

WEDNESDAY, 17 JULY 2024

Surrey Fire and Rescue Service Performance

Purpose of report: For members to consider and comment on the services performance and progress following the outcomes of the inspection carried out by His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) in Spring 2023.

Introduction:

1. 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.
2. The service was given 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.
3. HMICFRS monitored progress against the action plan and carried out an Inspection Revisit in February 2024 that solely focused on the Cause of Concern.
4. The outcome letter from the revisit was published on 12 April 2024 and stated the following: We were pleased to see the significant steps the service had taken in response to the cause of concern we issued. We are pleased that the service has improved its RBIP and the way in which it is managed. We recognise the considerable work that the service has carried out to support these improvements. As a result, we now consider this cause of concern to be discharged. The full revisit outcome letter from HMICFRS can be found at Appendix 1.
5. Twenty-four Areas for Improvement (AFI) were also identified in the report, and these were brought together into the Inspection Improvement Plan (IIP). This is a working document, updated quarterly and the most recent iteration has been included at Appendix 2.

6. 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.
7. A separate performance report is presented in [Appendix 3]. 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

8. **Cause of Concern** – The service can't assure itself that its RBIP prioritises the highest risks and includes proportionate activity to reduce risk.
9. **Recommendation 1:** Review its RBIP to make sure it identifies its highest risk premises and meets its own targets.
10. **Recommendation 2:** Make sure all its staff are aware of the expectations on them in the management of the RBIP.
11. A thorough Action Plan to address the findings and recommendations from the HMICFRS was developed which included development of a new RBIP using a refreshed methodology, to ensure all buildings are identified accurately, a review of our Fire Safety Inspection Programme, as well as an external peer review of our planning model and Fire Safety work.
12. 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.
13. The revisit from HMICFRS took place from February 19 to 22 February 2024. The four-day visit comprised of a review of the action plan, focus groups with the Protection Team, reality testing on Fire Station's and interviews with Heads of Service and the Chief Fire Officer (CFO).
14. The outcome letter from the revisit was published on 12 April 2024 and the following is an extract from that letter:

During our revisit, we found complete commitment from the service to address the recommendation through, for example, the investment and reallocation of resources. We found the service had fully reviewed the risk-based inspection programme (RBIP) and redefined risk in line with the National Fire Chiefs Council methodology.

As a result, the service is clearly prioritising risk-related activity and has a realistic and achievable plan in place to manage the RBIP. We found the service had a comprehensive plan to communicate these changes across the organisation. For example, it provides training on the updated RBIP to raise staff awareness and understanding. This makes sure the expectation placed on all staff are clear.

We found that the service was supporting staff at various levels to gain experience and to achieve the qualifications needed to become fully competent in carrying out inspections on their own. We found contingency plans to make sure the RBIP will continue to run smoothly and effectively in the future. This includes training operational staff so they can move into the protection team as and when required to maintain activity.

It was also clear that there is an ongoing internal monitoring and review process to make sure the RBIP, and its management, remain effective.

As previously stated, the outcome letter in its entirety can be found in Appendix 1.

Inspection Improvement Plan

15. Following the development of the IIP, it was reviewed by our SLO who visited the Service in November to share feedback ensuring the IIP addressed the specific concerns raised within the AFIs.
16. Following this feedback, proposed changes to the IIP were presented to the Service Leadership Team (SLT) on 10 January 2024 and actions agreed. All actions relating to alignment of Fire Standards have been removed from the IIP, to avoid duplication and ensure the action is specific to the issue raised in the report.
17. Progress against the IIP is continuing to be monitored via our Intelligence and Assurance Programme Board, where change requests are processed and evidence of delivered tasks is submitted for approval before any actions are deemed complete.
18. In addition to the internal governance in place, progress against the IIP is also being monitored through the Place and Communities Programme Board.
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20. Since the commencement of the IIP we have completed 59 tasks out of a total of 172. Over the next 6 months we are looking to complete approximately a further 70 tasks.
21. There will be a focus on a variety of tasks relating to delivery of our Safe and Well Visits (SAWV) to a high standard, including facilitation of a peer review of

our process, a dedicated feedback exercise with staff, and development and implementation of a quality assurance method.

22. We also aim to deliver a number of actions to ensure there is an effective system for learning from operational incidents in place such as 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.
23. To improve our preparation to form part of a multi-agency response we will deliver Joint Emergency Services Interoperability Programme (JESIP) training for all operational staff at all levels and develop a detailed exercise plan for service, borough and multi-agency partners which will be monitored closely, ensuring learning from exercises is captured, shared and recommendations put forward.
24. Activities to clarify, improve and further develop the understanding of benefits of Equality Diversity and Inclusion (EDI) will also be delivered, including the development of an EDI training package and case studies based on lived experiences.
25. A variety of tasks ensuring staff understand the value of positive action and having a diverse workforce are also planned; facilitating 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.
26. Further developing and embedding our staff understanding and application of the performance development process, ensuring both qualitative and quantitative outputs are measured will also form key deliverables over the next 6 months.
27. 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 2.
28. The IIP now also includes actions against recommendations from a Business Safety Internal Audit and its report which was published in February 2024. Information on progress against recommendations can be found at the back of the IIP and ensures that we monitor and scrutinise progress via the current internal governance route.

Understanding the risks of fire and other emergencies

29. **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, 2 are complete, 4 are in progress and 2 are yet to start.

30. **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, 3 are complete and 1 is in progress.

Preventing fires and other risks

31. **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, 1 is complete, 4 are in progress and 2 are to start.
32. **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 in progress and 1 is to start.
33. **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, 1 is in progress and 1 is to start.

Protecting the public through fire regulation

34. **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, 1 is complete, 1 is in progress and 1 is to start.
35. **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, 1 is complete and 3 are in progress.

Responding to fires and other emergencies

36. **Area for improvement 8:** The service should ensure it has an effective system for learning from operational incidents.
Out of 8 tasks, 1 is complete, 6 are in progress and 1 is to start.
37. **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, 2 are complete and 2 are in progress.

Responding to major and multi-agency incidents

38. **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, 2 are complete and 5 are in progress.
39. **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, 5 are complete and 4 are in progress.
40. **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, 2 are complete and 3 are in progress.

Making best use of resources

41. **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).
1 task is in progress.
42. **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, 7 are complete and 7 are in progress.
43. **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, 2 are complete and 3 are in progress.

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

44. **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, 9 are complete, 3 are in progress and 5 are to start.
45. **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, 3 are in progress and 2 are to start.

Promoting the right values and culture

46. **Area for improvement 18:** The service should monitor secondary contracts to make sure staff don't work excessive hours.
Out of 11 tasks, 3 are complete, 6 are in progress and 2 are to start.

Getting the right people with the right skills

47. **Area for improvement 19:** The service should ensure operational officers use its competence recording system and e-learning platform effectively.
Out of 6 tasks, 3 are complete and 3 are in progress.

Ensuring fairness and promoting diversity

48. **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 in progress and 1 is to start.
49. **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, 5 are complete, 7 are in progress and 4 are to start.

Managing performance and developing leaders

50. **Area for improvement 22:** The service should improve the way staff understand and apply the performance development review process.
Out of 5 tasks, 3 are complete and 2 are in progress.
51. **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, 4 are complete, 1 is in progress and 3 are to start.
52. **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, 2 are complete, 11 are in progress and 4 are to start.

Performance update

53. The performance report for 2023/24 shown in Appendix 3 highlights that 13 of the 26 KPIs with targets set are green, 4 are amber and 9 are red. The green indicators highlight 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 low levels of days lost to injury.
- Responding to Emergencies – High performance from 999 call taking, appliance availability, through to responding to incidents.

Additional narrative for red RAG KPIs

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

Our approach to domestic SAWVs focuses on targeting vulnerable people, 85% of our SAWVs are provided to our most vulnerable residents against a 70% target. The total numbers of SAWVs are below national averages, however they have improved hugely since the previous year (there were over 1,700 more visits in 2023/24 than in 2022/23). We have targets to increase their number above the current national average in the coming year and our figures for April 2024 are above the England average (from Home Office stats 2022/23).

55. Increase in website visits for information and advice for residents and businesses

The communications team are now using a monthly data dashboard to update information on performance on social media channels, which are used to support prevention activities including Safe and Well Visits. While people can still access the website to book SAWV, most of the engagement on prevention comes from social channels using case studies and images. Recent research shows that sharing links on socials to signpost to websites do not convert. And an external audit on SFRS platforms in Q1 confirmed that posts where we were signposting to book SAWV were not performing as well as posts that provided all the information in one post.

56. Response to Complaints - % within timescales

In 2023/24, 75% of complaints were responded to within the agreed timescale, slight down on 78% during 2022/23. The volume of complaints has remained low, with 20 received between April '23 – March '24. Additional resource is now in place to support complaints processing. However, the RAG status has fluctuated from Amber throughout the first three quarters of 2023-2024 and for Q4 has returned to Red.

57. The council has set a standard response time of twenty working days, which allows for flexibility and can be varied with the complainant's agreement. The service has on occasion utilised this flexibility, while accommodating the needs of the complainant, to agree a longer response time. It should also be noted that as volumes are low one complaint going over the 20 days response time can significantly affect overall performance for the quarter.

58. Number of Business Safety Audits completed

We have completed 176 more Business Safety Audits when compared to the same period last year. Audit numbers are 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.

Working practices continue to be improved to maximise productivity in line with our Internal Audit and Inspection Improvement Plans (IIP), prioritising our highest risk buildings.

59. % of staff hired from underrepresented groups

A positive action plan has been drawn up which includes reviewing our workforce monitoring data, policies and procedures, Leadership and Accountability for positive action and wanting to increase the diversity of our workforce, Identifying, Understanding, and Communicating the plan and Monitoring, Evaluation, and Continuous Improvement of it.

Staff hired from underrepresented groups currently reflects our community demographic in the age and LGBTQ groups as per the statistics below.

Characteristic	Latest result	Target year to date
17-35 age	34.6%	34.3%
EM	3.2%	14.5%
Disabled	8.9%	13.8%
Female	18.4%	51.2%
LGBTQ+	3.8%	2.5%

We are currently working towards being more representative in our hiring of individuals in the other groups.

60. Days lost to sickness absence – 12-month rolling year

The number of rolling days lost to sickness remains red but has improved from an average of 14.1 days across 2022/23 to an average of 11.8 days across 2023/24. The Service has developed a software tool to allow managers to have greater oversight and scrutiny of sickness in their areas. This tool will ensure that appropriate timescales are met to align with policy expectations. Training

for managers to use the tool effectively is being undertaken in May and June 2024, as well as training to improve consistent application of the policy.

On 1 June 2024 all operational staff within SFRS have the option of joining an additional healthcare provision provided by a third-party organisation. The Service is paying for this provision to improve attendance and wellbeing, reduce sickness levels and the associated costs and interruption to Service delivery.

Conclusions:

61. 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.
62. SFRS has made positive continual progress against delivery of the IIP and out of 172 activities, 59 are complete, 84 are in progress and 29 are yet to start due to dependencies on completion of others.
63. The service is also continuing to update our Culture Action Plan further to publication of HMICFRS reports including State of Fire and Rescue Service 2023.
64. We are continuing 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:

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

Next steps:

66. The IIP is a working improvement plan, reviewed quarterly and therefore will be updated in August 2024. Progress against the plan will be provided to Select Committee Members on a six-monthly basis.
67. Our HMICFRS SLO is due to visit the service in an informal capacity on 18 July 2024 and will be attending SLT meeting and our Leaders Forum.

Report contact

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Sources/background papers

- **Appendix 1** – Cause of Concern Revisit outcome letter
- **Appendix 2** – Inspection Improvement Plan
- **Appendix 3** – 2023/24 Performance Report

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