



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: 23 June 2023

Purpose of Report:

To update Members on key human resources metrics for the period 1 April to 31 May 2023, with the exception of absence data, which is for the reporting period 1 January to 31 March 2023.

Recommendations:

That Members note the contents of this 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. Due to the timing of this Committee, the review period does not cover the whole of Quarter One but runs from 1 April to 31 May. Metrics from May-June will be reported as part of the next update.

2. REPORT

STAFFING NUMBERS

- 2.1 During the period 1 April 2023 to 31 May 2023, 14 employees commenced employment. Establishment levels as of 31 May 2023 are highlighted below:

	Approved	Actual	Variance
Wholetime	431 (431 fte)	413 (412.3fte)	-18 (-18.7fte)
On-Call	192 Units	239 persons (includes 73 dual contracts)	-63.5 units
Support	163 (161.3 fte)	156 (145.23 fte)	-7 (-16.07fte)

- 2.2 There have been 18 leavers and 14 starters since the last report. This has resulted in an actual workforce figure of 807 (this includes 73 dual contractors). Leavers are broken down as follows: eight wholetime, three on-call and seven support roles.
- 2.3 As at 31 May 2023, wholetime strength stood at 413 operational personnel (412.3 fte) employees against an establishment of 431 posts.
- 2.4 During the period, the Service has appointed to eleven wholetime and three support roles.

SICKNESS ABSENCE – Q4

- 2.5 The review period covers the three-month period between 1 January and 31 March 2023.

2.6 Target absence figures for 2022/23 are:

Wholetime:	9.05 days per person
Support:	9.35 days per person
On-Call Workforce:	13.2 days per person

(The average is affected by the numbers of employees in each work group and the average work shift and reflects national sector averages in 2021-22).

2.7 For the purposes of reporting, on-call absence analysis is shown separately to other workgroups due to the nature of their working arrangements. Absence related to Covid has been included in the total absence figures.

Workforce (Excluding On-Call)

2.8 Total absence across the workforce decreased by 203 days (-12.2%) in Q4 compared to the previous quarter.

2.9 This also represents a decrease compared to the same quarter of 2021-22 of 459 days (-24%).

2.10 Absence related to Covid represents 88.54 working days lost, which accounts for 6.1% of total absence, compared to 9.2% in Q3.

2.11 Long term absence equated to 54.8% of sickness absence in Q4. It is notable that 71.7% of absence for employees undertaking support roles was long-term in nature.

2.12 Absence trends across the last three years are shown in the table set out in Appendix A.

On-Call Workforce

2.13 For on-call staff, absence figures in Q4 decreased by 215 days (-17.9%) compared to the previous quarter.

2.14 This also represents a decrease compared to the same quarter of 2021-22 of 125 days (-11.2%).

2.15 Absence related to Covid represents 41 working days lost, which accounts for 4.1% of total absence.

2.16 Long term absence equated to 67% of sickness absence in Q4.

2.17 A summary of the reasons for absence by workgroup are attached at Appendix C.

Whole Year Review

2.18 Absence overall decreased in 2022-23 by 11.47% compared to 2021-22 with reductions across all work groups, broken down as follows: 14.9% for

wholetime employees, 6.6% for employees undertaking support roles, and by 10.1% for on-call employees.

2.19 Average absence across work groups was as follows:

Wholetime employees:	9.73 days
On Call employees:	17.08 days
Support employees:	12.97 days

2.20 Long-term absence accounted for 61% of all sickness absence.

2.21 Absence related to Covid still accounted for 1182 days of sickness absence, equating to 11.75%.

NATIONAL ABSENCE TRENDS

2.22 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.

2.23 Reasons for sickness absence at Nottinghamshire Fire and Rescue Service (NFRS) broadly mirror the national trends with musculo-skeletal and mental health related absences featuring significantly in all workgroups.

2.24 Appendix B reflects the national absence trends at the end of Quarter 4 (whole year). 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.

2.25 For wholetime staff, NFRS has an average of 9.75 days lost per employee, equating to 5.33% of lost working time, compared to a national average of 6.25%, which ranks the Service as 18 out of the 34 Services included in the survey. This figure is below the sector sickness average of 11.43 days per employee. The lowest average was 4.79 days and the highest 26 days.

2.26 For on-call staff, NFRS has an average of 17.08 days lost per employee which ranks the Service as 13 out of 21 Services included in the survey. This figure is above the sector sickness average of 16.44 days per employee. The lowest average was 4.33 days and the highest 41.01 days.

2.27 For support staff (green book) the Service has an average of 12.97 days lost per employee, equating to 4.97% of lost working time, compared to a national average of 3.7%, which ranks as 32 out of the 35 Services included in the survey. This figure is above the sector sickness average of 9.56 days per employee. The lowest average was 2.93 days and the highest 18.71 days.

OTHER WORKFORCE METRICS

2.28 This section reviews the following activities: disciplinary cases, grievances raised, harassment cases raised, dismissals, appeals and active employment tribunal cases.

- 2.29 Over the period, there were no grievances, disciplinary or harassment investigations completed. It should be noted that a discrimination claim that has previously been lodged with the employment tribunal office and reported to this committee has now been settled. There has been an ill-health retirement during the period.

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 can have 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.
- 3.3 Any additional employment termination costs are included in revenue budget reporting to Finance and Resources Committee.

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

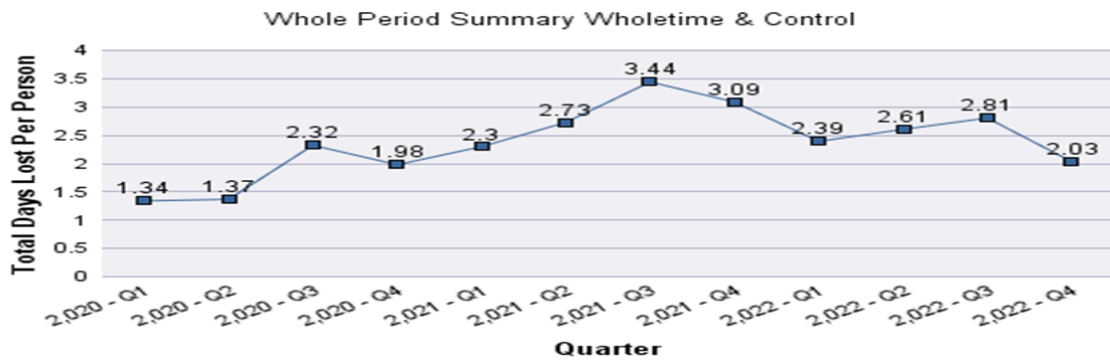
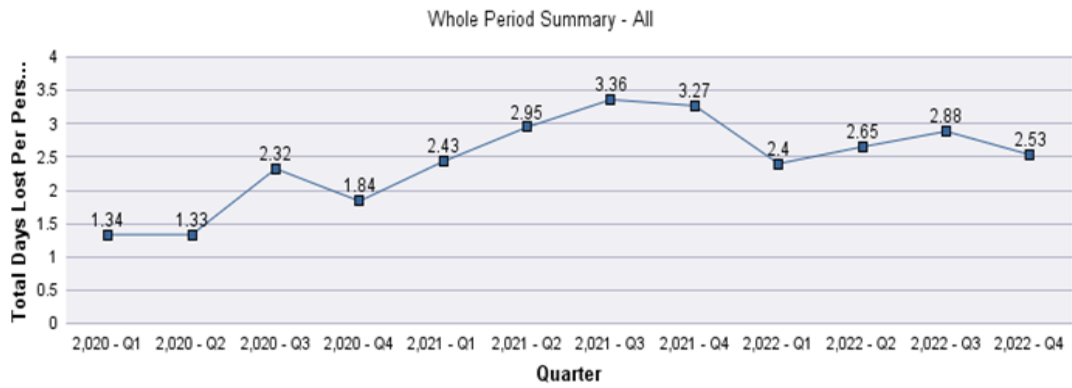
That Members note the contents of this report.

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

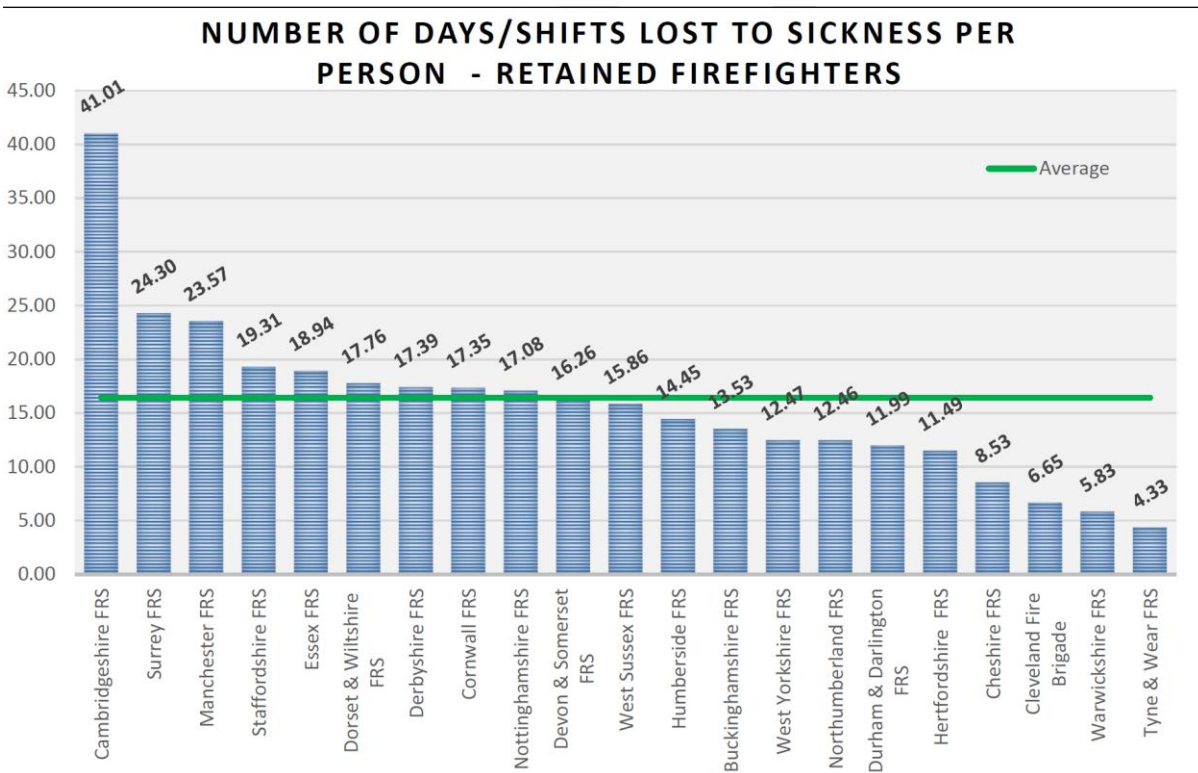
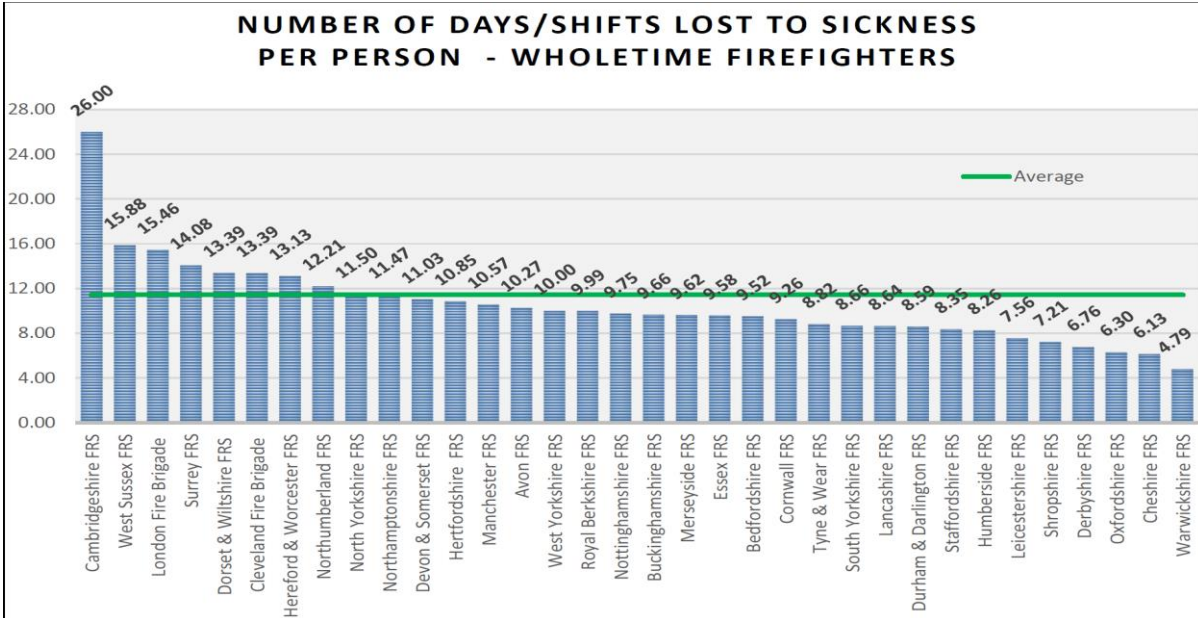
None.

Craig Parkin
CHIEF FIRE OFFICER

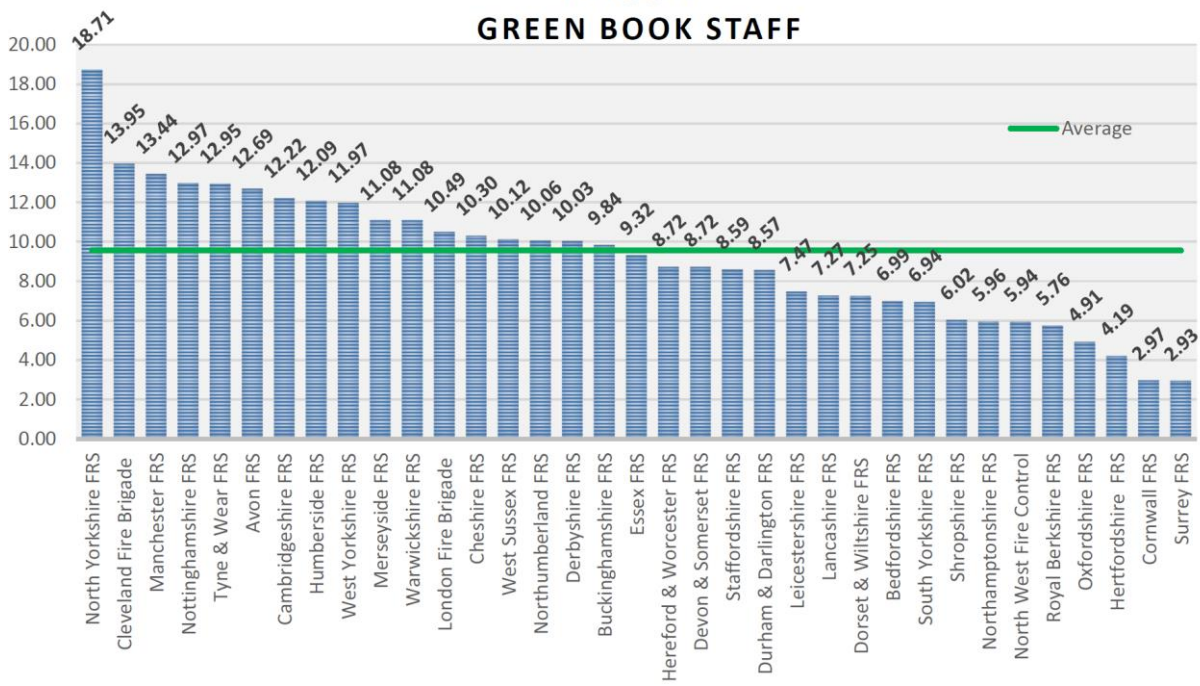
APPENDIX A



National Absence Survey



NUMBER OF DAYS/SHIFTS LOST TO SICKNESS PER PERSON - GREEN BOOK STAFF



APPENDIX C

Q4 2022/23 - Wholetime

Short Term Absences

Absence Reason - Grouped	Unique Absence Count	Days Lost
Mental Health	8	213
Musculo Skeletal	27	191
Respiratory - Cold/Cough/Influenza	24	90
Hospital/Post Operative	5	58
Gastro-Intestinal	18	54
COVID-19 Isolating - Tested Positive	18	50
Unknown causes, not specified	9	42
Other known causes (not specified in list)	7	28
Mental Health - Other	3	25
Virus/Infectious Diseases	7	25

Absence Reason - Grouped	Unique Absence Count	Days Lost
Musculo Skeletal	23	119
Respiratory - Cold/Cough/Influenza	24	90
Gastro-Intestinal	18	54
COVID-19 Isolating - Tested Positive	18	50
Mental Health	4	36
Other known causes (not specified in list)	7	28
Unknown causes, not specified	8	26
Virus/Infectious Diseases	7	25
Respiratory - Other	1	13
Ear, Nose, Throat	4	12

Long Term Absences

Absence Reason - Grouped	Unique Absence Count	Days Lost
Mental Health	4	177
Musculo Skeletal	4	72
Hospital/Post Operative	2	51
Heart, Cardiac and Circulatory Problems	1	18
Unknown causes, not specified	1	16
Mental Health - Other	1	15

Q4 2022/23 - On Call absence

Short Term Absences

Absence Reason - Grouped	Unique Absence Count	Days Lost
Musculo Skeletal	11	331
Hospital/Post Operative	5	204
Mental Health - Other	2	92
Respiratory - Other	1	90
Mental Health	4	71
Respiratory - Cold/Cough/Influenza	10	59
Respiratory - Chest Infection	5	44
COVID-19 Isolating - Tested Positive	8	41
Gastro-Intestinal	7	19
Other known causes (not specified in list)	3	19

Absence Reason - Grouped	Unique Absence Count	Days Lost
Musculo Skeletal	7	71
Respiratory - Cold/Cough/Influenza	10	59
Respiratory - Chest Infection	5	44
Mental Health	3	42
COVID-19 Isolating - Tested Positive	8	41
Gastro-Intestinal	7	19
Other known causes (not specified in list)	3	19
Unknown causes, not specified	2	11
Hospital/Post Operative	2	9
Virus/Infectious Diseases	1	7

Long Term Absences

Absence Reason - Grouped	Unique Absence Count	Days Lost
Musculo Skeletal	4	260
Hospital/Post Operative	3	195
Mental Health - Other	1	90
Respiratory - Other	1	90
Mental Health	1	29

Q4 2022/23 – Support staff absence

Short Term Absences

Absence Reason - Grouped	Unique Absence Count	Days Lost
Mental Health	8	212
Musculo Skeletal	6	121
Mental Health - Other	1	65
Other known causes (not specified in list)	4	47
Heart, Cardiac and Circulatory Problems	1	39
COVID-19 Isolating - Tested Positive	10	36
Respiratory - Cold/Cough/Influenza	11	34
Hospital/Post Operative	4	22
Gastro-Intestinal	5	13
Respiratory - Chest Infection	2	10

Absence Reason - Grouped	Unique Absence Count	Days Lost
Mental Health	4	41
COVID-19 Isolating - Tested Positive	10	36
Respiratory - Cold/Cough/Influenza	11	34
Gastro-Intestinal	5	13
Respiratory - Chest Infection	2	10
Headache/Migraine/Neurological	4	9.5
Other known causes (not specified in list)	3	9
Hospital/Post Operative	3	8
Musculo Skeletal	3	8
Virus/Infectious Diseases	1	4

Long Term Absences

Absence Reason - Grouped	Unique Absence Count	Days Lost
Mental Health	4	171
Musculo Skeletal	3	113
Mental Health - Other	1	65
Heart, Cardiac and Circulatory Problems	1	39
Other known causes (not specified in list)	1	38
Hospital/Post Operative	1	14