LANCASHIRE COMBINED FIRE AUTHORITY
PERFORMANCE COMMITTEE
Meeting to be held on 1st December 2016

PERFORMANCE MANAGEMENT INFORMATION FOR 2ND QUARTER 2016/17 (Appendix 1 refers)

Contact for further information:
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Executive Summary

This paper provides a clear measure of our progress against the Key Performance Indicators (KPI) detailed in the Risk Management Plan 2013-2017.

Recommendation

The Performance Committee is asked to endorse the Quarter 2 Measuring Progress report and note the contents of the 4 negative KPI Exception Reports.

Information

As set out in the report.

Business Risk

High

Environmental Impact

High

Equality & Diversity Implications

High – the report apprises the Committee of the Authority's progress.

HR Implications

Medium

Financial Implications

Medium

Local Government (Access to Information) Act 1985
List of Background Papers

Paper	Date	Contact
Performance Management Information		David Russel (ACO)
Reason for inclusion in Part 2, if appropriate: N/A		

Measuring Progress

2016-17 Quarter 2

Combined Fire Authority
1st December 2016

Lancashire Fire and Rescue Service

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Lancashire Fire and Rescue Service
Measuring Progress
Jul 16 - Sep 16

Introduction

The following pages set out Lancashire Fire and Rescue Service's Performance Framework, an explanation of how our Key Performance Indicator's (KPI) are measured and how we are performing.

This is followed, where appropriate, by an analysis of the KPI's which are classified as being in exception, along with an analysis of the cause and actions being taken to improve performance. The remainder of the document illustrates our performance across all other KPI's.

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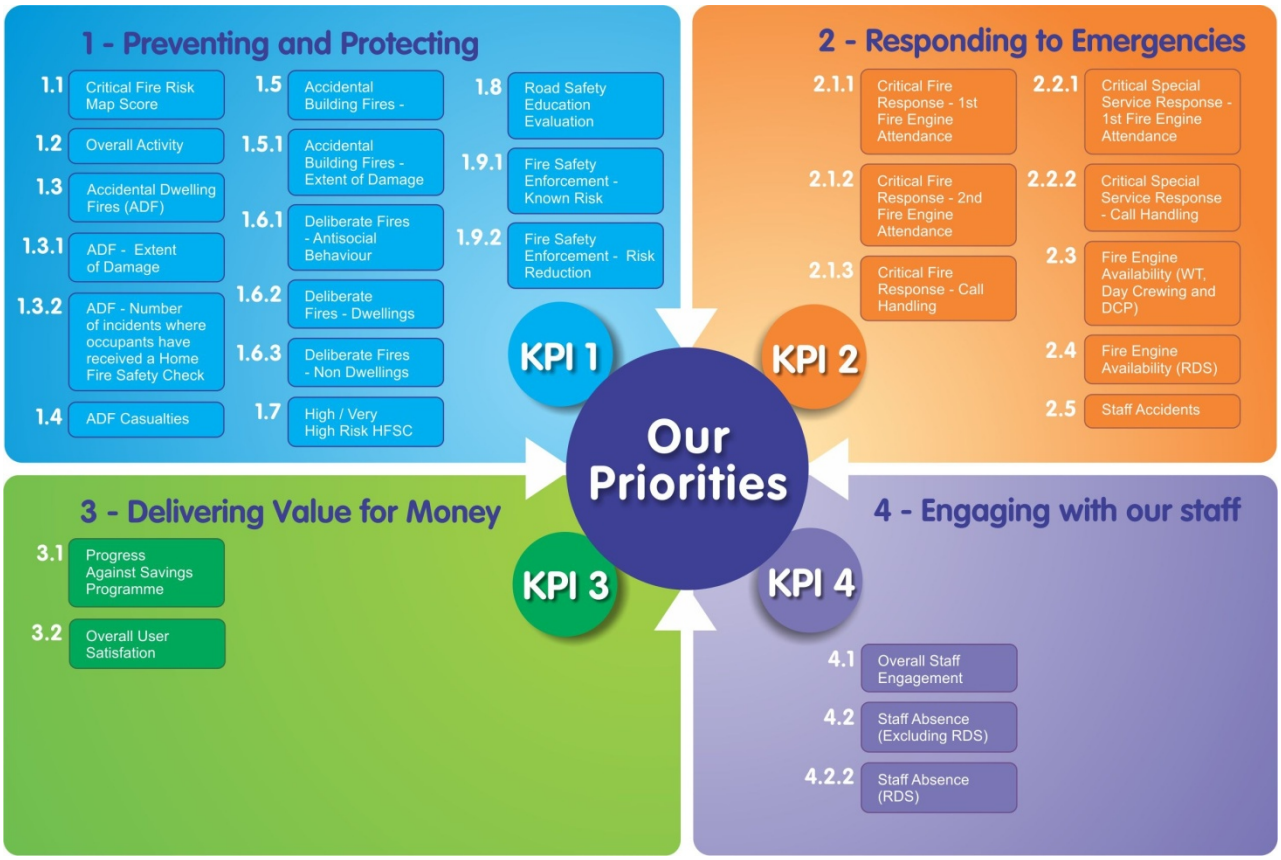
Performance Framework

The below graphic illustrates the Services four priorities and how their respective KPI's fit within the overall performance framework.



Explanation of Performance Measures

KPI's are monitored either by using an XmR chart (explained on the following page), comparing current performance against that achieved in the previous cumulative years activity, or against a pre-determined standard, for example, the response standard KPI's are measured against a range of set times.

The response standards are measured against a set range of times dependent upon the risk rating given to each Super Output Area (SOA), which is presented as a percentage of occasions where the standard is met. A two percent tolerance has been added to create a buffer so that a positive/negative exception report is not produced each quarter where only slight variations from the standard occur.

It is worth noting that there can be positive as well as negative exception reports. Positive exceptions are where performance levels meet set rules, as detailed on the following page.

Explanation of Performance Measures

XmR chart explanation (Value [X] over a moving [m] range [R])

An XmR chart is a control chart used to highlight any significant changes in activity so that interventions can be made before an issue arises. It can also highlight where activity has decreased, potentially as a result of preventative action which could be replicated elsewhere.

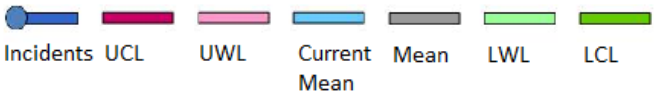
Activity is deemed to be within standard if it remains within set upper and lower limits. These limits are set using a standard deviation calculation based upon the previous three years activity.

An exception report is generated if the XmR rules are breached. Note that a 'positive' exception could also be generated.

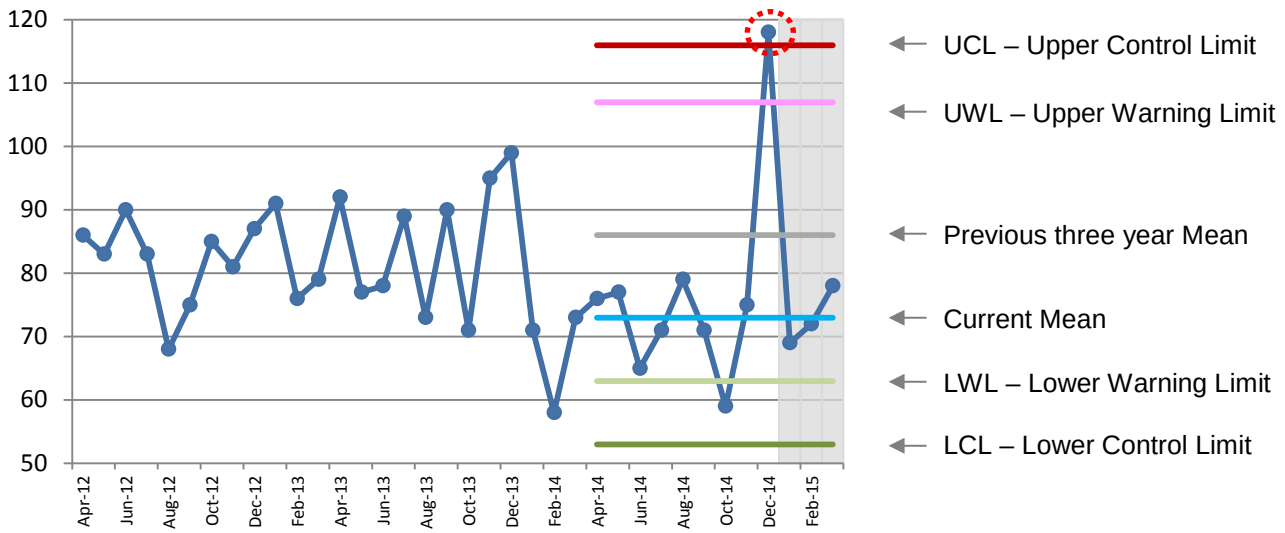
The following rules are applicable to the XmR charts and define when an exception has occurred:

1. A single point beyond the control limit
2. Two out of three consecutive points near the control limits
3. A trend of six consecutive points either up or down
4. A shift of eight or more consecutive points above or below the mean line

XMR chart key definitions:



Example XmR chart: In the example below, KPI 1.3 would produce a negative exception for meeting rule 1, as the activity, represented as a dark blue line, for December 2014 (◌) is above the Upper Control Limit (UCL).



KPI Exception Overview

The KPI Exception Overview highlights those KPI's that are classified as being in exception. Each KPI is shown with an indicator to illustrate whether performance is: Improving (⇧), indicating a positive exception or, Declining (⇩), which would produce a negative exception. This is followed by any relevant exception reports, which detail the reasons for the exception, analysis of the issue, and actions being taken to improve performance.

For the period July 2016 – September 2016 four KPI's are classified as being in negative exception.

KPI	Description	Progress	Exception Positive / Negative	Page (s)
2 - Responding to Emergencies				
2.2.1	Critical Special Service Response - 1st Fire Engine Attendance	⇩	–	9
2.2.2	Critical Special Service Response - Call Handling	⇩	–	11
2.4	Fire Engine Availability – Retained Duty System	⇩	–	13
4 - Engaging with our Staff				
4.2.1	Staff Absence - Excluding Retained Duty System	⇩	–	15

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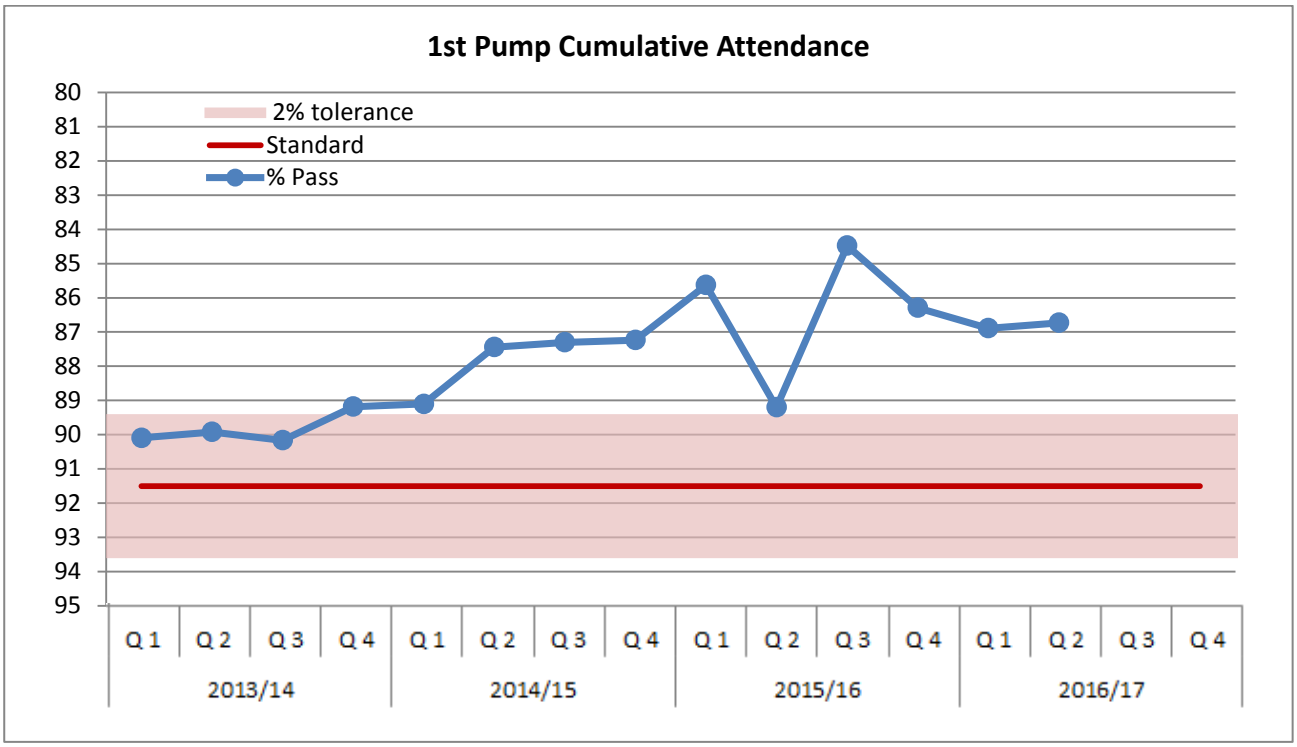
Exception report: 2.2.1 Critical Special Service Response – 1st Fire Engine Attendance

Performance indicator: 2.2.1 Critical Special Service Response – 1st Fire Engine Attendance
Critical special service incidents are non-fire incidents where there is a risk to life, for example, road traffic collisions, rescues and hazardous materials incidents. For these incidents there is a single response standard which measures how long it takes the first fire engine to attend. The response standard for the first fire engine attending a critical special service call (including call handling time (KPI 2.2.2) is 13 minutes. We have achieved our standard when the time between the 'Time of Call' and 'Time in attendance' of the first fire engine arriving at the incident is less than 13 minutes.

Quarter two response percentage pass rate 86.54%, previous year quarter two 91.65%, a worsening of 5.11%.

Standard: 91.5% of occasions.

1st pump cumulative attendance standard	**Year to Date**	2016/17 Quarter 2	*Previous year to Date*	*2015/16 Quarter 2*
	86.73%	86.54%	89.20%	91.65%



What are the reasons for an Exception Report

This is a negative exception report due to critical Special Service 1st pump response being below the standard. Overall, quarter two pass rate was 86.54%, with a cumulative pass rate of 86.73%, which is outside of the 91.5% standard.

Analysis

Each month of quarter 2 recorded a below standard pass rate, though there was an improvement towards the end of the quarter. However, this could be attributed to a very low activity count for the month of September. The increasing call handling time is one factor that could affect the worsening performance, with quarter 2 recording a longer median call handling time than any quarter of the previous 12 months (KPI 2.2.2).

The Officer in Charge (OIC) is now required to provide a narrative for the failure to respond to the incident within standard. Analysis of 22 narratives implies that the travel distance involved, along with incidents occurring outside of their own station area, are the main reasons for longer travel times.

Failure to book in attendance or the MDT failing to acknowledge an attendance, still account for a small number of failure reasons. This is the subject of continued focus by the Heads of Service Delivery.

Shown below are the actual failures and monthly totals over the previous 12 months, along with the percentage pass rate.

	2015/16						2016/17					
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Failed	14	27	114	13	10	21	22	14	23	18	19	12
Incidents	197	187	375	205	187	134	120	124	206	131	137	96
% Pass	92.9	85.6	69.6	93.7	94.7	84.3	81.7	88.7	88.8	86.3	86.1	87.5

Over the quarter two period, 31% of the failures failed by less than 60 seconds.

Call handling is a contributing factor as this is now included within the overall response time. The individual monthly [median] call handling times are shown below.

	2015/16						2016/17					
Median Seconds	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
	93	95	174	93	88	116	132	135	120	121	135	135

Actions being taken to improve performance?

Head's of Service Delivery (HoSD) are implementing and monitoring performance measures to remedy deficiencies and drive improvement.

It is hoped that on-going initiatives to address these issues will bring the cumulative standard back to within the 2% tolerance.

Exception report: 2.2.2 Critical Special Service Response – Call Handling

Performance indicator: 2.2.2 Critical Special Service Response – Call Handling

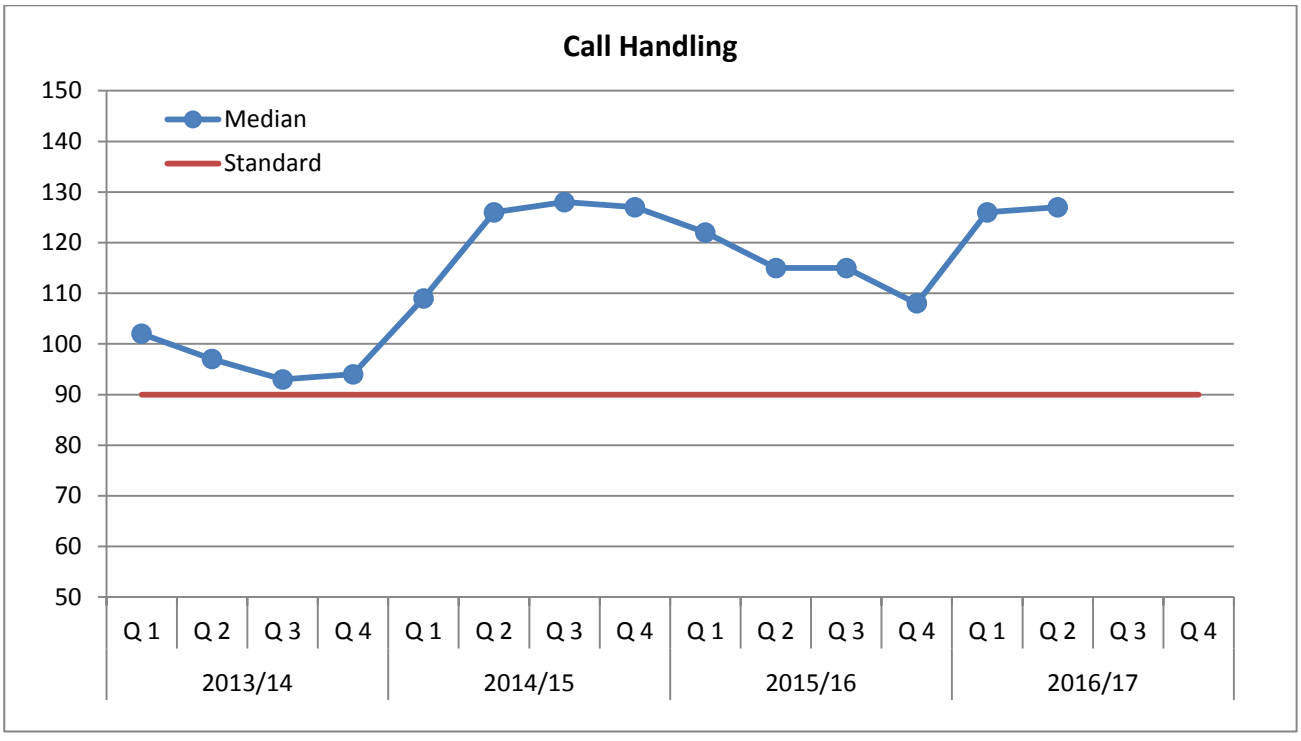
Call handling time is calculated from the ToC to the ToS of the first appliance mobilised. A median is used to calculate the average time for the month. Excludes duplicate calls for the same incident.

The median call handling time for quarter two is 129 seconds, previous year quarter two 107 seconds, a worsening of 22 seconds. The median for the months of quarter one (April to June 2016) recorded 126 seconds.

A negative exception report has been produced due to the median being a longer duration than the 90 second standard.

Standard: Within 90 seconds.

Median response	**Year to Date**	2016/17 Quarter 2	*Previous year to Date*	*2015/16 Quarter 2*
(Seconds)	**127**	129	*115*	*107*



What are the reasons for an Exception Report

This is a negative exception report due to performance being below standard, with the improvement in call handling recorded during the previous year showing a worsening during quarter one and two of 2016/17.

Analysis

The long term trend of improved performance has not continued in the 2016/17 year, with quarter one and two of this year showing a worsening performance similar to the initial transition to North West Fire Control (NWFC).

The latest performance report from NWFC shows that the time taken from receiving a call to alerting the first resource is 112 seconds for Lancashire, which is 2 seconds slower than that achieved during quarter 1, and also 2 seconds slower than the average for all FRS's handled by NWFC.

This average is for *all* emergency calls; however, this KPI looks at a subset of calls which tend to be more challenging in terms of identifying an addressable location. This naturally occurs when either the caller is in an unfamiliar location or when the incident occurs away from a landmark or road junction.

It is hoped that further analysis of call handling data, in conjunction with NWFC, will help highlight where the issues lie and aid targeting of areas for improvement.

Actions being taken to improve performance

1. Performance standards have been written into each individual's appraisal review against which their performance and that of their team will be measured and managed.

2. FRS's are being asked to review the final classifications for incidents in order to make these easier to record and report on. This will also allow for more specific reporting to be done based on incident type per FRS rather than a generic NWFC report.

3. Staff are working through phased development plans in order to achieve competent status as quickly as possible.

4. FRS's are being encouraged to converge on ways of working wherever possible to reduce the number of response plans (mobilising rule sets) that Control Room Operators (CRO's) have to apply.

Exception report: 2.4 Fire Engine Availability - Retained Duty System

Performance indicator: 2.4 Fire Engine Availability – Retained Duty System

This indicator measures the availability of fire engines that are crewed by the retained duty system (RDS). It is measured by calculating the percentage of time a fire engine is available to respond compared to the total time in the period.

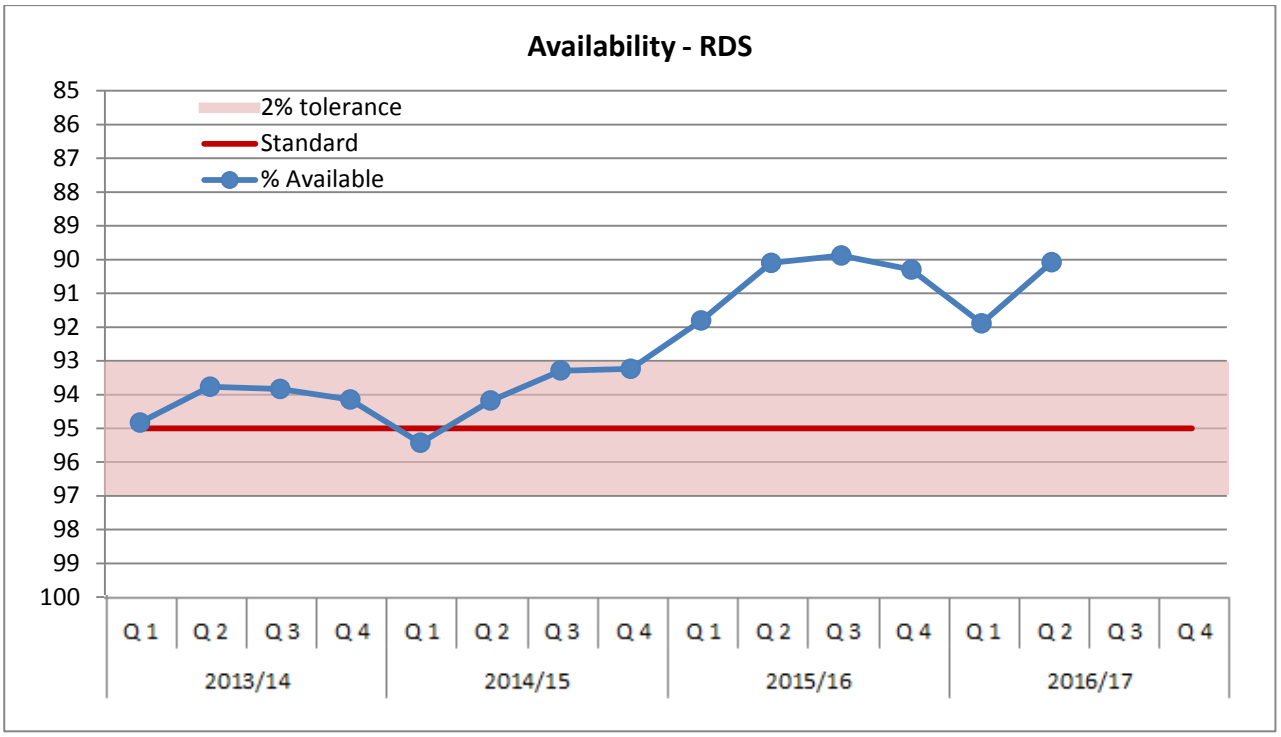
Fire engines are designated as unavailable (off-the-run) for the following reasons:

- *Manager deficient*
- *Crew deficient*
- *Not enough BA wearers*
- *No driver*

The percentage of time that RDS crewed engines are available for quarter two was 88.28%, previous year quarter two 88.40%, a worsening of 0.12%. The previous quarter (April to June 2016) recorded 91.90%.

A negative exception report has been produced due to percentage availability being below the standard.

Annual standard: Above 95%



What are the reasons for an Exception Report

This is a negative exception report due to the cumulative RDS availability for the three months of quarter two being below the standard and outside of the two per cent tolerance.

Analysis

Quarter 2 has seen a worsening in RDS appliance availability. The number of RDS personnel who were successful in obtaining a wholetime position has had an impact on available RDS hours. This is due to leaving the RDS service, being able to commit fewer hours due to W/T commitment or being unavailable due to development (W/T recruit course).

With an ageing workforce, the loss of staff due to retirement also has an impact on the ability to fully crew an appliance, and a number of retirements have occurred over the last two quarters.

The Service has also seen a number of resignations, albeit, some temporarily which has also reduced coverage.

Continuing work by the Retained Duty System Recruitment and Improvement Group (RIG) will be responsible for progressing areas for improvement. This isn't being viewed as a project with start and finish dates but as a number of ongoing pieces of work which will strive to deliver incremental improvements in order to strengthen and support the Retained Duty System.

Actions being taken to improve performance

Local performance monitoring is being led by Heads of Service Delivery to track progress against this KPI and to identify opportunity to improve performance

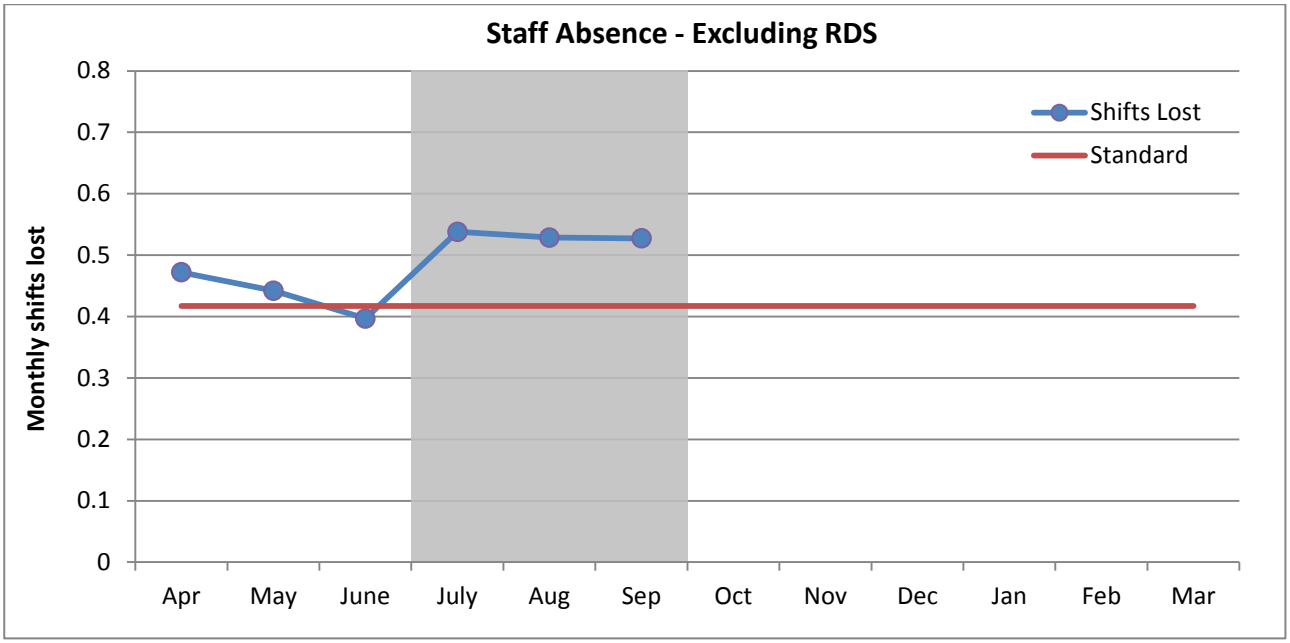
It is hoped that ongoing initiatives to address these issues will bring the standard back to within the 2% tolerance.

Exception report: 4.2.1 Staff Absence - Excluding Retained Duty System

4.2.1 Staff Absence - Excluding Retained Duty System

The cumulative number of shifts (days) lost due to sickness for all wholetime, DCP, DC and support staff divided by the total number of staff.

Annual Standard: Not more than 5 shifts lost.
(Represented on the chart as annual shifts lost ÷ 12 months)



Cumulative total number of monthly shifts lost	2.905

What are the reasons for an Exception Report

This is a negative exception report due to the number of shifts lost through absence per employee being above the Service target for three months during quarter two.

Analysis

During quarter two the shifts lost through absence month on month shows September 2016 being above the Service target.

During this quarter there were 8 long term absence cases which span over the 3 months, seven of these were from whole-time staff and one from non-uniformed. The main reasons reported for

long-term absence being hospital procedure and muscular skeletal. There are two cases of employees with cancer. At the end of the quarter there were 9 other long term absences of less than 3 months, 5 have since returned to work.

At the end of September the cumulative totals show that non-uniformed staff absence was above target at 2.90 shifts lost per employee, whole-time staff absence was also above target at 2.92 shifts per employee. Overall absence for all staff (except Retained Duty System) was 2.90 shifts lost which exceeds the Service target of 2.5 shifts at the end of the second quarter.

Actions being taken to improve performance

Early intervention by OHU doctor/nurse/physiotherapist, HR support to managers in following the Attendance Policy managing individual cases, addressing review periods/triggers in a timely manner and dealing with capability off staff due to health issues. Absence management presentations and question and answer session on the ILM course to assist future managers understand and interpret the policy. We encourage employees to make use of our Employee Assistance Programme provider OPTUM and The Firefighters Charity.

The new Absence Management Policy was introduced on 1 September 2016 and is being rolled out to managers, who are invited to the training provided by HR.

Key Performance Indicators

This section gives an overview of the performance direction of the KPI's which are not in exception. Each KPI is shown within its priority with an indicator to illustrate whether performance is: Improving (⇧), Maintaining (⇔) or Declining (⇩), followed by a summary of the current position.

KPI	Description	Progress	Page (s)
1 - Preventing and Protecting			
1.1	Risk Map Score	⇧	18
1.2	Overall Activity	⇩	19
1.3	Accidental Dwelling Fires	⇧	20
1.3.1	ADF - Extent of Damage	⇩	21
1.3.2	ADF - Number of Incidents Where Occupants have Received a HFSC	⇧	21
1.4	Accidental Dwelling Fire Casualties	⇧	22
1.5	Accidental Building Fires (Non Dwellings)	⇧	23
1.5.1	ABF (Non Dwellings) - Extent of Damage	⇧	24
1.6	Deliberate Fires	⇧	25
1.7	High/Very High Risk Home Fire Safety Checks	⇧	26
1.8	Road Safety Education Evaluation	⇧	27
1.9.1	Fire Safety Enforcement - Known Risk	⇧	28
1.9.2	Fire Safety Enforcement - Risk Reduction	⇩	28
2 - Responding to Emergencies			
2.1.1	Critical Fire Response – 1st Fire Engine Attendance	⇧	29
2.1.2	Critical Fire Response - 2nd Fire Engine Attendance	⇧	30
2.1.3	Critical Fire Response - Call Handling	⇧	31
2.3	Fire Engine Availability - Wholetime, Day Crewing and Day Crewing Plus	n/a	32
2.5	Staff Accidents	⇩	33
3 - Delivering Value for Money			
3.1	Progress Against Savings Programme	⇧	34
3.2	Overall User Satisfaction	⇧	35
4 - Engaging with our Staff			
4.1	Overall Staff Engagement	⇧	36
4.2.2	Staff Absence - Retained Duty System	⇧	37

1.1 Risk Map

This indicator measures the fire risk in each SOA. Risk is determined using fire activity over the previous three fiscal years along with a range of demographic data, such as population and deprivation. Specifically, the risk score for each SOA is calculated using the following formula:

$$\frac{\text{Dwelling fires}}{\text{Total dwellings}} + \left[\frac{\text{Dwelling fire casualties}}{\text{Resident population}} \times 4\right] + \text{Building fire count} + \left[\text{IMD} \times 2\right] = \text{Risk Score}$$

Once an SOA has been assigned a score, it is then categorised by risk grade.

Standard: To reduce the risk in Lancashire - an annual reduction in the County risk map score.

The County risk map score is updated annually, before the end of the first quarter. An improvement is shown by a year on year decreasing 'score' value. Current score 32990, previous year score 33268.

Score Category	Grade	Score (11-14)	SOA Count (11-14)	Score (12-15)	SOA Count (12-15)	Score (13-16)	SOA Count (13-16)
Less than 36	L	11686	508	12366	533	11944	519
Between 36 & 55	M	13208	306	12130	281	13578	314
Between 56 & 75	H	6040	95	5440	86	4890	76
Greater than 75	VH	2714	32	3332	41	2578	32
Grand Total		33648	941	33268	941	32990	941

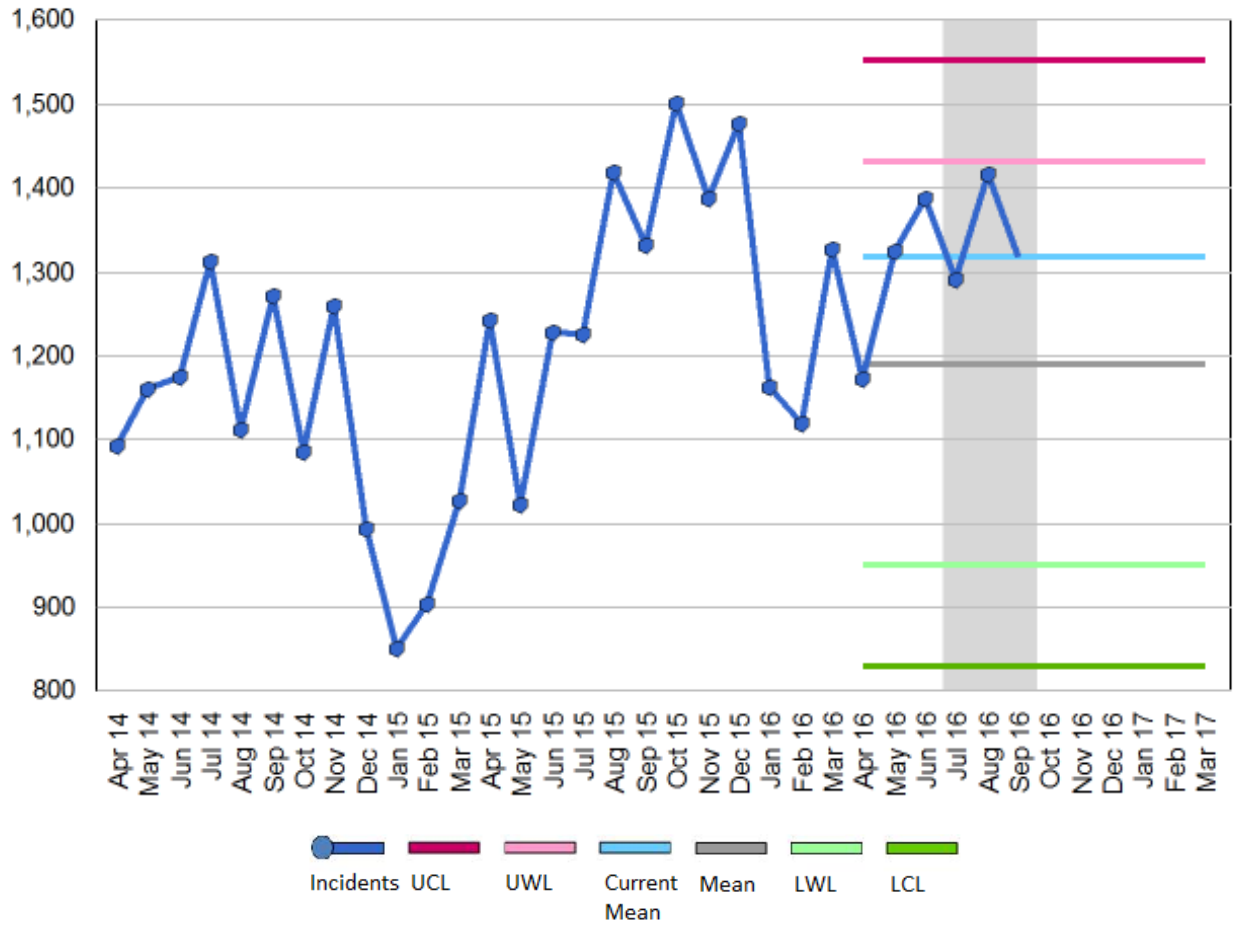
Risk Grade	Very High	High	Medium	Low	Overall Risk Score
2015 count	41	86	281	533	33268
2016 count	32	76	314	519	32990
Change	↓ -22% Overall reduction in Very High risk SOA's	↓ -12% Overall reduction in High risk SOA's	↑ 12% Overall increase in Medium risk SOA's	↓ -3% Overall reduction in Low risk SOA's	↓ -1% Overall reduction in fire risk

1.2 Overall Activity

The number of incidents that LFRS attend with one or more pumping appliances. Includes fires, special service calls and false alarms.

Quarter two activity 4020, previous year quarter two activity 3976, an increase of 1.11%.

Included within this KPI is a new incident type of 'Gaining Entry'. This is where we have attended on behalf of the North West Ambulance Service. During quarter two we attended on 126 occasions.



1.2 Number of attended incidents	Year to Date	**2016/17 Quarter 2**	*Previous year to Date*	*2015/16 Quarter 2*
	7900	**4020**	*7461*	*3976*

The grey line on the XmR chart denotes the mean monthly activity over the previous 3 years and the pale blue line the current mean.

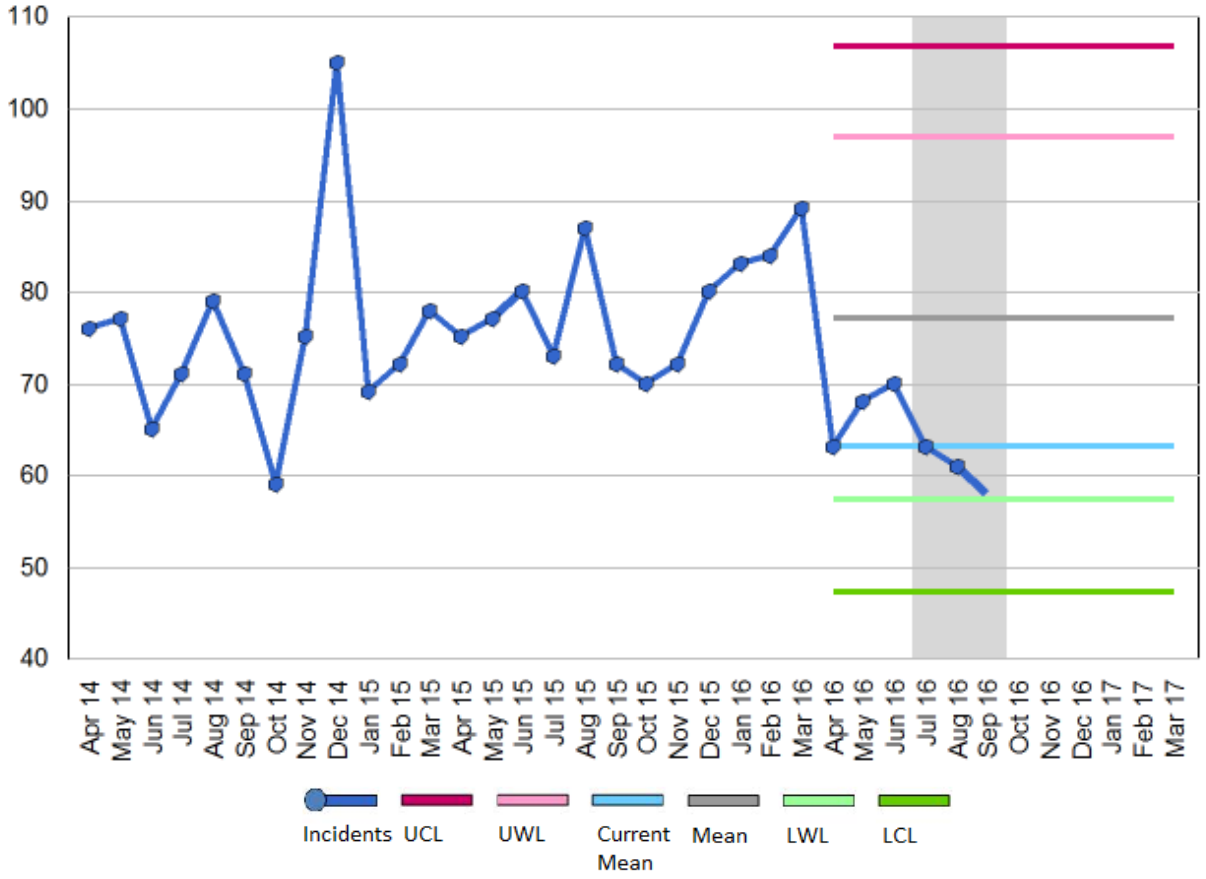
Current Mean	**3 year Mean**	**Monthly Mean**		
		2015/16	**2014/15**	**2013/14**
1316	1189	1285	1102	1181

1.3 Accidental Dwelling Fires

The number of primary fires where a dwelling has been affected and the cause of fire has been recorded as 'Accidental' or 'Not known'.

A primary fire is one involving property (excluding derelict property) or any fires involving casualties, rescues, or any fire attended by five or more appliances. An appliance is counted if either the appliance, equipment from it or personnel riding on it, were used to fight the fire.

Quarter two activity 182, previous year quarter two activity 232, a decrease of 22%.



1.3 Accidental Dwelling Fires	Year to Date	**2016/17 Quarter 2**	*Previous year to Date*	*2015/16 Quarter 2*
	383	182	464	232

The grey line on the XmR chart denotes the mean monthly activity over the previous 3 years and the pale blue line the current mean.

Current Mean	**3 year Mean**	**Monthly Mean**		
		2015/16	**2014/15**	**2013/14**
63	78	78	75	81

1.3.1 ADF - Extent of Damage

ADF criteria as 1.3. Extent of fire and heat damage is limited to: Item ignited first, Limited to room of origin, Limited to floor of origin and Spread beyond floor of origin.

**The ADF activity count is limited to only those ADF's which had an extent of damage shown above.*

An improvement is shown if the total percentage of 'Item first ignited' and 'Room of origin' is greater than the comparable quarter of the previous year.

Percentage of accidental dwelling fires limited to item 1st ignited in quarter two 28%, quarter two of previous year 28%. Percentage limited to room of origin in quarter two 56%, quarter two previous year 57%, limited to floor of origin in quarter two 12%, quarter two previous year 12% and spread beyond floor 4%, previous year 3%.

	2016/17					⇧/⇩	*2015/16*			
	***ADF activity**	**Item 1st ignited**	**Room of origin**	**Floor of origin**	**Spread beyond floor of origin**	**Progress**	***Item 1st ignited***	***Room of origin***	***Floor of origin***	***Spread beyond floor of origin***
Quarter 1	152	20%	62%	13%	6%	⇩	25%	60%	8%	7%
Quarter 2	130	28%	56%	12%	4%	⇩	28%	57%	12%	3%
Quarter 3							30%	56%	8%	6%
Quarter 4							18%	71%	7%	4%

1.3.2 ADF - Number of Incidents Where Occupants have Received a HFSC

ADF criteria as 1.3. The HFSC must be a completed job (i.e. not a refusal) carried out by LFRS personnel or partner agency. The HFSC must have been carried out within 12 months prior of the fire occurring.

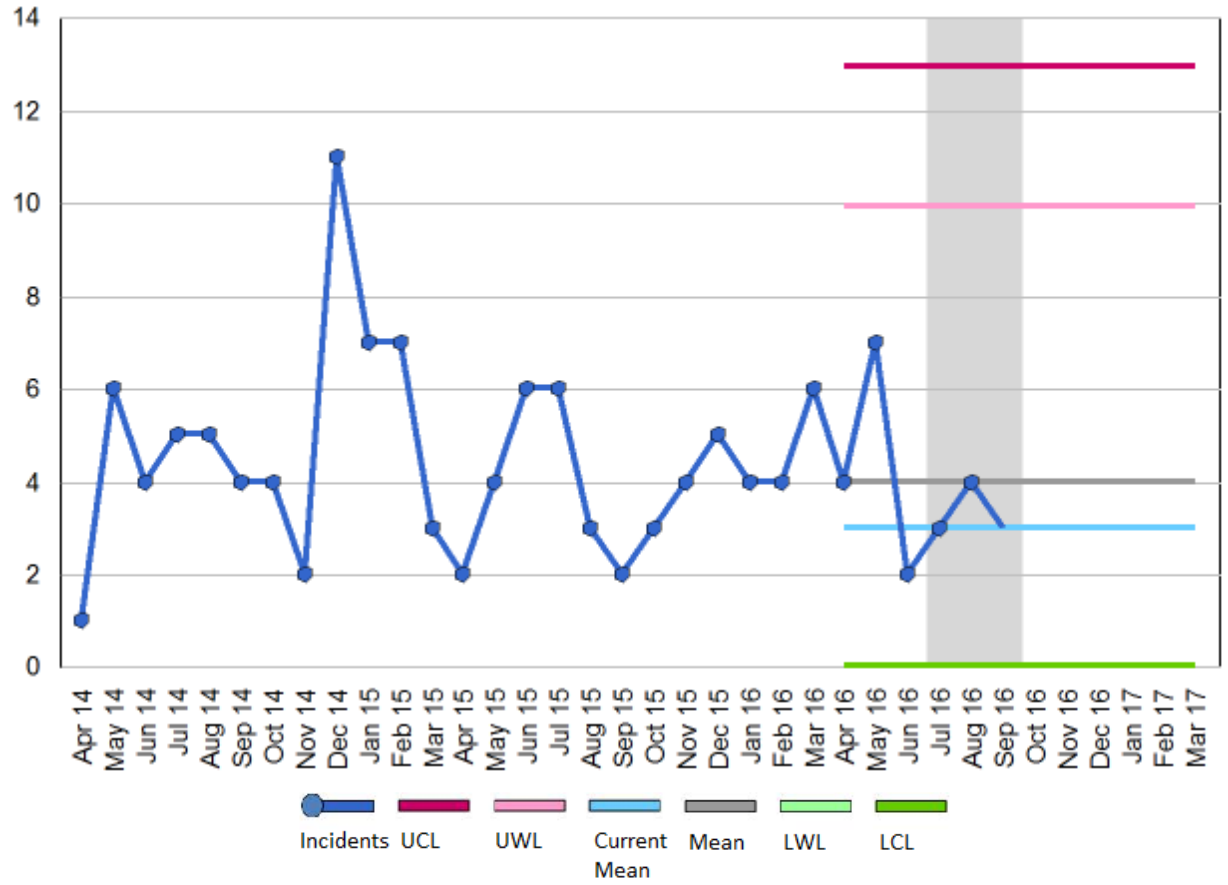
	2016/17		*2015/16*	
	ADF's with previous HFSC	**% of ADF's with previous HFSC**	***ADF's with previous HFSC***	***% of ADF's with previous HFSC***
Quarter 1	13	7%	*7*	*3%*
Quarter 2	13	7%	*7*	*3%*
Quarter 3			*4*	*2%*
Quarter 4			*6*	*2%*

Analysis: Of the thirteen accidental dwelling fire incidents that had received a HFSC within the previous 12 months, six had 'Heat and smoke damage only', two resulted in damage 'Limited to item first ignited' and five 'Spread beyond floor of origin.

1.4 Accidental Dwelling Fire Casualties

ADF criteria as 1.3. The number of fire related fatalities, slight and serious injuries. A slight injury is defined as; a person attending hospital as an outpatient (not precautionary check). A serious injury is defined as; at least an overnight stay in hospital as an in-patient.

During quarter two there have been no fatalities. Two casualties are recorded as serious and 7 with slight injuries. Quarter two of the previous year recorded two fatalities, 1 serious and 8 slight.



Casualty Status	Year to Date	**2016/17 Quarter 2**	*Previous year to Date*	*2015/16 Quarter 2*
Fatal	0	0	3	2
Victim went to hospital, injuries appear Serious	8	2	4	1
Victim went to hospital, injuries appear Slight	14	7	16	8
Total	22	9	23	11

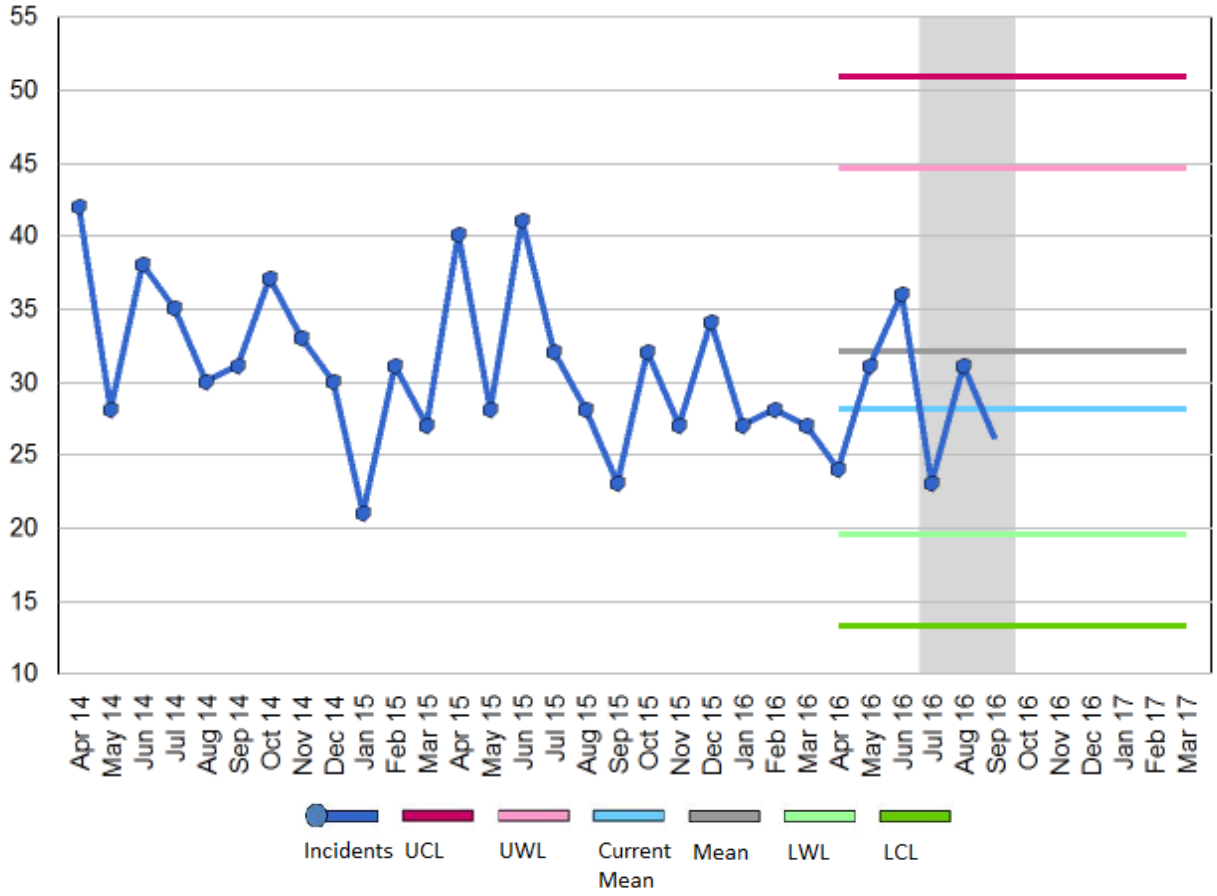
The grey line on the XmR chart denotes the mean monthly activity over the previous 3 years and the pale blue line the current mean.

Current Mean	**3 year Mean**	**Monthly Mean**		
		2015/16	**2014/15**	**2013/14**
3	4	4	4	5

1.5 Accidental Building Fires (Non Dwellings)

Primary fire criteria as 1.3. The number of primary fires where; the property type is 'Building' and the property sub type does not equal 'Dwelling' and the cause of fire has been recorded as 'Accidental' or 'Not known'.

Number of accidental building fires quarter two activity 80, previous year quarter two activity 83, a decrease of 3.61%.



1.5 Accidental Building Fires	Year to Date	**2016/17 Quarter 2**	*Previous year to Date*	*2015/16 Quarter 2*
	171	80	*192*	*83*

The grey line on the XmR chart denotes the mean monthly activity over the previous 3 years and the pale blue line the current mean.

Current Mean	**3 year Mean**	**Monthly Mean**		
		2015/16	**2014/15**	**2013/14**
28	32	31	32	35

1.5.1 ABF (Non Dwellings) - Extent of Damage

ABF criteria as 1.5. Extent of fire and heat damage is limited to: Item ignited first, Limited to room of origin, Limited to floor of origin and Spread beyond floor of origin.

**The ABF activity count is limited to only those ABF's which had an extent of damage shown above.*

An improvement is shown if the total percentage of 'Item first ignited' and 'Room of origin' is greater than the comparable quarter of the previous year.

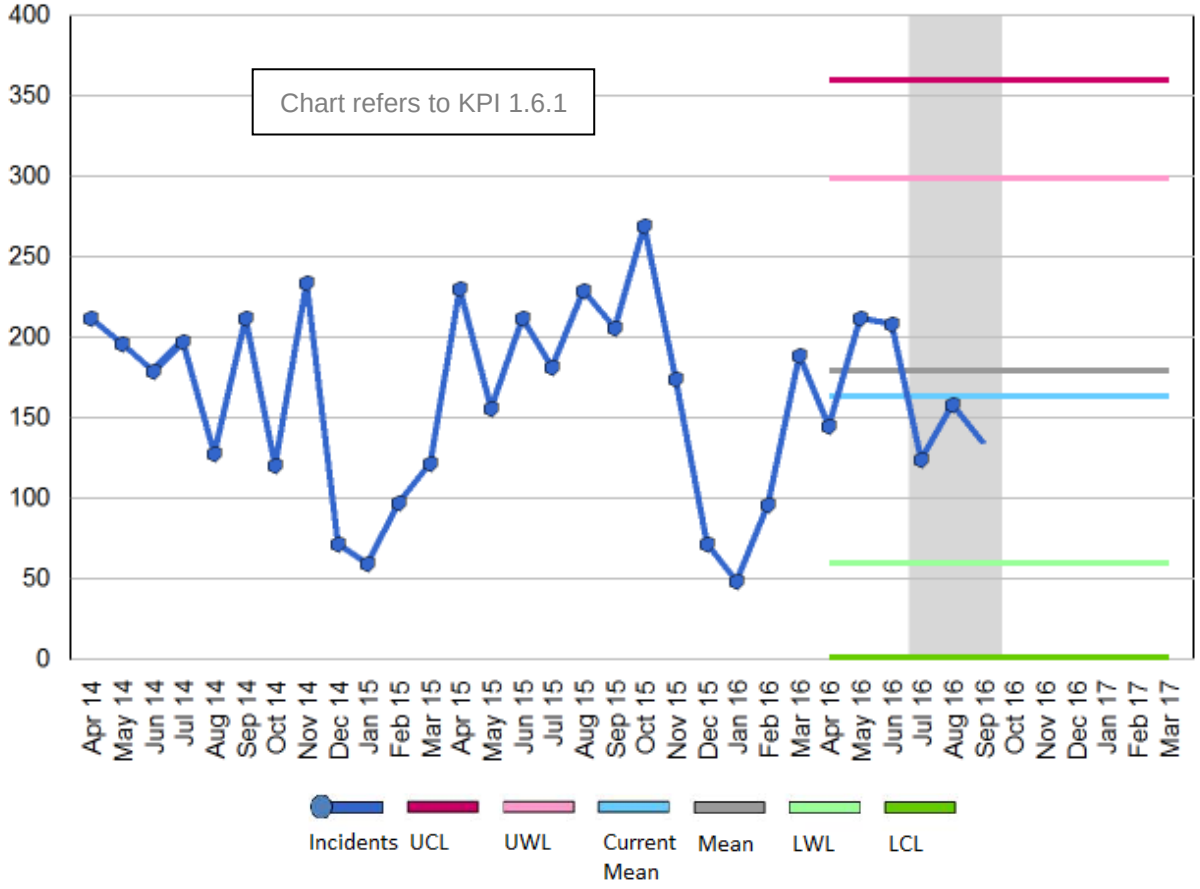
Percentage of accidental building fires limited to item 1st ignited in quarter two 13%, quarter two of previous year 26%. Percentage limited to room of origin in quarter two 46%, quarter two previous year 28%, limited to floor of origin in quarter two 21%, quarter two previous year 11% and spread beyond floor 21%, previous year 34%.

		2016/17				⇧/⇩	*2015/16*			
	***ABF activity**	**Item 1st ignited**	**Room of origin**	**Floor of origin**	**Spread beyond floor of origin**	**Progress**	***Item 1st ignited***	***Room of origin***	***Floor of origin***	***Spread beyond floor of origin***
Quarter 1	75	11%	41%	17%	31%	⇩	29%	26%	13%	32%
Quarter 2	63	13%	46%	21%	21%	⇧	26%	28%	11%	34%
Quarter 3							20%	49%	12%	19%
Quarter 4							24%	30%	20%	26%

1.6 Deliberate Fires

The number of primary and secondary fires where; the cause of fire has been recorded as 'Deliberate'. Secondary fires are the majority of outdoor fires including grassland and refuse fires unless they involve casualties or rescues, property loss or 5 or more appliances attend. Includes fires in single derelict buildings.

1.6.1 Deliberate fires (ASB) quarter two activity 416, previous year quarter two activity 615.
1.6.2 Deliberate fires (Dwellings) quarter two activity 34, previous year quarter two activity 32.
1.6.3 Deliberate fires (Non dwellings) quarter two activity 42, previous year quarter two activity 43.



Deliberate Fire Type	Year to Date	2016/17 Quarter 2	*Previous year to Date*	*2015/16 Quarter 2*
1.6.1 Deliberate Fires - ASB	979	416	*1211*	*615*
1.6.2 Deliberate Fires - Dwellings	53	34	*62*	*32*
1.6.3 Deliberate Fires - Non Dwellings	84	42	*80*	*43*

The grey line on the XmR chart denotes the mean monthly activity over the previous 3 years and the pale blue line the current mean.	Current Mean	3 year Mean	Monthly Mean		
			2015/16	2014/15	2013/14
	163	179	171	152	214

1.7 High / Very High Risk Home Fire Safety Checks

The percentage of completed HFSC's, excluding refusals, carried out by LFRS personnel or partner agencies where the risk score has been determined to be either high or very high.

An improvement is shown if the percentage of high and very high HFSC outcomes is greater than the comparable quarter of the previous year.

Percentage of high and very high HFSC outcomes in quarter two 75%, quarter two of the previous year 68%.

	2016/17		⇧/⇩	*2015/16*	
	% of High and Very High HFSC outcomes	**% of High and Very High HFSC outcomes (Cumulative)**	**Progress**	***% of High and Very High HFSC outcomes***	***% of High and Very High HFSC outcomes (Cumulative)***
Quarter 1	79%	79%	⇧	67%	67%
Quarter 2	75%	77%	⇧	68%	67%
Quarter 3				74%	67%
Quarter 4				80%	71%

1.8 Road Safety Education Evaluation

The percentage of participants of the Wasted Lives and Childsafe Plus education packages that show a positive change to less risky behaviour following the programme. This is based on comparing the overall responses to an evaluation question pre and post-delivery of the course.

An improvement is shown if the percentage positive influence on participants behaviour is greater than the comparable quarter of the previous year.

A programme is also being delivered called 'Safe Drive Stay Alive'. This has been delivered to 2,600 students. Additionally, the 'Crashed cars' shown at events, have been seen by approximately 16,300 people.

Total number of participants 2847, with a percentage of positive influence [1] on participant's behaviour for the current year to date of 85%.

	2016/17 (Cumulative)		⬆/⇩	***2015/16* (Cumulative)**	
	Total participants	**% positive influence on participants behaviour**	**Progress**	***Total participants***	***% positive influence on participants behaviour***
Quarter 1	1832	87%	⬆	4811	82%
Quarter 2	2847	85%	⬆	6630	84%
Quarter 3				8119	85%
Quarter 4				11943	85%

[1] *From a sample*

1.9.1 Fire Safety Enforcement - Known Risk

The percentage of premises that have had a Fire Safety Audit (as recorded in the CFRMIS system to date), as a percentage of the number of all known premises (as recorded in the Address Base Premium Gazetteer) in Lancashire to which The Regulatory Reform (Fire Safety) Order 2005 applies.

Total number of premises within system 33243, number of premises audited to date 18463 (56%).

Number of premises	Number of premises audited to date	% of all premises audited to date: 2016/17	*% of all premises audited Year end: 2015/16*
33243	18463	56%	55%

1.9.2 Fire Safety Enforcement - Risk Reduction

The percentage of Fire Safety Audits carried out within the period resulting in enforcement action. Enforcement action is defined as one or more of the following; notification of deficiencies, action plan, enforcement notice, alterations notice or prohibition notice.

An improvement is shown if the 'Satisfactory Audits' percentage is greater than the comparable quarter of the previous year.

Satisfactory audits in quarter two 34%, previous year quarter two 38%
Requiring formal activity in quarter two 10%, previous year quarter two 10%
Requiring informal activity in quarter two 57%, previous year quarter two 50%

	2016/17				*2015/16*		
	Satisfactory audits	**Requiring formal activity**	**Requiring informal activity**	⇧/⇩ **Progress**	***Satisfactory audits***	***Requiring formal activity***	***Requiring informal activity***
Quarter 1	28%	8%	59%	⇩	*35%*	*9%*	*53%*
Quarter 2	34%	10%	57%	⇩	*38%*	*10%*	*50%*
Quarter 3					*40%*	*8%*	*48%*
Quarter 4					*32%*	*10%*	*58%*

2.1.1 Critical Fire Response - 1st Fire Engine Attendance

Performance indicator: 2.1.1 Critical Fire Response – 1st Fire Engine Attendance

Critical fire incidents are defined as incidents that are likely to involve a significant threat to life, structures or the environment. Our response standards, in respect of critical fires, are variable and are determined by the risk map (KPI 1.1) and subsequent risk grade of the SOA in which the fire occurred.

The response standards for the first fire engine attending a critical fire (including call handling time KPI 2.1.3) are as follows[1]:

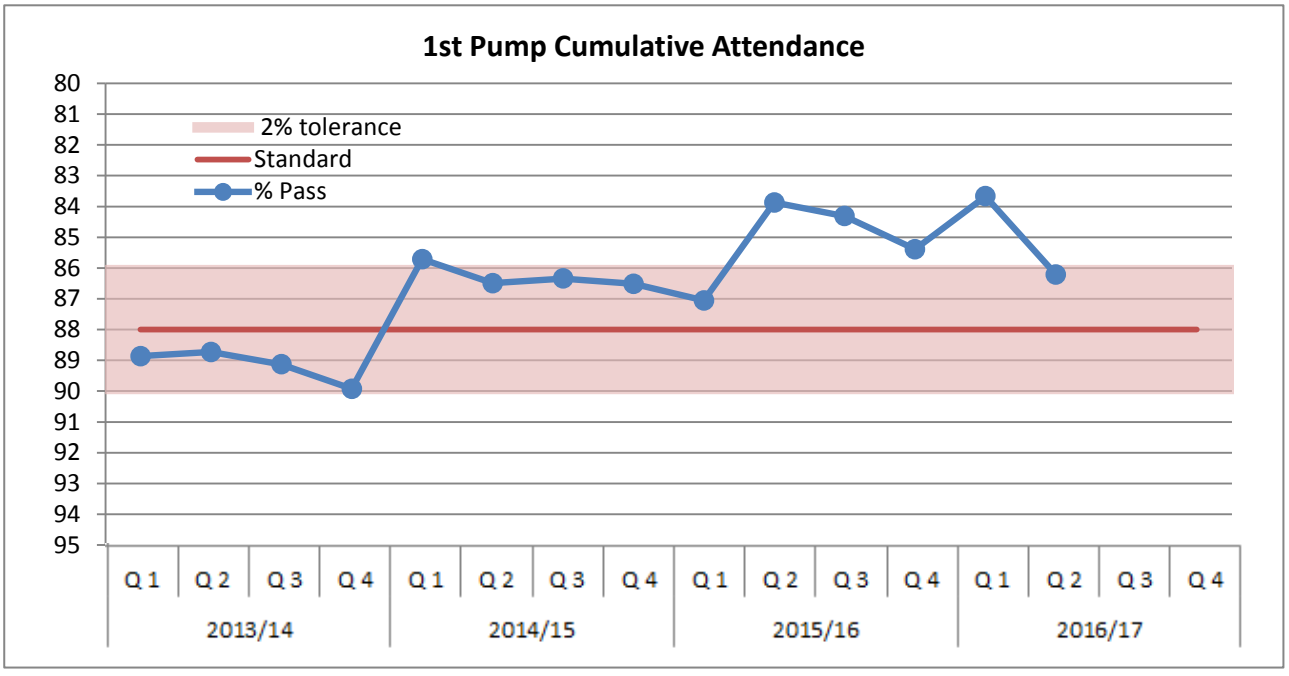
- *Very high risk area = 6 minutes*
- *High risk area = 8 minutes*
- *Medium risk area = 10 minutes*
- *Low risk area = 12 minutes*

We have achieved our standard when the time between the 'Time of Call' (TOC) and 'Time in Attendance' (TIA) of the first fire engine arriving at the incident is less than the relevant response standard.

[1] The above times now include the previous 'call handling' element. Ref note [1] 2015/16 Q2 for explanation.

We aim to achieve this standard on 88% of occasions.
Quarter two 1st pump response 88.89%, previous year quarter two 80.58%.

1st pump cumulative attendance standard	**Year to Date**	2016/17 Quarter 2	*Previous year to Date*	*2015/16 Quarter 2*
	86.21%	88.89%	83.87%	80.58%



2.1.2 Critical Fire Response - 2nd Fire Engine Attendance

Critical fire criteria as 2.1.1. The response standards for the 2nd fire engine attending a critical fire (including call handling time KPI 2.1.3) are as follows[1]:

- *Very high risk area = 9 minutes*
- *High risk area = 11 minutes*
- *Medium risk area = 13 minutes*
- *Low risk area = 15 minutes*

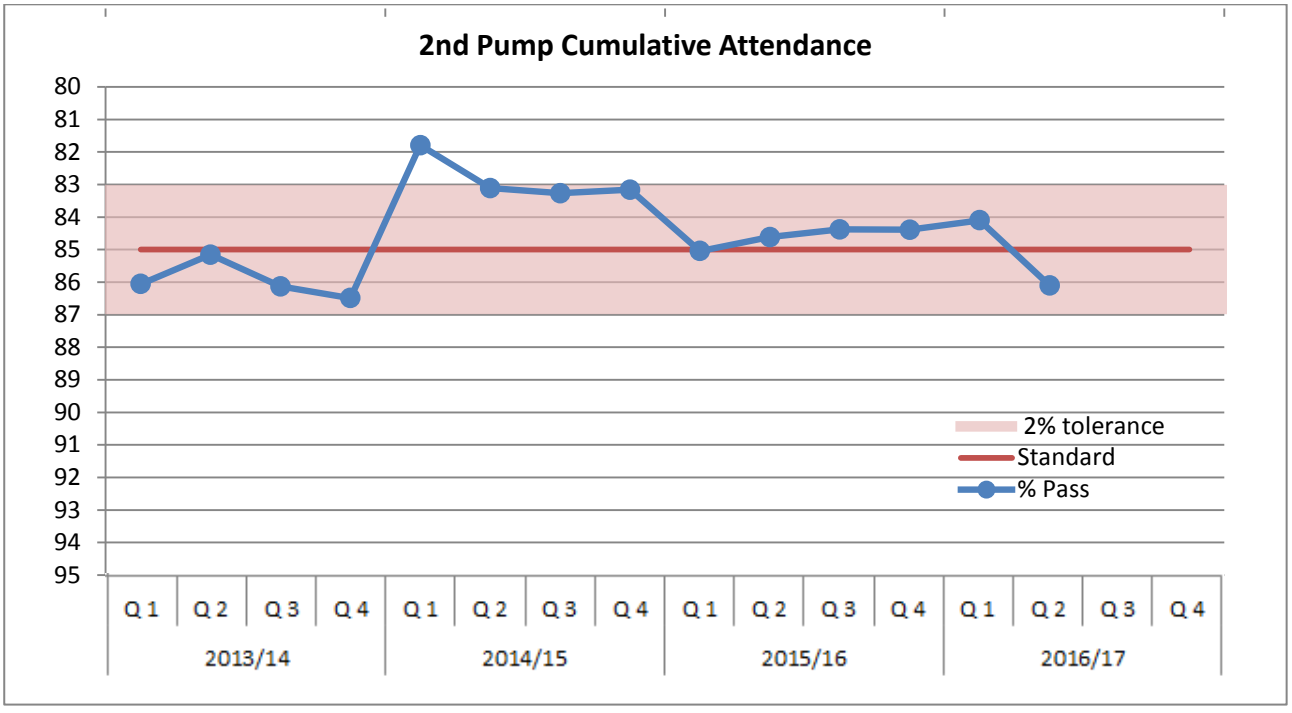
We have achieved our standard when the time between the 'Time of Call' and 'Time in Attendance' of second fire engine arriving at the incident is less than the relevant response standard.

[1] The above times now include the previous 'call handling' element. Ref note [1] 2015/16 Q2 for explanation.

We aim to achieve this standard on 85% of occasions.

Quarter two 2nd pump response 88.19%, previous year quarter two 84.16%.

2nd pump cumulative attendance standard	**Year to Date**	2016/17 Quarter 2	*Previous year to Date*	*2015/16 Quarter 2*
	86.10%	88.19%	84.62%	84.16%



2.1.3 Critical Fire Response – Call Handling

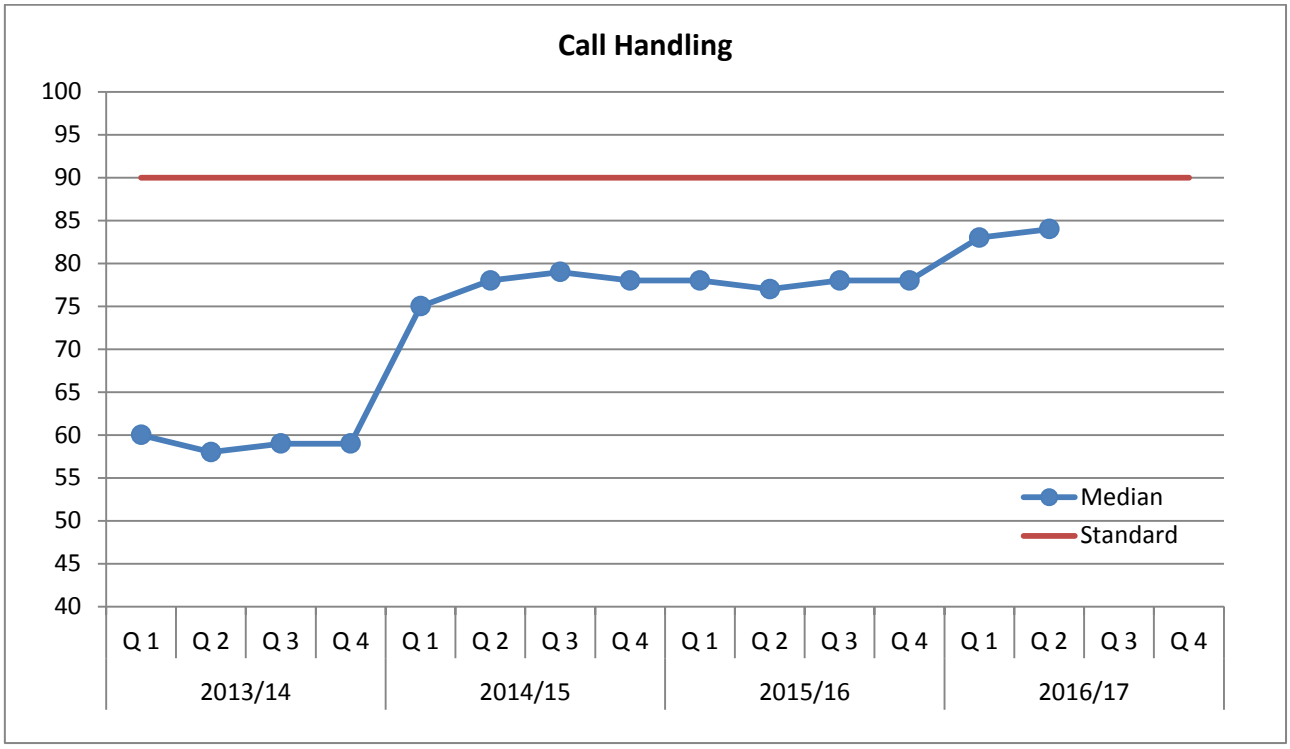
Performance indicator: 2.1.3 Critical Fire Response – Call Handling

Critical fire criteria as 2.1.1. Call handling time is calculated from the 'Time of Call' to the 'Time of Send' of the first fire engine. The measure used is taken from the Performance Framework used by North West Fire Control (NWFC). A median is used to calculate the average time for the quarter. Excludes duplicate calls for the same incident.

The median call handling time for quarter two is 85 seconds, previous year quarter two was 76 seconds, a worsening of 9 seconds.

Standard: Within 90 seconds.

Median response (Seconds)	**Year to Date**	2016/17 Quarter 2	*Previous year to Date*	*2015/16 Quarter 2*
	84	85	77	*76*



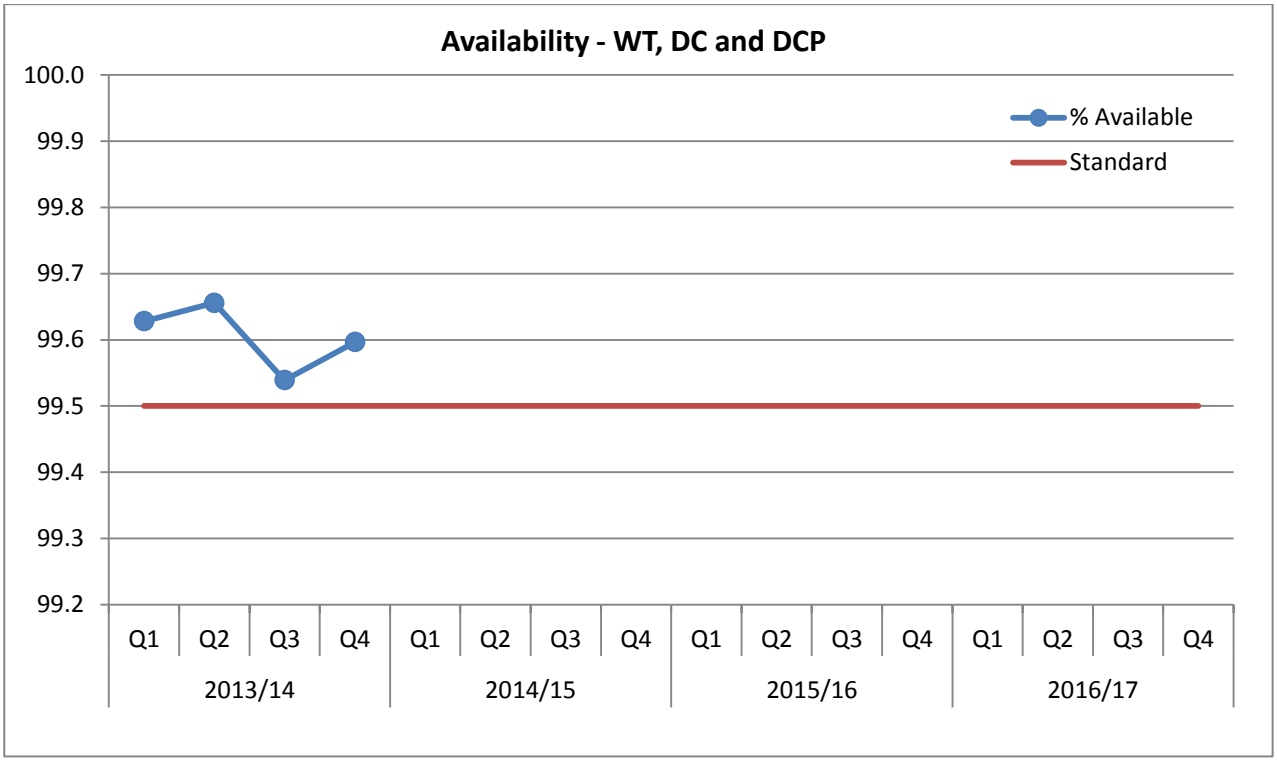
2.3 Fire Engine Availability - Wholetime, Day Crewing and Day Crewing Plus

This indicator measures the availability of fire engines that are crewed by wholetime, day crewing and day crewing plus shifts. It is measured as the percentage of time a fire engine is available to respond compared to the total time in the period.

Fire engines are designated as unavailable for the following reasons:

- *Mechanical*
- *Crew deficient*
- *Engineer working on station*

Annual Standard: Above 99.5%



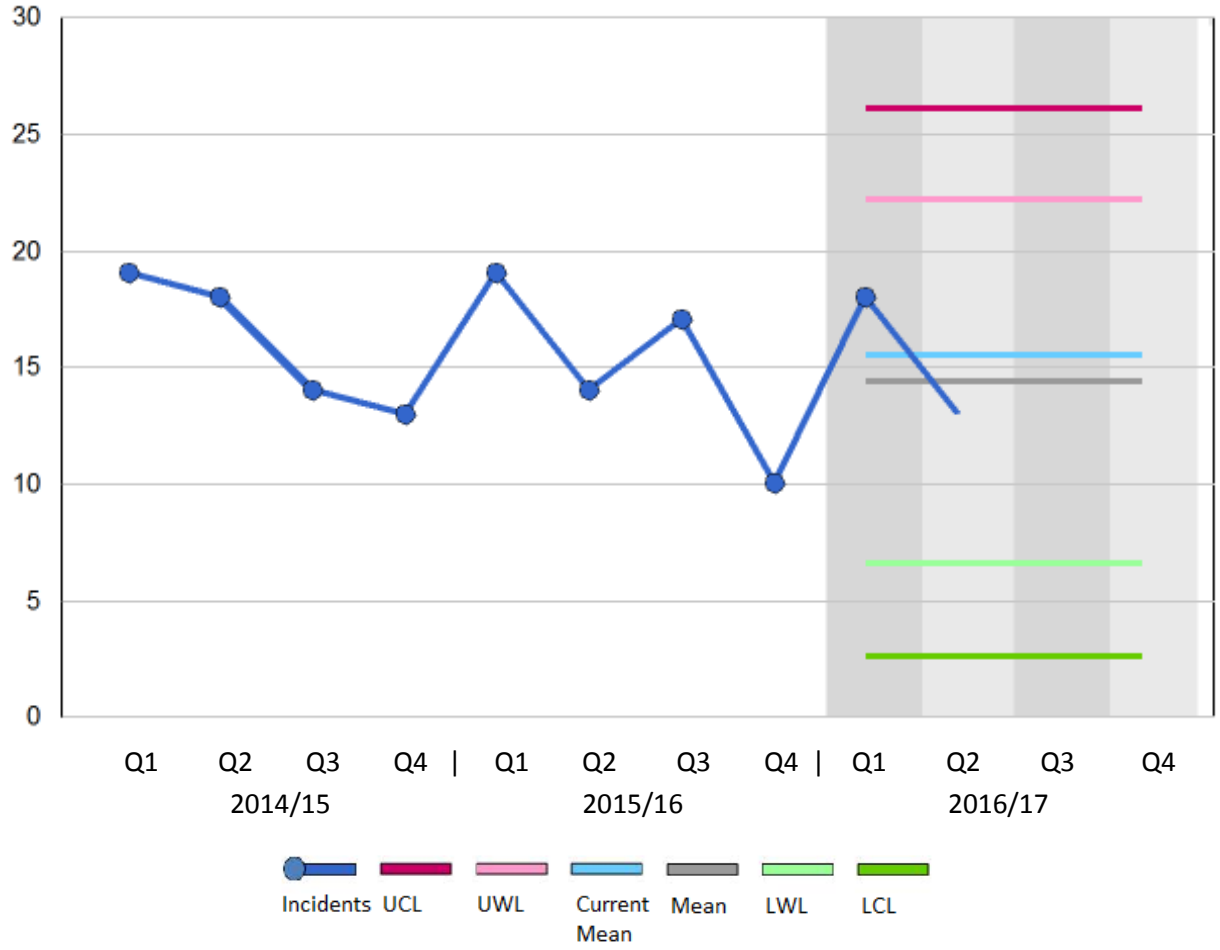
This data is held by North West Fire Control (NWFC). Due to an update of recording practices recently adopted by NWFC, it is hoped that this data will be available for quarter 3 reporting.

2.5 Staff Accidents

The number of staff accidents.

An improvement is shown if the average number of staff accidents per quarter is lower than the mean of the previous three years.

Number of staff accidents in quarter two 13. Previous year quarter two 14.



Total number of staff accidents	Year to Date	2016/17 Quarter 2	*Previous year to date*	*2015/16 Quarter 2*
	31	13	33	14

The grey line on the XmR chart denotes the mean quarterly activity over the previous 3 years and the pale blue line the current

Current Mean	3 year Mean	Quarterly Mean		
		2015/16	2014/15	2013/14
16	14	15	16	12

3.1 Progress Against Savings Programme

The total cumulative value of the savings delivered to date compared to the year's standard and the total.

Budget to end of quarter two £27.0 million. The spend for the period is £25.8 million.

As a public service we are committed to providing a value for money service to the community and it is important that once a budget has been agreed and set, our spending remains within this.

The annual budget for 2016/17 was set at £55.7 million, with a budget to 30th September of £27.0 million. The spend for the same period was £25.8 million. This gives an under spend for the period of £1.2 million.

Variance:	-2.15%

3.2 Overall User Satisfaction

The percentage of people who were satisfied with the service received as a percentage of the total number of people surveyed.

People surveyed include those who have experienced an accidental dwelling fire, a commercial fire or a special service incident that we attended.

The standard is achieved if the percentage of satisfied responses is greater than the standard.

77 people were surveyed in quarter two, 77 responded that they were very or fairly satisfied.

Question	Total	Number Satisfied	% Satisfied	% Standard	% Variance
Taking everthing in to account, are you satisfied, dissatistfied, or neither with the service you received from Lancashire Fire and Rescue Service?	1394	1382	99.14%	97.50%	1.68%

There have been 1394 people surveyed since April 2012.

In quarter two of 2016/17 - 77 people were surveyed. 77 responded that they were ‘very satisfied’ or ‘fairly satisfied’ with the service they received.

4.1 Overall Staff Engagement

Three times a year all staff are asked the same questions in an online survey covering feelings of pride, advocacy, attachment, inspiration and motivation - factors that are understood to be important features shared by staff who are engaged with the organisation. The survey mirrors the questions asked by the Civil Service People Survey.

From these responses: An index score to show the degree to which the respond group answers positively to a number of questions about their engagement with LFRS.

This is calculated by attributing a weighting to each of the five possible answers ranging from 0% to 100%, in 25% increments. The percentage scores are then totalled and divided by the number of questions (5). This individual person score is then totalled across the service then divided by the number of respondents.

An improvement is shown if the percentage engagement index is greater than the comparable quarter of the previous year.

An engagement index score is derived from the answers given by staff about questions relating to how engaged they feel with the Service.

Staff engagement index for period one is 62%, based upon 220 replies. This is 4% higher when compared against the same period last year.

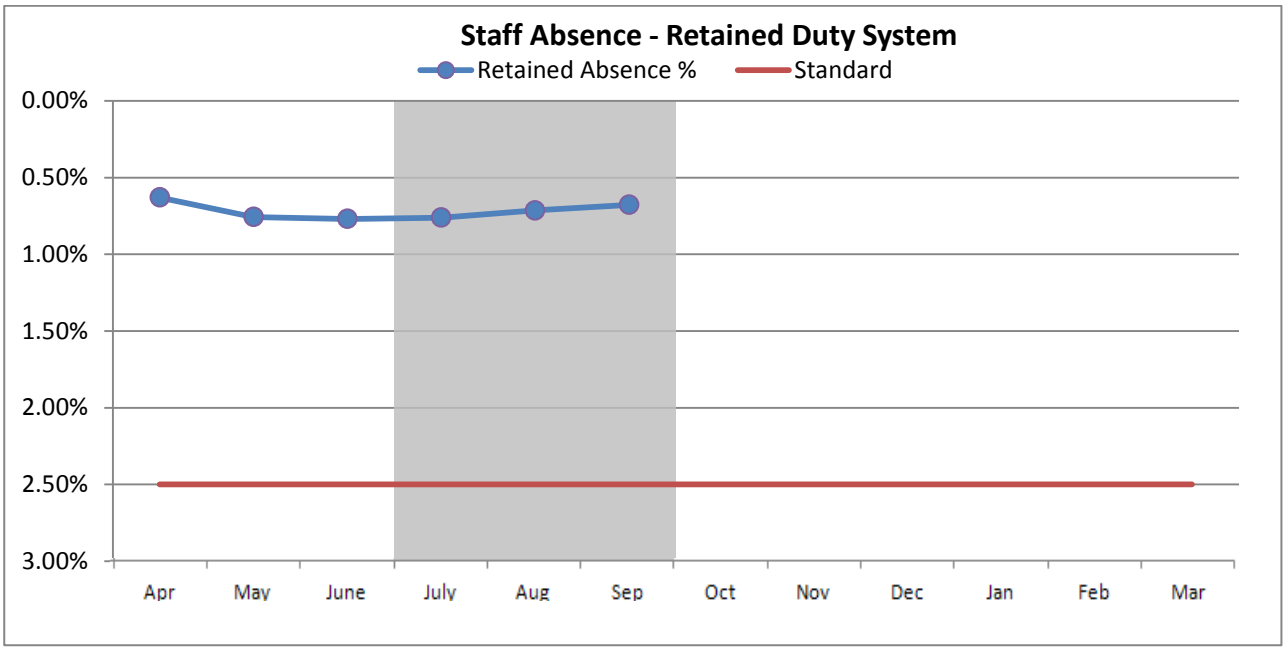
2016/17			2015/16		
Period	Number of replies	Engagement index	Period	Number of replies	Engagement index
1	220	62%	1	199	58%
2			2	148	60%
3			3	195	56%

4.2.2 Staff Absence - Retained Duty System

The percentage of contracted hours lost due to sickness for all RDS staff. An individual's sickness hours are only counted as absent where they overlap with their contracted hours.

Cumulative retained absence, as a percentage of available hours of cover at end of quarter two, 0.68%

Annual Standard: Not more than 2.5% lost as % of available hours of cover.



Cumulative retained absence (as % of available hours of cover)	0.68%