

REPORT REFERENCE NO.	HRMDC/14/12
MEETING	HUMAN RESOURCES MANAGEMENT & DEVELOPMENT COMMITTEE
DATE OF MEETING	26 NOVEMBER 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	<p>A key internal measure for the Devon & Somerset Fire & Rescue Service (the Service) is sickness absence rates. This Committee has requested to be kept informed of performance against this measure and the success of the Service's sickness absence management policy and has agreed that this should be in the form of a 6 month "light touch" report, with a detailed review presented at the year end.</p> <p>This report now sets out the position for the first six months of the current (2014-15) financial year.</p>
RESOURCE IMPLICATIONS	Nationally negotiated terms and conditions of service govern the payment of sickness absence, which is managed in accordance with Service policies in order to minimise the impact of this.
EQUALITY RISK & BENEFITS ASSESSMENT (ERBA)	The Absence Management policy has had an equality impact assessment.
APPENDICES	None.
LIST OF BACKGROUND PAPERS	None

1. **INTRODUCTION**

1.1 At its meeting on 25 June, the Committee resolved to consider detailed measures for the ‘Health of the Organisation’ on an annual basis but with an additional, “light-touch”, half yearly review (Minute *HRMDC/5 refers). The format for the data reporting within these half-yearly reviews is as per the Service quarterly performance report. The Service target is to achieve year-on-year improvements in its sickness measure. From the year-to-date results, the forecasts are that the Service not achieve an improvement for this financial year.

2. **2014/15 APRIL TO SEPTEMBER (HALF YEAR) ABSENCE PERFORMANCE**

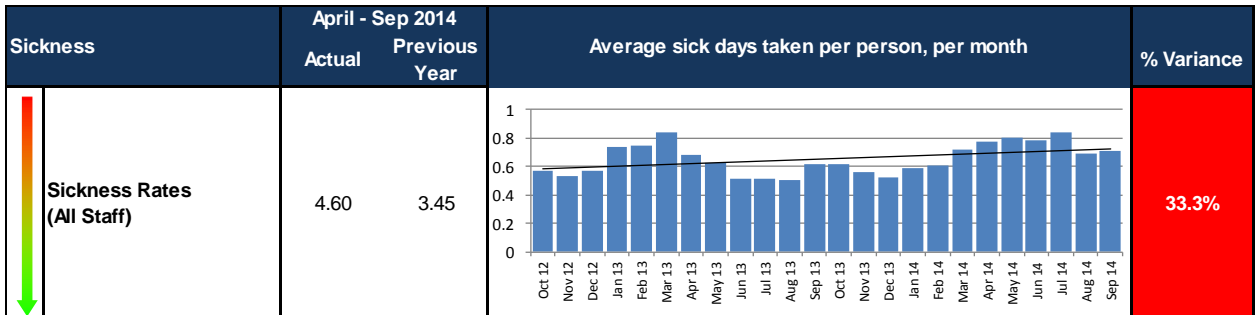


Fig 1: Sickness Direction of Travel

2.1 The graph above shows the monthly sickness rates for the last 2 years. On average, Service employees have taken 4.6 days of sick leave in Q1 and Q2 of 2014/15. This is an increase of 33.3% (1.2 days) when compared to the same period last year. The graph above shows an upward trend on a month-by-month basis. Whilst August and September 2014 saw lower sickness levels than in the first four months, they are still higher than in August and September last year.

2.2 With monthly peaks and troughs in sickness it is difficult to see the on-going longer term change in the rates over this period. The graph figure 2 below shows a rolling sickness rate and shows a much clearer view. It can be seen that the 12-month rolling sickness rate as measured at the end of each month is climbing and has consistently increased since April 2014.

2.3 There are 3 categories of sickness:

- **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

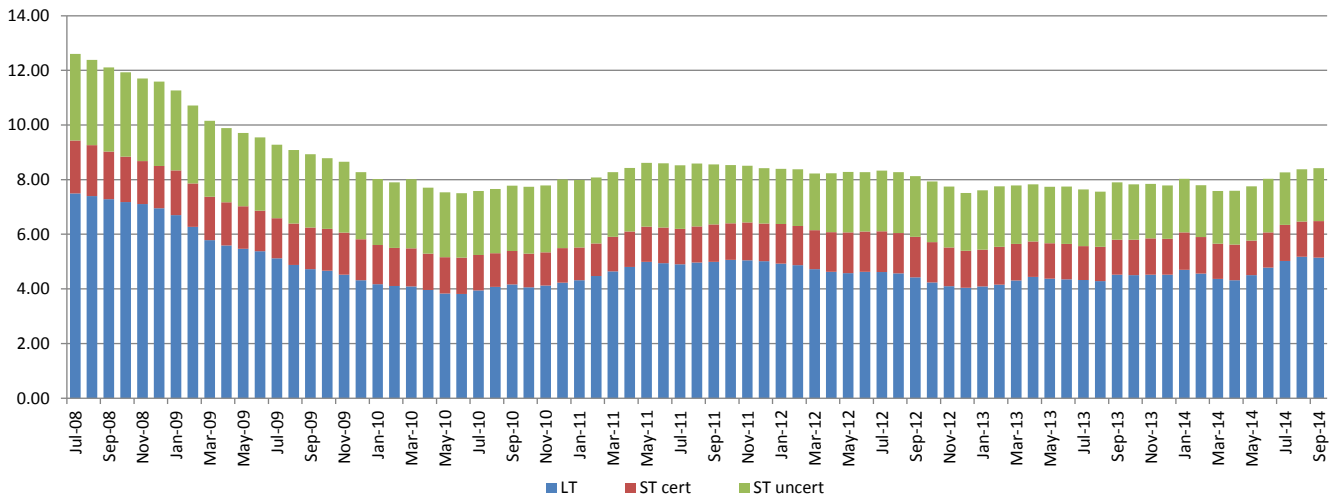


Fig 2: 12 Month Rolling Sickness Rate

- 2.4 Examining the categories off sickness in figure 2, while rates of uncertified and certified short-term sickness have been fairly consistent, there has been considerable variation in the long-term sickness pattern. Long-term sickness therefore clearly has a significant effect on the overall rate of absence and has been the biggest factor in the rise in overall sickness levels during 2014.
- 2.5 Figure 3 compares new cases of long-term sickness with those long-term sick employees who are returning to work with the overall sickness absence rate for the Service. What can be seen is that when new cases of long-term sickness outstrips returners, the overall level of sickness absence tends to rise. Similarly, for those months when the number of returners is greater than the number of new cases of long-term sickness, the sickness absence levels tend to decrease.

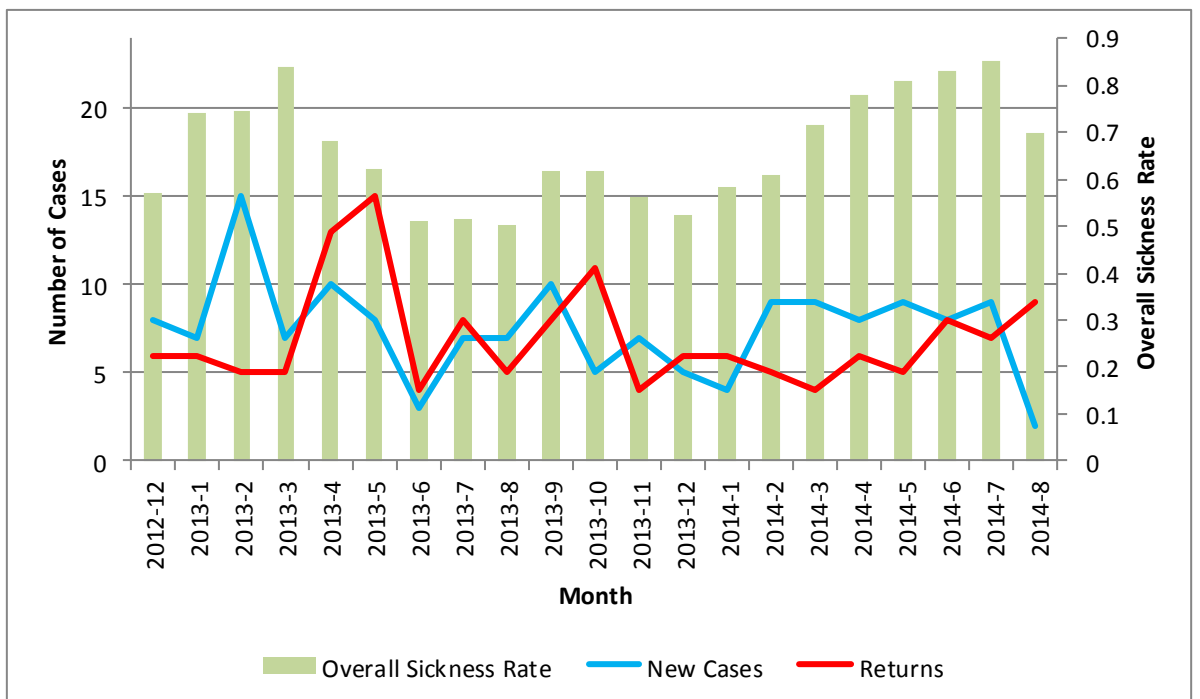


Fig 3: Long Term Sickness New Cases and Returners

2.6 Annual sickness rates since 2007/8 are still showing a downward trend as seen on the graph below but the figure of 4.6 days per person this year so far is the highest since 2008/09.

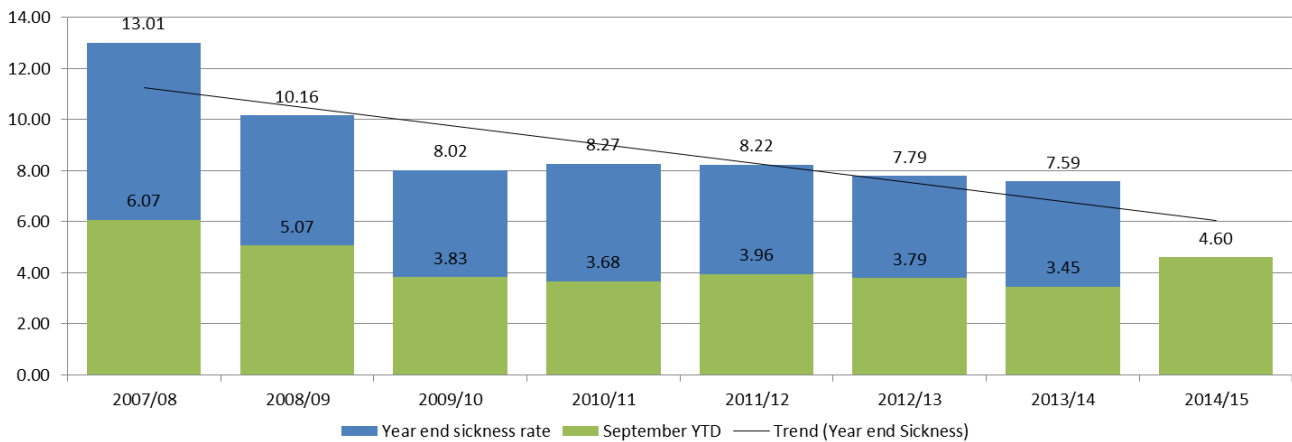


Fig 4: Service level Sickness Rate per Person

2.7 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 are considered:

- Wholetime station based staff
- Wholetime non-station based staff
- Control staff
- Support staff

2.8 The Service has seen increases in the sickness rate across each of these contract types, but most consistently within Control staff which has seen an overall increase in sickness of 77.2%. There has been an overall increase in sickness rates of 33.8% for support staff, largely due to the increase (62.2%) in long-term sickness rates. Short-term certified sickness rates have decreased by 10.4%. (See Figure 5 below)

Sickness Rates by post type	April - September	Control			Support staff		
		Actual	Previous Year	% Variance	Actual	Previous Year	% Variance
Overall Sickness Rate		11.71	6.61	77.2%	4.37	3.27	33.8%
Total # Days/shifts lost		491	251	95.6%	1054	850	24.0%
Sickness Rates - Long Term (over 28 calendar days)		8.45	4.66	81.2%	2.85	1.76	62.2%
# Days/shifts lost LT		354	177	100.0%	687	457	50.3%
Sickness Rates - ST Cert (8 - 28 calendar days)		1.10	0.45	145.1%	0.47	0.52	-10.4%
# Days/shifts lost STcert		46	17	170.6%	113	136	-16.9%
Sickness Rates - ST Uncert (up to 7 calendar days)		2.17	1.50	44.6%	1.05	0.99	6.6%
# Days/shifts lost STuncert		91	57	59.6%	254	257	-1.2%

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

2.9 The overall sickness rate of Wholetime station-based staff has increased by 56.3% with increases in all sickness types. The biggest increase was in long-term sickness (83.8%). Wholetime non-station based staff have, however, seen decreases in all sickness types, with the biggest improvement being in short-term uncertified sickness where the rate fell by 24.3%. The overall sickness rate for wholetime non-station staff was down 17.6%. (See Figure 6 overleaf).

Sickness Rates by post type April - September		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	4.35	2.78	56.3%	3.85	4.67	-17.6%
	Total # Days/shifts lost	1686	1318	27.9%	740	939	-21.2%
	Sickness Rates - Long Term (over 28 calendar days)	2.83	1.54	83.8%	3.13	3.81	-17.8%
	# Days/shifts lost LT	1098	730	50.4%	601	765	-21.4%
	Sickness Rates - ST Cert (8 - 28 calendar days)	0.67	0.48	41.7%	0.44	0.49	-10.4%
	# Days/shifts lost STcert	261	225	16.0%	84	98	-14.3%
	Sickness Rates - ST Uncert (up to 7 calendar days)	0.84	0.77	10.1%	0.29	0.38	-24.3%
	# Days/shifts lost STuncert	327	363	-9.9%	55	76	-27.6%

Fig 6: Sickness rates by post type – Wholetime station based staff and non-station based staff

3. SICKNESS ABSENCE – SECTOR BENCHMARKING

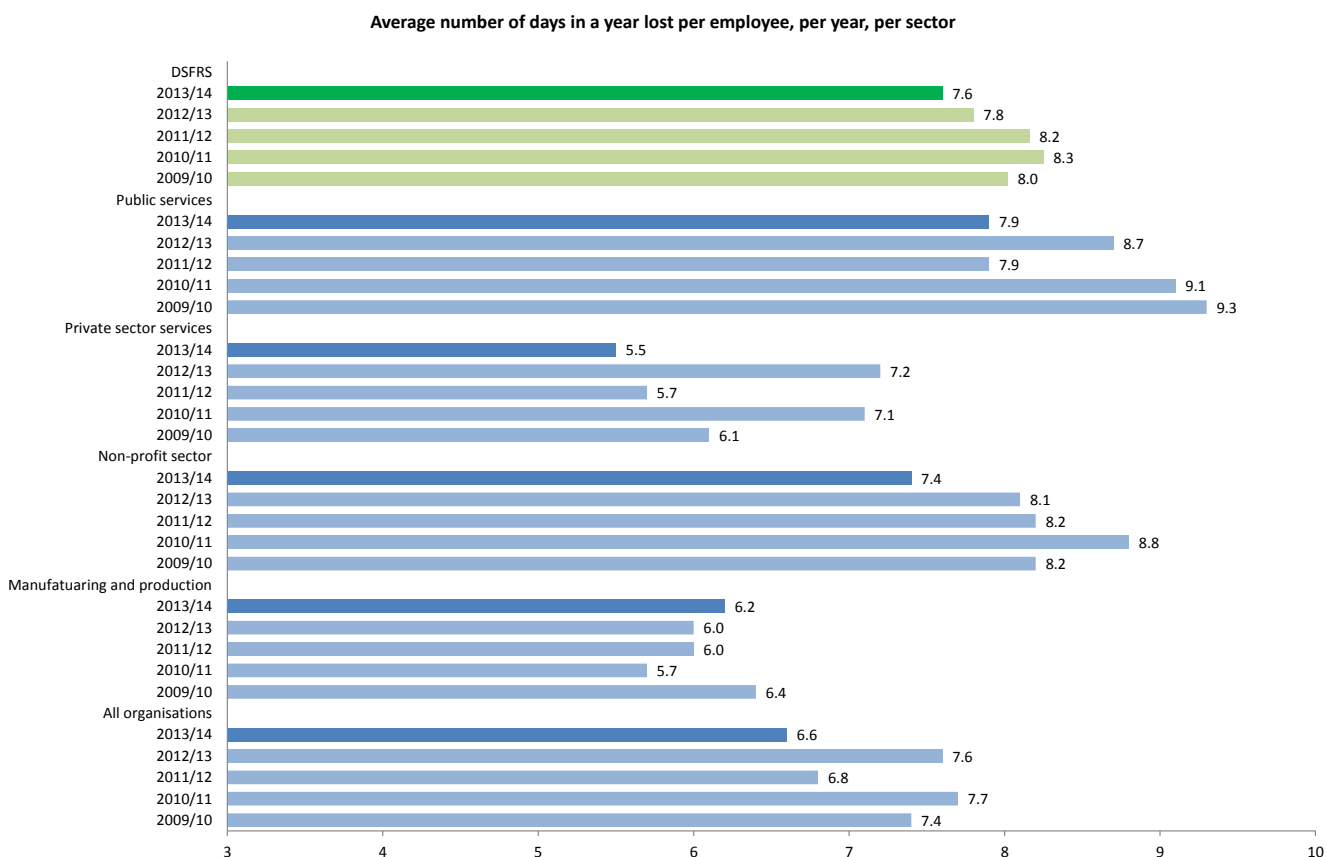


Fig 7: Average number of days sickness per year per sector

3.1 The graph above shows the year end industry data (taken from the 2014 Chartered Institute of Personnel and Development (CIPD) annual survey report) as compared to the Service. For the third year running in 2013/14, the Service had sickness rates below the public services average. However, when compared to other sectors, the Service is experiencing higher rates of sickness.

4. STATISTICAL ANALYSIS

- 4.1 The Service has undertaken more detailed analysis of the absence levels using tolerances based on standard deviations so that it can be determined whether the fluctuations in sickness are within acceptable tolerances. Over the last 5 years, the Service has found that sickness levels have been generally within statistical control however the recent increase in absence over the first half of 2014 is statistically significant.
- 4.2 Much of this rise in absence can be put down to a rise in long-term absence across all types of staff. This period represents the longest continuous run of months where new cases of long term absence has out-stripped returners from long term absence. Whether this increase in long-term sickness is as a result of a “special cause” is not clear.
- 4.3 Additionally, this recent rise comes at a time when rates of short-term uncertified sickness have been falling. This, for some staff groups, suggests a change in system conditions, which could be the changes in recording of sickness or alternatively could be due to the financial/political climate affecting the Service, with staff remaining at work when previously they may have reported sick.
- 4.4 Also of concern is that the new sickness reporting portal is still at version 1. To date, the Service has not been able to devote sufficient system development time to incorporate required improvements for version 2. This has resulted, anecdotally, in staff being booked as returning to work on a particular date rather than the actual end of the sickness period, thereby potentially adding additional days to a period of sickness. Additionally, the requirement to stipulate an absence reason is not, at present, mandatory and is sometimes left blank by the line manager. This can result in inadequate reporting data making it more difficult for the Service track trends in the future.

5. CONCLUSION

- 5.1 The results as set out in this report for sickness absence and trends are somewhat disappointing, particularly when compared to the results secured in the previous (2013-14) year. The Service has, however, seen a reduction in sickness levels over the last two months of this quarter and by rigorous application of its absence management strategy will endeavour to see this reducing pattern continue.

JANE SHERLOCK
Director of People and Commercial Services