WEST MIDLANDS FIRE AND RESCUE AUTHORITY

SCRUTINY COMMITTEE

17 AUGUST 2015

1. **AN ANALYSIS OF PROGRESS OF QUARTERLY PERFORMANCE AGAINST 'THE PLAN' – QUARTER ONE 2015/2016**

   Report of the Chief Fire Officer.

   RECOMMENDED

1.1 THAT the Committee note the status of the Service's key Performance Indicators in the first quarter of 2015/2016 (Appendix 1).

1.2 THAT the Committee note the progress made in delivering the three strategic objectives contained in 'The Plan' 2015-18 (Appendix 1).

1.3 THAT Committee note the Aspireview performance information system update detailed in section 5 of this report.

2. **PURPOSE OF REPORT**

   This report is submitted to provide the Committee with an analysis of the organisation's performance against 'The Plan' for 2015/2016.

3. **BACKGROUND**

   The first Quarterly Performance Review Meeting of 2015/2016 took place on 4th August 2015. This quarterly meeting is attended by the Chair of the Scrutiny Committee, Principal Officers and Strategic Managers, provides a joined up method of managing performance and provides assurance around the ongoing performance of 'The Plan'.

4. **PERFORMANCE INDICATORS**

4.1 The setting of targets against the operational and other performance indicators enables the Service to define in key areas the improvements which contribute to making West Midlands safer and manage the resources allocated to this work. The Service is improving and meeting targets across a range of indicators.

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4.2   As agreed by Members at Executive Committee on 23 March 2015, the corporate performance indicators have been rationalised and renumbered for 2015/16, resulting in 25 performance indicators as opposed to the 31 which were in place for 2014/15.

4.3   Additionally, a new tolerance based methodology to interpreting, measuring and reporting performance indicators has been introduced. For the majority of performance indicators, tolerance levels have been developed comprising of upper and lower 95% confidence limits (performance with + / - 5% of the target will be 'normal' or 'as expected'). In such cases, the performance indicator will be highlighted as green. If performance enters the upper tolerance level, the performance indicator will be highlighted as red to demonstrate negative/poor performance. If performance enters the lower tolerance level, the performance indicator will be highlighted as blue to demonstrate positive/exceptional performance. Please note this rule is applied to the majority of performance indicators with the exception for some indicators where the opposite would be true, for example, PI 5 and PI 6 which are related to the performance of Home Safety Checks.

4.4   Appendix 1 details the performance against our:

- Service Delivery Performance Indicators (Response, Prevention and Protection)

- People Support Services Performance Indicators

- Safety, Health and Environment Performance Indicators

- Strategic Objectives as outlined in 'The Plan' and milestones due for completion within the first quarter of 2015/2016.

4.5   <u>Service Delivery Indicators</u>

4.5.1 Response:

- PI 1 – the risk based attendance standard; performance has improved significantly compared to Quarter 4 2014/15, with the targets having been met for all four categories of incident type. The overall performance is rated as over performance against the tolerance levels, representing positive/exceptional performance.

- The risk based attendance standard is now measured using the median to calculate the average, rather than the mean as used previously, which has resulted in a more accurate reflection of performance to date. However, it should be noted that the figures will differ slightly when compared to previous quarterly performance due to the change in methodology. As a result, the figures in previous quarters have been amended to provide a consistent view of performance over time.

- Average attendance times to Category 1 incidents (the most critical and important of the four categories) have reduced from 5 minutes 01 seconds in Quarter 4 2014/15 to 4 minutes 43 seconds in Quarter 1 (an improvement of 18 seconds). The target is under 5 minutes.

- Average attendance times for Category 2, 3 and 4 Incident Types remain well within their respective targets:

    - Category 2 Incident Type: 5 minutes 27 seconds (a reduction of 50 seconds) – the target is under 7 minutes

    - Category 3 Incident Type: 5 minutes 44 seconds (a reduction of 29 seconds) – the target is under 10 minutes

    - Category 4 Incident Type: 6 minutes 31 seconds (a reduction of 31 seconds) – the target is under 20 minutes

4.5.2 Prevention:

- The performance indicators for the following areas demonstrate over performance against the tolerance levels (blue):

    - PI 2 The number of accidental dwelling fires

    - PI 8 The number of arson fires in dwellings

    - PI 9 The number of arson fires in non-domestic premises

    - PI 12 The number of arson fires in derelict buildings

- The performance indicators for the following areas demonstrate performance is within the tolerance levels (green):

    - PI 3 Injuries from accidental fires in dwellings (taken to hospital for treatment)

    - PI 6 The number of Home Safety Check points achieved by the

Brigade

- PI 11 The number of arson rubbish fires

- There are two areas where under performance has been demonstrated against the tolerance levels (red):

  - PI 5 The percentage of Home Safety Checks referred by our partners (26.8% against a forecast/target of 40% which represents a slight fall compared to quarter 1 2014/15)

  - PI 10 The number of arson vehicle fires (169 recorded compared to a forecast/target of 150 reflecting that arson vehicle fires remain on the high side)

- PI 4 – The number of deaths from accidental fires in dwellings: there is no target for this performance indicator.

- PI 7 – The number of people killed or seriously injured in Road Traffic Collisions: figures for this performance indicator have not yet been released at the time of writing.

4.5.3 Protection:

- PI 13 – the number of accidental fires in non-domestic premises demonstrates over performance against the tolerance levels (blue).

- PI 14 – The number of false alarm calls due to fire alarm equipment demonstrates performance is within the tolerance levels (green). It should be noted that two former performance indicators have been combined and that this performance indicator now reflects false alarm calls due fire alarm equipment in dwellings and non-domestic premises.

4.6   People Support Services Performance Indicators

4.6.1 PI 19 – the average number of working days/shifts lost due to sickness (non-uniformed and Fire Control staff) demonstrates over performance against the tolerance levels (blue). However, it should be noted that the two associated performance indicators regarding sickness are both red (please see 4.6.3).

4.6.2 The performance indicators for the following areas demonstrate performance is within the tolerance levels (green:

- PI 16 – the number of female uniformed staff.

- PI 17 – the percentage of all staff from ethnic minority communities

- PI 20 – The average number of working days/shifts lost due to sickness – all staff

4.6.3 The performance indicators for the following areas demonstrate under performance against the tolerance levels (red):

- PI 15 – The percentage of employees that have disclosed their disabled status

- PI 18 – The average number of working days/shifts lost due to sickness – uniformed employees

4.7   Safety, Health and Environment Performance Indicators

4.7.1 The performance indicators for the following areas demonstrate performance is within the tolerance levels (green):

- PI 24 – To reduce the gas use of Fire Authority premises

- PI 25 – To reduce the electricity use of Fire Authority premises

4.7.2 The performance indicators for the following areas demonstrate under performance against the tolerance levels (red):

- PI 21 – The total number of injuries

- PI 22 – The total number of RIDDOR injuries

4.7.3 The performance for PI 23 – to reduce the Fire Authority's carbon emissions, is reported annually.

4.8   Strategic Objectives

The Corporate Action Plans for Prevention, Protection and Response currently indicate over performance against the tolerance levels (blue). Full details can be found within Appendix 1.

5.   ASPIREVIEW PERFORMANCE MANAGEMENT SYSTEM

5.1   Good progress continues to be made on the Aspireview performance management system with corporate planning and performance reporting, operations planning and performance reporting, corporate risk and project management continuing to be established with a view to wider implementation across the organisation.

5.2   Initial dashboard requirements and design for use by stations has been agreed following a user workshop. Timescales have been agreed with the aim that the station dashboard will be trialled by two stations, yet to be decided, during October 2015 (once the final dashboard has been built and agreed) with roll-out to all stations across the organisation to follow. Additionally, during this time frame a dashboard will be jointly designed for the Operations Commander Performance Indicator Meetings.

5.3   The project management function is currently being scoped and developed to incorporate current strategic projects.

5.4   The data feed to allow the automatic update of information continues to be progressed by ICT and the supplier.

5.5   The potential use of Aspireview by other departments within Service Support continues to be explored.

6.   **CORPORATE RISK**

6.1   Corporate Risks are those risks that, if realised, would seriously affect the Service's ability to carry out its core functions or deliver key objectives.

6.2   In accordance with the Corporate Risk Management Strategy, all risks maintained within the Corporate Risk Register have been reviewed by Senior Risk Owners in order to update the relevant triggers, impacts and control measures and determine a relevant risk score, if appropriate, based on assessment of likelihood and impact.

6.3   A report of progress against our Corporate Risks is submitted separately to the Audit Committee.

7.   **EQUALITY IMPACT ASSESSMENT**

In preparing this report, an initial Equality Impact Assessment is not required and has not been carried out. The matters contained within this report will not lead to a policy change.

8.   **LEGAL IMPLICATIONS**

The course of action recommended in this report does not raise issues which should be drawn to the attention of the Authority's Monitoring Officer.

9. **FINANCIAL IMPLICATIONS**

9.1   The level of response, protection and prevention resources required to achieve the targets for the operational indicators shown in Appendix 1 were considered as part of the Authority's 2015/2016 budget setting process which established a total budget requirement of £98.538 million. As at the end of June 2015 actual expenditure was £28.130 million compared to a profiled budget of £28.272 million resulting in a £0.142 million underspend. Based on Best Value Accounting Code of Practice the estimated cost of staff engaged in prevention work, including an element for watch based firefighters for 2015/2016 is £13.1 million.

9.2   The cost of delivering services which contribute to the performance achievements comprise goods such as smoke alarms and staff time. The staff time includes those who are solely engaged in prevention work and watch based staff that provide emergency response as well as prevention services.

9.3   The full year budget for smoke alarms and other supporting materials in 2015/2016 is £359,100. Actual expenditure as at the end of June 2015 was £24,300. Expenditure for the first quarter is in line with the profiled budget.

BACKGROUND PAPERS

'The Plan 2015-18' Strategic Objectives – Level 2 Action Plans.
Corporate Action Plan updates.
Corporate Risk Quarter 1 Position Statement 2015/16 (exception report).

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