



ADDITIONAL / TO FOLLOW AGENDA ITEMS

This is a supplement to the original agenda and includes reports that are additional to the original agenda or which were marked 'to follow'.

NOTTINGHAMSHIRE & CITY OF NOTTINGHAM FIRE & RESCUE AUTHORITY - HUMAN RESOURCES

Date: Friday, 21 April 2017

Time: 10.00 am

Place: Fire and Rescue Services HQ, Bestwood Lodge, Arnold Nottingham NG5 8PD

Governance Officer: James Welbourn

Direct Dial: 0115 8763288

AGENDA

Pages

6 HUMAN RESOURCES UPDATE
Report of the Chief Fire Officer

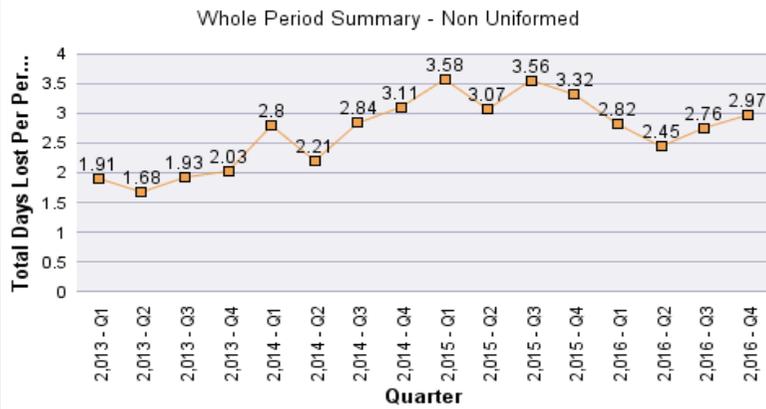
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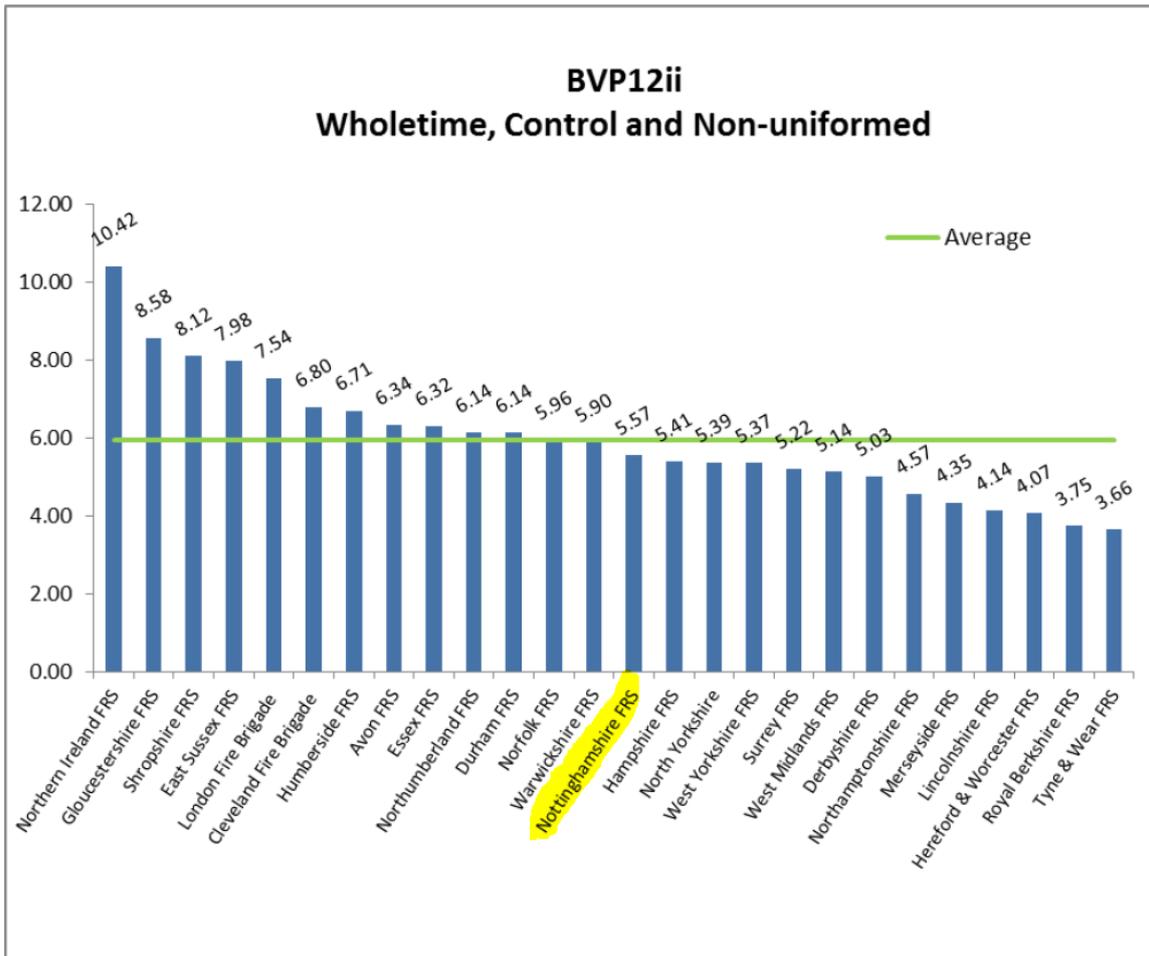
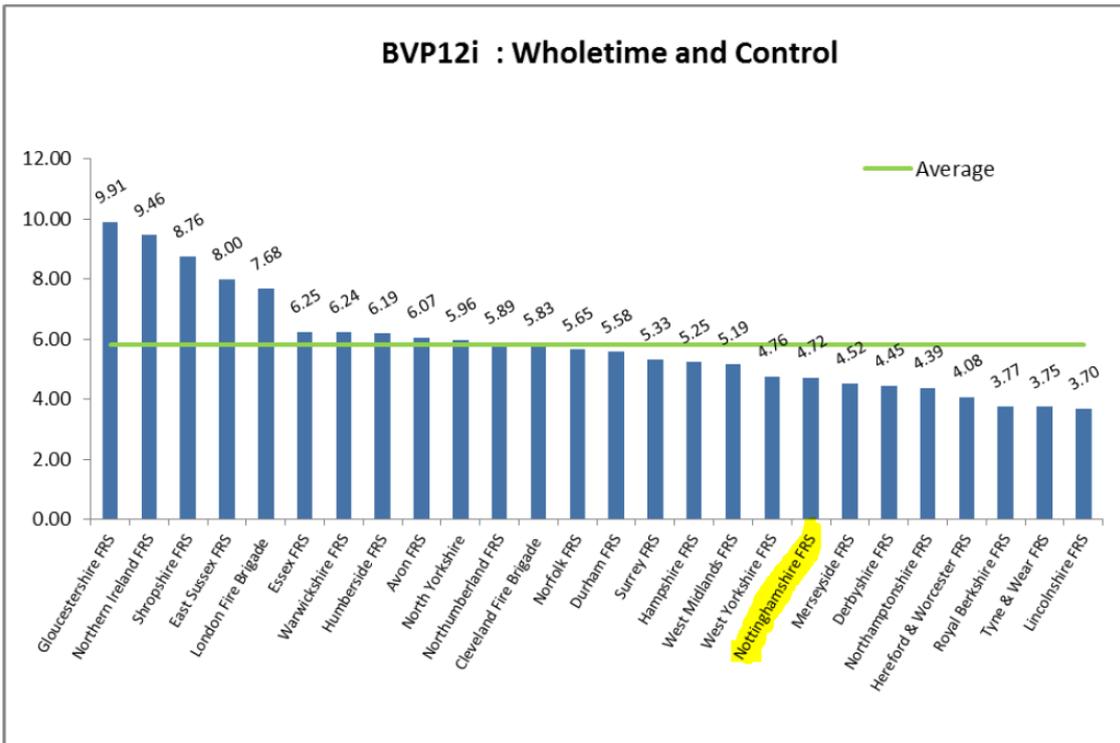
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Appendix - Reporting Period: 01/04/2013 to 31/03/2017

Quarter Breakdown by Month	February		January		March	
	Days Lost Per Person	Total Working Days Lost	Days Lost Per Person	Total Working Days Lost	Days Lost Per Person	Total Working Days Lost
Non Uniformed	0.99	167.0	0.86	144.5	1.12	188.0
Wholetime & Control	0.46	228.0	0.53	263.0	0.70	344.5
Sum:	0.6	395.0	0.62	407.5	0.81	532.5

Current Q vs Previous Q	2,016 - Q3		2,016 - Q4	
	Days Lost Per Person	Total Working Days Lost	Days Lost Per Person	Total Working Days Lost
Non Uniformed	2.76	463.5	2.97	499.5
Wholetime & Control	1.92	944	1.7	835.5
Sum:	2.13	1,407.5	2.02	1,335





Q4 - Wholetime

In total 808 working days were lost due to sickness during this quarter. Of this, 486 days were lost to long-term absence (28+ days absence) and 321.5 days were lost due to short term absence. This represents a decrease of 59 days (7%) on the previous quarter.

The average absence per employee was 1.73 days lost, which is above the target figure of 1.6 days lost per quarter per employee.

60% of sickness absence in this quarter was due to long term absence. There were 26 periods of absence covered by a Medical Certificate (i.e. absence longer than 8 days in duration), 15 of which were classified as long term sickness. At the end of the period 11 employees had returned to work.

Reasons for absence

The main reasons for sickness absence related to Musculo Skeletal issues (24 instances, 220 days) and Hospital/Post Operative conditions (9 instances, 157 days). The main reason for long term absence was Mental Health related conditions (4 instances, 146 days).

Wholetime			Short Term Absences			Long Term Absence:		
Absence Reason - Grouped	Unique Absences	Days Lost	Absence Reason - Grouped	Unique Absence Count	Days Lost	Absence Reason - Grouped	Unique Absence Count	Days Lost
Musculo Skeletal	24	220	Musculo Skeletal	19	88	Mental Health	4	146
Hospital/Post Operative	9	157	Respiratory - Cold/Cough/Influenza	24	79	Musculo Skeletal	5	132
Mental Health	8	156	Hospital/Post Operative	6	45	Hospital/Post Operative	3	112
Respiratory - Cold/Cough/Influenza	24	79	Gastro-Intestinal	21	40	Cancer and Tumours	1	44
Cancer and Tumours	2	45	Virus/Infectious Diseases	7	21	Mental Health - Other	1	34
Gastro-Intestinal	21	40	Mental Health	4	10	Other known causes (not specified in list)	1	18
Mental Health - Other	1	34	Unknown causes, not specified	4	9.5			
Other known causes (not specified in list)	4	27	Other known causes (not specified in list)	3	9			
Virus/Infectious Diseases	7	21	Heart, Cardiac and Circulatory Problems	3	8			
Unknown causes, not specified	4	9.5	Eye Problems	2	6			

Control Absence

In total 28 working days were lost due to sickness absence during this quarter. Of this, all 28 days were lost due to short-term absence, at an average of 1.03 days per employee.

This represents a decrease of 56 days (66.6%) on the previous quarter.

There was 1 period of absence covered by a Medical Certificate (i.e. absence longer than 8 days in duration) during the review period, this individual has since returned to work.

Due to the level of absence, and to protect confidentiality, no analysis has been made of reasons for absence.

Retained absence

Attendance for on-call fire-fighters does not reflect shifts lost as they do not have standard working hours, instead it reflects calendar days lost e.g. availability to attend incidents or training periods and absence is predicated over a 7-day availability pattern (compared to 4 days for whole-time employees).

In Q4, 822 days were unavailable due to sickness, broken down into 624 days of long-term absence (28+ days) and 198 days of short-term absence. This equates to an average of 3.3 “days” of unavailability per employee.

Compared to Q3, when 904 days were lost to sickness absence, this reflects an increase of 82 available days (9%).

There were 17 periods of absence covered by a Medical Certificate (i.e. absence longer than 8 days in duration), 10 of which were classified as long term sickness. At the end of the period 7 employees had returned to work with 6 still absent.

Reasons for absence

The 2 main conditions leading to long-term absence for RDS employees in Q3 were Musculo-Skeletal issues (18 instances, 477 days) and mental health issues (4 instances, 132 days).

<u>Retained</u>			<u>Short Term Absences</u>			<u>Long Term Absence</u>		
Absence Reason - Grouped	Unique Absence Count	Days Lost	Absence Reason - Grouped	Unique Absence Count	Days Lost	Absence Reason - Grouped	Unique Absence Count	Days Lost
Musculo Skeletal	15	390	Musculo Skeletal	10	83	Musculo Skeletal	5	307
Hospital/Post Operative	4	181	Hospital/Post Operative	2	28	Hospital/Post Operative	2	153
Mental Health	3	95	Respiratory - Cold/Cough/Influenza	6	26	Mental Health	1	86
Respiratory - Cold/Cough/Influenza	7	67	Ear, Nose, Throat	1	18	Respiratory - Cold/Cough/Influenza	1	41
Headache/Migraine/Neurological	1	37	Skin Condition	1	15	Headache/Migraine/Neurological	1	37
Ear, Nose, Throat	1	18	Gastro-Intestinal	4	9			
Skin Condition	1	15	Mental Health	2	9			
Gastro-Intestinal	4	9	Respiratory - Chest Infection	1	5			
Respiratory - Chest Infection	1	5	Unknown causes, not specified	1	3			
Unknown causes, not specified	1	3	Virus/Infectious Diseases	1	2			

Non-Uniformed (support) absence

In total 483 working days were lost due to sickness absence for non-uniformed personnel during the quarter. This breaks down into 238 days due to long term sickness absence (28+ continuous days absent) and 245 working days due to short term absence. This represents an increase of 19.5 days (4.2%) on the previous quarter.

The average absence per employee was 2.87 days lost, which is above the target figure of 1.6 days lost per quarter per employee.

There were 15 periods of absence covered by a Medical Certificate (i.e. absence longer than 8 days in duration), 7 of which were classified as long term sickness. At the end of the period 10 employees had returned to work with 5 still absent.

Reasons for absence

The two main reasons for non-uniformed long-term absence were Mental Health issues (3 instances, 108 days) and Post Operative/Hospital (2 instances, 84 days).

The two main reasons for non-uniformed short-term absence were Respiratory (18 instances, 55.5 days) and Musculo Skeletal (9 instances, 43 days) .

Non Uniformed			Short Term Absences			Long Term Absence		
Absence Reason - Grouped	Unique Absence Count	Days Lost	Absence Reason - Grouped	Unique Absence Count	Days Lost	Absence Reason - Grouped	Unique Absence Count	Days Lost
Mental Health	5	121.5	Respiratory - Cold/Cough/Influenza	18	55.5	Mental Health	3	108
Hospital/Post Operative	5	92	Musculo Skeletal	9	43	Hospital/Post Operative	2	84
Mental Health - Other	6	58.5	Respiratory - Chest Infection	4	34	Mental Health - Other	2	46
Respiratory - Cold/Cough/Influenza	18	55.5	Virus/Infectious Diseases	5	27			
Musculo Skeletal	9	43	Unknown causes, not specified	8	20.5			
Respiratory - Chest Infection	4	34	Gastro-Intestinal	8	18			
Virus/Infectious Diseases	5	27	Mental Health	2	13.5			
Unknown causes, not specified	8	20.5	Mental Health - Other	4	13			
Gastro-Intestinal	8	18	Hospital/Post Operative	3	8			
Headache/Migraine/Neurological	4	4.5	Headache/Migraine/Neurological	4	4.5			

Whole Year Review

Across the workforce a total of 5033 working day were lost due to sickness absence during 2016/17, at an average of 7.63 days per employee. This means that the absence target of 6.25 days per employee has been missed.

In comparison to 2015-16, this represents a decrease of 805 days, and compares to an average of 8.57 days per employee.

When broken down by work group, the figures show that:

- **Wholetime:** 3031 working days lost, 6.5 days average per employee. Of this, 67% of all absence was due to long term sickness i.e. absence of more than 28 days in duration.

The main reasons for sickness absence are: Musculo Skeletal, Mental Health issues and Hospital/Post-Operative absence.

- **Control:** 154 working days lost, 5.7 days average per employee. Of this, 65% of all absence was due to long term sickness i.e. absence of more than 28 days in duration.

Due to the small reference group, reasons for sickness absence have not been detailed to protect confidentiality.

- **Retained:** 2959 working days lost, 11.78 “days” of unavailability per employee. Of this, 79% of all absence was due to long term sickness i.e. absence of more than 28 days in duration.

The main reasons for sickness absence are: Musculo Skeletal, Mental Health issues and Hospital/Post-Operative absence.

- **Non-Uniformed (Support):** 1848 working days lost, 11 days average per employee. Of this, 64% of all absence was due to long term sickness i.e. absence of more than 28 days in duration.

The main reasons for sickness absence are: Mental Health issues, Hospital/Post-Operative and Musculo Skeletal absence.

Reasons for absence

Musculo-skeletal and mental health conditions account for the majority of sickness absence across all work groups. As reported previously, the Service has implemented a number of measures to prevent illness/injury arising in the first place, to support employees whilst they are off work and to facilitate their subsequent return to work. These include:

Musculo-skeletal issues: a switch to functional fitness to reduce impact on joints and promote full body conditioning - a new gym template has been introduced at the new London Road station and will be rolled out to other stations over time; new equipment has been purchased to enhance appropriate strength based exercise and reduce injury; Physical Training Instructors are based on all stations and undertake fitness testing and provide advice on keeping fit and well. Employees have access to physiotherapy and other diagnostic testing as part of the Westfield Health Scheme (Employee Assistance Programme). There will be emphasis placed during 2017 on improving the fitness of those in desk based roles as it is increasingly recognised that sedentary jobs carry their own risks to health.

Mental Health: the Service provides access to counselling through the Westfield Health Scheme (Employee Assistance Programme) and via referrals from Occupational Health to specialist practitioners. Additionally, a Peer Support programme provides a network of trained facilitators who can offer independent support to other work colleagues. The roll-out of a Post Incident Support Programme has trained all Watch Managers in demobilising techniques to spot signs of trauma after operational incidents. The Service has run Mental Health Resilience workshops throughout 2016 and this will continue into 2017. A joint Mental Health Working Group has become established to raise the profile of mental ill-health – ways to prevent and deal with issues – and a Mental Health month will be held during May to promote this to employees.