



**DEVON &  
SOMERSET**  
FIRE & RESCUE SERVICE

**APPENDIX A TO REPORT DSFRA/24/15**

# Fire Authority Performance Report

## **April to December 2023 Performance**

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

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.

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06/03/2024



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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 four **strategic priorities**.



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



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



**Our Service is recognised as a great place to work. Our staff feel valued, supported, safe and well trained to deliver a high performing fire and rescue service.**



**We are open and accountable and use our resources efficiently to deliver a high performing, sustainable service that demonstrates public value.**

Our assessment method varies based on the type and nature of the data that a KPI uses. A description of these methods can be found in appendix B of this report.

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 2023/24 Q3 with change from previous report

	Succeeding (✓)	Near target (•)	Requires improvement (✗)
Priority 1	10 (-1)	5 (0)	4 (+1)
Priority 2	6 (-1)	7 (+1)	1 (0)
Priority 3	2 (-)	10 (-)	2 (-)
Priority 4	6 (-)	0 (-)	0 (-)

KPIs requiring improvement		Exception report
1.1.2.	Number of fire-related deaths in dwellings	Page 8
1.1.9.	Number of fire related deaths in other locations	Page 10
1.2.4.1.	Number of fire safety checks completed	Page 13
1.2.5.	Rate of false alarms due to apparatus in non-domestic premises	Page 15
2.1.4.2	Percentage of operational risk information in-date for revalidation: level four tactical plan	Page 19
3.1.3.	Number of safety events	Page 25
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## 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
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Table 2: KPIs requiring improvement - priority one, objective one.

KPI	Period	Actual	Target	% Diff.	Aim
1.1.2. Number of fire-related deaths in dwellings	Quarter (✘)	1	0	NA	Lower is better
	Annual (✓)	3	6	-50.0%	Lower is better
1.1.9. Number of fire related deaths in other locations	Quarter (✘)	1	0	NA	Lower is better
	Annual (✘)	2	1	100.0%	Lower is better

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

KPI	Period	Actual	Target	% Diff.	Aim
1.1.3. Rate of dwelling fire hospitalisations per 100,000 population	Annual (•)	4.28	4.20	2.0%	Lower is better
1.1.11. Rate of secondary fires per 100,000 population	Annual (•)	90.9	90.7	0.2%	Lower is better
1.1.14. Rate of persons killed or seriously injured in RTCs per 100,000 population	Annual (•)	25.5	25.4	0.5%	Lower is better

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

KPI	Period	Actual	Target	% Diff.	Aim
1.1.1. Rate of primary dwelling fires per 100,000 population	Annual (✓)	49.35	51.74	-4.6%	Lower is better
1.1.4. Number home fire safety visits completed	Annual (✓)	15,081	13,500	11.7%	Higher is better
1.1.6. Percentage of targeted home fire safety visits completed to households with two or more risk factors	Annual (✓)	62.4%	60.0%	4.0%	Higher is better
1.1.8. Rate of primary fires in other locations per 100,000 population	Annual (✓)	43.35	46.12	-6.0%	Lower is better
1.1.10. Rate of other fire hospitalisations per 100,000 population	Annual (✓)	0.46	0.53	-12.9%	Lower is better
1.1.12. Rate of deliberate fires per 100,000 population	Annual (✓)	73.5	80.4	-8.6%	Lower is better
1.1.13. Rate of RTCs per 100,000 population	Annual (✓)	44.2	45.6	-3.2%	Lower is better



## Exception report: KPI 1.1.2. Number of fire-related deaths in dwelling fires

Preventing fire-related deaths and injuries is our primary focus. We deliver a range of prevention activities from wide-reaching campaigns to targeted home fire safety visits to the most vulnerable within our communities.

We consider any fire-related death to be a failure and therefore have a **zero** target for the reporting month and quarter. However, we know that accidents happen and sadly we cannot prevent every fire-related death, so we also monitor a rolling 12-month period and compare it to the five-year average.

*Table 5: KPI 1.1.2. number of fire-related deaths in dwellings, 2023/24 Q3 performance*

KPI	Period	Actual	Target	% Diff.	Aim
1.1.2. Number of fire-related deaths in dwellings	Quarter (✘)	1	0	NA	Lower is better
	Annual (✓)	3	6	-50.0%	Lower is better

### Analysis

This KPI is in exception due to a fire-related death occurring during the current reporting quarter. Performance for the rolling 12-month period remains within target.

Details of the incident are outlined below.

**Incident date and time:** 6th November 2023, 7:15am  
**Location:** Alhampton, Shepton Mallet  
**Property type:** Single occupancy terraced house  
**Victim age and sex:** 87-year-old, male  
**First response time:** 27 mins (time of emergency call to time of arrival on scene)

Fire Control received a call from a member of the public reporting smoke issuing from the roof and windows of the property. During the call it was reported that an attempt had been made to gain entry to the premises by a neighbour who was met with a well-developed fire and could see someone inside.

An ambulance crew was first on scene and confirmed the presence of a person inside the property. Fire crew from Shepton Mallet arrived on scene at 7:42am. The Officer in Charge confirmed the property to be well alight and requested additional resources.

A BA crew was committed to the ground floor of the property and confirmation was provided of a deceased person within.

The fire was extinguished externally using hose reel jets.

Fire investigation was undertaken and identified significant levels of hoarding and the use of multiple extension leads and halogen lamps / heaters. There was no central heating, hot water or electrically wired lighting in the premises. It is believed that the fire started accidentally.

The victim had been referred for a Home Fire Safety Visit by his GP Practice on the 17/05/2023. The visit was attempted on the 07/06/2023 but the victim refused access to the property and ~~the~~ despite the best efforts of the Home Safety Technician and GP a visit could not be completed.

Information gathered from partner agencies suggested that it would have been highly unlikely that the victim would have allowed access to the property at any point.

### Actions

*Table 6: KPI 1.1.2. number of fire-related deaths in dwellings, 2023/24 Q3 actions*

Action Reference	Action description	Lead officer
2324.Q3.1.1.2.A	<b>Conduct fatal fire review.</b> Completed. No additional actions identified through the review.	Community Safety Prevention Manager

## Exception report: KPI 1.1.9. Number of fire-related deaths in other locations

Preventing fire-related deaths and injuries is our primary focus. We use insight gained through analysing our data to inform our fire prevention campaigns and targeting.

We consider any fire-related death to be a failure and therefore have a **zero** target for the reporting month and quarter. However, we know that accidents happen and sadly we cannot prevent every fire-related death, so we also monitor a rolling 12-month period and compare it to the five-year average.

*Table 7: KPI 1.1.9. number of fire-related deaths in other locations, 2023/24 Q3 performance*

KPI	Period	Actual	Target	% Diff.	Aim
1.1.9. Number of fire-related deaths in other locations	Quarter (x)	1	0	NA	Lower is better
	Annual (x)	2	1	100.0%	Lower is better

### Analysis

This KPI is in exception due to a fire-related occurring during the current reporting quarter. Performance for the rolling 12-month period remains within target.

Details of the incident are outlined below.

**Incident date and time:** 9 October 2023, 1:35am

**Location:** Paignton

**Property type:** Car

**Victim age and sex:** 40-year-old, male

**First response time:** 6 mins (time of emergency call to time of arrival on scene)

Fire Control received a call from ambulance service to a small vehicle fire, persons reported. Crews arrived on scene at 1:41am and were met by a vehicle fire resulting from a collision between a car and a stationary van which was unoccupied.

It is believed that the victim was clear of the vehicle following the collision but then intentionally returned to the vehicle when it caught fire.

While the intent of the collision cannot be confirmed, fire investigation has determined that the fire began accidentally as a result and was most likely caused by an electrical short circuit from the battery igniting fuel vapours.

**Actions**

*Table 8: KPI 1.1.9. number of fire-related deaths in other locations, 2023/24 Q3 actions*

Action Reference	Action description	Lead officer
2324.Q3.1.1.9.A	<p><b>Conduct fatal fire review.</b></p> <p>Completed. No additional actions identified through the review.</p>	<p>Community Safety Prevention Manager</p>

**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
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*Table 9: KPIs requiring improvement – priority one, objective two.*

KPI	Period	Actual	Target	% Diff.	Aim
1.2.4.1. Number of fire safety checks completed	Annual (✘)	1,793	2,250	-20.3%	Higher is better
1.2.5. Rate of false alarms due to apparatus in non-domestic premises	Annual (✘)	280.5	247.1	13.5%	Lower is better

*Table 10: KPIs near target – priority one, objective two.*

KPI	Period	Actual	Target	% Diff.	Aim
1.2.1. Rate of non-domestic premises fires per 10,000 rateable premises	Annual (•)	58.46	56.97	2.6%	Lower is better
1.2.6. Percentage of statutory consultations completed to required timescales	Annual (•)	98.8%	100.0%	-1.3%	Higher is better

*Table 11: KPIs succeeding – priority one, objective two.*

KPI	Period	Actual	Target	% Diff.	Aim
1.2.2. Number of fire-related deaths in non-domestic premises	Quarter (✓)	0	0	NA	Lower is better
	Annual (✓)	1	1	0.0%	Lower is better
1.2.3. Rate of non-domestic premises fire hospitalisations per 10,000 rateable premises	Annual (✓)	1.01	1.12	-10.1%	Lower is better
1.2.4.2 Number fire safety audits completed	Annual (✓)	646	425	52.0%	Higher is better

## Exception report: KPI 1.2.4.1. number of fire safety checks completed

This KPI reports on 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.

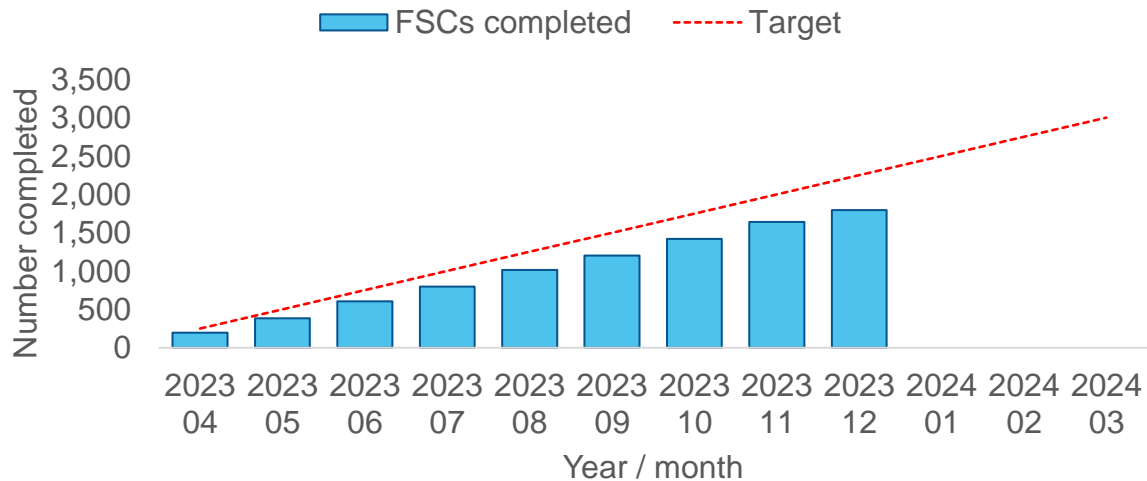
### Analysis

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

Table 12: KPI 1.2.4.1. number of fire safety checks completed, 2023/24 Q3 performance.

KPI	Period	Actual	Target	% Diff.	Aim
1.2.4.1. Number of fire safety checks completed	Annual (✖)	1,793	2,250	-20.3%	Higher is better

Table 13: performance status – cumulative count of fire safety checks completed against target by month.



Following investigation, it has been identified that the deficit is due to two main factors:

- 1) During the 2022/23 financial year, delivery of fire safety checks was supplemented by non-station-based personnel (trainee Fire Safety Inspection Officers). As these personnel have become competent to deliver more complex activity, their time has been utilised to deliver FSAs rather than FSCs.

- 2) Stations have also completed fewer FSCs compared to the same period last year.

To support our crews to deliver the required volume of Fire Safety Checks, whilst ensuring that they are targeted appropriately, we have extended our use of Fire Risk Event Data (FRED) to include down to the 70th percentile (previously the 80th). While lowering this threshold provides additional premises, further cleansing is required to remove buildings that we do not regulate, such as small business working from home e.g., driving instructors.

Work to identify additional premises for watches has been completed by the data team and has surfaced some 2,000 premises. This includes premises that have scored as unsatisfactory in a previous fire safety check.

Wholetime watches can self-generate referrals for Fire Safety Checks at suitable premises. These are submitted via the MORI app to the admin teams for due diligence checks. Where deemed suitable the premises are re-allocated back to the requesting watch for completion. Further work is required to fully communicate and embed this process.

*Table 14: 1.2.4.1. number of fire safety checks completed, 2023/24 Q3 actions*

Action Reference	Action description	Lead officer
2324.Q3.1.2.4.1.A	Continue to communicate to watches to ensure self-generation process is fully embedded.	Community Safety Protection Manager

## Exception report: 1.2.5. Rate of false alarms due to apparatus in non-domestic premises

This KPI reports on the number of false alarms due to fire or smoke detections apparatus in non-domestic premises located within the Devon and Somerset Fire and Rescue Service area. False alarms can occur for a number of reasons but are most commonly related to system faults, dust or insects entering the equipment or human error.

### Analysis

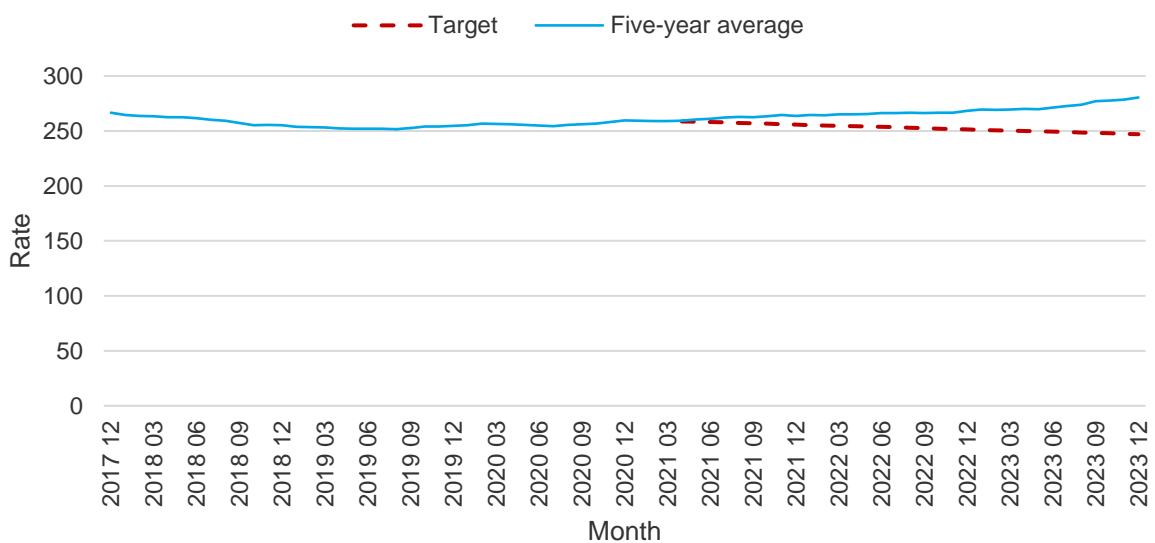
The KPI is in exception due to the rate of incidents being more than 10% above target.

Table 15: KPI 1.2.5. Rate of false alarms due to apparatus in non-domestic premises, 2023/24 Q3 performance

KPI	Period	Actual	Target	% Diff.	Aim
1.2.5. Rate of false alarms due to apparatus in non-domestic premises	Annual (✖)	280.5	247.1	13.5%	Lower is better

There has been an upward trend in number of false alarms in non-domestic premises over the past five-years, with the KPI being in exception since August 2023.

Table 16: KPI 1.2.5. Rate of false alarms due to apparatus in non-domestic premises, 2023/24, 12-month average of rolling five-year period.



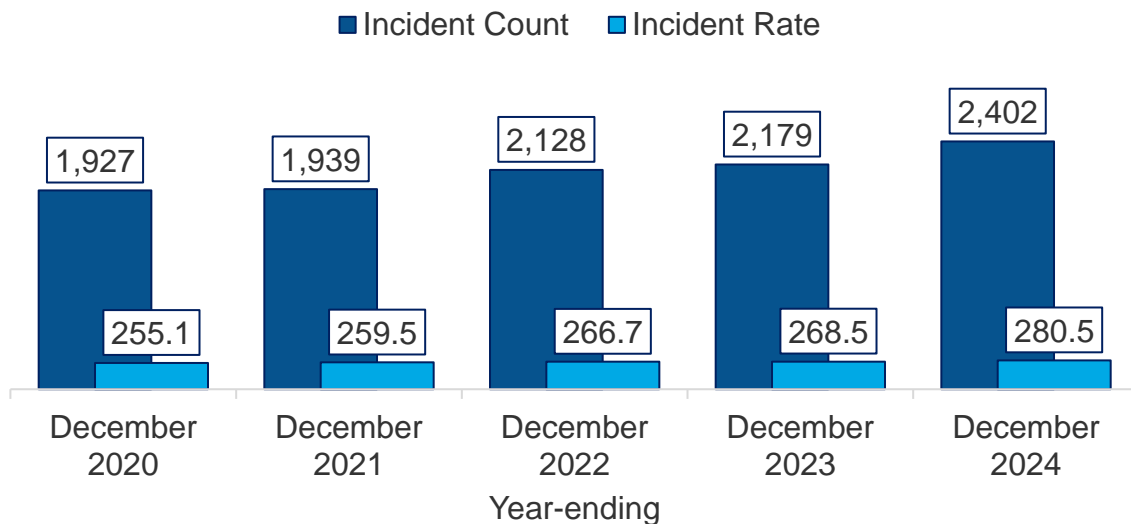


While the duration of these incidents is generally short, there is still a cost implication to the service, particularly where on-call resources are utilised. Additionally, wholetime crews can be drawn away from delivery of essential community safety activities and attendance at genuine emergencies.

The increase is most evident during the past three years; however, it is likely that the COVID-19 pandemic influenced a decrease in the number of incidents during the first lockdown (26th March 2020 to 15th June 2020 - the date at which non-essential shops were allowed to reopen).

Table 17 shows the annual number and rate of false alarm incidents that were attended for years ending December. There has been an 25% increase in incidents between December 2019 and December 2023.

Table 17: Number and rate of false alarms due to apparatus in non-domestic premises by year-ending December



The cause of the increase is being investigated. It has been identified that processes that were in place to engage with premises that had repeat false alarms had not been followed. This was partially due to a breakdown in the provision of data to support the identification of these premises.

While this may have had some impact, it is likely that there are other factors at play. Nationally, when considering all false alarms due to apparatus, the pattern has been similar to that of DSFRS. This supports the notion that failure to follow policy is not the sole cause of the increase.

**Actions**

Work is being undertaken to review our approach to repeat actuations with a focus on educating responsible parties. There is also potential to charge for attendances at

premises that have repeat false alarms. Data provision to support call reduction work has been improved which will support more effective engagement.

Work to review our attendance policy with a view to extending the non-attendance periods at non-residential premises is continuing.

*Table 18: KPI 1.2.5. Rate of false alarms due to apparatus in non-domestic premises, 2023/24 Q3 actions*

Action Reference	Action description	Lead officer
2324.Q3.1.2.4.1.A	Complete review of AFA attendance policy	Community Safety Protection Manager
2324.Q3.1.2.4.1.B	Complete review of process for premises having repeat false alarms due to apparatus	Community Safety Protection Manager

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

KPI	Period	Actual	Target	% Diff.	Aim
KPI 2.1.4.2 Percentage of operational risk information in-date for revalidation: level four tactical plans	Dec 2023 (✘)	79.4%	98.0%	-18.6%	Higher is better

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

KPI	Period	Actual	Target	% Diff.	Aim
KPI 2.1.4.1 Percentage of operational risk information in-date for revalidation: level three SSRI	Dec 2023 (•)	91.4%	94.0%	-2.6%	Higher is better

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

KPI	Period	Actual	Target	% Diff.	Aim
KPI 2.1.1.1 Number of local exercises completed	YTD (✓)	95	36	163.9%	Higher is better
KPI 2.1.1.2 Number of cross-border exercises completed	YTD (✓)	21	12	75.0%	Higher is better
KPI 2.1.1.3 Number of national exercises completed	YTD (✓)	12	1	1100.0%	Higher is better

## Exception report: KPI 2.1.4.2 Percentage of operational risk information in-date for revalidation: level four tactical plans

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 for the production of 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 31st December 2023, seven of 34 level four risk sites were overdue revalidation.

*Table 22: KPI 2.1.4.2 Percentage of operational risk information in-date for revalidation: level four tactical plans, 2023/24 Q3 performance*

KPI	Period	Actual	Target	% Diff.	Aim
KPI 2.1.4.2 Percentage of operational risk information in-date for revalidation: level four tactical plans	Dec 2023 (*)	79.4%	98.0%	-18.6%	Higher is better

A plan is in place to ensure the overdue sites are revalidated.

As at the 15 January 2024, the number of sites overdue revalidation had reduced to four with KPI performance standing at 88.2%.

Of the four sites that remain overdue, it is anticipated that two will be in date by 19 January 2024 and the other two will be in date by the 26 January 2024.

### Actions

No further action required at this time.

**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
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Table 23: KPIs requiring improvement – priority two, objective two.

KPI	Period	Actual	Target	% Diff.	Aim
No KPIs currently require improvement.					

Table 24: KPIs near target – priority two, objective two.

KPI	Period	Actual	Target	% Diff.	Aim
KPI 2.2.3.1 Percentage of dwelling fires attended within 10 minutes of emergency call answer	YTD (•)	67.3%	75.0%	-7.7%	Higher is better
KPI 2.2.3.2 Percentage of RTCs attended within 15 minutes of emergency call answer	YTD (•)	73.8%	75.0%	-1.2%	Higher is better

Table 25: KPIs succeeding – priority two, objective two.

KPI	Period	Actual	Target	% Diff.	Aim
No KPIs currently 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
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Table 26: KPIs requiring improvement – priority two, objective four.

KPI	Period	Actual	Target	% Diff.	Aim
No KPIs currently require improvement.					

Table 27: KPIs near target – priority two, objective four.

KPI	Period	Actual	Target	% Diff.	Aim
KPI 2.4.1.1 Risk prioritised pump availability as a percentage of possible hours	YTD (•)	97.4%	98.0%	-0.6%	Higher is better
KPI 2.4.1.2 Standard pump availability as a percentage of possible hours	YTD (•)	77.8%	85.0%	-7.2%	Higher is better
KPI 2.4.3.1 Percentage of calls handled within target time	YTD (•)	87.0%	90.0%	-3.0%	Higher is better
KPI 2.4.3.3 Average turnout time to emergency incidents: on-call crews	YTD (•)	316	300	5.3%	Lower is better

Table 28: KPIs near target – priority two, objective four.

KPI	Period	Actual	Target	% Diff.	Aim
KPI 2.4.3.2 Average turnout time to emergency incidents: wholetime crews	YTD (✓)	84	90	-6.7%	Lower is better

**Objective eight: we will be prepared to respond to major incidents and support partner agencies.**

Table 29: KPIs requiring improvement – priority two, objective eight.

KPI	Period	Actual	Target	% Diff.	Aim
No KPIs currently require improvement.					

Table 30: KPIs near target – priority two, objective eight.

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

Table 31: KPIs succeeding – priority two, objective eight.

KPI	Period	Actual	Target	% Diff.	Aim
KPI 2.8.1.1 Availability of national resilience assets	Dec 2023 (✓)	100.0%	100.0%	0.0%	Higher is better
KPI 2.8.1.2 National resilience competencies in-date	Dec 2023 (✓)	100.0%	100.0%	0.0%	Higher is better

## Priority three performance



Our Service is recognised as a great place to work. Our staff feel valued, supported, safe and well trained to deliver a high performing fire and rescue service.

**Objective one: we will Ensure that the workforce is highly trained and has the capability and capacity to deliver services professionally, safely and effectively.**

Key:	✓ Succeeding	• Near target	✘ Requires improvement
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Table 32: KPIs requiring improvement – priority three, objective one.

KPI	Period	Actual	Target	% Diff.	Aim
KPI 3.1.3. Number of safety events	Quarter (✘)	60	51	17.6%	Lower is better
KPI 3.1.7. Average number of persons absent due to stress related illness per month	Quarter (✘)	48	36	33.3%	Lower is better

Table 33: KPIs near target – priority three, objective one.

KPI	Period	Actual	Target	% Diff.	Aim
KPI 3.1.1.4. Percentage of operational personnel competent in core skill: working at height and confined spaces (SHACS)	Dec '23 (•)	92.9%	95.0%	-2.1%	Higher is better
KPI 3.1.3.1. Number of safety events involving vehicles	Quarter (•)	34	34	0.0%	Lower is better
KPI 3.1.4. Number of persons injured in safety events	Quarter (•)	13	12	8.3%	Lower is better
KPI 3.1.6. Average number of working days lost due to sickness absence per Full Time Equivalent (FTE)	YTD (•)	8.04	7.74	3.9%	Lower is better



Table 34: KPIs succeeding – priority three, objective one.

KPI	Period	Actual	Target	% Diff.	Aim
KPI 3.1.1. Number of operational core skills with at least 90% of required personnel competent	Dec '23 (✓)	7	7	0%	Higher is better
KPI 3.1.1.1. Percentage of operational personnel competent in core skill: breathing apparatus	Dec '23 (✓)	99.0%	95.0%	4.0%	Higher is better
KPI 3.1.1.2. Percentage of operational personnel competent in core skill: incident Command	Dec '23 (✓)	98.9%	95.0%	3.9%	Higher is better
KPI 3.1.1.3. Percentage of operational personnel competent in core skill: water rescue	Dec '23 (✓)	96.0%	95.0%	1.0%	Higher is better
KPI 3.1.1.5. Percentage of operational personnel competent in core skill: maritime level 2	Dec '23 (✓)	97.1%	95.0%	2.1%	Higher is better
KPI 3.1.1.6. Percentage of operational personnel competent in core skill: casualty care	Dec '23 (✓)	97.7%	95.0%	2.7%	Higher is better
KPI 3.1.1.7. Percentage of operational personnel competent in core skill: response driving	Dec '23 (✓)	98.8%	95.0%	3.8%	Higher is better
KPI 3.1.2.1. Percentage of operational personnel meeting the required fitness standards	Dec '23 (✓)	98.2%	95.0%	3.2%	Higher is better

## Exception report: KPI 3.1.3. number of safety events

This KPI monitors the total number of health and safety events reported (excluding near misses).

Enabling our personnel to operate in a safe and effective manner is essential. Lower numbers of safety events indicate that the policies and procedures that we have in place are effective and followed.

### Analysis

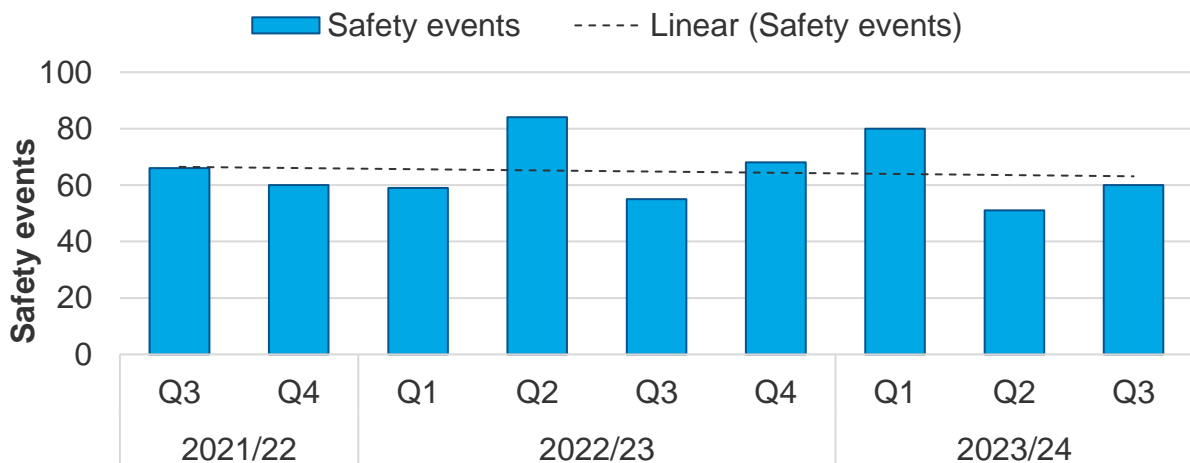
This KPI is in exception due to performance for the reporting quarter (60 events) being more than 10% above previous quarter performance (51 events).

Table 35: KPI 3.1.3. number of safety events, 2023/24 Q3 performance

KPI	Period	Actual	Target	% Diff.	Aim
KPI 3.1.3. Number of safety events	Quarter (x)	60	51	17.6%	Lower is better

While the KPI is in exception due to performance against previous quarter, it should be noted that the number of safety events is below that of the average for the previous eight quarters (65 safety events) and there continues to be a slight downward trend over that period.

Table 36: KPI 3.1.3. number of safety events with linear trend



The number of safety events can be influenced by a range of factors. Increases in operational incidents, training or delivery of prevention or protection activity, for example, may increase the chance of a safety event occurring, as can extreme weather conditions.

The most common outcome type for safety events is vehicle damage<sup>1</sup>. Thirty-four of the 60 safety events during the reporting quarter (56.7%) involved vehicles<sup>2</sup> a rate of one event per 242 mobilisations.

Vehicle related accidents most commonly occur during non-blue light activity. Most accidents happen during low-speed manoeuvring, for example, clipping hedges and banks on tight lanes, another vehicle in congested streets or when manoeuvring at an incident.

### **Actions**

The Organisational Road Risk group meets monthly. The group is working to improve safety by increasing awareness of the areas where vehicle accidents are occurring and providing support, advice and guidance to staff. Guidance for driving in heavy rain and flooding, and winter driving advice have been placed on SharePoint as part of this works.

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<sup>1</sup> Based on the past eight reporting quarters.

<sup>2</sup> This includes safety events which had multiple outcomes e.g., vehicle damage and injury to person(s) etc.

## Exception report: KPI 3.1.7. Average number of persons absent due to stress related illness per month

This KPI monitors the average number of personnel absent from work due to stress related illness per month during the reporting quarter.

Mental health related illness is responsible for the greatest number of working days lost due to sickness absence. Stress accounts for almost half of mental health absence, monitoring the number of people affected enables us to track the scale of the issue and to ensure that we are providing appropriate, accessible support to our people.

### Analysis

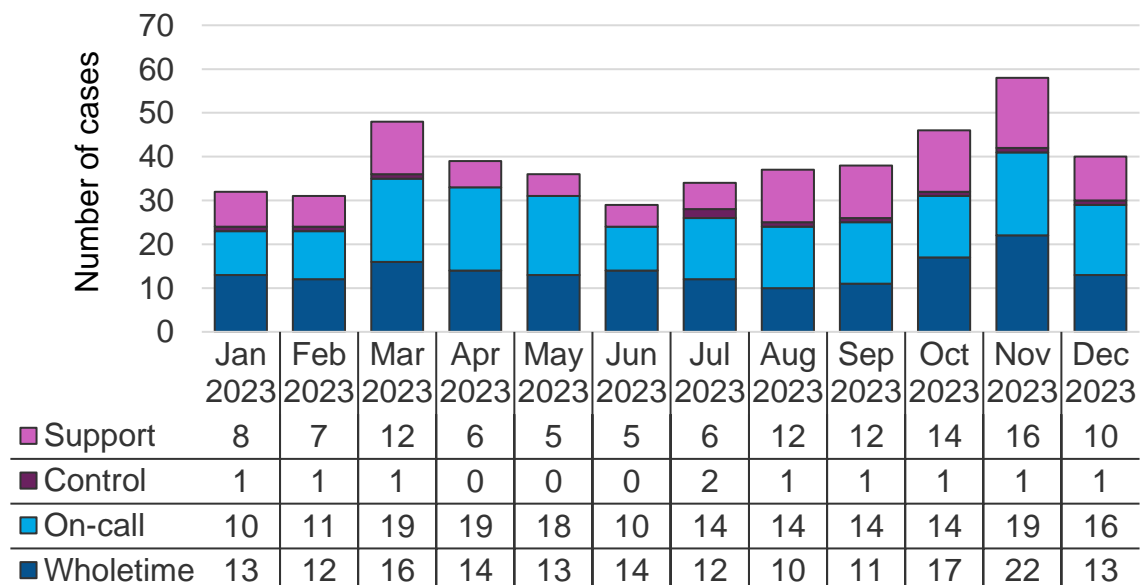
This KPI is in exception due to performance for the reporting quarter (48 people) being more than 10% above previous quarter performance (36 people).

Table 37: KPI 3.1.7. Average number of persons absent due to stress related illness per month, 2023/24 Q3 performance

KPI	Period	Actual	Target	% Diff.	Aim
KPI 3.1.7. Average number of persons absent due to stress related illness per month	Quarter (x)	48	36	33.3%	Lower is better

Table 38 shows the number of people that have been absent due to stress by month for the past 12-month period. There was a notable increase in cases during the latter part of the year, peaking in November with 58 periods of absence.

Table 38: KPI 3.1.7. Number of persons absent due to stress related illness by month



When reviewing the number of cases by role type, it is important to also consider the number of total number of people within each role. This provides additional context around whether there are specific pressures that may be affecting different staff groups.

Table 39 shows the proportion of staff absent as a percentage of staff in each role type. When considered alongside table 39, it indicates that while a greater number of wholetime personnel were absent due to stress during the October, November and December, proportionally there was a greater rate of absences in professional and technical services (support) roles.

Table 39: proportion people absent due to stress related illness as a percentage of staff in role type

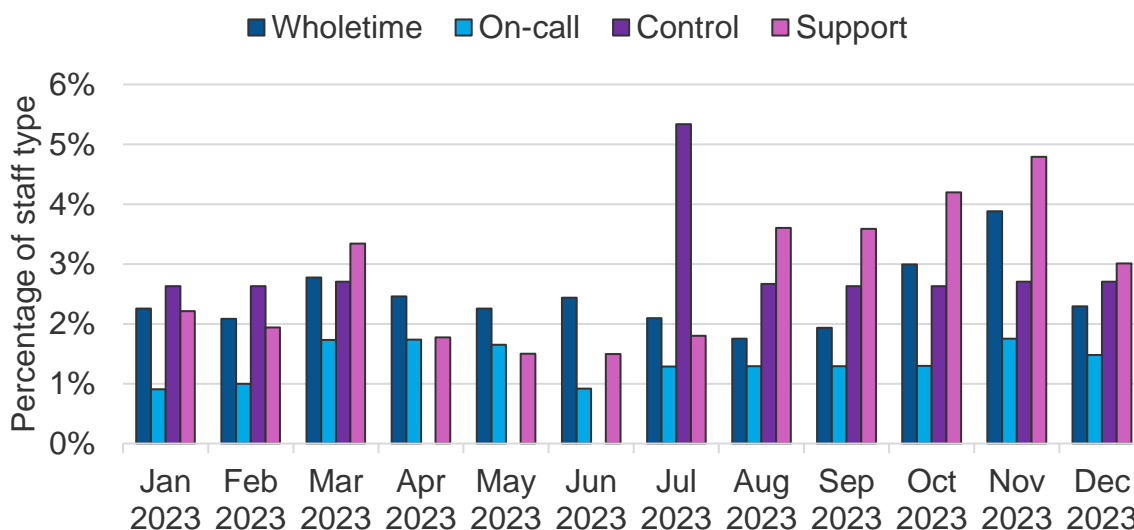
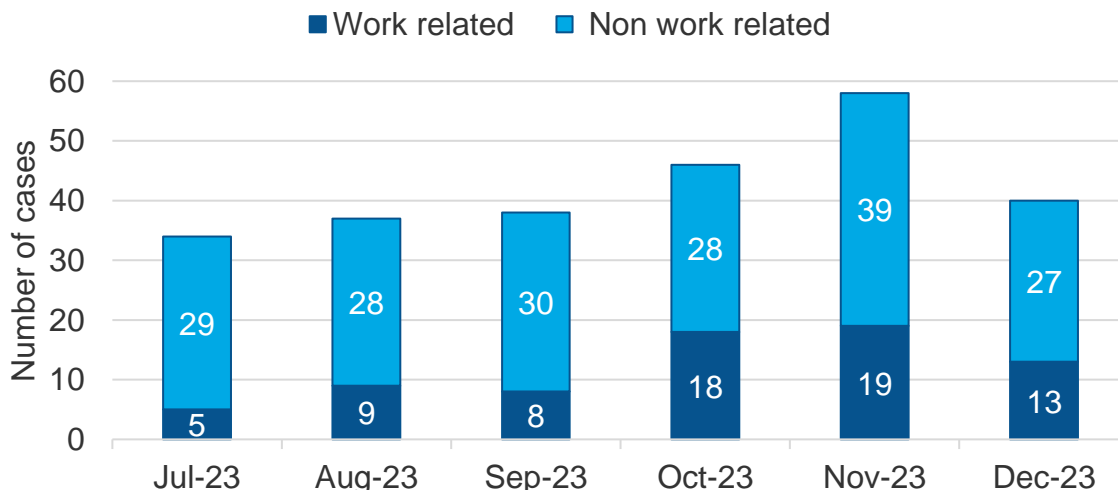


Table 40 shows the number of employees with stress related absence reported over the last six months.

Table 40 KPI 3.1.7. number of employees with stress related absence by cause



While the Service has seen an increasing number of people absent due to stress related illness during 2023, the proportion of cases reported as being work-related has decreased. During January 2023 there were a total of 32 employees with stress related absences, with a 50:50 split between work related and non-work-related issues. In December 2023 there were 40 absences, but only a third were reported as work related.

**Actions**

The Service is exploring additional wellbeing provisions to complement its existing package.

*Table 41: KPI 3.1.7. Average number of persons absent due to stress related illness per month, 2023/24 Q3 actions*

Action Reference	Action description	Lead officer
2324.Q3. 3.1.7.A	<p><b>Financial and wellbeing guidance and support provision</b></p> <p>This being developed with the Money and Pension Service (MAPS) which are an arm’s-length body, sponsored by the Department for Work and Pensions.</p> <p>On 13 March 2024, we have a Financial Wellbeing Lunch and Learn (hosted by Bippit, an external financial support organisation).</p>	Head of People Services

**Objective two: we will increase the diversity of the workforce to better reflect the communities we serve, promoting inclusion and developing strong and effective leaders who ensure that we have a fair place to work where our organisational values are a lived experience.**

Key:	✓ Succeeding	• Near target	✗ Requires improvement
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*Table 42: KPIs requiring improvement – priority three, objective two.*

KPI	Period	Actual	Target	% Diff.	Aim
No KPIs currently require improvement.					

*Table 43: KPIs near target – priority three, objective two.*

KPI		Actual	Target	% Diff.	Aim
KPI 3.2.1.2. Proportion of female firefighters as a percentage of total firefighters: on-call	Mar '23 (•)	6.0%	6.2%	-0.2%	Higher is better
KPI 3.2.3.1. Proportion of females in senior roles: wholetime	Mar '23 (•)	11.1%	14.3%	-3.2%	Higher is better
KPI 3.2.4.2. Proportion of personnel from an ethnic minority background in senior roles: wholetime	Mar '23 (•)	0.0%	0.0%	0.0%	Higher is better
KPI 3.2.4.3. Proportion of personnel from an ethnic minority background in senior roles: professional and technical services	Mar '23 (•)	9.1%	11.1%	-2.0%	Higher is better
KPI 3.2.5.1. Proportion of personnel identifying as LGBTQIA+ in senior roles: wholetime	Mar '23 (•)	0.0%	0.0%	0.0%	Higher is better

KPI		Actual	Target	% Diff.	Aim
KPI 3.2.5.2. Proportion of personnel identifying as LGBTQIA+ in senior roles: professional and technical services	Mar '23 (•)	9.1%	11.0%	-1.9%	Higher is better

Table 44: KPIs succeeding – priority three, objective two.

KPI		Actual	Target	% Diff.	Aim
KPI 3.2.1.1 Proportion of female firefighters as a percentage of total firefighters: wholetime	Mar '23 (✓)	6.9%	6.3%	0.6%	Higher is better
KPI 3.2.2.1. Proportion of firefighters from an ethnic minority background: wholetime	Mar '23 (✓)	3.7%	2.8%	0.9%	Higher is better
KPI 3.2.2.2. Proportion of firefighters from an ethnic minority background: on-call	Mar '23 (✓)	2.8%	2.4%	0.4%	Higher is better
KPI 3.2.3.2. Proportion of females in senior roles: professional and technical services	Mar '23 (✓)	36.4%	30.8%	5.6%	Higher is better

**Objective three: we will recognise and maximise the value of all employees, particularly the commitment of on-call firefighters, improving recruitment and retention.**

Table 45: Monitoring only – targets to be set.

KPI		Actual	Target	% Diff.	Aim
KPI 3.3.1.1. Attrition rate (12 month): wholetime	Dec '23 (Monitor)	9.0%	7.0%	2.0%	NA
KPI 3.3.1.2. Attrition rate (12 month): on-call	Dec '23 (Monitor)	12.0%	11.0%	1.0%	NA
KPI 3.3.1.3. Attrition rate (12 month): professional and technical services	Dec '23 (Monitor)	17.0%	16.0%	1.0%	NA



## Priority four performance



We are open and accountable and use our resources efficiently to deliver a high performing, sustainable service that demonstrates public value.

Key:	✓ Succeeding	• Near target	✘ Requires improvement
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Table 46: KPIs requiring improvement – priority three, objective one.

KPI	Period	Actual	Target	% Diff.	Aim
No KPIs currently require improvement					

Table 47: KPIs near target – priority three, objective one.

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

Table 48: KPIs succeeding – priority three, objective one.

KPI		Actual	Target	Diff.	Aim
Forecast outturn spending against agreed revenue budget	Quarter (✓)	£83.548 million	£85.413 million	-1.90%	Lower is better
Forecast outturn general reserve balance as % of total revenue budget (minimum)	Quarter (✓)	5.01%	5.00%	1 bp	Higher is better
Forecast outturn spending against agreed capital budget	Quarter (✓)	£6.423 million	£13.086 million	-50.9%	Lower is better
Forecast outturn external borrowing within Prudential Indicator limit	Quarter (✓)	£24.426 million	£25.155 million	-2.90%	Lower is better
Forecast outturn debt ratio (debt charges over total revenue budget)	Quarter (✓)	2.91%	5.00%	-209 bp	Lower is better
Progress against Medium Term Financial Plan	Dec '23 (✓)	On track	On track	NA	On track

## Appendix A: update on actions arising from performance exceptions

Action reference / KPI name	Action description
<p><b>2324.Q3.1.2.4.1.A</b></p> <p>KPI 1.2.4.1. False alarms due to apparatus</p>	<p><b>Action:</b> Complete review of AFA attendance policy.</p> <p><b>Update:</b> 04/03/2024 – review in progress.</p> <p><b>Lead:</b> Head of Community Safety</p>
<p><b>2324.Q3.1.2.4.1.B</b></p> <p>KPI 1.2.4.1. False alarms due to apparatus</p>	<p><b>Action:</b> Complete review of process for premises having repeat false alarms due to apparatus.</p> <p><b>Update:</b> 04/03/2024 – review in progress.</p> <p><b>Lead:</b> Head of Community Safety</p>
<p><b>2324.Q3.1.1.2.A</b></p> <p>KPI 1.1.2. number of fire related deaths in dwellings</p>	<p><b>Action:</b> Conduct fatal fire review.</p> <p><b>Update:</b> 04/03/2024 – review completed. No further actions identified.</p> <p><b>Lead:</b> Head of Community Safety</p>
<p><b>2324.Q3.1.1.9.A</b></p> <p>KPI 1.1.9. number of fire related deaths in vehicles and other locations</p>	<p><b>Action:</b> Conduct fatal fire review.</p> <p><b>Update:</b> 04/03/2024 – review completed. No further actions identified.</p> <p><b>Lead:</b> Head of Community Safety</p>
<p><b>2324.Q3. 3.1.7.A</b></p> <p>KPI 3.1.7. Average number of persons absent due to stress related illness per month</p>	<p><b>Action:</b> Financial and wellbeing guidance and support provision</p> <p><b>Update:</b> 04/03/2024 – in progress. This is being developed with the Money and Pension Service (MAPS) which are an arm’s-length body, sponsored by the Department for Work and Pensions.</p> <p><b>Lead:</b> Head of Community Safety</p>

## Appendix B: 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.