

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 26 November 2024 at 10.00 am to consider the following business:-

PART A

1. Apologies for absence
2. Minutes of the meeting held on 27 September 2024 (Pages 3 - 6)
3. Sickness Absence Performance Quarter One 1 April 2024 - 30 September 2024 - Report of the Director of People and Organisational Development (Pages 7 - 66)
4. Health and Safety Performance Quarter One 1 April 2024 - 30 June 2024 - Report of the Director of Emergency Response (Pages 67 - 76)
5. Standards of Behaviour: The Handling of Misconduct in the Fire and Rescue Service - Report of the Director of People and Organisational Development (Pages 77 - 86)
6. Options for addressing HMICFRS Recommendation relating to the provision of a Professional Standards Function - Report of the Director of People and Organisational Development (Pages 87 - 92)
7. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration
8. Any resolution relating to the exclusion of the public during the discussion of exempt information

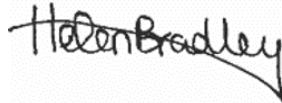
PART B

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

9. Employee Relations Update - Report of the Director of People and Organisational Development (Pages 93 - 94)

10. 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

A handwritten signature in black ink that reads "Helen Bradley". The signature is written in a cursive style with a long horizontal stroke at the end.

Helen Bradley
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 S Zair, C Marshall, A Batey and C Martin

Darlington Borough Councillors:

Councillors D Ray and G Lee

County Durham and Darlington Fire and Rescue Service

Minutes of a meeting of the **Human Resources Committee** held at Fire HQ on **Friday 27 September 2024** at **13.30 hours**.

Present: Cllr S Zair in the Chair

Durham County Council: Cllrs A Batey

Darlington Borough Council: G Lee

Officers: K Metcalfe
C Williams (for item 4 only)
J Parry (for item 5 only)

Part A

1 **Apologies**

Apologies were received from Cllrs C Martin and D Ray.

2 **Minutes of previous meeting – 23 May 2024**

The minutes of the meeting held on 23 May 2024 were agreed as a true and accurate record.

3 **Sickness Absence Performance Quarter One 1 April 2024 – 30 June 2024**

K Metcalfe introduced the report which provided an update on sickness absence performance for the period 1 April to 30 June 2024.

K Metcalfe noted that sickness has reduced compared to the previous year. There has been a reduction in long term sick and mental health related absence has reduced.

K Metcalfe advised that a deep dive to look at how sickness absence can be improved, has been carried out.

Discussion followed regarding our performance in comparison with other FRSs across the country, and that figures are not compared like for like in accordance with the size of the authority. K Metcalfe agreed to add narrative into the main report to clarify this.

Cllr Lee asked if Firefighters suffering from injury and unable to carry out their role, can undertake modified duties. K Metcalfe explained that a policy has been agreed whereby modified duties can be carried out for a maximum period of 4 weeks.

Cllr Lee asked for further information about Benenden Healthcare. K Metcalfe noted that Benenden Healthcare offers both a cost-effective solution to reduce sickness

absence and to support the wellbeing of the workforce. The initiative has already been used by a number of staff resulting in some good success stories.

ACTION: K Metcalfe to add narrative to the report to support the performance indicator data.

The Committee **noted** the report.

4 Health and Safety Performance Quarter One 1 April 2024 to 30 June 2024

C Williams introduced the report which provided Members with a summary of the Service's health and safety performance for 2023/24 reporting year.

The Committee **noted** the report.

5 Equality, Diversity and Inclusion Update

J Parry introduced the report which updated the committee on the Equality, Diversity and Inclusion work ongoing within the service.

Cllr Lee asked if a suitable dress code could be agreed for future Darlington Pride events following feedback received. Cllr Batey explained that this would need to be raised through the Safety Advisory Group and the organisers of the event.

The committee **noted** the report.

6 Additional Healthcare Benefit

K Metcalfe introduced the report which provided an update on the implementation of the trial of an additional workforce healthcare benefit, through Benenden Health.

K Metcalfe noted that the introduction of the initiative has not reduced sickness as hoped and stressed that it may take longer to evidence the longer-term impact.

Cllr Batey commented that the results are positive overall noting the increase in GP referrals across the service.

K Metcalfe noted that a survey of staff who have accessed the service will be carried out to evidence cost benefits and prevention of short term sickness periods.

The Committee **noted** the report.

7 Standards of Behavior: The Handling of Misconduct in the Fire and Rescue Service

K Metcalfe presented the report informing Members of the outcomes of the internal review of County Durham and Darlington Fire and Rescue Services practices against the recommendations made in HMICFRS Standards of Behaviour: The Handling of Misconduct in Fire and Rescue Services report.

K Metcalfe highlighted the HMICFRS Handling of Misconduct Improvement Plan which sets out 15 recommendations.

The Committee **noted** the content of the report and **approved** the Improved Plan.

Part B

8 Employee Relations Update

K Metcalfe introduced the report which provided details of informal and formal complaints received by the Service from its workforce as well as the instigation of any disciplinary action for the period 1 April 2024 to 30 June 2024.

ACTION: K Metcalfe to add age to the disproportionality data.

The Committee **noted** the report.

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County Durham and Darlington
Fire and Rescue Authority



Safest People, Safest Places

Human Resources Committee

26 November 2024

Sickness Absence Performance

Quarter One 1 April 2024 – 30 September 2024

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 2024 to 30 September 2024.

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 2024 to 30 September 2024 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

| Performance Indicator | Apr 24 to Sept 24 | Apr 24 To Sept 24 Target | Variance | Apr 23 to Sept 23 (PYR) | Direction of Travel |
|---|-------------------|--------------------------|----------|-------------------------|---------------------|
| Working shifts / days lost for all staff . | 5.97 | 3.5 | +2.47 | 4.69 | Up |
| Working shifts / days lost due to sickness for all Wholetime, Control and Non- Uniformed | 4.81 | 3.5 | +1.31 | 4.05 | Up |
| Working shifts / days lost due to sickness for all Wholetime and Control | 5.33 | 3.5 | +1.83 | 4.43 | Up |

8. All KPIs for sickness are significantly above target at this point in the year and performance has declined in comparison with last year for all the indicators. Compared to the same reporting quarter last year, sickness overall has increased by 27.29%. MSK and Mental Health are the large contributors to absence levels with 37% and 32.6% respectively.
9. Absences within all staff groups have seen an increase this quarter compared to the same reporting period last year. Unfortunately, all staff groups except corporate are over target at this point in the year. Over 84% of all absence is due to long term sickness and all staff groups demonstrate that in their figures. Control, RDS and FDO / DD have significantly increased since quarter 1 but will hopefully start to see a decrease going forward as some long-term absence are now returning to work.
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 24 to Sept 24 | Apr 24 To Sept 24 Target | Variance | Apr 23 to Sept 23 (PYR) | Direction of Travel |
|-----------------------|-------------------|--------------------------|----------|-------------------------|---------------------|
| WT Riders | 4.41 | 3.5 | +0.91 | 4.19 | Up |
| FDO / DD | 7.45 | 2.25 | +5.2 | 6.52 | Up |
| Control | 11.34 | 4 | +7.34 | 2.41 | Up |
| RDS | 9.78 | 4.5 | +5.28 | 6.76 | Up |
| Non-uniformed | 3.07 | 3.5 | -0.2 | 2.35 | Up |

Wholetime Station Based Firefighters (Riders)

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

| Description | Days/cost | %/£ change from Q2 2023-24 |
|---------------------------------|-----------|----------------------------|
| Total shifts lost to 30/09/2024 | 1043 | +1.36% |
| Long term sickness | 758 (73%) | +2.85% |
| Short term sickness | 285 (27%) | -2.39% |
| Approximate cost of sickness | £207,014 | +£12,533 (6.44%) |

11. The WT rider category has seen a 1.36% increase in shifts lost when compared with the same reporting period in 2023/24. Absence levels are predominantly due to long-term absence with 21 cases spanning across this quarter and 7 currently still absent.

12. MSK accounts for the highest proportion of absence with 61% of all absence attributed to this area. The main area within MSK causing the high absence rate is still knee issues. This accounts for over 46% of MSK absence for this period with three staff members absent for this reason, one of which was due to sporting injuries attained outside of work. Two of these are now back to work with the final one hopefully returning early next quarter. The Service continue to promote the physiotherapy provision and support individuals back to work at the earliest opportunity.

13. Mental Health currently accounts for 39% of total absence which has increased since this time last year. This type of absence includes anxiety, low mood, and work-related stress. Work-related stress accounts for just over 21% of all mental health absence in this category which is primarily linked to investigations and employee relations issues. Those concerned continue to receive support via the POD Team, line managers, Employee Assistance Programme (EAP) and occupational health. Depression is currently the dominant Mental Health absence with 31% of all MH absence.

14. Short term absence has decreased slightly from this time last year. However there does not appear to be a specific reason for this. There were 56 occasions of absence within the quarter for various reason including cold symptoms, gastroenteritis, and viral infections.

15. This category is over target at the end of 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 Q2 2023-24 |
|---------------------------------|-----------|----------------------------|
| Total shifts lost to 30/09/2024 | 141 | +10.15% |
| Long term sickness | 134 (95%) | +17.54% |
| Short term sickness | 7 (5%) | -50% |
| Approximate cost of sickness | £39,812 | +£5,397 (+15.68%) |

Day Duty

| Description | Days/cost | %/£ change from Q2 2023-24 |
|---------------------------------|-----------|----------------------------|
| Total shifts lost to 30/09/2024 | 187 | +8.72% |
| Long term sickness | 168 (90%) | +9.09% |

| | | |
|------------------------------|----------|-------------------|
| Short term sickness | 19 (10%) | +5.55% |
| Approximate cost of sickness | £46,024 | +£5,715 (-79.96%) |

17. The FDO category has increased by 10.15% since this quarter last year. High levels of absence in this category are predominantly linked to long term absence with reasons being MSK and Mental Health. There were 2 long term cases during this period with both now returned to work.
18. The DD category has increased by 8.72% from this time last year with 2 long term cases during this period. One has now returned to work, and one is currently still off.
19. Short term absence in both categories is low which is positive.
20. This category is over target at the end of the reporting year.

Control

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

| Description | Days/cost | %/£ change from Q2 2023-24 |
|---------------------------------|-----------|----------------------------|
| Total shifts lost to 30/09/2024 | 230.5 | +423.86% |
| Long term sickness | 209 (91%) | +209% |
| Short term sickness | 21.5 (9%) | -51.13% |
| Approximate cost of sickness | £43,453 | +£35,549 (+449.76%) |

22. The Control category of staff has lost 230.5 shifts this year, with the main reason being attributed to two cases (62%). Nine members of staff had sickness within this period (39% of the staff group), 4 of these have led to long term absence. The reason varies from work related stress, viral infection and operations. It is expected sickness levels remain high in this staff group over Q3. On a positive note, short term absence remained relatively low with only 21.5 shifts lost.
23. This category is over target at the end of the reporting year.

Non- Uniformed

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

| Description | Days/cost | %/£ change from Q2 2023-24 |
|---------------------------------|--------------|----------------------------|
| Total shifts lost to 30/09/2024 | 277.2 | +16.47% |
| Long term sickness | 202.49 (73%) | +20.52% |
| Short term sickness | 74.71 (27%) | +6.72% |
| Approximate cost of sickness | £31,659 | +£8,990 (+39.66%) |

25. This category has seen an increase of over 16% in shifts lost when compared with the same reporting period in 2023/24. There have been 6 cases of long-term sickness for various reasons including mental health, operations, and gastrointestinal spanning across the quarter.
26. This category is currently over target at this point in the reporting year.

Retained Duty System

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

| Description | Days/cost | %/£ change from Q2 2023-24 |
|---------------------------------|---------------|----------------------------|
| Total shifts lost to 30/09/2024 | 1168.41 | +38.69% |
| Long term sickness | 1112.57 (95%) | +46.90% |
| Short term sickness | 55.84 (5%) | +34.36% |
| Approximate cost of sickness | £115,953 | +£36,344 (+45.65%) |

28. The RDS category has seen an increase of 38% on shifts lost when compared with the same reporting period in 2023/24. There have been 14 long term sick cases over this period with main reasons being MSK and Mental Health. Ten of these will continue into the next quarter with many of these not having a return date in sight. Progression of an ill health retirement will support resolution of one of these cases and consideration will be given to progressing capability processes in others. Short term sickness has also increased this period by over 34%.

29. This category is over target at the end of the reporting year.

Benenden Health Trial

30. The Service continue with the 18-month trial of an additional health care benefit. In the first six months, the services of Benenden have been accessed significantly which is positive for the trial. This included access the 24/7 GO, diagnostics, physiotherapy.

31. To date we are aware of two significant surgeries have taken place through Benenden which have lessened the waiting time for an employee and allowed them to return to work sooner than anticipated. We also have various examples of the use of the 24/7 GP helpline where employees have been able to access prescriptions and remain at work rather than taking short term sickness.

32. Quarterly reporting is provided to outline which services have been accessed and total corporate usage per period. Table 1 below shows the usage from January to October 2024:

Table 1

| Service used | Number of cases |
|------------------------|-----------------|
| 24-hour GP Advice | 72 (+9) |
| Care Advice | 1 |
| Diagnostics and Tests | 25 |
| Mental Health Services | 14 (+2) |
| Physiotherapy | 34 (+7) |
| Treatment and Surgery | 5 (+1) |

33. Benenden Health is one of many initiatives the service has in place to support the workforce when they are suffering from an illness which impacts on their ability to undertake their role. Whilst sickness levels are increasing, the Service have several cases where this initiative has assisted individuals with diagnostics or brought forward surgeries which would have instigated absence at some point. The above data will form part of the evaluation of the trial in early 2025 along with staff views and case studies.

Action Taken

34. 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.

35. Several ill health retirements are being progressed which should alleviate some of the long-term absence moving into the next reporting quarter.
36. Screen savers and information about sickness levels have been shared with our workforce and covered in our leadership forums over November in a bid to try and raise awareness across all teams and highlight supportive interventions.
37. The POD team are auditing sickness records to ensure the correct application of attendance management procedures and triggers.

National Fire Service Data Comparison

38. 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.
39. 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 2024 to June 2024 (Quarter 1).
40. 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.
41. Thirty-six FRS' submitted data for the period April 2024 – June 2024. During this period, from the Fire Services who submitted data, there has been 100,566 shifts lost to sickness absence arising from 10,046 separate occurrences for all staff groups equating to 2.91 shifts per member of staff. The main causes of sickness absence for all staff groups are:
 - Musculo-Skeletal (28,897 shifts) accounting for 29%
 - Mental Health (22,983 shifts) which accounts for 23%
 - Gastro-Intestinal reasons (8,269 shifts) which accounts for 8%
42. A full copy of the national report is included in Appendix A.

Recommendation

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

National Fire and Rescue Service Sickness Absence Report



April 2024 — June 2024

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Data Quality Statement:

It has been assumed that the figures provided by the participating Fire and Rescue Services (FRS) have been validated using their quality assurance processes and calculated in accordance with the definitions provided. No further validation of data has been completed during the production of this report.

The FRS' providing data may change. For the Q1 2024/25 report, a total of 36 FRS' have returned data. This is one more than provided data in Q1 2023/24. In addition, there are differences in which FRS participated. This should be taken into consideration when comparing sickness levels and the proportion of causes of sickness historically.

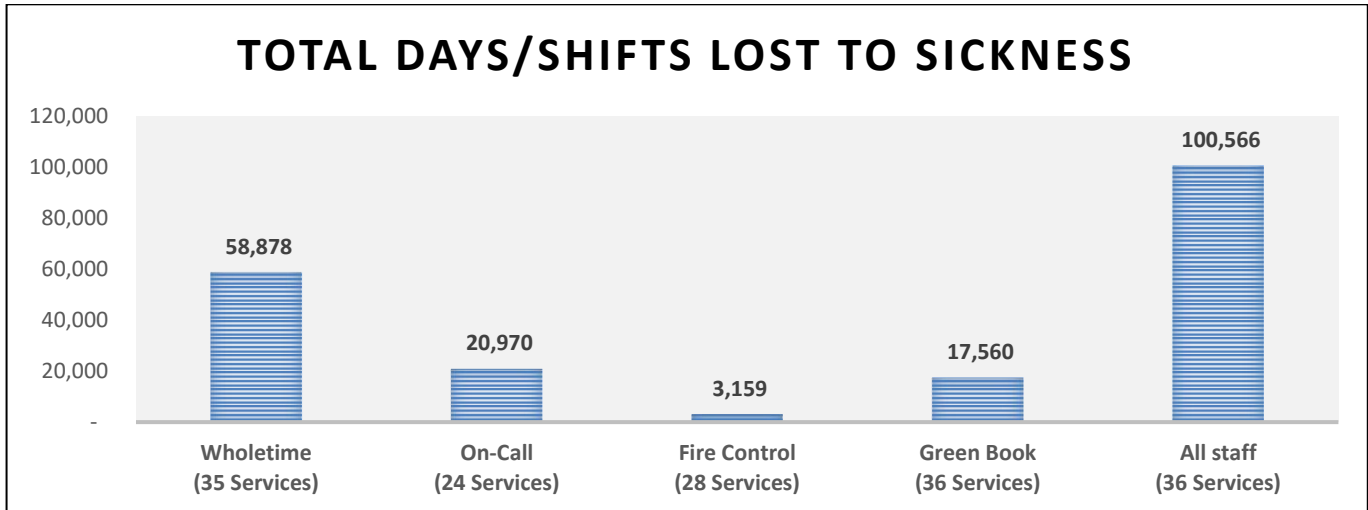
Some FRS' have only provided part of the data. For example, they may have provided duty days lost but not the number of occurrences of data or have not been able to provide information on a particular staff group. If strength data has been provided but no information is available on the duty days lost, the strength data for that particular FRS' affected staff group is removed from the report.

Services that provided data:

- Avon FRS
- Bedfordshire FRS
- Buckinghamshire FRS
- Cambridgeshire FRS
- Cheshire FRS
- Cleveland Fire Brigade
- Cornwall FRS
- Derbyshire
- Devon & Somerset FRS
- Dorset & Wiltshire FRS
- Durham & Darlington FRS
- East Sussex FRS
- Essex FRS
- Greater Manchester FRS
- Hampshire & IOW FRS
- Hertfordshire FRS
- Humberside FRS
- Kent FRS
- Lancashire FRS
- Leicestershire FRS
- London Fire Brigade
- Merseyside FRS
- North West Fire Control
- North Yorkshire FRS
- Northumberland FRS
- Nottinghamshire FRS
- Oxfordshire FRS
- Royal Berkshire FRS
- Shropshire FRS
- South Yorkshire FRS
- Surrey FRS
- Tyne & Wear FRS
- Warwickshire FRS
- West Midlands FRS
- West Sussex FRS
- West Yorkshire FRS

Sickness Absence – National Total Data

The chart below shows the total days/shifts lost to sickness nationally (only for those services which provided data) for the period April 2024 – June 2024. In the same period 2023/24, 35 Fire and Rescue Services provided either all or part of the data requested. The number of participating FRS for the same period in 2024/25 has increased by one to 36 (Including North West Fire Control).



During this period, from the Fire Services who submitted data, there have been 100,566 shifts lost to sickness absence arising from 10,046 separate occurrences for all staff groups equating to **2.91** shifts per member of staff.

The main causes of sickness absence for all staff groups are:

Musculo-Skeletal (28,897 shifts) accounting for 29% of all sickness absence followed by Mental Health (22,983 shifts) which accounts for 23% of sickness absence.

The third main cause of sickness absence during Quarter One 2024/25 was Gastro-Intestinal reasons with 8,269 shifts lost, 8% of sickness absence, closely followed by Respiratory reasons with 7,451 shifts lost, 7% of sickness absence. Respiratory reasons historically has been the third main cause.

It can also be noted that if the three 'Not Specified' reporting categories are combined these have a total duty days lost of 7,329, representing 7% of sickness absence.

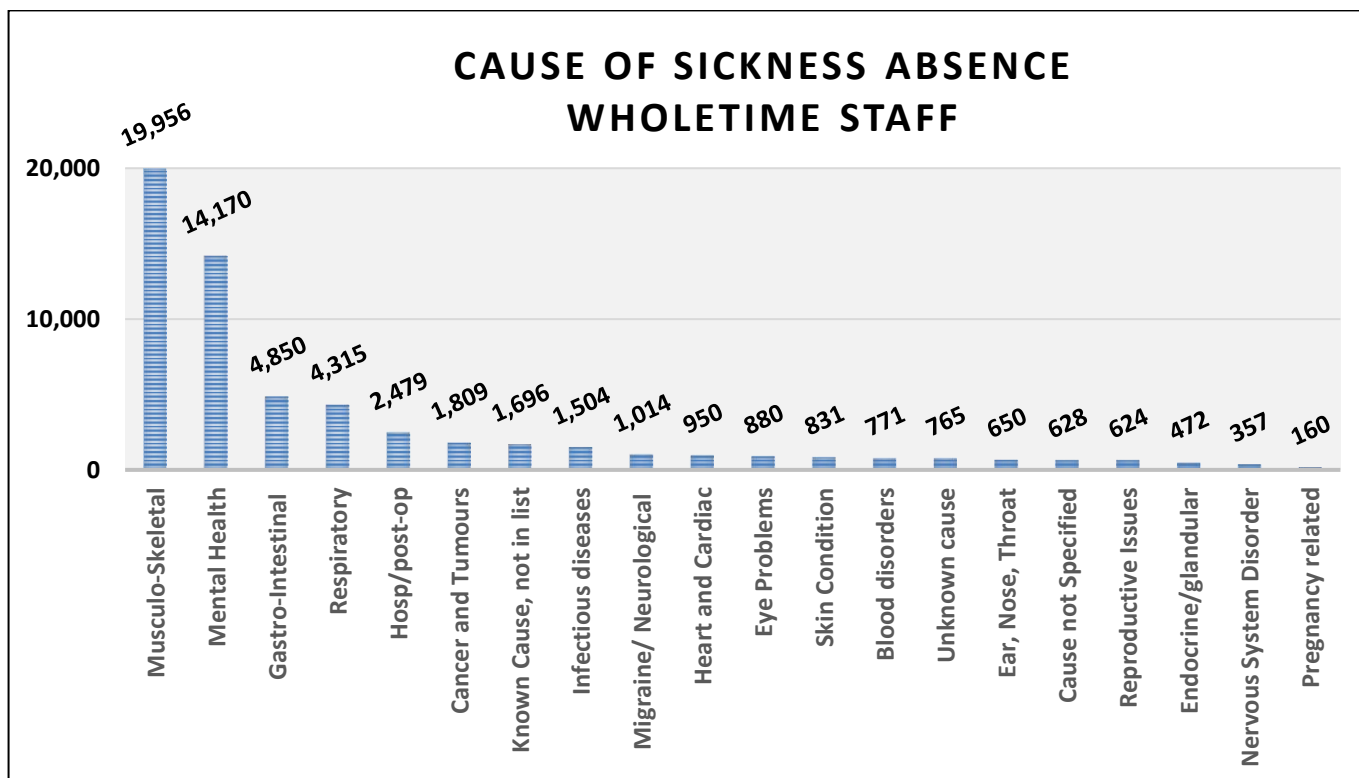
The following sections analyse sickness absence into the four main categories of employees within the Fire and Rescue Services; Wholetime, On-Call, Fire Control and Green Book.

Sickness Absence – National Total Data Wholetime

Causes of Sickness Absence - Wholetime Staff

(35 of 35 Services submitted data)

The chart below shows all causes of sickness absence and the number of days/shifts lost to each cause in ranked order from highest to lowest:

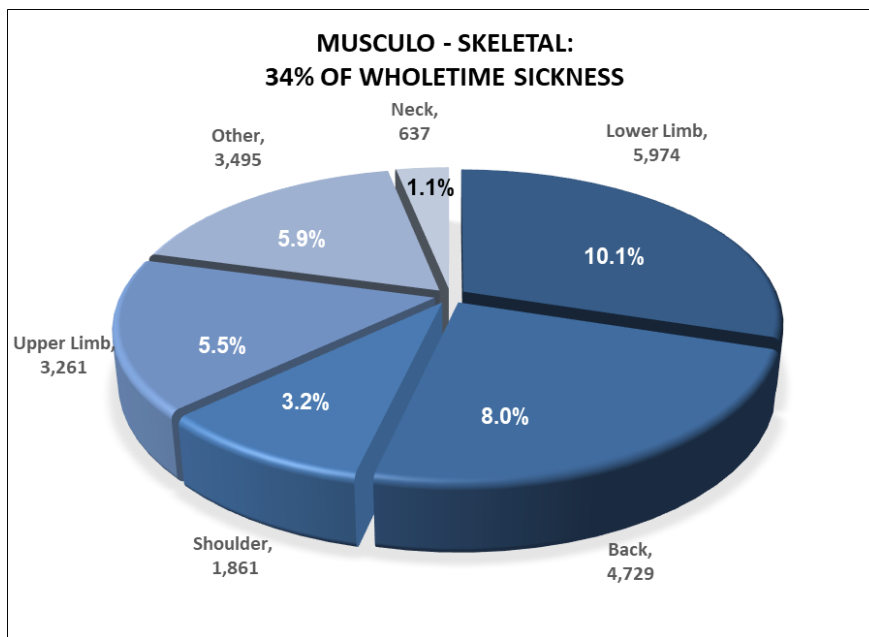


A total of 58,878 days/shifts have been lost to sickness absence during Q1 2024/25. During the same reporting period 2023/24, Wholetime sickness recorded 49,097 shifts lost due to sickness absence therefore showing that during 2024/25 there has been an 20% increase in Wholetime sickness absence nationally.

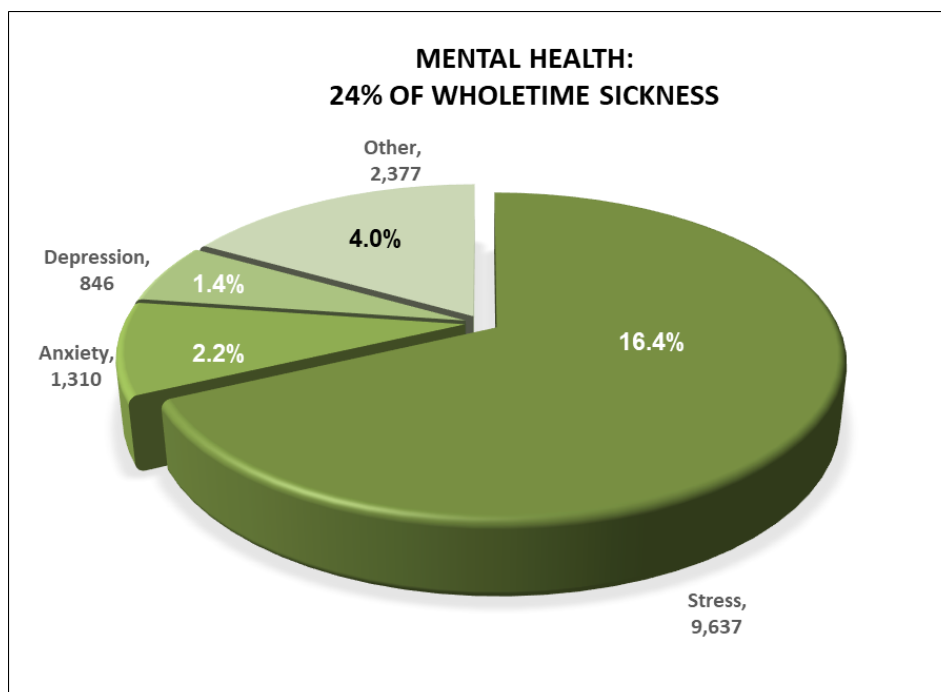
The top three causes of sickness reported for Wholetime staff are Musculo-Skeletal, Mental Health and Gastro-Intestinal Reason. This is the same as during the same period in 2023/24.

Musculo-Skeletal, Mental Health and Respiratory causes have a number of sub categories, with a breakdown of these categories provided in the following charts:

Sickness Absence – National Total Data Wholetime

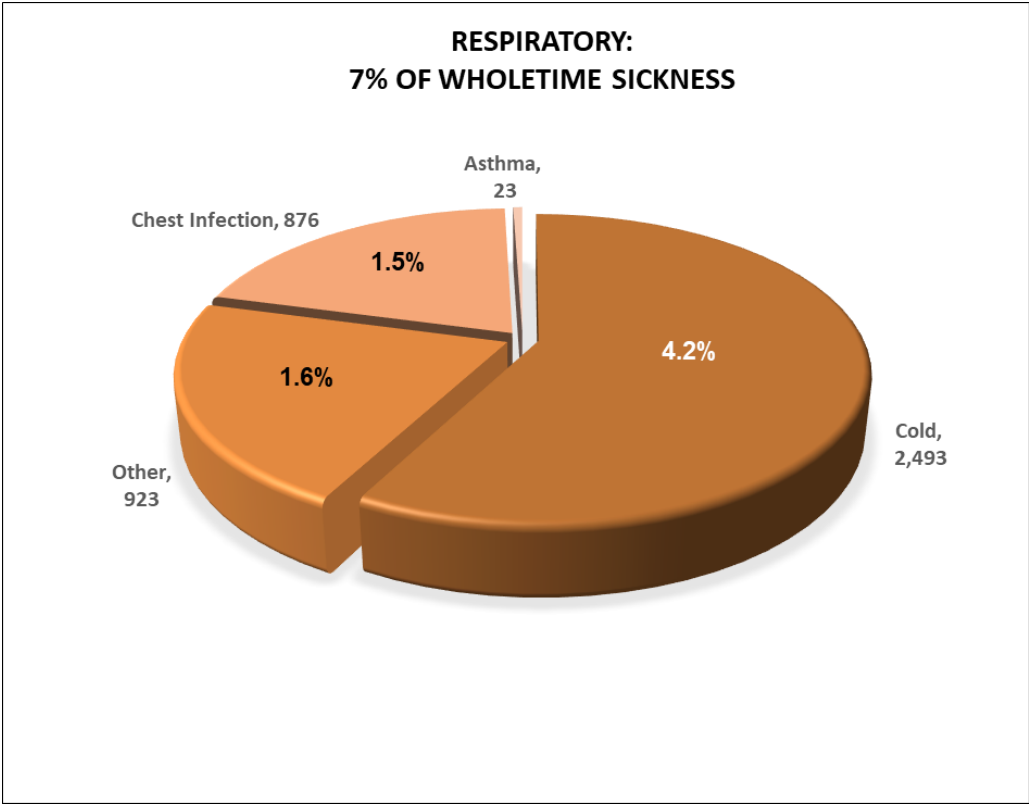


Musculo-Skeletal related absence accounts for 34% (19,956 shifts lost) of the total absence for Wholetime staff. Lower Limb was recorded as the highest, with 10.1% (5,974 shifts lost) followed by Back issues with 8.0% (4,729 shifts lost). For the same period in the previous year, Musculo-Skeletal accounted for 35% of shifts lost.



Mental Health reasons for sickness absence accounted for 24% (14,170 shifts lost) of Wholetime personnel absence and is the second highest reason for absence. Stress is the highest factor within the Mental Health categories, accounting for 16.4% of all Wholetime sickness (9,637). For the same period in the previous year, Mental Health accounted for 27% of reported sickness absence.

Sickness Absence – National Total Data Wholetime



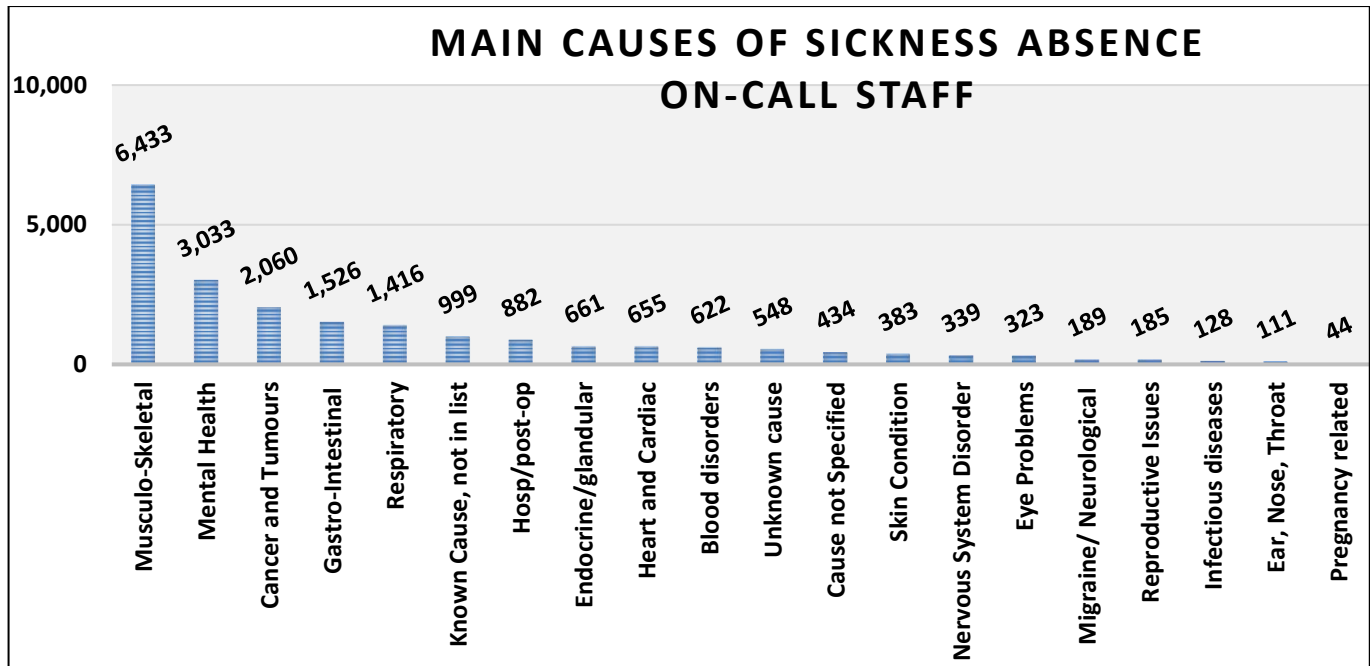
Respiratory reasons for sickness in Wholetime staff accounts for 7% (4,315 shifts), and is the fourth highest cause of all Wholetime sickness during the reporting period. The Common Cold accounts for the highest absence within the Respiratory group with 4.2% (2,493) shifts lost. During the previous financial year of 2023/24, Respiratory reasons for sickness accounted for 5% of days/shifts lost and was also the fourth highest cause of absence amongst this staff group.

Sickness Absence – National Total Data On-Call

Causes of Sickness Absence - On-Call Staff

(24 of 24 Services submitted data)

The chart below shows all causes of sickness absence recorded for On-Call Staff and the number of days/shifts lost to each cause ranked in order from highest to lowest:

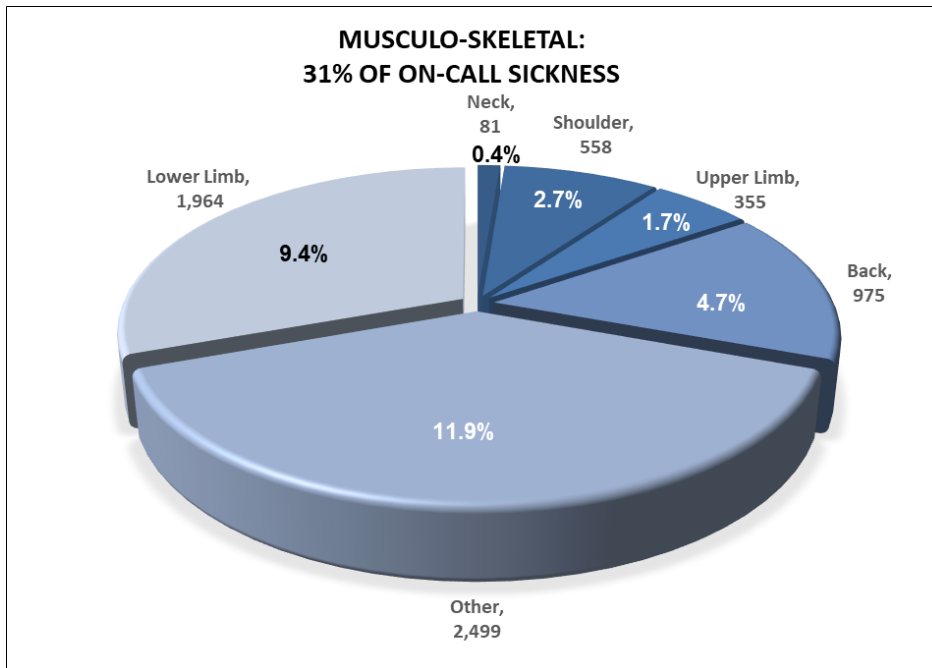


A total of 20,970 days/shifts were reported lost to sickness absence during 2024/25. During the same reporting period 2023/24, On-Call sickness recorded 19,086 shifts lost due to sickness absence, therefore showing a 10% increase in reported On-Call sickness absence nationally.

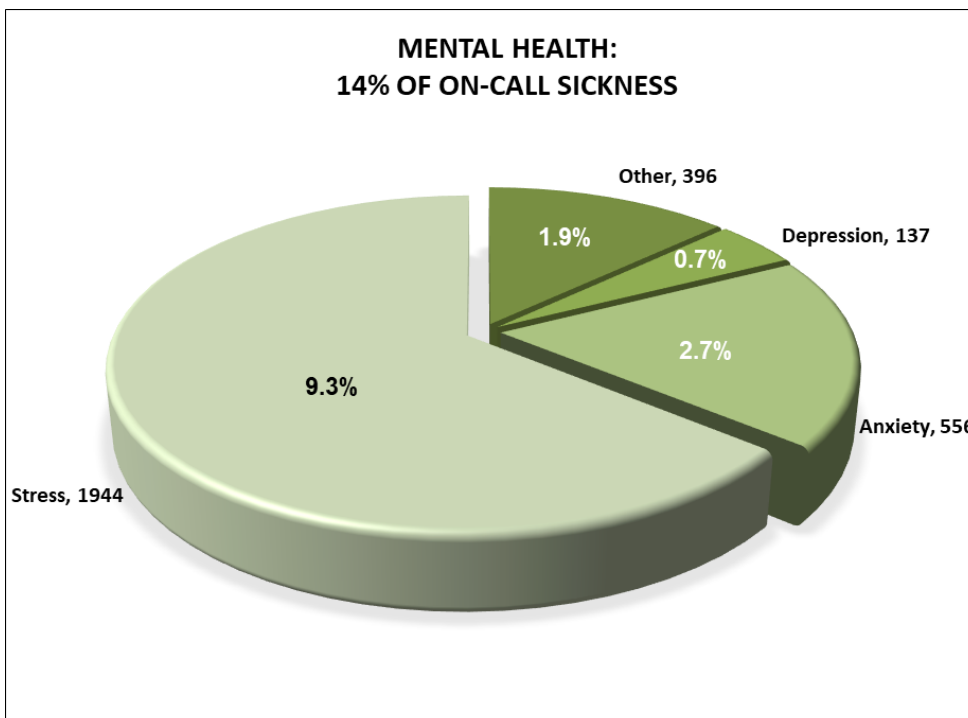
The top three causes of sickness reported for On-Call staff are Musculo-Skeletal, Mental Health and sickness caused by Cancers followed by Gastro-Intestinal. In the same period 2023/24, the top three causes were Musculo-Skeletal, Mental Health and Other Known Causes (not specified).

Musculo-Skeletal, Mental Health and Respiratory causes have a number of sub categories, with a breakdown of these categories provided in the following charts.

Sickness Absence – National Total Data On-Call

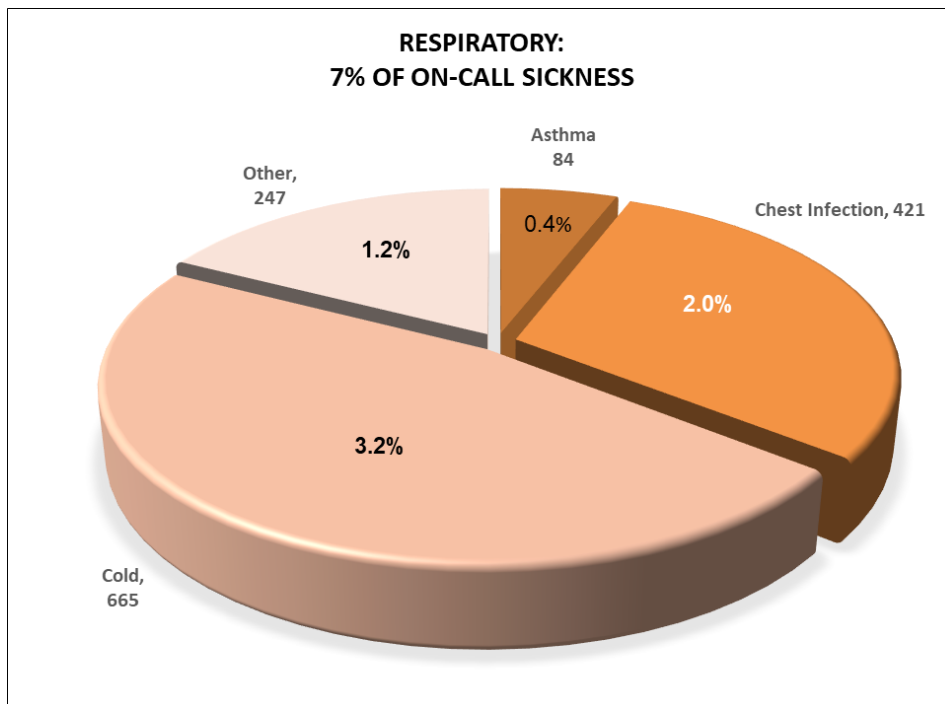


Musculo-Skeletal related absence accounts for 31% (6,433 shifts lost) of the total absence for On-Call staff. Other reasons are the highest within this category with 11.9% (2,499 shifts lost). In the previous year, Musculo-Skeletal accounted for 47% of reported On-Call sickness.



Mental Health reasons for sickness absence accounts for 14% (3,033 shifts lost) of On-Call personnel absence and is the second highest reason for absence after Musculo-Skeletal. Stress, which is a sub category of the Mental Health group of reasons, accounts for 9.3% (1,944) of On-Call sickness absence. For the same period in the previous year, Mental Health accounted for 15% of On-Call shifts lost.

Sickness Absence – National Total Data On-Call



Respiratory related absence for On-Call staff accounts for 7% of all On-Call Sickness absence (1,416 shifts) and is the fifth most common recorded cause of absence. The sub-category, The Common Cold, accounts for the most absences within this category, with 3.2% (665 shifts) of all absences.

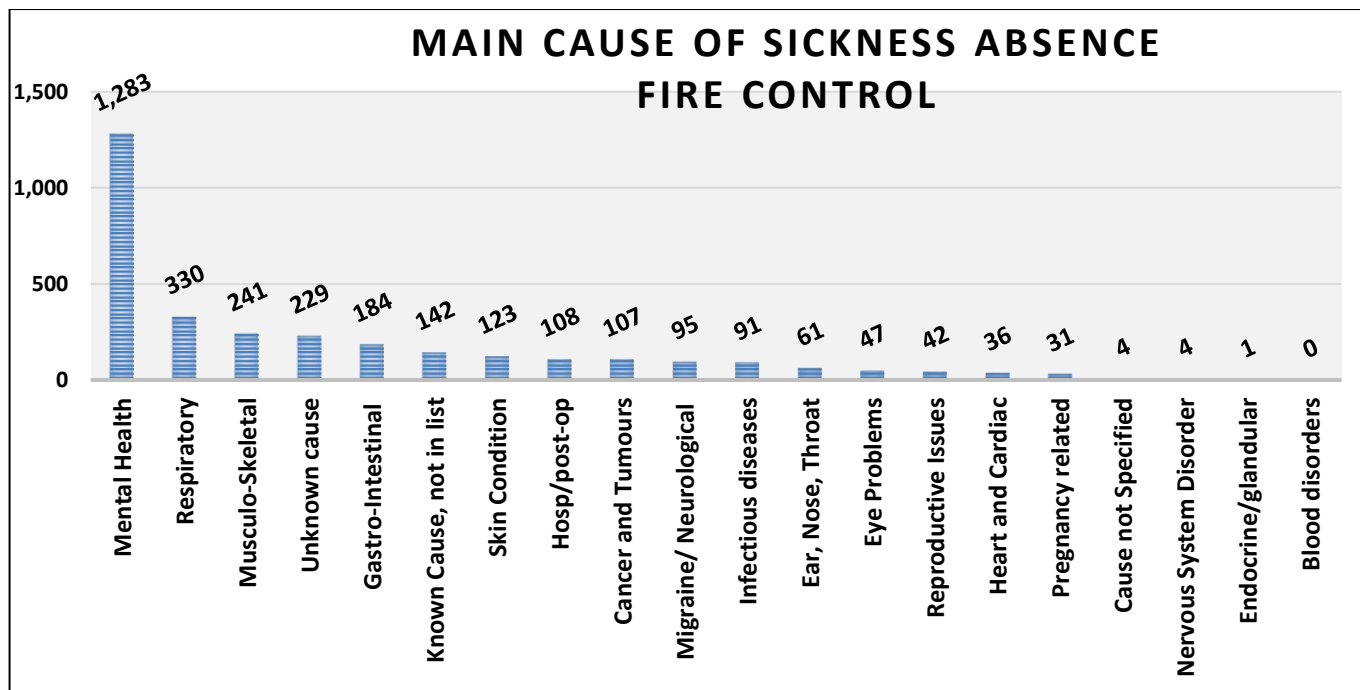
For the same period in the previous year, Respiratory Reasons accounted for 5% of reported shifts lost to this staff group.

Sickness Absence – National Total Data Fire Control

Causes of Sickness Absence – Fire Control

(28 of 28 Services submitted data)

The chart below shows all causes of sickness absence and the number of days/shifts lost to each cause:

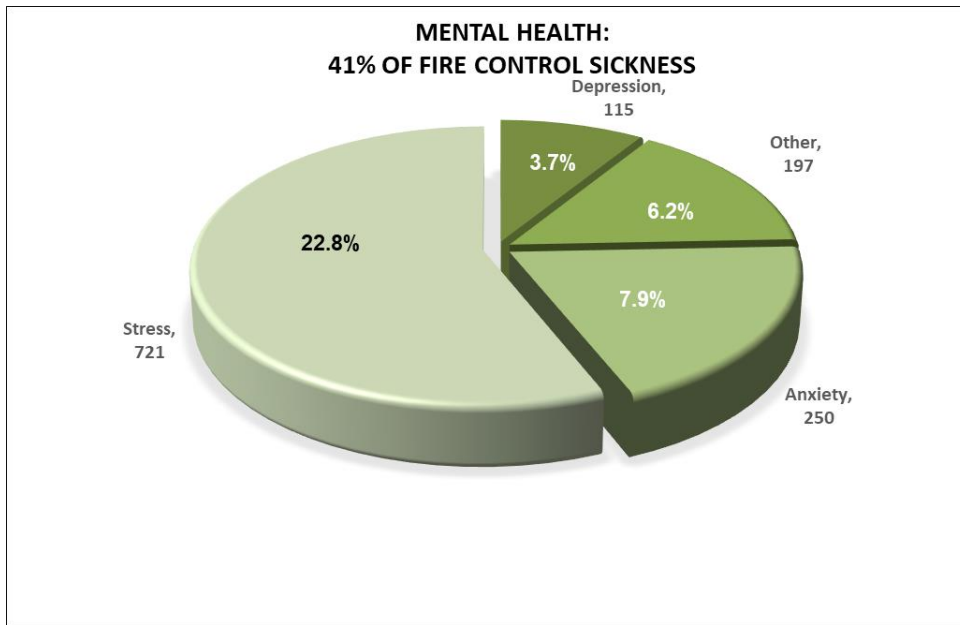


A total of 3,159 days/shifts were lost to sickness absence during 2024/25. During the same period in 2023/24, sickness for Fire Control accounted for 2,516 shifts lost therefore showing a 26% increase in reported absence nationally.

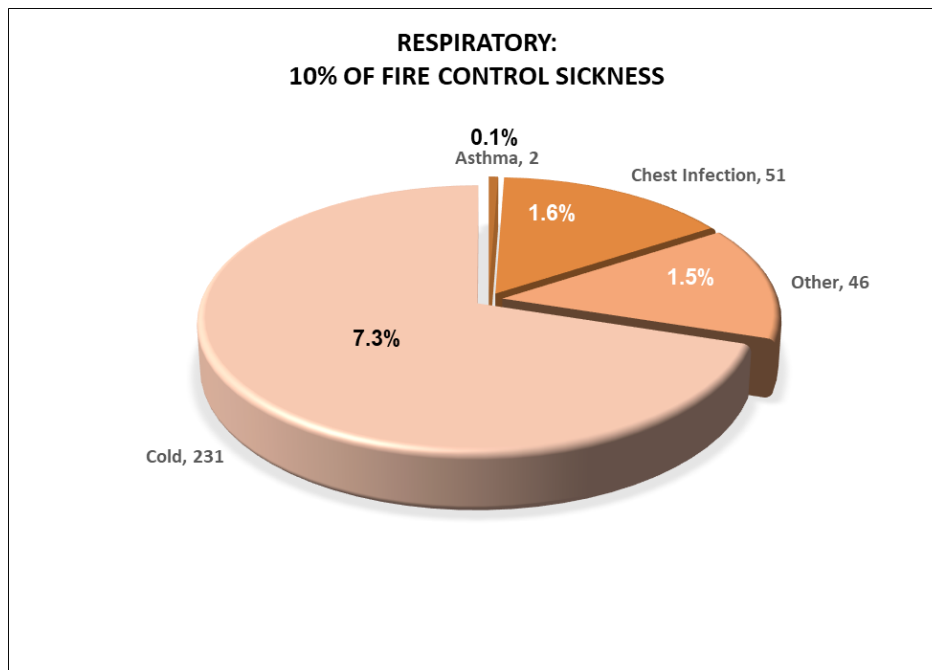
The top three causes of sickness for Fire Control staff were identified to be Mental Health, Respiratory and Musculo-Skeletal. During the same period 2023/24, the three main causes were Mental Health, Musculo-Skeletal and Gastro-Intestinal.

Mental Health, Respiratory and Musculo-Skeletal causes have a number of sub categories, with a breakdown of these categories provided in the following charts.

Sickness Absence – National Total Data Fire Control

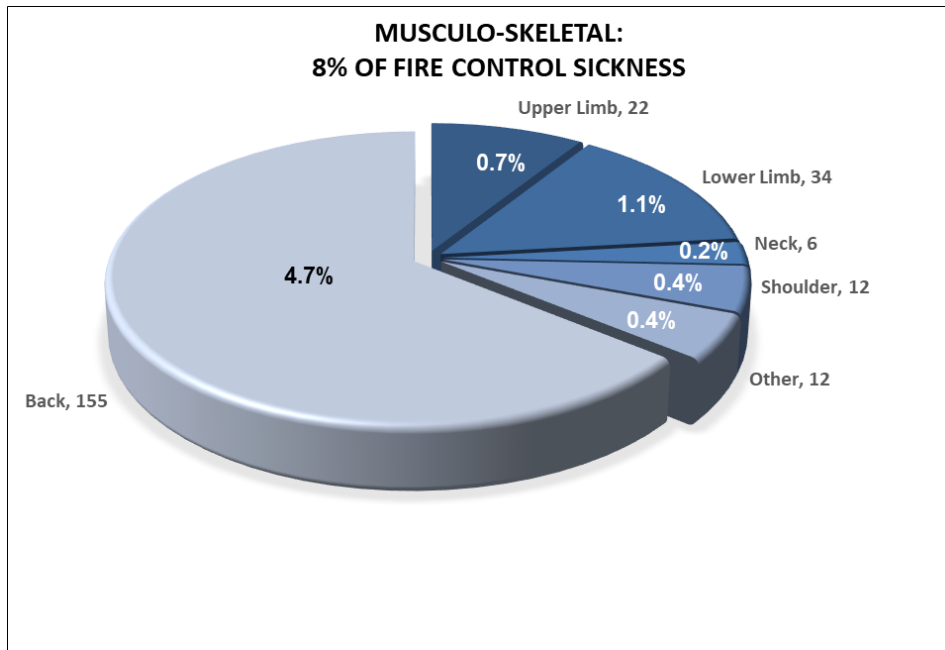


Mental Health reasons for sickness absence accounts for 41% (1,283 shifts lost) for Fire Control staff and is the main cause of sickness. Stress, which is a sub category of the Mental Health group of causes, accounts for 22.8% (721 shifts) and is the main contributing cause attributed to Fire Control sickness absence. For the same period the previous year, Mental Health accounted for 42% of shifts lost.



Respiratory related absence for Fire Control staff accounts for 10% (330 shifts). Comparing this data to the same period in the previous year, Respiratory reasons accounted for 6% of Fire Control sickness recorded.

Sickness Absence – National Total Data Fire Control



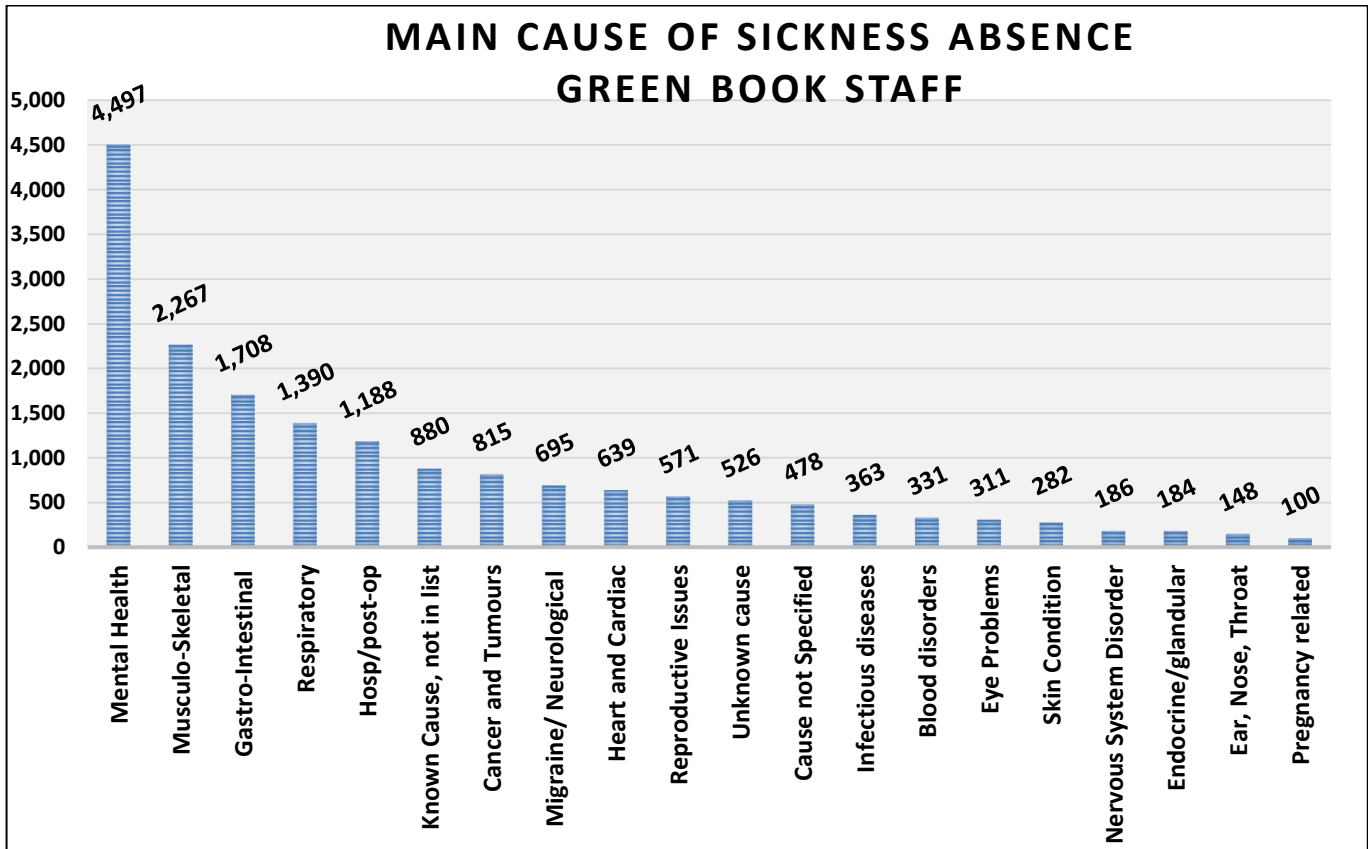
Musculo-Skeletal related absence accounted for 8% (241 shifts lost) of the total absence for Fire Control staff and is the third most common cause of shifts lost. Back related injuries were the main issues recorded within this sub-category accounting for 4.9% (155 shifts lost). For the same period in the previous year, Musculo-Skeletal accounted for 14% of shifts lost.

Sickness Absence – National Total Data Green Book

Causes of Sickness Absence – Green Book Staff

(36 of 36 Services submitted data)

The chart below shows all causes of sickness absence and the number of days/shifts lost to each cause:

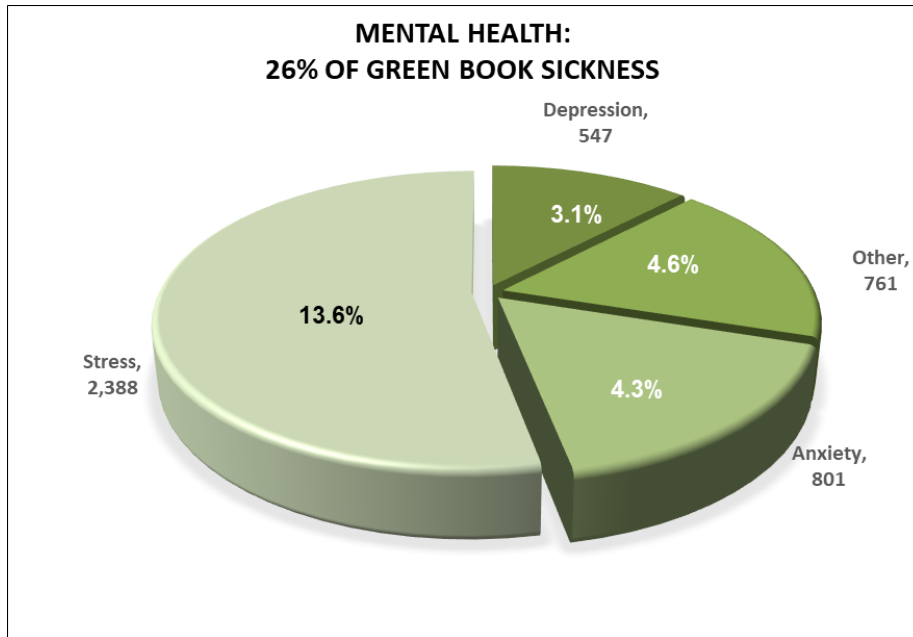


A total of 17,560 days/shifts were lost to sickness absence for Green Book staff during Q1 2024/25. During the same period in 2023/24 sickness for Green Book accounted for 14,154 shifts lost therefore showing an increase of 24% in reported absence nationally.

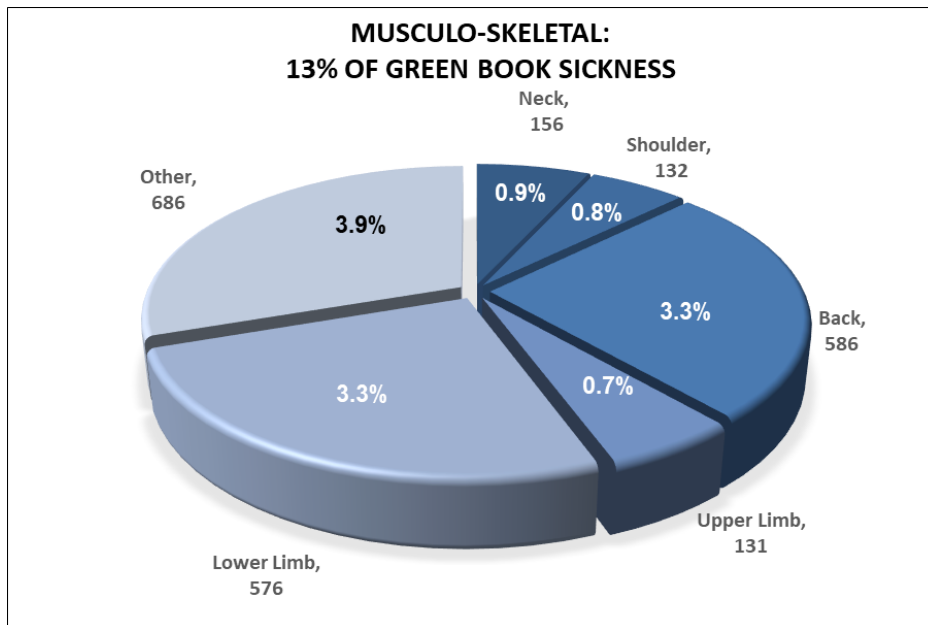
The top three causes of sickness reported for Green Book are Mental Health, Musculo-Skeletal and Gastro-Intestinal. Mental Health, Musculo-Skeletal and Respiratory were the three main categories reported in the same period 2023/24.

Mental Health, Musculo-Skeletal and Respiratory causes have a number of sub categories, with a breakdown of these categories provided in the following charts.

Sickness Absence – National Total Data Green Book

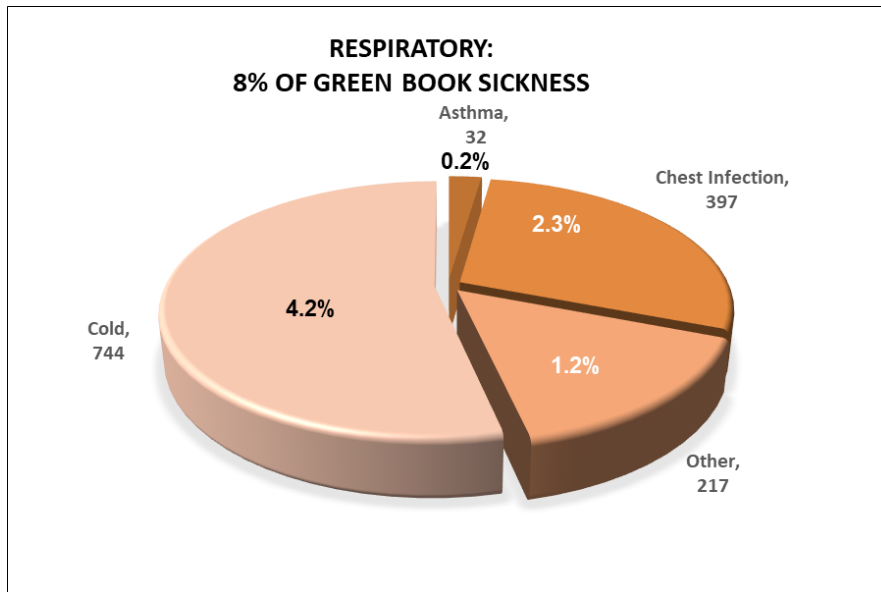


Mental Health sickness absence accounts for 26% (4,497 shifts/days lost) of Green Book staff absence. The sub category Stress is the highest cause of sickness absence for Green Book with 13.6% (2,388 shifts/days) being attributed to this category. During the same period 2023/24, Mental Health accounted for 37% of Green Book shifts lost.



Musculo-Skeletal related sickness absence accounted for 13% (2,267 shifts/days lost) of the total absences for Green Book staff for 2024/25, with Other issues recording the highest number of absences at 3.9% (686 shifts/days). When comparing this to the same reporting period during 2023/24, Musculo-Skeletal absences accounted for 15% of shifts lost.

Sickness Absence – National Total Data Green Book



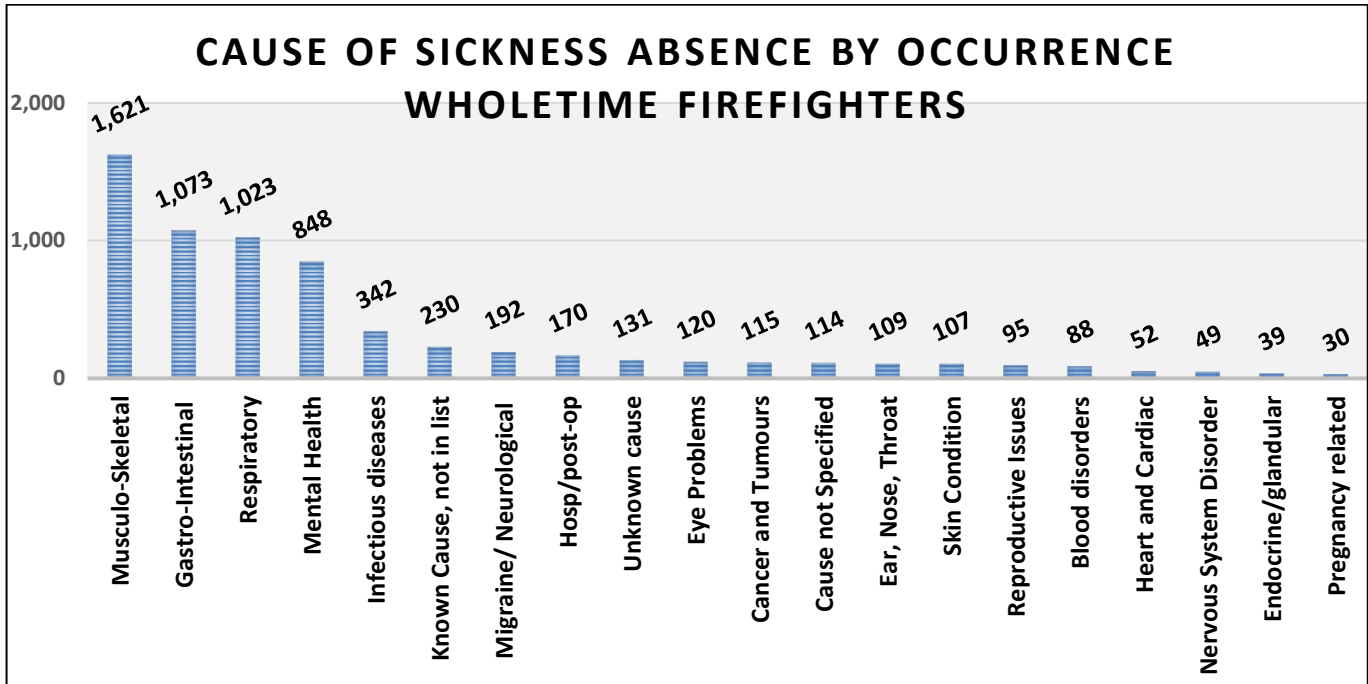
Respiratory related absence for Green Book staff accounts for 8% (1,390 shifts). Comparing this to the same period in the previous year, Respiratory reasons accounted for 6% of Green Book sickness.

Sickness Absence by Occurrence – National Total Data: Wholetime Staff

Causes of Sickness Absence by Occurrence - Wholetime Staff

(35 of 36 Services submitted data)

The chart below shows the causes of sickness absence against the number of occurrences:

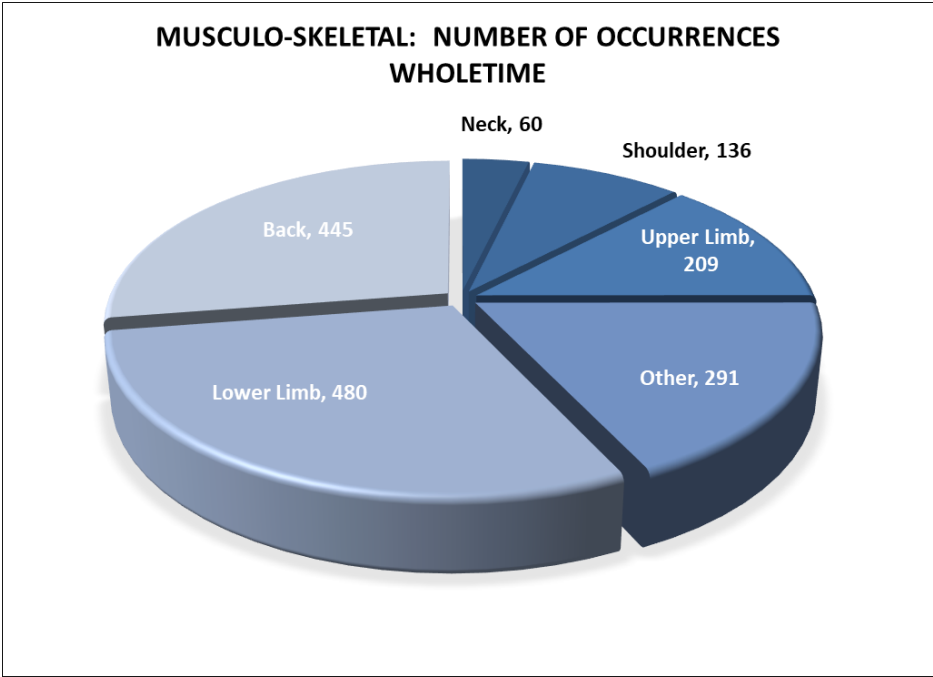


A total of 6,549 separate instances of sickness absence occurred during 2024/25 for Wholetime staff, with the top three causes of separate instances of sickness identified to be Musculo-Skeletal, Gastro-Intestinal and Respiratory illnesses.

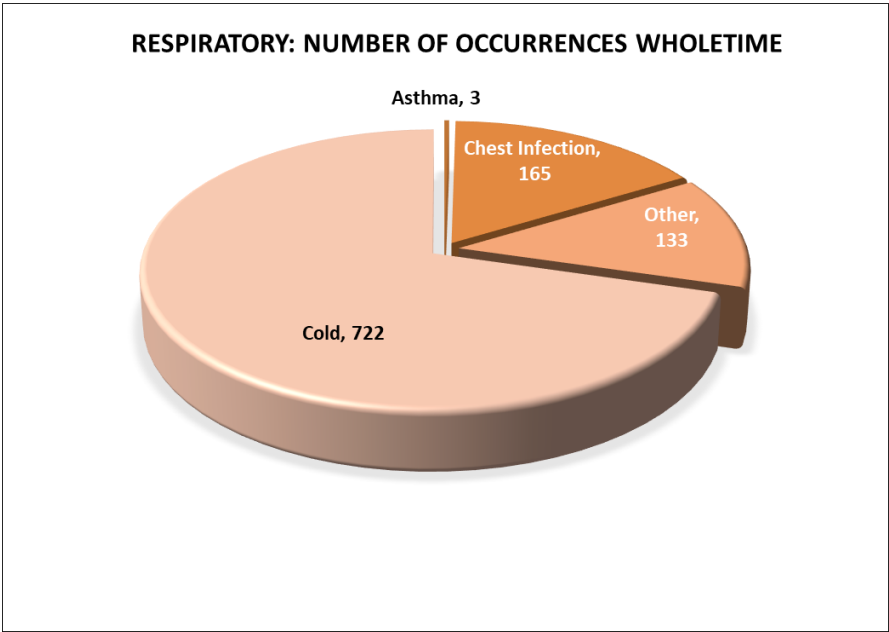
During the same reporting period 2023/24, Wholetime sickness saw 5,603 occurrences of sickness absence. This indicates that during 2023/24, the reported occurrences of sickness have increased by 17% amongst Wholetime staff nationally.

Musculo-Skeletal, Respiratory and Mental Health causes have a number of sub categories, with a breakdown of these categories provided in the following charts.

Sickness Absence by Occurrence – National Total Data: Wholetime Staff

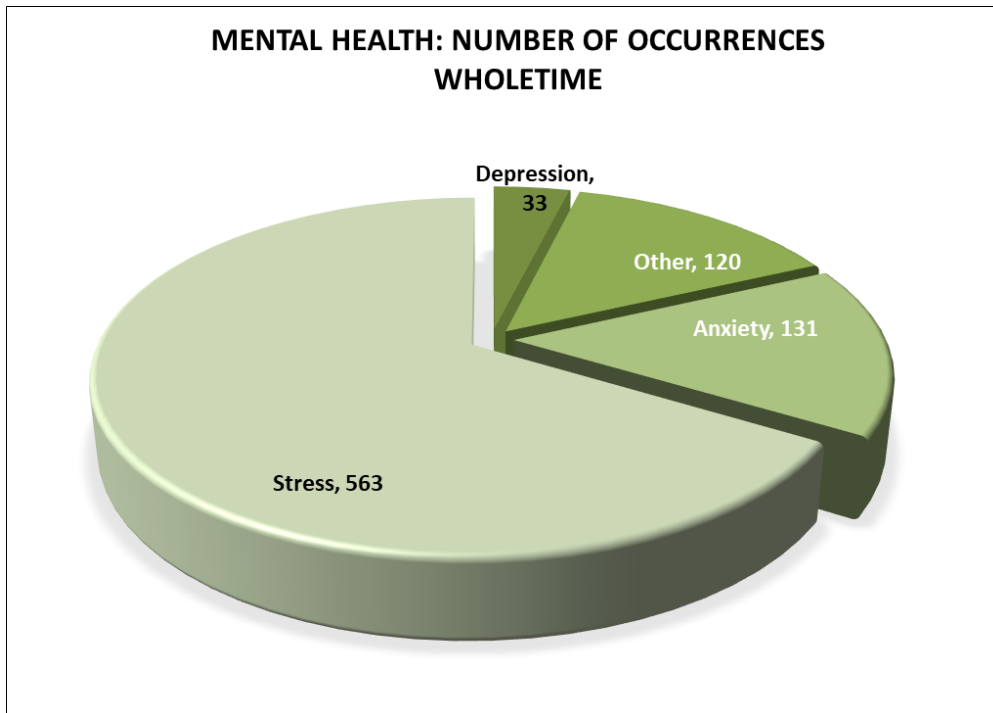


Musculo-Skeletal issues have recorded the highest number of separate occurrences with 1,621 reported in quarter 1 2024/25. Lower Limb issues has recorded the highest number of occurrences with 480, which is 29.6% of the occurrences within the Musculo-Skeletal category. During 2023/24, Musculo-Skeletal issues accounted for 1,550 occurrences, therefore the number of reported occurrences year on year has increased by 5%.



Respiratory issues have recorded 1,023 separate occurrences of absence and is the third highest category within Wholetime absence reporting. The Common Cold is recorded as the highest sub category with 722 separate occurrences representing 70.5% of the occurrences within the Respiratory category. In 2023/24, Respiratory issues accounted for 706 reported sickness occurrences within Wholetime staff, an increase of 42% during 2024/25.

Sickness Absence by Occurrence – National Total Data: Wholetime Staff



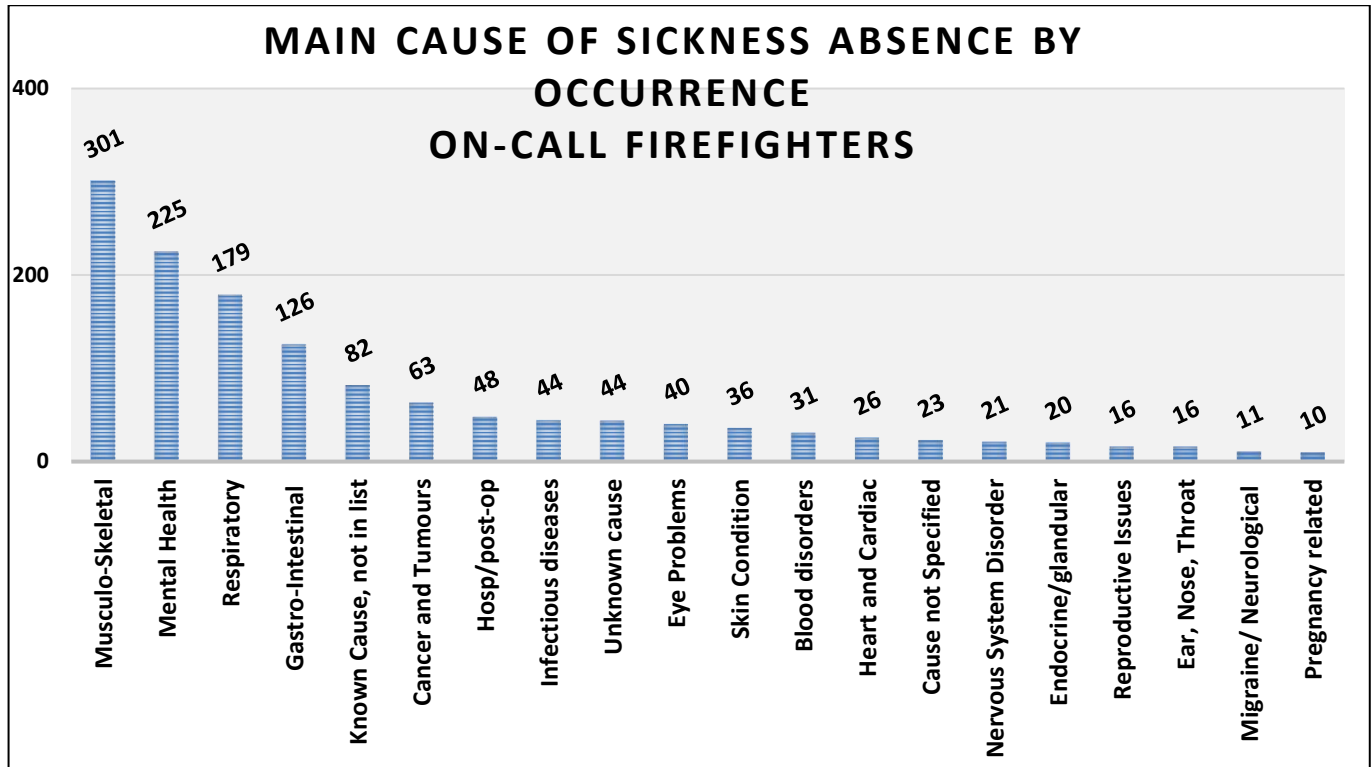
Mental Health has recorded 848 separate occurrences of absence amongst Wholetime staff. Stress is the highest cause within this group with 563 separate occurrences (66% of all Mental Health). Mental Health sickness occurrences for Wholetime staff in 2023/24 saw 577 occurrences, therefore demonstrating a 47% increase in reported occurrences of sickness involving Mental Health during 2023/24.

Sickness Absence by Occurrence – National Total Data: On-Call Staff

Causes of Sickness Absence by Occurrence - On-Call Staff

(22 of 24 Services submitted data)

The chart below shows the main causes of sickness absence and the number of occurrences:

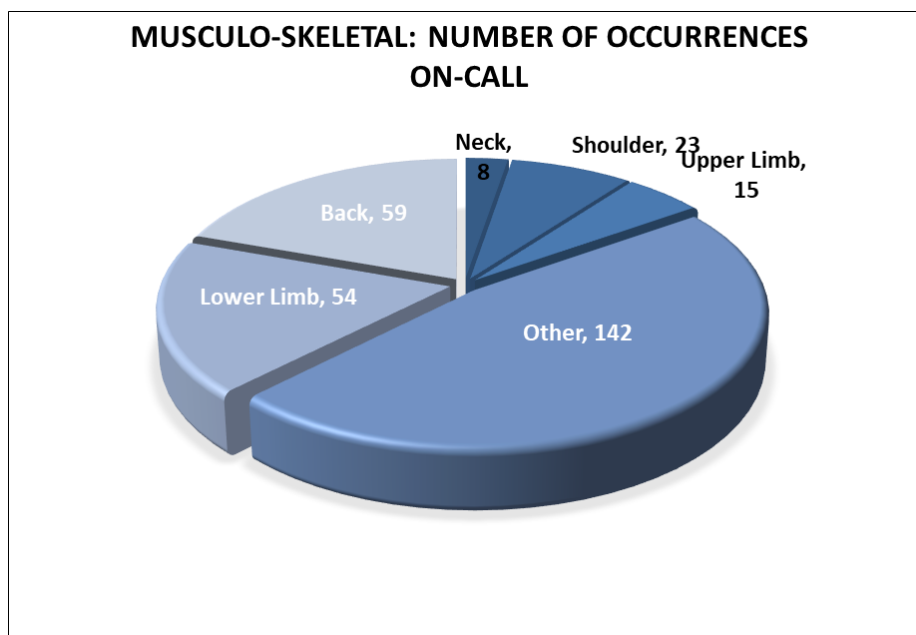


A total of 1,363 separate instances of sickness absence were recorded by participating FRS' during 2024/25 for On-Call staff, with the top three causes of separate instances of sickness identified to be Musculo-Skeletal, Mental Health and Respiratory illnesses.

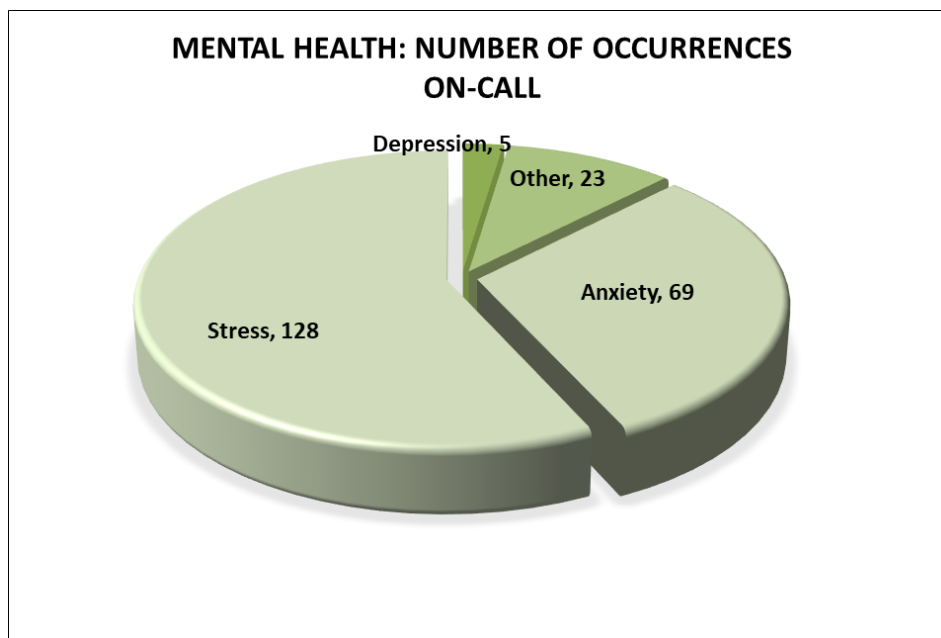
During the same reporting period 2023/24, On-Call sickness saw 1,165 occurrences of sickness absence. This shows that during 2024/25, reported occurrences of sickness absence have increased by 17% in On-Call staff nationally.

Musculo-Skeletal, Mental Health and Respiratory causes have a number of sub categories, with a breakdown of these categories provided in the following charts.

Sickness Absence by Occurrence – National Total Data: On-Call Staff

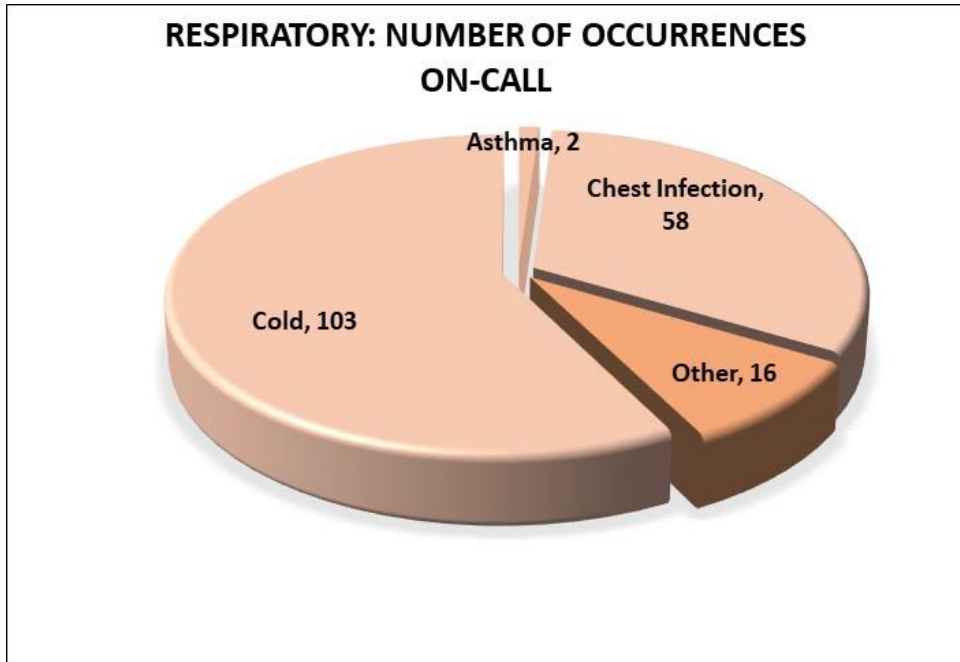


Musculo-Skeletal issues have recorded the highest number of separate occurrences with 301 separate occurrences. Other issues have the highest number of occurrences of absence amongst the sub categories, with 142 occurrences (47.2% of all Musculo-Skeletal). In 2023/24, Musculo-Skeletal issues accounted for 370 occurrences, a reduction of 19% in reported occurrences year on year.



Mental Health issues are the second highest category of occurrences and have recorded 225 separate occurrences of absence. Stress is ranked as the highest within the sub-categories, with 128 separate occurrences of absence reported by the participating FRS' (56.9% of all Mental Health occurrences). In 2023/24, Mental Health issues accounted for 91 occurrences, showing a 147% increase year on year.

Sickness Absence by Occurrence – National Total Data: On-Call Staff



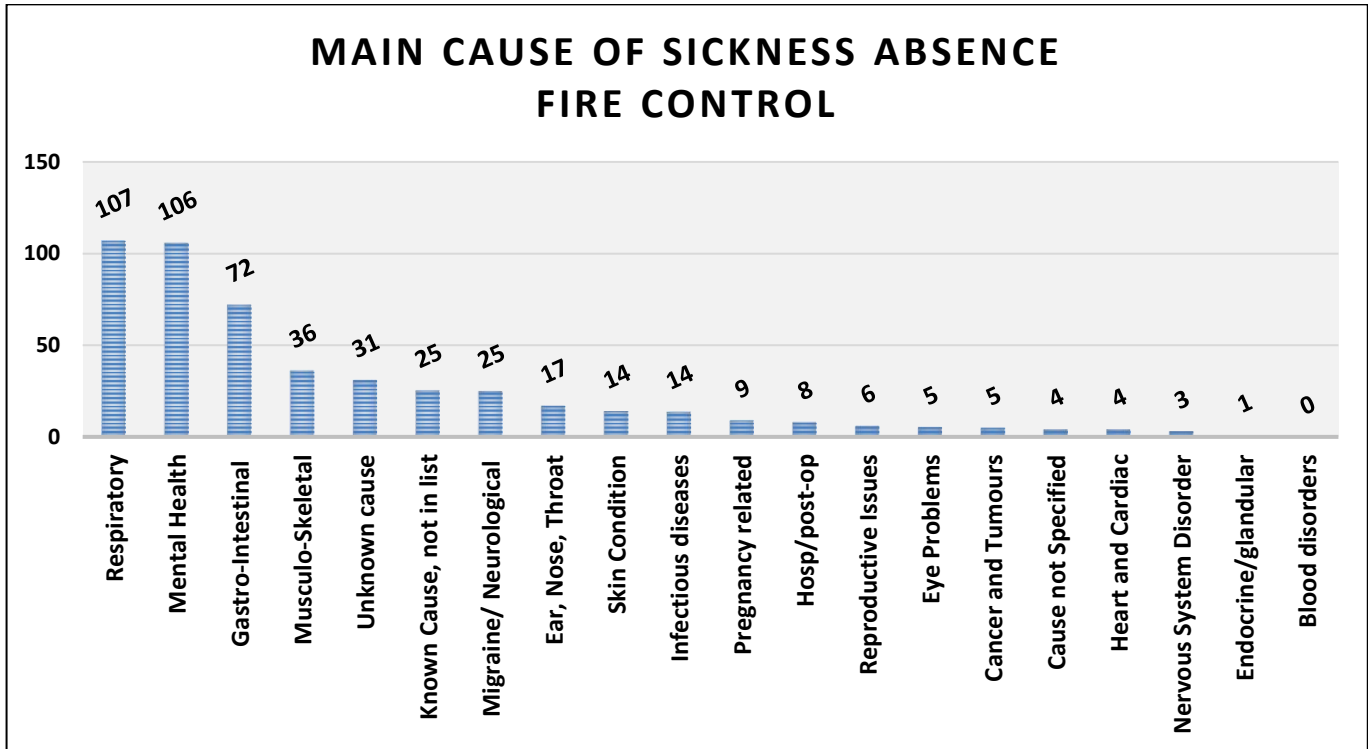
Respiratory issues have recorded 179 separate occurrences of absence and is the third highest category within On-Call absence reporting during 2024/25. The Common Cold is the highest sub category within this group with 103 separate occurrences (57.5% of Respiratory occurrences). In 2023/24, Respiratory issues accounted for 134 occurrences, an increase of 34% year on year.

Sickness Absence by Occurrence – National Total Data: Fire Control

Causes of Sickness Absence by Occurrence – Fire Control

(27 of 28 Services submitted data)

The chart below shows the main causes of sickness absence and the number of occurrences:

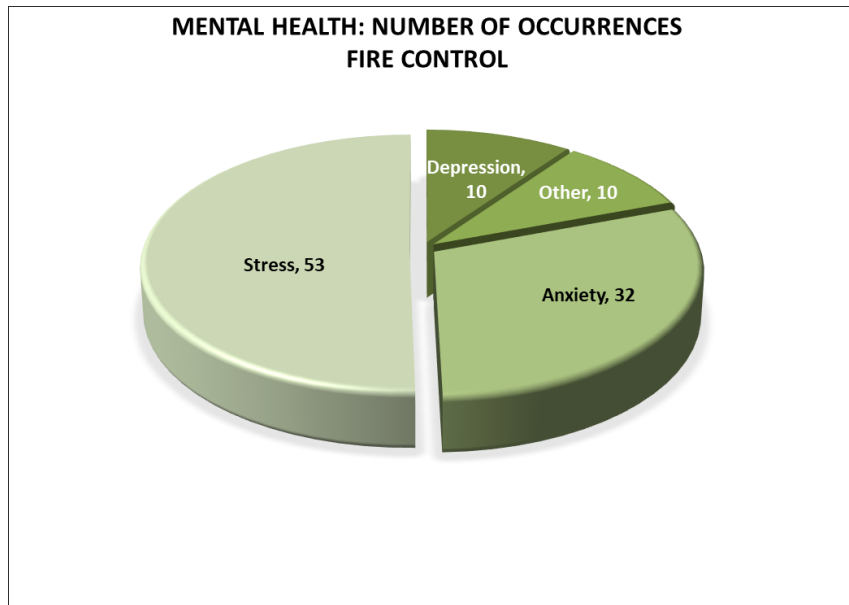


A total of 492 separate instances of sickness absence occurred during 2023/24 for Fire Control staff, with the top three causes of separate instances of sickness identified to be Mental Health, Respiratory and Gastro-Intestinal.

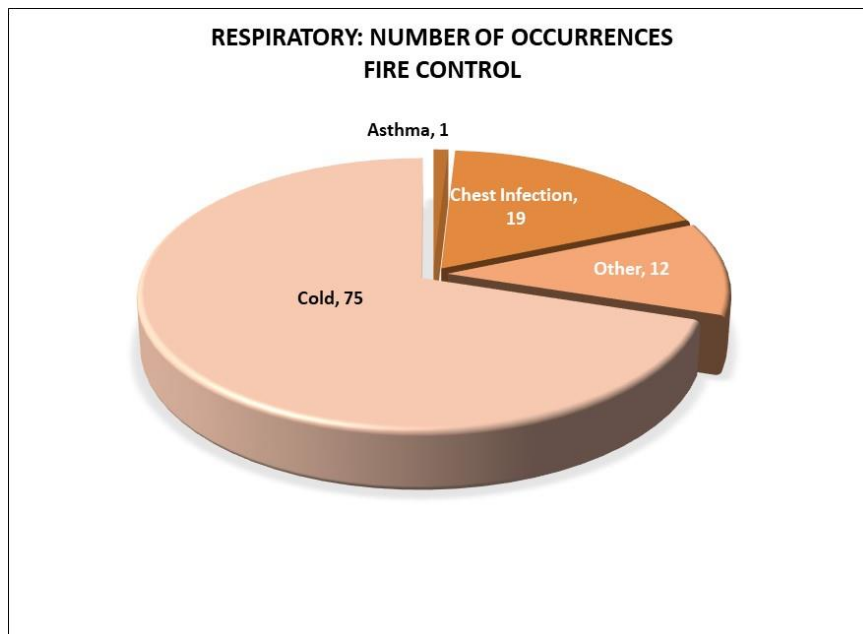
During the same reporting period 2023/24, Fire Control sickness saw 399 occurrences of sickness absence, an increase of 23% year on year in occurrences of sickness absence reported by the participating FRS in Fire Control staff nationally.

Mental Health, Respiratory and Musculo-Skeletal causes have a number of sub categories, with a breakdown of these categories provided in the following charts.

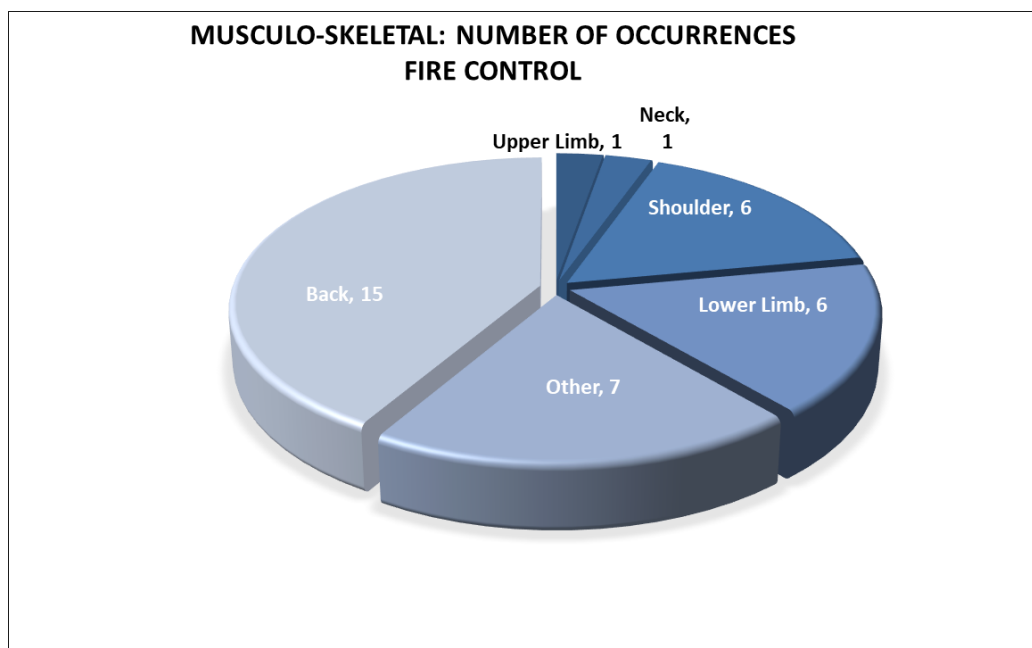
Sickness Absence by Occurrence – National Total Data: Fire Control



Mental Health issues have recorded 106 separate occurrences. Stress is recorded as the highest cause of occurrences within this category with 53 occurrences (50.4%). In 2023/24, Mental Health accounted for 63 occurrences, an increase of 68% year on year.



Respiratory issues have recorded 107 separate occurrences of absence. The Common Cold is recorded as the highest sub category of this group with 75 separate occurrences (70.1% of all Respiratory occurrences). In 2023/24, Respiratory issues accounted for 63 occurrences, an increase of 69% year on year.

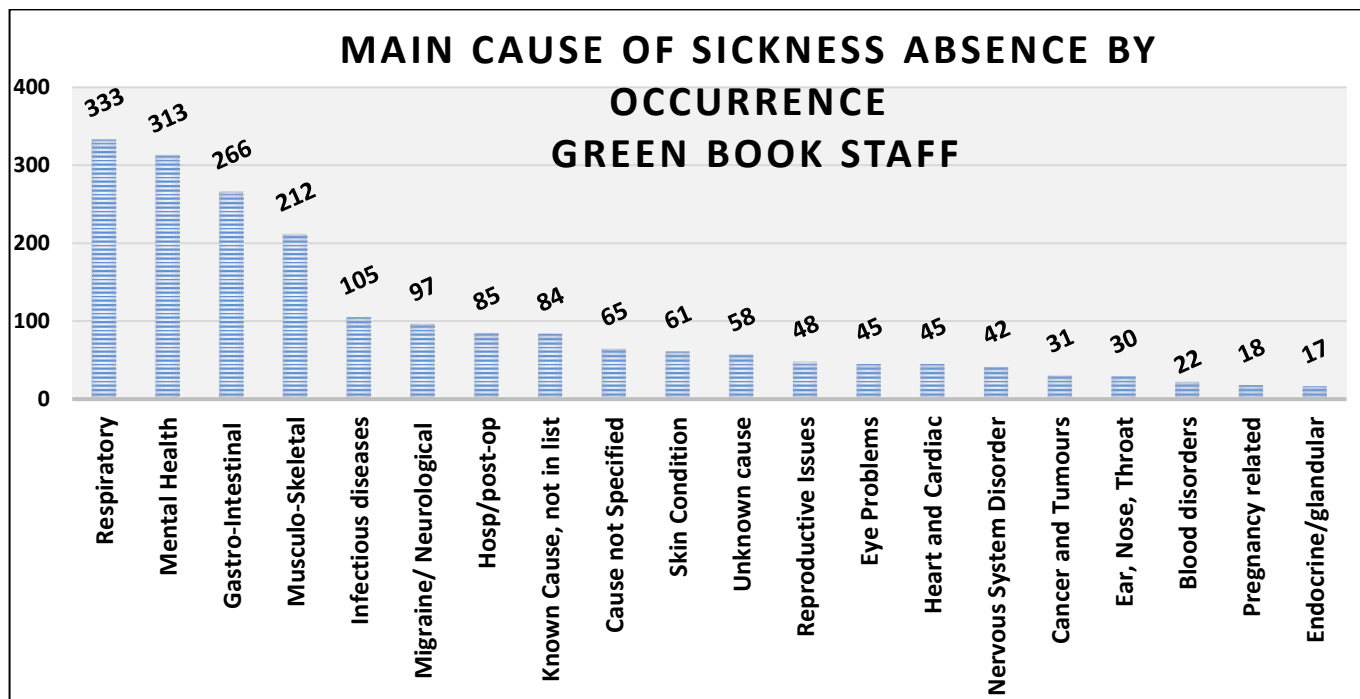


During 2024/25, Musculo-Skeletal was responsible for 36 separate occurrences of absence from participating FRS'. Back related issues were ranked as the highest within this group with 15 separate occurrences of absence (41.4% of all Musculo-Skeletal occurrences). In 2023/24, Musculo-Skeletal issues accounted for 41 occurrences of absence, a 12% reduction in reported occurrences within this category year on year.

Sickness Absence by Occurrence – National Total Data: Fire Control

Causes of Sickness Absence by Occurrence - Green Book Staff (35 of 36 Services submitted data)

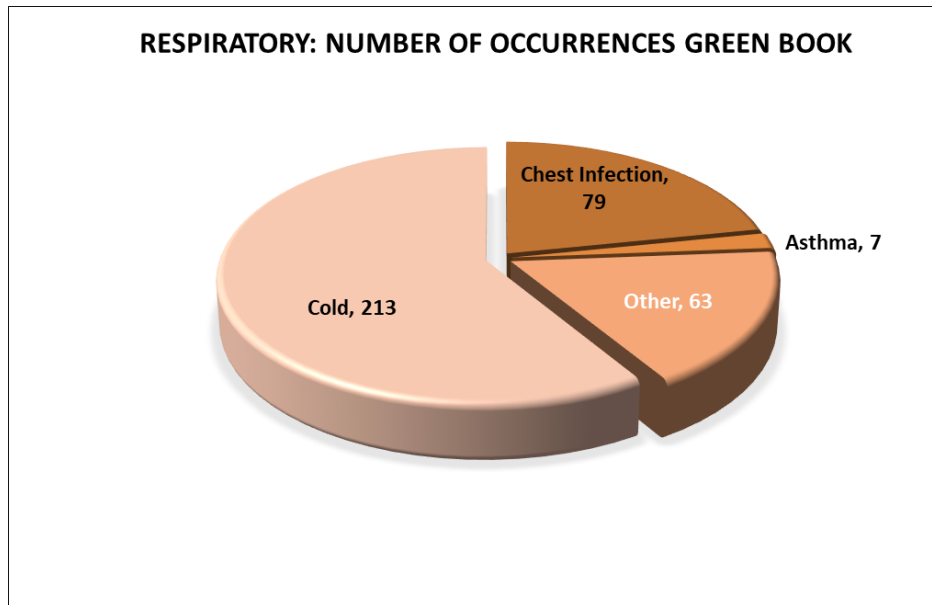
The chart below shows the main causes of sickness absence and the number of occurrences:



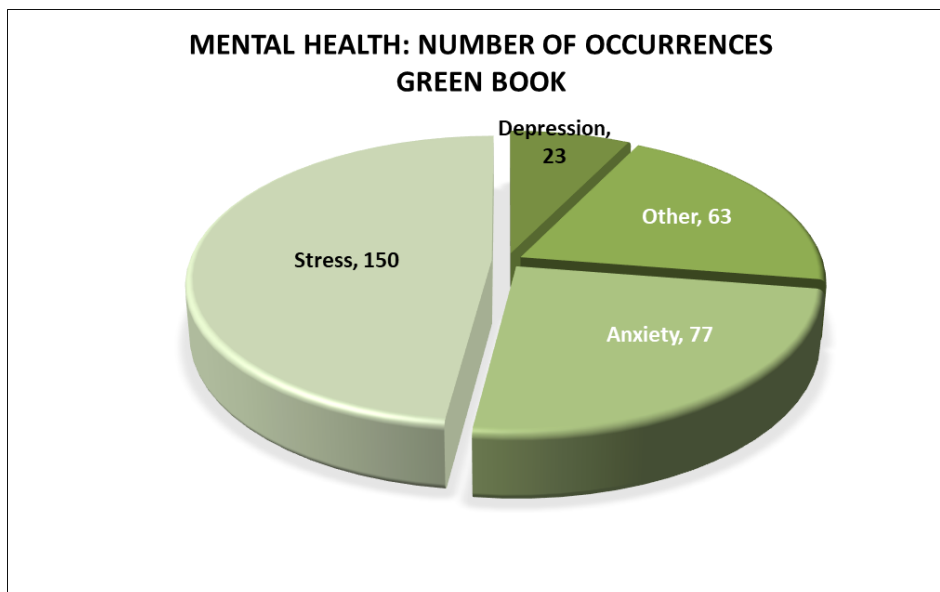
A total of 1,977 separate instances of sickness absence occurred during 2024/25 for Green Book staff, with the top three causes of separate instances of sickness identified to be Respiratory, Mental Health and Gastro-Intestinal.

During the same reporting period 2023/24, Green Book sickness saw 1,391 separate occurrences of sickness absence an increase of 42% in Green Book staff nationally when comparing year on year.

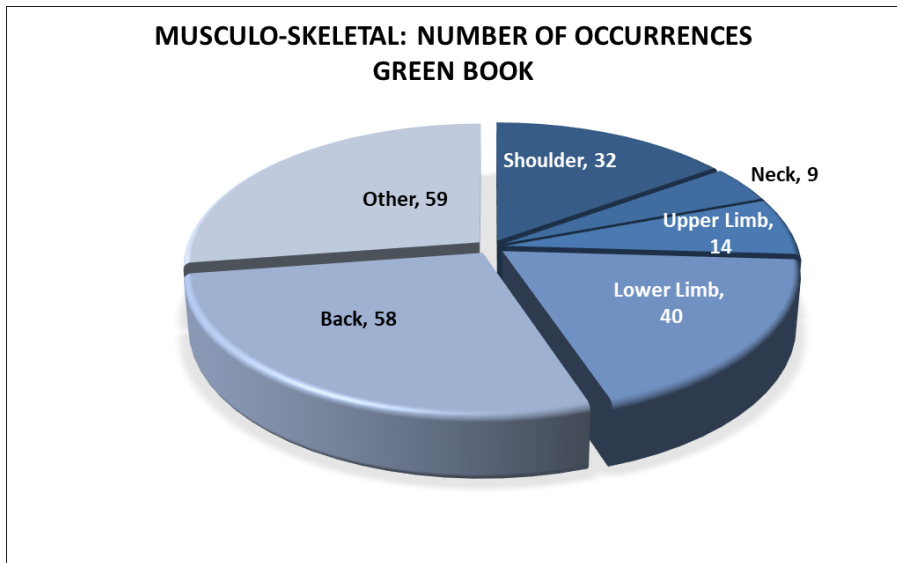
Respiratory, Mental Health and Musculo-Skeletal causes have a number of sub categories, with a breakdown of these categories provided in the following charts.



Respiratory issues have recorded 333 separate occurrences of absence. The Common Cold is recorded as the highest sub category of this group with 213 separate occurrences (64.0% of all Respiratory occurrences). In 2023/24, Respiratory issues accounted for 225 occurrences, an increase of 48% year on year.



313 separate occurrences of absence relating to Mental Health have been reported. Stress is the highest sub-category within this group with 150 (47.9%) separate occurrences of absence recorded. In 2023/24, Mental Health issues accounted for 220 occurrences of absence, showing an increase of 42% year on year.



Musculo-Skeletal is the fourth most prevalent cause of sickness with 212 separate occurrences. Back issues are recorded as the highest sub-category with 58 occurrences (27.4%). In 2023/24, Musculo-Skeletal issues accounted for 163 occurrences, an increase of 30% year on year.

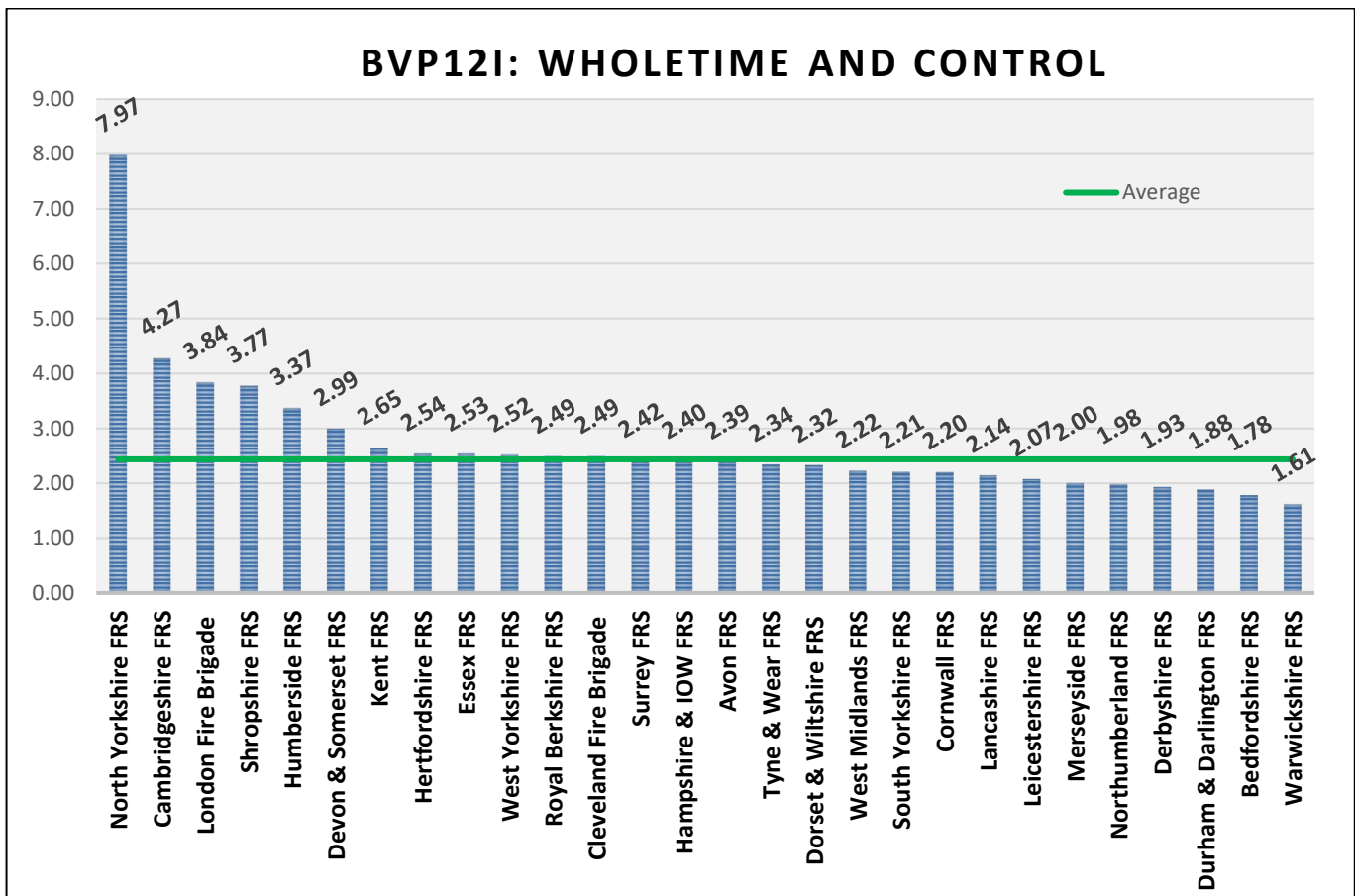
Sickness Absence – BVP12i, BVPI12ii

The following chart represents the number of duty days lost to sickness absence for both Wholetime and Control personnel (the former BV12i).

Of the Brigades that submitted data, 28 have been included within this analysis as eight FRS' have not provided separately identifiable sickness data for Wholetime/Control Room staff.

From the information shown in the following chart, North Yorkshire FRS has the highest number of duty days lost (7.97) and Warwickshire FRS has the lowest with 1.61 duty days lost per staff member. The average is 2.44 duty days sickness absence per staff member.

During the same period in 2023/24, the average duty days sickness absence was 2.21, showing a reduction of 0.23 average duty days lost per staff member during 2024/25.



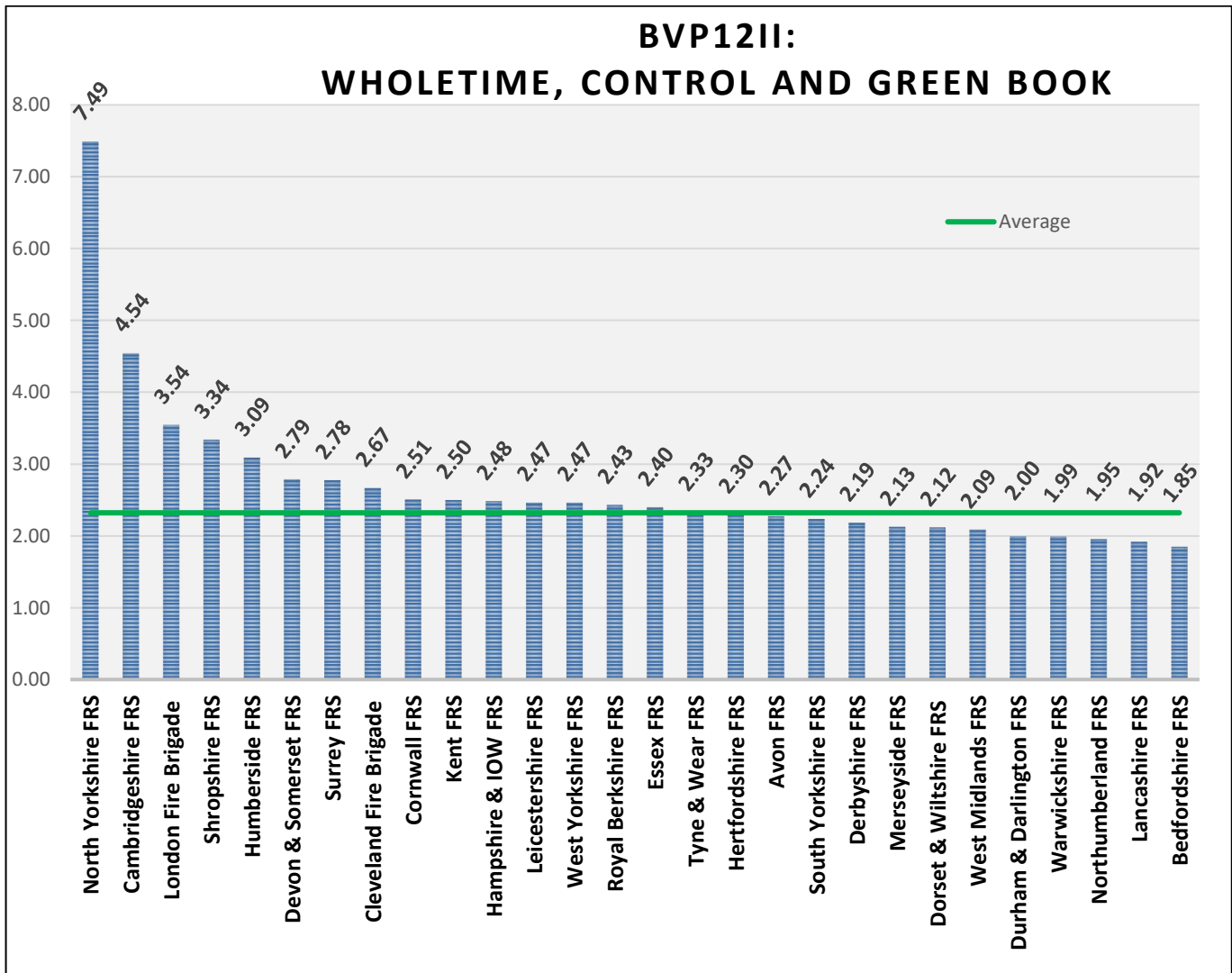
Sickness Absence – BVP12i, BVPI12ii

The following chart represents the number of duty days lost to sickness absence for Wholetime, Control and Green Book staff combined (the former BV12ii).

Of the Brigade's that submitted data, 28 have been included within this analysis as eight FRS' do not meet the full criteria as they do not have either Wholetime or Control staff or have been unable to report data.

North Yorkshire FRS recorded the highest number of shifts lost to sickness with 7.49 per staff member and Bedfordshire FRS recorded the lowest with 1.85 duty days per staff member to sickness absence. The average is 2.31 duty days sickness absence per staff member.

During the same period in 2023/24, the average duty days sickness absence was 2.05, showing an increase of 0.26 reported average duty days lost per staff member during 2024/25.

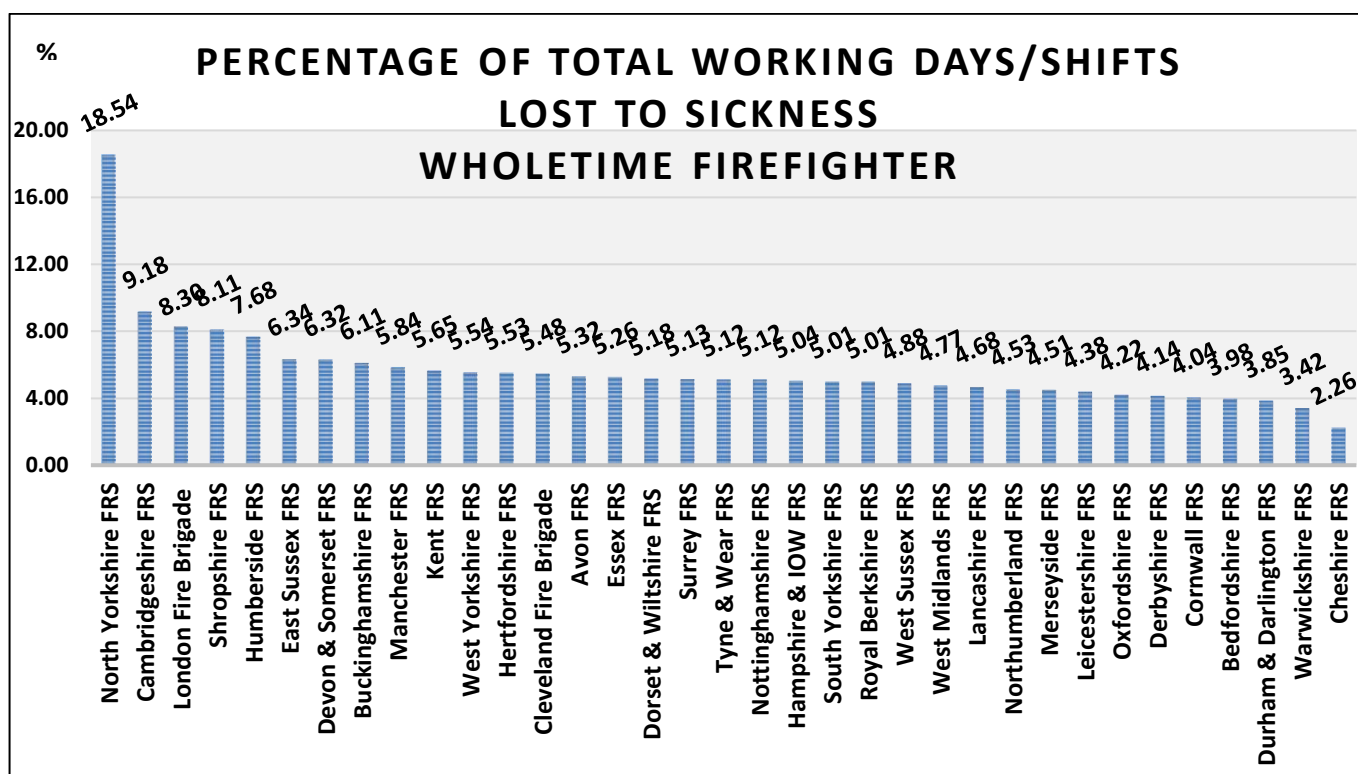


Sickness Absence – Percentage of Duty Days Lost

The following charts show the percentage of total working days lost to sickness for Wholetime Personnel, Fire Control Operators and Green Book Staff.

To calculate this, the total working days **per quarter** used in this calculation is 45.75 for Grey Book (Wholetime and Control) and 65.25 for Green Book employees.

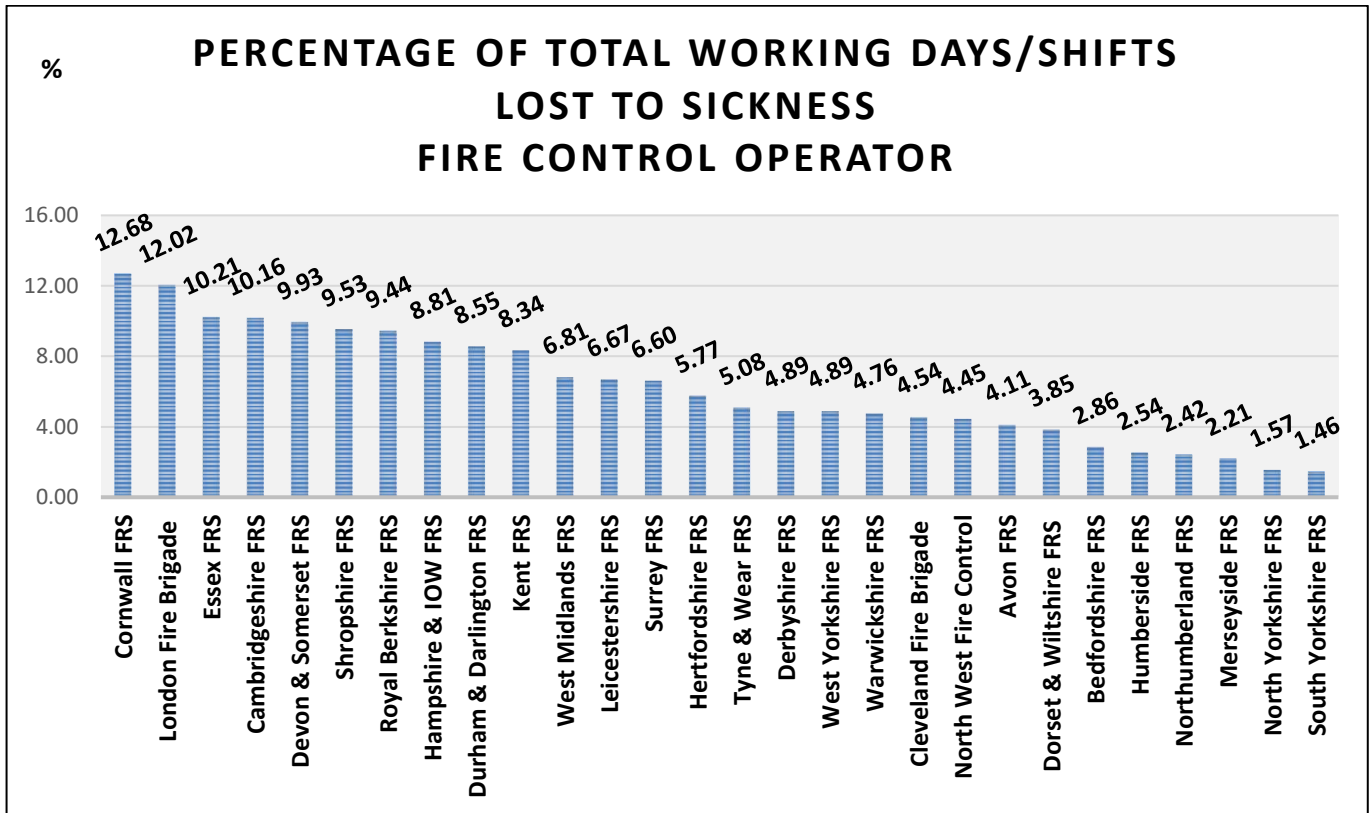
Wholetime Personnel



- North Yorkshire has the highest percentage of duty days/shifts lost to sickness per Wholetime Personnel with 18.54%. During 2023/24, Hereford & Worcester Cambridgeshire was the highest with 9.47%.
- Cheshire FRS reported the lowest percentage of duty days with 2.26%. During the same period in 2023/24, Warwickshire FRS was the lowest with 1.65%.
- The average percentage of duty days/shifts lost to sickness per Wholetime Personnel between April 2024 to June 2024 is 6.13%.

Sickness Absence – Percentage of Duty Days Lost

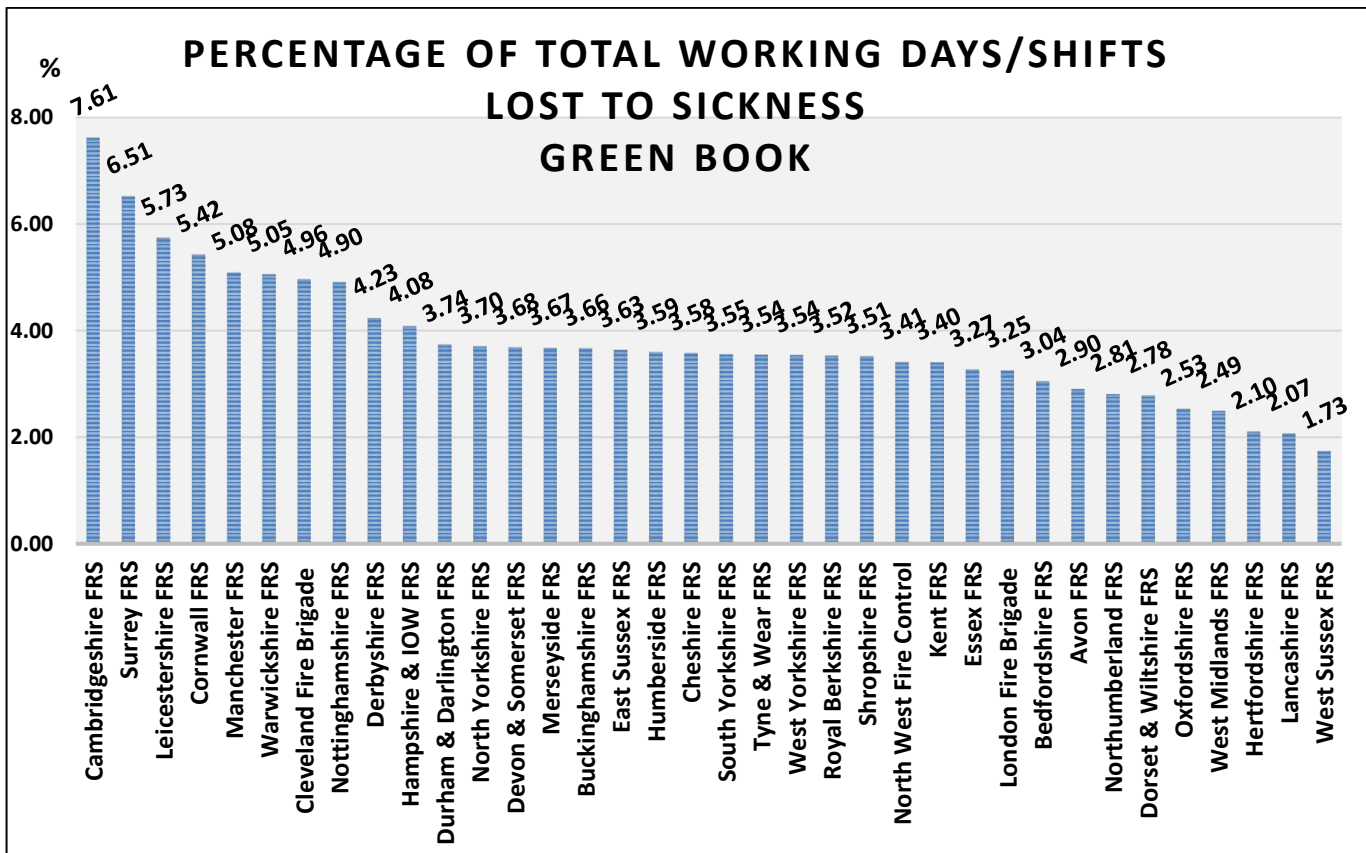
Fire Control Staff



- Cornwall FRS has the highest percentage of working days/shifts lost to sickness per Fire Control Operator with 12.68%. During the same period in 2023/24, Hereford & Worcester was the highest with 20.45%.
- South Yorkshire FRS has the lowest percentage of working days/shifts lost to sickness per Fire Control Operator with 1.46%. During the same period in 2023/24, Durham & Darlington FRS recorded the lowest percentage of shifts lost with 0.12%.
- The average percentage of duty days/shifts lost to sickness per Fire Control Operator during the period April 2024 to June 2024 is 6.69%.

Sickness Absence – Percentage of Duty Days Lost

Green Book Staff

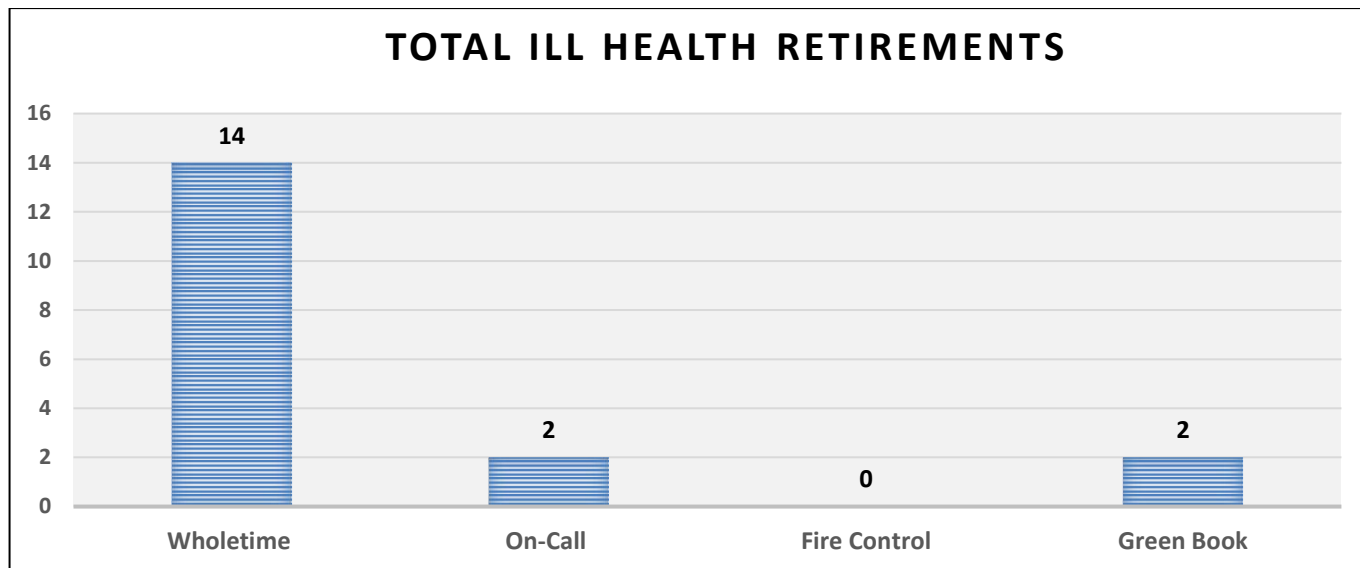


- Cambridgehire FRS has the highest percentage of working days/shifts lost to sickness per Green Book member of staff with 7.61%. During the same period in 2023/24, Hereford & Worcester FRS had the highest with 6.33%.
- West Sussex FRS recorded the lowest percentage of working days/shifts lost to sickness with 1.73%. During the same period in 2023/24, Cornwall FRS recorded the lowest number of working days/shifts lost to absence with 1.33%.
- The average percentage of duty days/shifts lost to sickness per Green Book member of staff between April 2024 and June 2024 is 3.62%.

Ill Health Retirements

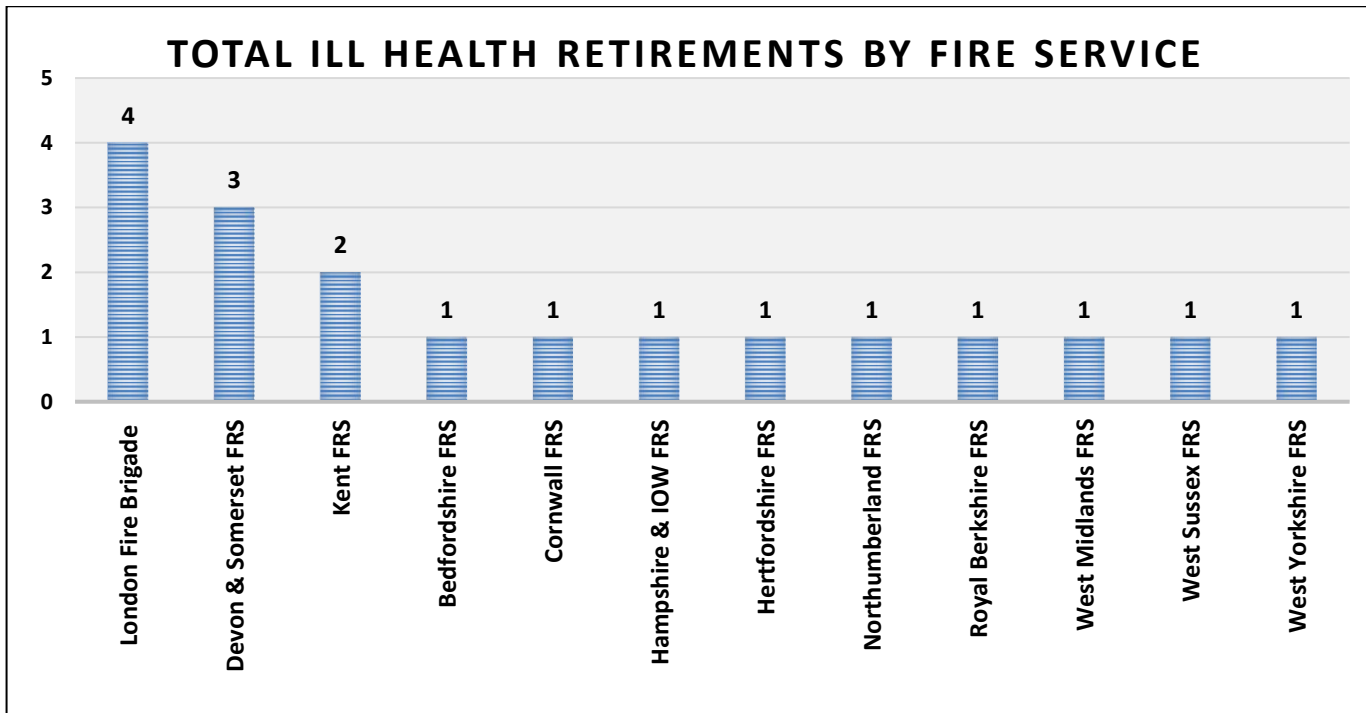
The following charts show the total Ill Health Retirements nationally (only for those services which provided data).

A total of 18 Ill Health Retirements have been reported during the period April 2024 to June 2024 by 12 services. This is a reduction of 6 (50%) for the same period in 2023/24 when 12 were reported.



35 Services provided Ill Health Retirement data for the period April 2024 to June 2024, of which 23 have recorded zero Ill Health Retirements. When comparing to the previous year, 34 FRS' submitted data and 25 recorded zero Ill Health Retirements.

III Health Retirements



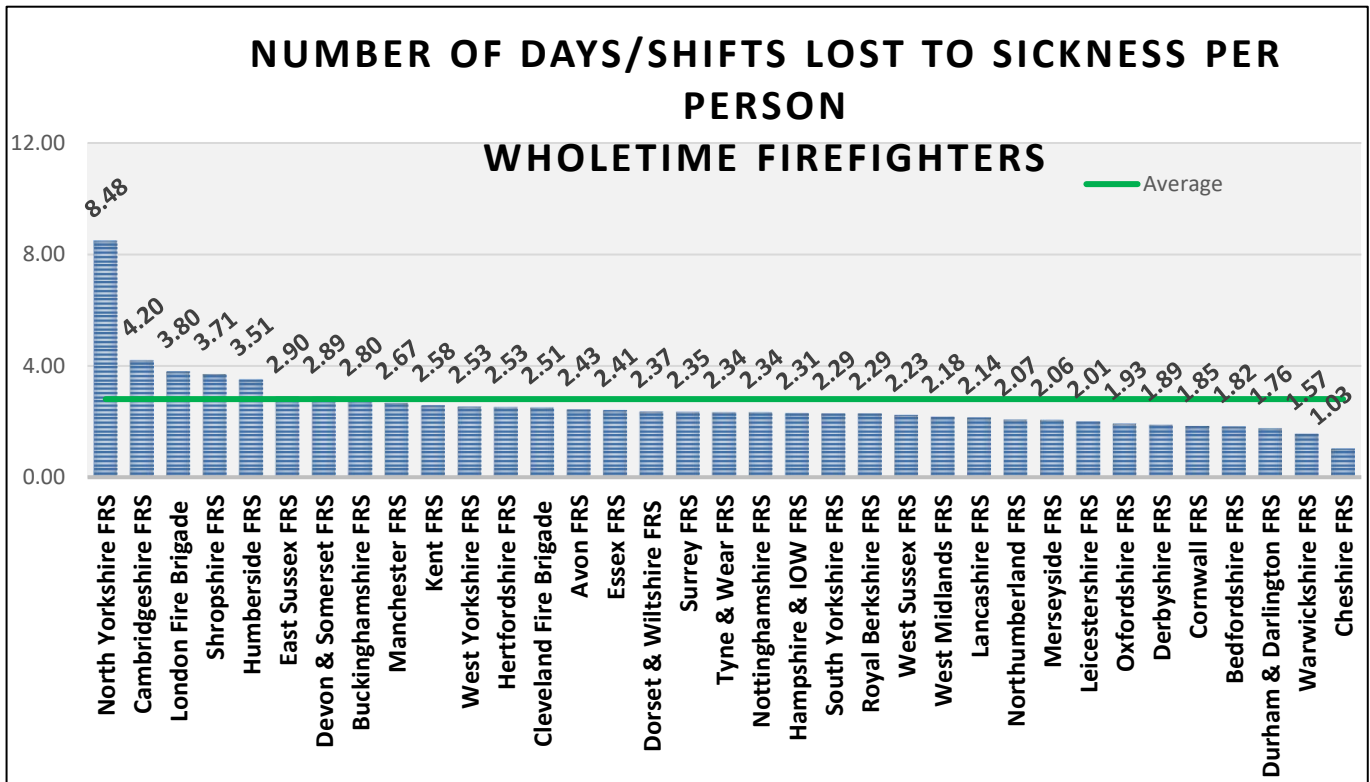
During the period April 2024 to June 2024, London Fire Brigade reported the highest number of Ill Health Retirements with four.

London also reported the highest during the same period 2023/24, with four Ill Health Retirements.

Analysis: Wholetime Personnel

During the period April 2024 to June 2024, the total days/shifts lost to sickness for Wholetime staff was 58,878:

- North Yorkshire FRS has the highest days/shifts lost to sickness per Wholetime Personnel with 8.48 duty days lost. During the previous year, West Sussex FRS was the highest with 4.18 duty days lost.
- Cheshire FRS has the lowest days/shifts lost to sickness per Wholetime Personnel with 1.03 duty days lost. During the same period the previous year, Warwickshire FRS recorded the lowest with 0.75.
- The average number of duty days lost per Wholetime Personnel is 2.80 duty days. During the same period the previous year, the average was 2.54 duty days lost per employee therefore during 2024/25 0.26 fewer days/shifts have been reported lost per person to sickness absence.

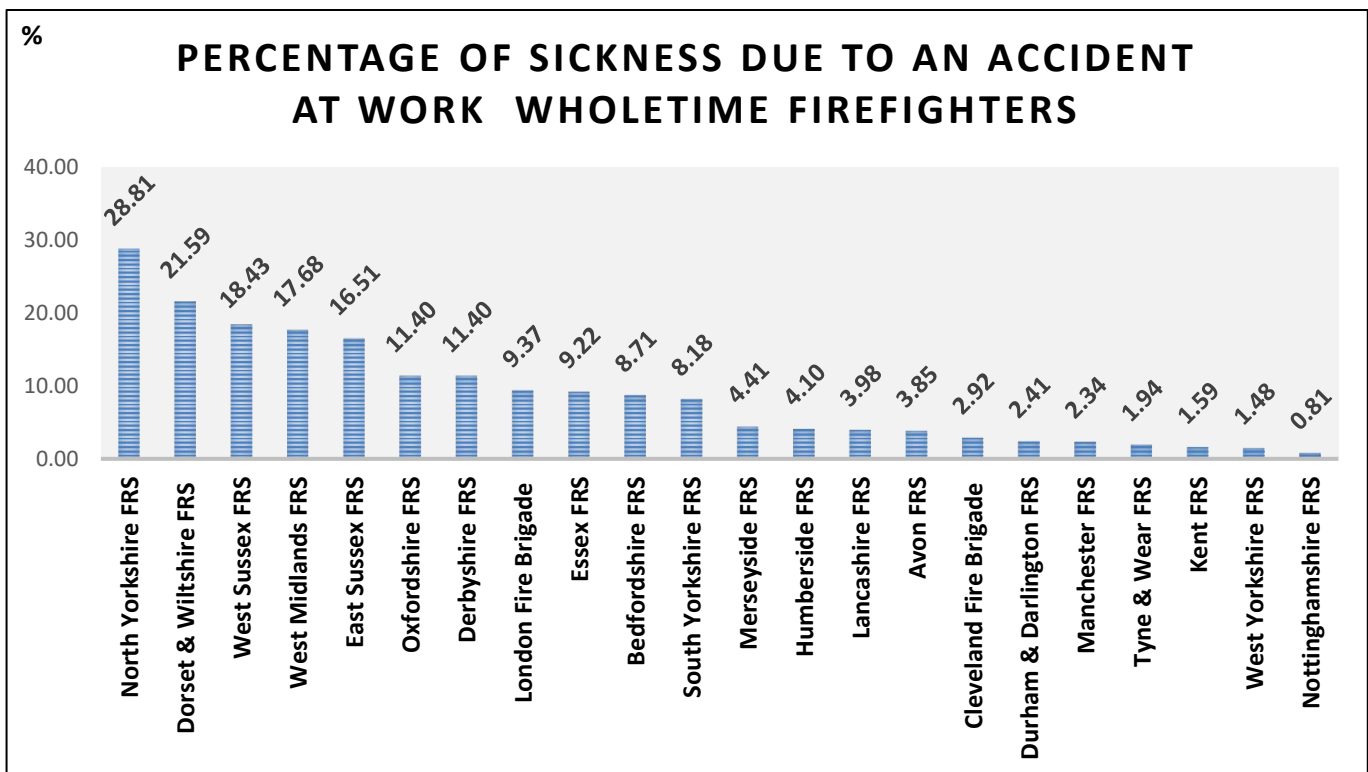


Analysis: Wholetime Personnel

Accident At Work:

The following chart shows the percentage of sickness that is a result of an Accident at Work for Wholetime personnel.

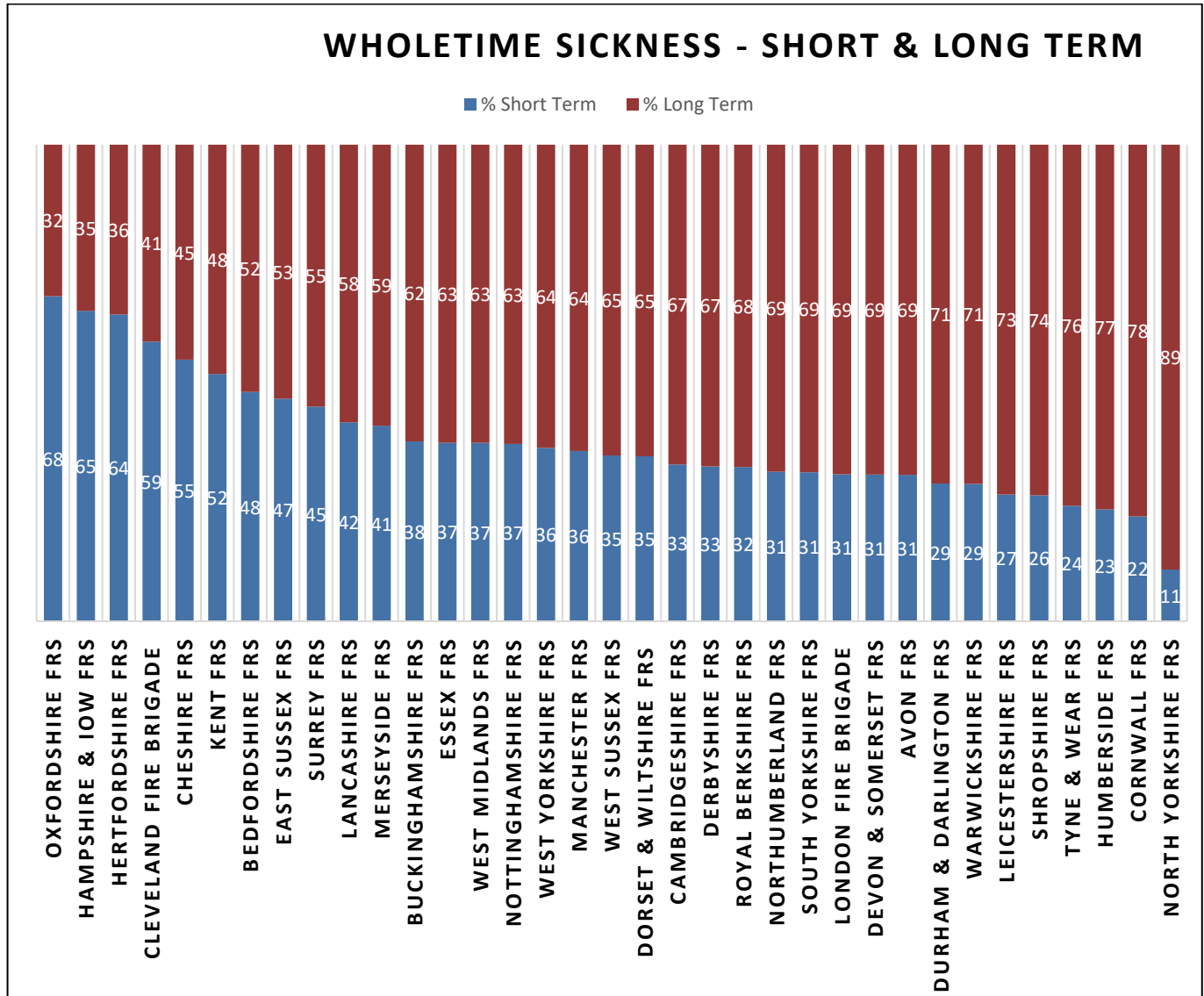
- Thirty-three FRS' provided data on sickness due to an Accident at Work for Wholetime Personnel. Of these, Buckinghamshire, Cheshire, Cornwall, Devon & Somerset, Hampshire & IOW, Hertfordshire, Leicestershire, Northumberland, Royal Berkshire, Surrey and Warwickshire FRS' recorded zero shifts lost due to accidents at work amongst Wholetime staff. Two FRS did not provide data/data not available.
- North Yorkshire FRS has the highest percentage of sickness due to an Accident at Work for Wholetime Personnel (28.81%) with Nottinghamshire FRS recording the lowest (0.81%), excluding those mentioned above that recorded zero.
- Eight FRS' stated that they include absence due to Mental Health issues where it is perceived to be work related. This equates to 23% of Fire and Rescue Services submitting accident at work data. However, the recording mechanism for this report does not identify whether stress related absence is actually included in the accident at work sickness figures.



Analysis: Wholetime Personnel

Short and Long Term Absence:

All Fire Services who submitted a return provided details of short and long term sickness. The Chart below illustrates this split:

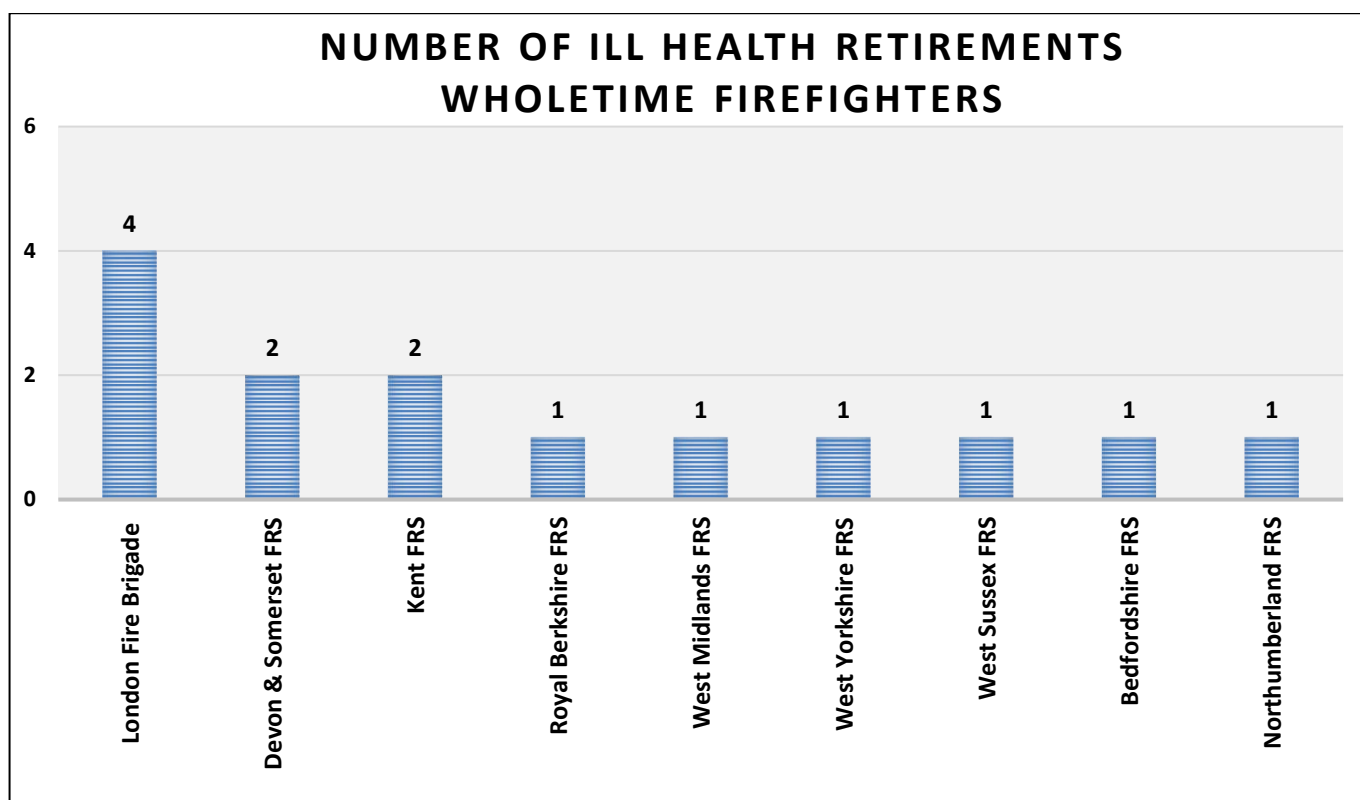


Analysis: Wholetime Personnel

Ill Health Retirements:

Thirty-four Fire and Rescue Services reported data on Ill Health Retirements for Wholetime personnel during the period April 2024 to June 2024.

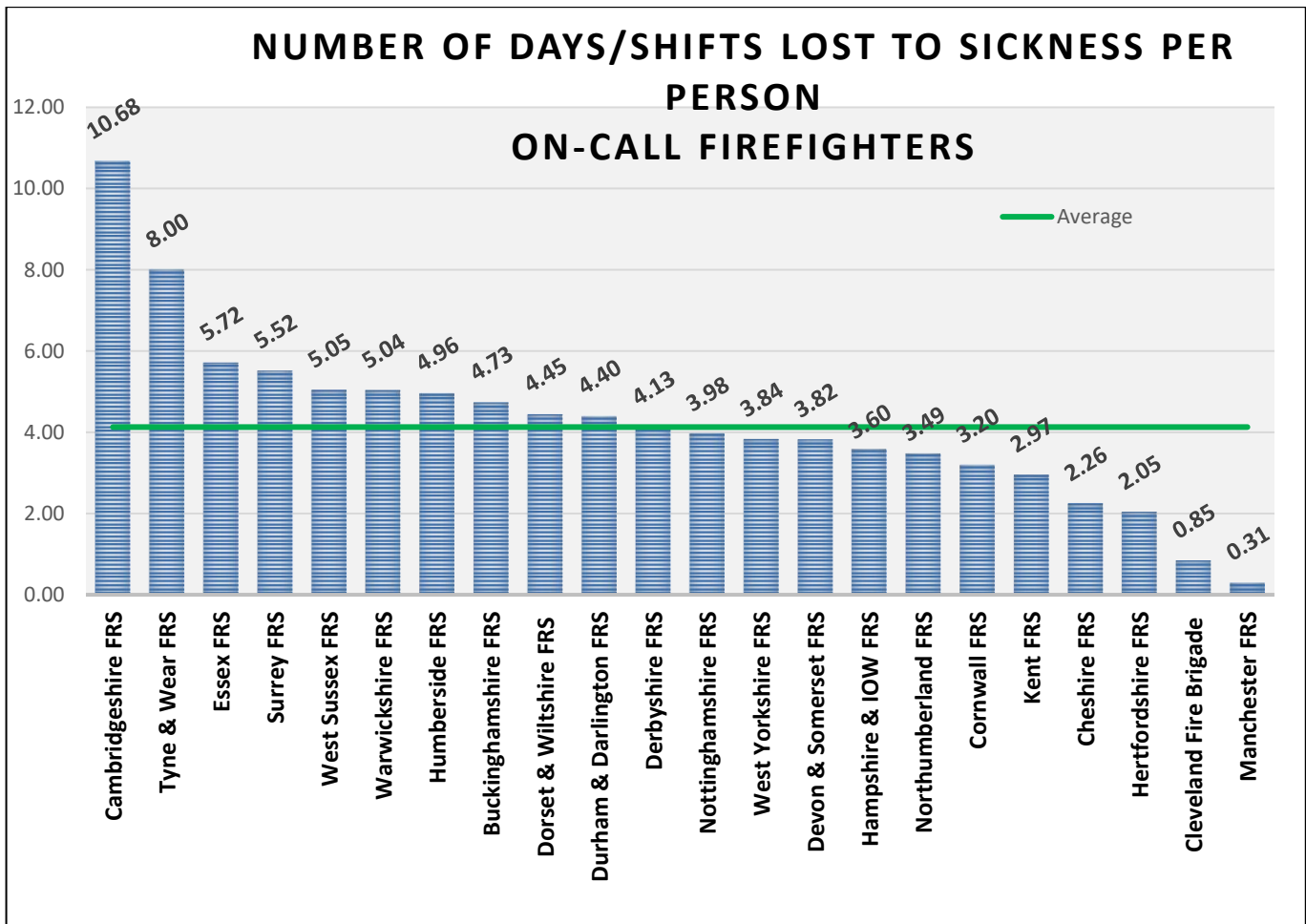
- A total of 14 Ill Health Retirements from nine Services have been reported during the period for Wholetime personnel. During the same period in the previous year, there were eight Ill Health Retirements from five Services reported.
- Twenty-five FRS' reported zero Ill Health Retirements for Wholetime personnel during the period April 2023 to June 2023 which is three fewer than occurred in the same period 2023/24 (28).



Analysis: On-Call Personnel

For the period April 2024 to June 2024 a total of 20,970 days/shifts lost to sickness has been reported.

- Cambridgeshire FRS has the highest days/shifts lost to sickness per On-Call Personnel with 10.68 shifts. During the same period the previous year, Cambridgeshire FRS was also the highest with 11.60 duty days.
- Manchester FRS recorded the lowest shifts lost with 0.31. During the same period in 2023/24, Tyne and Wear FRS recorded zero shifts lost.
- The average number of duty days lost per On-Call Personnel is 4.13. The average for the same period the previous year was 3.61, an increase of 0.52 duty days lost per On-Call member of staff.

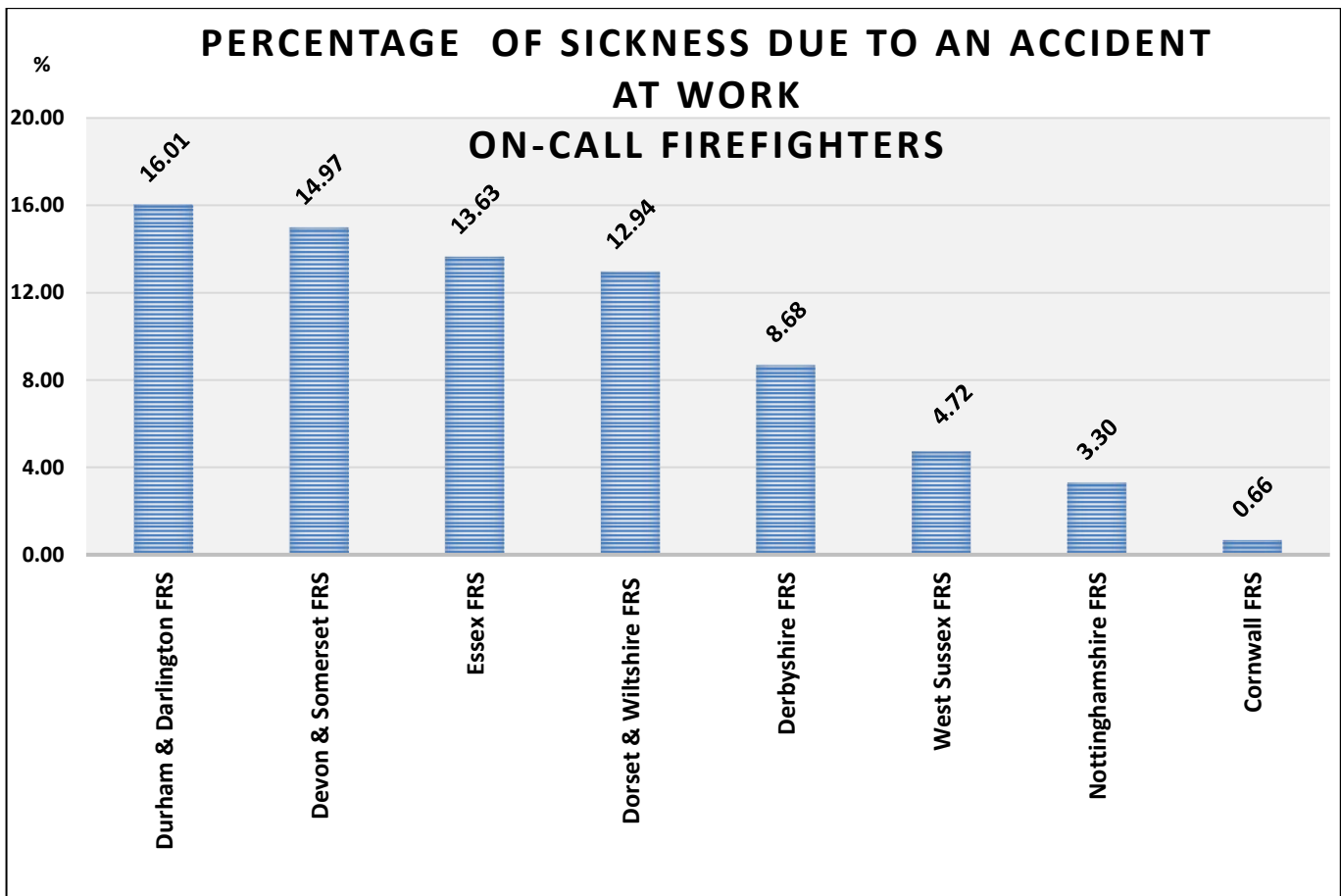


Analysis: On-Call Personnel

Accident At Work:

The following chart shows the percentage of sickness that is a result of an accident at work for On-Call Personnel from the services that provided data:

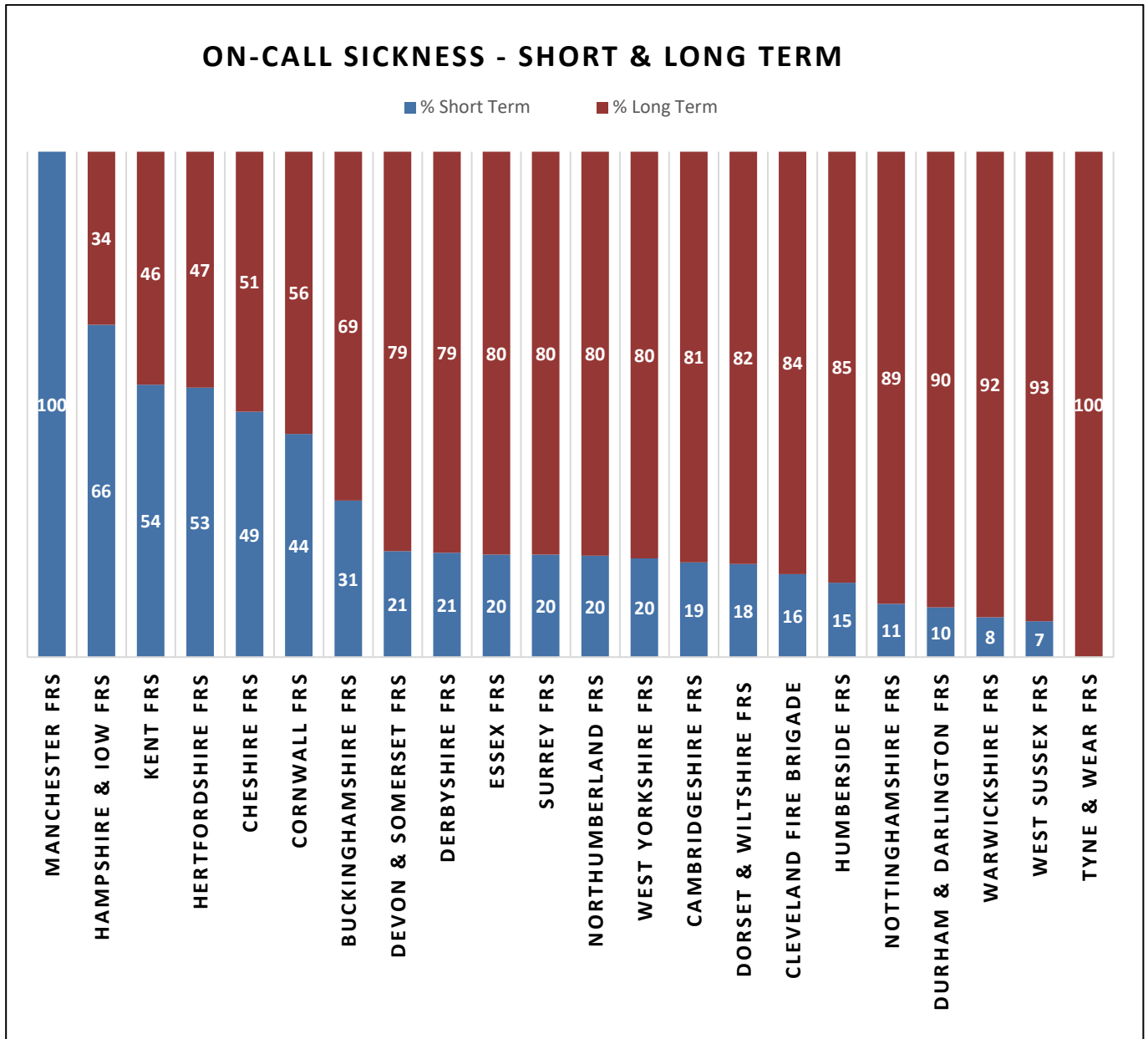
- Eight FRS' reported sickness for On-Call members of staff and 13 FRS' reported zero occasions of sickness as a result of accident (Buckinghamshire, Cheshire, Cleveland, Hampshire & IOW, Hertfordshire, Humberside, Kent, Manchester, Northumberland, Surrey, Tyne & Wear, Warwickshire, and West Yorkshire FRS').
- From the FRS' in which sickness occurred as a result of an accident, Durham & Darlington FRS has reported the highest percentage for On-Call Personnel (16.01%) with Cornwall FRS the lowest excluding the zero returns (0.66%).
- West Sussex FRS reported the highest percentage during the same period in 2023/24 (16.03%) with Humberside FRS reporting the lowest (0.96%) excluding the zero returns.



Analysis: On-Call Personnel

Short and Long Term Absence:

Twenty-two Fire Services provided details of Short and Long Term sickness. The chart below illustrates this split:

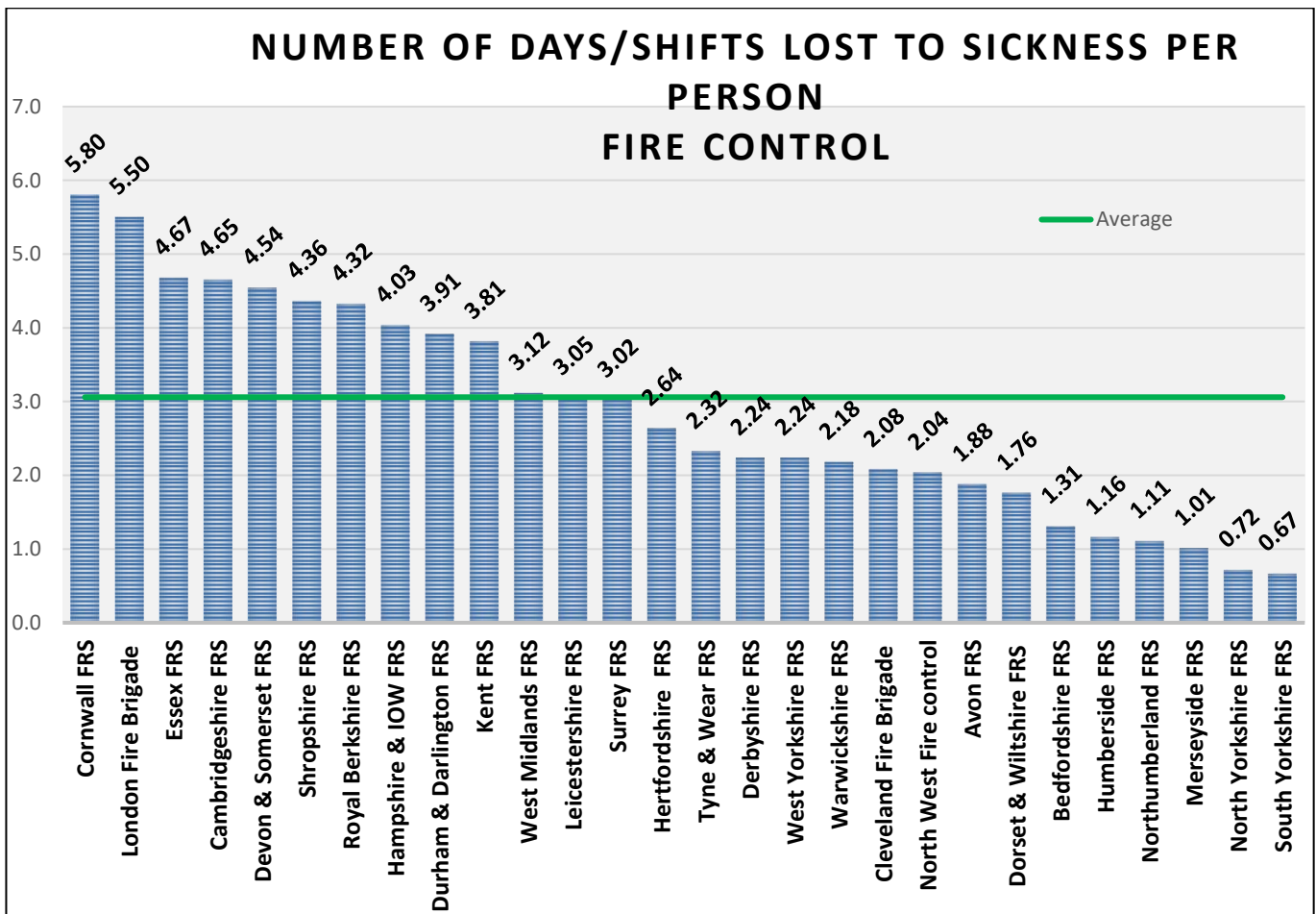


Ill Health Retirement:

- From the Services reporting data, two Ill Health Retirements were reported (Cornwall and Hampshire & IOW FRSs). During the same period in 2023/24, there was one Ill Health Retirement.
- Twenty Services reported zero Ill Health Retirements for On-Call personnel during the period April 2024 to June 2024. During the same period in 2023/24, there were also 20 Services which recorded zero Ill Health Retirements.

During the period April 2024 to June 2024 there was a total of 3,159 days/shifts lost to sickness.

- Cornwall FRS has the highest days/shifts lost to sickness per Fire Control employees with 5.80 shifts. During the same period the previous year, Hereford & Worcester FRS was the highest with 9.36 shifts.
- South Yorkshire FRS recorded the lowest number of days/shifts lost to sickness for Fire Control employees with 0.67 zero shifts lost. During the same period 2023/24, Durham & Darlington recorded the lowest at 0.05 shifts lost.
- The average number of duty days lost per Fire Control employee is 3.06 shifts per operator compared to 2.62 duty days during the same period in 2023/24. This is an increase of 0.44 duty days per member of Fire Control.



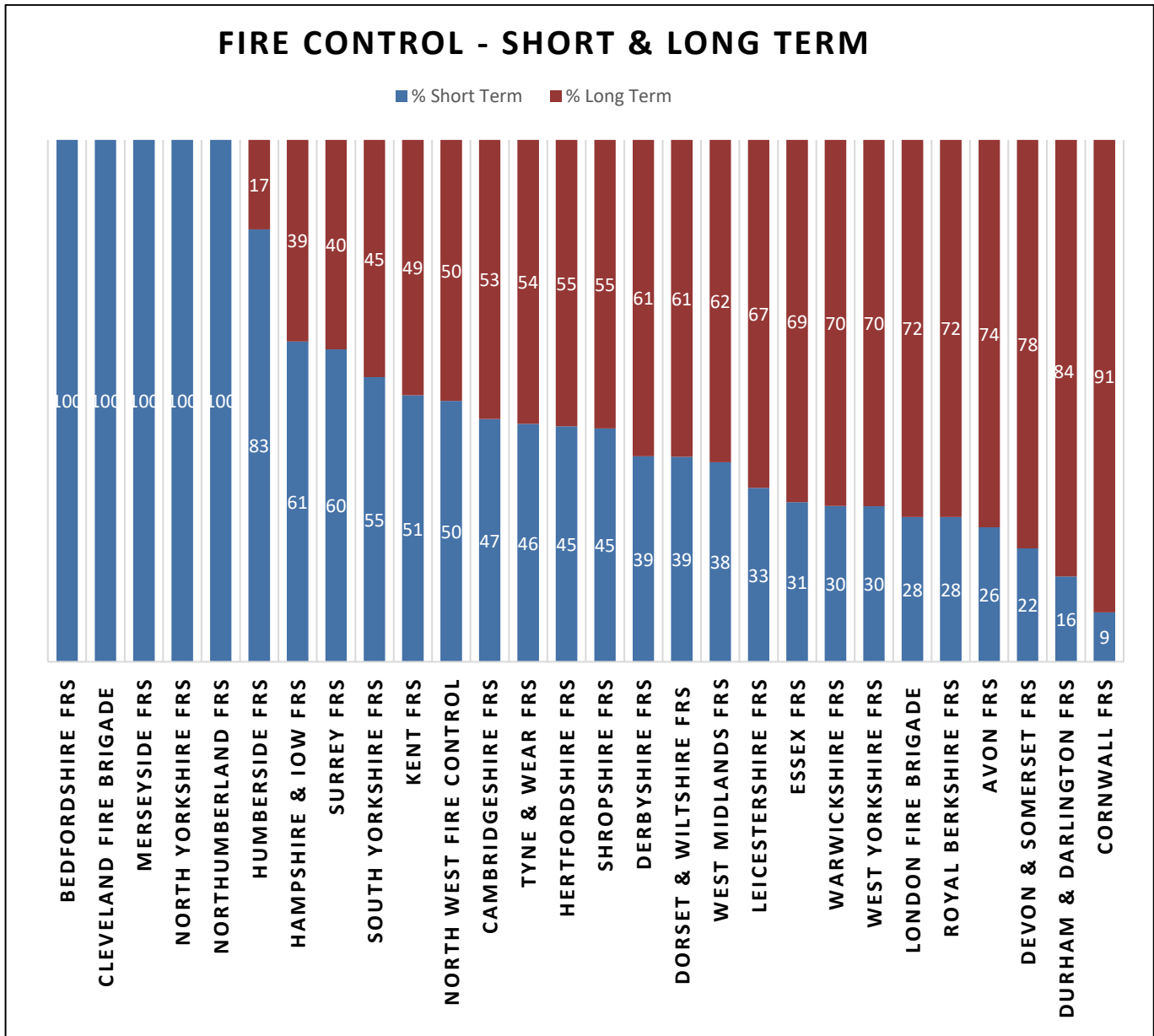
Analysis: Fire Control

Accident At Work:

Durham & Darlington FRS has recorded 22.22% sickness due to an Accident at Work for Fire Control Staff.

Short and Long Term Absence:

Twenty-eight Fire Services provided their split between Short and Long Term sickness. The chart below gives an illustration of the split:



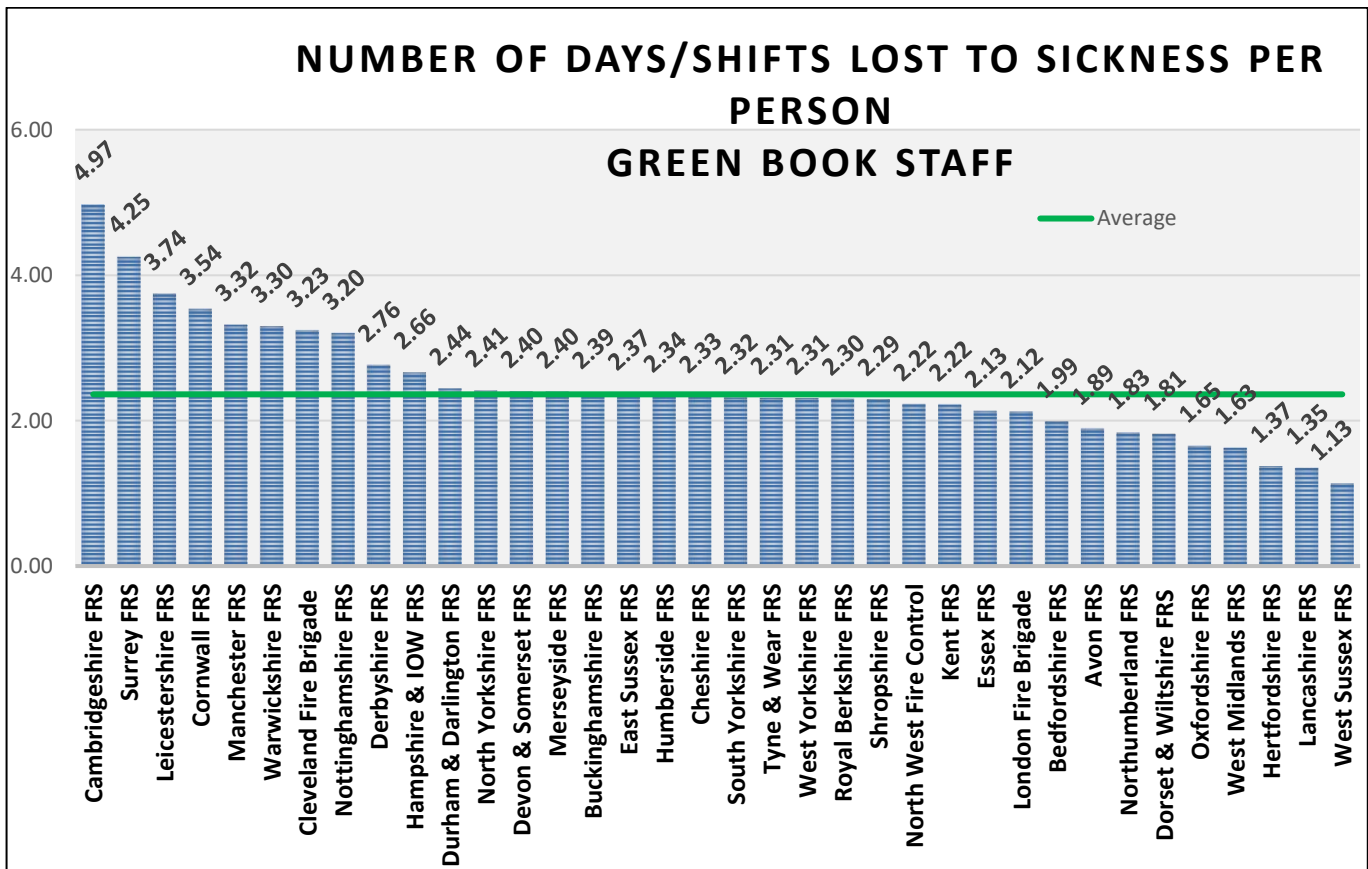
III Health Retirements:

- No III Health Retirements were reported. This is the same as for the equivalent period 2023/24.

Analysis: Green Book Employees

During the period April 2024 to June 2024, there were a total of 17,560 days/shifts lost to sickness for Green Book staff.

- Cambridgeshire FRS has the highest days/shifts lost to sickness per Green Book employee with 4.97 shifts. Hereford & Worcester FRS reported the highest during the same period in 2023/24 with 4.13.
- West Sussex FRS was the lowest with 1.13 shifts/days lost per Green Book employee. During the same period in 2022/23, Cornwall FRS was the lowest with 0.87 shifts lost.
- The average number of duty days lost per Green Book employee is 2.36 days/shifts compared to 2.12 days for the same period in the previous year, an increase of 0.24 shifts per person.

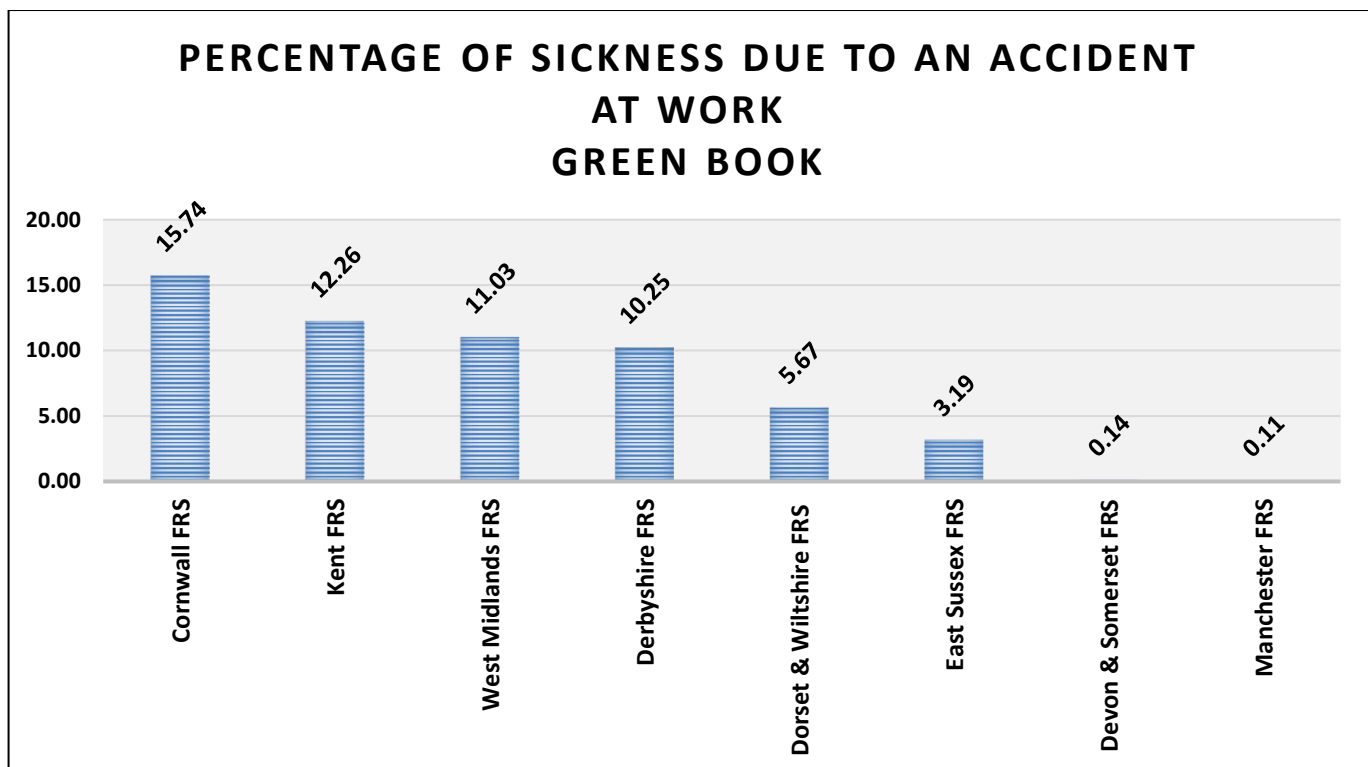


Analysis: Green Book Employees

Accident At Work:

The following chart shows the percentage of sickness that is a result of an accident at work for Green Book staff.

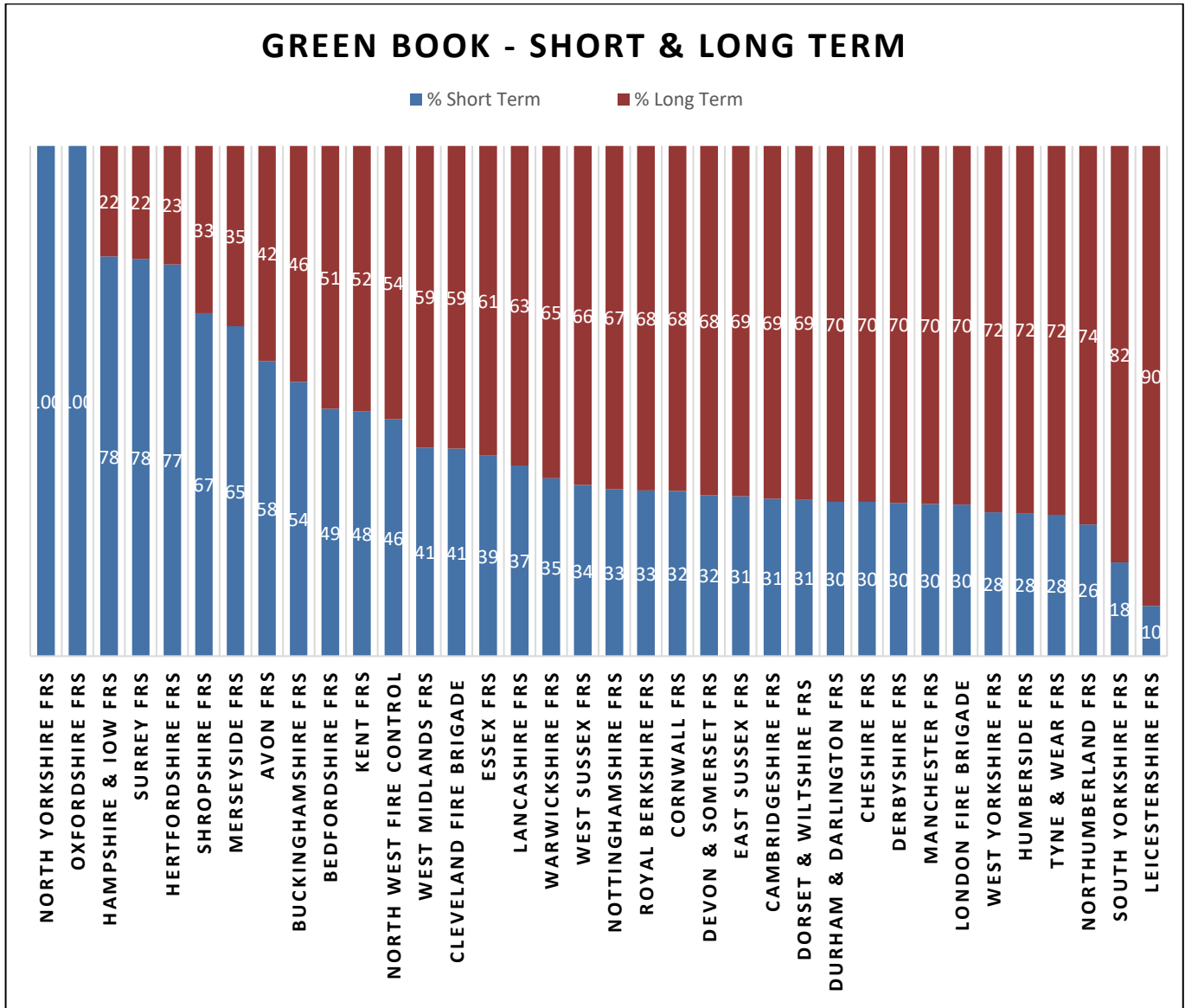
- Eight FRS' reported sickness due to an accident in the workplace with the following FRS' reporting zero absence (Avon, Bedfordshire, Buckinghamshire, Cheshire, Cleveland, Durham & Darlington, Essex, Hampshire & IOW, Hertfordshire, Humberside, Lancashire, Leicestershire, London, Merseyside, North West Fire Control, North Yorkshire, Northumberland, Nottinghamshire, Oxfordshire, Royal Berkshire, Surrey, South Yorkshire, Tyne & Wear, Warwickshire, West Sussex and West Yorkshire FRS').
- Cornwall FRS has the highest percentage of sickness due to an accident at work for Green Book employees (15.74%) with Manchester FRS recording the lowest (0.11%) excluding the zero returns previously noted. During the same period in the previous year, West Sussex FRS was the highest (29.8%) and Avon FRS was the lowest (0.3%) excluding zero returns.



Analysis: Green Book Employees

Short and Long Term Absence:

Thirty-six Fire Services provided their split between Short and Long Term sickness. The chart below illustrates this split:



III Health Retirements:

- Of the Services who provided a return, Devon & Somerset and Hertfordshire FRSs (one each) reported two III health retirements. During the same period for the previous year, there were also two III Health Retirements (one each from two services).
- Thirty three services reported zero III Health Retirements for Green Book employees. During the same period the previous year, 30 services reported zero III Health Retirements.

Contact Details:
Risk & Performance Department
Cleveland Fire Brigade
Training & Administration Hub
Queens Meadow Business Park
Hartlepool TS25 5TH
Telephone No 01429 874030



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Safest People, Safest Places

HUMAN RESOURCES COMMITTEE

26 November 2024

HEALTH AND SAFETY PERFORMANCE: Quarter Two (April 2024 – September 2024)

REPORT OF HEALTH & 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 at the end of quarter two of the 2024/25 reporting period.

2. Background

- 2.1. The Health and Safety team, work within Emergency Response and are responsible for coordinating 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). These are:

- a) PI 69 number of accidents to personnel;
- b) PI 72 number of vehicle accidents classified as CDDFRS driver's fault;
- c) PI 73 number of local health and safety investigations incomplete after 28 days;
- d) PI 74 number of health and safety investigation actions overdue their specified completion date.

3. Current Performance

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

| 2024/25 | Apr | May | Jun | Jul | Aug | Sep |
|---|-----|-----|-----|-----|-----|-----|
| PI 69: Number of Accidents to Personnel | 2 | 0 | 1 | 0 | 3 | 1 |
| PI 72: Number of Vehicle Accidents (CDDFRS Driver's Fault) | 0 | 0 | 0 | 3 | 1 | 1 |

| | | | | | | |
|---|---|---|---|---|---|---|
| PI 73: Number of local Health and Safety investigations incomplete after 28 days | 1 | 1 | 1 | 1 | 1 | 1 |
| PI 74: Number of Health and Safety Actions Overdue the Specified Date | 5 | 1 | 1 | 0 | 3 | 2 |

Table.1: Year to date performance (*note PI73 and PI74 are not cumulative indicators)

4. PI 69 Number of accidents to personnel

- 4.1. Four accidents to personnel have been reported during this quarter. This is three over the Service target for accidents to personnel and at this stage of reporting performance is five above last year's figures.
- 4.2. Of the seven personal accidents to date this year there are no significant trends that can be identified. Each resulted in minor injuries only, although one was reported to HSE under RIDDOR due to the member of staff in question needing to take over seven days of sickness leave whilst the cut they sustained to their hand healed.

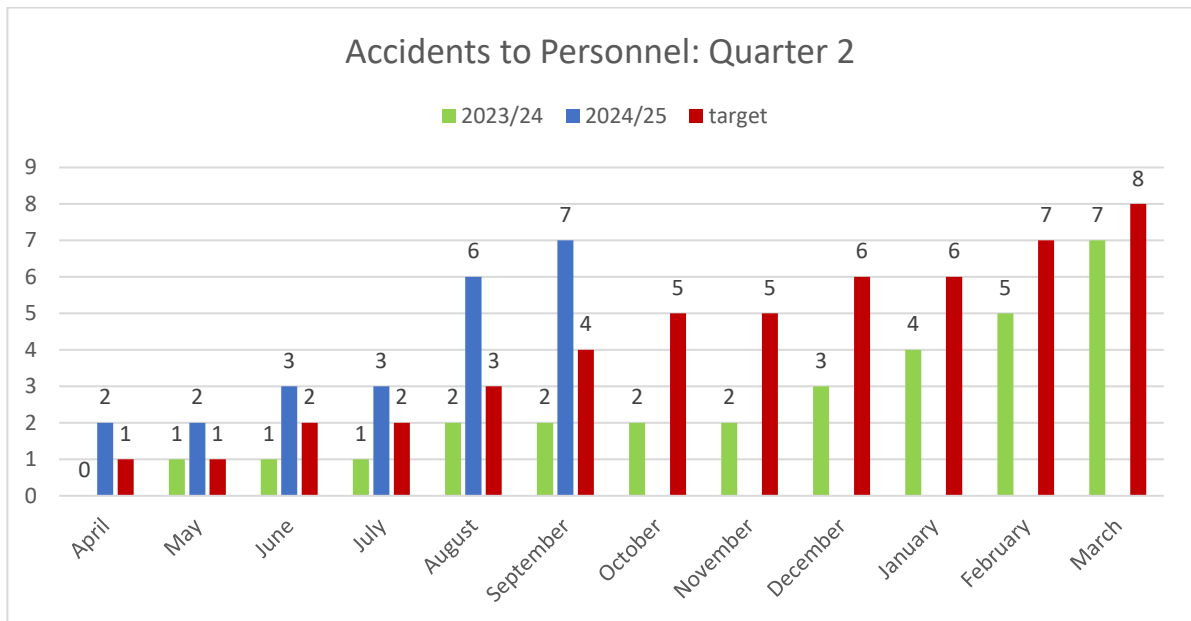


Figure.1: Number of accidents to personnel (running total) for the current year (blue) and the target (red) previous year (green)

5. PI 72 Number of vehicle accidents (CDDFRS Driver Fault)

- 5.1. Five at fault vehicle accidents have been reported during this quarter. This is five below the set target and at this stage of reporting performance is seven below last year's figures. There continues to be ongoing proactive joint working between Health and Safety and Driver Training sections to review and learn from any such occurrences.
- 5.2. Each of the five at fault vehicle accidents that occurred during this quarter related to slow speed manoeuvring of fire appliances, one of which involved damage caused to a member of the public's car that was parked up.
- 5.3. The Health and Safety Team take vehicle accidents seriously and together with the Driver Training Team and FBU Health and Safety Representative continue to assess and identify any solutions to the evidenced trend that the majority of vehicle incidents are slow speed manoeuvring. Current accident reduction strategies are:
 - a) A refreshed Driving Standard Panel;
 - b) Refreshed Driving safety procedures;
 - c) Learn Pro reminders for vehicle manoeuvring.

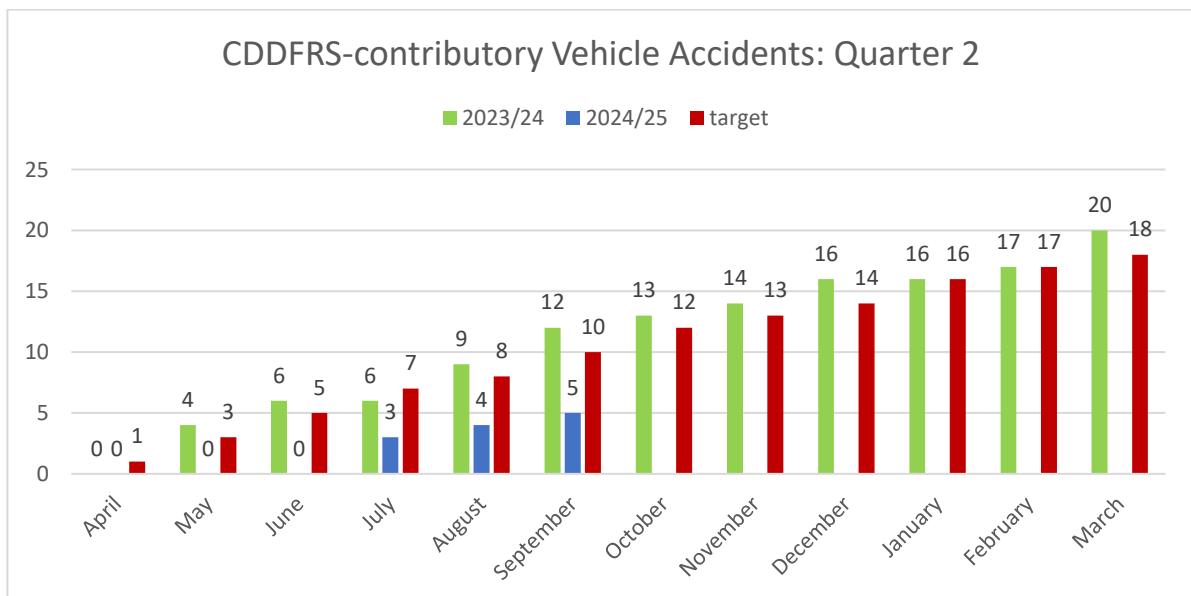


Figure.2: Number of vehicle accidents (running total) for the current year (blue) and the target (red) previous year (green).

6. PI 73 local investigations incomplete after 28 days

- 6.1. Eighteen local investigations have been conducted in this quarter (This is a total of twenty-four local investigations carried out during the year to date).
- 6.2. The Health and Safety Team support officers in completion of local investigations within the 28 days wherever possible.

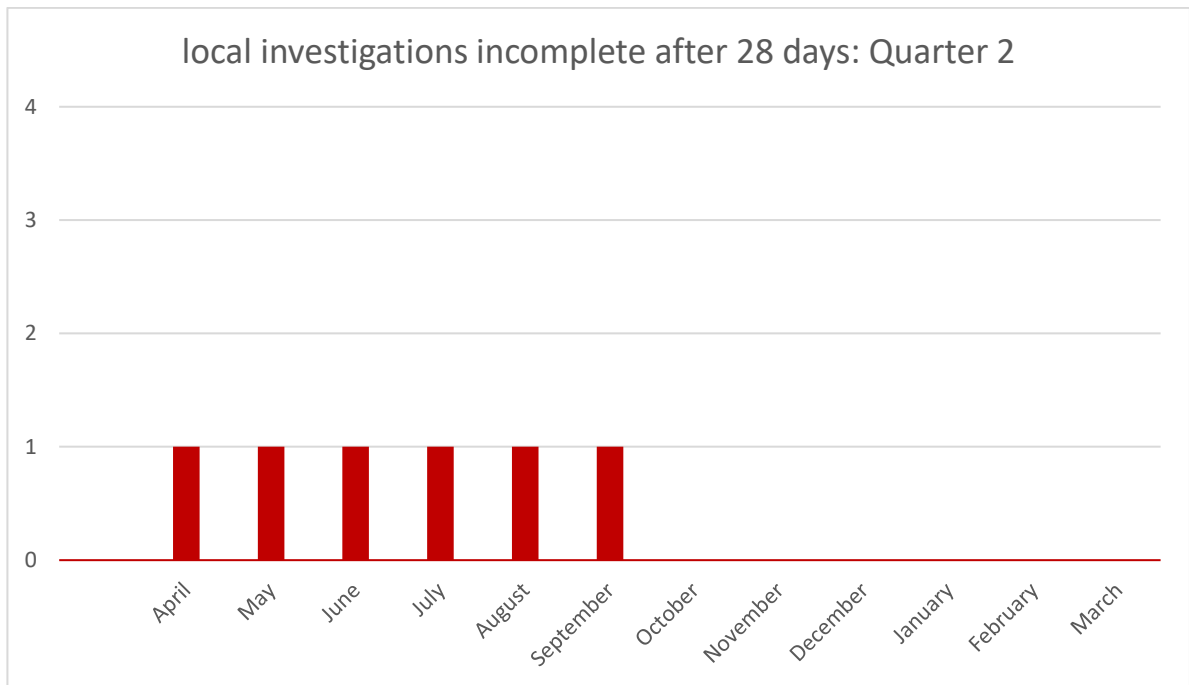


Figure.3: Number of investigations incomplete after 28 days.

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

- 7.1. The outstanding actions at the end of this quarter reporting period are:
- a) Final review of trial introduction of additional San J radios to specialist appliances.
 - b) Confirmation of Watch Manager discussion with staff re: use of torch at all relevant times at incidents during darkness.

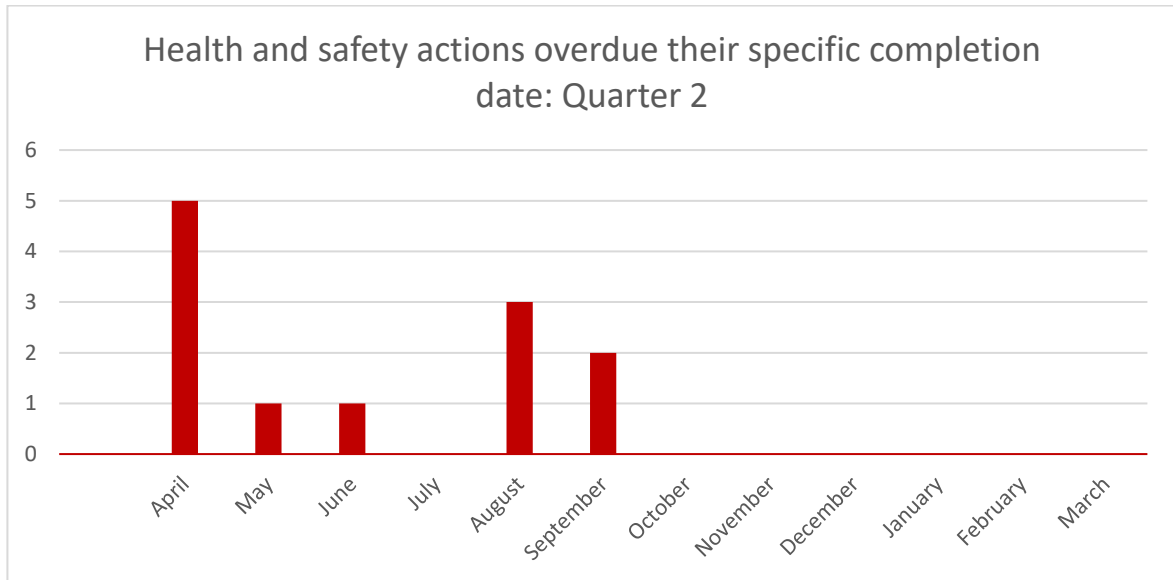


Figure.4: Health and Safety actions overdue their specific completion date.

8. Near Misses

8.1. There were two near miss incidents in this quarter. (This is a total of four near miss incidents that have been reported this year to date). For this latest quarter these related to:

- a) Accidental damage to an appliance door during poor usage of a vehicle hoist within Workshops, which prompted reinforcement of expected pre-use checks and staff re-training.
- b) Collapse of an unattached garage roof during defensive firefighting, which confirmed that correct incident command protocols had been followed resulting in no actual danger to operational personnel.

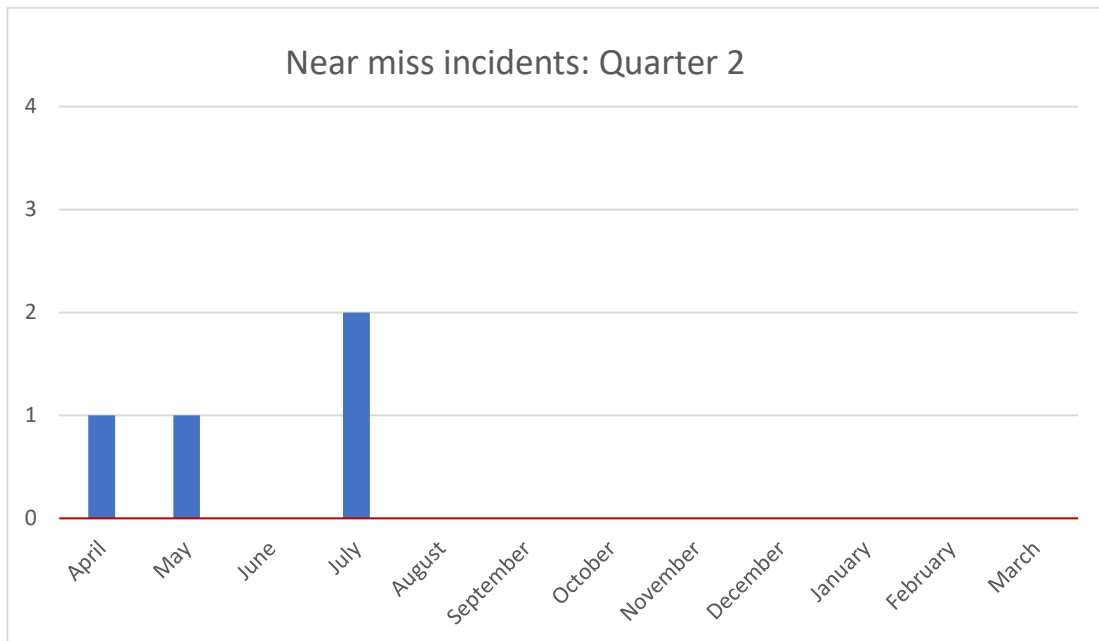


Figure.5: Reported near misses in each month.

9. Cause for Concern Incidents

9.1. There have been six cause for concerns reported in this quarter. (A total of seven cause for concern incidents have been reported in this year to date). For this latest quarter these related to:

- a) Two separate concerns were in relation to reported appliance malfunctions, regarding a failed pump take-off operation and a flat battery; both were addressed via Workshops investigations and subsequent improvements / communication of preventative measures to operational crews.
- b) Reported staff deficiencies at Peterlee Fire Station on some occasions in July; addressed by a review of the Service Degradation Plan and changes to staff leave arrangements.
- c) Concerns over the planning and implementation of a Transferee Firefighters training course; following a review learning points to be implemented prior to any such future courses.
- d) A potential 13.5m ladder malfunction during station drills; investigation showed no fault with the ladder in question and cause identified as possible lack of knowledge of operation by crew involved; resulting in need for increased awareness being addressed.
- e) Insufficient competent Control Room staff on a particular nightshift; future reoccurrence being addressed in the short-term by Control Degradation Plan implementation, plus ongoing recruitment / training.

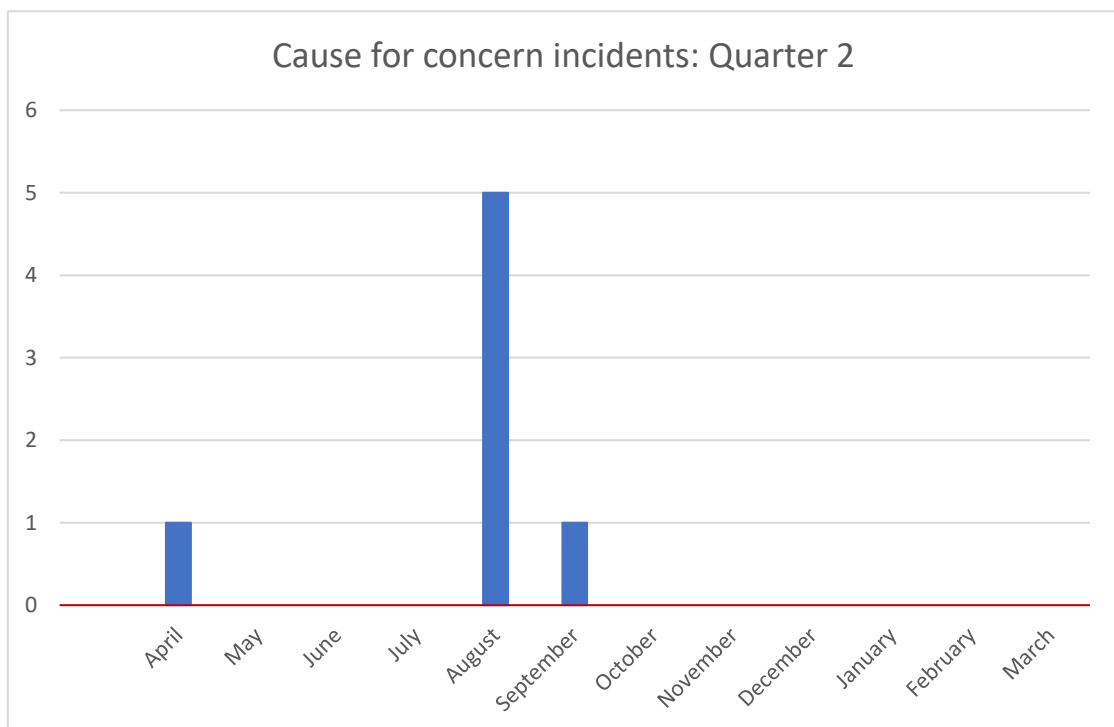


Figure.6: Reported cause for concerns in each month

10. Look forward

- 10.1. The culture within the Service and overall performance comparable to the sector is of a good standard and following completion of our ongoing annual proactive visits the general health and safety within CDDFRS will continue to evolve and continuously improve.
- 10.2. The H&S team has successfully performed throughout a recent period of change and now has a full complement of staff, working towards achieving the strategic objectives of the 2023-25 Emergency Response strategy. This includes:
- a) Progressing the Contaminants work stream;
 - b) Investigating improvements to data capture and H&S reporting;
 - c) Delivering Accident investigation training and defensively training to FDOs;
 - d) Trialling an 'SOS' app for lone workers.

11. Summary

- 11.1. Annual proactive 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 our staff have.
- 11.2. The culture within the Service and overall performance comparable to the sector is of a good standard and following completion of our ongoing annual proactive visits the general health and safety within CDDFRS will continue to evolve and continuously improve.

12. Recommendations

- 12.1. Members are asked to **note** the contents of this report.

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Safest People, Safest Places

Human Resources Committee

26 November 2024

Standards of Behaviour: The Handling of Misconduct in Fire and Rescue Services

Report of Director of People and Organisational Development

Purpose of report

1. The purpose of this report is to update the Human Resources Committee of the progress made towards the recommendations made in His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) Standards of behaviour: The Handling of Misconduct in Fire and Rescue Services report.

Background

2. A gap analysis was undertaken (Appendix A) which outlined the Service position within these areas which have been RAG rated to help prioritise actions. The Service is well placed to address several of the recommendations with already established and well embedded processes in place such as policies, procedures and training however there are a few areas identified where we could strengthen. In some cases, whilst the recommendation can be met, areas of improvement have still been identified.
3. Updates on progress against the action plan are highlighted where a comment has been noted for November. A copy of the plan is available on the Service website for transparency purposes.

Recommendations

4. 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 Handling of Misconduct Improvement Plan

| No. | Recommendation | Current Service RAG status | Identified Area(s) for improvement / enhancement | Owner | Due Date | Status of improvement objective | Comments |
|-----|---|----------------------------|---|-------------|----------|---------------------------------|---|
| 1 | By 1 February 2025, chief fire officers should, as a priority, make sure their staff are aware of, and follow the Core Code of Ethics . Services should build the code into all relevant policies and practices. | | | | | | No areas of improvement identified. The CCoE will be reviewed in line with normal reviewed timeframes. |
| 2 | By 1 February 2025, chief fire officers should make sure a policy for probationary staff is in place. This policy should make clear that services can immediately dismiss probationers who fail to meet the required standards of behaviour set out in the Core Code of Ethics and the Code of Ethics fire standard | | To review procedures to formalise processes for FF apprentices as per organisational learning action | HoPOD / HoT | Feb 25 | | The Service have set processes in place for probation which include behaviour. Nov Update: A specific process for apprentices is being developed. |
| 3 | By 1 May 2025, chief fire officers should make sure their workforce plans allow staff to be moved from a wholtime watch to a different watch or station, within their contractual requirements, proactively and reactively as required. By 1 May 2025, chief fire officers should also make sure firefighters who are promoted are posted to a different watch or station, including when the promotion is temporary for two months or | | To review the Promotion and Transfer procedures to incorporate the necessity to move watch when promoted. | DPOD | May 25 | | The Service does do this already however, it is not documented formally in the procedure or in the SWFP. |

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| | more. If this isn't possible, chief fire officers should show how the risks of reinforcing a negative culture have been addressed | | To include in the SWP | DPOD | May 25 | | Nov update: The SWP has been updated and agreed by SLT |
| 4 | By 1 February 2025, chief fire officers should make sure their services create or have access to dedicated professional standards function to oversee the investigation of concerns raised within a service or from an external source. This should oversee cases to make sure they are investigated in a fair and transparent way, manage complex cases directly and act as a point of contact for all staff involved. | | Identify ways this could be facilitated and present options to SLT for final decision. | HoPOD | Feb 25 | | Nov update: A report was presented to SLT on 29 October and a subsequent report will be presented at HRC for final approval of options. |
| 5 | By 1 November 2024, chief fire officers should make sure all staff understand how to raise a concern and use grievance and whistle-blowing processes. Chief fire officers should: <ul style="list-style-type: none"> • make sure staff know how services will handle responses and maintain confidentiality and anonymity; and • explain how staff can access services' whistle-blowing capability | | To develop a short animation and written document to outline the difference in processes which can be used to ensure all staff are aware of how to raise concern and the most appropriate method (potentially linked to QR code). | DPOD / HoC | Nov 24 | | Nov update: There is a delay in progressing this option due to a vacancy for a graphic designer. The work however has been logged once this position is in place. |

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| | and the difference between whistle-blowing and other processes for raising concerns. | | Ensure the video is used as part of onboarding for new staff. | DPOD / TODM | Mar 25 | | |
| | | | Work with relevant unions to ensure their representative are clear on Service processes so they can appropriately advise. | DCFO / DPOD | Nov 24 | | |

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| 6 | <p>By 1 February 2025, chief fire officers should make sure a programme of training is in place for all supervisors and managers on how to manage staff performance and welfare and how to raise an issue. It should be supported by relevant policies and procedures. Training should include:</p> <ul style="list-style-type: none"> • staff welfare and absence management. • the process for managing individual staff performance, addressing poor performance and potential misconduct issues. • how to handle difficult conversations and resolve issues informally, if appropriate, when a concern is identified; and • clarifying the role of HR services in helping managers to deal with staff concerns and misconduct issues. • Chief fire officers should make sure all managers and supervisors attend the training programme. | | <p>Identify proportion of managers who have undertaken the leadership courses and consider ways to ensure all managers have had the relevant input prior to the 1 February 2025.</p> | TODM | Feb 25 | | <p>Nov update: The service has identified a range of ACAS e-learning modules which cover discipline & grievance, bullying and harassment and undertaking investigations. All managers in the service will be required to complete these modules to ensure a level of core basic learning. Certificate will be held on file. Modules must be complete prior to the end of February 2025.</p> <p>Other CPD and learning opportunities are being identified to support the e-learning modules.</p> |
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| | By 1 May 2025, chief fire officers should make sure the policies and processes for misconduct are consistent for all staff and are fairly applied within their respective conditions of employment. | | | | | | All service policies and procedures are the same for all staff groups |
| 8 | By 1 November 2024, chief fire officers should make sure all allegations of misconduct are handled in a consistent way and staff have confidence in misconduct processes. Chief fire officers should carry out a full review of the processes, from initial identification of a misconduct issue through to the resolution or outcome. This should include a review of how services: <ul style="list-style-type: none"> • monitor and manage investigations. • maintain accurate records; and • adhere to required timescales. | | Arrange an internal audit with DCC on the disciplinary process and recommendations for improvement. | DPOD | Nov 24 | | <p>Nov update: The audit is scheduled to take place in October. Any actions identified will be added to the action plan.</p> <p>The audit was undertaken in October with the initial findings giving a substantial rating. Some areas for improvement were identified and have been added to the internal audit action plan. A number of these were already noted in this plan.</p> |
| 9 | By 1 August 2025, chief fire officers should introduce a case management system if they don't already have one. The case management system should allow data to be produced that will help them to better understand and oversee misconduct cases in their services. | | To update the current spreadsheet to include diversity data and timescales to allow data to be produced. This will be included in the ER update to SLT and HRC. | HoPOD | Oct 24 | | <p>Nov update: The Service has a case management system in place via an Excel Spreadsheet which allows for tracking and monitoring. The internal audit also highlight some additional fields for inclusion to enhance the data recorded such as suspension dates and nominated people for welfare. This has been actioned.</p> |

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| | | | To explore and identify case management systems and associated costs to consider feasibility (MS 365 / PowerBi). | HoPOD | May 25 | | |
| 10 | By 1 May 2025, chief fire officers should make sure their services have enough capacity to carry out their misconduct investigations. They should consider using external investigators or a similar independent resource to support the process if required. | | To evaluate the timescales taken for each investigation and understand the barriers for decreasing these times. | HoPOD | Dec 24 | | |
| | | | To make recommendations based on the outcome of the evaluation. | HoPOD | May 25 | | |
| 11 | By 1 May 2025, chief fire officers should review the training their services provide for supervisors and managers who investigate misconduct issues at all levels. Chief fire officers should make sure: <ul style="list-style-type: none"> all staff who carry out investigations receive adequate training to carry out the task. | | To create an annual CPD package for all managers who are able to undertake investigations, hearings or appeals based on organisational learning | HoPOD | May 25 | | |

| | | | | | | | |
|----|---|--|--|-------|--------|--|---|
| | <ul style="list-style-type: none"> • a programme of refresher training and ongoing support is available so that staff can maintain a level of competence; and • it is clear how services' HR provision, staff associations and any trade union representative or fellow employee will support the investigation process. | | Review all relevant procedures to ensure HR and representative bodies support is clear | HoPOD | May 25 | | |
| 12 | <p>With immediate effect, chief fire officers should make sure all staff are aware of the welfare support, including occupational health support, which is available to staff involved in misconduct processes. Chief fire officers should encourage all staff involved in misconduct processes to access this support, whether they are an alleged perpetrator, complainant, witness, investigator, or decision-maker. Welfare personnel should be independent of the investigation and have been appropriately trained for this role.</p> | | To ensure the role of a Welfare Officer is covered in any CPD. | HoPOD | May 25 | | |
| | | | To include the welfare officers' responsibilities in the Discipline Policy so they are clear. | HoPOD | Oct 24 | | Nov update: This has been added to the Policy and is currently out for consultation. |
| | | | To send written guidance to the nominated welfare officer at the time of appointment. | HoPOD | Oct 24 | | Nov update: A document has been created and is being sent |
| | | | To ensure welfare is offered to all parties not just the alleged perpetrator and information is logged in the spreadsheet. | HoPOD | Oct 24 | | Nov update: This is now in place for all parties involved |

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| 13 | By 1 November 2024, fire and rescue authorities and chief fire officers should consider varying the approach to hearing appeals so that appeals for complex or serious cases are heard by a panel rather than one person. | | Discuss with Clerk arrangements to provide training to appeal panel | DPOD | Nov 24 | | Nov update: Appeal training has been arranged for January 2025 |
| | By 1 February 2025, FRA's and chief fire officers should make sure all service managers and members of fire and rescue authorities who hear appeals receive appropriate training. Chief fire officers should make sure services have a consistent approach to hearing appeals. | | Consider options for appeal training for all appropriate managers | DPOD | Feb 25 | | Nov update: Appeal training for officers has been arranged for January 2025 |
| 14 | By 1 November 2025, chief fire officers should implement a process that makes sure they can oversee and scrutinise their services' performance relating to misconduct issues. This process should provide: <ul style="list-style-type: none"> • a strategic overview of performance and analysis of trends, including disproportionality. • regular reporting of issues, outcomes, and trends to the FRA; and • identification of learning outcomes and how they will be shared with | | | | | | A report a produced for both SLT and HRC on a quarterly basis which includes relevant information. |

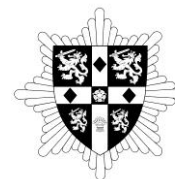
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| | fire and rescue service staff, to prevent repeat behaviours. | | | | | | |
| 15 | <p>By 1 February 2025, chief fire officers should put in place a process for sharing learning from misconduct cases that have been resolved while preserving the confidentiality of all parties involved. Any learning should feed into the national system, when established.</p> <p>By 1 May 2025, the NFCC should establish a system for sharing learning from more serious cases of misconduct with fire and rescue service staff. The information shared should preserve the anonymity and confidentiality of all parties involved. The College of Fire and Rescue, once it is established, should take responsibility for maintaining this system.</p> | | To discuss with local union representatives how learning could be shared | DPOD / DCFO | Feb 25 | | <p>Nov update: Discussion were undertaken on this area at consultation meetings with representative bodies in October.</p> <p>Options put forward for the professional standards may offer some additional routes for learning points in this area.</p> |

Status against overall Recommendation

| | |
|-------------|---|
| Complete | 6 |
| Ongoing | 9 |
| Not Started | 0 |

Progress of additional improvement actions

| | |
|-------------|---|
| Complete | 7 |
| Ongoing | 6 |
| Not Started | 8 |



Safest People, Safest Places

Human Resources Committee

26 November 2024

Options for addressing HMICFRS Recommendation relating to the provision of a Professional Standards Function

REPORT OF DIRECTOR OF PEOPLE AND ORGANISATIONAL DEVELOPMENT

PURPOSE OF REPORT

1. The purpose of this report is to highlight to the Human Resource Committee (HRC) a range of options which would address the recommendation relating to the provision of a Professional Standards Function highlighted in the recent His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) Standards of behaviour: The handling of misconduct in fire and rescue services report

BACKGROUND

2. Inspections carried out by His Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) of Fire and Rescue Services in England from 2018 onwards have highlighted cause for concern in several areas relating to the values and cultures of Fire & Rescue Services (FRSs).
3. Subsequently, in March 2023, HMICFRS published the 'Values and Culture in Fire and Rescue Services' spotlight report, which examined all 44 FRSs in England. The report focused on areas including bullying, harassment, discrimination, fairness, diversity, and reporting and handling of concerns and allegations of misconduct; examining what is working well, what needs to change and the barriers to making improvements. The report made thirty-five recommendations; nineteen of which directly related to actions which must be undertaken by Chief Fire Officers. Recommendation 4, within that report relates to handling of concerns and states:

'...Consideration should be given to creating a 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.'

4. In August 2024, the HMICFRS issued a further report following a thematic inspection of ten fire and rescue services, to assess whether the recommendations within their March 2023 report had been actioned and if change in workplace culture and practices was being realised. Their findings are detailed within the report published in August 2024; 'Standards of Behaviour. However, the report makes a further fifteen

recommendations, and Recommendation 4 again relates to the handling of misconduct cases and states:

'....Chief Fire Officers should make sure their services create or have access to a dedicated professional standards function to oversee the investigation of concerns raised within a service from an internal or external source. This should oversee cases to make sure they are investigated in a fair and transparent way.....'

CURRENT STATUS

5. As part of the Values and Culture action plan, consideration was given to implementation of a professional standards functions however, it was deemed at the time not to be cost effective when the current POD team manage the process as part of their normal role and the amount of case management across the service was relatively low and manageable. However, we agree that this could be enhanced through the introduction of an independent oversight which would provide assurance that policies were being adhered to and that everyone involved was treated fairly and equally.
6. An audit of the Services disciplinary processes has been undertaken in October, the outcomes of which were positive although we are still awaiting the final report. Any recommendations will be added to the action plan and implemented in due course to improve our processes.
7. With regards to disciplinary, the DAT has the remit for initiating action against new allegations and breaches; reviewing suspension risk assessments; appointing the Investigation Manager/ Hearing Manager and reviewing recommendations for hearing with reference to conduct/ gross misconduct. We believe this assists in removing the potential for inconsistencies in application of the policy, and to remove the potential for unconscious bias.
8. We have been actively continuing to explore other options which could further improve these arrangements. This includes continuing to seek ways in which we could introduce an 'external' aspect into our arrangements, some options of which are outlined below.

OPTIONS FOR CONSIDERATION

9. Option 1 - Establish and Internal Professional Standards Function

Establish a dedicated in-house Professional Standards Function (PSF) managed entirely by CDDFRS, staffed with trained personnel from within the organisation

Advantages

- 1) **Complete Autonomy:** The function operates independently, ensuring policies and practices are fully tailored to CDDFRS's specific needs and values.
- 2) **Direct POD Integration:** The POD function can directly support the PSF by managing policies, designing & delivering training, and handling employee relations, ensuring consistent application of standards.
- 3) **Quick Response Capability:** An in-house team allows for faster response times in handling complaints and investigating issues, as it is based entirely within CDDFRS.

Challenges:

- 1) **Resource-Intensive:** Building and maintaining a skilled and impartial team internally requires significant investment in recruitment, training, and ongoing development.
- 2) **Potential Bias:** Consciously or unconsciously, there may be challenges in ensuring independence and impartiality, especially if the PSF staff are part of the existing organisational culture. The perception of staff may be that the PSF is not independent.
- 3) **Organisational Awareness:** Demonstrate an understanding that an in-house PSF might require extra governance mechanisms to maintain impartiality and avoid conflicts of interest, such as oversight from external auditors or partnerships with professional bodies.
- 4) **Cost:** In times where budgets are tight, the service would have to make investment into a role. If case management levels were low, alternative work would need to be sought.

10. Option 2 - Collaboration with Durham Police

CDDFRS partners with the police service to establish a collaborative PSF that leverages well established police expertise in investigations and compliance. Professional standards are not new to the police.

Advantages:

- 1) **Access to Specialist Skills:** Police expertise in handling complex cases, such as criminal investigations, ensures that the PSF operates with a high level of professionalism and legal compliance.
- 2) **Enhanced Credibility and Impartiality:** Collaboration with an external law enforcement agency reinforces public trust and demonstrates a commitment to transparency.
- 3) **Shared Resources:** The police service's established infrastructure and protocols reduce the need for CDDFRS to build these capabilities from scratch, potentially saving costs.
- 4) **Ensures impartiality:** external to the organisation should remove any unconscious bias

Challenges:

- 1) **Coordination Complexity:** Ensuring smooth collaboration and clear communication between two distinct services requires effective governance and management structures.
- 2) **Cultural Differences:** Aligning fire service culture with police protocols and expectations may pose integration challenges.
- 3) **Organisational Awareness:** Highlight the importance of coordinated governance structures (e.g., joint committees) and the need for cultural alignment initiatives to ensure successful integration of police and fire services in this option.
- 4) **Cost:** Depending upon the workload involved and what is agreed, there may be an additional cost associated with this service from the Police.

11. Option 3 – Collaboration with Neighbouring Fire and Rescue Service

Partner with neighbouring fire and rescue services to create a regional PSF, pooling resources and expertise from multiple Services.

Advantages:

- 1) **Cost-Effective Approach:** Sharing resources, including personnel, training facilities, and infrastructure, reduces the financial burden on each individual Service.
- 2) **Standardisation Across Regions:** Collaborating with other services helps create a consistent standard across multiple authorities, which may improve public trust and regulatory compliance.
- 3) **Shared Expertise:** Services can benefit from each other's experiences, learning best practices and implementing them uniformly in similar organisations.

Challenges:

- 1) **Complex to coordinate:** Managing a multi-agency PSF involves navigating different organisational cultures, policies, and procedures, which may complicate operations.
- 2) **Shared Accountability:** Distributing responsibility across multiple Services could lead to delays in decision-making and issues in maintaining accountability if clear structures are not put in place.
- 3) **Defined governance framework:** embedding one national standard would be challenging, resource heavy and time consuming
- 4) **Sector wide costs:** for all individual services may see a saving as opposed to setting up their own PSF, nationally the sector will face challenges
- 5) **Organisational Awareness:** Address the need for a clear governance framework to define roles, responsibilities, and processes for each participating Service, ensuring the PSF operates efficiently and transparently.

12. Option 4 – National Approach

Work to establish a national PSF, supported and overseen by a central fire service body such as the NFCC, that provides professional standards oversight to fire Services across the country.

Advantages:

- 1) **Consistency across the sector:** A national PSF ensures that all FRS' adhere to the same high standards, promoting a unified professional culture.
- 2) **Access to Central Resources:** National-level funding, expertise, and technology can be more comprehensive and robust than what an individual Service could afford.
- 3) **Benchmarking and Best Practices:** The PSF can gather data from multiple Services, identifying best practices and trends, which helps continuously improve the overall professional standard of the service.

Challenges:

- 1) **Timeframes:** Is unlikely to be set up within the timeframes set out in the recommendations.
- 2) **Reduced Local Control:** CDDFRS might have less influence over specific policies or investigative priorities as decisions would be made at a national level.
- 3) **Response Time:** Centralised units may be slower in addressing local issues due to their broader scope and scale of operations.
- 4) **National funding:** Is it cost effective to created given current financial restraints

- 5) **Organisational Awareness:** Acknowledge that while a national PSF offers standardisation, it may require strong local representation and flexibility to adapt national policies to fit specific regional needs and concerns.

13. Option 5 – External Organisation (i.e Safecall)

CDDFRS contracts with an external organisation to establish a PSF that leverages well established expertise in investigations and compliance.

Advantages:

- 1) **Access to Specialist Skills:** Expertise in handling complex cases, ensures that the PSF operates with a high level of professionalism and legal compliance.
- 2) **Enhanced Credibility and Impartiality:** Collaboration with an external organisation reinforces public trust and demonstrates a commitment to transparency.
- 3) **Ensures impartiality:** external to the organisation should remove any unconscious bias

Challenges:

- 1) **Coordination Complexity:** Ensuring smooth collaboration and clear communication between two services requires effective management structures.
- 2) **Cost:** The cost of providing such a service will be significant

Recommendations

14. Based on the evaluation of the above options, recommendation 2 to collaboration with the police service is the most effective option and offers the best balance of independence, expertise, and resource efficiency while aligning closely with political and public expectations for transparency.
15. Members are requested to:
 - (a) **note** and **comment** on the content of the report and proposed actions.
 - (b) **Agree** with proposed progression of Option 2.

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

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By virtue of paragraph(s) 1 of Part 1 of Schedule 12A
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