



Safest People, Safest Places

## **Local Government Act 1972**

**A Meeting of the Combined Fire Authority for County Durham and Darlington Human Resources Committee will be held in the County Durham and Darlington Fire and Rescue Service Headquarters on Tuesday 5 September 2023 at 2.30 pm to consider the following business:-**

### **PART A**

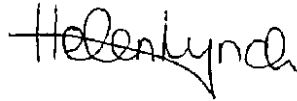
1. Apologies for absence
2. Minutes of the previous meeting - 16 May 2023 (Pages 3 - 6)
3. Sickness Absence Performance Quarter One 1 April 2023 to 30 June 2023 (Pages 7 - 16)
4. Health and Safety Report Quarter One 1 April 2023 to 30 June 2023 (Pages 17 - 24)
5. Removal of A Roles from Establishment (Pages 25 - 26)
6. Spotlight Report Action Plan Update (Pages 27 - 42)
7. Additional Workforce Healthcare Benefit (Pages 43 - 50)
8. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration
9. Any resolution relating to the exclusion of the public during the discussion of 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)**

10. Flexible Retirement Application (Pages 51 - 56)
11. 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 Human Resources Committee**

**Durham County Councillors:**

Councillors C Marshall, A Batey, J Cairns, J Quinn and C Martin

**Darlington Borough Councillors:**

Councillors D Ray

### County Durham and Darlington Fire and Rescue Service

Minutes of a meeting of the **Human Resources Committee** held at Fire HQ on **Tuesday 16 May 2023** at **1000 hours**.

**Present:** Cllr J Cairns in the Chair

**Durham County Council:** C Marshall, A Batey

**Darlington Borough Council:** -

**Officers:** K Metcalfe  
S Palmer-Donohue

#### Part A

##### 1 Apologies

Apologies were received from Cllrs L Mavin, J Quinn and C McEwan.

It was agreed that Cllr J Cairns would chair the meeting in Cllr L Mavin's absence.

It was noted that the meeting would not be quorate but as there were no decisions to be made it would go ahead.

##### 2 Minutes of previous meeting – 2 December 2022

The minutes of the meeting held on 2 December 2022 were agreed as a true and accurate record.

##### 3 Sickness Absence Performance Report Quarter Four 1 April 2022 to 31 March 2023

K Metcalfe introduced the report which provided an update on sickness performance for the period 1 April 2022 to 31 March 2023.

Discussion took place regarding the comparison between the current position and pre covid.

Cllr A Batey commented on a possible correlation between people working longer and ill health. It was agreed that K Metcalfe would break down the data by age and present at the next meeting.

**ACTION:** K Metcalfe to review sickness data and identify age trends for the next meeting on Tuesday 5 September 2023.

Cllr C Marshall noted the importance of understanding the detail of each individual case to help people back into their role and queried whether Services reporting lower sickness figures were able to share best practice. K Metcalfe confirmed that some

Services used a modified duties process which is something CDDFRS have used in the past and did not help with cases of long term sickness.

The Committee **noted** the report.

#### **4 Health and Safety Report 2022/23**

S Palmer-Donohue provided Members with a summary of the Service's health and safety performance for 2022/23.

Discussion took place around the connection between the hot summer period and the rise in vehicle accidents and increased call volume to fires in the open.

Cllr A Batey queried whether data would be better presented statistically with the number of call outs vs the number of incidents.

Members thanked S Palmer Donohue and the Health and Safety team for their work over the year.

The Committee **noted** the report.

#### **5 Private Medical Care**

K Metcalfe introduced the report which provided details of the potential benefits of utilizing private medical care or interventions to proactively reduce sickness absence.

Discussion took place around a potential reduction in waiting times for treatment which could result in a speedier return to full duties.

Cllr C Marshall queried the current occupational health function and whether the procurement of private medical care would be provided by occupational health or if it would be outsourced. K Metcalfe confirmed that occupational health can make referrals but would not carry out private medical care themselves. Private medical care would be arranged on a case by case basis in line with the Service framework.

The Committee **noted** the report.

#### **6 Values and Culture in Fire and Rescue Services Spotlight Report**

K Metcalfe introduced the report which informed the Committee of the outcomes of His Majesty's Inspectorate of Constabulary and Fire and Rescue Services Values and Culture Report and the internal review of CDDFRS practices against the recommendations made.

A gap analysis had been carried out and an action plan produced which would be monitored by the HR Committee moving forward.

Cllr C Marshall queried how frequently DBS checks were carried out. K Metcalfe confirmed that standard DBS checks were made at the point of entry for all staff, enhanced checks were carried out on CS staff every 3 years and further vetting

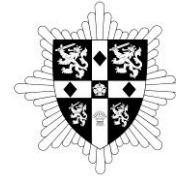
through Durham Constabulary was in place for senior officers. Employees are required to disclose any cautions or convictions received and they are dealt with through the Service disciplinary procedures.

Discussion took place around possible reputational damage outweighing the cost of further checks and vetting. Members queried whether more could be done and suggested that additional DBS checks were considered at the point of promotions. K Metcalfe confirmed that checks and vetting was included in the action plan and something that was being considered nationally.

The Committee **noted** the report.

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County Durham and Darlington  
**Fire and Rescue Authority**



## **Safest People, Safest Places**

### **Human Resources Committee**

**5 September 2023**

### **Sickness Absence Performance**

**Quarter One 1 April 2023 – 30 June 2023**

### **Report of Director 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 2023 to 30 June 2023.

#### **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 2023 to 30 June 2023 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, all covid-19 related absence is included.
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**

<b>Performance Indicator</b>	<b>Apr 23 to June 23</b>	<b>Apr 23 To June 23 Target</b>	<b>Variance</b>	<b>Apr 22 to June 22 (PYR)</b>	<b>Direction of Travel</b>
Working shifts / days lost for <b>all staff</b> .	2.51	1.75	+0.76	2.13	Up
Working shifts / days lost due to sickness for all <b>Wholetime, Control and Non- Uniformed</b>	2.21	1.75	+0.46	1.91	Up
Working shifts / days lost due to sickness for all <b>Wholetime and Control</b>	2.37	1.75	+0.62	2.0	Up

8. All KPIs for sickness are above target at this point in the year and performance has regressed in comparison with last year for all the indicators. Compared to the same reporting quarter last year, sickness overall has increased by 9%.
9. Absences within specific staff groups have seen varying shifts in comparison to the same quarter last year. WT Riders, FDO/DD, RDS and Corporate have all seen an increase however Control have shown good performance over the first quarter with only 1.5 shifts lost. Corporate staff are also under target at this point in the year. Almost 80% of all absence is due to long term sickness and all staff groups demonstrate that in their figures.
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**

<b>Performance Indicator</b>	<b>Apr 23 to June 23</b>	<b>Apr 23 To June 23 Target</b>	<b>Variance</b>	<b>Apr 22 to June 22 (PYR)</b>	<b>Direction of Travel</b>
WT Riders	2.2	1.75	+0.45	2.01	Up
FDO / DD	4.5	1.375	+3.125	1.25	Up
Control	0.07	2.25	-2.18	3.42	Down
RDS	3.46	2.5	+0.96	2.88	Up
Non-uniformed	1.64	1.75	-0.11	1.59	Up



## Wholetime Station Based Firefighters (Riders)

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

Description	Days/cost	%/£ change from Q1 2022-23
Total shifts lost to 30/6/2023	561	+6%
Long term sickness	422	+15%
Short term sickness	139	-14%
Approximate cost of sickness	£106,029	+13%

11. The WT rider category has seen a 6% increase in shifts lost when compared with the same reporting period in 2022/23. Increases in absence levels have been predominantly due to long-term absence with 18 cases spanning across this quarter which is higher than normal for this time of year.

12. MSK still accounts for the highest proportion of absence with 50% of all absence attributed to this area. There does not appear to be a specific area causing the concern i.e., the absences cover the spectrum of MSK issues (back, shoulders, knee, lower limb etc.) making it difficult to ascertain if there is a trend/reason to investigate further at this moment in time. The Service continue to promote the physiotherapy provision and support individuals back to work at the earliest opportunity. Those waiting for operations, however, are likely to have lengthy absences.

13. Mental health absences account for 26% and are not work-related stress however those concerned continue to receive support via the POD Team, line managers, Employee Assistance Programme (EAP) and occupational health.

14. Reduction in short term absence can be seen which is positive and links to reductions in covid related absence. There have only been 3 shifts lost to Covid-19 this quarter which has reduced significantly in comparison with last year. A further 12 shifts have been lost of colds and flu symptoms.

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

## Flexible Duty Officers and Day Duty

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

### FDO

Description	Days/cost	%/£ change from Q1 2022-23
Total shifts lost to 30/06/2023	48	+700%
Long term sickness	48	+700%
Short term sickness	0	-100%
Approximate cost of sickness	£12,049	+755%

### Day Duty

Description	Days/cost	%/£ change from Q1 2022-23
Total shifts lost to 30/06/2023	131	+167%
Long term sickness	128	+178%
Short term sickness	3	0%
Approximate cost of sickness	£30,701	+204%

17. The FDO category and the DD category have both seen high levels of absence this quarter predominantly linked to long term absence for mental health related issues and long covid. Short term absence in both categories is very low which is positive. Most of these cases have been resolved and individuals have returned to work however, one will continue into the next reporting quarter.

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

**Control**

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

Description	Days/cost	%/£ change from Q1 2022-23
Total shifts lost to 30/6/2023	1.5	-97%
Long term sickness	0	-100%
Short term sickness	1.5	-94%
Approximate cost of sickness	£269	-98%

20. The Control category of staff has only lost 1.5 shifts in the first quarter of the year and currently under target at this point in the reporting year. In comparison with last year’s figures, there has been a significant improvement within this category.

**Non- Uniformed**

21. The detailed sickness information relating to non-uniformed staff is summarised below.

Description	Days/cost	%/£ change from Q1 2022-23
Total shifts lost to 30/06/2023	144	-24%
Long term sickness	109	-21%
Short term sickness	35	-31%
Approximate cost of sickness	£13,716	-24%

22. This category has seen a decrease of 24% in shifts lost when compared with the same reporting period in 2022/23. There have been 4 cases of long-term sickness for various reasons which predominantly account for 75% of all sickness. Whilst overall sickness shifts have improved, the indicator for this area has regressed. This is due to a drop in strength levels within this category due to having several vacancies. A change in strength levels as well as improved absence levels are likely to impact on this indicator the next reporting quarter.

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

**Retained Duty System**

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

Description	Days/cost	%/£ change from Q1 2022-23
Total shifts lost to 30/06/2023	437.44	+18%
Long term sickness	378.5	+41%
Short term sickness	58.94	-40%
Approximate cost of sickness	£41,296	+26%

25. The RDS category has seen an increase of 18% in shifts lost when compared with the same reporting period in 2022/23. Like WT, a rise in long term absence has been seen with ongoing cases related to MSK, mental health and cancer which are likely to continue into the next reporting quarter. There is one case which is being progressed for ill health retirement. Short term sickness on a positive note has decreased by 40%, like WT low levels of covid related absence have impacted this significantly.

26. This category is over target for the reporting year.

**Age Related Data**

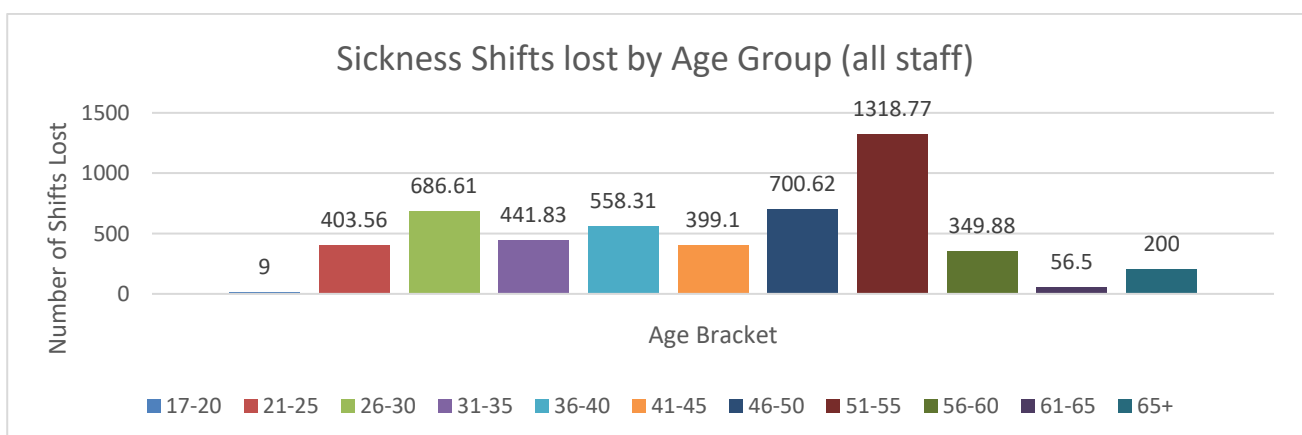
27. The Labor Force Survey from the Office for National Statistics commented that the sickness absence rate rose for all age groups in 2022 which is like that seen in our data. Rates increased in 2022 in all age groups for men, and all age groups for women except those aged 16 to 24 years. At 4.9%, the sickness absence rate for those with long-term health conditions is at its highest point since 2008, when it was 5.1%.

28. The average age of all staff is outlined in the table below with the highest amount being in the 36-40 category although this is closely followed by 46-50 and 51-55.

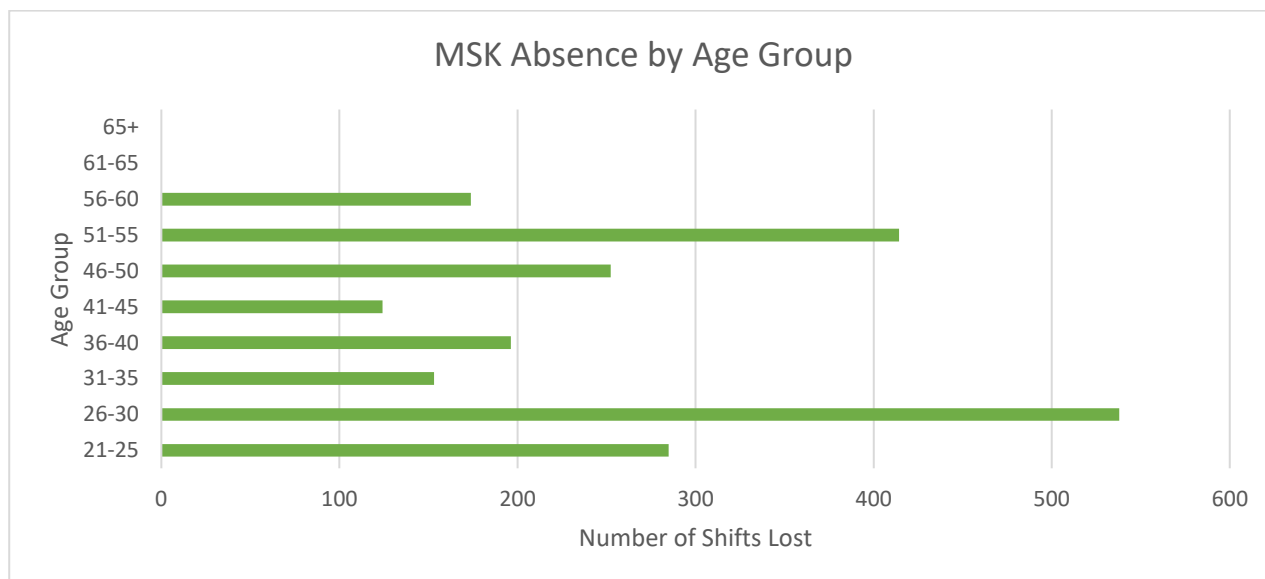
Staff Group	17-20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	65+
Wholetime	4	25	28	33	41	43	59	56	6	0	0
On-Call	2	18	31	35	33	19	18	13	10	0	0
Control	1	2	1	1	2	4	1	6	5	2	1
Corporate	2	5	9	8	14	13	10	12	21	3	
<b>Total in each age bracket</b>	<b>9</b>	<b>50</b>	<b>69</b>	<b>77</b>	<b>90</b>	<b>79</b>	<b>88</b>	<b>87</b>	<b>42</b>	<b>5</b>	<b>1</b>

29. When this is equated into shift lost to sickness the highest levels of absence are in the 51-55 age bracket. This category is over 400 shifts higher than the This is depicted in the table and graph below.

Age Bracket	17-20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	65+
<b>Total</b>	9	403.56	686.61	441.83	558.31	399.1	700.62	1318.77	349.88	56.5	200
<b>Shifts lost PP</b>	1	8.07	<b>9.9</b>	5.7	6.2	5.05	7.9	<b>15.1</b>	8.3	11.1	200



30. When looking at the 51-55 age bracket more in depth, we can see that approximately 31% is attributable to MSK related injuries followed by cancer and other reason. This can be broken down further to see that upper limb (wrists, hands, elbow) and shoulders equate to a significant proportion of absence in this age bracket however knees and lower limbs are still the main MSK reason for absence equating to 45% of all shifts lost. The graph below breaks all MSK related absence down by age group with the most shifts lost in the 26-30 bracket.



31. The highest levels of mental health related absence can be seen in the 31-35 and the 51-55 brackets and covid and gastrointestinal illness impacted those aged between 46 and 55 the most. Cancer related absence is also only attributable to the 51-55 age bracket.

**Action Taken**

32. 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. Monthly meetings have been put in place to discuss case management with the People and Organisational Development (POD) Business Partners and the Director of POD to ensure action can be taken quickly where appropriate and identify any longer-term risks. This allows a closer scrutiny of our case management.

33. Plans are being coordinated for the winter flu campaign with Occupational Health with an offer to staff for a free vaccine. This will be promoted around the service with all staff encouraged to take up the offer. This is primarily to protect our front-line workers but also to ease the burden on NHS services over the winter period.

34. The HRC were given details of the potential to pay for ad hoc diagnostic treatments or low-cost medical interventions in a paper presented in May 2023. Since then, this has been utilised to support an employee with a diagnosis and speed up the next step of the ill health process.

35. The Service are currently exploring an option around an additional health care benefit and are consulting with staff on their interest in such a scheme. A project has been set up to work through the consultation and implementation stages if feasible in line with similar schemes offered in other FRS's.

36. Recruitment for new members of the Services Trauma Support Team is currently place with new members being trained in partnership with Tyne and Wear Fire and Rescue Service. This should strengthen the Services offer around mental health and peer support.

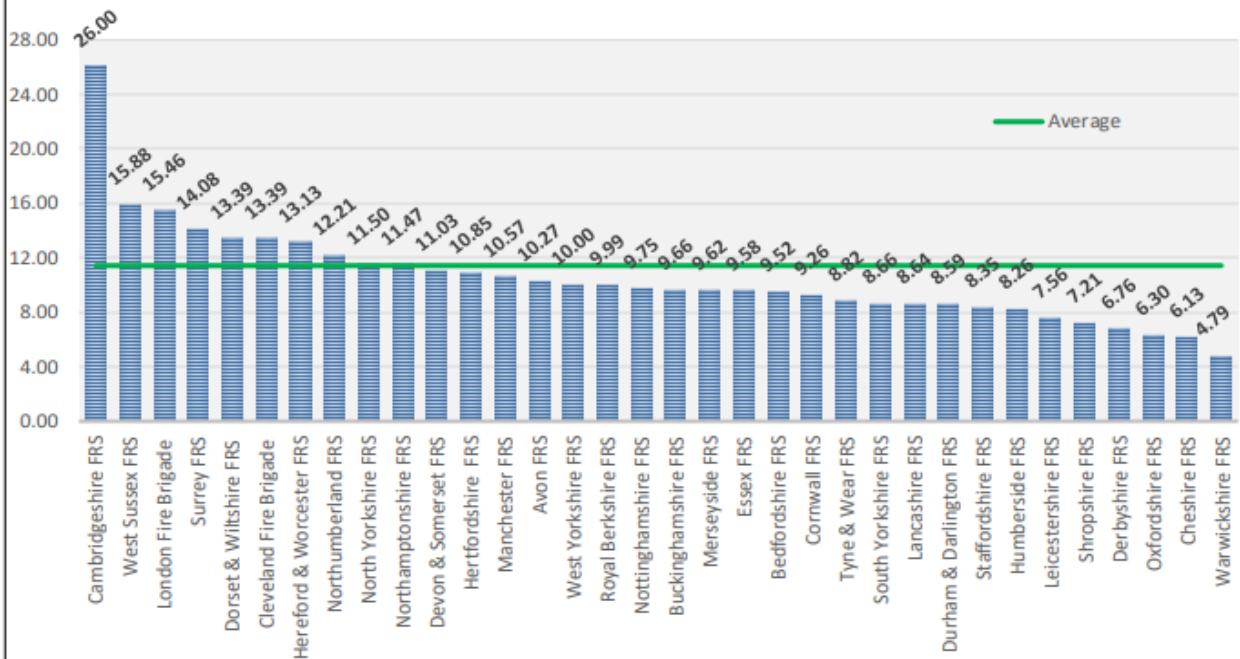
## **National Fire Service Data Comparison**

37. This data is supplied via the National OH Performance Report which is compiled by Cleveland Fire Brigade (CFB). All fire and rescue services (FRS) are asked to supply data for the main categories of employees; WT, Control, RDS and Non-uniformed.
38. There is a set calculation which all FRS supplying information must adhere to, to ensure the data can be used to give an accurate comparison, however this varies to our own reporting. The data helps our Service benchmark against other FRS in terms of sickness absence rates. The data range is for April to March 2023 (Quarter 4).
39. It should be noted that due to recording mechanisms and sickness absence policies within the various FRS' Covid 19 Sickness for some FRS' has not been included. This must therefore be borne in mind when comparing sickness levels.
40. Performance across indicators (Appendix A) is below the national average which is positive in comparison with other FRS's.
41. Thirty-seven FRS' submitted data for the period April – March 2023. During this period, from the Fire Services who submitted data, there have been 359,744 shifts lost to sickness absence arising from 38,870 separate occurrences for all staff groups equating to 11.91 shifts per member of staff. There are three main causes of sickness absence for all staff groups; Musculo-Skeletal (109,877 shifts) accounting for 31% of all sickness absence followed by Mental Health (77,794 shifts) which accounts for 22% of sickness absence and Respiratory (42,953 shifts) accounting for 12% of sickness absence.

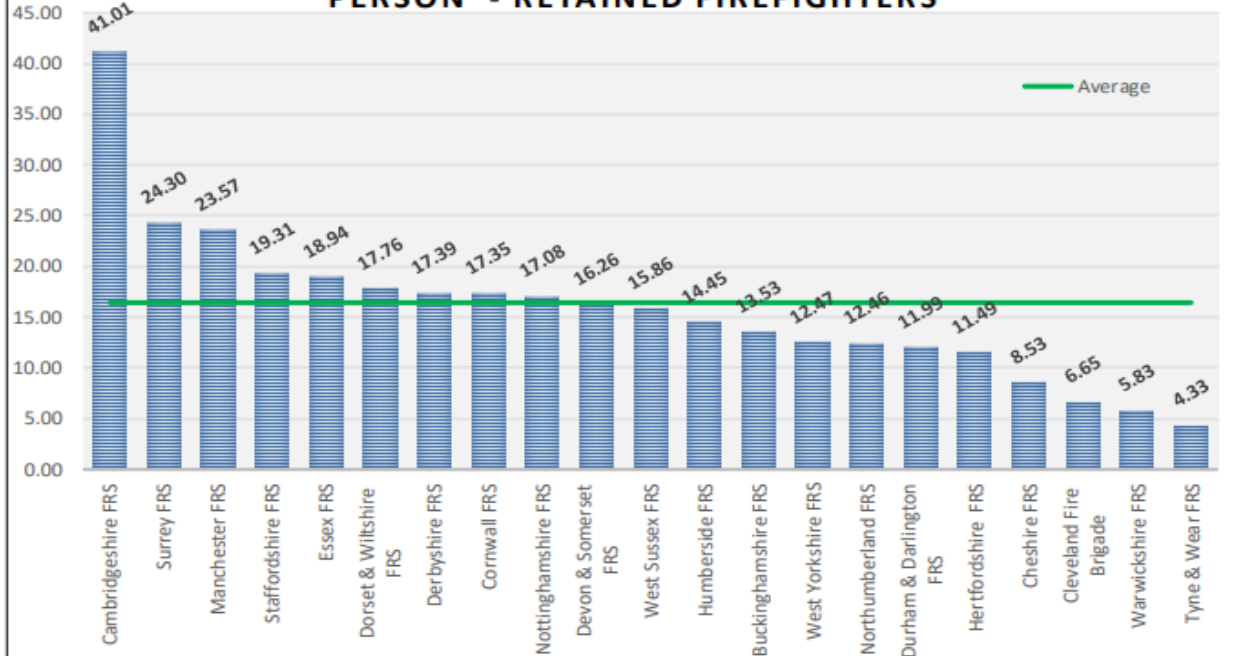
## **Recommendation**

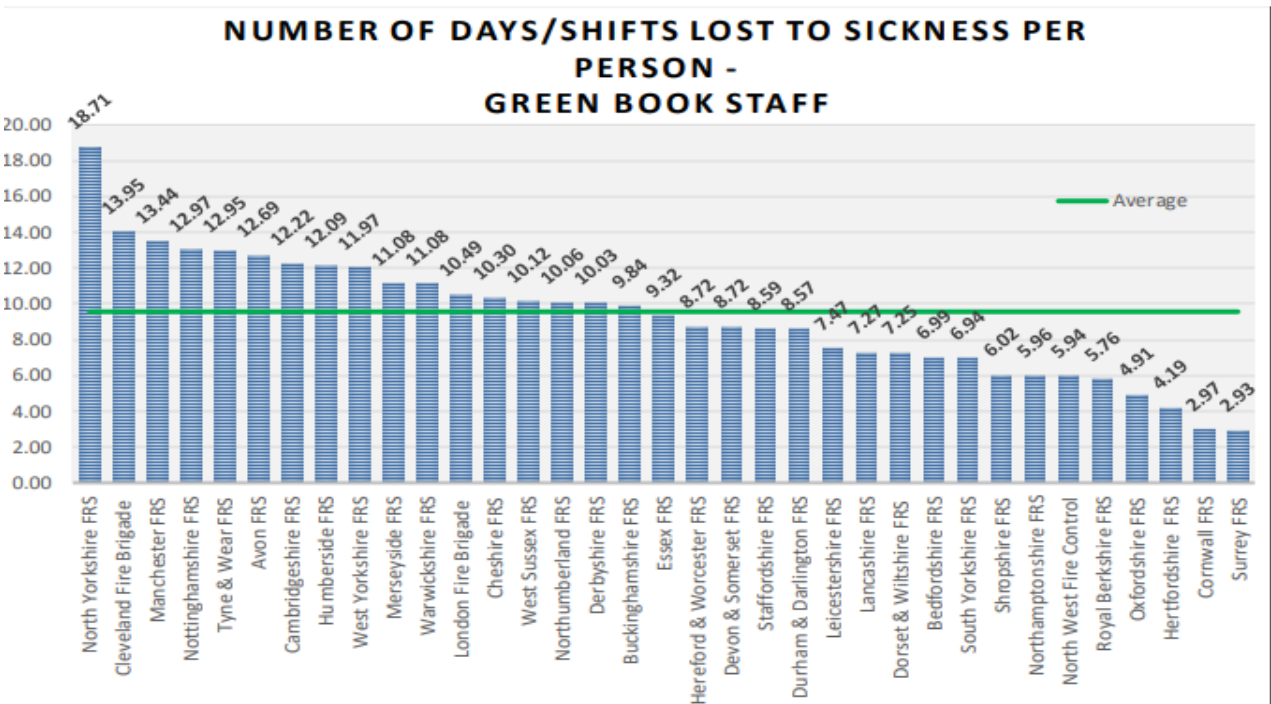
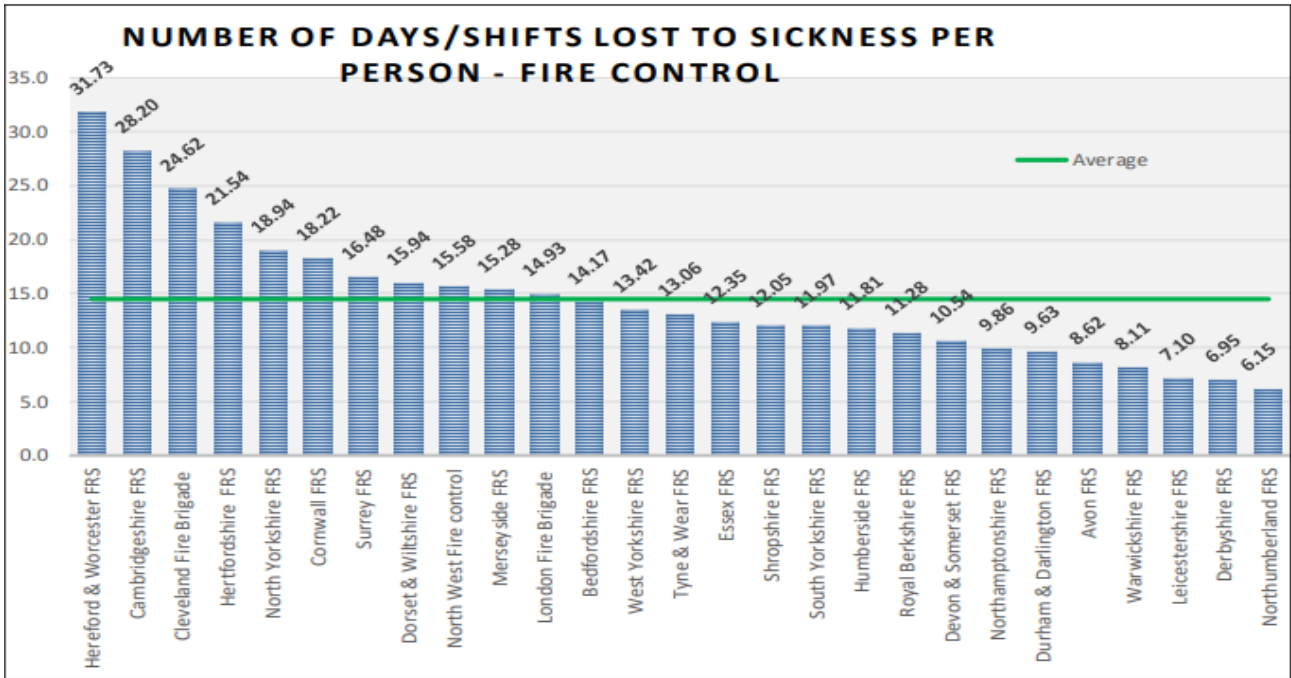
42. Members are asked to note and comment on the contents of this report.

### NUMBER OF DAYS/SHIFTS LOST TO SICKNESS PER PERSON - WHOLETIME FIREFIGHTERS



### NUMBER OF DAYS/SHIFTS LOST TO SICKNESS PER PERSON - RETAINED FIREFIGHTERS





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## Human Resources Committee

5 September 2023

### Health and Safety Performance

Quarter One 1 April 2023 – 30 June 2023

### Report of Health and Safety Manager

#### 1. Purpose of Report

- 1.1. The purpose of this report is to present a summary of the Service's health and safety performance to the end of the first quarter of the 2023/24 reporting period.

#### 2. Background

- 2.1. The Health and Safety Team are positioned and work in Emergency Response and are responsible for health and safety within County Durham and Darlington Fire and Rescue Service (CDDFRS). The Health and Safety Team's performance is measured through four performance indicators (PI) which are outlined below:

- PI69 number of accidents to personnel
- PI71 number of vehicle accidents classified as CDDFRS driver's fault
- PI73 number of local health and safety investigations incomplete after 28 days
- PI74 number of health and safety investigation actions overdue their specified completion date.

- 2.2 A summary of performance for indicators PI69 and PI71 for quarter one for the previous five years is outlined below. PI73 and PI74 are monthly indicators introduced in 20/21 and are not designed to be comparable year by year.

	2019/20	2020/21	2021/22	2022/23	2023/24
PI 69 Number of Accidents to Personnel	5	3	3	3	1
PI 71 Number of Vehicle Accidents (CDDFRS Fault)	8	5	5	7	6

*Table. 1 Health and safety performance for the previous 5 years*

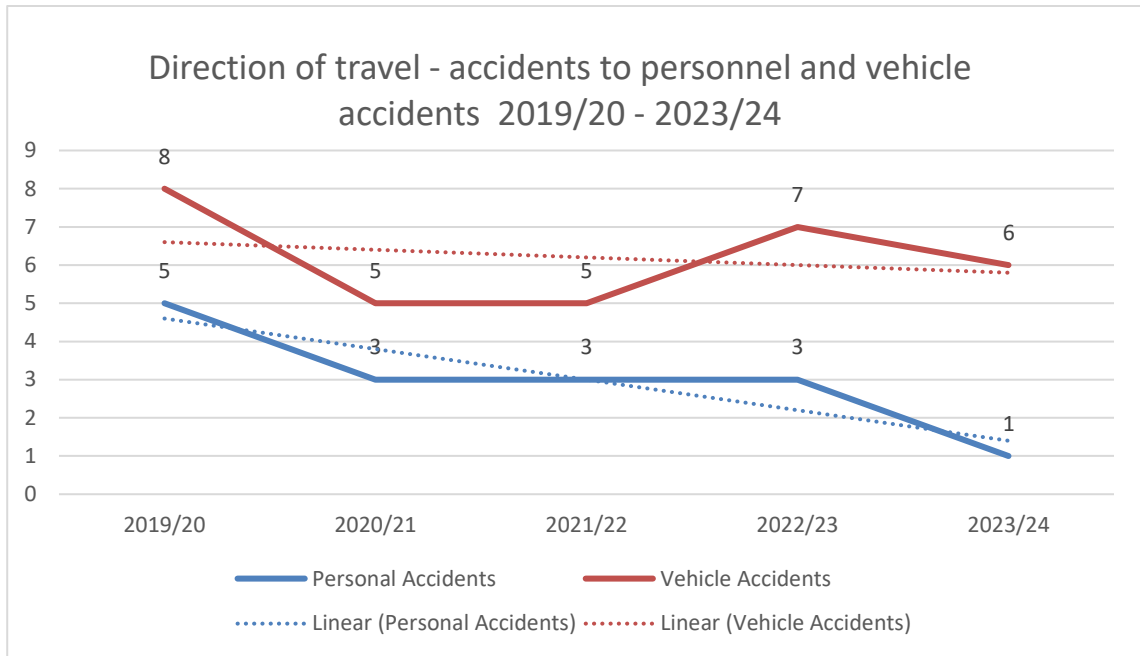


Figure. 1 Direction of travel for accidents to personnel and vehicle accidents 1<sup>st</sup> quarter totals 2019/20 – 2023/24

### 3. Current Performance

3.1. The current performance year to date (YTD) is as follows:

2023/24	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
PI 69 Number of Accidents to Personnel	0	1	0	-	-	-	-	-	-	-	-	-	-
PI 71 Number of Vehicle Accidents (CDDFRS Driver's Fault)	0	4	2	-	-	-	-	-	-	-	-	-	-
PI 73 Number of local Health and Safety Investigations Incomplete after 28 days	0	0	2	-	-	-	-	-	-	-	-	-	-
PI 74 Number of Health and Safety Actions Overdue Their Specified Date	2	1	0	-	-	-	-	-	-	-	-	-	-

Table. 2 Year to date performance (\*note PI73 and PI74 are not cumulative indicators)

## PI 69 Number of accidents to personnel

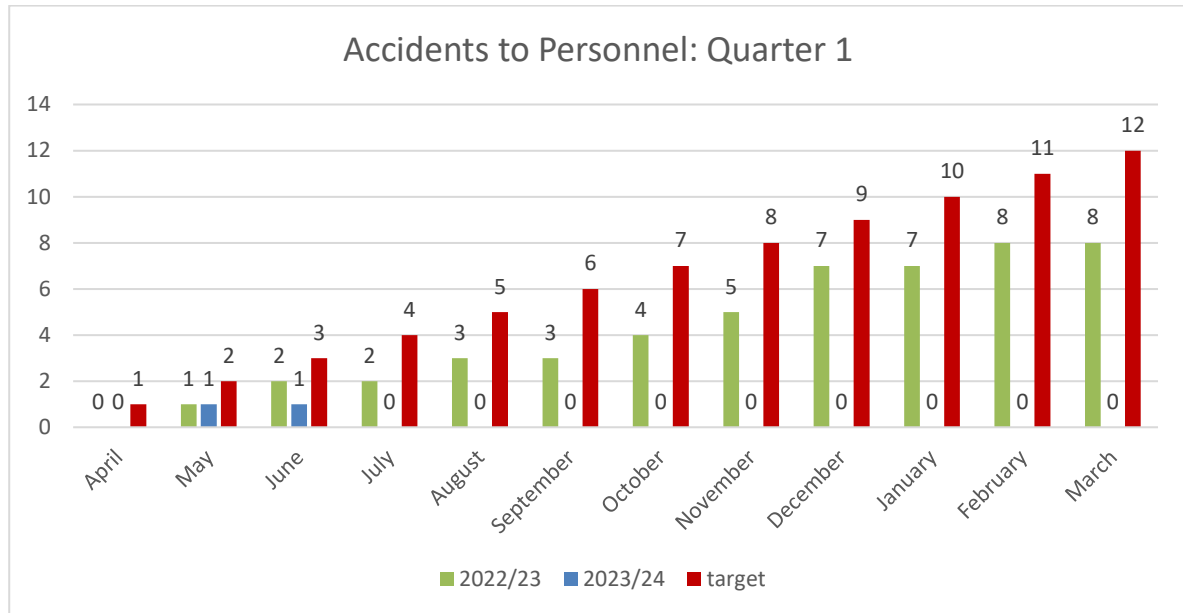


Figure. 2 Number of accidents to personnel (running total) for the current year (blue) and the target (red) previous year (green)

- 3.2. One accident to personnel has been reported during the quarter one reporting period. This is aligned to the set Service target for accidents to personnel and at this stage of reporting performance is below last year's figures. This event was RIDDOR reportable.
- 3.3. This incident was recorded as:
- a) Injury to a Firefighter at an operational incident involving a fire outside. They turned their ankle sustaining a lower limb muscular skeletal injury and were absent for over 7 days which resulted in the RIDDOR report.

## PI 71 Number of vehicle accidents (CDDFRS Driver Fault)

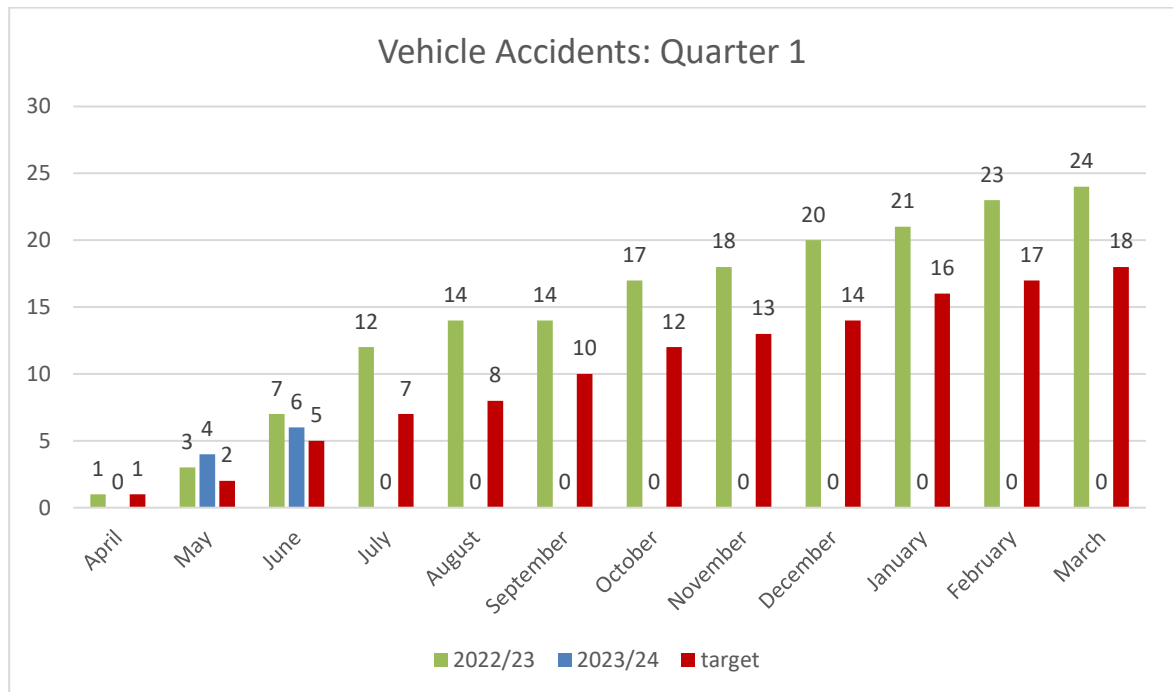


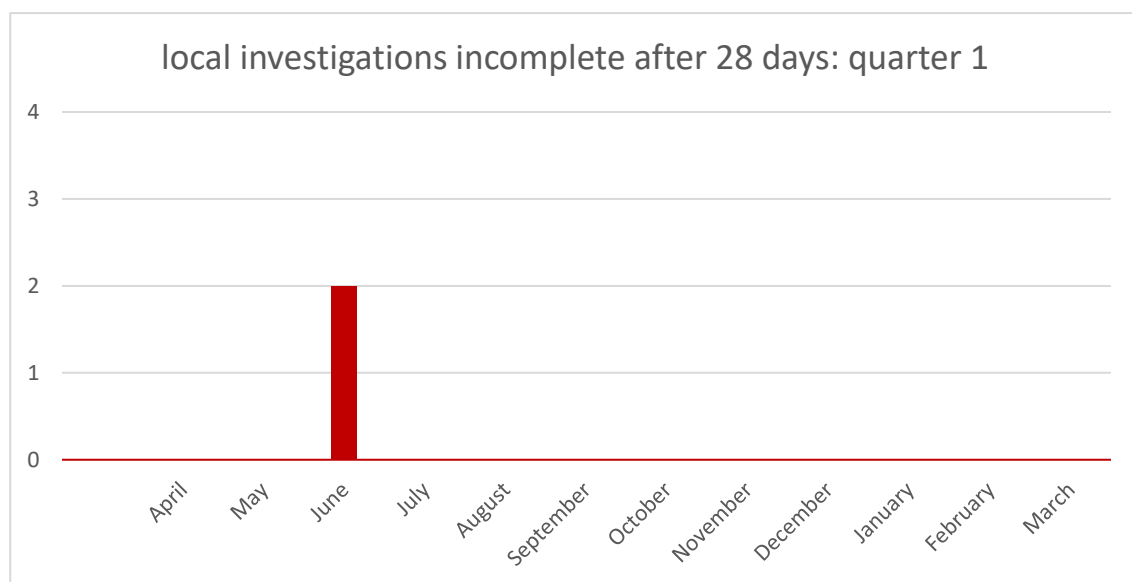
Figure. 3 Number of vehicle accidents (running total) for the current year (blue) and the target (red) previous year (green)

- 3.4. Six vehicle accidents have been reported during the quarter one reporting period. This is one above the set target but one below last year's target, as a result there is ongoing proactive joint working between Health and Safety and Driver Training sections to try and positively impact performance in this area.
- 3.5. These incidents were recorded as:
- Two appliances made contact with a post leaving an incident.
  - The appliance at Wheatley Hill was damaged parking near scaffold as the station was undergoing repairs.
  - Two appliances made contact with a gate whilst attending an operational incident. In one the driver misjudged the tail swing resulting in the contact and the second scraped the rear locker whilst driving through the gate.
  - A TRV reversed into a post in a station yard, it had parked under the canopy and the driver could not see the post in their mirrors.

3.6. The Health and Safety Team take vehicle accidents seriously and together with the Driver Training Team and Fire Brigades Union (FBU) Health and Safety Representative look to identify solutions to the evidenced trend that the majority of vehicle incidents are whilst conducting slow speed manoeuvres. Current working streams include:

- a) Reintroduction of Driving Standard Panels.
- b) Incident management groups.
- c) Learn Pro reminders for vehicle manoeuvring.

**PI 73 Investigations incomplete after 28 days**



*Figure. 4 Number of investigations incomplete after 28 days*

- 3.7. A total of 10 investigations have been conducted in this quarter.
- 3.8. The Health and Safety Team support officers in completion of local investigations within the 28 days. Over the reporting period the two that had overrun the expected completion timeframe was predominantly due to leave and other workloads.

## PI 74 Number of health and safety actions overdue their specific date

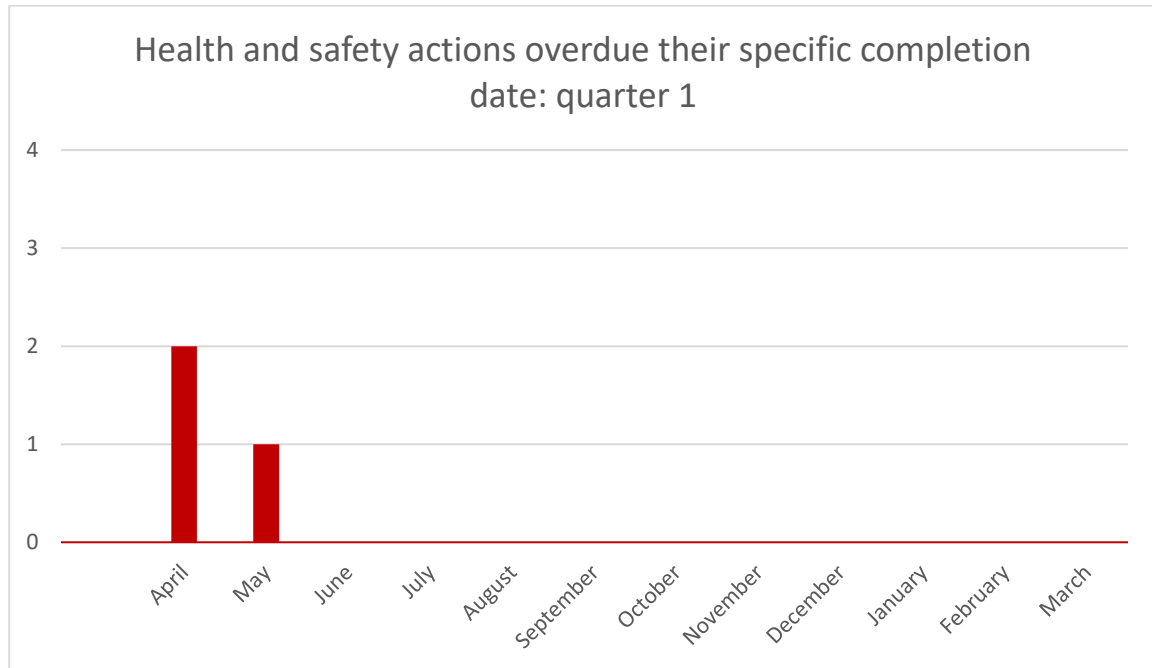


Figure. 5 Health and Safety actions overdue their specific completion date

- 3.9. There were no outstanding actions remaining at the end of the quarter. The graph shows there were two historical actions outstanding, relating to an investigation in the previous reporting year. The actions involved the reconfiguration of the female changing area at Peterlee to create further space and injury prevention information being published on the Service's intranet.

## Near Misses

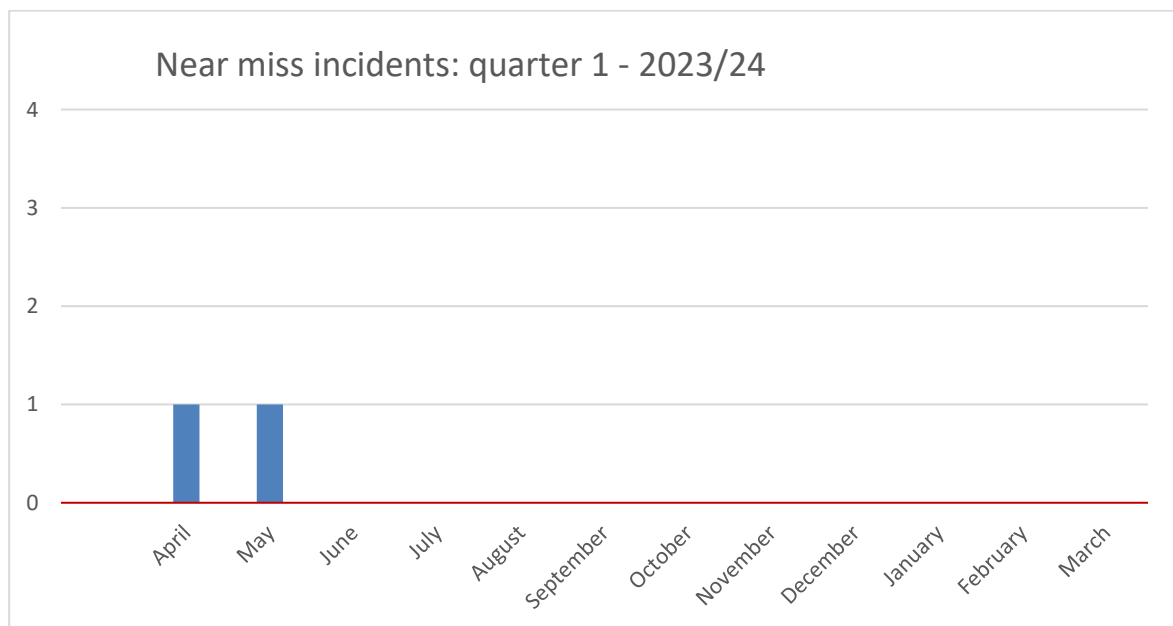


Figure. 6 Cumulative near misses

3.10. We had two near miss incidents in quarter one.

- a) An appliance reported that youths dressed in black with hoods up had set a trap and tried to lead them into the woods, police were requested, and the youths dispersed.
- b) Breathing Apparatus (BA) set failure in a live training exercise which was RIDDOR reportable. There were no injuries to personnel, the BA set was impounded and sent to Draeger for inspection with no defects found.

### Cause for concern incidents

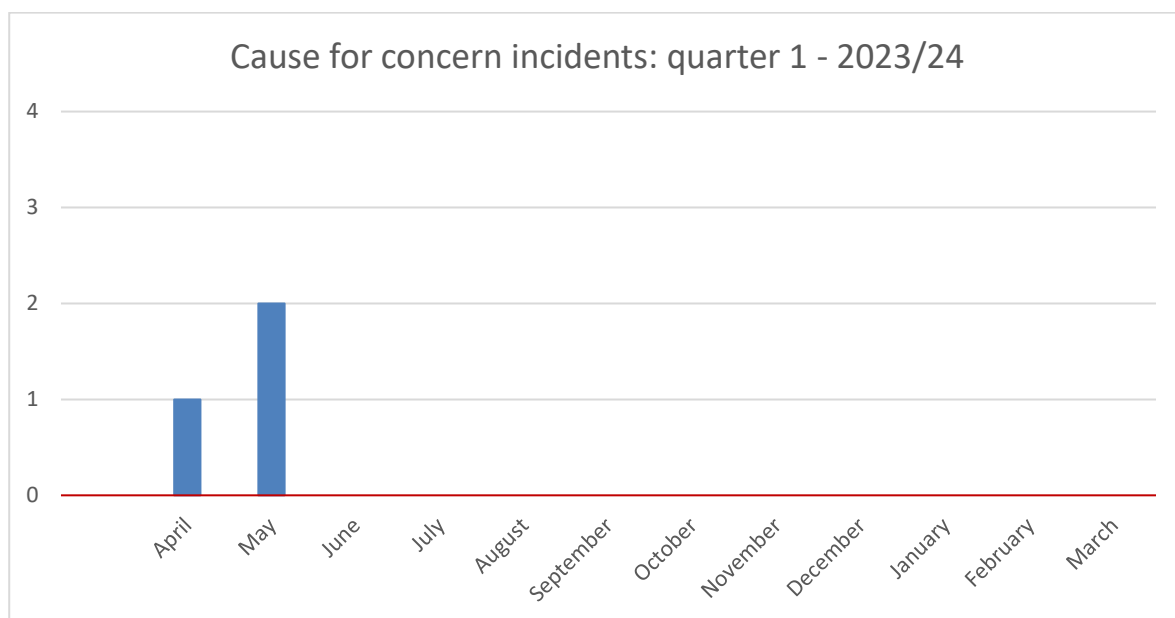


Figure. 7 Cumulative cause for concerns

3.11 There have been three cause for concerns reported in quarter one:

- a) Cause for concern submitted by Spennymoor regarding safe working at height training anchor points being loose. This was investigated by the Health and Safety Team, and as this was identified before training had commenced, this was recorded as a station defect and reported to and rectified by Robertsons as a PFI station.
- b) Cause for concern submitted by a Watch Manager who attended an incident as a relief crew and noticed that the commercial electricity supply had not been isolated and there were BA teams working near electric cables. An investigation was completed, and areas of note will be discussed during the debrief with identified organisational learning shared across the wider Service.
- c) Cause for concern following external water training, where the water helmet detached from its internal fastenings whilst in the water. This was followed up with the supplier who investigated and supplied alternate internal fittings.

#### **4. Summary**

- 4.1. The culture within the Service and overall performance comparable to the sector is of a good standard and with our annual proactive visits the general health and safety within CDDFRS will continue to evolve and continuously improve.
- 4.2. Performance in some areas is notably not where we would like it to be, however new ways of internal team working should assist with monitoring and identifying performance and areas where support is required earlier to prevent underperformance in areas of the team's influence.
- 4.3. The annual health and safety visits are key to employee engagement and raising health and safety awareness. The reporting process for adverse events including near misses and cause for concerns demonstrate the proactive attitude of our staff.

#### **5. Recommendations**

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





## **Safest People, Safest Places**

### **Human Resources Committee**

**5 September 2023**

### **Removal of A Roles from the Establishment**

### **Report of Director of People and Organisational Development**

#### **Purpose of report**

1. The purpose of this report is to advise the Human Resources Committee (HRC) of change in the Service establishment whereby Watch Manager (WM) and Station Manager (SM) A roles across the Service have been removed and replaced with that of B level.

#### **Background**

2. All Fire and Rescue Services (FRS) implemented an Integrated Personal Development System (IPDS) back in 2004 following a sponsored programme by the Office of the Deputy Prime Minister (ODPM). The new system was linked to pay and outlined specific roles within the FRS providing the link between strategic and managerial needs to that of the community it serves.
3. This system is still in operation in CDDFRS. On implementation, a range of roles were introduced into the organisational structure covering all areas of the organisation linked to the previous rank structure. The roles included:
  - a) Firefighter
  - b) Crew Manager
  - c) Watch Manager A/B
  - d) Station Manager A/B
  - e) Group Manager A/B
  - f) Area Manager A/B
  - g) Brigade Manager
4. The roles of FRS employees are defined within the IPDS and set out in accredited occupational standards which were determined at the time by the Emergency Fire Rescue and Safety Vocational Standards Group. The determination of the appropriate role is a decision for the FRS's who will consider necessary and specific activities within those roles to meet the local needs of the Service based on risk as outlined in the Community Risk Management Plan (CRMP).

5. The roles from WM to Area Manager (AM) have two sub roles within each category which are specified as 'A' and 'B'. The 'B' role attracts a higher rate of pay in line with the nationally agreed pay rates for grey book staff, however the role maps and developmental modules which support these, are the same regardless of the 'A' or 'B' status.
6. Within the Service structure, there are no Group Manager A or Area Manager A roles. Both roles are set at 'B' level. This change has only impacted Watch and Station Manager level.

### **Benefits of making this change**

7. We believe the adoption of the single role approach will have the following benefits;
  - a) Reduce the movement of staff for temporary and substantive appointments, which has historically impacted on the stability of teams, work plans and relationships.
  - b) Reduces the frequent movement of staff which will reduce the training costs for specialist positions.
  - c) Provides flexibility to move between departments or stations, improving succession planning and or development opportunities.
  - d) Removes the requirement for staff to go through additional processes from A to B for role progression and will streamline the process for the panel with less applications.
  - e) Aligns to neighbouring and most other FRS' structures which will promote a wider talent pool and help retain key staff.
  - f) More linear progression route for promotion which would provide a much flatter structure overall in the Service and allow people to plan their career path more effectively.
  - g) Gives wider structural opportunities in terms of management spans of control (i.e., managing multiple teams or more specialist areas.
  - h) It would remove the perception of unfairness of promotion within role as this would only require one promotion to SM/WM level. At both levels this causes conflict.
  - i) All impacted staff would be receiving an increase in pay; therefore, no pay protection would be required.
  - j) May encourage more talent to apply for positions as there is more opportunity to undertake a role in a specific area.
  - k) Staff were positive and supportive of making this change when discussed widely at the leadership forums in March 2023.

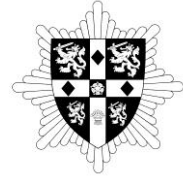
### **Impacts of the change**

8. The change impacted 8 SM and 25 WM roles across Wholetime, On-call and Control establishment. The change was made effective from 1 August 2023. All impacted individuals were advised of the changes which were met with a positive response.
9. The total cost of making the change was approximately £100k. The additional investment in making this change was funded from the saving identified as part of the efficiencies work undertaken earlier this year.

### **Recommendations**

10. Members are requested to:
  - (a) **Note** and **comment** on the content of the report.

Katherine Metcalfe, Director of People and Organisational Development, Ext.5665



## **Safest People, Safest Places**

### **Human Resources Committee**

**5 September 2023**

### **Values and Culture in Fire and Rescue Services Spotlight Report Action Plan Update**

#### **Report of Director of People and Organisational Development**

##### **Purpose of report**

1. The purpose of this report is to update the Human Resources Committee (HRC) as to the progress made towards completion of the Action Plan relating to His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) Values and Culture Report and the recommendations made.

##### **Background**

2. On the 30 March 2023, the HMICFRS released its spotlight report "Values and Culture in Fire and Rescue Services" which was commissioned by The Minister of State for Crime, Policing and Fire.
3. A paper was delivered to members of the HRC at the May 2023 meeting outlining the contents of the report and advising of the current position of CDDFRS as of April 2023. Updates on progress against the action plan outlined in appendix A.

##### **Progress since the previous update**

4. The recent changes Rehabilitation of Offenders Act (Exemptions) Order 1975 and Disclosure and Barring Service (DBS) eligibility has brought about changes to working practices relating to safeguarding although we are waiting for further information and guidance from the FSB. Internal processes in the meantime have been amended.
5. The SLT development is progressing with one-to-one sessions commencing in September 2023 following the 360-feedback process.
6. Our processes around Employee relations have been reviewed and we are confident we have sufficient support in place. We do recognise however that more can always be done, and so further enhancements are being considered where appropriate.
7. A staff survey has been planned to run over September / October which will ensure we seek the views of our staff on what it is like to work at CDDFRS and how they believe we could improve.

8. Work on the Leadership Fire standards has commenced and is being monitored through the Project Board. The Project Assurance Manager is working closely with NFCC implementation leads to ensure progress is being made.

### **Recommendations**

9. Members are requested to:
  - (a) **note** and **comment** on the content of the report.

Katherine Metcalfe, Director of People and Organisational Development, Ext.5665

### HMICFRS Values and Culture in Fire and Rescue Services

No.	Recommendation	Owner	Due Date	Status	Progress
Raising Concerns					
1	By 1 October 2023, chief fire officers should make sure their services provide a confidential way for staff to raise concerns and that staff are aware of whistleblowing processes.	CDDFRS	1 Oct 23	Complete	April 23 Independent complaints service available via DCC (Whistleblowing). Staff can report incidents anonymously with no fear of the repercussions. Independent reporting Service through Safecall Raising a Concern at Work procedure in place
2	By 1 October 2023, National Employers, the Local Government Association and the National Fire Chiefs Council should review any current independent arrangements whereby staff can raise concerns outside their FRS. They should then ensure that all FRS staff have access to an independent reporting line that can be used as a confidential way to raise concerns outside their own FRS.	National Employers, LGA, NFCC	1 Jun 23	Not owned by CDDFRS	CDDFRA and CDDFRS will fully engage and support the delivery of this recommendation
3	By 1 June 2023, chief fire officers should review the support available for those who have raised concerns and take any action needed to make sure these provisions are suitable.	CDDFRS	1 Jun 23	Complete	April 23 Robust Dignity at Work and Fairness at Work Policy and Procedure in place (which are utilised) and allow for staff to move locality or perpetrators to be suspended. Dignity at Work Advisors in place (posters and online) Suicide prevention officers in place (posters and online) Mental Health First Aiders in place (posters and online)

					<p>Welfare officers appointed to both parties as support (details included in correspondence). Access to Employee Assistance is advised through correspondence.</p> <p>Option for external investigation where required.</p> <p>Union support made available for members.</p> <p>Code of Ethics implemented and integrated.</p> <p>EDI training for managers via e-learning and face to face learning included in Leadership Programmes.</p> <p>September 23</p> <p>CFO satisfied that provisions are suitable</p>
4	<p>By 1 June 2023, chief fire officers should assure themselves that updates on how concerns are being handled are shared with those who have raised them. The updates should be given in an accessible way that encourages trust and confidence in the service response.</p> <p>Consideration should be given to creating professional standards function to handle conduct concerns in service (or from an external service) to have oversight of cases, to make sure they are conducted in a fair and transparent way and to act as a point of contact for all staff involved.</p>	CDDFRS	1 Jun 23	Complete	<p>April 23</p> <p>Independent reporting Service through Safecall offers an online platform where concerns are shared, and updates are given both ways.</p> <p>Welfare officers appointed to both parties as support (details included in correspondence). They can be used to gain updates.</p> <p>Both parties are advised who is the IO and so can contact they for updates</p> <p>Dignity at work advisors are available to support either party.</p> <p>External investigations can be undertaken.</p> <p>ER register kept outlining the concern raised and any outcomes / appeal.</p> <p>Professional Standards department not deemed as feasible due to ongoing budgetary pressures. Could be re-evaluated if a high number of complaints are made.</p> <p>September 23</p> <p>CFO satisfied that provisions are suitable.</p>

5	By 1 June 2023, chief fire officers should make sure they provide accessible information for all staff and members of the public on how they can raise concerns and access confidential support (including through external agencies). Chief fire officers should also make sure accessible information is provided on how concerns and allegations will be investigated in a way that ensures confidentiality and is independent of the alleged perpetrator.	CDDFRS	1 Jun 23	Complete	<p>April 23</p> <p>External complaints (from public)</p> <ul style="list-style-type: none"> <li>• Clear procedure in place (AD/2/11).</li> <li>• Complaints can be made by a range of different methods (social media, online, in writing, telephone).</li> <li>• There is an accessible leaflet available advising how complaints will be treated.</li> <li>• Complaints are all recorded on the web form and the data is stored securely with only designated people having access.</li> <li>• Generally, complains are handled internally however, there are route to externally investigate should the need arise.</li> <li>• There have been no complaints or concerns raised with the professionalism of our staff when undertaking HFSC's.</li> </ul> <p>Internal complaints (from Staff)</p> <ul style="list-style-type: none"> <li>• Clear procedures for Fairness at Work and Dignity at Work are in place.</li> <li>• Dignity at Work Advisors in place (posters and online)</li> <li>• Suicide prevention officers in place (posters and online)</li> <li>• Mental Health First Aiders in place (posters and online)</li> <li>• Welfare officers appointed to both parties as support (details included in correspondence).</li> </ul>
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					<ul style="list-style-type: none"> <li>• Access to Employee Assistance is advised through correspondence.</li> <li>• Option for external investigation where required.</li> </ul> <p>September 23 CFO satisfied that provisions are suitable.</p>
<b>Background Checks</b>					
6	By 1 January 2024, the Home Office, working with the Ministry of Justice, should make sure that the Government incorporates fire and rescue authority employees within the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 so that they are eligible for the appropriate DBS checks.	Home Office	1 May 24	Not Owned by CDDFRS	<p>CDDFRA and CDDFRS will fully engage and support the delivery of this recommendation.</p> <p>September 23 Changes to the Rehabilitation of Offenders Act 1974 and the Rehabilitation of Offenders Act (Exemptions) Order 1975 has enabled Fire and Rescue Services employees to be checked through the DBS at a standard or enhanced level. These were agreed in July 2023 however, this does only allow for standard checks for Firefighters.</p>
7	By 1 May 2024, the Home Office, working with the fire and rescue sector, should make sure that the Police Act 1997 (Criminal Records) Regulations 2002, or a similar appropriate legislatively enabled solution, makes detailed provisions for fire and rescue services.	Home Office	1 May 24	Not Owned by CDDFRS	CDDFRA and CDDFRS will fully engage and support the delivery of this recommendation
8	By 1 December 2023, the Fire Standards Board, in liaison with the National Fire Chiefs Council, should review the existing relevant standard(s) and underpinning guidance. It should: <ul style="list-style-type: none"> <li>• clearly state the requirements for background checks undertaken by services;</li> </ul>	Fire Standards Board	1 Dec 23	Not Owned by CDDFRS	CDDFRA and CDDFRS will fully engage and support the delivery of this recommendation



	<ul style="list-style-type: none"> <li>clarify the minimum requirements (including levels of DBS checks) for all roles, particularly roles where staff have access to vulnerable members of the public;</li> <li>define the standards required to embed a culture across fire and rescue services that empowers all members of staff and local communities to report concerns; and</li> <li>be subject to review following any legislative change.</li> </ul>				
9	<p>By 1 January 2024, chief fire officers should:</p> <ul style="list-style-type: none"> <li>immediately review their current background checks arrangements, and make sure that suitable and sufficient background checks are in place to safeguard their staff and communities they serve; and</li> <li>make sure that appropriate DBS check requests have been submitted for all existing, new staff, and volunteers, according to their roles as identified by the Fire Standards Board</li> </ul>	CDDFRS	1 Jan 24	Complete	<p>April 23 Baseline personal security checks are undertaken on all prospective employees to safeguard the Service and the communities it serves. The checks that are undertaken prior to employment with the Service are Identity, Qualification, references (minimum 2 years), medical, DBS (where appropriate), right to work in the United Kingdom. We undertake a basic DBS check on all prospective staff at the point of entry regardless of role. We undertake enhanced DBS checks for those working in Community safety teams and with our cadets.</p> <p>September 23 Awaiting guidance from FSB to understand if a change of approach is required. Standard checks were implemented as soon as the legislation was passed.</p>

0	By 1 September 2023, chief constables should make sure they are appropriately using their Common Law Police Disclosure powers in circumstances involving employees of fire and rescue services.	Police	1 Sep 23	Not Owned by CDDFRS	CDDFRA and CDDFRS will fully engage and support the delivery of this recommendation
11	By 1 December 2023, the Fire Standards Board, in liaison with the National Fire Chiefs Council, should review the existing relevant standard(s) and supporting guidance to clearly state how services should handle staff disclosures, complaints and grievances.	Fire Standards Board	1 Dec 23	Not Owned by CDDFRS	CDDFRA and CDDFRS will fully engage and support the delivery of this recommendation
12	By 1 March 2024, chief fire officers should provide assurances to HMICFRS that they have implemented the standard on staff disclosure, complaint and grievance handling.	CDDFRS	1 Mar 24	Not started	April 23 Awaiting Standard to be released Current process for fire standard implementation sits with the Project Board and Project Assurance Manager. Once available, the process for FS implementation will be actioned. All completed standards are agreed by SLT. September 23 Awaiting Fire Standard to be issued.
13	By 1 December 2023, the Fire Standards Board, in liaison with the National Fire Chiefs Council, should review the existing relevant standard(s) and supporting guidance to clearly state how services should handle misconduct and safeguarding-related allegations and outcomes. These should include requirements to: <ul style="list-style-type: none"> <li>conduct and complete investigations, whether or not the staff member under investigation leaves;</li> <li>consider whether the incident requires immediate dismissal;</li> </ul>	Fire Standards Board	1 Dec 23	Not Owned by CDDFRS	CDDFRA and CDDFRS will fully engage and support the delivery of this recommendation

	<ul style="list-style-type: none"> <li>provide training for staff who are carrying out investigations; and ensure the diversity/neutrality of the investigation panel/person.</li> </ul>				
14	By 1 March 2024, chief fire officers should provide assurances to HMICFRS that they have implemented the standard on misconduct allegations and outcomes handling.	CDDFRS	1 Mar 24	Not Started	<p>April 23 Awaiting standard to be released. Current process for fire standard implementation sits with the Project Board and Project Assurance Manager. Once available, the process for FS implementation will be actioned. All completed standards are agreed by SLT.</p> <p>September 23 Awaiting Fire Standard to be issued.</p>
15	By 1 October 2023, the Home Office should work with the National Fire Chiefs Council and fire and rescue service employers to make sure there is a process to handle misconduct allegations against chief fire officers. The Home Office should immediately notify HMICFRS of any allegations and outcomes that it is aware of.	Home Office	1 Oct 23	Not Owned by CDDFRS	CDDFRA and CDDFRS will fully engage and support the delivery of this recommendation
16	By 1 October 2023, the National Fire Chiefs Council should develop and manage a national barred list that holds details of staff who have been dismissed for gross misconduct (including staff who have already left services). It should ensure that this list is referred to in all appointment processes to prevent those who are barred from re-joining another service. After the College of Fire and Rescue has been established (see recommendation 25), it should take responsibility for managing the list	NFCC	1 Oct 23	Not Owned by CDDFRS	CDDFRA and CDDFRS will fully engage and support the delivery of this recommendation
17	With immediate effect, chief fire officers should notify HMICFRS of any allegations that have the	CDDFRS	Immediate	Complete	We will comply with this requirement with immediate effect in providing disclosures in line

	<p>potential to constitute staff gross misconduct that:</p> <ul style="list-style-type: none"> <li>involve allegations of a criminal nature that have the potential to affect public confidence in FRSs;</li> <li>are of a serious nature; or</li> </ul> <p>relate to assistant chief fire officers or those at equivalent or higher grades</p>				with the non-identifiable case histories provided previously to HMICFRS. We are seeking clarification from HMICFRS on any more detailed reporting it requires, to enable us to ensure that we are also compliant with our GDPR obligations
18	By 1 August 2023, chief fire officers should provide assurances to HMICFRS that all parties are supported in relation to ongoing investigations	CDDFRS	1 Aug 23	Ongoing	<p>April 23 As outlined in recommendation 5.</p> <p>September 23 CFO satisfied that provisions are suitable. Awaiting mechanism to do this</p>
19	By 1 July 2023, the Home Office should examine whether any appeal processes for fire and rescue misconduct cases are appropriate.	Home Office	1 Jul 23	Not Owned by CDDFRS	CDDFRA and CDDFRS will fully engage and support the delivery of this recommendation
<b>Leadership</b>					
20	By 1 June 2023, chief fire officers should have plans in place to ensure they meet the Fire Standards Board's leading the service standard and its leading and developing people standard.	CDDFRS	1 Jul 23	Complete	<p>April 23 Current process for fire standard implementation sits with the Project Board and Project Assurance Manager. The Director of POD has been designated as the SPOC for both standards. All completed standards are agreed by SLT. September 23 A paper was delivered to SLT on the implementation of the Leadership Fire Standards. Work is currently underway.</p>
21	By 1 June 2023, chief fire officers should make sure there is a full, 360-degree feedback process in place for all senior leaders and managers	CDDFRS	1 Jun 23	Complete	<p>April 23 A 360 process is part of the current appraisal process for all staff including PO's.</p>

	(assistant chief fire officer equivalent and above) in service.				As part of wider SLT development / team building plans, a further 360 feedback process will be undertaken utilising the Johari Window tool and linked to i3 and supportive leadership. September 23 360 has been undertaken with all of the senior team. Coaching and feedback to commence in.
22	By 1 September 2023, chief fire officers should make sure there is a full, 360-degree feedback process in place for all other leaders and managers in service. The process should include gathering feedback from a wide range of sources including colleagues and direct reports.	CDDFRS	1 Sep 23	Complete	April 23 A 360 process is part of the current appraisal process for all staff including PO's. Procedure includes the requirement for peer feedback.
23	By 1 June 2023, chief fire officers should seek regular feedback from staff about values, culture, fairness and diversity, with due regard to the leading and developing people standard. They should show how they act on this feedback.	CDDFRS	1 Jun 23	Complete	April 23 The Service undertake a staff survey which focusses on values, culture, and behaviours. Call it out survey. HMICFRS staff survey Station visits / Manager 121's Station audits / Debriefs Staff networks Safe Call data Exit interview data.
24	By 1 October 2023, chief fire officers should put plans in place to monitor, including through the gathering and analysis of staff feedback, watch and team cultures and provide prompt remedial action for any issues they identify.	CDDFRS	1 Oct 23	Complete	April 23 Station visits / Manager 121's Staff Surveys (include locality and line manager/colleague related questions) Watch focus groups. SLT action plans (improvement & strategy) – monitored via CFA September 23

					Staff survey to take place over September and October with results being feedback to staff early November.
Management and leadership training and development					
25	By 1 January 2025, the Government should establish a College of Fire and Rescue, as proposed by the White Paper Reforming our Fire and Rescue Service. There should be no further delay to its implementation.	Government	1 Jan 25	Not Owned by CDFRS	CDDFRA and CDDFRS will fully engage and support the delivery of this recommendation
26	By 1 October 2023, as a precursor to the development of the College of Fire and Rescue, chief fire officers and the National Fire Chiefs Council should work with the Home Office to consider how they can improve the training and support they offer to staff in management and leadership development. This should include authority members in respect of their assurance leadership roles and should ensure that opportunities are offered fairly across all staff groups.	NFCC	1 Oct 23	Not Owned by CDFRS	CDDFRA and CDDFRS will fully engage and support the delivery of this recommendation
27	By 1 June 2023, chief fire officers should make sure their equality impact assessments are fit for purpose and, as a minimum, meet the requirements of the National Fire Chiefs Council equality impact assessment toolkit.	CDDFRS	1 Jun 23	Complete	April 23 A review of CDDFRS process was undertaken in 2022 and aligned to the NFCC toolkit. EqIA's are complete and actions are monitored through the ED&I working group. EqIA's have been complete for all Service premises to ensure inclusivity.
28	By 1 June 2023, chief fire officers should review how they gather and use equality and diversity data to improve their understanding of their staff demographics, including applying and meeting	CDDFRS	1 Jun 23	Complete	April 23 Public sector equality duty Gender pay gap Home office annual returns

	the requirements of the National Fire Chiefs Council equality, diversity and inclusion data toolkit.				HMICFRS PowerBi reports Recruitment monitoring September 23 CFO satisfied that provisions are suitable.
29	By 1 December 2023, the Home Office should publish greater detail on the protected characteristic data it collects about FRS staff, including joiners and leavers, by rank and role.	Home Office	1 Dec 23	Not owned by CDDFRS	CDDFRA and CDDFRS will fully engage and support the delivery of this recommendation
30	By 30 December 2024, the Home Office should align the data it collects on protected characteristics with the Office for National Statistics harmonised standard and publish this data.	Home Office	30 Dec 24	Not owned by CDDFRS	CDDFRA and CDDFRS will fully engage and support the delivery of this recommendation
31	By 1 December 2024, the Home Office should collect and publish experimental statistics on public complaints and conduct matters in relation to FRS staff, similar to that which it currently publishes on police forces in England and Wales.	Home Office	1 Dec 24	Not owned by CDDFRS	CDDFRA and CDDFRS will fully engage and support the delivery of this recommendation
Improving Diversity					
32	By 1 June 2023, chief fire officers should, as a priority, specify in succession plans how they intend to improve diversity across all levels of the service. This should include offering increased direct-entry opportunities.	CDDFRS	1 June 23	Complete	April 23 This is addressed through the People Strategy, ED&I Strategy, Strategic Workforce Plan & Talent Management Strategy. Succession planning arrangements are in place which include Team plans. Direct entry opportunities will be considered at SM level once the current programme provides ROI information and deliverables. Direct entry at CFO level has been facilitated. September 23 Updates to the Talent Management Strategy / SWFP have been made. Positive action

					initiatives being reviewed. Women's development programme initiative to be started.
33	By 1 August 2023, chief fire officers should develop plans to promote progression paths for existing staff in non-operational roles and put plans in place to reduce any inequalities of opportunity.	CDDFRS	1 Aug 23	Complete	April 23 Development plans are available and in place to align green book / non operational colleagues the same training opportunities as uniformed staff which is relevant to their role
<b>Core Code of Ethics</b>					
34	With immediate effect, chief fire officers should review their implementation of the Core Code of Ethics and make sure it is being applied across their services.	CDDFRS	Immediate	Complete	April 23 Implemented through project. Fire Standard outcomes met.
<b>The Fire and Rescue National Framework for England</b>					
35	By the end of this Parliament, the Government should consider the findings and recommendations in this report when refreshing the Fire and Rescue National Framework for England.	Government	End of this parliament	Not owned by CDDFRS	CDDFRA and CDDFRS will fully engage and support the delivery of this recommendation

### Dashboard of Recommendations

Total Number of Recommendations	35
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### Owner Breakdown

CDDFRS	19
Fire Standards Board	3
Government	2
Home Office	7
National Employers, LGA, NFCC	1
Police	1
NFCC	2



### CDDFRS Progress

Complete	16
Ongoing	1
Not Started	2

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County Durham and Darlington  
**Fire and Rescue Authority**



**Safest People, Safest Places**

## **Human Resources Committee**

**5 September 2023**

### **Additional Health Care Benefit**

#### **Report of Director of People and Organisational Development**

##### **Purpose of report**

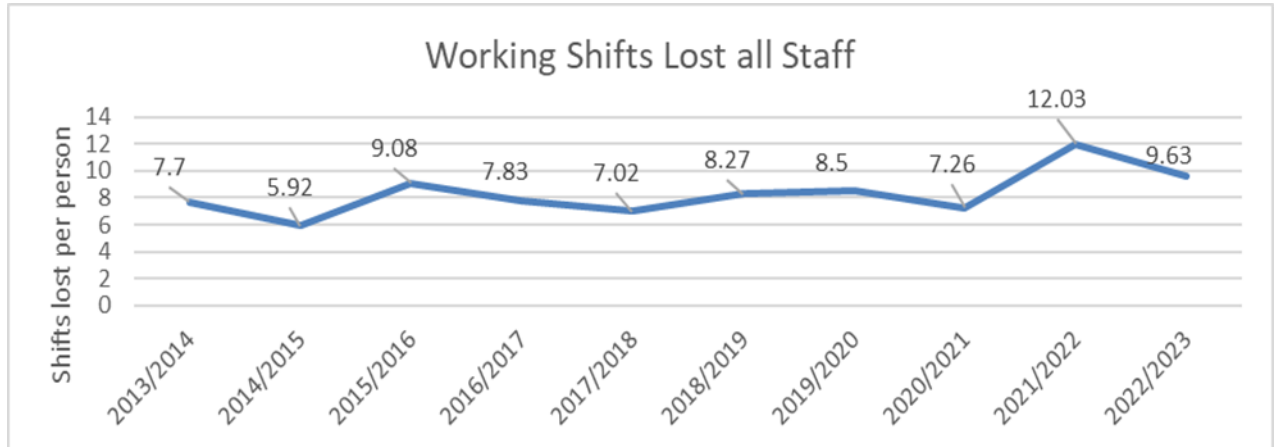
1. The purpose of this report is to present to the Human Resources Committee (HRC) a proposed enhanced wellbeing offering in the form of a trial of an additional workforce healthcare benefit that is complementary to NHS provision and our existing Occupational Health Service.

##### **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. Sickness absence can have a significant impact on the functionality of the Service in certain areas and is becoming increasingly difficult to cover in the current environment. Long term sickness absence is particularly challenging to reduce especially in those cases where staff are employed as operational firefighters.
3. There are currently delays in diagnosis and treatment plans because of waiting lists in the NHS as well as significant waiting times for surgery following on from the impacts of Covid-19. Support is being given to those who are awaiting medical intervention however, the impact of these delays can be seen in our increasing levels of long-term absence. Delays in diagnosis and treatment further impact on the ill health retirement process and subsequent capability process.
4. The proposal would be an enhancement to the existing wellbeing offering, and in addition to the Occupational Health Provision which is going out for tender this year. This would further demonstrate that the Service is investing in its staff to provide quicker access to healthcare services and the potential for staff to return to work more quickly.
5. A paper was presented to the HRC on the 19 May 2023 outlining the Service's current approach to ad hoc private medical interventions however access to this is restricted primarily due to cost. Cases where an early intervention would promote a rapid return to work or where the employee had key skills; whether the employee is employed in an operational or support role, that would be lost during a prolonged absence would be considered. This has been recently utilised to support an MRI for an employee to speed up a diagnosis and support a longer-term strategy for the individual.

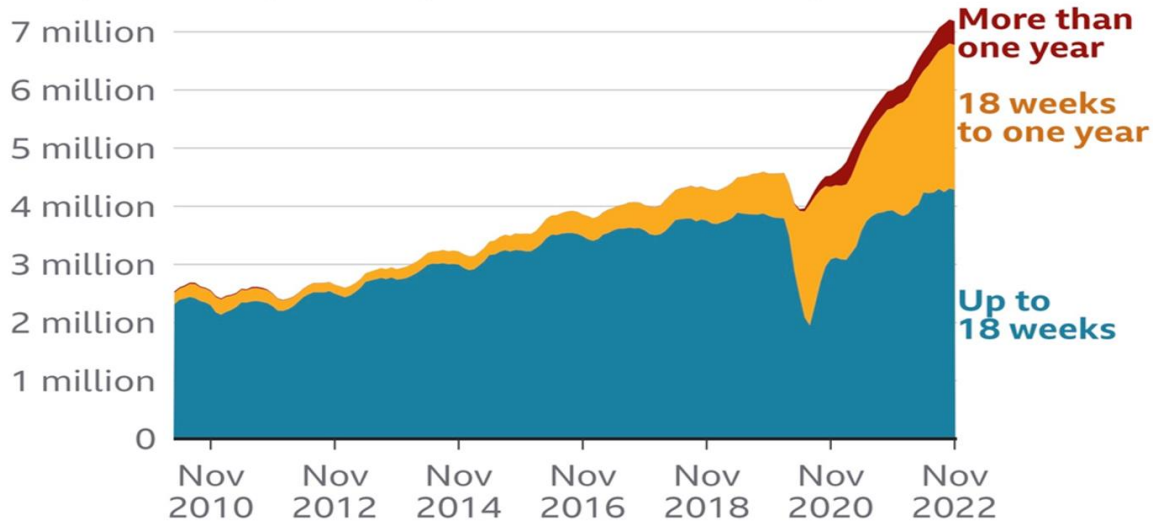
## Current Position

6. Sickness figures across the Service over recent years have been steadily increasing and are above the target for the number of shifts lost, per person, in a year. The target set by the service is currently 7 shifts per person, and the average over the last three years is 9.5 shifts, with current projected statistics for 23/24 based on Q1 results remaining at 9.5 shifts per person. Performance over the last 10 years is summarised in the graph below:



7. Musculoskeletal (MSK and mental health account for a significant amount of all absence with MSK just under 42% and mental health just over 14%. Long term sickness still accounts for approximately 67% of the Service's total absence. Longer delays for treatment are impacting on the length of absences.
8. The Service is aware of the current longer than average waiting lists for routine procedures and minor operations. This has further increased over the past year due to additional pressures on the NHS.

## People waiting for hospital treatment in England



9. There have also been further wellbeing issues for employees who are signed off sick for minor procedures where they want to work but are unable to do so due to waiting times, and how this negatively affects their mental health.

10. For every week that an employee is off-sick, in addition to the employee's pay, NI and pension, the average additional cost to the Service in overtime (time +10%) is £682, plus the cost of NI and pension contributions (based on competent FF salary at £620 p/week).

11. A calculation based on salary alone is made each year as part of sickness reporting. These are outlined below for the previous 5 years. It is apparent costs are rising in line with increased sickness levels and rising salaries.

- 2022/23            £768,712
- 2021/22            £945,596
- 2020/21            £551,566
- 2019/20            £542,908
- 2018/19            £459,713

### **Benenden Services**

12. Benenden Services is a not-for-profit healthcare provider which is complementary to the NHS, where NHS waiting times are longer than 5 weeks. It allows for pre-existing conditions (which is contra to private healthcare providers), with some services being immediately accessible upon joining where the Service opt for a fully funded provision.

13. The scheme provides for diagnostic treatment up to £2,500 per condition. There is the ability for an employee to pay any excess above this level if necessary although in liaising with Royal Berkshire FRS who are members of Benenden Healthcare this has not happened in the 6 years, they have operated the scheme. There is also an option for staff to add family members to their membership at the same membership rate as CDDFRS employees, that will be at the expense of individuals.

14. Once the diagnostics have been completed, the individual then enters the treatment part of the health care provision and there is no limit on the cost of treatments. As this is not a private healthcare scheme there are some procedures and treatments that are excluded, such as cancer, heart, reconstruction, brain and replacement joints.

15. Quarterly reporting is provided to outline which services have been accessed and total corporate usage per period.

16. As an employer, the Service would be assigned a dedicated Account Manager to help set up the process, there are no medical questionnaires for employees to complete, and employers receive posters, leaflets, and resources such as videos, imagery, and information for internal communications to help launch and promote the benefit. Employers can manage memberships through an online portal to assist with reducing administration time.

17. All employees who join are issued with a personalised welcome pack and Benenden encourages all members to install their mobile Health App, which gives employees access to their healthcare benefits as well as The Wellbeing Hub which has a range of articles, videos, live and on demand classes and recordings to support mental, fitness and nutritional needs.

### **Occupational Health Provision**

18. There are some overlaps with our current OH Services in that there is already a provision to support physiotherapy for staff. This is a pay as you go service and so there will not be any duplication of cost should someone chose to receive their treatment from Benenden. It is possible that provision through Benenden may reduce spend on physiotherapy and Counselling services resulting in savings and this will be monitored as part of the trial.

19. Procurement has confirmed that Benenden Health Care is not on a current framework, however we are able to apply for a waiver for the first 18 months to trial this proposal via a direct award under the Procurement rules.
20. It will be an expectation that staff within CDDFRS will continue to engage with the OH provision and the first step will still be for a management referral to be undertaken to ensure that all relevant reporting can be sent to line managers.

### Case Study – Royal Berkshire FRS

21. Royal Berkshire Fire & Rescue Service (RBFRS) adopted the Benenden scheme in March 2017 with 390 employees taking up membership within the first 9 months. This represented 66% of their workforce of 591.
22. In December 2017 a cost benefit analysis was presented to the Management Committee which provided evidence that the cost of the scheme was outweighed by the monetary and non-monetary benefits to staff, with a request for the Committee to approve Benenden as a permanent employee benefit.
23. The first 12 months' usage data provided by Benenden detailed the services used:

**Table 1**

Serviced used	Number of cases
Diagnostic consultations and tests	19
Treatment and surgery	10
Physiotherapy	17
Psychological wellbeing 24/7 helpline	4
24-hour GP advice line	1
Financial assistance	0
Total	51

24. In addition to the 51 cases receiving services above there were an additional 13 potential cases pending. RBFRS was also provided with a comparison of NHS waiting time versus Benenden waiting times, the difference being the days saved to access diagnostic services, treatment, or physiotherapy. The information in Table 2 relates to cases that have been booked; some cases included in the services used (in Table 1 above) have been approved but not yet booked by the employee at the time of writing.

**Table 2**

Service used	NHS wait (days)	Benenden wait (days)	Days difference (authorised to treatment)	Average days difference per case
Diagnostic consultations and tests	819	176	643	42
Treatment and surgery	1474	184	1290	161
Physiotherapy	784	18	766	153
Total	3077	378	2699	96

25. There were a further 9 cases to be booked which could result in a saving of anything up to 871 days.
26. The minutes of the Management Committee meeting on 21 November 2016 determined that if the Benenden scheme was cost neutral it would be extended for a second year. Due to confidentiality the management information received from Benenden is anonymous so calculating return on investment for every single case is not possible. However, accessing treatment and surgery through Benenden, for which employees are most likely to be out of the workplace, saved a total of 1,290 days versus the waiting times on the NHS. Using their average daily pay rate at that time of £162 (for a competent Firefighter) the savings if all these cases were out of the workplace would have been £208,980, exceeding their year one investment of £39,291.04 over five times. Staff feedback was also undertaken and found to be excellent with only 1 issue being reported within the period.
27. The table below demonstrates the year-on-year service usage information dated October 2021 ahead of renewing the scheme for a further 2 years, to February 2024.

Service Used	Number of Cases				
	Year 1	Year 2	Year 3	Year 4 (to March 21)	Total
Physiotherapy	27	34	40	26	127
Diagnostic consultations and tests	26	23	34	12	95
Treatment and surgery	12	7	3	4	26
Psychological wellbeing (24/7 helpline)	7	6	2	0	15
24 Hour GP advice line	5	6	6	7	24
Seamless Treatment at Benenden Hospital**	4	6	13	6	29
<b>Total</b>	<b>81</b>	<b>82</b>	<b>98</b>	<b>55</b>	<b>316</b>

### Example Case Studies – CDDFRS

28. Of the current long-term sick cases, several of these are stress/mental health related. The current service through the Employee Assistance Programme and Occupational Health offer support for stress and mental health, therefore, it is important to note that whilst Benenden also offer services for support of stress and mental health, there is no assurance that this would provide additional benefit from that which is already offered. Therefore, it is more appropriate to use the instances of sickness due to MSK or other surgically treated issues in the CDDFRS example case studies.
29. Waiting times for treatment via the NHS vary; they are currently stable where treatment is a priority. However, waiting times for some members of staff who have illnesses of lesser priority can, at times, be lengthy. Currently the Service has several employees, either working, on sickness absence or on modified duties, who have been awaiting treatment on the NHS for some considerable time, some over 12 months.
30. Example Case Study – Employee 1

Employee 1 is a Wholetime Watch Manager, with a shoulder injury requiring surgery (work related injury).

The table below demonstrates the cost of covering Employee 1:

	NHS wait	Backfill cost	Benenden example	Backfill cost
	52 weeks		5 weeks	
Sick pay	33,683			
T/Watch Manager		£4,750		£950
T/Crew Manager		£3,935		£378
Firefighter (based on OCC cover)		£39,848		£3,831
Total		£48,533		£5,159

In the case of Employee 1, the saving from using Benenden would be £43,374 which would equate to approximately 69% of the cost of the scheme to the Service.

### 31. Example Case Study – Employee 2

Employee 2 is a Wholetime Firefighter, diagnosed with a hernia and advised that the initial wait to be seen on the NHS was 13-26 weeks, with the lead-in time for an operation an average of a further 13-26 weeks, and a 6-week recovery period.

The table below demonstrates the cost of covering Employee 2 (assuming full pay) and cover costs, based on the date ranges given:

	Min NHS wait	Backfill cost (FF + 10%)	Max NHS wait	Backfill cost (FF + 10%)	Benenden example	Backfill cost (FF + 10%)
First appt	13 weeks	£9,961	26 weeks	£19,922	5 weeks	£3,817
Operation	13 weeks	£9,961	26 weeks	£19,922	0	£3,817
Recovery	6 weeks	£4,597	6 weeks	£4,597	6 weeks	£4,597
Total		£23,919		£44,441		£12,231

In the case of Employee 2, the saving to the Service from using Benenden would have been between £11,688 - £32,210. Taking the mid-point of both scenarios, this saving would equate to approximately 35% of the cost of the scheme to the Service.

32. Neither of the examples above include on costs, nor do they capture the costs to support a return to light duties, retraining or outstanding leave.

## Financial Analysis

33. The scheme costs £12.80 per member/per month. If the Service pay the costs in full this would equate to an annual cost of approximately £62,324.



34. Any reduction in sickness absence resulting from the proposed scheme would reduce the cost to the Service (as set out in the examples above). However, it is not possible to forecast what this saving would be and given existing pressures on the whole-time pay budget it is likely to mitigate future overspends rather than deliver a saving.
35. All travel and other expenses will be met by the employee and will not be a cost to the Service.
36. The Service would be able to provide statistics at 6,12 and 18 months to accurately demonstrate the cost differential based on NHS waiting times at the point of requesting treatment.
37. The scheme is likely to be classed as a taxable benefit to employees, the cost of this would need to be explored and determined. A clear communication to staff who take up this provision will be required to ensure there is an understanding of how this will be treated for tax purposes. Staff would have the option to opt out of the scheme should they not wish to be part of it.
38. The Service propose that this initiative will be funded from the savings in running costs identified in the revenue budget linked to the sale of the accommodation buildings at Newton Aycliffe and Seaham.

## **Conclusion**

39. A key theme of the People Strategy is Wellbeing and we have committed to ensuring that we create an environment where our People are physically and emotionally sustained to enable them to give their best and to be able to be at work more of the time to better serve our communities.
40. Improving and contributing to employee and organisational health and wellbeing is a multi-faceted approach to support employees to remain at work, or return more quickly, whilst building individual resilience, embedding positive messaging, and developing healthy lifestyle habits.

## **Recommendations**

41. Members are requested to:
  - a) Approve the proposed trial of this additional healthcare benefit for an 18-month period.
  - b) Review at 18-months with a view to adopting this as a permanent employee benefit.

Katherine Metcalfe, Director of People and Organisational Development, Ext.5666

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