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Shropshire and Wrekin Fire and Rescue Authority
Strategy and Resources Committee
22 July 2026

Service Assurance Framework and Domain Structure

Report of the Chief Fire Officer

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1 Executive Summary

This report seeks ratification of the Service Assurance Framework (SAF), which enables Shropshire Fire and Rescue Service (SFRS) to meet its internal assurance obligations under the Code of Corporate Governance 2025/26.

Approval is sought for the framework design, evidence collection process and accountability structure. Following ratification, assurance evidence and confidence statements will be reviewed by the Assurance Board, with identified gaps captured through the Gap Register to support continuous improvement and inform future Fire Authority reporting.

2 Recommendations

The Committee is asked to:

a) Ratify the Service Assurance Framework as the Service's primary internal assurance framework.

b) Approve the Service Assurance Framework structure.

c) Agree that quarterly Service Assurance Framework reports are submitted to the Audit and Standards Committee and any persistent **Requires Improvement** or **Inadequate** ratings are escalated to the Fire Authority as appropriate.

3 Background

Shropshire Fire and Rescue Service (SFRS) received an **Inadequate** rating for *Making Best Use of Resources* during the HMICFRS inspection in

November 2024, with a standing Cause of Concern relating to data quality that remains open. In addition, the Grant Thornton audit for 2024/25 identified significant weaknesses in governance, risk management and informed decision-making.

The 2025–27 HMICFRS inspection programme will place greater emphasis on how Fire Authority governance, oversight and scrutiny contribute to service delivery outcomes.

The Service Assurance Framework (SAF) has been developed to provide a consistent, evidence-based approach to assurance across all areas of service delivery, strengthening governance and supporting continuous improvement. It establishes the framework through which assurance evidence, gap analysis and improvement activity can be managed in a structured and accountable manner.

4 The Service Assurance Framework

Purpose and framing

The SAF is the Service's operational delivery of its Code of Corporate Governance obligations. It provides the evidence architecture through which the Fire and Rescue Authority can demonstrate that:

- Risks are identified, owned and controlled at domain level.
- Assurance is generated through a structured three-lines of defence model.
- Performance is visible, governed and escalated systematically.
- Domain owners record what already exists, they do not create new structures.

The SAF should be referenced in the Annual Governance Statement as the mechanism through which compliance is evidenced for service delivery domains

Domains Structure

The SAF is organised around 24 domains, each representing an area of assurance. Domains are grouped into four pillars aligned to the SFRS Strategy and Operating Model:

- People - leadership, culture, values, workforce planning, learning, performance, and equality (7 domains: PL01–PC07).
- Place - community risk, prevention, protection, response, operational preparedness, competence, fire control, emergency preparedness, (8 domains: PCR08–PR16).
- Tools - fleet, digital systems, data quality, estates, and procurement (5 domains: TL17–TA21).
- Enablers - financial governance and corporate governance and assurance (3 domains: EG22–EG23).

Domains are further organised across seven Service Goals that provide the confidence statement architecture for authority committee reporting.

Introduction to Domains

A domain is the structured link between what the Service does, the standards it must meet, the risks it manages, and the safety outcomes it exists to deliver. Each domain produces a quarterly confidence statement rated across four components:

- **Fire Standard (or appropriate standard)-** MUST / SHOULD / MAY compliance position, evidenced against the relevant FSB standard.
- **Performance and CPIs -** CPI targets and sources, reporting frequency, RAG status, and inherent risk.
- **Assurance Mechanisms -** first, second and third-line assurance activity and evidence location.
- **Corporate Risk -** corporate risk register linkage, escalation triggers, and bidirectional risk mapping.

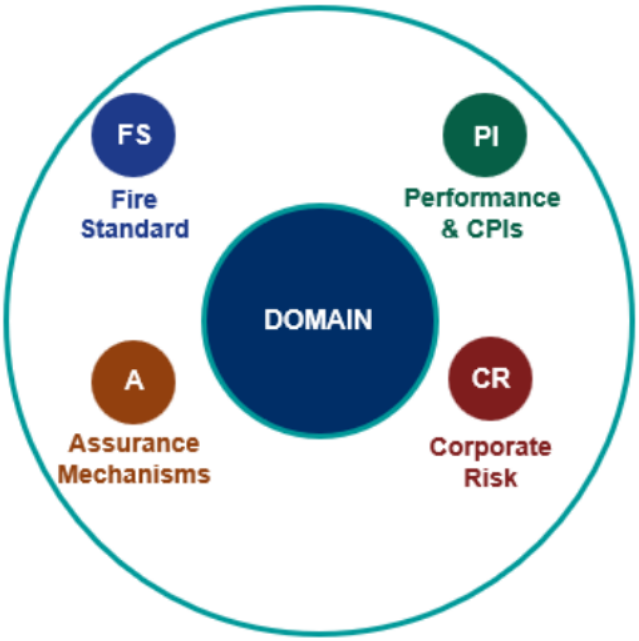
These four components are synthesised into a single Board-ready confidence statement rated using the five-point scale.

Fire Standard
Must / Should / May · Assurance position · Evidence – Improvement Actions

Performance & CPIs
CPI targets & sources · Reporting frequency · RAG status · Inherent risk

Assurance Mechanisms
1st / 2nd / 3rd line · HMICFRS pillar · Evidence location (Col 13)

Corporate Risk
CR register link · Escalation triggers · Bidirectional risk linkage



Domain Reference System

Each domain row carries a unique reference built from a group and sub-group prefix plus a sequential number. This system allows non-Fire Standard domains to be added consistently within the same framework. The prefix table currently in use is shown below.

Prefix	Group	How the reference is constructed	
PL	PEOPLE	Leadership	P = People. L = Leadership. Number sequential across the full workbook - not restarted per sub-group or group.
PW	PEOPLE	Workforce	P = People. W = Workforce.
PC	PEOPLE	Culture	P = People. C = Culture.
PCR	PLACE	Community Risk	P = Place. CR = Community Risk. Three letters to distinguish from People (PC).
PR	PLACE	Response	P = Place. R = Response.
TL	TOOLS	Learning	T = Tools. L = Learning.
TD	TOOLS	Digital	T = Tools. D = Digital.
TA	TOOLS	Assets	T = Tools. A = Assets.

EG	ENABLERS	Governance/Strategy	E = Enablers. G = Governance or Strategy

The Domains

Code	Domain Name	Pillar	Goal
PL01	Leadership the Service FS	People	G5
PL02	Leading and Developing People FS	People	G5
PL03	Core Code of Ethics FS	People	G5
PW04	Safeguarding FS	People	G5
PW05	Health, Safety and Wellbeing	People	G5
PC06	Equality, Diversity and Inclusion	People	G5
PC07	Communication and Engagement FS	People	G5
PCR08	Community Risk Management Planning FS	Place	G1/G2/G3/G4
PCR09	Prevention FS	Place	G1
PCR10	Protection FS	Place	G2
PCR11	Fire Investigation FS	Place	G2
PR12	Operational Preparedness FS	Place	G3
PR13	Operational Competence FS	Place	G3
PR14	Fire Control FS	Place	G3
PR15	Emergency Preparedness FS	Place	G3
PR16	Emergency response Driving FS	Place	G3
TL17	Operational Learning	Tools	G7
TD18	Digital and Cyber FS	Tools	G7
TD19	Data Quality and Management FS	Tools	G7
TA20	Vehicles, Equipment and PPE	Tools	G4/G6
TA21	Premises and Facilities	Tools	G4/G6
EG22	Internal Governance and Assurance FS	Enablers	G6/G7
EG23	Procurement and Commercial Management FS	Enablers	G6
EG24	Finance	Enablers	G6

*FS indicates a Fire Standard

Service Goals

The 24 domains are organised across 7 Service Goals that determine how confidence statements are communicated to authority committees:

Goal	Service Goal	Constituent Domains
G1	**Prevention**	PCR08, PCR09
G2	**Protection**	PCR10, PCR11
G3	**Response**	PCR08, PR12, PR13, PR14, PR15, PR16
G4	**Environment**	PCR08, PR12, TA20, TA21
G5	**People**	PL01, PL02, PL03, PW04, PW05, PC06, PC07
G6	**Resources**	EG22, EG23, TA20, TA21
G7	**Data & Digital**	TL17, TD18, TD19, EG22

Confidence Rating Methodology

Each domain confidence statement is assessed using a five-point scale, deliberately aligned to HMICFRS grading language to ensure direct comparability with inspection judgements:

Governance Architecture and Reporting Cycle

The SAF operates though a structured three-line assurance model:

1. Operational Control. Domain owners (Heads of Department / Area Managers) hold day-to-day accountability for controls embedded in delivery, local risk identification, and performance monitoring against service plan. Escalation when thresholds are breached.

2. Management Oversight through existing local delivery mechanisms. SMT provides strategic oversight and direction. Performance and Assurance Committees review Service Goal confidence statements quarterly.

3. Independent Assurance. For example: WAISS Internal Audit annual plan (2026/27), Grant Thornton External Audit and VfM opinion, HMICFRS inspection and graded judgements

Reporting Cycle

Cycle	Content	Governance Route
Monthly	CPI dashboards · budget monitoring · training compliance	First-line management. Feeds quarterly domain confidence statements.
Quarterly	Domain owners prepare confidence statements across all 23 domains. Goal-level statements distributed to committees.	G1–G4, G6, G7 to Performance & Scrutiny · G5 to People & Culture · Consolidated SAF report to Audit & Assurance.
Annually	Annual Statement of Assurance (SOA) incorporating SAF findings. Referenced in the Annual Governance Statement (AGS).	Audit & Assurance Committee reviews alongside audit opinion. Full Authority approves with AGS.
3-yearly	HMICFRS inspection: third-line assurance. Findings mapped to SAF domains and improvement plan approved by Full Authority.	WAISS (provisional) to conduct post-implementation review of SAF after one full year of operation.

It is also recommended that WAISS is to be commissioned to conduct a post-implementation review of the SAF after one full year of operation. Following two full confidence statement cycles (January 2027), the Assurance Board will complete a structured benefits realisation review assessing whether Board judgements are better-evidenced than pre-SAF, whether escalation triggers are firing as designed, and whether domain owner evidence quality has improved quarter-on-quarter.

Evidence Collection Process

Following ratification by the Strategy and Resources Committee, the Domain Evidence Input Tool will be distributed to named strategic leads. The Tool provides a structured workbook for each domain, pre-loaded with the relevant

FSB MUST, SHOULD, and MAY compliance statements and the confidence rating methodology.

Domain owners are required to:

- Record evidence against each compliance statement, distinguishing between evidence of outcome and evidence of activity.
- Assign a confidence rating using the five-point scale, supported by citation of specific, named evidence sources.
- Identify gaps, risks, and improvement actions for entry into the Gap Register.
- Complete an Evidence Self-Audit prior to submission, confirming:
  (i) someone other than the domain owner has verified the evidence;
  (ii) the evidence is current; and
  (iii) it draws from more than one source.

5 Corporate Performance Indicators

The table in Appendix A sets out the corporate performance indicators aligned to each service domain, together with proposed targets and reporting frequencies. This remains a working position. Several CPIs are still under review, either because targets and frequencies are yet to be agreed or because the underlying data is not currently collected, and these are shown as TBC.

6 Risks

Evidence quality
Domain owners may conflate activity with assurance evidence. The QA process and Evidence Self-Audit are the primary controls. The Assurance Board's return-and-resubmit discipline, visibly enforced in the first two cycles, is the secondary control.

Cause of Concern Data Quality
Remains the highest-priority domain as it has an overall impact on the reporting process.

Grant Thornton and HMIC open recommendations and AFI's
The SAF provides the structural mechanism for evidencing closure, but domain owners must ensure evidence directly addresses the recommendations or AFI's, not the general domain scope.

Capacity Evidence collection places a material demand on strategic leads. Return dates must be agreed with named owners at the point of distribution, not imposed retrospectively.

Stakeholder engagement - Domain owners require a named, declared staff feedback channel per domain, with a formal governance mechanism, giving staff a route to flag where confidence ratings do not reflect operational reality. This is a design requirement of the SAF, not an optional feature.

7 Conclusions

The Service assurance framework provides the Service with a structured, repeatable internal assurance mechanism through which SFRS can evidence compliance with the Code of Corporate Governance 2025/26 and the Fire Standards Board internal governance and assurance requirements. The four-pillar / 23-domain model establishes a clear evidence architecture, supports disciplined quarterly confidence statements aligned to HMICFRS grading language, and strengthens governance by formalising challenge through the Assurance Board prior to reporting to Authority committees.

Ratification now enables structured evidence collection, gap identification and prioritisation through the Gap Register, and the development of credible improvement trajectories where domains are not yet at the required standard. Summarise findings and clearly state any recommendations being made.

8 Capacity

The SAF introduces a material but manageable demand on strategic leads and their teams, particularly during the initial evidence-gathering cycles. The framework design mitigates this by requiring domain owners to record and cite existing evidence rather than create new structures, with quality controlled through the Evidence Self-Audit and Assurance Board challenge/return-and-resubmit discipline in early cycles.

To maintain delivery, evidence return dates must be agreed with owners at distribution, and support arranged where domains have known resourcing constraints

9 Fire Alliance / Collaboration / Partnership Working

The SAF strengthens collaboration by providing a common assurance language and consistent reporting format that can be shared with partners where appropriate (for example, joint assurance in cross-cutting areas such as emergency preparedness, operational learning, or data and digital).

The structured three-lines model supports proportionate external/peer validation to move domains beyond self-certification, helping to evidence assurance through triangulation rather than single-source reporting.

10 Financial Implications

There is no immediate direct cost arising from ratifying the SAF, as it is primarily an assurance structure and evidence process. The main impact is staff time to compile domain evidence and produce confidence statements.

Potential future financial implications may arise from (a) improvement activity identified through the Gap Register, and (b) commissioning a post-implementation review after one year (noted within the governance cycle proposals). Any such costs will be brought forward through the usual governance and budget processes There are no financial implications arising from this report.

11 Legal Comment

The SAF supports the Fire Authority's ability to demonstrate lawful, transparent and accountable decision-making by strengthening the evidence base for governance, risk management and assurance reporting.

No legal issues are anticipated from adoption of the framework itself; however, domain owners must ensure evidence is current, properly referenced, and suitable for scrutiny (including public committee reporting where required).

12 HMICFRS Areas For Improvement, Cause of Concern, External Audit Recommendations

The SAF directly responds to the need for structured, evidence-based assurance following HMICFRS findings (including the standing Cause of Concern relating to data quality) and the Grant Thornton 2024/25 audit findings on governance, risk management and informed decision-making.

The framework provides a consistent mechanism to:

- Map HMICFRS AFIs / Causes of Concern and external audit recommendations into relevant domain
- Track closure through domain evidence returns and the Gap Register;
- Support escalation where domains are rated Requires Improvement or Inadequate without a credible improvement trajectory (via Assurance Board challenge and formal concern mechanisms) There are no applicable recommendations from the HMICFRS or External Auditor to reference here.

13 Communications

Following ratification, a clear internal communication will be issued explaining: what the SAF is, why it is being implemented, what is required of domain owners, and how staff can provide feedback where confidence statements do not reflect operational reality.

Externally, the SAF will be referenced through Authority reporting routes and reflected in annual assurance documents (including the Annual Governance Statement context) as the Service's mechanism for evidencing compliance across service delivery domains.

14 Community Safety

The SAF reinforces community safety by strengthening assurance across the prevention/protection/response domains and ensuring performance and risk are visible, governed and escalated consistently.

By linking domains to service goals and committee reporting, the framework supports improved oversight of the activity that underpins community risk management and outcomes.

15 Environmental

The SAF includes a Service Goal that explicitly considers environment, with constituent domains spanning community risk, response and enabling functions to provide structured assurance on environmental impacts and controls.

Where environmental gaps or risks are identified through evidence returns, these will be recorded in the Gap Register and progressed through established governance routes.

16 Equality Impact Assessment

The SAF supports equality considerations by embedding workforce and culture-related domains within the “People” pillar and requiring domain confidence statements to be evidence-based and subject to scrutiny.

A full Equality Impact Assessment is not required for ratification of the framework structure itself; however, where domain evidence identifies equality-related gaps, these will be logged and tracked through the Gap Register and relevant governance routes.

17 Health and Safety

The SAF improves health and safety assurance by requiring domain owners to evidence controls, assurance activity and risk linkage through structured confidence statements and escalation triggers.

This strengthens oversight by ensuring that health and safety-relevant evidence is not limited to activity reporting but is triangulated and challenged through second/third line assurance where available.

18 Fire Standard Core Code of Ethics and Human Rights (including Data Protection)

The SAF supports ethical governance and human rights obligations by reinforcing accountability, transparency and evidence-based scrutiny through the three-lines assurance model and committee reporting architecture.

Evidence handling within domains must be compliant with information governance requirements, including appropriate referencing, version control and ensuring evidence is current and suitable for scrutiny.

19 ICT

The SAF explicitly includes “Data & Digital” as a Service Goal and incorporates digital and data-related domains, providing a structured method to evidence controls, performance and assurance in these areas.

This is particularly important given the standing Cause of Concern relating to data quality and the expectation that evidence will demonstrate improvement and sustained compliance through structured reporting.

20 Insurance

No direct insurance implications arise from ratification of the SAF. The framework may support the Service’s overall risk maturity by strengthening risk ownership, control evidence and escalation, which in turn can provide improved assurance for insurable risk areas.

19 The On-call Service

The SAF includes on-call workforce and related operational domains within its structured assurance coverage, enabling consistent evidence collection, risk linkage and performance oversight for on-call service delivery.
Any on-call specific gaps or resourcing risks identified through evidence returns will be captured in the Gap Register and escalated through the agreed reporting routes.

20 Public Value / Service Delivery

The SAF is intended to improve public value by strengthening internal assurance, clarifying accountability, and improving the quality of evidence supporting decision-making and performance governance.

By moving away from reactive assurance and toward systematic evidence-based reporting, the framework supports more reliable prioritisation of improvement activity and clearer Authority oversight of service delivery confidence.

21 Reputation

Ratifying and implementing the SAF provides a credible, structured response to known scrutiny risks, including HMICFRS expectations about how governance and oversight affect service delivery and the continuing visibility of open audit recommendations.

A consistent, evidence-based assurance narrative (including clear escalation where ratings remain Requires Improvement/Inadequate) supports confidence among members, staff and stakeholders, reducing reputational risk associated with unsupported assurance claims.

22 Security

No immediate security implications arise from ratification of the SAF. However, evidence collection and storage arrangements must ensure appropriate access controls and information management, particularly where evidence includes operationally sensitive material.

The requirement for evidence to be current, verified and appropriately referenced supports improved discipline in how assurance information is managed and shared.

23 Training

The SAF supports training assurance by incorporating competence and learning-related requirements within domain reporting and by requiring evidence-based confidence statements linked to performance and assurance mechanisms.

Training compliance already features in monthly reporting feeds; the SAF provides the structure for that information to be translated into quarterly assurance statements, triangulated where possible beyond first-line self-certification.

24 Appendix

25 Background Papers

There are no background papers associated with this report.

Corporate Performance Indicators for Domains

PL01 | Leading the Service			
Ref	**KPI**	**Target**	**Frequency**
PL01_01	Corporate Risk Register - % of identified corporate risk successfully addressed or lowered	90%	TBC
PL01_02	Partnership Register	TBC	TBC
PL01_03	Domain Confidence Statements	100% of 'requires improvements' and 'declining' domains have a robust and agreed mitigation/improvement plan in place	TBC
PL02 | Leading and Developing People			
Ref	**KPI**	**Target**	**Frequency**
PL02_01	Leadership Capability and Development	90% IPDR completion, plus leadership programme participation and 360 degree feedback (equal weighting)	Monthly at PMM
PL02_02	Workforce Planning	TBC (not currently collected)	TBC
PL03 | Core Code of Ethics			
Ref	**KPI**	**Target**	**Frequency**
PL03_01	Organisational Culture and Engagement	+3% year on year improvement in staff engagement and satisfaction score	Monthly at PMM
PW04 | Safeguarding			
Ref	**KPI**	**Target**	**Frequency**
PW04_01	Staff Safeguarding Training	90%	Quarterly
PW04_02	Safeguarding Referrals Raised Within 24 Hours	100%	Quarterly
PW04_03	Appropriate Staff Background Checks	100%	Quarterly
PW05 | Health, Safety and Wellbeing			
Ref	**KPI**	**Target**	**Frequency**
PW05_01	Total Accidents	Reduction of ±10%	Quarterly
PW05_02	H&S Mandatory Training Completion	90%	Quarterly
PW05_03	RIDDOR Reportable Incidents	100%	Monthly
PW05_04	YoY Reduction in Repeat Cause Incident Rate	5% reduction	Quarterly
PW05_05	Mandatory Accident Investigation Training	90%	Quarterly
PW05_06	Vehicle Accidents	±5% trend mapping	Monthly
PW05_07	Home Office Reportable Vehicle Accidents	100%	Quarterly
PW05_08	H&S Training (All Staff)	≥90%	Quarterly

PC06 | Equality, Diversity and Inclusion			
Ref	**KPI**	**Target**	**Frequency**
PC06_01	Equality, Diversity and Inclusion (EDI)	90%	Monthly at PMM
PC07 | Communication and Engagement			
Ref	**KPI**	**Target**	**Frequency**
PC07_01	External Engagement	10% increase	Monthly
PC07_02	Internal Engagement	15% increase	TBC
PC07_03	Operational Communications	>90%	Monthly (proposed)
PCR08 | Community Risk Management			
Ref	**KPI**	**Target**	**Frequency**
PCR08_01	Strategic and Local Community Risk Assessment Compliance	100%	TBC
PCR09 | Prevention			
Ref	**KPI**	**Target**	**Frequency**
PCR09_01	Incidents Involving Life Risks	YoY reduction against 5 year rolling average	Monthly
PCR09_02	Home Fire Safety Visits	YoY improvement against 5 year rolling average	TBC
PCR09_03	Prevention Activity	YoY improvement against 5 year rolling average	Quarterly
PCR10 | Protection			
Ref	**KPI**	**Target**	**Frequency**
PCR10_01	Incidents Involving Life Risks (Regulated Premises)	YoY reduction against 5 year rolling average	Monthly
PCR10_02	Protection Activity	Per KPI (activity based)	Quarterly
PCR10_03	Workforce Competence	95%	Monthly
PCR11 | Fire Investigation			
Ref	**KPI**	**Target**	**Frequency**
-	No KPIs defined yet	-	-
PR12 | Operational Preparedness			
Ref	**KPI**	**Target**	**Frequency**
PR12_01	Appliance Availability	85%	Monthly
PR12_02	Attendance Times (10/15/20 min standard)	NFCC benchmark	Monthly
PCR13 | Operational Competence			
Ref	**KPI**	**Target**	**Frequency**
PCR13_01	Competent to Respond	100%	Quarterly
PCR13_02	Operational Competency (All Competencies)	≥95%	Monthly
PCR13_03	Training Completion Rates	≥95%	Monthly
PCR13_04	BA Competency	100%	Monthly
PCR13_05	RTC / Rescue Competency	100%	Monthly
PR14 | Fire Control			
Ref	**KPI**	**Target**	**Frequency**
PR14_01	Competency in Role	90%	Quarterly
PR14_02	Average Call Handling Time	TBC	Monthly

TD18_01*	System Uptime (related KPI from Digital and Cyber)	99%	Monthly
PR15 | Emergency Preparedness and Resilience			
Ref	**KPI**	**Target**	**Frequency**
PR15_01	Business Continuity Planning Reviews	100% (95% working tolerance)	Quarterly
PR15_02	Business Continuity Exercises	≥4 per year	Yearly
PR15_03	Operational Risk Data (Out of Date Status)	10%	Monthly
PR15_04	Multiagency Exercises (Completed vs Planned)	80%	Monthly
PR15_05	Multiagency Exercises (Completed vs Planned)	80%	Monthly
PR16 | Emergency Response Driving			
Ref	**KPI**	**Target**	**Frequency**
PR16_01	Emergency Driver Training Compliance	100%	Quarterly
PR16_03	YoY Reduction in Repeat Vehicle Fault Rate	5% reduction	Quarterly
TL17 | Operational Learning			
Ref	**KPI**	**Target**	**Frequency**
TL17_01	Significant Incidents with Formal Debrief	100%	Quarterly
TL17_02	Actions Completed from Learning Events	95%	Quarterly
TL17_03	Exercises Generating Learning	100%	Quarterly
TL17_03	Learning Actions Verified as Effective	90%	Quarterly
TL17_04	Rate of Implementation of Learning Effectiveness	90%	Quarterly
TD18 | Digital and Cyber			
Ref	**KPI**	**Target**	**Frequency**
TD18_01	System Uptime	99%	Monthly
TD18_02	Cyber Security	88%	Monthly
TD18_03	Digital Service Health	87%	Monthly
TD18_04	Issue Exposure	0	Monthly
TD19 | Data Management			
Ref	**KPI**	**Target**	**Frequency**
TD19_01	Data Quality	87%	TBC
TD19_02	Data Health	Not yet measurable, pending data quality checks	TBC
TD19_03	Data Service (1 of 2, Backlog)	5 open requests	Monthly
TD19_04	Data Service (2 of 2, Completion Rate)	93%	Monthly
TA20 | Vehicles, Equipment and PPE			
Ref	**KPI**	**Target**	**Frequency**
-	No KPIs defined yet	-	-
TA21 | Premises and Facilities			
Ref	**KPI**	**Target**	**Frequency**
TA21_01	Statutory Estates Compliance	100%	Quarterly
TA21_02	Operational Building Availability	TBC	TBC

TA21_03	Waste Recycled (% of Tonnage)	TBC	TBC
EG22 | Internal Governance and Assurance			
Ref	**KPI**	**Target**	**Frequency**
EG22_01	Project Delivery Success Rate	TBC	Live (monitored during project lifecycle)
EG22_02	Project Strategic Alignment	95%	Live (monitored during project lifecycle)
EG22_03	Benefit Realisation	TBC	Monthly
EG22_04	HMICFRS AFI/CoC Delivery Rate	TBC	TBC
EF23 | Procurement and Commercial Management			
Ref	**KPI**	**Target**	**Frequency**
EF23_01	% Procurement Using Frameworks	100%	Quarterly
EF23_02	Tender Timescales	90%	Quarterly
EF23_03	% Invoices Paid on Time	95%	Monthly
EF24 | Finance			
Ref	**KPI**	**Target**	**Frequency**
EF24_01	Staff Pay Costs (Operational % of Total Pay Budget)	80%	Quarterly
EF24_02	Capital Delivery Programme (Actual vs Profiled Budget)	75%	Quarterly