

DEVON & SOMERSET FIRE & RESCUE AUTHORITY



REPORT REFERENCE NO.	HRMDC/08/4
MEETING	HUMAN RESOURCES MANAGEMENT AND DEVELOPMENT COMMITTEE
DATE OF MEETING	12 SEPTEMBER 2008
SUBJECT OF REPORT	ABSENCE MANAGEMENT
LEAD OFFICER	Steven Pope – Human Resources Manager
RECOMMENDATIONS	<i>That the report be noted.</i>
EXECUTIVE SUMMARY	During the last Human Resources Management and Development Committee it was requested that the Service report back on an ongoing basis as to the Service performance and actions in relation to the management of absence within the Service. The elected members specifically requested further information on the cost of absence, long-term sickness and on the findings of the national FRS absence management working group and these have been included.
FINANCIAL IMPLICATIONS	
APPENDICES	
LIST OF BACKGROUND PAPERS	

1. **INTRODUCTION**

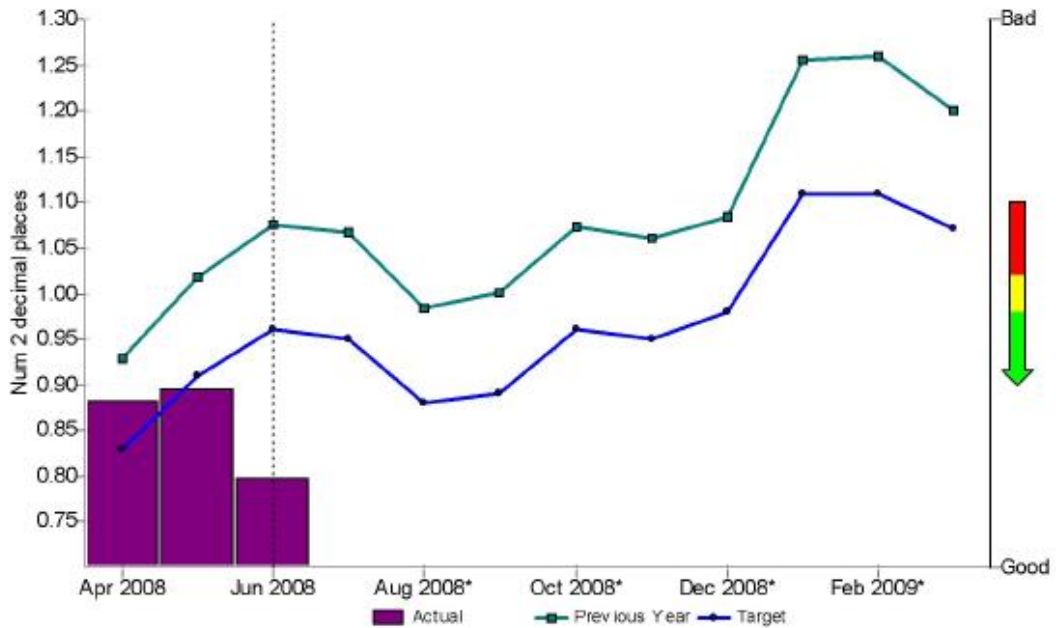
1.1 At the last meeting of the Human Resources Management and Development Committee (HRMDC) on the 19 June 2008, the agenda included a presentation on the work being undertaken to improve the absence levels in relation to the Service targets. As part of this ongoing monitoring of the Service performance, members requested an update on a regular basis at future meetings.

2. **CURRENT PERFORMANCE**

2.1 The Service has a corporate target to reduce the levels of sickness absence to the regional average rate of 9.0 days/shifts lost per person by 2010/11.

2.2 The target absence level was not achieved in 2007/8 but there has been a very significant improvement for the first quarter of 2008/9 in which we have seen a 15% decrease in absence when compared with the same period last year.

***All Staff Sickness Rates by Month
2008/09***



All Staff – Cumulative Sickness Rates per Person – by Month

	Actual 08/09	Previous Year 07/08	% variance on previous year
Apr 2008	0.88	0.93	-5.0%
May 2008	1.78	1.95	-8.7%
Jun 2008	2.57	3.02	-14.8%

2.3 The duration of sickness absence is split into three categories:

1. Short-term uncertified – up to 7 calendar days and a doctor's not is not required
2. Short-term certified – 8 to 28 calendar days and a doctor's note is required
3. Long-term – 29 calendar days or more.

2.4 The reduction in sickness absence has mainly occurred in the area of long-term sickness absence and short-term uncertified sickness.

All staff – sickness rates per person – by length of sickness

	Actual 08/09	Previous Year 07/08	% variance on previous year
Long-term sickness	1.54	1.85	-16.8%
Short-term certified sickness	0.42	0.44	-4.4%
Short-term uncertified sickness	0.61	0.72	-15.9%

2.5 When considering sickness rates by staff group, uniformed rates are down by a very considerable 26%, but Control has increased by 57% (although this is due to a very small number of staff with long-term sickness) and non-uniformed have increased by 10%.

2.6 In considering the reasons for sickness, there are categories of sickness identified by the DCLG. The Service is at this stage developing a number of sub groups to include Mental Health and Musculoskeletal. All the other sub groups are currently grouped under an 'Other' category:

Mental Health - includes post traumatic stress disorder, stress, anxiety, depression, chronic fatigue syndrome.

Musculoskeletal - includes problems with neck, shoulders, back, knee, upper and lower limbs.

Other - includes cancer, neurological problems, sickness/diarrhoea, headaches, cold, flu, chest infection, dermatological problems, respiratory, cardiovascular etc.

For the first quarter of 2008/9 the breakdown of reasons for absence is as follows:

- Mental Health sickness accounts for 28%
- Musculoskeletal sickness accounts for 26%
- Other sickness types account for just over 46%

3. **COST OF ABSENCE**

3.1 One aspect that the Committee has requested further information in particular is on the cost of sickness absence. This is a matter in which organisations have various means of calculating depending on whether the direct costs of contractual and statutory sick pay are used or whether indirect costs eg acting up payments, standbys, overtime are included. The Service has a ridership factor applied at station level to account for absences including annual leave, training and sickness. So when a member of station based staff is absent, it does not necessarily mean that further costs have been incurred.

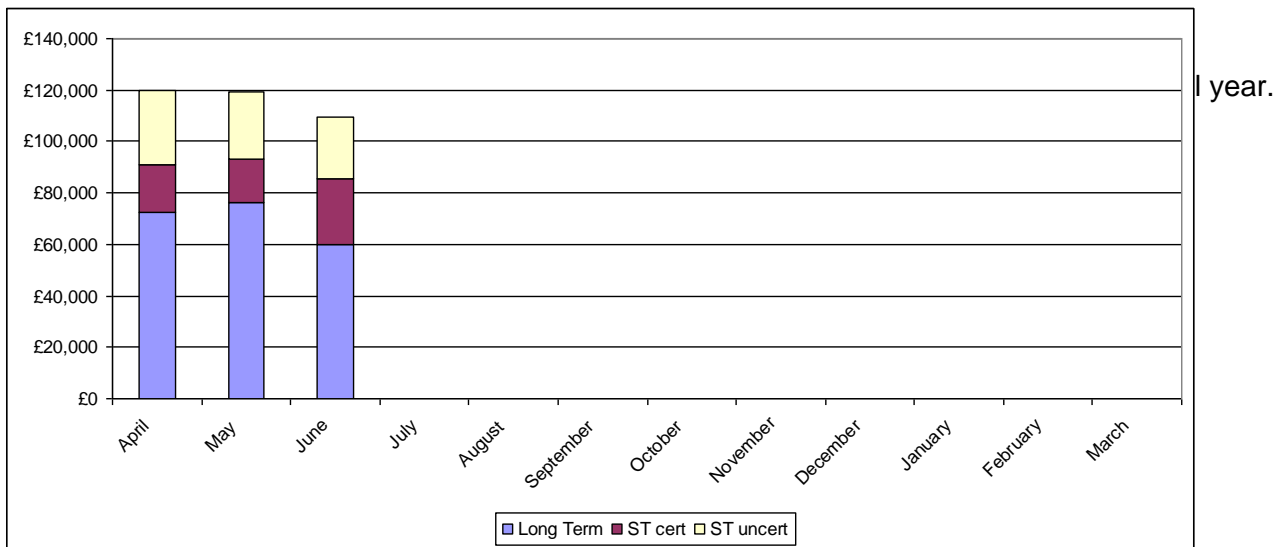
3.2 The costs that have been calculated relate to direct salary costs only and do not take into account any indirect costs or allowances eg flexi duty.

3.3 For the first quarter of 2008/09, the overall cost of sickness absence for the Service can be calculated in this way as £348,785. It needs to be emphasised again, however, that this does not mean that this amount can be saved through any potential reduction in sickness overall.

Of the total £348,785:

- 59.8% / £208,639 of this cost is due to long-term sickness
- 17.5% / £60,907 of this cost is due to certified sickness
- 22.7% / £79,239 of this cost is due to uncertified sickness

***Cost of sickness by duration of absence
Apr – Jun 2008/09***



3.4 The service will continue to monitor these costs throughout the remainder of the financial year, however, it is encouraging to see that they are falling.

4. **DETAILED BREAKDOWN OF LONG TERM SICKNESS**

4.1 Previously, the Committee requested further information on the long term sickness ie those over 28 days. This list is reported on a monthly basis and includes those who are long term sick and those on restricted duties.

4.2 The number of long term sick over the last 6 months has been as follows:

Number of staff	Feb	Mar	Apr	May	Jun	Jul
Uniformed	27	28	23	23	19	19
Retained	14	17	10	10	8	10
Non-uniformed	3	6	6	7	6	2
Total	44	51	39	40	33	31

4.3 The downward trend for uniformed staff is particularly encouraging and non-uniformed has also seen a recent improvement. In terms of considering the location of the long-term sickness there are three uniformed locations with more than one person on long-term sickness namely Camels Head and Plymstock station and also Somerset Control. The retained and non-uniformed are all at different locations.

5. **HSE REPORT ON ATTENDANCE MANAGEMENT IN THE FIRE & RESCUE SERVICE**

5.1 One of the elected members previously reported that they had taken part in a working party for the Fire & Rescue Service nationally which had resulted in a report commissioned by the Health and Safety Executive (HSE) and the Department for Communities and Local Government (CLG) and directed the Service to consider its findings. Since the last meeting this report has been published. The report has researched five UK Fire & Rescue Services which have provided case studies. The study was intended to consider what policies and practices existed, the views and experiences amongst staff, the degree to which these policies reflected recent recommendations, barriers and facilitators to adopting the recommended practices and finally other practices which were considered useful. The five case studies were representative of the 46 UK FRS's with varying levels of absence. In 2005/6 the range of absence for uniformed staff was from 9.5 to 12.5 days per annum improving to 7.5 to 9 days in 2006/7.

5.2 The report found that there were three overarching factors for successful attendance management and these were:

5.2.1 **Effective use of performance management information**

Services had struggled in obtaining accurate calculations for sickness due to the non-standard working day and shift patterns. Once resolved it enabled predictive information to be produced on how the annual performance might look and allowed this data to be charted and used alongside messages from senior management.

5.2.2 **Strategic prioritisation of attendance management**

A key driver for sustaining improvement was prioritising attendance management at a senior level of the organisation. This could also be enhanced through the engagement of elected members in providing leadership, scrutiny and political accountability. Services implementing a sickness improvement plan or with an absence management steering group were seen as effective.

5.2.3 **Devolved responsibility for attendance management**

Previously within the national FRS Fit for Duty report in 2000 it had been found that there was insufficient devolved responsibility to line managers and that managers needed to develop new skills, make time for new tasks eg return to work interviews and shift from being a 'peer' to the 'boss'. Ensuring that this devolvement of responsibility occurred was cited as a key driver for reducing absence.

- 5.3 The study considered how sickness is managed with consideration for a number of aspects to the procedures including contact during sickness by the line manager, the role of occupational health during sickness, funding for private treatment, use of the Firefighters' Charity, sick pay, and managing the return to work including phased returns and modified duties.
- 5.4 The report also highlighted strategies for managing attendance with return to work interviews, trigger point reviews with the lowest being 10 days or 4 times in a 12 month period and the highest being 15 days or 5 times in a 12 month period. Other strategies included the use of redeployment, retirement, capability proceedings and dismissal.
- 5.5 How attendance could be supported was also researched with key initiatives including:
- Welfare, counselling and trauma support
 - Fitness, health screening and health promotion
 - The use of incentives eg linking to CPD payments or to the provision of available overtime
- 5.6 This holistic approach to attendance management was considered as that which would lead to a successful reduction in absences. It is encouraging that much of the work taking place in DSFRS is comparable with the findings of the national research and the report provides a useful comparator.

6. **PROGRESS WITH ABSENCE MANAGEMENT POLICY**

- 6.1 Since the last HRMDC meeting, the working party have met on a fortnightly basis and have been joined, for some of the meetings, by a representative from the FBU to progress with the new service policy. This work has progressed well and the first draft is nearing completion. Once finished, the next stage will be to undertake a formal consultation stage and prepare a training programme for line managers to enhance the rollout of the policy.

7. **CONCLUSION**

- 7.1 The Service has seen a significant improvement during the first quarter of this financial year in the absence levels and is continuing to progress with the production of quality absence management data and more robust procedures. The considerable success that has been achieved so far this year now needs to be built on in order to achieve the service targets over the full year.

STEVEN POPE
Human Resources Manager