



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: 09 November 2018

Purpose of Report:

To update Members on key human resources metrics for the period 1 July to 30 September 2018, including absence analysis for Quarter 1 (1 April to 30 June 2018).

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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

HR METRICS - SICKNESS ABSENCE

- 2.1 Due to the timing of the review period, it was not possible to provide an analysis of absence figures for Quarter 1 (1 April to 30 June) in the previous HR update. Absence figures therefore reflect absence analysis for both Quarter 1 and Quarter 2 (1 July to 30 September).

Target absence figures for 2018/19 are:

Wholetime and 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)

Quarter 1 (April to June 2018)

- 2.2 Absence across the workforce, excluding retained employees, decreased by 57.5 days (5.7%) during the review period.
- 2.3 The average period of sickness absence per employee was 1.82 days.

Absence	Quarter 1 1 April – 30th June 2018	Compared with previous quarter	Cumulative total days lost for 18/19	Cumulative average over last 12 months
Total workforce (120 employees have been absent on 133 occasions during Q1, excluding retained*)	1172 days lost 1.79 days per employee	1217.5 days lost 1.89 days per employee 3.7% decrease (-45.5 days)	1172 days lost	8.18 days per employee (target 6.25 days)

Absence	Quarter 2 1 July – 30th Sept 2018	Compared with previous quarter	Cumulative total days lost for 18/19	Cumulative average over last 12 months
Total workforce (143 employees have been absent on 161 occasions during Q2, excluding retained*)	1431.5 days lost 2.19 days per employee	1172 days lost 1.79 days per employee 22% increase (+259.5 days)	2603.5 days lost	8.03 days per employee (target 6.25 days)

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

- 2.4 Compared to previous quarters, there was slight decrease of 45.5 days (3.7%) in quarter one and an increase of 259.5 days (22%) in quarter two.
- 2.5 In comparison to the same period of 17/18, this represents a slight increase in Q1 of 72 days (+6.5%) and a slight decrease in Q2 of 28 days (-1.9%). Cumulative trends between quarters over the past three years are shown in the table set out at Appendix A.
- 2.6 Long term absence equated to 58% of the total absence in Q1 and 61.9% in Q2. A full period commentary of Quarters 1 and 2 can be found at Appendix C.
- 2.7 The main reasons for sickness absence were: Musculo Skeletal, Mental Health issues and Respiratory conditions.

NATIONAL TRENDS

- 2.8 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. Appendix B reflects the national absence trends for Quarters 1 and 2. The two charts reflect Whole-time and Control (12i) and whole workforce figures (12ii).
- 2.9 For Whole-time and Control (12i) the chart show that the Service ranked 19th of the 33 Services at 1.74 days per employee, and was below the sector sickness average of 1.8 days per employee. The lowest average was 0.90 days and the highest 3.16 days.
- 2.10 For whole workforce (12ii) the tables show that the Service, ranked 20th of the 32 Services at 1.82 days per employee, and was just below the sector sickness average of 1.83 days per employee in quarters 1 and 2. The lowest average was 1.09 days and the highest 3.34 days.

DISCIPLINE, GRIEVANCES ETC

2.11 Over the period 1 July 2018– 30 September 2018:

- Disciplinary: 1
- Grievances: 0
- Harassment and bullying: 0
- Formal Management Sickness Absence Policy: 0
- Dismissals including ill health retirements: 3
- Redundancy: 0
- Redeployment: 0
- Employment Tribunal cases: 0
- IDRP appeals: 0
- Performance and capability: 0

STAFFING NUMBERS (Q2)

2.12 During the period, 28 employees commenced employment. Establishment levels at 30 September 2018 are highlighted below:

	Approved	Actual	Variance
Wholetime	455 (455 FTE)	465 (463.08 FTE)	+10 (+8.08 FTE)
On-call	192 units	259 persons (133 units) (includes 64 dual contracts)	-59 units
Non-Uniformed	158 (147.67)	163 (152.62 FTE)	+5 (+4.95 FTE)
Fire Control	25 (25 FTE)	27 (26.75 FTE)	+2 (+1.25 FTE)

2.13 There have been 19 leavers and 32 starters since the last report, which has resulted in an actual workforce figure of 914 (this includes 64 dual contractors). Leavers are broken down as follows: five Whole-time, seven On-call, and seven Support roles.

2.14 As at 30 September 2018 whole-time establishment stood at 465 operational personnel (463.08 fte) employees against an establishment of 455 posts. This reflects the commencement of 14 Trainee Fire-fighters and the transfer of a further seven Fire-fighters from other Fire and Rescue Services or from the On-call section in September.

2.15 During the period the Service has appointed to 21 whole-time roles, four support roles and seven on-call trainee firefighter roles.

3. FINANCIAL IMPLICATIONS

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.

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 has been undertaken. However, workforce equality monitoring information is undertaken and reported separately to this report.

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.

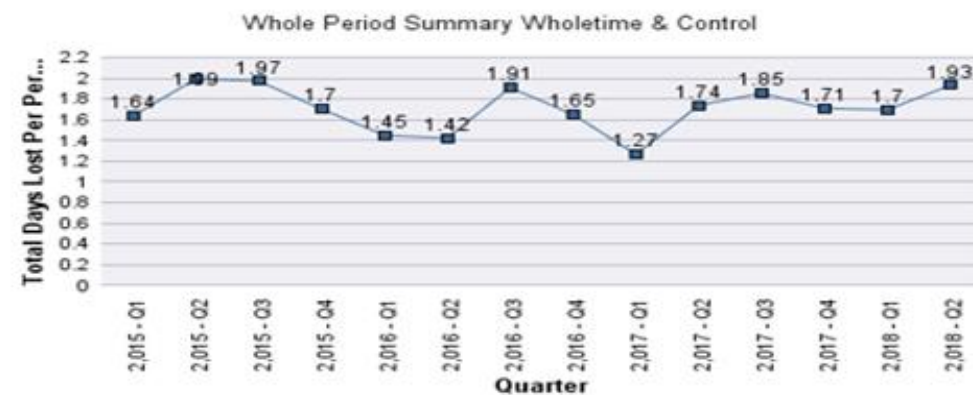
John Buckley
CHIEF FIRE OFFICER

APPENDIX A

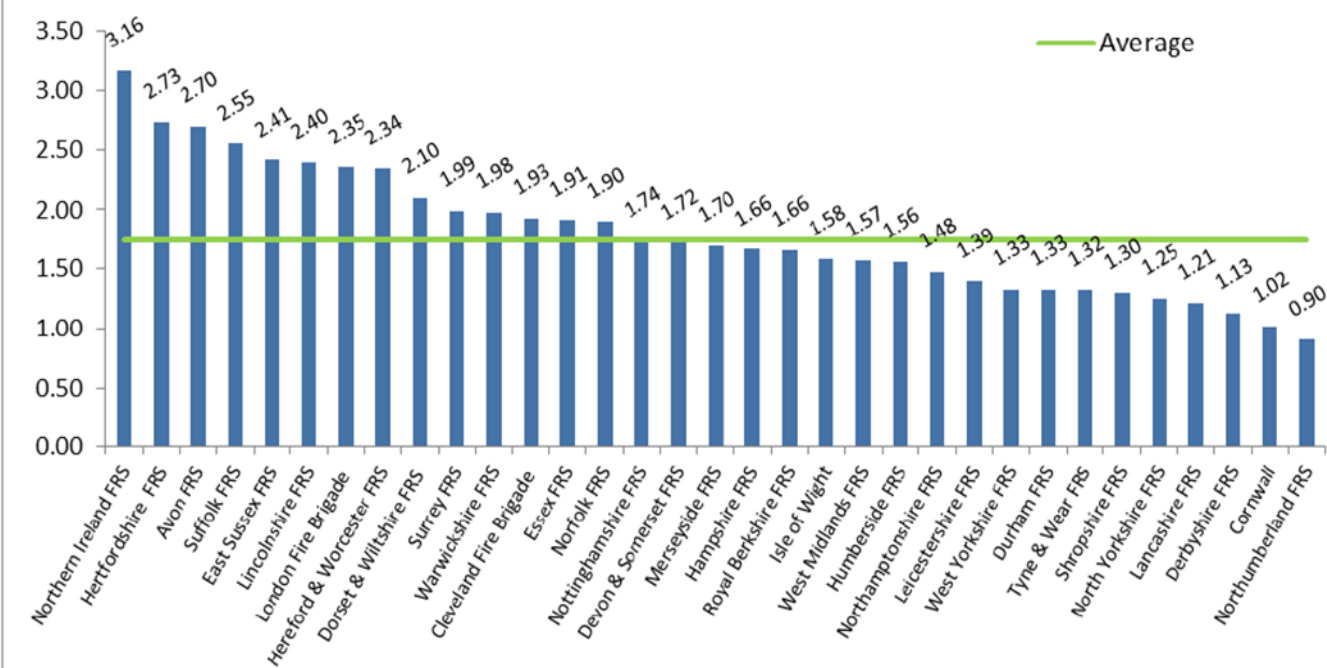
Appendix - Reporting Period: 01/04/2015 to 30/09/2018

Quarter Breakdown by Month	July		August		September	
	Days Lost Per Person	Total Working Days Lost	Days Lost Per Person	Total Working Days Lost	Days Lost Per Person	Total Working Days Lost
Non Uniformed	1.06	171.0	1.01	163.0	0.90	144.5
Wholetime & Control	0.69	339.0	0.68	335.0	0.57	279.0
Sum:	0.7798	510.0	0.7615	498.0	0.6476	423.5

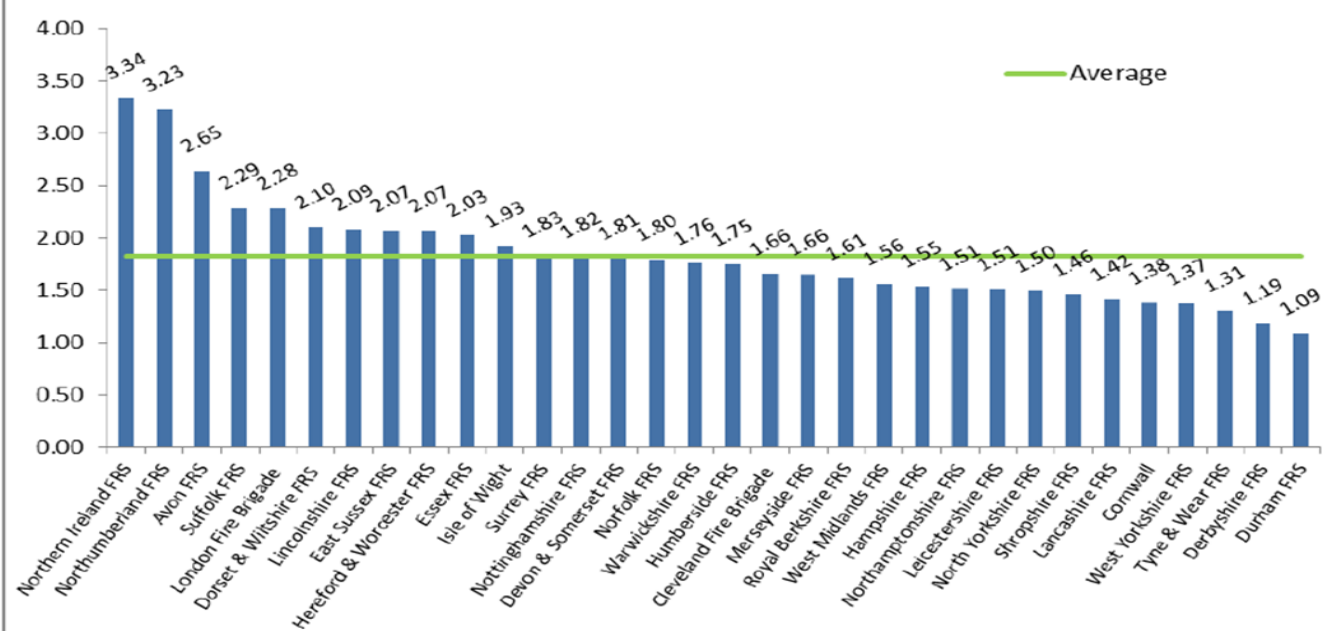
Current Q vs Previous Q	2,018 - Q1		2,018 - Q2	
	Days Lost Per Person	Total Working Days Lost	Days Lost Per Person	Total Working Days Lost
Non Uniformed	2.087	336	2.972	478.5
Wholetime & Control	1.6957	836	1.9331	953
Sum:	1.792	1172	2.1888	1431.5



BVP12i : Whole-time and Control



BVP12ii
Whole-time, Control and Non-uniformed



APPENDIX C

Q1 - WHOLETIME

In total 829 working days were lost due to sickness during this quarter. Of this, 507 days were lost to long-term absence (28+ calendar days absent) and 322 days were lost due to short term absence. This represents an overall increase of 55 days (7%) on the previous quarter, a significant increase in long term absences and a reduction in short term.

The average absence per employee was 1.85 days lost, which is above the target figure of 1.6 days lost per quarter per employee.

HMICFRS have asked us to report on sickness absence using a slightly different formula than we have used in previous reporting. The two main differences are how the headcount (which establishes the per person element) and how absences for part time employees are calculated. FTE Shifts lost are also 1.84 for Wholetime. 62% of sickness absence in this quarter was due to long term absence. There were 31 periods of absence covered by a Medical Certificate (i.e. absence longer than 8 days in duration), 13 of which were classified as long term sickness. At the end of the period 18 employees had returned to work with 13 still absent.

Reasons for absence

Main reasons for sickness absence for the Wholetime are Musculo Skeletal issues (32 instances, 350 days) and Mental Health (10 instances, 245 days). The main long term absence reasons were Musculo Skeletal (seven instances, 233 days) For short term absences most "Other known causes (not specified in list)" are for dental which isn't a category on the CFOA return so not specified in our lists.

Wholetime

Absence Reason - Grouped	Unique Absence Count	Days Lost
Musculo Skeletal	32	350
Mental Health	10	245
Other known causes (not specified in list)	11	57
Mental Health - Other	2	53
Gastro-Intestinal	14	34
Virus/Infectious Diseases	9	28
Ear, Nose, Throat	2	16
Not Disclosed	1	12
Eye Problems	2	7
Respiratory - Cold/Cough/Influenza	3	7

Short Term Absences

Absence Reason - Grouped	Unique Absence Count	Days Lost
Musculo Skeletal	25	117
Other known causes (not specified in list)	11	57
Mental Health	6	54
Gastro-Intestinal	14	34
Virus/Infectious Diseases	9	28
Ear, Nose, Throat	2	16
Not Disclosed	1	12
Eye Problems	2	7
Respiratory - Cold/Cough/Influenza	3	7
Headache/Migraine/Neurological	2	6

Long Term Absences

Absence Reason - Grouped	Unique Absence Count	Days Lost
Musculo Skeletal	7	233
Mental Health	4	191
Mental Health - Other	2	53

Control Absence

In total 7 working days were lost due to sickness absence during this quarter. Of this all seven days were lost due to short term absence at an average of 0.26 days per employee.

The HMICFRS Full Time Equivalent shifts lost for Control is 0.26 days per employee. This represents a significant decrease of 77.5 days (92%) on the previous quarter. There were zero periods of absence covered by a Medical Certificate (i.e. absence longer than eight days in duration).

There were two unique absences by two different people in this quarter. Due to the level of absence, and to protect confidentiality, no analysis has been made of reasons for absence.

Retained absence

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

In Q1, 891 days were unavailable due to sickness, broken down into 507 days of long-term absence (28+ days) and 310 days of short-term absence. This equates to an average of 3.4 “days” of unavailability per employee.

Compared to Q4, when 836 days were lost to sickness absence, this reflects an increase of 55 available days (6.6%).

There were 12 periods of absence covered by a Medical Certificate (i.e. absence longer than eight days in duration), nine of which were classified as long term sickness. At the end of the period seven employees had returned to work with five still absent.

HMICFRS do not collate sickness data for Retained.

Reasons for absence

The two main conditions leading to long-term absence for RDS employees in Q1 were Mental Health issues (four instances, 348 days) and Musculo-Skeletal issues (11 instances, 259 days).

Retained

Absence Reason - Grouped	Unique Absence Count	Days Lost
Mental Health	4	348
Musculo Skeletal	11	259
Cancer and Tumours	2	182
Other known causes (not specified in list)	5	25
Not Disclosed	1	24
Virus/Infectious Diseases	6	20
Respiratory - Cold/Cough/Influenza	4	15
Gastro-Intestinal	4	12
Unknown causes, not specified	1	4
Headache/Migraine/Neurological	1	2

Short Term Absences

Absence Reason - Grouped	Unique Absence Count	Days Lost
Musculo Skeletal	8	55
Other known causes (not specified in list)	5	25
Not Disclosed	1	24
Virus/Infectious Diseases	6	20
Respiratory - Cold/Cough/Influenza	4	15
Gastro-Intestinal	4	12
Unknown causes, not specified	1	4
Headache/Migraine/Neurological	1	2

Long Term Absences

Absence Reason - Grouped	Unique Absence Count	Days Lost
Mental Health	4	348
Musculo Skeletal	3	204
Cancer and Tumours	2	182

Non-Uniformed (support) absence

In total 336 working days were lost due to sickness absence for non-uniformed personnel during the quarter. This breaks down into 165 days due to long term sickness absence (28+ continuous days absent) and 171 working days due to short term absence. This represents a decrease of 23 days (6.4%) on the previous quarter.

The average absence per employee was 2.07 days lost, which is above the target figure of 1.6 days lost per quarter per employee.

The HMICFRS Full Time Equivalent shifts lost for Support Staff is 2.21 days per employee, the slight difference is due to the different way the figures are calculated for headcount and part time staff.

There were 12 periods of absence covered by a Medical Certificate (i.e. absence longer than eight days in duration), four of which were classified as long term sickness. At the end of the period 6 employees had returned to work with six still absent.

Reasons for absence

The main reason for non-uniformed absence was Musculo Skeletal issues (11 instance, 179 days). This is the main reason for both short and long term absences.

Q2 – WHOLETIME

In total 926 working days were lost due to sickness during this quarter. Of this, 601 days were lost to long-term absence (28+ calendar days absent) and 325 days were lost due to short term absence. This represents an overall increase of 109 days (13%) on the previous quarter, a similar increase both in long term and short term absences.

The average absence per employee was 1.99 days lost, which is above the target figure of 1.6 days lost per quarter per employee.

HMICFRS have asked us to report on sickness absence using a slightly different formula than we have used in previous reporting. The two main differences are how the headcount (which establishes the per person element) and how absences for part time employees are calculated. FTE Shifts lost are also 1.99 for Wholetime. 65% of sickness absence in this quarter was due to long term absence. There were 33 periods of absence covered by a Medical Certificate (i.e. absence longer than eight days in duration), 18 of which were classified as long term sickness. At the end of the period 22 employees had returned to work with 11 still absent.

There are three wholetime employees who have been absent for more than six months.

Reasons for absence

Main reasons for sickness absence for the Wholetime are Musculo Skeletal issues (39 instances, 476 days) and Mental Health (nine instances, 280 days). The main long term absence reasons were Musculo Skeletal (nine instances, 288 days) For short term absences the main reason is also Musculo Skeletal (31 instances, 188 days).

Wholetime

Absence Reason - Grouped	Unique Absence Count	Days Lost
Musculo Skeletal	39	476
Mental Health	9	280
Heart, Cardiac and Circulatory Problems	2	46
Gastro-Intestinal	17	30
Virus/Infectious Diseases	7	17
Other known causes (not specified in list)	3	16
Respiratory - Chest Infection	3	15
Ear, Nose, Throat	2	8
Hospital/Post Operative	3	8
Respiratory - Cold/Cough/Influenza	5	8

Short Term Absences

Absence Reason - Grouped	Unique Absence Count	Days Lost
Musculo Skeletal	31	188
Gastro-Intestinal	17	30
Virus/Infectious Diseases	7	17
Other known causes (not specified in list)	3	16
Respiratory - Chest Infection	3	15
Mental Health	2	13
Ear, Nose, Throat	2	8
Hospital/Post Operative	3	8
Respiratory - Cold/Cough/Influenza	5	8
Genitourinary/Gynecological/Reproductive	1	6

Long Term Absence

Absence Reason - Grouped	Unique Absence Count	Days Lost
Musculo Skeletal	9	288
Mental Health	7	267
Heart, Cardiac and Circulatory Problems	2	46

Q2 - CONTROL ABSENCE

In total 27 working days were lost due to sickness absence during this quarter. Of this all 27 days were lost due to short term absence at an average of one day per employee.

The HMICFRS Full Time Equivalent shifts lost for Control is one day per employee. This represents an increase of 20 days (285%) on the previous quarter. However, due to the small group size in control proportions get skewed.

There were two periods of absence covered by a Medical Certificate (i.e. absence longer than eight days in duration).

There were nine unique absences by eight different people in this quarter. Due to the level of absence, and to protect confidentiality, no analysis has been made of reasons for absence. In general terms absences were predominately related to infections and viruses.

Q2 - RETAINED ABSENCE

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

In Q2, 572 days were unavailable due to sickness, broken down into 343 days of long-term absence (28+ days) and 224 days of short-term absence. This equates to an average of 2.2 "days" of unavailability per employee.

Compared to Q1, when 891 days were lost to sickness absence, this reflects a significant decrease of 319 available days (35.8%).

There were 14 periods of absence covered by a Medical Certificate (i.e. absence longer than eight days in duration), six of which were classified as long term sickness. At the end of the period 10 employees had returned to work with four still absent.

HMICFRS do not collate sickness data for Retained.

Reasons for absence

The two main conditions leading to long-term absence for RDS employees in Q2 were Musculo Skeletal issues (10 instances, 97 days) and Mental Health issues (three instances, 185 days).

Retained

Absence Reason - Grouped	Unique Absence Count	Days Lost
Musculo Skeletal	12	225
Mental Health	5	213
Cancer and Tumours	3	63
Respiratory - Chest Infection	2	36
Virus/Infectious Diseases	2	17
Hospital/Post Operative	2	12
Gastro-Intestinal	2	3
Other known causes (not specified in list)	2	3

Short Term Absences

Absence Reason - Grouped	Unique Absence Count	Days Lost
Musculo Skeletal	10	97
Cancer and Tumours	3	63
Mental Health	2	28
Virus/Infectious Diseases	2	17
Hospital/Post Operative	2	12
Respiratory - Chest Infection	1	6
Gastro-Intestinal	2	3
Other known causes (not specified in list)	2	3

Long Term Absence

Absence Reason - Grouped	Unique Absence Count	Days Lost
Mental Health	3	185
Musculo Skeletal	2	128
Respiratory - Chest Infection	1	30

Non-Uniformed (support) absence

In total 479 working days were lost due to sickness absence for non-uniformed personnel during the quarter. This breaks down into 285.5 days due to long term sickness absence (28+ continuous days absent) and 193 working days due to short term absence. This represents an increase of 143 days (42.6%) on the previous quarter.

The average absence per employee was 2.98 days lost, which is above the target figure of 1.6 days lost per quarter per employee.

The HMICFRS Full Time Equivalent shifts lost for Support Staff is 3.1 days per employee, the slight difference is due to the different way the figures are calculated for headcount and part time staff.

There were 16 periods of absence covered by a Medical Certificate (i.e. absence longer than eight days in duration), six of which were classified as long term sickness. At the end of the period 10 employees had returned to work with six still absent.

Reasons for absence

The main reason for non-uniformed absence was Musculo Skeletal issues (11 instance, 209 days). This is the main reason for both short and long term absences.

Non Uniformed

Absence Reason - Grouped	Unique Absence Count	Days Lost
Musculo Skeletal	11	209
Mental Health - Other	3	67.5
Respiratory - Chest Infection	2	41.5
Other known causes (not specified in list)	2	33
Cancer and Tumours	1	19
Mental Health	1	16
Headache/Migraine/Neurological	5	15.5
Gastro-Intestinal	7	15
Hospital/Post Operative	2	15
Virus/Infectious Diseases	5	14

Short Term Absences

Absence Reason - Grouped	Unique Absence Count	Days Lost
Musculo Skeletal	8	49
Cancer and Tumours	1	19
Mental Health	1	16
Headache/Migraine/Neurological	5	16
Gastro-Intestinal	7	15
Hospital/Post Operative	2	15
Virus/Infectious Diseases	5	14
Ear, Nose, Throat	3	9
Respiratory - Cold/Cough/Influenza	5	9
Respiratory - Chest Infection	1	8

Long Term Absence

Absence Reason - Grouped	Unique Absence Count	Days Lost
Musculo Skeletal	3	160
Mental Health - Other	1	60
Respiratory - Chest Infection	1	34
Other known causes (not specified in list)	1	32