



Having your say...

Integrated Risk Management Plan 2018 – 2022 Consultation

Questionnaire

- 1. How strongly do you agree or disagree that the Integrated Risk Management Plan has thoroughly considered the risks our communities face?**

Strongly
Agree

☐

Agree

☐

Neither A/D

☐

Disagree

☐

Strongly
Disagree

☐

Not sure

☐

- 1.1 If you disagreed or responded 'not sure', please explain why below:**

- 1.2 Please use the box below if you would like to make any general comments on the risks identified in the Integrated Risk Management Plan.**



Having your say...

- 2. How strongly do you agree or disagree that the Integrated Risk Management Plan has thoroughly considered the prevention and response activities the Service can put in place to mitigate those risks?**

Strongly
Agree

☐

Agree

☐

Neither A/D

☐

Disagree

☐

Strongly
Disagree

☐

Not sure

☐

- 2.1 If you disagreed or responded 'not sure', please explain why below:**

- 2.2 Please use the box below if you would like to make any general comments on the mitigation activities identified in the Integrated Risk Management Plan.**



Having your say...

3. How strongly do you agree or disagree that, the following strategic risks identified in the Integrated Risk Management Plan should be the focus of the Service's change & improvement activity over the next four years?

(please tick one box for each risk)

	Strongly Agree	Agree	Neither A/D	Disagree	Strongly Disagree	Not sure
3.1 An increasingly ageing population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2 Common health and well-being risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3 Availability of on call appliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4 The historical distribution of service delivery resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.5 An increasing demand for emergency medical response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.6 An increase in the number of serious fires affecting commercial premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.7 If you disagreed or responded 'not sure', please explain why below:

Question	Your comment
An increasingly ageing population	
Common health and well-being risks	
Availability of on call appliances	
The historical distribution of service delivery resources	
An increasing demand for emergency medical response	
An increase in the number of serious fires affecting commercial premises	



Having your say...

4. How strongly do you agree or disagree that, given the risks identified in the Integrated Risk Management Plan, DSFRS should consider the following changes in the future? (please tick one box for each change)

	Strongly Agree	Agree	Neither A/D	Disagree	Strongly Disagree	Not sure
4.1 The way fire stations and appliances are crewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2 Relocating some of its fire stations, appliances and staff to areas where risk is greatest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3 Invest in its emergency medical response capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4 Ensure that they collaborate with other emergency services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5 Delivering more prevention and protection activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.6 If you disagreed or responded 'not sure', please explain why below:

Question	Your comment
The way fire stations and appliances are crewed	
Relocating some of its fire stations, appliances and staff to areas where risk is greatest	
Invest in its emergency medical response capacity	
Ensure that they collaborate with other emergency services	
Delivering more prevention and protection activity	



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Having your say...

- 5. Please use the box below to provide any comments / feedback / suggestions on any of the Integrated Risk Management Plan.**



Having your say...

About you

1. Are you? *(Please select one of the options)*

A member of DSFRS staff

☐

A member of DSFRS staff

☐

Representing an emergency service

☐

Representing an emergency service

☐

A member of the public

☐

A member of the public

☐

Representing a community/
voluntary group

☐

Representing a community/
voluntary group

☐

Other, please specify:

.....

The following information will be treated confidentially and will not be disclosed to anyone. It is being collected so that we can identify which issues are most important in different parts of the community.

2. What is your gender?

☐

Male

☐

Prefer not to say

☐

Female

☐

Other (please specify)

☐

Transgender

3. How old are you?

☐

Under 18

☐

45 to 54

☐

18 to 24

☐

55 to 64

☐

25 to 34

☐

65 to over

☐

35 to 44

☐

Prefer not to say



Having your say...

About you

4. Do you consider yourself to have a disability as defined by the Equality Act 2010?

Under the Equality Act 2010, a person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to perform normal day to day activities.

☐

Yes

☐

No

☐

Prefer not to say

5. Which of the following best describes your sexual orientation?

☐

Heterosexual

☐

Prefer not to say

☐

Bisexual

☐

Other (please specify)

☐

Gay / lesbian

6. Do you consider yourself as belonging to any particular religion or belief?

☐

Yes

☐

No

☐

Prefer not to say

7. If you answered 'Yes' to Question 6, what is your religion / belief?

☐

Christian

☐

Muslim

☐

Buddhist

☐

Sikh

☐

Hindu

☐

Prefer not to say

☐

Jewish

☐

Other (please specify)



Having your say...

About you

8. What is your ethnic group?

White:

- ☐ English / Welsh / Scottish /
N. Irish / British
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ Other (please specify)

Asian / Asian British:

- ☐ Bangladeshi
- ☐ Chinese
- ☐ Indian
- ☐ Pakistani
- ☐ Other (please specify)

Black / African / Caribbean / Black British:

- ☐ African
- ☐ Caribbean
- ☐ Other (please specify)

Mixed / multiple ethnic groups:

- ☐ White and Asian
- ☐ White and Black African
- ☐ White and Black Caribbean
- ☐ Other (please specify)

Other ethnic group:

- ☐ Arab
- ☐ Other:

- ☐ Prefer not to say



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Having your say...

Your opinions on the information presented in this document are important and we want to hear your views. The comments we receive from you will inform the decision making process taken by Fire Authority Members when they consider the Integrated Risk Management Plan.

The questions in this survey can be completed online or in hardcopy and returned in the ways below. General comments are also welcome.

Email: General comments of questions can be sent to the following email address:
consultationofficer@dsfire.gov.uk

Fax: Comments and completed questionnaires can be faxed to **01392 872300**
marked for the attention of the Consultation Officer

Online: This document, along with a link to the online survey, can be found on the Service's website at: ***www.dsfire.gov.uk/consultation***

Facebook: Devon & Somerset Fire & Rescue Service

Twitter: **@DSFireUpdates**

Post: Completed surveys, and general comments, can be returned to the following address:

Consultation Officer
Devon & Somerset Fire & Rescue Service HQ
Clyst St George
Devon
EX3 0NW

Telephone: You can also contact the Consultation Officer by phone **01392 872354**.

Please contact the consultation officer if you would like any of the documents sent to you in the post or would like a freepost envelope to return your comments. Also, please get in touch if you would like any of the documents in an alternative format.

The consultation period is open for eight weeks from 1 November 2017 to 31 December 2017. The final report containing the findings of the consultation is due to be presented to Devon & Somerset Fire and Rescue Authority in February 2018.