



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: 25 January 2019

Purpose of Report:

To update Members on key human resources metrics for the period 1 October to 31 December 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 The following represents absence figures for Quarter 3: 1 October 2018 to 31 December 2018:

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 3

- 2.2 Absence across the workforce, excluding retained employees, decreased by 310.5 days (22%) during the review period.
- 2.3 The average period of sickness absence per employee was 1.75 days.

Absence	Quarter 3 1 Oct – 31 Dec 2018	Compared with previous quarter	Cumulative total days lost for 18/19	Cumulative average over last 12 months
Total workforce (133 employees have been absent on 148 occasions during Q3, excluding retained*)	1121 days lost 1.75 days per employee	1431.5 days lost 2.19 days per employee 22% decrease (-310.5 days)	3724.5 days lost	7.62 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 In comparison to the same period of 17/18, this represents a decrease of 293.5 days (-20.75%). Cumulative trends between quarters over the past three years are shown in the table set out at Appendix A.
- 2.5 Long term absence equated to 56.6% of the total absence in Q3. A full period commentary for quarter 3 can be found at Appendix C.
- 2.6 The main reasons for sickness absence were: Musculo Skeletal, Mental Health issues and Respiratory conditions.

NATIONAL TRENDS

- 2.7 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 the first half of 2018/19. The two charts reflect Whole-time and Control (12i) and whole workforce figures (12ii).
- 2.8 For Whole-time and Control (12i) the chart show that the Service ranked 16th of the 29 Services at 3.64 days per employee, and was below the sector sickness average of 3.74 days per employee. The lowest average was 1.95 days and the highest 6.61 days.
- 2.9 For whole workforce (12ii) the tables show that the Service, ranked 20th of the 27 Services at 4.06 days per employee, and was just above the sector sickness average of 3.71 days per employee. The lowest average was 2.10 days and the highest 7.08 days.

DISCIPLINE, GRIEVANCES ETC

2.10 Over the period 1 October 2018– 31 December 2018:

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

STAFFING NUMBERS (Q3)

2.11 During the period, 11 employees commenced employment. Establishment levels at 31 December 2018 are highlighted below:

	Approved	Actual	Variance
Wholetime	455 (455 FTE)	451 (449.08 FTE)	-4 (-5.92 FTE)
On-call	192 units	265 persons (141 units) (includes 61 dual contracts)	-51 units
Non-Uniformed	158 (149.24)	159 (150.55 FTE)	+1 (+1.31 FTE)
Fire Control	25 (25 FTE)	27 (26.75 FTE)	+2 (+1.25 FTE)

- 2.12 There have been 23 leavers and 11 starters since the last report, which has resulted in an actual workforce figure of 902 (this includes 61 dual contractors). Leavers are broken down as follows: fifteen Whole-time, five On-call, and three Support roles.
- 2.13 As at 31 December 2018 Whole-time establishment stood at 451 operational personnel (449.08 fte) employees against an establishment of 455 posts.
- 2.14 During the period the Service has appointed to one Support role and ten 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 assessment 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.

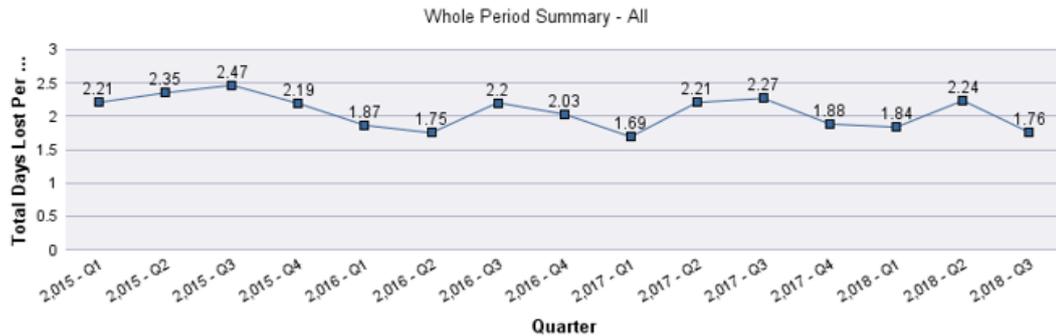
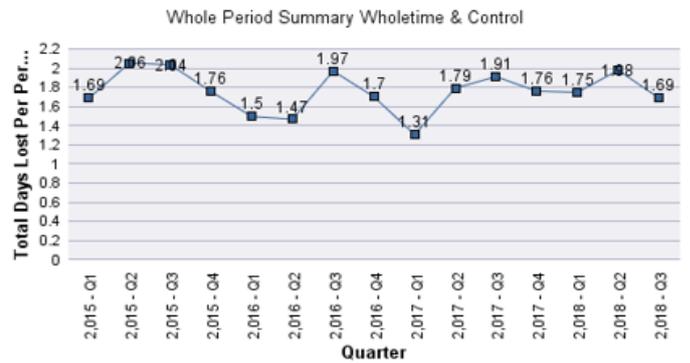
John Buckley
CHIEF FIRE OFFICER

APPENDIX A

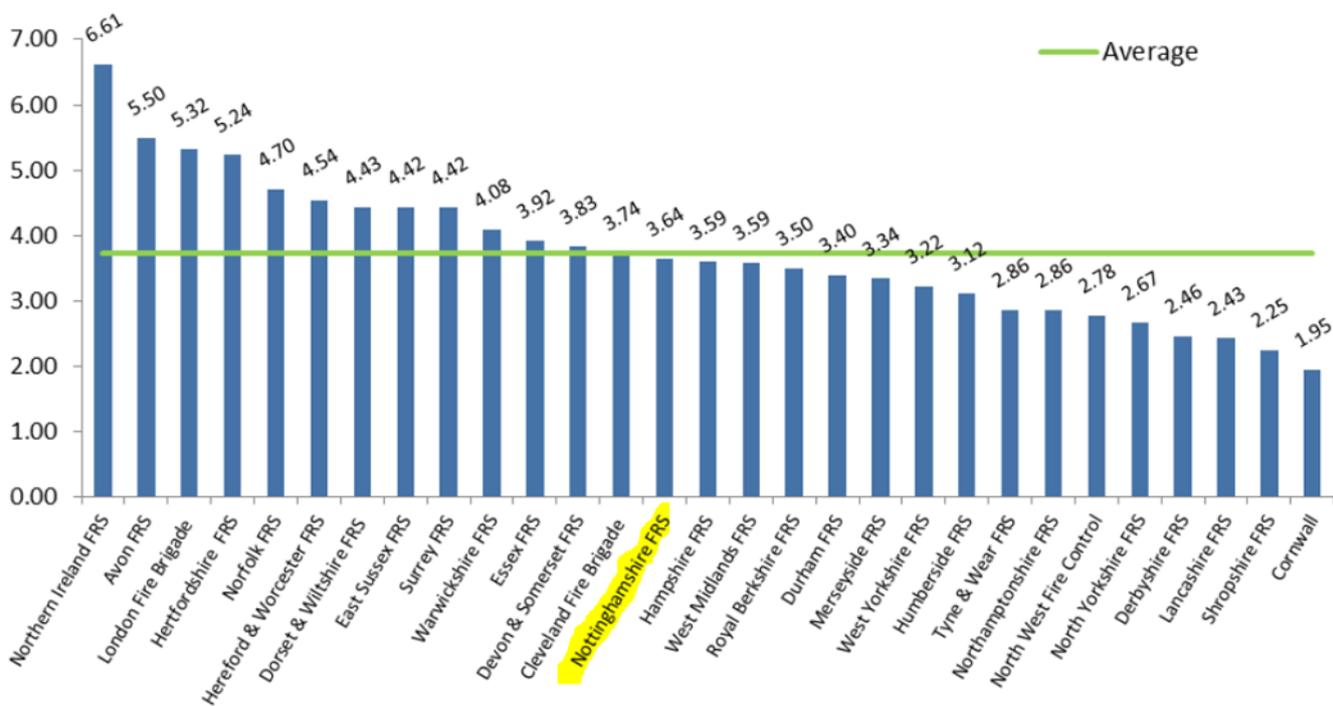
Appendix - Reporting Period: 01/04/2015 to 31/12/2018

Quarter Breakdown by Month	October		November		December	
	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	0.93	147.5	0.58	92.5	0.46	73.5
Wholetime & Control	0.58	276.0	0.56	266.5	0.55	265.0
Sum:	0.6648	423.5	0.5636	359.0	0.5314	338.5

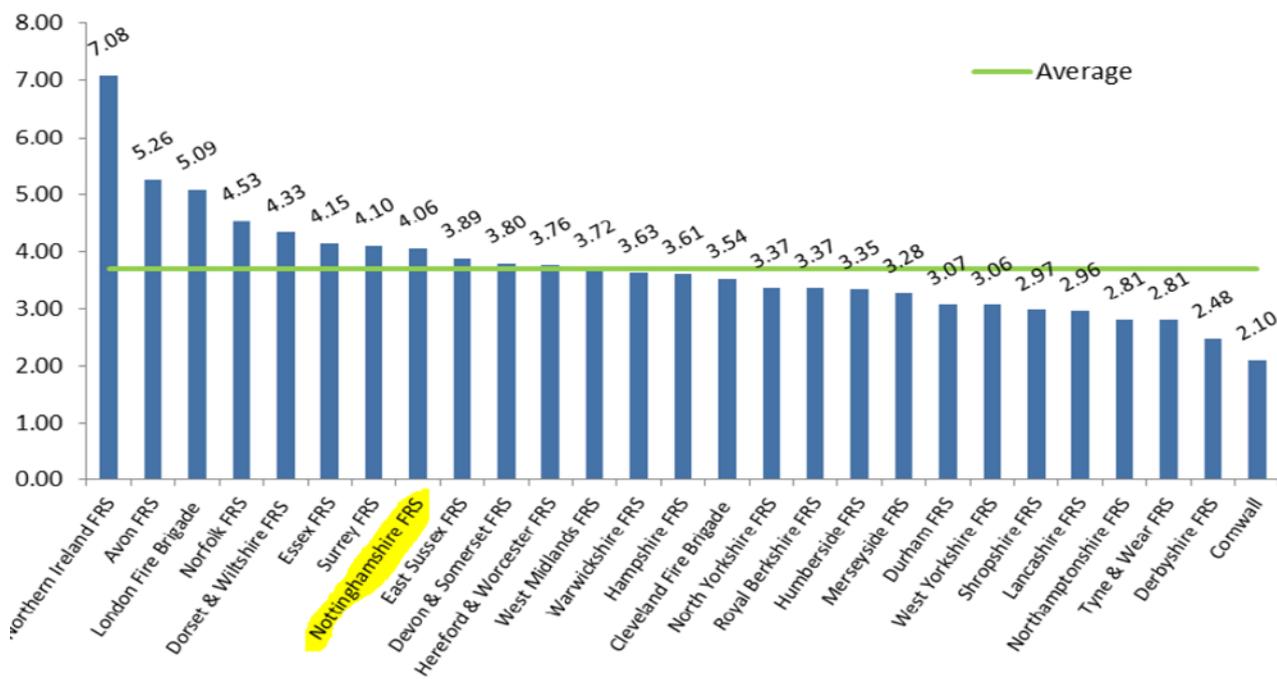
Current Q vs Previous Q	2,018 - Q2		2,018 - Q3	
	Days Lost Per Person	Total Working Days Lost	Days Lost Per Person	Total Working Days Lost
Non Uniformed	3.0094	478.5	1.9717	313.5
Wholetime & Control	1.9791	946	1.6893	807.5
Sum:	2.2363	1424.5	1.7598	1121



BVP12i : Wholetime and Control



**BVP12ii
Wholetime, Control and Green Book**



Q3 – WHOLETIME ABSENCE

In total 744 working days were lost due to sickness during this quarter. Of this, 490 days were lost to long-term absence (28+ calendar days absent) and 254 days were lost due to short term absence. This represents an overall decrease of 182 days (19.6%) on the previous quarter, the percentage decrease is similar in both long term and short term absences.

The average absence per employee was 1.65 days lost, which is very slightly above the target figure of 1.6 days lost per quarter per employee.

HMICFRS have asked us to report on sickness absence by FTE (full time equivalent) 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 shifts lost for part time employees are both calculated. FTE Shifts lost are also 1.63 for Wholetime. This difference is due to the number of leavers in the period impacting the headcount averages differently.

66% of sickness absence in this quarter was due to long term absence, this is the same as Quarter 2. There were 21 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 11 employees had returned to work with 10 still absent.

Reasons for absence

Main reasons for sickness absence for the Wholetime are Musculo Skeletal issues (19 instances, 246 days) and Mental Health (8 instances, 171 days). The main long term absence reasons were Musculo Skeletal (6 instances, 188 days) For short term absences the main reason is also Musculo Skeletal (13 instances, 58 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	Days Lost
Musculo Skeletal	19	246	Musculo Skeletal	13	58	Musculo Skeletal	6	188
Mental Health	8	171	Respiratory - Cold/Cough/Influenza	15	39	Mental Health	4	142
Heart, Cardiac and Circulatory Problems	2	114	Virus/Infectious Diseases	9	34	Heart, Cardiac and Circulatory Problem	2	114
Hospital/Post Operative	2	47	Mental Health	5	29	Hospital/Post Operative	1	46
Respiratory - Cold/Cough/Influenza	15	39	Gastro-Intestinal	16	28			
Virus/Infectious Diseases	9	34	Ear, Nose, Throat	9	24			
Gastro-Intestinal	16	28	Cancer and Tumours	1	12			
Ear, Nose, Throat	9	24	Other known causes (not specified in list)	4	11			
Cancer and Tumours	1	12	Respiratory - Chest Infection	3	11			
Other known causes (not specified in list)	4	11	Genitourinary/Gynecological/Reproductive	1	3			
Respiratory - Chest Infection	3	11						

Q3 – CONTROL ABSENCE

In total 64 working days were lost due to sickness absence during this quarter. Of this 46 were lost due to short term absence and 18 lost due to long term absence.

The average absence is 2.37 days per employee.

The HMICFRS Full Time Equivalent shifts lost for Control is 2.38 day per employee.

This represents an increase of 37 days (137%) on the previous quarter. However, due to the small group size in control proportions get skewed.

There were four periods of absence covered by a Medical Certificate (i.e. absence longer than 8 days in duration).

There were ten unique absences by nine 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 musculo skeletal and post-operative recovery.

Q3 – 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 4 day shift traditionally for whole-time employees).

In Q3, 786 days were unavailable due to sickness, broken down into 636 days of long-term absence (28+ days) and 150 days of short-term absence. This equates to an average of 2.97 “days” of unavailability per employee.

Compared to Q2, when 572 days were lost to sickness absence, this reflects a significant increase of 214 available days (37%). 81% of sickness absence is long term, this is an increase from 60% of absences in Q2.

There were 14 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 6 employees had returned to work with 8 still absent.

Reasons for absence

The 2 main conditions leading to long-term absence for RDS employees in Q2 were Musculo Skeletal issues (10 instances, 97 days) and Mental Health issues (3 instances, 185 days).

Retained

Retained			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	Days Lost
Musculo Skeletal	8	273	Respiratory - Cold/Cough/Influenza	8	37	Musculo Skeletal	5	260
Cancer and Tumours	2	163	Unknown causes, not specified	2	29	Cancer and Tumours	2	163
Hospital/Post Operative	4	109	Hospital/Post Operative	3	17	Hospital/Post Operative	1	92
Mental Health	2	95	Ear, Nose, Throat	1	14	Mental Health	1	92
Other known causes (not specified in list)	3	38	Gastro-Intestinal	6	14	Other known causes (not specified in list)	1	29
Respiratory - Cold/Cough/Influenza	8	37	Musculo Skeletal	3	13			
Unknown causes, not specified	2	29	Other known causes (not specified in list)	2	9			
Ear, Nose, Throat	1	14	Virus/Infectious Diseases	2	8			
Gastro-Intestinal	6	14	Respiratory - Chest Infection	1	5			
Virus/Infectious Diseases	2	8	Mental Health	1	3			

NON-UNIFORMED (SUPPORT) ABSENCE

In total 314 working days were lost due to sickness absence for non-uniformed personnel during the quarter. This breaks down into 126 days due to long term sickness absence (28+ continuous days absent) and 188 working days due to short term absence. This represents a decrease of 165 days (34.4%) on the previous quarter.

The average absence per employee was 1.97 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 1.84 days per employee, the slight difference is due to the different way the figures are calculated for headcount and shifts lost for part time staff.

There were 12 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 9 employees had returned to work with 3 still absent.

Reasons for absence

The main reason for non-uniformed absence was Musculo Skeletal issues (10 instance, 124 days). This is the main reason for both short and long term absences.

Non Uniformed

			<u>Short Term Absences</u>			<u>Long Term Absence</u>		
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	10	124	Musculo Skeletal	8	60	Musculo Skeletal	2	64
Mental Health	2	62	Headache/Migraine/Neurological	3	20	Mental Health	2	62
Headache/Migraine/Neurological	3	20	Hospital/Post Operative	2	19			
Hospital/Post Operative	2	19	Respiratory - Cold/Cough/Influenza	8	16			
Respiratory - Cold/Cough/Influenza	8	16	Blood Disorders	1	15			
Blood Disorders	1	15	Virus/Infectious Diseases	7	13			
Virus/Infectious Diseases	7	13	Ear, Nose, Throat	1	11.5			
Ear, Nose, Throat	1	11.5	Genitourinary/Gynecological/Reproductive	1	10			
Genitourinary/Gynecological/Reproductive	1	10	Heart, Cardiac and Circulatory Problems	2	10			
Heart, Cardiac and Circulatory Problems	2	10	Other known causes (not specified in list)	3	5			