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

Date: Friday, 12 June 2015 **Time:** 10.00 am

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

Members are requested to attend the above meeting to be held at the time, place and date mentioned to transact the following business

A handwritten signature in black ink, appearing to read 'M. P. Davey'. The signature is fluid and cursive.

Clerk to the Nottinghamshire and City of Nottingham Fire and Rescue Authority

AGENDA

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17 July 2015
16 October 2015
22 January 2016
22 April 2016 | |

7	EXCLUSION OF THE PUBLIC To consider excluding the public from the meeting during consideration of the remaining items in accordance with Section 100A(4) of the Local Government Act 1972 on the basis that, having regard to all the circumstances, the public interest in maintaining the exemption outweighs the public interest in disclosing the information by virtue of Paragraphs 1 and 3 of Part 1 of Schedule 12A of the Act.	
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ANY COUNCILLOR WHO IS UNABLE TO ATTEND THE MEETING AND WISHES TO SUBMIT APOLOGIES SHOULD DO SO VIA THE PERSONAL ASSISTANT TO THE CHIEF FIRE OFFICER AT FIRE SERVICES HEADQUARTERS ON 0115 967 0880

IF YOU NEED ANY ADVICE ON DECLARING AN INTEREST IN ANY ITEM ABOVE, PLEASE CONTACT THE CONSTITUTIONAL SERVICES OFFICER SHOWN ON THIS AGENDA, IF POSSIBLE BEFORE THE DAY OF THE MEETING.

Constitutional Services Officer: *Catherine Ziane-Pryor*
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Agenda, reports and minutes for all public meetings can be viewed online at:-
<http://committee.nottinghamcity.gov.uk/ieListMeetings.aspx?CId=217&Year=0>



**NOTTINGHAMSHIRE AND CITY OF NOTTINGHAM
FIRE AND RESCUE AUTHORITY**

HUMAN RESOURCES COMMITTEE

MINUTES of the meeting held at Fire and Rescue Services HQ, Bestwood Lodge, Arnold Nottingham NG5 8PD on 30 January 2015 from 10.02am – 11.12am

Membership

Present

Councillor Michael Payne (Chair)
Councillor Eunice Campbell
Councillor Stephen Garner
Councillor Liz Yates
Councillor Sybil Fielding

Absent

Colleagues, partners and others in attendance:

Councillor Brian Grocock	- Observer
Peter Hurford	- Treasurer to the Authority
Craig Parkin	- Assistant Chief Fire Officer
Neil Timms	- Strategic Director of Finance and Resources
Catherine Ziane-Pryor	- Governance Officer

19 APOLOGIES FOR ABSENCE

None.

20 DECLARATIONS OF INTERESTS

None.

21 MINUTES

The minutes of the meeting held on 10 October 2014 were confirmed and signed by the Chair.

22 HUMAN RESOURCES UPDATE - QUARTER 2

Craig Parkin, Assistant Chief Fire Office, presented the report which updates the Committee on Human Resources issues within the Service.

The report details the sickness figures for the last Quarter for employees as a whole and also in for the following groups:

- Whole time;
- Retained;
- Control;
- Support;
- Long Term Absence and Medically Certified Absence.

Disciplinary and grievance occurrences are also listed along with a breakdown of approved, actual and variances in staffing.

The following points were highlighted and questions responded to:

- (a) the majority of employees do not have any sickness absence;
- (b) the reduction in sickness levels across the Service is reassuring;
- (c) the provision of reasons behind sickness levels, such as long-term conditions, is helpful in presenting a fully comprehensive overview;
- (d) where fire appliance staff may have been off work for a substantial period, it may be possible for them to return to work with modified duties in a different area of the Service. Statistically they will still be shown as absent from their substantive role, even if they are not absent from work. (There are only 7 staff currently on modified duties);
- (e) phased returns to work are also available to staff returning to work following a long term absence, and they too may be eligible for modified duties;
- (f) the modified duties policy has recently been reviewed to ensure that the duties offered are appropriate for each individual;
- (g) as there is not a significant issue with short-term sickness absence, the current focus is on addressing long term absence. This includes a prompt reaction to ensure that conditions do not deteriorate;
- (h) there can be a delay for HQ to ascertain exactly why an employee is absent with illness, but the absence of that employee is registered immediately as appropriate cover usually needs to be arranged.

Members of the Committee welcomed the drop in sickness absence levels.

RESOLVED to note the report.

23 POST DELETIONS - PRINCE'S TRUST

Craig Parkin, Assistant Chief Fire Officer, presented the report which requests support to permanently delete non-uniformed posts following a restructure of the Prince's Trust Team. The final decision will be made by the full Fire Authority at the meeting in February.

The Fire Service's work with the Prince's Trust has proved highly successful but due to changes to the financing of the Prince's Trust Team, a restructure has taken place and includes partnership arrangements with Nottinghamshire Police and West Nottinghamshire College.

The reduction in staffing has involved extensive consultation with employees and trade unions to avoid compulsory redundancies and as a result, one member of staff resigned to move to a different job and two staff agreed to voluntary redundancies.

Members welcomed the achievements for young people made possible and supported by the Service's work with the Prince's Trust.

RESOLVED to support the recommendation to full Fire Authority to delete the following posts:

- (i) Prince's Trust Team Leader;
- (ii) Prince's Trust Support Officer.

24 EXCLUSION OF PUBLIC

RESOLVED to exclude the public from the meeting during consideration of the remaining agenda item, in accordance with section 100A(4) of the Local Government Act 1972 on the basis that, having regard to all the circumstances, the public interest in maintaining the exemption outweighs the public interest in disclosing the information, as defined in paragraph 3 of Part 1 of Schedule 12A to the Act.

25 PENSION ADMINISTRATION

Neil Timms, Strategic Director of Finance and Resources, presented the report regarding the administrative arrangements for the Fire Fighters pension scheme.

RESOLVED that the report be noted.

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NOTTINGHAMSHIRE
Fire & Rescue Service
Creating Safer Communities

Nottinghamshire and City of Nottingham
Fire and Rescue Authority
Human Resources Committee

HUMAN RESOURCES UPDATE

Report of the Chief Fire Officer

Date: 12 June 2015

Purpose of Report:

To update Members on key Human Resources metrics for the period October 2014-April 2015.

CONTACT OFFICER

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1. BACKGROUND

- 1.1 As part of its remit, the Human Resources Committee of Nottinghamshire and City of Nottingham Fire and Rescue Authority receives regular updates on Human Resources (HR) issues within the Service. This includes issues such as sickness absence, formal discipline, grievance, health and safety, employment tribunal cases and staffing numbers. These issues are known as HR metrics.
- 1.2 Reports are on a quarterly basis and allow the Human Resources Committee to keep informed of ongoing issues and offer their guidance and scrutiny.

2. REPORT

HR METRICS - SICKNESS ABSENCE

- 2.1 The following represents absence figures for the whole year 2014-15. Due to the re-scheduling of the HR Committee meeting in April, quarter 3 figures are rolled up into the whole year figure and are not shown separately.
- 2.2 As this represents the final annual reporting period, a comparison has been made against absence figures for 2013-14 to illustrate any changes in absence data.

Target absence figures for 2014/15 are:

Wholetime & Control: 6 days per person
 Non-Uniformed: 7 days per person
 Whole Workforce: 6.25 days per person
 (the average is affected by the numbers of employees in each work group and the average work shift)

Total Workforce

Absence	Quarter 4 1 Jan – 31 st Mar 2015	Compared with previous quarter	Cumulative total days lost for 14/15	Cumulative average over last 12 months
Total workforce (214 employees have been absent during Q4, excluding retained*)	1607.5 days lost 2.2 days per employee	1534.5 days lost 2.1 days per employee 4.76% increase (+73 days)	6016.5 days lost 8.25 days per employee	8.25 days per employee (this compares to 5.8 days per employee in 2013-14)

(*Due to the on-call nature of the Retained Duty System which does not reflect whole days of absence)

- 2.3 Absence rates have increased by 4.76% (+73 days) across the workforce as a whole during Quarter 4 compared to Quarter 3. The average absence for the period was 2.2 days per employee, which is above the target of 1.56 days. Of this, 53.5% of absence was due to long-term medical conditions (860 days).

Whole Year

- 2.4 Overall, average absence during 2014-15 is 8.25 days per employee (excluding retained absence), which is above our target level of 6.25 days per employee. Of this, 67% of absence was due to long-term medical conditions (lasting more than 28 days in duration) and 33% due to short-term absence. This represents an increase of 2.45 days per employee compared to 2013-14. It should be noted that Control and Retained absence remained within target for these groups.
- 2.5 The figure of 8.25 days per employee is slightly above the public sector average of 7.9 days and the national sickness absence average of 6.6 days. (*Source: Absence management 2014 annual survey report of the CIPD and Simply Health*).

Whole Workforce - Long Term Absence (whole year)

		Instances	Shifts lost
Long term sickness (defined as 28 days or more)	Total Workforce	122	5114
	Whole-time employees	77	2840
	Retained employees	16	1171
	Control employees	2	31
	Non Uniformed	27	1072

- 2.6 Long term absence (of more than 28 days in duration) accounts for 67% of all sickness absence during 2014-15. The top three most prevalent reason for absence (in terms of working time lost) was certified as due to conditions related to Musculo Skeletal, Mental Health and Post Hospital/Post Operative recovery.
- 2.7 Appendix A give a clearer idea of how absence has been affected over a longer period of time and sets out a more representative view of absence over the year.
- 2.8 Appendix B breaks down absence in more detail and by working groups.

Reasons for absence - comparison with national trends

- 2.9 The national Absence Survey undertaken by the Chief Fire Officers Association currently reflects nine months of 2014/15 and shows that musculo-skeletal and back conditions were the main causes of sickness absence for all uniformed employees, with mental health issues identified as the primary cause of absence for non-uniformed staff. These findings are consistent with our own experience during 2014-15. These findings indicate the issues we are experiencing are not unique to the Service, but reflect a national picture.

2.10 The attached table shows absence for musculo-skeletal conditions and mental health issues by work group. The top 10 reasons for absence by work group are shown within the appendices.

All Absences - Summary Reasons	Wholetime		Retained		Non Uniformed		Control		Sum:
	Instances	Shifts Lost	Instances	Shifts Lost	Instance	Shifts Lost	Instances	Shifts Lost	
Musculo Skeletal	137	2071	40	1106	31	492	3	11	211
Other	230	1209	68	386	197	908.5	16	54	511
Mental Health	21	802	11	682.5	13	471			45
	388	4082	119	2174.5	241	1871.5	19	65	767

Please note that “instances” refers to the number of unique absences. This shows, for instance, that whilst 471 days were lost to mental health issues for support staff, this was accounted for by 13 separate periods of absence.

Employee Support

2.11 As previously reported, the Occupational Health team has been working with employees with long-term conditions to provide support and access to treatment. Many of these employees have now returned to work, some being placed on modified duties in some instances to assist their recovery. There were 80 individuals on modified duties during the review period, allowing employees to return to work whilst recovering full capacity.

2.12 Over the next year, particular emphasis will be placed on managing musculo-skeletal conditions and mental health issues across the Service, with the aim of identifying the causes and reducing the instances and length of absence in these areas.

Musculo-skeletal conditions

2.13 In terms of musculo-skeletal issues, there have been a number of varying and, in many cases, serious conditions which have led to extended absence and rehabilitation periods. The Service provides access to physiotherapy and other treatment options through the Westfield Health scheme, and the Service Fitness Advisor works to address fitness issues on an individual basis as part of individual rehabilitation plans. Employees also have access to fast-track referrals to specialist consultants and diagnostics – such as MRI and Pet scans – through Westfield Health. The provisions available at Penrith, which is funded by the Firefighters Charity, also provide exceptional access to individual rehabilitation programmes and employees are given time off to attend as part of their care plan. A pilot scheme to introduce early screening of at-risk employees will commence during 2015 with the aim of providing early detection and prevention of potential conditions which, if left undiagnosed, could lead to an escalation in the condition in the future.

Mental Health Issues

2.14 In terms of mental health issues, the Service has a Stress Management Policy and provides training to employees, including managers, on how to deal with stress and undertake stress risk assessments. The Service is currently introducing a new approach to post-incident support, which will train

managers in diffusion techniques with the aim of dealing with issues in a way which encourages individuals to talk about their experiences in a secure and supportive environment.

- 2.15 The Occupational health team will be reviewing the reasons for mental health related absence to identify and address any work related issues which may be contributing to mental health issues (such as stress), or other health conditions . The Service has, and will continue, to focus support to employees experiencing mental health issues and to build awareness and resilience in individuals to deal with such issues when they arise. A series of workshops will be rolled out during 2015-16 with the aim of building personal resilience so that individuals can identify and deal with stress in themselves and others.
- 2.16 In many cases mental health issues are not directly related to work but have their origins in personal issues or difficulties, however they may manifest themselves in performance or behavioural problems at work and in the development of stress related symptoms. There is often a complex set of circumstances which can often only be resolved by professional counselling, which is available to employees through a number of channels. The Service is currently piloting a peer support programme – the Teotronics programme – which is being led by a qualified Fire-fighter with a background in psychology. If this pilot is successful, the aim is to train volunteer employees in this technique to provide a network of internal “mental health champions” who can offer support to colleagues on a confidential basis and without having to go through a formal referral process.

Referrals

- 2.17 The Occupational Health team are able to provide support, either via managerial or self-referral, to all employees. In the past year they have dealt with 205 such referrals. In a number of cases, this has led to the implementation of reasonable adjustments, which may be permanent or temporary in nature, and which may result in an alteration to their working environment, working hours or the provision of assistive technology or equipment, or to allow employees to manage their condition in a way which facilitates a gradual return to their normal duties as their health improves.

Managing sickness absence

- 2.18 Each case is dealt with on an individual basis and case conferences are held to agree a way forward. Where individual absence levels hit the trigger points set out in the Managing Sickness Absence policy, action is taken to address issues at a managerial level. This will include a referral to Occupational Health for further advice, and the implementation of an absence review period during which attendance is monitored and, where necessary, formal warnings about future attendance are issued.
- 2.19 Return to work interviews are held with employees following each period of absence, and compliance is monitored by Human Resources. HR Business Partners are actively engaged with managers in dealing with potential issues at an early stage.

DISCIPLINE, GRIEVANCES ETC

2.20 Over the period 1 October 2014 – 31 March 2015:

- Disciplinary: 1
- Grievances: 0
- Harassment and Bullying: 1
- Formal Management Sickness Absence Policy: 0
- Dismissals including ill health retirements: 1
- Redundancy: 2
- Redeployment: 6
- Employment Tribunal cases: 0
- IDRPs appeals: 1
- Performance and capability: 2

2.21 There are no specific issues arising from these metrics. For clarity, the dismissal related to an ill-health retirement, and the redundancies and redeployments to the closure of the Mansfield retained section.

STAFFING NUMBERS

2.22 During the period 1 October 2014 to 31st March 2015, 4 employees commenced employment. Establishment levels at 31st March 2015 are highlighted below:

	Approved	Actual	Variance
Wholetime	510	524 (523.58 full time equivalents)	+14 (+13.58fte)
Retained	192 units	243 persons (130.5 units) (includes 53 dual contracts)	- 61.5 units
Non-Uniformed	176 (164.31fte)	170 (156.41fte)	-6 (7.9fte)
Fire Control	26	29 (28 FTE)	+3 (2fte)

2.23 There have been 30 leavers and 4 starters since the last report which has resulted in an actual workforce figure of 965 employees. Leavers are broken down as follows: 9 whole-time, 8 retained, 1 control and 12 non-uniformed employees (including 2 apprentices, 3 fixed term employees and 4 voluntary redundancies).

2.24 Additionally, the Service currently employs 28 Contingency Crew Operatives on zero hour contracts.

- 2.25 As at 31 March 2015 whole-time establishment stood at +14 (523.58 fte) employees against an establishment of 510 posts. The Wholetime establishment has reduced from 531 to 510 posts, mainly as a result of the reduction of 20 wholetime roles due to the removal of two appliances at Highfields and Mansfield. The over-establishment of operational roles is accounted for by the removal of the two appliances and consequent transfer of employees from Mansfield and Highfields (no whole-time employees were made redundant), and the redeployment of 6 RDS employees into the whole-time establishment due to the closure of the Mansfield RDS section. It is anticipated that this over-establishment will reduce due to normal turnover during 2015-16.
- 2.26 The number of leavers for support and control employees includes 4 voluntary redundancies effected from 31st March 2015. This takes the total to 7 voluntary redundancies during 2014-15.
- 2.27 During the period the Service has appointed to 4 support roles.

ILL HEALTH RETIREMENTS

- 2.28 There was 1 whole-time retirement on the grounds of permanent ill-health during Q3/4 of 2014-15. This brings the total number of ill-health retirements to three for the year, and means that the Service has exceeded its target of 1 ill-health retirement per year. Two of the conditions which led to retirement were not related to work at all, and the third was a pre-existing condition exacerbated by work activity. In all cases, an Independent Medical Practitioner was involved in the final decision in line with the provisions of the relevant pension schemes.

3. FINANCIAL IMPLICATIONS

- 3.1 There are a number of financial implications arising from this report. With regards to the increased level of absence, it is difficult to quantify the financial impact as direct costs arising from absence are not recorded separately in the financial system. There will be some direct costs e.g. overtime costs to cover some instances of absence, although the indirect impact of sickness absence on the Service may also bring about "hidden" costs in terms of time spent by other employees dealing with the absence of a colleague.
- 3.2 The net over-establishment reported under "Staffing Numbers" will have an impact on the pay budget. A budgetary "buffer" equivalent in value to 4 Firefighter posts will help to cover some of this additional cost, but the pay budget will need to be managed over the year, with the aim of keeping costs within the overall budget. Members of the Finance and Resources Committee will be kept informed of this issue and its impact.
- 3.3 The three ill health retirements reported for 2014/15 have resulted in an overspend of £120k in that year. This has been covered by an earmarked reserve set aside specifically to cover any unusual pattern of ill health or injury-related retirements.

4. HUMAN RESOURCES AND LEARNING AND DEVELOPMENT IMPLICATIONS

The human resources implications are set out in the report, and there are no learning and development implications.

5. EQUALITIES IMPLICATIONS

As this review does not impact upon policy or service function, no equality impact has been undertaken.

6. CRIME AND DISORDER IMPLICATIONS

There are no crime and disorder implications arising from this report.

7. LEGAL IMPLICATIONS

There are no legal implications arising from this report.

8. RISK MANAGEMENT IMPLICATIONS

A regular reporting system on the management of HR ensures that the Service and the Authority are aware of any developing workforce issues.

9. RECOMMENDATIONS

It is recommended that Members endorse the report.

10. BACKGROUND PAPERS FOR INSPECTION (OTHER THAN PUBLISHED DOCUMENTS)

None.

John Buckley
CHIEF FIRE OFFICER

APPENDIX A

Appendix - Reporting Period: 01/04/2013 to 31/03/2015

Quarter 4 Quarter Breakdown by Month	January		February		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
Wholetime	0.7	370	0.65	342	0.7	366
Non Unformed	0.68	119	0.92	162.5	1.38	243
Control	0.17	5	0.03	1	0.03	1
Total	0.68	494	0.69	505.5	0.83	610

Quarter 4 vs Quarter 3	3		4		% Diff to Previous Q	
	Days Lost Per Person	Total Working Days Lost	Days Lost Per Person	Total Working Days Lost	Days Lost Per Person	Total Working Days Lost
Wholetime	1.93	1,026	2.03	1,078	5.18%	5.07%
Non Unformed	2.63	501.5	2.96	524.5	4.6%	4.6%
Control	0.41	12	0.24	7	-41%	-41%
Total	2.09	1,539.5	2.18	1,609.5	4.3%	4.5%

Whole Period Summary - Non Unformed



Whole Period Summary Wholetime & Control



Whole Period Summary - All



Wholetime Employees

Absence	Quarter 4 1 Jan – 31 Mar 2015	Compared with previous quarter	Cumulative total days lost for 14/15	Cumulative average over last 12 months
Wholetime (108 employees have been absent during Q4)	1076 days lost 2.05 days per employee	1024 days lost 1.94 days per employee 5.0% increase (+52 days)	4080 days lost 7.79 days per employee	7.79 days per employee (this compares to 5.09 days per employee in 2013-14 including control)

During Q4, there was a slight increase in absence for wholetime employees. 62.6% of this absence was due to long-term medical conditions (of more than 28 days in duration).

Whole Year

In total 4080 days were lost due to sickness absence, at an average of 7.79 days per employee.

As a % of working time lost this accounts for 4.25% of working time.

In reviewing the reason for this increase in absence for uniformed employees, 70% (2875 days) of absence was long-term in nature i.e. for a period of longer than 28 days, and related to significant medical issues. The main reasons for absence were musculo-skeletal conditions and mental health issues. Details of the top 10 reasons for absence are summarised below:

Top 10 Absence Reasons by Shifts Lost		Whole time		Top 10 Absence Reasons by Instances		Whole time	
		Shifts Lost	Instances			Shifts Lost	Instances
Musculo Skeletal - Lower Limb	Musculo Skeletal	907	53	Gastro-Intestinal	Other	154	60
Musculo Skeletal - Back	Musculo Skeletal	452	31	Musculo Skeletal - Lower Limb	Musculo Skeletal	907	53
Musculo Skeletal - Upper Limb	Musculo Skeletal	388	25	Other senses	Other	250	34
Anxiety/Depression	Mental Health	344	6	Musculo Skeletal - Back	Musculo Skeletal	452	31
Other senses	Other	250	34	Musculo Skeletal - Upper Limb	Musculo Skeletal	388	25
Mental Health - Stress	Mental Health	232	9	not categorised	Other	132	25
Hospital/Post Operative	Other	186	8	Not Disclosed	Other	71.5	23
Gastro-Intestinal	Other	154	60	Respiratory - Cold/Cough/Influe	Other	87	22
Mental Health - Anxiety	Mental Health	140	3	Unknown causes, not specified	Other	59.5	16
not categorised	Other	132	25	Respiratory - Other	Other	58	11
Sum:		3185	254	Sum:		2558	300

Retained Employees

Absence	Quarter 4 1 Jan – 31 Mar 2015	Compared with previous quarter	Cumulative non availability (days) during 14/15	Cumulative average over last 12 months
Retained (46 employees have been absent during Q4)	644.5 calendar days lost 2.65 calendar days lost per employee	586 calendar days lost 2.25 calendar days per employee 9.98 increase (+58.5 days)	2174.5 calendar days lost 8.95 calendar days lost per employee	8.95 days per employee (no comparative data is available for 2013-14)

Due to the on-call nature of the retained duty system, absence levels reflect non availability rather than total working/shift days lost. Absences are calculated as consecutive calendar days not working time lost.

During Q4, absence levels have increased (+58.5 days) compared to Q3 and reflect an average of 2.25 calendar days per person, which is within the target of 2.33 days per employee (this represents an adjustment to the 1.5 day target for operational employees to reflect that the normal working week for RDS personnel is 7 calendar days). Short-term absence accounted for the majority of all absence (60%).

The main reasons for absence are recorded as musculo-skeletal in nature (Shoulder, upper limb, back) and mental health issues (stress, anxiety, post traumatic stress).

Whole Year

As a whole, 2174.5 calendar days were lost due to sickness absence at an average of 8.95 calendar days per employee. This is within the target figure of 9.32 days per employee. As this is the first year that it has been possible to report on retained absence, there are no previous comparisons to be made. Long-term absence (of more than 28 days in duration) accounted for 40% of all lost time. The main reason for absence was due to musculo-skeletal conditions (Lower limb, back, shoulder, upper limb) and mental health issues (stress, anxiety, post traumatic stress) . The table below sets out the 10 main reasons for absence.

Top 10 Absence Reasons by Shifts Lost		Retained	
		Calendar Days Lost	Instances
Musculo Skeletal - Back	Musculo Skeletal	381.5	13
Mental Health - Stress	Mental Health	378.5	5
Musculo Skeletal - Lower Limb	Musculo Skeletal	260.5	10
Musculo Skeletal - Upper Limb	Musculo Skeletal	233.5	10
Musculo Skeletal - Shoulder	Musculo Skeletal	182	3
Post-traumatic Stress	Mental Health	111	1
Mental Health - Anxiety	Mental Health	104	3
Anxiety/Depression	Mental Health	89	2
Not Disclosed	Other	79	10
not categorised	Other	54	7
Sum:		1873	64

Top 10 Absence Reasons by Instance		Retained	
		Calendar Days Lost	Instances
Gastro-Intestinal	Other	52.5	18
Musculo Skeletal - Back	Musculo Skeletal	381.5	13
Musculo Skeletal - Lower Limb	Musculo Skeletal	260.5	10
Musculo Skeletal - Upper Limb	Musculo Skeletal	233.5	10
Not Disclosed	Other	79	10
Respiratory - Cold/Cough/Influenza	Other	39.5	10
not categorised	Other	54	7
Mental Health - Stress	Mental Health	378.5	5
Other senses	Other	20.5	5
Respiratory - Other	Other	34	4
Respiratory - Chest Infection	Other	11.5	4
Sum:		1545	96

Control Employees

Absence	Quarter 4 1 Jan – 31 Mar 2015	Compared with previous quarter	Cumulative total days lost for 14/15	Cumulative average over last 12 months
Control (3 employees have been absent during Q2) excluding retained	7 days lost 0.24 days per employee	10 days lost 0.33 days per employee 30% decrease (+3 days)	65 days lost 2.24 days per employee	Control was previously counted with Wholetime and therefore there is no comparative data available

There was a very slight decrease in absence during the review period, and no instances of long-term absence. Details about reasons for absence are shown below:

Top 10 Absence Reasons by Shifts Lost		Control		Top 10 Absence Reasons by Instance		Control	
		Shifts Lost	Instances			Shifts Lost	Instances
Other known causes (not specified in list)	Other	31	2	Not Disclosed	Other	6	3
Not Disclosed	Other	6	3	Gastro-Intestinal	Other	5	3
Gastro-Intestinal	Other	5	3	Unknown causes, not specified	Other	4	3
Musculo Skeletal - Lower Limb	Musculo Skeletal	4	1	Other known causes (not specified in list)	Other	31	2
Musculo Skeletal - Upper Limb	Musculo Skeletal	4	1	Musculo Skeletal - Lower Limb	Musculo Skeletal	4	1
Unknown causes, not specified	Other	4	3	Musculo Skeletal - Upper Limb	Musculo Skeletal	4	1
Musculo Skeletal - Back	Musculo Skeletal	3	1	Musculo Skeletal - Back	Musculo Skeletal	3	1
Neurological	Other	2	1	Neurological	Other	2	1
Respiratory - Chest Infection	Other	2	1	Respiratory - Chest Infection	Other	2	1
Vision	Other	2	1	Vision	Other	2	1
				Gastrointestinal/Gynecological/Reproductive	Other	1	1
Sum:		63	17	Respiratory - Cold/Cough/Influenza	Other	1	1
				Sum:		65	19

Whole Year

In total 65 days were lost due to sickness absence, at an average of 2.24 days per employee.

As a % of working time lost this accounts for 1.22% of available working time.

Absence levels for Control employees has shown a significant decrease over the past year – a peak in April 2014 of 0.59 days per month per employee to lows of zero days per month per employee in both September and December. Figures have remained below 0.3 every month since June 2014.

It is worth noting that the level of absence in the control section has declined at a time when employees are facing significant change and it is commendable that absence levels have remained within target during this period.

Support Employees

Absence	Quarter 4 1 Jan – 31 Mar 2015	Compared with previous quarter	Cumulative total days lost for 14/15	Cumulative average over last 12 months
Non uniformed (57 employees have been absent during Q2)	524.5 days lost 2.98 days per employee	500.5 days lost 2.81 days per employee 4.8% increase (+24 days)	1871.5 days lost 10.63 days per employee	10.63 days per employee (this compares to 8.61 days per employee in 2013-14)

There was a slight increase in absence for support employee absence levels during quarter 4. Long term absence accounted for 35.5% of total absence in the quarter. As previously stated, it is not unusual to see a peak in short-term absence during Q4 due to seasonal factors.

Whole Year

In total sickness absence for support employees was 1871.5 days, at an average of 10.63 days per employee. This is higher than the target of 7 days per person.

As a % of working time lost this accounts for 4.07% of available working time.

The main reasons for absence were conditions recorded as mental health issues (anxiety, stress depression) or Musculo-skeletal conditions. A more detailed breakdown is shown below:

Top 10 Absence Reasons by Shifts Lost		Non Uniformed		Top 10 Absence Reasons by Instances		Non Uniformed	
		Shifts Lost	Instances			Shifts Lost	Instances
Anxiety/Depression	Mental Health	223	5	Other senses	Other	89.5	38
Musculo Skeletal - Neck	Musculo Skeletal	150	2	Gastro-Intestinal	Other	145.5	32
Gastro-Intestinal	Other	145.5	32	Not Disclosed	Other	69.5	24
Musculo Skeletal - Lower Limb	Musculo Skeletal	139	15	Respiratory - Cold/Cough/Influenza	Other	75	23
Mental Health - Anxiety	Mental Health	114	2	Musculo Skeletal - Lower Limb	Musculo Skeletal	139	15
not categorised	Other	90.5	11	Respiratory - Other	Other	45	12
Other senses	Other	89.5	38	not categorised	Other	90.5	11
Hospital/Post Operative	Other	78	3	Unknown causes, not specified	Other	25.5	10
Knee	Musculo Skeletal	75	2	Headache/Migraine/Neurological	Other	17	10
Mental Health - Stress	Mental Health	75	3	Musculo Skeletal - Back	Musculo Skeletal	74	9
Respiratory - Cold/Cough/Influenza	Other	75	23	Virus/Infectious Diseases	Other	21	9
Sum:		1254.5	136	Sum:		791.5	193

The Occupational health team will be reviewing the reasons for absence within this work group to identify and address any work related issues which may be contributing to mental health issues (such as stress), or other health conditions. The Service has, and will continue, to focus support to employees experiencing mental health issues and to build awareness and resilience in individuals to deal with such issues when they arise. In many cases these issues are not directly related to work, however they may manifest themselves in performance or behavioural problems at work and in the development of stress related symptoms. This can be a complex set of circumstances which can often only be resolved by professional counselling, which is available to employees through a number of channels.

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NOTTINGHAMSHIRE
Fire & Rescue Service
Creating Safer Communities

Nottinghamshire and City of Nottingham
Fire and Rescue Authority
Human Resources Committee

OCCUPATIONAL HEALTH AND FITNESS WELLBEING STRATEGY

Report of the Chief Fire Officer

Date: 12 June 2015

Purpose of Report:

To outline the strategy for Occupational Health and Fitness for delivery from 2015.

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1. BACKGROUND

- 1.1 Occupational Health (OH) is concerned with the assessment of, and active response to, any part of an individual's employment that has the potential to impact on the health or welfare of that individual.
- 1.2 The Service offers a comprehensive occupational health service to its employees, incorporating medical assessment, advice and referral to other specialist practitioners (physiotherapy, counselling, specialist consultancy) via its membership of the Westfield Health Scheme, absence management and rehabilitation for those recovering from injury or long-term absence. Additionally the team undertakes health promotion activities as part of its well-being strategy.
- 1.3 This report seeks to highlight current work being undertaken and proposals to provide further support to employees going forward. For instance, legislative change has led to the introduction of asbestos medicals as part of statutory medical requirements; pension changes will mean employees working longer and NFRS will need to consider the health issues that this will bring; new guidance, as a result of the joint research project from Bath University and CFOA/FireFit regarding fitness standards, will need to be assessed. Tackling the two main causes of absence will also be high on the agenda i.e. musculoskeletal problems and mental ill-health.

2. REPORT

Statutory Medicals (including asbestos screening)

- 2.1 Asbestos medicals were introduced in April 2014. This was in response to changes in the Management of Asbestos Regulations 2012. In accordance with the regulations, firefighters were classified as asbestos workers, thus requiring a medical with an appointed doctor every 2 years. HSE have since written to CFOA indicating that they will relax the regulations for FRS so that the 3 yearly statutory medicals can be conducted at the same time. Going forward this will mean that all operational employees will see a doctor every 3 years irrespective of role.

Fitness Standards

- 2.2 New guidance on fitness standards and testing has been launched following a research project conducted by Bath University and funded by CFOA/FireFit. Whilst the fitness standard for NFRS will remain unchanged, the guidance recommends the introduction of strength testing and drill ground assessments for those that fail to meet the standard. A working group has met to consider the recommendations from the review with a view to amending the existing Fitness Policy. The outcomes from this report are likely to impact on our existing fitness testing, pre-employment fitness standards and how we deal

with those employees who are unable to meet the aerobic fitness and potential strength requirements.

This will entail an additional workload for the Fitness Advisor and the need to prepare guidance (via video clips on the intranet/internet) to support employees and applicants to familiarise themselves with the new tests. It is intended that the new standards are introduced as a pilot during 2015 (subject to consultation).

Musculo-Skeletal Injury

- 2.3 Musculoskeletal issues continue to be the biggest factor for sickness absence in the operational workforce, primarily injuries to upper and lower limbs, shoulders and back. In order to be more pro-active we are proposing to investigate the possibility of providing on site physio assessments for at-risk employees. This would not only provide fast track treatment but provide a pro-active risk assessment and preventative management system regarding musculoskeletal issues across the service. The proposal will address manual handling techniques by reinvigorating refresher training, and working more closely with the Procurement Team in particular with regard to equipment ergonomics.

Critical Incident Support

- 2.4 A procedure has been drafted regarding NFRS support following exposure to critical incidents in the workplace. As part of this procedure the Occupational Health Adviser (OHA) and Occupational Health Support Officer (OHSO) will deliver post-incident defusing/demobilising training to all managers as part of our psychological welfare package.

NFRS has also been approached by a consultant, who is an ex firefighter and has developed research into Teotonics which is a counselling technique developed to promote post traumatic growth and resilience. A current NFRS employee has already undertaken the training using this technique and it has been agreed to participate in a pilot scheme. This pilot commenced in February 2015. If this is successful, we aim to train volunteers to act as workplace mental health supporters.

Mental Health

- 2.5 The OH Team are aware that during statutory medical the focus is very much on physical health and fitness, and that more pre-emptive work could be introduced to monitor and maintain employees' mental and emotional wellbeing. Therefore a General Health Questionnaire has been procured and introduced as part of the statutory medical process. It is hoped that by using the questionnaire wellbeing issues will be more readily identified and addressed early thus preventing further deterioration in the individual's overall health. See Appendix A.

More work focussing on stress will also be undertaken which will include the investigation of an e-learning stress awareness package and developing role-related wellbeing assessments.

Ageing Workforce

- 2.6 Both operational and support employees are likely to be working longer as normal retirement ages extend to 60 (operational employees) and 65+ (support employees), and this is likely to have implication for the health and fitness of the workforce. Many of the strategies set out acknowledge and seek to address the health and fitness issues of an ageing workforce and to establish guidance on how to stay healthy and fit, as well as offer support when it is needed.
- 2.7 To help combat issues surrounding an ageing workforce, the OH Team is proposing to continue to provide employees over the age of 45 years with a 2 yearly statutory/asbestos medical. The medical will include an additional random cholesterol check and pre-diabetes blood sugar test. Justification for this age cut off mirrors that of the DVLA for LGV medicals. Ideally this extra screening should be offered to all employees but this would incur an additional cost. This testing will also be offered to support staff on a voluntary basis.

Health Promotion

- 2.8 An important element of the OH role is to promote good practice and healthy habits. The Service aims to build on the work already being undertaken by the OH Support Officer in communicating key health and fitness messages via the intranet and on station visits. This will entail themed messages and events throughout the year.
- 2.9 Some employees have already undergone Health Champion training and more is scheduled in 2015. Various health campaigns are planned during 2015 which are listed at Appendix B and the OH Intranet site will also be developed to make it easily accessible, more user friendly and populated with relevant, current and useful health and wellbeing information.
- 2.10 In order to support the work currently being undertaken to promote health and well-being, a temporary post of OH Support Officer was introduced in 2014. This additional support has proven invaluable in taking forward an agenda of prevention and promotion, as well as freeing up the professional time of the OH Manager to undertake more clinical activity.

Benchmarking OH Activity

- 2.11 In addition to the aforementioned work, the OH team is working towards accreditation via the Workplace Health Award Scheme, which provides external assessment of the standard of occupational health support offered to employees. This will provide validation of the work currently undertaken, and provide direction for future activity.

3. FINANCIAL IMPLICATIONS

The costs of introducing the proposals set out in the report can be contained within the existing Occupational Health budget for 2015/16.

4. HUMAN RESOURCES AND LEARNING AND DEVELOPMENT IMPLICATIONS

- 4.1 Defusing training will be carried out by the OH Team who will work with Learning and Development to ensure all managers are trained across the Service.
- 4.2 OH will work with Learning and Development to introduce an e-learning package for stress awareness.
- 4.3 OH will work with Human Resources and The Health and Safety Risk Management Team to develop role related wellbeing assessments across the Service.

5. EQUALITIES IMPLICATIONS

The equality impact assessment regarding the current Fitness Policy and Procedure will need to be updated to include issues arising from the CFOA/FireFit fitness review, specifically around the introduction of strength testing. Initial work has been undertaken and will form part of the formal consultation process.

6. CRIME AND DISORDER IMPLICATIONS

There are no crime and disorder implications arising directly from this report.

7. LEGAL IMPLICATIONS

There are no legal implications arising directly from this report.

8. RISK MANAGEMENT IMPLICATIONS

The extension of the normal retirement age for all employees will lead to potential health and fitness issues linked to an ageing workforce. Ensuring employees are fit and healthy to carry out their roles will help to reduce sickness absence, presenteeism, reduce accidents/injuries at work and improve morale.

9. RECOMMENDATIONS

That Members support the Occupational Health activities identified within this report.

10. BACKGROUND PAPERS FOR INSPECTION (OTHER THAN PUBLISHED DOCUMENTS)

None.

John Buckley
CHIEF FIRE OFFICER

GENERAL HEALTH QUESTIONNAIRE

GHQ-12

Please read this carefully:

We should like to know if you have had any medical complaints, and how your health has been in general, *over the past few weeks*. Please answer ALL the questions simply by underlining the answer which you think most nearly applies to you. Remember that we want to know about present and recent complaints, not those you had in the past. It is important that you try to answer ALL the questions.

Thank you very much for your co-operation.

HAVE YOU RECENTLY:

1	-	been able to concentrate on whatever you're doing?	Better than usual	Same as usual	Less than usual	Much less than usual
2	-	lost much sleep over worry?	Not at all	No more than usual	Rather more than usual	Much more than usual
3	-	felt that you are playing a useful part in things?	More so than usual	Same as usual	Less useful than usual	Much less useful
4	-	felt capable of making decisions about things?	More so than usual	Same as usual	Less so than usual	Much less capable
5	-	felt constantly under strain?	Not at all	No more than usual	Rather more than usual	Much more than usual
6	-	felt you couldn't overcome your difficulties?	Not at all	No more than usual	Rather more than usual	Much more than usual
7	-	been able to enjoy your normal day-to-day activities?	More so than usual	Same as usual	Less so than usual	Much less than usual
8	-	been able to face up to your problems?	More so than usual	Same as usual	Less able than usual	Much less able
9	-	been feeling unhappy and depressed?	Not at all	No more than usual	Rather more than usual	Much more than usual
10	-	been losing confidence in yourself?	Not at all	No more than usual	Rather more than usual	Much more than usual
11	-	been thinking of yourself as a worthless person?	Not at all	No more than usual	Rather more than usual	Much more than usual
12	-	been feeling reasonably happy, all things considered?	More so than usual	About same as usual	Less so than usual	Much less than usual

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OCCUPATIONAL HEALTH AND FITNESS DEPARTMENT POTENTIAL CAMPAIGNS FOR 2015

JANUARY /FEBRUARY	<p>NEW YEAR NEW YOU! Messages on Intranet to include Dry January and encouraging people to lose weight and get fit and healthier. Invite colleagues to come to Occupational Health for information, fitness plans and advice.</p>
MARCH	<p>NATIONAL SALT AWARENESS WEEK 16TH – 22ND Promote the effects of salt on your health – know your salt limits etc. NATIONAL NO SMOKING DAY (BHF) 11TH Encourage colleagues to stop smoking. Offer advice and possible interaction with New Leaf.</p>
MAY	<p>MENTAL HEALTH AWARENESS WEEK 11TH – 17TH</p>
JUNE	<p>MEN'S HEALTH AWARENESS WEEK* 15TH – 21ST Include prostate cancer within this.</p>
JULY/AUGUST	<p>SUMMER HOLIDAY TIME Holiday season information to include general health and fitness advice when travelling abroad etc. Encourage colleagues to get out and about during the summer months: walk to work, cycle to work. <u>Possible competition</u> – not sure what as yet!</p>
SEPTEMBER	<p>KNOW YOUR NUMBERS As per 2014: BP, cardiac risk assessment, body fat, health advice, cholesterol checks etc. Suggested stations: 01, 18, SDC, one south RDS/WT evening maybe? HQ - Raise funds for British Heart Foundation – wear it red for the day/cakes/coffee etc.</p>
OCTOBER	<p>BACK CARE AWARENESS WEEK 7th – 11th (7th – 9th only Weds – Fri) include Manual Handling etc.</p>
DECEMBER	<p>ALCOHOL/TAKING CARE OVER CHRISTMAS ETC. General advice and information via Intranet.</p>

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