



Performance Report

Audit and Performance Review
Committee: Quarter 1 - 2016



26 August 2016

About this Report

About Devon and Somerset Fire and Rescue Service April 2016 to June 2016

In this performance report for Devon and Somerset Fire and Rescue Service (DSFRS) we examine the dataset for the first quarter of the year April 2016 to June 2016.

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

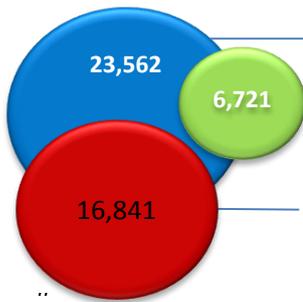
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Executive Summary

Priority: Public Safety - Response



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

Emergency Calls Not Attended - of these calls 6,721 (29%) 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 16,841 (71%) resulted in attendance at an incident.

The information below gives some context around emergency response activities.



Incidents Attended - Fires



- Primary, 2195 (13%)
- Chimney, 312 (2%)
- Secondary, 821 (5%)

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



- RTC, 1543 (9%)
- Medical Emergency, 3907 (23%)
- Other, 2992 (18%)

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.

Medical emergencies include **Co-responder incidents** 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. NB due to the Control Room changes in April 2016 these incidents are recorded differently

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

Incidents Attended - False Alarms



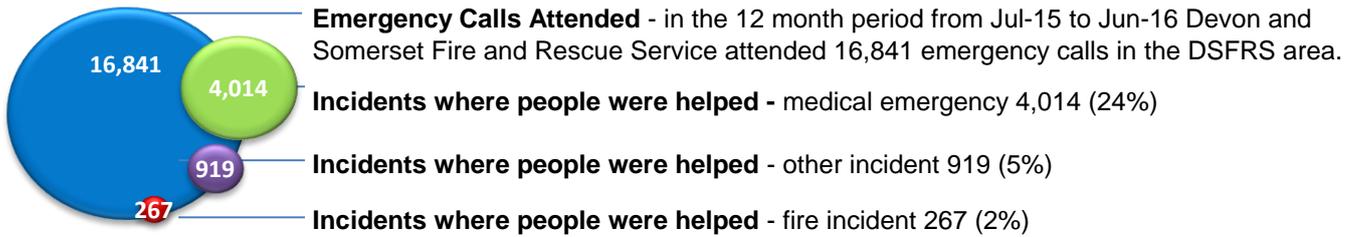
- Malicious, 105 (1%)
- Good Intent, 1472 (9%)
- Apparatus, 3494 (20%)

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.



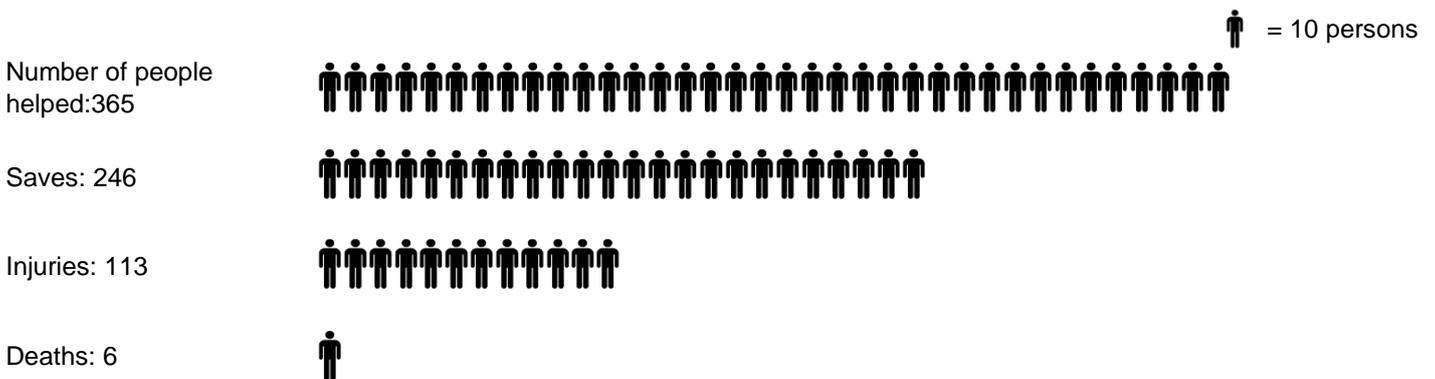
The information below gives some context around the number of people the Service directly helps at emergencies by incident type.

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 July 2015 and June 2016 the Service conducted 10,517 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 July 2015 and June 2016 the Service has undertaken 4194 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 July 2015 and June 2016 the Service has conducted 3252 fire safety checks, 667 fire safety audits and 6623 other protection activities to ensure public safety

Looking forward.....

Performance in the first quarter of 2016/17 continues the trends identified through the previous year. Our prevention and protection activities are delivering results that show a significant decrease in the number of fire incidents throughout the service and for the first time our attendance at medical emergencies has exceeded the number of fire incidents attended. This should be seen in the context that only 19 of our stations currently carry out co-responding activity in comparison to the 85 stations that deal with fire incidents.

Our performance data is used to present a picture of how we are progressing against our corporate priorities helping us to ensure that the activity we undertake is having the desired effect. It is also used to inform improvements to the Service by recognising emerging trends and potential risks that are affecting our communities. This data will be used to support the development of our Integrated Risk Management Plan in conjunction with information received from partners and local citizens as to how DSFRS can best achieve its vision of making Devon and Somerset a safer place to live, work and visit.

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 14/07/2016 at which time there were 26 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 (previous)	12 month (previous)	Trend (months)			Against Expected											
			12	36	60	Jul-15 Jun-16											
Deaths - All Fires	1 (2)	5 (11)	↓	↓	↓	[Grid of 12 columns, 12 rows of colored cells]											
Deaths - Accidental Fires	0 (2)	4 (8)	↓	↓	↓	[Grid of 12 columns, 12 rows of colored cells]											
Deaths - Deliberate Fires	1 (0)	1 (3)	↓	↑	↑	[Grid of 12 columns, 12 rows of colored cells]											

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 (previous)	12 month (previous)	Trend (months)			Against Expected											
			12	36	60	Jul-15 Jun-16											
Injuries - All Fires	8 (19)	71 (68)	↑	↓	↓	[Grid of 12 columns, 12 rows of colored cells]											
Injuries - Accidental Fires	6 (19)	67 (59)	↑	↓	↓	[Grid of 12 columns, 12 rows of colored cells]											
Injuries - Deliberate Fires	2 (0)	4 (9)	↓	↑	↓	[Grid of 12 columns, 12 rows of colored cells]											

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 (previous)	12 month (previous)	Trend (months)			Against Expected											
			12	36	60	Jul-15 Jun-16											
All Fires	238 (251)	946 (1000)	↓	↓	↓	[Grid of 12 columns, 12 rows of colored cells]											
Accidental Fires	216 (233)	884 (938)	↓	↓	↓	[Grid of 12 columns, 12 rows of colored cells]											
Deliberate Fires	22 (18)	62 (62)	●	↑	↑	[Grid of 12 columns, 12 rows of colored cells]											

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 (previous)	12 month (previous)	Trend (months)			Against Expected											
			12	36	60	Jul-15 Jun-16											
Deaths - All Fires	1 (0)	1 (1)	●	↑	↑	[Grid of 12 columns, 12 rows of colored cells]											
Deaths - Accidental Fires	0 (0)	0 (1)	↓	↓	↓	[Grid of 12 columns, 12 rows of colored cells]											
Deaths - Deliberate Fires	1 (0)	1 (0)	↑	↑	↑	[Grid of 12 columns, 12 rows of colored cells]											

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 (previous)	12 month (previous)	Trend (months)			Against Expected											
			12	36	60	Jul-15 Jun-16											
Injuries - All Fires	11 (8)	42 (32)	↑	↑	↑	[Grid of 12 columns, 12 rows of colored cells]											
Injuries - Accidental Fires	10 (6)	36 (25)	↑	↑	↑	[Grid of 12 columns, 12 rows of colored cells]											
Injuries - Deliberate Fires	1 (2)	6 (7)	↓	↓	↓	[Grid of 12 columns, 12 rows of colored cells]											

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).

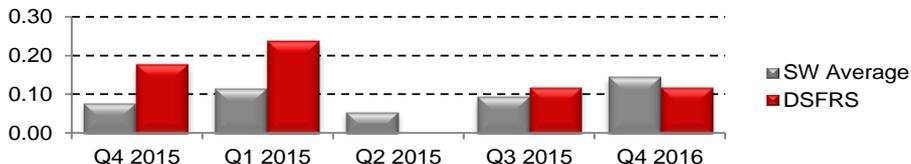
Measure Breakdown	3 month (vs previous)	12 month (vs previous)	Trend (months)			Against Expected											
			12	36	60	Jul-15 Jun-16											
All Fires	335 (286)	1249 (1318)	↓	↑	↓	[Grid of 12 columns, 12 rows of colored cells]											
Accidental Fires	243 (211)	944 (1020)	↓	↓	↓	[Grid of 12 columns, 12 rows of colored cells]											
Deliberate Fires	92 (75)	305 (298)	↑	↑	↑	[Grid of 12 columns, 12 rows of colored cells]											

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.

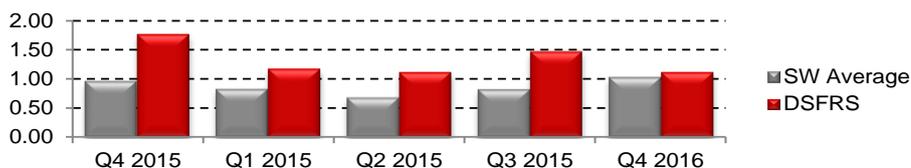
Measure 1: Benchmarking Q4 2015-16

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.



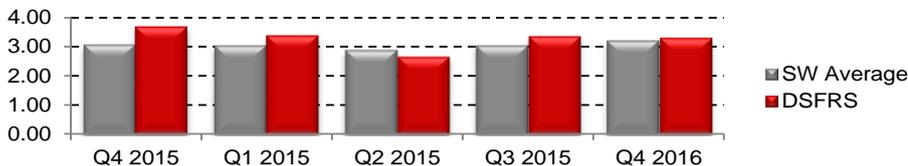
Measure 2: Benchmarking Q4 2015-16

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.



Measure 3: Benchmarking Q4 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.



Measure 4: Benchmarking Q4 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.

Currently not able to report on this due to a change in benchmarking data

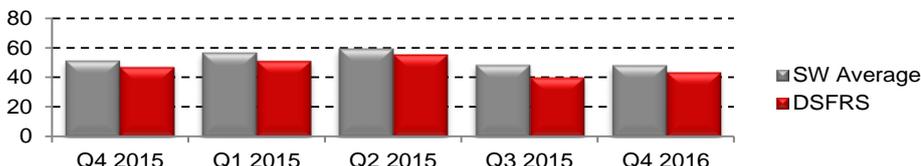
Measure 5: Benchmarking Q4 2015-16

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

Currently not able to report on this due to a change in benchmarking data

Measure 6: Benchmarking Q4 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.



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

There have been 5 fire-related deaths where people live in the 12 month reporting period from Jul-15 to Jun-16, a -54.5% change compared to the previous 12 month period (11 deaths).

There have been 1 fire-related deaths where people live in the current quarter (Apr-16 to Jun-16), a -50% 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) - DOWN; medium-term (36 months) - DOWN; short-term (12 months) - DOWN

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

There have been 71 injuries at fires where people live in the 12 month reporting period from Jul-15 to Jun-16, a +4.4% change compared to the previous 12 month period (68 injuries).

There have been 8 injuries at fires where people live in the current quarter (Apr-16 to Jun-16), a -57.9% change compared to the previous quarter (19 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) - DOWN; medium-term (36 months) - DOWN; short-term (12 months) - UP

Measure 3: Fire where people live

There have been 946 fires where people live in the 12 month reporting period from Jul-15 to Jun-16, a -5.8% change compared to the previous 12 month period (1000 fires).

There have been 238 fires where people live in the current quarter (Apr-16 to Jun-16), a -7.3% change compared to the previous quarter (251 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) - UP

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

There have been 1249 fires where people work and visit and in vehicles in the 12 month reporting period from Jul-15 to Jun-16, a -5.2% change compared to the previous 12 month period (1318 fires).

There have been 335 fires where people work and visit and in vehicles in the current quarter (Apr-16 to Jun-16), a +17.1% change compared to the previous quarter (286 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) - UP; short-term (12 months) - DOWN

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

There have been 1 fire-related deaths where people work and visit and in vehicles in the 12 month reporting period from Jul-15 to Jun-16, a 0% change compared to the previous 12 month period (1 deaths).

There have been 1 fire-related deaths where people work and visit and in vehicles in the current quarter (Apr-16 to Jun-16), a +100% 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) - UP; medium-term (36 months) - UP; short-term (12 months) - LEVEL

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

There have been 42 injuries at fires where people work and visit and in vehicles in the 12 month reporting period from Jul-15 to Jun-16, a +31.3% change compared to the previous 12 month period (32 injuries).

There have been 11 injuries at fires where people work and visit and in vehicles in the current quarter (Apr-16 to Jun-16), a +37.5% change compared to the previous quarter (8 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) - UP; short-term (12 months) - UP

How is DSFRS improving performance?

Reducing fires in the home and related injuries and deaths

Related headlines:

- Decrease in deaths as a result of fires where people live in Q1 2016
- Decrease in fires where people live in Q1 2016
- Only a slight increase in injuries where people live in Q1 2016

What we are doing to improve performance:

A review of the Community Safety Strategy is currently being undertaken. The review team has revisited the requirements of legislation around community safety and are currently collating data about potential risk in our community. This will be plotted into a risk matrix against the expectations and needs of key stakeholders. Doing this will allow DSFRS to use a community risk based approach to deciding how we target our resources towards community safety, enabling us to have maximum impact in supporting the community.

Sample of major local initiatives

The Integrated Care in Exeter 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. ICE will reduce system costs and improve the outcomes and experience for citizens by fundamentally changing the way agencies respond to, and influence the presentation of demand across the system by "Helping citizens to live their lives well, and in a way that matters to them".

The principle of ICE is for partners to work collaboratively, having a combined, sole focus on the perception and experience of the customer. This approach has enabled excellent access for DSFRS to the most vulnerable people in the communities and for us to support partners in delivering their agendas.

ICE has developed and is implementing Community Co-ordinators and Community Connectors throughout Exeter. They will be carrying out non-medical interventions and community engagement both proactive and re-actively. By carrying out up stream interventions they will be reducing cost and demand on more acute services. The Community Co-ordinators and Connectors will also be accessed via GP's to provide social prescribed, non-medical solutions.

Somerset East have been working with Avon & Somerset Police and sharing intelligence to undertake Home Safety Visits at properties which are known to house vulnerable people who have interactions with the Police.

A pilot is being established with East Somerset District nursing to identify people returning from hospital treatment and that fall within DSFRS 'at risk' groups. Again, training will be provided to allow the team to undertake low level checks before referring to East Somerset Group.

An initiative is being established with a leading housing provider, for DSFRS to provide training to their staff to identify risks and hazards in the home, and either conduct low level Home Fire Safety Checks on our behalf, or make referrals for DSFRS staff to complete. The housing providers are aware of our 'at risk' groups and prioritise them. The housing providers are also distributing DSFRS safety leaflets with all induction packs for their tenants.

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, Police Neighbourhood beat teams, City and District councils, care homes and housing associations. Central East Group's partnership with Hospiscare has been recognised in their latest Care Quality Commission Report. After receiving trigger point training, Hospiscare Staff refer vulnerable people to DSFRS for Home Fire Safety Visits. This contributed to Hospiscare achieving the grade of 'outstanding' in the 'is the service responsive' section and subsequently an overall grade of 'outstanding'.

(see over page)

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

In Ilfracombe, as part of the One Ilfracombe Living Well team, we are currently piloting an initiative known as MECC (Making every contact count) whereby we are utilising DSFRS assets namely Advocates and PFCSOs to “MECCanise our Home Fire Safety visits”. The purpose of the visit is to take the opportunity to have a conversation regarding health related issues such as smoking, poor diet etc. whilst undertaking the Home Fire Safety visits. This pilot is the first in Devon and Somerset and it was agreed that Ilfracombe presents a suitable location due to the priority needs of the community in terms of fire risk and health, based on Joint Strategic Needs Assessment (JSNA) profiles supported and referenced by insights gained from professional practice by each of the stakeholders.

Another initiative has seen our Advocates working with “Cosy Devon” to target joint visits at properties that have been identified as being vulnerable due to issues of fuel poverty

Reducing fires where people work, visit and in vehicles and related injuries and deaths**Related headlines:**

-  Decrease in fires where people work, visit and in vehicles in Q1 2016
-  Increase in fire related deaths where people work, visit and in vehicles in Q1 2016
-  Increase in fire-related injuries where people work, visit and in vehicles in Q1 in 2016

What we are doing to improve performance:

Sample of major local initiatives

Central East group have carried out Fire Safety audits on all Residential Care homes (2015/2016 strategy). Additionally Fire Protection Officers have been visiting bed and breakfast/guest house type premises as a result of last year's Rugby World Cup. 141 letters were sent out in a mail shot, which provided a very successful return of over 105. These have all been visited with varying levels of intervention.

A lead Fire Protection Officer has been attached to each of the three local authorities with Central East. This work stream will focus on sleeping accommodation above commercial premises (shops and restaurants) and rented accommodation, focusing on blocks of flats, and premises which do not meet the HMO criteria. The Business Intelligence Hub have provided data on premises which overlays mosaic profiles for multi-occupied dwellings, which will help prioritise the joint inspection program.

Following on from the successful work in 2013, it is planned to re-visit Exeter University at the end of July 2016 to re-assess their fire safety management. Alongside this work the team will visit privately managed student accommodation/buildings. Work is currently underway in University managed accommodation as a result of after fire follow-ups in fire safety order premises.

Going forward Somerset East group will be looking to target sleeping risk premises through B&B's and other guest accommodation.

Over the last quarter work has been carried out with regards to protection and prevention on the Lundy Island. The aim of the work carried out was to reduce the risk of fire On the Island to the lowest possible level.

The rented accommodation, generator building and workshops had fire safety audits carried out. The findings of the audits have been discussed with the Island Manager and letters are being sent to confirm the findings. All significant issues found were dealt with before leaving the Island. The campsite and rented accommodation have been leafleted and the fire safety message is reinforced to all who stay on the Island by the Lundy management team.

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	Jul-15											Jun-16					
7: All Eligible Incidents	68% (-5%)	72% (+3%)	↑	↓	↓	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█
7a: Incidents Inside 10min Zone*	86% (+2%)	83% (+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	Jul-15											Jun-16					
7b: Incidents Inside 10min Zone*	55% (-5%)	57% (0%)																				

*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	Jul-15											Jun-16					
8: All Eligible Incidents	77% (+1%)	76% (0%)	↓	↓	↓	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█

Key Messages

Measure 7: The Service has achieved first response to fire incidents where people live within 10 mins for 71.8% of eligible incidents during the 12 month reporting period from Jul-15 to Jun-16, a +2.8% change compared to the previous 12 month period (68.9% achieved).

For the current quarter (Apr-16 to Jun-16) achievement stands at 68.2%, a -4.9% change compared to the previous quarter (73.1% 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) - DOWN; medium-term (36 months) - DOWN; short-term (12 months) - UP

Measure 7a: The Service has achieved first response to fire incidents where people live within 10 mins for 83% of eligible incidents within the 10 min response zone during the 12 month reporting period from Jul-15 to Jun-16, a +2.8% change compared to the previous 12 month period (80.2% achieved).

For the current quarter (Apr-16 to Jun-16) achievement stands at 85.9%, a +2.4% change compared to the previous quarter (83.6% achieved). In the current quarter there have been 3 months within normal range, 0 within monitor range, 0 within action range.

Measure 7b: The Service has achieved full response to fire incidents where people live within 13 mins for 57% of eligible incidents during the 12 month reporting period from Jul-15 to Jun-16, a +0.1% change compared to the previous 12 month period (56.9% achieved).

For the current quarter (Apr-16 to Jun-16) achievement stands at 54.9%, a -5.4% change compared to the previous quarter (60.3% achieved). In the current quarter there have been 3 months within normal range, 0 within monitor range, 0 within action range.

Measure 8: The Service has achieved first response to RTC incidents within 15 mins for 75.6% of eligible incidents during the 12 month reporting period from Jul-15 to Jun-16, a -0.5% change compared to the previous 12 month period (76% achieved).

For the current quarter (Apr-16 to Jun-16) achievement stands at 76.8%, a +0.8% change compared to the previous quarter (76% 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

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:

To help reduce response times and improve availability of appliances, the Service is trialling a number of pilot schemes through the 'On Call Availability' project at various retained stations. An example being a method of rewarding the hours of availability personnel actually provide (on trial at Cullompton and Dartmouth) rather than the traditional retainer pay model. It is hoped that these pilots will identify alternatives that will improve response times and give greater availability of appliances at On-Call stations where recruitment and retention has been particularly difficult

Sample of major local initiatives

A Rapid Intervention Vehicle has been implemented at Appledore due to low crewing levels to enable the local community to still have an emergency response vehicle available. It is mobilised to assist other local crews in providing an additional resource where we would otherwise not have one available.

Groups continue to work with partners to improve emergency response for example; problem parking has been identified in number of locations in Exeter and Eastern Devon. Extensive work is being conducted in the Cranbrook area in conjunction with the Police, Cranbrook Town Council and other local representatives regarding problem parking across the development and identified areas. This in turn providing opportunities for the local fire crews for community engagement and reducing response times.

Central East group have also worked with specific sites to address particular concerns around high risk buildings. For example the DSFRS Fire plan for responding to one specific address specifies that a light rescue pump will be the vehicle that accesses part of the site through a narrow archway.

This is a smaller lighter appliance than our main 15 tonne vehicle and will easily access the building through the arched entrance. Duty watches have visited the site to familiarise themselves with the access issues and our teams have carried out drills at the location.

Somerset East has had significant success in providing improved cover which in turn improves ERS standards across the group. This is continuing with an increasing number of stations boasting 100% cover on the first appliance.

The sickness rate for non-uniformed staff stands at 8.87 shifts lost per full time equivalent member of staff for the 12 month reporting period from Jun-15 to May-16, a +18.5% change compared to the previous 12 month period (7.48 shifts lost). For the current quarter (Mar-16 to May-16) the sickness rate stands at 1.86 shifts lost per fte, a -15.5% change compared to previous quarter (2.2 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) - DOWN

The sickness rate for uniformed station based staff stands at 7.13 shifts lost per full time equivalent member of staff for the 12 month reporting period from Jun-15 to May-16, a -29.6% change compared to the previous 12 month period (10.14 shifts lost). For the current quarter (Mar-16 to May-16) the sickness rate stands at 1.94 shifts lost per fte, a +38.5% change compared to previous quarter (1.4 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 5.55 shifts lost per full time equivalent member of staff for the 12 month reporting period from Jun-15 to May-16, a -7.6% change compared to the previous 12 month period (6.01 shifts lost). For the current quarter (Mar-16 to May-16) the sickness rate stands at 1.5 shifts lost per fte, a +19.1% change compared to previous quarter (1.26 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) - UP

The short-term certified sickness rate for all staff stands at 1.44 shifts lost per full time equivalent member of staff for the 12 month reporting period from Jun-15 to May-16, a +2.7% change compared to the previous 12 month period (1.41 shifts lost). For the current quarter (Mar-16 to May-16) the sickness rate stands at 0.42 shifts lost per fte, a +12.5% change compared to previous quarter (0.37 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 13.57 shifts lost per full time equivalent member of staff for the 12 month reporting period from Jun-15 to May-16, a -28.9% change compared to the previous 12 month period (19.08 shifts lost). For the current quarter (Mar-16 to May-16) the sickness rate stands at 4.06 shifts lost per fte, a -9.4% change compared to previous quarter (4.48 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 2.24 shifts lost per full time equivalent member of staff for the 12 month reporting period from Jun-15 to May-16, a -0.7% change compared to the previous 12 month period (2.25 shifts lost). For the current quarter (Mar-16 to May-16) the sickness rate stands at 0.55 shifts lost per fte, a -18.6% change compared to previous quarter (0.68 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 9.23 shifts lost per full time equivalent member of staff for the 12 month reporting period from Jun-15 to May-16, a -4.5% change compared to the previous 12 month period (9.67 shifts lost). For the current quarter (Mar-16 to May-16) the sickness rate stands at 2.48 shifts lost per fte, a +7% change compared to previous quarter (2.31 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 11.48 shifts lost per full time equivalent member of staff for the 12 month reporting period from Jun-15 to May-16, a +20.1% change compared to the previous 12 month period (9.56 shifts lost). For the current quarter (Mar-16 to May-16) the sickness rate stands at 3.39 shifts lost per fte, a +11.1% change compared to previous quarter (3.05 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 Mar-16 to May-16
-  Increase in non-uniformed sickness but within normal range for period Mar-16 to May-16
-  Control sickness rate decrease in Mar-16 to May-16
-  Increase in Service level sickness rate in Mar-16 to May-16
-  Increase in uniformed non-station based sickness in Mar-16 to May-16

What we are doing to improve 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 absence levels and have instigated an action plan so that we can seek to reduce the levels of sickness absence.

Specific highlights of activity towards our action plan are incorporated into the Health of the Organisation report which is covered within the HRMD Members' meeting and to avoid duplication is not incorporated into this report.