

**LANCASHIRE COMBINED FIRE AUTHORITY  
PERFORMANCE COMMITTEE**

Meeting to be held on 16<sup>th</sup> March 2017

**PERFORMANCE MANAGEMENT INFORMATION FOR 3RD 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 3 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 appraises 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 Performance Management Information	Date	Contact David Russel (ACO)
Reason for inclusion in Part 2, if appropriate: N/A		

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# Measuring Progress

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2016-17 Quarter 3

Combined Fire Authority  
16<sup>th</sup> March 2017

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Lancashire Fire and Rescue Service

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## 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.

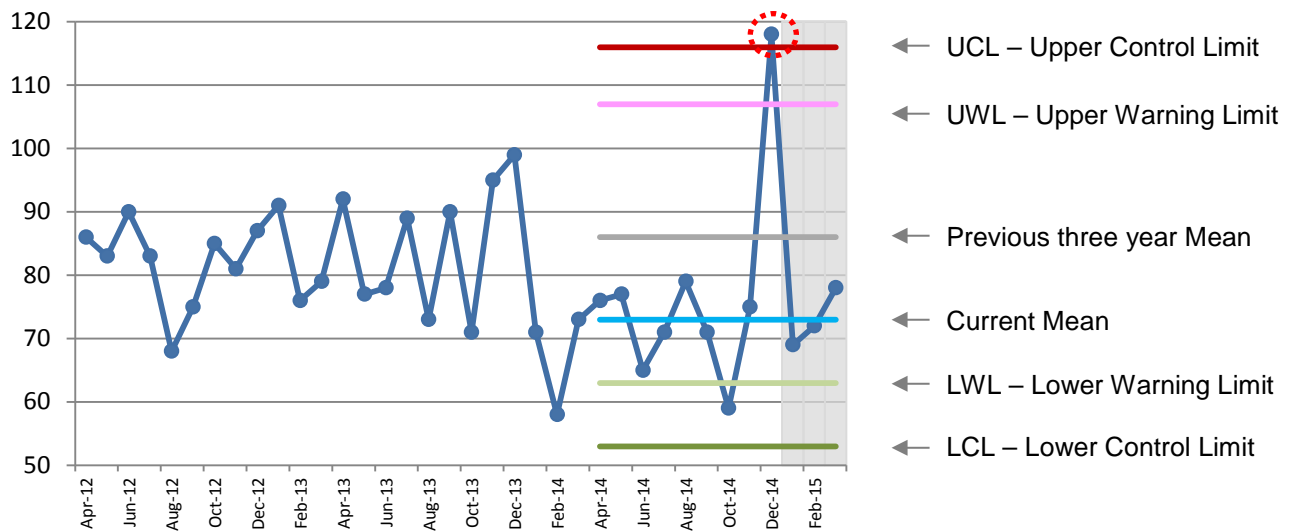
The following rules are applicable to the XmR charts and define when an exception has occurred:

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:

						
Incidents	UCL	UWL	Current Mean	Mean	LWL	LCL

**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 October 2016 – December 2016 four KPI's are classified as being in negative exception.

KPI	Description	Progress	Exception Positive / Negative	Page (s)
<b>2 - Responding to Emergencies</b>				
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
<b>4 - Engaging with our Staff</b>				
4.2.1	Staff Absence - Excluding Retained Duty System	↓	–	15

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**Exception report: 2.2.1 Critical Special Service Response – 1<sup>st</sup> Fire Engine Attendance**

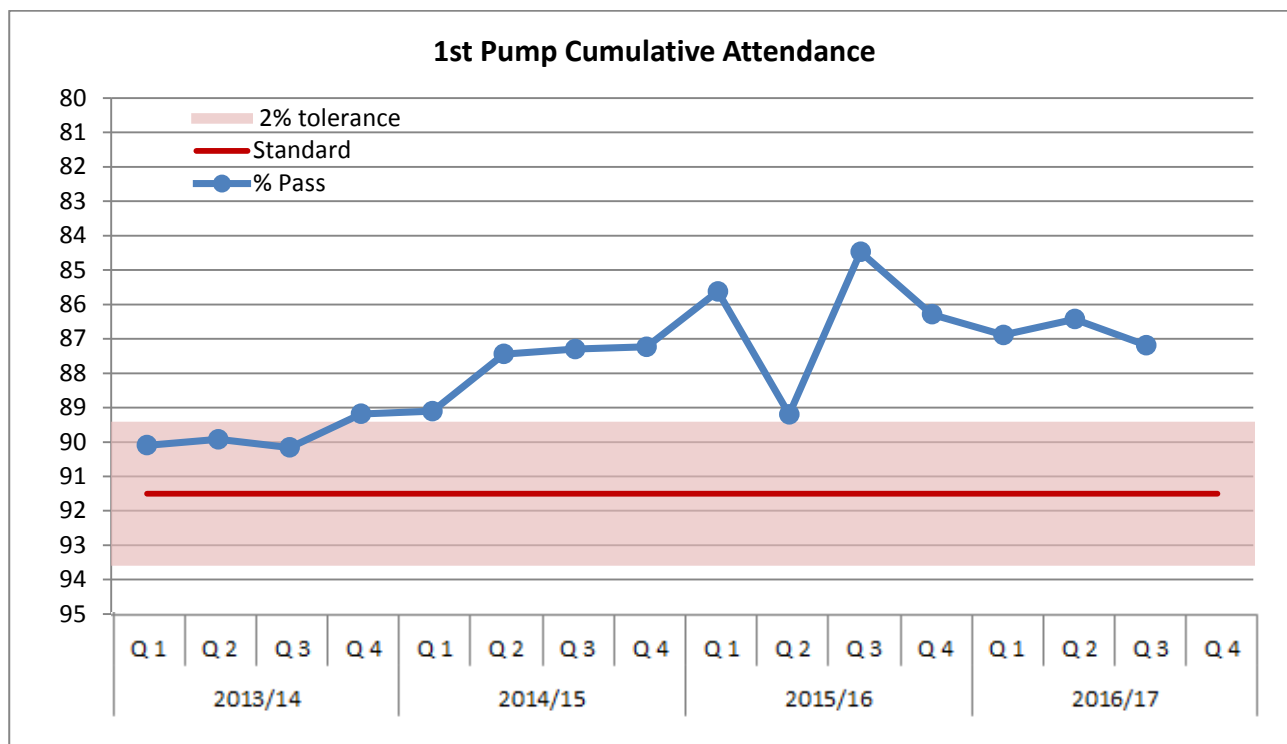
**Performance indicator: 2.2.1 Critical Special Service Response – 1<sup>st</sup> Fire Engine Attendance**

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 three response percentage pass rate 89.21%, previous year quarter three 79.58%, an improvement of 9.63%.

Standard: 91.5% of occasions.

1 <sup>st</sup> pump cumulative attendance standard	Year to Date	2016/17 Quarter 3	Previous year to Date	2015/16 Quarter 3
	87.14%	89.21%	84.48%	79.58%



**What are the reasons for an Exception Report**

This is a negative exception report due to critical Special Service 1<sup>st</sup> pump response being below the standard. Overall, quarter three pass rate was 89.21%, with a cumulative pass rate of 87.14%, which is outside of the 91.5% standard.

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**Analysis**

A mixed monthly performance during quarter 3; with October and December being below standard but November being within the 2% tolerance. However, this could be attributed to a very low activity count for the month of November (89) the lowest activity count since February 2015

The Officer in Charge (OIC) is now required to provide a narrative for the failure to respond to the incident within standard. Analysis of 78 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								
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Failed	13	10	21	22	14	23	18	21	14	12	8	14
Incidents	205	187	134	120	124	206	132	139	97	111	89	114
% Pass	93.7	94.7	84.3	81.7	88.7	88.8	86.4	85.0	85.7	89.2	90.9	87.9

Over the quarter three period, 32% 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								
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Median Seconds	93	88	116	132	135	120	120	133	135	119	122	128

**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**

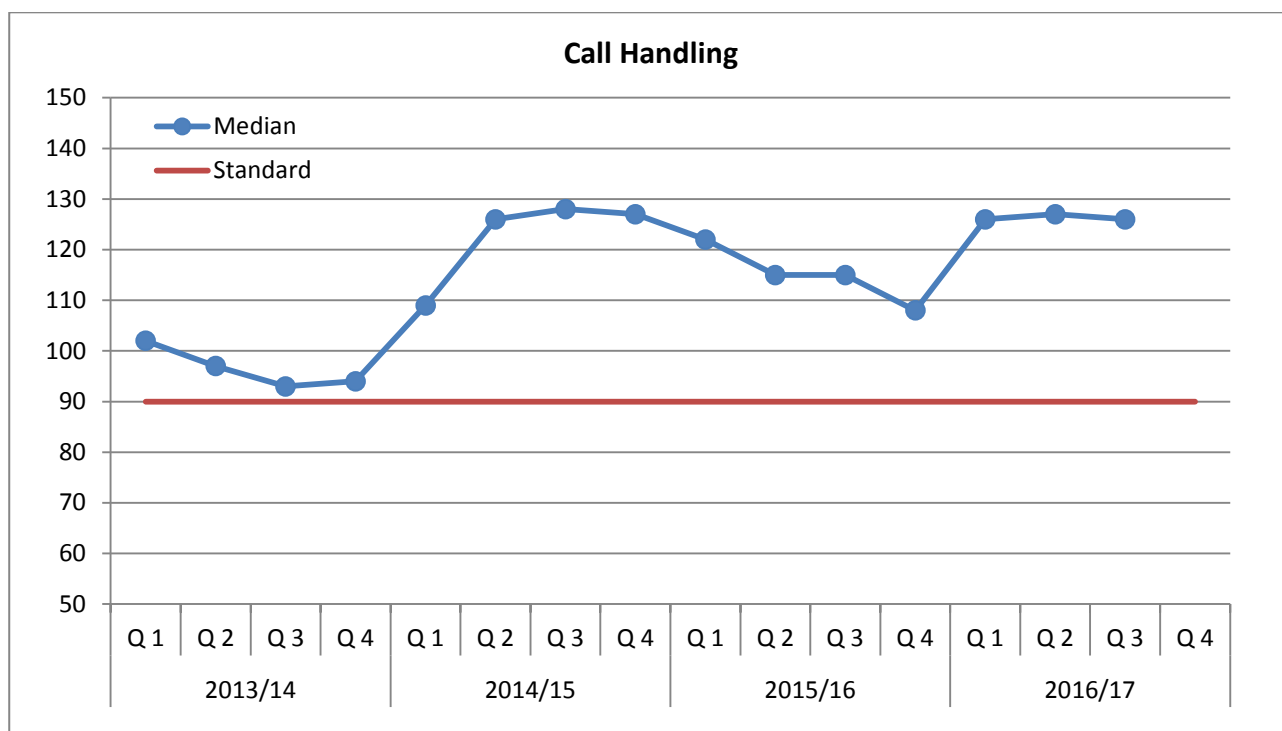
Call handling time is calculated from the ToC to the ToS of the first appliance mobilised. A median is used to calculate the average time for the month. Excludes duplicate calls for the same incident.

The median call handling time for quarter three is 124 seconds, previous year quarter three 116 seconds, a worsening of 8 seconds. The median for the months of quarter two (July to September 2016) recorded 127 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 3	Previous year to Date	2015/16 Quarter 3
(Seconds)	<b>126</b>	124	115	116



**What are the reasons for an Exception Report**

This is a negative exception report due to performance being below standard, with quarter 3 call handling recording a similar return as previous quarters in the year.

## **Analysis**

Each of the 3 quarters of 2016/17 returned similar performance, varying by only one second; with a cumulative median of 126 seconds. This is in contrast to the previous year where quarterly call handling varied by up to 14 seconds. The April to December period of 2015/16 returned a median call handling time of 115 seconds.

The latest performance report from NWFC shows that the average time taken from receiving a call to alerting the first resource is 112 seconds for Lancashire, the same as achieved during quarter 2. This is 3 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.*

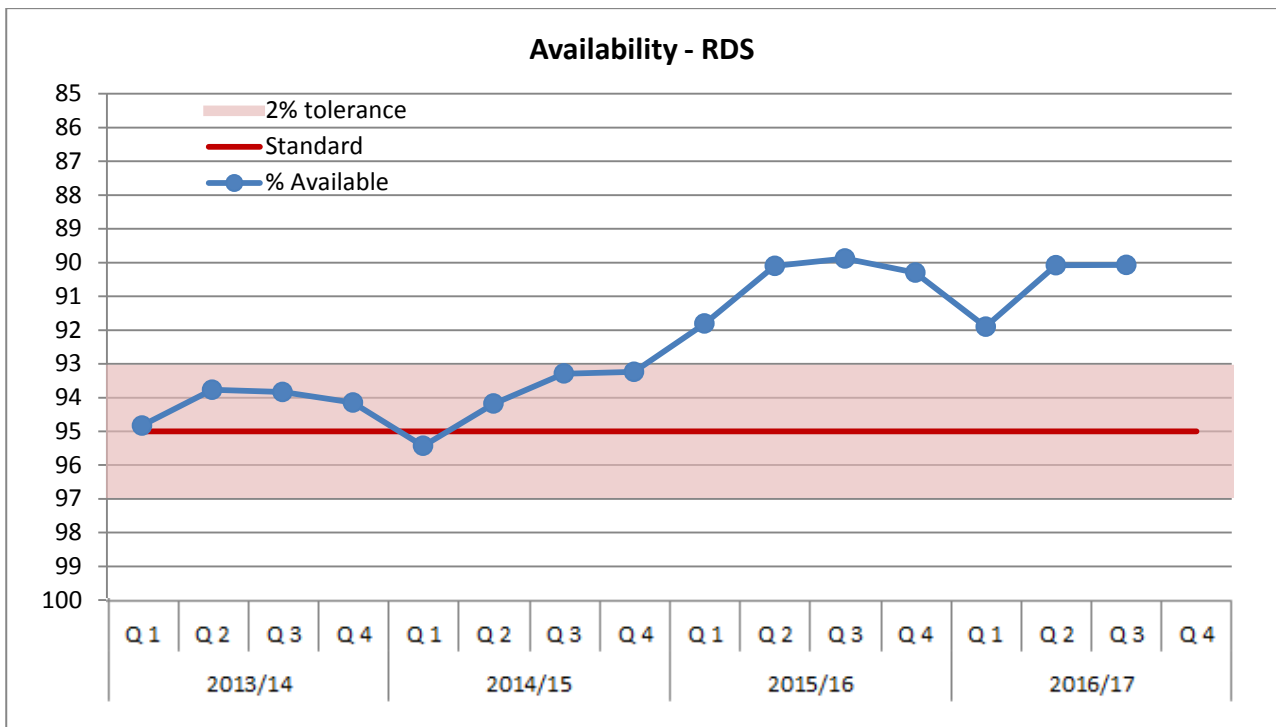
*Fire engines are designated as unavailable (off-the-run) for the following reasons:*

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

**The percentage of time that RDS crewed engines are available for quarter three was 90.07%, previous year quarter three 89.88%, an improvement of 0.19%. The previous quarter (July to September 2016) recorded 88.28%.**

**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 three being below the standard and outside of the two per cent tolerance.

### **Analysis**

Whilst quarter 3 showed an improvement over quarter 2, the cumulative position at the end of quarter 3 has seen a slight worsening in RDS appliance availability over the cumulative position of quarter 2. 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 three 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.

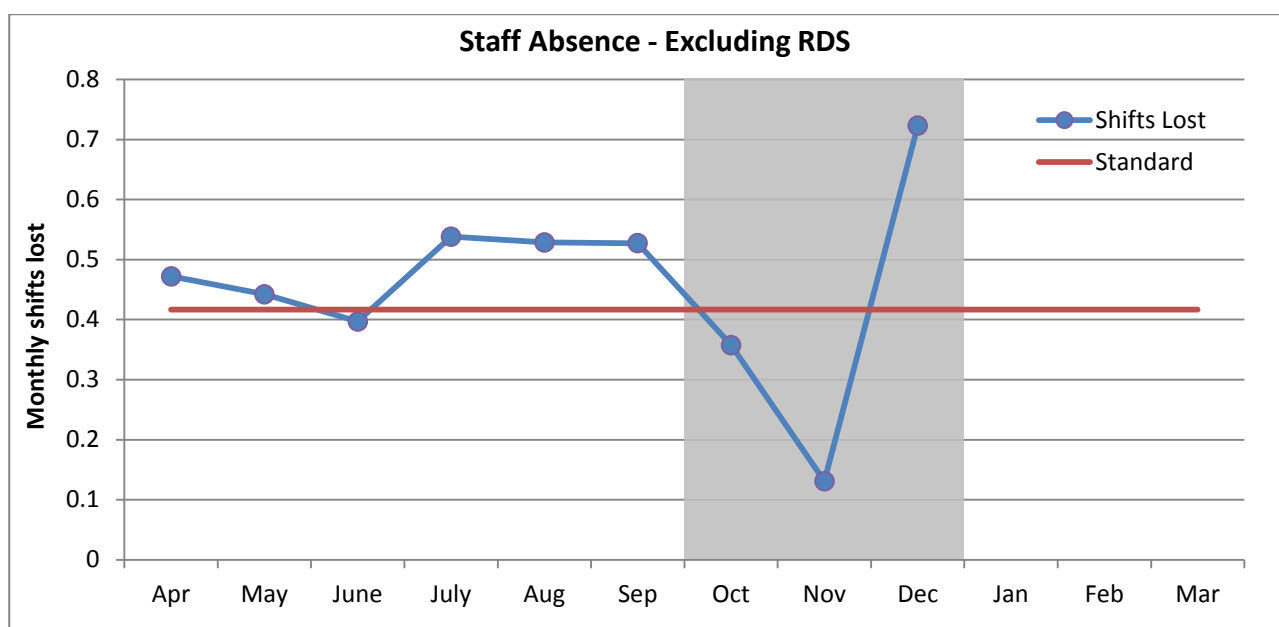


**Exception report: 4.2.1 Staff Absence - Excluding Retained Duty System**

**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	4.116
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**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 one month during quarter three.

**Analysis**

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

During this quarter there were 4 long term absence cases which span over the 3 months for whole-time staff. The main reasons reported for long-term absence being hospital procedure and muscular skeletal. There were two cases of employees with cancer, one who left the Service on ill

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health retirement. At the end of the quarter there were 3 other long term absences of less than 3 months, who have since returned to work.

At the end of December the cumulative totals show that non-uniformed staff absence was below target at 3.31 shifts lost per employee, whole-time staff absence was above target at 4.40 shifts per employee. Overall absence for all staff (except Retained Duty System) was 4.12 shifts lost which exceeds the Service target of 3.75 shifts at the end of the third 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 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)
<b>1 - Preventing and Protecting</b>			
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 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
<b>2 - Responding to Emergencies</b>			
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	↑	32
2.5	Staff Accidents	↑	33
<b>3 - Delivering Value for Money</b>			
3.1	Progress Against Savings Programme	↑	34
3.2	Overall User Satisfaction	↑	35
<b>4 - Engaging with our Staff</b>			
4.1	Overall Staff Engagement	↑	36
4.2.2	Staff Absence - Retained Duty System	↑	37

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### 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	<b>-22%</b> Overall reduction in Very High risk SOA's	<b>-12%</b> Overall reduction in High risk SOA's	<b>12%</b> Overall increase in Medium risk SOA's	<b>-3%</b> Overall reduction in Low risk SOA's	<b>-1%</b> Overall reduction in fire risk

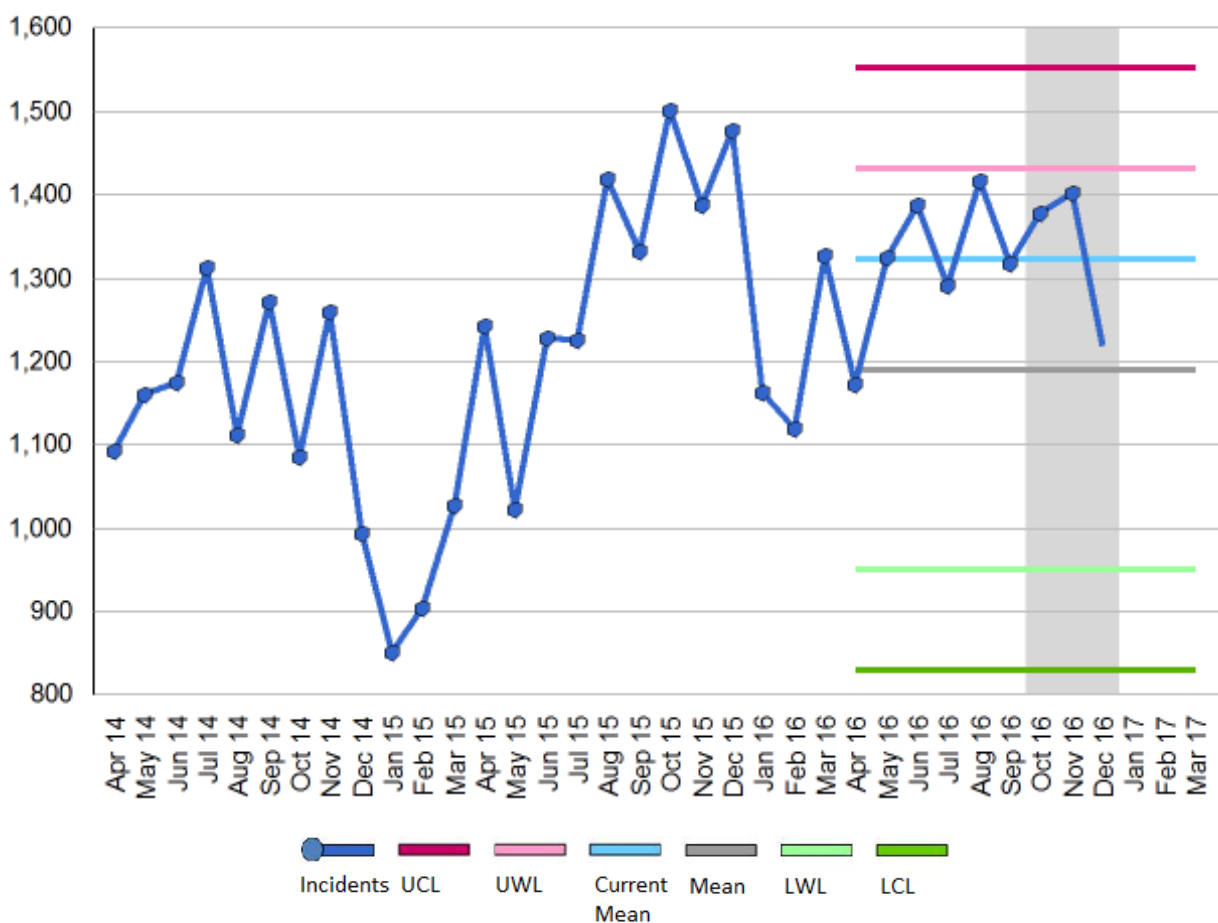
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**1.2 Overall Activity**

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

Quarter three activity 3994, previous year quarter three activity 4363, a decrease of 8.46%.

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 three we attended on 88 occasions.



1.2 Number of attended incidents	Year to Date	<b>2016/17 Quarter 3</b>	Previous year to Date	2015/16 Quarter 3
	11895	<b>3994</b>	11824	4363

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

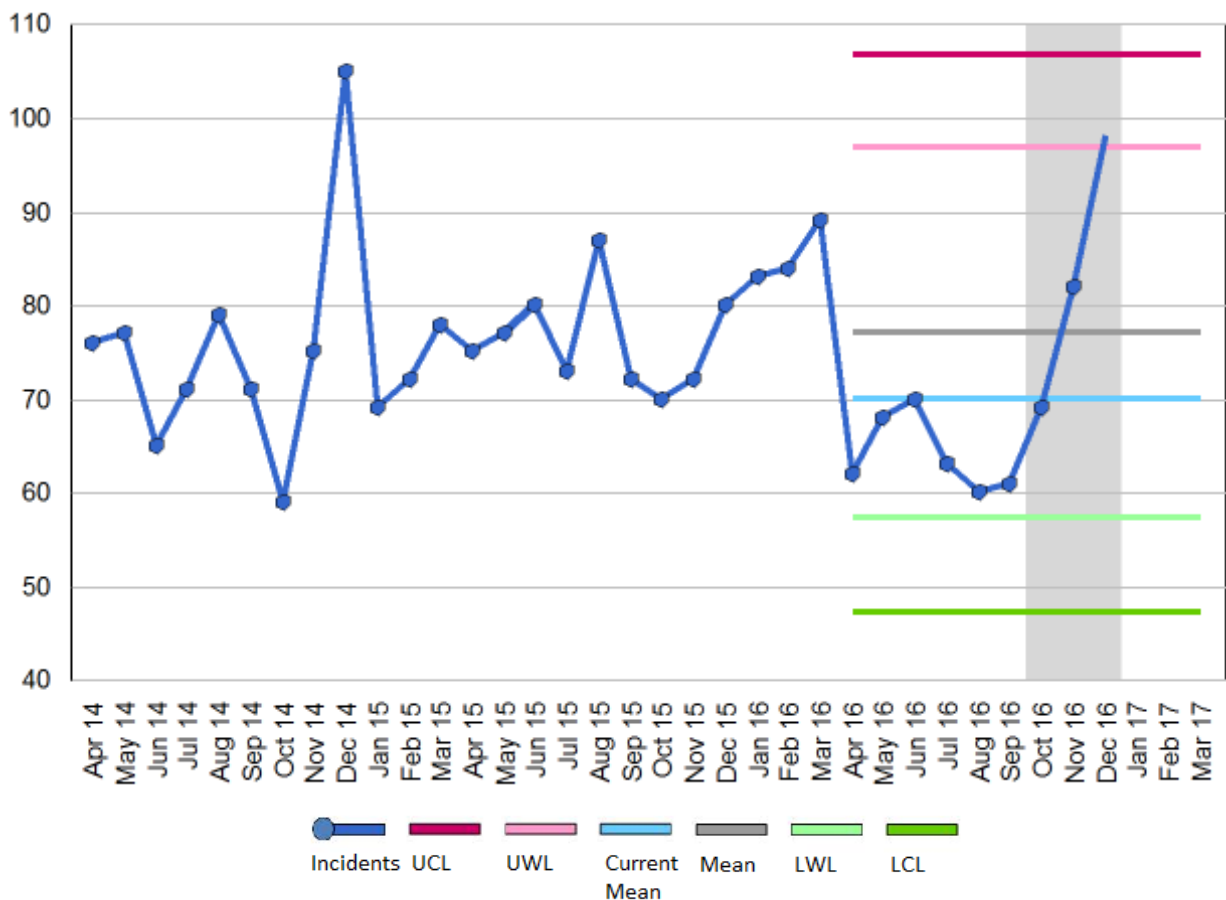
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**1.3 Accidental Dwelling Fires**

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 three activity 249, previous year quarter three activity 222, an increase of 12%.



1.3 Accidental Dwelling Fires	Year to Date	<b>2016/17 Quarter 3</b>	Previous year to Date	2015/16 Quarter 3
		633	249	686
				222

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
70	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 1<sup>st</sup> ignited in quarter three 30%, quarter three of previous year 30%. Percentage limited to room of origin in quarter three 60%, quarter three previous year 56%, limited to floor of origin in quarter three 8%, quarter three previous year 8% and spread beyond floor 3%, previous year 4%.

	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	151	19%	62%	13%	6%	↓	25%	60%	8%	7%
Quarter 2	130	23%	64%	10%	3%	↓	28%	57%	12%	3%
Quarter 3	178	30%	60%	8%	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.

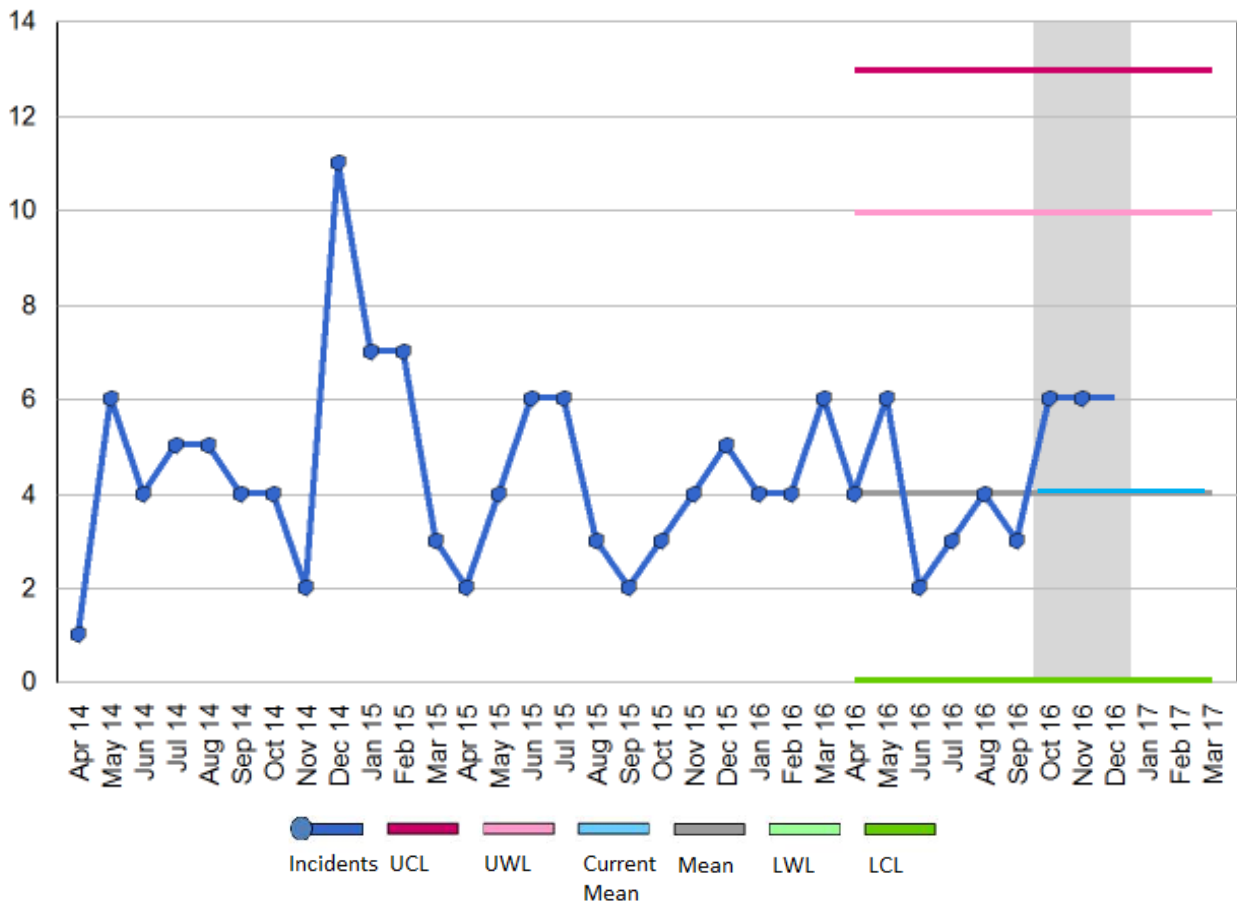
	2016/17		2015/16	
	ADF's with previous HFSC	% of ADF's with previous HFSC	ADF's with previous HFSC	% of ADF's with previous HFSC
Quarter 1	13	7%	7	3%
Quarter 2	13	7%	7	3%
Quarter 3	20	8%	4	2%
Quarter 4			6	2%

Analysis: Of the twenty accidental dwelling fire incidents that had received a HFSC within the previous 12 months, nine had 'Heat and smoke damage only', one resulted in damage 'Limited to item first ignited', nine 'limited to room of origin' and one 'Limited to 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 three there have been no fatalities. Three casualties are recorded as serious and 15 with slight injuries. Quarter three of the previous year recorded one fatality, 5 serious and 6 slight.



Casualty Status	Year to Date	2016/17 Quarter 3	Previous year to Date	2015/16 Quarter 3
Fatal	0	0	4	1
Victim went to hospital, injuries appear Serious	11	3	9	5
Victim went to hospital, injuries appear Slight	29	15	22	6
<b>Total</b>	<b>40</b>	<b>18</b>	<b>35</b>	<b>12</b>

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
4	4	4	4	5

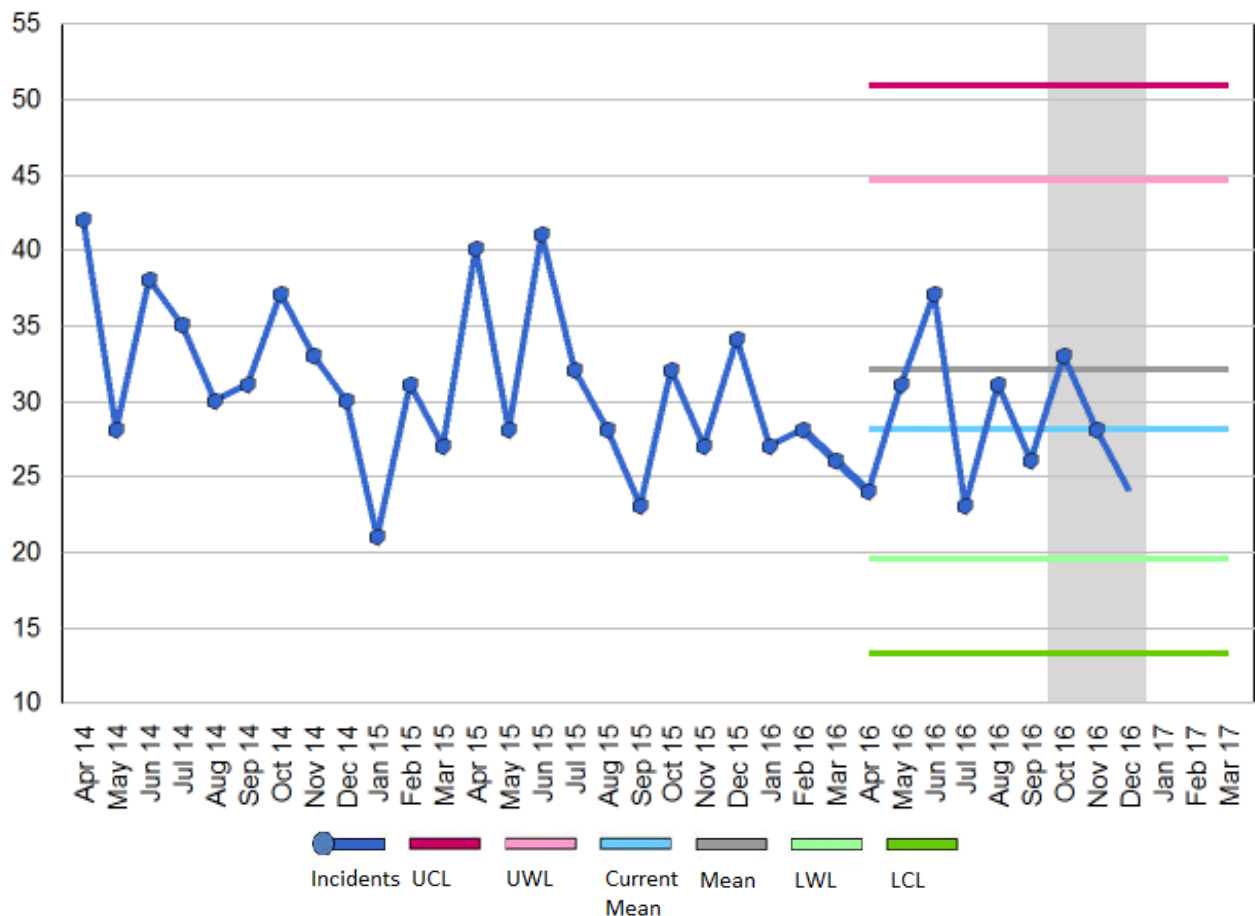


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**1.5 Accidental Building Fires (Non Dwellings)**

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 three activity 85, previous year quarter three activity 93, a decrease of 8.60%.



1.5 Accidental Building Fires	Year to Date	<b>2016/17 Quarter 3</b>	Previous year to Date	2015/16 Quarter 3
		257	285	93

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 1<sup>st</sup> ignited in quarter three 20%, quarter three of previous year 20%. Percentage limited to room of origin in quarter three 45%, quarter three previous year 49%, limited to floor of origin in quarter three 16%, quarter three previous year 12% and spread beyond floor 19%, previous year 19%.**

	*ABF activity	2016/17				↑/↓ Progress	2015/16			
		Item 1st ignited	Room of origin	Floor of origin	Spread beyond floor of origin		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	10%	49%	14%	27%	↑	26%	28%	11%	34%
Quarter 3	69	20%	45%	16%	19%	↓	20%	49%	12%	19%
Quarter 4							24%	30%	20%	26%

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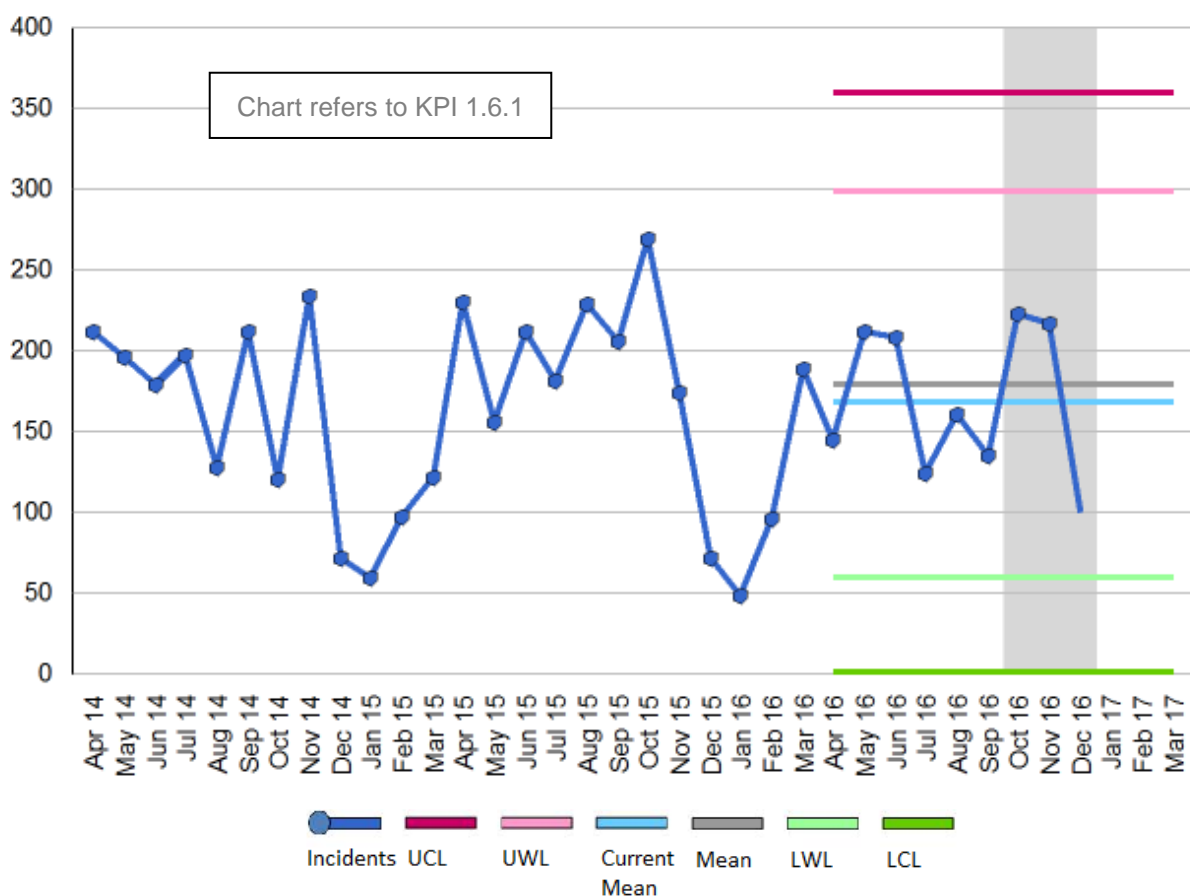
### 1.6 Deliberate Fires

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 three activity 538, previous year quarter three activity 514.

1.6.2 Deliberate fires (Dwellings) quarter three activity 32, previous year quarter three activity 23.

1.6.3 Deliberate fires (Non dwellings) quarter three activity 31, previous year quarter three activity 40.



Deliberate Fire Type	Year to Date	2016/17 Quarter 3	Previous year to Date	2015/16 Quarter 3
1.6.1 Deliberate Fires - ASB	1520	538	1725	514
1.6.2 Deliberate Fires - Dwellings	83	32	85	23
1.6.3 Deliberate Fires - Non Dwellings	115	31	120	40

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
	168	179	171	152	214

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## Lancashire Fire and Rescue Service

### Measuring Progress

Oct 16 - Dec 16

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#### 1.7 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 HFSC outcomes is greater than the comparable quarter of the previous year.

Percentage of high risk HFSC outcomes in quarter three 74%, quarter three of the previous year 74%.

	2016/17		↑/↓	2015/16	
	% of High HFSC outcomes	% of High HFSC outcomes (Cumulative)	Progress	% of High HFSC outcomes	% of High HFSC outcomes (Cumulative)
Quarter 1	79%	79%	↑	67%	67%
Quarter 2	75%	77%	↑	68%	67%
Quarter 3	74%	76%	↔	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 5,878 students. Additionally, the 'Crashed cars' shown at events, have been seen by approximately 25,300 people to date.

**Total number of participants 6398, with a percentage of positive influence <sup>[1]</sup> on participant's behaviour for the current year to date of 85%.**

	<b>2016/17 (Cumulative)</b>		<b>↑/↓</b>	<b>2015/16 (Cumulative)</b>	
	<b>Total participants</b>	<b>% positive influence on participants behaviour</b>	<b>Progress</b>	<b>Total participants</b>	<b>% positive influence on participants behaviour</b>
Quarter 1	1832	87%	↑	4811	82%
Quarter 2	2847	85%	↑	6630	84%
Quarter 3	6398	85%	↕	8119	85%
Quarter 4				11943	85%

<sup>[1]</sup> 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 30449, number of premises audited to date 16941 (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
30449	16941	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 three 26%, previous year quarter three 40%**

**Requiring formal activity in quarter three 9%, previous year quarter three 8%**

**Requiring informal activity in quarter three 63%, previous year quarter three 48%**

	2016/17			↑/↓ Progress	2015/16		
	Satisfactory audits	Requiring formal activity	Requiring informal activity		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	26%	9%	63%	↓	40%	8%	48%
Quarter 4					32%	10%	58%

**2.1.1 Critical Fire Response - 1<sup>st</sup> Fire Engine Attendance**

**Performance indicator: 2.1.1 Critical Fire Response – 1<sup>st</sup> 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<sup>[1]</sup>:

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

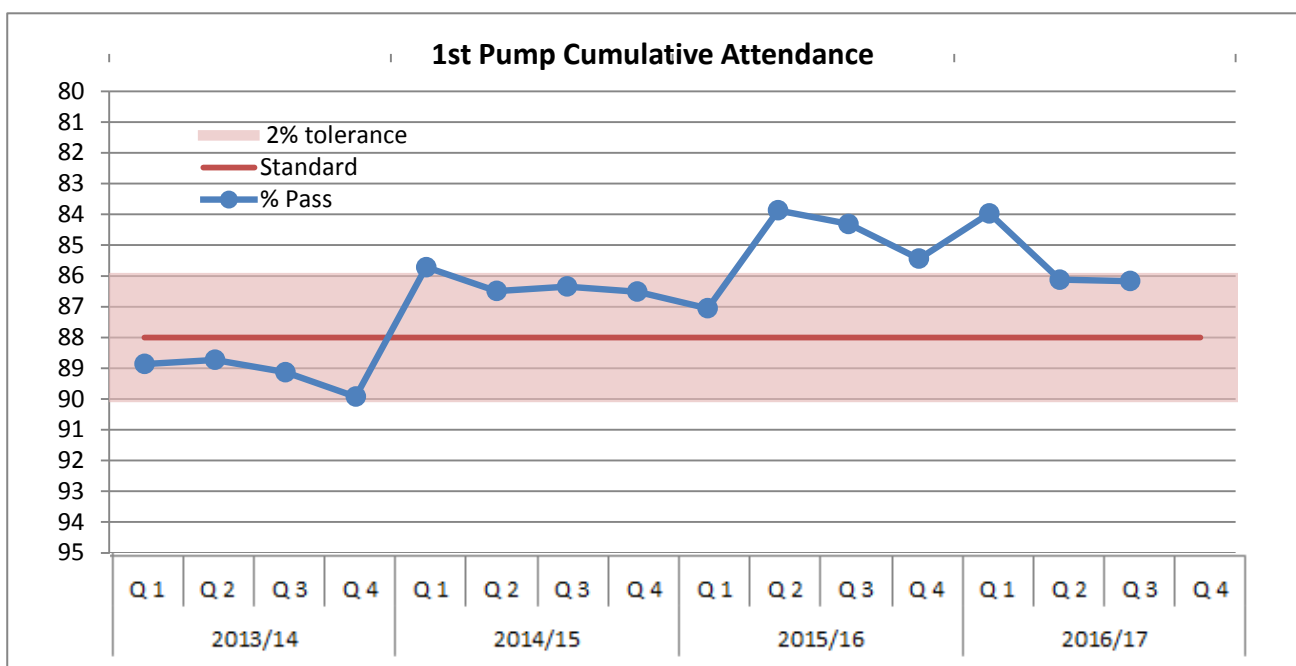
We have achieved our standard when the time between the ‘Time of Call’ (TOC) and ‘Time in Attendance’ (TIA) of the first fire engine arriving at the incident is less than the relevant response standard.

<sup>[1]</sup> 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 three 1<sup>st</sup> pump response 86.27%, previous year quarter three 85.25%.**

1 <sup>st</sup> pump cumulative attendance standard	Year to Date	2016/17 Quarter 3	Previous year to Date	2015/16 Quarter 3
	<b>86.17%</b>	86.27%	84.31%	85.25%



**2.1.2 Critical Fire Response - 2<sup>nd</sup> 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<sup>[1]</sup>:

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

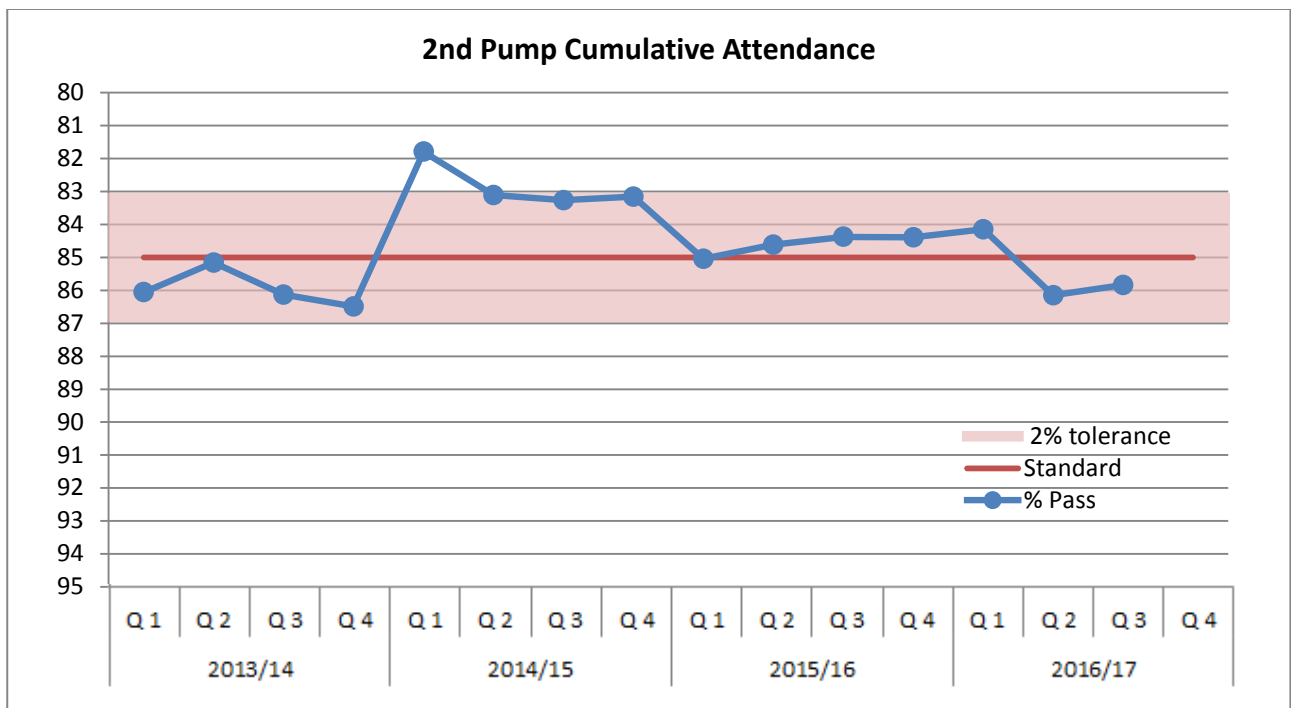
We have achieved our standard when the time between the 'Time of Call' and 'Time in Attendance' of second fire engine arriving at the incident is less than the relevant response standard.

<sup>[1]</sup> 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 three 2<sup>nd</sup> pump response 85.31%, previous year quarter three 83.87%.

2 <sup>nd</sup> pump cumulative attendance standard	Year to Date	2016/17 Quarter 3	Previous year to Date	2015/16 Quarter 3
	85.84%	85.31%	84.38%	83.87%





**2.1.3 Critical Fire Response – Call Handling**

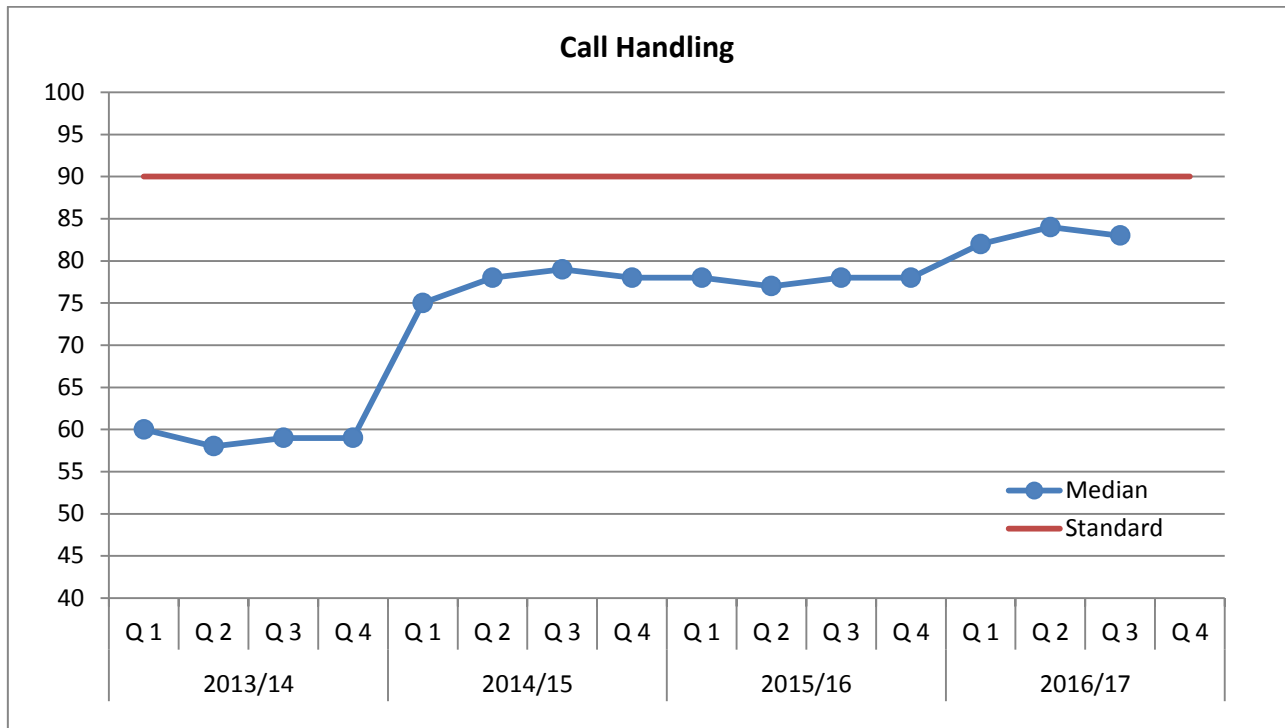
**Performance indicator: 2.1.3 Critical Fire Response – Call Handling**

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 three is 83 seconds; previous year quarter three was 78 seconds, a worsening of 5 seconds.

Standard: Within 90 seconds.

Median response (Seconds)	Year to Date	2016/17 Quarter 3	Previous year to Date	2015/16 Quarter 3
	83	83	78	78



**2.3 Fire Engine Availability - Wholtime, Day Crewing and Day Crewing Plus**

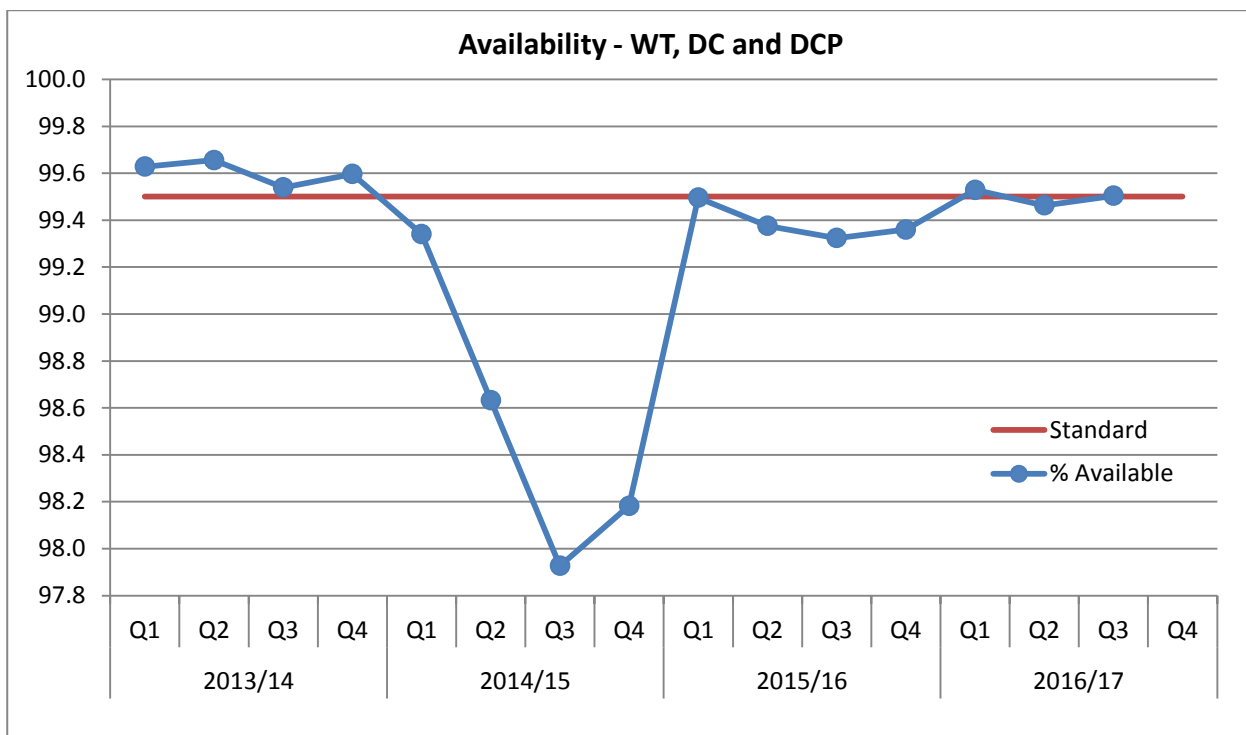
*This indicator measures the availability of fire engines that are crewed by wholtime, day crewing and day crewing plus shifts. It is measured as the percentage of time a fire engine is available to respond compared to the total time in the period.*

*Fire engines are designated as unavailable for the following reasons:*

- Mechanical
- Crew deficient
- Engineer working on station
- Alternate crew
- Appliance change over
- Debrief
- Lack of equipment
- Miscellaneous
- Unavailable
- Welfare

**Annual Standard: Above 99.5%**

**Quarter three availability 99.50%, previous year quarter three 99.32%.**

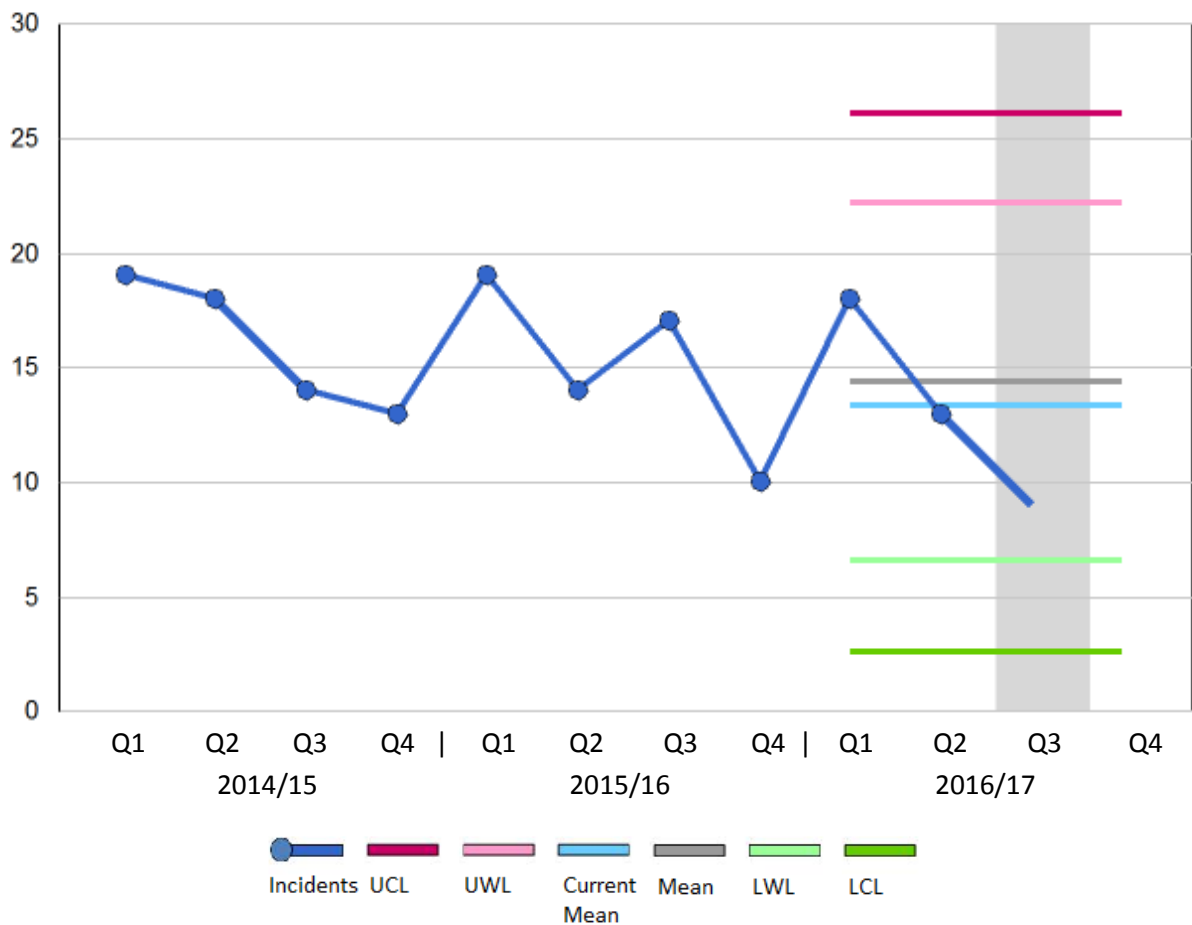


**2.5 Staff Accidents**

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 three 9. Previous year quarter three 17.



Total number of staff accidents	Year to Date	2016/17 Quarter 3	Previous year to date	2015/16 Quarter 3
	40	9	50	17

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
13	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 three £39.6 million. The spend for the period is £37.9 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 is £55.7 million, with a budget to 31 December of £39.6 million. The spend for the same period was £37.9 million. This gives an under spend for the period of £1.7 million. This will be transferred into the capital funding reserve to support future capital investments outlined in the agreed capital programme.

Variance: 

-3.05%
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### 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.*

**50 people were surveyed in quarter three, 50 responded that they were very or fairly satisfied.**

Question	Total	Number Satisfied	% Satisfied	% Standard	% Variance
Taking everything into account, are you satisfied, dissatisfied, or neither with the service you received from Lancashire Fire and Rescue Service?	1458	1446	99.18%	97.50%	1.72%

There have been 1458 people surveyed since April 2012.

In quarter three of 2016/17 - 50 people were surveyed. 50 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 two is 64%, based upon 141 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	141	64%	2	148	60%
3			3	195	56%

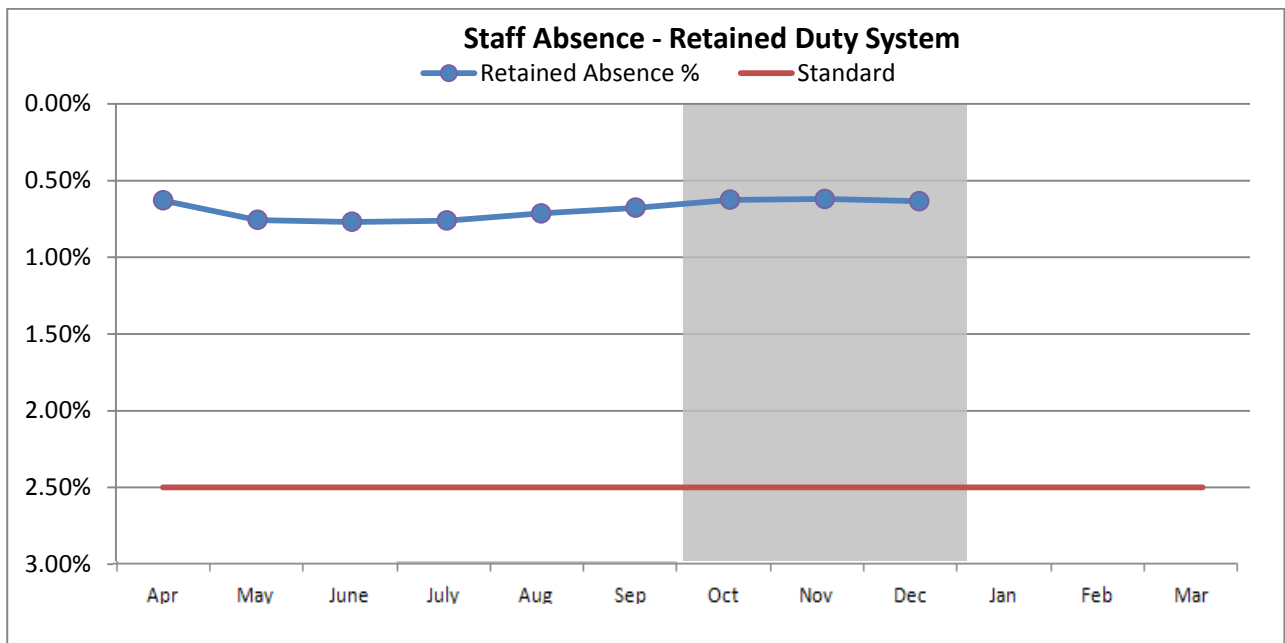
**Lancashire Fire and Rescue Service**  
**Measuring Progress**  
**Oct 16 - Dec 16**

**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 three, 0.63%**

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



Cumulative retained absence (as % of available hours of cover)	0.63%
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