

## Priority 1 - Help you make healthier and safer choices

### 1 **Key Line of Enquiry 1**

1.1 *How are we delivering education programmes which support families, children and young adults to achieve their potential and strengthen our communities?*

### 2 **Baseline assessment – Established**

2.1 *This means that;*

2.1.1 *Education programmes are being delivered which are targeted to vulnerable people but more work needs to be done to make sure that this targeting is consistent. There is some discussion with partners on the content and validation of programmes. Evaluation is undertaken to drive improvement in delivery and to measure community outcomes, although more work needs to be done to strengthen these links.*

### 3 **Consolidated evidence from Local Performance and Scrutiny Committees**

3.1 A full range of education programmes are in place that are clearly targeted at vulnerable people. Programmes are linked to the outcomes of partners and where appropriate they have been developed in consultation with them. Programmes are evaluated at all levels to drive improvement and where appropriate they have been externally validated. Outcomes are shared with communities, partners and staff.

3.2 Key stage 1 and 2 are part of the universal education offer and the target age groups for Fire Safety sessions in the classroom. They receive a one hour age appropriate lesson delivered by Education Officers. We have also educated young people through a range of other local events we have supported with our partners. In the 12 months from 1 April 2016 to 31 March 2017 we have delivered safety education talks to over 22,000 children and young people.

3.3 Work by Education Officers, also continues to support arson reduction and fire setting on a risk assessed basis. This continues to be a key area of work as we attended 922 deliberate primary and secondary fires in the period 1 April 2016 to 31 March 2017.

3.4 We also continue to support the delivery of a range of safety education programmes through the Bournemouth and Weymouth Safewise Centres.

3.5 Our Youth Intervention Programmes (Salamander, SPARC and SPARC plus) continue to be very well received and they are helping to deliver positive outcomes for the young people and adults who attend them. We delivered 26 courses over the year 1 April 2016 to 31 March 2017.

### 4 **Key Line of Enquiry 2**

4.1 *How are vulnerable people receiving the level of support, advice and information that they require to drive down their risk of fire and improve their overall health and well-being?*

## 5 Baseline Assessment – Established

5.1 *This means:*

5.1.1 *Prevention activities are delivered effectively to those most at risk. This is achieved using shared data, local intelligence and referral programmes with other agencies. This ensures high risk individuals are provided with the right advice and support to allow them to live safely. High risk premises are revisited periodically. Evaluation is embedded within the management processes but outcomes cannot always be measured and the process has not been externally validated.*

## 6 Consolidated evidence from Local Performance and Scrutiny Committees

6.1 Vulnerable People are being supported by receiving Safe and Well visits delivered by both Safe and Well Advisors and Operational Crews. The visits increasingly provide advice and information not only on how to drive down the risk from fire but also how people can improve their overall health and wellbeing. The wider health and wellbeing questions, advice and signposting to interventions continue to be developed in conjunction with Public Health, Local Authority colleagues and with the voluntary sector. From the 1 April 2016 to 31 March 2017, we undertook 12,459 Safe and Well checks.

6.2 A draft evaluation report has been received from Public Health detailing the successes of Safe and Well delivery over the last year. Some excellent outcomes have been identified which will be shared with Members when the final document is received.

6.3 We continue to work hard to ensure our prevention work is as effective as possible so that we can reduce the number of incidents we attend. A particular area of focus is to reduce the number of fires in domestic properties and the associated injuries and deaths. In the same period that we undertook the Safe and Well checks, we also attended 771 accidental dwelling fires that resulted in 41 fire related injuries. This was out of a total of 3,247 fires attended.

6.4 Sadly, there were five fire related deaths during the period from 1 April 2016 to 31 March 2017. Of these five, four were confirmed as accidental fire deaths whilst one was confirmed as non-accidental. There was a further incident during this period which involved a fatality at a fire incident, however this is subject to a Coroner's investigation which may result in a further fire related death being recorded. Each fire death is subject to a multi-agency serious case review involving key partners, such as adult social care, to identify underlying causes and lessons for the future.

6.5 Driving down these numbers continues to be the focus for Area Management Teams and Local Performance and Scrutiny Committees have been actively monitoring performance over the last year.

6.6 Work to develop relationships with Public Health at a strategic level has progressed well across all local authority areas, and we now have representation at all Health and Wellbeing boards or at their associated prevention delivery boards. This is providing us with an ideal opportunity to raise our profile and engage with partners to

determine how we can use our brand and reputation to deliver positive outcomes beyond fire safety education; as we are often able to access vulnerable people where other agencies fail. We are continuing to work with partners to see where we can play an active role in the delivery plans associated with the two Sustainability and Transformation Programmes that affect our Service area.

- 6.7 Local events and partnerships aimed at reducing slips, trips and falls for older people are also progressing well and being reported back to Local Performance and Scrutiny Committees. Our approach continues to be aligned to the Chief Fire Officers Association Older People Strategy.
- 6.8 The Dementia Project is also on track and we have been working with Bournemouth University to design prototype materials such as stickers for kettles to show they are still hot, using water proof paper for safety messages in the kitchen, and designing safety messages as reminders on place mats and tea towels.
- 6.9 We also continue to develop local relationships with Healthcare Trust Locality Managers and work will continue to see what partnerships may be developed in this area and with District Nurses and Community Hospitals.
- 6.10 We continue to have success in delivering support to young people and working in partnership with both public bodies, but also with the third sector. For example, Swindon Young Carers is a charitable organization who have commissioned one Salamander course per year for the last 7 years. Friends of Young Carers fund raise money every year to pay for this course and have provisionally booked courses for the next 4 years.
- 6.11 The development of SAIL throughout Wiltshire continues to grow, with an increasing number of agencies now using the approach. Warm and Safe Wiltshire are now incorporated into SAIL so that all referrals are handled in the same place. The SAIL questionnaire is being expanded to include hoarding and mental health issues at the recommendation of Public Health.

## **7 Key Line of Enquiry 3**

- 7.1 *How are we working with our partners to use a wider range of information and technology to improve the well-being and independence of vulnerable people?*

## **8 Baseline Assessment – Established**

- 8.1 *This means;*

- 8.1.1 *Interventions are being delivered which are targeted to vulnerable people but more work needs to be done to make sure that this targeting is consistent. There is some discussion with partners on the content of these interventions, the types of technology used and the links to vulnerable people identified by our partners. Evaluation is undertaken to try to measure how effective these interventions are in improving the well-being and independence of vulnerable people, although more work needs to be done to strengthen this.*

## **9 Consolidated evidence from Local Performance and Scrutiny Committees**

- 9.1 Unwanted fire signals have also been targeted proactively within each Area and organisations are challenged about their maintenance regime in line with legislative requirements. More specific detail is provided under KLOE number 6. This action supports the Integrated Risk Management Plans for each Local Performance and Scrutiny Committee area by maximising the availability of fire appliances for real emergencies.
- 9.2 Our partnership work associated with assistive technology and telecare provision continues with partners. However, this work has been put on hold in the Dorset area while the Local Authority reviews their approach from a systems perspective. Our aim across the Service area is to continue to seek opportunities to engage in what is a complicated commercial environment. The outcome we would like to achieve is to see those people we visit who have more complicated needs to have referred access to a broader assessment for telecare and technology provision. Where there is a fire risk then we would like to see any collaboration resulting in the installation of a linked smoke alarm system. This work is also linked to the opportunities that may arise through the use of the disabilities facilities grant. We are however very aware that this is very much dependent on the contractual arrangements that are in place in each location and the vagaries of the commercial market.
- 9.3 The re-launch of Pinpoint, our community risk targeting software, has taken place during the first year of the new Service and this has improved the amount of partnership data available for our crews and for Safe and Well advisers. These data results form a number of collaborative pieces of work including Single View in Wiltshire and the Dorset Information Sharing Charter (DISC) in the south.
- 9.4 An example of the progress being made is the agreement for DWFRS to be able to access Wiltshire Council Adult Social Care Data. This data provides the addresses of people with care packages and those who have a disability or mobility issues. The ongoing development in sharing information across organisations is enabling us to more accurately identify people in our communities with higher levels of vulnerability.
- 9.5 The Protection team have also procured a small number of portable misting units which can be fitted as a temporary measure in the homes of very vulnerable people, who often have significant mobility issues. The extension of the 'Orion network' through transmitters and repeaters on our fire stations allows Fire Control to be notified automatically should the portable misting units activate and a suitable response is then sent automatically. This is very much a temporary measure and longer term solutions need to be tailored to individual needs working in partnership with local authorities. Using our knowledge of modern fire safety technologies, blended with our experience in technical fire safety, our protection teams are able to help to protect those at greatest risk in our communities.

## **10 Key line of Enquiry 4**

- 10.1 *How are we delivering effective road safety education to reduce the risk of road traffic deaths and injuries?*

## **11 Baseline Assessment – Established**

11.1 *This means;*

11.1.1 *Road safety education programmes are being delivered which are targeted to those most at risk, but more work needs to be done to make sure that this targeting is consistent. Evaluation is undertaken to drive improvement in delivery and to measure community outcomes, although more work needs to be done to strengthen links with partners and provide evidence that programmes are driving down the risk of having an accident on the roads.*

## **12 Consolidated evidence from Local Performance and Scrutiny Committees**

- 12.1 There is now representation by DWFRS officers on all key Road Safety Partnerships across the Service area. The focus of our partnership working is on high risk road users identified through the statistical analysis of casualty data and shared intelligence. Our pro-active approach to partnership working has led to DWFRS being a respected partner in the area of road safety.
- 12.2 As a result we are primarily focused on educating young drivers aged 16-24. The main education programme is through Safe Drive Stay Alive Roadshows focused on Schools and Colleges. Over the reporting period, we have delivered road safety education to over 16,900 people from across Dorset and Wiltshire.
- 12.3 Progress against our delivery of Safe Drive Stay Alive has been monitored through Local Performance and Scrutiny Committees and Members have been proactive in helping to resolve local issue of take up if they have arisen.
- 12.4 The traditional roadshow which was just aimed at young drivers has been developed so that it covers a much wider audience and we are now delivering courses aimed at corporate drivers, for example in Network Rail and, in particular, working closely to deliver roadshows to British Army soldiers.
- 12.5 Twenty four percent of the British Army is located within the Service area and data from the Ministry of Defence indicate that Army staff are 161% more likely to be involved in an RTC than the rest of the UK population. As a result, we have focussed efforts on this high risk group and have delivered our roadshow to over 2800 army personnel. All courses were self-funded by the various organisations involved. We are continuing to work with the British Army on delivery of Safe Drive Stay Alive Roadshows to every British Army base across the UK.
- 12.6 At this time, we are only able to report against the Key Performance Indicator PRE 007 'Number of people killed or seriously injured in road traffic collisions' from the 1 April 2016 to the 31 January 2017. This is due to a lag in the availability of data from the police. 30 people tragically lost their lives in this time period and 503 people were seriously injured. In terms of our response to Road Traffic Collisions (RTCs), Members will be aware this is a crucial factor in trying to ensure that any casualties receive definitive medical care within what is termed as the 'golden hour'. We met our 15 minute response time on 79.6% of occasions in Quarter 1, 80.2% in Quarter 2, 77.3% in Quarter 3 and 76.1% in Quarter 4. We were able to rescue 231 people who were involved in serious road traffic collisions.

## Priority 2 – Protect you and the environment from harm

### 1 Key Line of Enquiry 5

1.1 *How are we effectively working with our partners to safeguard the vulnerable people we come into contact with?*

### 2 Baseline Assessment – Established

2.1 *This means;*

2.1.1 *Staff are trained and confident in managing safeguarding issues. Advice is readily available and there are clear reporting lines with defined roles and responsibilities. Systems are in place to monitor the effectiveness of the safeguarding processes and audit is used to drive improvement. Key members of staff attend safeguarding boards. External validation of safeguarding processes are being developed.*

### 3 Consolidated evidence from Local Performance and Scrutiny Committees

3.1 DWFRS also have an overarching Safeguarding policy in place and associated procedures to provide guidance to all staff and service volunteers on their responsibilities. All staff are also made aware of their Safeguarding responsibilities on induction into the service.

3.2 To ensure we effectively safeguard staff and the vulnerable people we come into contact with in our communities we have a full time Safeguarding Coordinator within the service. We also have in place two deputies who provide resilience when the safeguarding coordinator is away from the workplace and a team of Safeguarding Officers that includes the duty Area Managers. This ensures we have 24/7 coverage for safeguarding. All personnel with Safeguarding responsibilities also received additional training.

3.3 The Safeguarding Coordinator has also completed additional training such as Incident Asset Owner, Serious Case Review and Managing Incident training. A training plan is in place to ensure that all personnel dealing with young people and those who have contact with the public will have carried out safeguarding refresher training.

3.4 The Safeguarding coordinator and officers provide advice and guidance to all DWFRS personnel and they are responsible for raising safeguarding concerns with local services and arranging extra support for the referrals that do not meet the safeguard thresholds. They are also able to offer guidance and support to individuals and teams on when to sign post and when to refer concerns immediately to the police. The Safeguarding Coordinator also provides management representation on all local Safeguarding Boards.

3.5 We also have effective working relationships and processes in place with South West Ambulance Service Foundation Trust (SWASFT) and the Police. If either visit a

property and think that there is a fire risk or some fire intervention is required this comes to the safeguarding co-ordinator to disseminate and feedback any outcomes.

- 3.6 We also work with local authority social workers on domestic violence cases to provide fire proof letter boxes and we are actively engaged in relation to Hate Crime reporting
- 3.7 We have confirmed which staff within the Service should have Disclosure and Barring Service checks and completed further Information Asset training to ensure all confidential information is stored according to agreed protocols and legislative requirements.
- 3.8 Referrals to Adult and Children Safeguarding Boards are regularly monitored and the numbers being referred as a result of DWFRS interventions are reported quarterly to Local Performance & Scrutiny Committees.
- 3.9 A recent case study shows how well the safeguarding process is working. A fire crew attending a property for a false alarm had serious concerns about the level of housekeeping within the property and also the mental health and wellbeing of the occupant. Through a safeguarding officer they made a referral. The case was passed on to the local community Social Worker and a revised care package was put in place for the occupant, even though they were already known to Social Services. The occupant has subsequently received a Safe and Well visit from the service and a tele-care link has been installed.

#### **4 Key Line of Enquiry 6**

- 4.1 *How are we providing better support for local business so they can meet their legal fire safety obligations and add to the economic growth of our communities?*

#### **5 Baseline Assessment – Established**

- 5.1 *This means;*
  - 5.1.1 *The fire safety strategy is clearly defined, planned and implemented, and is linked to the IRMP. The inspection programme is focused on targeting priority areas and is risk based. Liaison and consultation with business and the third sector meets all statutory requirements.*

#### **6 Consolidated evidence from Local Performance and Scrutiny Committees**

- 6.1 The Fire Safety inspection programme is based on actively targeting those buildings and people at greatest risk. Liaison and consultation with business and the third sector meets all of our statutory requirements as defined in our policy statement.
- 6.2 Work over the last year has included developing effective working relationships with the Care Quality Commission and Clinical Commissioning Group for jointly regulated premises. This has allowed us to share knowledge on risk, educate partner agencies in our work and train partners in how they can assist us in recognising and reducing risk from fire.

- 6.3 During the Chief Fire Officers Association (CFOA) Business Safety Week fire safety teams have been actively engaging with local and small high street businesses to raise awareness of their fire safety responsibilities. Teams were able to engage with building managers in a supportive manner to educate, offer advice and, where required, put measures in place to improve fire safety.
- 6.4 Common failings were:
- Failure to have completed a Fire Risk Assessment
  - Wedged open or poorly maintained fire doors
  - Inadequate staff training in the event of fire
  - Poor records of fire alarm & emergency lighting tests
  - Out-of-date fire extinguishers
- 6.5 The team have also been working pro-actively to educate landlords in their legislative responsibilities. Officers are able to answer technical questions and provide solutions to reduce risk across a wide range of housing stock across the Service area.
- 6.6 The Fire Safety team have also been reviewing our website and links to make it as easy as possible for businesses to visit the DW site and learn about improving fire safety standards. We are also planning to create a 'Virtual Audit'; this will be a short film which will offer easy to understand advice regarding fire precautions in a range of buildings.
- 6.7 After a recent increase in enforcement action involving fast food takeaways (primarily the fire risk to accommodation above the outlets), we have been investigating the significance of this recent emerging risk. One focus of this work is to maximise our capacity by working with partner agencies such as the Food Standards Agency.
- 6.8 We have also continued to focus on our programme of work to audit every residential care home to ensure fire precautions and management systems are satisfactory for this most vulnerable group.
- 6.9 Following a number of recent fires in waste sites, the Fire Safety Team are supporting Areas and together are working closely with partners, in particular the Environment Agency, to undertake a programme of joint inspection visits to ensure that all waste sites are complying with guidance and reduce the risk of fire.
- 6.10 To support business through the Better Regulations Delivery Office we have planned meetings with businesses to look at the potential of expanding our relationships through the Primary Authority Scheme. As Members will be aware, this scheme enables DWFRS to take the lead on advising a national business on its fire safety measures. If another Fire Authority then wishes to take action against the business this must be done in liaison with us.
- 6.11 We are also engaged in proactive work with operational crews to reduce Unwanted Fire Signals. We received 2057 false alarms from automatic detection equipment in



non-domestic premises. During the same period DWFRS attended 364 fires in non-domestic properties.

- 6.12 The close monitoring of these figures enabled local liaison and education to take place, especially in relation to the primary offenders within each Area. District Commanders and fire safety teams worked with businesses to take action to reduce the number of false alarms. This has shown a significant downward trend in recent months and progress continues to be closely monitored by Local Performance and Scrutiny Committees.
- 6.13 In the 12 months from 1 April 2016 to 31 March 2017 the fire safety team undertook 706 fire safety audits. Inspectors from DWFRS normally enforce fire safety standards by giving advice on how to comply with the law. Sometimes inspectors must order people to make improvements by issuing them with a notice. This is done through either an Enforcement Notice, which allows time for the recipient to comply or a Prohibition Notice which prohibits or restricts the use of all or part of the premises until remedial action has been taken. In the 12 months from 1 April 2016 to 31 March 2017 the fire safety team served 13 Enforcement Notices and 14 Prohibition Notices.
- 6.14 Additionally, over the same period we have dealt with complaints from members of the public regarding concerns around fire safety in buildings and approximately 1,482 Buildings Regulations consultations as part of our statutory duties.
- 6.15 We also had contact with a large number of businesses over this period to educate them on their fire safety responsibilities. This also includes telephone advice which is generally not recorded unless further action is warranted.

## **7 Key Line of Enquiry 7**

- 7.1 *How are we identifying and driving down risk risks to the community, unique heritage and environment?*

## **8 Baseline Assessment – Established**

- 8.1 *This means;*
- 8.2 *A clear process is in place identifying and driving down risk in our community which is supported by a well-developed inspection programme, using robust audit and information gathering processes. An evaluation process for assessing the range of premises and unique heritage sites and relative risk is used to inform the re-inspection programme. A clear and audited process is in place for communicating information on premises to operational staff and a robust audit programme is in place and used to reduce risk.*

## **9 Consolidated evidence from Local Performance and Scrutiny Committees**

- 9.1 We have a system and process for identifying and assessing operational and community risk, this is called Site Specific Risk Information (SSRI). The system is designed to ensure that we liaise and coordinate with partners and risk owners/occupiers to produce information and guidance on the operational risk. This can include; tactical fire plans, salvage plans and environmental protection plans.

- 9.2 Operational crews have continued to gather and review information and intelligence on key risks within their areas to help ensure that they are prepared for emergency incidents should they occur. This information is made available on the appliances through a Mobile Data Terminal (MDT).
- 9.3 All high rise buildings (these are defined in Fire and Rescue terms as premises above 5 floors or 18m) are included in the SSRI process and we also use our Community Fire Risk Management Information System (CFRMIS) to identify Grade 1 and 2 listing status so that these premises are included in our intelligence gathering for operational incidents.
- 9.4 We also continue to maintain effective links with significant property and infrastructure developments that are taking place across the Service area and respond to local consultation within the required timescales to set out our professional considerations.
- 9.5 Work is also taking place locally with agents who are responsible for empty buildings which have been, or might become, the target for arson. Local managers are working with these agents to make sure properties are properly secured or demolished if this is appropriate. This information is then fed to other crews and agencies across the Service area.

## **10 Key Line of Enquiry 8**

- 10.1 *How are our local resilience partnership arrangements providing effective support to improve community resilience?*

## **11 Baseline Assessment – Established**

- 11.1 *This means;*

- 11.1.1 *Arrangements for operational preparedness are established and implemented based on the community risk profile and linked to the IRMP. Clear responsibility to maintain and improve these arrangements is assigned. There is evidence of stakeholder consultation and involvement in operational incident planning. Enhanced multi-agency liaison is established through the Local Resilience Forums.*

## **12 Consolidated evidence from Local Performance and Scrutiny Committees**

- 12.1 Dorset & Wiltshire Fire and Rescue Service is an active member of both of the Local Resilience Forums (LRF) that are in place across the Service area (LRFs are based on police service areas). The overarching legislation that sets out our statutory responsibilities as a category 1 responder is the Civil Contingencies Act 2004 (CCA).
- 12.2 Within the CCA the definition of an emergency focuses on the consequences of emergencies. It defines an emergency as:
- an event or situation which threatens serious damage to human welfare;
  - an event or situation which threatens serious damage to the environment; or
  - war, or terrorism, which threatens serious damage to security.

- 12.3 As a category 1 responder we are required to:
- Assess the risk of emergencies occurring and use this to inform contingency planning
  - Put in place emergency plans
  - Put in place Business Continuity Management arrangements
  - Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
  - Share information with other local responders to enhance co-ordination
  - Co-operate with other local responders to enhance co-ordination and efficiency
  - Provide advice and assistance to businesses and voluntary organisations about business continuity management (Local Authorities only)
- 12.4 As part of our statutory responsibilities we continue to contribute to the assessment of community risk that reflects the guidance provided in the National Resilience Risk. This results in a Community Risk Register. By understanding risk and the priorities for our area, we are able to understand the impact of emergencies occurring and work with statutory partners to assess the gaps in our ability to respond.
- 12.5 Interagency plans are created to enable the LRF to effectively respond to specific types of emergencies. Training and exercising against these plans is carried out to provide assurance that they are effective and to make certain that the capability to respond is in place.
- 12.6 Coordination of messages to the public is carried out through the respective warning and informing groups. Information is shared securely among partners using the Resilience Direct platform, which holds copies of local plans, and provides access to mapping layers.
- 12.7 Although there are different governance models between the Bournemouth, Dorset and Poole LRF and the Wiltshire and Swindon LRF we continue to play an active role following combination. The Chief Fire Officer is a member of the LRF executive groups and the delivery of plans is overseen and coordinated by a Business Management Group (BMG) in each area. Officers also chair, or are involved in, a wide range of delivery groups.
- 12.8 We are also actively engaged with voluntary groups with partners across both LRF areas and this provides access to a broad range of people, skills and equipment, who are trained and willing to support emergency incidents. Voluntary capabilities include 4x4 transport, search, water rescue, first aid, communications, feeding and welfare support.

## Priority 3 – Being there when you need us

### 1 Key Line of Enquiry 9

1.1 *Are appliances available when we need them?*

### 2 Baseline Assessment – Established

2.1 *This means;*

2.1.1 *Established arrangements are in place to provide appropriate resources to meet reasonable predictable levels of operational activity. Additional resources can be called on in the event of extraordinary need, but this provision has not been subject to regular external validation.*

### 3 Consolidated evidence from Local Performance and Scrutiny Committees

3.1 As members are well aware the majority of appliances across DWFRS are crewed by Retained Duty System (RDS) staff (approximately 85%). In areas where we have fire appliances crewed by Wholtime Duty System (WDS) availability is not an issue. However, in areas where appliances are predominantly crewed by RDS staff appliance availability can vary considerably. The reasons for the variations are many and varied but some of the most common are:

- A lack of firefighter numbers
- A lack of availability of key roles such as drivers and Incident Commanders
- Difficulties in recruiting firefighters at particular times of the day or week

3.2 Actions to improve appliance availability at RDS stations are taking place both at a local level within Area Management Teams and centrally through the RDS improvement and investment programme.

3.3 An outline of this programme of work has been taken to the Policy and Resources committee. The intention is to look at how we might improve both remuneration and the work-life balance associated with being a RDS firefighter.

3.4 Officers are also working hard on reducing the burden placed on RDS staff through overly complex and bureaucratic systems and processes, while also ensuring that we continue to provide effective support and training so that they can maintain their operational competencies.

3.5 To improve our availability and hence response times, we have implemented a new crewing shortfall procedure across the Service as a whole.

3.6 Appliance availability is monitored at Local Performance and Scrutiny Committees. The percentage of RDS appliances available throughout the year was never less than 75%. This is as a result of challenges with recruitment and retention which is recorded as strategic risk for which the mitigation is the RDS Review and associated improvement plan which is being monitored by the Policy and Resources Committee.

#### 4 Key Line of Enquiry 10

4.1 *How effective and efficient are our response arrangements for dealing with the range of incidents and medical emergencies we attend?*

#### 5 Baseline Assessment – Established

5.1 *This means;*

5.1.1 *Planned audits, reviews and evaluations of response activities identify strengths and areas for improvement. Results are shared with relevant stakeholders. Quality assurance arrangements are provided to ensure customer satisfaction. Automatic fire alarm calls are investigated. Outcomes of evaluation of incidents results in actions to improve performance and methods of delivery. Performance is improving.*

#### 6 Consolidated evidence from Local Performance and Scrutiny Committees

6.1 Our emergency response standards are life-focused indicators. The response time commences when the caller is connected to the Service Control Centre, so they include call handling, resource allocation, alerting and response by the appliances to the point of arrival at the incident.

6.2 Members have actively scrutinised performance in relation to response standards throughout the year through their respective Local Performance and Scrutiny Committees.

6.3 The first two indicators measure the percentage of properties with a 'sleeping risk' (dwellings, hotels, prisons, caravan parks, etc.). The standard is set for the first appliance to attend a fire within 10 minutes from time of call and the second appliance in 13 minutes.

6.4 From 1 April 2016 to 31 March 2017 we met the 10 minute response time on 71.6% of occasions and the 13 minute response time on 65.7% of occasions. It should however be noted that these are the overall figures for the Service against all incidents, however performance within the areas where we can realistically achieve the 10 and 13 minute response times is 84% and 71.3% respectively.

6.5 The figure of 10 minutes reflects research undertaken by Exeter University on fire survivability which indicates a significant fall after 10 minutes has elapsed.

6.6 We also have in place response standards that have been set for buildings other than sleeping risks. For the first appliance the response standard to this type of building is 10 minutes and for the second appliance 15 minutes.

6.7 Our performance against the 10 minute and 15 minute response times was 54% and 64.7% respectively. These rise to 68% and 70.1% for those incidents located within the areas where we can realistically achieve these response times.

6.8 We targeted the improvement of these figures in a number of ways during the year. Firstly, there is clearly a need to ensure appliances are available when they are needed. The measures being put in place to try to ensure this is achieved at RDS station have been previously outlined. Secondly, the protection and prevention teams

work with the Area management teams and with businesses to target resources and to educate in order to reduce the likelihood of incidents occurring in the first place.

- 6.9 When responding to incidents all operational commanders are trained in both dynamic and analytical risk assessment. The outcomes of these assessments inform the tactical plans that are put in place and this information is also communicated to the Service Control Centre through regular informative messages. These records can then be used for debrief purposes following an incident to ensure lessons are learnt and good practice is shared.
- 6.10 We have a number of RDS stations who are actively involved in co-responding. As part of our Communities Programme, we are in the process of aligning the approach across the Service to maximise efficiencies.

## **7 Key Line of Enquiry 11**

- 7.1 *How are our operational staff safe and how do they maintain the required levels of competence needed for the range of incidents they attend?*

## **8 Baseline Assessment – Established**

- 8.1 *This means;*

- 8.1.1 *There are clear responsibilities and structures for the delivery of training development and assessment. Effective realistic and appropriate methods are used to ensure staff develop and maintain competencies in all aspects of their roles. Effective training activities ensure sufficient realistic training opportunities are in place to encompass all aspects of risk management.*

## **9 Consolidated evidence from Local Performance and Scrutiny Committees**

- 9.1 We have good levels of competency amongst our operational staff across the Service area. We are working hard to align the content of our operational licence which provides independent internal assessment at an individual level in safety critical areas such as breathing apparatus and fire behaviour training, driving and incident command.
- 9.2 Although our levels of accidents and resulting injuries at operational incidents are low, we have effective health and safety monitoring arrangements in place that have received substantial assurance from our internal auditors. Levels of operational competence are looked at on a monthly basis by Area management teams and where issues become apparent they are proactively managed in liaison with the operational training team. In addition, operational exercises are in place that test levels of competence and capability. These exercises are reflective of local and service wide risks.
- 9.3 The operational training team are delivering a number of pieces of work to align previous practices and ensure that all operational personnel are able to maintain an appropriate level of competence that is necessary for them to undertake their role efficiently, effectively and safely.

- 9.4 This work includes the development of an output specification to deliver a new competence management system. All areas of this work are also being aligned to the needs and principles that are being developed with staff through the RDS investment and improvement programme.
- 9.5 There is also inter agency training such as Joint Emergency Services Interoperability Programme (JESIP) taking place which ensures the majority of our managers have input in a consistent approach to operational risk assessment and decision making.
- 9.6 On a regular basis incidents are debriefed and learning and training opportunities are identified. These debriefs are recorded and delivered centrally for larger incidents to assist in identifying trends and issues that can then be addressed through a centrally directed training plan.
- 9.7 At station and District levels managers also identify local risks that crews will need to be aware of and they put in place training and exercising arrangements to deal with them proportionately. Annual watch audits are also carried out by the District Commanders to ensure that personnel are maintaining their operational competencies. The watch audits are tailored around local risks and also cover both practical and underpinning knowledge.
- 9.8 Currently there are different ways of recording operational competence in the north and south of the service. This is due to the way previous competence management systems were designed. Area Commanders provide assurance to Local Performance and Scrutiny Committees that levels of operational competence are appropriate to ensure firefighters are safe and effective at incidents.

## **10 Key Line of Enquiry 12**

- 10.1 *How do we learn from operational and community risks; to improve the response services we provide?*

## **11 Baseline Assessment – Established**

- 11.1 *This means;*

- 11.1.1 *The Response approach has been clearly defined, planned and implemented based on the community risk profile and linked to the IRMP. Clear responsibility to develop, maintain and improve the response approach to meet organisational needs within a safe system of work is assigned.*

## **12 Consolidated evidence from Local Performance and Scrutiny Committees**

- 12.1 We continue to learn from all the incidents we attend by identifying learning points through a debrief process immediately following incidents. Where a large incident or a fatality occurs we continue to undertake more formal command debriefs alongside other agencies. This process allows us to ensure our firefighting actions have been to the highest levels and, where appropriate, we will follow-up these incidents with a multi-agency fatal fire conference once the coroner has completed their inquest.

- 12.2 For larger incidents and those of special interest we hold multi-agency debriefs to determine any learning points and to build on good practice. Where appropriate this work is coordinated through Local Resilience Forums as response arrangements are often linked to plans that have been jointly developed to mitigate risks identified within the respective Community Risk Register. In addition, we have an operational effectiveness procedure to capture learning points and organisational improvements from incidents inside and outside the service.
- 12.3 Flexible Duty Officers are automatically mobilised to significant incidents to carry out operational quality audits as well as undertaking appropriate command and functional roles.
- 12.4 We constantly monitor our operational activity through our performance management tools (Sycle). This allows us to consider our response and prevention activity to drive down incidents.



## Priority 4 – Making every penny count

### 1 Key Line of Enquiry 13

- 1.1 *Are opportunities for internal control and improvement being adequately identified and managed?*

### 2 Baseline Assessment – Established

- 2.1 *This means:*

- 2.1.1 *Management and auditors work together to jointly identify opportunities to improve internal controls. Improvement plans are well managed and are overseen by senior management but this is not yet fully mainstreamed into routine management. Actions are largely on track with slippage that needs additional management attention. There are a few issues of concern that are being mitigated, although these do not represent significant risks to the Authority. Members receive regular reports on internal controls and review progress on improvement actions. Members, management and auditors have growing confidence in the internal controls being relied upon.*

### 3 Consolidated evidence from Finance, Governance and Audit Committee

- 3.1 The first quarter's audits on Risk Management, IT Migration, Procurement and HR Workforce Planning took place between May-June 2016, with Internal Audit presenting their audit report to the Finance and Audit Committee on the 6 July 2016. Subsequently the second quarter's audit took place between July-September 2016 covering Fixed Assets and Inventories, Corporate Governance and Complaints, Whistle Blowing, Anti-Fraud, Corruption and Bribery with Internal Audit attending the Finance and Audit meeting on 21 September 2016 to report their findings. The third quarter audits covered Health & Safety Migration, Absence Management and Information Management System Migration. These were presented to Members on 17 November and the fourth quarter's audits covered Key Financial Controls and Culture Alignment and Development and were presented to Members on 22 March 2017. No significant areas of concern were identified during any of the quarterly audits. The improvement areas noted within the audits are managed via the internal performance system and the progress against the improvements reported to the Finance, Governance and Audit Committee at each of its meetings.
- 3.2 Members of the Finance, Governance and Audit Committee have agreed that prior to each committee meeting, a training session will be provided on key aspects of finance and audit management. To date internal and external auditors have provided training on their roles and the relationship to the Committee and Members have also been provide training on understanding financial reports and treasury management.

### 4 Key Line of Enquiry 14

- 4.1 *How are we providing effective health and wellbeing support to our staff?*

### 5 Baseline Assessment – Developing

- 5.1 *This means:*

- 5.1.1 *A positive safety culture within the work environment is still being developed. The requirement for staff to understand their health and wellbeing support responsibilities are being embedded. Managers are still introducing the idea that health and wellbeing is about being emotionally healthy as well as physically healthy. Senior managers are still the main focus for driving health and safety. Managers and staff are beginning to recognise health and safety risks and play a part in managing them if they cannot be removed.*

## **6 Consolidated evidence from Finance, Governance and Audit Committee**

- 6.1 The health and fitness procedure has been consolidated across the new Service. This includes a 12 month 'amnesty' period to provide former Wiltshire staff with the opportunity to attain the nationally recommended level of fitness. Attainment of fitness is being supported by specialist staff and a network of station based physical education officers. Fitness equipment is being procured for staff to use on stations from April 2017.
- 6.2 Occupational health services are being contractually consolidated. The procurement of a new contract began in January 2017 to contractually commence on 1 November 2017. This new contract will ensure consistency of practice and support for staff across the Service. Discussions are in hand regarding the level of service required during this interim period, before a new, longer term, contract is procured. Updated procedures to support revised occupational health arrangements regarding Stress Management and Trauma Risk in Management have been consolidated.
- 6.3 For the whole of the last year, sickness data was drawn from two different management information systems with different definitions and therefore no consistent data was available for reporting until the third quarter. Data has now been validated between the existing systems, so that the reporting of data is consistent and fully understood and this data has been reported from the third quarter to Finance, Governance & Audit Committee. An audit has taken place by the auditors regarding absence management practices which evidenced a substantial level assurance.

## **7 Key Line of Enquiry 15**

- 7.1 *How are we ensuring compliance with relevant health and safety legislation?*

## **8 Baseline Assessment – Developing**

- 8.1 *This means:*

- 8.1.1 *A clear policy and associated procedures are in place although these are not embedded. There is a developing culture of good health and safety practice, although personal understanding of individual responsibilities remains patchy. Staff and their representative bodies participate in the process of improving the health, safety and wellbeing of employees and other stakeholders. Health and safety targets are being implemented Service wide but are not fully understood or embedded in service planning and delivery. Accident and near miss reporting occurs but needs to be strengthened to improve consistency and clearer understanding. Risk associated*

*with new working practices and resources are considered before being introduced although this needs strengthening and embedding. Performance reporting and management arrangements for health and safety are being developed to effectively identify strengths and areas for improvement. Auditing and reviewing of health and safety activities are being introduced. No external benchmarking or assurance is in place. Legal compliance is yet to be fully understood in all areas along with the development a clear prioritised improvement plan. External validation of the health and safety practice and culture is being put in place and being progressed.*

## **9 Consolidated evidence from Finance, Governance and Audit Committee**

- 9.1 For the year ending 31 March 2017, we have been maintaining existing health and safety approaches within what was previously Dorset and Wiltshire, while a single database and procedure and a joint process was put in place. This has resulted in differences in recording and therefore reporting of incidents.
- 9.2 Work related injuries and illnesses occur as a result of operational activities or training. Where these occur, each incident is assessed and there is a robust monitoring system in place to investigate the cause and take corrective action. We use the RIDDOR process to identify absences of over 7 days and over the reporting period, there were 15 reportable RIDDOR incidents\* (7 day absences).
- 9.3 Reporting of work related injuries is made quarterly to the Health Safety and Wellbeing Committee and scrutinised by the Finance, Governance and Audit Committee. One system of recording absence was installed from 1 April 2017 and the assurance statement will be presented to members in September 2017.
- 9.4 We have strengthened the overall approach to health and safety throughout the year to ensure that fundamental management processes associated with health and safety are operating to a good standard. We have established a single Health and Safety legal compliance register across the Service and this has been verified by an internal audit undertaken by Gateway Assure in October 2016.
- 9.5 There has been a small risk in injuries during operational training and maintenance activities. Although the number of vehicle accidents has increased as a result of a quarterly spike, overall, the number is around the same as last year.
- 9.6 No significant issues have been identified over the last year.
- 9.7 Internal audit has provided a substantial level of assurance with the general health and safety management framework and the convergence arrangements to support the attainment of BSI 18001 by March 2019.
- 9.8 \* RIDDOR Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995

## **10 Key Line of Enquiry 16**

- 10.1 *How are we ensuring that we are compliant with relevant information management legislation?*

## 11 Baseline Assessment – Developing

11.1 *This means:*

11.1.1 *Information management and security procedures are in place and there is growing internal confidence in the managerial arrangements. There are some good practices in place but internal assessment has identified that key issues exist, with some cause of concern requiring appropriate action plans to be put in place. Compliance arrangements for access to information are in place with a clear policy, procedure and management arrangements. Work is still needed to fully embed good information management practices throughout the organisation. Information sharing protocols are in place but not widely understood or applied. Senior management and Members have started to review the performance and issues associated with legal compliance.*

## 12 Consolidated evidence from Finance, Governance and Audit Committee

- 12.1 A comprehensive approach to information management now exists with a convergence plan in place that is monitored on a monthly basis. Internal auditors have reviewed these arrangements finding no significant issues of concern. Agreed suggestions for improvement are being actioned and monitored by the Finance, Governance and Audit Committee at each of its meetings.
- 12.2 All subject access requests under the Data Protection Act have met the statutory timescales of 40 calendar days. Only one response to a Freedom of Information request was late by one working day due to annual leave and sickness absence between officers being asked for information.
- 12.3 37 complaints were received by the Service between April 2016 and March 2017. All of these complaints were investigated and only four were not resolved within the 14 day time limit. Arrangements are in place to help review and strengthen future compliance.
- 12.4 An Information Governance Group now meets quarterly to manage information risk across the Service. This includes a review of any security breaches, monitoring statutory compliance, and the identification of any existing and new risks to our information and monitoring of the IT Health Check mitigation plan.
- 12.5 Existing data sharing agreements have been updated in line with the new Dorset Information Sharing Charter. We are working closely with this group in Dorset and with the 'Single View' project in Wiltshire.

**Ben Ansell**

Chief Fire Officer

June 2017