



Local Government Act 1972

A Meeting of the Combined Fire Authority for County Durham and Darlington will be held in the Morton Room, Fire and Rescue Headquarters on Friday 12 November 2021 at 10.00 am to consider the following business:-

PART A

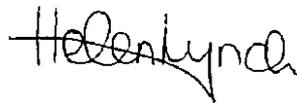
1. Chief Fire Officer Commendations
2. Declarations of interest, if any
If Members are aware of a private or personal conflict of interest in relation to any items on the Agenda, this should be disclosed at this stage or when the conflict of interest arises during consideration of an item in accordance with the Code of Conduct for Members
3. Minutes of the meeting held on 17 September 2021 (Pages 3 - 6)
4. Current Correspondence - Report of Assistant Chief Fire Officer (Pages 7 - 10)
5. Notes of the Audit and Finance Committee - Report of Chair (Pages 11 - 14)
6. Notes of the Human Resources Committee - Report of Chair (Pages 15 - 24)
7. Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services Update - Report of Area Manager, Assurance and Assets (Pages 25 - 48)
8. Community Risk Management Plan 2022-2025 - Report of Deputy Chief Fire Officer (Pages 49 - 54)
9. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgent to warrant consideration
10. Any resolution relating to the exclusion of the public during the discussion of items containing exempt information

PART B

Items during which it is considered the meeting will not be open to the public (consideration of exempt or confidential information)

11. Strategic Planning Day 29 October 2021 - Report of Chief Fire Officer (Pages 55 - 62)
12. Fire Fighter Pension Scheme - Framework for Managing Immediate Detriment Cases - Report of Deputy Chief Executive (Pages 63 - 82)
13. Consultation on Giving Police and Crime Commissioners' Greater Powers of Competence - Report of Chief Fire Officer (Pages 83 - 102)
14. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration

PURSUANT to the provisions of the above named Act, **I HEREBY SUMMON YOU** to attend the said meeting



H LYNCH

Clerk to the Combined Fire Authority
for County Durham and Darlington

County Hall
Durham
DH1 5UL

TO: The Members of the Combined Fire Authority for County Durham and Darlington

Durham County Councillors:

Councillors J Atkinson, A Batey, R Bell, J Cairns, T Duffy, C Hampson, N Jones, B Kellett, L Kennedy, R Manchester, C Marshall, L Mavin, M McGaun, I McLean, J Quinn, S Quinn, G Richardson, K Rooney, J Shuttleworth, S Zair

Darlington Borough Councillors:

Councillors H Crumbie, B Jones, G Lee and A Scott.

At a **meeting** of the **Combined Fire Authority for County Durham and Darlington** held at **Fire and Rescue HQ, Durham** on **Friday 17 September 2021** at 10.00 am.

Present:

Durham County Councillors:

Councillors J Atkinson, B Avery, A Batey, R Bell, J Cairns, T Duffy, C Hampson, N Jones, R Manchester, L Mavin, M McGaun, J Quinn, S Quinn, J Shuttleworth.

Darlington Borough Councillors:

Councillor H Crumby, J Dulston (substitute for B Jones) and A Scott

Apologies for absence were received from Councillors L Kennedy, C Marshall, I McLean, G Richardson, S Zair, G Lee and B Jones.

Independent Persons:

Apologies from N Johnson

A1 Chief Fire Officers Commendation

AM Steve Wharton introduced the Chief Fire Officer's Commendation for Mr John Holmes who assisted a crew at a water rescue incident in Witton Gilbert. His brave lifesaving actions and support of the emergency services, utilising farm machinery to stabilize a vehicle trapped in a fast-flowing river, which allowed the fire crews to rescue the trapped occupant.

A2 Declarations of Interest

There were no declarations of interest.

A3 Minutes of previous meeting

The Minutes of the meeting held on 20 July 2021 were confirmed as a correct record and signed by the Chair (for copy see file of minutes).

A4 Current Correspondence

The Authority received an update from the Assistant Chief Fire Officer in relation to current correspondence received from government and other bodies relevant to the Authority and the status of each (for copy see file of minutes).

A5 Notes of the Performance Committee

The Authority received an update from the Chair of the Performance Committee which provided members with an update on the discussions and recommendations of the Performance Committee held on 31 August 2020 (for copy see file of minutes).

A6 Statement of Assurance

The authority received a report of the Deputy Chief Executive which provided members with the 2020/21 Statement of Assurance (SoA) for approval prior to publication (for copy see file of minutes).

Cllr Bell queried the services performance trends affected by Covid 19 which was discussed.

Resolved:

- i. Members approved the 2020/21 statement of assurance

A7 Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services Update

The Authority received a report from the Area Manger Assets and Assurance which provided members with an update on the inspection programme (for copy see file of minutes).

Resolved:

- i. The report was noted
- ii. To receive further reports as appropriate

A8 Update on the Services Response to Covid-19

The Authority received a report from the Chief Fire Officer which informed members of the activity the service had been undertaking over the last 12 months of the Covid-19 Pandemic (for copy see file of minutes).

Members passed on their thanks to SLT and all staff for their continued hard work throughout the pandemic.

Resolved:

- i. The report was noted.

A9 Apprenticeship, Predicted Costings and Income Generation

The Authority received a report from Group Manger: Training which provided members with the various types of apprenticeship schemes that were currently operating within the Service, the cost associated with them and the potential income generation opportunities (for copy see file of minutes).

Members queried age limits for the apprentices, the Group Manger: Training noted there wasn't an upper age limit and recruitment campaigns took place via colleges, open days, fire cadets and positive action were discussed.

Members queried success rate for the schemes and the Group Manager: Training confirmed that the firefighter apprentices took on firefighter roles once they had successfully completed their course.

Members queried engagement with schools which Group Manager: Training confirmed was undertaken and residents' associations were noted as a target group.

Members queried the numbers of applications that were received, Group Manager: Training noted that for firefighter apprentice courses between 200 – 500 applications had been received.

Resolved:

- i. The report was noted.

A10 Core Code of Ethics

The Authority considered a report of the Assistant Chief Fire Officer which informed members of the launch and process of implementation of the Core Code of Ethics which have been produced specifically for Fire and Rescue Services by the National Fire Chiefs Council, the Local Government Association and the Association of Police and Crime Commissioners (for copy see file of minutes).

A code of ethics form would be sent out to all members to sign and return to the Governance section

Resolved:

- i. content of the report noted
- ii. the adoption and implementation of the Core Code of Ethics was agreed

A11 Our People Project – Creating a Corporate Narrative

The Authority considered a report of the Communications Manager which provided members with the rationale behind creating the "Our People" video (for copy see file of minutes).

Members viewed the video.

Members commented on the excellent material and strong emotive feeling from staff.

Resolved:

- i. The report was noted

A12 Any Other Business

The Chair noted his attendance at the recent Being the Best Awards which were held on 17 August at Hardwick Hall. He passed on his congratulations to the winners and the finalists from the night and thanked the Comms and Governance Teams for organising such a successful event.

The Chair noted his attendance at the Cohort 5 families evening held at the Training Centre on 2 September. He asked members to join him in welcoming the new 8 firefighter apprentices into the service.

A13 Exclusion of the public

That under Section 100A(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraphs 3 and 4 of Part 1 of Schedule 12A to the said Act.

Part B

B 14 Update of Business Continuity and Resilience

The authority received a report which provided members with an update on the Service's approach to business continuity and resilience arrangements in the event of chronic staff shortages due to incidents of industrial action or a flu pandemic.

Resolved:

- i. The report was noted.

B15 Any Other Business

Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration.

CLOSE OF MEETING



Current Correspondence: September 2021 – November 2021

No	Release Date	Subject	Summary	Action CFA Report	Action CFA Response	Action Info
1	26/10/2021	Fire and Rescue Service Inspections Update	Update on the inspection schedule for tranche 3. (Appendix A)			√

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Roy Wilsher OBE QFSM
Her Majesty's Inspector of Constabulary
Her Majesty's Inspector of Fire and Rescue
Services

Chief fire officers
Chairs of fire authorities

26 October 2021

Dear colleague,

FIRE AND RESCUE SERVICE INSPECTIONS UPDATE

I write to you today to update you on the inspection schedule for tranche 3. The dates and running order are set out in **Annex A**. Please contact your chief of staff in the first instance if you wish to discuss these.

2. If you need any further information about the inspection process or anything else, please contact either me or Laura Gibb, FRS portfolio director via (LauraAlice.Gibb@hmicfrs.gov.uk).
3. Thank you as ever for your continued support of our inspection programme.

Yours sincerely

Roy Wilsher OBE QFSM
HM Inspector of Constabulary
HM Inspector of Fire and Rescue Services

Annex A – tranche 3 timeframe

FRS	Document and self-assessment request	Inspection activity starts	Publication
Hertfordshire	w/c 24 Jan 2022 – w/c 21 Feb 2022	w/c 21 Feb 2022	Winter 2022
Isles of Scilly	w/c 24 Jan 2022 – w/c 21 Feb 2022	w/c 28 Feb 2022	Winter 2022
Suffolk	w/c 24 Jan 2022 – w/c 21 Feb 2022	w/c 28 Feb 2022	Winter 2022
Dorset and Wiltshire	w/c 24 Jan 2022 – w/c 21 Feb 2022	w/c 28 Feb 2022	Winter 2022
West Midlands	w/c 24 Jan 2022 – w/c 21 Feb 2022	w/c 21 Mar 2022	Winter 2022
North Yorkshire	w/c 24 Jan 2022 – w/c 21 Feb 2022	w/c 21 Mar 2022	Winter 2022
Hampshire and Isle of Wight	w/c 24 Jan 2022 – w/c 21 Feb 2022	w/c 11 Apr 2022	Winter 2022
South Yorkshire	w/c 24 Jan 2022 – w/c 21 Feb 2022	w/c 11 Apr 2022	Winter 2022
Leicestershire	w/c 24 Jan 2022 – w/c 21 Feb 2022	w/c 9 May 2022	Winter 2022
Cleveland	w/c 24 Jan 2022 – w/c 21 Feb 2022	w/c 9 May 2022	Winter 2022
Derbyshire	w/c 24 Jan 2022 – w/c 21 Feb 2022	w/c 30 May 2022	Winter 2022
Durham and Darlington	w/c 24 Jan 2022 – w/c 21 Feb 2022	w/c 30 May 2022	Winter 2022
Cumbria	w/c 24 Jan 2022 – w/c 21 Feb 2022	w/c 13 Jun 2022	Winter 2022
East Sussex	w/c 24 Jan 2022 – w/c 21 Feb 2022	w/c 13 Jun 2022	Winter 2022
Royal Berkshire	w/c 24 Jan 2022 – w/c 21 Feb 2022	w/c 20 Jun 2022	Winter 2022
Kent	w/c 24 Jan 2022 – w/c 21 Feb 2022	w/c 20 Jun 2022	Winter 2022

County Durham and Darlington
Fire and Rescue Authority



Safest People, Safest Places

Combined Fire Authority

12 November 2021

Notes of the Audit and Finance Committee Meeting held on 30 September 2021

Report of the Chair of the Audit and Finance Committee

Members Present: Cllr R Bell in the Chair
Cllrs B Avery, A Batey, H Crumbie

Purpose of the report

1. The purpose of this report is to provide members with an update on the discussions and recommendations of the Audit and Finance Committee held on 30 September 2021.

Audit and Finance Committee Terms of Reference

2. Members were presented with the terms of reference for the committee

Short Term Investments 2020/21 Quarter 4

3. Members received an update on the performance of the Authority's short-term investments for the period ended 31 March 2021.

The Committee noted the report.

Short Term Investments 2021/22 Quarter 1

4. Members received an update on the performance of the Authority's short-term investments for the period ended 30 June 2021.

The Committee noted the report.

Annual Governance Statement

5. Members were presented with the 2021/22 Annual Governance Statement for approval.

The Committee approved the 2021/22 Annual Governance Statement.

Corporate Risk Register

6. Members were presented with the corporate risk register as at 31 August 2021. Risks were discussed in turn.

The committee considered and noted the report.

Compliance with CIPFA Financial Management Code

7. Members received details of the Chartered institute of Public Finance and Accountancy (CIPFA) Financial Code.

The committee noted that the Authority was compliant with the Code.

Audit Strategy Memorandum Year Ending 31 March 2021

8. Members received a report from external audit which summarised audit approach, significant risks, key judgement areas, value for money and fees, noting the delay in issuing the auditors annual report.

Audit Progress Report

9. Members received an update on the progress made in delivering responsibilities as the Authorities external auditors. No significant matters were identified.

The Committee noted the report.

Internal Audit Progress Report year ending 31 March 2021

10. Members received details of the work undertaken by Internal Audit between 1 April 2020 and 31 March 2021.

The committee considered and noted the report.

Annual Internal Audit Opinion and Report 2020/21

11. Members received an update on the work that had been undertaken by internal audit during 2020/21. A moderate overall assurance opinion had been received, which should be regarded as positive.

Members considered and noted the report.

Annual Review of the Systems of Internal Audit 2020/21

12. Members received a report asking for consideration and comment on the annual review of the system of internal audit.

Members considered and noted the report.

Fraud and Corruption Annual Report 2020/21

13. Members were presented with details of the advice and assurance provided regarding the work being undertaken within the Authority in seeking to identify, control and prevent fraud and corruption.

The committee noted the report.

Audit Committee Practical Guidance Report

14. Members were presented with information advising members of the publication of the Chartered Institute of Public Finance and Accountancy's (CIPFA) guidance on the function and operation of audit committees in local authorities in the UK.

The committee noted the report.

PART B

Outstanding Audit Recommendations Quarter Ended 31 March 2021

15. Members noted the outstanding actions.

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County Durham and Darlington
Fire and Rescue Authority



Safest People, Safest Places

Combined Fire Authority

12th November 2021

Notes of the Human Resources Committee: 16 September 2021

Report of the Chair of the Human Resources Committee

Members Present: Cllr L Mavin in the Chair
C Marshall, J Quinn, J Cairns and H Crumbie

Apologies: Cllr Alison Batey

Purpose of the report

1. The purpose of this report is to provide members with an update on the discussions and recommendations of the Human Resources (HR) Committee held on 16 September 2021.

Terms of Reference

2. The Committee were presented with the Terms of Reference for the newly formed HR Committee as outlined in the Combined Fire Authority Constitution.

The Committee **noted** the report.

Sickness Absence Performance Quarter 4: 1 April 2020 – 31 March 2021

3. The Committee were updated on the sickness absence performance for the period including how absence is calculated for the various shift rotas and how targets and performance indicators are set. Members scrutinised in detail the sickness absence performance for Q4.

The Committee **noted** and **commented** on the report.

Sickness Absence Performance Quarter 1: 1 April 2021 – 30 June 2021

4. The Committee were updated on and scrutinised in detail the sickness absence performance for the period.

The Sickness Absence Performance Quarter 1 report is attached at Appendix A.

The Committee **noted** and **commented** on the report.

Culture Survey Results

5. The Committee considered the findings of the third culture survey conducted by Durham University Business School in April 2021.

The Committee **noted** and **commented** on the report.

Equality, Diversity and Inclusion

6. The Committee were presented with an update of the work carried out by the Service's Equality Diversity and Inclusion Group (EDIG) for the period April 2021 – September 2021.

The Committee **noted** and **commented** on the report.

Health and Safety Performance Quarter 1: 1 April 2021 – 30 June 2021

7. The Committee considered a summary of the Service's health and safety performance for Quarter 1, 1 April 2021 – 30 June 2021.

The Committee **noted** and **commented** on the report.



Safest People, Safest Places

Human Resources Committee

16 September 2021

Sickness Absence Performance

Quarter One 1 April 2021 – 30 June 2021

Report of Head of People and Organisational Development

Purpose of the report

1. The purpose of this report is to provide Members with an update on sickness absence performance for the period 1 April 2021 to 30 June 2021.

Background

2. The effective management of absence is a key performance issue for any organisation. This is particularly important when operating in a climate of reduced financial and human resources.
3. The Service places significant emphasis on the effective management and reporting of sickness absence and Members have an important role to play in providing an overview of the arrangements that are in place and the performance that is achieved.

Summary of Sickness Statistics

4. The sickness statistics for the period 1 April 2021 to 30 June 2021 are calculated as average shifts/days lost per person.
5. The Service compares sickness levels to the targets that have been set for the year and to previous year's performance to provide a rounded view of sickness performance, and to help to identify any trends in particular areas.
6. For the purposes of the performance indicators, absence has been included where an employee has shown symptoms of Covid-19 (C-19) or tested positive. All absence relating to shielding employees, test and trace and those self-isolating (SI) due to another member of their household showing symptoms have been removed however are still recorded.

7. Table 1 sets out the sickness statistics against three key performance indicators. These indicators were measures previously used to measure performance within the best value framework and the Service continues to use these measures to enable national comparisons to be undertaken at year end.

Table 1 Key Sickness Statistics by Best Value Indicators

Performance Indicator	Apr 21 to June 21	Apr 21 to June 21 Target	Variance	Apr 20 to June 20 (PYR)	Direction of Travel
Working shifts / days lost for all staff	2.04	1.5	+0.54	1.45	
Working shifts / days lost due to sickness for all Wholetime, Control and Non- Uniformed	2.35	1.5	+0.85	1.18	
Working shifts / days lost due to sickness for all Wholetime and Control	2.45	1.5	+0.95	1.17	

8. Overall, there has been a 41.1% increase on shifts lost in comparison with quarter 1 last year. The main reason being a rise in long term sickness but another key difference being the change in C-19 reporting status whereby in 2020 the majority of absence was classed as non-reportable (SI due to others or shielding). We have seen a rise in cases over quarter 1 across the Service, perhaps due to increased testing capabilities, where employees have tested positive, so these absences have counted towards our targets.
9. Absences within the Wholetime (WT) and Retained Duty System (RDS) categories has increased this quarter and primarily linked to longer term absence. Absence levels within Control are improving with relatively few shifts lost over May and June coupled with absences relating to C-19 decreasing from the start of the quarter. Sickness amongst Corporate staff is higher than target, however, has reduced over the reporting period.
10. Table 2 below shows a further breakdown over the specific staff groups that are employed by the Service.

Table 2 Sickness by Staff Group

Performance Indicator	Apr 21 to June 21	Apr 21 to June 21 Target	Variance	Apr 20 to June 20 (PYR)	Direction of Travel
WT Riders	2.58	1.5	+1.08	1.21	
FDO / DD	3.17	1.125	+2.045	1.28	
Control	3.59	2	+1.59	1.08	
RDS	1.97	2.25	-0.28	2.98	
Non-uniformed	1.39	1.25	+0.14	0.92	

Wholetime Station Based Firefighters (Riders)

11. The detailed sickness information relating to WT riders is summarised below.

Description	Days/cost	%/£ change
Total shifts lost to 30/6/2021	700	+129%
Long term sickness	566 (81%)	+98.3%
Short term sickness	134 (19%)	+17.9%
Approximate cost of sickness	£114,289	+£64,492

12. The WT rider category has seen a 129% increase in shifts lost when compared with the same reporting period in 2020/21. The main reason for this being a significant rise in long term absence.

13. Since the start of the reporting year long term absence within this category has been significantly high equating to 81% of all absence. Within the three-month period, 16 employees have been off on long term sickness, of these, 9 have continued over the full period. Reasons behind this vary however the main ones are mental health (32%), muscular skeletal (MSK) (26%) with others including senses (15%), urological (13%), neurological (6%) and reproductive (8%).

14. The amount of mental health related absence gives some cause for concern as this has risen in comparison with previous years. 35% of mental health related absence is due to perceived work-related stressors, these account for two long term cases. The reasons for the others vary, one being related to bereavement and two others related to depression and low mood. All of these cases have been given appropriate support through occupational health (OH) and where required, therapeutic support has been

provided in terms of counselling or cognitive behavioral therapy. We will continue to monitor in the next reporting quarter.

15. On a positive note, 9 of the long-term cases have been resolved and employees have returned to work, some on full duties and some on a short term modified basis. A further two have been granted ill health retirement which will provide a resolution to some of the prolonged absences.
16. Short term absence has also increased in comparison with last year. 45% of all short-term absence has been due to C-19. The rest has been for a variety of reasons but remained relatively low.
17. 96 shifts were lost due to C-19 related absences at the end of quarter one. 36 of these are not included in the above data and are due to test and trace, SI due to a household member or shielding. Overall, this only equates to 5.1% of overall absence in this category. Last year, at the same reporting period, there were 574 shifts lost which were non-reportable due to C-19 which demonstrates a change in the reporting mechanisms and how the Service has supported individuals to return to work safely.
18. This category is currently over target at this point in the reporting year.

Flexible Duty Officers (FDO) and Day Duty (DD)

19. The detailed sickness information relating to FDO and DD staff is summarised below.

FDO

Description	Days/cost	%/£ change
Total shifts lost to 30/06/2021	115	+75.4%
Long term sickness	83 (72%)	+86.2%
Short term sickness	32 (28%)	+51%
Approximate cost of sickness	£13,032	+£7,139

Day Duty

Description	Days/cost	%/£ change
Total shifts lost to 30/06/2021	18	-32.6%
Long term sickness	0 (0%)	-200%
Short term sickness	18 (100%)	-20%
Approximate cost of sickness	£1722	-£524

20. The FDO category absence has increased significantly with an increase of over 75% however, the DD category of staff has improved with significant reductions of 32% in absence levels when compared with the same reporting period in 2020/21. This has been due to an increase in long term absence in the FDO category, all of which is attributable to two cases. On a positive note, both cases are now resolved which should see a decrease in absence levels in the next quarter.

Appendix A

21. Only 20 shifts have been lost year to date due to C-19 related absence, 13 of which are not included in the above data due to isolation following family members having confirmed C-19.

22. This category is over target at this point in the reporting year.

Control

23. The detailed sickness information relating to Control staff is summarised below.

Description	Days/cost	%/£ change
Total shifts lost to 30/6/2021	79	+106.8%
Long term sickness	43 (54%)	+200%
Short term sickness	36 (46%)	+40%
Approximate cost of sickness	£6,098	+£4,045

24. The Control category of staff has seen a rise of 106.8% in absence when compared with the same reporting period in 2020/21. Long lasting C-19 issues have been a significant concern for Control and impacted on long term sickness continuing from quarter 4 of last year. The impacts of this are still unknown however all three employees have since returned to full duties.

25. Short term absence has also seen a rise although the majority of these cases have been linked to C-19. 30 shifts were lost in the first quarter due to C-19 related absences all of which are included in the above figures.

26. This category is currently over target at this point in the reporting year.

Non-Uniformed

27. The detailed sickness information relating to Non-uniformed staff is summarised below.

Description	Days/cost	%/£ change
Total shifts lost to 30/06/2021	137.5	+52.9%
Long term sickness	91 (66.2%)	+27.5%
Short term sickness	46.5 (33.8%)	+112.6%
Approximate cost of sickness	£9,913	+£4,001

28. This category has seen an increase of 52.9% in shifts lost when compared with the same reporting period in 2020/21.

29. There have been 4 cases of long-term sickness across the quarter for various reasons however all have since been resolved. There has also been a rise in short term absence with the main reason being 'other' meaning the reason for absence does not fit into one of the set categories. The HR team are discussing this with line managers to ensure more accurate reporting.

30. A further 53 shifts were lost year to date due to C-19 related absence which are not included in the above data due to test and trace, SI due to a household member and high proportions of shielding.

31. This category is currently over target at this point in the reporting year.

Retained Duty System

32. The detailed sickness information relating to RDS staff is summarised below.

Description	Days/cost	%/£ change
Total shifts lost to 30/06/2021	279.59	-34.63%
Long term sickness	250.58 (89.6%)	-40.7%
Short term sickness	29.01 (10.4%)	+45.86%
Approximate cost of sickness	£5,766	-£2,439

33. The RDS category has seen a decrease of almost 35% in shifts lost when compared with the same reporting period in 2020/21. Similar to WT, a rise in long term absence has been seen with 5 ongoing cases all related to MSK issues and are likely to continue into the next reporting quarter.

34. Short-term absences have increased due to various reasons however C-19 related occurrences are low with only 2 shifts lost where the employee has been symptomatic. A further 28 shifts were lost in the year due to C-19 related absences which are not included in the above figures.

35. This category is under target for the reporting year.

Covid-19 Related Absence

36. There have been various reasons for C-19 related absence since the pandemic began and the Service has followed government guidance.

37. The reasons include employees who have needed to SI due to showing symptoms of C-19 or living in a household with someone showing symptoms. It also includes employees who have been required to shield following government guidance. Employees contacted via 'Test and Trace' and who have been confirmed as having C-19 are also included in this category.

38. The table below shows the shifts lost per category for C-19 (1 Apr 21 – 30 June 21).

Employee Group	Shifts lost to SI	Shifts lost to SI (other household member)	Shifts lost to Shielding (V)	C-19 confirmed	Test & Trace	Total shifts lost to C-19
Control	2	1	0	30	1	34
Non-Uniformed	0.5	10	32	3	11	56.5
RDS	0.66	10.38	0	0	19.62	30.66
WT Riders	28	10	10	32	16	96

FDO/DD	0	13	0	7	0	20
Total	31.16	44.38	42	72	47.62	237.16

39. It is important to note that all shielding employees have been undertaking work from home during this period and so the Service has still benefitted from productive working. Any employees who have been required to SI due to a member of their household showing symptoms have also been allowed to work from home if they have been able to do so.

Action Taken

40. C-19 related absence will continue to be monitored and reported. We will continue to update our guidance in line with government guidance where required.

41. Sickness levels will continue to be monitored closely with regular analysis for any trends and patterns and instigation of the attendance management triggers where appropriate.

42. The HR team continue to liaise with line managers to support personnel to return to work as soon as possible through regular welfare visits, OH advice, additional support such as physiotherapy or counselling and encouraging discussions around the potential of modified duties once a return-to-work date is in sight. Current support is being given predominately for long term cases.

43. The Service has set up Lateral Flow Testing (LFT) sites across the Service area to enable us to test our own staff. Staff are asked to test themselves twice per week and log their results on our system. We have continued with the testing programme into this year with the introduction of home testing being implemented. Quarter 2 has seen the introduction of Daily Contact Testing (DCT) for key workers as a further precaution.

44. The Service is currently advertising its annual flu campaign and an offer has been made to all staff to get a vaccination which the Service will pay for. This is primarily to protect our front-line workers but also to ease the burden on NHS services over the winter period should a further pandemic occur.

45. An independent audit of the Services Attendance Management processes has been agreed and will take place in November 2021. This will hopefully give the Service some assurances that the correct processes are being followed and wellbeing initiatives are offered and accessed where appropriate.

46. Recruitment for new members of the Services Trauma Support Team has taken place. Two new members have joined the team and are currently being trained in partnership with Tyne and Wear Fire and Rescue Service. This should strengthen the Service's offer around mental health and peer support.

47. Monthly meetings have been put in place to discuss case management with the HR Business Partners and the Head of People and OD to ensure action can be taken quickly where appropriate and identify any longer-term risks. This allows a closer scrutiny of our case management.

48. The Service changed OH provider in May 2021. Through a regional procurement process, People Asset Management (PAM) were appointed, and we have been working with the new provider to ensure they are operating effectively. The change of provider has been communicated to staff. The new provider offers a wider range of supportive interventions and Services which should assist the Service in managing any employee absence effectively.

National Fire Service Data Comparison

49. At the time of writing this report the national data for quarter 1 is not yet available. This will be reported to the Committee with quarter 2 data.

Recommendation

50. Members are asked to **note** and **comment** on the contents of this report.

County Durham and Darlington
Fire and Rescue Authority



Safest People, Safest Places

Combined Fire Authority

12 November 2021

Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services Update

Report of the Area Manager Assets and Assurance

Purpose of Report

1. The purpose of this report is to provide members with an update on the current position of the Action Plan resulting from County Durham and Darlington Fire and Rescue Service (CDDFRS) inspection by Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) and provide details of the next HMICFRS inspection.

Background

2. The HMICFRS inspection of CDDFRS was completed on 19 July 2019 with the final report published on 17 December 2019.
3. The inspection assessed how effectively and efficiently CDDFRS prevents, protects the public against and responds to fires and other emergencies. It also assessed how well it looks after the people who work for the Service.
4. An action plan to address all improvement areas identified in the report was developed. The action plan highlights all the areas formally highlighted in the report as needing improvement and also any text in the report which identifies where the Service is not as good as it could be.
5. In total there were 57 actions across the three pillars of Effectiveness, Efficiency and People.

Progress against the Action Plan

6. Progress against the plan is reported monthly to the Performance and Programme Board and quarterly to the Service Leadership Team.
7. Due to the COVID-19 pandemic and the identified solution being more involved than originally expected, several actions had their dates adjusted since the production of the original action plan. Appendix A is the full action plan with updates recorded against all actions. To date 56 actions have been completed, with one action ongoing.

Next Inspection

8. CDDFRS are part of tranche 3 of HMICFRS's inspection schedule. Dates for the inspection were finalised on 26 October 2021 and are as detailed in the table below.

Document and self-assessment request	w/c 24 Jan 2022 – w/c 21 Feb 2022
Inspection activity starts	w/c 30 May 2022
Publication of report	Winter 2022

Recommendations

9. Members are requested to:
 - a. **note** the contents of this report;
 - b. **receive** further reports as appropriate.

Appendix A – HMICFRS Action Plan

Action No.	HMICFRS No.	Area For Improvement	Issue to be addressed	Action	SLT Lead	Target date	Complete	Comments
1	1.1	Yes	Develop an up to date, comprehensive Community Risk Profile (CRP) of County Durham and Darlington using a wide range of data. Use this CRP to inform the IRMP. Test the expectations of the IRMP through the use of operational data.	Develop an up to date, comprehensive Community Risk Profile (CRP) of County Durham and Darlington using a wide range of data. Use this CRP to inform the IRMP. Test the expectations of the IRMP through the use of operational data.	Head of Corporate Resources	May-21	Yes	The Community Risk Profile (CRP) was reviewed in light of the work done on the Service risks for the Degradation Plan and Station Profiles. This CRP informs the latest version of the Community Risk Management Plan 2021-24 which was fully consulted and has been published on the Service's website.
2	1.1	Yes	The Service should ensure its firefighters have good access to relevant and up-to-date site-specific risk information.	Design a new system for the collection of risk information for firefighters. Ensure all relevant buildings are included within this system with appropriate risk ratings. Design a quality assurance process to assure the service of the system's effectiveness.	AM Emergency Response	Mar-21	Yes	A new system has been developed which utilises the new iPads and Nintex software. A separated ORI Administration tool linked to the SharePoint site and dashboard has been developed for the ORI administrators. The Divisional Managers and the administrators quality assure all risk information. New and reviewed incident plans are also being submitted regularly. All risk information is added to the MDTs, once approved, making it available to crews at incidents.

3 Page 28	1.1	No	Strategy documents do not cover all areas of the organisation. And some managers had no, or only limited, knowledge of these strategies.	Produce strategy documents covering the whole of the organisation. Once produced develop a communications plan so staff are aware of these strategies and how they impact on them.	Head of Corporate Resources	Aug-20	Yes	Strategies have been developed to cover all areas of the organisation by Heads of Service. These have a clear link to the CRMP. These have been agreed and signed off by SLT.
4	1.1	No	Fire stations have district plans. Station-based staff are clear on important performance areas and report on them. However, some staff are not clear how these plans contributed to meeting the Service's strategic objectives.	Once district plans are produced develop a communications plan, so station-based staff are aware of these district plans and how they contributed to meeting the Service's strategic objectives.	AM Emergency Response	Mar-21	Yes	Following the restructure to two Divisions it was decided to produce individual station plans. 15 station plans have been completed and are due to go live 1st April 2021. All stations now have a specific action plan to deliver the mitigating actions for the risks identified in their station areas through the Community Risk Profile. All station plans are located in the station hub SharePoint portal to give visibility to all operational staff and divisional management teams. All station plans include the important prevention, protection and response performance areas. A LearnPro training module has been created to describe the Community Risk Profile and how the delivery of the station plans reduces community risk and meets the Service's strategic objectives. From April 2021, operational crews will update plans to record their performance data and activities. The delivery of the station plans will be communicated through performance meetings at the end of each month.

5	1.2	Yes	The Service should ensure staff have received appropriate training of all the issues covered during a safe and well visit.	Develop a training plan to ensure staff are comfortable to address all the issues covered during a safe and well visit.	AM Community Risk Management	Dec-20	Yes	Each watch and on call team will be subject to best practice support visit by a Community Risk Officers (CRO) three times per annum. The themes for the commencement of Best Practice visits are safe and well visits, hoarding, safeguarding and make every contact count (MECC) and SWVs. A programme for each theme is produced so that all watches get the same input, and we have a record of elements covered in the sessions. Safe and well visits were the first theme covered and included understanding the targeting pyramid, use of the iPad, what to cover during a visit, how to target properties i.e., Scheduled/revisit/high risk, the importance of the lifestyle questions and the impact of referrals. Laminated guides have been provided to all stations to keep with the toolbox. This training was delivered during the CRO best practise visits to all crews between October to December 2020.
6	1.2	Yes	The Service should evaluate all its prevention work, so it understands the benefits better.	Develop an approach to evaluation to ensure all areas of prevention are appropriately evaluated including local prevention activities.	AM Community Risk Management	Jul-21	Yes	An evaluation framework has been introduced with three levels of evaluation based on the scope, cost and risks associated with projects/ initiatives. A number of activities have been identified to be evaluated for their effectiveness and these will be added to as and when community safety initiatives are completed. An evaluation repository has been set up to collate all evaluations.

7 Page 30	1.2	No	Some staff did not have a good awareness of the priorities for prevention work set out in the Prevention Strategy.	Develop a plan to ensure staff have a good awareness of the Prevention Strategy, including the pyramid targeting approach.	AM Community Risk Management	Dec-20	Yes	Each watch and on call team will be subject to best practice support visit by a Community Risk Officers (CRO) three times per annum. The themes for the commencement of Best Practice visits are safe and well visits, hoarding, safeguarding and make every contact count (MECC) and SWVs. A programme for each theme is produced so that all watches get the same input, and we have a record of elements covered in the sessions. Safe and well visits were the first theme covered and included understanding the targeting pyramid, use of the iPad, what to cover during a visit, how to target properties i.e., Scheduled/revisit/high risk, the importance of the lifestyle questions and the impact of referrals. Laminated guides have been provided to all stations to keep with the toolbox. This training was delivered during the CRO best practise visits to all crews between October to December 2020.
8	1.2	No	Data shows the Service is below the England rate for safe and well visits to elderly persons and persons with a disability.	Revalidate that the Service is comfortable with the approach to targeting vulnerable persons.	AM Community Risk Management	Dec-20	Yes	The high-risk targeting tool has been updated with a PowerBi report developed so that crews can access the data. The Service continues to use a range of data sets to identify vulnerable people, in line with the approach outlined in the NFCC person centred approach. More work will be conducted to align to the NFCC person centred approach in 2021.

9	1.2	No	Guidance for when to give wellbeing advice during a safe and well visit is vague.	Provide further guidance to staff for when they should give wellbeing advice during a safe and well visit.	AM Community Risk Management	Dec-20	Yes	Each watch and on call team will be subject to best practice support visit by a Community Risk Officers (CRO) three times per annum. The themes for the commencement of Best Practice visits are safe and well visits, hoarding, safeguarding and make every contact count (MECC) and SWVs. A programme for each theme is produced so that all watches get the same input, and we have a record of elements covered in the sessions. Safe and well visits were the first theme covered and included understanding the targeting pyramid, use of the iPad, what to cover during a visit, how to target properties i.e., Scheduled/revisit/high risk, the importance of the lifestyle questions and the impact of referrals. Laminated guides have been provided to all stations to keep with the toolbox. This training was delivered during the CRO best practise visits to all crews between October to December 2020.
10	1.2	No	The Service should ensure it has an effective quality assurance process for its safe and well visits.	Design a quality assurance process to assure the service of the quality of safe and well visits.	AM Community Risk Management	Dec-20	Yes	The Service now uses three methods to provide assurance of the quality of SWVs, these being: 1. Follow up calls by Control Staff to ask questions following a SWV, 2. A new electronic questionnaire provided to occupiers to complete, and 3. CROs are now conducting a range of best practise visits to crews to share best practise but also ask questions and provide additional training to crews were required.

11 Page 32	1.2	No	The Arson Reduction Team has no specific objectives.	Consider producing specific objectives for the Arson Reduction Team.	AM Community Risk Management	Aug-20	Yes	Specific objectives for the Arson Reduction Team have been developed and are detailed in the arson and deliberate fire reduction delivery plan. This plan has a three-year delivery plan aligned to the NFCC national arson reduction strategy.
12	1.2	No	The Service does not have a clear policy for its approach to road safety, including evaluation of activities.	Produce a clear policy for the Service's approach to road safety, including evaluation of activities.	AM Community Risk Management	Jun-21	Yes	Road safety and evaluation is included within the Prevention strategy 2020/21-2022/23. A specific policy has been produced to set out the services commitment to supporting partners in the delivery of road safety activities across the service area. This new policy will be aligned to the County Durham and Darlington Road Safety Strategy and will outline how CDDFRS will support the multi-agency delivery of this plan. This area of prevention was highlighted as an area of improvement during the OpeRA audits. A new action has been developed in the OpeRA action plan to improve the Service's road safety work. This action will be monitored through the OpeRA action plan by PPB. Marked as complete for the purposes of this action plan.
13	1.3	Yes	The Service should ensure operational staff are trained to carry out fire safety audits competently.	Review fire safety training for operational staff against national guidance.	AM Community Risk Management	Jun-20	Yes	Compliance with the NFCC fire safety competency framework is included in the business fire safety strategy 2020/21 – 2022/23 and includes training at all levels for staff to demonstrate compliance against the framework. The new NFCC framework for Business Fire Safety Regulators requires a minimum of a Level 3 Certificate in Fire Safety to conduct audits under the Fire Safety Order. A programme of training to formally qualify operational staff across the Service has commenced. As of June 2020, there are 32 station-based staff

								who are qualified to either Level 3 or Level 4 Certificate in Fire Safety and a further 40 places to train competent operational station-based staff has been requested via the TNA for 2020-21. All new wholtime firefighter trainees and apprentices will be qualified to a Level 3 Certificate and the Level 3 qualification has been integrated into Crew Managers' development.
14	1.3	Yes	The Service should ensure it has an effective quality assurance process for its audit process.	Review the quality assurance process for fire safety audits to ensure it is effective and robust.	AM Community Risk Management	Mar-21	Yes	The practice note has been reviewed and published including reference to the business fire safety management indicators. An external Quality Assurance peer review was conducted by Northumberland FRS on Friday 26 February 2021 with positive results.
15	1.3	Yes	The Service should ensure that Business Fire Safety staff have the capacity and skill to use the full range of its available enforcement powers.	Review the capacity and skills of the Business Fire Safety team to ensure the service can use the full range of its available enforcement powers.	AM Community Risk Management	Sep-20	Yes	The Business Fire Safety Team have four officers qualified to Level 4 Diploma which ensures that the full range of enforcement powers can be used. The Service Level Agreement with the Service's legal advisor includes annual legal training for the team.
16	1.3	Yes	The Service should ensure it works proactively with local businesses to support compliance with fire safety regulations.	Develop and deliver a clear approach to business engagement with local businesses to support compliance with fire safety regulations.	AM Community Risk Management	Mar-21	Yes	A communications and engagement strategy has been developed in collaboration with the Communications Team which is targeted at businesses regulated under the Fire Safety Order by CDDFRS. The strategy is divided into sections with information on the target audience, communication channels and tactics, and how seminars, the business liaison forums, digital media, Service website and post fire audits will be used.

17 Page 34	1.3	No	The information used to identify high-risk buildings for fire safety audits is limited.	Review the process for identification of high-risk buildings for driving Business Fire Safety activity.	AM Community Risk Management	Mar-21	Yes	<p>A data cleanse has been completed with 3,000 additional properties added. CFRMIS using the guidance laid out by Government (IRMP Note 4) calculates this relative risk rating and identifies inspection frequencies for premises. An algorithm which takes into account size, building type, compliance rating, occupation numbers etc.</p> <p>The relative risk score considers a detailed analysis of national data (including information from the National Incident Recording System (IRS)) and data from other sources. This includes evidence-based, empirical evaluations of the risk in buildings in terms of:</p> <ul style="list-style-type: none"> • the frequency of fires nationally by type of premises, taken from the IRS based on national and international, data: • the effectiveness of passive and active fire precautions; • the impact of fire safety management; and compliance levels from audits • the societal risk presented by the type of occupancy, e.g. less mobile occupants. <p>The Service's approach to its risk based inspection programme also forms part of the external peer review.</p> <p>We will take cognisance of any new guidance from the NFCC Definition of Risk Project when issued and adjust our processes if required.</p>
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18	1.3	No	Protection staff aren't confident that the risk-based inspection programme includes all the buildings that fall under the legislative requirements for inspection.	Review the risk-based inspection programme to ensure it includes all the buildings that fall under the legislative requirements for inspection.	AM Community Risk Management	Mar-21	Yes	A data cleanse has been completed with 3,000 additional properties added. These will be added to CFRMIS to be included in the risk-based inspection programme.
19	1.3	No	The limited amount of specialist protection skills within the service means that there are times when no specialist is working.	Review the out of hours provision of qualified Business Fire Safety Officers.	DCFO Service Delivery	Nov-20	Yes	A corporate Business Fire Safety Officer has been assigned to one of the FDO rota groups, so all groups have a dedicated fire safety officer. Additionally, the other corporate Business Fire Safety Officers are available to cover any adhoc shortages on the rota.
20	1.3	No	Only few satisfaction surveys for business fire safety audits are returned.	Investigate opportunities to increase the return of satisfaction surveys for business fire safety audits.	AM Community Risk Management	Sep-20	Yes	An electronic satisfaction survey has been developed which will also allow for results to be automatically compiled without manual input or interrogation. Businesses who have received an inspection will receive an email (and a follow up email) with a link to complete the survey. Those who do not complete it will receive further follow up to encourage an increased response. This will be trialled over the next few months and the practise note will be amended to reflect the new procedure.
21	1.3	No	The service should make sure it strikes the right balance between working with, and supporting, businesses and using its enforcement powers, so businesses comply with legislation.	Evaluate the Service's approach to taking enforcement action to ensure the current balance between informal and formal actions is achieving fire safety compliance.	DCFO Service Delivery	Apr-21	Yes	An updated Fire Safety Enforcement Policy Statement has been written to ensure a consistent approach to enforcement. The peer review conducted by Northumberland FRS broadly agreed with CDDFRS enforcement decisions, however in the opinion of NFRS, one inspection in relation to a complaint could have resulted in the issue of a prohibition notice rather than it being recorded as unsatisfactory, and advice given. This concludes the evaluation of our approach

Page 36								to enforcement action, however as a result some legal training is being arranged for later in the year to support this and further scrutiny and monitoring of enforcement action will be taken by the AM for CRM and BFS Manager throughout the coming year.
22	1.3	No	It hasn't yet been possible to formally assess whether this new approach is reducing attendance at false alarms.	Evaluate if the new approach to reducing attendance at false alarms is working.	DCFO Service Delivery	Apr-20	Yes	An evaluation paper was presented to Combined Fire Authority on 17th March. This paper was accepted, and the decision taken to implement the cost recovery process for repeated UwFS in premises that the FSO applies to, on a permanent basis from 1 April 2020.
23	1.3	No	The Service has chosen not to engage with any Prime Authority Schemes.	Clarify the Service's approach to Primary Authority schemes.	DCFO Service Delivery	Aug-20	Yes	The assessment of the capacity to engage with a Primary Authority Scheme has been included in the new Business Fire Safety strategy. This will depend on the size and requirements of a partner organisation, and the marketing and engagement process to engage in a PAS has been documented with the new BFS strategy.
24	1.4	Yes	The Service should ensure it has an effective policy to determine how it aligns its resources to risk, during periods of low fire engine availability.	Develop a degradation plan for aligning resources to risk, during periods of low fire engine availability.	AM Emergency Response	May-20	Yes	A comprehensive degradation plan has been developed and was approved by SLT in May 2020.
25	1.4	Yes	The Service should ensure it has an effective system of debriefing to enable staff to learn from operational incidents and to improve future	Review the current system of debriefing to ensure staff are learning from operational incidents.	AM Assets & Assurance	Jun-20	Yes	The debrief process has improved and is functioning at all levels 1 - 3. Between Jan - April 2020, there was a level 1 debrief at 86% of all incidents. This compares to 43% in 2018. In this same time period Jan - April 2020, there were 8 level 2 and 3 debriefs. The OAG monitor to ensure level 2 and 3 debriefs are

			response and command.					completed at all relevant incidents. These debriefs have contributed to 71 new learning items in 2020 and 22 Organisational Learning Posts, taking the total to 114. Additionally, these debriefs have led to 2 submissions to NOL and 2 submissions to JOL. The OAG will continue to monitor debriefing as part of business as usual.
26	1.4	Yes	The Service should assure itself that it has procedures in place to record important operational decisions made at incidents and that these procedures are well understood by staff.	Review the current processes for the recording of important operational decisions and implement any improvement actions. Review the recording of these decisions through the debriefing system.	AM Assets & Assurance	Mar-21	Yes	The use of decision logs has been re-enforced during Incident Command Training. The new Operational Readiness Audits (OpeRAs) include checks of officer's logbooks. The Operational Assurance Group made decision logs a theme for incident monitoring on Effective Command. Evidence through Effective Command and recent OpeRAs indicate an improvement in the knowledge and understanding of decision logbooks and the actual recording of key decisions.
27	1.4	No	The service couldn't demonstrate how the Response Strategy is based on a thorough understanding of risk nor fully explain the operational planning assumptions.	Review the Response Strategy to ensure it is based on a thorough understanding of risk and operational planning assumptions.	AM Emergency Response	Aug-20	Yes	The revised Emergency Response Strategy 2020-23 has been signed off and published. The strategy links directly to the community risk plan and CRMP ensuring that it delivers actions based on understanding of risk and planning assumptions. The Strategy's actions include conducting a review of the current response standards and a study of position and disposition of appliances and equipment further cementing the Service's understanding of risk and operational planning.
28	1.4	No	The Service is slow at adopting National Operational Guidance (N.O.G.)	Ensure the Service has a clear and realistic timeline for the implementation of N.O.G.	AM Assets & Assurance	Jun-20	Yes	A new Watch Manager has been appointed and an updated project plan developed with an end date March 2020. During the Covid-19 lockdown period crews have been tasked with work to accelerate the implementation of N.O.G

Page 39								product packs. Progress is on track against the new timeline.	
	1.4	No	The service hasn't clearly communicated its response standards to the public.	Clearly communicate the Service's response standards to the public.	DCFO Service Delivery	Apr-20	Yes	The response from the public consultation on response standards has indicated that 53% of respondents are in favour of a response standard review. A review of response standards will take place in year 1 of the new ER Strategy. The Service website has been updated to clearly indicate the current response standards.	
	30	1.4	No	The response standards reported via the Service's website don't include call handling times.	Review if the response standards reported on the service website should include call handling times.	DCFO Service Delivery	Jun-20	Yes	Call handling times are now published on the service web site (https://www.ddfire.gov.uk/control-calls) and are automatically updated on a daily basis. The Service will continue to develop these published statistics.
	31	1.4	No	Some supervisor-level commanders were unaware of or had only limited technical knowledge of the command decision-making process.	Through training and an audit process ensure supervisor-level commanders have good technical knowledge of the command decision-making process.	AM Assets & Assurance	Mar-21	Yes	The OpeRAs starting in March 2020 have specific questions to check officer's awareness and understanding of the command decision making process. This process is covered in all Incident Command development days at STC. The Decision Control Process (DCP) has been made a theme for operational monitoring through Effective Command. Evidence through Effective Command and recent OpeRAs indicate an improvement in the knowledge and understanding of the DCP.
	32	1.4	No	The service should assure itself that staff read and understand operational learning.	Develop a process to give assurance that staff have read and understand published operational learning.	AM Assets & Assurance	Oct-20	Yes	A survey button has been added to the bottom of the latest news post. A process has been developed whereby those staff checking the survey button can be reviewed against all staff required to read the learning. The OpeRA process includes questions on operational

								learning which confirms staff are reading and understanding the learning.
33	1.5	No	The Service needs to develop a better approach to identifying its highest risk sites.	Review the current process for identifying the highest risk sites and implement any recommended improvements.	AM Emergency Response	Mar-21	Yes	This action is linked to Action No.2 and has been worked on in parallel. As detailed in this action a new system has been developed. This system allows stations to identify and complete ORI on high-risk sites. New incident plans have been developed for high risks such as the A1, A19 and potential wildfire sites. Through working with the Environment Agency, we now share specific information on waste sites. This collaboration has included the sharing of intelligence and plans at these high-risk sites.
34	1.5	No	The service couldn't provide evidence of when it has last tested plans for incidents at high-risk sites.	Include testing of plans at high-risk sites within the Service exercise calendar, keeping appropriate records through the debrief system.	AM Assets & Assurance	Oct-20	Yes	The Service exercise procedure has been reviewed to clarify expectations in this area. All exercise themes are coordinated and monitored through the Operational Assurance Group (OAG) to ensure plans for identified risks and high risks sites are tested.
35	1.5	No	Some operational staff are not aware of plans for high-risk sites.	Develop and deliver a communication plan to ensure all operational staff are aware of plans for high-risk sites.	AM Emergency Response	Apr-20	Yes	The District Management Teams will be working with watches to ensure that their crews are aware of current plans for high-risk sites and how to access these. The communication plan included Organisational Learning post 111 'Accessing risk information on the MDT' published on SharePoint for all personnel to view. Knowledge and understanding of this will be assessed during the 2020 Service Operational Readiness Audits.

36 Page 40	1.5	No	Some operational staff are not aware of cross border risk information on MDTs.	Develop and deliver a communication plan to ensure all operational staff are aware of cross border risk information on MDTs.	AM Emergency Response	Apr-20	Yes	This action is linked to Action No.36 and has been completed in parallel.
37	1.5	No	The approach to exercising with neighbouring fire and rescue services has been ad-hoc.	Ensure a coordinated approach to cross-border exercising within the Service's exercise calendar.	AM Assets & Assurance	Oct-20	Yes	The Service exercise procedure has been reviewed to clarify expectations for cross border exercises. All exercise themes are coordinated and monitored through the Operational Assurance Group (OAG) including cross border exercises to ensure plans are tested.
38	2.1	Yes	The service needs to show a clear rationale for the resources allocated between prevention, protection and response activities. (Page 10 of the report also highlights that information in the IRMP should be used to support this allocation of resources.)	Review the IRMP to ensure there is a clear rationale for the Service's allocation of resources to prevention, protection and response activity.	Head of Corporate Resources	Nov-21	Ongoing	Greater clarity has been included in the CRMP 2021-24 (pg 33-35) highlighting the allocation of resources to risk and links to the CRP detailing consideration of various foreseeable risks. Finance have been tasked to complete a piece of work to evidence the spend across prevention, protection and response to review the cost against the output in these areas.
39	2.1	Yes	The service should ensure that it is reviewing, monitoring and evaluating all collaboration activity.	Through the collaboration register ensure that all collaboration activity is regularly reviewed, monitored and evaluated.	Head of Corporate Resources	May-21	Yes	A new Collaboration strategy has been developed which gives clear guidance on monitoring and reviewing activity. The collaboration register is now reviewed regularly through the Performance and Project Board. The register includes a section on evaluation.

40	2.1	Yes	The service should ensure it has good business continuity arrangements in place that take account of all foreseeable threats and risks. It needs to review and test plans thoroughly.	Through SMT ensure all business continuity plans are regularly reviewed. Through PSG ensure all plans are tested on a risk basis.	AM Assets & Assurance	Mar-21	Yes	A new Business Continuity Officer post was agreed in the restructure to support this area of work. A complete review has been undertaken by the Business Continuity Officer and internal processes have been aligned to the International Standard for Business Continuity ISO22301. Business continuity plans are a standing agenda item at SMT with review of plans scheduled with an overview of testing through the Protective security Group (PSG). Business continuity has been tested and improved through the Coronavirus pandemic.
41	2.1	No	The service needs to ensure that it continues to monitor the use of Operational Cover Contracts to ensure its continuing sustainability	Review the use of Operational Cover Contracts including associated costs to ensure the approach is fully understood and remains sustainable.	AM Emergency Response	Jul-20	Yes	A review of current use of OCC has taken place to understand key areas of use over the current financial year. Some areas account for reduced establishment levels and the honouring of annual leave periods during the Durham/ Spennymoor trials. Firefighters have been transferred in from other services, a new trainee course is due to allow additional firefighters to give operational cover during July 2020 and a further cohort of firefighter apprentices are now deployed onto stations which has resulted in increased establishment in emergency response which will reduce the need for the use of OCC. Following the publication and implementation of the degradation plan in March 2020, a daily restriction of OCC per shift has been set. A monitoring RAG rating and reporting mechanism into SLT has been established to manage OCC spend within tolerance limits. Where there is a requirement for further personnel the degradation plan will be utilised to ensure that appropriate emergency response cover is met. Workforce Development

Page 42								meetings monitor staffing levels on a monthly basis including forecasting of retirement levels and staff both joining and leaving the service. Further work has been conducted in relation to establishment and ridership levels and will be considered longer term.
42	2.1	No	Several of the Service's corporate documents are either missing, contain inaccurate information, or have passed their review dates.	Review all policies and procedures to ensure they are available and in date.	AM Emergency Response	Mar-21	Yes	An in-depth review of current service policy and procedure was undertaken in December 2020. As a result, it was identified that there were 7 policies, 35 procedures and 5 information notes out of date. This indicated that 84% of documents were current and within review date. Analysis of due dates moving forward over the next five years has been considered and a revised action plan has been issued to SMT to aim for 100% currency. An overview of all policies and procedures is presented to SLT quarterly.
43	2.1	No	The Service doesn't give training to managers who have business continuity responsibilities.	Review training for managers who have business continuity responsibilities and implement any recommendations.	AM Assets & Assurance	Mar-21	Yes	Training from the Emergency Planning College has been delivered to managers. A LearnPro for all staff has been developed by the Business Continuity Officer and will be launched in Business Continuity Week in May.
44	2.2	No	The technology of tablets is dated and unreliable and staff find them frustrating to use.	Ensure tablets used by staff are user friendly and support improved ways of working.	Head of Corporate Resources	May-21	Yes	New iPads have been piloted and have now been issued to all stations. Staff can use this for a variety of system including safe and well, hydrants and ORI. The old tablets have been retired. An evaluation of the end user experience was undertaken by ER and the feedback will be used to support continual improvement.

45	3.1	Yes	The service should ensure that required actions arising from health and safety investigations happen on time and any identified learning is implemented.	Review all previous health and safety investigations to ensure all actions have been completed. Implement a quality assurance process to ensure timely investigations and effective completion of any identified learning.	AM Assets & Assurance	Jul-20	Yes	All previous health and safety investigations have been reviewed and the section are working with those responsible to complete all outstanding actions. A quality assurance process has been developed and was implemented by April 2020. A performance indicator to monitor performance against this action was introduced in April 2020 and is monitored by PPB. The last two months have reported zero occurrences for this indicator, and it will be continued to be monitored by PPB.
46	3.1	No	The Service doesn't always meet current procedure timelines to complete health and safety event investigations.	Review all previous health and safety investigations to ensure all actions have been completed. Implement a quality assurance process to ensure timely investigations and effective completion of any identified learning.	AM Assets & Assurance	Jul-20	Yes	All previous health and safety investigations have been reviewed and the section are working with those responsible to complete all outstanding actions. A quality assurance process has been developed and was implemented by April 2020. A performance indicator to monitor performance against this action was introduced in April 2020 and is monitored by PPB. The last two months have reported zero occurrences for this indicator, and it will be continued to be monitored by PPB.
47	3.1	No	Some staff had only limited awareness about the new trauma support service.	The service should continue to promote staff understanding of the trauma support service to embed it in the workplace.	Head of People and Organisational Development	Jul-20	Yes	At the time of the inspection the Trauma Support Team was only newly introduced. The Trauma Support Team (TST) was promoted again through the bulletin for several weeks during March 2020. It also featured in a comms briefing video in March 2020 which outlined how the Trauma Support Team has progressed since implementation, as well as asking for additional volunteers. Staff are always contacted after traumatic incidents and teams are engaging with the process where appropriate.

48 Page 44	3.1	No	The Service only collects limited information on staff survey respondents, which makes understanding the results and implementing targeted improvements more difficult.	Collect more detailed information on respondents to the staff survey to allow more targeted improvements.	Head of People and Organisational Development	Jul-21	Yes	Working with Durham University Business School (DUBS) the Culture survey has been completed with a 54% return rate. The survey results include data on employee type (WT, on call, corporate), Locality (North, South, HQ/Trg/TSC), Gender, length of service and age.
49	3.1	No	Some staff perceive that the Service treats those who sign resilience contracts more favourably than those who don't.	Continue to take steps to reassure staff that those who don't sign a resilience contract are not put at a disadvantage.	ACO Service Support	Apr-21	Yes	Further explanation of the requirements for FRA to have effective business continuity arrangements in place in accordance with the Civil Contingencies Act 2004 and the FRS National Framework were discussed at the Leadership Forum and feedback has been given by DCFO as part of a fireflash to all staff on 21/05/21. Updates to arrangements are being scoped following the feedback and the conversation will continue with staff.
50	3.2	Yes	The service should ensure the effectiveness of its workforce planning to enable it to meet operational and organisational needs.	Review the content of the workforce plan to ensure it takes account of the required staffing numbers and skills across the whole service.	Head of People and Organisational Development	Apr-21	Yes	A review of the Strategic Workforce Plan has taken place. The Workforce Planning Group membership has been reviewed, has a set terms of reference, agenda and minutes to record decisions and aid better evidence collation. Analysis and forecasting of retirement profiles and skills gaps will continue to ensure effective workforce planning is in place. Recruitment plans for the next 24 months including 'initial route to competence' have been developed and will be regularly monitored to ensure accuracy is maintained.

51	3.3	Yes	The service should assure itself that staff are confident using its feedback mechanisms.	Engage with staff to identify the underlying reasons for these concerns. Measure these areas during the staff survey. Take action following the findings of this engagement.	ACO Service Support	Aug-21	Yes	The service has reviewed its grievance procedure. A fairness action plan has been developed and is managed by the ACFO which details a range of strategies to implement to improve fairness. The People Business Partners have been set objectives around this area and they record details of issues resolved informally to assist with the monitoring of trends. The number of grievances submitted has increased over the past year which demonstrates confidence in our processes. The culture survey results showed improved levels of procedural fairness which demonstrates a positive direction of travel. Workplace incivility has also reduced, with high levels of engagement, and voice behaviour also reported. However, the results do show moderate levels of Silence due to fear which measures people withholding ideas or having a fear of speaking up due to fear of negative consequences. This outcome is slightly higher than when previously measured. This will be further explored through the focus groups which have been planned for November 2021.
52	3.3	Yes	The service should assure itself that it has effective grievance procedures which staff are confident in using.	Engage with staff to identify the underlying reasons for these concerns. Measure these areas during the staff survey. Take action following the findings of this engagement.	ACO Service Support	Jul-21	Yes	The service has reviewed its grievance procedure. A fairness action plan has been developed and is managed by the ACFO which details a range of strategies to implement to improve fairness. The People Business Partners have been set objectives around this area and they record details of issues resolved informally to assist with the monitoring of trends. The number of grievances submitted has increased over the past year which demonstrates confidence in our processes. The culture survey

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53	3.3	Yes	The service should improve understanding of positive action among staff.	Engage with staff to review their understanding of positive action and implement any actions required to improve this understanding.	ACO Service Support	Sep-21	Yes	Initially, this was to be explored alongside our regional FRs to develop a joint positive action strategy however, regional collaboration around positive action activities was put on hold by TWFRS. A positive action strategy for CDDFRS has been written and included within the ED&I strategy. A positive action programme for the next cohort of apprentices commenced in October 2021 with the ACO launching a short video to all staff around what positive action is. This will be followed by a crews news communication directly to station-based staff who are undertaking PA activities as well and further visits from People business partners. The service is also involved with the NFCC working group for recruitment, one element of this is positive action which allows the Service to share good practice and learn from others success in this area.

54	3.3	No	The service needs to ensure its staff understand how the survey is developed to prevent misunderstanding of the questions.	Develop and deliver a communication plan for the staff survey, so staff understand the reasons for the survey and how the questions have been designed.	ACO Service Support	Jun-21	Yes	There was a comprehensive communications plan developed to launch the cultural survey. The survey has now been completed with a 54% return rate. As part of the communication plan DUBS fed back to staff over Teams on the survey outcomes.
55	3.4	Yes	The service should ensure its selection, development and promotion of staff is open, accessible and fair.	The service should ensure it follows a promotion policy that details all aspects of the promotion process to ensure fairness, consistency and openness.	Head of People and Organisational Development	Sep-20	Yes	A new uniformed promotion procedure has been implemented. A guidance document and a standardised template has been produced for panel members with guidance documents. To ensure this approach ensures fairness, consistency and openness there is robust quality assurance. The new guidance document and standardisation template were used during the recent SM promotion panel and will be used again during the upcoming WM/ CM panels in June 2020 to ensure a consistent approach is followed.
56	3.4	Yes	The service should put in place an effective process to identify, develop and support high potential staff and aspiring leaders.	Although the Service has a process to identify, develop and support staff with high potential to be senior leaders in the future, uptake is low. Review the current process then engage with staff to increase participation with this process.	Head of People and Organisational Development	Feb-21	Yes	The Leadership framework has been designed and was launched at the leadership forums in March / April. This is further supported by a range of LearnPro training modules around managing performance and guidance documents. Succession planning processes have proved successful with the following either gaining a substantive or temporary role from the 19/20 nominations - 81% supervisory managers, 44% Middle Manager, 66% strategic. The process ran again in 2020 with an increase in applications made. Procedures have been reviewed to ensure succession planning links more directly with promotion opportunities. The FRANSys system has also been re-designed to encompass talent

Page 48								management and simplify the performance management process. Guides have been developed for managing talent which are available in the system. CMI programmes continue to progress at level 3 & 5. A mentoring programme has been developed and implemented and linked specifically to succession planning.
57	3.4	No	Some staff do not understand what the new appraisals system is trying to achieve, and some managers do not know how to conduct an effective appraisal.	Explain to staff what the new appraisals system is trying to achieve and consider further training to maximise the effectiveness of the new appraisals system.	Head of People and Organisational Development	Apr-21	Yes	The guide to performance excellence has been approved by SLT and forms the basis of how the new appraisal process will work. The FRANSys appraisal system has been reviewed and relaunched. The revised system simplifies the grading system. The launch has been supported by a range of guides and support for line managers via the People Business Partners and through a range of online events to support use of the new system. This topic was also covered at the recent Leadership Forums. Appraisal training will be given to new supervisory managers as part of the revised course.

County Durham and Darlington
Fire and Rescue Authority



Safest People, Safest Places

Combined Fire Authority

12 November 2021

Community Risk Management Plan 2022-2025

Report of the Deputy Chief Fire Officer

Purpose of the report

1. To update members with details of the 2022-2025 Community Risk Management Plan (CRMP), the proposals contained within the plan and the public consultation on it.

BACKGROUND

2. The Fire and Rescue Services Act 2004 requires the Secretary of State to prepare a Fire and Rescue National Framework. The Framework sets out priorities and objectives for fire and rescue authorities who must have regard to the Framework in carrying out their duties.
3. Members will note that the old name of Integrated Risk Management Plan, which is still referenced in the legislation, has been replaced with the title Community Risk Management Plan to align with the National Fire Chiefs Council's Community Risk Management Planning (CRMP) Fire Standard.
4. The Fire and Rescue Service National Framework document places a responsibility on all fire and rescue authorities to produce and consult on their CRMP. These documents direct fire and rescue authorities to:
 - be accountable to communities for the service they provide;
 - identify and assess the full range of foreseeable fire and rescue related risks their areas face;
 - make appropriate provision for fire prevention and protection activities and the response to fire and rescue related incidents;

- develop and maintain a workforce that is professional, resilient, skilled, flexible and diverse;
 - collaborate with emergency services and other local and national partners to increase the efficiency and effectiveness of the service they provide.
5. Specifically, the National Framework states that we have a **statutory responsibility** to include a number of areas within the CRMP. These duties are summarised below:
- Reflect up-to-date risk analyses of all foreseeable fire and rescue related risks that could affect the area of the authority;
 - Demonstrate how prevention, protection and response activities will best be used to prevent fires and other incidents and mitigate the impact of identified risks on its communities;
 - Outline required service delivery outcomes including the allocation of resources for the mitigation of risks;
 - Set out its management strategy and risk-based programme for enforcing the provisions of the Regulatory Reform (Fire Safety) Order (RRO) 2005;
 - Cover at least a three-year time span and be reviewed and revised as often as is necessary;
 - Reflect effective consultation throughout its development and at all review stages with the community, its workforce and representative bodies and partners; and
 - Be easily accessible and publicly available.
6. The Service's CRMP is a three-year strategic plan. This is reviewed annually to assess the effectiveness of existing arrangements. Following this review an annual CRMP Action Plan is developed.

CRMP CONTENT

7. The CRMP contains profile information regarding the Service area, performance, data governance arrangements and how the Service identifies, manages and responds to risk in County Durham and Darlington.
8. Linking directly to the Community Risk Profile and Station Plans, the CRMP sets out the key risks found and what proactive and reactive measures will be in place relating to each identified risk.
9. Each of the main Strategies (Community Safety; Business Fire Safety and Fire Investigation; Emergency Response; Workforce Development; Collaboration, Estates and ICT) and the Medium Term Financial Plan (MTFP) is directly referenced with regard to how they are affected by risk.
10. We have included an overview of what we introduced following last year's consultation together with the proposed options for Year 1, 2 and 3 of the 2022-2025 CRMP period.
11. In 2021-2022 we consulted on and delivered the following:

We asked	You said	We did
<p>Should we continue to invest and prioritise Fire Safety activities to ensure the built environment within County Durham and Darlington remains safe for occupants and visitors?</p>	<p>Yes</p>	<p>Due to our targeted risk based inspection programme, fires in non-domestic premises have reduced by 36% in 2020/21 compared to the previous year.</p> <p>We have increased the number of our staff who hold formal fire safety qualification which has increased our ability and competency to conduct fire safety audits.</p> <p>We have begun a tall buildings project to assess how we respond to incidents which involve buildings which contain four floors over more.</p> <p>We have offered an apprenticeship role in BFS and are training all of our firefighter apprentices in BFS.</p> <p>We have increased staffing in protection and have introduced an out of hours rota to ensure we can take enforcement action at any time 24/7 if required to maintain public safety.</p>
<p>Should we continue to trial the use and various crewing arrangements of Tactical Response Vehicles (TRVs)?</p>	<p>Yes</p>	<p>Covid-19 meant that trialling the use of our new TRVs was delayed. We have now been able to introduce them and start gathering data about their use.</p>
<p>Should we identify opportunities for collaboration with local Fire and Rescue Services and key partners?</p>	<p>Yes</p>	<p>We have access to the Cleveland Fire Brigade command vehicle which has been used at incidents.</p> <p>The Police and Fire Collaboration Board has been re-established.</p> <p>We are key attendees of the North East Regional JESIP meeting.</p> <p>We share service premises at Darlington Fire Station with North East Ambulance Service (NEAS). Following the modernisation of Sedgfield station we will also have some shared facilities with NEAS on site.</p>

		<p>We have explored opportunities to share administrative support for maintenance of duties associated with the General Data Protection Regulations (GDPR) and this is being done in collaboration with Cleveland Fire Brigade.</p> <p>In support of the Fire Service Act 2004 we have several section13 and section16 agreements in place with neighbouring Fire and Rescue Services to support mutual aid.</p> <p>We are working with colleagues in neighbouring Fire and Rescue Services, the Local Authority, Police and Academics to reduce the opportunity and consequences of deliberate fires and antisocial behaviour.</p>
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12. The Service has a series of proposals to consider over the next three years:

In 2022/23, the following options will be considered:

- Implement and evaluate the way we deliver Safe and Well-being visits.
- Implement the outcome following the review of the services attendance standards.
- Evaluate the benefits of our continued investment in Fire Safety within the built environment.
- Implement the outcomes of the review of the crewing arrangements of TRVs if the trials proves successful.
- Implement any changes suggested through collaboration projects undertaken with local Fire and Rescue Service and key partners.

In 2023/24 the following options will be considered:

- Monitor and review the services attendance standards.
- Continue to review the approach to Fire Safety within the built environment.
- Evaluate the staffing arrangements and application of TRV's.
- Evaluate the changes through collaboration projects with local Fire and Rescue Service and key partners.

In 2024/25 the following options will be considered:

- Monitor our approach to Fire Safety within the built environment.
- Monitor the staffing arrangements and application of TRVs.
- Continue to explore opportunities and monitor the changes we have introduced through collaboration projects with local Fire and Rescue Service and key partners.

CONSULTATION

13. The consultation on the 2022/23 proposals will begin on 15 November 2021 and will run for 12 weeks. In order to ensure that a wide range of views can be gathered the Governance and Communications Teams will lead on disseminating a consultation document containing the specific questions regarding the future plans of the Service. The consultation questions are set out at paragraph 15 of this report.
14. This will include making the CRMP available on the CDDFRS website; organising community events to discuss the plan with the public; liaising with politicians and other local community leaders to disseminate the consultation document and using social media to promote it. We will attend public meetings organised through the Local Authorities. There will be an online survey that people can complete and a paper booklet to support this.

Consultation Questions

15. At the Strategic Planning Day the Combined Fire Authority (CFA) considered the range of options which could be put to the public. Based on the feedback from this day and the Service analysis it is suggested the following questions be put to the public:

Question 1

Do you agree with our proposal to introduce the following new response standards?

- Attend Accidental Dwelling Fires within 8 minutes on 70% of occasions
- Attend Non Domestic Fires within 9 minutes on 70% of occasions
- Attend Road Traffic Collisions within 10 minutes on 70% of occasions

Question 2

Do you have any overall comments about our Community Risk Management Plan and approach to allocating our resources?

RECOMMENDATIONS

Members are requested to:

- a) **Note** the 2022-2025 CRMP summary provided.
- b) **Approve** the questions to put to the public in the Consultation Document as shown at paragraph 15 of this report.

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