

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

# Fire Authority Performance Report

### **April 2023 to March 2024 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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Fire Authority Performance Report: April 2023 to March 2024

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Fire Authority Performance Report: April 2023 to March 2024

### 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 Q4 with change from previous report

	Succeeding (✓)	Near target (∙)	Requires improvement (×)
Priority 1	13 (+3)	4 (-1)	2 (-2)
Priority 2	6 (-)	8 (+1)	0 (-1)
Priority 3	6 (+4)	7 (-3)	1 (-1)
Priority 4	6 (-)	0 (-)	0 (-)

KPIs requi	Exception report	
1.2.4.1.	Number of fire safety checks completed	Page 10
1.2.5.	Rate of false alarms due to apparatus in non-domestic premises	Page 12
3.1.7.	Average number of persons absent due to stress related illness per month	See Q3 Report. <sup>1</sup>

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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.



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

KPI	Period	Actual	Target	% Diff.	Aim
No KPIs are currently assessed	as requirin	g improve	ment.		

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

KPI	Period	Actual	Target	% Diff.	Aim
1.1.9. Number of fire related	Qtr. 4 (✓)	0	0	NA	Lower is better
deaths in other locations	Annual (*)	2	1	100.0%	Lower is better
1.1.14. Rate of persons killed or seriously injured in RTCs per 100,000 population <sup>2</sup>	Annual (•)	25.21	25.19	0.1%	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 (✓)	49.37	51.74	-4.6%	Lower is better
1.1.2. Number of fire-related	Qtr. 4 (✓)	0	0	NA	Lower is better
deaths in dwellings	Annual (✓)	3	6	-50.0%	Lower is better

<sup>&</sup>lt;sup>2</sup> Based on five-year rolling average

KPI	Period	Actual	Target	% Diff.	Aim
1.1.3. Rate of dwelling fire hospitalisations per 100,000 population	Annual (✓)	4.09	4.19	-2.4%	Lower is better
1.1.4. Number home fire safety visits completed	Annual (✓)	18,886	18,000	4.9%	Higher is better
1.1.6. Percentage of targeted home fire safety visits completed to households with two or more risk factors	Annual (✓)	63%	60%	2.8 pp	Higher is better
1.1.8. Rate of primary fires in other locations per 100,000 population	Annual (✓)	42.87	46.03	-6.9%	Lower is better
1.1.10. Rate of other fire hospitalisations per 100,000 population	Annual (✓)	0.43	0.52	-18.6%	Lower is better
1.1.11. Rate of secondary fires per 100,000 population	Annual (✓)	88.75	90.62	-2.1%	Lower is better
1.1.12. Rate of deliberate fires per 100,000 population	Annual (✓)	71.50	80.29	-10.9%	Lower is better
1.1.13. Rate of RTCs per 100,000 population	Annual (✓)	43.72	44.72	-2.2%	Lower is better

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



Table 5: KPIs requiring improvement – priority one, objective two.

KPI	Period	Actual	Target	% Diff.	Aim
1.2.4.1. Number of fire safety checks completed	Annual (*)	2,591	3,000	-13.6%	Higher is better
1.2.5. Rate of false alarms due to apparatus in non-domestic premises	Annual ( <b>x</b> )	283.38	246.03	15.2%	Lower is better

Table 6: 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 (•)	57.48	56.38	1.9%	Lower is better
1.2.6. Percentage of statutory consultations completed to required timescales	Annual (•)	98.8%	100.0%	-1.2 pp <sup>3</sup>	Higher is better

Table 7: KPIs succeeding – priority one, objective two.

KPI	Period	Actual	Target	% Diff.	Aim
1.2.2. Number of fire-related deaths in non-domestic	Qtr. 4 (✓)	0	0	NA	Lower is better
premises	Annual (✓)	1	1	0.0%	Lower is better
1.2.3. Rate of non-domestic premises fire hospitalisations per 10,000 rateable premises	Annual (✓)	1.09	1.11	-2.6%	Lower is better
1.2.4.2 Number fire safety audits completed	Annual (✓)	857	720	19.0%	Higher is better

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<sup>&</sup>lt;sup>3</sup> pp = percentage point; used when comparing two percentages.

# 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.

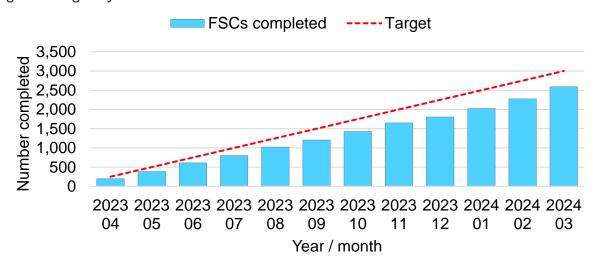
#### **Analysis**

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

Table 8: KPI 1.2.4.1. number of fire safety checks completed, 2023/24 Q4 performance.

KPI Ref	KPI Description	Current	Target	% Diff.	Aim
1.2.4.1	Number of fire safety checks completed	2,591	3,000	-13.6%	Higher is better

Table 9: performance status – cumulative count of fire safety checks completed against target by month.



While the indicator remains in exception, the deficit has reduced from 17.3% (as at 31 December 2023) to 13.6% (as at 31 March 2024).

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.

Delivery of FSCs undertaken by watches is also below target levels. A number of process issues have been identified and steps are being taken to address these.

- Tablet devices provided to record FSC activity are not always being used, with some watches recording information on paper forms and then entering data when back at station. This increases the time taken for the activity and reduces productivity.
- Lists of properties to visit have not been consistently provided to stations.
- Self-generation of visits by watches has not been as successful as anticipated.

Table 10: 1.2.4.1. number of fire safety checks completed, 2023/24 Q4 actions

Action Reference	Action description	Lead officer
2324.Q4.1.2.4.1.A	Continue to communicate to watches to ensure self-generation process is fully embedded.	Area Manager Prevention and Protection
2324.Q4.1.2.4.1.B	Provide additional training to crews on how to operate and maintain tablet devices to ensure that they are working efficiently.	Area Manager Prevention and Protection
2324.Q4.1.2.4.1.C	Ensure processes are in place within admin teams to continue provision of lists of premises in line with the Risk Based Inspection Programme.	Area Manager Prevention and Protection
2324.Q4.1.2.4.1.D	Review delivery requirements for the 2024/25 year to determine appropriate targets for the new financial year.	Area Manager Prevention and Protection

# 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**

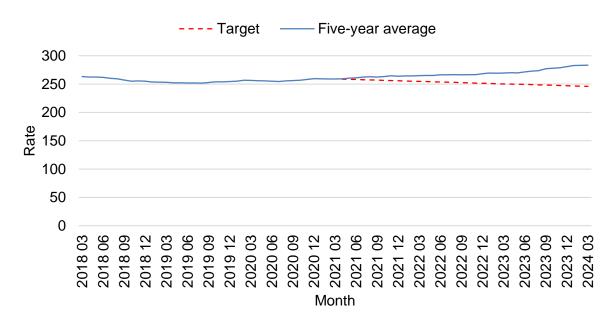
The KPI is in exception due to the rate of incidents being more than 10% above target.

Table 11: KPI 1.2.5. Rate of false alarms due to apparatus in non-domestic premises, 2023/24 Q4 performance

KPI Ref	KPI Description	Current	Target	% Diff.	Aim
1.2.5	Rate of non-domestic false alarms per 10,000 rateable premises (hereditaments)	283.38	246.03	15.2%	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 12: 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 13 shows the annual number and rate of false alarm incidents that were attended for years ending March. There has been an 20% increase in incidents between March 2020 and March 2024.

Table 13: Number and rate of false alarms due to apparatus in non-domestic premises by year-ending March



The cause of the increase is being investigated. Earlier in the year, it was 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. Where appropriate, the Service may charge for

attendance 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 14: KPI 1.2.5. Rate of false alarms due to apparatus in non-domestic premises, 2023/24 Q4 actions

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

Kov.	✓	0	×
Key:	Succeeding	Near target	Requires improvement

Table 15: KPIs requiring improvement – priority two, objective one.

KPI	Period	Actual	Target	% Diff.	Aim
No KPIs are currently assessed	as requirin	g improver	ment.		

Table 16: KPIs near target – priority two, objective one.

KPI	Period	Actual	Target	% Diff.	Aim
KPI 2.1.4.1 Percentage of operational risk information indate for revalidation: level three SSRI	Mar 2024 (•)	91.7%	94.0%	-2.3 pp	Higher is better
KPI 2.1.4.2 Percentage of operational risk information indate for revalidation: level four tactical plans	Mar 2024 (•)	89.2%	98.0%	-8.8 pp	Higher is better

Table 17: KPIs succeeding – priority two, objective one.

KPI	Period	Actual	Target	% Diff.	Aim
KPI 2.1.1.1 Number of local exercises completed	YTD (✓)	121	36	236.1%	Higher is better
KPI 2.1.1.2 Number of cross- border exercises completed	YTD (✓)	22	12	83.3%	Higher is better
KPI 2.1.1.3 Number of national exercises completed	YTD (✓)	12	1	1100.0%	Higher is better

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



Table 18: KPIs requiring improvement – priority two, objective two.

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

Table 19: 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 (•)	67.5%	75.0%	-7.5 pp	Higher is better
KPI 2.2.3.2 Percentage of RTCs attended within 15 minutes of emergency call answer	YTD (•)	72.8%	75.0%	-2.2 pp	Higher is better

Table 20: 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.



Table 21: KPIs requiring improvement – priority two, objective four.

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

Table 22: 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 (•)	96.2%	98.0%	-1.8 pp	Higher is better
KPI 2.4.1.2 Standard pump availability as a percentage of possible hours	YTD (•)	77.9%	85.0%	-7.1 pp	Higher is better
KPI 2.4.3.1 Percentage of calls handled within target time	YTD (•)	87.0%	90.0%	-3.0 pp	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 23: 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 24: KPIs requiring improvement – priority two, objective eight.

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

Table 25: KPIs near target – priority two, objective eight.

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

Table 26: KPIs succeeding – priority two, objective eight.

KPI	Period	Actual	Target	% Diff.	Aim
KPI 2.8.1.1 Availability of national resilience assets	Mar 2024 (✔)	100.0%	100.0%	0.0 pp	Higher is better
KPI 2.8.1.2 National resilience competencies in-date	Mar 2024 (✓)	100.0%	100.0%	0.0 pp	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.

I/a	$\checkmark$	Ο	×
Key:	Succeeding	Near target	Requires improvement

Table 27: KPIs requiring improvement – priority three, objective one.

KPI	Period	Actual	Target	% Diff.	Aim
KPI 3.1.7. Average number of persons absent due to stress related illness per month <sup>45</sup>	Qtr.3 (*)	48	36	33.3%	Lower is better

Table 28: 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)	Mar '24 (•)	92.8%	95.0%	-2.2 pp	Higher is better
KPI 3.1.6. Average number of working days lost due to sickness absence per Full Time Equivalent (FTE) <sup>6</sup>	Qtr.3 <sup>7</sup> (•)	8.04	7.74	3.9%	Lower is better

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<sup>&</sup>lt;sup>4</sup> Work is ongoing within the People Services Project team to ensure that sickness data can be reported in the required formats. In the next People Committee, it is expected that a fuller report of sickness absence trends over the 2023-34 year including reference to national comparisons available from the National Fire and Rescue Sickness Absence Report (produce by Cleveland FRS) will be provided.

<sup>&</sup>lt;sup>5</sup> An exception report is available in the April to December 2023/24 Performance Report.

<sup>&</sup>lt;sup>6</sup> See footnote 2.

Table 29: 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	Mar '24 (✓)	7	7	0.0%	Higher is better
KPI 3.1.1.1. Percentage of operational personnel competent in core skill: breathing apparatus	Mar '24 (✓)	98.8%	95.0%	3.8 pp	Higher is better
KPI 3.1.1.2. Percentage of operational personnel competent in core skill: incident Command	Mar '24 (✓)	99.2%	95.0%	4.2 pp	Higher is better
KPI 3.1.1.3. Percentage of operational personnel competent in core skill: water rescue	Mar '24 (✓)	95.8%	95.0%	0.8 pp	Higher is better
KPI 3.1.1.5. Percentage of operational personnel competent in core skill: maritime level 2	Mar '24 (✔)	98.4%	95.0%	3.4 pp	Higher is better
KPI 3.1.1.6. Percentage of operational personnel competent in core skill: casualty care	Mar '24 (✔)	98.5%	95.0%	3.5 pp	Higher is better
KPI 3.1.1.7. Percentage of operational personnel competent in core skill: response driving	Mar '24 (✔)	99.1%	95.0%	4.1 pp	Higher is better
KPI 3.1.2.1. Percentage of operational personnel meeting the required fitness standards	Mar '24 (✓)	99.2%	95.0%	4.2 pp	Higher is better
KPI 3.1.3. Number of safety events	Qtr.4 (✓)	48	60	-20.0%	Lower is better
KPI 3.1.3.1. Number of safety events involving vehicles	Qtr.4 (✓)	25	34	-21.6%	Lower is better

KPI	Period	Actual	Target	% Diff.	Aim
KPI 3.1.4. Number of persons injured in safety events	Qtr.4 (✓)	11	13	-15.4%	Lower is better

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.



Table 30: KPIs requiring improvement – priority three, objective two.

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

Table 31: KPIs near target – priority three, objective two.

KPI		Actual	Target	% Diff.	Aim
KPI 3.2.3.1. Proportion of females in senior roles: wholetime	Dec '23 (•)	11.1%	11.1%	0.0 pp	Higher is better
KPI 3.2.2.2. Proportion of firefighters from an ethnic minority background: on-call	Dec '23 (•)	2.7%	2.8%	-0.1 pp	Higher is better
KPI 3.2.4.2. Proportion of personnel from an ethnic minority background in senior roles: wholetime	Dec '23 (•)	0.0%	0.0%	0.0 pp	Higher is better
KPI 3.2.4.3. Proportion of personnel from an ethnic minority background in senior roles: professional and technical services	Dec '23 (•)	9.1%	9.1%	0.0 pp	Higher is better
KPI 3.2.5.1. Proportion of personnel identifying as LGBTQIA+ in senior roles: wholetime	Dec '23 (•)	0.0%	0.0%	0.0 pp	Higher is better

Table 32: 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	Dec '23 (✓)	7.7%	6.9%	0.8 pp	Higher is better
KPI 3.2.1.2. Proportion of female firefighters as a percentage of total firefighters: on-call	Dec '23 (✓)	6.2%	6.0%	0.2 pp	Higher is better
KPI 3.2.2.1. Proportion of firefighters from an ethnic minority background: wholetime	Dec '23 (✓)	4.0%	3.7%	0.3 pp	Higher is better
KPI 3.2.3.2. Proportion of females in senior roles: professional and technical services	Dec '23 (✓)	45.5%	36.4%	9.1 pp	Higher is better
KPI 3.2.5.2. Proportion of personnel identifying as LGBTQIA+ in senior roles: professional and technical services	Dec '23 (✓)	27.0%	11.0%	16.0 pp	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 33: Monitoring only – targets to be set.

KPI		Actual	Target	% Diff.	Aim
KPI 3.3.1.1. Attrition rate (12 month): wholetime	Mar '24 (Monitor)	9.0%	9.0%	0.0 pp	NA
KPI 3.3.1.2. Attrition rate (12 month): on-call	Mar '24 (Monitor)	11.0%	12.0%	-1.0 pp	NA
KPI 3.3.1.3. Attrition rate (12 month): professional and technical services	Mar '24 (Monitor)	12.0%	17.0%	-5.0 pp	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.



Table 34: KPIs requiring improvement – priority three, objective one.

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

Table 35: KPIs near target – priority three, objective one.

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

Table 36: KPIs succeeding – priority three, objective one.

KPI		Actual	Target	Diff.	Aim
Forecast outturn spending against agreed revenue budget	Quarter (✓)	£80.438 <sup>8</sup> million	£85.413 million	-5.8%	Lower is better
Forecast outturn general reserve balance as % of total revenue budget (minimum)	Quarter (✓)	5.42%	5.00%	42 bp	Higher is better
Forecast outturn spending against agreed capital budget	Quarter (✓)	£5.966 million	£13.086 million	-54.4%	Lower is better
Forecast outturn external borrowing within Prudential Indicator limit	Quarter (🗸)	£24.264 million	£25.155 million	-3.5%	Lower is better
Forecast outturn debt ratio (debt charges over total revenue budget)	Quarter (🗸)	1.39%	3.80%	-241 bp	Lower is better

<sup>&</sup>lt;sup>8</sup> These are provisional figures based upon the spending position at the end of March 2024. They will be subject to final accounting adjustments and audit scrutiny for the year-end, therefore the final position may vary slightly.

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KPI		Actual	Target	Diff.	Aim
Progress against Medium Term Financial Plan	Mar '23 (✔)	On track	On track	NA	On track

### **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 <u>or</u> 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.