

West Sussex Fire and Rescue Service Performance Report Quarter 1 2024/25

**Deputy Chief Fire Officer
Matt Cook**

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Strategic Performance Board Quarterly Report Quarter 1 2024-2025

The aim of the Quarterly Performance Report is to summarise how West Sussex Fire & Rescue Service/Directorate has performed over the previous three months and to capture how performance contributes cumulatively to the year-end performance outcomes.

The report retrospectively presents information from the Performance and Assurance Framework (PAF) including the core measures and targets for the year which are current at the time of publishing. The report contains performance across the four elements of the PAF, namely Service Provision, Corporate health and where appropriate, Priority Programmes and Risk.

The explanations, mitigations and actions contained within this report are those endorsed by the Service Executive Board (SEB).

This report covers data from the period of 1st April – 30th June 2024

Cabinet Member Summary



Quarter 1 saw the return of His Majesty's Inspectorate for Constabularies & Fire and Rescue Services (HMICFRS) for the third full inspection of our service. This involved an eight-week inspection of almost all parts of the organisation. West Sussex Fire and Rescue Service (WSFRS) awaits the outcome of the Inspection and the report due later this year, which we hope will demonstrate the service's commitment to continuous improvement.

Also this quarter, Cabinet approved the WSFRS Annual Statement of Assurance 2023-24, and I am extremely pleased that for the second year in a row, all four of our County Council performance objectives were met. This demonstrates that the recommendations applied by the service are having a real and sustained effect.

Chief Fire Officer Summary



During the last quarter, the service developed the WSFRS Productivity and Efficiency Plan 2024 – 2025 in line with the National Framework requirement that all FRAs, regardless of their governance type, produce plans that detail both planned efficiencies and plans for increasing productivity. The Productivity and Efficiency Plan sets out the current funding assumptions and gives specific detail on how this money is spent within the service. It highlights how the service has contributed to closing the budget gap in the wider County Council, how it is delivering value for money and defines how it aspires to improve productivity and efficiency.

Our project to review the Retained Duty System was also launched, as part of the commitments set out in our Community Risk Management Plan. The project aims to improve the current systems and processes in place for the day-to-day running of our retained duty system, as a key priority enabling us to co-create a system that works for a modern-day fire and rescue service. As such, we are committed to reviewing the whole system and improving its functionality.

June saw the retirement of DCFO Mark Andrews who started his career in WSFRS and rejoined the service as DCFO in 2020. Upon his retirement Mark said: "The opportunity to serve the public over nearly 35 years has been wonderful privilege, and I thank each and every one of you for the job you do and the support you give West Sussex."

Performance Summary

At the end of Quarter 1 2024-25 the following performance against 30 core measures was recorded:

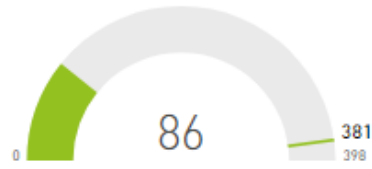
28 had a GREEN status, 1 were AMBER and 1 was RED.

Of the 4 comparable measures that were RED or AMBER last quarter, 2 measures showed an improvement and 1 a decline. One AMBER measure and one RED measure moved to GREEN.

Of the 18 comparable measures that were GREEN last quarter, 3 measures showed a decline and 6 an improvement.

Performance Summary for all core measures at the end of Quarter 1 (1 of 2):

CM1: ADFs



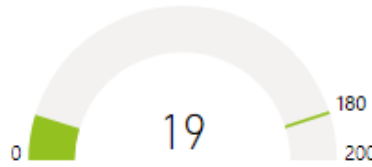
CM2: Accidental Dwelling Fire Fatalities



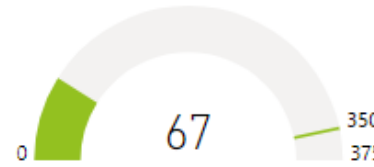
CM3: Accidental Dwelling Fire Casualties



CM4: Deliberate Primary Fires



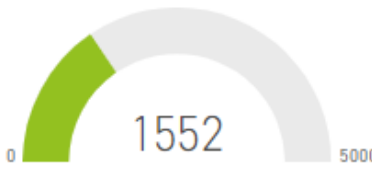
CM5: Deliberate Secondary Fires



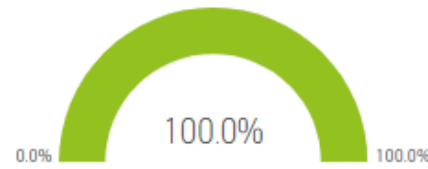
CM6: Safeguarding - % created within 24 hours



CM7: Safe and Well Visits



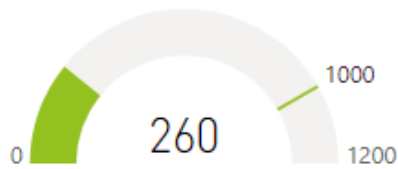
CM8: Very High Risk Safe & Well on Time



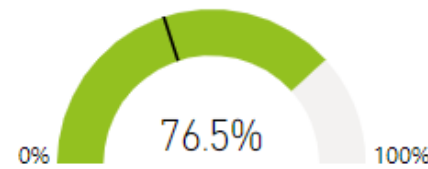
CM9: High Risk Safe & Well on Time



CM10: Fire Safety Audits



CM11: Unsatisfactory Inspections



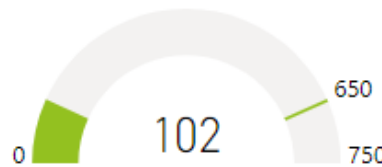
CM12: Prosecution Successful



CM13: Satisfactory Fire Safety Consultations



CM14: Unwanted fire signals



CM15: Site Specific Risk Information



Performance Summary for all core measures at the end of Quarter 1 (2 of 2):

CM16: 999 calls answered on time



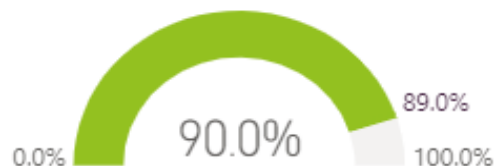
CM17: Time to alert



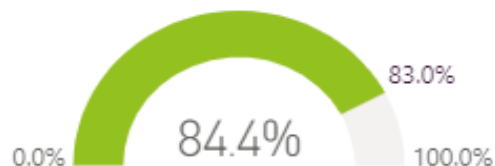
CM18: Time to Inform L2



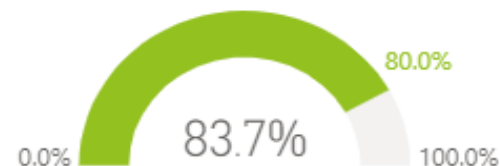
CM19: Critical Fires 1st Appliance Attendance Times



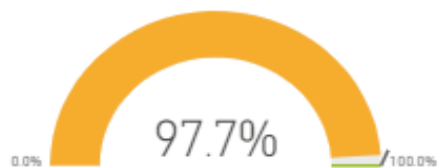
CM20: 2nd Appliance Attendance Times



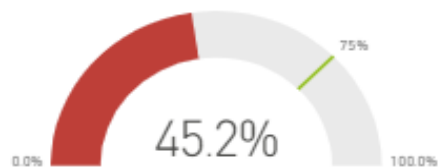
CM21: Critical Special Service Attendance Times



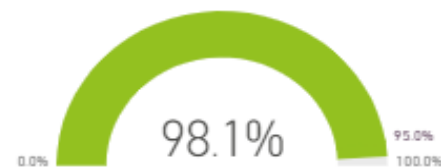
CM22: Immediate Response Availability



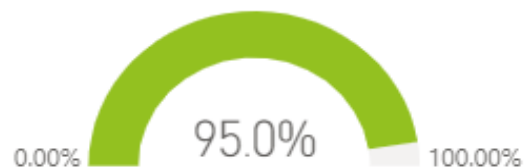
CM23: Retained Availability



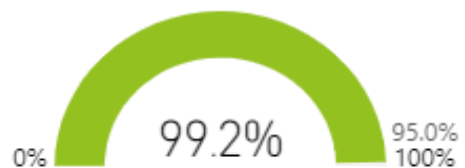
CM24: Feedback Surveys - Customer Satisfaction



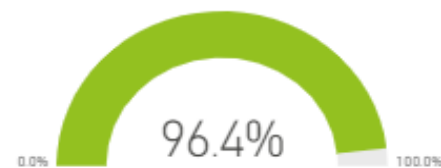
CM25: Proportion of staff not sick



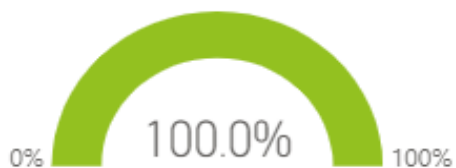
CM26: Fitness



CM27: Staff in qualification



CM28: RIDDOR



CM29: Risk Assessments in date



CM30: Fleet Availability



Areas of Significant Improvement and Success

**Quarter 1
(1 April – 30 June 2024)**

Significant Improvement and Success

The Performance and Assurance Framework of which this report is a part of, has continued to demonstrate fire and rescue service performance and provide assurance to members and the public.

Quarter 1 saw sustained good performance in many areas, with the following measures showing particular success:

- CM6 Percentage of Safeguarding referrals made to Social Care colleagues in West Sussex County Council within 24 hours of discovery
- CM7 Number of Safe and well visits delivered to those households containing at least 1 person with at least 1 vulnerability or risk factor
- CM10 Number of Fire Safety Order regulated buildings having received an audit
- CM11 Percentage of Unsatisfactory fire safety audits
- CM26 Percentage of Eligible staff with a successful fitness test
- CM27 Percentage of Eligible operational staff in qualification

Core Measure 6: Safeguarding referrals made to Social Care colleagues in West Sussex County Council within 24 hours of discovery

100% at the end of Q1 2024-25

Year End Forecast GREEN

Safeguarding referrals made to Social Care colleagues in West Sussex County Council within 24 hours of discovery over a year period starting from April. To ensure that safeguarding referrals are made in a timely manner for the protection of individuals considered at risk in West Sussex. This is the time taken from the Duty Officer or Safeguarding Coordinator being made aware of a safeguarding case, to the referral being made to the local authority.

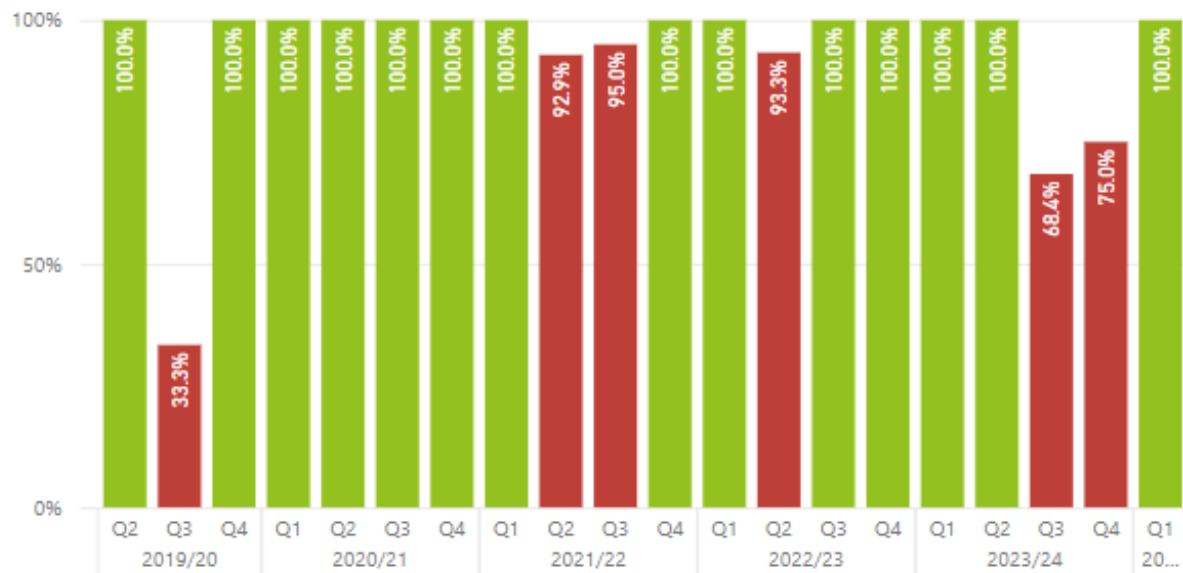
Annual Target:
100% Green
98% - 99.9% Amber
<98% Red

Service Owner:
Nathan Cross
Area:
Prevention

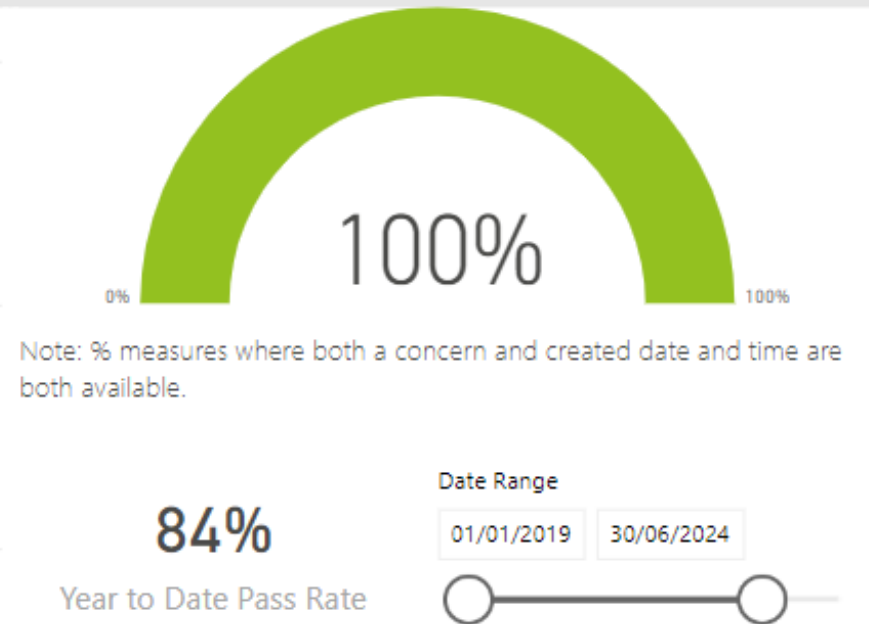
Safeguarding Process by Date Created

Financial Year	No	Yes	Total
2019/20	4	15	19
2020/21		53	53
2021/22	2	51	53
2022/23	1	50	51
2023/24	8	42	50
Total	15	211	226

Safeguarding created withing 24 Hours of concern by FY Quarter



Safeguarding Created within 24 Hours of Concern Last Quarter



Commentary
A total of 14 safeguarding referrals were made in Quarter 1. 100% were submitted within 24 hours.

Actions
Treat: Safeguarding is a dedicated agenda item within monthly Service Delivery Governance meetings to ensure that it remains prominent to all operational staff. The Prevention Service Plan 2024/25 has committed to providing safeguard training to all Flexi Duty Officers to ensure that when a concern is identified it is reported accurately and in a timely manner. Safeguarding will be continuously monitored to identify trends and opportunities for improving understanding of the process.

Core Measure 7: Number of safe and well visits (SWVs) delivered to those households containing at least 1 person with at least 1 vulnerability or risk factor.

1552 delivered by end of Q1 2024-25

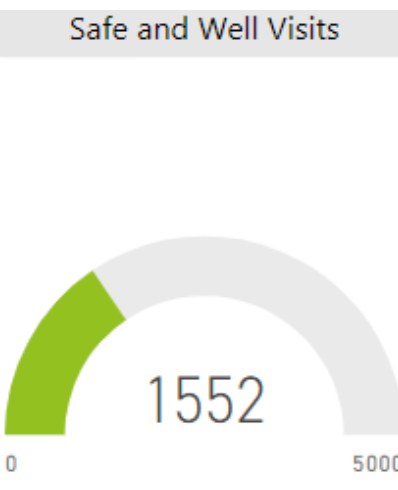
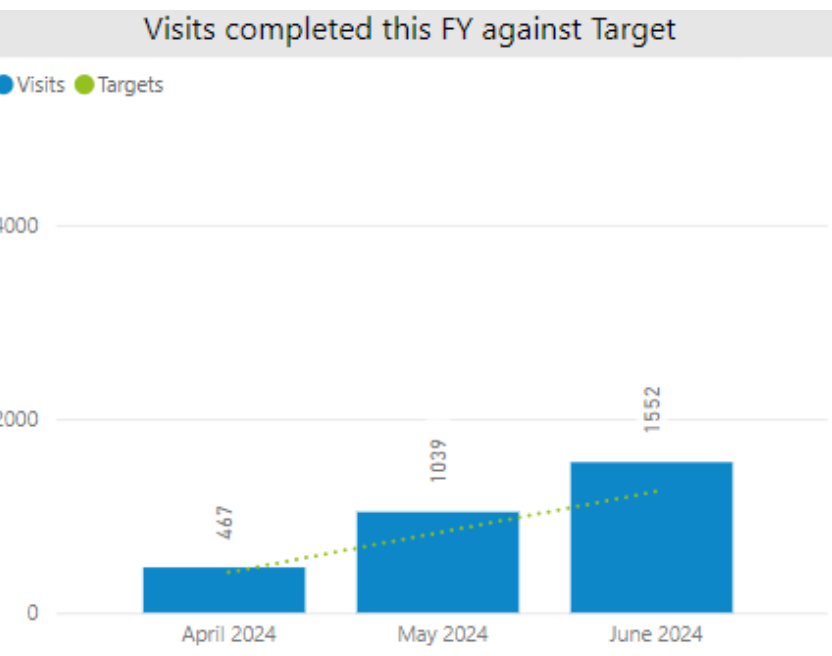
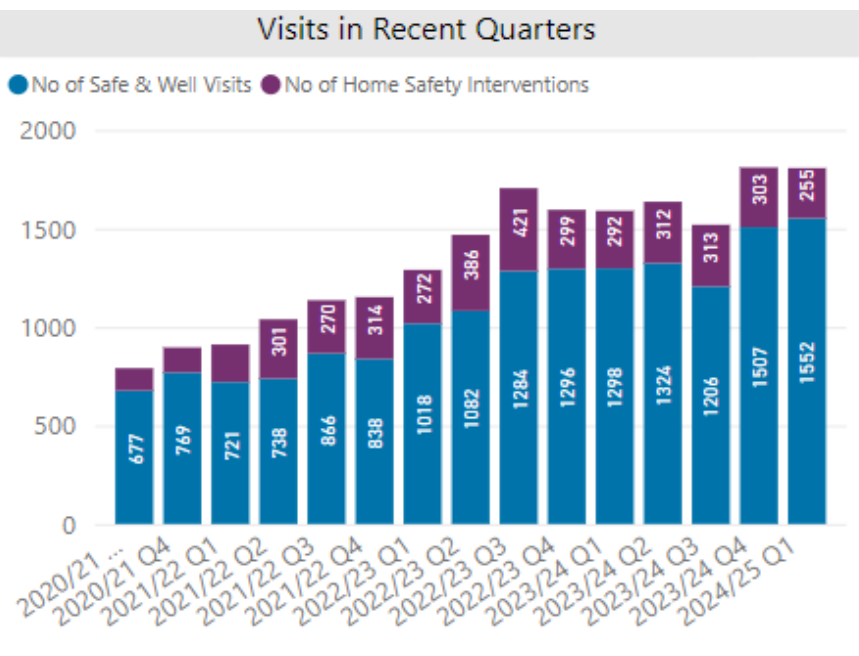
Year End Forecast GREEN

Number of SWVs delivered to those who are at risk of dying or being injured in the event of a dwelling fire over a year period starting from April. This includes very high, high and medium risk individuals and those low risk individuals with a vulnerability or a fire risk. Home safety interventions are shown here for information and include all low risk safe and well visits where there are no vulnerabilities and instances where we have supplied/fitted equipment.

Annual Target:
 >=5000 Green
 4800-4999 Amber
 <4800 Red

Service Owner:
Nathan Cross
 Area:
Prevention

Financial Year	Visits	Rate per1000
2018/19	4175	4.83
2019/20	4669	5.4
2020/21	2998	3.47
2021/22	3355	3.88
2022/23	4680	5.3
2023/24	5335	6



National Average: 1 SWV delivered per 1000 in 21/22
 2 HFSCs per 1000 population in 21/22
 *Visits prior to 21/22 were assessed against a different criteria for high or very high risk

i More Information

Commentary
 In Quarter 1 a total of 1,552 Safe and Well Visits were completed. This is the highest number of Safe and Well Visits completed in a single quarter. An additional 255 Home Fire Safety Interventions were also completed by the service.

Actions
 Tolerate and monitor: We continue to support referrals and requests for Safe and Well Visits through our partnerships and through local initiatives promoting them. We use data to target those who are most at risk of being injured or dying in a fire and prioritise them for a Safe and Well.

Core Measure 10: Percentage of FSO regulated buildings having received an audit

260
completed by
end of Q1
2024-25

**Year End
Forecast
AMBER**

There are approximately 35,000 Fire Safety Order regulated buildings in West Sussex. This measure examines the total number of audits of these buildings undertaken in a year starting in April, under the Risk Based Inspection Programme (RBIP). The RBIP is a combination of the activities on specific risk premises, thematic risks and IRMP work and at the core of the RBIP is a regular inspection program for known sleeping risks.

Annual Target:
1000 Green
850-999 Amber
>850 Red

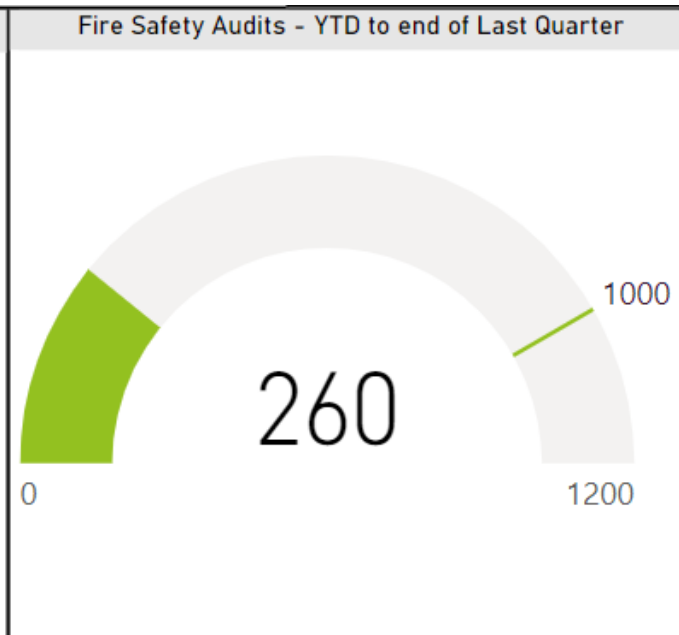
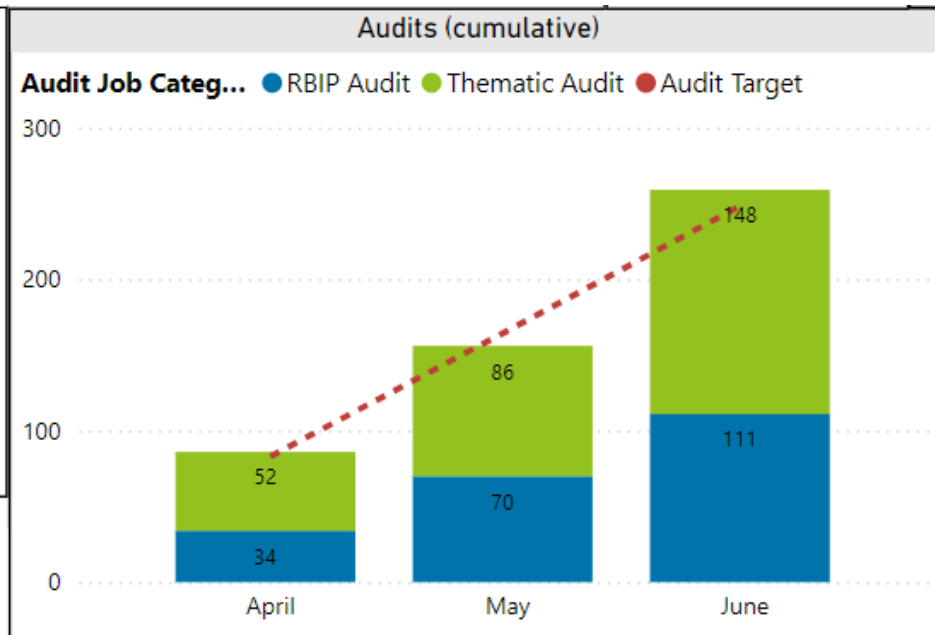
Service Owner:
Dave Bray
Area:
Protection

Financial Year	Audits	Fire Safety Checks	Audits per 100 premises
2020/21	137		0.0
2021/22	798	182	0.0
2022/23	1009	524	2.9
2023/24			
Q1	246	172	0.7
Q2	273	199	0.8
Q3	237	122	0.7

National Average: 2 Audits per 100 premises in 21/22

Last Refresh Date
21/08/2024

[More Information](#)



Commentary

Quarter 1 performance has exceeded the same period last year. This is a particularly notable achievement, given recent retirements in the team. Additionally, significant resources have been allocated to managing ongoing Crown Court cases, which demanded over 80 hours of inspector time in Quarter 1. Our strategic focus remains on maintaining high performance while managing these substantial legal commitments and a challenging succession planning landscape.

Actions

Tolerate: The percentage of audits being undertaken from the Risk Based Inspection Programme sits at 73% of all audits undertaken which demonstrates that we continue to prioritise higher risk work with the resourcing challenges that we are currently experiencing.

Core Measure 11: Percentage of Unsatisfactory fire safety audits

76.5% in Q1 2024-25

Year End Forecast GREEN

The percentage of fire safety inspections in which the inspector found a deficiency in the safety arrangements of that premises. Inspectors aim to focus inspections only on those premises which have inadequate fire safety arrangements. An inspection is Unsatisfactory if the premises is found to be Non-compliant.

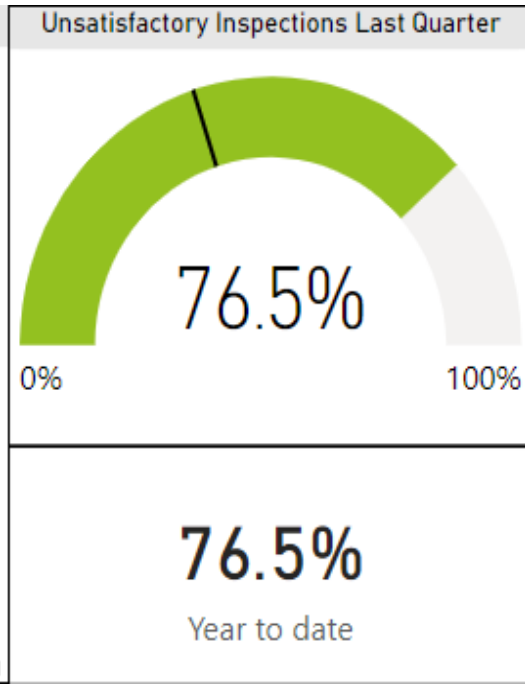
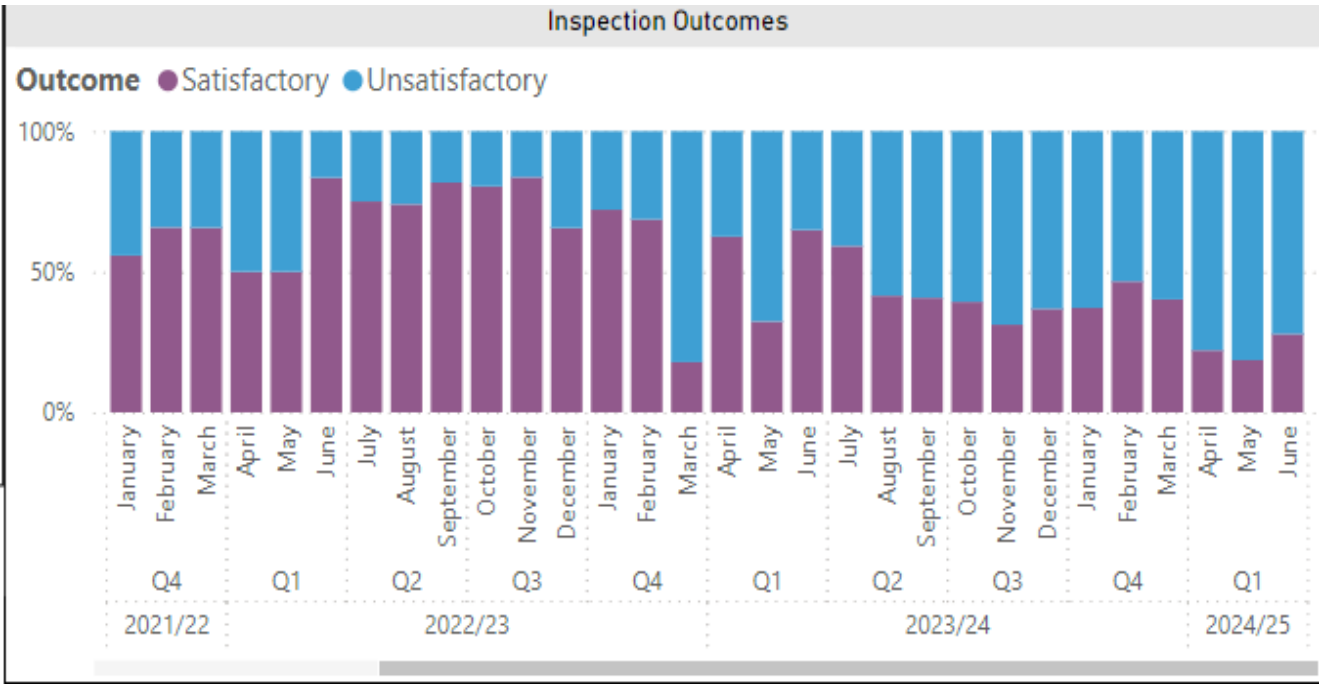
Annual Target:
 >40% Green
 35%-39.9% Amber
 <35% Red

Service Owner:
Dave Bray
 Area:
Protection

Financial Year	Satisfactory	Unsatisfactory	Total
2021/22	59.0%	41.0%	100.0%
2022/23	71.3%	28.7%	100.0%
2023/24			
Q1	54.9%	45.1%	100.0%
Q2	45.8%	54.2%	100.0%
Q3	35.9%	64.1%	100.0%
Q4	41.4%	58.6%	100.0%
2024/25			
Q1	23.5%	76.5%	100.0%

National Average: 35% unsatisfactory Audits in 21/22

Last Refresh Date
 16/07/2024



Commentary

The level of unsatisfactory audit outcomes remains considerably above the national average, at 76.4%. In quarter 1 of 2023/24 this was 45.1%. Therefore this demonstrates our effectiveness as a Regulatory Authority, ensuring that the communities and working public of West Sussex have fire safe buildings in which to work, shop and visit.

Actions

Tolerate: We will continue to use our regulatory powers effectively to drive down risk and aid the education of business operators to become compliant with the requirements of the law. We will also continue to ensure that we are prioritising our inspections in those premises that are likely to pose the greatest risk to relevant persons.

Core Measure 26: Eligible staff with a successful fitness test

**99.0% Q1
2024-25**

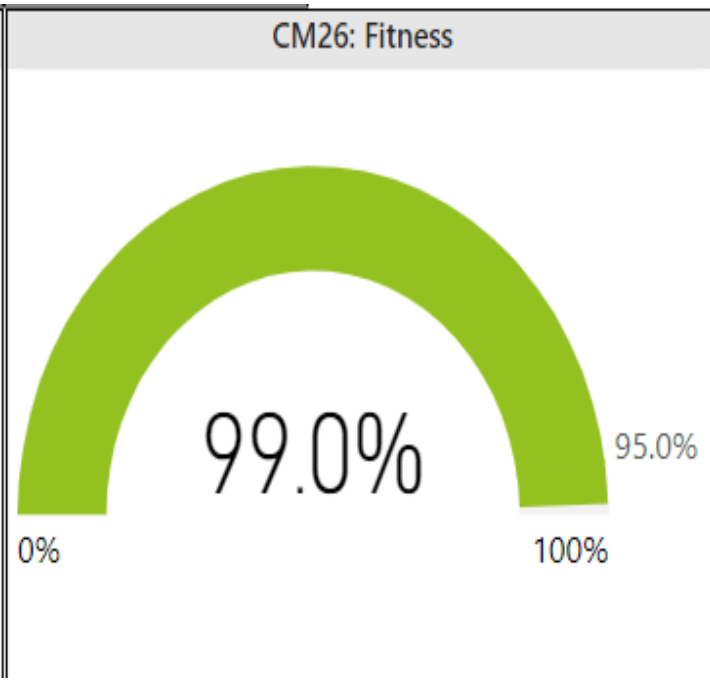
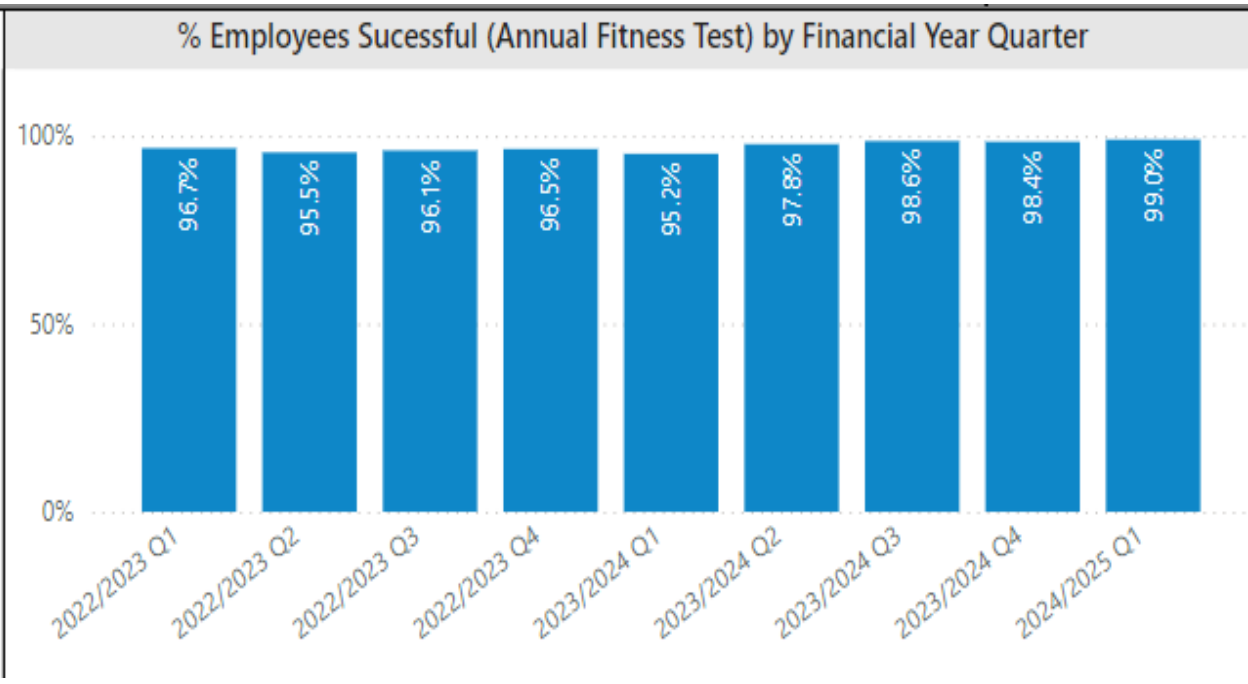
**Year End
Forecast
GREEN**

Fitness is important to the FRS as the work they do can be arduous and challenging. The service is required to have a fitness standard and to test all operational employees. This measure reflects the percentage of eligible employees who have completed and successfully passed their fitness test. Staff who are long term sick, on secondment, on sabbatical, maternity leave, unpaid leave, compassionate leave or alternative duties are excluded from this measure.

Target:
>95% Green
>85% Amber
<85% Red

Service Owner:
Catherine Walker
Area: **DOT**

Previous Performance	
Financial Year	% Employees Successful (Annual Fitness Test)
⊕ 2017/2018	87.83%
⊕ 2018/2019	93.64%
⊕ 2019/2020	95.01%
⊕ 2020/2021	95.10%
⊕ 2021/2022	95.52%
⊕ 2022/2023	96.19%
⊕ 2023/2024	97.48%
Total	95.18%



Commentary
The increased focus and collaboration between our Physical Education Officer, Personal Trainers, Station Managers and Retained Liaison Officers has resulted in a really strong, continued 'Green' status for Q1. Moving this qualification to becoming a qualification has also emphasised the importance of completing the annual fitness test in good time.

Actions
Tolerate: Email chasers from the Physical Education Officer will continue to remind colleagues of our expectation of completing this within the 12 months timeframe.

Core Measure 27: Eligible operational staff in qualification

92.1% at the end of Q1 2024-25

Year End Forecast GREEN

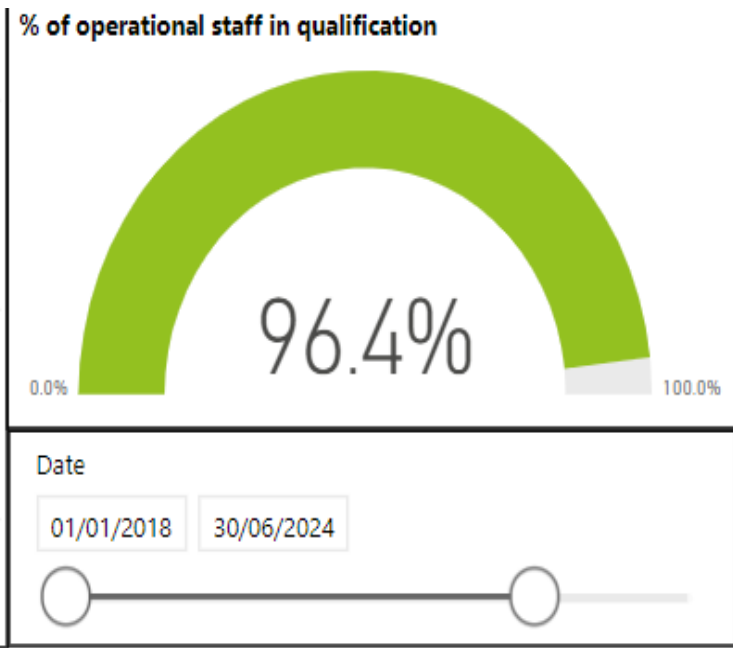
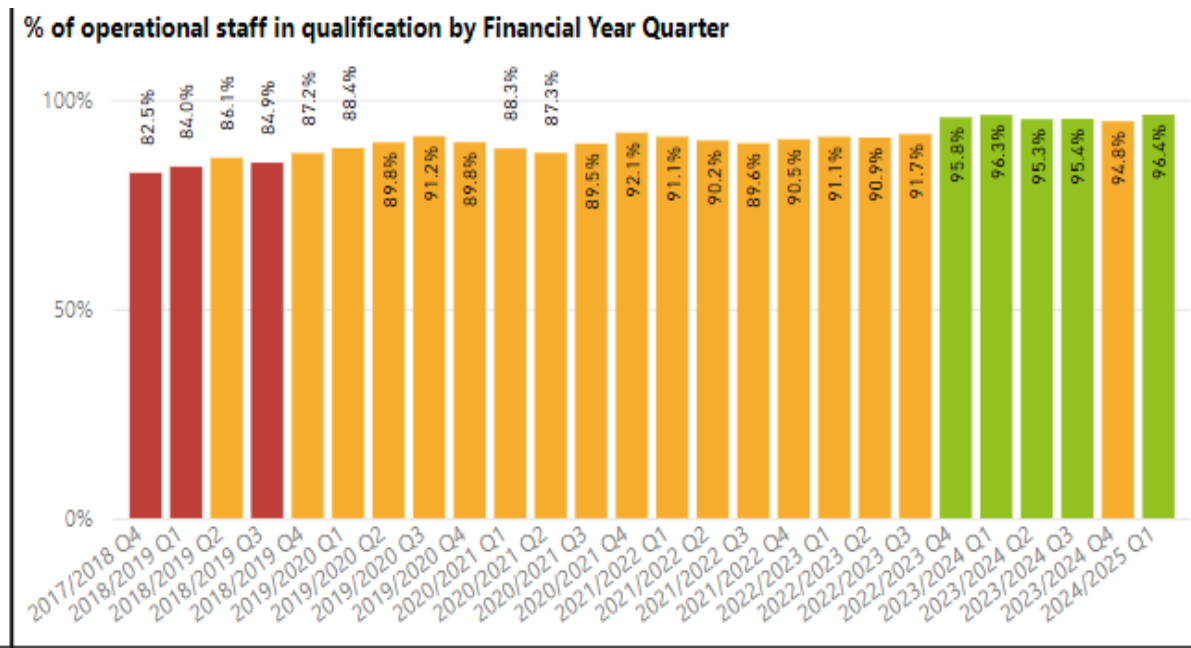
This measure examines the average percentage of operational staff (Station Managers, Watch Managers, Crew Managers and Firefighters) who have current qualifications in the use of breathing apparatus, emergency response driving and incident command (outlined in the 8 core areas of the Fire Professional Framework) as required by their role. This measure includes Retained firefighters who are in training, but who have not yet completed their Breathing Apparatus qualification. TRU staff and staff who are long term sick, on secondment, maternity leave, compassionate leave, unpaid leave or alternative duties are excluded from this measure.

Annual Target:
 >95% Green
 85% - 95% Amber
 <85% Red

Service Owner:
Catherine Walker
 Area: **DOT**

Previous Performance

Financial Year	% Employees Qualified
2017/2018	82.49%
2018/2019	89.63%
2019/2020	90.48%
2020/2021	92.95%
2021/2022	91.45%
2022/2023	93.41%
2023/2024	95.48%
2024/2025	96.38%
Total	94.66%



Commentary
 Work and support continues with station management teams to maintain focus on this. This measure includes Retained Firefighters who are in training and have not yet undertaken their Breathing Apparatus training. These individuals account for 2% of this measure. This training is planned for Q3, when the Live Fire Training Building will become operational. Performance data for the qualifications owned by central training are, as of 31/6/24 : BA-98%, ICSL1-93%, ERD-99%.

Actions
 Treat: Service Delivery continue to embed the monthly training plan, Firewatch master classes and continued communications with specific Station Managers whose stations are under-performing. Further improvements continue to be made to improve the data held on individuals.

Selected Measures (Red and Amber Status)

**Quarter 1
(1 April – 30 June 2024)**

Selected Measures (Red and Amber Status)

The following red and amber measures have been selected for examination by the Scrutiny Committee:

- CM23: Retained Duty System crewing availability

Core Measure 23: Adequate crewing on all retained frontline fire engines (based on 24/7 crewing)

47.7% at the end of Q1 2024-25

Year End Forecast RED

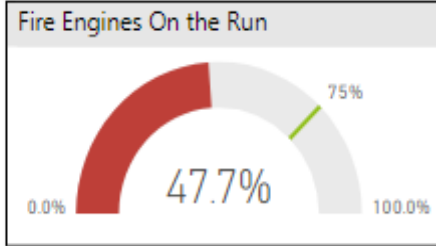
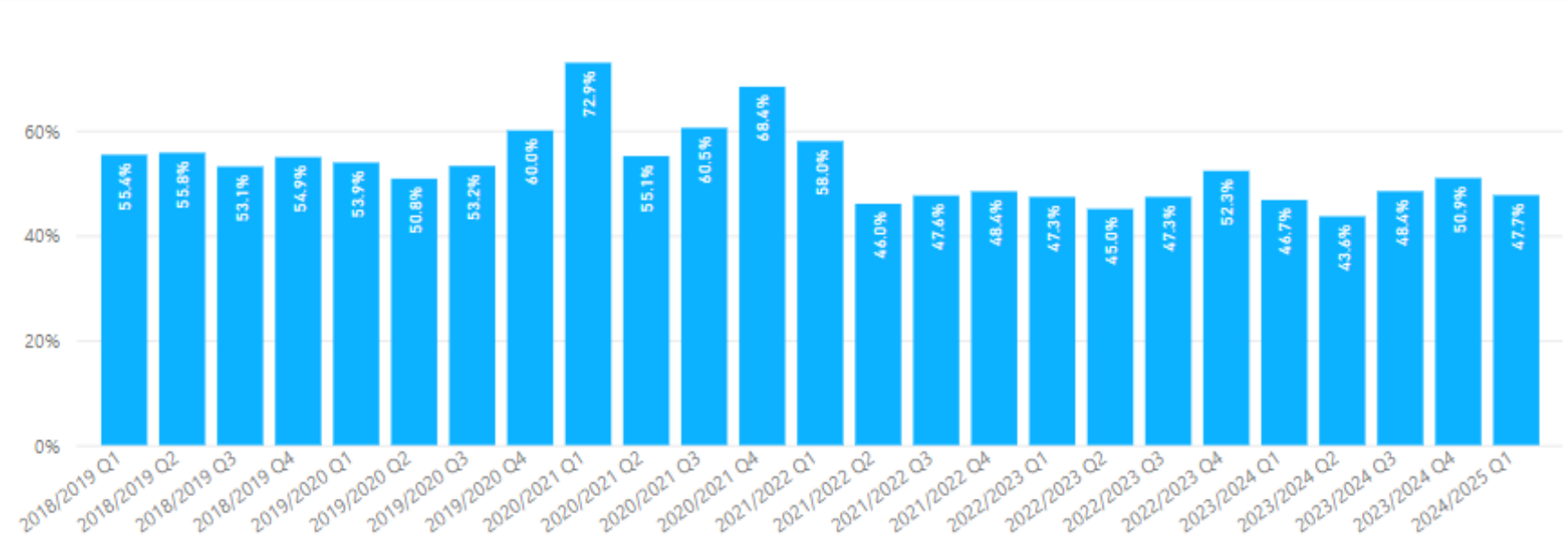
Retained frontline fire engines are crewed mainly by on-call fire fighters who are based at stations in more rural locations and, when they receive the call via their pagers, leave their place of work or home and attend emergencies from the local retained station. Four qualified people are required on a frontline fire engine to ensure safety. This measure examines the percentage of hours where there are sufficient minimum qualified fire fighters (4 personnel) on retained fire engines.

Target:
75% - 100% Green
65% - 74% Amber

Service Owner:
AM Service Delivery

Retained Fire Engines On The Run by Quarter (including current quarter to date)

Financial Year	Total
2018/2019	54.8%
2019/2020	54.5%
2020/2021	64.2%
2021/2022	50.0%
2022/2023	48.0%
2023/2024	47.4%
2024/2025	47.7%



Financial Year to Date
47.4%

Date Range

More Information

Commentary
 In Q1 the availability for RDS (Retained Duty System) has slightly decreased for the quarter. Compared to Q1 of 2023 and 2022 there is a marginal increase in % in availability, with the performance achieved despite a 10% reduction in the establishment compared to those years. Further support and proactive concepts are being explored to tackle the establishment levels by the Retained Liaison Officers and Unit leads addressing the shortfalls enabling improved crewing arrangements leading to maximising resources at the stations.

Actions
 Treat: The CRMP commitment of the RDS 3.5 project has commenced engaging with stakeholders to maximise retained availability in the strategic geographical areas aligning to the community risk maintaining response standards.