



**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:** 22 January 2021

**Purpose of Report:**

To update Members on key Human Resources metrics for the period 1 April 2020 to 31 December 2020. Please note that absence reporting references the period 1 April 2020 to 30 September 2020.

**Recommendations:**

That Members note the contents of the report.

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## **1. BACKGROUND**

- 1.1 As part of its remit, the Human Resources Committee of the Fire Authority receives regular updates on Human Resources (HR) issues within the Service. This includes issues such as sickness absence, formal discipline, grievance, employment tribunal cases and staffing numbers. These issues are collectively referred to 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 Quarter 1 and Quarter 2: 1 April 2020 to 30 September 2020:

Target absence figures for 2020/21 are:

Wholetime:	6 days per person;
Support:	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).

- 2.2 Absence across the workforce, excluding On-call employees, decreased by 1451.56 days (-48.8%) during the review period compared to the same period of 2019/20. A comparative breakdown of figures by employment group are set out in Appendix C.

Absence	Quarter 1 & 2 1 Apr – 30 Sept 2020	Compared with previous quarters (Q4/Q1)	Cumulative total days lost for 20/21 (Apr- Sept)	Cumulative average over last 12 months
<b>Total workforce</b>  <b>(264 employees have been absent on 289 occasions during Q1 &amp; Q2, excluding On- call*)</b>	<b>Q1 - 760</b> days lost  1.3 days per employee  <b>Q2 – 765.44</b> days lost  1.31 days per employee	<b>Q4 - 1338</b> days lost  2.2 days per employee  43.1% decrease (-578 days)  <b>Q1 - 760</b> days lost  1.3 days per employee  0.72% increase (+5.44 days)	1525.44 days lost	7.06 days per employee (target 6.25 days)

\*due to the nature of the On-call Duty System, On-call absence is not reflected in the figures. These are shown separately at Appendix C

- 2.3 Across the workforce a total of 1525.44 working days were lost in the first half of 2020/21. The trends across quarters is shown in the table set out at Appendix A.
- 2.4 Long term absence equated to 51.2% of the total absence during this period. A full period commentary of Quarter 1 and Quarter 2 can be found at Appendix C.

## NATIONAL TRENDS

- 2.5 The Service contributes to the National Fire Chiefs Council sickness absence survey, which is undertaken quarterly and allows for comparison between contributing fire and rescue services.
- 2.6 The reasons for sickness absence mirror the national trends with musculo-skeletal and mental health related absences featuring heavily in all workgroups.
- 2.7 Appendix B reflects the national absence trends for Quarters 1 & 2 (April to September 2020). Please note that the reference to 'Retained' in the table refers to On-call firefighters, and 'Green-Book' refers to Support staff.
- 2.8 This shows that for Wholetime employees, the Service was ranked 10th of the 41 services at 2.31 days per employee and was below the sector sickness average of 3.47 days per employee. The lowest average was 1.76 days and the highest 4.63 days.

- 2.9 For On-call employees, the Service was ranked 12th of the 24 services at 3.83 days per employee and was below the sector sickness average of 4.28 days per employee. The lowest average was 0 days and the highest 7.38 days.
- 2.10 For Support staff, the Service was ranked 11th of the 41 services at 2.3 days per employees and was below the sector sickness average of 3 days per employee. The lowest average was 0 days and the highest 8.05 days.

## **DISCIPLINE, GRIEVANCES ETC**

2.11 Over the period 1 April 2020– 31 December 2020:

- Disciplinary: 0;
- Grievances: 4;
- Harassment and Bullying: 0;
- Formal Management Sickness Absence Policy: 0;
- Dismissals including ill health retirements: 2;
- Redundancy: 1;
- Redeployment: 2;
- Employment Tribunal cases: 1;
- IDRPs appeals: 1;
- Performance and capability: 0.

## **STAFFING NUMBERS**

2.12 During the period 1 April to 31 December 2020, 33 employees commenced employment. Establishment levels at 31 December 2020 are highlighted below:

	<b>Approved</b>	<b>Actual</b>	<b>Variance</b>
<b>Wholetime</b>	431 (431 FTE)	428 (426.76 FTE)	-3 (-4.24 FTE)
<b>On-call</b>	192 Units	244 persons (131 units) (includes 79 dual contracts)	-61 units
<b>Support</b>	160 (151.78) FTE)	177 (168.30 FTE)	+17 (+16.52)

- 2.13 Since April 2020, there have been 40 leavers and 50 starters, which has resulted in an actual workforce figure of 849 (this includes 79 dual contractors). Leavers are broken down as follows: 15 Wholetime, 16 On-call and 9 Support roles.
- 2.14 As at 31 December 2020 Wholetime establishment stood at 428 operational personnel (426.76 fte) employees against an establishment of 431 posts.
- 2.15 During the period, the Service has appointed to 24 support roles.

### **3. FINANCIAL IMPLICATIONS**

- 3.1 The Authority's pay budgets cover the cost of the workforce and these include budgets for overtime to cover sickness absence where operational cover is affected. The actual numbers of employees in post, compared to the establishment, can cause budgetary variances and these are reported to the Finance and Resources Committee.
- 3.2 Any increase in absence has a direct impact upon the Service's operational pay budget, as gaps in the ridership can lead to an increase in overtime pay to cover for long-term absence.

### **4. HUMAN RESOURCES AND LEARNING AND DEVELOPMENT IMPLICATIONS**

The human resources and learning and development implications are set out in the report.

### **5. EQUALITIES IMPLICATIONS**

As this review does not impact upon policy or service delivery, no equality impact assessment 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 human resources ensures that the Service and the Authority are aware of any developing workforce issues.

### **9. COLLABORATION IMPLICATIONS**

There are no collaboration implications arising from this report.

### **10. RECOMMENDATIONS**

That Members note the contents of the report.

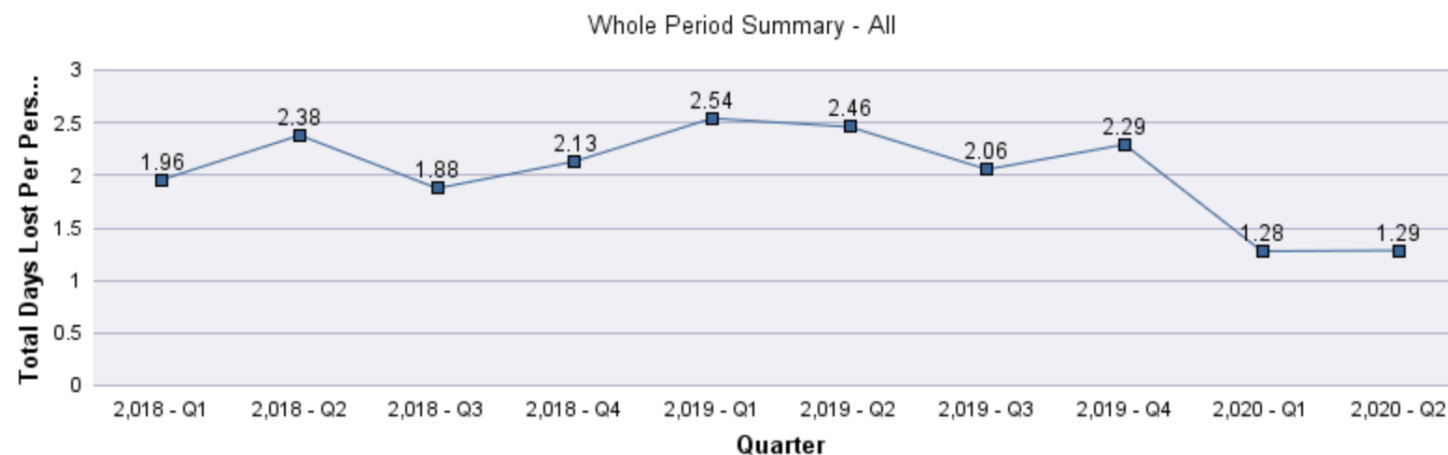
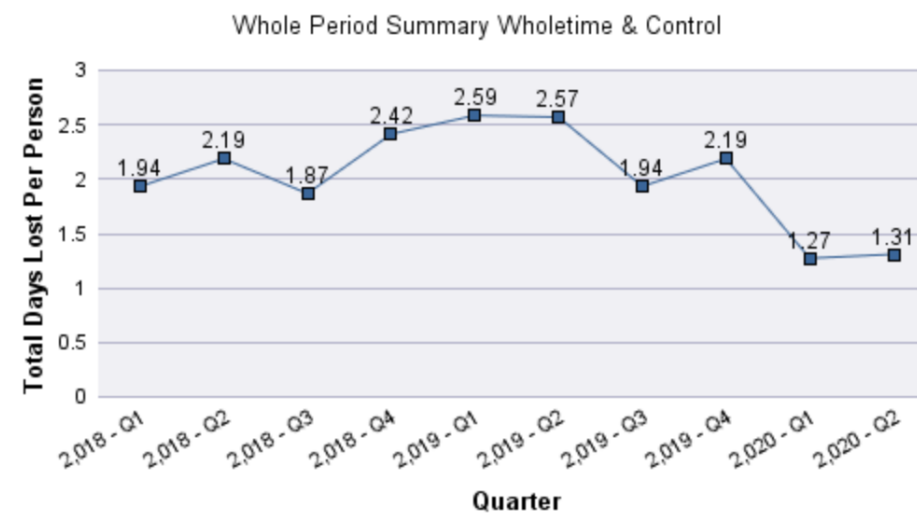
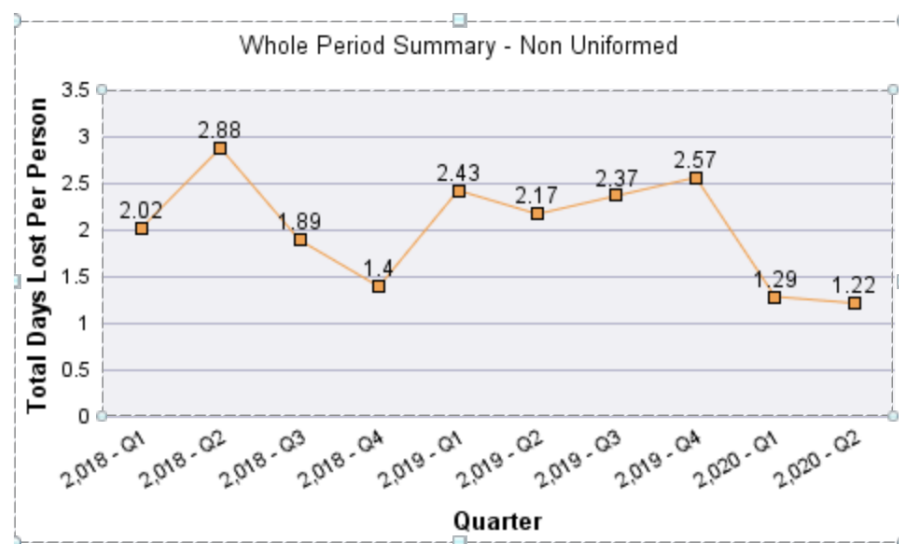
**11. BACKGROUND PAPERS FOR INSPECTION (OTHER THAN PUBLISHED DOCUMENTS)**

None.

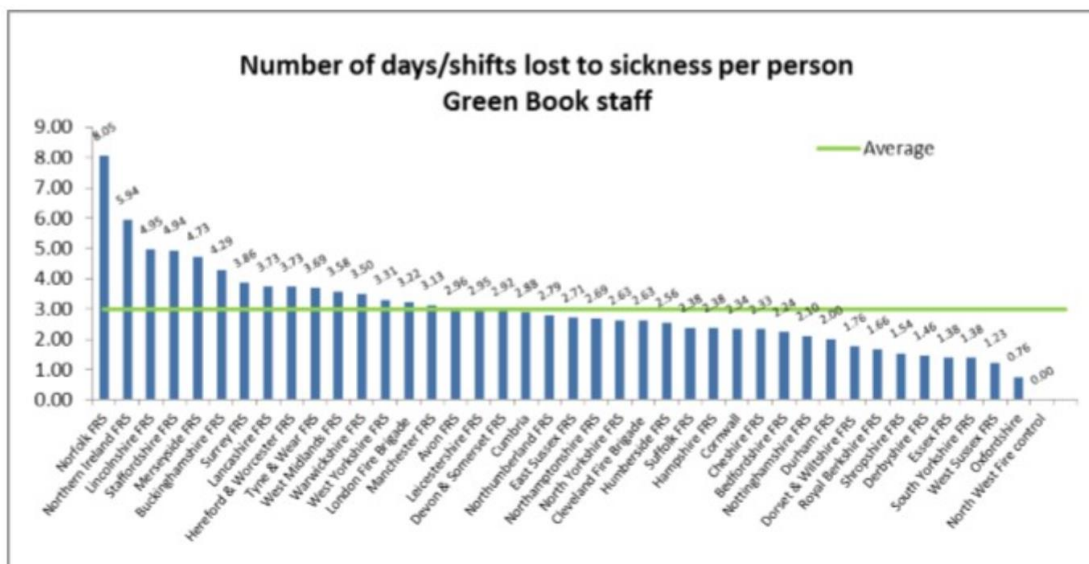
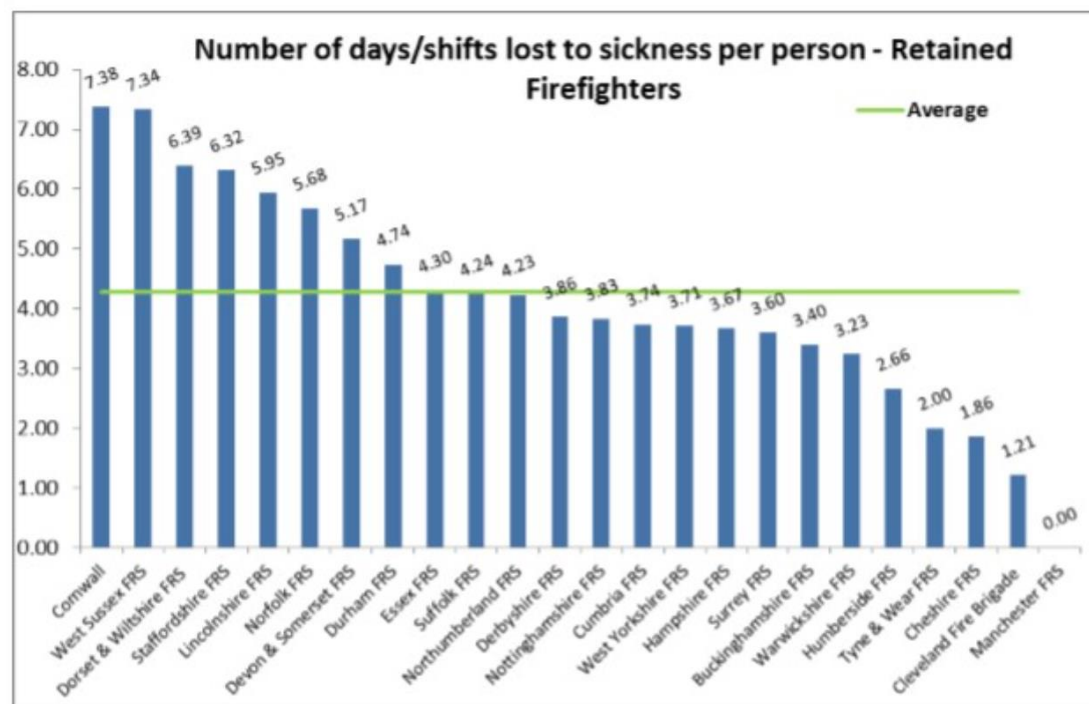
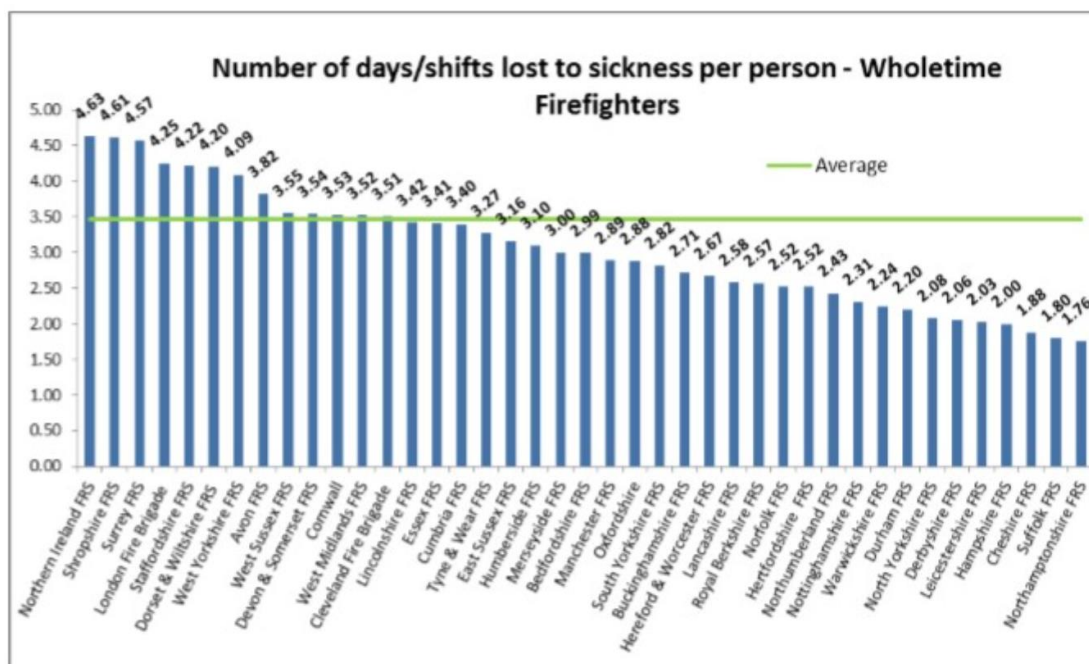
John Buckley  
**CHIEF FIRE OFFICER**

## APPENDIX A

Appendix - Reporting Period: 01/04/2018 to 30/09/2020



## NATIONAL TRENDS





## APPENDIX C

### Q1 2020/2021 - WHOLETIME

In total 547 working days were lost due to sickness during this quarter. Of this, 338 days were lost to long-term absence (28+ calendar days absent) and 209 days were lost due to short term absence. This represents a significant decrease of 374 days (-41%) on the previous quarter.

The average absence per employee was 1.3 days lost, which is below the target figure of 1.6 days lost per quarter per employee.

62% of sickness absence in this quarter was due to long term absence. There were 23 periods of absence covered by a Medical Certificate (i.e. absence longer than 8 days in duration), 11 of which were classified as long-term sickness. At the end of the period 17 employees had returned to work with 6 still absent.

### Reasons for Absence

Main reasons for sickness absence for the Wholetime are Mental Health (9 instances, 188 days) and Musculo Skeletal (17 instances, 140 days). The main long-term absence reasons were Mental Health (5 instances, 164 days). For short term absences was Covid symptoms (18 instances, 63 days)

#### Wholetime

Absence Reason - Grouped	Unique Absence Count	Days Lost
Mental Health	9	188
Musculo Skeletal	17	140
Other known causes (not specified in list)	9	88
COVID-19 Isolating Symptoms Self	18	63
Genitourinary/Gynecological/Reproductive	1	27
Mental Health - Other	2	16
COVID-19 Isolating - Tested Positive	2	8
Gastro-Intestinal	3	5
Endocrine/Glandular Problems	1	4
Respiratory - Cold/Cough/Influenza	1	4
Unknown causes, not specified	1	4

#### Short Term Absences

Absence Reason - Grouped	Unique Absence Count	Days Lost
COVID-19 Isolating Symptoms Self	18	63
Musculo Skeletal	13	49
Other known causes (not specified in list)	7	32
Mental Health	4	24
Mental Health - Other	2	16
COVID-19 Isolating - Tested Positive	2	8
Gastro-Intestinal	3	5
Endocrine/Glandular Problems	1	4
Respiratory - Cold/Cough/Influenza	1	4
Unknown causes, not specified	1	4

#### Long Term Absences

Absence Reason - Grouped	Unique Absence Count	Days Lost
Mental Health	5	164
Musculo Skeletal	4	91
Other known causes (not specified in list)	2	56
Genitourinary/Gynecological/Reproductive	1	27

### Q1 – SUPPORT ABSENCE

Please note that the reference to 'Non Uniformed' in the table should be read as Support staff. In total 213 working days were lost due to sickness absence for support personnel during the quarter. This breaks down into 111 days due to long term sickness absence (28+ continuous days absent) and 102 working days due to short term absence. This represents a significant decrease of 204 days (-49%) on the previous quarter.

The average absence per employee was 1.4 days lost, which is below the target figure of 1.6 days lost per quarter per employee.

52% of sickness absence in this quarter was due to long term absence. There were 9 periods of absence covered by a Medical Certificate (i.e. absence longer than 8

days in duration), 4 of which were classified as long-term sickness. At the end of the period 8 employees had returned to work with 1 still absent.

## Reasons for Absence

The main reasons for support absence was Covid Symptoms (14 instances, 78 days) and Mental Health (3 instances, 40 days), the former is also the main reason for short term absences this quarter.

### Non Uniformed

			Short Term Absences			Long Term Absences		
Absence Reason - Grouped	Unique Absence Count	Days Lost	Absence Reason - Grouped	Unique Absence Count	Days Lost	Absence Reason - Grouped	Unique Absence Count	Days Lost
COVID-19 Isolating Symptoms Self	14	78	COVID-19 Isolating Symptoms Self	13	57	Heart, Cardiac and Circulatory Problems	1	38
Mental Health	3	40	Mental Health	2	13	Mental Health	1	27
Heart, Cardiac and Circulatory Problems	1	38	Headache/Migraine/Neurological	6	10.5	Musculo Skeletal	1	25
Musculo Skeletal	1	25	Respiratory - Cold/Cough/Influenza	1	7	COVID-19 Isolating Symptoms Self	1	21
Headache/Migraine/Neurological	6	10.5	Other known causes (not specified in list)	2	4			
Respiratory - Cold/Cough/Influenza	1	7	Virus/Infectious Diseases	1	4			
Other known causes (not specified in list)	2	4	Ear, Nose, Throat	1	2			
Virus/Infectious Diseases	1	4	Gastro-Intestinal	1	2			
Ear, Nose, Throat	1	2	Unknown causes, not specified	1	1.5			
Gastro-Intestinal	1	2	Respiratory - Other	1	1			

## Q1 – ON-CALL ABSENCE

Please note that the reference to 'Retained' in the table should be read as On-call firefighters. Attendance for On-call firefighters 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-day shift traditionally for Wholetime employees).

In Q1, 486 days were unavailable due to sickness, broken down into 255 days of long-term absence (28+ days) and 231 days of short-term absence. This equates to an average of 1.9 "days" of unavailability per employee.

Compared to Q4, when 957 days were lost to sickness absence, this reflects a significant decrease of 471 available days (-49%).

There were 11 periods of absence covered by a Medical Certificate (i.e. absence longer than 8 days in duration), 4 of which were classified as long-term sickness. At the end of the period 6 employees had returned to work with 5 still absent.

## Reasons for Absence

The main reasons for absence for on call personnel this quarter was Musculo Skeletal (4 absences, 131 days) which was also the main reason for long-term absences (and Covid 19 Symptoms (16 absences, 78 days) was the short-term main reason (figures as stated before).

## Retained

			Short Term Absences			Long Term Absences		
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	4	131	COVID-19 Isolating Symptoms Self	16	78	Musculo Skeletal	1	91
Other known causes (not specified in list)	2	83	Musculo Skeletal	3	40	Other known causes (not specified in list)	1	82
COVID-19 Isolating Symptoms Self	16	78	Mental Health	3	32	Cancer and Tumours	1	53
Mental Health	4	61	Hospital/Post Operative	1	22	Mental Health	1	29
Cancer and Tumours	1	53	COVID-19 Isolating - Tested Positive	1	17			
Hospital/Post Operative	1	22	Ear, Nose, Throat	2	17			
COVID-19 Isolating - Tested Positive	1	17	Cause Known, but not specified	1	7			
Ear, Nose, Throat	2	17	Nervous System Disorder	1	7			
Cause Known, but not specified	1	7	Eye Problems	1	6			
Nervous System Disorder	1	7	Gastro-Intestinal	1	4			

## Q2 2020/2021 - WHOLETIME

In total 565 working days were lost due to sickness during this quarter. Of this, 284 days were lost to long-term absence (28+ calendar days absent) and 278.9 days were lost due to short term absence. This represents an overall increase of 18 days (3.29%) on the previous quarter.

The average absence per employee was 1.3 days lost, which is below the target figure of 1.6 days lost per quarter per employee.

50% of sickness absence in this quarter was due to long term absence. There were 27 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 20 employees had returned to work with 7 still absent.

## Reasons for Absence

Main reasons for sickness absence for the Wholetime are Musculo Skeletal (28 instances, 258 days) and Mental Health (5 instances, 85 days). The main long-term absence reasons were Musculo Skeletal (4 instances, 112 days) for short-term absences this was Musculo Skeletal (24 instances, 146 days)

## Wholetime

			Short Term Absences			Long Term Absences		
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	28	258	Musculo Skeletal	24	146	Musculo Skeletal	4	112
Mental Health	5	85	COVID-19 Isolating - Tested Positive	6	28	Mental Health	3	80
Mental Health - Other	1	45	COVID-19 Isolating Symptoms Self	11	24	Mental Health - Other	1	45
Other known causes (not specified in list)	6	43	Other known causes (not specified in list)	5	20	Eye Problems	1	24
COVID-19 Isolating - Tested Positive	6	28	Gastro-Intestinal	7	17	Other known causes (not specified in list)	1	23
COVID-19 Isolating Symptoms Self	11	24	Virus/Infectious Diseases	4	13			
Eye Problems	1	24	Ear, Nose, Throat	2	11			
Gastro-Intestinal	7	17	Respiratory - Cold/Cough/Influenza	2	7			
Virus/Infectious Diseases	4	13	Mental Health	2	5			
Ear, Nose, Throat	2	11	Genitourinary/Gynecological/Reproductive	1	4			

## Q2- SUPPORT SICKNESS ABSENCE

Please note that the reference to 'Non Uniformed' in the table should be read as Support staff. In total 202.5 working days were lost due to sickness absence for Support personnel during the quarter. This breaks down into 48 days due to long-term sickness absence (28+ continuous days absent) and 154.5 working days due

to short-term absence. This represents a decrease of 10.5 days (5.37%) on the previous quarter.

The average absence per employee was 1.2 days lost, which is below the target figure of 1.6 days lost per quarter per employee.

23.7% of sickness absence in this quarter was due to long term absence. There were 8 periods of absence covered by a Medical Certificate (i.e. absence longer than 8 days in duration), 2 of which were classified as long-term sickness. At the end of the period 6 employees had returned to work with 2 still absent.

## Reasons for Absence

The main reasons for Support absence was Mental Health (7 instances, 58 days) and Mental Health/Other (4 instances, 41 days). Eye Problems are the main reason for long term absences.

### Non Uniformed

Absence Reason - Grouped	Unique Absence Count	Days Lost
Mental Health	7	58
Mental Health - Other	4	41
Eye Problems	1	26
Musculo Skeletal	4	22
Virus/Infectious Diseases	3	13
COVID-19 Isolating Symptoms Self	5	10
Hospital/Post Operative	2	9
Headache/Migraine/Neurological	3	7
Ear, Nose, Throat	1	5
Gastro-Intestinal	3	5

### Short Term Absences

Absence Reason - Grouped	Unique Absence Count	Days Lost
Mental Health - Other	4	41
Mental Health	6	35.5
Musculo Skeletal	4	22
Virus/Infectious Diseases	3	13
COVID-19 Isolating Symptoms Self	5	10
Hospital/Post Operative	2	9
Headache/Migraine/Neurological	3	7
Ear, Nose, Throat	1	5
Gastro-Intestinal	3	5
Respiratory - Cold/Cough/Influenza	1	4

### Long Term Absences

Absence Reason - Grouped	Unique Absence Count	Days Lost
Eye Problems	1	26
Mental Health	1	22

## Q2 – ON-CALL ABSENCE

Please note that the reference to 'Retained' in the table should be read as On-call firefighters. 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-day shift traditionally for whole-time employees).

In Q2, 583 days were unavailable due to sickness, broken down into 349 days of long-term absence (28+ days) and 234 days of short-term absence. This equates to an average of 3.73 "days" of unavailability per employee.

Compared to Q1, when 486 days were lost to sickness absence, this reflects an increase of 97 available days (19.96%).

There were 13 periods of absence covered by a Medical Certificate (i.e. absence longer than 8 days in duration), 5 of which were classified as long-term sickness. At the end of the period 8 employees had returned to work with 5 still absent.

## Reasons for Absence

The two main conditions leading to long-term absence for On-call employees in Q2 were Musculo-Skeletal issues (7 instances, 256 days) and other known causes (not specified in list) (5 instances, 112 days).

### Retained

Absence Reason - Grouped	Unique Absence Count	Days Lost
Musculo Skeletal	7	256
Other known causes (not specified in list)	5	112
Mental Health	2	53
Respiratory - Cold/Cough/Influenza	4	24
Respiratory - Chest Infection	1	22
Cause Known, but not specified	3	20
Ear, Nose, Throat	2	20
Gastro-Intestinal	2	19
COVID-19 Isolating Symptoms Self	5	16
Hospital/Post Operative	1	15

### Short Term Absences

Absence Reason - Grouped	Unique Absence Count	Days Lost
Musculo Skeletal	4	36
Respiratory - Cold/Cough/Influenza	4	24
Respiratory - Chest Infection	1	22
Cause Known, but not specified	3	20
Ear, Nose, Throat	2	20
Other known causes (not specified in list)	4	20
Gastro-Intestinal	2	19
COVID-19 Isolating Symptoms Self	5	16
Mental Health	1	16
Hospital/Post Operative	1	15

### Long Term Absences

Absence Reason - Grouped	Unique Absence Count	Days Lost
Musculo Skeletal	3	220
Other known causes (not specified in list)	1	92
Mental Health	1	37