

Contents

	Page
Report Overview	3
Cabinet Member Summary	4
Chief Fire Officer Summary	5
Performance Summary	6
Performance Dashboard	7-8
Areas of Significant Improvement and Success	9-15
Selected Focus Measures – Red and Amber Status	16-21

West Sussex Fire and Rescue Service Performance Report Quarter 3 2023/24

Deputy Chief Fire Officer

Mark Andrews



Strategic Performance Board Quarterly Report

Quarter 3 2023-2024

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 October 2023 – 31st December 2023

Cabinet Member Summary



I am pleased to see continued good performance against the core measures this quarter, despite some challenging events. Notably the week long Storm Ciaran at the beginning of November brought severe weather and resultant damage to much of the South Coast. The Service actioned well-rehearsed plans that demonstrated an excellent level of operational preparedness and capability and West Sussex was able to respond effectively, highlighting great partnerships between Fire and Rescue, the wider WSCC departments, the Sussex Resilience Forum and Joint Fire Control.

It is a great achievement that the official opening ceremony for Platinum House fire station and training centre also took place in November, marking the culmination of the county council's vision to deliver an industry-leading facility to serve our firefighters and the residents living within our communities for very many years to come.

Chief Fire Officer Summary



This quarter saw the completion of the internal Focus Group work that was commissioned as an opportunity to ask the workforce questions to help us gather opinions about what is working well, what is not and where we can improve. This insight will be invaluable to us as we strive to continuously improve and provide assurance on what is working well.

In October we welcomed our latest cohort of IGNITE students to Lancing Fire Station. IGNITE is one of our targeted education courses for young people that uses the dynamic environment of the Fire Station and the local community to promote social and emotional development in young people, with an emphasis on nurturing resilience. The courses are always a huge success with the young people, their families and their schools and help promote fire safety within our community and strengthen our children and young people offer to West Sussex.

Improving retained availability continues to be a priority for the fire service and the community risk management plan contains a project to further review the retained duty system to ensure a sustainable model for the future. Underpinning this work we are delighted that one of our senior officers is now the national fire service lead on retained and in November he arranged a national conference here in West Sussex at our new training centre in Horsham. The event was a chance to look at the work of our on-call teams and share best practice in order to help improve the retained model across the sector. We are already gathering some positive ideas which will help shape our own internal project.

Performance Summary

At the end of Quarter 3 2023-24 the following performance against 30 core measures was recorded:

26 had a GREEN status, 2 were AMBER and 2 were RED.

Of the 5 comparable measures that were RED or AMBER last quarter, 4 measures showed an improvement with 2 measures moving from AMBER to GREEN status.

Of the 17 comparable measures that were GREEN last quarter:

- 5 measures showed a decline and 5 an improvement
- 1 measure moved to a RED status

Performance Summary for all core measures at the end of Quarter 3 (1 of 2):

CM1: ADFs



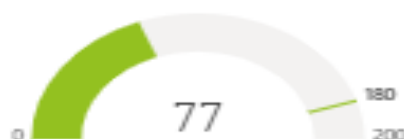
CM2: Accidental Dwelling Fire Fatalities



CM3: Accidental Dwelling Fire Casualties



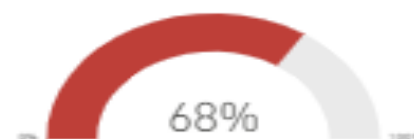
CM4: Deliberate Primary Fires



CM5: Deliberate Secondary Fires



CM6: Safeguarding - % created within 24 hours



CM7: Safe and Well Visits



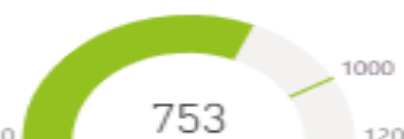
CM8: Very High Risk Safe & Well on Time



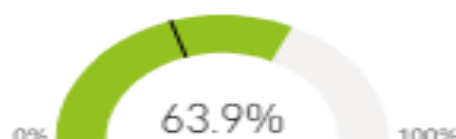
CM9: High Risk Safe & Well on Time



CM10: Fire Safety Audits



CM11: Unsatisfactory Inspections



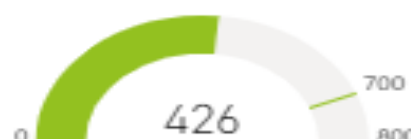
CM12: Prosecution Successful



CM13: Satisfactory Fire Safety Consultations



CM14: Unwanted fire signals



CM15: Site Specific Risk Information (SSRI)



CM16: 999 calls answered on time



CM17: Time to alert

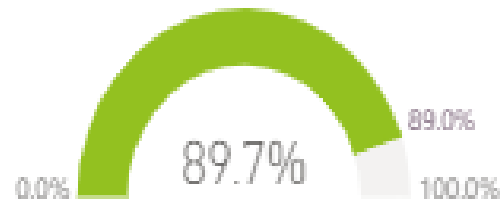


CM18: Time to Inform L2



Performance Summary for all core measures at the end of Quarter 3 (2 of 2):

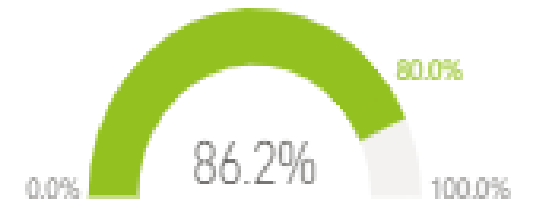
CM19: Critical Fires 1st Appliance Attendance Times



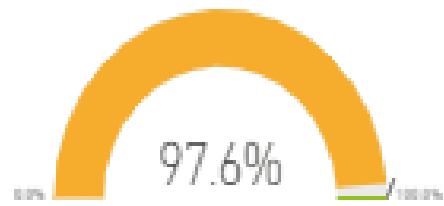
CM20: 2nd Appliance Attendance Times



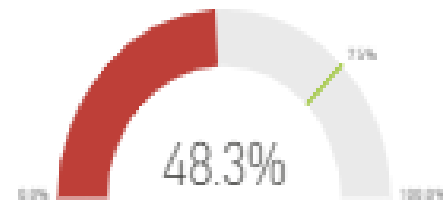
CM21: Critical Special Service Attendance Times



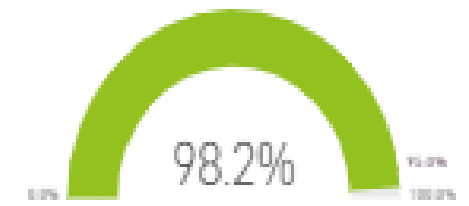
CM22: Immediate Response Availability



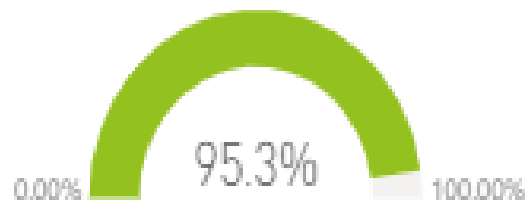
CM23: Retained Availability



CM24: Feedback Surveys - Customer Satisfaction



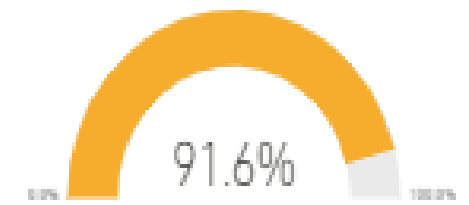
CM25: Proportion of staff not sick



CM26: Fitness



CM27: Staff in qualification



CM28: RIDDOR



CM29: Risk Assessments in date



CM30: Fleet Availability



Areas of Significant Improvement and Success

Quarter 3

(1st October – 31st December 2023)

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

- CM1 Accidental Dwelling Fires in West Sussex
- CM11 Percentage of Unsatisfactory fire safety audits
- CM14 the number of unwanted fire signals (false alarms) from fire alarm systems in non-domestic premises
- CM25 The proportion of staff not sick across all staff groups
- CM29 Percentage of Health and Safety Risk assessments within date

Core Measure 1: Accidental Dwelling Fires in West Sussex

289 fires at the end of Q3 2023-24

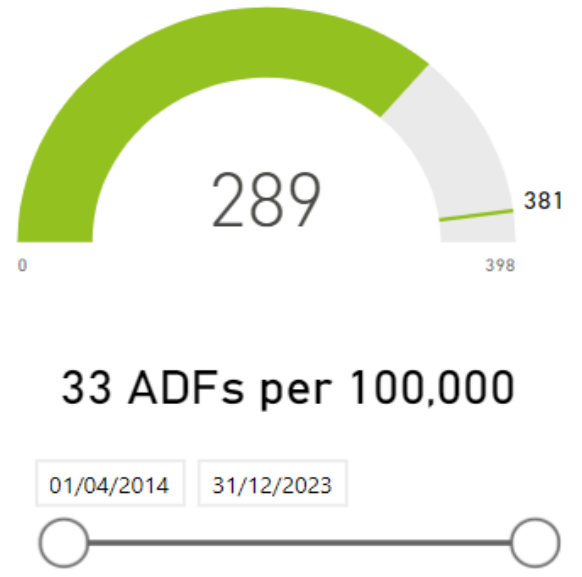
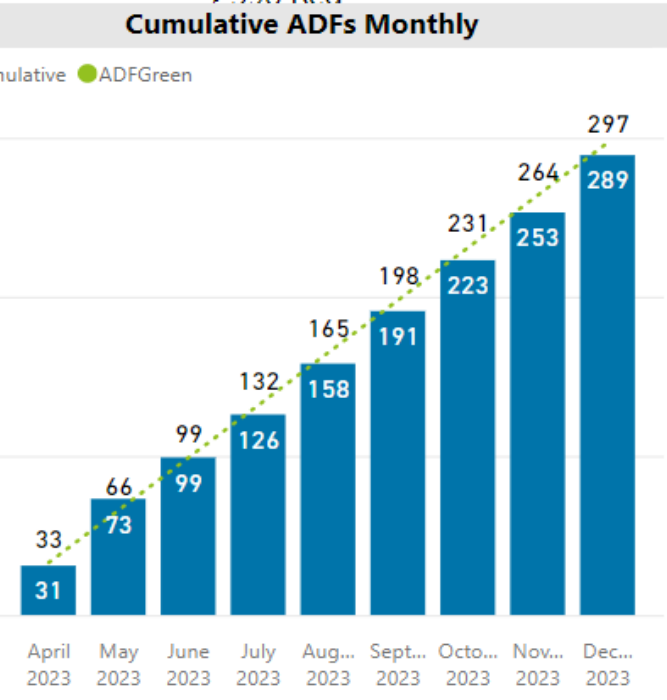
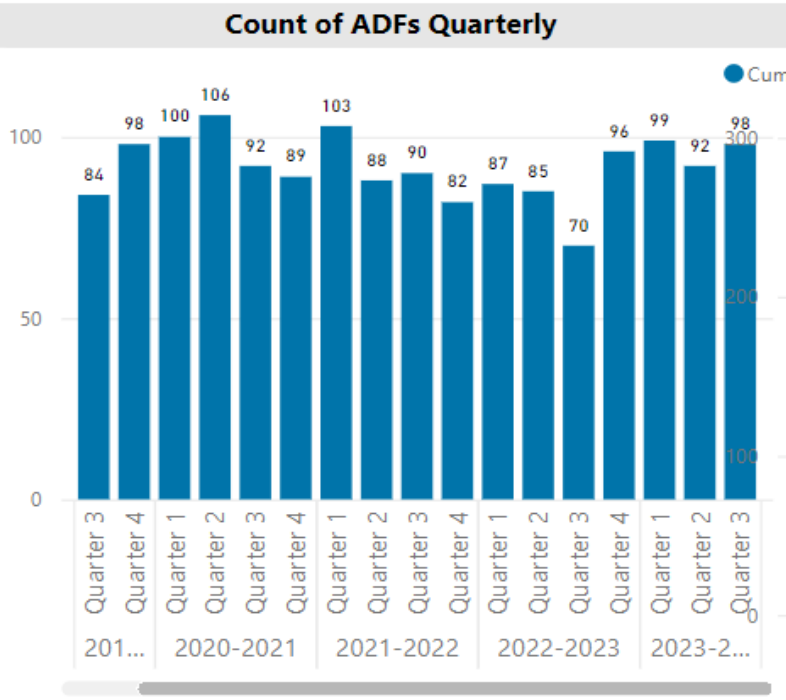
Year End Forecast GREEN

Total number of accidental dwelling fires in West Sussex over a year period starting from April

Annual Target:
 <381 Green
 381-398 Amber
 >398 Red

Service Owner:
Nathan Cross
 Area:
Fires and Fatalities

Financial Year	ADFs	Rate per 100,000
2016-2017	469	55.38
2017-2018	481	56.36
2018-2019	412	47.88
2019-2020	382	44.21
2020-2021	387	44.79
2021-2022	363	41.84
2022-2023	338	38.96
Total	2832	0.00



National Average: 43 ADFs per 100,000 in 21/22

[More Information](#)

Commentary
 The number of Accidental Dwelling Fires (ADFs) at the end of Quarter 3 is higher than the previous two years over the same period. There have been 45 more ADFs than this time last year. This said, we are still below the national average and below the target for the total number for the year. The main causes of accidental dwelling fires in quarter 3 were unsafe cooking (28% of total) and faulty equipment or appliances (15% of total). These areas are key elements of our Safe and Well Visits and form part of our ongoing fire safety campaigns.

Actions
 Treat: We will continue to deliver annual campaigns that are directed at the main causes of accidental fires in people's homes to raise awareness of the causes and provide preventative advice, specifically on cooking related fires. This activity will take place at a targeted local level through the delivery of the station's Local Risk Management action plan supported by the Prevention Team with the aim of driving this figure down further.

Core Measure 11: Percentage of Unsatisfactory fire safety audits

63.9% in Q3 2023-24

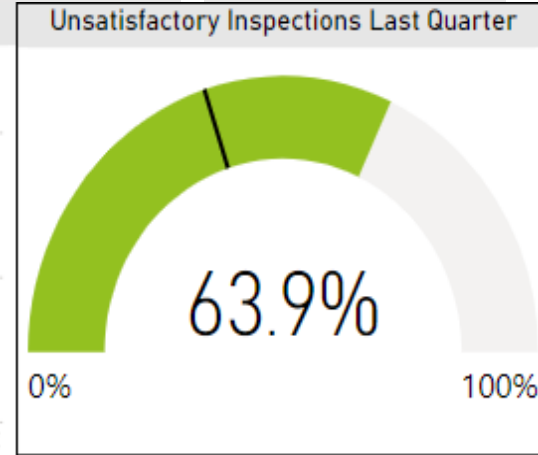
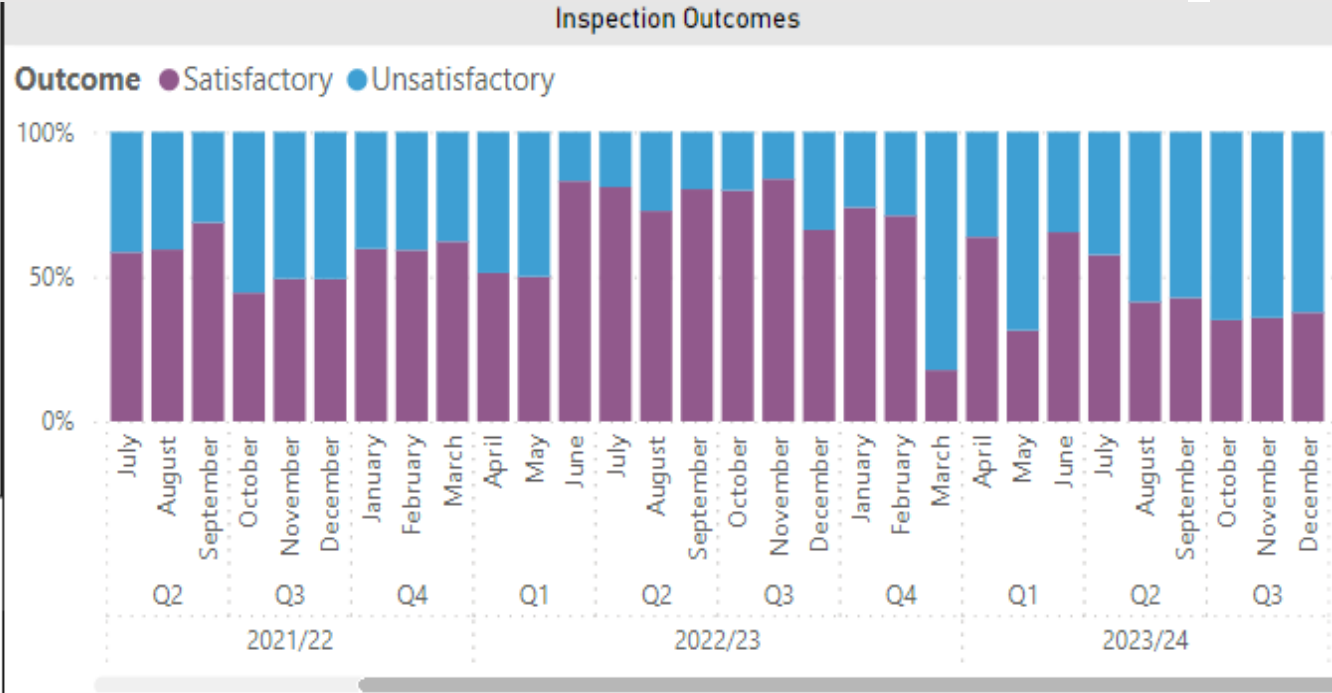
Year End Forecast GREEN

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
2020/21	47.33%	52.67%	100.00%
2021/22	58.47%	41.53%	100.00%
2022/23			
Q1	69.86%	30.14%	100.00%
Q2	77.97%	22.03%	100.00%
Q3	78.34%	21.66%	100.00%
Q4	60.28%	39.72%	100.00%



National Average: 35% unsatisfactory Audits in 21/22

Last Refresh Date
 11/01/2024

54.1%
 Year to date

Commentary
 Quarter 3 has recorded that 63.9% of the 238 audits that we undertook, resulted in unsatisfactory conditions being identified. This indicates that we continue to target our regulatory activities upon those premises that are not managing their general fire precautions appropriately, and therefore our intervention is clearly being based upon risk. Our cumulative performance in this area for the year to date is 54.1%, equating to 13% above target.

Actions
 Tolerate: Continue to monitor to ensure quality interventions that drive the reduction of risk.

Core Measure 14: the number of unwanted fire signals (false alarms) from fire alarm systems in non-domestic premises.

426 at the end of Q3 2023-24

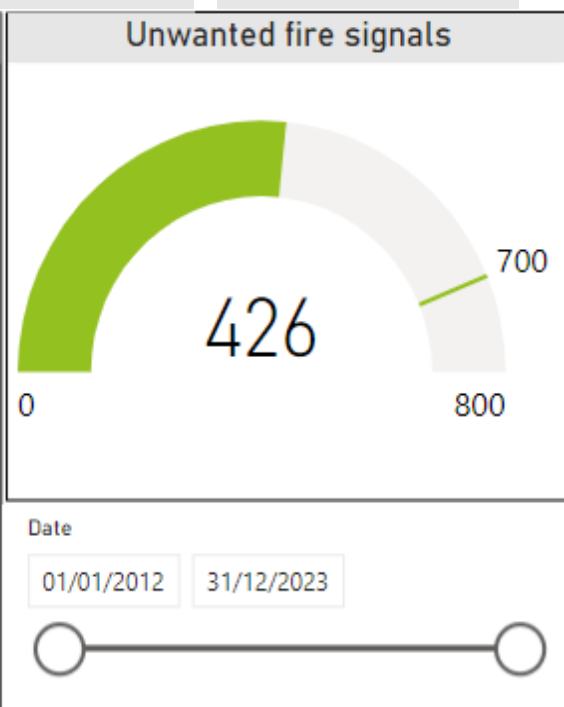
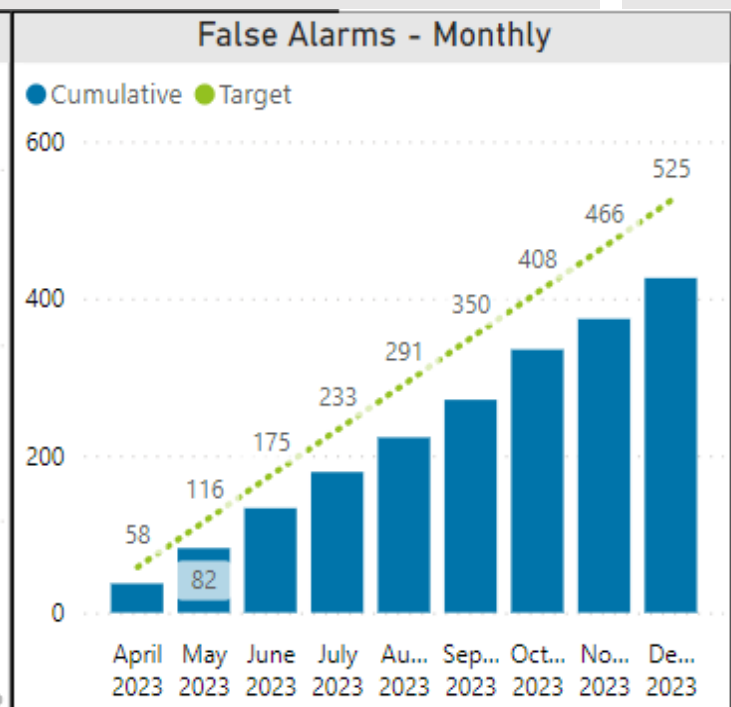
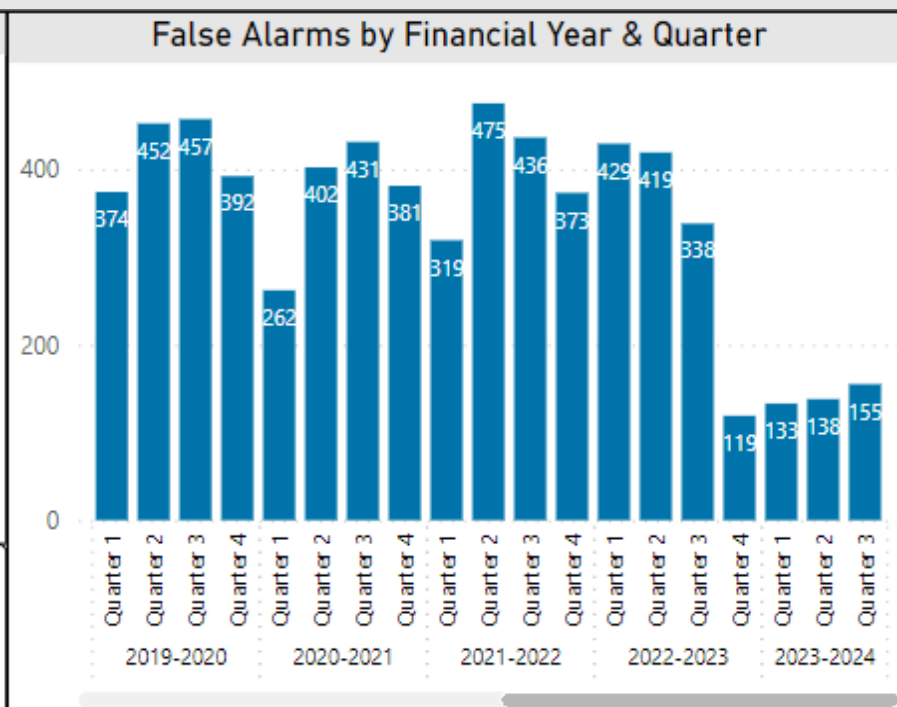
Year End Forecast GREEN

This measure records the number of incidents to which at least one fire engine was sent where the origin of the call was an automatic fire alarm (AFA) system, the property type was non-residential or other residential and the incident was recorded as a False Alarm. AFA data is analysed monthly, with actions taken to reduce the number of AFAs.

Annual Target:
 <700 Green
 700-800 Amber
 >800 Red

Service Owner:
Dave Bray
 Area:
Protection

Financial Year	No. of Incidents
2014-2015	1723
2015-2016	1693
2016-2017	1607
2017-2018	1645
2018-2019	1606
2019-2020	1675
2020-2021	1476
2021-2022	1603
2022-2023	1305



i Additional Information

Commentary
 The number of Unwanted Fire Signals (UwFS) attended during Quarter 3 was 155. This equates to 1.683 UwFS per day. This is slightly higher than the rate for quarter 2. For the year to date there have been 426 compared to the 1186 that were attended during the same period last year. For Quarter 3 of last year we attended 338 calls.

Actions
 Tolerate: We will review the UwFSs that were attended to ensure that the call challenge and non-attendance policy continues to be robustly applied by our Fire Control in an attempt to identify the reason for the slight increase experienced between quarters 2 and 3.

Core Measure 25: The proportion of staff not sick across all staff groups

95.3% at the end of Q3 2023-24

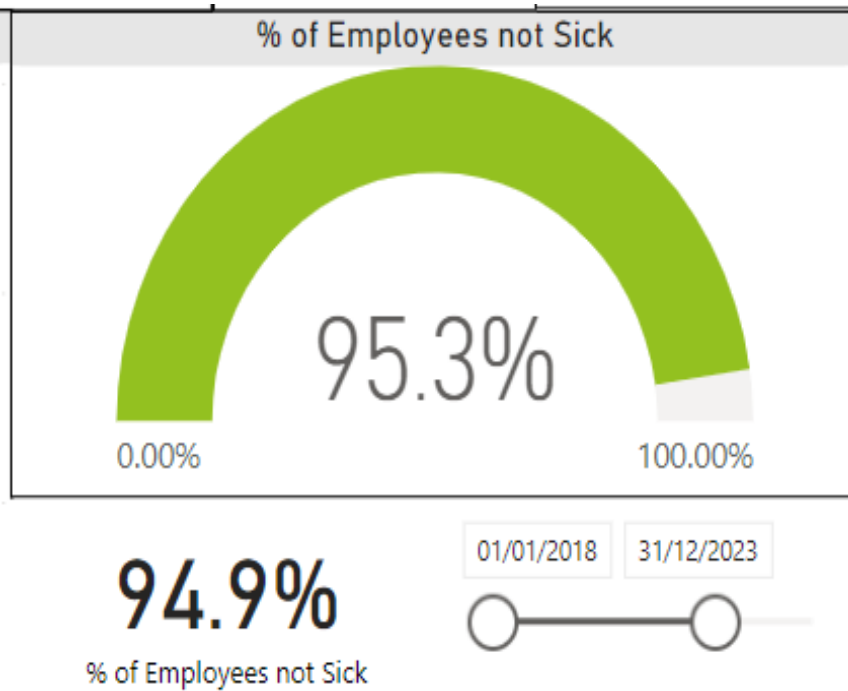
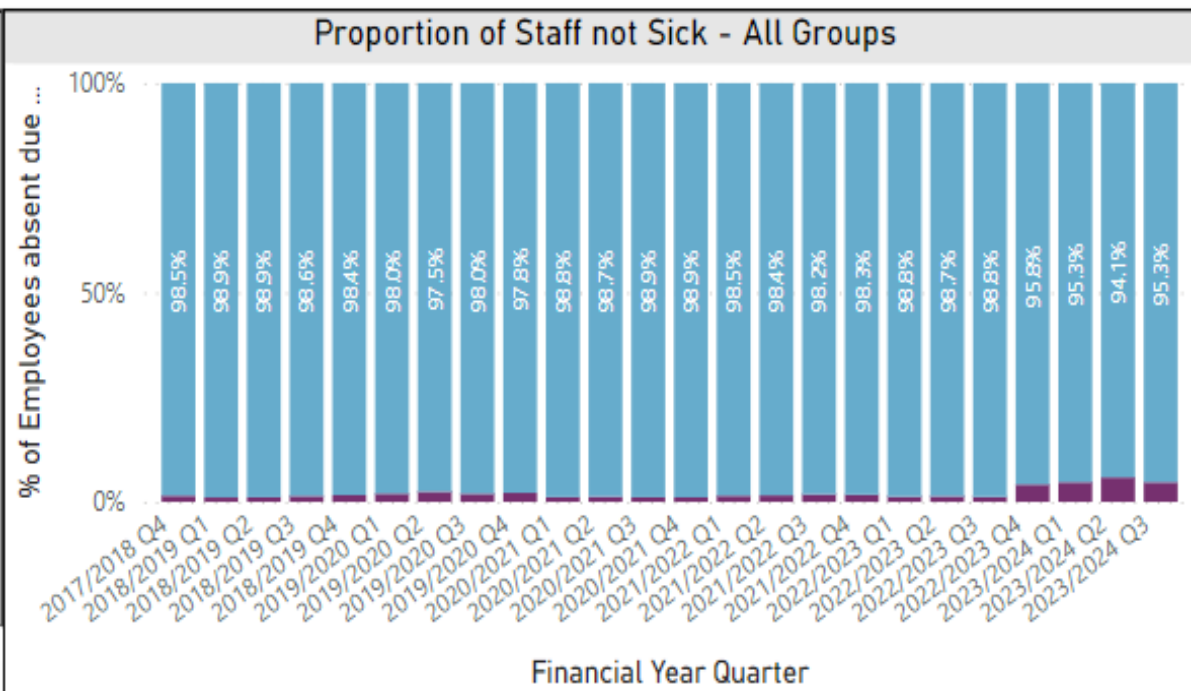
Year End Forecast Green

This measure examines the average percentage of staff who are not sick in each quarter. All FRS employees are included in this measure, including support staff. Staff that are sick benefit from being managed in line with the Sickness Absence policy, ensuring the appropriate wellbeing and support is in place and medical advice is obtained as necessary.

Annual Target:
 >95% Green
 90%-95% Amber
 <90% Red

Service Owner:
Catherine Walker
 Area:
DOT

Financial Year	% of Employees not Sick
2017/2018	98.52%
2018/2019	98.70%
2019/2020	97.86%
2020/2021	98.85%
2021/2022	98.36%
2022/2023	98.02%
2023/2024	94.91%
2023/2024 Q1	95.29%
2023/2024 Q2	94.15%
2023/2024 Q3	95.30%
Total	97.93%



i Additional information

Commentary
 Sickness absence levels have reduced slightly this quarter meaning we are back on target for attendance. It should be noted that although there is a reduction, levels continue to be higher than in previous years. Musculo-skeletal followed by mental ill-health are the main reasons for absence for the quarter.

Managers and HR continue to support colleagues with strong levels of communication and pastoral support when they are unwell, and we continue to build a culture whereby staff engage with the absence management processes to return to work in a safe and timely manner.

Actions
 Treat: Continued emphasis on 'Return to work' interviews is in place by HR team, and an improvement in signposting to this process in the 'booking sick' e-form has been implemented, alongside the 'return to work' reminder in Firewatch.

The leadership programme provided more support in October 2023 where managers attended a module on 'Managing Absence' to remind managers of the policy and their responsibilities, as well as in Nov 23, with a module on 'Managing team's wellbeing', to remind and share expertise and experience on supporting colleagues.

All sickness cases continue to be reviewed monthly by managers and HR to ensure these are being progressed in a timely manner and staff are able to return to work safely and with the appropriate support/adjustments.

Core Measure 29: Percentage of Health and Safety Risk assessments within date

100% at the end of Q3 2023-24

Year End Forecast GREEN

WSFRS are required by law to complete risk assessments under the Health and Safety at Work Act 1974. The required period is either every 3 years for risk critical documents, 5 years for non-risk critical documents, or when there has been an update or change, for example in legislation. This measure examines the percentage of risk assessments currently in date.

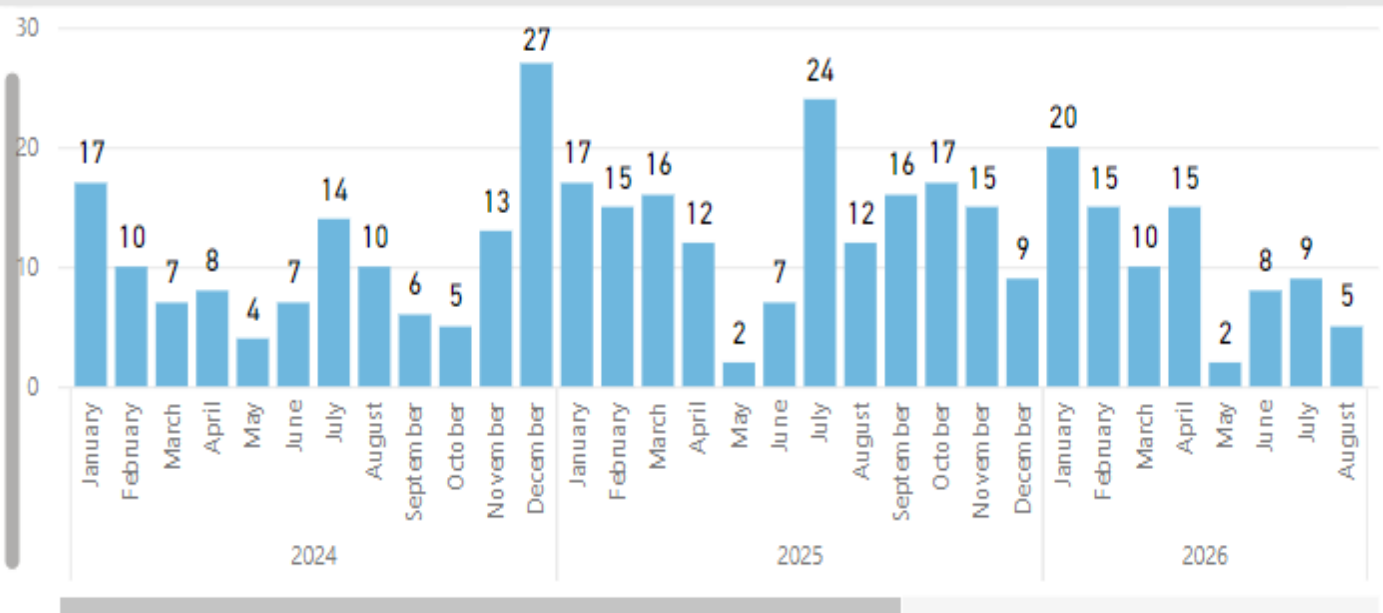
Target:
100% Green
>95% Amber
<95% Red

Service Owner:
Richard Abbot
Area: **Strategic Risk and Improvement**

Performance in previous quarters

FY	Qtr	% Risk Assessments completed on time
2021/22	2	100.00%
2021/22	3	100.00%
2021/22	4	100.00%
2022/23	1	100.00%
2022/23	2	100.00%
2022/23	3	100.00%
2022/23	4	100.00%
2023/24	1	100.00%
2023/24	2	100.00%
2023/24	3	100.00%

Risk Assessments by due date

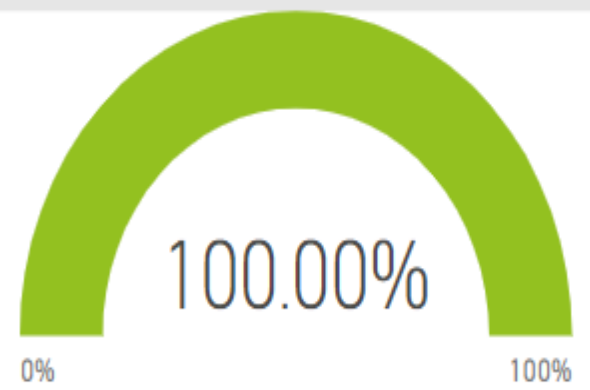


Year End Forecast

GREEN

Target
100% Green
>95% Amber
<95% Red

Risk Assessments in date



Commentary
All WSFRS Health and Safety risk assessments that required review were completed and reviewed within the legislated timelines. Strict management and monitoring of all risk assessments is maintained by the WSFRS Health and Safety team who work closely with other managers to ensure compliance and provide specialist support where required.

Actions
Tolerate: An ongoing review programme is established to ensure that all risk assessments are reviewed and recorded within the legislated timelines.

Selected Measures (Red and Amber Status)

Quarter 3

(1st October – 31st December 2023)

Selected Measures (Red and Amber Status)

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

- CM6: Safeguarding
- CM22: Immediate Response crewing availability
- CM23: Retained Duty System crewing availability
- CM27: 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

68% at the end of Q3 2023-24

Year End Forecast RED

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.

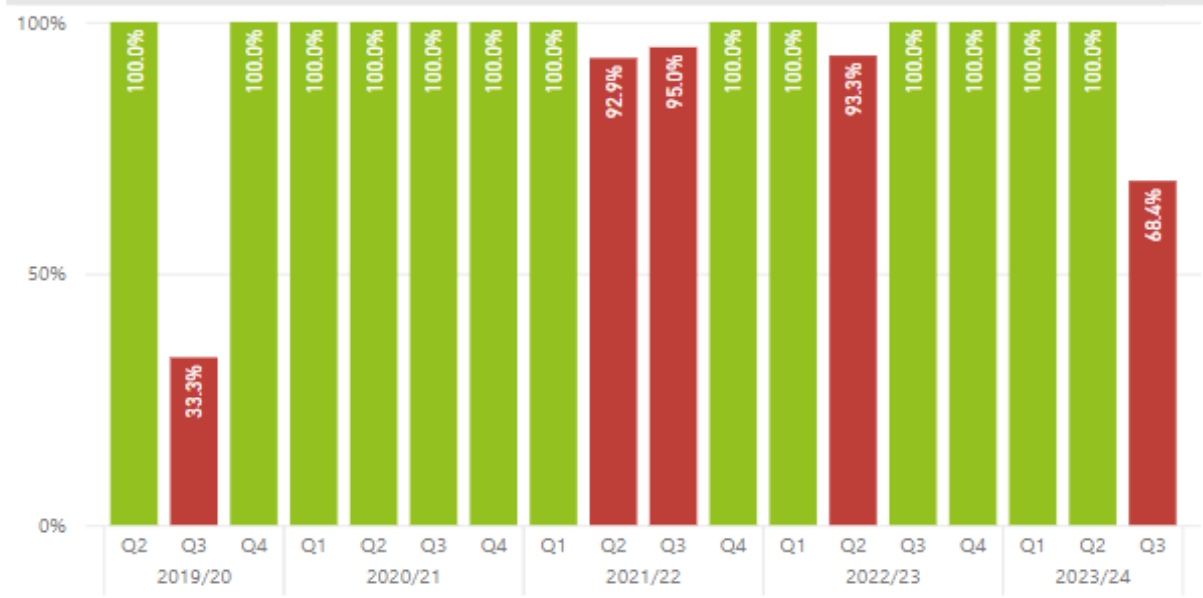
Annual Target:
100% Green
98% - 99.9% Amber
<98% Red

Service Owner:
Nathan Cross

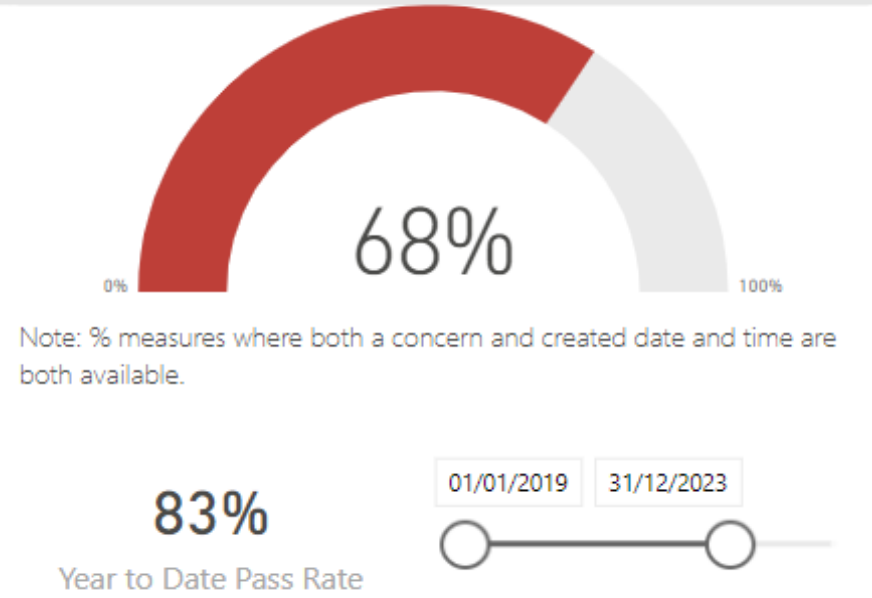
Safeguarding Process by Date Created

Financial Year	No	Yes	Total
2019/20	4	15	19
2020/21		53	53
2021/22	2	51	53
2022/23	1	50	51
Total	7	169	176

Safeguarding created withing 24 Hours of concern by FY Quarter



Safeguarding Created within 24 Hours of Concern Last Quarter



Commentary
19 safeguarding referrals were made in Quarter 3, of which 13 were within the 24 hour target. Of those that were not referred within 24 hours, 3 of these were done by the following day. For the other 3 referrals further training needs to be provided and further investigations will be completed to provide assurances for the future. The measure has been at 100% for Quarter 1 and Quarter 2 so it is unusual to see such a high number of errors in Quarter 3. This may be due to increased awareness of safeguarding which has resulted in an increased number of referrals, 19 in Quarter 3 compared to 10 in Quarter 2.

Actions
Treat: Work remains ongoing to support local referral pathways to ensure our operational crews can seek support for vulnerable people where the concerns aren't covered by safeguarding. We are commissioning bespoke training to assist our Level 2 Officers to make safeguard decisions. We will issue a clarification to all staff to ensure a full understanding of the requirements of submitting a safeguard referral.

Core Measure 22: Full shifts where there is adequate crewing on all immediate response frontline fire engines

97.6% at the end of Q3 2023-24

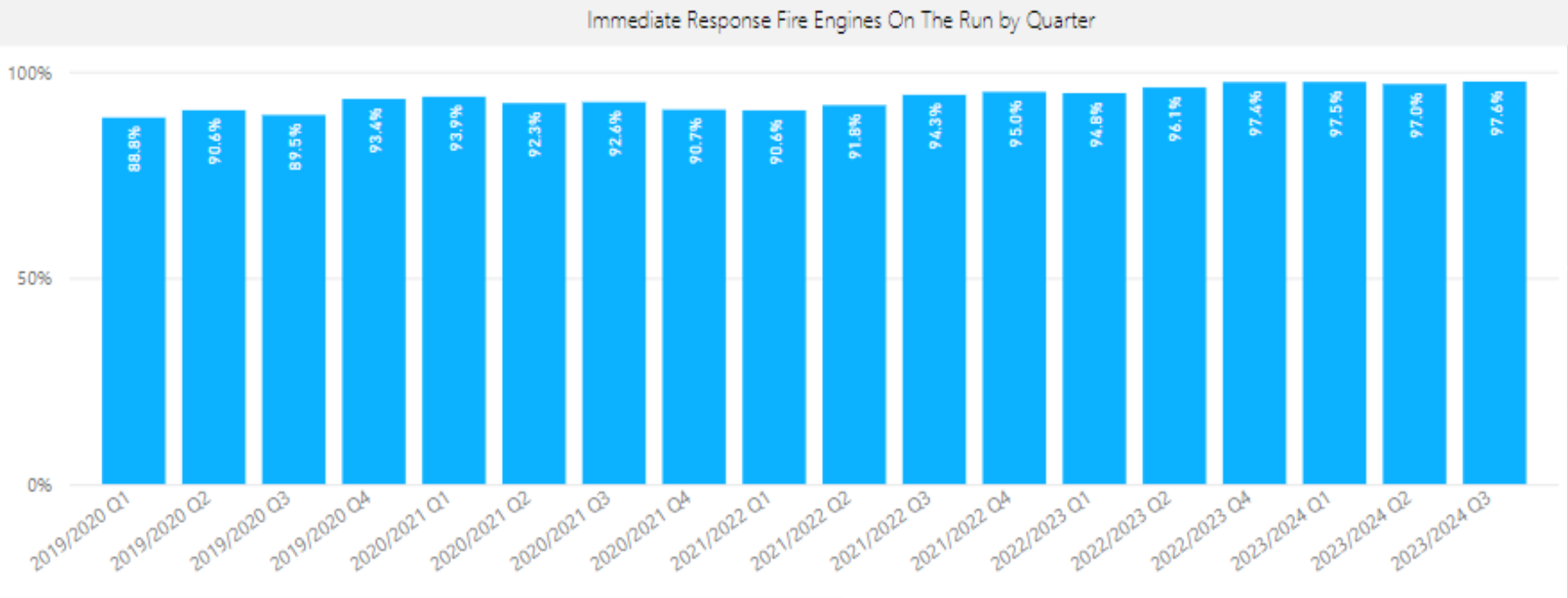
Year End Forecast AMBER

An immediate response frontline fire engine is available 24/7, 365 days a year. Four qualified people are required on a frontline fire engine to ensure safety. This measure examines the percentage of shifts (day or night) where there are sufficient minimum qualified fire fighters (4 personnel) on all immediate response fire engines.

Target:
100% Green
95% - <100% Amber
<95% Red

Service Owner:
Gary Ball
Area:
Service Delivery

Financial Year	Total
2019/2020	90.6%
2020/2021	92.4%
2021/2022	92.9%
2022/2023	96.0%



Fire Engines On the Run

0.0% **97.6%** 100.0%

Financial Year to Date

97.3%

Date Range

01/04/2019 31/12/2023

More Information

Commentary
We continue to ensure correct recording of availability is maintained on our Firewatch systems that could inadvertently show fire engines inaccurately unavailable. Processes are in place to alert and record any events where crewing deficiencies result in Fire engines becoming unavailable.

Actions
Treat: We persist in minimising human errors in data input through our IT masterclass training sessions and Service Delivery Governance meetings. Additionally, we consistently enhance and address interface issues between Firewatch and vision systems, ensuring accurate display of available fire engines and resources on our dynamic cover tool system is maintained.

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

48.3% at the end of Q3 2023-24

Year End Forecast RED

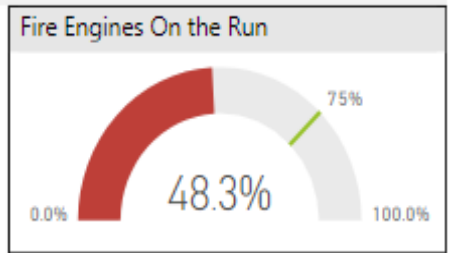
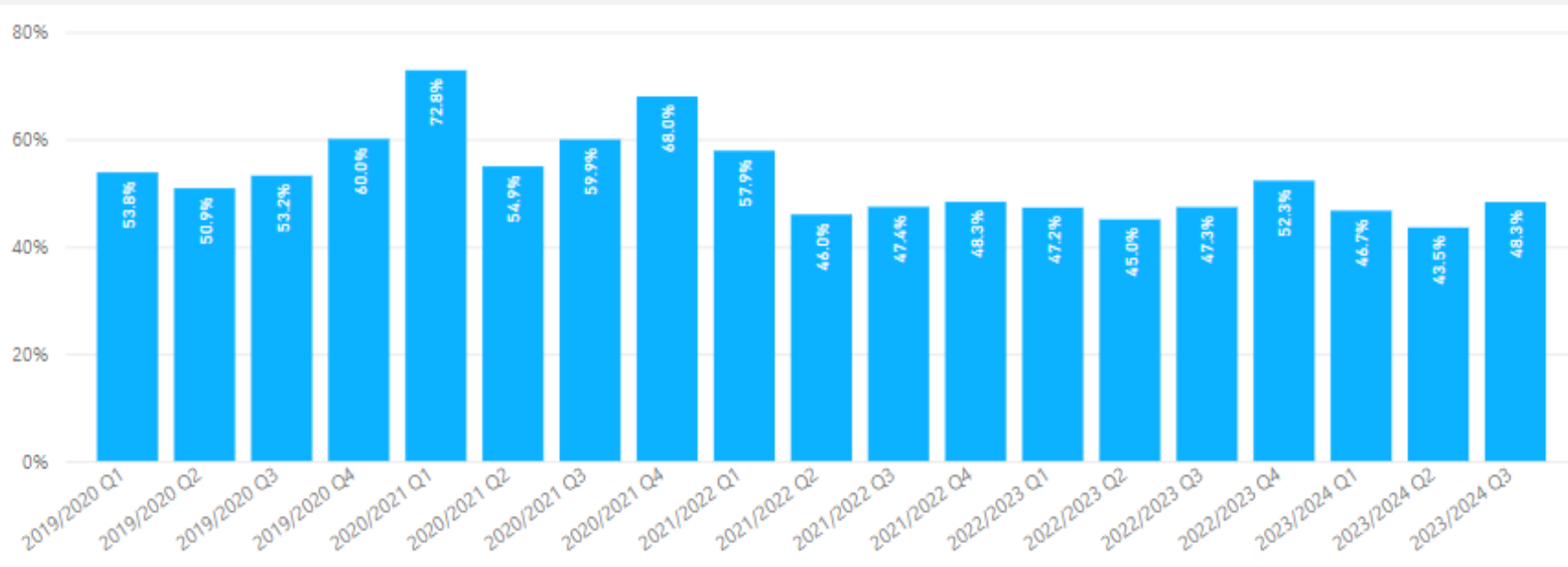
Retained frontline fire engines are crewed mainly by on-call fire fighters who are based at stations in more rural locations and, when they receive the call via their pagers, leave their place of work or home and attend emergencies from the local retained station. Four qualified people are required on 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
<65% Red

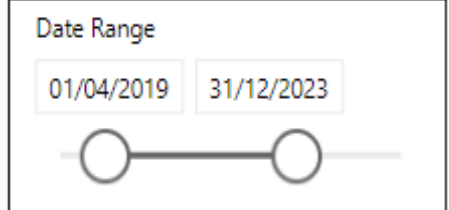
Service Owner:
Gary Ball
Area:
Service Delivery

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

Financial Year	Total
2019/2020	54.5%
2020/2021	63.9%
2021/2022	49.9%
2022/2023	47.9%



Financial Year to Date
46.2%



More Information

Commentary
We've observed a modest increase of just under 5% in Q2. While this improvement aligns closely with the 5-year average (excluding the impact of Covid-19), it represents a slight 1% progression compared to the same period in both 2022 and 2021. Typically, Q3 surpasses Q2 due to staff leave patterns. Our retained liaison officer and dedicated station managers persist in aiding outreach RDS teams, strengthening leadership strategies for managing station crew availability.

Actions
Treat: The RDS model has become nationally less sustainable with a reduction of approximately 25% of RDS firefighters being observed over the last decade. In Q4 we will be well underway with our CRMP commitment, project 3.5, working with staff to develop and implement an operational response model to maximise retained availability in strategic geographical areas aligned to community risk and maintaining our response standards.

Core Measure 27: Eligible operational staff in qualification

91.6% at the end of Q3 2023-24

Year End Forecast AMBER

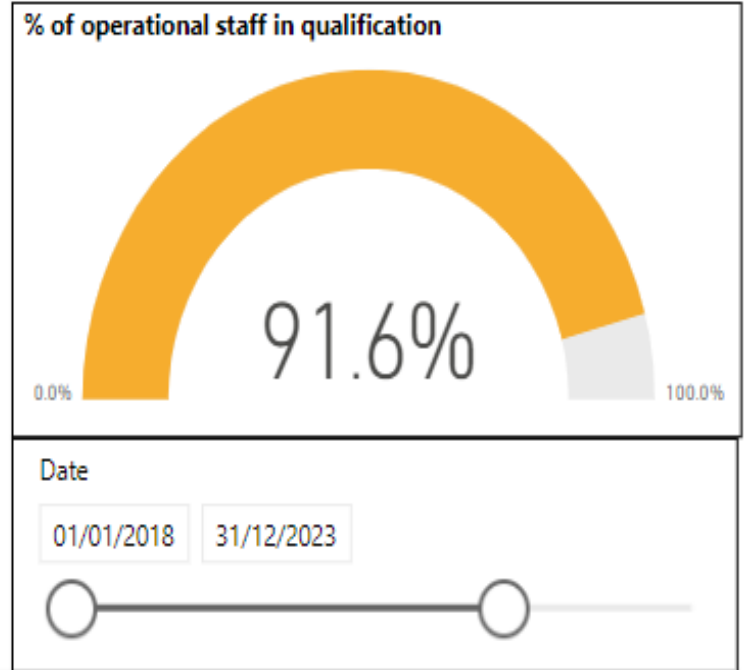
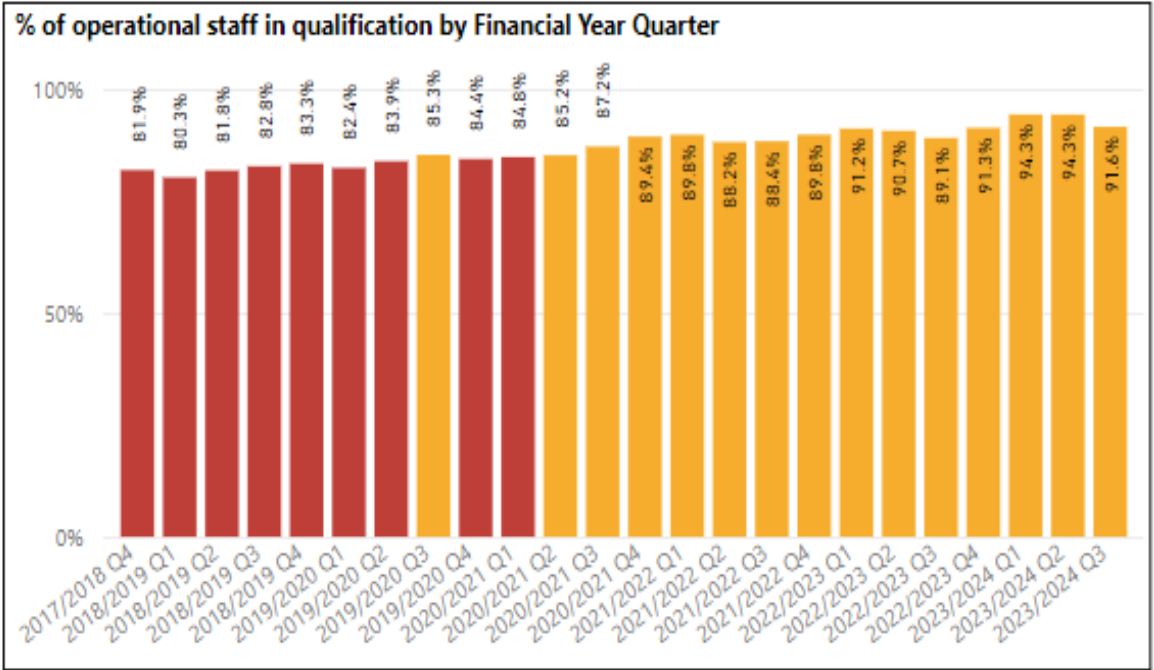
This measure examines the average percentage of operational staff (Station Managers, Watch Managers, Crew Managers and Firefighters) who have current qualifications in the use of breathing apparatus, emergency response driving and incident command (outlined in the 8 core areas of the Fire Professional Framework) as required by their role. This measure includes Retained firefighters who are operational, 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	81.91%
2018/2019	83.98%
2019/2020	85.68%
2020/2021	89.56%
2021/2022	91.02%
2022/2023	92.08%
2023/2024	92.43%
Total	91.89%



Commentary
 Work and support continues with station management teams to improve this, from both Operational Training & Service Delivery Support, and to ensure data is accurate and up to date.
 Performance data for the qualifications owned by central training are, as of 9/1/24 : BA-100%, IC SL1-95%, ERD-99%.
 Crewing availability as shown in core measure 22 remains strong at 98%, so those not in ticket are not effecting our resilience.

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.