



Fire and Rescue Service
Headquarters, Pirehill
DDI (01785) 898959
Please ask for Ora Yearwood

HUMAN RESOURCES AND ETHICS COMMITTEE

Wednesday 7 September 2016
10.30 am
Visitors Dining Room
Fire and Rescue Service Headquarters
Pirehill

(A Chairman/Vice-Chairman's Preview, for Mr M A Deaville and Mr G S Kallar has been arranged for 10.00 am)

Howard Norris
Secretary to the Authority
25 August 2016

A G E N D A

PART ONE

1. Apologies
2. Declarations of Interest
3. **Minutes of the Meeting held on 30 June 2016**
4. **Minutes of the Staff Consultation and Negotiating Forum held on 8 July 2016**
5. **Terms of Reference of the Committee (for information)**
6. **Discipline and Grievance Procedure Monitoring Report**
Report of the Head of Human Resources
7. **Absence Monitoring Report**
Report of the Head of Human Resources
8. **Firefighter Fitness Assessments Update**
Verbal update by the Head of Human Resources

9. **Occupational Health Provision**

Verbal update by the Head of Human Resources

10. **Fire Control – Vision and Measures Development**

Verbal report by the Director of Response

11. **Anticipated future items for consideration by the Committee**

For discussion:

- Retained Duty System Terms and Conditions
- Occupational Health Provision – further update
- Firefighter Fitness Assessments – further update
- Further Training reports, as and when required
- Fire Control - further updates

12. **Date of Next Meeting**

Thursday 1 December 2016 at 2.15pm.

13. **Exclusion of the Public**

The Chairman to move:-

“That the public be excluded from the meeting for the following items of business which involve the likely disclosure of exempt information as defined in the paragraphs Part 1 of Schedule 12A of the Local Government Act 1972 indicated below”.

PART TWO

14. **Exempt Minutes of the Staff Consultation and Negotiating Forum held on 8 July 2016**

Possible Items for Scrutiny

Members are asked to consider if any of the items that have been considered by the Committee at its meeting today are in need of further scrutiny and whether the item should be referred to the Scrutiny and Performance Committee for further examination.

**MINUTES OF THE HUMAN RESOURCES AND ETHICS COMMITTEE
HELD ON 30 JUNE 2016**

Present: Deaville, M A (Chairman)

Bowers, Miss S A	Kallar, G S
Chapman, F A	Mitchell, Ms C
Clarke, R J	Taylor, J W
Finn, T V	Winnington, M J

Apologies: None

Also in Attendance: Mrs J Doran, Director of People and Mrs S Wilkinson, Human Resources Manager

PART ONE

Documents referred to in these Minutes as schedules are not appended but will be attached to the signed copy of the Minutes. Copies, or specific information in them, may be available on request.

Membership of the Committee

1. The Chairman welcomed Councillors Ron Clarke and Terry Finn, to their first meeting of the Committee.

Minutes of the Meeting held on 15 March 2016

2. **RESOLVED** – That the Minutes of the Meeting held on 15 March 2016 be confirmed and signed by the Chairman.

Change to the order of Items on the Agenda

3. Members were advised of a change to the order of items on the Agenda to facilitate Officer availability. Item No. 8 would now be delivered before the scheduled Item No. 5 on the Agenda.

Job Evaluation Update

4. Mrs Sue Wilkinson, HR Manager provided Members with a presentation on the Job Evaluation (JE) process that had been recently updated following a local review of the National Scheme previously reviewed by the NJC in 2013. The protocols were reviewed to make them more relevant to Staffordshire Fire & Rescue Service and the JE questionnaire had been streamlined to make sure all the relevant information was captured and to provide clarity for the staff. There was now a requirement for a current job description (JD) to be submitted which would allow for an up to date JD to be on file for recruitment purposes. The JE Panel dates were now set in advance

with the requirement for the respective line manager to be in attendance for clarification of points relating to the role. Additional Panel members had also been trained to allow greater flexibility. The salient points relating to Job Evaluation were outlined:

Job Evaluation:

- Is a technique of job analysis which produces a hierarchy of jobs that is fair and free from discrimination.
- Is a practical technique, designed to judge the financial level of one job relative to others within the organisation.
- Enables assessment and comparison of the demands of the job and the knowledge, skills, experience and responsibility required to carry out the job.
- Is a measure of the role not the job holder.

However Job Evaluation did not:

- Take into account the volume of work
- Consider the number of people required or the scheduling of work
- Look at the individual ability of the current postholder.

There are 13 factors in the scheme which are split into 5 areas, all of which have a number of levels within each factor:

Knowledge and Skill Factors:

- Knowledge – (8 levels)
- Mental Skills (6 levels)
- Interpersonal/Communication Skills (6 levels)
- Physical Skills (5 levels)

Initiative and Independence Factor (8 levels)

Effort Factors

- Physical Demands (5 levels)
- Mental Demands (5 levels)
- Emotional Demands (5 levels)

Responsibility Factors

- Responsibility for People (6 levels)
- Responsibility for Supervision, Management & Co-ordination (6 levels)
- Financial Resources (6 levels)
- Physical Resources (6 levels)

Working Conditions (5 levels)

Each factor is considered and awarded a 'level'. Once complete, each level attracts a number of points which are then totalled. This score then maps across to a grade on the Service's salary scale.

Following completion of a JE questionnaire by the postholder, the content is agreed with the respective line manager. The questionnaire, together with a job description to reflect the current role is then submitted to HR for the next available Job Evaluation Panel. The JE Panel is held quarterly on pre-arranged dates and is

attended by at least 3 JE trained Panel Members including a UNISON representative wherever possible. The postholder's line manager is also present. Any increase is backdated to the 1st of the month following the month of submission. Any decrease is applied in line with the Reorganisation, Redeployment and Redundancy Policy (RRR) and is spread over a six month period. The postholder will have a right of appeal if they are not satisfied with the outcome.

Members discussed the JE process. It was commented that JE did pose some difficulties when trying to evaluate the post and not the person as quite often people did more than the job description required them to do. Mrs Wilkinson stated that it would be the manager's responsibility to ensure that the job the postholder is doing would be what was required. There may be occasions when an individual is requested to undertake specific duties which are outside the job description, then an honorarium payment could be applied. Mrs Doran stated that there had been a problem with people 'growing jobs' but again it was the manager's responsibility to ensure that this did not happen.

Members enquired as to how many applications had been received in the last quarter. Mrs Wilkinson stated that the Panel met two months ago and considered two jobs of which there was no change to the current grade. A question was asked regarding the evaluation of new roles that had been created in the Service and also when restructuring. Mrs Wilkinson advised that if a new role was created then it would be evaluated from the job description and advertised at a set grade which would be re-visited in six months. However if a role evolved within a department then it would be the manager who would need to initiate the process and not HR.

In response to a question relating to the Appeals process, Mrs Wilkinson advised that a different set of Panel members would be trained to sit on the Appeals Panel. A Member enquired on how the roles would be affected when replacing long term sickness absence. Mrs Wilkinson advised that it was not often that cover was provided for support staff that were on long term sick but when this did occur, staff were often awarded an honorarium whilst in post or a temporary upgrade to reflect any additional responsibility.

The Chairman thanked Mrs Wilkinson for her presentation.

5. **RESOLVED** – That the presentation be noted.

Discipline and Grievance Procedure Monitoring Report (Schedule 1)

6. Mrs Doran updated Members on discipline and grievance cases and provided information on the usage and effectiveness of the disciplinary and grievance procedures. The information referred to cases between 1 March 2016 and 31 May 2016, which followed the last report that referred to cases up to the end of February 2016. Statistical data for this period was attached to the report for Members' information.

There were 29 incidents of informal action recorded in this period. 17 of those incidents were related to sickness; 8 for Wholetime staff, 4 for Retained staff, 3 for Wholetime Retained and 2 for Support staff.

Nine minor disciplinary offences had been committed related to conduct by members of staff, the majority of which (7) were issued to Retained staff and related to issues in respect of not complying with contractual requirements. Two were issued to Wholetime staff for failing to follow a Service procedure. No conduct related warnings had been issued to support staff. There were 3 cases of capability which warranted informal action, 2 to support staff and one to a wholetime colleague.

There were no discipline cases heard in this period that resulted in a formal sanction being issued.

Three grievances were heard during this period. Two cases were raised by wholetime members of staff, of which one challenged the Service's decision in respect of managing his case in line with a Service policy. The remaining two grievances were related to challenging the behaviours of a manager. Neither of these were upheld. Both cases were fully investigated to ensure that there was not an adverse culture within the department.

One capability hearing was convened for a wholetime member of staff and was related to poor decision making from a manager.

Trends

There had been no trend identified in relation to informal cases as the number of cases were similar to the previous period. There had been a reduction in the number of formal discipline cases and it was hoped that this would remain the case. There were however, a few cases of staff resigning prior to informal and formal sanctions being issued.

Members held a brief discussion regarding the discipline and grievance cases. With regard to the grievance that was rejected Mrs Doran advised that it was related to one department where there had been a breakdown of relationships. Members were assured that these were isolated incidents and the grievance cases had been fully investigated to ensure there was not an adverse culture within the department.

A Member enquired on the informal action relating to failure to attend fire calls. Mrs Doran advised that no further action would be taken unless it continued and then it would be moved to the formal category and be addressed.

7. **RESOLVED** –That the Discipline and Grievance Monitoring report be noted.

Absence Monitoring Report (Schedule 2)

8. Mrs Doran updated Members on Absence levels within the Service and provided information on trends relating to reasons for absence due to sickness. The information referred to absences between February and April 2016 and was shown

in comparison to the same period in 2015. The report also drew a comparison in relation to the reason for absence with the same period in 2014.

Sickness Absence by Employee Type - There had been a notable increase in absence overall in comparison to the same period in 2015. Uniformed absence had decreased by half, shift absence had increased very slightly (although still largely typical) however there had been a significant increase in Support absence. A large proportion of this increase could be attributed to cases of surgery and post-operative recovery, which the Service could not influence. If these particular absences were removed from the figures, there would still be an increase, however not as significant.

Short term shift absence increased significantly during the first quarter of 2016, which appeared to be linked to the introduction of a new Crewing Policy. This began to decrease in April, however a decrease in absence would be expected in April and May. The Service would continue to monitor short term shift absence.

Short Term Absence (Days Lost) by Reason - Musculoskeletal absence remained the largest contributor to absence. Although this was the second highest contributor in 2014, it had also been the highest contributor to absence in the last two years. There appeared to be a greater trend towards back and upper limb (including shoulder) conditions during that period. Colds, flu and chest infections have been the second highest contributor (and were the highest contributor in 2014) – but this was an expected seasonal trend.

Miscellaneous absence, (where the sickness documentation had not been received at the time of reporting), was the third contributor to absence and replaced stomach and abdominal conditions, which had been third for the last two years. Whilst it was pleasing to see that stomach and abdominal conditions were no longer one of the top five contributors to absence, it did mean that departments and stations were not providing documentation in a timely manner and this was being addressed locally with teams. Mental health remained the fourth highest reason for absence and for the second year running, surgery and general screening was the fifth highest contributor to absence.

The Service is actively looking to address those trends and are continuing to implement an early intervention service with Occupational Health, where they would contact an employee upon receipt of notification of either a musculoskeletal or mental health related absence. A member of the Welfare or Physio team would also call the individual to offer support.

Long Term Absence (Days Lost) by Reason - Musculoskeletal related absence was the highest contributor to long term absence and this was consistent with the previous two years. Again, there appeared to be a trend towards back and upper limb conditions, however there were also a small number of cases of lower limb musculoskeletal related absences. Mental health related absence remained the second highest contributor to absence, consistent with the previous two years.

Surgery and general screening was the third highest contributor to absence, which was consistent with the overall and short term absence figures quoted. This

indicated that short term cases of one month were likely to develop into longer term cases as the employee recovered, however the Service had little influence in actively preventing such absences. Diseases such as Cancer were shown to be the fourth highest contributor, although this had decreased from the previous two years, which was encouraging. Again, this was an area the Service could do little by way of proactive prevention work. Colds, flu and chest infections were the fifth highest contributor; anecdotally it appeared there were some stronger strains, which might explain why there was both an increase in short term absence but also saw it contributing to absences over 28 days (largely during February). All cases were being managed through the Service's Occupational Health Provider.

Absence due to an Injury at Work - During the reporting period, the Service had lost 67 days to absences attributed to an injury at work which was marginally higher than last year and could be attributed to the same individual and injury, as well as an additional on-duty injury. Both cases were being actively managed through the Service's Occupational Health Department and it was expected that the figure would reduce significantly from July.

A Member referred to the cost to the Service for the financial year 2015/16 for sickness absence which had been totalled at £674,600. Mrs Doran advised that the figure included cover for operational staff, none for support staff and the retained cover cost which could not be accurately measured. She agreed that it was a substantial amount and needed to be reduced. The Chairman stated that it would be useful to see if there were any trends relating to cost.

Discussion was held on the monitoring of sickness absence for Staffordshire and West Midlands Fire Control staff. Mrs Doran advised that the Control Room staff were not directly employed by the Service therefore no figures would be available. It was agreed that more scrutiny on the Staffordshire and West Midlands Fire Control Centre to consider the key measures with regard to HR Performance, i.e. absence rates would be worth exploring as the Service did contribute towards the cost.

NOTE BY SECRETARY: Matters relating to sickness absence of the Staffordshire and West Midlands Fire Control are currently being monitored by the Scrutiny and Performance Committee as part of periodic Fire Control reports.

9. **RESOLVED** – (a) That the presentation be noted.

(b) That costs be monitored to identify any trends and the information included in the standard absence report.

Sickness Absence Analysis (Schedule 3)

10. Mrs Doran reported on the statistical data relating to the Service's sickness absence for the 12 month period April 2015 to March 2016, with a comparison to the previous year. The analysis detailed the main causes of sickness absence and also provided a breakdown by staff group. The report also provided details of current and planned intervention and prevention activities. Early intervention and access to personal advice and guidance assisted in the reduction of not only sickness absence

but also encouraged a culture of lifelong health and wellbeing, rather than 'keeping fit for the job'. Such activities would become increasingly important in the context of an ageing workforce.

The data showed there had been a slight decrease in overall sickness absence with 3765 shifts lost in 2015/16 compared with 3980 shifts lost in 2014/15. The main reasons for absence were still musculoskeletal and mental health, which also reflected the national picture. Whilst the Service had seen a sharp decrease in musculoskeletal related absence, it was still the highest contributor to absence. Mental health related problems remained the second highest reason for absence and this has increased year on year. There had also been an increase in surgery related absences.

Particular points to note were the increase in absence for Retained staff and an increase in Support staff absence particularly in relation to musculoskeletal issues. The Service had also seen an increase in short term shift absence since January 2016. This would continue to be monitored in the next quarter to better understand if there was a pattern. The Service would also monitor the percentage absence per month that was unaccounted for and therefore classed as 'miscellaneous.'

Worthy of note was that in comparison with other Fire and Rescue Services the Service was in the lowest 10 of 31 Services that formed part of the national benchmarking data on sickness absence. The Service's 4.43 shifts lost per Wholetime firefighter was lower than that of the national average of 5.27 shifts. For Support Staff, the average was 5.5 days, which was also lower than the national average of 6.45 shifts. However the Service's Retained absence was high when compared to the benchmark data. Retained absence was the highest of the respondees with 13.55 days per person, which sits far higher than the national average of 7.75. It was explained that this may have been caused by the way absence was calculated for Retained staff which could be overestimating absences, however the Service would continue to monitor their statistics against the national picture and look to learn from best practice.

Occupational Health (OH), together with the Service's Health and Fitness team have been providing proactive health screenings for staff, aimed in particular at Support staff who did not access the annual fitness assessment. Occupational Health had also been providing early intervention input to arrange welfare calls and physio appointments for anyone booking sick with musculoskeletal or mental health reasons. Return to Work (RTW) interviews were also undertaken and it has been stressed that these should not be a 'tick box' exercise but a supportive approach to identify if any support was required to be put in place to prevent a reoccurrence of the absence.

The management of sickness absence has been included in the supervisory management programmes and HR have been working closely with Occupational Health and managers on the case management of longer term absence.

It was agreed to hold a quarterly case conference involving HR and Occupational Health where long term cases were reviewed. In addition to this there was now a weekly meeting between one of the HR Business Partners and Occupational Health

where cases were reviewed. Whilst this has only been recently implemented, early anecdotal feedback indicated this was proving effective as it made better use of the time spent with the OH team to discuss cases and ensure cases were progressed without unnecessary delay.

Mrs Doran highlighted some of the prevention activities that had been undertaken:

Health Heart Clinics – Eight of these were held around the county between September 2015 and March 2016. They were aimed at, although not exclusive to, Support staff and included measures of blood pressure, body composition, blood glucose and cholesterol, lung function where indicated (clinical history or operational exposure) and individual lifestyle advice. A total of 64 people had attended (67 total appointments including reviews), 12 of whom were operational staff. Of those seen 12% were advised to visit their GP due to either suspected hypertension or elevated blood lipids (glucose, cholesterol or both) and on follow up, 8% of those referred either had further tests or prescribed medication. Approximately 20% of attendees fell outside of the 'healthy weight' category and also fell short of the recommended 150 minutes of cardiovascular exercise per week, however several were already engaged with various weight management initiatives.

Pedometer Challenge - November 2015 saw the start of a small 8 week team pedometer challenge designed to encourage staff to walk more – the goal being the recommended 10,000 steps a day for health. Fifteen teams and three individuals signed up, totalling 103 active participants (a further 50 pedometers were given out to individuals who chose not to sign up to the challenge but wanted to engage). Research had suggested that the average person walked between 3 – 4,000 steps per day with office workers often as low as 2,500. Guidance from an expert group published in 2015 suggested that desk based workers should be encouraged to progress towards accumulating 2hrs/day of standing and light activity during working hours alongside other health promotion activity. Further exploration would be required in this area.

Weight Management Clinics - Weight management advice and support has been available from the Health and Fitness team for both support and operational staff. There had been a recent pilot of lunchtime weigh-ins and an associated take up of one to one appointments. This was seen as an area with significant potential to impact upon individual health and wellbeing from both a physiological and psychological perspective.

Blue Light Pledge - The Service had signed up to Mind's Blue Light Pledge on 1 November 2015. An action plan was produced as part of the pledge detailing how the Service would undertake steps to reduce stigma in relation to mental health. The action plan would be monitored by the Wellbeing, Equality and Culture Steering Group. Actions included ways to share the personal stories of staff, of which a number of stories had been shared in the Service's publication 'Burning Issues' in the hope that it would decrease the stigma. The Service has been used by Mind as a case study for developing the Blue Light Pledge.

Mind training - One of the actions on the Blue Light Action Plan was to provide training to managers on mental health to raise awareness and understanding of

mental health within the workplace. 'Mind' ran 4 workshops in December, February and March. Evaluation was currently being undertaken with a view to running further workshops in the next training year.

Future activities in the pipeline included:

- **Blood pressure portals** – a Blood Pressure (BP) monitor, associated guidance, information and log sheets to be made available at every station and at HQ to enable individuals to track their own BP.
- **Drop in clinics** - to provide the opportunity for support and operational staff to access individual lifestyle advice at a convenient location.
- **Support staff activities** – to promote standing/walking meetings to create an environment which encourages standing and frequent short breaks from static positions as the accepted 'norm'.

The Service was currently offering the opportunity for staff to enrol in a programme organised through the FBU which leads to a personal training qualification. The programme is a 15 month programme and will enable participants to qualify as a Level 3 Personal Trainer, developing knowledge and understanding of anatomy, physiology, fitness and nutrition. Individuals who complete the programme would be asked to act as a source of additional support regarding health and fitness in their team to support the work of the health and fitness team.

Members discussed the analysis provided. Concern was expressed at the increase in absences for Support staff. It was suggested that this could be due to the age profile of Support staff who had an average age of 41yrs. Members requested a follow on report with a more detailed breakdown.

In response to a Member's question relating to health heart checks Mrs Doran advised the Mark Hancock Memorial Charity that had been set up, offered testing for individuals aged 30 years and under to encourage young people to be tested.

A Member commented on the current moral within the Retained staff which could possibly be a contributory factor to the increase in absence. A breakdown in absence via station/department was requested to consider any trends. Mrs Doran advised that the Service monitored absence by station/department and that any trends that were identified could be included in the Absence Monitoring Report.

11. **RESOLVED** – (a) That the report be noted.

(b) That a further breakdown of details relating to Support staff absence be reported at the next meeting of the Committee.

(c) That any trends relating to absence by station/department be included in the Absence Monitoring report.

Anticipated future Items for consideration by the Committee

12. Members discussed items to be considered at future meetings of the Committee:

- Wellbeing Survey – August 2014 – Further update
- Firefighter Fitness Assessments – Further update
- Occupational Health Provision

- Further Training reports, as and when required
- Further Shared Fire Control updates

13. **RESOLVED** - That the Items for future meetings be noted.

Date of the next Meeting

14. Members were advised that the next Meeting of the Committee was scheduled to be held on Wednesday 7 September 2016 at 10.30 am.

CHAIRMAN

**NOTES OF THE STAFF CONSULTATION AND NEGOTIATING FORUM
HELD ON 8 JULY 2016**

Present: Mr S J Sweeney (Chairman)

Fire Authority Representatives:	Employee Representatives:				
	FBU	RFU	Unison	APFO	FOA
Martin, G R Taylor, J W	Downey, B Williams, R			Bryant, Ms R	

Also in attendance: Ms R Bryant, Chief Fire Officer/Chief Executive.

Apologies:- Elsey, S; Irving, R; Glennon, Mrs S; Goulden, P; Housley, I; Hyde, T; Moss, B; and Tattum, M.

Documents referred to in these notes as schedules are not appended but will be attached to the signed copy of the notes. Copies, or specific information in them, may be available on request.

Membership of the Forum

1. The Membership of the Forum was outlined for information.
2. **RESOLVED** – That the Membership of the Forum be noted.

Appointment of Vice Chairman of the Forum

3. Mr S J Sweeney, the Chairman of the Authority, was appointed as the Chairman of the Forum at the Annual Meeting of the Authority with effect from 6 June 2016. In accordance with the Terms of Reference of the Forum it was usual for the Vice Chairman to be appointed from the Representative Organisations. Mr R Williams was the Vice Chairman for 2015/16 and nominations were requested for 2016/17. Mr R Williams was again nominated as Vice Chairman.

4. **RESOLVED** – That Mr R Williams be appointed as the Vice Chairman of the Forum for 2016/17.

Notes of the Meeting held on 2 February 2016

5. **RESOLVED** – That the Notes of the meeting held on 2 February 2016 be confirmed and signed by the Chairman.

Terms of Reference of the Staff Consultation and Negotiating Forum

6. The Terms of Reference of the Forum were provided for the benefit of new Members of the Forum. The Terms of Reference gave an overview of the Forum and acted as an aide memoire for Members. Members were advised that the number of representatives of the Forum was being reviewed to proportionally reflect the number of union representative aligned to each body.

7. **RESOLVED** – That the Terms of Reference be noted.

Exempt Discussions

8. The following topics were discussed and were expanded in the Exempt Notes of the meeting.

Exempt Notes of the Meeting held on 2 February 2016 (exemption paragraph 4)

9. **RESOLVED** - That the Exempt Notes of the meeting held on 2 February 2016 be confirmed and signed by the Chairman.

Items put forward by the FBU for discussion (exemption paragraph 4)

FBU National Update from EC Member Region 7

10. Mr Downey presented his report which gave an update on pertinent issues which included:- the Police and Crime Bill, the ongoing Pensions Dispute; Age Discrimination in Pensions; Inspection and Enforcement; Control Issues; Coroner Interest; and the FBU report Atherstone.

Retained Pay Consultation

11. The FBU gave an update on the consultation on the review of retained pay.

Crewing of Wholetime Appliances

12. The FBU outlined the ongoing trail and held a discussion with Members.

CHAIRMAN

2016 Final Terms of Reference

Stoke-on-Trent and Staffordshire Fire and Rescue Authority

Human Resources and Ethics Committee

Constitution

The Committee consists of 9 members with a quorum of 5, including at least one representative from each constituent authority.

Purpose

The purpose of the Human Resources and Ethics Committee is to consider developments or changes in legislation on employment law, national and local conditions of service, employee development and training and to make recommendations on any policy changes. The Committee will also ensure Members adherence to the Members Code of Conduct.

Terms of Reference

- To consider reports informing on developments and proposals relating to Human Resources matters including: employment law; health and safety; equal opportunities; national and local conditions of service; and employee development and training.
- To act as the final stage in the Authority's Grievance Procedures, at Director Level and above only when is required/necessary and make decisions.
- To develop Human Resources policies, having regard to new EU and UK legislation.
- To encourage the health, wellbeing and attendance of staff.
- To monitor the occurrence of discipline issues and grievances in the organisation
- To receive the notes of the Staff Consultation and Negotiation Forum.
- To promote and maintain a high standard of conduct by Members; to oversee the Registers of Members Interests; and to oversee the effectiveness of the Authority's procedures for investigating and responding to complaints about Members.
- To advise the Authority on the adoption or revision of the Members' Code of Conduct, and any protocols affecting Members.
- To assist, advise, train, or arrange to train Members on matters relating to the Code.
- To monitor the operation of the Code and any protocols and receive a formal Annual Review Report from the Monitoring Officer.
- To grant dispensations to Members from requirements relating to interests set out in the Code.

- To consider and as necessary convene and conduct a hearing in relation to any reports from the Monitoring Officer following advice from the Independent Person in relation to an alleged breach of the Code or any protocol.
- To act as the final stage in the Authority's complaints procedure, for the general public should complainants wish to refer an officer's decision at a prior stage to Members.

Receive Notes from: The Staff Consultation and Negotiating Forum

Delegation

Delegated powers to act within its scope.

Reporting to: Minutes go to the Strategy and Resources Committee.

Frequency of Meetings

The Committee will meet four times per year

(Established by the Authority on 21 October 2013 for implementation following the annual meeting of the Authority in June 2014, amended on 31 March 2016 and 6 June 2016).

Stoke-on-Trent and Staffordshire Fire and Rescue Authority

Human Resources and Ethics Committee

7 September 2016

Discipline and Grievance Monitoring Report

Report of the Head of Human Resources

SUMMARY

The purpose of this report is to keep Members updated on discipline and grievance cases and provide information on the usage and effectiveness of the disciplinary and grievance procedures. This information refers to cases during the period June and July 2016, following the last report which referred to cases up to the end of May 2016.

RECOMMENDATIONS

That Members note the contents of the report.

Financial Implications

There are no financial implications.

Legal Implications

There are no legal implications at the present time from the content of this report.

Equality and Diversity

There are no specific equalities implications at this time arising from this report.

Risk Implications

The potential risk implications of not following the current procedures may be increased litigation and cost to the Service, however, training and specialist advice and guidance in line with our procedures will reduce the impact.

Consultation and Engagement undertaken

None applicable to this period.

Other implications

None

BACKGROUND

As part of the ongoing process, this report updates and summarises the period 1st June 2016 to 31st July 2016. Advice and guidance continues to be provided to support line managers. Statistical data for this period is attached as an **Appendix** for Members' information.

Informal Action

8 incidents of informal action were recorded in this period.

4 of these were related to sickness, 3 for wholetime and 1 for retained staff.

4 minor disciplinary offences were committed relating to conduct by members of staff – these were for differing reasons and all except one were issued to retained duty staff.

There were no cases of informal action relating to capability.

Formal Action

No discipline cases were heard in this period which resulted in a formal sanction being issued.

No grievances were heard during this period

One capability hearing was convened for a retained member of staff – this related to a repeated failure to achieve competency in a core training course. This resulted in the termination of the contract. An appeal is pending.

Trends

There has been a downward trend in all areas covered by this report. It should be noted that this report does cover a shorter period than the last paper, however this is still a positive trend and shows proportionately fewer cases.

Report Author: - S.Wilkinson

Telephone: - 01785 898961

Email:- s.wilkinson@staffordshirefire.gov.uk

Formal Discipline

No discipline cases were heard that resulted in a formal sanction being issued.

Formal Grievance

No grievance cases were raised during this period.

Capability			
FF	RT	Repeated failure to attain competency	Dismissal with notice

Informal

Role	WT/RT	Subject	Reason
FF	WT	Absence	Standard of attendance below that expected
FF	WT	Absence	Standard of attendance below that expected
FF	WT	Absence	Standard of attendance below that expected
FF	WT	Discipline	Pattern of absence
FF	RT	Absence	Standard of attendance below that expected
FF	RT	Discipline	Repeated missed fire calls
FF	RT	Discipline	Inappropriate behaviour/failure to comply with policy
FF	RT	Discipline	Non completion of station duties

Key:

WT/RT = Wholtime/Retained FF = Firefighter

Stoke-on-Trent and Staffordshire Fire and Rescue Authority

Human Resources and Ethics Committee

7 September 2016

Absence Monitoring Report

Report of the Head of Human Resources

SUMMARY

The purpose of this report is to keep Members updated on absence levels within the Service and provide information on trends relating to reasons for absence due to sickness. The information refers to absences between May and July 2016 and compares it to the same period in 2015. In relation to the reason for absence, the report also draws a comparison with the same period in 2014.

OPTIONS

Not applicable; this report is for information only.

RECOMMENDATIONS

That Members note the contents of this report.

Financial Implications

There are no additional financial implications for the Committee to be aware of, however there is an associated cost to sickness absence both directly (occupational sick pay) and indirectly (covering the position during the post holder's absence).

For the financial year of 2016/17 up to July, sickness absence has cost the Service £213,715, which does not take into consideration hidden costs such as the loss of productivity or additional workload passed to colleagues in the post holder's absence, simply the sickness pay costs and the single time replacement costs of shift based staff. Comparative cumulative costs for July 2015 are not available due to the report not being produced at this time; however this will be reportable for the next Human Resources and Ethics Committee scheduled to meet in December.

Legal Implications

There are no legal implications.

Equality and Diversity

It is possible that there may be equality and diversity implications as there could be links between a protected characteristic and absence levels (for example disability). At present,

we do not have the ability to report on protected characteristics in relation to sickness absence although this will be available when Firewatch is fully implemented across all duty systems.

Risk Implications

There are no risk implications.

Consultation and Engagement undertaken

None applicable to this period.

Other implications

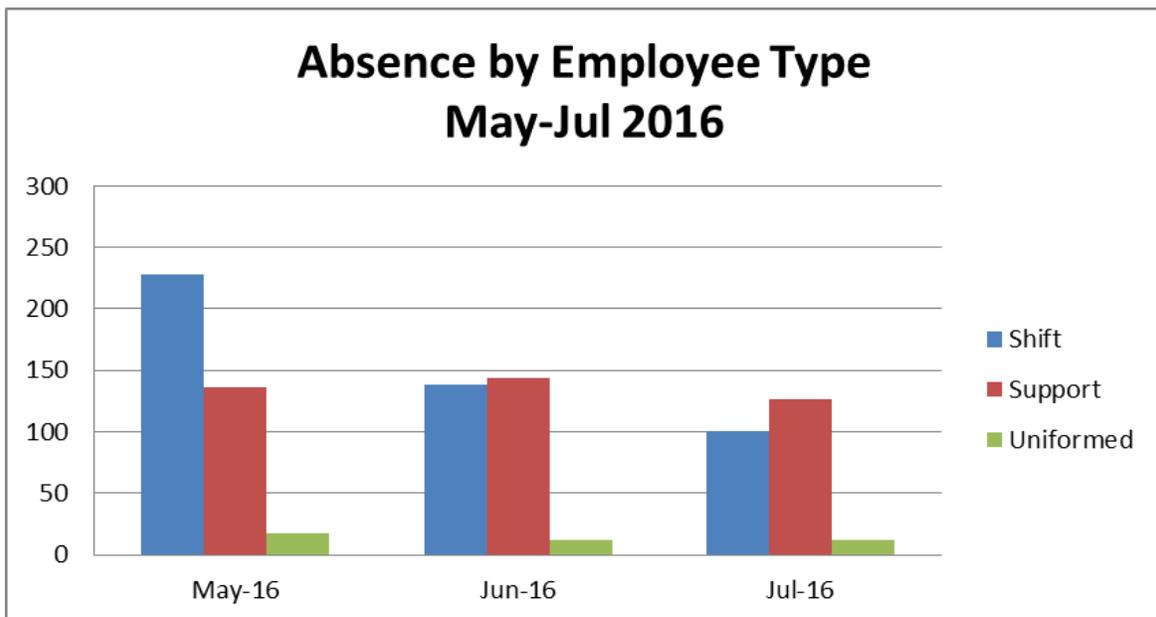
None.

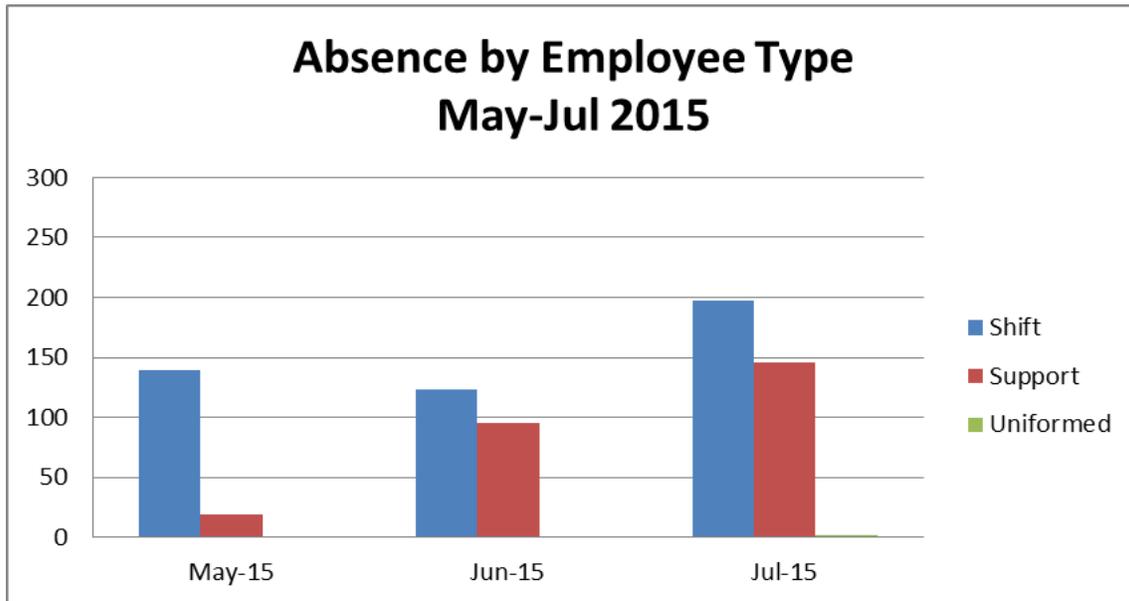
Background

This report updates and summarises the period 1 May 2016 to 31 July 2016 and identifies whether there are any trends. Statistical data for this period can be found below for Members' information.

NB Uniformed indicates operational personnel at Station Manager Level and above; Shift indicates operational personnel at Firefighter to Watch Manager level and Support refers to non-operational (green book) employees.

Sickness Absence by Employee Type





During this period, there has been a month on month reduction in absence overall, however in comparison to the previous year's data, the total numbers of shifts lost are higher.

Wholetime, although increased by eight shifts, is largely typical. There has been a notable increase in Uniformed absence, however this can be attributed to two planned operations, which the Service had little influence in preventing, however can plan for (eg covering workload and operational commitments).

Support absence has significantly increased compared to the same period in 2015, however in May 2015, absence was exceptionally low (19 days) which has undoubtedly magnified the year on year comparison differential. The rise in sickness absence within the Support category can in part be attributed to mental health related absence within one department, which the Service is resolving locally. Two team members have since returned to work and therefore it is expected that this figure will decrease by the next meeting. There were no particular trends relating to reasons for absence for any other departments.

In the last Committee Meeting, further analysis was requested relating to support absence. With the exception of one surgical case that continued into May, all long term support absence was related to mental health within one department. There were slight trends within Support short term absence towards sickness and cold/flu/chest infections.

Short Term Absence (Days Lost) by Reason

May-16	Jun-16	Jul-16	Reason	May-15	Jun-15	Jul-15	May-14	Jun-14	Jul-14
14	40	5	Mental (stress, anxiety, depression)	1	4	11	21	7	8
0	0	0	Skin	0	3	0	5	0	5
12	10	7	Head conditions (Eyes, Ears, Dental)	6	4	10	1	4	0
49	35	48	Musculoskeletal	30	56	53	71	35	51
0	5	0	Urinary or Genital Related	0	4	2	0	0	0
21	13	13	Cold, Flu, Chest Infections	8	17	19	26	5	0
40	11	12	Stomach/Abdominal Conditions	20	10	15	34	4	7
0	0	0	Blood Conditions	0	0	0	1	8	10
2	0	0	Poisoning/Reaction to medication	0	0	0	0	6	0
0	0	0	Pregnancy Related	0	0	0	0	0	0
4	18	16	Surgery/General Screening	0	16	0	0	8	19
7	26	13	Disease (Cancer etc)	3	0	0	2	2	0
14	15	11	Miscellaneous	5	16	36	21	46	45

Musculoskeletal conditions remain the highest contributor to short term absence across the Service; this is consistent with the previous two years. There appears to be a trend towards back and lower limb conditions.

Stomach and abdominal conditions accounted for the second highest number of shifts lost; in the previous two years it was the third highest contributor.

Mental health was the third highest contributor; this sits in stark contrast to the same period in 2015 when it did not feature in the top five reasons for absence. Colds, flu and chest infections were the fourth highest contributor to absence; this is comparable to last year. Disease (Cancer etc) is the fifth highest contributor to absence – in previous years this has only accounted for a handful of days. The Service has less influence in preventing such cases.

Long Term Absence (Days Lost) by Reason

May-16	Jun-16	Jul-16	Reason	May-15	Jun-15	Jul-15	May-14	Jun-14	Jul-14
94	79	98	Mental (stress, anxiety, depression)	43	40	44	52	40	44
0	0	0	Skin	0	0	15	0	0	0
0	0	0	Head conditions (Eyes, Ears, Dental)	7	0	0	0	0	0
82	42	2	Musculoskeletal	21	36	87	123	101	73
0	0	0	Urinary or Genital Related	0	0	15	0	0	13
13	0	0	Cold, Flu, Chest Infections	0	0	0	0	14	15
0	0	0	Stomach/Abdominal Conditions	0	12	0	0	0	0
0	0	0	Blood Conditions	0	0	0	0	0	0
0	0	0	Poisoning/Reaction to medication	0	0	0	0	0	0
0	0	0	Pregnancy Related	0	0	0	0	0	0
29	0	0	Surgery/General Screening	0	0	15	0	0	0
0	0	15	Disease (Cancer etc)	14	0	0	0	0	0
0	0	0	Miscellaneous	0	0	23	0	0	0

Mental Health has replaced Musculoskeletal as the highest contributor to long term absence (in the last two previous years it was second); this can be attributed to a localised issue within one department and amongst Support staff. Service managers are continuing to support the team and this figure is expected to decrease by the next Committee meeting. Musculoskeletal absence is now the second highest contributor to absence – there is more of a trend towards upper limb and back related conditions.

Surgery and General Screening and Diseases (Cancer etc) are the third and fourth highest contributors to long term absence within the Service. Both categories are very difficult for the Service to influence however support has been offered as appropriate through Occupational Health and others (eg The Firefighters Charity) so that individuals can be supported back to work at the appropriate time.

Colds, Flu and Chest Infections was the fifth highest contributor to long term absence and can be attributed to one individual suffering from a chest infection. A similar trend was evident in 2014 (although related to pneumonia on that occasion); whilst the Service does not regularly see this category featuring within long term absence, it is generally attributed to a more serious issue than a common cold.

All cases are being managed through our Occupational Health Provider.

Absence due to an Injury at Work

During this period the Service has lost 40 days; this can be attributed to one individual suffering with a musculoskeletal injury. They have now resigned from the Service so it is expected that this figure will reduce by the next Committee Meeting. In comparison to last year, this has reduced from two cases to one and therefore the Service has seen a decrease in days lost to an injury at work (62 to 40 days).

Report Author: - Corrine Ward – HR Business Partner

Telephone: - 01785 898686

Email:- corrine.ward@staffordshirefire.gov.uk