

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 Friday 27 September 2024 at 1.30 pm to consider the following business:-**

### **PART A**

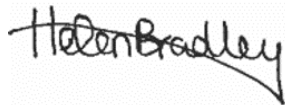
1. Apologies for absence
2. Minutes of the previous meeting - 23 May 2024 (Pages 3 - 4)
3. Sickness Absence Performance Quarter One 1 April 2024 - 30 June 2024 - Report of the Director of People and Organisational Development (Pages 5 - 14)
4. Health and Safety Performance Quarter One 1 April 2024 - 30 June 2024 - Report of the Director of Emergency Response (Pages 15 - 22)
5. Equality, Diversity and Inclusion Update - Report of the Director of People and Organisational Development (Pages 23 - 26)
6. Additional Health Care Benefit - Report of the Director of People and Organisational Development (Pages 27 - 30)
7. Standards of Behaviour: The Handling of Misconduct in the Fire and Rescue Service - Report of the Director of People and Organisational Development (Pages 31 - 42)
8. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgent to warrant consideration
9. Any resolution relating to the exclusion of the public during the discussion of items containing exempt information

### **Part B**

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

10. Employee Relations Update - Report of the Director of People and Organisational Development (Pages 43 - 46)
11. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration

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



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 **Thursday 23 May 2024** at **1000 hours**.

**Present:** Cllr A Batey in the Chair

**Durham County Council:** Cllrs C Marshall and J Quinn

**Darlington Borough Council:** D Ray

**Officers:** K Metcalfe  
J Parry (for items 4 only)

#### Part A

##### 1 Apologies

Apologies were received from Cllrs C Martin and J Cairns.

##### 2 Minutes of previous meeting – 20 February 2024

The minutes of the meeting held on 20 February 2024 were agreed as a true and accurate record.

##### 3 Sickness Absence Performance Quarter Four 1 April 2023 to 31 March 2024

K Metcalfe introduced the report which provided an update on sickness absence performance for the period 1 April 2023 to 31 March 2024.

K Metcalfe noted that following her action from the last meeting mental health absence data had been added to the report.

C Ray queried the background to sickness relating to work related stress. K Metcalfe noted that there were no absences directly linked to workload, it was mainly linked to performance and conduct issues.

C Ray queried the support provided to staff. K Metcalfe noted that everyone was allocated a welfare officer, they also had access to occupational health, the employee assistance programme, Beneden Health, therapeutic services and when returning to the work place a stress risk assessment is undertaken as part of the reintroduction.

C Ray also queried neurodivergent issues, K Metcalfe noted that currently no staff had presented any issues although agreed it was something which required consideration.

J Quinn queried the support for mental health, K Metcalfe noted that support was provided via Beneden Health, occupational health and the employee assistance programme.

A Batey noted the cost of living crisis and this could easily be masked within statistics, K Metcalfe noted that the family related stress category was helpful in these circumstances to note the stressor.

The Committee **noted** the report.

#### **4 Health and Safety Performance Quarter Four 1 April 2023 to 31 March 2024**

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

J Parry noted that the narrative for P173 had not been amended but a note would be made on any that over ran the 28 day period.

A Batey queried maneuvering fire appliances in tight spaces, was size of vehicles taken into consideration at the planning stage.

The committee **noted** the report.

#### **5 Additional Health Care Benefit**

K Metcalfe introduced the report which updated the committee on the implementation of the trial of an additional workforce healthcare benefit.

The committee **noted** the report.

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

K Metcalfe introduced the report which provided an update on the progress made towards completion of the Action Plan relating to HMICFRS Values and Culture Report and the recommendations made.

The Committee **noted** the report.

### **Part B**

#### **9 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 2023 to 31 March 2024.

Members commented on the information.

The Committee **noted** the report.



## **Safest People, Safest Places**

### **Human Resources Committee**

**27 September 2024**

#### **Sickness Absence Performance**

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

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

1. The purpose of this report is to update the Human Resources Committee (HRC) on sickness absence performance for the period 1 April 2024 to 30 June 2024 with some additional context and performance areas highlighted from 2023/24.

##### **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 with SLT 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.

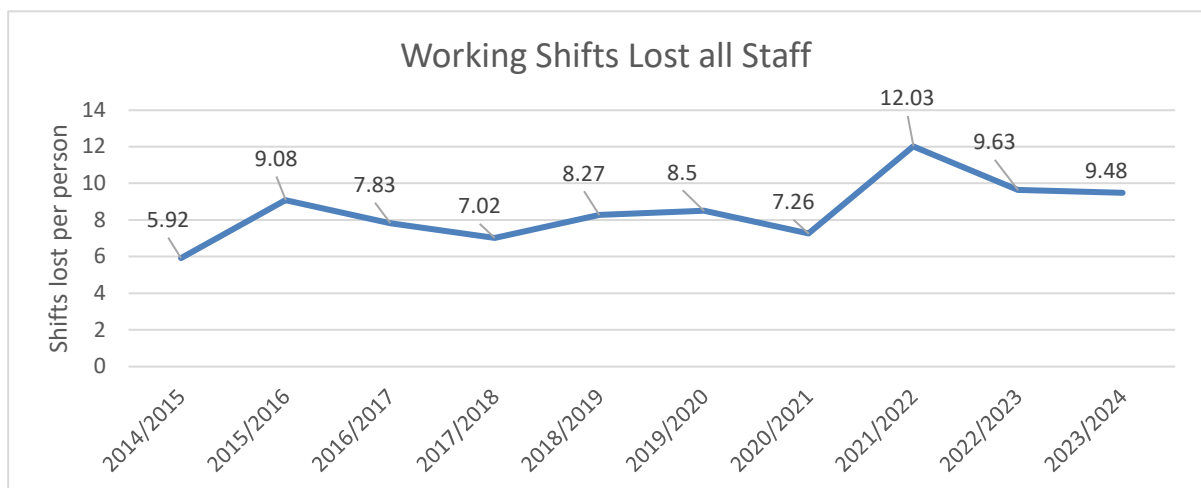
##### **Summary of Sickness Statistics**

4. The sickness statistics for the period 1 April 2024 to 30 June 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. 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 Jun 24	Apr 24 To Jun 24 Target	Variance	Apr 23 to Jun 23 (PYR)	Direction of Travel
Working shifts / days lost for <b>all staff</b> .	2.45	1.75	+0.7	2.51	Down
Working shifts / days lost due to sickness for all <b>Wholetime, Control and Non- Uniformed</b>	1.94	1.75	+0.19	2.21	Down
Working shifts / days lost due to sickness for all <b>Wholetime and Control</b>	1.96	1.75	+0.21	2.37	Down

7. All KPIs for sickness are above target at this point in the year however performance has improved in comparison with last year for all the indicators. Compared to the same reporting quarter last year, sickness overall has decreased by 2.39%
8. Absences within specific staff groups have seen varying shifts in comparison to the same quarter last year. WT Riders, FDO/DD, as seen a decrease whereas RDS, Control and Corporate have all seen an increase. Unfortunately, all staff groups are over target at this point in the year. Almost 84% of all absence is due to long term sickness and all staff groups demonstrate that in their figures.
9. The graph below shows the shift lost for all staff over the previous 10 years for context purposes. Based on Q1 performance, it is predicted end of year performance for all staff would be around 9.8 shifts lost per person.



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 Jun 24	Apr 24 To Jun 24 Target	Variance	Apr 23 to Jun 23 (PYR)	Direction of Travel
WT Riders	1.88	1.75	+0.13	2.2	Down
FDO / DD	3.02	1.125	+1.895	4.5	Down
Control	3.37	2	+1.37	0.07	Up
RDS	4.44	2.25	+2.19	3.46	Up
Non-uniformed	2.24	1.75	+0.49	1.64	Up

**Wholetime Station Based Firefighters (Riders)**

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

Description	Days/cost	%/£ change from Q1 2023-24
Total shifts lost to 30/06/2024	445	-20.68%
Long term sickness	331 (74%)	-21.56%
Short term sickness	114 (26%)	-17.99%
Approximate cost of sickness	£88,324	-£17,705 (16.70%)

12. The WT rider category has seen a 20% decrease in shifts lost when compared with the same reporting period in 2023/24. There have been 7 long term sick cases spanning this quarter compared to 18 cases this time last year.

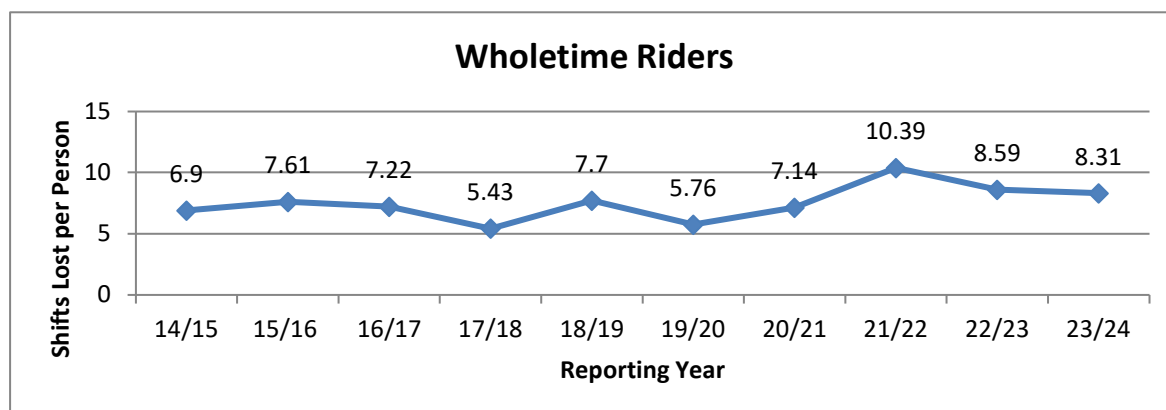
13. MSK accounts for the highest proportion of absence with 49% of all absence attributed to this area. The main area within MSK causing the high absence rate is knee issues. This accounts for over 54% of MSK absence for this period with three staff members absent for this reason, one of which was due to sporting injuries attained outside of work. The Service continue to promote the physiotherapy provision and support individuals back to work at the earliest opportunity. Those waiting for operations, however, are likely to have lengthy absences unless an intervention from Benenden Health is appropriate.

14. Mental Health currently accounts for 23% of total absence which has decreased since this time last year. This type of absence includes anxiety, low mood, and work-related stress. Work-related stress accounts for just over 13% 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. MSK has overtaken Mental Health as the reason for sickness this quarter.

15. Short term absence has increased slightly from this time last year. However there does not appear to be a specific reason for this. There were 21 occasions of uncertified absence within the quarter for various reason including cold symptoms, gastroenteritis, and viral

infections with a further 10 certified short-term absences related to primarily MSK issues and mental health.

16. This category is over target at the end of the reporting period. The graph below shows annual performance of this staff group over the previous 10 years. Based on Q1 performance, it is predicted end of year performance for all staff would be around 7.52 shifts lost per person.



### Flexible Duty Officers and Day Duty

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

#### FDO

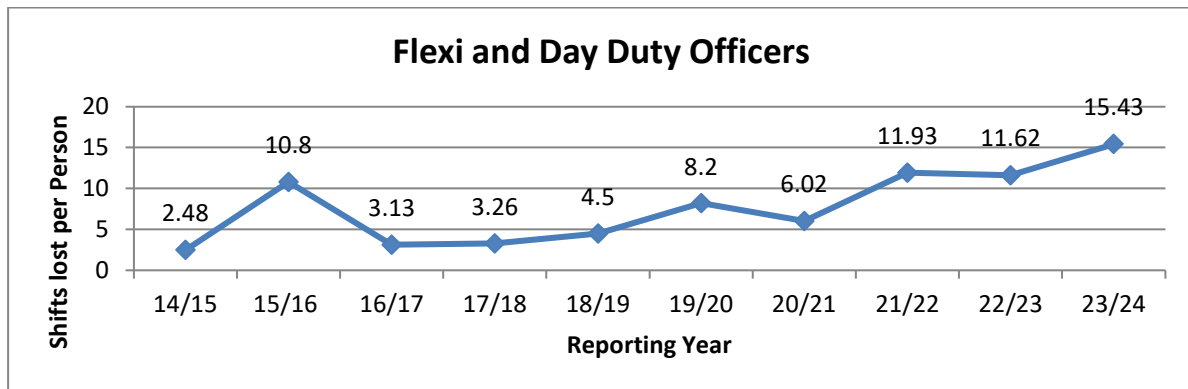
Description	Days/cost	%/£ change from Q1 2023-24
Total shifts lost to 30/06/2024	100	+108.3%
Long term sickness	93 (93%)	+93.75%
Short term sickness	7 (7%)	700%
Approximate cost of sickness	£28,236	+£16,187 (+134.34%)

#### Day Duty

Description	Days/cost	%/£ change from Q1 2023-24
Total shifts lost to 30/06/2024	25	-80.92%
Long term sickness	23 (92%)	-82.03%
Short term sickness	2 (8%)	-33.33%
Approximate cost of sickness	£6,153	-£24,548 (-79.96%)

18. The FDO category has increased by 108% 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 quarter with 1 already returning to work and 1 continuing into the next quarter.
19. The DD category has decreased by over 80% from this time last year with only 1 current long-term case. Short term absence in both categories is low which is positive.
20. This category is over target at the end of the reporting quarter. The graph below shows annual performance of this staff group over the previous 10 years. Based on Q1 performance, it is predicted end of year performance for all staff would be around 12.08 shifts lost per person.





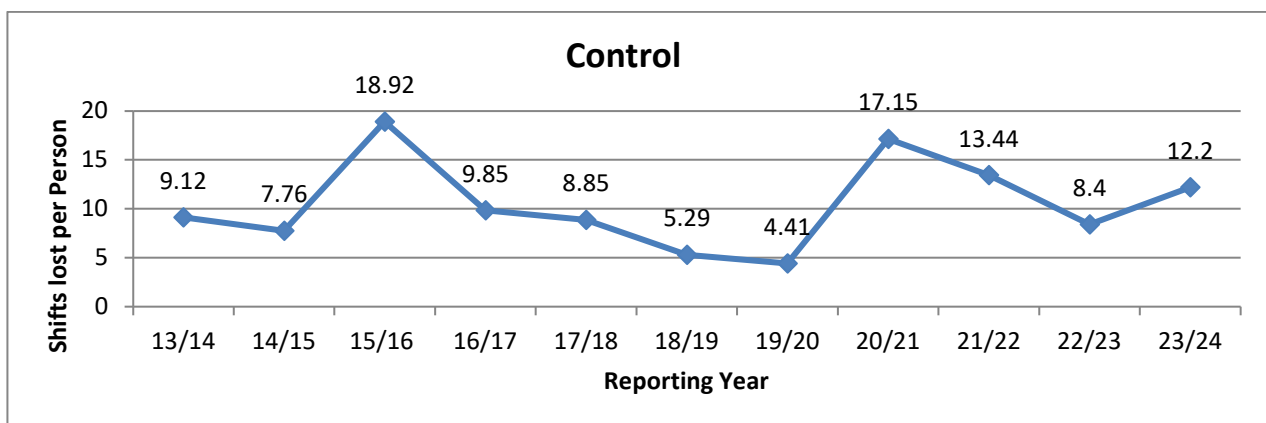
## Control

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

Description	Days/cost	%/£ change from Q1 2023-24
Total shifts lost to 30/06/2024	76.5	+5000%
Long term sickness	71.5 (93%)	+715%
Short term sickness	5 (7%)	+233.33%
Approximate cost of sickness	£14,421	+£14,152 (+5260.97%)

22. The Control category of staff has lost 76.50 shifts this year, with the main reason being attributed to one case (61%). Whilst the increases in the table above look significantly high, there was only 1.5 shifts lost to sickness in this category in Q1 last year. Six members of staff had sickness within Q1 (33% of the staff group), 4 of these have led to long term absence. The reason varies from work related stress, viral infection and operations. Moving into Q2, 4 of these cases are ongoing, therefore it is likely sickness levels remain high in this staff group. On a positive note, short term absence remained relatively low with only 5 shifts lost.

23. This category is over target at the end of the reporting quarter. The graph below shows annual performance of this staff group over the previous 10 years. Based on Q1 performance, it is predicted end of year performance for all staff would be around 13.48 shifts lost per person.



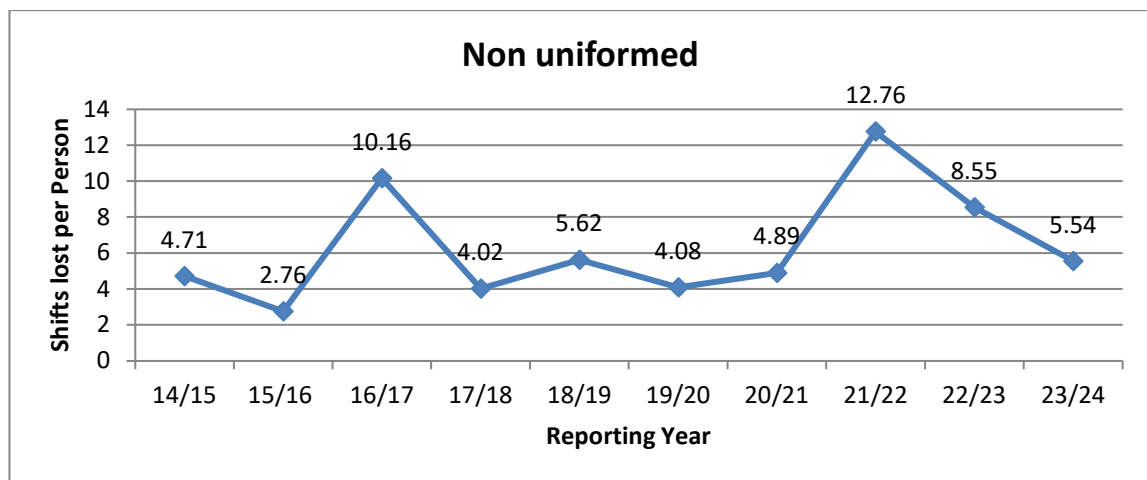
## Non- Uniformed

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

Description	Days/cost	%/£ change from
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		<b>Q1 2023-24</b>
Total shifts lost to 30/06/2024	221.21	+53.61%
Long term sickness	188 (85%)	+72.48%
Short term sickness	33.21 (35%)	-5.11%
Approximate cost of sickness	£25,264	+£11,548 (+84.19%)

25. This category has seen an increase of over 53% 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. A number of these cases have been resolved and so sickness levels in this category are likely to improve into Q2.
26. This category is over target at the end of the reporting quarter. The graph below shows annual performance of this staff group over the previous 10 years. Based on Q1 performance, it is predicted end of year performance for all staff would be around 8.96 shifts lost per person.

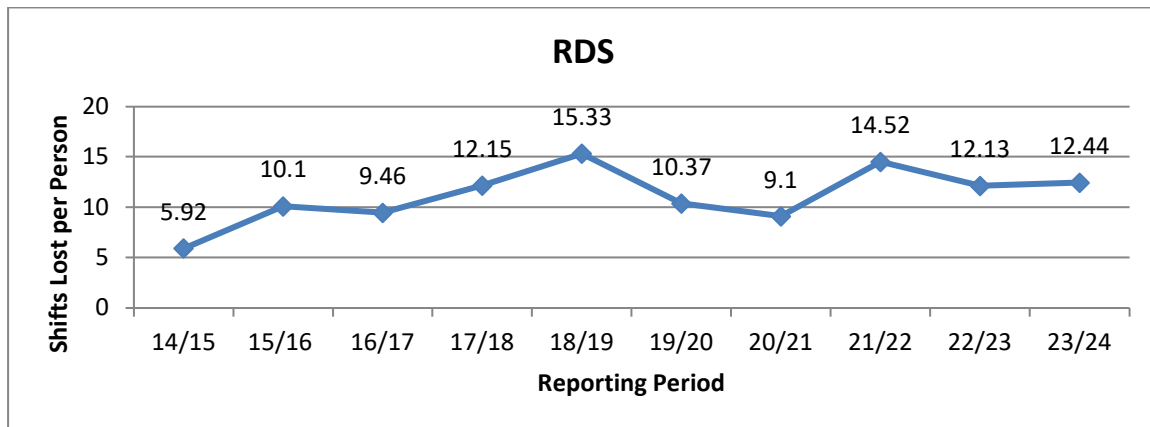


### Retained Duty System

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

<b>Description</b>	<b>Days/cost</b>	<b>%/£ change from Q1 2023-24</b>
Total shifts lost to 30/06/2024	522.81	+19.52%
Long term sickness	499.77 (95.59%)	+32.04%
Short term sickness	23.04 (4.41%)	-60.91%
Approximate cost of sickness	£51,883	+£10,587 (+25.64%)

28. The RDS category has seen an increase of 19% on shifts lost when compared with the same reporting period in 2023/24. There have been 8 long term sick cases over the quarter with main reasons being MSK and Mental Health. Six 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 on a positive note has decreased by 60%.
29. This category is over target at the end of the reporting quarter. The graph below shows annual performance of this staff group over the previous 10 years. Based on Q1 performance, it is predicted end of year performance for all staff would be around 17.76 shifts lost per person.



### Action Taken

30. 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.
31. 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 a positive start to the trial. This included access the 24/7 GO, diagnostics, physiotherapy and two surgeries have taken place with various other diagnostics. The HRC will be kept up to date with the usage figures during the trial.
32. Several ill health retirements are being progressed which should alleviate some of the long-term absence moving into the next reporting quarter.
33. A problem-solving session took place on 21 August to look at sickness levels in detail and agree potential solutions and direction of travel. This included reviewing the services position on modified duties, capability and progressing ill health cases. Consideration was also given to the current monitoring for formal stages and if sanctions were being applied consistently.
34. Several actions will be progressed including wider awareness and information sharing on current sickness levels and costs, closer scrutiny of attendance management triggers by the POD team and reviewing of procedures. However, the SLT agreed to keep the services stance on its modified duties policy the same.

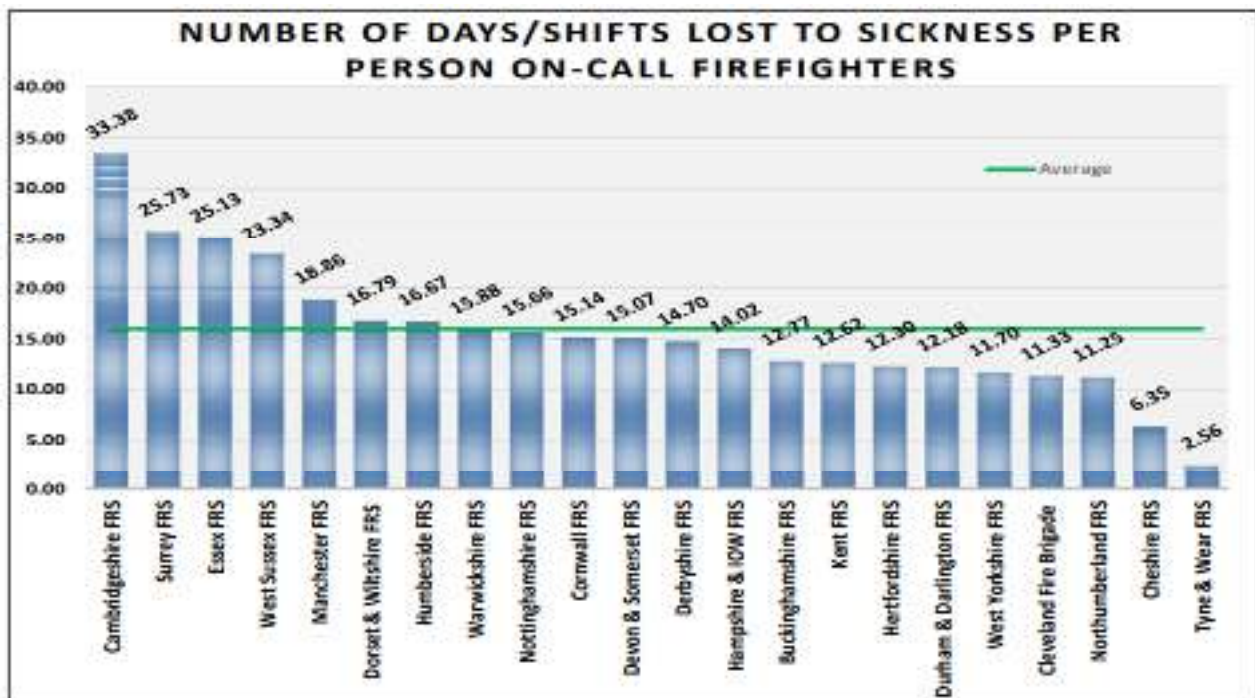
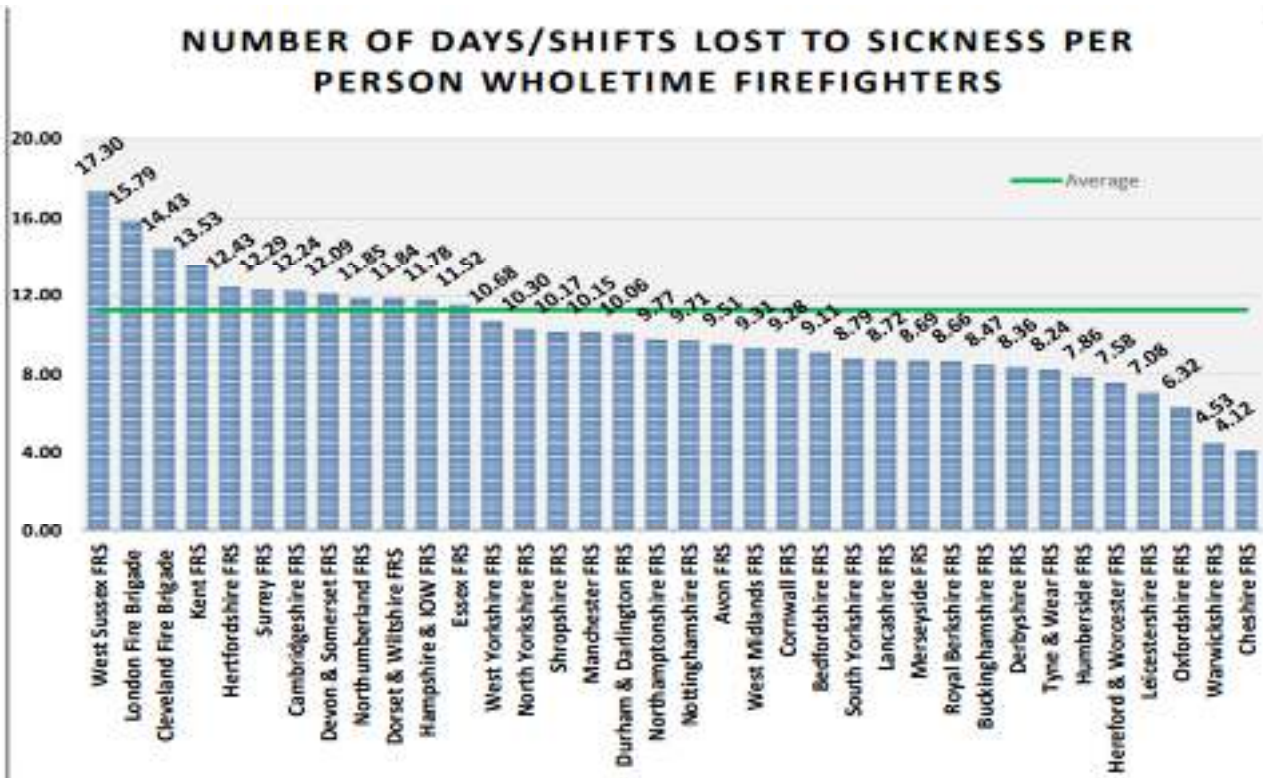
### National Fire Service Data Comparison

35. 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.
36. 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 2023 to March 2024 (Quarter 4).

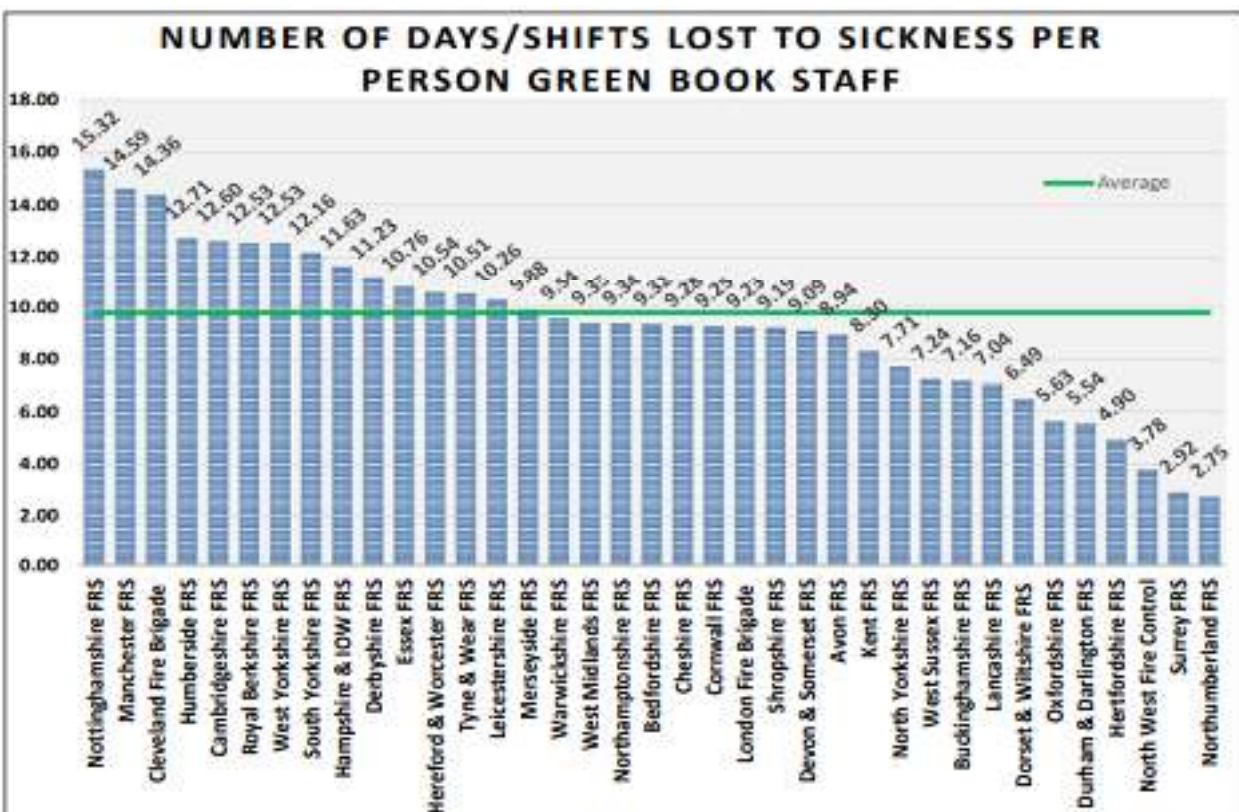
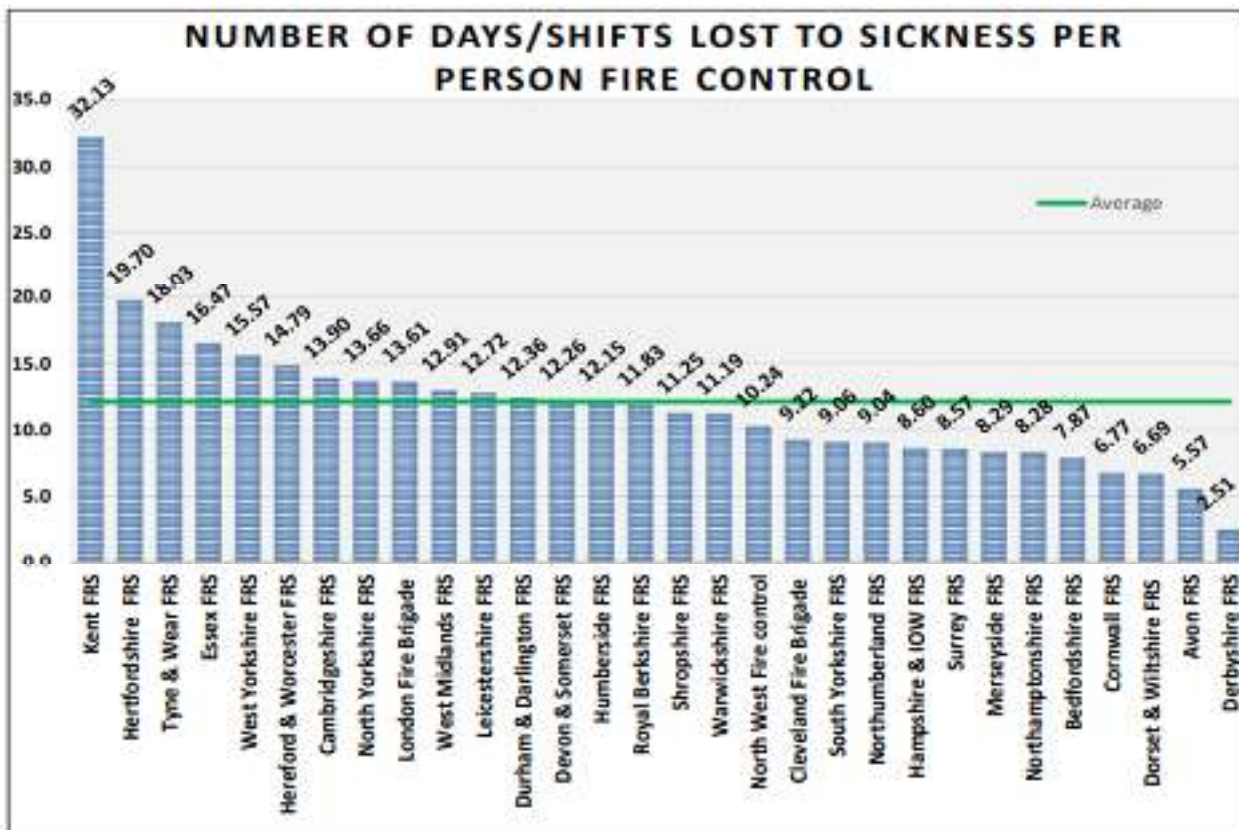
37. Performance across indicators (Appendix A) is below the national average which is positive in comparison with other FRS's.
38. Thirty-seven FRS' submitted data for the period April 2023 – March 2024. During this period, from the Fire Services who submitted data, there has been 408,266 shifts lost to sickness absence arising from 41,957 separate occurrences for all staff groups equating to 11.68 shifts per member of staff. The main causes of sickness absence for all staff groups are:
- a) Musculo-Skeletal absences (130,035 shifts), accounting for 32% of all sickness absence;
  - b) Mental Health absences (105,178 shifts), accounting for 26% of sickness absence;
  - c) Respiratory reasons (39,308 shifts), which accounts for 10% of all sickness absence.

### **Recommendation**

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







Safest People, Safest Places



## Human Resources Committee

27 September 2024

### Health and Safety Performance Quarter One (April 2024 – June 2024)

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#### Report of Chris Williams, Health and Safety Manager

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#### 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 one 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	Oct	Nov	Dec	Jan	Feb	Mar	Total
<b>PI 69:</b> Number of Accidents to Personnel	2	0	1										
<b>PI 72:</b> Number of Vehicle Accidents (CDDFRS Driver's Fault)	0	0	0										
<b>PI 73:</b> Number of local Health and Safety Investigations Incomplete after 28 days	1	1	1										
<b>PI 74:</b> Number of Health and Safety Actions Overdue Their Specified Date	5	1	1										

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



**4. PI 69 Number of accidents to personnel**

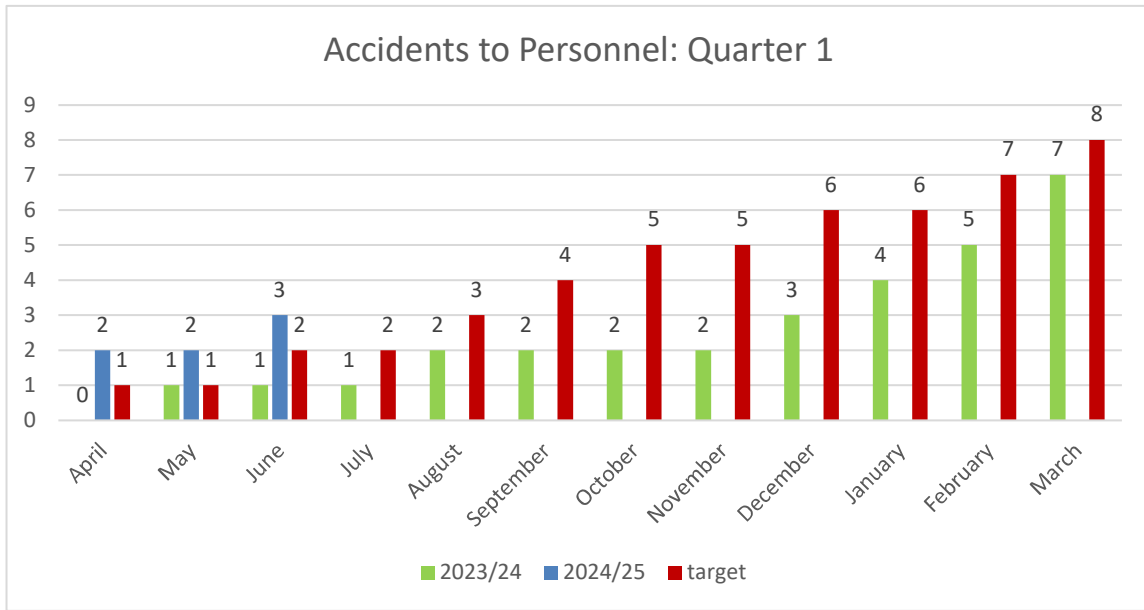


Figure.1: Number of accidents to personnel (running total) for the current year (blue) and the target (red) previous year (green)

4.1. Three accidents to personnel have been reported during this quarter. This is one over the Service targets for accidents to personnel and at this stage of reporting performance is two above last year's figures.

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

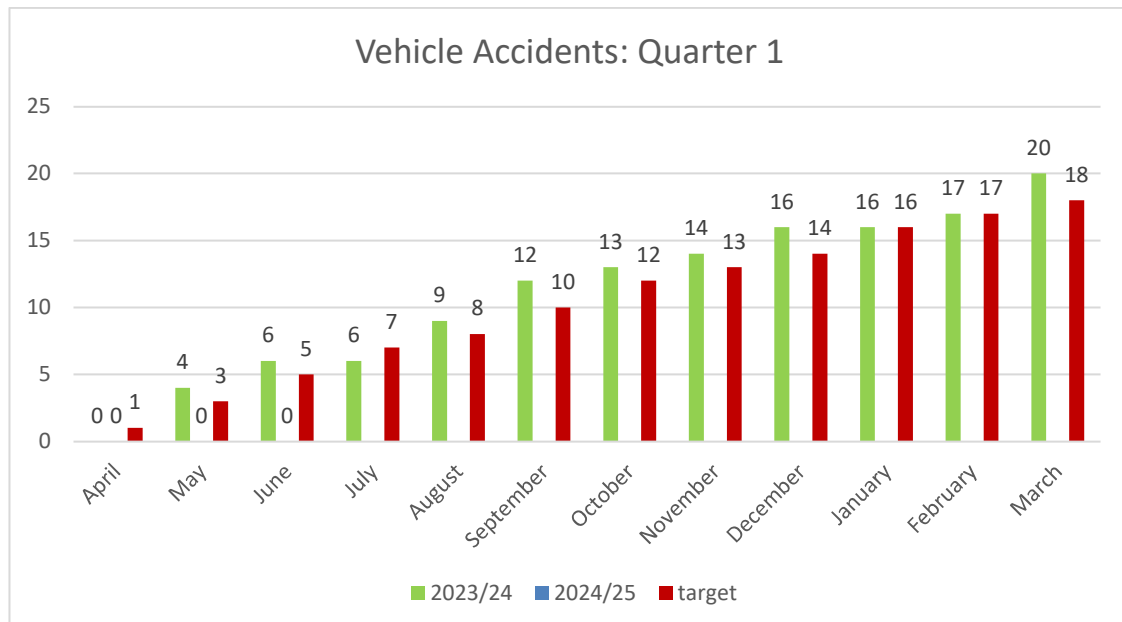


Figure.2: Number of vehicle accidents (running total) for the current year (blue) and the target (red) previous year (green).

5.1. No potentially at fault vehicle accidents have been reported during this quarter. This is below the set target and below last year's total for this quarter. 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. 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 Panels.
- b) Refreshed Driving safety procedures.
- c) Learn Pro reminders for vehicle manoeuvring.

## 6. PI 73 investigations incomplete after 28 days

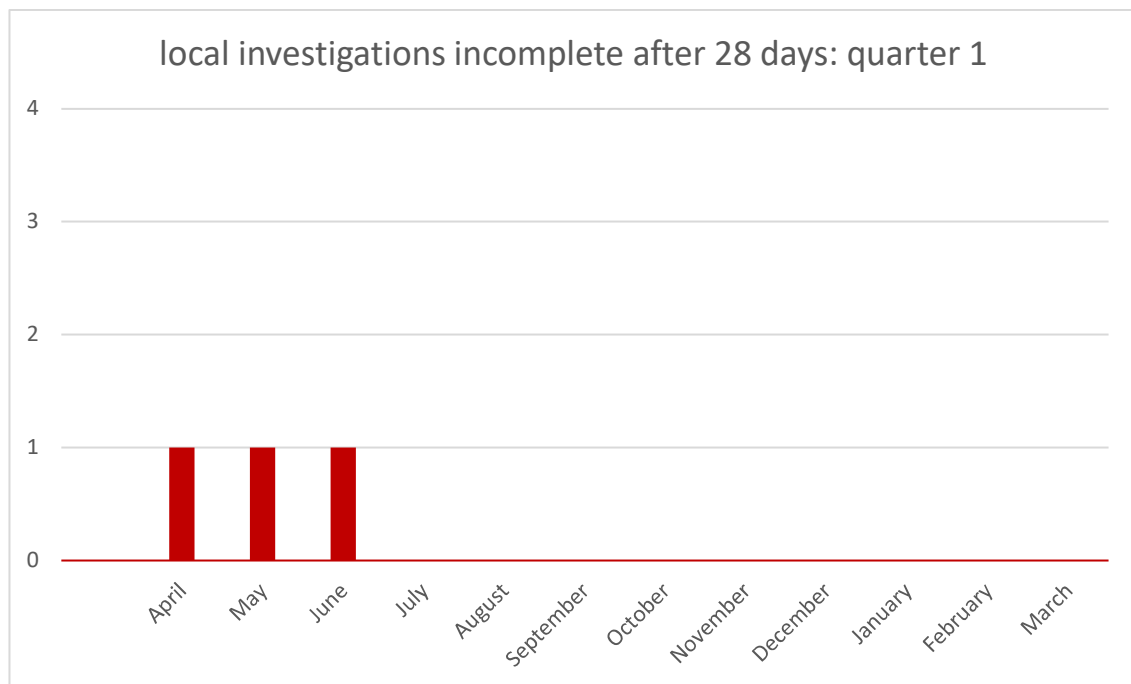


Figure.3: Number of investigations incomplete after 28 days.

- 6.1. Six investigations have been conducted in this quarter (This is a total of six 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.

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



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

- 7.1. The outstanding actions at the end of this quarter reporting period are:
- a) Confirmation of actions implemented regarding appliance wheel nut loosening.
  - b) Finalisation of one aspect of Training Centre BA drying facility modifications.

**8. Near Misses**

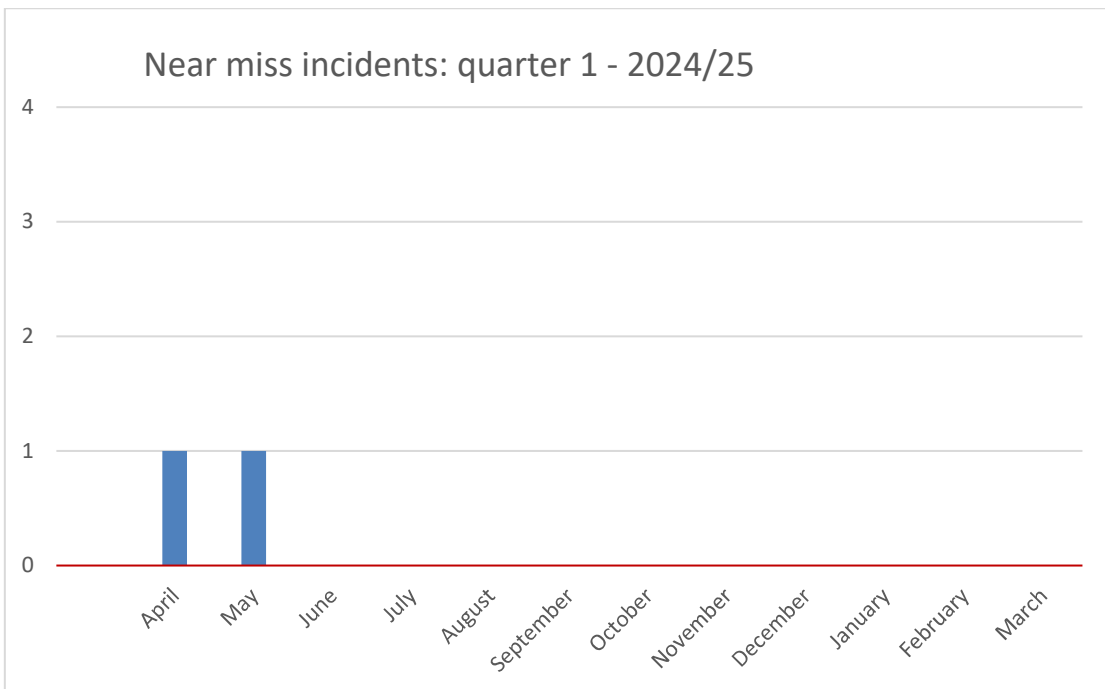


Figure.5: Reported near misses in each month.

- 8.1. There were two near miss incidents in this quarter. (This is a total of two near miss incidents have been reported in this period to date). These related to:
- a) A defective hose reel at Training Centre, which has prompted improved preventative maintenance of all hose reels across the Service.
  - b) A possible ladder malfunction during role-related tests, which on investigation was attributed to poor selection of equipment for the task; actions implemented to prevent reoccurrence.

## 9. Cause for Concern Incidents

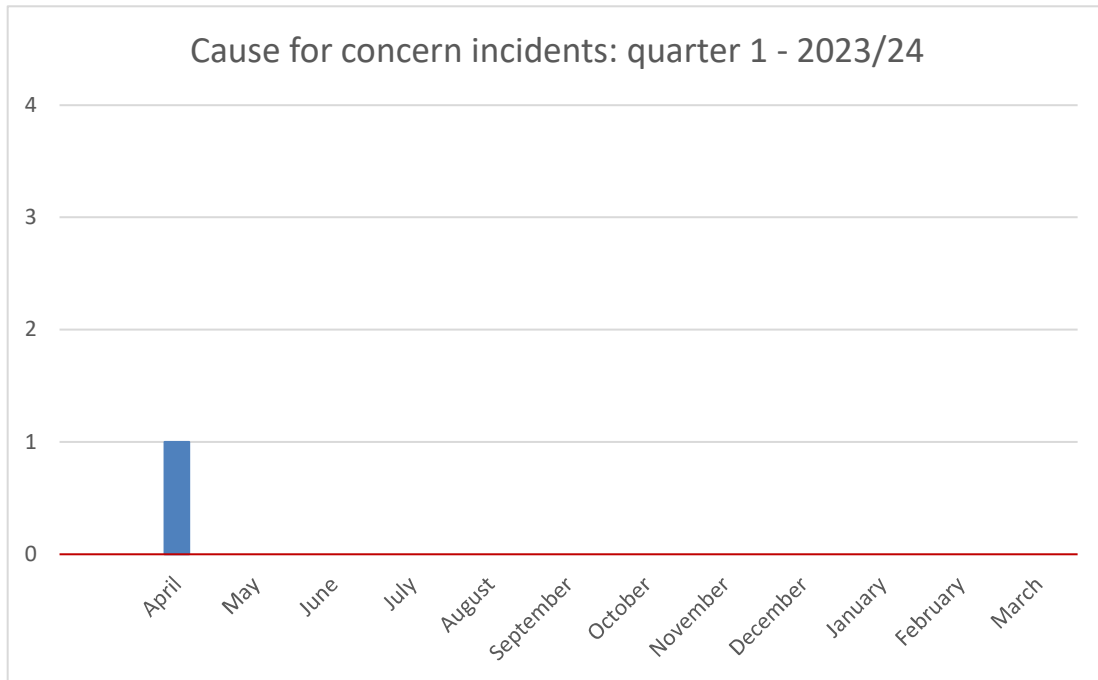


Figure.6: Reported cause for concerns in each month

- 9.1. There has been one cause for concern reported in this quarter. (A total of one cause for concern incidents have been reported in this year to date). This related to:
- a) Insufficient number of competent Control Room staff over a shift in April; this was addressed by the agreed Degradation Plan, with subsequent staff recruitment plans implemented.

## 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 experienced a period of change but now has a full complement of staff and are 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 defensibly training to FDOs;
- d) Trialling an 'SOS' app for lone workers.

## **11. Summary**

- 11.1. The annual health and safety visits are key to employee engagement and raising health and safety awareness. The reporting process for adverse events including near misses and cause for concerns demonstrate the proactive attitude 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**

**27 September 2024**

### **Equality, Diversity and Inclusion Update**

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#### **Report of Director of Emergency Response**

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##### **1. Purpose of Report**

- 1.1. The purpose of this report is to provide the Combined Fire Authority (CFA) HR Committee with an update on County Durham and Darlington Fire and Rescue Service's (CDDFRS) ongoing efforts in Equality, Diversity, and Inclusion (EDI). It details recent activities and events, including PRIDE participation, and offers insights into the progress and challenges of the current EDI strategy. Additionally, the report covers the role of the EDI Group, recent developments in external EDI engagements, and plans for the new EDI strategy, aimed at advancing the Service's commitment to fostering an inclusive environment and reflecting the diverse communities it serves.

##### **2. Background**

- 2.1. CDDFRS has long recognised the importance of promoting EDI within its workforce and the communities it serves. As a public service organisation, CDDFRS is committed to fostering an inclusive environment where all individuals, regardless of their background, can feel valued, respected, and supported.
- 2.2. In line with national priorities and legislative requirements, including the Equality Act 2010, the Service has a specific EDI strategy which is designed to ensure that EDI is embedded across all areas of its operations, from recruitment and retention to service delivery and community engagement. The strategy also seeks to improve representation and create an environment that actively challenges discrimination, promotes understanding, and celebrates diversity.
- 2.3. Over the years, CDDFRS has taken proactive steps to raise awareness and understanding of EDI issues. This includes supporting external events such as PRIDE, and other community-focused initiatives aimed at strengthening relationships with underrepresented groups.
- 2.4. Additionally, the Service's EDI Group plays a critical role in driving forward these efforts, ensuring continuous progress and accountability in achieving the organisation's EDI objectives. Through these initiatives, CDDFRS is dedicated to not only meeting its legal obligations but also to becoming a leader in inclusivity, reflecting the diverse communities it serves and ensuring equal opportunities for all its employees.

### **3. EDI Events**

- 3.1. Earlier this year, CDDFRS actively participated in all formal PRIDE events across the Service area, showcasing its ongoing dedication to promoting EDI both within the Service and across the communities which we serve.
- 3.2. On May 28th, CDDFRS supported Durham PRIDE, with a number of staff members in attendance. A significant highlight of the event was the inclusion of the Service's Aerial Ladder Platform (ALP) in the PRIDE march, a visible symbol of the Service's solidarity with the LGBT community. Deputy Chief Fire Officer (DCFO) Keith Carruthers further reinforced this commitment by delivering an impactful opening speech on the main stage, emphasising CDDFRS's dedication to fostering an inclusive environment for both employees and the public.
- 3.3. Following this, on June 10th, Bishop Auckland hosted its inaugural PRIDE event, and CDDFRS was proud to offer its support through the presence of local fire crews. This marked a key moment for the town and for the Service, as the event symbolised a growing recognition of the importance of inclusivity within smaller, local communities. The participation of CDDFRS staff highlighted the Service's commitment to supporting EDI initiatives, irrespective of the event's size or location.
- 3.4. The Service's involvement continued throughout the summer. On July 22nd, Group Manager (GM) Justin Parry represented CDDFRS at Northern PRIDE in Newcastle, further extending the Service's regional engagement. His presence at this significant event demonstrated the continued effort by senior leadership to engage with and support diverse communities in the Northeast.
- 3.5. Most recently, on August 12th, CDDFRS attended Darlington PRIDE. Chief Fire Officer (CFO) Steve Helps, GM Justin Parry, and Community Safety Team Leader Sarah Litt all took part in the event, showcasing the Service's unified approach to promoting diversity and inclusion at the highest levels of leadership. Their involvement reinforced CDDFRS's ongoing commitment to creating a positive and inclusive atmosphere both within the Service and in the communities they serve.

### **4. EDI Group Update**

- 4.1. Within CDDFRS, the EDI efforts are managed through two distinct groups: the Full EDI Group and the EDI Working Group. The Full EDI Group meets quarterly to provide strategic oversight, review progress, and address major EDI issues. Meanwhile, the EDI Working Group convenes monthly to drive the implementation of specific initiatives and address immediate operational concerns.
- 4.2. The latest Full EDI meeting, held on June 27th, focused on several key priorities. The Terms of Reference (TOR) were updated to enhance clarity and governance, aligning the committee's work with current EDI priorities. The meeting also included a review of the National Fire Chiefs Council (NFCC) EDI toolkits to assess their effectiveness and identify areas for improvement.
- 4.3. Additionally, action plans and equality strands were reviewed to ensure alignment with EDI objectives and assess progress. Significant actions included relocating the Equality Impact Assessment (EqIA) to the EDI site for easier access, circulating the maturity model progress report, and planning a good practice visit to Amazon for insights into EDI practices.



- 4.4. The meeting addressed enhancements to the cadet program to increase inclusivity, refined communication strategies for EDI initiatives, and discussed developing pamphlets to raise staff awareness of cultural and religious practices. These efforts are intended to foster a more inclusive environment and advance the Service's EDI agenda.

## **5. External EDI Meetings**

- 5.1. CDDFRS is a proud member of the North East Equality Rainbow Alliance (NEERA), a regional network dedicated to promoting EDI across the North East. NEERA meetings primarily focused on sharing and celebrating best practices among member organisations, fostering a collaborative approach to advancing EDI across the region.
- 5.2. Additionally, NEERA recently celebrated the rescinding of Regulation 28, a controversial policy that previously permitted discriminatory practices in certain sectors. The removal of this regulation marks a significant victory for EDI advocates and reinforces the region's commitment to upholding inclusive values.
- 5.3. NEERA is also set to host the inaugural NEERA Conference in 2024, titled "Change for Good." The conference, scheduled for October, will serve as a vital platform to address ongoing challenges related to hate crimes, discrimination, and inequality in the region. It aims to bring together community members in a show of solidarity and commitment to fostering an inclusive and welcoming North East.
- 5.4. Representatives from CDDFRS will be attending the event, further demonstrating the Service's dedication to promoting EDI and supporting regional initiatives.

## **6. EDI Strategy Update**

- 6.1. The current EDI strategy, titled "Equality, Diversity and Inclusion Strategy 2022 – 2025," is approaching its conclusion. This strategy was primarily based on the Chief Fire Officers Association (CFOA) Fire and Rescue Service (FRS) Equality Framework and the NFCC EDI Strategy 2017-2022. It has been supported by an action plan which is in its final stages of completion and covered five key areas, which are:
  - Leadership, Partnership and Services.
  - Effective Service Delivery.
  - Communications, Knowledge, and Engagement.
  - Employment, Health and Wellbeing.
  - Recruitment, Training, and Selection.
- 6.2. In preparation for developing a new EDI strategy, an EDI strategy workshop was conducted on September 12th. The intention is for the new strategy to align closely with the NFCC Maturity Model for EDI. Maturity models serve as best practice frameworks that assist Fire and Rescue Services (FRS) in evaluating their current practices and identifying potential future steps.
- 6.3. The NFCC Maturity Model consists of four levels of maturity that each FRS is assessed against, with the goal of progressing through these levels. For EDI, the levels are:
  - Level 1 – Legislatively and Policy Compliant.
  - Level 2 – Valuing Diversity.
  - Level 3 – Integrating Inclusion.
  - Level 4 – Leading from the Front.

- 6.4. In June 2023, the EDI Working Group collaborated with Jo Hardy, NFCC Implementation Liaison Manager, to complete the NFCC EDI self-assessment. The feedback received in September 2023 indicated that CDDFRS was graded at Level 2 – Valuing Diversity.
- 6.5. The goal for the new EDI strategy is to advance CDDFRS from Level 2 to Level 3 – Integrating Inclusion. The workshop facilitated focus groups to refine the future structure of the EDI group, approve the alignment of the EDI strategy with the NFCC Maturity Model, agree on EDI priority areas and actions, and document existing successes while identifying opportunities for improvement.
- 6.6. The workshop was highly successful, exemplifying a strategy developed collaboratively with input from those it serves.

## 7. Summary

- 7.1. The report aims to update the CFA HR Committee on the progress of CDDFRS in EDI. It highlights recent EDI events, including PRIDE activities and other initiatives to promote inclusivity, as well as updates on the EDI strategy and the work of the EDI Group.
- 7.2. CDDFRS is dedicated to fostering an inclusive environment and has actively participated in PRIDE events across its service area, showcasing its commitment to diversity and community support. This involvement included significant participation in Durham PRIDE, Bishop Auckland's inaugural PRIDE, Northern PRIDE in Newcastle, and Darlington PRIDE.
- 7.3. The EDI efforts are managed through two groups: the Full EDI Group, which meets quarterly for strategic oversight, and the EDI Working Group, which meets monthly to implement specific initiatives. Recent activities included updating the Terms of Reference, reviewing the National Fire Chiefs Council (NFCC) EDI toolkits, and planning a good practice visit to Amazon.
- 7.4. CDDFRS is also a member of the NEERA, which recently celebrated the removal of Regulation 28 and will host the "Change for Good" conference in 2024. CDDFRS will participate in this event to further its regional EDI commitment.
- 7.5. The current EDI strategy, which is based on the CFOA and NFCC frameworks and has nearly completed its action plan, is nearing its end. A workshop on September 12th aimed to develop a new EDI strategy aligned with the NFCC Maturity Model. The goal is to progress from Level 2 – Valuing Diversity to Level 3 – Integrating Inclusion. The workshop successfully addressed the future structure of the EDI group, aligned priorities, and identified areas for improvement, reflecting a collaborative approach to enhancing the strategy.

## 8. Recommendation

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



**Safest People, Safest Places**

**Human Resources Committee**

**27 September 2024**

**Additional Health Care Benefit**

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

**Purpose of report**

1. The purpose of this report is to update the Human Resources Committee (HRC) on the implementation of the trial of an additional workforce healthcare benefit, through Benenden Health.

**Background**

2. A paper was presented to the HRC on the 5 September 2023 outlining the Service's intention to trial the use of Benenden Health care to offer both a cost-effective solution to reduce sickness absence and to support the wellbeing of the workforce.
3. Sickness figures across the Service over recent years have been steadily increasing and are above the target for the number of shifts lost, per person, in a year. The target set by the service is currently 7 shifts per person, and the average over the last three years is 9.5 shifts lost per person.
4. Benenden Services is a not-for-profit healthcare provider which is complementary to the NHS, where NHS waiting times are longer than 5 weeks. It allows for pre-existing conditions (which is contra to private healthcare providers), with services being immediately accessible upon joining where the Service opt for a fully funded provision. The scheme provides for diagnostic treatment up to £2,500 per condition.
5. The Service went live with the Service on 1 January 2024. Of the workforce, 531 have signed up as well as 120 family members.

**Services used to date**

6. 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 August 2024:

**Table 1**

<b>Service used</b>	<b>Number of cases</b>
24-hour GP Advice	63 (+28)
Care Advice	1
Diagnostics and Tests	25 (+8)
Mental Health Services	12 (+1)
Physiotherapy	27 (+12)
Treatment and Surgery	4 (+2)

<b>Total</b>	<b>132</b>
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7. In terms of diagnostics and tests, the data shows the following types are being explored:

**Table 2**

<b>Service used</b>	<b>Number of cases</b>
Orthopaedic Surgery	13 (+6)
ENT	2
Gastroenterology	1
Gynaecology	2 (+1)
Rheumatology	1
Urology	2 (+1)
Neurology	1 (+1)
Dermatology	1 (+1)
Endocrinology	1 (+1)
General Surgery	1 (+1)
<b>Total</b>	<b>25</b>

8. Sickness levels over the past 9 months are outlined below in Table 3. Whilst a reduction in shifts lost was seen over quarter 4 of the last reporting year, sickness levels have increased over quarter 1.

**Table 3**

<b>PI</b>	<b>Q3</b>	<b>Q4</b>	<b>Q1</b>
<b>WT &amp; Control</b>	910	651.5	646.5
<b>WT, Control and NU</b>	1072.72	819.68	867.71
<b>All Staff</b>	1341.59	1266.98	1390.52

## Conclusion

9. 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.

## Recommendations

10. Members are requested to:

- a) Note the contents of the report and receive further updates in due course.

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



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## **Safest People, Safest Places**

### **Human Resources Committee**

**27 September 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 inform the Human Resources Committee of the outcomes of the internal review of County Durham and Darlington Fire and Rescue Services (CDDFRS) practices against 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. In July 2023, Home Secretary Rt. Hon, Suella Braverman KC MP commissioned HMICFRS to conduct an inspection of the handling of misconduct in fire and rescue services in England. The thematic inspection planned to examine:
  - a) the extent to which services are identifying and investigating misconduct.
  - b) the effectiveness of misconduct processes and how consistently they are applied.
  - c) how confident fire and rescue service staff are in raising concerns and in misconduct processes; and
  - d) the role of fire and rescue authorities and other organisations in handling misconduct.
3. The inspection took place between October 2023 and January 2024 and carried out detailed inspections of ten FRSs: Cornwall, Dorset and Wiltshire, Greater Manchester, Humberside, Kent, Lincolnshire, Northamptonshire, Staffordshire, Tyne and Wear, and West Midlands. These services were selected to be a representative sample of FRSs across England in terms of size, location, governance structures and performance. The report was published on the 1 August 2024.
4. Full details of the report were presented at the Combined Fire Authority (CFA) meeting on the 16 September 2024 whereby it was agreed that the HRC would agree and monitor the improvement plan.

#### **Improvement Plan**

5. A gap analysis has been undertaken (Appendix A) which outlines 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 can strengthen. In some cases, whilst the recommendation can be met, areas of improvement have still been identified.

6. Our last HMICFRS inspection report graded the Service as 'Good' overall in the People Pillar and 'Good' in all four sub diagnostics. It noted the service has well-defined values that are understood by all staff, the Core Code of Ethics has been implemented, we have supportive wellbeing initiatives, good health and safety processes and more importantly staff are confident in the service's approach to tackling bullying, harassment and discrimination and disciplinary matters. Whilst the inspection process is not an in-depth review, it gives the Committee some assurance that our processes relating to People and Culture are working and embedded.
7. Updates on progress against the action plan outlined in appendix A will be reported to the Committee on a regular basis. Once agreed, a copy of the plan will be made available on the Service website for transparency purposes.

### **Recommendations**

8. Members are requested to:
  - (a) **note** and comment on the content of the report.
  - (b) **Approve** the Improvement plan attached in Appendix A.

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 <a href="#">Core Code of Ethics</a> . 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.
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.

34	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		
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		
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"> <li>• make sure staff know how services will handle responses and maintain confidentiality and anonymity; and</li> <li>• explain how staff can access services' whistle-blowing capability</li> </ul>		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		

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

	<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"> <li>• staff welfare and absence management.</li> <li>• the process for managing individual staff performance, addressing poor performance and potential misconduct issues.</li> <li>• how to handle difficult conversations and resolve issues informally, if appropriate, when a concern is identified; and</li> <li>• clarifying the role of HR services in helping managers to deal with staff concerns and misconduct issues.</li> <li>• Chief fire officers should make sure all managers and supervisors attend the training programme.</li> </ul>		<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		
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7	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"> <li>• monitor and manage investigations.</li> <li>• maintain accurate records; and</li> <li>• adhere to required timescales.</li> </ul>		Arrange an internal audit with DCC on the disciplinary process and recommendations for improvement.	DPOD	Nov 24		The audit is scheduled to take place in October. Any actions identified will be added to the action plan.
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		The Service has a case management system in place via an Excel Spreadsheet which allows for tracking and monitoring.

			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"> <li>all staff who carry out investigations receive adequate training to carry out the task.</li> </ul>		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"> <li>a programme of refresher training and ongoing support is available so that staff can maintain a level of competence; and</li> <li>it is clear how services' HR provision, staff associations and any trade union representative or fellow employee will support the investigation process.</li> </ul>		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		
			To send written guidance to the nominated welfare officer at the time of appointment.	HoPOD	Oct 24		
			To ensure welfare is offered to all parties not just the alleged perpetrator and information is logged in the spreadsheet.	HoPOD	Oct 24		

3	<p>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.</p>		Discuss with Clerk arrangements to provide training to appeal panel	DPOD	Nov 24		
	<p>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.</p>		Consider options for appeal training for all appropriate managers	DPOD	Feb 25		
14	<p>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:</p> <ul style="list-style-type: none"> <li>• a strategic overview of performance and analysis of trends, including disproportionality.</li> <li>• regular reporting of issues, outcomes, and trends to the FRA; and</li> <li>• identification of learning outcomes and how they will be shared with</li> </ul>						<p>A report a produced for both SLT and HRC on a quarterly basis which includes relevant information.</p>



	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		

### Status against overall Recommendation

Complete	5
Ongoing	8
Not Started	2

### Progress of additional improvement actions

Complete	0
Ongoing	8
Not Started	14

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