

REPORT REFERENCE NO.	HRMDC/14/5
MEETING	HUMAN RESOURCES MANAGEMENT & DEVELOPMENT COMMITTEE
DATE OF MEETING	23 JULY 2014
SUBJECT OF REPORT	ABSENCE MANAGEMENT & HEALTH OF THE ORGANISATION
LEAD OFFICER	Director of People and Commercial Services
RECOMMENDATIONS	<i>That the report be noted.</i>
EXECUTIVE SUMMARY	One of the key internal measures is that of sickness rates. This Committee has requested that it be kept informed of Service performance in this area by way of a 6 monthly "light touch" report followed by a detailed review at the year end. This paper addresses performance in this area for the 2013-14 financial year. The report also indicates absence to date between April to June of this year.
RESOURCE IMPLICATIONS	
EQUALITY RISKS AND BENEFITS ANALYSIS (ERBA)	The Service Absence Management policy is subject to an ERBA.
APPENDICES	A. Middleware Business Process Improvement
LIST OF BACKGROUND PAPERS	Nil.

1. **INTRODUCTION**

1.1 At its meeting on 25 June 2012, the Committee resolved, amongst other things, to consider the detailed measures for the 'Health of the Organisation' on an annual basis but with an additional half yearly review (Minute HRMDC/5 refers). The format for these full-yearly reviews are as per the quarterly performance report along with additional data. The Service is seeking to achieve year-on-year improvements in this measure.

1. **2013/14 APRIL TO MARCH (YEAR END) ABSENCE PERFORMANCE**

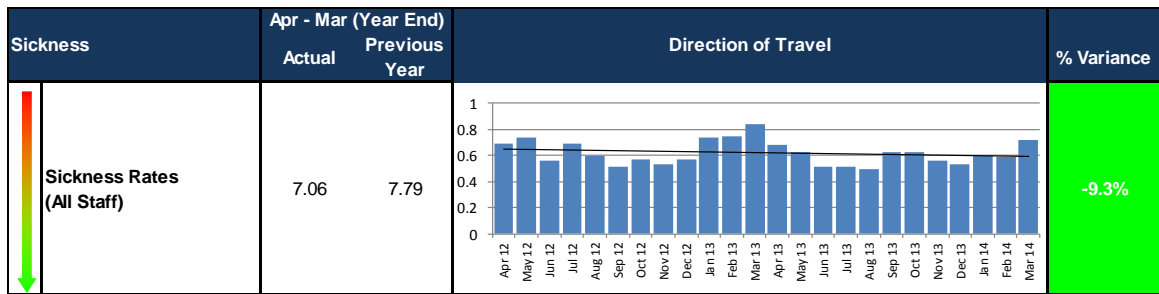


Fig 1: Sickness Direction of Travel

1.2 The graph above shows the monthly sickness rates for the last 2 years. With monthly peaks and troughs in sickness it is difficult to see the on-going improvement in the rates over this period. The graph below shows a rolling sickness rate and shows a much clearer downward trend in the first two years following combination. Over the past 4 years the Service has seen a steady downward trend, in 2012/13 sickness absence rates dropped below a rate of 8 days per year (7.79). This trend has continued into 2013/14 where the Service has seen another 9.3% decrease in the sickness rate to 7.06.

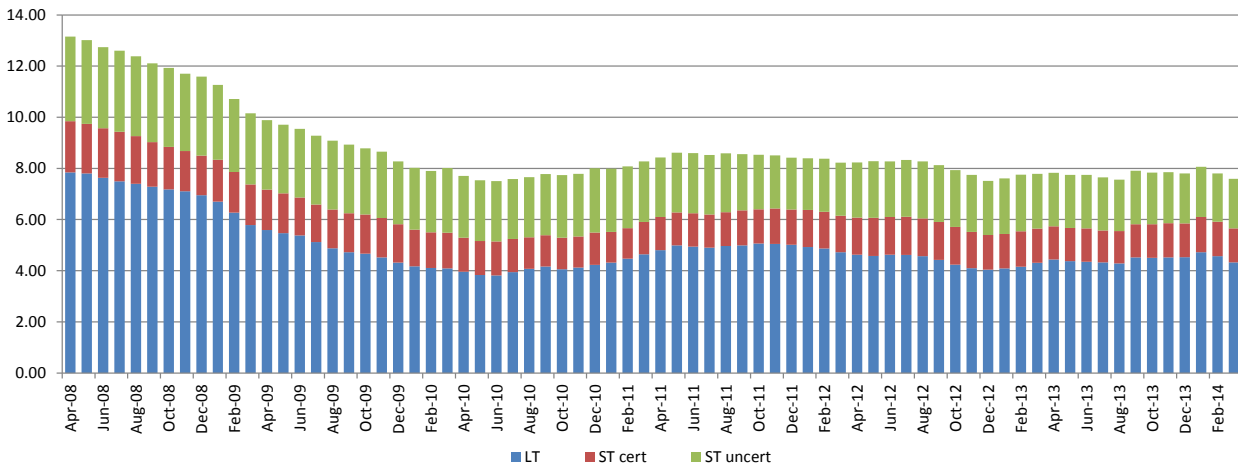


Fig 2: 12 Month Rolling Sickness Rate

1.3 The graph overleaf shows overall downward trend in annual sickness rates since combination.

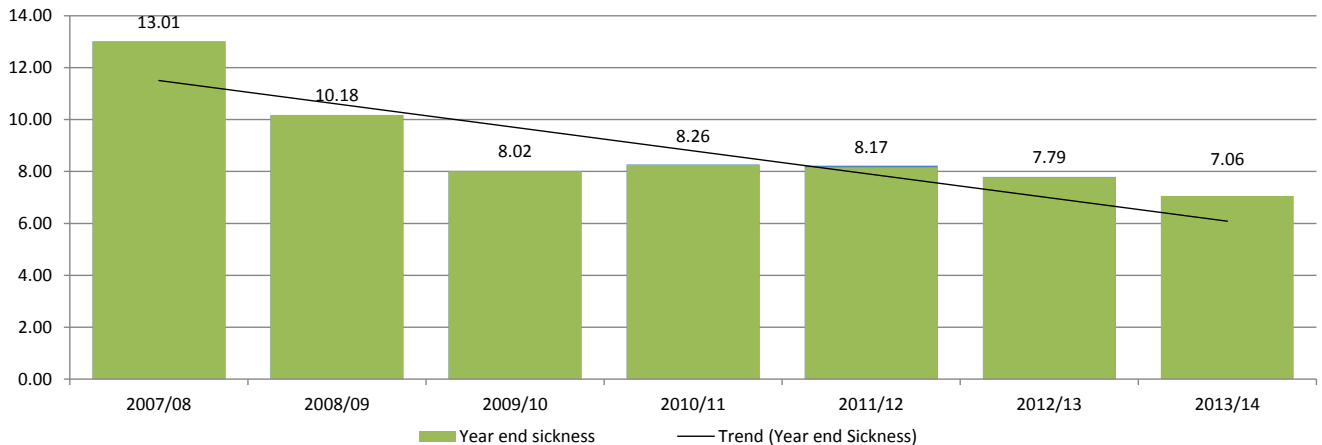


Fig 3: Service level Sickness Rate per Person

1.4 The Service then considers 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

1.5 The length of sickness is considered under 3 categories:

- Short-term sickness – uncertified ie periods of sickness up to 7 days
- Short-term sickness – certified ie periods of sickness over 7 days for which a GP certificate is required
- Long-term sickness – for periods of over 28 days

1.6 The Service has seen decreases in the sickness rate in all areas apart from Wholetime station based short term certified.

Sickness Rates by post type April - March (Year End)	Wholetime Station based staff			Wholetime Non Station staff		
	Actual	Previous Year	% Variance	Actual	Previous Year	% Variance
Overall Sickness Rate	5.99	6.31	-5.0%	9.04	9.85	-8.2%
Total # Days/shifts lost	2690	3110	-13.5%	1826	1995	-8.5%
Sickness Rates - Long Term (over 28 calendar days)	2.91	3.28	-11.1%	7.00	7.04	-0.7%
# Days/shifts lost LT	1309	1616	-19.0%	1414	1427	-0.9%
Sickness Rates - ST Cert (8 - 28 calendar days)	1.23	1.07	14.8%	1.11	1.48	-24.9%
# Days/shifts lost STcert	551	527	4.6%	224	299	-25.1%
Sickness Rates - ST Uncert (up to 7 calendar days)	1.85	1.96	-5.8%	0.93	1.33	-29.9%
# Days/shifts lost STuncert	830	967	-14.2%	188	269	-30.1%

Fig 4: Sickness rates by post type – Wholetime station based staff and non-station based staff

- Wholetime station based is the only post type that saw an increase in one area of sickness, short term certified. The overall sickness rate improved by 5% when compared to previous years.
- Wholetime non station based staff have seen decreases in all sickness types, with the biggest improvement in short term uncertified sickness where the rate fell by 29.9%. The overall sickness rate was down 8.2%.

Sickness Rates by post type April - March (Year End)		Control			Support staff		
		Actual	Previous Year	% Variance	Actual	Previous Year	% Variance
	Overall Sickness Rate	11.13	13.77	-19.2%	6.76	8.03	-15.8%
	Total # Days/shifts lost	434	574	-24.4%	1693	2127	-20.4%
	Sickness Rates - Long Term (over 28 calendar days)	6.62	8.11	-18.4%	3.22	3.55	-9.5%
	# Days/shifts lost LT	258	338	-23.7%	805	941	-14.5%
	Sickness Rates - ST Cert (8 - 28 calendar days)	1.33	2.06	-35.3%	1.33	1.59	-16.3%
	# Days/shifts lost STcert	52	86	-39.5%	334	422	-20.9%
	Sickness Rates - ST Uncert (up to 7 calendar days)	3.18	3.60	-11.6%	2.21	2.89	-23.3%
	# Days/shifts lost STuncert	124	150	-17.3%	554	764	-27.5%

Fig 5: Sickness rates by post type – Control & Support staff

- Control have seen a large overall improvement of 19.2% in the overall sickness rate, with short term certified sickness type having the biggest decrease of 35.3%. It is worth noting that control staff have the highest sickness rates in all 3 sickness categories.
- Support staff have seen an overall decrease of 15.8% in the sickness rate, with all 3 categories decreasing overall. The most significant decrease is in the rate of short term uncertified sickness with a 23.3% reduction.

2. SICKNESS ABSENCE – SECTOR BENCHMARKING

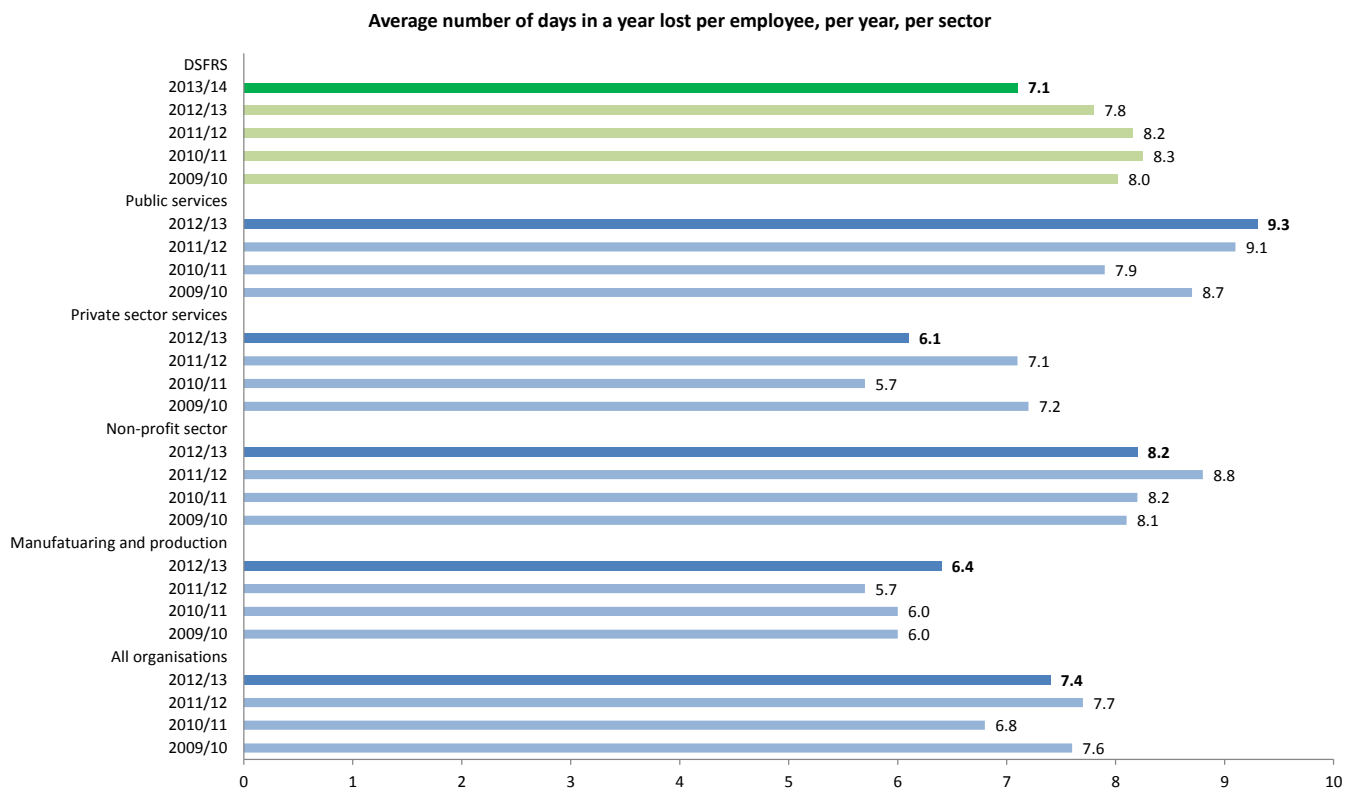


Fig 6: Average number of days sickness per year per sector

- 2.1 The graph above shows how the Service compare to different industries. The large improvement in sickness rates in 2013/14 has seen us move below the average public sector rates showing an opposing trend. The Service is now more in line with rates in the private sector and below the all organisations average.
- 2.2 The Service also participates in a national Fire & Rescue Service Occupational Health Performance report that facilitates comparison with 29 other fire & rescue services (FRSs).
- 2.3 This report includes the main causes of sickness across the UK by staff category and the results of the top 5 in each staff category are as follows:

Wholetime

Cause of Sickness Absence	No. of days/shifts lost	% of total days/shifts lost
Musculo skeletal - other	23,060	23%
Mental Health	18,417	19%
Musculo skeletal - lower limb	13,008	13%
Gastro-Intestinal	11,246	11%
Musculo skeletal - back/neck	9,955	10%

Retained

Cause of Sickness Absence	No. of days/shifts lost	% of total days/shifts lost
Musculo skeletal - other	9,280	31%
Musculo skeletal - lower limb	5,003	17%
Other	2,924	10%
Mental Health	2,870	9%
Musculo skeletal - back/neck	2,658	9%

Non-uniformed staff

Cause of Sickness Absence	No. of days/shifts lost	% of total days/shifts lost
Mental Health	10,626	33%
Musculo skeletal - other	4,683	14%
Respiratory/Chest infection	2,731	8%
Other	2,633	8%
Gastro-Intestinal	2,195	7%

Fire Control

Cause of Sickness Absence	No. of days/shifts lost	% of total days/shifts lost
Mental Health	2,316	37%
Musculo skeletal - other	494	8%
Respiratory/Chest infection	399	6%
Other	398	6%
Gastro-Intestinal	380	6%

2.4 These results accord with what would be expected, with musculo-skeletal being a predominate cause for firefighter particularly when the different body parts are considered as a whole ie 44% for Wholetime firefighters and 57% for the Retained. For Control and Support Staff, mental health (including anxiety, stress and depression) is significant.

2.5 The table below compares the Service position with that of Avon and Gloucestershire in the league table of the 30 FRSs taking part:

Number of days/shifts lost per person

Wholetime	No. of days	Position in league of 30 (lower is better)
Devon & Somerset FRS	7.22	15
Avon FRS	7.77	10
Gloucester FRS	7.77	11

Non uniformed	No. of days	Position in league of 30 (lower is better)
Devon & Somerset FRS	7.03	23
Avon FRS	11.68	7
Gloucester FRS	13.64	2

Control	No. of days	Position in league of 30 (lower is better)
Devon & Somerset FRS	10.76	7
Avon FRS	9.94	11
Gloucester FRS	5.83	24

2.6 These figures suggest that it is the Control department is a particular area for focus by the Service as its rank position here is worse than that of Avon or Gloucestershire.

3. SICKNESS ABSENCE CATEGORIES

3.1 Having considered the national position for reasons for absence it is useful to return to the Service's own sickness categories. The top 4 are shown in the graph below, dating back to April 2011. It can be seen that musculo-skeletal and mental health are the highest categories, reflecting the national position.

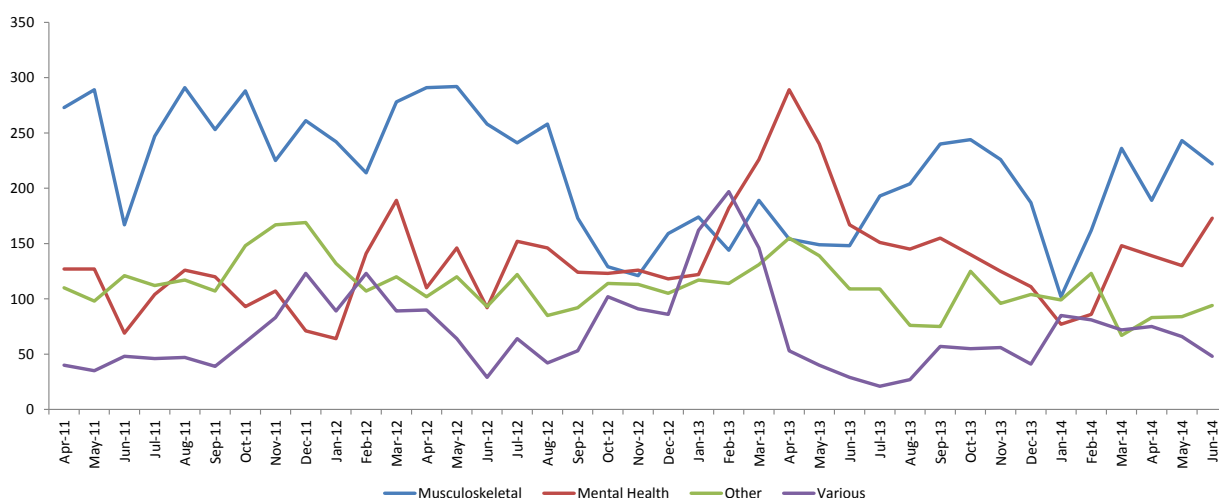


Fig 7: DSFRS Main reasons for sickness

3.2 Exploring these by staff category for mental health, there are various peaks and troughs with the most notable across all staff categories around February to June 2013.

Mental Health Shifts Lost - By staff type (Apr 11-Jun 14)

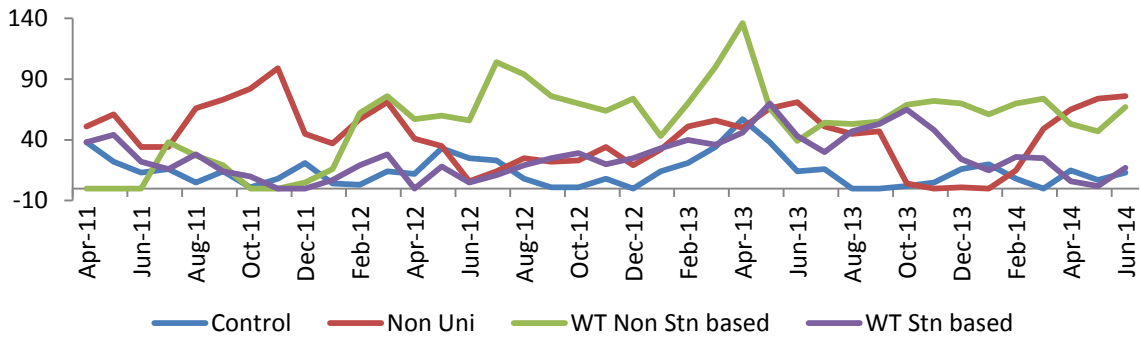


Fig 7: Mental Health sickness by staff type

3.3 The overall trend since April 2011 is for an increasing rate of absences related to mental health issues.

Mental Health Shifts Lost - All Staff (Apr 11-Jun 14)

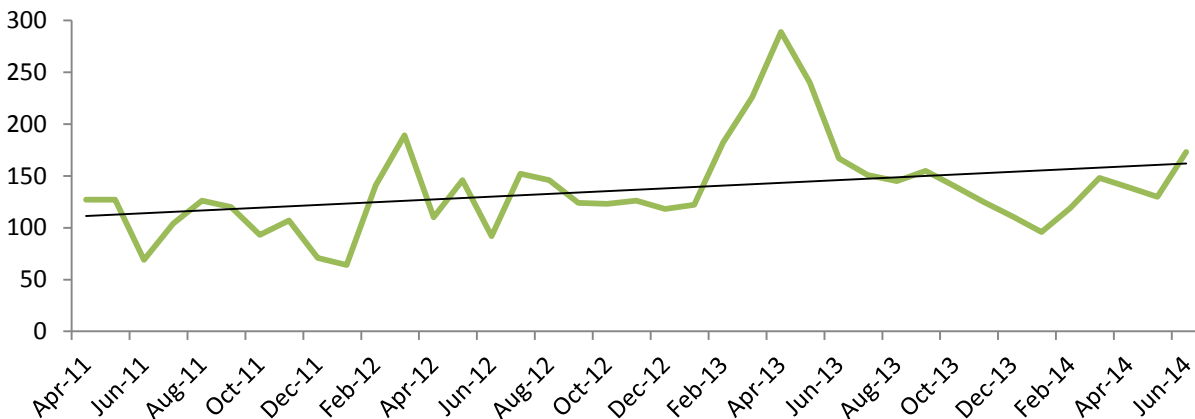


Fig 8: Total Mental Health Sickness

4. 2014-15 APRIL TO JUNE - ABSENCE PERFORMANCE

4.1 Using the same reporting methods for the first three months of this financial year, the Service has not performed as well as last year which is a concern and one which needs to be reviewed. Figures for wholetime and support staff are worse than the previous year whilst Control is marginally better and non-station staff are improved. However, this is in part related to the fact that the Wholetime and Support staff had such good results in the previous year. This is clearly a disappointing start to the year and the Service will be assessing what, if any impact the new sickness reporting process (sickness portal) may have had. The Service will also be drilling down into the data to seek to highlight any particular problem areas.

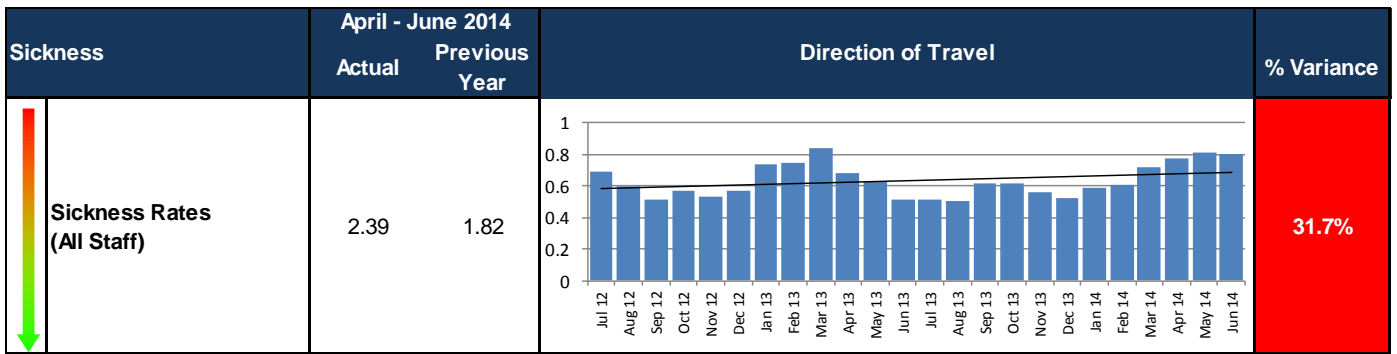


Fig 10: Sickness Direction of Travel 2014/15

Sickness Rates by post type	April - June	Wholetime Station based staff			Wholetime Non Station staff (inc SHQ, STC, group support teams etc)		
		Actual	Previous Year	% Variance	Actual	Previous Year	% Variance
Overall Sickness Rate		2.13	1.43	48.5%	2.38	2.50	-4.9%
Total # Days/shifts lost		836	688	21.5%	454	508	-10.6%
Sickness Rates - Long Term (over 28 calendar days)		1.40	0.74	88.8%	1.87	2.12	-11.7%
# Days/shifts lost LT		550	356	54.5%	357	430	-17.0%
Sickness Rates - ST Cert (8 - 28 calendar days)		0.22	0.27	-18.9%	0.35	0.19	80.0%
# Days/shifts lost STcert		85	128	-33.6%	66	39	69.2%
Sickness Rates - ST Uncert (up to 7 calendar days)		0.51	0.42	20.4%	0.16	0.19	-15.5%
# Days/shifts lost STuncert		201	204	-1.5%	31	39	-20.5%

Fig 11: Sickness rates by post type – Wholetime station based staff and non-station based staff - 2014/15

Sickness Rates by post type	April - June	Control			Support staff		
		Actual	Previous Year	% Variance	Actual	Previous Year	% Variance
Overall Sickness Rate		4.31	4.37	-1.6%	2.51	1.63	54.0%
Total # Days/shifts lost		183	167	9.6%	598	435	37.5%
Sickness Rates - Long Term (over 28 calendar days)		2.56	3.35	-23.5%	1.60	0.85	88.5%
# Days/shifts lost LT		109	128	-14.8%	382	227	68.3%
Sickness Rates - ST Cert (8 - 28 calendar days)		0.96	0.26	268.3%	0.35	0.29	20.6%
# Days/shifts lost STcert		41	10	310.0%	84	78	7.7%
Sickness Rates - ST Uncert (up to 7 calendar days)		0.78	0.76	2.2%	0.55	0.49	13.7%
# Days/shifts lost STuncert		33	29	13.8%	132	130	1.5%

Fig 12: Sickness rates by post type – Control & Support staff - 2014/15

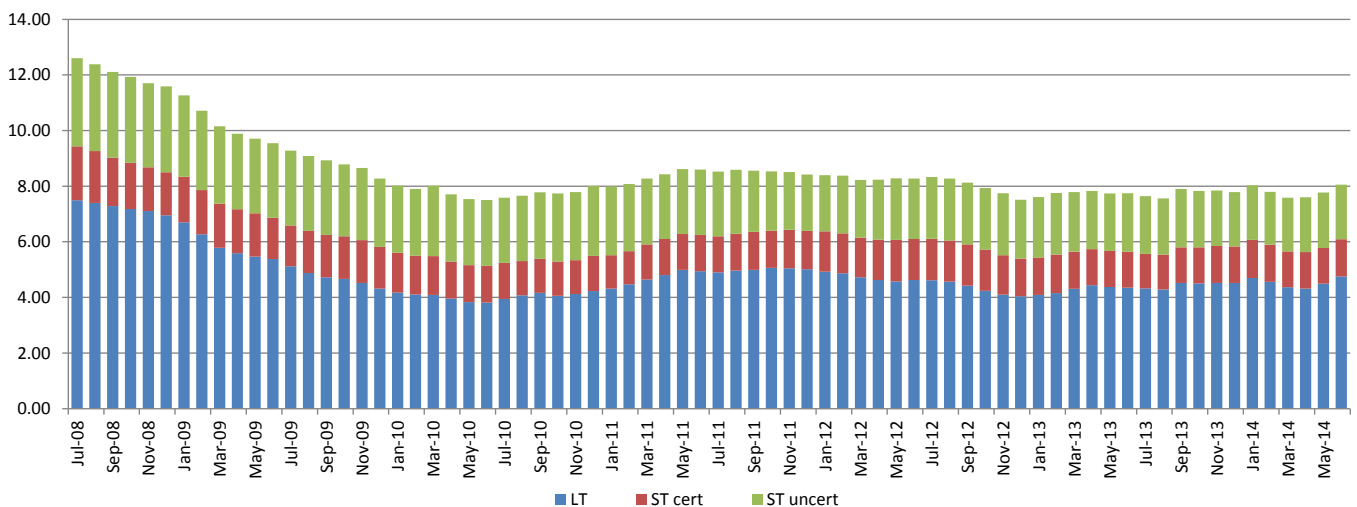


Fig 13: 12 Month Rolling Sickness Rate - 2014/15

- 4.2 It can be seen from figure 13 that on a rolling 12 month basis, we are seeing an increase in short-term absenteeism whilst long-term sickness and short-term certified sickness remain reasonably static.

5. 2014/15 CURRENT PRIORITIES

- 5.1 With the increase in absence due to mental health, the Service is continuing to look at what more it can do to support its staff. One aspect for further consideration is an Employee Assistance Programme (EAP) similar to that introduced by Devon County Council this year. EAPs provide a range of services to support staff including confidential telephone-based assistance on a range of work-related and personal issues, fast-track access to counselling and other support services as appropriate following an early assessment by telephone, support and guidance to line managers to help them manage workers with difficult work issues or personal problems and management information (e.g. usage and the types of issues raised with the EAP) which can aid the development of effective wellbeing management practices. The Service already has a number of wellbeing resources including a Welfare Officer, counselling services, staff supporters and such a scheme would complement these. The Service will be seeking feedback from Devon County Council on the benefits of the scheme and cost-benefit analysis which may then result in a business case being developed to seek to introduce a scheme for the Service.
- 5.2 As reported at the last meeting, an electronic, workflow-based system for reporting sickness using Middleware has been introduced. This went live across the whole Service from the 31 March 2014, having been trialled in a number of departments. This makes sickness absence management easier, more efficient and uses less resources. There are also other benefits with Improved information security, improved information and data quality and better reporting and statistical opportunities. This was one of the first applications for which the Service has used middleware. The efficiency improvements are shown in Appendix A.

6. CONCLUSION

- 6.1 The Service saw an improvement in its performance in 2013-14 when compared to the previous year and one which was considerably better than other public sector organisations. The first quarter of 2014/15 has been disappointing and the Service will be seeking to ensure that positive measures taken to improve this situation.

JANE SHERLOCK
Director of People and Commercial Services

Middleware Business Process Improvement

Sickness Absence Process Efficiencies

New BPM process has managed 224 sickness absences since 31st March 2014

Time taken to complete a sickness absence process

(Actual time taken on average not including return to work interview)



Time Saved Since Go Live

37.3 Hours

Projected Annual Time Saving

181.6 Hours

HR time to process each sickness absence



Time Saved Since Go Live

37.3 Hours

Projected Annual Time Saving

181.6 Hours