	Responsible Owner	Consultation requirements
Measuring our overall progress		June 2016	April 2017	GM Ian Jeary	RB, staff, partners, performance and planning, Prevention and Protection
Number	Milestone				Delivered by what date
006	We need to establish a tool to measure and evaluate our progress. What does success look like, what do we need to keep doing, what do we need to improve?				April 2017, once set up will continue to monitor effects and impacts.

Alignment to MTFP (must be signed off by Director of Finance)

Impact	Cost	Benefit/Cashable Efficiencies	When delivered	Additional Funding Required
Additional Phoenix Licenses	tbc	Required for multiple concurrent users on more than one machine.	July 2016	tbc

Risks (that could prevent delivery of the Vision)

Title	Issue	Impact (5x5)	Likelihood (5x5)	Controls
Funding for commissioned services	Not knowing if we need funding at this stage, potentially missing out on it if required.	3	4	Early engagement with Performance and Planning on capacity and timescales for projects.
Resourcing	Planning and Performance capacity and capability	4	2	Early project notification, contingency fund for commissioned service.
Project inter dependencies	Lag or delay in one project affecting others	4	3	Possibly commission resources
Data sharing	Not being able to get the data we need from disparate sources	3	3	Use of data sharing agreements, strategic engagement

Timeline

[illegible]

Appendix B

Emergency Cover Review Mandate

Dorset and Wiltshire Fire & Rescue Service



DORSET & WILTSHIRE
FIRE AND RESCUE

Brief Description

Name
Emergency Response Review
Sponsor
John Aldridge
Coordinator
Ian Jeary
Rationale
As a result of combination the new service comprises of; 50 fire stations, 37 of which are RDS, 4 day crewed and 9 WDS. There are 350 wholetime firefighters and 700 on-call firefighters across the combined service based at fire stations and in specialist day duty roles. The service will serve a population in excess of 1.4 million, consisting of over 500,000 households and 48,000 non domestic properties within an area of 6,138 km². Dorset and Wiltshire will be experiencing high levels of housing growth with 85,725 new homes by 2030 and a 7.6% (107,986) population increase by 2020. Dorset and Wiltshire also have the highest rate of military personnel based in their sub-region and this is set to grow by up to 41,000 (staff and dependants) by 2020. Currently the service attends 14,500 emergencies in a year, with 3,200 of these being fires. The service has combined its response standards and will aim to respond to sleeping risk fires within 10 minutes for the first appliance and RTCs within 15 minutes for the first appliance (see appendix 1 for the full response standards.) Both services have degradation plans that were tested throughout the periods of industrial action and these together with the learning gathered from their use will be used to inform the fire cover review. Previous fire cover reviews (as part of IRMP) will be used as part of the combined review methodology. As the service form a central part of the NFCSP it will be critical to consult with both Hampshire and Devon & Somerset FRS on their reviews to make sure there is a collaborative approach to our; appreciation and understanding of risk and the interventions we are proposing. This approach must be developed further through consultation and collaboration with our key local partners, such as; Local Authorities, SWAST, PCCs and Police, and CCGs, to gain a joined up picture of community risk and to find out what they want and expect from their FRS. This could be through greater collocation as a result of the One Public Estate program or through more collaborative working, such as; health commissioning groups or the PCCs. The combined emergency cover review will have to examine and quantify the level and severity of community risk as well as the level and severity of historical and predicted demand to provide a sound evidence base for future decisions on; fire station locations, duty systems, response standards, emergency call management, and vehicle types and numbers. However, the exact nature and make up of the new response models can not be confirmed without examination of and integration with a comprehensive community protection and prevention strategy. This will make sure that community risk is controlled and mitigated as much as practicable and early, multi-agency interventions reduce demand on emergency and community services. Decisions on; station locations, duty systems and vehicle type and number will need to be evidenced based but should also have a degree of professional judgement applied where a strategic need exists.

Scope

There will be a service wide emergency cover within which there will be a number of areas of focus where it is anticipated, from previous review work, that efficiencies can be made more easily and/or where there are existing plans for station development work that are linked with our local partners. Consideration will be given to current and planned Strategic Needs Assessments for the service areas together with a comprehensive community impact assessment to make sure any changes will not overly affect a sector of our community more than any other. These areas of interest are:

1. Swindon

Swindon fire station site is large and located in an area of commercial development demand and also within the SBC gateway development plan for the town centre. There is need for an early decision around investment in the site, as there is a time limit in place on the land options currently available. This decision will have knock on implications for Stratton and Westlea, as the current fire cover arrangements are predicated on the current locations and staffing models. The decision is also linked to any development of collocated prevention and protection safety teams within SBC and the expected housing development to the East and South of Swindon.

2. Salisbury

With falling call volumes a review of Salisbury is required to verify the need and status of an emergency response hub from the current location. Due to the 'remote' location of Salisbury in relation to other WDS stations across the NFCSP, professional judgement will be required to inform the final decision.

3. Tisbury

There are current development plans in place with local partners that will require a review of the station location and its multi-agency use. There would also be the opportunity to expand this review to incorporate; Gillingham, Mere and Shaftesbury stations. This review will allow the service to evidence the response requirements in this area and assure the station locations as required.

4. Bournemouth, Poole and Christchurch

With the number of WDS stations and WDS crewed appliances within Bournemouth there is scope for a review to investigate the matching of resources to; risk, demand and severity of incident. This should better inform decisions over; the number and location of stations, type of staffing model, vehicle type and number. This review will also take into account the housing development planned for the area together with developments in Poole and East Dorset.

5. Marlborough

The station is not ideally sited nor does it have an ideal layout, appliances need to reverse into the appliance bay, and the station accommodation does not suit the current and future community use expected for the station. As part of the OnePublic Estate and through local multi-agency dialogue, Fire, Police and Ambulance are in early discussion concerning a single multi-agency response and community hub in Marlborough.

Community Safety Plan Priority

Making safer and healthier choices

Protecting you and the environment from harm

Being there when you need us

Making every penny count

Vision (i.e. how will you know what constitutes success? What does it look like?)

What does it look like – What is the end game?
1. Strategic community assets appropriately located around the service area 2. Improved emergency response performance 3. On going revenue and capital savings 4. Confirm and assure station locations. 5. Identify community development opportunities. 6. Evidence for an integrated Prevention, Protection and Response Strategy. 7. Risk, Demand and Severity led resourcing models. 8. To inform and develop IPAM. 9. Multi-Agency and community estate use/co-location. 10. Maximise asset utilisation.

Success Factors/Benefits	
What are they?	When will they be delivered
1. Completed emergency cover review for allocated areas 1 to 5 in the scope 2. Completed emergency cover review for whole service 3. Completed IPAMS for service	September 2016 December 2016 October 2016

Constraints
1. Number and location of stations, where directed by DWF&RA. 2. On call staff turnout catchment area 3. Community planning and development 4. Environmental Impact and assessment 5. OnePublic Estate, conflicting and uncoordinated timescales.

Interdependencies and Alignment (what are the critical dependencies for this Workstream)

Action or Project	Dependency	Delivered by	Responsible Owner
Community Risk Modeling	Likely Emergency Demand	IRMP Team	Jim Mahoney
IPAM	Estate suitability & sustainability	Assets	Pete Barrow
Land availability options	LA planning decisions	LA	tbc
Wider community risk profile	Partners (SWAST, LA)	Partners	Tbc

Critical Actions or Projects and key milestones

Title	Start date	End date	Responsible Owner	Consultation requirements
Determine software modeling to use	June 2016	July 2016	Jim Mahoney	District Commands, RBs
Number	Milestone			Delivered by what date
001	Confirm with Performance and Planning on software applications and processes			July 2016

Title	Start date	End date	Responsible Owner	Consultation requirements
Carry out emergency response modeling for 1 to 5.	July 2016	October2016	Jim Mahoney	District Commands, RBs
Number	Milestone			Delivered by what date
002	Swindon emergency cover review			August2016
003	Bournemouth and Poole emergency cover review			September 2016
004	Salisbury emergency cover review			September 2016
005	Tisbury emergency cover review			August 2016
006	Marlborough emergency cover review			August 2016

Title	Start date	End date	Responsible Owner	Consultation requirements
Carry out wider emergency response modeling	October 2016	December 2016	Jim Mahoney	District Commands, RBs
Number	Milestone			Delivered by what date
007	Complete the emergency cover review for the whole service area			December 2016

Title		Start date	End date	Responsible Owner	Consultation requirements
Stakeholder engagement and consultation		June 2016	January 2017	Jim Mahoney	RBs, Partners, Staff
Number	Milestone				Delivered by what date
008	Establish and Implement; Stakeholder Boards, project working groups and communication channels with internal and external stakeholders				January 2017, but engagement and communication will continue through the IRMP implementation stages throughout 2017/18.

Title		Start date	End date	Responsible Owner	Consultation requirements
Measuring our overall progress		June 2016	April 2017	Jim Mahoney	RB, staff, partners, performance and planning
Number	Milestone				Delivered by what date
009	We need to establish a tool to measure and evaluate our progress. What does success look like, what do we need to keep doing, what do we need to improve?				April 2017, once set up will continue to monitor effects and impacts.

Alignment to MTFP (must be signed off by Director of Finance)

Impact	Cost	Benefit/Cashable Efficiencies	When delivered	Additional Funding Required
None known at present				

Risks (that could prevent delivery of the Vision)

Title	Issue	Impact (5x5)	Likelihood (5x5)	Controls
Team capacity	Demand outstrips team capacity	5	3	Investigate commissioned services/reduce team tasks
Project inter-dependencies	Risk modeling project slips	5	3	Manage workloads proactively and flag up early delays.
Decisions change on Asset locations	Response sites change location	5	2	Early decisions and planned station developments required.
Legislative changes affecting CFA governance	Potential for PCC involvement in decision making	4	2	Early PCC engagement on estates issues
LA estate plan and Devolution bid.	Potential for FRS estate to be involved in bid and strategy.	4	2	Early LA engagement on estates issues

Timeline

Mandate	Critical actions	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Emergency Cover Review	Determine software modelling to use			AM Jim Mahoney												
Emergency Cover Review	Stakeholder engagement and consultation			AM Jim Mahoney												
Emergency Cover Review	Measuring our overall progress			AM Jim Mahoney												
Emergency Cover Review	Emergency response modelling Swindon				AM Jim Mahoney											
Emergency Cover Review	Emergency response modelling Bournemouth/Poole				AM Jim Mahoney											
Emergency Cover Review	Emergency response modelling Salisbury				AM Jim Mahoney											
Emergency Cover Review	Emergency response modelling Tisbury				AM Jim Mahoney											
Emergency Cover Review	Emergency response modelling Marlborough				AM Jim Mahoney											
Emergency Cover Review	Carry out wider emergency response modelling							AM Jim Mahoney								

Appendix C

Emergency Medical Response Mandate

Dorset and Wiltshire Fire & Rescue Service



DORSET & WILTSHIRE
FIRE AND RESCUE

Brief Description

Name
Emergency Medical Response
Sponsor
ACFO Ben Ansell
Coordinator
AM Gus Cuthbert
Rationale
Sir Ken Knights review of the Fire Service in 2013 acknowledged that there has been a massive reduction in fires over the last decade and that the FRS's themselves have played a key role in this by shifting their focus to prevention and identification & reduction of risk. Whilst most health and social care services are experiencing the pressures of reduced funding and an increase in demand for services, FRS's are seeing a reduction in demand for the operational response. Both Services currently provide a co-responding response element on behalf of SWAST, delivering first aid, providing oxygen therapy & administering defibrillation and cardiopulmonary resuscitation, but individual arrangements currently differ between the two old Service areas. Co Responding is only provided in certain areas by the Retained/On Call personnel across both areas, currently 8 stations in Wiltshire and 5 in Dorset. Our procedures for responding, the vehicles provided for use in the scheme, the equipment and financial reimbursement figures from SWAST are different. National trials are currently underway in parts of the Country as part of the 'NJC Emergency Medical Response Workstream project' of which Dorset and Wiltshire Fire & Rescue Service are participating. Of 46 fire and rescue services in England and Wales, there are currently at least 18 who currently provide some sort of medical response. The criteria and operating procedures differ from service to service, and so it could fairly be said that the approach varies rather than being uniform. There are, however, a good number of examples of partnership working between fire and ambulance services which go a long way beyond our current co-responding arrangements. At least one service in England, Lincolnshire, has obtained funding to acquire ambulances to allow it to expand its long-standing medical response arrangements, by offering urgent care patient transportation in appropriate circumstances. Although the crews involved still see themselves very much as firefighters who go to medical calls, of the 21 stations in Lincolnshire that provide emergency medical response services, all but two attend more medical emergencies than fire calls. Hampshire Fire and Rescue Service has operated a co-responder scheme since 2004 and is recognised as delivering a well organised and mature partnership. The scheme operates out of 21 fire stations and the Service is planning to increase this to 22. Staff take on this additional role on a voluntary basis. Volunteers are trained by the Ambulance Service. Hampshire FRS has been responding to the most urgent 'Category A' calls but discussions are taking place with the Ambulance Service for the FRS to take on less urgent calls (and thereby free up Ambulance Service assets to deal with more urgent ones). The original intention was to use FRS mobilisation in areas where the Ambulance Service was having difficulty in meeting its attendance targets (and therefore, amongst other things, reducing the likelihood of people surviving an OHCA). Dedicated vehicles are used by the FRS for responding to emergency medical calls. These vehicles are deployed directly

by Ambulance control. South Central Ambulance Service provides about £500k funding each year to cover the cost of RDS mobilising fees. The FRS co-responders in Hampshire achieve target attendance times on about 80% of occasions and fire stations average around 500 emergency medical calls per year. Across Hampshire, the FRS attends approximately 10,000 calls annually and contributes to 5% of the Ambulance Service's overall performance in attending the most urgent category of calls.

The experience in England has been that the introduction of emergency medical response increases (sometimes, significantly increases) the number of calls being attended by a station. This can have the effect of increasing the availability of a station – because staff are more prepared to make themselves available for emergency calls if there is a greater chance of them dealing with emergency work. Even if a crew is not available 100% of the time it would still be providing a life-saving service for the times that it was available.

Although the costs of a fire-based emergency medical response scheme are relatively small, they should not be ignored – particularly when fire and rescue services are being urged to reduce their budgets. If the fire service is to be asked to support medical response activities, appropriate resourcing would need to be identified to allow this to be implemented properly and supported effectively by managers.

Scope

There are 3 distinct phases:

1. To align the existing Co-responding arrangements (previously separate agreements with SWAST between Wiltshire FRS & Dorset FRS)
2. To expand the Co-responding scheme to include more stations across our new Service area.
3. To look at other more developed versions of medical responses by the FRS, where the fire service is itself responsible for managing ambulance and paramedic provision in a location. The cities of New York and Washington DC in the United States are examples of this model, as are Dublin in Ireland and Berlin in Germany. The fire service will dispatch an appliance to a medical emergency, and that is the only response provided – there is no separate ambulance service. This model is as much an organisational one as an operational one. Eg a purely Fire Service response to RTC's where personnel will deal with both extrication, scene safety and medical intervention. How and what medical intervention we can provide and at what level. Vehicles, training and resources required in order to equip our personnel to respond to medical emergencies. Existing Schemes both nationally and internationally provide evidence that the FRS can indeed expand into such areas and provide a professional and resilient response. Current NJC trials are underway looking at expanding medical response ability and responsibility in the UK FRS.

Community Safety Plan Priority

1. Be there when you need us
2. Making every penny count
3. Protecting you and the environment from harm

Vision (i.e. how will you know what constitutes success? What does it look like?)

What does it look like – What is the end game?

1. A reduction of injuries and deaths across our new Service area
2. Saving lives through new innovative ways of working in the community and with health partners
3. Funding opportunities from central and local government where FRS's are offering new ways of working to champion health and social wellbeing in the community, attraction of funding from future transformational grants if new and innovative projects are identified and developed, eg the Transformation Challenge Award Fund.
4. A reduction in the financial burdens on our partners
5. Our ability to influence regional and national best practice in prevention intervention initiatives and strategies
6. Reinforcing our operational crew and appliance numbers through an increase in our capacity to deliver a medical intervention service
7. An increase in staff moral, performance, retention and attendance due to an increase in work related activity through an expansion of our medical emergency responses

Success Factors/Benefits

What are they?

When will they be delivered

- | | |
|--|--------------|
| 1. Ensuring impact on service delivery is minimal | 2017 |
| 2. Delivering our vision as detailed in the new overall Service IRMP | 2017 |
| 3. Closer working with SWAST, development of working arrangements and procedures | 2017 |
| 4. Reducing impact and burden on NHS | 2017 |
| 5. Attract funding from government and/or partners for new initiatives | 2017 |
| 6. Initiatives to be fully researched and relevant training provided | 2018 onwards |

Constraints

1. Existing resources – people, equipment, training and vehicles
2. Services must be sustainable in terms of finance and resources
3. Conditions of Service – grey book staff carrying out activities, HR and TUPE measures
4. Current and future funding levels
5. Joint Strategic Needs Assessments
6. Ability to work consistently with partners, particularly those in health
7. Trade Union 'sign up' for new initiatives
8. Must still provide a blue light response service

Interdependencies and Alignment (what are the critical dependencies for this Workstream)

Action or Project	Dependency	Delivered by	Responsible Owner
Co-responding and enhanced FRS emergency medical response	1. Strategic direction remaining constant, future changes in priorities or shift of focus (e.g if PCC become involved) 2. Reduction in central government funding 3. Government policy direction, shifts in priorities as a result of the move to the Home Office 4. Restrictions or changes in partner organisation's information sharing protocols 5. The appetite and willingness of our health colleagues to work closer with us in the emergency medical response arena 6. RB engagement and 'buy in'. 7. Suitable training for our staff 8. Resources – transport, staffing and equipment 9. Partner priorities, timescales and pressures, particularly health	AM Gus Cuthbert IRMP Project team/working party	ACFO Ben Ansell

Critical Actions or Projects and key milestones

Title	Start date	End date	Responsible Owner	Consultation requirements
Co-responding alignment	June 2016	December 2016	ACFO Ben Ansell	Yes, RB
Number	Milestone			Delivered by what date
001	Alignment of existing co-responder schemes			July 2016

Title		Start date	End date	Responsible Owner	Consultation requirements
Co-responding expansion		June 2016	December 2016	ACFO Ben Ansell	Yes, RB
Number	Milestone				Delivered by what date
002	Roll out of scheme to include more stations and staff Research into potential solutions, viable business case including resources required to sustain Engagement and negotiations with SWAST				July 2017 July 2017

Title		Start date	End date	Responsible Owner	Consultation requirements
Enhanced medical response		June 2017	December 2017	ACFO Ben Ansell	Yes, RB
Number	Milestone				Delivered by what date
003	Research into emergency medical response schemes, viable business case including resources required to sustain Engagement and negotiations with SWAST				July 2018 July 2018

Title		Start date	End date	Responsible Owner	Consultation requirements
Measuring our overall progress		June 2016	April 2017	AFCO Ben Ansell	RB, staff, partners, performance and planning
Number	Milestone				Delivered by what date
004	We need to establish a tool to measure and evaluate our progress. What does success look like, what do we need to keep doing, what do we need to improve?				April 2017, once set up will continue to monitor effects and impacts.

Alignment to MTFP (must be signed off by Director of Finance)

Impact	Cost	Benefit/Cashable Efficiencies	When delivered	Additional Funding Required
None known at present				

Risks (that could prevent delivery of the Vision)

Title	Issue	Impact (5x5)	Likelihood (5x5)	Controls
Financial	Funding/budget constraints	5	3	SLT control/priority.
Inter-dependencies	Mandate progress dependent on the content and outcomes of other mandates	4	4	Comms plan and liaison between mandate leads
Time scales	Slippage of original mandate delivery timescale or change in SLT priority	3	2	Flexible approach, priority work identified
SWAST appetite and priorities	Shift of focus, changing of priorities	5	2	Project plan agreed and sign off by all parties
Rep bodies	Rep bodies presenting challenges	5	3	Rep body inclusion in working group from the start

Timeline

Mandate	Critical actions	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Emergency Medical Response	Co-Responding expansion include more stations			ACFO Ansell																		
Emergency Medical Response	Co-Responding expansion research/business case			ACFO Ansell																		
Emergency Medical Response	Co-Responding expansion engagement			ACFO Ansell																		
Emergency Medical Response	Measuring our overall progress			ACFO Ansell																		
Emergency Medical Response	Enhanced medical response research															ACFO Ansell						
Emergency Medical Response	Enhanced medical response engagement															ACFO Ansell						

Appendix D

Non Emergency Medical Response Mandate

Dorset and Wiltshire Fire & Rescue Service



DORSET & WILTSHIRE
FIRE AND RESCUE

Brief Description

Name

Non Emergency Medical Response

Sponsor

ACFO Mick Stead

Coordinator

Lorraine Hunt –Prevention Head of Department, Damien Bence IRMP coordination

Rationale

Health & social care reform and integration are national priorities being driven forward by the £3.8 million Better Care Fund, Health and Social Care Act and the Care Bill. With Local Authorities spending 50% of their budgets on 5% of the population and the NHS under increasing financial pressure, local areas are more than aware of the need to adopt closer and better ways of working that are sustainable and provide dignity in care. Sir Ken Knights review of the Fire Service in 2013 acknowledged that there has been a significant reduction in fires over the last decade and that Fire and Rescue Services (FRS's) have played a key role in this by their pro-active and innovative approach to prevention activities and the identification & reduction of wider social risk. Whilst most health and social care services are experiencing the pressures of reduced funding and an increase in demand for services, FRS's are seeing a reduction in demand for the operational response.

The population of the new combined Service area: **Wiltshire & Swindon** = 682,200, 125,000 aged 65+ (19% of population), **Dorset, Poole & Bournemouth** = 754,000, 167,000 aged 65+ (22% of population), Combined population of 1,436,200 with 292,000 people currently aged 65+, 5% of our population live with life limiting disabilities, 40% of our population have long term illnesses. The new Service area has one of the highest life expectancies in the Country. Both areas have pockets of deprivation, notably those areas in Swindon and Bournemouth which rank amongst the top 10% most severely deprived areas in England. For the first time Wiltshire now has its first area ranked in the top 10%, Dorset and other areas in Wiltshire have a further 18 LSOA (Local Super Output Areas) which rank amongst the top 20% most deprived areas.

Improved living standards, better healthcare, greater awareness of the importance of a healthy diet and taking regular exercise have led to more and more people enjoying life into their 80s and 90s. However older people, in particular the frail elderly, are one of the groups of our population most vulnerable to accidents, particularly in and around the home. Those over 65 years of age are most at risk, suffering both the highest mortality rate and the most severe injuries. In 2009 in England and Wales alone, people aged 65 or over accounted for 7,475 deaths as a result of an accident of which 49% were due to a fall. More dated figures relating to A&E attendances after home accidents show that falls are by far the single largest cause of attendance. In 2002, 2.7million people attended an A&E department in the UK following a home accident, of whom 1.2million had suffered a fall. Over-65s accounted for 19 per cent of the total number of A&E home accident attendances, but 30 per cent of the attendances were due to accidental falls at home. Many of the fatal and non-fatal accidents to older people are attributable wholly or in part to frailty and failing health. This can lead to failure or slowness to see and avoid risks. By drawing the attention of older people and their carers to danger spots and unsafe habits then accidents can be reduced.

In March 2015 the Department of Energy and Climate Change published Cutting the cost of keeping warm –a fuel poverty strategy for England which sets out a vision “to cut bills and increase comfort and well-being in the coldest low income homes. Fuel Poverty is a persistent problem in the UK affecting the lives and health outcomes for thousands of vulnerable people. The UK has a higher winter mortality rate than comparable countries and more than Scandinavian countries where the winter temperatures are much lower. NHS Clinical Commissioning Groups (CCGs) and Health & Wellbeing Boards are increasingly focusing on trying to decrease hospital admissions, and avoiding relapses in chronically ill patients through preventative measures that can be delivered in their homes. Both Services are currently involved in projects which focus on cold homes, specifically Warm & Safe initiatives. Our ability and experience in delivering prevention initiatives placed us in a very strong position of trust amongst the community and our partners.

Some Fire and Rescue Services across the country are involved in responding to a wider range of incidents including providing non-emergency medical response. The type of response arrangements are in some instances linked to tele-care alerts and operational crews are providing an initial response to low level falls in the home instead of this being undertaken by ambulance crews. The driver for this is to reduce hospital admissions. Issues around clinical governance, mechanisms for triage and risk assessments have all needed to be addressed.

Several initiatives across the broader health arena are already underway across the new Service area, these include:

1. Integrated health & social care pilot in Dorset
2. Safe & Independent Living (SAIL) running across Bournemouth, Dorset, Poole & Swindon which acts as a signposting system to other agencies
3. Single View project (Wiltshire) which is looking at a single source of information for agencies to access those people who are known to us or our partners
4. Safe and Warm projects both in Swindon, Wiltshire & Dorset
5. Royal College of General Practitioners national project on fuel poverty and cold homes, being trialled in Wiltshire

Scope

There are two distinct elements:

1. Research non-emergency medical response arrangements being undertaken by Fire & Rescue Services across the Country.
2. Investigation into the potential for Dorset & Wiltshire Fire and Rescue Service to play a role in ‘Telecare’ services. This could include the FRS becoming the call handling centre. There is also the potential for Safe and Well advisors to become trusted assessors so that they can signpost vulnerable people to the relevant services and undertake some lower level triage in line with agreed protocols. This could also include the installation of cold alarms and any resulting interventions.
3. To ensure that these elements are cross referenced with the departmental delivery plans.

Community Safety Plan Priority

1. Be there when you need us
2. Making every penny count
3. Making safer and healthier choices
4. Protecting you and the environment from harm

Vision (i.e. how will you know what constitutes success? What does it look like?)

What does it look like – What is the end game?

1. A reduction in the number of injuries and fatalities across our new Service and an increase in community health and wellbeing in general
2. An effective and robust non emergency medical response service offered by the FRS which provide a reliable and efficient service for members of the community whilst being financially rewarding and allowing our emergency healthcare professionals to be where they are needed most
3. Expanding our call handling and non urgent response capability to provide an efficient and effective 'Telecare' style service
4. Our success in influencing regional and national best practice in prevention intervention initiatives and strategies
5. Reducing The financial burdens on our partners, particularly in health, by reducing hospital and A&E admissions
6. Reinforcing our operational crew and appliance numbers through an increase in our capacity to deliver other health and patient focused services
7. An increase in staff morale, recruitment, retention, performance and attendance due to an increase in work related activity through an expansion of our non medical emergency responses

Success Factors/Benefits

What are they?

When will they be delivered

- | | |
|--|--------------|
| 1. Delivering our vision as detailed in the new overall Service IRMP | 2017 |
| 2. Closer working with our partners, specifically local authorities and Health, helping them to fulfil their objectives, ie Joint Strategic Needs Assessment | 2017 |
| 3. Reducing impact and burden on other public services | 2018 onwards |
| 4. Attract funding from government and/or partners for new initiatives | 2018 |
| 5. Initiatives to be fully researched and relevant training provided | 2017-2018 |

Constraints

1. Services must be sustainable in terms of finance and resources
2. Conditions of Service – Green and Grey book staff carrying out other activities outside of current role maps
3. Partners Joint Strategic Needs Assessments and their Strategic expectations
4. Continue to provide a blue light response service
5. HR constraints and TUPE measures

Interdependencies and Alignment (what are the critical dependencies for this Workstream)

Action or Project	Dependency	Delivered by	Responsible Owner
Non emergency medical response initiatives and 'Telecare' style service	1. Strategic direction remaining constant, future changes in priorities or shift of focus (e.g if PCC become involved)	Lorraine Hunt – Head of Prevention IRMP Project team/working party	ACFO Mick Stead

	2. Reduction in central government funding 3. Government policy direction, shifts in priorities as a result of the move to the Home Office 4. Restrictions or changes in partner organisation's information sharing protocols 5. The appetite and willingness of our health colleagues to work closer with us in the wider health arena. 6. RB engagement and 'buy in'. 7. Suitable training for our staff 8. Resources – transport, staffing and equipment 9. Partner priorities, timescales and pressures		
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Critical Actions or Projects and key milestones

Title		Start date	End date	Responsible Owner	Consultation requirements
Non emergency medical response		April 2017	June 2017	ACFO Mick Stead	RBs, HR, Procurement, Prevention and Protection
Number	Milestone				Delivered by what date
001	Research into potential options, viable business case including resources required to sustain				Dependent on Contract timescales

Title		Start date	End date	Responsible Owner	Consultation requirements
'Telecare' style service		June 2016	November 2016	ACFO Mick Stead	RBs, SCC, HR, Procurement, Prevention and Protection
Number	Milestone				Delivered by what date
002	Research into potential solutions, viable business case including resources required to sustain contractual obligations				Dependent on Contract timescales

Title		Start date	End date	Responsible Owner	Consultation requirements
Measuring our overall progress		June 2016	April 2017	ACFO Mick Stead	RB, staff, partners, performance and planning
Number	Milestone				Delivered by what date
003	We need to establish a tool to measure and evaluate our progress. What does success look like, what do we need to keep doing, what do we need to improve?				April 2017, once set up will continue to monitor effects and impacts.

Alignment to MTFP (must be signed off by Director of Finance)

Impact	Cost	Benefit/Cashable Efficiencies	When delivered	Additional Funding Required
Investment in PTS contract resourcing	Contract dependent	No cashable savings/ Raises service profile and develops service in new working.	Contract dependent	Contract dependent

Risks (that could prevent delivery of the Vision)

Title	Issue	Impact (5x5)	Likelihood (5x5)	Controls
Financial	Funding/budget constraints	5	3	SLT control/priority.
Inter-dependencies	Mandate progress dependent on the content and outcomes of other mandates	4	4	Comms plan and liaison between mandate leads
Time scales	Slippage of original mandate delivery timescale or change in SLT priority	3	2	Flexible approach, priority work identified
Health partners appetite and priorities	Shift of focus, changing of priorities	5	2	Project plan agreed and sign off by all parties
Rep bodies	Rep bodies presenting challenges	5	3	Rep body inclusion in working group from the start

Timeline

Mandate	Critical actions	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Non Emergency Medical Response	Telecare' service			ACFO Stead												
Non Emergency Medical Response	Measuring our overall progress			ACFO Stead												
Non Emergency Medical Response	Non emergency medical response													ACFO Stead		

Appendix E

Wholetime Duty System Mandate

Dorset and Wiltshire Fire & Rescue Service



DORSET & WILTSHIRE
FIRE AND RESCUE

Brief Description

Name	
WDS Mandate	
Sponsor	
ACFO Ansell	
Coordinator	
Craig Baker	
Rationale	
Dorset and Wiltshire operational personnel work different shifts, starting at different times across the same Authority. These differences need to be addressed primarily for greater consistency and coordination of the 370 full time personnel. The wider mandate is to explore future options for whole time staffing across the combined services to highlight key changes that need to be delivered to improve staff coordination and performance, strengthen the Community Safety Plan, support business continuity and allow the authority to identify real future savings.	
Scope	
There are two distinct phases to this Mandate. The first phase (Phase A) is to synchronise the watches across the combined authority to achieve greater alignment of working patterns, start and finish times and work practices. The benefits of 'Phase A' is that activities will promote improved control and coordination of staff over a variety of operational and management areas. Efficiencies will be achieved through the creation of alternate crewing arrangements of special appliances, changing shift lengths and incorporating flexible staffing options where required. The second phase (Phase B) will focus on the longer term by investigating and researching options for sustainable wholetime duty systems which will benefit the authority in its delivery of the community safety plan priorities. Options within 'Phase B' will be thoroughly considered in terms of impact on our staff and the community with working groups established long before formal consultation with key stakeholders.	
Community Safety Plan Priority	
1. Be there when you need us 2. Making every penny count 3. Making healthy choices 4. Protecting the environment	

Vision (i.e. how will you know what constitutes success? What does it look like?)

What does it look like – What is the end game?

Phase A – 12 months – Synchronisation and Alignment. Transition of staff from different shifts to a single consistent watch each day

1. Same start and finish times
2. Alignment of all watches (Red, White, Green, Blue)
3. Establishment of new shifts with a new start and finish time which best supports service delivery
4. Self-rostering created to seek efficiencies in staff establishment and performance
5. Alternate crewing for all special appliances thereby reducing the overall establishment figure

Phase B - 12 months to 3 years – Research into future options for sustainable duty systems

1. Fully costed staffing models and advantages for all options selected
2. Tiered approach of roll out across the Authority
3. Expanded use of community hub concept
4. Investigation of further efficiencies achievable through greater multi agency and community estate use/co location as per One Public Estate

Success Factors/Benefits

What are they?

When will they be delivered

- | | |
|---|-----------|
| 1. Alignment of shifts leading to greater coordination and performance | 2017 |
| 2. Financial performance efficiencies through new shifts lengths and adoption of self-rostering | 2017 |
| 3. Realization of information technology systems to help us deliver in more efficient manner. | 2017 |
| 4. A reduction in the establishment number of firefighters. | 2017-2018 |
| 5. Establishment of new crewing models for optimum use of staff | 2018-2020 |
| 6. Planned IRMP saving of £1.5M | 2018-2019 |

Constraints

- HR capacity
- TUPE measures
- I.T infrastructure and capacity – An option maybe to delay shift alignment and carry out all changes in one

Interdependencies and Alignment (what are the critical dependencies for this Workstream)

Action or Project	Dependency	Delivered by	Responsible Owner
Alignment of shifts (colour and start and finish times)	1. Early RB engagement 2. In place by Dec 2016 to plan for 2017 leave year 3. Effective communications strategy 4. HR capacity to deal with TUPE measures and personnel issues 5. I.T support - station diary changes etc.	Craig Baker IRMP	ACFO Ansell
Introduction of a new shift Length (12 hours)	1. Early RB engagement 2. Effective communications strategy 3. HR capacity to deal with 'special measures' and personnel issues 4. I.T support - station diary changes etc.	Craig Baker IRMP	ACFO Ansell
Introduction of self rostering	1. Early RB engagement 2. Strong justification paper and or communications to inform staff why change is necessary 3. HR for appeals management 4. Grey book conditions	Craig Baker IRMP	ACFO Ansell
Develop more efficient crewing model for wholetime staff	1. Early RB engagement 2. SLT and Member agreement 3. Worktime Regulations 4. Other IRMP Mandates 5. Future funding 6. NFCSP capacity 7. D+W future role in Healthcare	Craig Baker IRMP	ACFO Ansell

Critical Actions or Projects and key milestones

Title		Start date	End date	Responsible Owner	Consultation requirements
Alignment of watches		June 2016	November 2016	AFCO Ansell	RB, internal
Number	Milestone				Delivered by what date
001	Watch alignment and existing shift start and finish times combined together				December 2016

Title		Start date	End date	Responsible Owner	Consultation requirements
New shift Lengths		June 2016	April 2017	AFCO Ansell	RB, internal
Number	Milestone				Delivered by what date
002	Implement new shift length, self-rostering and Alt crewing of specials together. However if there are challenges with I.T etc. it may be necessary to commit to a shift change with change of hours at the same time.				April 2017

Title		Start date	End date	Responsible Owner	Consultation requirements
Self rostering		June 2016	April 2017	AFCO Ansell	RB, internal
Number	Milestone				Delivered by what date
003	As above in project two				April 2017

Title		Start date	End date	Responsible Owner	Consultation requirements
Alt crewing of specials		June 2016	April 2017	AFCO Ansell	RB, internal
Number	Milestone				Delivered by what date
004	As above in project two				April 2017

Title		Start date	End date	Responsible Owner	Consultation requirements
New crewing models		November 2016	August 2017	AFCO Ansell	Full
Number	Milestone				Delivered by what date
005	Creation of options for new sustainable crewing systems.				2018-20120

Title		Start date	End date	Responsible Owner	Consultation requirements
Measuring our overall progress		June 2016	April 2017	AM Baker	RB, staff, partners, performance and planning
Number	Milestone				Delivered by what date
006	a) We need to establish a tool to measure and evaluate our progress. What does success look like, what do we need to keep doing, what do we need to improve?				April 2017, once set up will continue to monitor effects and impacts.

Alignment to MTFP (must be signed off by Director of Finance)

Impact	Cost	Benefit/Cashable Efficiencies	When delivered	Additional Funding Required
Change to Self Rostering	Potential cost of management software to adopt a new staffing leave system	Savings in establishment numbers and sickness figures Planned IRMP saving of £1.5M.	Planned delivery date April 2017 April 2018	

Risks (that could prevent delivery of the Vision)

Title	Issue	Impact (5x5)	Likelihood (5x5)	Controls
Minor Shift changes	Poor RB engagement	5	2	Communications plan and the establishment of new focus or working groups
New crewing models	Government\PCC funding and policy direction affecting pace of change	5	2	Flexible planning
HR capacity	- Resources available - TUPE measures	3	2	Early liaison with HR with clear planning strategy
Project alignment and interdependencies	Slippage	4	4	Effective stakeholder engagement and comms plan

Timeline

Mandate	Critical actions	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
WDS Staffing	Alignment of watches			ACFO Ansell															
WDS Staffing	New shift Lengths			ACFO Ansell															
WDS Staffing	Self rostering			ACFO Ansell															
WDS Staffing	Alt crewing of specials			ACFO Ansell															
WDS Staffing	Measuring our overall progress			ACFO Ansell															
WDS Staffing	New crewing models								ACFO Ansell										

Appendix F

Retained Duty System Development Mandate

Dorset and Wiltshire Fire & Rescue Service



DORSET & WILTSHIRE
FIRE AND RESCUE

Brief Description

Name
RDS Establishment
Sponsor
ACFO Ansell
Coordinator
AM Shearing. Narrative added by SM Why
Rationale
The Retained Duty System forms a fundamental part of Dorset and Wiltshire’s operational response model to meet legal obligations under the Fire Services Act and drive down the significant strategic risk . The current establishment of retained staff across both services numbers 650 firefighters over 29 stations attending over 7,000 calls per year. The aim of this mandate is to initiate debate in critical areas for the shaping of a new RDS vision for 2020 and beyond. The challenges of creating a sustainable RDS solution will be reliant on a synchronized approach from the WDS mandate.
Scope
This mandate is to develop proposals for a sustainable, cost effective and efficient retained Duty System with a 10 year road map including investment requirements and suggested revisions to role maps linked to operational competence requirements, taking into account the wider prevention agenda and potential offered by wider safer and health being partner work. What do we actually mean by ‘investment’? If the aim is to reduce strategic risk by securing long term sustainability and resilience in rural communities, then all areas that have a significant impact on psychological contracts and RDS performance need to be considered - from expectations to pay, to roles and response activity. There is a need to establish an integrated RDS vision across all directorates and functional areas to ensure that Service wide policies, procedures, improvements, and resources are focused on a single goal, to maximise opportunities and minimise risk. There are several areas of risk which require further work to address a solution, namely. From a Capacity, Expectation, Policy and Procedure Perspective - is a Fire Fighter Really a Fire Fighter? This statement continues to shape a number of critical areas across the WDS and RDS and has led to a number of one size approaches, some of which are having detrimental impacts on those working the RDS. Working Time Regulations - Compliance, Culture and Primary Employer Dependencies

The Working Time Regulations present critical challenges to the RDS and the level of risk associated with compliance/non-compliance needs to be reviewed. Whilst a solution appears possible, there are likely to be dependencies on: establishment levels; the amount of flexibility in contracts; innovative approaches to match response resources to risk; flexible, risk based availability standards across stations and districts; the ability to aggregate RDS, or provide WDS support when degradation risk is too high; etc.

Shaping RDS Contracts, Pay Models, Fire Fighter Roles and Vision Dependencies

Existing salary schemes with rostered availability appear to be emerging as a preferred option for D&WFRS.

Dependencies with NJC Based Development Programmes and Development Rates of Pay.

There is anecdotal evidence to suggest that DFRS NJC based development programmes are becoming an increasing barrier to promotion and have significant demands on RDS manager's and fire fighter's time. Changes have recently been made to the need for manager programmes in DFRS and a deferred payment is available to Ff on completion. However, there still appears to be an issue around the 'size' and 'effort' needed to assure competence outside of the operational licence. It also appears that money alone is not a sufficient motivator for completion.

Maintenance of Operational/Command/Specialist Skills Competence

Accepting the back-stop positions of 'operational licence' and the ability to 'default to defensive' on the incident ground, the current policy positions of 'a fire fighter is a fire fighter' and the 'safer fire fighter concept' have helped to drive an approach for 'maintenance of competence', which uses single recording systems and single levels of skills, knowledge and understanding across all 'units' for WDS and RDS. This principle has also been designed into NFCSP mobilising principles.

Community Risk, Availability, Response, Prevention Activity, and Incident Outcomes

There is a need to understand these areas so they can inform the delivery of local IRMP priorities and help to shape the RDS vision and wider IRMP. We need to challenge what we are currently measuring to establish how we can create a more meaningful approach to evaluation and change. For example, some existing measures are not enabling us to understand our performance or the impact of our work.

Establishment Levels and Work Force Planning

There are different approaches to work force planning principles in the RDS, and these need to be brought together to establish an agreed method

Core work and Wider Safe and Wellbeing partnerships

Should fire fighter roles be limited to core emergency response activity (including co-responding), supported by partners and volunteers for H&WB activity, or should they be maximised across all functions, with increased expectations and working hours for all, with volunteer and partnership support, or should a mixture of both be possible, not forgetting the likelihood of increased working hours against variable constraints of capacity, work-work and work-life balances, and the need for Working Time compliance (see also 'Role of Fire Fighter')

Mobilising Protocols & Appliance Replacement Programme

A large number of B type appliances are up for renewal and there are opportunities to replace these with smaller, less expensive appliances, perhaps supplemented with smarter firefighting technology, like coldcut systems, to support proposals for flexible availability and reduced crewing needs.

WDS and Station Review

The WDS review is needed to secure savings for the Combination programme. It is also needed to create an effective and resilient response model in rural communities, which may include further investment to the RDS.

Administrative and managerial Support

We may need to explore the need for cluster based support managers to RDS stations, taking the pressure off RDS managers so they can concentrate on core priorities.

Community Safety Plan Priority

1. Be there when you need us
2. Making every penny count
3. Making healthy choices
4. Protecting the environment

Vision (i.e. how will you know what constitutes success? What does it look like?)**What does it look like – What is the end game?**

1. A common vision dedicated to the RDS.
2. A new RDS that meets the demand needs and community risk profiles.
3. Maximum flexibility for work/work and work/life balances which encourages staff retention
4. Compliant with all employment and H&S legislation, not necessarily Grey Book compliant.
5. Greater opportunities to strengthen core agendas and support Health and Well Being.

Success Factors/Benefits**What are they?****When will they be delivered**

1. Review of RDS rota for maximum efficiency and delivery of emergency cover
2. Accepted development and competent RDS firefighter programmes
3. Where appropriate, replacement of 'pay as you go' with salary schemes with rostered availability
4. Establishment of new crewing models for optimum use of staff in H+WB Agenda

2016-2017
2016-2017
2017-2018
2016-2017

Constraints

- Removal of RDS fire appliances without sound justification.
- Ongoing challenges of recruitment and retention of On Call firefighters
- HR capacity/TUPE measures
- I.T infrastructure and capacity

Interdependencies and Alignment (what are the critical dependencies for this Workstream)

Action or Project	Dependency	Delivered by	Responsible Owner
Amalgamation into one RDS service (Convergence and Improvement Plan)	1. Harmonization of Gartan to allow us to coordinate our resources effectively 2. Early RB engagement 3. Effective communications strategy 4. I.T support	AM Shearing Coordinated by IRMP	ACFO Ansell
Agreed operational competence and development programmes	1. the level of constraint that NJC based assurance has on the need to provide the simplest, most effective approach to assuring development and competence 2. Capacity of internal operational competence auditors.	AM Shearing Coordinated by IRMP	ACFO Ansell
RDS staff retention	1. RDS engagement plan	AM Shearing Coordinated by IRMP	ACFO Ansell
RDS Vision signed off	1. Slippage due to dependencies with other IRMP mandates (WDS, Responding to emergencies)	AM Shearing Coordinated by IRMP	ACFO Ansell

Critical Actions or Projects and key milestones

Title		Start date	End date	Responsible Owner	Consultation requirements
Amalgamation into one RDS service		June 2016	November 2016	AFCO Ansell	YES – RB, internal
Number	Milestone				Delivered by what date
001	a) Analysis of current schemes for alliances and performance gaps. June-September 2016 b) Gartan review. June-September 2016 c) Management systems defined and communicated. September–November 2016				April 2017

Title		Start date	End date	Responsible Owner	Consultation requirements
New RDS delivery model		June 2016	April 2017	AFCO Ansell	YES – RB, internal
Number	Milestone				Delivered by what date
002	a) Review and analysis of D&W RDS current schemes and costs. June-September 2016 b) Investigation into wider RDS options currently being implemented nationally. September–November 2016 c) Consultation with key stakeholders, Our staff, CFOA RDS Group. December 2016-April 2017				Tiered approach working towards a target of April 2017-2018

Title		Start date	End date	Responsible Owner	Consultation requirements
Development of staff		June 2016	November 2016	AFCO Ansell	YES – RB, internal
Number	Milestone				Delivered by what date
003	a) Establishment of competence standards b) NJC Development programmes c) Systems to support managers, RDS & WDS				December 2017

Title		Start date	End date	Responsible Owner	Consultation requirements
Measuring our overall progress		June 2016	April 2017	AFCO Ansell	YES – RB, internal
Number	Milestone				Delivered by what date
004	a) We need to establish a tool to measure and evaluate our progress with RDS. What does success look like, what do we need to keep doing, what do we need to improve?				April 2017

Alignment to MTFP (must be signed off by Director of Finance)

Impact	Cost	Benefit/Cashable Efficiencies	When delivered	Additional Funding Required
Greater RDS cover through new crewing models	Additional costs of new salary schemes	Savings in establishment numbers with increased availability	2017-2018	

Risks (that could prevent delivery of the Vision)

Title	Issue	Impact (5x5)	Likelihood (5x5)	Controls
Agreed Operational Competence	Poor RB engagement. emerging evidence that suggests we have made things too bureaucratic and time consuming for the RDS	5	4	Clear communication on development plans, National Liaison, exploring the risks and benefits of moving away from NJC guidance, perhaps with integrated skills pathways that are duty system focused
New crewing models and role maps to support H+WB agenda	Government\PCC funding and policy direction affecting pace of change	5	2	Flexible planning
Project alignment and interdependencies	Slippage	4	4	Effective stakeholder engagement and comms plan
Poor RDS retention	Loss of motivation or understanding of 'Vision'	5	3	Effective stakeholder engagement and comms plan
HR capacity	Availability of HR resources/ TUPE measures	3	2	Early liaison and inclusion into planning meetings with IRMP team

Timeline

Mandate	Critical actions	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
RDS Development	Amalgamation into one RDS service (analysis)			ACFO Ansell												
RDS Development	Amalgamation into one RDS service (Gartan)			ACFO Ansell												
RDS Development	Amalgamation into one RDS service (System communicated)						ACFO Ansell									
RDS Development	New RDS delivery model (analysis)			ACFO Ansell												
RDS Development	New RDS delivery model (wider RDS options)						ACFO Ansell									
RDS Development	New RDS delivery model (Consultation)									ACFO Ansell						
RDS Development	Development of staff (Comptence standards, manager support)			ACFO Ansell												
RDS Development	Development of staff (NJC development programme)			ACFO Ansell												
RDS Development	Measuring our overall progress			ACFO Ansell												

Appendix G

Firefighter Safety Mandate

Dorset and Wiltshire Fire & Rescue Service



DORSET & WILTSHIRE
FIRE AND RESCUE

Brief Description

Name
Firefighter Safety
Sponsor
ACFO John Aldridge
Coordinator
AM Jim Mahoney
Rationale
Dorset & Wiltshire Fire and Rescue Service understand that there is a large element of risk associated with responding to incidents. These incidents involve a wide ranging response that can't be completely mitigated with a single solution. However, there are reasonable assumptions that can be made on likely demand requirements and the suitable control measures required to ensure the continued safety of our workforce. Dorset & Wiltshire Fire and Rescue Service now have an opportunity to review current standards of firefighter safety and not only harmonise where possible, but continue to maintain the previously high standards. To achieve this we will need to identify future response requirements (as outlined in IRMP workstreams) and develop appropriate strategies, to ensure future changes do not adversely affect firefighter safety, but enhance it. This will result in the Service having a reduced potential for litigation. The Health and Safety at Work act 1974 and the Corporate Manslaughter and Corporate Homicide act 2007 are the primary pieces of legislation that have been used as part of legal proceedings against organisations following recent firefighter injuries and fatalities, such as the Balmoral bar and Shirley Towers incidents. These incidents prove that the very nature of the role comes with a degree of risk that would regularly be avoided in the other sectors, this is highlighted in the HSE statement "Striking the balance between operational and health and safety duties in the Fire and Rescue Service". The Fire and Rescue Service often has to rely on PPE and discipline, which are considered the last resort in the hierarchy of hazard control (ERICPD), and therefore proves the requirement to safely equip our personnel. The NFCSP project has brought us closer with two of our neighboring Services. These Services have moved forward with advancements in technology and PPE, we are now in a position to move forward ourselves, whilst using the research and lessons learnt from our partners, to achieve a collaborated approach.
Scope
Current changes in incident methodology, public/partner perception and risk appetite have the potential to increase levels of scrutiny and risk that the Service is exposed to. Therefore the scope of firefighter safety should expand beyond basic PPE, training and policy/procedure to include developed incident command systems, a means of providing 'real time' information to incident commanders and crews and recorded data for any de-brief or potential legal requirement. The HSE Consolidated report on health and safety management in the FRS and 'Striking the balance between operational and health and safety duties in the FRS' both clearly identify these points as being current 'weaknesses' nationally. The wider financial constraints being placed on the Service must also be taken into account and opportunities identified to not only utilise technology for improved

efficiency and safety against a reduced workforce but to also work collectively with other Service's and partners for more efficient procurement.

Implementation of the Scope will be split two phases, Phase one will be short term and Phase two will be longer term.

Phase One

1. Since combination work is ongoing to align; PPE, equipment and vehicle processes and procedures. Sufficient control measures exist and are sufficient. Due to differing procurement contracts the standardisation of PPE, equipment and vehicles will be programmed to coincide with contract timescales or existing replacement programs, where appropriate.
2. Carryout a Technical rescue review and present options to Service Delivery.
3. Develop a strategy to consolidate CAFS and PPV across Dorset & Wiltshire Fire and Rescue Service. This will be achieved, working closely with Service Support and Assets, to make sure we have the resources and trained crews to use CAFS and PPV at the required locations.
4. National direction i.e. the alignment of FRS's with Police/Ambulance, Coroners rule 43, changes in legislation, e.g. flood response becoming a statutory function, changes in Health and Safety requirements and further reductions in funding will result in increased joint working. Developed technology will need to be 'future proofed' to meet these changing requirements and where possible linked to partner systems.
5. Develop the skills of our workforce to enable them to achieve current requirements and develop skills, practices and procedures to improve working practices and engage with technological advancements.

Phase Two

1. The effective tracking of 'assets' on the fireground through the effective use of RFID (Radio frequency identification) technology. This has the potential to be used prior to any standardisation of PPE, and in conjunction with existing telemetry, to provide the location, skill sets, status and tasking of individual firefighters as well as assist the incident commander with planning incident resolution and resource requirements.
2. The wider use of 'body cam's', UAV and smart technology to link data to mobile tablets and incident command vehicles can provide commanders (both local and remote) with 'real time' information. This will assist with ensuring safety of personnel, decision making, resource deployment, incident management and resolution while also providing a recordable log of events that meets wider Service requirements. Further links to existing data systems such as CFRMIS can also be developed to enable the two way transfer of information such as premises plans, safety measures and/or any previous Service intervention.
3. New technologies – Efficiencies can be identified in development and procurement, i.e. through collaborative partnerships, and safety maintained against potential future staffing structures and developments in incident resolution. In conjunction with ICT the development and utilisation of existing and advanced firefighting media, including methods of deployment in wide ranging circumstances, can be utilised to reduce the level of risk further and will impact on appliance/vehicle specification (IRMP workstream) and personnel requirements. These developments will include many wireless technologies,

such as, GPS tracking systems and wireless mesh network hubs at incidents.

4. Varied levels of research and development have been undertaken nationally in a number of areas identified above and it may be possible to reduce research and development times accordingly. Through the NFCSP our partners have made progress in this area and a strong focus will be given to making sure we continue to work closely with them. We will take full advantage of the National Research and Development Hub at the Fire Service College.
5. An effective model for collaborative partnerships already exists via the NFCSP. With the potential for appliances and officers attending incidents across the partnership area the natural progression towards standardised safety systems, including new technologies already outlined, will ensure consistent levels of safety and incident management.
6. Operational effectiveness improvements at operational incidents through ESMCP, which can be the driver for enhanced and developed use of new technology, to not only, assist in command and control, but to develop and utilise other advancements to assist in the resolution of incidents.
7. Advances in fire fighting media will also be developed to help reduce the risk to fire fighters, with correct implementation, some of these technologies could actually mean we don't have to commit fire fighters into the risk areas, and therefore, eliminating the risk to our staff.

Community Safety Plan Priority

1. Be there when you need us
2. Make every penny count

Vision (i.e. how will you know what constitutes success? What does it look like?)

What does it look like – What is the end game?

1. Improved firefighter safety based against current and future community risk.
2. Improved firefighter safety leading to potential reductions in cases of injury and subsequent sickness levels.
3. The mitigation of any potential litigation through the failure to implement 'reasonably practicable' control measures.
4. The identification, development and implementation of new technology that will maintain or improve firefighter safety, assist with incident command and asset tracking while also meeting future Service need.
5. An implementation and costing structure that will inform future financial plans.
6. Training of operational crews to enhance and develop their skills to deal with incidents more effectively

Success Factors/Benefits	
What are they?	When will they be delivered
1. Alignment of current response control measures, including PPE, equipment and technology, both long term and short term.	Short term March 2017 Long term 2020
2. Improved Service appliance availability, through new technology for operational use. This will be achieved by having more effective equipment and procedures with the potential for fewer resources to resolve incidents.	2018
3. Improved incident effectiveness, by delivering our service using advanced firefighting techniques and equipment to reduce the time taken to resolve incidents.	2018
4. Future Service requirements, including local community/partner requirements, as identified by the IRMP.	2017
5. New fire fighting technologies and enhanced and improved training for our operational crews	2017-2020

Constraints
1. Financial costs and the potential for further reductions in Service funding. 2. Prohibitive costs associated with cancelling or re-negotiating existing supply contracts resulting in a delay in implementation. 3. Reduced staff and/or departmental capacity to deliver/implement changes or improvements. 4. Lack of capacity to develop new technologies, procedures or policy and unwillingness from other FRS's to work collaboratively in achieving viable solutions. 5. A lack of suitable technology providers to meet Service aspirations for a combined safety network 6. Changes in local and national direction on the requirements of the Fire and Rescue Service. 7. Training department time and capacity, duty system capacity/flexibility. 8. NFCSP 9. ESMCP 10. Environmental

Interdependencies and Alignment (what are the critical dependencies for this Workstream)

Action or Project	Dependency	Delivered by	Responsible Owner
IRMP	Other IRMP workstreams, specifically; WDS, RDS, Response Vehicles, ICT.	IRMP	AM Mahoney
IRMP	Requirement's identified by neighbouring FRS's (collaborative partnership approach) and potential increases/reductions in neighbouring FRS resources.	IRMP	AM Mahoney
Equipment replacement	Existing equipment replacement programs	Service delivery response	AM Mahoney Equipment manager
NFCSP	Any changes to resources will need to fit with the NFCSP.	Service delivery response	AM Mahoney
ESMCP	National project	ESMCP regional project team	Government
Training	Having resources, when required, to deliver project training	Operational training	
Technical rescue review	This project will look at skills and equipment required and have independencies with other IRMP workstreams (Duty systems and response vehicles.	IRMP Service delivery response	AM Mahoney

Critical Actions or Projects and key milestones

Title	Start date	End date	Responsible Owner	Consultation requirements
Evidence gathering and fact finding	1 st June 2016	31 st July 2016	IRMP	Training, H&S, RBs, Ops, Service Support
Number	Milestone			Delivered by what date
001				

Title	Start date	End date	Responsible Owner	Consultation requirements
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Carry out a CAFS and PPV review		1 st September 2016	31 st October 2016	IRMP	Training, H&S, RBs, Ops, Service Support
Number	Milestone				Delivered by what date
002					

Presenting options for Service Delivery		1 st September 2016	31 st October 2016	IRMP	Training, H&S, RBs, Ops, Service Support
Number	Milestone				Delivered by what date
003					

Measuring our overall progress		June 2016	April 2017	AM Jim Mahoney	RB, staff, partners, performance and planning
Number	Milestone				Delivered by what date
004	We need to establish a tool to measure and evaluate our progress. What does success look like, what do we need to keep doing, what do we need to improve?				April 2017, once set up will continue to monitor effects and impacts.

Look forward to longer term Equipment/PPE		1 st Jan 2017	31 st March 2017	IRMP	Training, H&S, RBs, Ops, Service Support
Number	Milestone				Delivered by what date
005	Continued engagement and research on PPE and equipment development				March 2017 and onwards

Technical rescue review		1 st Nov 2016	28 th February 2017	IRMP	Training, H&S, RBs, Ops, Service Support
Number	Milestone				Delivered by what date
006	Producing proposals for technical rescue provision and approach for service and partners				March 2017

Alignment to MTFP (must be signed off by Director of Finance)

Impact	Cost	Benefit/Cashable Efficiencies	When delivered	Additional Funding Required
Current equipment budgets	Currently unknown			Potential need for an increase in current budget.
Current PPE budgets	Currently unknown			Potential need for an increase in current budget.
Trial equipment/PPE budget	Currently unknown			Current equipment/PPE budgets will accommodate low budget trials. Some trials will require extra funding.
ESMCP costs	Currently unknown			Budget already assigned for replacement in 2017/18.

Risks (that could prevent delivery of the Vision)

Title	Issue	Impact (5x5)	Likelihood (5x5)	Controls
Resources	Having enough resources to effectively research, trial and implement new advancements/technologies	3	3	SLT – allocate resources when required
Funding	Possible reduction in funding	4	3	
Project alignment and interdependencies	Mandate progress dependent on the content and outcomes of other mandates	3	3	Close working of IRMP team
Stakeholder engagement/rep body involvement	Key stakeholders and rep bodies turn negative about potential advancements/new technologies	3	4	Have a good communication strategy, keeping all required parties informed
Sufficient training resources	Likely impact of any new equipment/PPE impacting on all aspects of the operational license from initial training to maintenance of skills	4	3	SLT – allocate resources when required

Timeline

Mandate	Critical actions	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Firefighter safety	Evidence gathering and fact finding			IRMP												
Firefighter safety	Carry out CAFS and PPV review						IRMP									
Firefighter safety	Measuring our overall progress			AM Jim Mahoney												
Firefighter safety	Presenting options for service delivery						IRMP									
Firefighter safety	Technical rescue review								IRMP							
Firefighter safety	Look forward to longer term Equipment/PPE										IRMP					

Appendix H

Emergency Response Vehicles Review Mandate

Dorset & Wiltshire Fire and Rescue Service



DORSET & WILTSHIRE
FIRE AND RESCUE

Brief Description

Name
Emergency Response Vehicles
Sponsor
BM John Aldridge
Coordinator
SM Dave Graham
Rationale
Firefighting vehicles have evolved and diversified significantly over recent years and have become increasingly technologically advanced machines. The front line pumping appliance, commonly referred to as a 'B Type' is the workhorse of the UK fire and rescue service. It is designed to meet and resolve a wide range of emergency scenarios, whilst more bespoke specialist vehicles have been developed to cater for specialist needs, such as: aerial appliances, off-road vehicles, command support units (CSUs), technical rescue vehicles and Breathing Apparatus Support Units (BASUs) to name but a few. Following a comprehensive emergency cover review there is the opportunity for Dorset & Wiltshire FRS (DWFRS) to review the requirements of operational vehicles and potentially have a more diverse fleet, offering greater flexibility in crewing arrangements, improved turn-out and attendance times, utilising new technologies and deliver financial savings and efficiencies. DWFRS has 75 B Types in total which have a life expectancy of 15 years. Of these 75 B Types 50 are '1st-aways', leaving 25 which are either 2nd/3rd-aways, training vehicles or reserves. If DWFRS wish to maintain at least one B Type appliance at every fire station this would allow for alternatives to the B type to be considered in the replacement programme of the other 25 vehicles; or more should a B Type not be deemed necessary at every fire station. There are significant financial savings to be realised in the capital spend programme if alternative lighter vehicles are considered, similar to our NFCSP partners, to the B Type appliance as they are due for replacement. Joint procurement with our NFCSP partners could achieve significant economies of scale, especially reduction in time taken to develop the specifications and design, with the potential added benefit of being able to use the existing contracts and frameworks of partners where possible. Each B Type is expected to cost circa £280,000 (based on a Scania costing £225,000 with £45,000 of equipment), whereas lighter vehicles are estimated to cost between £100,000 and £140,000 each. Therefore, each Type B that is replaced with a lighter version could offer savings between £140,000 and £180,000. Likewise, ALPs are expected to cost circa £600,000 and all four are scheduled for replacement in 16/17. Following an aerial requirement review, should the current

provision of four ALPs be reduced then there is a potential saving of £600,000 per vehicle to be realised from the current capital investment plan.

Scope

B Types - Traditionally, B Type appliances are two axle Large Goods Vehicles (LGV) designed to support a crew of four to six firefighters establish a safe system of work for 10 minutes to extinguish one floor of a typical three bedroom house circa 25m², as well as carry sufficient equipment to tend to other emergencies such as Road Traffic Collisions (RTCs) and environmental incidents. Additional appliances arriving to support the initial attendance do not necessarily need to be a full B Type vehicle, as it is primarily specific resources that are needed, such as additional Breathing Apparatus (BA), fire-fighting media and human resource.

There are several emerging concepts (with various nomenclature) currently being explored as alternatives to the B Type by UK FRSs using lighter chassis vehicles. A common approach is the use of smaller commercial vehicles such as small two axle lorries or 'transit' type vans, or other light commercial vehicles such as a Toyota Hilux. These can be developed to carry various staff and equipment arrangements as deemed appropriate.

Other fire-fighting media such as Compressed Air Foam (CAFS) and Cold Cut systems may allow for smaller vehicles to tackle the type of fire previously mentioned with significantly less water needing to be carried by the fire appliance, hence smaller vehicles may be utilised as the first attack in certain circumstances.

A relatively urgent decision is needed as the current vehicle replacement programme plans to purchase five new B Types early 16/17 to replace existing appliances that are coming to the end of their service. Wiltshire area B type appliances have recently had their life expectancy increased from 12 to 15 years meaning no current Wilts appliances are up for replacement in the immediate future; this period could be further prolonged for lower risk/use stations across the DWFRS area if required.

ALPs - The other front line appliance that needs urgent consideration is the Aerial Ladder Platforms (ALPs) of which DWFRS has four (Swindon, Salisbury, Westbourne and Weymouth) that are all due replacement during 2016/17. SLT have now given direction to order two new ALPs based on a specification previously agreed by an ALP working group. There is also an opportunity to conduct some analysis and consider whether there are alternatives to the ALP, such as Water Tower appliances which would reflect most of the actual use of the current ALP fleet, for further replacements to the aerial fleet.

There is also a need to develop a degradation plan for the current ALPs as they are all coming to end of life and may become unserviceable prior to the new ALPs (or alternatives) being in service. Location of a reduced ALP fleet would also need considering within this work.

There is a specific local risk in Salisbury Cathedral that needs consideration when procuring new ALPs, as a standard ALP chassis cannot access the site and requires a bespoke design, which is likely to increase the cost of the project and complicate resilience matters of the aerial fleet. The emergency cover review should resolve this issue as it will define whether a specific asset is required to meet this local risk.

Further savings could also be made if effective collaboration is taken with our NFCSP partners to consider ALP provision across the whole geographic area; and future ALPs are designed to meet specific needs, for example – water tower only. However, wider operational implications need to be considered, for example ALPs currently form part of the safe system of work hierarchy for Safe Work at Height (SWAH), and arrangements put in place to ensure these are not adversely affected.

Specialist vehicles – Vehicles providing specialist capabilities are numerous and varied across the organization. A relatively recent development in this area is to provide a standard chassis, and storage system that can be utilised for multiple purposes; an example of this is the Breathing Apparatus Support Units (BASUs) within the Dorset area. Where appropriate the procurement of such vehicles will enable easy inventory changes and greater resilience to the specialist vehicle fleet, and could also provide significant financial savings and easier maintenance regimes. This model of specialist vehicle could be utilised for numerous operational requirements such as technical rescue, environmental support, bulk foam supplies and command support functions.

Officers' cars - An additional area of focus that needs consideration is FDS officers' cars. Whilst not an immediate issue there are considerable differences in the traditional arrangements of Dorset and Wiltshire areas that will take a considerable amount of time and effort to resolve, such as leasing arrangements, essential user schemes and private use issues which will all need aligning as vehicles are due replacement.

The current fleet of provided cars also needs reviewing to establish how many are needed when comparing the new officers Rota requirements against the existing fleet; plus an agreed response vehicle specification requires developing prior to any further procurement.

Community Safety Plan Priority

Whilst the whole operational fleet needs consideration as vehicles are due for replacement, it is the B Type's and Aerial vehicles where the greatest amount of savings, efficiencies and community benefits can be achieved and should be the primary area of focus for this work-stream.

Vision (i.e. how will you know what constitutes success? What does it look like?)

What does it look like – What is the end game?

A more diverse fleet, offering greater flexibility in crewing arrangements, improved turn-out and attendance times, utilising new technologies and deliver financial savings and efficiencies.

Smaller appliances that allow for different crewing arrangements can provide additional benefits in terms of attendance times to incidents and availability of appliances, especially in 'on-call' parts of the organisation.

Additionally, the future response vehicle fleet could be designed to offer greater community resilience and benefits such as the addition of snow plough attachments or patient transport facilities.

Collaboration with NFCSP partners to ensure joint procurement where appropriate to achieve significant economies of scale, reduction in time taken to develop the specifications and design, with the potential added benefit of being able to use the existing contracts and frameworks of partners where possible.

To ensure longevity of the fleet there is a need to procure appliances from suppliers who build at scale to ensure quality build, reasonable lead times, warranty

support and are able to ensure availability of spares for full life of vehicle.

Success Factors/Benefits

What are they?

When will they be delivered

1. Thorough emergency cover review carried out to define what kind of vehicles are needed and where.
2. A full review of the current fleet.
3. Agreed specifications to ensure we work towards a common fleet across the Dorset and Wiltshire areas, and where possible common specifications with our NFCSP partners.

December 2016
July 2016
Varied depending on area of work stream being considered

Constraints

The standard B type appliance is a tried and tested model that offers a great operational response for a wide range of emergency scenarios, which has proved a very resilient asset that is both well used and received by our staff and communities alike. Diversifying from this model is not without risk; the current design of B Types allows them to run underweight of what the chassis is capable of; hence brakes, suspension and steering mechanisms are not running under full load and therefore have a prolonged life, this running underweight also allows for future additions to the inventory. LRPs and RIVs are likely to be running fully loaded and therefore the servicing and repair requirement are likely to be greater, with the life expectancy reduced compared to the B Type, which could in the long term diminish the financial savings and reduce the resilience within the fleet, therefore undoing any short term savings and efficiencies. This will need careful consideration and review of other FRSs experiences.

Additionally, pumping appliances need to conform to the latest version of the following legislation:

- BS EN 1846-1 Firefighting and rescue service vehicles - Nomenclature and designation
- BS EN 1846-2 Firefighting and rescue service vehicles - Common requirements - Safety and performance
- BS EN 1846-3 Firefighting and rescue service vehicles - Permanently installed equipment - Safety and performance

Interdependencies and Alignment (what are the critical dependencies for this Workstream)

Action or Project	Dependency	Delivered by	Responsible Owner
Emergency cover review	Vision of DWFRS operational effectiveness at operational incidents, types and disposition of vehicles required to fulfill the Community Safety Plan	IRMP team	AM Mahoney
NFCSP partners	Possible savings through shared procurement.	IRMP team	AM Mahoney
NFCSP arrangements	With a single system of mobilising in use, we need to ensure vehicle types are comparable with our partners.	IRMP team	AM Mahoney
Developments in new technologies and firefighting media.	Developments such as CAFS and Cold-cutting can have a significant effect on the type of vehicle required.	IRMP team to monitor	AM Mahoney

Critical Actions or Projects and key milestones

Title	Start date	End date	Responsible Owner	Consultation requirements
Undertake emergency cover review	June 2016	December 2016	GM Jeary	District Commands, RBs
Number	Milestone			Delivered by what date
001	Completion of emergency cover review for the service, provide data on response times and hard to reach areas.			December 2016

Title	Start date	End date	Responsible Owner	Consultation requirements
Fleet review	June 2016	July 2016	SM Graham, Pete Barrow, Mick Moore	Fleet, Training, H&S, RBs, District Commands
Number	Milestone			Delivered by what date
002	Identify the requirement and priorities of the service and alignment with fleet replacement program			July 2016

Title		Start date	End date	Responsible Owner	Consultation requirements
ALP Review		June 2016	July 2016	SM Graham	Fleet, Training, H&S, RBs, District Commands
Number	Milestone				Delivered by what date
003	Identify and decide on the aerial appliance/capabilities proposals				

Title		Start date	End date	Responsible Owner	Consultation requirements
Measuring our overall progress		June 2016	April 2017	AM Mahoney	RB, staff, partners, performance and planning
Number	Milestone				Delivered by what date
004	We need to establish a tool to measure and evaluate our progress. What does success look like, what do we need to keep doing, what do we need to improve?				April 2017, once set up will continue to monitor effects and impacts.

Alignment to MTFP (must be signed off by Director of Finance)

Impact	Cost	Benefit/Cashable Efficiencies	When delivered	Additional Funding Required
Fleet Replacement Program	Plan for cost neutral, however, in vest to save options should be considered.	Alignment to ensure efficiencies and best use of capital plan		Potential invest to save options available.

Risks (that could prevent delivery of the Vision)

Title	Issue	Impact (5x5)	Likelihood (5x5)	Controls
Team capacity	Demand outstrips team capacity	5	3	Investigate commissioned services/reduce team tasks
Project inter-dependencies	Emergency cover review project slips	5	3	Manage workloads proactively and flag up early delays.

Fleet Replacement Program (FRP)	Timescales compress decision making and/or compromise implementation plan	4	3	Early engagement with Fleet and suppliers, FRP has some flexibility on timescales.
Department and duty system capacity for additional training	Additional training could surpass department capacity to deliver.	4	2	Early engagement with Training, use of external providers for vehicle familiarisation and training.

Timeline

Mandate	Critical actions	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Emergency response vehicles	Undertake emergency cover review			GM Ian Jeary												
Emergency response vehicles	Fleet review			GM Ian Jeary												
Emergency response vehicles	ALP review			GM Ian Jeary												
Emergency response vehicles	Measuring our overall progress			GM Ian Jeary												

Appendix I

Emergency Services Mobile Communications Program Mandate

Dorset and Wiltshire Fire & Rescue Service



DORSET & WILTSHIRE
FIRE AND RESCUE

Brief Description

Name
Emergency Services Network (ESN) delivered through the Emergency Services Mobile Communications Programme
Sponsor
John Aldridge
Coordinator
Jim Mahoney
Rationale
The existing contract for a mobile communications service (Firelink for the Fire Service) is due to expire between 2016 and 2020. Emergency Services Mobile Communications Programme (ESMCP) is the preferred option for the Department for Communities and Local Government (DCLG) for replacing this contract. ESMCP is a cross Government-led programme to provide a mobile communications system to replace the current Airwave product, Firelink (for the FRS) with a new commercial system based on 4G LTE. (4th Generation Long Term Evolution) affecting the Home Office, the Department of Health and DCLG. In line with national timelines Dorset and Wiltshire FRS has signed up to ESMCP in principal. The proviso's were that network coverage was at least as good as currently provided by Airwave and that all transition costs were met. The ESMCP will bring access to secure 4G connectivity through hardware installed within our fleet. This in turn will enable Dorset and Wiltshire FRS to consider new ways of working that take advantage of the mobile technology that will become available through the ESMCP.
Scope
To replace the existing Airwave mobile communications system, including hardware and software upgrades to our control room to enable ESN, Public Services Network (PSN) connection, mobile data gateway (MDG) connection, fleet mapping, vehicle installation of equipment. To deliver identified training DWFRS staff including internal trainers, technical support personnel, operational end users, control personnel etc. To identify other DWFRS systems impacted by ESN and provide a transition plan. Identify opportunities for improvement to service delivery available through the enhanced mobile connectivity delivered by ESN. 1. Review operational incident command procedures to consider ESN enabled mobile technology on the fireground. 2. Review integrated use of mobile data for non emergency applications. 3. Identify how ESN technology could improve how measure operational effectiveness and feed this data back through for organizational learning and personal development.

Community Safety Plan Priority

The project feeds into all four CSP priorities, providing a new and resilient mobile communications and data hardware and software system for the service and all emergency services in the UK.

Vision (i.e. how will you know what constitutes success? What does it look like?)

What does it look like – What is the end game?

Technical transition from existing Airwave network to the new ESN without:

1. Loss of network coverage. ESMCP to provide as good or better than current Airwave solution.
2. loss of voice and data function
3. operator confidence (both in control and operational response staff)
4. Integration of the technical replacement into business as usual.
5. Realisation of cost savings over existing system.

Introduction of new and improved smarter ways of working across the service that take advantage of the enhanced mobile technology:

1. Operational effectiveness improvements in the command and control at operational incidents.
2. Introduction of mobile technology for non operational functions i.e. Home safety Checks, technical fire safety
3. New policy agreed across all emergency services for information security.
4. Introduction of ESN compliant mobile devices that deliver improved effectiveness both operationally and corporately that enables smarter working.

Success Factors/Benefits

What are they?

When will they be delivered

1. Transition from Airwave to ESN system and contract
2. Financial savings realised for DWFRS against cost of Airwave.
3. Improved inter operability and intra operability with resulting improved resilience.
4. Improved incident command effectiveness through the use of ESN connectivity.
5. Regional and or inter service procurement for the delivery of ESMCP delivering financial saving.
6. Common application of information security policy across all emergency services will remove barriers to information sharing that currently exist.

December 2019
2019 \ 2020 to 2031\32
2019 \ 20
2017

2018

Constraints

1. Contract suppliers and services national specifications
2. Contract national delivery timescales

Interdependencies and Alignment (what are the critical dependencies for this Workstream)

Action or Project	Dependency	Delivered by	Responsible Owner
IRMP	Vision of DWFRS operational effectiveness at operational incidents and the use of data to deliver ongoing improvements	Measurement of operational decision making, preparation for operational intervention and intervention outcomes,	AM Mahoney
IRMP \ new equipment ICT mobile equipment replacement	Vision of DWFRS use of mobile technology at operational incidents	Integration of new technology for operational use.	AM Mahoney Equipment Manager
NFCSP	Removal of existing Airwave communication equipment and software. The NFCSP is represented in two regions SW and SC with a two-month overlap. Introduction of ESMCP across the two regions without affecting the NFCSP resilience	Regional ESMCP resource, DWFRS project team.	AM Mahoney
ICT Strategy	Replacement of Mobile Data Terminals (MDT's) in fire appliances	ICT department	C. Donaldson
ESMCP	National project that will determine the delivery times for a number of critical elements.	Home Office \ Regional Team	Government
Selection and securement of Project team to deliver local project plan (DWFRS)	To manage the requirements of ESMCP across all DWFRS departments and to ensure the local project plan is deliverable within the regional project plans of the South Central and South West as they span the NFCSP.	SLT	John Aldridge

	Additional resources to backfill or supplement Business As Usual may also be required.		
Culture and organizational development from a smarter working perspective.	The introduction of new ways of working that will shape the future culture of the organisation.	IRMP	AM Mahoney
FF safety improvements	Introduction of new equipment and command and control systems to enable safer working practices to be introduced plus ability to review incident performance through the introduction of new technology.	IRMP	AM Mahoney
Vehicles – Response and specialist vehicles strategy	To introduce ESN compliant vehicles.	IRMP	AM Mahoney
Whole time and Retained Duty Systems reviews	To introduce systems that interact with ESN	IRMP	AM Mahoney
Emergency medical response – including Co Responding	To enable the possibility of third party mobilisation.	IRMP	AM Mahoney
Non emergency medical response	To enable the mobilisation of any non emergency fleet to fulfill non medical response contracts.	IRMP	AM Mahoney

Critical Actions or Projects and key milestones

Title		Start date	End date	Responsible Owner	Consultation requirements
Confirmation from Fire Policy Unit of a a DWFRS ESN connection		March 2016 (Request minuted at ESMCP Transition Group 05\04\16)	March 2017	DWFRS Project Manager	None – Technical only
Number	Milestone				Delivered by what date
001	Yes				

Title		Start date	End date	Responsible Owner	Consultation requirements
ESN IT Health Check.		April 2016	May 2016	Paul Jenkins	None – Technical only
Number	Milestone				Delivered by what date
002	yes				

Title		Start date	End date	Responsible Owner	Consultation requirements
PSN Connection approved and installed		May 2016	May 2017	Paul Jenkins	None – Technical only
Number	Milestone				Delivered by what date
003	Yes				

Title		Start date	End date	Responsible Owner	Consultation requirements
Design and Installation of Mobile Data Gateway for ESN		May 2016 Determine requirements	Installation May 2017 Ready for use June 2017	Paul Jenkins	None – Technical only
Number	Milestone				Delivered by what date
004					

Title		Start date	End date	Responsible Owner	Consultation requirements
DWFRS choice of User terminal hardware and applications		June 2016 1 st tranche of equipment available to view.	March 2019 procurement complete	ESMCP Project Manager \ Equipment Officer	User group and IRMP consideration. Changes to ways of working arising from equipment changes.
Number	Milestone				Delivered by what date
005					

Title		Start date	End date	Responsible Owner	Consultation requirements
ESN live in DWFRS		December 2019	December 2019	DWFRS ESMCP Project Manager	On all policy and procedural changes
ESN live across NFCSP		March 2019	March 2020		
Number	Milestone				Delivered by what date
006					

Alignment to MTFP (must be signed off by Director of Finance)

Impact	Cost	Benefit/Cashable Efficiencies	When delivered	Additional Funding Required
Cost of replacement including transitional costs and mobile device replacement.	As yet unknown.			
Mobile Data Terminals replacement	Awaiting specification for ESN compliant devices.		July 2016	Budget already assigned for replacement in 2017\ 18. Awaiting details of ESN compliant MDT's to identify any shortfall.

Risks (that could prevent delivery of the Vision)

Title	Issue	Impact (5x5)	Likelihood (5x5)	Controls
ESN network supplied does not have coverage equivalent to existing Airwave network.	Operational effectiveness will be compromised that will have a negative impact on fire fighter safety and to the general public.	5	2	Government led programme with contractual requirements for levels of network coverage. Programme management incorporated into the delivery of ESMCP.
Funding for Dorset and Wiltshire FRS is less than expected.	Greater use of internal budgets than expected	5	2	Consider use of reserves rather than slice from department revenue budgets.

Timeline

[illegible]

IRMP Consolidated Timeline

Appendix J

Mandate	Critical actions	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Emergency Services Mobile Communications Programme	ESN IT Health Check	Paul Jenkins																							
Emergency Medical Response	Co-Responding expansion include more stations			ACFO Ansell																					
Emergency Medical Response	Co-Responding expansion research/business case			ACFO Ansell																					
Emergency Medical Response	Co-Responding expansion engagement			ACFO Ansell																					
Emergency Medical Response	Measuring our overall progress			ACFO Ansell																					
Emergency Cover Review	Determine software modeling to use			AM Jim Mahoney																					
Emergency Cover Review	Stakeholder engagement and consultation			AM Jim Mahoney																					
Emergency Cover Review	Measuring our overall progress			AM Jim Mahoney																					
Emergency response vehicles	Undertake emergency cover review			GM Ian Jeary																					
Emergency response vehicles	Fleet review			GM Ian Jeary																					
Emergency response vehicles	ALP review			GM Ian Jeary																					
Emergency response vehicles	Measuring our overall progress			GM Ian Jeary																					
Emergency Services Mobile Communications Programme	Confirmation of a DWFRS ESN connection			Paul Jenkins / DWFRS Project Manager																					
Emergency Services Mobile Communications Programme	PSN Connection approved and installed			Paul Jenkins / DWFRS Project Manager																					
Emergency Services Mobile Communications Programme	Design and installation of Mobile Data Gateway for ESN			Paul Jenkins / DWFRS Project Manager																					
Emergency Services Mobile Communications Programme	DWFRS choice of User terminal hardware and apps			Paul Jenkins / DWFRS Project Manager																					
Firefighter safety	Measuring our overall progress			AM Jim Mahoney																					
RDS Development	Development of staff (Comptence standards, manager support)			ACFO Ansell																					
RDS Development	Development of staff (NJC development programme)			ACFO Ansell																					
RDS Development	Measuring our overall progress			ACFO Ansell																					
WDS Staffing	Alignment of watches			ACFO Ansell																					
WDS Staffing	New shift Lengths			ACFO Ansell																					
WDS Staffing	Self rostering			ACFO Ansell																					
WDS Staffing	Alt crewing of specials			ACFO Ansell																					
WDS Staffing	Measuring our overall progress			ACFO Ansell																					
RDS Development	Amalgamation into one RDS service (analysis)			ACFO Ansell																					
RDS Development	Amalgamation into one RDS service (Gartan)			ACFO Ansell																					
RDS Development	New RDS delivery model (analysis)			ACFO Ansell																					
Non Emergency Medical Response	'Telecare' service			ACFO Stead																					
Non Emergency Medical Response	Measuring our overall progress			ACFO Stead																					
Intelligence and risk modeling	Determine what datasets we think we need			GM Ian Jeary																					
Intelligence and risk modeling	Determine what datasets we can get			GM Ian Jeary																					
Intelligence and risk modeling	Determine what risk modeling tools we will use			AM Jim Mahoney																					
Intelligence and risk modeling	Measuring our overall progress			GM Ian Jeary																					
Firefighter safety	Evidence gathering and fact finding			IRMP																					
Emergency Cover Review	Emergency response modeling Swindon			AM Jim Mahoney																					
Emergency Cover Review	Emergency response modeling Bournemouth/Poole			AM Jim Mahoney																					
Emergency Cover Review	Emergency response modeling Salisbury			AM Jim Mahoney																					
Emergency Cover Review	Emergency response modeling Tisbury			AM Jim Mahoney																					
Emergency Cover Review	Emergency response modeling Marlborough			AM Jim Mahoney																					
Intelligence and risk modeling	Community risk review (Service)			AM Jim Mahoney																					
Intelligence and risk modeling	Community risk review (Combined partners and Service)			AM Jim Mahoney																					
Firefighter safety	Carry out CAFS and PPV review			IRMP																					
Firefighter safety	Presenting options for service delivery			IRMP																					
RDS Development	Amalgamation into one RDS service (System communicated)			ACFO Ansell																					
RDS Development	New RDS delivery model (wider RDS options)			ACFO Ansell																					
Emergency Cover Review	Carry out wider emergency response modeling			AM Jim Mahoney																					
Firefighter safety	Technical rescue review			IRMP																					
WDS Staffing	New crewing models			ACFO Ansell																					
RDS Development	New RDS delivery model (Consultation)			ACFO Ansell																					
Firefighter safety	Look forward to longer term Equipment/PPE			IRMP																					
Non Emergency Medical Response	Non emergency medical response			ACFO Stead																					
Emergency Medical Response	Enhanced medical response research																								
Emergency Medical Response	Enhanced medical response engagement																								

Appendix K

Dorset and Wiltshire Fire & Rescue Authority

Terms of reference: Policy and Resources Committee

1. Except in relation to any matter that cannot lawfully be delegated, the power to consider and approve any matter which in the opinion of the Monitoring Officer needs urgent decision on the grounds that the matter cannot wait until the next scheduled meeting of the Fire and Rescue Authority.
2. In place of the Authority to make a key decision in any case of urgency.
3. To monitor the development of the overarching Integrated Risk Management Plan and provide recommendations to the Fire and Rescue Authority for its adoption.
4. To consider the development of any subsequent changes to the Community Safety Plan and underpinning strategies and make recommendations to the Fire and Rescue Authority.
5. To consider and make recommendations to the Fire Authority on any significant reports and proposals issued for consultation.
6. To consider budget proposals in advance of the Fire and Rescue Authority meeting of which the budget falls to be approved.