

REPORT REFERENCE NO.	HRMDC/16/14
MEETING	HUMAN RESOURCES MANAGEMENT & DEVELOPMENT COMMITTEE
DATE OF MEETING	14 DECEMBER 2016
SUBJECT OF REPORT	ABSENCE MANAGEMENT AND THE HEALTH OF THE ORGANISATION
LEAD OFFICER	Director of Service Improvement
RECOMMENDATIONS	<p><i>(a) that the Service completes the development work for a new sickness absence dashboard within the Workbench, and;</i></p> <p><i>(b) subject to (a) above, that the report be noted.</i></p>
EXECUTIVE SUMMARY	<p>Devon and Somerset Fire and Rescue Service takes the health, safety and wellbeing of employees seriously and as such it provides a wide range of initiatives, interventions and policies to ensure that employees enjoy a safe and supportive working environment.</p> <p>The Service performance for Absence Management has been included as a standing item on the Human Resources Management and Development Committee (the Committee) agenda since the formation of the Service. Absence levels are a key measure as they affect the efficiency and the effectiveness of the Service. During discussions at recent committee meetings, there has been a desire to broaden the considerations to the 'Health of the Organisation'.</p> <p>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 in this report are the sickness levels, ill-health retirements, the number of discipline and grievances cases, any trends in bullying and harassment, the turnover of staff, the levels of stress and referrals to counselling, the number of mediation cases, and the number and type of cases being dealt with by the Welfare Officer.</p> <p>As part of the Committee meeting, the ICT team will demonstrate a new absence dashboard that is in development. The dashboard will use real-time data and once completed the app will provide daily performance levels and be available for Members and managers to use whenever they choose.</p>
RESOURCE IMPLICATIONS	Staffing time associated with the development of a new app but in the longer term this will improve the Service's ability to provide data with reduced manual intervention.
EQUALITY RISK AND BENEFITS ANALYSIS (ERBA)	The current Absence Management policy has had an equality impact assessment and a further ERBA will be required for a new Sickness Absence Management policy that is in development.
APPENDICES	None

LIST OF BACKGROUND PAPERS	None
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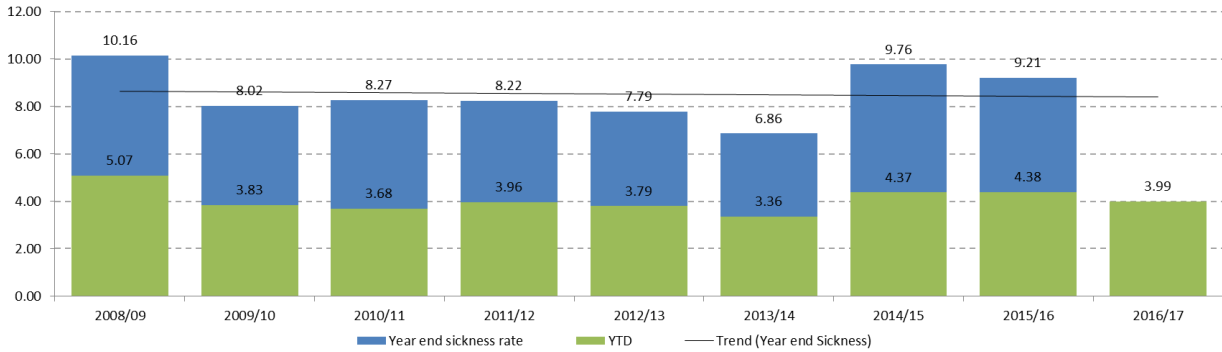
1. INTRODUCTION

- 1.1 Devon and Somerset Fire and Rescue Service takes seriously the health, safety and wellbeing of employees and provides a wide range of initiatives, interventions and policies to ensure that employees enjoy a safe and supportive working environment. However, the Service recognises that employee absence has a significant cost to the organisation and is therefore something that needs to be measured, understood and addressed. A reasonable balance needs to be struck between the genuine needs of employees to take occasional periods of time off work because of ill-health and the Service's ability to fulfil its role in serving local communities.
- 1.2 The Service performance for Absence Management has been included as a standing item on the Committee agenda since the formation of the combined Service in 2007. Absence levels are a key measure as they affect the efficiency and the effectiveness of the Service. During discussions at recent Committee meetings there has been a desire to broaden the considerations to the 'Health of the Organisation'.
- 1.3 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 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.
- The key aspects of consideration in this report are the sickness levels, ill-health retirements, the number of discipline and grievances cases, any trends in bullying and harassment, the turnover of staff, the levels of stress and referrals to counselling, the number of mediation cases, and the number and type of cases being dealt with by the Welfare Officer.
- 1.4 It is also important that sickness data is presented in a form which meets the requirements of the audience and the Committee has previously requested that the Service reports absence data in a format that identifies how many staff are off at any one time rather than just the lost working days. The Committee has also requested that the Service distinguishes any lost time as a result of workplace injuries. To achieve this, the Service is developing a sickness absence dashboard app which will use data from our new Absence Reporting tool, which is an ICT application within our newly created 'Workbench'. At the Committee meeting, we will demonstrate the concept being developed and this will provide an opportunity for Member feedback before finalising the dashboard app. The data available will be in real-time, allowing managers, for the first time, to access up-to-date sickness data. The dashboard data will be at a top level and therefore include the figures but not personal sensitive data associated with sickness. Therefore, once complete the app will be available for Members to check on performance at any time they choose rather than relying on the next Committee report. This will be a real step forward in the provision of data and one that will enhance the Service management data as well.

2. 2016/17 ABSENCE PERFORMANCE

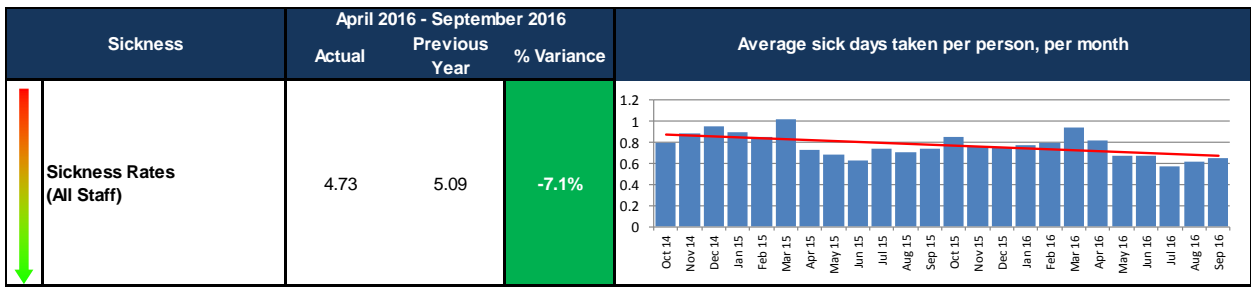
2.1. Absence levels since the formation of the Service are shown below in terms of average lost days per person per year. This shows the improvement during the last financial year and that for Q2 we are slightly lower than the rate for 2015/16.

Sickness Levels since the formation of DSFRS



2.2. The graph below shows the monthly sickness rates for the last 2 years. On average, employees have taken 4.73 days of sick leave from April to September 2016/17 compared with 5.09 for the previous year.

Sickness Direction of Travel



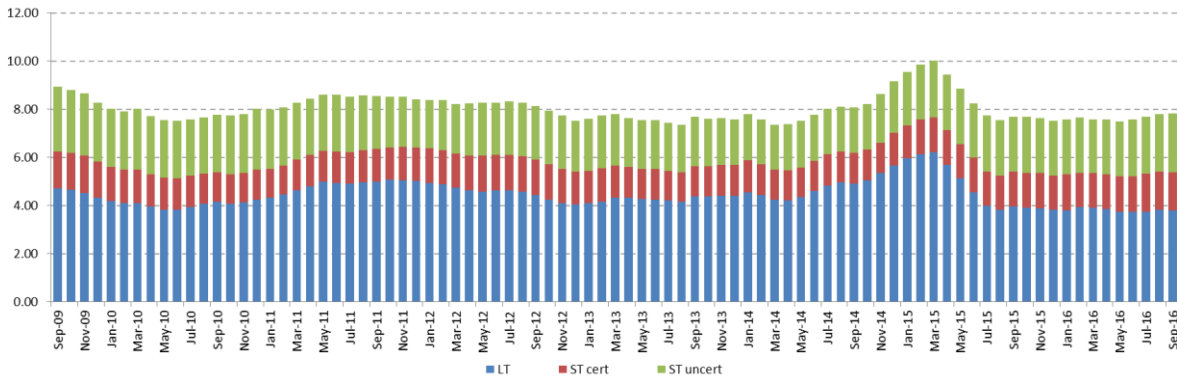
2.3. With monthly peaks and troughs in sickness, it is difficult to see the on-going longer term change in the rates over this time. The bar chart below shows the 12-month rolling sickness rate as measured at the end of each month. As this is a rolling rate it removes any monthly peaks and troughs and enables us to see performance trends more clearly.

2.4. There are 3 categories of sickness shown in the chart:

- Uncertified sickness – periods of sickness up to 7 days which do not require a GP medical certificate
- Short-term sickness – periods of sickness between 8 and 28 days for which a GP certificate is required
- Long-term sickness – periods of over 28 days

2.5. The Committee has received previous reports regarding the peak (as illustrated in the chart overleaf) that occurred in long-term sickness from May 2014 until August 2015.

Average sick days taken per person, per year on a rolling 12 month basis



2.6. We can then consider the breakdown of sickness rates between the different contract types as well as the length of sickness. There are 4 contract types that we consider:

- Wholetime Station based staff
- Wholetime non-Station based staff
- Control Staff
- Support Staff

Sickness Rates by Post Type

Sickness Rates by post type	Wholetime Station based staff			Wholetime Non Station staff <i>(inc SHQ, STC, group support teams etc)</i>		
	Actual	Previous Year	% Variance	Actual	Previous Year	% Variance
Overall Sickness Rate	3.70	4.12	-10.2%	5.28	4.66	13.2%
Total # Days/shifts lost	1397.00	1657.00	-15.7%	985.5	913.00	7.9%
Sickness Rates - Long Term (over 28 calendar days)	1.91	2.68	-28.5%	4.23	3.81	11.2%
# Days/shifts lost LT	727	1078.00	-32.6%	791	746.00	6.0%
Sickness Rates - ST Cert (8 - 28 calendar days)	0.64	0.47	37.3%	0.62	0.46	34.5%
# Days/shifts lost STcert	238	187.00	27.3%	115.5	90.00	28.3%
Sickness Rates - ST Uncert (up to 7 calendar days)	1.14	0.97	17.3%	0.43	0.39	8.3%
# Days/shifts lost STuncert	432	392.00	10.2%	79	77.00	2.6%

Sickness Rates by post type	Control			Support staff		
	Actual	Previous Year	% Variance	Actual	Previous Year	% Variance
Overall Sickness Rate	6.07	4.83	25.6%	3.21	4.00	-19.6%
Total # Days/shifts lost	212	199.00	6.5%	747.6	999.00	-25.2%
Sickness Rates - Long Term (over 28 calendar days)	3.32	2.08	59.9%	1.28	2.42	-47.2%
# Days/shifts lost LT	116	86.00	34.9%	296.8	605.00	-50.9%
Sickness Rates - ST Cert (8 - 28 calendar days)	0.43	0.71	-39.2%	0.79	0.73	8.2%
# Days/shifts lost STcert	15	29.00	-48.3%	184.61	183.00	0.9%
Sickness Rates - ST Uncert (up to 7 calendar days)	2.32	2.05	13.2%	1.14	0.84	35.8%
# Days/shifts lost STuncert	81	84.00	-3.6%	266.19	211.00	26.2%

2.7. Within Wholetime, long-term sickness has improved compared with the previous year but both short-term sickness and uncertified sickness have increased.

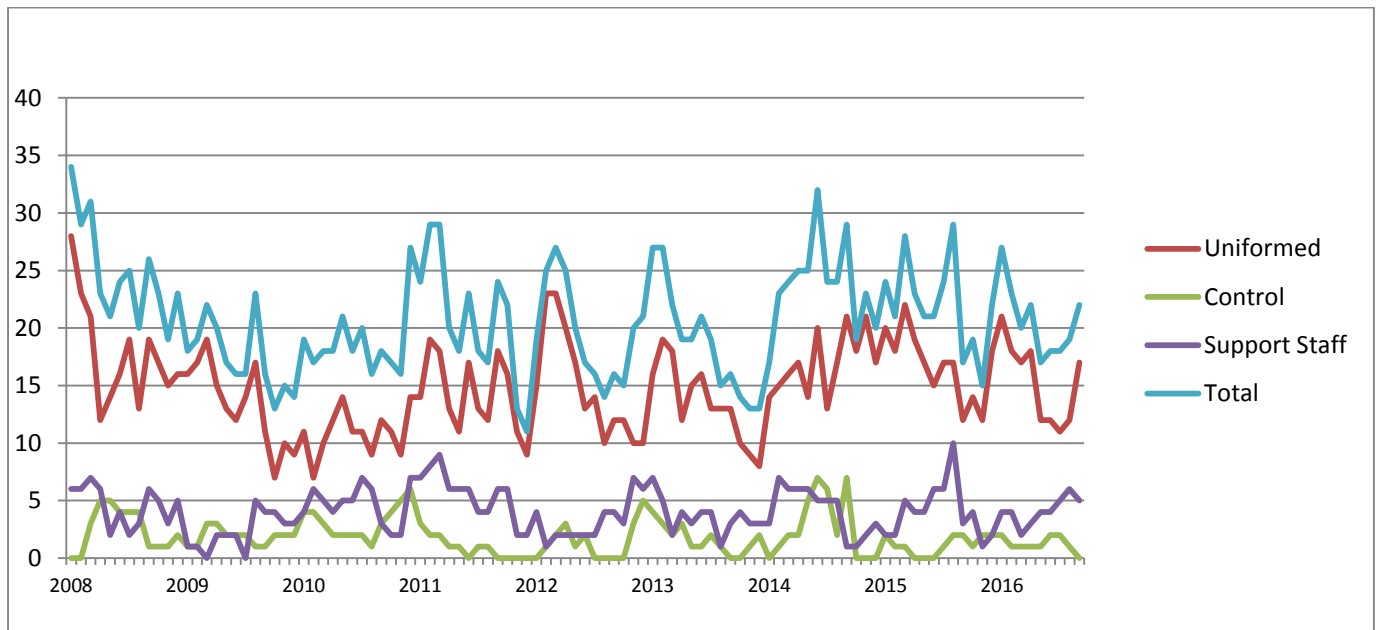
2.8. Within Control uncertified sickness has improved but long-term sickness in particular is showing an increase. Control are the staff category with the highest levels of sickness.

2.9. Support staff have seen an overall improvement in sickness although again short-term sickness has increased.

2.10. Wholetime Non-station based staff has seen an increase in both long-term and short-term sickness.

2.11. In order to understand how a small number of staff on long-term sickness can have a big impact on absence levels, we can consider the number of staff that are on long-term sickness at any one time and this is shown below. When staff come off long-term sickness this can be as a result of a number of reasons including the person returning back to work with full fitness, returning on restricted duties, ill-health retirement or through leaving the Service on capability grounds. It can be seen below that the overall total long-term sickness tracks that of the wholetime uniformed which is the largest of these three categories of full-time staff. Over the last three months since the last Committee meeting, we have seen an upturn in long-term sickness.

Numbers of staff on Long Term Sickness



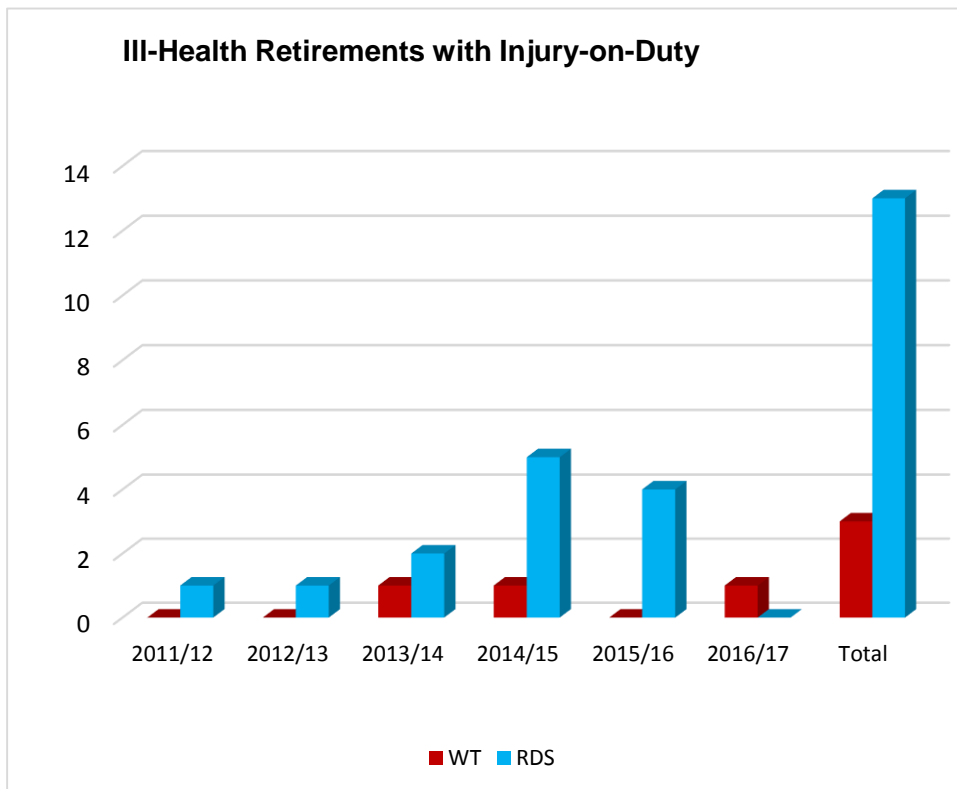
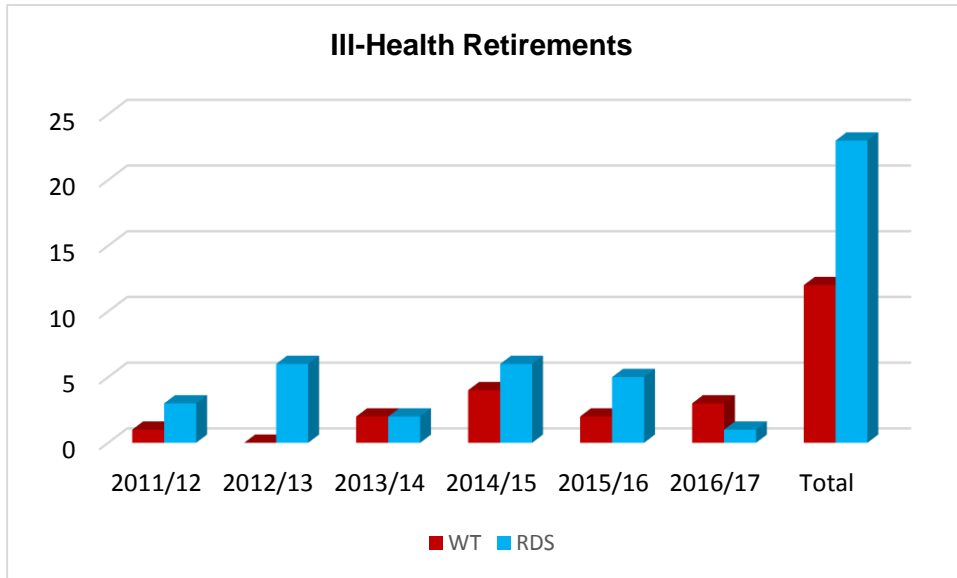
2.12. The data within this report does not however, include the On-call staff which is the biggest proportion of our staff. As a Service we do record On-call sickness but need to extend this into our dashboard reporting. There is also the aspect of staff on restricted duties and who are therefore unable to carry out their normal duties which reduces our capacity as an organisation.

2.13. Another aspect is the number of employees who have not had any sickness absence in a financial year. For 2015/16, 54% of staff did not have any absence due to sickness.

3. INJURY-ON-DUTY RETIREMENTS

3.1. The Committee has requested further information on the level of ill-health retirements which are as a result of an injury-on-duty and this has been presented at a Members' Forum but is included here for completeness. Injury-on-duty will primarily be amongst uniformed staff as they undertake their operational role. This can represent a cost to the Service since where there is an injury-on-duty the pension cost of any associated injury pension is borne by the Service. The Service has an ill-health procedure which will apply to staff with permanent or long term ill-health. In such cases the Equality Act 2010 will normally apply since the nature of the injury or disability is long term. If the illness is related to a work related accident or illness then a Health & Safety investigation is carried out. On-duty injuries will also involve Risk & Insurance as there may also be a personal injury claim.

3.2. The uniformed ill-health retirements are shown below and are split by Wholetime and On-call staff. The first chart is the overall levels of ill-health retirement whereas the second is for those which were as a result of an injury-on-duty.



4. MENTAL HEALTH

- 4.1 During 2015/16 there was a significant increase in the number of sick days and number of cases for mental health. In looking at the cases there were eight cases totalling 2,024 days which have/will lead to either Ill Health Retirement or Capability dismissal. There are also two cases totalling 570 days, which relate to discipline investigations where the individuals were suspended.

	Number of sick days	Number of cases
2011/12	1315	70
2012/13	1917	75
2013/14	1851	74
2014/15	3408	76
2015/16	7156	113

- 4.2 The Service had two counselling contracts in place - one with Hammet Street Consultants in Somerset and the other with Devon Therapeutic and Counselling Services. Hammet Street Consultants saw 57 employees for counselling during the last financial year and Devon Counselling Service 53 employees during the same period. The Service's Welfare Officer has dealt with 85 welfare cases in 2015/16, there were 45 Personal Stress Risk Assessments, the Staff Supporters dealt with 18 cases and there were two mediation cases.

5. STAFF TURNOVER

- 5.1 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'. The levels of turnover within the Service up until the end of the last financial year are shown below.
- 5.2 These figures include 2013/14 when the Service initiated steps to reduce the workforce through voluntary redundancies as a result of the Corporate Plan. In the current financial year we are experiencing an increasing turnover amongst support staff particularly those at middle management level.

	2013/14			2014/15			2015/16			Average Leavers per year
	Employed on April 1st	Leavers during year	%	Employed on April 1st	Leavers during year	%	Employed on April 1st	Leavers during year	%	
Support	306	49	16.0	267	27	10.1	271	30	11.1	35
Control	47	4	8.5	45	3	6.7	46	5	10.9	4
Retained	1,029	117	11.4	1,055	134	12.7	1,201	132	11.0	127
Wholetime	720	90	12.5	642	32	5.0	624	41	6.6	54
Total	2,102	260	12.4	2,009	196	9.8	2,142	208	9.7	220

6. DISCIPLINE & GRIEVANCE CASES

- 6.1 There was a decrease in the number of grievance cases in 2015/16 but an increase in discipline cases. NB The numbers in both tables below, represent where there were disciplinary cases investigated or grievances heard and do not represent the outcomes which with disciplinary cases could range from no further action through to dismissal. With grievances they may result in no further action required or a decision and follow-up actions.

	Grievance	Discipline
2011/12	9	32
2012/13	10	36
2013/14	17	42
2014/15	14	19
2015/16	12	22

- 6.2 Of the discipline and grievance cases the number relating to bullying and harassment are as follows:

	Grievance	Discipline
2011/12	1	3
2012/13	4	6
2013/14	3	6
2014/15	0	1
2015/16	3	3

7. CONCLUSION

- 7.1. This report provides a wider perspective of the Health of the Organisation as well as the Absence performance management and further progress has been made with new performance measures as requested by members.
- 7.2. Overall, we have seen an improvement in the sickness absence levels for 2016/17 compared with the Q2 results for the previous two years.

ACFO GLENN ASKEW
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