

WEDNESDAY, 12 FEBRUARY 2025

Surrey Fire and Rescue Service Performance

Purpose of report:

Executive Summary

1. Surrey Fire and Rescue Service (SFRS) have made significant strides in addressing the recommendations from His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) inspection conducted in Spring 2023. The inspection highlighted a cause of concern and 24 Areas for Improvement (AFIs). In response, a comprehensive action plan was developed and an Inspection Improvement Plan (IIP) to address these issues.

Key achievements include:

2. **Completion of Cause of Concern Action Plan:** all actions were completed by October 2024, leading to the discharge of the cause of concern by HMICFRS in February 2024.
3. **Progress on Inspection Improvement Plan:** Out of 174 deliverables, 113 tasks were completed, with a further 51 tasks on track for completion in the next six months. This brings the total progress to approximately 94% of the overall IIP tasks, after the next six months.
4. **Enhanced Risk-Based Inspection Programme (RBIP):** A new RBIP was developed, ensuring accurate identification of high-risk premises and improved fire safety inspection processes.
5. **Operational Readiness and Training:** Significant improvements have been made in operational risk understanding, preparedness, and multi-agency response capabilities, including the implementation of Joint Emergency Services Interoperability Principles (JESIP) training and a detailed exercise plan.

6. **Prevention and Protection:** Targeted prevention plans for vulnerable communities, ongoing evaluation and delivery of Safe and Well Visits (SAWV), and effective quality assurance processes for fire safety audits are improving outcomes for our communities.
7. **Equality, Diversity, and Inclusion (EDI):** EDI is being actively promoted through training, workshops, and a Positive Action Plan to ensure a diverse and inclusive workforce.
8. **Performance and Succession Planning:** A robust service wide performance development processes has been implemented and succession plans for critical roles to ensure continuous improvement and leadership development.
9. Performance measures highlight strong performance in key areas such as Safe and Well Visits, operational readiness, and response to emergencies. While some areas require further improvement, overall progress demonstrates a commitment to excellence and continuous improvement.
10. SFRS remains dedicated to enhancing our services, ensuring the safety and well-being of the community, and creating a positive and inclusive work environment.

Introduction:

11. HMICFRS carried out their third full Inspection of Surrey Fire and Rescue Service (SFRS) in Spring 2023 and the final report contained a cause of concern and 24 recommendations for Areas of Improvement (AFI).
12. The service received a Cause of Concern in relation to the service's Risk-Based Inspection Programme (RBIP). Immediate action was taken, and an action plan was developed.
13. All actions within the Cause of Concern action plan were completed by October 2024 and these were quality assured and signed off via the governance process.
14. An Inspection Improvement Plan (IIP) was created to address the 24 AFIs. This is a working document, updated quarterly and the most recent iteration has been included at Appendix 2.
15. Monthly meetings with our HMICFRS Service Liaison Officer (SLO) continue to take place with the aim of discussing IIP progress, whilst also providing an opportunity for the service to highlight any relevant key service activity and ask questions around upcoming inspection themes.

16. A separate performance report is presented in Appendix 2. This provides an update across 2023/24. Indicators are grouped into four areas: Customer Outcomes, Operational Efficiency, Demand and Supply/Finance, and Enablers. Historical information on the key performance indicators is provided in the *Additional Performance Information* section at the end of the report. As agreed with the Select Committee this is being provided on a six-monthly basis.

Cause of Concern and Inspection Improvement Plan

17. The Cause of Concern stated that the service can't assure itself that its RBIP prioritises the highest risks and includes proportionate activity to reduce risk. It included the following recommendations:
18. **Recommendation 1:** Review its RBIP to make sure it identifies its highest risk premises and meets its own targets.
19. **Recommendation 2:** Make sure all its staff are aware of the expectations on them in the management of the RBIP.
20. A thorough action plan was developed within 28 days to address these findings and recommendations from the HMICFRS. Actions included the development of a new RBIP, using a refreshed methodology to ensure all buildings are identified accurately, a review of our Fire Safety Inspection Programme, and an external peer review of our planning model and Fire Safety work.
21. Additionally, all Fire Safety staff were reminded of how we deliver Fire Safety across Surrey and how they can have an impact on our continuous improvement process through a RBIP specific team development day.
22. The HMICFRS revisited the service in February 2024 and found that good progress had been made, enabling them to discharge the Cause of Concern.
23. All actions within the Cause of Concern action plan were completed by October 2024 and quality assured and signed off via the programme board.

Inspection Improvement Plan

24. Progress against the IIP continues to be monitored via our Intelligence and Assurance Programme Board, where change requests are processed, deliverables are quality assured, and completion is evidenced prior to sign off.

25. In addition to the internal governance in place, progress against the IIP is also monitored by the Surrey County Council Portfolio Holder for Fire and Rescue, and the HMICFRS Service Liaison Lead.
26. Since the commencement of the IIP, we have successfully completed 113 tasks out of a total of 174. Over the next 6 months, we are on track to complete a further 51 tasks, bringing our total progress to approximately 94% of the overall IIP tasks. We are currently reviewing remaining deliverables to ensure that they are still relevant and effectively address the AFIs. Any necessary changes will be approved by the governing board.
27. A number of actions have been completed to ensure that operational staff are aware of risk sites in their local area. These include the development of an exercise programme that is aligned to local risk sites; understanding of local risk is considered when developing Borough Plans and a quality assurance process is in place, to enable assurance of operational risk understanding and preparedness.
28. In addition to a phased approach to the implementation of the Prevent and Protect community risk information system is progressing well and on target for completion. This will enable good access to relevant and up-to-date risk information.
29. Good progress has been made on a variety of tasks relating to ensuring that our prevention plan targets the most vulnerable and on delivery of our Safe and Well Visits (SAWV) to a high standard. These include reviewing the Person-Centred Framework and scoring to ensure prioritisation of those most at risk, facilitation of a peer review of our SAWV process, a dedicated feedback exercise with staff, and development and implementation of a quality assurance method.
30. Within Protection the team have implemented monthly audit quality assurance checks, utilising peer to peer assurance. We have increased our availability of Out-of-Hour's specialist Protection advice and established cross-border arrangements with East and West Sussex Fire and Rescue Services.
31. We have enhanced our system for learning from operational incidents by completing a number of key actions. These include carrying out a benchmarking exercise with other Fire and Rescue Services (FRS), monitoring the use and receipt of operational learning communications and introducing regular station-based reality testing to check understanding.
32. To improve our readiness for multi-agency response we have delivered Joint Emergency Services Interoperability Principles (JESIP) training.

Additionally, we have developed a detailed exercise plan for service, borough and multi-agency partners. This plan will be monitored closely, ensuring that learning from exercises is captured, shared and recommendations put forward.

33. To improve our preparation to form part of a multi-agency response we have delivered Joint Emergency Services Interoperability Programme (JESIP) training and developed a detailed exercise plan for service, borough and multi-agency partners, which will continue to be monitored closely, ensuring that learning from exercises is captured, shared and recommendations put forward.
34. An independent assessment of Marauding Terrorist Attack risk has been carried out and progress of recommendations will follow.
35. Activities to clarify, improve and further develop the understanding of benefits of Equality Diversity and Inclusion (EDI) are in progress. An EDI training package and case studies based on lived experiences has been rolled out across the service.
36. Actions are underway to ensure staff understand the value of positive action and having a diverse workforce. A Myth Busting video has been produced to clarify what Positive Action is and a Positive Action Plan is in place.
37. Actions are underway to ensure staff understand the value of positive action and having a diverse workforce. A Myth Busting video was created to clarify what Positive Action is and a Positive Action Plan is in place.
38. The facilitation of interactive workshops and discussions evaluating staff understanding, creating an opportunity for staff to share their thoughts and providing easily accessible resources for clarification on positive action and discrimination will roll out from January 2025.
39. The facilitation of interactive workshops and discussions, evaluating staff understanding, is creating an opportunity for staff to share their thoughts. Easily accessible resources for clarification on positive action and discrimination, to include online materials and fact sheets, continue to be developed.
40. To further develop and embed our staff understanding and application of the performance development process, mandatory 'Soundbite' training has been implemented to ensure that Performance Conversations are meaningful and robust for all. Our Performance Conversation form is under review, to ensure that it facilitates the above. Quantitative performance conversation data outputs are measured and an approach to measure qualitative data is in development.
41. To ensure an effective way for succession planning is in place, we have identified critical roles across the service; established succession plans

for the critical roles and are finalising succession plans for all remaining roles. Please see below a statistical summary of progress against the recommendations within the IIP. Please note that full detail on progress on actions can be found in the IIP which is attached at Appendix 1.

42. The action plan, created following a Business Safety Internal Audit, can also be found at the back of the IIP, ensuring that we monitor and scrutinise progress via the current internal governance route. The action plan shows progress against the audit recommendations.

Understanding the risks of fire and other emergencies

43. **Area for improvement 1:** The service should ensure its firefighters have good access to relevant and up to date risk information.

Out of 8 tasks, 1 is complete, 5 are in progress and 2 are yet to start.

44. **Area for improvement 2:** The service should make sure operational staff are familiar with all the risk sites in their local area, so they are better prepared to fight fires and carry out rescues safely.

Out of 4 tasks, all 4 are complete.

Preventing fires and other risks

45. **Area for improvement 3:** The service should make sure that its prevention plan targets people most at risk and that the level of activity is proportionate to reduce that risk.

Out of 7 tasks, 6 are complete and 1 is in progress.

46. **Area for improvement 4:** The service should evaluate its Safe and Well Visits activity, so it understands its effectiveness and how to improve the visits.

Out of 2 tasks, 1 is complete and 1 is yet to start.

47. **Area for improvement 5:** The service should make sure it quality assures its prevention activity, so staff carry out Safe and Well Visits to an appropriate standard.

Out of 3 tasks, 1 is complete and 2 are in progress.

Protecting the public through fire regulation

48. **Area for improvement 6:** The service should ensure it has an effective quality assurance process, so staff carry out audits to an appropriate standard.

Out of 3 tasks, 2 are complete and 1 is yet to start.

49. **Area for improvement 7:** The service should make sure it has effective arrangements to provide specialist protection advice out of hours.

Out of 4 tasks, all 4 are complete.

Responding to fires and other emergencies

50. **Area for improvement 8:** The service should ensure it has an effective system for learning from operational incidents.

Out of 8 tasks, all 8 are complete.

51. **Area for improvement 9:** The service should make sure it has the appropriate resources in place to fully deliver its plan with regard to adoption and implementation of National Operational Guidance (NOG) in a timely manner.

Out of 4 tasks, 3 are complete and 1 is in progress.

Responding to major and multi-agency incidents

52. **Area for improvement 10:** The service should make sure it is well prepared to form part of a multi-agency response to major incidents. It should make sure its procedures for responding are understood by all staff and are well tested.

Out of 7 tasks, all 7 are complete.

53. **Area for improvement 11:** The service should make sure it is well prepared to form part of a multi-agency response to a terrorist incident and its procedures for responding are understood by all staff and are well tested.

Out of 9 tasks, 7 are complete and 2 are in progress.

54. **Area for improvement 12:** The service should make sure it has an effective method for sharing multiple fire survival guidance information with multiple callers and has a dedicated communication link in place.

Out of 5 tasks, 3 are complete and 2 are in progress.

Making best use of resources

55. **Area for improvement 13:** The service needs to show a clear rationale for the resources allocated between prevention, protection and response

activities. This should reflect, and be consistent with, the risks and priorities set out in the Community Risk Management Plan (CRMP).

One task is in progress.

56. **Area for improvement 14:** The service should have effective measures in place to assure itself that its workforce is productive and that its time is used as efficiently and effectively as possible to meet the priorities in its CRMP.

Out of 14 tasks, 10 are complete and 4 are in progress.

57. **Area for improvement 15:** The service should make sure it effectively monitors, reviews and evaluates the benefits of any collaboration activity.

Out of 5 tasks, 3 are complete and 2 are in progress.

Making the Fire and Rescue Service affordable now and in the future

58. **Area for improvement 16:** The service must ensure scenario plans for future spending reductions are subject to rigorous analysis and challenge, including the impact on services to the public.

Out of 17 tasks, 16 are complete and 1 is in progress.

59. **Area for improvement 17:** The service needs to make sure it regularly reviews and evaluates its fleet and estate strategies to make the most of potential efficiencies.

Out of 6 tasks, 1 is complete, 4 are in progress and 1 is yet to start.

Promoting the right values and culture

60. **Area for improvement 18:** The service should monitor secondary contracts to make sure staff don't work excessive hours.

Out of 11 tasks, 5 are complete, 5 are in progress and 1 is yet to start.

Getting the right people with the right skills

61. **Area for improvement 19:** The service should ensure operational officers use its competence recording system and e-learning platform effectively.

Out of 6 tasks, 5 are complete and 1 is in progress.

Ensuring fairness and promoting diversity

62. **Area for improvement 20:** The service should ensure that all staff understand the benefits of equality, diversity and inclusion and their role in promoting it.

Out of 3 tasks, 2 are complete and 1 is yet to start.

63. **Area for improvement 21:** The service should identify and overcome barriers to equal opportunity so that its workforce better represents its community. This includes making sure staff understand the value of positive action and having a diverse workforce. The service should also improve the way it collects equality data to better understand its workforce demographic and needs.

Out of 16 tasks, 7 are complete, 5 are in progress and 4 are yet to start.

Managing performance and developing leaders

64. **Area for improvement 22:** The service should improve the way staff understand and apply the performance development review process.

Out of 6 tasks, 4 are complete and 2 are in progress.

65. **Area for improvement 23:** The service should assure itself it has an effective way in place for succession planning including senior leadership roles.

Out of 8 tasks, 5 are complete, 1 is in progress and 2 are yet to start.

66. **Area for improvement 24:** The service should put in place a system to actively manage staff careers, with the aim of diversifying the pool of current and future leaders.

Out of 17 tasks, 8 are complete, 7 are in progress and 2 are yet to start.

Performance update

67. The performance report in Appendix 3 shows 2024/25 Q3 data (April to December 2024), where this is not currently available the latest data is provided. It highlights that 13 of the 27 KPIs with targets set are green, 6 are amber and 8 are red. The green indicators show a continued focus on:

- Vulnerable Communities – High percentage of Safe and Well Visits (SAWV) to vulnerable people.
- Well trained staff to respond to the needs of our communities – 100% of core competencies in date and fitness assessments in date.
- Responding to Emergencies – High performance from 999 call taking, appliance availability, through to responding to incidents.

Additional narrative for red RAG KPIs

Number of Safe and Well Visits (SAWVs) completed or submitted for audit

68. We have completed 4.929 SAWVs between April and December 2024, this is over 900 more than the same period last year and equates to a 23% performance improvement. We continue to focus on our most vulnerable residents with 83% of all visits delivered to this group. We have also provided online SAWV advice to a further 163 residents via Safelincs (during November), these include 23 low risk households that we may have previously undertaken physically.

Response to FOI requests from April

69. From April 2024 to November 2024 SFRS received 72 FOI requests with 60 being completed on time and 12 being responded to after the expected deadline. Most delays were due to the need to gather information from departments outside of SFRS. There have also been a number of complex cases requesting detail around various incidents which have taken longer to complete.
70. Total number of FOI case for SFRS have increased by 14% from the previous year (April to November 2023), where total Surrey County Council saw a decrease in FOI requests of 0.6% vs 2023.

Response to Complaints - % within timescales (figures show 71% Apr to Nov)

71. From April to December 2024, 18 complaints were received, 67% of these were responded to within the agreed timescale. This is down from 23/24, which showed 75% of complaints responded to within the agreed timescale during that period. The volume of complaints received remains consistent with those received in 23/24. Additional resources are in place to investigate and respond to customer feedback however, there are still a small number of complaints which are challenging to resolve within the timescale due to their complexity.

Number of Business Safety Audits completed

72. From April to December 2024 1,154 Business Safety Audits were undertaken, this is 477 more than the same period last year. Working practices continue to be improved to maximise productivity and we are reviewing our approach in-line with the Risk Based Inspection Programme

which may result in a change to the target based on the risk profile. Audit numbers are currently linked to the number of trained and competent staff. With recruitment over the last few years, the numbers of competent staff (18–24-month training period before competence) has increased, hence the increasing audit numbers.

Percentage of declared workforce from underrepresented groups

73. Our targets for underrepresented groups currently match the national fire and rescue service average for age and ethnic minorities. We are promoting the firefighter role at school events and adapting our recruitment methods for inclusivity, including behaviour-based assessments and reasonable adjustments. We continue to awareness of equality, diversity and inclusion as part of our cultural change journey. Data for September 2024 is provided below.

KPI		Good to be	Latest result [Result same period last year]	Target YTD	Trend
% of declared workforce from underrepresented groups (September 24):					
E4	• 17-35 age:	Near FRS average for NFCC Family Group (2023)	34.0% [33.8%]	34.9%	→
	• EM		3.9% [3.4%]	4.1%	↑
	• Disabled		5.2% [5.9%]	6.1%	→
	• Female		17.2% [18.1%]	21.2 %	↓
	• L/G/B/T/Q+		3.9% [3.3%]	4.9%	→

Performance Conversation completed

74. Between October and December 2024 91% of whole-time firefighters undertook a performance conversation, the same as in the previous quarter. Ensuring a high return rate is a priority for our workforce and the Council. Starting in April we will also assess performance conversations qualitatively, in addition to reporting on the number of completed conversations. Percentages across all areas of SFRS are provided below.

Function	2024/25 Q3 Percentage Return
Community Safety	97%
Support	66%
On-Call	87%
Business Safety	97%
Wholetime	91%
JFC	57%
Learning and Development	86%

Conclusions:

75. HMICFRS revisited the service in February 2024 to review progress made against the Cause of Concern actions plan and as a result the cause of concern has been discharged.
76. SFRS has made significant progress in delivering the IIP. Out of 174 activities, 113 are complete, 46 are in progress and 15 are yet to start due to dependencies on completion of others.
77. The service is also continuing to deliver actions against the HMICFRS Thematic Report on Handling Misconduct. In addition, the 3rd cultural assessment report will be published this quarter, and an updated Culture Action Plan will be launched.
78. We are continuing to deliver against our priority KPIs which have shown a positive uplift in productivity, including for prevention and protection activity around SAWVs, Business Safety Audits and operational risk. We are also performing positively against our operational response targets. We continue to review our approach to performance and how we utilise data. This will include refreshing our performance management framework to incorporate requirements of the Data Management Fire Standard.

Recommendations:

79. For this report to be noted by the Select Committee.

Next steps:

80. The IIP is a working improvement plan, reviewed quarterly and therefore will be updated in February 2025. Progress against the plan is provided to Select Committee Members on a six-monthly basis.
81. Update meetings will continue with our HMICFRS SLO monthly, to discuss progress of the IIP, any key areas of concern and general service updates.
82. Planning has commenced in preparation for the next round of HMICFRS inspections, with SFRS's inspection due during the Autumn 2025. Notification of the date is expected in June.
83. Our Community Risk Management Plan is due to be discussed at Cabinet on 28 January. Once the CRMP is formally agreed we will be

developing our business planning and performance approach to align with its implementation.

Report contact

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Sources/background papers

- **Appendix 1** – Inspection Improvement Plan, including Business Safety Internal Audit Action Plan
- **Appendix 2** – 2024/25 Q3 Performance Report

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