

DEVON & SOMERSET FIRE & RESCUE AUTHORITY

REPORT REFERENCE NO.	HRMDC/11/12
MEETING	HUMAN RESOURCES MANAGEMENT & DEVELOPMENT COMMITTEE
DATE OF MEETING	11 NOVEMBER 2011
SUBJECT OF REPORT	ABSENCE MANAGEMENT & HEALTH OF THE ORGANISATION
LEAD OFFICER	Director of People and Organisational Development
RECOMMENDATIONS	That the report be noted.
EXECUTIVE SUMMARY	The progress with Absence Management has been included as a standing item within the Human Resources Management and Development (HRMD) Committee agenda. This report includes an update of the Service performance for absence levels. In addition the Committee should consider wider aspects which could be inextricably linked to the overall health of the organisation.
RESOURCE IMPLICATIONS	
EQUALITY IMPACT ASSESSMENT	The Absence Management policy has had an equality impact assessment.
APPENDICES	None
LIST OF BACKGROUND PAPERS	None

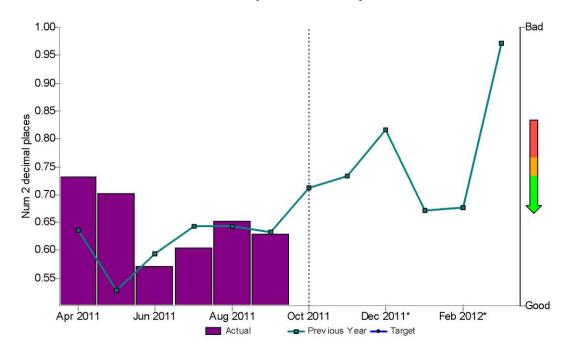
1. INTRODUCTION

- 1.1 Absence levels have previously been identified as a key measure as they affect the efficiency and the effectiveness of the Service. The Human Resources Management and Development (HRMD) Committee have therefore determined that this measure will be monitored and reviewed as a standing item.
- The 'Health of the Organisation' relates to the wider health of the organisation as a means of monitoring people aspects which could be inextricably linked. The key aspects of consideration are the safety event rates, the levels of discipline and grievances cases, any trends in bullying and harassment, the turnover of staff, the levels of stress and referrals to counselling and the collective relationships with unions. The health of the organisation encompasses the 'psychological' safety of the organisation. A psychologically safe workplace can be defined as one that does not permit the harm to employees' mental health in a careless, negligent, reckless or intentional way. There are critical reasons as to why employers should address the psychological safety of their workplace and work to minimise the risk factors. These are:
 - Ensuring that we meet our legal and moral responsibility for our staff.
 - The financial impact of enhancing psychological health in the workplace.
 - The impact of workplace factors on employee mental health.

2. 2011/12 ABSENCE PERFORMANCE

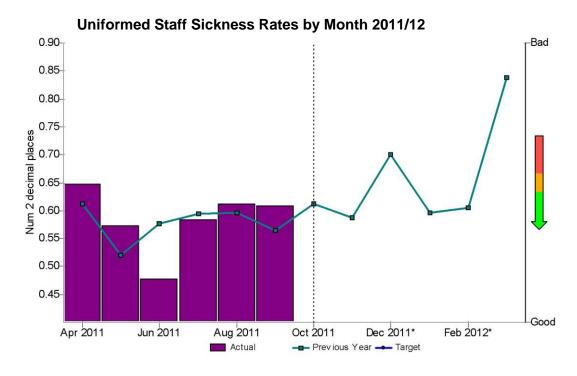
2.1 The current actual level for 2011/12 is 3.89 days/shifts lost per person compared with the previous year when it was as at an average of 3.67 days per person. This is an improvement from the last report when we reported that we were 12.7% worse than at this time last year. This has now reduced to 5.8% worse than the same time last year. This improvement has been due to lower levels of absences within the Support Staff, Control and non-station based Uniformed staff.

All Staff - Sickness Rates per Person - by Month

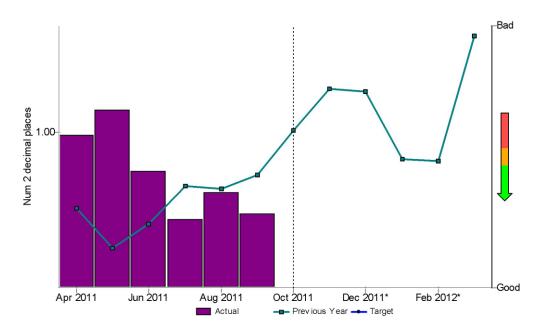


	Actual 11/12	Previous Year 10/11	% variance on previous year
Apr-11	0.73	0.64	(15.6%)
May-11	0.70	0.53	(32.6%)
Jun-11	0.57	0.59	(0.5%)
Jul-11	0.60	0.64	(4.7%)
Aug-11	0.65	0.64	
Sep-11	0.63	0.63	
Oct-11		0.71	
Nov-11		0.73	
Dec-11		0.82	
Jan-12		0.67	
Feb-12		0.68	
Mar-12		0.97	
YTD	3.89	3.67	(5.8%)

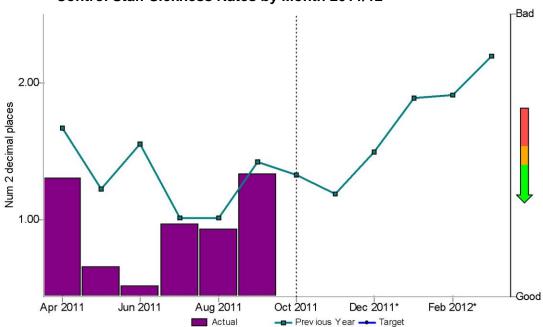
2.3 The Service can break down the figures by staff category and the rates for uniformed, control and support staff are shown below. It is encouraging to see that in Control, absence levels have consistently been lower than the previous year and that we are seeing improvements in the support staff levels.



Support Staff Sickness Rates by Month 2011/12







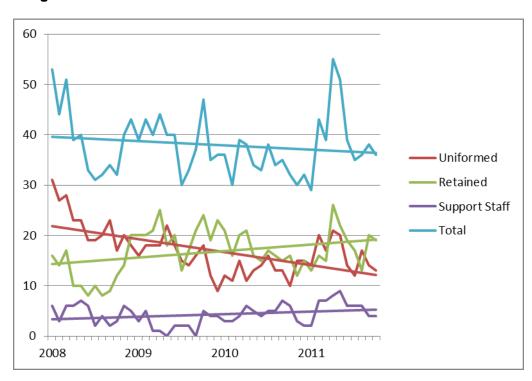
3. <u>DETAILED BREAKDOWN OF LONG TERM SICKNESS</u>

3.1 The monitoring of long term sickness i.e. those over 28 days, is reported on a monthly basis and includes those who are long term sick and those on restricted duties. There had been a significant increase in long term sickness levels over the period March to May 2011 which represented the highest levels since April 2008. However, these levels have again dropped from June 2011 and have remained at our more typical rate for long-term sickness levels.

2011/12

Number of staff	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Uniformed	21	20	14	12	17	14	13					
Retained	26	22	19	17	13	20	19					
Support Staff	8	9	6	6	6	4	4					
Total	55	51	33	38	34	38	36					

Long-term Sickness 2008 to 2011 - Number of Staff



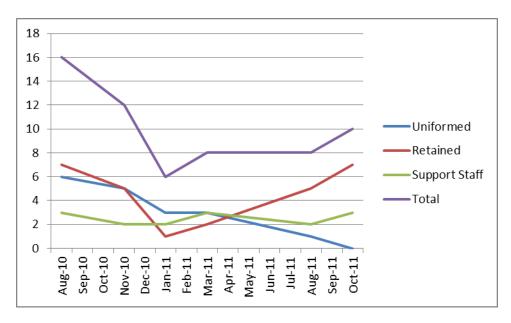
Long-term Sickness 2008 to 2011 - Number of Staff

The Long term sickness can then be further broken down for staff with absences that have been ongoing for a period longer than 6, 12, 18 and 24 months as requested previously by the HRMD Committee. These have been reported at the last 6 HRMD committee meetings. The performance has been good in this area with the number of cases having reduced from 16 in August 2010 to 10 in October 2011. Currently there are no Wholetime uniformed staff with more than 6 months absence. The overall numbers are also represented graphically on the next page.

Oct-11

Number of staff	>6 months	>12 months	>18 months	>24 months	Total
Uniformed	0	0	0	0	0
Retained	5	1	0	1	7
Support Staff	2	1	0	0	3
Total	7	2	0	1	10





4. SAFETY EVENTS – PERSONAL INJURIES

4.1 Safety events are those that require a formal investigation. Such events could have resulted in a personal injury which could lead to lost sickness days. Below are the number of personal injuries and lost days for this financial year and the same period over the last financial year. The overall figures show a decrease in personal injuries from 79 to 60 representing a drop of 24%. Similarly the personal injuries resulting in days lost dropped from 25 to 12 representing a drop of 48%. However, although there has been a reduction in the number of personal injuries this year when compared to the same period last year, the number of sickness days has increased from 341 to 368.

	1 April 2010 – 30 Sept 2010	Sickness days lost	1 Apr 2011 - 30 Sept 2011	Sickness days lost
Personal injuries resulting in days lost	25	341	12	368
Personal injuries resulting in no days lost	54	0	48	0
Totals	79	341	60	368

5. MENTAL HEALTH

- 5.1 It is recognised that there is a close link between wellbeing and personal performance. People who feel well will generally perform better than people who do not feel well. Chartered Institute for Personnel Development (CIPD) annually produce a national Absence Management Survey and stress is now the most common cause of long-term absence in the UK. Half of the public sector organisations have been reporting an increase in stress-related absence over the last year.
- 5.2 Within DSFRS, we categorise the causes of sickness and mental health has regularly been second only to musculoskeletal as the highest cause of absence.

5.3 The Service has counselling contracts in place and the number of sessions is shown below. An individual will have multiple sessions to assist them with their mental health issue.

Devon Counselling

	No of Sessions
2007/8	134
2008/9	180
2009/10	237
2010/11	261

Somerset Counselling

	No of Sessions
2007/8	176
2008/9	143
2009/10	145
2010/11	304

- The Service also has a Welfare Officer who will have welfare cases and is typically helping and supporting around 28 employees at any one time. In addition the Service has a well@work team consisting of volunteers from throughout the Service who have an interest in the wellbeing of our staff. The objectives of the team are to raise awareness of stress, remove the stigma attached to stress, and to promote solutions for the management of stress, including creating a healthy work-life balance for employees of DSFRS.
- The well@work team have worked with the International Stress Management Association to obtain advice and guidance in dealing with stress. The team have also recently attended a course in Understanding Stress and Mental III-Health. The team are promoting the National Stress Awareness day on Wednesday 2 November 2011. This is the third consecutive year, that the well@work team have supported this event. Members of the well@work group have agreed to hold short sessions at various workplaces on Wellbeing and Resilience at Work. The sessions will involve a short presentation on stress and wellbeing, followed by a discussion.

6. <u>STAFF TURNOVER</u>

- The level of turnover is monitored in relation to staff leaving the organisation. Whilst a reasonable level of turnover demonstrates a degree of good organisational health if it becomes too high then it will cause organisational issues e.g. if those leaving have specific skills that are lost from the organisation.
- The characteristic pattern of employee turnover is high for new starters, then decreasing. This pattern will vary in any single organisation and is known as the 'survival curve'.
- Turnover levels vary between sectors and with the economy. During times of economic uncertainty and higher unemployment staff are likely to be more cautious about leaving an organisation and so turnover levels are likely to fall. From the CIPD survey on Resourcing and Talent Planning, within public services the levels of staff turnover have dropped from 7.6% in 2009, to 5.8% in 2010 and to 3.4% in 2011.
- 6.4 The current levels of turnover within DSFRS are set out within the table following:

Levels of turnover within DSFRS from 2007/08 to 2010/11

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	2007/08			2008/09			2009/10			2010/11			10
	Employed on 1/4/07	Leavers during year	%	Employed on 1/4/08	Leavers during year	%	Employed on 1/4/09	Leavers during year	%	Employed on 1/4/10	Leavers during year	%	Leavers per year
Support	252	34	13.49	250	25	10.00	278	26	9.35	293	21	7.17	27
Control	54	5	9.26	57	8	14.04	57	6	10.53	59	5	8.47	6
Retained	1210	93	7.69	1209	87	7.20	1226	62	5.06	1280	98	7.66	93
Wholetime	735	22	2.99	724	40	5.52	711	23	3.23	733	14	1.91	25
Total	2251	154	6.84	2240	160	7.14	2272	117	5.15	2365	138	5.84	151

The turnover of non-uniformed staff has reduced each year since combination from 13.49% to 7.17%. In Control we saw an increase in turnover possibly due to the increase in temporary staff and with the RCC project. This is now once more reducing. Turnover in the Retained had reduced in 2009/10 but has remained around 7% over the 4 year period. Turnover in the Wholetime has been traditionally low and this remains the case.

7. <u>DISCIPLINE & GRIEVANCE CASES</u>

7.1 The levels of Grievance and Discipline cases are shown below. In 2009/10 there was a marked reduction in the number of grievances within the Service which is a good improvement. There is no real trend in the number of discipline cases but we typically have around 30 per year.

	Grievances	Discipline
2007/8	32	27
2008/9	30	20
2009/10	9	29
2010/11	4	30

7.2 Of these cases the number relating to bullying and harassment are as follows:

	Grievances	Discipline
2007/8	5	5
2008/9	3	0
2009/10	1	3
2010/11	1	2

8. <u>COLLECTIVE RELATIONSHIPS</u>

8.1 Despite the threat of national industrial action as a result of proposed pension changes the collective relationships are generally good. There have been no matters in this financial year which have required referral to the national employers.

9. <u>CONCLUSION</u>

9.1 For the year to date, the Service absence levels are higher compared with the same period in the previous year. However the levels of absence have been improving over the last few months. The Health of the Organisation continues to be an important aspect of the wider issues that should be considered by the Service and Authority on our journey to excellence.

JANE SHERLOCK Director of People and Organisational Development