



DEVON & SOMERSET FIRE & RESCUE AUTHORITY

**S.J. Sharman
CLERK TO THE AUTHORITY**

**To: The Chair and Members of the
Community Safety Committee**

(see below)

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COMMUNITY SAFETY COMMITTEE
(Devon & Somerset Fire & Rescue Authority)

Wednesday, 4th September, 2024

A meeting of the Community Safety Committee will be held on the above date, **commencing at 10.00 am in Committee Room B, Somerset House, Devon & Somerset Fire & Rescue Service Headquarters, Exeter** to consider the following matters.

S.J. Sharman
Clerk to the Authority

A G E N D A

PLEASE REFER TO THE NOTES AT THE END OF THE AGENDA LISTING SHEETS

1 Apologies

2 Minutes (Pages 1 - 6)

of the previous meeting held on Friday 26 April 2024 attached.

PART 1 - OPEN COMMITTEE

3 Items Requiring Urgent Attention

Items which, in the opinion of the Chair, should be considered at the meeting as matters of urgency.

4 Strategic Priority 1 and 2 Performance Measures: Quarter 1 - 2024-25 (Pages 7 - 26)

Report of the Director of Service Delivery (CSC/24/10) attached.

5 Performance Measures Target Setting (Pages 27 - 62)

Report of the Director of Service Delivery (CSC/24/11) attached.

6 Home Fire Safety Visits Backlog (Pages 63 - 68)

Report of the Director of Service Delivery (CSC/24/12) attached

7 Automatic Fire Alarms Project Update (Pages 69 - 74)

Report of the Director of Service Delivery (CSC/24/13) attached.

8 HMICFRS Areas for Improvement Action Plan Update (Pages 75 - 78)

Report of the Chief Fire Officer (CSC/24/14) attached.

MEMBERS ARE REQUESTED TO SIGN THE ATTENDANCE REGISTER

Membership:-

Councillors Hendy (Chair), Best, Brazil, Chesterton, Fellows, Kerley and Radford

NOTES

1. **Access to Information**

Any person wishing to inspect any minutes, reports or lists of background papers relating to any item on this agenda should contact the person listed in the “Please ask for” section at the top of this agenda.

2. **Reporting of Meetings**

Any person attending a meeting may report (film, photograph or make an audio recording) on any part of the meeting which is open to the public – unless there is good reason not to do so, as directed by the Chair - and use any communication method, including the internet and social media (Facebook, Twitter etc.), to publish, post or otherwise share the report. The Authority accepts no liability for the content or accuracy of any such report, which should not be construed as representing the official, Authority record of the meeting. Similarly, any views expressed in such reports should not be interpreted as representing the views of the Authority.

Flash photography is not permitted and any filming must be done as unobtrusively as possible from a single fixed position without the use of any additional lighting; focusing only on those actively participating in the meeting and having regard also to the wishes of any member of the public present who may not wish to be filmed. As a matter of courtesy, anyone wishing to film proceedings is asked to advise the Chair or the Democratic Services Officer in attendance so that all those present may be made aware that is happening.

3. **Declarations of Interests at meetings (Authority Members only)**

If you are present at a meeting and you are aware that you have either a disclosable pecuniary interest, personal interest or non-registerable interest in any matter being considered or to be considered at the meeting then, unless you have a current and relevant dispensation in relation to the matter, you must:

- (i) disclose at that meeting, by no later than commencement of consideration of the item in which you have the interest or, if later, the time at which the interest becomes apparent to you, the existence of and – for anything other than a “sensitive” interest – the nature of that interest; and then
- (ii) withdraw from the room or chamber during consideration of the item in which you have the relevant interest.

If the interest is sensitive (as agreed with the Monitoring Officer), you need not disclose the nature of the interest but merely that you have an interest of a sensitive nature. You must still follow (i) and (ii) above.

Where a dispensation has been granted to you either by the Authority or its Monitoring Officer in relation to any relevant interest, then you must act in accordance with any terms and conditions associated with that dispensation.

Where you declare at a meeting a disclosable pecuniary or personal interest that you have not previously included in your Register of Interests then you must, within 28 days of the date of the meeting at which the declaration was made, ensure that your Register is updated to include details of the interest so declared.

| | |
|-----------|--|
| | NOTES (Continued) |
| 4. | <p><u>Part 2 Reports</u></p> <p>Members are reminded that any Part 2 reports as circulated with the agenda for this meeting contain exempt information and should therefore be treated accordingly. They should not be disclosed or passed on to any other person(s). Members are also reminded of the need to dispose of such reports carefully and are therefore invited to return them to the Committee Secretary at the conclusion of the meeting for disposal.</p> |
| 5. | <p><u>Substitute Members (Committee Meetings only)</u></p> <p>Members are reminded that, in accordance with Standing Orders, the Clerk (or his representative) must be advised of any substitution prior to the start of the meeting. Members are also reminded that substitutions are not permitted for full Authority meetings.</p> |
| 6. | <p><u>Other Attendance at Committees)</u></p> <p>Any Authority Member wishing to attend, in accordance with Standing Orders, a meeting of a Committee of which they are not a Member should contact the Democratic Services Officer (see “please ask for” on the front page of this agenda) in advance of the meeting.</p> |

COMMUNITY SAFETY COMMITTEE

(Devon & Somerset Fire & Rescue Authority)

26 April 2024

Present:

Councillors Hendy (Chair), Best, Chesterton, Coles (vice Brazil), Kerley, Patel and Radford

* **CSC/23/14** Minutes

RESOLVED that the Minutes of the meeting held on 31 January 2024 be signed as a correct record.

* **CSC/23/15** Strategic Priority 1 and 2 Performance Measures: Quarter 4 - 2023-24

The Committee received for information a report of the Director of Service Delivery (CSC/24/4) to which was appended a performance monitoring report for the fourth quarter of the current (2023-24) financial year against those Key Performance Indicators (KPIs) falling within the remit of this Committee for scrutiny purposes and aligned to Authority-approved Strategic Priorities 1 and 2.

In summary, the KPI performance was:

| | Succeeding | Near target | Needs improvement |
|------------|------------|-------------|-------------------|
| Priority 1 | 13 (+3) | 4 (-1) | 2 (-2) |
| Priority 2 | 6 (-) | 8 (+1) | 0 (-1) |

The two KPIs with a status of “needs improvement” were:

- KPI 1.2.4.1 - Fire safety checks completed;
- KPI 1.2.5.4 - Non-domestic false alarms due to apparatus.

The report provided a detailed exception report for the two KPIs requiring improvement, explaining the reasons for the exceptions and measures to remediate the performance.

In terms of the number of fire safety checks completed, the Committee queried the setting of the target for Fire Safety Checks and the rationale for this. Figures were based upon the risk based inspection programme and the Services capacity to deliver, the Service strived to set an achievable target for each year. The Service clarified the figure discussed had been for businesses. The Service had recognised the work undertaken to embed regional fire safety teams had subsequently reduced local capacity, thus impacting the ability to deliver. The Committee requested the setting of realistic and achievable targets in the future.

The Service reported an increase in the completion of audits which the Committee queried in light of the reduction in checks. The Director of Service Delivery advised that this had been due to the further training of Protection staff to the requisite level which had meant that more audits could be undertaken.

In respect of the rate of false alarms in non-domestic premises, an increase of 15.2% had been noted. The Service would be undertaking work to reduce the number of unwanted fire signals (“UWFS”), a report on which would be presented to the Committee in due course. The Committee asked if there was any challenge made for premises where there were frequent unwanted fire calls due to malfunctioning equipment. The Service confirmed this. Information was fed into the National Fire Chiefs Council (NFCC) which maintained a database through which challenges were made to manufacturers directly. This work was led by the London Fire Brigade.

The Committee commented that the Service may have experienced an increase in activity due to economic factors and associated ageing fire prevention systems. It was noted that that an additional factor was that some premises owners allowed the Service to respond to unwanted fire calls to inform their fire risk assessments and would pay the associated call out charge, therefore resulting in a continued high number of UWFS.

The Committee noted that the Community Risk Management Plan informed the risk based inspection programme. The Chief Fire Officer advised that a report would be presented to the Committee at a future meeting detailing the Service’s response to UWFS.

* **CSC/23/16** **Home Fire Safety Visits - Backlog**

The Committee received for information a report of the Assistant Chief Fire Officer (CSC/24/5) on the Home Fire Safety Visit (HFSV) backlog, relating to KPI 1.1.4 ‘Number of home fire safety visits completed’.

The Service had delivered 15,081 visits against a target of 13,500 in 2023-24, thus exceeding the target set. The Service had reported a backlog of 7,388 cases, however, generated by a number of factors including:

- not being able to undertake visits during the Covid 19 pandemic;
- performance issues with Information Technology (IT) systems;
- IT systems that were unable to provide adequate management information and reporting;
- an increase in the number of referrals being received; and
- recruitment challenges and high levels of staff turnover.

It was noted that the Service had made the decision to temporarily pause referrals of HFSV from partners with the exception of the prioritisation of high risk members of the public. As a result of this action, the Service had seen a reduction in the backlog by over 2000 cases. The reported figure, not captured in the report, had been 1,695 as of 22 April 2024. The Service remained confident that the temporary pause in referrals to all but the most vulnerable would continue to support the reduction in the backlog, with an anticipated resolve date of the latter end of 2024. The introduction of the new ICT system in 2024 would further enhance the Service's ability to deliver this function.

The Committee welcomed the Services actions to resolve the backlog and the attempts in recruitment, however, raised concerns around the ability to recruit administrative staff which had been compounded by the failing IT systems.

The Chief Fire Officer advised the Committee that the Service would be introducing the system presently used for Protectino work, this had been the "Community Fire Risk Management Information System" ("CFRMIS") which was considered a national standard. The Committee was assured that staff would be able to directly input information into the system at the time of a visit or shortly thereafter, therefore reducing the administrative burden.

The Committee queried if HFSVs covered residential garages, this had been in light of recognising the risks of electric vehicles and their charging infrastructure. The Service responded that individuals visited rarely had garages, however, the risk was recognised. The Committee requested consideration of this emerging risk.

The Committee recognised the pragmatic response taken by the Service in response to the backlog and requested the recording of their gratitude for work undertaken to date.

NB. Minute CSC/23/17 below also refers.

* **CSC/23/17** **Charging for response to Unwanted Fire Signals**

The Committee received for information a report of the Assistant Chief Fire Officer – Service Delivery (CSC/24/6) on the four-stage process for charging for unwanted fire signals in accordance with the appropriate legislation.

The Committee was advised that an unwanted fire signal was defined as a fire signal resulting from a cause other than a fire. The Service had instigated a four-stage process for dealing with repeat offenders as outlined in the report circulated. The cost as of April 2024 had been £440.68 plus an additional £28 for a major appliance and an additional £28 administrative charge. For the 2023-24 financial year, cost recovery had totalled nearing £9,500. In response to a query from the Committee, the Service provided the assurance the figure was accurately reflective of costs incurred.

The Committee sought clarification of the next steps should an organisation fail to adhere to stage four cost recovery. The Service advised that, should cost recovery not be successful, legal action would be considered. The Service also had mechanisms under the Regulatory Reform Order 2006 to inspect and ensure that premises were adhering to the correct standards for fire prevention. Should this not be the case, mechanisms were available to either request the owners of premises to undertake remedial works to address any issues or to enforce closure of premises should this be necessary. The Service provided assurance to the Committee that Fire Protection Officers continued to engage closely with businesses to aid them in their protection requirements in the eventuality that failings were observed during regular inspections of premises.

The Committee noted the report and requested a further report detailing recognised repeat offenders, in particular, those that have reached stage four within the Service's trigger points.

* **CSC/23/18** **Service Response to the Serious Violence Duty**

The Committee received for information a report of the Assistant Chief Fire Officer – Service Delivery (CSC/24/7) setting out details of the Serious Violence duty which the Service had been subject to as of 31 January 2023. The responsibility had been for the Service, as a partner, to collaborate on the Public Health agenda to tackling serious violence.

The Committee recognised the importance of ensuring the safety of staff, notably in response to the violence duty. In addition, the difficulties the Service experienced due to having to work alongside two Police areas: Devon and Cornwall and Avon and Somerset were noted by the Committee.

The Committee queried if the duty would allow for greater data sharing with partners, in particular Police forces, to aid operational crews in responding to incidents. The Assistant Chief Fire Officer confirmed that the Duty did allow for greater data sharing, an example of which was the data sharing with Avon and Somerset Police, with the Service recognising the greater steps which had been taken by the Force to share information with partners.

* **CSC/23/19** **Community Safety Campaigns 2024-25**

The Committee received for information a report and supporting appendix of the Assistant Chief Fire Officer – Service Delivery (CSC/24/8) on the Services community safety campaigns.

The Head of Communications and Engagement gave a presentation to the Committee at the meeting, elaborating on the work being undertaken to promote community safety campaigns. The Committee requested the wider circulation of the report to the Authority for information.

* **CSC/23/20** **His Majesty's Inspectorate of Constabulary & Fire & Rescue Services (HMICFRS) Areas for Improvement Action Plan Update**

The Committee received for information a report of the Chief Fire Officer (CSC/24/9) on progress against the action plans to address Areas for Improvement within the remit of this Committee and stemming from His Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) 2022 inspection report of the Devon & Somerset Fire & Rescue Service (the Service).

Action plans had been developed to address the following two Areas for Improvement which were specifically related to the remit of this Committee: In summary, the areas for improvement action plan completion status had been:

| Reference | Description | Target Completion | Status |
|----------------|--|--|-------------------------|
| HMI-1.2-202203 | The service should evaluate its prevention activity so it understands what works. | 29/02/2024 | In Progress (Off Track) |
| HMI-1.2-202204 | Safeguarding training should be provided to all staff. | 30/04/2024 30/06/2024 | In Progress (On Track) |
| HMI-1.3-202205 | The service should make sure it has an effective quality assurance process, so staff carry out audits and fire safety checks to an appropriate standard. | 30/09/2023 30/11/2023 31/08/2024 | In Progress – On Track |

In terms of the completion of Safeguarding training, it was reported that good progress had been made. As at 26 April 2024, 956 staff members had completed the requisite safeguarding training.

As a result of discussions at Audit and Governance Committee in January 2024 (Minute AGC/23/27 refers) and subsequent review by Executive Board, HMI-1.3-202205 (Quality Assurance of Audits and Fire Safety Checks) would now be reported to the Community Safety Committee. Due to the new quality assurance process and the time for implementation, the target completion date of the area for improvement had been extended.

***DENOTES DELEGATED MATTER WITH POWER TO ACT**

The Meeting started at 10.00 am and finished at 11.52 am

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Agenda Item 4

| REPORT REFERENCE NO. | CSC/24/10 | | | | | | | | | | | | |
|-----------------------------|---|-------------|-------------------|-------------|-------------------|------------|--------|-------|-------|------------|-------|-------|-------|
| MEETING | COMMUNITY SAFETY COMMITTEE | | | | | | | | | | | | |
| DATE OF MEETING | 4 SEPTEMBER 2024 | | | | | | | | | | | | |
| SUBJECT OF REPORT | STRATEGIC PRIORITY 1 AND 2 PERFORMANCE MEASURES: QUARTER 1 – 2024-25 | | | | | | | | | | | | |
| LEAD OFFICER | ASSISTANT CHIEF FIRE OFFICER – SERVICE DELIVERY | | | | | | | | | | | | |
| RECOMMENDATIONS | <p>(a). <i>That the Committee requests reports on areas of performance in relation to agreed strategic objectives; and</i></p> <p>(b). <i>That, subject to (a) above, the report be noted</i></p> | | | | | | | | | | | | |
| EXECUTIVE SUMMARY | <p>Appendix A of this report presents the Quarter 1 of 2024-25 Key Performance Indicator (KPI) report for Strategic Priorities 1 and 2.</p> <p>Unless otherwise stated, the performance status of our KPIs is based on the following criteria:</p> <p><u>Succeeding</u>: the KPI is achieving its target.</p> <p><u>Near target</u>: the KPI is less than 10% away from achieving its target.</p> <p><u>Needs improvement</u>: the KPI is at least 10% away from achieving its target.</p> <p>Performance overview: top level</p> <p>Table 1: performance status overview 2023/24 - Quarter 4</p> <table border="1" style="margin-left: 40px;"> <thead> <tr> <th></th> <th style="background-color: #90EE90;">Succeeding</th> <th style="background-color: #FFFF00;">Near target</th> <th style="background-color: #FFB6C1;">Needs improvement</th> </tr> </thead> <tbody> <tr> <td>Priority 1</td> <td style="text-align: center;">14 (-)</td> <td style="text-align: center;">4 (-)</td> <td style="text-align: center;">2 (-)</td> </tr> <tr> <td>Priority 2</td> <td style="text-align: center;">1 (-)</td> <td style="text-align: center;">5 (-)</td> <td style="text-align: center;">2 (-)</td> </tr> </tbody> </table> <p>The KPIs with a status of “needs improvement” are:</p> <ul style="list-style-type: none"> • KPI 1.4. Number of home fire safety visits completed • KPI 1.10. Number of fire safety checks completed • KPI 2.2. Percentage of level four operational risk sites in date for revalidation • KPI 2.8. Percentage availability of risk dependant pumping appliances <p>All have been subject to review, with exception reports included as indicated. Where required, action plans have been developed to bring performance back on track.</p> | | Succeeding | Near target | Needs improvement | Priority 1 | 14 (-) | 4 (-) | 2 (-) | Priority 2 | 1 (-) | 5 (-) | 2 (-) |
| | Succeeding | Near target | Needs improvement | | | | | | | | | | |
| Priority 1 | 14 (-) | 4 (-) | 2 (-) | | | | | | | | | | |
| Priority 2 | 1 (-) | 5 (-) | 2 (-) | | | | | | | | | | |

| | |
|---|---|
| RESOURCE IMPLICATIONS | Existing budget and staffing is sufficient to deliver the required improvements |
| EQUALITY RISKS AND BENEFITS ANALYSIS | N/A |
| APPENDICES | A. Community Safety Committee 2024-25 quarter one performance report |
| BACKGROUND PAPERS | DSFRA/21/9 Strategic Policy Objectives 2021-22 |



Community Safety Committee Performance Report – Q1 2024/25

April 2024 to June 2024 Performance

This report summarises performance of the Devon and Somerset Fire and Rescue Service corporate key performance indicators (KPIs) for corporate priorities one and two.

Where a KPI is assessed as requiring improvement, an exception report is provided. These provide additional information relating to the indicator and details of any actions that have been put in place to improve performance.

Alice Murray, Strategic Analyst

August 2024

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Introduction

To make sure that we are delivering the best possible service to the communities of Devon and Somerset and its visitors, we need to regularly monitor our performance.

Our Key Performance Indicators are aligned to our **corporate objectives** and support us to deliver our **strategic priorities**. This report focuses on priority one and two:



Priority one: our targeted prevention and protection activities will reduce the risks in our communities, improving health, safety and wellbeing and supporting the local economy.



Priority two: our operational resources will provide an effective emergency response to meet the local and national risks identified in our Community Risk Management Plan.

Our assessment method varies based on the type and nature of the data that a KPI uses.

If a KPI has a status of “requires improvement”, an exception report will be provided which will contain further analysis and identify whether any action needs to be taken to drive improvement. Updates on progress against actions will be provided in future reports until they are closed.

KPIs that are “near target” will be monitored by the lead manager to assess whether performance is likely to improve and where appropriate implement tactical changes to influence the direction of travel. No further information will be provided within this report.

Performance summary

Table 1: performance status overview 2024/25 Q1 with change from previous report

| | Succeeding (✓) | Near target (•) | Requires improvement (✘) |
|------------|-------------------|--------------------|-----------------------------|
| Priority 1 | 14 (-) | 4 (-) | 2 (-) |
| Priority 2 | 1 (-) | 5 (-) | 2 (-) |

| KPIs requiring improvement | Exception report |
|---|-------------------------|
| KPI 1.4. Number of home fire safety visits completed | Page 7 |
| KPI 1.10. Number of fire safety checks completed | Page 10 |
| KPI 2.2. Percentage of level four operational risk sites in date for revalidation | Page 12 |
| KPI 2.8. Percentage availability of risk dependant pumping appliances | Page 15 |

Priority one performance



Our targeted prevention and protection activities will reduce the risks in our communities, improving health, safety and wellbeing and supporting the local economy.

Objective one: we will work with partners to target our prevention activities where they have the greatest impact on the safety and wellbeing of our communities.

| | | | |
|------|-----------------|------------------|---------------------------|
| Key: | ✓ Succeeding | • Near target | ✗ Requires improvement |
|------|-----------------|------------------|---------------------------|

Table 2: KPIs requiring improvement - priority one, objective one.

| KPI | Period | Actual | Target | % Diff. | Aim |
|--|----------|--------|--------|---------|-----|
| 1.4. Number of home fire safety visits completed | YTD ✗ | 3,947 | 4,500 | -12.3% | ↑ |

Table 3: KPIs near target – priority one, objective one.

| KPI | Period | Actual | Target | % Diff. | Aim |
|---|-----------------|--------|--------|---------|-----|
| 1.18. Number of false alarms due to apparatus attended in dwellings | Rolling-12 • | 3,325 | 3,254 | 2.2% | ↓ |
| 1.19. Number of false alarms due to apparatus attended in non-domestic premises | Rolling-12 • | 2,501 | 2,500 | 0.1% | ↓ |

Table 4: KPIs succeeding - priority one, objective one.

| KPI | Period | Actual | Target | % Diff. | Aim |
|--|-----------------|--------|--------|---------|-----|
| 1.1. Number of fire-related deaths in dwellings | Q1 '24 ✓ | 0 | 0 | 0.0% | ↓ |
| | Rolling-12 ✓ | 2 | 7 | -67.7% | |
| | On target | | | | |
| 1.2. Number of persons requiring hospital treatment due to a dwelling fire | Rolling-12 ✓ | 53 | 74 | -27.6% | ↓ |

Fire Authority Performance Report: April 2024 to June 2024

| KPI | Period | Actual | Target | % Diff. | Aim |
|---|-----------------|--------|--------|---------|-----|
| 1.3. Number of primary dwelling fires | Rolling-12 ✓ | 804 | 867 | -7.3% | ↓ |
| 1.5. Number of targeted home fire safety visits completed to households with more than one high risk factor | YTD ✓ | 65.4% | 60.0% | 5.4 pp | ↑ |
| 1.13. Number of fire-related deaths in vehicles or outdoor locations | Q1 '24 ✓ | 0 | 0 | 0.0% | ↓ |
| | Rolling-12 ✓ | 1 | 1 | 0.0% | |
| | On target | | | | |
| 1.14. Number of persons requiring hospital treatment due to a vehicle or outdoor location fire | Rolling-12 ✓ | 13 | 14 | -4.4% | ↓ |
| 1.15. Number of primary vehicle or outdoor location fires | Rolling-12 ✓ | 690 | 740 | -6.8% | ↓ |
| 1.16. Number of secondary fires | Rolling-12 ✓ | 1,298 | 1,809 | -28.2% | ↓ |
| 1.17. Number of deliberate fires | Rolling-12 ✓ | 1,015 | 1,259 | -19.4% | ↓ |
| | ✓ | | | | |
| 1.22. Number of road traffic collisions attend by the fire service | Rolling-12 ✓ | 766 | 780 | -1.8% | ↓ |
| 1.23. Number of persons killed or seriously injured at road traffic collisions attended by the fire service | Rolling-12 ✓ | 425 | 452 | -6.0% | ↓ |

Exception report: KPI 1.4. number of home fire safety visits completed

This KPI reports on the number of Home Fire Safety Visits (HFSVs) completed. HFSVs are provided to households within our communities that are identified as being more likely to have a fire in the home or to sustain serious injury or death in the event of a fire. HFSVs are delivered by specialist Home Fire Safety Technicians and whole-time operational crews.

Analysis

The KPI is in exception due to the number of HFSVs completed being more than 10% below target.

Table 5: KPI 1.4. number of home fire safety visits completed, 2024/25 Q1 performance.

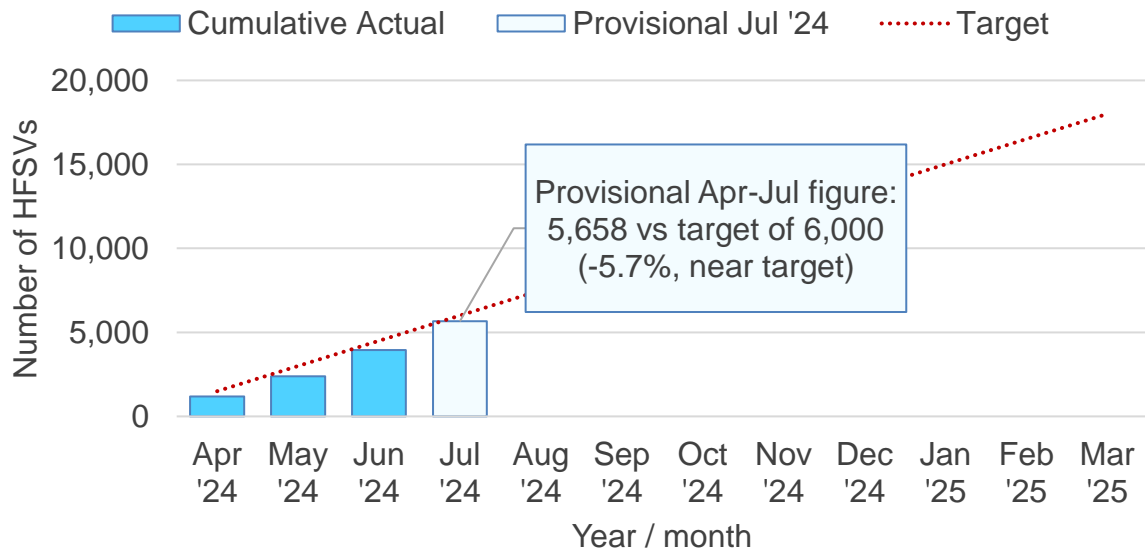
| KPI | Period | Actual | Target | % Diff. | Aim |
|--|----------|--------|--------|---------|-----|
| 1.4. Number of home fire safety visits completed | YTD x | 3,947 | 4,500 | -12.3% | ↑ |

A reduction in the number of Home Safety administrators due to staff turnover and ongoing recruitment challenges led to a reduced capacity which impacted the ability to book in technician visits. However, initial indications from early August show that a recent increase in staff due to successful recruitment has promoted an uplift in booked visits.

Progress has been made in reducing the HFSV backlog, currently there are fewer than 1,000 un-booked visits (down from around 7,000). Challenges remain with some of the oldest referrals being processed where contact details can be harder to obtain, and ultimately take longer to resolve.

A Person Centred HFSV as recommended by the NFCC can, on some occasions, mean that visits take longer as they are more resource intensive and focus on giving better outcomes for higher risk individuals.

Table 6: KPI 14. cumulative number of HFSVs completed, 2024/25 Q1 performance with provisional position as at July 2024.



While the KPI is in exception for Q1, provisional figures for July indicate that there has been a significant increase in delivery. If this continues, the deficit could be resolved by the end of Q2 2024.

Objective two: we will protect people in the built environment through a proportionate, risk-based approach to the regulation of fire safety legislation.

| | | | |
|------|-----------------|------------------|---------------------------|
| Key: | ✓ Succeeding | • Near target | ✘ Requires improvement |
|------|-----------------|------------------|---------------------------|

Table 7: KPIs requiring improvement – priority one, objective two.

| KPI | Period | Actual | Target | % Diff. | Aim |
|--|----------|--------|--------|---------|-----|
| 1.10. Number of fire safety checks completed | YTD ✘ | 554 | 625 | -11.4% | ↑ |

Table 8: KPIs near target – priority one, objective two.

| KPI | Period | Actual | Target | % Diff. | Aim |
|---|-----------------|--------|--------|---------|-----|
| 1.8. Number of persons requiring hospital treatment due to a non-domestic premises fire | Rolling-12 • | 10 | 9 | 19.0% | ↓ |
| 1.12. Percentage of building regulation and licensing jobs completed on time | YTD • | 92.8% | 100.0% | -7.2 pp | ↑ |

Table 9: KPIs succeeding – priority one, objective two.

| KPI | Period | Actual | Target | % Diff. | Aim |
|---|-----------------|--------|--------|---------|-----|
| 1.7. Number of fire-related deaths in non-domestic premises | Q1 '24 ✓ | 0 | 0 | 0.0% | ↓ |
| | Rolling-12 ✓ | 0 | 1 | -100.0% | |
| | On target | | | | |
| 1.9. Number of primary non-domestic premises fires | Rolling-12 ✓ | 428 | 436 | -1.8% | ↓ |
| 1.11. Number of fire safety audits completed | YTD ✓ | 194 | 175 | 10.9% | ↑ |

Exception report: KPI 1.10. number of fire safety checks completed

This KPI reports the number of Fire Safety Checks (FSC) completed. FSCs provide a basic assessment of compliance with fire safety regulations in business premises and are primarily delivered by wholetime crews. If significant issues are identified, an FSC may be escalated to a full fire safety audit (FSA) which is delivered by specialist Fire Safety Officers.

Analysis

The KPI remains in exception due to the number of FSCs completed being more than 10% below target.

Table 10: KPI 1.10. number of fire safety checks completed, 2024/25 Q1 performance.

| KPI | Period | Actual | Target | % Diff. | Aim |
|--|----------|--------|--------|---------|-----|
| 1.10. Number of fire safety checks completed | YTD ✘ | 554 | 625 | -11.4% | ↑ |

The number of FSCs completed has been affected by a change to the structure of administrative services that support the Service Delivery directorate. During the transition, it has become apparent that FSCs were not being allocated to two of the six groups.

Processes have been reviewed and a Protection Lead Administrator has recently been appointed. The purpose of the role is to centralise Protection Admin across the Service; this will include liaising and issuing of FSC's across the Service, improving efficiency and consistency and in-turn supporting increased output.

Provisional figures for July indicate an increase in FSCs completed; if this continues, the KPI will be on target by the end of Q2 2024.

Table 11: Cumulative count of fire safety checks completed against target by month.

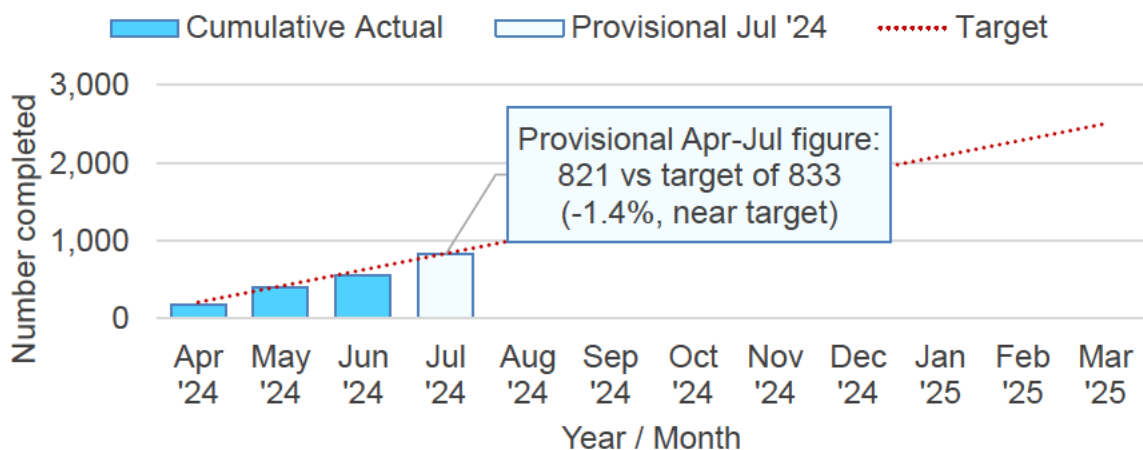


Table 12: 1.10. number of fire safety checks completed, 2024/25 Q1 actions

| Action description | Lead officer |
|---|--|
| <p>Continue to communicate to watches to ensure self-generation process is fully embedded.</p> <p><i>Update Q1 2024/25: completed</i></p> | Area Manager Prevention and Protection |
| <p>Ensure processes are in place within admin teams to continue provision of lists of premises in line with the Risk Based Inspection Programme (RBIP).</p> <p><i>Update Q1 2024/25: Protection Lead Administrator who has recently been appointed is currently developing interim updated RBIP list for our Fire Safety Managers and will be feeding back to them in September. A new RBIP is being developed for 2025 in conjunction with the DDaT team which will incorporate medium rise buildings.</i></p> | Area Manager Prevention and Protection |
| <p>Review delivery requirements for the 2024/25 year to determine appropriate targets for the new financial year.</p> <p><i>Update Q1 2024/25: Completed. A target of 2,500 Fire Safety Checks. Additionally, the update of the RBIP will ensure that FSCs and FSAs continue to be targeted at the highest risk premises.</i></p> | Area Manager Prevention and Protection |

Priority two performance



Our operational resources will provide an effective emergency response to meet the local and national risks identified in our Community Risk Management Plan.

Objective one: we will maintain accurate, timely and relevant risk information, enabling our operational crews to understand and be prepared to respond to the demand and risks present in their local communities.

| | | | |
|------|-----------------|------------------|---------------------------|
| Key: | ✓ Succeeding | • Near target | ✗ Requires improvement |
|------|-----------------|------------------|---------------------------|

Table 13: KPIs requiring improvement – priority two, objective one.

| KPI | Period | Actual | Target | % Diff. | Aim |
|---|----------|--------|--------|----------|-----|
| 2.2. Percentage of level four operational risk sites in date for revalidation | YTD ✗ | 82.4% | 96.0% | -13.6 pp | ↑ |

Table 14: KPIs near target – priority two, objective one.

| KPI | Period | Actual | Target | % Diff. | Aim |
|-------------------------------|--------|--------|--------|---------|-----|
| No KPIs currently near target | | | | | |

Table 15: KPIs succeeding – priority two, objective one.

| KPI | Period | Actual | Target | % Diff. | Aim |
|--|----------|--------|--------|---------|-----|
| 2.1. Percentage of level three operational risk sites in date for revalidation | YTD ✓ | 98.7% | 92.0% | 6.7 pp | ↑ |

Exception report: 2.2. Percentage of level four operational risk sites in date for revalidation

This KPI reports on the percentage of premises with a level 4 tactical plan that are in date for revalidation.

A site or premises that is classified as level 4 requires the completion of a Tactical Plan. This may be in addition to an SSRI, but an SSRI is not a pre-requisite to produce a Tactical Plan. A Tactical Plan is a detailed document with information relevant to Level 2 and 3 Incident Commanders about the response to an incident at a specific site should it be likely to be complex or protracted.

Analysis

The KPI is in exception due to the percentage of sites that are in date for revalidation being more than 10% below target. As at 30th June 2024, six of 34 level four risk sites were overdue revalidation.

Table 16: performance status – percentage of level four operational risk sites in date for revalidation, as at 30th June 2024

| KPI | Period | Actual | Target | % Diff. | Aim |
|---|-----------------------|--------|--------|----------|-----|
| 2.2. Percentage of level four operational risk sites in date for revalidation | As at end Q1 '24 ✘ | 82.4% | 96.0% | -13.6 pp | ↑ |

Several level four tactical plans required revalidation by the same date, this led to the indicator going into exception.

Work is underway to review our approach with a view to consolidating and simplifying plans to ensure that crews can access key information quickly and easily. This will reduce the number of distinct plans on large sites, such as Devonport Dockyard, improving efficiency for Operational Risk Technicians producing the plans and crews looking to access the information.

| Action Reference | Action description | Lead officer |
|------------------|---|--|
| 2024.2.2.A | Complete review and consolidation of level four tactical plans. | Area Manager Prevention and Protection |

Objective two: We will monitor changes in risk to ensure that our resources are most available in the locations necessary to mitigate them.

| | | | |
|------|-----------------|------------------|---------------------------|
| Key: | ✓ Succeeding | • Near target | ✘ Requires improvement |
|------|-----------------|------------------|---------------------------|

Table 17: KPIs requiring improvement – priority two, objective two.

| KPI Ref | KPI Description | Current | Target | % Diff. | Aim |
|---|-----------------|---------|--------|---------|-----|
| Currently, no KPIs assessed as requiring improvement. | | | | | |

Table 18: KPIs near target – priority two, objective two.

| KPI | Period | Actual | Target | % Diff. | Aim |
|---|----------|--------|--------|---------|-----|
| 2.4. Percentage of dwelling fire incidents attended within 10 minutes of call answer | YTD • | 71.0% | 75.0% | -4 pp | ↑ |
| 2.5. Percentage of road traffic collision incidents attended within 15 minutes of call answer | YTD • | 71.9% | 75.0% | -3.1 pp | ↑ |

Table 18: KPIs succeeding – priority two, objective two.

| KPI Ref | KPI Description | Current | Target | % Diff. | Aim |
|--|-----------------|---------|--------|---------|-----|
| Currently, no KPIs assessed as succeeding. | | | | | |

Objective four: we will support the effective delivery of our frontline services by seeking improvements to our operational resourcing, mobilising and communications functions.

| | | | |
|------|-----------------|------------------|---------------------------|
| Key: | ✓ Succeeding | • Near target | ✘ Requires improvement |
|------|-----------------|------------------|---------------------------|

Table 19: KPIs requiring improvement – priority two, objective four.

| KPI | Period | Actual | Target | % Diff. | Aim |
|---|----------|--------|--------|----------|-----|
| 2.8. Percentage availability of risk dependant pumping appliances | YTD ✘ | 61.5% | 85.0% | -23.5 pp | ↑ |

Table 20: KPIs near target – priority two, objective four.

| KPI | Period | Actual | Target | % Diff. | Aim |
|---|----------|--------|--------|---------|-----|
| 2.6. Percentage availability of priority pumping appliances | YTD • | 92.9% | 98.0% | -5.1 pp | ↑ |
| 2.7. Percentage availability of standard pumping appliances | YTD • | 78.8% | 85.0% | -6.2 pp | ↑ |
| 2.9. Percentage of emergency calls handled within target time | YTD • | 87.4% | 90.0% | -2.6 pp | ↑ |

Table 21: KPIs succeeding – priority two, objective four.

| KPI | Period | Actual | Target | % Diff. | Aim |
|------------------------------|--------|--------|--------|---------|-----|
| No KPIs currently succeeding | | | | | |

Exception report: 2.8. Percentage availability of risk dependant pumping appliances

This KPI reports on the proportion of time that risk dependant availability (RDA) appliances (fire engines) were available to respond as a percentage of the total required time. All RDA appliances are crewed by on-call personnel on two pump stations, where one appliance will always aim to be available. RDA appliances are required to be available to respond during periods when risk is deemed highest.

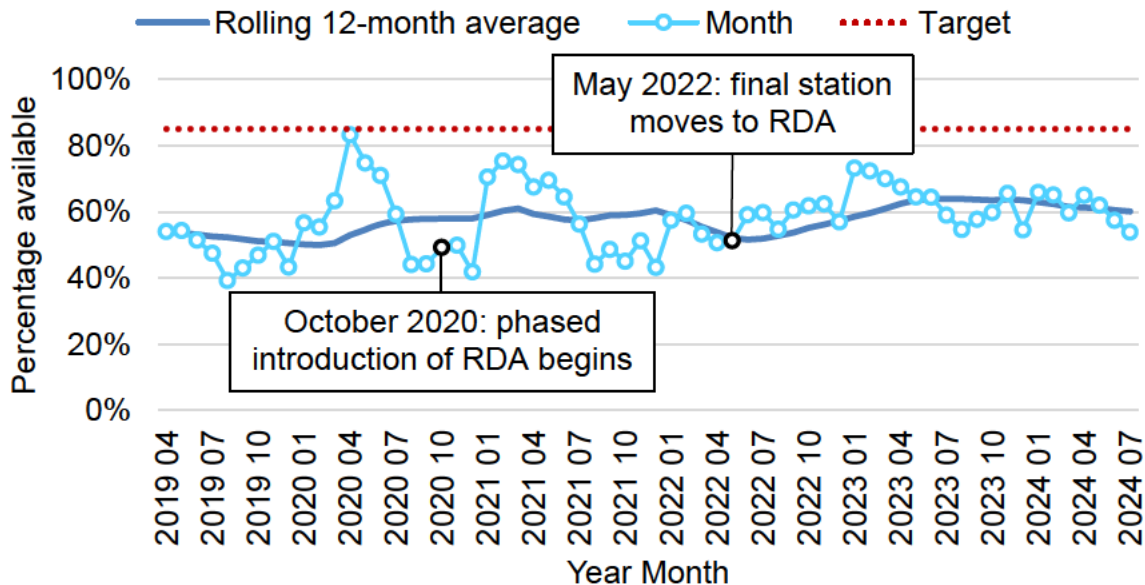
Analysis

The KPI is in exception as availability is more than 10 percentage points (pp) below target. The expectation is that RDA appliances should be available for at least 85.0% of the required hours, the same proportion as a standard on-call appliance (which is required to be available 24 hours a day, 7 days a week).

Table 22: performance status – percentage of level four operational risk sites in date for revalidation, as at 30th June 2024

| KPI | Period | Actual | Target | % Diff. | Aim |
|---|----------|--------|--------|----------|-----|
| 2.8. Percentage availability of risk dependant pumping appliances | YTD ✘ | 61.5% | 85.0% | -23.5 pp | ↑ |

Table 22: risk dependant availability by month and rolling 12-month average, April 2019 to June 2024



The indicator has consistently been in exception, and it is likely that this will continue. Peaks in availability during 2020 and 2021 were a result of periods of COVID-19 lockdown, during which on-call availability increased significantly.

Table 23: risk dependant availability during Q1 2024 by station and performance status.

| Status | Risk dependant stations |
|-------------|---|
| Succeeding | 1* Okehampton (85.8%), 1* Honiton (90.6%), 1* Tiverton (87.3%) |
| Near target | 1* Teignmouth (82.2%), 1* Sidmouth (80.4%) |
| Exception | 1* Ilfracombe (31.2%), 1* Brixham (62.4%), 1* Dartmouth (2.8%), 1* Tavistock (67.9%), 1* Williton (68.2%), 1* Wells (17.3%) |

Of the 11 RDA appliances, three achieved the 85.0% target during Q1 2024, two were near target and six were in exception.

Generally, RDA crews will be mobilised in support of the first appliance, simultaneous attendance at different incidents is unusual. The speed of first attendance is the most critical element of response, however, any delay in additional resources is less than ideal.

- During Q1 2024, there were a total of 63 incidents in RDA station grounds during the hours when RDA cover is required.
- Thirty incidents saw two or more appliances mobilised and 22 saw two or more arrive on scene.
- Twelve of the 22 incidents were attended by the local RDA appliance, 10 were attended by the next closest resource.
- Four of the 10 incidents not attended by the RDA crew appear to have been located so the fastest response was from a neighbouring station, therefore the RDA crew were not mobilised despite being available.
- Therefore, six incidents were affected by RDA appliances being unavailable.

Many of the appliances struggled to maintain availability prior to the move to RDA and while the reduced requirement for cover has supported a slight improvement since its introduction, in many instances the underlying issues remain.

Appendix A: glossary

Most terms and definitions can be found within the Home Office Fire Statistics Definitions document: <https://www.gov.uk/government/publications/fire-statistics-guidance/fire-statistics-definitions>

Some other terms are listed below:

Operational risk information: this information is focused on location specific risks posed to firefighters.

Site specific risk information (SSRI): this information is captured for locations that are particularly complex and pose greater levels of risk to our fire-fighters. Visits are made to these locations, hazards identified and plans made on how to respond if an incident occurs.

Risk prioritised pump: there are 33 priority fire engines in areas that present higher levels risk or demand which are essential to enabling us to effectively manage risk levels. There is an expectation that each of these appliances will be available to respond a minimum of 98% of the time.

Standard pump: there are 89 fire engines located in areas of lower risk or lesser demand, but which are still key to ensuring that we are keeping our communities safe. These are all crewed by on-call or volunteer firefighters and there is an expectation that each fire engine will be available at least 85% of the time.

Home fire safety visits: these are visits that are carried out at people's homes by our home safety technicians and wholetime firefighters.

Fire safety checks: FSCs are delivered by our operational crews and provide a basic assessment of fire safety standards within businesses. Where potential issues are identified premises will be referred for a fire safety audit that is conducted by one of our professional fire safety officers.

Agenda Item 5

| | |
|---|---|
| REPORT REFERENCE NO. | CSC/24/11 |
| MEETING | COMMUNITY SAFETY COMMITTEE |
| DATE OF MEETING | 4 SEPTEMBER 2024 |
| SUBJECT OF REPORT | PERFORMANCE MEASURES TARGET SETTING |
| LEAD OFFICER | ASSISTANT CHIEF FIRE OFFICER – SERVICE DELIVERY |
| RECOMMENDATIONS | <i>That the report be noted.</i> |
| EXECUTIVE SUMMARY | <p>This report outlines the agreed Key Performance Indicators (KPIs) for the Community Safety Committee and the targets set for the 2024-25 financial year.</p> <p>A rationale is provided for each KPI that describes why the target has been proposed and the thresholds for measurement.</p> <p>The KPIs are aligned to the Service’s corporate objectives and provide support for the delivery of strategic priorities. This report focuses on strategic priorities one and two as follows:</p> <p>Priority one: our targeted prevention and protection activities will reduce the risks in our communities, improving health, safety and wellbeing and supporting the local economy.</p> <p>Priority two: our operational resources will provide an effective emergency response to meet the local and national risks identified in our Community Risk Management Plan.</p> <p>The assessment method varies based on the type and nature of the data that a KPI uses. Targets are set in conjunction with the lead officer for the business area, strategic analysts and the Director of Service Delivery.</p> |
| RESOURCE IMPLICATIONS | As indicated in the paper. |
| EQUALITY RISKS AND BENEFITS ANALYSIS | An initial assessment has not identified any equality issues emanating from this report. |
| APPENDICES | A. Community Safety Committee: Key Performance Indicator Review |
| BACKGROUND PAPERS | None. |

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Community Safety Committee Target Setting Report

This report outlines the agreed key performance indicators (KPIs) for the Community Safety Committee and the targets set for the 2024/25 financial year.

A rationale is provided for each KPI that describes why the target has been proposed and the thresholds for measurement.

Alice Murray, Strategic Analyst

August 2024

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Introduction

To make sure that we are delivering the best possible service to the communities of Devon and Somerset and its visitors, we need to regularly monitor our performance.

Our Key Performance Indicators are aligned to our **corporate objectives** and support us to deliver our **strategic priorities**. This report focuses on priority one and two:



Priority one: our targeted prevention and protection activities will reduce the risks in our communities, improving health, safety and wellbeing and supporting the local economy.



Priority two: our operational resources will provide an effective emergency response to meet the local and national risks identified in our Community Risk Management Plan.

Our assessment method varies based on the type and nature of the data that a KPI uses.

Targets are set in conjunction with the lead officer for the business area, strategic analysts and the Director of Service Delivery.

Key Performance Indicator Specifications and Targets 2024/25



Priority one: our targeted prevention and protection activities reduce the risks in our communities, improving health, safety and wellbeing and support the local economy.

KPI 1.1. Number of fire-related deaths due to dwelling fires

Description: the number of [fire-related deaths](#) due [dwelling](#) fires attended within Devon and Somerset Fire and Rescue Service area.

Purpose: supports evaluation of the effectiveness of prevention and response activity.

| Year | | | | | Trends | | | |
|---------|---------|---------|---------|---------|------------|-------|-----------|-------|
| 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | Three-year | | Five-year | |
| | | | | | Avg. | Trend | Avg. | Trend |
| 8 | 10 | 6 | 6 | 2 | 5 | ↓ | 7 | ↓ |

Proposed target: zero deaths in the reporting month or quarter and for the 12-month actual to be on or below the five-year average.

Rationale: any fire-related death is a failure and therefore should be reported as an exception and reviewed accordingly. It is also important to monitor the overall level

Exception (✖)

One or more deaths in the reporting month / quarter

Near target (◐)

Zero deaths in the reporting month / quarter, 12-month actual is above five-year average

Succeeding (✓)

Zero deaths in the reporting month / quarter and 12-month actual is on or below five-year average

Reporting frequency: ELT monthly, Fire Authority quarterly

Data source: Incident Recording System

KPI 1.2. Number of persons requiring hospital treatment due to injury resulting from dwelling fires

Description: the number of people [injured](#) in [dwelling](#) fires within the Devon and Somerset Fire and Rescue Service area that required treatment at hospital.

Purpose: supports evaluation of the effectiveness of prevention and response activity.

| Year | | | | | Trends | | | |
|---------|---------|---------|---------|---------|------------|-------|-----------|-------|
| 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | Three-year | | Five-year | |
| | | | | | Avg. | Trend | Avg. | Trend |
| 87 | 71 | 76 | 84 | 55 | 72 | ↓ | 75 | ↓ |

Proposed target: 12-month actual to be on or below the five-year average.

Rationale: the number of injuries resulting in hospital treatment is relatively low but also highly variable, ranging from 55 to 87 over the past five years. Monitoring the rolling 12-month position against the five-year average will provide assurance that levels are reasonable with an aspiration of continuing the long-term downward trend.

Benchmarked performance against England has seen DSFSR slightly above the national rate since 2017/18, however the 2023/24 has seen fewer hospitalisations in DSFRS and the rate likely to be much closer to the national average, if not below.

| | |
|------------------------|---|
| Exception (✖) | 12-month actual is above the rolling five-year average by 10% or more |
| Near target (◦) | 12-month actual is above the rolling five-year average by less than 10% |
| Succeeding (✓) | 12-month actual is on or below the rolling five-year average |

Reporting frequency: ELT monthly, Fire Authority quarterly

Data source: Incident Recording System

| KPI 1.3. Number of primary dwelling fires | | | | | | | | |
|---|---------|---|---------|---------|------------|-------|-----------|-------|
| Description: the number of primary dwelling fires attended within the Devon and Somerset Fire and Rescue Service area. | | | | | | | | |
| Purpose: supports evaluation of the effectiveness of prevention and response activity. | | | | | | | | |
| Year | | | | | Trends | | | |
| 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | Three-year | | Five-year | |
| | | | | | Avg. | Trend | Avg. | Trend |
| 933 | 866 | 865 | 879 | 840 | 861 | ↓ | 877 | ↓ |
| <p>Proposed target: 12-month actual to be on or below the five-year average, monthly performance to be monitored using statistical process control.</p> <p>Rationale: the number of dwelling fires has reduced by almost seen a reduction of around 30% since 2009/10, both nationally and within DSFRS. Monitoring the rolling 12-month position against the five-year average will provide assurance that levels are reasonable with an aspiration of continuing the long-term downward trend.</p> <p>Monitoring monthly figures using statistical process control will support timely, tactical intervention should an exceptional circumstance emerge.</p> <p>Benchmarked performance against England has seen DSFRS performance broadly in line with the national average.</p> | | | | | | | | |
| Exception (✘) | | 12-month actual is above the rolling five-year average by 5% or more | | | | | | |
| Near target (◦) | | 12-month actual is above the rolling five-year average by less than 10% | | | | | | |
| Succeeding (✓) | | 12-month actual is on or below the rolling five-year average | | | | | | |
| Reporting frequency: ELT monthly, Fire Authority quarterly | | | | | | | | |
| Data source: Incident Recording System | | | | | | | | |

KPI 1.4. Number of home fire safety visits complete

Description: the number of home fire safety visits completed where all elements of the Home Office criteria have been met. These are:

- Identifying and advising of the potential fire risks within the home;
- Advising householder what to do in order to reduce or prevent these risks; and
- Putting together an escape plan in case a fire does break out and ensuring the householder has working smoke alarms. The HFSC can include installing a smoke alarm(s) where appropriate.

Purpose: to provide assurance that the service is delivering required levels of home fire safety visits to reduce risk within the community.

| Year | | | | | Trends | | | |
|---------|---------|---------|---------|---------|------------|-------|-----------|-------|
| 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | Three-year | | Five-year | |
| | | | | | Avg. | Trend | Avg. | Trend |
| 16,692 | 8,521 | 14,775 | 20,125 | 18,886 | 17,929 | ↑ | 15,800 | ↑ |

Proposed target: to deliver 18,000 HFSVs.

Rationale: this is continuation of the target level set in the previous financial year. Work is ongoing to embed the NFCC community risk model for dwelling fires and the Person Centred Framework, both of which will enhance the current approach. This work is likely to have some impact on delivery, but it is believed that the target of 18,000 remains achievable.

Benchmarked performance for the 2022/23 financial year against English saw DSFSR performance assessed as significantly above average (over +1 standard deviation above mean rate per 1,000 population). If delivery levels within other Authorities remain relatively consistent, it would be reasonable to anticipate that DSFRS will remain above average for the 2023/24 financial year (awaiting data).

| | |
|------------------------|---------------------------------------|
| Exception (✖) | Actual is below target by 10% or more |
| Near target (◦) | Actual is target by less than 10% |
| Succeeding (✓) | Actual is on or above target |

Reporting frequency: ELT monthly, Fire Authority quarterly

Data source: HFSV and DHSV Recording Tool

KPI 1.5. Proportion of targeted home fire safety visits completed at households with two or more high risk factors

Description: proportion of targeted home fire safety visits completed at households with two or more high risk factors as a percentage of all targeted visits meeting the Home Office criteria.

Purpose: research has shown that the likelihood of dying in a house fire increases significantly if more than one risk factor is present. This indicator provides assurance that the service has appropriate systems in place to focus activity on those at greatest risk of a fire in the home.

| Year | | | | | Trends | | | |
|---------|---------|---------|---------|---------|------------|-------|-----------|-------|
| 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | Three-year | | Five-year | |
| | | | | | Avg. | Trend | Avg. | Trend |
| 47.1% | 47.9% | 54.4% | 57.7% | 62.8% | 58.3% | ↑ | 54.0% | ↑ |

Proposed target: to deliver at least 60% of visits to households exhibiting two or more high risk factors.

Rationale: this is continuation of the target level set in the previous financial year. Work is ongoing to embed the NFCC community risk model for dwelling fires and the Person Centred Framework, both of which will enhance the current approach to targeting and delivery.

| | |
|------------------------|---|
| Exception (✘) | Actual is five or more percentage points below target |
| Near target (◦) | Actual is less than five percentage points below target |
| Succeeding (✓) | Actual is on or above target |

Reporting frequency: ELT monthly, Fire Authority quarterly

Data source: HFSV and DHSV Recording Tool

| KPI 1.7. Number of fire-related deaths due to non-domestic premises fires | | | | | | | | |
|--|---------|---|---------|---------|------------|-------|-----------|-------|
| Description: the number of fire-related deaths due non-domestic premises fires attended within Devon and Somerset Fire and Rescue Service area. | | | | | | | | |
| Purpose: supports evaluation of the effectiveness of protection and response activity. | | | | | | | | |
| Year | | | | | Trends | | | |
| 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | Three-year | | Five-year | |
| | | | | | Avg. | Trend | Avg. | Trend |
| 0 | 1 | 0 | 0 | 1 | 1 | ↑ | 1 | ↑ |
| Proposed target: zero deaths in the reporting month or quarter and for the 12-month actual to be on or below the five-year average. | | | | | | | | |
| Rationale: any fire-related death is a failure and therefore should be reported as an exception and reviewed accordingly. It is also important to monitor the overall level | | | | | | | | |
| Exception (✘) | | One or more deaths in the reporting month / quarter | | | | | | |
| Near target (◦) | | Zero deaths in the reporting month / quarter, 12-month actual is above five-year average | | | | | | |
| Succeeding (✓) | | Zero deaths in the reporting month / quarter and 12-month actual is on or below five-year average | | | | | | |
| Reporting frequency: ELT monthly, Fire Authority quarterly | | | | | | | | |
| Data source: Incident Recording System | | | | | | | | |

KPI 1.8. Number of persons requiring hospital treatment due to injury resulting from non-domestic premises fires

Description: the number of people injured in non-domestic premises fires within the DSFRS service area that required treatment at hospital.

Purpose: supports evaluation of the effectiveness of protection and response activity.

| Year | | | | | Trends | | | |
|---------|---------|---------|---------|---------|------------|-------|-----------|-------|
| 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | Three-year | | Five-year | |
| | | | | | Avg. | Trend | Avg. | Trend |
| 6 | 8 | 4 | 12 | 12 | 9 | ↑ | 9 | ↑ |

Proposed target: 12-month actual to be on or below the five-year average.

Rationale: the number of injuries resulting in hospital treatment is relatively low but also highly variable, ranging from 4 to 12 over the past five years. Monitoring the rolling 12-month position against the five-year average will provide assurance that levels are reasonable with an aspiration of achieving a long-term downward trend.

Benchmarked performance against England has been variable which is likely due to the relatively low number of injuries seen both within DSFSR and nationally. However, performance levels are generally close to the national average.

| | |
|----------------------|---|
| Exception (✘) | 12-month actual is above the rolling five-year average by 25% or more |
|----------------------|---|

| | |
|------------------------|---|
| Near target (◦) | 12-month actual is above the rolling five-year average by less than 25% |
|------------------------|---|

| | |
|-----------------------|--|
| Succeeding (✓) | 12-month actual is on or below the rolling five-year average |
|-----------------------|--|

Reporting frequency: ELT monthly, Fire Authority quarterly

Data source: Incident Recording System

| KPI 1.9. Number of primary non-domestic premises fires | | | | | | | | |
|---|---------|---|---------|---------|------------|-------|-----------|-------|
| Description: the number of primary non-domestic premises fires attended within the Devon and Somerset Fire and Rescue Service area. | | | | | | | | |
| Purpose: supports evaluation of the effectiveness of protection and response activity. | | | | | | | | |
| Year | | | | | Trends | | | |
| 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | Three-year | | Five-year | |
| | | | | | Avg. | Trend | Avg. | Trend |
| 489 | 385 | 459 | 438 | 435 | 440 | ➔ | 442 | ⬇ |
| <p>Proposed target: 12-month actual to be on or below the five-year average, monthly performance to be monitored using statistical process control.</p> <p>Rationale: the number of non-domestic premises fires has reduced by over seen a reduction of around 30% since 2009/10, both nationally and within DSFRS. Monitoring the rolling 12-month position against the five-year average will provide assurance that levels are reasonable with an aspiration of achieving a long-term downward trend.</p> <p>Monitoring monthly figures using statistical process control will support timely, tactical intervention should an exceptional circumstance emerge.</p> <p>Benchmarked performance against England has seen DSFSR performance broadly in line with the national average.</p> | | | | | | | | |
| Exception (✖) | | 12-month actual is above the rolling five-year average by 5% or more | | | | | | |
| Near target (◦) | | 12-month actual is above the rolling five-year average by less than 10% | | | | | | |
| Succeeding (✓) | | 12-month actual is on or below the rolling five-year average | | | | | | |
| Reporting frequency: ELT monthly, Fire Authority quarterly | | | | | | | | |
| Data source: Incident Recording System | | | | | | | | |

KPI 1.10. Number of fire safety checks completed

Description: the number of fire safety checks completed at [non-domestic premises](#) within the Devon and Somerset Fire and Rescue Service area.

Purpose: to provide assurance that the service is delivering required levels of fire safety checks to reduce risk within the community.

| Year | | | | | Trends | | | |
|---------|---------|---------|---------|---------|------------|-------|-----------|-------|
| 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | Three-year | | Five-year | |
| | | | | | Avg. | Trend | Avg. | Trend |
| 4,337 | 1,449 | 3,287 | 3,652 | 2,591 | 3176.7 | ↓ | 3064 | ↓ |

Proposed target: The target has been reduced from previous year (3,000) to 2,500.

Rationale: Currently, the Service does not have a Fire Safety Trainer to deliver the Fire Safety Foundation Course which means fewer people can be trained to complete FSCs. A recruitment process was completed, but unfortunately the post could not be filled. A second recruitment drive resulted in zero applicants, alternative options to address this are being considered.

Fortunately, checks at higher-risk premises within the current Risk Based Inspection Programme have largely been completed, therefore there is minimal risk in reducing the number of checks for the 2024/25 financial year. This will be reviewed following the update of the RBIP which will be used to inform 2025/26 delivery requirements.

Exception (✘) Actual is below target by 10% or greater

Near target (◦) Actual is below target by less than 10%

Succeeding (✓) Actual is on or above target

Reporting frequency: ELT monthly, Fire Authority quarterly

Data source: CFRMIS

KPI 1.11. Number of fire safety audits completed

Description: the number of fire safety audits completed at [non-domestic premises](#) within the Devon and Somerset Fire and Rescue Service area.

Purpose: to provide assurance that the service is delivering required levels of fire safety audits to reduce risk within the community.

| Year | | | | | Trends | | | |
|---------|---------|---------|---------|---------|------------|-------|-----------|-------|
| 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | Three-year | | Five-year | |
| | | | | | Avg. | Trend | Avg. | Trend |
| 902 | 318 | 548 | 824 | 857 | 743.0 | ↑ | 690 | ↑ |

Proposed target: the target of 700 FSAs has been continued for the 2024/25 financial year.

Rationale: the target has been continued from previous year, despite being exceeded during 2023/24. This is to allow for existing Fire Inspection Officer vacancies within the team to be filled, thus increasing capacity.

The target of 700 FSAs is deemed achievable based on the capacity within the team to address both the Risk Based Inspection Programme and other statutory requirements such as Building Regulation Consultations and Licensing Applications.

Once back up to the full strength of staff, there is an expectation that 2025/26 will see an increase in the FSA target.

Exception (✘) Actual is below target by 10% or greater

Near target (◦) Actual is below target by less than 10%

Succeeding (✓) Actual is on or above target

Reporting frequency: ELT monthly, Fire Authority quarterly

Data source: CFRMIS

KPI 1.12. Proportion of building regulation and licencing consultations completed within target time

Description: the proportion of building regulation and licencing consultations completed within target time within the Devon and Somerset Fire and Rescue Service area.

Building regulation consultations: 15 working days

Licencing regulation consultations: 28 calendar days

Purpose: to provide assurance that the service is adhering to legislative requirements.

| Year | | | | | Trends | | | |
|---------|---------|---------|---------|---------|------------|-------|-----------|-------|
| 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | Three-year | | Five-year | |
| | | | | | Avg. | Trend | Avg. | Trend |
| 97.5% | 99.5% | 99.1% | 98.2% | 98.7% | 98.7% | ↓ | 98.6% | ↑ |

Proposed target: maintain current target of 100%.

Rationale: all consultations should be responded to within the legislative timeframes.

Exception (✘) Actual is below target by five percentage points or greater

Near target (◦) Actual is below target by less than five percentage points

Succeeding (✓) Actual is on or above target

Reporting frequency: ELT monthly, Fire Authority quarterly

Data source: Incident Recording System

KPI 1.13. Number of fire-related deaths due to vehicle and outdoor location fires

Description: the number of [fire-related](#) deaths due to vehicle and outdoor locations fires attended within Devon and Somerset Fire and Rescue Service area.

Purpose: supports evaluation of the effectiveness of prevention and response activity.

| Year | | | | | Trends | | | |
|---------|---------|---------|---------|---------|------------|-------|-----------|-------|
| 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | Three-year | | Five-year | |
| | | | | | Avg. | Trend | Avg. | Trend |
| 0 | 1 | 2 | 0 | 2 | 2 | ➔ | 1 | ⬆ |

Proposed target: zero deaths in the reporting month or quarter and for the 12-month actual to be on or below the five-year average.

Rationale: any fire-related death is a failure and therefore should be reported as an exception and reviewed accordingly. It is also important to monitor the overall level

| | |
|------------------------|---|
| Exception (✘) | One or more deaths in the reporting month / quarter |
| Near target (◐) | Zero deaths in the reporting month / quarter, 12-month actual is above five-year average |
| Succeeding (✔) | Zero deaths in the reporting month / quarter and 12-month actual is on or below five-year average |

Reporting frequency: ELT monthly, Fire Authority quarterly

Data source: Incident Recording System

KPI 1.14. Number of persons requiring hospital treatment due to injury resulting from vehicle and outdoor location fires

Description: the number of people injured in vehicle and outdoor fires within the DSFRS service area that required treatment at hospital.

Purpose: supports evaluation of the effectiveness of prevention and response activity.

| Year | | | | | Trends | | | |
|---------|---------|---------|---------|---------|------------|-------|-----------|-------|
| 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | Three-year | | Five-year | |
| | | | | | Avg. | Trend | Avg. | Trend |
| 15 | 14 | 15 | 12 | 14 | 14 | ↓ | 14 | ↓ |

Proposed target: 12-month actual to be on or below the five-year average.

Rationale: the number of injuries resulting in hospital treatment is relatively low. Monitoring the rolling 12-month position against the five-year average will provide assurance that levels are reasonable with an aspiration of achieving a long-term downward trend.

Benchmarked performance against England has been variable which is likely due to the relatively low number of injuries seen both within DSFSR and nationally. However, performance levels are generally close to the national average.

| | |
|------------------------|---|
| Exception (✘) | 12-month actual is above the rolling five-year average by 25% or more |
| Near target (◦) | 12-month actual is above the rolling five-year average by less than 25% |
| Succeeding (✓) | 12-month actual is on or below the rolling five-year average |

Reporting frequency: ELT monthly, Fire Authority quarterly

Data source: Incident Recording System

| KPI 1.15. Number of primary vehicle and outdoor fires | | | | | | | | |
|---|---------|---|---------|---------|------------|-------|-----------|-------|
| Description: the number of primary vehicle and outdoor fires attended within the Devon and Somerset Fire and Rescue Service area. | | | | | | | | |
| Purpose: supports evaluation of the effectiveness of prevention and response activity. | | | | | | | | |
| Year | | | | | Trends | | | |
| 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | Three-year | | Five-year | |
| | | | | | Avg. | Trend | Avg. | Trend |
| 827 | 691 | 694 | 775 | 717 | 729 | ↓ | 741 | ↑ |
| <p>Proposed target: 12-month actual to be on or below the five-year average, monthly performance to be monitored using statistical process control.</p> <p>Rationale: the number of fires has reduced by around seen a reduction of around 30% since 2009/10, both nationally and within DSFRS. Monitoring the rolling 12-month position against the five-year average will provide assurance that levels are reasonable with an aspiration of achieving a long-term downward trend.</p> <p>Monitoring monthly figures using statistical process control will support timely, tactical intervention should an exceptional circumstance emerge.</p> <p>Benchmarked performance against England has seen DSFSR performance broadly in line with the national average.</p> | | | | | | | | |
| Exception (✘) | | 12-month actual is above the rolling five-year average by 5% or more | | | | | | |
| Near target (◦) | | 12-month actual is above the rolling five-year average by less than 10% | | | | | | |
| Succeeding (✓) | | 12-month actual is on or below the rolling five-year average | | | | | | |
| Reporting frequency: ELT monthly, Fire Authority quarterly | | | | | | | | |
| Data source: Incident Recording System | | | | | | | | |

| | | | | | | | | |
|--|---------|---|---------|---------|------------|-------|-----------|-------|
| KPI 1.16. Number of secondary fires | | | | | | | | |
| Description: the number of secondary fires attended within the Devon and Somerset Fire and Rescue Service area. | | | | | | | | |
| Purpose: supports evaluation of the effectiveness of prevention and response activity. | | | | | | | | |
| Year | | | | | Trends | | | |
| 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | Three-year | | Five-year | |
| | | | | | Avg. | Trend | Avg. | Trend |
| 1,933 | 1,834 | 1,707 | 2,219 | 1,531 | 1,819 | ↓ | 1,845 | ↓ |
| <p>Proposed target: 12-month actual to be on or below the five-year average, monthly performance to be monitored using statistical process control.</p> <p>Rationale: within DSFRS the number of secondary fires has seen around a 50% reduction since 2009/10 and reduced significantly at national level. Over the past five years there has been a slight downward trend, however this indicator is heavily influenced by weather conditions and there was a spike during 2022/23 due to the very dry, hot summer.</p> <p>Monitoring the rolling 12-month position against the five-year average will provide assurance that levels are reasonable with a view to maintaining the long-term downward trend.</p> <p>Monitoring monthly figures using statistical process control will support timely, tactical intervention should an exceptional circumstance emerge.</p> <p>Benchmarked performance against England has seen DSFSR rates around 40% lower than the national average.</p> | | | | | | | | |
| Exception (✘) | | 12-month actual is above the rolling five-year average by 5% or more | | | | | | |
| Near target (◦) | | 12-month actual is above the rolling five-year average by less than 10% | | | | | | |
| Succeeding (✓) | | 12-month actual is on or below the rolling five-year average | | | | | | |
| Reporting frequency: ELT monthly, Fire Authority quarterly | | | | | | | | |
| Data source: Incident Recording System | | | | | | | | |

| KPI 1.17. Number of deliberate fires | | | | | | | | |
|---|---------|---|---------|---------|------------|-------|-----------|-------|
| Description: the number of deliberate fires attended within the Devon and Somerset Fire and Rescue Service area. | | | | | | | | |
| Purpose: supports evaluation of the effectiveness of prevention and response activity. | | | | | | | | |
| Year | | | | | Trends | | | |
| 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | Three-year | | Five-year | |
| | | | | | Avg. | Trend | Avg. | Trend |
| 1,434 | 1,221 | 1,228 | 1,424 | 1,102 | 1,252 | ↓ | 1,282 | ↓ |
| <p>Proposed target: 12-month actual to be on or below the five-year average, monthly performance to be monitored using statistical process control.</p> <p>Rationale: within DSFRS the number of deliberate fires has seen around a 50% reduction since 2009/10 and reduced significantly at national level. Over the past five years there has been a slight downward trend, however this indicator is heavily influenced by weather conditions and there was a spike during 2022/23 due to the very dry, hot summer.</p> <p>Monitoring the rolling 12-month position against the five-year average will provide assurance that levels are reasonable with a view to maintaining the long-term downward trend.</p> <p>Monitoring monthly figures using statistical process control will support timely, tactical intervention should an exceptional circumstance emerge.</p> <p>Benchmarked performance against England has seen DSFSR rates around 40% lower than the national average.</p> | | | | | | | | |
| Exception (✖) | | 12-month actual is above the rolling five-year average by 5% or more | | | | | | |
| Near target (◦) | | 12-month actual is above the rolling five-year average by less than 10% | | | | | | |
| Succeeding (✓) | | 12-month actual is on or below the rolling five-year average | | | | | | |
| Reporting frequency: ELT monthly, Fire Authority quarterly | | | | | | | | |
| Data source: Incident Recording System | | | | | | | | |

| KPI 1.18. Number of false alarms due to apparatus in dwellings | | | | | | | | |
|--|---------|--|---------|---------|------------|-------|-----------|-------|
| Description: the number of false alarms due to apparatus in dwellings attended within the Devon and Somerset Fire and Rescue Service area. | | | | | | | | |
| Purpose: supports evaluation of the effectiveness of prevention and response activity. | | | | | | | | |
| Year | | | | | Trends | | | |
| 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | Three-year | | Five-year | |
| | | | | | Avg. | Trend | Avg. | Trend |
| 2292 | 2184 | 2393 | 2815 | 3211 | 2806 | ↑ | 2579 | ↑ |
| <p>Proposed target:</p> <p>2024/25 - 3,383, based on reducing average annual increase (3yr) by 50%. 2025/26 - 3,469, based on reducing average annual increase (3yr) by 75%. 2026/27 - year-on-year reduction</p> <p>Rationale: within DSFRS the total number of false alarms due to apparatus has increased by around 50% since 2009/10, compared to a reduction of around 14% at national level. Over the past five years there has been an upward trend both within DSFRS and nationally, particularly in dwellings.</p> <p>A project is in progress that is looking to reduce the number of unwanted fire signals that are attended. Achieving a reduction in 2024/25 may not be realistic, as the project will take time, as will any changes that are identified as a result. Aiming to see a reduction over a slightly longer duration is more achievable.</p> <p>Monitoring monthly figures using statistical process control will support timely, tactical intervention should an exceptional circumstance emerge.</p> <p>Benchmarked performance against England has seen DSFSR rates to be lower than the national average, however the difference is reducing.</p> | | | | | | | | |
| Exception (✘) | | 12-month actual is above target by more than 10% | | | | | | |
| Near target (◦) | | 12-month actual is above the rolling five-year target by less than 10% | | | | | | |
| Succeeding (✓) | | 12-month actual is on or below target | | | | | | |
| Reporting frequency: ELT monthly, Fire Authority quarterly | | | | | | | | |
| Data source: Incident Recording System | | | | | | | | |

KPI 1.19. Number of false alarms due to apparatus in non-domestic premises

Description: the number of false alarms due to apparatus in non-domestic premises attended within the Devon and Somerset Fire and Rescue Service area.

Purpose: supports evaluation of the effectiveness of prevention and response activity.

| Year | | | | | Trends | | | |
|---------|---------|---------|---------|---------|------------|-------|-----------|-------|
| 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | Three-year | | Five-year | |
| | | | | | Avg. | Trend | Avg. | Trend |
| 1,981 | 1,899 | 2,207 | 2,139 | 2,473 | 2,273 | ↑ | 2,140 | ↑ |

Proposed target:

2024/25 - 2,580, based on reducing average annual increase (3yr) by 50%.

2025/26 - 2,629, based on reducing average annual increase (3yr) by 75%.

2026/27 - year-on-year reduction

Rationale: within DSFRS the total number of false alarms due to apparatus has increased by around 50% since 2009/10, compared to a reduction of around 14% at national level. Over the past five years there has been an upward trend both within DSFRS and nationally, particularly in dwellings.

A project is in progress that is looking to reduce the number of unwanted fire signals that are attended. Achieving a reduction in 2024/25 may not be realistic, as the project will take time, as will any changes that are identified as a result. Aiming to see a reduction over a slightly longer duration is more achievable.

Monitoring monthly figures using statistical process control will support timely, tactical intervention should an exceptional circumstance emerge.

Benchmarked performance against England has seen DSFSR rates to be lower than the national average, however the difference is reducing.

| | | |
|--------------------|-----|---|
| Exception | (✘) | 12-month actual is above the rolling five-year average by 5% or more |
| Near target | (◦) | 12-month actual is above the rolling five-year average by less than 10% |
| Succeeding | (✓) | 12-month actual is on or below the rolling five-year average |

Reporting frequency: ELT monthly, Fire Authority quarterly

Data source: Incident Recording System

| KPI 1.20. Number of persons killed or seriously injured in road traffic collisions attended by the fire service | | | | | | | | |
|--|---------|---|---------|---------|------------|-------|-----------|-------|
| Description: the number of persons killed or seriously injured in road traffic collisions attended by the fire service within the Devon and Somerset Fire and Rescue Service area. | | | | | | | | |
| Purpose: supports evaluation of the effectiveness of prevention and response activity. | | | | | | | | |
| Year | | | | | Trends | | | |
| 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | Three-year | | Five-year | |
| | | | | | Avg. | Trend | Avg. | Trend |
| 501 | 298 | 494 | 531 | 444 | 490 | ↓ | 454 | ↑ |
| <p>Proposed target: 12-month actual to be on or below the five-year average, monthly performance to be monitored using statistical process control.</p> <p>Rationale: within DSFRS the number of persons killed or seriously injured in road traffic collisions has seen a reduction of around 32% since 2009/10. Over the past five years there has been a slight upward trend, however this is skewed by 2020/21, when the COVID-19 pandemic restrictions led to a dramatic reduction in vehicle use and related KSIs.</p> <p>Monitoring the rolling 12-month position against the five-year average will provide assurance that levels are reasonable with a view to maintaining the long-term downward trend.</p> <p>Monitoring monthly figures using statistical process control will support timely, tactical intervention should an exceptional circumstance emerge.</p> <p>Benchmarking data is not available.</p> | | | | | | | | |
| Exception (✖) | | 12-month actual is above the rolling five-year average by 5% or more | | | | | | |
| Near target (◦) | | 12-month actual is above the rolling five-year average by less than 10% | | | | | | |
| Succeeding (✓) | | 12-month actual is on or below the rolling five-year average | | | | | | |
| Reporting frequency: ELT monthly, Fire Authority quarterly | | | | | | | | |
| Data source: Incident Recording System | | | | | | | | |

| KPI 1.21. Number of road traffic collisions attended by the fire service | | | | | | | | |
|--|---------|---|---------|---------|------------|-------|-----------|-------|
| Description: the number road traffic collisions attended by the fire service within the Devon and Somerset Fire and Rescue Service area. | | | | | | | | |
| Purpose: supports evaluation of the effectiveness of prevention and response activity. | | | | | | | | |
| Year | | | | | Trends | | | |
| 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | Three-year | | Five-year | |
| | | | | | Avg. | Trend | Avg. | Trend |
| 928 | 618 | 797 | 826 | 778 | 800 | ↓ | 790 | ↓ |
| <p>Proposed target: 12-month actual to be on or below the five-year average, monthly performance to be monitored using statistical process control.</p> <p>Rationale: within DSFRS the number of road traffic collisions has seen a reduction of around 32% since 2009/10. Over the past five years there has been a slight upward trend, however this is skewed by 2020/21, when the COVID-19 pandemic restrictions led to a dramatic reduction in vehicle use and related KSIs. Monitoring the rolling 12-month position against the five-year average will provide assurance that levels are reasonable with a view to maintaining the long-term downward trend.</p> <p>Monitoring monthly figures using statistical process control will support timely, tactical intervention should an exceptional circumstance emerge.</p> <p>Benchmarking data is not available.</p> | | | | | | | | |
| Exception (✖) | | 12-month actual is above the rolling five-year average by 5% or more | | | | | | |
| Near target (◐) | | 12-month actual is above the rolling five-year average by less than 10% | | | | | | |
| Succeeding (✓) | | 12-month actual is on or below the rolling five-year average | | | | | | |
| Reporting frequency: ELT monthly, Fire Authority quarterly | | | | | | | | |
| Data source: Incident Recording System | | | | | | | | |



Our operational resources provide an effective emergency response service to meet the local and national risks identified in our Community Risk Management Plan.

KPI 2.1. Proportion of level three operational risk information in date for re-validation

Description: the proportion of level three operational risk information in date for re-validation as a percentage of all level three premises.

Purpose: to provide assurance that key risk information is accurate and up-to-date.

| Year | | | | | Trends | | | |
|---------|---------|---------|---------|---------|------------|-------|-----------|-------|
| 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | Three-year | | Five-year | |
| | | | | | Avg. | Trend | Avg. | Trend |
| 95.1% | 91.4% | 96.7% | 86.5% | 93.7% | 92.3% | | 92.7% | |

Proposed target: at least 94% of premises to be in date for revalidation.

Rationale: some leeway required due to number of sites and access for revalidation purposes. Performance in 2023/24 was near target and has been achieved in previous years suggesting that it is not too stretching.

| | | |
|--------------------|-----|---|
| Exception | (✘) | 12-month actual is 5 percentage points or more below target |
| Near target | (◐) | 12-month actual is less than 5 percentage points below target |
| Succeeding | (✔) | 12-month actual is on or above target |

Reporting frequency: ELT monthly, Fire Authority quarterly

Data source: currently SDDASH, moving to MORI?

KPI 2.2. Proportion of level four operational risk information in date for re-validation

Description: the proportion of level four operational risk information in date for re-validation as a percentage of all level three premises.

Purpose: to provide assurance that key risk information is accurate and up-to-date.

| Year | | | | | Trends | | | |
|---------|---------|---------|---------|---------|------------|-------|-----------|-------|
| 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | Three-year | | Five-year | |
| | | | | | Avg. | Trend | Avg. | Trend |
| NA | NA | NA | 63.0% | 89.2% | 76.1% | ↑ | NA | |

Proposed target: at least 94% of premises to be in date for revalidation.

Rationale: some leeway required due to number of sites and access for revalidation purposes. Performance in 2023/24 was near target and has been achieved in previous years suggesting that it is not too stretching.

Exception (✘) 12-month actual is 5 percentage points or more below target

Near target (◦) 12-month actual is less than 5 percentage points below target

Succeeding (✓) 12-month actual is on or above target

Reporting frequency: ELT monthly, Fire Authority quarterly

Data source: currently SDDASH, moving to MORI?

| | | | | | | | | |
|--|---------|--|---------|---------|------------|-------|-----------|-------|
| KPI 2.3. Appliance availability – priority pumps | | | | | | | | |
| Description: the proportion of time available (minutes) that priority pumping appliances were available as a percentage of total required time (minutes). | | | | | | | | |
| Purpose: to provide assurance that priority appliances are available to respond to emergency incidents. | | | | | | | | |
| Year | | | | | Trends | | | |
| 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | Three-year | | Five-year | |
| | | | | | Avg. | Trend | Avg. | Trend |
| 96.8% | 98.2% | 94.9% | 93.0% | 96.2% | 94.7% | ↑ | 95.5 | ↓ |
| Proposed target: appliances to be available for at least 98% of possible hours. | | | | | | | | |
| Rationale: some leeway required to account for reasonable time lost to appliance or equipment faults, debriefs etc. | | | | | | | | |
| Exception (✘) | | 12-month actual is 10 percentage points or more below target | | | | | | |
| Near target (◦) | | 12-month actual is less than 10 percentage points below target | | | | | | |
| Succeeding (✓) | | 12-month actual is on or above target | | | | | | |
| Reporting frequency: ELT monthly, Fire Authority quarterly | | | | | | | | |
| Data source: currently Gartan, moving to Vision MIS | | | | | | | | |

| KPI 2.4. Appliance availability – standard pumps | | | | | | | | |
|--|---------|--|---------|---------|------------|-------|-----------|-------|
| Description: the proportion of time available (minutes) that standard pumping appliances were available as a percentage of total required time (minutes). | | | | | | | | |
| Purpose: to provide assurance that standard appliances are available to respond to emergency incidents. | | | | | | | | |
| Year | | | | | Trends | | | |
| 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | Three-year | | Five-year | |
| | | | | | Avg. | Trend | Avg. | Trend |
| 76.7% | 84.8% | 79.9% | 79.9% | 79.6% | 79.8% | ➔ | 79.7% | ➔ |
| Proposed target: appliances to be available for at least 85% of possible hours. | | | | | | | | |
| Rationale: some leeway required to account for reasonable time lost to appliance or equipment faults, debriefs, crewing issues (e.g., recruitment, sickness absence) etc. | | | | | | | | |
| Exception (✖) | | 12-month actual is 10 percentage points or more below target | | | | | | |
| Near target (◦) | | 12-month actual is less than 10 percentage points below target | | | | | | |
| Succeeding (✓) | | 12-month actual is on or above target | | | | | | |
| Reporting frequency: ELT monthly, Fire Authority quarterly | | | | | | | | |
| Data source: currently Gartan, moving to Vision MIS | | | | | | | | |

| KPI 2.5. Appliance availability – risk dependant pumps | | | | | | | | |
|---|---------|--|---------|---------|------------|-------|-----------|-------|
| Description: the proportion of time available (minutes) that risk dependant pumping appliances were available as a percentage of total required time (minutes). | | | | | | | | |
| Purpose: to provide assurance that standard appliances are available to respond to emergency incidents. | | | | | | | | |
| Year | | | | | Trends | | | |
| 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | Three-year | | Five-year | |
| | | | | | Avg. | Trend | Avg. | Trend |
| 50.5% | 60.9% | 55.2% | 60.9% | 61.4% | 59.2% | ↑ | 60.3% | ↑ |
| Proposed target: appliances to be available for at least 85% of possible hours. | | | | | | | | |
| Rationale: some leeway required to account for reasonable time lost to appliance or equipment faults, debriefs, crewing issues (e.g., recruitment, sickness absence) etc. While performance is currently well below target, there is an expectation that appliances should be available for the same proportion of hours as a standard appliance (note that RDA appliances are only measured against the hours that they are required to provide response i.e., 1800 to 0800). | | | | | | | | |
| Exception (✘) | | 12-month actual is 10 percentage points or more below target | | | | | | |
| Near target (◦) | | 12-month actual is less than 10 percentage points below target | | | | | | |
| Succeeding (✓) | | 12-month actual is on or above target | | | | | | |
| Reporting frequency: ELT monthly, Fire Authority quarterly | | | | | | | | |
| Data source: currently Gartan, moving to Vision MIS | | | | | | | | |

| KPI 2.6. Emergency response standards – dwelling fires | | | | | | | | |
|---|---------|--|---------|---------|------------|-------|-----------|-------|
| Description: the proportion of dwelling fires attended within 10 minutes of emergency call answer as a percentage of all eligible dwelling fire incidents. | | | | | | | | |
| Purpose: to provide assurance we have appropriate resourcing available to respond efficiently to dwelling fires. | | | | | | | | |
| Year | | | | | Trends | | | |
| 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | Three-year | | Five-year | |
| | | | | | Avg. | Trend | Avg. | Trend |
| 71.2% | 71.3% | 71.4% | 69.0% | 67.5% | 69.3% | ↓ | 68.4% | ↓ |
| Proposed target: continuation of existing target of 75%. | | | | | | | | |
| Rationale: the geography of the service area and the nature of on-call availability means that we know that we will not be able to attend all dwelling fires within 10 minutes. Around 80% of dwellings are located within a 10-minute response zone of a station, with a large proportion of these falling within wholetime areas. The ERS standards are due to be reviewed, and the approach and targets may change as a result. Therefore, it is deemed reasonable to maintain the existing target for the time being. | | | | | | | | |
| Exception (✘) | | 12-month actual is 10 percentage points or more below target | | | | | | |
| Near target (◦) | | 12-month actual is less than 10 percentage points below target | | | | | | |
| Succeeding (✓) | | 12-month actual is on or above target | | | | | | |
| Reporting frequency: ELT monthly, Fire Authority quarterly | | | | | | | | |
| Data source: Vision MIS | | | | | | | | |

| KPI 2.7. Emergency response standards – RTCs | | | | | | | | |
|--|---------|--|---------|---------|------------|-------|-----------|-------|
| Description: the proportion of RTCs attended within 15 minutes of emergency call answer as a percentage of all eligible dwelling fire incidents. | | | | | | | | |
| Purpose: to provide assurance we have appropriate resourcing available to respond efficiently to RTCs. | | | | | | | | |
| Year | | | | | Trends | | | |
| 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | Three-year | | Five-year | |
| | | | | | Avg. | Trend | Avg. | Trend |
| 76.6% | 75.6% | 76.3% | 72.1% | 72.8% | 73.7% | ↓ | 73.3% | ↓ |
| <p>Proposed target: continuation of existing target of 75%.</p> <p>Rationale: the geography of the service area and the nature of on-call availability means that we know that we will not be able to attend all RTCs within 15 minutes. Around 80% of dwellings are located within a 10-minute response zone of a station, with a large proportion of these falling within wholetime areas.</p> <p>The ERS standards are due to be reviewed, and the approach and targets may change as a result. Therefore, it is deemed reasonable to maintain the existing target for the time being</p> | | | | | | | | |
| Exception (✘) | | 12-month actual is 10 percentage points or more below target | | | | | | |
| Near target (◦) | | 12-month actual is less than 10 percentage points below target | | | | | | |
| Succeeding (✓) | | 12-month actual is on or above target | | | | | | |
| Reporting frequency: ELT monthly, Fire Authority quarterly | | | | | | | | |
| Data source: Vision MIS | | | | | | | | |

| | | | | | | | | |
|--|---------|--|---------|---------|------------|-------|-----------|-------|
| KPI 2.8. Proportion of emergency calls handled in target time | | | | | | | | |
| Description: the proportion of emergency calls handled within target time. | | | | | | | | |
| Purpose: to provide assurance we are mobilising resources in a timely manner. | | | | | | | | |
| Year | | | | | Trends | | | |
| 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | Three-year | | Five-year | |
| | | | | | Avg. | Trend | Avg. | Trend |
| 88.3% | 89.1% | 88.6% | 89.7% | 87.0% | 90.0% | ↓ | 90.0% | ↓ |
| Proposed target: continuation of existing target of 90%. | | | | | | | | |
| Rationale: some leeway required to account for complex calls that need a greater amount of time to establish an accurate location for mobilisation. | | | | | | | | |
| Exception (✘) | | 12-month actual is 10 percentage points or more below target | | | | | | |
| Near target (◦) | | 12-month actual is less than 10 percentage points below target | | | | | | |
| Succeeding (✓) | | 12-month actual is on or above target | | | | | | |
| Reporting frequency: ELT monthly, Fire Authority quarterly | | | | | | | | |
| Data source: Vision MIS | | | | | | | | |

Appendix A: glossary

Most terms and definitions can be found within the Home Office Fire Statistics Definitions document: <https://www.gov.uk/government/publications/fire-statistics-guidance/fire-statistics-definitions>

Some other terms are listed below:

Operational risk information: this information is focused on location specific risks posed to firefighters.

Site specific risk information (SSRI): this information is captured for locations that are particularly complex and pose greater levels of risk to our fire-fighters. Visits are made to these locations, hazards identified and plans made on how to respond if an incident occurs.

Risk prioritised pump: there are 33 priority fire engines in areas that present higher levels risk or demand which are essential to enabling us to effectively manage risk levels. There is an expectation that each of these appliances will be available to respond a minimum of 98% of the time.

Standard pump: there are 89 fire engines located in areas of lower risk or lesser demand, but which are still key to ensuring that we are keeping our communities safe. These are all crewed by on-call or volunteer firefighters and there is an expectation that each fire engine will be available at least 85% of the time.

Home fire safety visits: these are visits that are carried out at people's homes by our home safety technicians and wholetime firefighters.

Fire safety checks: FSCs are delivered by our operational crews and provide a basic assessment of fire safety standards within businesses. Where potential issues are identified premises will be referred for a fire safety audit that is conducted by one of our professional fire safety officers.

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Agenda Item 6

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| REPORT REFERENCE NO. | CSC/24/12 |
| MEETING | COMMUNITY SAFETY COMMITTEE |
| DATE OF MEETING | 4 SEPTEMBER 2024 |
| SUBJECT OF REPORT | HOME FIRE SAFETY VISITS BACKLOG |
| LEAD OFFICER | ASSISTANT CHIEF FIRE OFFICER - SERVICE DELIVERY |
| RECOMMENDATIONS | <i>That the report be noted.</i> |
| EXECUTIVE SUMMARY | This paper explains actions being taken to provide an update on the current backlog of home fire safety visits, since the last update to the authority in April 2024. |
| RESOURCE IMPLICATIONS | As referred to in section 4.0 |
| BACKGROUND PAPERS | None. |

1. INTRODUCTION

- 1.1. The Devon & Somerset Fire & Rescue Service (“the Service”) prevention activity is designed to help mitigate risk to communities and to operational crews by reducing the number of emergency incidents and the severity of these incidents through various interventions.
- 1.2. One such intervention is the Home Fire Safety Visit programme (HFSV). This is where the Service is invited into people’s homes to help identify fire risk and educate the occupant on actions they can take to reduce the risk of a fire or actions to take if a fire occurs. The Service also supply equipment such as smoke detection.
- 1.3. In December 2023, a report was submitted to Executive Board (EB) providing an update on the backlog of Home Fire Safety Visits, which at the time was c.7000. That report requested additional resources (equating to c. £0.090m) utilising departmental underspend and gave a recommendation to temporarily ‘pause’ incoming referrals to allow the backlog to be addressed effectively. Consecutively, a ‘data cleanse’ was underway to support the allocation of targeted Prevention work to Wholetime crews from the backlog of cases.
- 1.4. This report outlines the current status of the HFSV backlog since the last update in April 2024 (Minute CSC/23/xx refers) and the proposed next steps for reopening referrals.

2. BACKGROUND

- 2.1. The temporary pause on referrals was implemented on 12 January 2024 with the support of the partnerships and communications team. At this time and following a successful data cleanse, approximately 1,500 visits were issued to Wholetime crews, leaving the number of unbooked visits required from a technician totalling 5,717.
- 2.2. The Community Safety Committee was updated in April 2024 that, as of Monday 18 March 2024, the number of cases awaiting a Home Fire Safety visit was 2935. Whilst the forthcoming months were due to bring challenges due to further staff turnover, recruitment for further administration staff was under way.
- 2.3. Although recruitment activity and timescales proved challenging, new staff have been appointed and the administration team should be back to previous capacity by the end of September 2024.

3. REFERRALS

- 3.1. High risk referrals received from Partners have continued to be triaged by the Partnerships team during the temporary pause.

- 3.2. Work undertaken by the business analyst in May 2024 has resulted in the identification of an additional 8,640 unbooked visits. The majority of these visits have originated from external referrals including National Grid and Air Liquide. This had been following a pause 8-month prior of these particular referrals.
- 3.3. Further progress has been made with the issuing of other multiple workstreams including Multiple fire data, dwellings that have had a fire after a HFSV, Air Liquide and National Grid referrals and further partner referrals to both technicians and Wholetime Crews. Please see the table below for further detail.

| Unbooked Backlog | Issued to Wholetime Crews | High Risk referrals with Technicians |
|--|---|--|
| 1375 | 3097 | 901 |
| (all dwellings within Home Safety App) | (all dwellings issued to WT crews to complete. Includes Air Liquide, National Grid, Partnership referral) | (includes dwellings that have had multiple fires, fires after HFSV, high risk referrals etc) |

- 3.4. The data provided from National Grid and Air Liquide is under review as this is significantly out of date and has resulted in challenges within the community due to inappropriate visits taking place (i.e.. Deceased individuals).
- 3.5. As of 29 July 2024, the number of unbooked HFSV's is 998.

4. CAPACITY ISSUES

- 4.1. As indicated in paragraph 2.3. above, the team has seen continuing challenges in terms of capacity to meet the referral demand.
- 4.2. The backlog of unscheduled visits has continued to track down. Continuing recruitment challenges within the Home Safety administrative team and ongoing demand for other administrative tasks remains high. This may result in the rate of unscheduled visits decreasing at a slower pace. In order to mitigate this, a request was made for two additional administration staff within the Home Fire Safety Team and subsequently authorised by the Executive Board.
- 4.3. This will alleviate the issue that concern, because of reduced capacity within the administrative team, HFS Technicians have been booking their own visits, subsequently reducing their capacity to undertake visits.
- 4.4. The Partnerships team has been triaging and supporting the booking and processing of Partner referrals due the ongoing high demand of very high, and high-risk referrals. This has had a direct impact on the Partnership Teams ability to undertake BAU work.

5. REOPENING REFERRALS

- 5.1. An interim communication has been sent to Partners with the support of the Service's Internal Communications team thanking them for their understanding during the temporary pause and providing them with updates around planned reopening of referrals.
- 5.2. It is imperative that returning to Business as Usual (BAU) activity is carefully managed to both maintain good relationships with partners and to continue to manage volumes of incoming work.
- 5.3. The reopening of referrals will be a staggered approach, with partners taking priority subsequently followed by public self-referral, and volumes will be closely monitored to ensure demands are met
- 5.4. It has been agreed by the Executive Board that the opening of referrals is anticipated to commence from the 2 September 2024, with a completion date of October 2024.

6. IT CONSIDERATIONS

- 6.1. Good progress has been made with colleagues in DDaT which has led to improvements with the performance of the Home Safety app. Testing stages have commenced on receiving referrals from partners, once implemented, this will lead to less duplication of work for the admin team and create some small efficiencies.
- 6.2. An updated on the CFRMIS timeframe will not be available until Project Manager resourcing can be resolved, but once in place will further enhance our ability to manage risk and provide a good service to our communities with regards to identifying the most at risk people in the community and providing appropriate interventions.

7. LESSONS LEARNED

- 7.1. The key learning points during the period of pause were:
 - Capacity within the team was not adequate to process the referrals within Devon and Somerset.
 - Interpretation of the data remains a challenge
 - There was a period of high turnover and it proved difficult to recruit into the team on a temporary basis.

8. CONCLUSION

- 8.1. The temporary pause on referrals has had a positive impact on the backlog of unbooked Home Fire Safety visits, however, the key to continued success is ensuring that we have a robust and adequately resourced Home Safety team in place to ensure an efficient and effective flow of work.

- 8.2. The Community Safety Prevention team will remain in Business Continuity, however 'business as usual' will resume once satisfaction in the clarity and accuracy of data and delivery is achieved.
- 8.3. The opening of referrals is anticipated to commence from the 2 September 2024, followed by website and self-referral channels in October 2024.

ACFO GERALD TAYLOR
Director of Service Delivery

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Agenda Item 7

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| REPORT REFERENCE NO. | CSC/24/13 |
| MEETING | COMMUNITY SAFETY COMMITTEE |
| DATE OF MEETING | 4 SEPTEMBER 2024 |
| SUBJECT OF REPORT | AUTOMATIC FIRE ALARMS PROJECT UPDATE |
| LEAD OFFICER | ACFO GERALD TAYLOR, DIRECTOR OF SERVICE DELIVERY |
| RECOMMENDATIONS | <i>That the report be noted.</i> |
| EXECUTIVE SUMMARY | This report gives an update on the project to review our response to automatic fire alarms to minimise the impact on the Service on attending false alarms. |
| RESOURCE IMPLICATIONS | As indicated in the paper |
| EQUALITY RISKS AND BENEFITS ANALYSIS | An equalities impact assessment will be produced for any proposed changes |
| APPENDICES | None |
| BACKGROUND PAPERS | Report DSFRA/23/27 – Strategic Business Change Plan Tranche 1 |

1. **INTRODUCTION**

- 1.1. This paper is to give a brief update on the Automatic Fire Alarms project.
- 1.2. This is one of the four main projects the Service is exploring to improve efficiency and reduce costs as reported to the Authority at its meeting on 11 December 2023 (Minute DSFRA/23/29 refers).

2. **BACKGROUND**

- 2.1. Fire alarms are vital tool in alerting people that smoke or fire is present within a building. Some alarms, commonly in domestic properties, sound to alert people in the vicinity, while others - more likely in non-domestic buildings or properties occupied by people who are vulnerable - provide an automatic fire detection which triggers a response from the Service.
- 2.2. The Service has four main categories for mobilisation:
 - Commercial/industrial (such as factories, warehouses etc.);
 - Retail/public assembly (such as shops, entertainment venues, places of worship etc.);
 - Residential (such as hotels, hospitals, care homes); and
 - Domestic.
- 2.3. Under the Regulatory Reform (Fire Safety) Order 2005, businesses and other non-domestic premises should have a designated 'responsible person'. Their role is to:
 - carry out a fire risk assessment of the premises and review it regularly;
 - tell staff or their representatives about the risks they've identified;
 - put in place, and maintain, appropriate fire safety measures;
 - plan for an emergency; and
 - provide staff information, fire safety instruction and training.
- 2.4. Any automatic fire alarm that the Service responds to that is not actually a fire is considered to be an 'unwanted fire alarms signal'.
- 2.5. In the last five years, automatic fire alarms have alerted the Service almost 48,000 times. On average, only 1.7% of the automatic fire alarms, the Service attended across all categories were classed as emergencies. In many cases, the fire was out on arrival and only 41 incidents required the use of a hose reel jet to fight the fire.
- 2.6. Unnecessary mobilisations provide a considerable cost to the Service, but it also has other impacts, including but not limited to:
 - Increases carbon footprint and contributes to poor air quality in the environment;

- Increases road risk to the workforce and the public;
- Causes disruption to on-call firefighters, which impacts local businesses and the local economy when staff are disturbed from primary employment. As a result, it could also impact upon our retention of on-call firefighters; and
- Disruption to wholetime work routines, interrupting crucial operational risk, prevention, protection, and training activities all of which are designed to keep our workforce and the public safe.

2.7. The Service currently has measures in place to reduce the impact of unwanted fire alarm signals. These include:

- only attending commercial/industrial premises automatically during non-working hours
- Fire Control 'call challenging' to confirm sight of fire before mobilising
- business safety teams working with businesses
- charging for repeat offenders
- communications messaging on best ways to maintain alarms.

2.8. Reducing wasted mobilisations would create a more efficient and effective Service for the communities of Devon and Somerset.

2.9. This is an issue that is prevalent across the fire and rescue sector. Several Services have either changed their approach to unwanted fire alarm signals or are in the process of doing so. It is also an area of focus for the National Fire Chiefs Council, who have produced guidance documents.

3. AIM, BENEFITS AND CONSIDERATIONS

3.1. The overall aim with the project is to reduce unnecessary mobilisations while making sure we maintain our response standard and do not put anyone at increased risk.

3.2. The Service will carry out a thorough risk assessment of all potential options to make sure people are safe. For example, we are not considering any changes to mobilisation to domestic properties or where there is a nighttime sleeping risk.

3.3. Anticipated benefits of the project include:

- Financial saving, which is to be determined based on analysis of all categories. It is estimated that this saving could be between £50,000 and £125,000 a year. A cost analysis will be provided in the full business case;
- Reduced disturbance for on-call firefighters and primary employers potentially leading to better retention;
- More productive time for wholetime firefighters to train and deliver risk, prevention, protection and community engagement work; and

- Reduction in road risk.

3.4. Potential solutions open to the Service are:

- Non-attendance to automatic fire alarms for some categories (we would then only attend if we received a call confirming sight of fire);
- Further non-attendance at specific times of day when the risk is lowest;
- Reduction in pre-determined attendance for initial response to automatic fire alarms, with potential to increase resources on confirmation of fire;
- Further call challenge for some categories;
- Further charging for attendance at an unwanted fire alarm signal; and
- Further targeted communications campaigns.

3.5. There are areas for consideration to make sure when the Service is reviewing changes to its response that it is not putting people or the organisation at unnecessary risk. They are:

| Consideration | Action |
|--|--|
| The potential for a small delay in response to lead to a bigger, more resource-intensive incident. | The Service is analysing the data to look at the likelihood of this occurring and the potential impact. Any impact will be considered as part of the full business case and mitigations put in place where needed. |
| Impact on life risk | The Service will carefully consider each option and will not propose changes that will put people in danger, such as is the case for properties in the 'domestic' category. |
| Impact on community through non-attendance for the small percentage of fire alarm signals that result in fires due to delayed attendance. | Community impact assessment will form part of the business case and will be driven by data and insight gained from engagement work. |
| Delivering on His Majesty's Inspectorate of Constabulary & Fire & Rescue Services (HMICFRS) requirements for effectiveness and efficiency, if unwanted fire signals are not reduced. | Clear rationale for any changes that are or are not made based on risk communicated to the HMICFRS and additional work to reduce unwanted fire signals also cited. |

| | |
|---|--|
| Gaining community and representative body buy-in to implement proposed changes. | Clear consultation and engagement plan to be in place for all key stakeholders. |
| Reduced payments to on-call firefighters by non-attendance may affect morale. | Clear rationale of drivers for change and benefits to the community they serve to be communicated to staff. The converse – that unnecessary mobilisations can also affect morale and retention – is also to be explored. |

4. CURRENT WORK AND NEXT STEPS

- 4.1. Following the development of the outline business case, which looked at the overall potential for benefits across category area, the project has undergone a further review. Data analysts are looking deeply into each sub-category so to see where a more targeted approach our adaptations can provide benefits.
- 4.2. The data analysts are exploring what is gained from responding to automatic fire alarms, and what the impact would be of not responding. We will then assess the opportunities and risks for each sub-category area in changing how we mobilise to automatic fire alarms.
- 4.3. The second area of review to inform the full business case is engagement with multiple stakeholders. This will include our own staff, selected responsible people for premises, a representation of parish and town councils, businesses who employ on-call firefighters, representative bodies, and disability groups, among others
- 4.4. This engagement will include both quantitative and qualitative methods and explore the opportunities, barriers and concerns people may have with any potential changes.
- 4.5. Once the data analysis and engagement research are complete, they will be used to form a full business case with options for change, which will be presented to the Executive Board and Portfolio Board.
- 4.6. Any proposed changes to our response to automatic fire alarms will then be subject to a consultation, the results of which will further inform the decision-making process.
- 4.7. Subject to the findings of the consultation, it is expected that any changes to our response to automatic fire alarms will be implemented from April 2025.

ACFO GERALD TAYLOR
Director of Service Delivery

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Agenda Item 8

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| REPORT REFERENCE NO. | CSC/24/14 |
| MEETING | COMMUNITY SAFETY COMMITTEE |
| DATE OF MEETING | 04 SEPTEMBER 2024 |
| SUBJECT OF REPORT | HMICFRS AREAS FOR IMPROVEMENT ACTION PLAN UPDATE |
| LEAD OFFICER | Chief Fire Officer |
| RECOMMENDATIONS | <i>That the Committee reviews progress in delivery of the action plan.</i> |
| EXECUTIVE SUMMARY | <p>On Wednesday 27 July 2022 HMICFRS published the DSFRS 2022 inspection report. The inspection report identified one Cause of Concern and 14 Areas for Improvement (AFIs). Of these AFIs, three have been linked to the Community Safety Committee.</p> <p>The paper appended to this report outlines the progress that has been made against the HMICFRS Areas for Improvement action plan since the last update in April 2024. The key highlights are that:</p> <ul style="list-style-type: none"> • The closure of HMI-1.2-202204 (Safeguarding Training) and HMI-1.3-202205 (Quality Assurance of Audits and Fire Safety Checks) were approved by the Executive Board on 15 August 2024. <p>A new approach has been implemented for all remaining Areas for Improvement (AFIs) where actions are aligned to the relevant Fire Standards criteria. This will provide continued assurance of the AFI outcomes over time.</p> <ul style="list-style-type: none"> • As a result of the new approach, the target completion date for HMI-1.2-202203 (Prevention Activity) has been moved to 31 October 2024. |
| RESOURCE IMPLICATIONS | Considered within the Action Plan where appropriate. |
| EQUALITY RISKS AND BENEFITS ANALYSIS | Considered within the Action Plan where appropriate. |
| APPENDICES | None |
| BACKGROUND PAPERS | None |

HMICFRS ACTION PLAN – COMMUNITY SAFETY COMMITTEE UPDATE

1. INTRODUCTION

- 1.1. On Wednesday 27 July 2022 HMICFRS published the DSFRS 2022 inspection report. The inspection report identified one Cause of Concern and 14 Areas for Improvement (AFIs).
- 1.2. This report provides an update on the Areas For Improvement action plan that was produced following the inspection, which concluded in October 2021.

2. AREAS FOR IMPROVEMENT ACTION PLAN COMPLETION STATUS

- 2.1 Table 1 lists the Areas For Improvement linked to the Community Safety Committee and their individual implementation status.

Table 1:

| Reference | Description | Target Completion | Status |
|----------------|--|--|------------------------|
| HMI-1.2-202203 | The service should evaluate its prevention activity so it understands what works. | 29/02/2024 31/10/2024 | In Progress (On Track) |
| HMI-1.2-202204 | Safeguarding training should be provided to all staff. | 30/04/2024 30/06/2024 | Closed |
| HMI-1.3-202205 | The service should make sure it has an effective quality assurance process, so staff carry out audits and fire safety checks to an appropriate standard. | 30/09/2023 30/11/2023 31/08/2024 | Closed |

3. ALIGNMENT TO FIRE STANDARDS

- 3.1. The Fire Standards Board oversees the identification, organisation, development and maintenance of professional standards for fire and rescue services in England. These are presented in a series of approved 'Fire Standards', developed in consultation with stakeholders from services across the country.
- 3.2. Each Fire Standard contains a number of criteria which services 'must', 'should' or 'may' implement in order to provide assurance against the required standard.

- 3.3. A new approach has been implemented for all remaining Areas for Improvement (AFIs) from the 2021/22 inspection report. This approach aligns the actions from each AFI with the relevant Fire Standards criteria, in this instance, aligning the Prevention AFI to the Prevention Fire Standard.
- 3.4. This will support an assurance-based approach to AFI monitoring, ensuring the Service has continued assurance of AFI outcomes over time, rather than just a compliance assessment at the time of closure.

4. AREAS FOR IMPROVEMENT DEADLINE EXTENSIONS

- 4.1. Table 3 below outlines one area for improvement which has had a deadline extension since the last report to the Community Safety Committee.

Table 3:

| Area for Improvement | Status |
|---|---------------------------|
| HMI-1.2-202203 – Prevention Activity | In Progress – On Track |
| Reason for deadline extension | |
| <p>This Area for Improvement is now linked to the ‘Prevention’ Fire Standard, criteria 8 ‘<i>A fire and rescue service must demonstrate how it monitors and evaluates the effectiveness and efficiency of its prevention activity.</i>’.</p> <p>The Prevention team will provide evidence of the evaluation currently taking place, in line with the three lines of assurance detailed against the Fire Standard. The target completion date for this has been set for 31 October 2024.</p> | |

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