



Performance Report

Audit and Performance Review
Committee: Quarter 4 – 2015/16



About this report

In this performance report for Devon & Somerset Fire & Rescue Service we examine the dataset for the full year April 2015 to March 2016.

The report will focus on performance against the three service priorities; Public Safety, Staff Safety and Efficiency and Effectiveness.

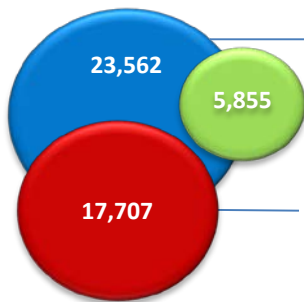
Contents

This report comprises:

| | |
|---|-------|
| Contents..... | 2 |
| Executive summary..... | 3-5 |
| The communities we serve and our role within them | 6 |
| Understanding this report..... | 7 |
| Measures 1 to 6 Statistics..... | 8-9 |
| Measures 1 to 6 Commentary..... | 10-13 |
| Measures 7 and 8 Statistics..... | 14 |
| Measures 7 and 8 Commentary..... | 15-16 |
| Sickness statistics..... | 17-18 |
| Sickness commentary..... | 19-21 |

Executive Summary

Priority: Public Safety - Response

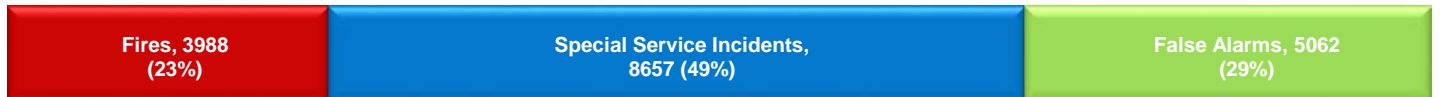


Emergency Calls Handled - in the 12 month period from Apr-15 to Mar-16 Devon and Somerset Fire and Rescue Service handled 23,562 emergency calls in the DSFRS area.

Emergency Calls Not Attended - of these calls 5,855 (25%) did not result in attendance at an incident. For example, a call may be challenged if it is thought to be malicious or a response may be stood down as it is no longer deemed necessary.

Emergency Calls Attended - of these calls 17,707 (75%) resulted in attendance at an incident.

The information below gives some context around emergency response activities.



Incidents Attended - Fires



Fire incidents are broken down into three high level categories:

Primary fires include all fires in non-derelict buildings (excluding where confined to a chimney), outdoor structures, non-abandoned vehicles or any fire involving death, injury, rescue or more than five appliances.

Secondary fires include the majority of outdoor fires such as grassland or refuse (unless involving death, injury or rescue), derelict buildings and abandoned vehicles.

Chimney fires include all fires in chimneys that did not extend beyond the chimney itself.

Incidents Attended - Special Service



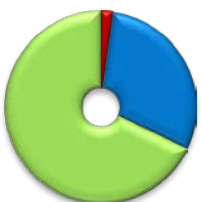
Special service incidents are broken down into three high level categories:

Road Traffic Collisions (RTCs) include all collisions attended by DSFRS which did not result in a fire. DSFRS does not attend all RTC incidents and figures only represent those which were attended by the Service.

Co-responder incidents are medical emergencies for which DSFRS provide first response on behalf of the South West Ambulance Service Trust (SWAST). There are 19 co-responder stations in DSFRS which use specialist vehicles and equipment.

Other incidents include flooding, rescue from height / confined space, animal rescue

Incidents Attended - False Alarms

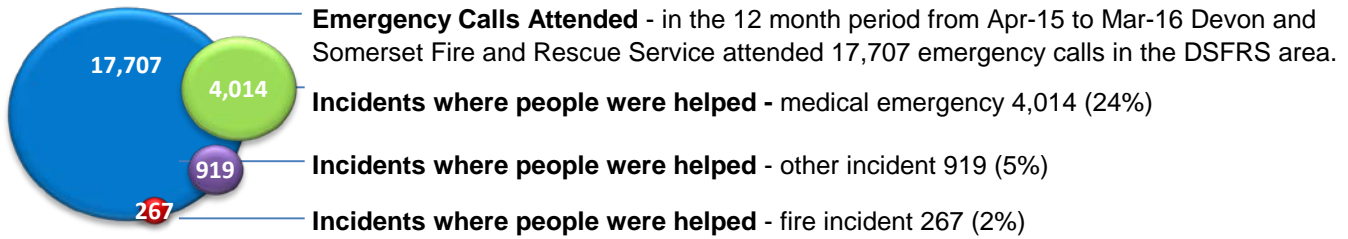


False alarm incidents are broken down into three high level categories:

Malicious False Alarms (MFAs) are calls made with the intention of getting the Service to respond to a non-existent incident.

False Alarm Good Intent (FAGIs) are calls made in the belief that the Service would attend an emergency incident. For example, smoke in the distance may be a bonfire that is under control.

Automatic Fire Alarm (AFAs) are calls initiated by fire alarm or fire-fighting equipment operating, this includes accidental initiation of alarm equipment.



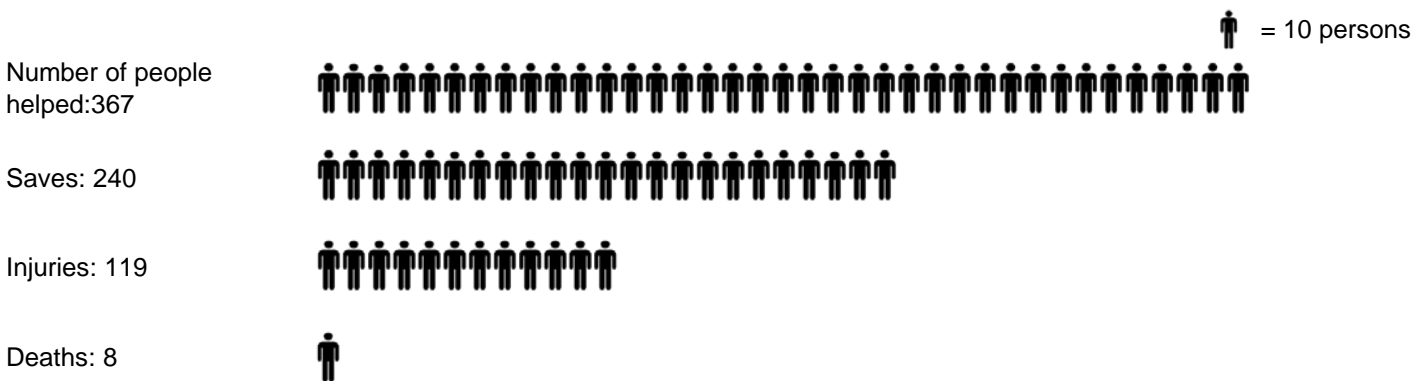
The information below gives some context around the number of people the Service directly helps at emergencies by incident type.

Fire Related Saves, Injuries and Deaths

How often does the Service have to help people at fire incidents?



What happened to those who needed help at the 267 fire incidents?



What is the Service doing to reduce fire incidents, injuries and deaths?

Prevention Activities

Between April 2015 and March 2016 the Service conducted 9968 targeted Home Safety Visits (this figure includes 'Level 2 Home Fire Safety Visits', 'Replacement Alarm Visits', 'Level 1 Home Fire Safety Visits' and 'Level 1 Home Fire Safety Checks', but excludes 'Home Safety Follow-up Visits') to those identified as having the most to benefit from our expert guidance and support. We work closely with our colleagues in other agencies and third sector organisations to build partnerships that enable us to ensure that our resources are used to provide maximum benefit to the community.

We engage with our communities in a variety of ways including educating children and young people through schools talks and structured programmes such as Fire Cadets, Phoenix and FireSetters. Between April 2015 and March 2016 the Service has undertaken over 6,000 activities to improve public safety (this figure comprises all Prevention Activities except 'Level 2 Home Fire Safety Visits', 'Replacement Alarm Visits', 'Level 1 Home Fire Safety Visits', 'Level 1 Home Fire Safety Checks' and 'Home Safety Follow-up Visits').

Protection Activities

DSFRS has a statutory obligation to ensure that non-domestic premises and public events are compliant with fire safety regulations. Between April 2015 and March 2016 the Service has conducted over 3,000 fire safety checks (3265), over 550 fire safety audits (605) and over 5,500 other protection activities (6613) to ensure public safety.

The Quarter 4 2015 Performance Report is also the year-end report and provides an opportunity to review the performance of the Service over the past 12 months. Overall it is pleasing to note that performance against the 8 primary measures has either improved or at least held steady, this implies that the activity being undertaken is having a positive effect be that prevention, protection or response. However, there is more we can do.

Fire Deaths

Notably we have seen periodic increases in fire injuries and no overall decrease in fire deaths over the last quarter and the 12 month period. The data analysis team are producing a report on the fire-related deaths over the past 5 years to support our understanding of why these tragedies occurred and if there are any lessons to be learned in terms of targeting our activity. The analysis will be fed into the revised Community Safety Strategy currently being written.

Fire Injuries

There is a continued focus on ensuring that a true picture of fire injuries is understood. In the Q3 performance report, we described how the number of fire injuries may have increased following the introduction of FPOS training, which directs staff to ensure that people attend hospital for a check-up, even if their symptoms appear minor. A pilot is now being instigated in the Service to make follow-up visits to people who have been injured in fires to improve customer care after the event, to check our data on the causes of both their fire and the associated injuries, to identify positive and negative aspects of our Service Delivery and to further promote the uptake of home fire safety visits.

Incident Data Capture

The ICT department is embarking on a development with Service Delivery staff aiming to reduce staff time spent on data entry and improving data consistency with a single streamlined process to capture incident data. It will collect incident information that can be fed to the Home Office's Incident Recording System (IRS) and other data relating to the incident together in one place, with the input screens adapting to the entered information so that only relevant additional data is requested. This process will be accessible on a variety of service devices and allow collection of data for the event that is more relevant, accurate, comprehensive and timely. This approach supports the service goals of efficiency and effectiveness and the data can be used to inform activities which support increased community wellbeing through targeted input by DSFRS and our partners.

Sickness Update

Sickness continues to be a focus for the organisation with varied performance in different staff groups. The overall trend for the Service is improving but where there are smaller numbers of staff the figures can be skewed by the long-term sickness of individuals. We are investing in firefighter fitness for the future and investigating more vocational-based methods of testing the fitness of our operational staff in an effort to further reduce sickness rates and keep appliances available. We have a focus on the mental health and wellbeing of staff which will continue into the new performance year.

Co-responding

The Service has seen an increase in the number of special service calls attended, these are primarily co-responding incidents. As a partner to the South West Ambulance Service we are justly proud of our activity in this area which is saving lives on a daily basis. As the success of our prevention and protection activity continues to reduce the number of fire incidents that we attend we are investigating ways of enhancing our ability to deal with medical emergencies and support our NHS partner in reducing incidents and contributing to community wellbeing.

The incident related data that are used in this section of the report are sourced from the Incident Recording System (IRS). The data was sourced on the 12/05/2015 at which time there were 1 IRS forms awaiting completion.

Measure 1: Deaths as a result of fires where people live

A fire related death is recorded if the cause of death is directly as a result of fire, even if death occurs after the incident. This is a critical to quality measure and will show as amber or red in the "Against Expected" section if a death has occurred.

| Measure Breakdown | 3 month (vs previous) | 12 month (vs previous) | Trend (months) | | | Against Expected | | | | | | | | | | | | | | | | | |
|---------------------------|--------------------------|---------------------------|----------------|----|----|------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 12 | 36 | 60 | Apr-15 Mar-16 | | | | | | | | | | | | | | | | | |
| Deaths - All Fires | 2 (0%) | 8 (0%) | ● | ↓ | ↑ | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Deaths - Accidental Fires | 2 (0%) | 6 (-14%) | ↓ | ↓ | ↓ | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Deaths - Deliberate Fires | 0 (0%) | 2 (+100%) | ↑ | ↑ | ↑ | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |

Measure 2: Injuries as a result of fires where people live

A fire injury is recorded if the cause of injury is directly as a result of fire and required hospital treatment. This includes where an injury has occurred as a result of attempts to escape such as falls resulting in injury.

| Measure Breakdown | 3 month (vs previous) | 12 month (vs previous) | Trend (months) | | | Against Expected | | | | | | | | | | | | | | | | | |
|-----------------------------|--------------------------|---------------------------|----------------|----|----|------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 12 | 36 | 60 | Apr-15 Mar-16 | | | | | | | | | | | | | | | | | |
| Injuries - All Fires | 19 (-24%) | 83 (+41%) | ↑ | ● | ↑ | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Injuries - Accidental Fires | 19 (-21%) | 76 (+38%) | ↑ | ↑ | ↑ | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Injuries - Deliberate Fires | 0 (-100%) | 7 (+75%) | ↑ | ↓ | ↓ | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |

Measure 3: Fires where people live

All primary fire incidents occurring at domestic premises (does not include sheltered accommodation, hotels etc).

| Measure Breakdown | 3 month (vs previous) | 12 month (vs previous) | Trend (months) | | | Against Expected | | | | | | | | | | | | | | | | | |
|-------------------|--------------------------|---------------------------|----------------|----|----|------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 12 | 36 | 60 | Apr-15 Mar-16 | | | | | | | | | | | | | | | | | |
| All Fires | 251 (-2%) | 966 (-1%) | ↓ | ↓ | ↓ | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Accidental Fires | 233 (-4%) | 907 (-1%) | ↓ | ↓ | ↓ | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Deliberate Fires | 18 (+50%) | 59 (-3%) | ↓ | ↓ | ↓ | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |

Measure 4: Fire related deaths where people work, visit and in vehicles

A fire related death is recorded if the cause of death is directly as a result of fire, even if death occurs after the incident. This is a critical to quality measure and will show as amber or red in the "Against Expected" section if a death has occurred.

| Measure Breakdown | 3 month (vs previous) | 12 month (vs previous) | Trend (months) | | | Against Expected | | | | | | | | | | | | | | | | | |
|---------------------------|--------------------------|---------------------------|----------------|----|----|------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 12 | 36 | 60 | Apr-15 Mar-16 | | | | | | | | | | | | | | | | | |
| Deaths - All Fires | 0 (0%) | 0 (-100%) | ↓ | ↓ | ↓ | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Deaths - Accidental Fires | 0 (0%) | 0 (-100%) | ↓ | ↓ | ↓ | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Deaths - Deliberate Fires | 0 (0%) | 0 (-100%) | ↓ | ↓ | ↓ | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |

Measure 5: Fire related injures where people work, visit and in vehicles

A fire injury is recorded if the cause of injury is directly as a result of fire and required hospital treatment. This includes where an injury has occurred as a result of attempts to escape such as falls resulting in injury.

| Measure Breakdown | 3 month (vs previous) | 12 month (vs previous) | Trend (months) | | | Against Expected | | | | | | | | | | | | | | | | | |
|-----------------------------|--------------------------|---------------------------|----------------|----|----|------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 12 | 36 | 60 | Apr-15 Mar-16 | | | | | | | | | | | | | | | | | |
| Injuries - All Fires | 8 (+33%) | 36 (0%) | ● | ↓ | ↑ | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Injuries - Accidental Fires | 6 (+20%) | 29 (+12%) | ↑ | ↓ | ↑ | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Injuries - Deliberate Fires | 2 (+100%) | 7 (-30%) | ↓ | ↓ | ↑ | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |

Measure 6: Fires where people work, visit and in vehicles

All primary fire incidents in non-domestic premises such as hotels, shops, schools, outdoor structures and in vehicles (including where a fire has occurred as a result of a collision).

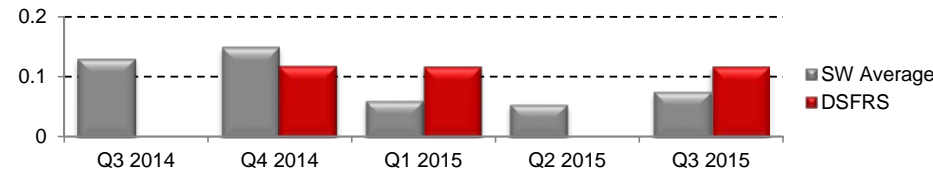
| Measure Breakdown | 3 month (vs previous) | 12 month (vs previous) | Trend (months) | | | Against Expected | | | | | | | | | | | | | | | | | |
|-------------------|--------------------------|---------------------------|----------------|----|----|------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 12 | 36 | 60 | Apr-15 Mar-16 | | | | | | | | | | | | | | | | | |
| All Fires | 286 (+9%) | 1250 (-8%) | ↓ | ↓ | ↓ | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Accidental Fires | 211 (+8%) | 959 (-7%) | ↓ | ↓ | ↓ | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Deliberate Fires | 75 (+10%) | 291 (-10%) | ↓ | ↓ | ↓ | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |

Benchmarking

The Service benchmarks performance against regional partners in order to understand how it is performing in relation to the region. Benchmarking figures are calculated as a rate to allow comparison.

Measure 1: Benchmarking Q3 2015-16

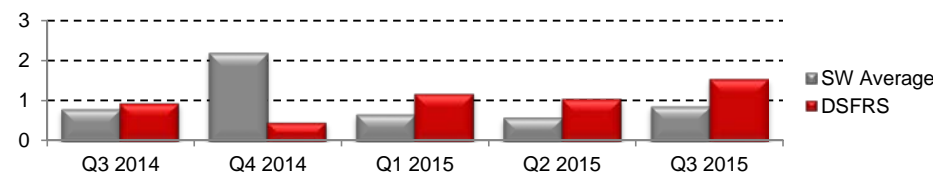
The chart below shows the rate of death at fires where people live per 100,000 population. The table to the right show where DSFRS ranks.



| Service | Rate | Rank Low-High |
|--------------|-------------|---------------|
| FRS 5 | 0.16 | 1 |
| FRS 3 | 0.18 | 2 |
| DSFRS | 0.35 | 3 |
| FRS 2 | 0.36 | 4 |
| FRS 4 | 0.43 | 6 |
| FRS 6 | N/A | N/A |

Measure 2: Benchmarking Q3 2015-16

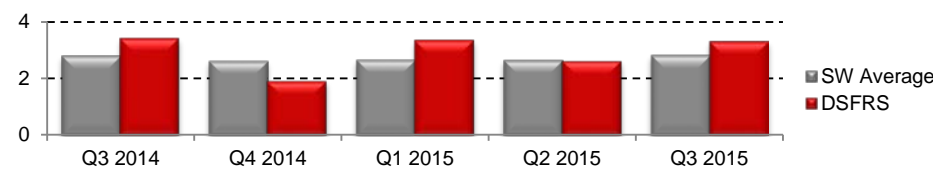
The chart below shows the rate of injury at fires where people live per 100,000 population. The table to the right show where DSFRS ranks.



| Service | Rate | Rank Low-High |
|--------------|-------------|---------------|
| FRS 3 | 2.40 | 1 |
| FRS 5 | 2.79 | 2 |
| FRS 2 | 3.10 | 3 |
| FRS 4 | 3.66 | 4 |
| DSFRS | 4.25 | 5 |
| FRS 6 | N/A | N/A |

Measure 3: Benchmarking Q3 2015-16

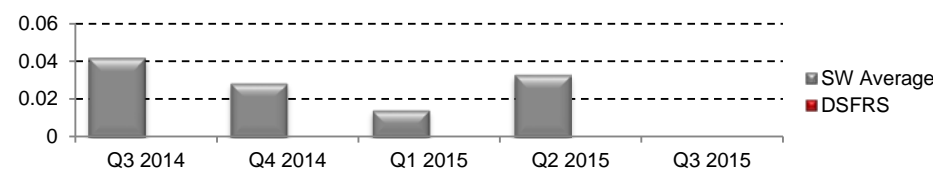
The chart below shows the rate of fires where people live per 10,000 domestic premises. The table to the right show where DSFRS ranks.



| Service | Rate | Rank Low-High |
|--------------|--------------|---------------|
| FRS 4 | 9.91 | 2 |
| FRS 2 | 10.80 | 3 |
| DSFRS | 11.26 | 4 |
| FRS 3 | 12.43 | 5 |
| FRS 5 | 12.63 | 6 |
| FRS 6 | N/A | N/A |

Measure 4: Benchmarking Q3 2015-16

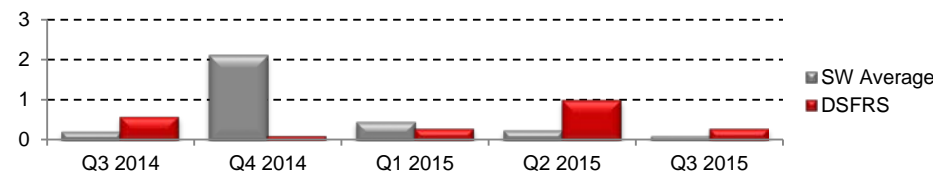
The chart below shows the rate of death at fires where people work and visit per 100,000 population. The table to the right show where DSFRS ranks.



| Service | Rate | Rank Low-High |
|--------------|-------------|---------------|
| DSFRS | 0.00 | 1 |
| FRS 2 | 0.00 | 1 |
| FRS 3 | 0.00 | 1 |
| FRS 4 | 0.08 | 4 |
| FRS 5 | 0.16 | 5 |
| FRS 6 | N/A | N/A |

Measure 5: Benchmarking Q3 2015-16

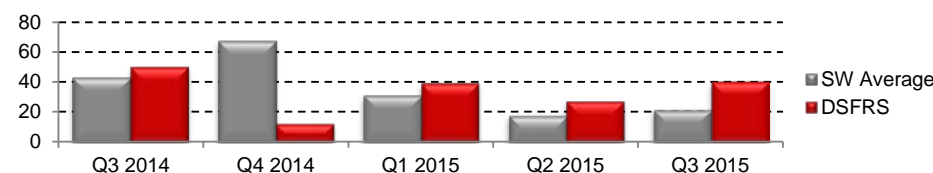
The chart below shows the rate of injuries at fires where people work and visit per 100,000 population. The table to the right show where DSFRS ranks.



| Service | Rate | Rank Low-High |
|--------------|-------------|---------------|
| FRS 3 | 0.18 | 1 |
| FRS 4 | 0.85 | 2 |
| FRS 5 | 0.98 | 3 |
| FRS 2 | 1.18 | 4 |
| DSFRS | 1.71 | 5 |
| FRS 6 | N/A | N/A |

Measure 6: Benchmarking Q3 2015-16

The chart below shows the rate of fires where people work and visit per 10,000 non-domestic premises. The table to the right show where DSFRS ranks.



| Service | Rate | Rank Low-High |
|--------------|---------------|---------------|
| FRS 3 | 93.22 | 1 |
| FRS 4 | 119.13 | 2 |
| FRS 5 | 122.19 | 3 |
| DSFRS | 128.46 | 4 |
| FRS 2 | 172.65 | 5 |
| FRS 6 | N/A | N/A |

Measure 2: Injuries as a result of fires where people live

There have been 83 injuries at fires where people live in the 12 month reporting period from Apr-15 to Mar-16, a +40.7% change compared to the previous 12 month period (59 injuries).

There have been 19 injuries at fires where people live in the current quarter (Jan-16 to Mar-16), a -24% change compared to the previous quarter (25 injuries).

In the current quarter there have been 3 months within normal range, 0 within monitor range, 0 within action range.

Trends: long-term (60 months) - UP; medium-term (36 months) - LEVEL; short-term (12 months) - UP

Measure 4: Fire related deaths where people work, visit and in vehicles

There have been 0 fire-related deaths where people work and visit and in vehicles in the 12 month reporting period from Apr-15 to Mar-16, a -100% change compared to the previous 12 month period (2 deaths).

There have been 0 fire-related deaths where people work and visit and in vehicles in the current quarter (Jan-16 to Mar-16), a 0% change compared to the previous quarter (0 deaths).

In the current quarter there have been 3 months within normal range, 0 within monitor range, 0 within action range.

Trends: long-term (60 months) - DOWN; medium-term (36 months) - DOWN; short-term (12 months) - LEVEL

Measure 6: Fires where people work, visit and in vehicles

There have been 1250 fires where people work and visit and in vehicles in the 12 month reporting period from Apr-15 to Mar-16, a -7.6% change compared to the previous 12 month period (1353 fires).

There have been 286 fires where people work and visit and in vehicles in the current quarter (Jan-16 to Mar-16), a +8.7% change compared to the previous quarter (263 fires).

In the current quarter there have been 3 months within normal range, 0 within monitor range, 0 within action range.

Trends: long-term (60 months) - DOWN; medium-term (36 months) - DOWN; short-term (12 months) - DOWN

Measure 3: Fire where people live

There have been 966 fires where people live in the 12 month reporting period from Apr-15 to Mar-16, a -0.9% change compared to the previous 12 month period (976 fires).

There have been 251 fires where people live in the current quarter (Jan-16 to Mar-16), a -4.1% change compared to the previous quarter (255 fires).

In the current quarter there have been 3 months within normal range, 0 within monitor range, 0 within action range.

Trends: long-term (60 months) - UP; medium-term (36 months) - DOWN; short-term (12 months) - DOWN

Measure 5: Fire related injures where people work, visit and in vehicles

There have been 36 injuries at fires where people work and visit and in vehicles in the 12 month reporting period from Apr-15 to Mar-16, a 0% change compared to the previous 12 month period (36 injuries).

There have been 8 injuries at fires where people work and visit and in vehicles in the current quarter (Jan-16 to Mar-16), a +33.3% change compared to the previous quarter (6 injuries).

In the current quarter there have been 2 months within normal range, 1 within monitor range, 0 within action range.

Trends: long-term (60 months) - UP; medium-term (36 months) - DOWN; short-term (12 months) - DOWN

Measure 1: Deaths as a result of fires where people live

There have been 8 fire-related deaths where people live in the 12 month reporting period from Apr-15 to Mar-16, a 0% change compared to the previous 12 month period (8 deaths).

There have been 2 fire-related deaths where people live in the current quarter (Jan-16 to Mar-16), a 0% change compared to the previous quarter (2 deaths).

In the current quarter there have been 2 months within normal range, 1 within monitor range, 0 within action range.

Trends: long-term (60 months) - UP; medium-term (36 months) - DOWN; short-term (12 months) - DOWN

How is DSFRS improving performance?

Reducing fires in the home and related injuries and deaths

Related headlines:

- Decrease in injuries as a result of fires where people live in Q4 2015
- Decrease in fires where people live in Q4 2015
- Two fire-related deaths where people live in Q4 2015

What we are doing to improve performance:

A root and branch review of prevention and protection activity is currently being undertaken which will lead to an improved focus on core activity as well as efficiencies and increased effectiveness reducing community risk. Specific improvements are being made at headquarters and in the Groups, such as increasing prevention and protection work carried out at Ilfracombe while supporting the shift from wholetime to on-call status and expanding local initiatives across the Service that engage with partners and high-risk groups.

A multi-layer approach to data is now being introduced to improve the information available in targeting those most at risk of having a fire in the home. By overlaying risk factors and combining datasets, the Service can predict with a greater degree of accuracy households that may be at higher risk of fire and staff can be provided with a more accurate assessment of Community Risk and Vulnerability on a house-by-house basis. With this information, Groups are able to direct activity more effectively. This has been piloted in Central Command and following refinement will be extended to all areas.

The Home Fire Safety Pilot, which operated in Central Command, has been reviewed utilising a systems approach and lessons are being evaluated. Clear improvements have been identified and will be presented in an options paper. It is believed that this will lead to Service-wide improvements and a more consistent and coherent approach to delivery of home safety. Overall the number of Home Fire Safety Checks undertaken by the Service increased by more than 200% from 3477 in 2013/14 (the last complete year before the pilot) to 9968 in 2015/16. The pilot area increased their tally from 565 to 4899 over the same period.

Direct mailing of over 85s, who have been identified through data provided from GPs, has led to a large number of visits for this vulnerable cohort. This initiative is being rolled out across the Service.

The provision of Safeguarding training has led to an increase in the number of referrals for vulnerable adults. Refinements to the onward referral process have enabled earlier interventions and involvement of key partner agencies. Re-alignment of the Safeguarding Lead role has improved consistency of representation on Safeguarding Boards at strategic level, facilitating the development of key information-sharing protocols/partnership working.

Trigger Point Training is being provided for staff from partner agencies, to help them identify risk factors and to provide a clear referral route.

Changes in Health funding means that it continues to be difficult to establish a cohesive approach to "Safe and Well" visits. However, localised initiatives are still being developed specifically to target the elderly (over 85) within rural communities.

The Service Media Team and the Community Safety Team are currently undertaking market research in order to direct safety messages in the most effective way and with the maximum impact.

Sample of major local initiatives

The Integrated Care Project (ICE) continues to expand in the wider Exeter area-this is a multi-agency project designed to ensure those at risk receive the right interventions and support at the right time.

A new Police Community Support Officer / On Call Fire-fighter joint role (PFCSO) has been established as a pilot in North Devon. This provides valuable Community Safety and improved identification of vulnerable people. The scheme has also resulted in improved operational cover in a range of stations. The pilot is currently being evaluated with a view to it being extended.

Reducing fires in the home and related injuries and deaths continued...

It is identified that **localised “place” initiatives** can significantly contribute to efficiency and community risk reduction. For example, the “One Ilfracombe” Town Team and, as of spring 2016, the “One Bideford” Town Team provide integrated support to those most at risk within the area. In Ilfracombe, collaboration with the Living Well Team has included a pilot with NHS health improvement specialists to **promote neighbourhood health action schemes** as well as signposting vulnerable clients under the "make every connection count" initiative. Other 'One' towns are being established in Somerset and are already demonstrating value with Home Fire Safety Check referrals being generated.

Closer working with the “Community Connectors” is believed to be leading to better identification of those most at risk from fire. Specific station staff have been designated as “Community Support Officers” in Somerset to improve community engagement with local organisations and partners such as Police Community Support Officers, first responders, schools, medical practices and most importantly the Parish Councils. The aim is to directly identify additional vulnerable, at-risk groups to generate Home Fire Safety Visits.

Somerset East Group has entered discussions with Somerset County Council to look at co-locating key agencies within the Library in Yeovil town centre to provide a community hub. Discussions are being held to look at how the DSFRS fire prevention teams can support this initiative and gain valuable information from partners.

Western Command West also made progress in their discussions to establish a multi-agency community safety hub co-located with Fire, Police and Council with invitations to Health. They are also working closely with the Plymouth Police Community Inspector to discuss new ways of working together in identifying those at most risk from fire. This may include members of the DSFRS community safety team working with the Police community team for a few days a month from joint locations.

The same group's prevention team plans to participate in Plymouth Junior Life Skills week, which will address safety issues in the home and be delivered to approx. 2500 school children.

Phoenix courses have continued to be run successfully. These are designed to reduce fire risk and fire-related crime by working with young people aged 15-18 who have been identified as ‘at risk’. In a similar age group, Plymouth cadets were also launched in January 2016.

Central North Group has also trained a Non-Operational Fire Safety Officer to carry out home safety visits at the same time as joint inspections of houses in multiple occupation as part of a pilot initiative between DSFRS and North Devon Council. This single inspection allows an improved opportunity to engage with tenants, assessing the standard of housing whilst ensuring the property is safe from fire. This scheme will progress to a dual-warranted approach, where the individual will use powers of the FRS and Environmental Health to access all parts of the premises.

Groups have continued to proactively seek out partners who deal face-to-face with targeted vulnerable people. The Trigger Point training delivered to partners presents a user-friendly way of making a referral to the Service for Home Fire Safety Visits.

- Central East created 56 partnerships in the year since it started generating over 750 high quality referrals for those most at risk, while Central North have signed up 66 partners generating around 500 such referrals. Partners include the NHS, mental health organisations, charities such as Age UK and Westbank Community Health and Care, the voluntary sector, probation services, neighbourhood beat teams, city and district councils, care homes and housing associations.
- Somerset East Group have been exploring a partnership agreement with Yarlinton Housing, which has 10,000 properties across Somerset and the surrounding counties.
- The current Prevention partnership strategy in South Devon has led to 1816 visits completed, more than double the original Local Community Plan target of 500 for 2015/16.
- There are plans across the Service to expand such partnership opportunities further as well as reviewing existing partnerships to ensure they have tangible outcomes.

The restructuring of the Service began in March 2016 and one benefit will be the increased focus on reviewing local initiatives to provide opportunities to identify and promulgate good practice and to direct resources in a more consistent way.

Reducing fires where people work, visit and in vehicles and related injuries and deaths

Related headlines:

- Fire-related deaths where people work, visit and in vehicles remain at 0
- Increase in fires where people work, visit and in vehicles in Q4 2015
- Increase in fire-related injuries where people work, visit and in vehicles in Q4 in 2015

What we are doing to improve performance:

Community Safety Protection is targeted using a risk-based approach. Internal and external data and local intelligence is utilised to identify which sectors of the business community would benefit from direct contact via inspections or focused activities such as seminars or compliance events. This ensures that limited resources are used effectively and efficiently, benefitting compliant businesses by minimising disruption to their day to day activities.

The Community Safety Protection Team at SHQ has recently completed a review of all enforcement action across the Service to ensure consistency of approach and that resources are effectively targeted towards risk.

- Findings from the review have been made known to practitioners, highlighting where improvements are required. This ensures that there is consistent delivery of Protection activities Service wide.
- This work is further supported by monthly reports which facilitate monitoring of Enforcement Notices ensuring that businesses affected by the Notices are given advice and encouraged to comply within expected time scales. This reduces the need for legal action for non-compliance, as well as ensuring safe standards are met within acceptable time limits.

To provide a consistent approach to mixed-use premises, the Chief Fire Officers' Association (CFOA) is leading a working group to look at the issues around commercial premises with sleeping accommodation above. There are many variations among these types of premises and if the national guidance is applied by the 'letter of the law', it would either close down many businesses or eject people from their homes. The CFOA objective is to arrive at a consistent and agreed approach or at least provide best practice guidance. Staff from DSFRS are supporting CFOA in this project, giving us a voice at a national level and ensuring we are fully aware of the national agenda.

DSFRS staff recently supported a joint operation, known as 'Operation Trojan', targeting rogue landlords in the Torbay area. This operation required a co-ordinated and collaborative approach between multiple agencies, including Housing Officers, Police and Building Control officers to ensure vulnerable members of the community were safeguarded and where necessary, removed to a place a safety.

- DSFRS officers issued 15 Prohibition Notices and advised other agencies, landlords and occupants on suitable fire safety provision.
- This operation has resulted in promotion of the wider fire safety message to the private sector housing providers and given assurance to those living in the rented sector that DSFRS will work robustly to protect them from exposure to dangerous conditions.
- The outcomes of this operation have been recognised by all agencies involved, with positive comments directed towards DSFRS staff. The benefits of the joint approach and lessons learnt will be shared to encourage similar opportunities in groups where this is not already occurring.

Understanding risk and improving engagement with our business communities

We constantly review our processes for risk inspection activity to gather more finely-tuned intelligence and this has led to the adoption of an intuitive and comprehensive 'Community Mapping' system to replace 'PlanWeb'.

We are also putting together a business case to pilot a programme which enable us to assign a 'Incident Risk Score' to businesses allowing us to focus our limited resources very efficiently on those that need it most.

We have developed several presentations for use by our staff at compliance and business events in locations around Devon and Somerset, providing tailored fire safety advice for Farms, Residential Care Premises, Guest Houses & Holiday Lets, and the Tourist Industry in general. Another being developed is 'Fire Safety for Licensed Premises'.

Priority: Public Safety - Emergency Response Standards (ERS)

Measure 7: ERS for attendance at fires where people live

(a) First attendance - first appliance to attend within 10 minutes from time of call

This measure is recorded by the following criteria:

- (i) ALL fires where people live attended
- (ii) Includes those fires where only 1 appliance was required (e.g. fires out on arrival)

| Measure Breakdown | 3 month (vs previous) | 12 month (vs previous) | Trend (months) | | | Against Expected | | | | | | | | | | | | | | | |
|------------------------------|--------------------------|---------------------------|----------------|----|----|------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 12 | 36 | 60 | Apr-15 Mar-16 | | | | | | | | | | | | | | | |
| All Eligible Incidents | 73% (-2%) | 72% (+4%) | ↑ | ↑ | ↑ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ |
| Incidents Inside 10min Zone* | 84% (-1%) | 82% (+3%) | ↑ | ↑ | ↑ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ |

*10 min response zones are only calculated where a station has two pumps

(b) Full attendance - First appliance to attend within 10 minutes and 9 Personnel in 13 minutes

This measure is recorded by the following criteria:

- (i) ALL fires where people live attended inside the 10 minute area only
- (ii) Excludes those fires where only 1 appliance was required (e.g. fires out on arrival)
- (iii) Standard measured from time of call to 1st appliance arrival time within 10 minutes AND 9 personnel (irrespective of number of appliances) within 13 minutes

| Measure Breakdown | 3 month (vs previous) | 12 month (vs previous) | Trend (months) | | | Against Expected | | | | | | | | | | | | | | | |
|------------------------------|--------------------------|---------------------------|----------------|----|----|------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 12 | 36 | 60 | Apr-15 Mar-16 | | | | | | | | | | | | | | | |
| Incidents Inside 10min Zone* | 60% (+5%) | 57% (+2%) | ↑ | ↓ | ↓ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ |

*10 min response zones are only calculated where a station has two pumps

Measure 8: ERS for attendance at Road Traffic Collisions (RTCs)

(a) First attendance - first appliance to attend within 15 minutes

This measure is recorded according to the following criteria:

- (i) ALL RTCs attended with the exception of late calls and turnbacks
- (i) 15 minutes measured from time of call to time of first attendance

| Measure Breakdown | 3 month (vs previous) | 12 month (vs previous) | Trend (months) | | | Against Expected | | | | | | | | | | | | | | | |
|------------------------|--------------------------|---------------------------|----------------|----|----|------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 12 | 36 | 60 | Apr-15 Mar-16 | | | | | | | | | | | | | | | |
| All Eligible Incidents | 76% (+1%) | 75% (+0%) | ↓ | ↓ | ↓ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ | █ |

Key Messages

Measure 7: The Service has achieved first response to fire incidents where people live within 10 mins for 72.3% of eligible incidents during the 12 month reporting period from Apr-15 to Mar-16, a +3.7% change compared to the previous 12 month period (68.6% achieved).

For the current quarter (Jan-16 to Mar-16) achievement stands at 73.1%, a -2.4% change compared to the previous quarter (75.5% achieved). In the current quarter there have been 3 months within normal range, 0 within monitor range, 0 within action range.

Trends: long-term (60 months) - UP; medium-term (36 months) - UP; short-term (12 months) - UP

Measure 7a: The Service has achieved first response to fire incidents where people live within 10 mins for 82.5% of eligible incidents within the 10 min response zone during the 12 month reporting period from Apr-15 to Mar-16, a +3.3% change compared to the previous 12 month period (79.2% achieved).

For the current quarter (Jan-16 to Mar-16) achievement stands at 83.6%, a -0.5% change compared to the previous quarter (84.1% achieved). In the current quarter there have been 3 months within normal range, 0 within monitor range, 0 within action range.

Trends: long-term (60 months) - UP; medium-term (36 months) - UP; short-term (12 months) - UP

Measure 7b: The Service has achieved full response response to fire incidents where people live within 13 mins for 57.4% of eligible incidents during the 12 month reporting period from Apr-15 to Mar-16, a +2% change compared to the previous 12 month period (55.4% achieved).

For the current quarter (Jan-16 to Mar-16) achievement stands at 60.3%, a +5.3% change compared to the previous quarter (55% achieved). In the current quarter there have been 3 months within normal range, 0 within monitor range, 0 within action range.

Trends: long-term (60 months) - DOWN; medium-term (36 months) - DOWN; short-term (12 months) - UP

Measure 8: The Service has achieved first response to RTC incidents within 15 mins for 62.6% of eligible incidents during the 12 month reporting period from Apr-15 to Mar-16, a -12.6% change compared to the previous 12 month period (75.2% achieved).

For the current quarter (Jan-16 to Mar-16) achievement stands at 75.9%, a +0.7% change compared to the previous quarter (75.2% achieved). In the current quarter there have been 3 months within normal range, 0 within monitor range, 0 within action range.

Trends: long-term (60 months) - UP; medium-term (36 months) - UP; short-term (12 months) - UP

Achieving our emergency response standards (ERS)

Related headlines:

- Attendance within 10 minutes to fires where people live up compared to previous year
- Full attendance in 13 minutes to fires where people live - decrease in achievement of standard
- Attendance within 15 minutes to road traffic collisions (RTCs) down compared to previous year

What we are doing to improve performance:

Our Emergency Response Standards outline the target attendance criteria for fires where people live and road traffic collisions (RTCs). We measure the percentage of occasions where we have achieved the standard and actively investigate incidents where the ERS have not been met. The remote nature of many areas of the area that we cover means that in some instances achievement of the standard is not possible, however, understanding where we can make changes to affect performance is key to improving our ability to meet ERS.

Central Command – Group admins produce reports for the Local Risk Managers (LRMs) usually on a weekly basis enabling them to follow up individual incidents.

- As part of the shift from wholetime to on-call at Ilfracombe, guidance on when crew members report as available has changed and standby crews now do more prevention work rather than remaining on station. Elsewhere personnel are not routinely sent to crew second appliances.
- The Police & Fire Community Support Officer pilot in North Devon is supporting stations that experience difficulty in maintaining crewing at various times of the day enabling appliances to remain available and help meet our ERS targets.

Somerset Command - Performance is monitored and reported on monthly which continually improves appliance availability and linked areas of performance to ensure resources match risk to enable ERS measures to be achieved.

- Crewing Availability System & Community Firefighter Pilot – stations forecast crewing and make requests to a Command Crewing Manager enabling capacity to be realised and moved to stations, maintaining appliance availability.

Western Command - A crewing manager is still maintained for Plymouth and now works closely with the crewing manager for the whole of West Devon, who deals mainly with on-call, to ensure maximum operational cover is maintained. The latter prepares reports for the LRMs, which are then discussed at the monthly performance meetings.

- The LRM's are also looking at all on-call contracts to see if availability at certain stations can be improved.
- Two stations struggling to maintain their availability are being assisted by exploring different crewing models.

Service-wide

- A task and finish group is being established to verify the impact of these local initiatives across the Service to support the sharing of best practice.

Note. Following the switch to the new Control system, problems in the production of daily summaries listing specific details of all incidents and appliance movements have impacted the ability of LRMs to monitor recent movements, which may have a slight effect on ERS in the first quarter of the new financial year. Action is being taken to address this.

Sickness Absence

Priority: Staff Safety - Sickness

Rate of shifts lost due to sickness per full time equivalent (fte) role

This measure calculates sickness for all staff with the exception of retained personnel.

| Measure Breakdown | 3 month (vs previous) | 12 month (vs previous) | Trend (months) | | | Against Expected | | | | | | | | | | | |
|-------------------|--------------------------|---------------------------|----------------|----|----|---|--|--|--|--|--|--|--|--|--|--|--|
| | | | 12 | 36 | 60 | Apr-15 Mar-16 | | | | | | | | | | | |
| All Sickness | 2.54 (+8%) | 9.15 (-6%) | ↓ | ↑ | ↑ | [Visual trend bar: 12 green, 36 green, 60 green, 12 red, 12 green, 12 yellow, 12 red] | | | | | | | | | | | |

Sickness Rate by Absence Length - Calendar Days

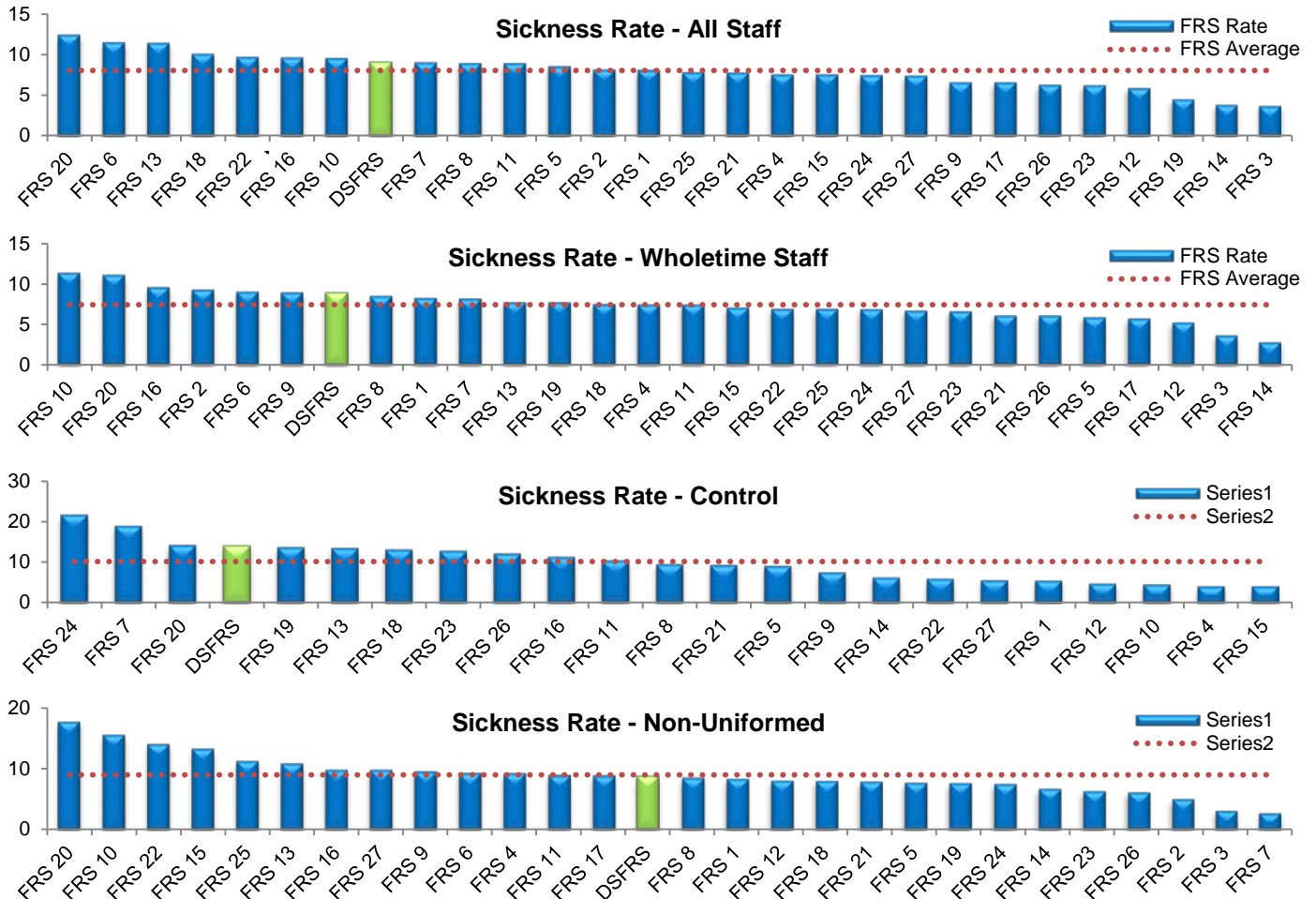
| Measure Breakdown - Length of Sickness | 3 month (vs previous) | 12 month (vs previous) | Trend (months) | | | Against Expected | | | | | | | | | | | |
|---|--------------------------|---------------------------|----------------|----|----|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | 12 | 36 | 60 | Apr-15 Mar-16 | | | | | | | | | | | |
| Short-term <8 Days | 0.7 (+12%) | 2.19 (-5%) | ↓ | ↑ | ↑ | [Visual trend bar: 12 green, 36 green, 60 green, 12 green, 12 green, 12 green, 12 green, 12 green, 12 green, 12 green, 12 green, 12 green] | | | | | | | | | | | |
| Certified 8-28 | 0.52 (+49%) | 1.42 (-1%) | ↓ | ↑ | ↑ | [Visual trend bar: 12 green, 36 green, 60 green, 12 green, 12 green, 12 green, 12 green, 12 green, 12 green, 12 green, 12 green, 12 green] | | | | | | | | | | | |
| Long-term >28Days | 1.32 (-5%) | 5.54 (-8%) | ↓ | ↑ | ↑ | [Visual trend bar: 12 yellow, 36 red, 60 green, 12 yellow, 12 yellow, 12 yellow, 12 yellow, 12 yellow, 12 green, 12 green, 12 green, 12 red] | | | | | | | | | | | |

Sickness Rate by Post Type

| Measure Breakdown - Post Type | 3 month (vs previous) | 12 month (vs previous) | Trend (months) | | | Against Expected | | | | | | | | | | | |
|----------------------------------|--------------------------|---------------------------|----------------|----|----|---|--|--|--|--|--|--|--|--|--|--|--|
| | | | 12 | 36 | 60 | Apr-15 Mar-16 | | | | | | | | | | | |
| Uniformed Station Based | 1.28 (-28%) | 7.14 (-28%) | ↓ | ↑ | ↑ | [Visual trend bar: 12 red, 36 yellow, 60 green, 12 green, 12 green, 12 green, 12 green, 12 green, 12 green, 12 green, 12 green, 12 green] | | | | | | | | | | | |
| Uniformed Non-Station Based | 3.52 (+18%) | 11.15 (+17%) | ↑ | ↑ | ↑ | [Visual trend bar: 12 green, 36 green, 60 green, 12 green, 12 green, 12 green, 12 green, 12 green, 12 green, 12 green, 12 red, 12 red] | | | | | | | | | | | |
| Control | 5.72 (+61%) | 14.2 (-25%) | ↓ | ↑ | ↑ | [Visual trend bar: 12 green, 36 green, 60 green, 12 green, 12 green, 12 green, 12 green, 12 green, 12 green, 12 green, 12 yellow, 12 red] | | | | | | | | | | | |
| Non-Uniformed | 2.15 (-16%) | 8.72 (+6%) | ↑ | ↑ | ↓ | [Visual trend bar: 12 green, 36 green, 60 green, 12 green, 12 green, 12 green, 12 green, 12 green, 12 green, 12 green, 12 yellow, 12 green] | | | | | | | | | | | |

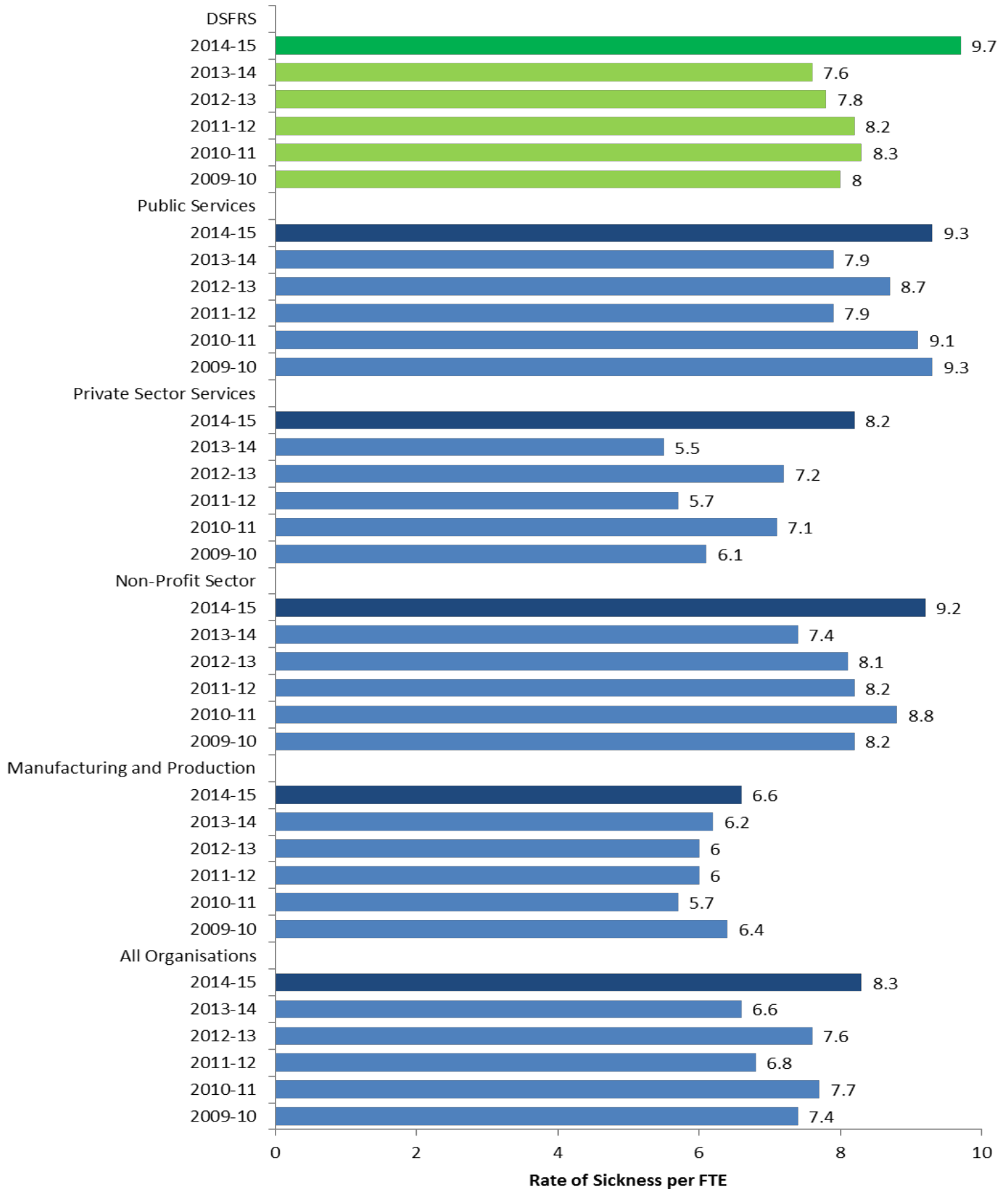
Benchmarking: how we compare to UK fire and rescue services

The graphs below show the year to date Q4 2015/16 figures for UK fire and rescue services contributing to the Cleveland Occupational Health Report. The figures are calculated according to shifts lost per FTE. DSFRS performance is highlighted in green.



Benchmarking: how we compare to other sectors (2014/15 Annual CIPD Absence Report)

The graph below shows the year end industry data which is sourced from the 2015 Chartered Institute of Personnel and Development (CIPD) annual survey report, compared to DSFRS.



The sickness rate for non-uniformed staff stands at 8.72 shifts lost per full time equivalent member of staff for the 12 month reporting period from Apr-15 to Mar-16, a +6.4% change compared to the previous 12 month period (8.19 shifts lost). For the current quarter (Jan-16 to Mar-16) the sickness rate stands at 2.15 shifts lost per fte, a -16.1% change compared to previous quarter (2.56 shifts lost).

In the current quarter there have been 3 months within normal range, 0 within monitor range, 0 within action range.

Trends: long-term (60 months) - DOWN; medium-term (36 months) - UP; short-term (12 months) - UP

The sickness rate for uniformed station based staff stands at 7.14 shifts lost per full time equivalent member of staff for the 12 month reporting period from Apr-15 to Mar-16, a -28.2% change compared to the previous 12 month period (9.94 shifts lost). For the current quarter (Jan-16 to Mar-16) the sickness rate stands at 1.28 shifts lost per fte, a -28% change compared to previous quarter (1.77 shifts lost). In the current quarter there have been 3 months within normal range, 0 within monitor range, 0 within action range. Trends: long-term (60 months) - UP; medium-term (36 months) - UP; short-term (12 months) - DOWN

The long-term sickness rate for all staff stands at 5.54 shifts lost per full time equivalent member of staff for the 12 month reporting period from Apr-15 to Mar-16, a -8.2% change compared to the previous 12 month period (6.03 shifts lost). For the current quarter (Jan-16 to Mar-16) the sickness rate stands at 1.32 shifts lost per fte, a -4.6% change compared to previous quarter (1.38 shifts lost). In the current quarter there have been 2 months within normal range, 0 within monitor range, 1 within action range. Trends: long-term (60 months) - UP; medium-term (36 months) - UP; short-term (12 months) - DOWN

The short-term certified sickness rate for all staff stands at 1.42 shifts lost per full time equivalent member of staff for the 12 month reporting period from Apr-15 to Mar-16, a -1.1% change compared to the previous 12 month period (1.44 shifts lost). For the current quarter (Jan-16 to Mar-16) the sickness rate stands at 0.52 shifts lost per fte, a +48.9% change compared to previous quarter (0.35 shifts lost). In the current quarter there have been 1 months within normal range, 1 within monitor range, 1 within action range. Trends: long-term (60 months) - UP; medium-term (36 months) - UP; short-term (12 months) - UP

The sickness rate for Control staff stands at 14.2 shifts lost per full time equivalent member of staff for the 12 month reporting period from Apr-15 to Mar-16, a -25% change compared to the previous 12 month period (18.93 shifts lost). For the current quarter (Jan-16 to Mar-16) the sickness rate stands at 5.72 shifts lost per fte, a +60.7% change compared to previous quarter (3.56 shifts lost). In the current quarter there have been 0 months within normal range, 2 within monitor range, 1 within action range. Trends: long-term (60 months) - UP; medium-term (36 months) - UP; short-term (12 months) - UP

The short-term uncertified sickness rate for all staff stands at 2.19 shifts lost per full time equivalent member of staff for the 12 month reporting period from Apr-15 to Mar-16, a -4.6% change compared to the previous 12 month period (2.29 shifts lost). For the current quarter (Jan-16 to Mar-16) the sickness rate stands at 0.7 shifts lost per fte, a +11.6% change compared to previous quarter (0.63 shifts lost). In the current quarter there have been 0 months within normal range, 2 within monitor range, 1 within action range. Trends: long-term (60 months) - UP; medium-term (36 months) - UP; short-term (12 months) - UP

The sickness rate for all staff stands at 9.15 shifts lost per full time equivalent member of staff for the 12 month reporting period from Apr-15 to Mar-16, a -6.3% change compared to the previous 12 month period (9.76 shifts lost). For the current quarter (Jan-16 to Mar-16) the sickness rate stands at 2.54 shifts lost per fte, a +7.6% change compared to previous quarter (2.36 shifts lost). In the current quarter there have been 0 months within normal range, 2 within monitor range, 1 within action range. Trends: long-term (60 months) - UP; medium-term (36 months) - UP; short-term (12 months) - UP

The sickness rate for uniformed non-station based staff stands at 11.15 shifts lost per full time equivalent member of staff for the 12 month reporting period from Apr-15 to Mar-16, a +16.8% change compared to the previous 12 month period (9.55 shifts lost). For the current quarter (Jan-16 to Mar-16) the sickness rate stands at 3.52 shifts lost per fte, a +18.3% change compared to previous quarter (2.98 shifts lost). In the current quarter there have been 0 months within normal range, 0 within monitor range, 3 within action range. Trends: long-term (60 months) - UP; medium-term (36 months) - UP; short-term (12 months) - UP

How is DSFRS improving performance?

Sickness Absence

Related headlines:

- Improvement in uniformed station-based sickness during Q3 2015 and lower than Service average rate
- Increase in non-uniformed sickness but below 12 month Service average
- Control sickness rate decrease compared to previous 12 months but increase in Q3 2015
- Increase in Service level sickness rate
- Increase in uniformed non-station based sickness

What we are doing to improve performance:

How is DSFRS improving performance?

Within DSFRS, the health, safety and wellbeing of our employees is taken seriously and as such we provide a wide range of initiatives, interventions and policies to ensure that our employees enjoy a safe and supportive working environment. We do, however, need to strike a reasonable balance between the genuine needs of employees to take occasional periods of time off work because of ill-health and our ability to continue to fulfil our role in serving our communities.

Over the last few years, our sickness absence levels had been steadily declining but, since 2013/14, this trend has reversed and the amount of days lost due to sickness has gone up. Both for reasons of employee health and for organisational performance, the Executive Board and Service Leadership Team have examined in detail the sickness absence levels and have instigated an action plan so that we can seek to reduce them. During 2015/16, we have seen an improvement in long-term sickness compared to 2014/15.

Specific highlights of activity towards our action plan have been:

Management of long-term sickness

- Removal of Sick Pay Review panels
- Provision of further information to help managers to review the situation of each employee on long-term sickness absence and provide appropriate support.
- More contact and discussion with employees who are off work due to sickness
- Better access to restricted duties
- Exploring ways to speed up any medical delays by, where appropriate and with a business case, providing private medical assistance.

Developing a fitness, health and wellbeing culture

- Sickness has been added as an agenda item at monthly local performance meetings with the Local Risk Managers providing updates to Group Commanders on current levels and progress.
- An Outline Business Case for Firefighter Fitness within the Service has been produced with the aim that we create a fitness culture against a backdrop of an ageing workforce. Following feedback through ELT this is being revised and refocused.
- Vocational Fitness Tests are being trialled at stations with very positive feedback being received about the suitability of the tests.
- Shuttle run tests are being incorporated into the new Firefighter tests to provide an indication of fitness levels at an early stage in the selection process.

Sickness absence continued...

- Promotion of the MIND Blue Light Campaign to help improve the resilience of staff, to make staff more aware of the importance and value of mental health and to be more responsive when people experience mental health issues. This has been backed up with the signing of the Blue Light Time to Change pledge with an associated action plan.
- Training of managers in the Blue Light Line Manager courses which have been provided by MIND. The funding period for this campaign has now ended but, in order to maintain consistency and to continue the legacy of the Blue Light campaign, it is proposed that courses will continue to be provided over the next 3 years. Our plan is to run 10 courses per year which will provide a further 450 course places.
- It is also proposed that we rebrand Staff Supporters as there is shrinking interest among the current group possibly due to capacity issues. This group, who would in future be referred to as Peer Supporters, will be extended to include volunteers who can specifically provide Mental Health (MH) support MH First Aider training will be provided for these staff. The Organisational Assurance department is likely to play a lead role in this volunteer team.
- Other considerations include a web-based forum which encourages people to discuss MH issues online. This avenue is thought to appeal to the more social media savvy staff.
- Wellbeing Policy: We will review our overall policies and MH should be considered in wider policy decision making. We currently have a Welfare policy and Stress Awareness policy and we will determine whether we should have an MH policy or over-arching Wellbeing policy in addition.
- Wellbeing Action Plan: These are a useful tool and we think that they could be included among Occupational Health or Welfare recommendations.
- Personal Performance & Development meetings (appraisals): The existing PPDs include a welfare section and managers should be reminded to discuss this aspect with staff. Future development work on appraisal processes should also incorporate this.

The provision of information & data

- Improvements have been made to the Sickness Portal and where sickness reason codes were previously not recorded the Service has been seeking this information from the relevant member of staff. This data loss occurred from 1st Apr 2014 to the 21st Jul 2015 when we were using version 1.
- The Sickness App is close to completion along with a 'Lite' version that can be accessed via a mobile phone. These products will replace the sickness portal and give easier access for inputting data and enable the provision of management information.
- The sickness absence codes have been modified so that they are aligned to the national categories as used through the Cleveland FRS national reporting standards.
- Our Performance Management Information System has been reconfigured to enable departments to access performance data by location but this will need to be adjusted as a result of the Service restructure.
- We still need to incorporate on-call sickness data into our overall reporting system and assess it against any available benchmarking data via the national reporting process.

Sickness absence policy

- The Service policy is being rewritten to incorporate changes and to make it easier to obtain information on our procedures.

Sickness absence continued...

- Where staff have agreed an appointment with Occupational Health but failed to attend, the Service has introduced a charging mechanism.
- The policy will modify the payments for restricted duties and provide consistency across different staff categories.
- The policy will give improved guidance on trigger points and Return to Work Interviews.
- We have received feedback from the FBU and RFU and are reworking and refining aspects of the policy.

Other activities

- The Service re-organisation will reduce the number of temporary appointments within the uniformed service and create a more stable workplace with satisfied employees.
- There have been a number of Service-wide communications in relation to sickness through Alert messages.
- The existing Occupational Health contract has been novated from Devon County Council to IMASS and the transfer arrangements are being put in place including the transfer of medical records.
- Development of a proposed new Wholetime Flexible Working Pattern to ensure that we have the right number of staff needed at any one time to crew our appliances whilst at the same time giving offering/permitting more flexible working arrangements which will help reduce short-term absenteeism. This project is currently being discussed with the trade unions with a view to reaching agreement on its introduction.
- The whole aspect of cultural change is being developed through the introduction of Our Values and a behavioural framework. Input from the staff survey has been beneficial in helping to set the direction for further work which will be part of the Organisational Development plan.