



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: 05 November 2021

Purpose of Report:

To update Members on key human resources metrics for the period 1 June 2021 to 30 September, with exception of absence data which is for the reporting period 1 April 2021 to 30 September 2021.

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 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, 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

STAFFING NUMBERS

- 2.1 During the period 1 June 2021 to 30 September 2021, 34 employees commenced employment. Establishment levels at 30 September 2021 are highlighted below:

	Approved	Actual	Variance
Wholetime	431 (431 FTE)	443 (441.26 FTE)	+12 (+10.26 FTE)
On-Call	192 Units	252 persons (135.5 units) (includes 79 Dual Contracts)	-56.5 units
Support	154 (148.59) FTE)	176 (165.76 FTE)	+22 (+17.17fte)

- 2.2 There have been 32 leavers and 34 starters since the last report. The starters include 13 Wholetime Firefighter Apprentices who commenced their initial training in September 2021. This has resulted in an actual workforce figure of 871 (this includes 79 dual contractors). Leavers are broken down as follows: 10 x Wholetime, 8 x On-Call and 12 x Support roles.
- 2.3 As at 30 September 2021 Wholetime strength stood at 443 operational personnel (441.26 FTE) employees against an establishment of 431 posts.
- 2.4 During the period, the Service has appointed to 13 Wholetime Apprentice roles, 8 On-Call roles, 2 dual contract roles and 11 support roles.
- 2.5 The number of leavers for Wholetime and On-Call roles is within planning forecasts. However, the number of leavers from support roles is higher than predicted, with fifteen leavers compared to a half-yearly forecast of nine leavers. This reflects the national picture of turnover where employment

vacancy rates have increased significantly during 2021. This has been identified as a potential area of concern for the Service and will be kept under review.

SICKNESS ABSENCE

2.6 Whilst the review period usually covers three months, due to the timing of committee meetings, the review period covers a six-month period and represents absence figures for Quarter 1, 1 March to 30 June, and Quarter 2, 1 July to 30 September.

2.7 Target absence figures for 2021/22 are:

Wholetime:	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)

2.8 Summary Table:

Absence	Period 1 April- June	Compared with previous quarter (Q4)	Period 2 July - Sept	Compared with previous quarter	Total days lost for 21/22	Average over last 12 months
Total workforce (314 employees have been absent on 361 occasions during Q1 & Q2, excluding On-Call *)	1423 days lost 2.39 days per employee	1059.22 days lost 1.8 days per employee 34.4% increase (+364 days)	1731 days lost 2.86 days per employee	1423 days lost 2.39 days per employee 21.6% increase (+307 days)	3154 days lost	9.29 days per employee (target 6.25 days)

(*Due to the On-Call nature of the On-Call Duty System, On-Call absence is not reflected in the figures. These are shown separately at Appendix C).

2.9 Absence across the workforce, excluding On-Call employees, increased by 364 days (34.4%) in Quarter 1 and by 30 of days (21.6%) in Quarter 2 compared to the previous quarter. A comparative breakdown of figures by

employment group are set out in Appendix C. This represents an increase compared to the same quarters of the previous year (2020-21) of 663 days (Q1 – 46.6%) and 965 days (Q2 – 55.7%). It should be noted that absence during 20-21 saw an overall reduction in absence of 25.7% compared to the previous year (2019-20), which accounts for the high comparative increases.

- 2.10 Absence related to Covid represents 665 working days lost, which accounts for 21.1% of total absence in Q1 and Q2.
- 2.11 Comparison has also therefore been made to absence figures for the comparative periods of 2019, prior to the Covid period and removing covid related absence, and provides a more representative comparison of historical absence rates. This shows that absence levels saw a decrease in Q1 of -31 days (-2.4%) and a decrease of 212 days (-14.5%) for the comparative period of 2019.
- 2.12 The trends across quarters is shown in the table set out at Appendix A.
- 2.13 Long term absence equated to 67.7% In Quarter 1 and 55.4% in Quarter 2 of the total absence during the review period. A full period commentary of Quarter 4 can be found at Appendix C.

NATIONAL ABSENCE TRENDS

- 2.14 The Service contributes to the National Fire Chiefs Council (NFCC) sickness absence survey, which is undertaken quarterly and allows for comparison between contributing Fire and Rescue Services.
- 2.15 Reasons for sickness absence at NFRS broadly mirror the national trends with musculo-skeletal and mental health related absences featuring significantly in all workgroups.
- 2.16 Appendix B reflects the national absence trends for Quarter 1. Quarter 2 figures have not yet been published. The three charts reflect Wholetime, Support staff (Green book) and On-Call the average of duty days/shifts lost per person for those Fire and Rescue Services who contribute to the survey.
- 2.17 For Wholetime personnel NFRS has an average of 2.39 days lost per employee which ranks the Service as 30th out of the 39 Services included in the survey. This figure is above the sector sickness average of 2.17 days per employee. The lowest average was 0.56 and the highest 4.32.
- 2.18 For Support Staff (Green Book) the Service has an average of 2.65 days lost per employee which ranks us 37th out of the 39 Services included in the survey. This figure is above the sector sickness average of 1.71 days per employee. The lowest average was 0.3 days and the highest 2.93 days.

OTHER WORKFORCE METRICS

2.30 Over the period 1 July 2021– 30 September 2021:

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

2.31 There are no significant issues in respect of the above HR metrics outlined above. An employment tribunal case was heard in August, but the outcome has yet to be determined.

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.

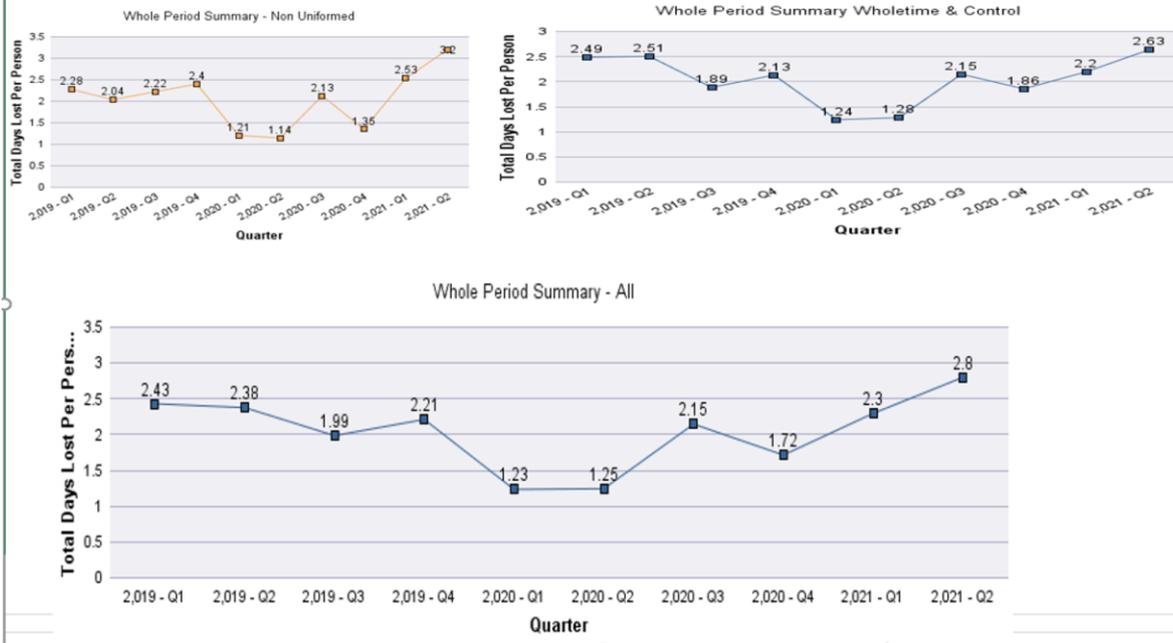
11. BACKGROUND PAPERS FOR INSPECTION (OTHER THAN PUBLISHED DOCUMENTS)

None.

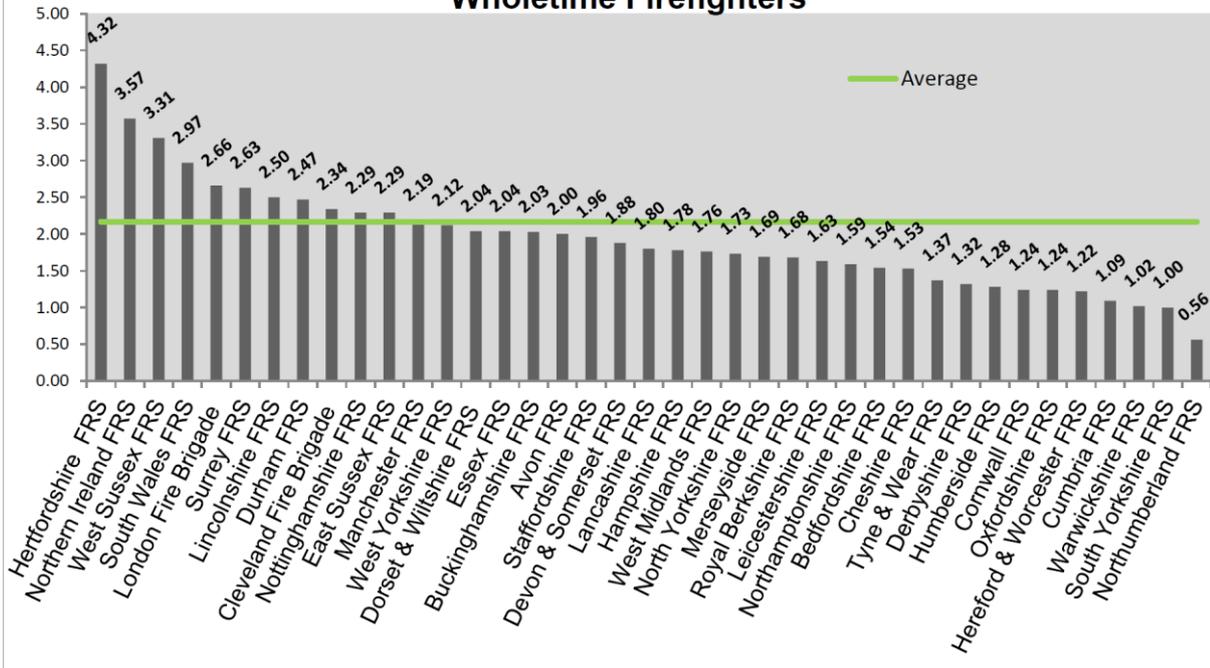
John Buckley
CHIEF FIRE OFFICER

APPENDIX A

Appendix - Reporting Period: 01/04/2019 to 30/09/2021

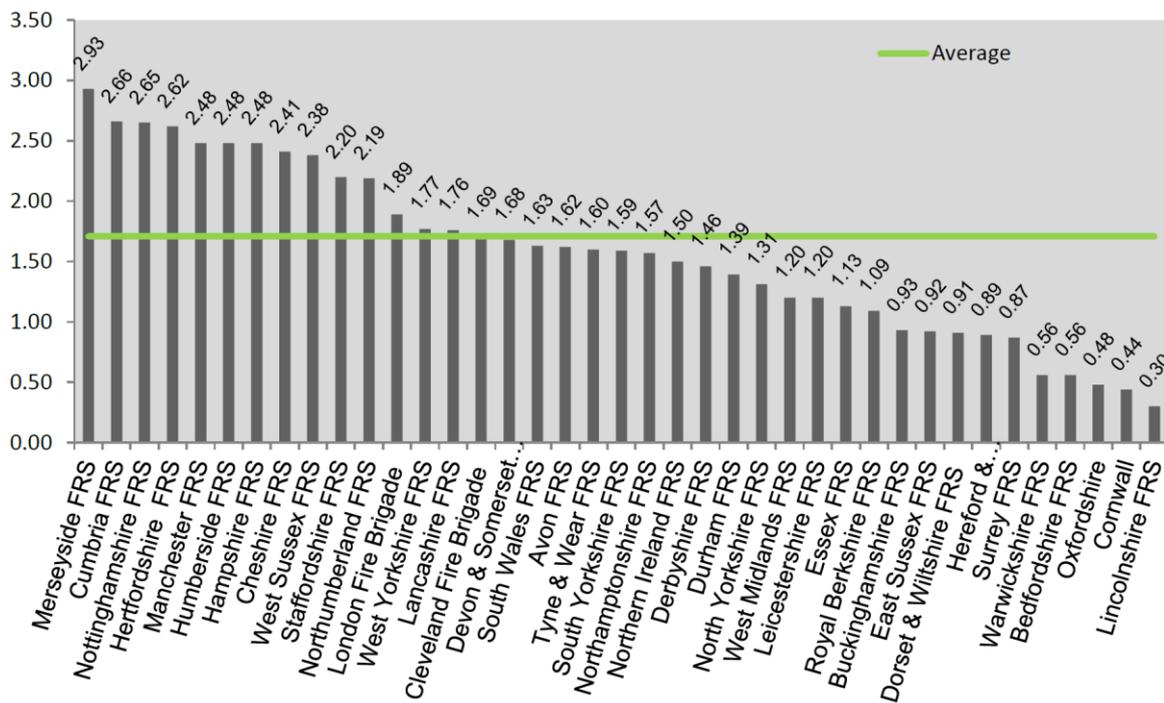


Number of days/shifts lost to sickness per person -
Wholetime Firefighters



Non-Uniformed absence

Number of days/shifts lost to sickness per person
Green Book staff



Q1 2021/2022 - Wholetime

In total 971 working days were lost due to sickness during this quarter. Of this, 670 days were lost to long-term absence (28+ calendar days absent) and 301 days were lost due to short term absence. This represents an overall increase of 150 days 18.27% on the previous quarter.

The average absence per employee was 2.3 days lost, which is above the target figure of 1.6 days lost per quarter per employee.

69% of sickness absence in this quarter was due to long term absence. There were 40 periods of absence covered by a Medical Certificate (i.e. absence longer than 8 days in duration), 22 of which were classified as long-term sickness. At the end of the period 25 employees had returned to work with 15 still absent.

Reasons for Absence

Main reasons for sickness absence for the Wholetime are Musculo Skeletal (33 instances, 372 days) and Mental Health (7 instances, 124 days). The main long term absence reasons were Musculo Skeletal (7 instances, 234 days) For short term absences was Musculo Skeletal (26 instances, 138 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	33	372	Musculo Skeletal	26	138	Musculo Skeletal	7	234
Mental Health	7	124	Gastro-Intestinal	10	32	Mental Health	4	118
Other known causes (not specified in list)	6	92	Mental Health - Other	5	26	Other known causes (not specified in list)	3	80
Mental Health - Other	8	84	Respiratory - Chest Infection	4	22	COVID-19 Isolating - Tested Positive	2	68
Hospital/Post Operative	4	72	Eye Problems	2	13	Hospital/Post Operative	2	66
COVID-19 Isolating - Tested Positive	3	71	Other known causes (not specified in list)	3	12	Mental Health - Other	3	58
Cancer and Tumours	1	46	Ear, Nose, Throat	4	11	Cancer and Tumours	1	46
Gastro-Intestinal	10	32	Respiratory - Cold/Cough/Influenza	4	11			
Respiratory - Chest Infection	4	22	Virus/Infectious Diseases	3	8			
Eye Problems	2	13	Hospital/Post Operative	2	6			
			Mental Health	3	6			

Q1 - Support (Non-Uniformed) Sickness Absence

In total 452.15 working days were lost due to sickness absence for support personnel during the quarter. This breaks down into 295.89 days due to long term sickness absence (28+ continuous days absent) and 156.26 working days due to short term absence. This represents an increase of 213.93 days (89.81%) on the previous quarter.

The average absence per employee was 2.64 days lost, which is above the target figure of 1.6 days lost per quarter per employee.

65.44% of sickness absence in this quarter was due to long term absence. There were 20 periods of absence covered by a Medical Certificate (i.e. absence longer than 8 days in duration), 8 of which were classified as long-term sickness. At the end of the period 12 employees had returned to work with 8 still absent.

Reasons for Absence

The main reasons for support absence was Mental Health (10 instances, 154 days) and Musculo Skeletal (5 instances, 71 days). Mental Health is the main reason for long term absences (2 instances, 58 days).

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
Mental Health	10	154	Mental Health	8	96	Mental Health	2	58
Musculo Skeletal	5	71	Musculo Skeletal	3	28	COVID-19 Isolating - Tested Positive	1	47
COVID-19 Isolating - Tested Positive	5	65	Hospital/Post Operative	2	24	Mental Health - Other	2	46
Mental Health - Other	2	46	COVID-19 Isolating - Tested Positive	4	18	Musculo Skeletal	2	43
Pregnancy Related Disorders	1	42	Other known causes (not specified in list)	4	14	Pregnancy Related Disorders	1	42
Hospital/Post Operative	2	24	Ear, Nose, Throat	2	7			
Other known causes (not specified in list)	4	14	Gastro-Intestinal	4	6			
Ear, Nose, Throat	2	7	Respiratory - Chest Infection	2	6			
Gastro-Intestinal	4	6	Respiratory - Cold/Cough/Influenza	1	5			
Respiratory - Chest Infection	2	6	Headache/Migraine/Neurological	3	4.5			

Q1 - On-Call 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-day shift traditionally for whole-time employees).

In Q1, 1083 days were unavailable due to sickness, broken down into 889 days of long-term absence (28+ days) and 194 days of short-term absence. This equates to an average of 4.37 “days” of unavailability per employee.

Compared to Q4, when 1012 days were lost to sickness absence, this reflects a decrease of 71 available days (7.01%).

There were 22 periods of absence covered by a Medical Certificate (i.e. absence longer than 8 days in duration), 12 of which were classified as long-term sickness. At the end of the period 12 employees had returned to work with 10 still absent. HMICFRS do not collate sickness data for On-Call.

Reasons for Absence

The 2 main conditions leading to long-term absence for On-Call employees in Q1 were Musculo Skeletal issues (4 instances, 265 days) and other known causes (not specified in list) (3 instances, 236 days).

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	13	348	Musculo Skeletal	9	83	Musculo Skeletal	4	265
Other known causes (not specified in list)	5	248	Hospital/Post Operative	3	54	Other known causes (not specified in list)	3	236
Hospital/Post Operative	5	201	Mental Health	2	32	Hospital/Post Operative	2	147
Cancer and Tumours	1	91	Respiratory - Chest Infection	1	28	Cancer and Tumours	1	91
Mental Health - Other	2	57	Mental Health - Other	1	24	COVID-19 Isolating - Tested Positive	1	33
COVID-19 Isolating - Tested Positive	4	47	COVID-19 Isolating - Tested Positive	3	14	Mental Health - Other	1	33
Mental Health	2	32	Respiratory - Cold/Cough/Influenza	2	13			
Respiratory - Chest Infection	1	28	Other known causes (not specified in list)	2	12			
Respiratory - Cold/Cough/Influenza	2	13	Unknown causes, not specified	1	7			
Unknown causes, not specified	1	7	Gastro-Intestinal	2	6			

Q2 2021/2022 - Wholetime

In total 1164 working days were lost due to sickness during this quarter. Of this, 624 days were lost to long-term absence (28+ calendar days absent) and 540 days were lost due to short term absence. This represents an overall increase of 193 days (19.88%) on the previous quarter.

The average absence per employee was 2.67 days lost, which is above the target figure of 1.6 days lost per quarter per employee.

53.61% of sickness absence in this quarter was due to long term absence. There were 70 periods of absence covered by a Medical Certificate (i.e. absence longer than 8 days in duration), 19 of which were classified as long-term sickness. At the end of the period 53 employees had returned to work with 17 still absent.

Reasons for Absence

Main reasons for sickness absence for the Wholetime are Musculo Skeletal (34 instances, 405 days) and COVID-19 isolating (34 instances, 214 days). The main long term absence reasons were Musculo Skeletal (10 instances, 277 days) For short term absences was COVID-19 Isolating – Tested Positive (33 instances, 191 days).

Wholetime			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
Musculo Skeletal	34	405	COVID-19 Isolating - Tested Positive	33	191	Musculo Skeletal	10	277
COVID-19 Isolating - Tested Positive	34	214	Musculo Skeletal	24	128	Mental Health	4	163
Mental Health	10	187	Other known causes (not specified in list)	7	61	Other known causes (not specified in list)	2	52
Other known causes (not specified in list)	9	113	Gastro-Intestinal	19	39	Cancer and Tumours	1	46
Mental Health - Other	2	50	Respiratory - Cold/Cough/Influenza	14	34	Mental Health - Other	1	43
Cancer and Tumours	1	46	Hospital/Post Operative	4	24	COVID-19 Isolating - Tested Positive	1	23
Gastro-Intestinal	19	39	Mental Health	6	24			
Respiratory - Cold/Cough/Influenza	14	34	COVID-19 Isolating Symptoms Self	9	14			
Hospital/Post Operative	4	24	Respiratory - Chest Infection	3	10			
COVID-19 Isolating Symptoms Self	9	14	Genitourinary/Gynecological/Reproductive	1	9			

Q2 - Support (Non-Uniformed) Sickness Absence

In total 566.64 working days were lost due to sickness absence for support personnel during the quarter. This breaks down into 334 days due to long term sickness absence (28+ continuous days absent) and 232.64 working days due to

short term absence. This represents an increase of 114.49 days (25.32%) on the previous quarter.

The average absence per employee was 3.34 days lost, which is above the target figure of 1.6 days lost per quarter per employee.

58.94% of sickness absence in this quarter was due to long term absence. There were 20 periods of absence covered by a Medical Certificate (i.e. absence longer than 8 days in duration), 9 of which were classified as long-term sickness. At the end of the period 17 employees had returned to work with 3 still absent.

Reasons for Absence

The main reasons for support absence was Mental Health (10 instances, 224 days) and Musculo Skeletal (6 instances, 71 days). Mental Health is the main reason for long term absences.

Non Uniformed

Absence Reason - Grouped	Unique Absence Count	Days Lost
Mental Health	10	224
Musculo Skeletal	6	71
COVID-19 Isolating - Tested Positive	11	61
Hospital/Post Operative	3	57
Cancer and Tumours	1	43
Gastro-Intestinal	10	20
Respiratory - Cold/Cough/Influenza	8	18.5
Virus/Infectious Diseases	5	18
Pregnancy Related Disorders	1	14
COVID-19 Isolating Symptoms Self	6	12

Short Term Absences

Absence Reason - Grouped	Unique Absence Count	Days Lost
COVID-19 Isolating - Tested Positive	11	61
Mental Health	5	33
Hospital/Post Operative	2	22
Gastro-Intestinal	10	20
Respiratory - Cold/Cough/Influenza	8	18.5
Virus/Infectious Diseases	5	18
Pregnancy Related Disorders	1	14
COVID-19 Isolating Symptoms Self	6	12
Ear, Nose, Throat	2	6
Musculo Skeletal	4	6

Long Term Absences

Absence Reason - Grouped	Unique Absence Count	Days Lost
Mental Health	5	191
Musculo Skeletal	2	65
Cancer and Tumours	1	43
Hospital/Post Operative	1	35

Q2 - On-Call 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-day shift traditionally for whole-time employees).

In Q2, 1092 days were unavailable due to sickness, broken down into 630 days of long-term absence (28+ days) and 462 days of short-term absence. This equates to an average of 4.39 “days” of unavailability per employee.

Compared to Q1, when 1083 days were lost to sickness absence, this reflects an increase of 8 available days (0.83%).

There were 37 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 28 employees had returned to work with 9 still absent. HMICFRS do not collate sickness data for On-Call.

Reasons for Absence

The 2 main conditions leading to long-term absence for On-Call employees in Q2 were Musculo-Skeletal issues (4 instances, 275 days) and Mental Health (3 instances, 162 days).

Retained

Absence Reason - Grouped	Unique Absence Count	Days Lost
Musculo Skeletal	11	348
Mental Health	7	194
COVID-19 Isolating - Tested Positive	17	181
Other known causes (not specified in list)	4	179
Hospital/Post Operative	3	47
Cancer and Tumours	1	37
Gastro-Intestinal	8	30
Respiratory - Chest Infection	1	21
Respiratory - Cold/Cough/Influenza	5	18
Genitourinary/Gynecological/Reproductive	1	13

Short Term Absences

Absence Reason - Grouped	Unique Absence Count	Days Lost
COVID-19 Isolating - Tested Positive	17	181
Musculo Skeletal	7	73
Other known causes (not specified in list)	2	51
Hospital/Post Operative	3	47
Mental Health	4	32
Gastro-Intestinal	8	30
Respiratory - Chest Infection	1	21
Respiratory - Cold/Cough/Influenza	5	18
Genitourinary/Gynecological/Reproductive	1	13
COVID-19 Isolating Symptoms Self	4	11
Eye Problems	1	11

Long Term Absences

Absence Reason - Grouped	Unique Absence Count	Days Lost
Musculo Skeletal	4	275
Mental Health	3	162
Other known causes (not specified in list)	2	128
Cancer and Tumours	1	37