

REPORT REFERENCE NO.	HRMDC/15/5
MEETING	HUMAN RESOURCES MANAGEMENT & DEVELOPMENT COMMITTEE
DATE OF MEETING	16 SEPTEMBER 2015
SUBJECT OF REPORT	ABSENCE MANAGEMENT
LEAD OFFICER	Director of Corporate Services
RECOMMENDATIONS	<i>That the significant additional activity outlined within the action plan directed towards reducing down sickness absence be noted.</i>
EXECUTIVE SUMMARY	<p>Absence Management is a standing item on the Human Resources Management and Development Committee agenda.</p> <p>During 2014/15, the Service saw an increase in sickness absence levels and is taking action to redress this in 2015/16.</p>
RESOURCE IMPLICATIONS	Diverted staffing time associated with the action plan.
EQUALITY RISK & BENEFITS ASSESSMENT	The Absence Management policy has had an equality impact assessment.
APPENDICES	Appendix A: Action Plan
LIST OF BACKGROUND PAPERS	<p>There is a wide range of research and papers available on sickness absence. Recent notable works include:</p> <p>Working for a healthier tomorrow Dame Carol Black's Review of the health of Britain's working age population, 17th March 2008</p> <p>Health at work – an independent review of sickness absence, Dame Carol Black and David Frost CBE, November 2011</p>

1. INTRODUCTION

1.1 Like many organisations, the Service recognises that employee absence has a significant cost to the organisation and is therefore something that we need to measure, understand and be able to address. Whilst we all recognise that some absence is inevitable due to genuine sickness, we require our staff to be able return to work as soon as possible and provide the necessary support for them to do so. We also will take appropriate action regarding any non-genuine sickness absence.

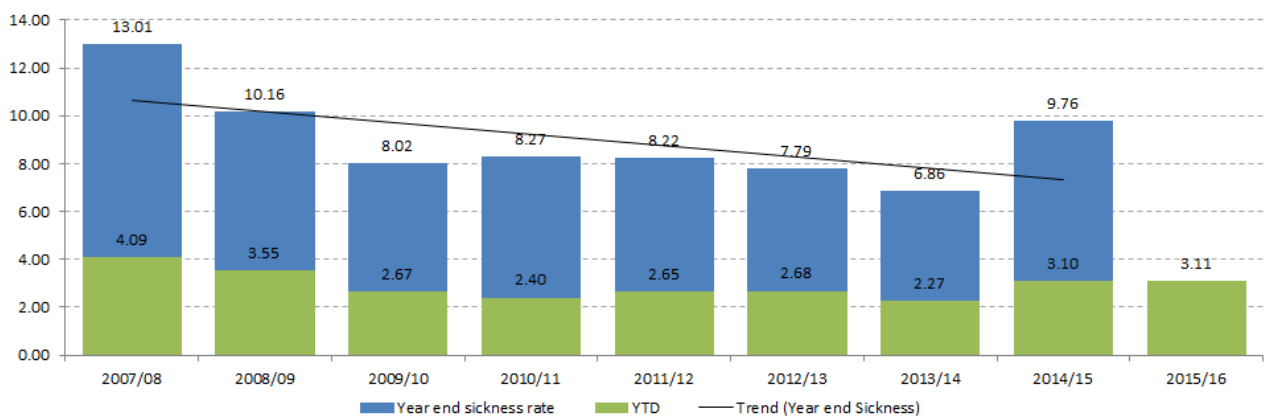
1.2 The Service performance for Absence Management has been included as a standing item on the members Human Resources Management and Development (HRMD) Committee agenda since combination and has also featured within the Audit & Performance Review Committee (APRC) performance report. With the declining performance in 2014/15, the Service has put in place an action plan to redress this performance in 2015/16.

1.3 Absence levels have been a high profile measure for the Service since combination when, during our first year, we experienced an average of 13 days absence per person per annum. This was the first year following a significant upheaval for many staff in terms of the organisation, workplace location and cultural changes. Prior to combination, Somerset FRS had a better level of attendance than Devon FRS. For Devon, the absence levels were:

	2003/4	2004/5	2005/6	2006/7 (Forecast)
Wholetime Absence	9.8 days/shifts	10.7	12.3	11.4
All Staff Absence	9.3 days/shifts	9.9	11.6	11.2

For Somerset the sickness levels were on average **8.48 days** per person in 2005/6 and **9.47 days** in 2006/7 in the lead up to combination.

Following combination, the levels have been as follows:

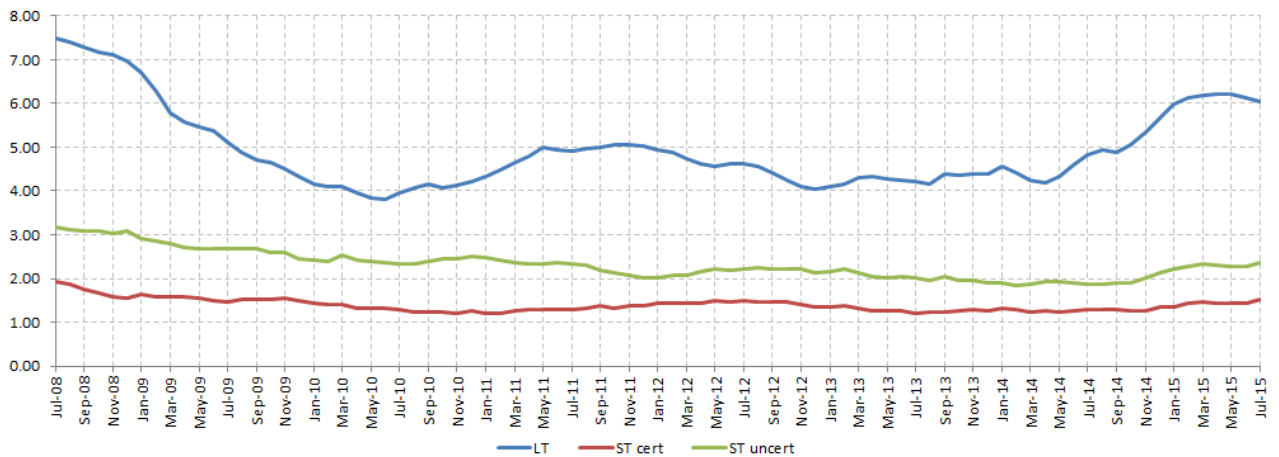


1.4 A very positive downward trend in sickness absence levels, with an exceptionally good year in 2013/14, existed until 2014/15. The significantly higher absence levels in 2014/15 has prompted the development of an action plan to redress the position. It is noted that 2014/15 followed a year of considerable changes within the Service with significant reductions in staffing levels as a result of needing to meet Government grant reductions. It should also be recognised that whilst it remains the Service’s long term aim to drive down sickness, the current absence levels are similar to other Fire Services (see 3.1 below). The extended period of unease related to the national strike over pension changes is thought to have had an impact on morale and this may be reflected in higher sickness levels for the period in question as well as the impact of the organisational changes in relation to the crewing of appliances. In seeking to determine what the Service should do about the increasing levels of sickness, the Service Leadership Team has reviewed the Absence Management processes and put an action plan in place. Essentially, the key to effective absence management is measuring and monitoring absence levels, communicating the importance of good attendance and taking actions that will support a culture of good attendance.

2. **2014/15 ABSENCE PERFORMANCE**

2.1 The graph 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. This rolling rate has plateaued and our action plan is aimed at addressing this performance. The marked increase in the long-term sickness rate is very obvious although the rolling rate for short term sickness has also increased. There are 3 categories of sickness shown in the graph:

- **Short-term uncertified sickness** – periods of sickness up to 7 days
- **Short-term certified sickness** – periods of sickness between 8 and 28 days for which a GP certificate is required
- **Long-term sickness** – periods of over 28 days

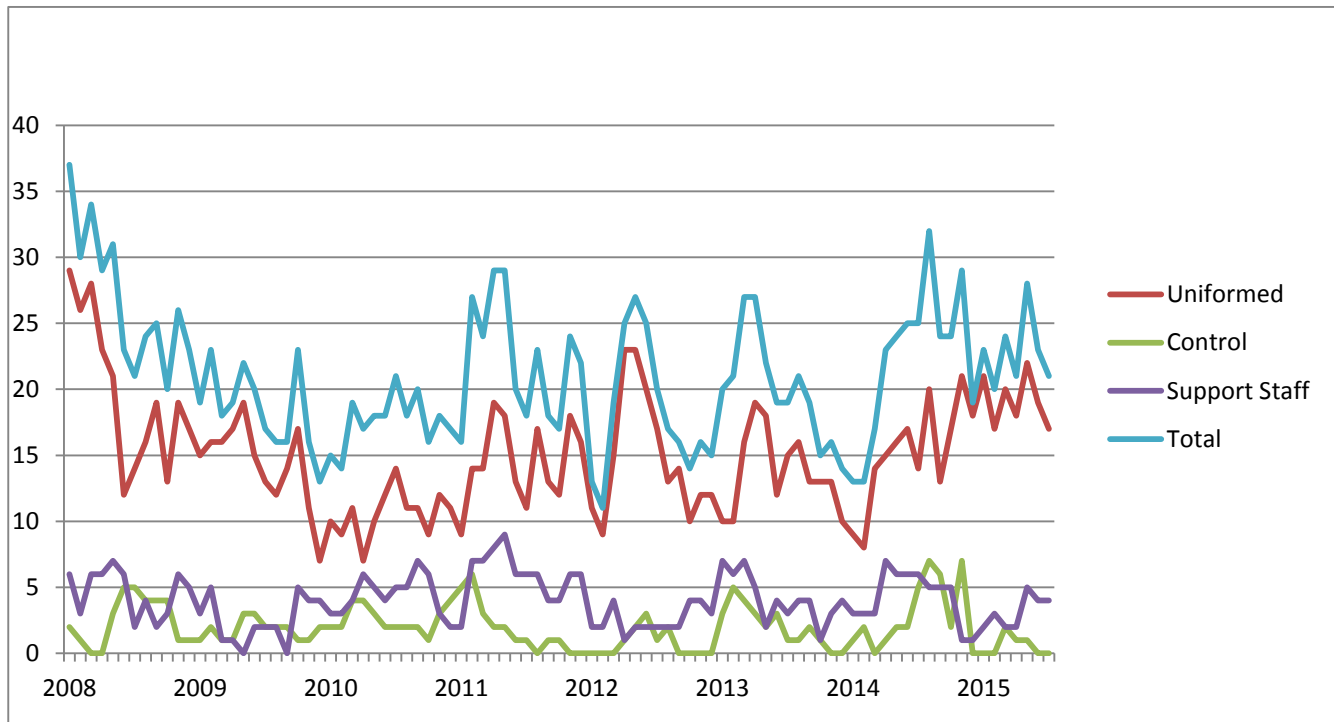


Average sick days taken per person, per year

2.2

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 and these are shown below with a range for uniformed staff of typically between 10 and 20 staff at any one time. However, it should be noted that with uniformed staff we have seen a reduction in staffing numbers and so proportionally this level will have a greater impact on our absence levels.

Numbers of staff on Long Term Sickness



3. **BENCHMARKING DATA**

3.1 The Service participates in a National Fire & Rescue Service Occupational Health Performance Report along with 33 other Fire & Rescue Services. 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 for 2014/15 are as follows:

Wholetime

Cause of Sickness Absence	% of total days/shifts lost
Musculoskeletal	45%
Mental Health	14%
Respiratory	9%
Gastro-Intestinal	9%
Hospital/Post-Operation	3%

On-call

Cause of Sickness Absence	% of total days/shifts lost
Musculoskeletal	57%
Mental Health	12%
Respiratory	7%
Gastro-Intestinal	4%
Hospital/Post-Operation	3%

Non-uniformed staff

Cause of Sickness Absence	% of total days/shifts lost
Mental Health	26%
Musculoskeletal	22%
Respiratory	9%
Gastro-Intestinal	7%
Hospital/Post-Operation	5%

Fire Control

Cause of Sickness Absence	% of total days/shifts lost
Mental Health	25%
Musculoskeletal	22%
Respiratory	9%
Gastro-Intestinal	7%
Cancer and Tumours	6%

- 3.2 These results are pretty much what we would expect with musculoskeletal being a predominate cause of sickness absence for firefighters. For Control and Support staff, mental health is a significant cause of absence, which includes anxiety, stress and depression. Within the Service, musculoskeletal and mental health are the highest reason for long-term sickness. However, in 2014/15 absence data was not complete because of the non-mandatory requirements of the new reporting system. This has now been resolved following the release of an update to the system.
- 3.3 Absence levels for the Service are benchmarked against three southwest fire and rescue authorities and 30 others nationwide. In the following tables, we have referred to the other participating southwest authorities as 1, 2 and 3 because they will wish to determine when and how they publish their data.

Number of days/shifts lost per person

Wholetime	No. of days 14/15	Position in league of 34 (NB higher rankings are better)
Devon & Somerset FRS	9.74	4
South West FRS 1	8.31	12
South West FRS 2	9.55	5
South West FRS 3	10.92	2

Non-uniformed	No. of days 14/15	Position in league of 34 (NB higher rankings are better)
Devon & Somerset FRS	7.99	22
South West FRS 1	15.67	2
South West FRS 2	8.96	17
South West FRS 3	8.96	16

Control	No. of days 14/15	Position in league of 34 (NB higher rankings are better)
Devon & Somerset FRS	18.89	3
South West FRS 1	3.51	26
South West FRS 2	21.24	2
South West FRS 3	22.57	1

4. **MEASURING AND MONITORING ABSENCE LEVELS**

- 4.1 Having accurate data for absence management is absolutely key to knowing what the current levels are and being able to make internal comparisons within the Service. At the start of the 2014/15 financial year, a new process for sickness reporting was introduced with the intent of reducing management time, supporting the capture of data and streamlining the process. However, there were some issues with system user data entry that have led to a deterioration in the quality of the data that we hold. In particular data on the reason codes; of the entries made for 2014/15, 18.5% did not provide a reason code.
- 4.2 Addressing this system issue was one of the significant improvement actions that members of the Committee wanted to see completed as soon as was possible. We can now confirm that the systems upgrades have been successfully designed and implemented, which will assist in ensuring the accurate measurement and monitoring of absence levels in the future.
- 4.3 The recent system upgrade also resolves other issues around updating changes to reflect the current line manager and enabling certain tasks to be delegated, e.g. from the Watch Manager to Crew Manager.

5. **ANALYSIS OF ABSENCE MANAGEMENT DATA**

- 5.1 The data associated with sickness records is complex and the Data Hub normally has to utilise a degree of data manipulation in order to provide reports and analysis. Work is in-hand to automate this and when completed it will help with the extraction of relevant information.
- 5.2 There are particular areas of focus that we need to regularly be able to analyse:
- Long-term sickness reason codes.** The sickness reason was not previously always recorded and this has been corrected.
- Duration of long-term sickness.** We have previously reported to the Committee the number of cases within the Wholetime, Control, Support and On-call staff and whether they reached 6, 12, 18 or 24 months. Such monitoring allows the Service to support staff in returning to work or progress with an ill-health retirement.

Sickness League tables for commands, stations, departments for overall sickness levels and short-term sickness.

Local level data again for station/departments on a monthly basis and compared with tolerance levels. At present our existing performance system does not support control graphs and so we are left with year to date comparisons with the previous year or a rolling 12 month basis.

Benchmarking of sickness data. The Service participates in a national fire survey which is produced on a quarterly basis. The Service also obtains the CIPD annual survey available in July of each year. There is also an Office for National Statistics (ONS) sickness report. The current (ONS) report is for October 2012 to September 2013 and so is out of sync with the period we are reviewing.

Sickness patterns. This is particularly difficult to identify and analyse. Patterns that might indicate a need for action include short-term absences around weekends, public holidays, start/finish of duty tours, sporting events, and good weather. This analysis is most effectively done at a local level based on line managers' knowledge of an individual.

6. **COMMUNICATIONS**

- 6.1 It is important that we have regular messages to staff that reinforce that absence is measured and is important to the Service. Earlier this year in the February Alert No. 210, the Chief Fire Officer made reference to the absence levels with the following quotation:

“Despite these challenging times we are performing relatively well. Our quarter three performance report shows that our key measures are heading in the right direction, all apart from sickness levels which appears to be rising. I have asked for this to be looked into and the underlying causes identified. The need to bring sickness level rates down will feature within some of our future change projects but we also look to support staff wherever possible”.

- 6.2 The Service has subsequently produced a further Alert in June setting out the importance of the health and wellbeing of our employees and the initiatives, interventions and policies in place to ensure that employees have a safe and supportive working environment. The Alert also sets out that we need to strike a reasonable balance between the genuine needs of employees to take occasional periods of sickness because of ill-health and our ability to continue to fulfil our role in serving our communities. The Alert specifically highlights the support available through MIND, which is a mental health charity, and the last government invested up to £4m in the provision of mental health support to the Blue Light Services. Staff who work in the emergency services are at a higher risk of experiencing a mental health problem than the general population and hence our desire to support this initiative to raise awareness of mental health issues and tackle stigma and provide training.
- 6.3 Making reference to our absence levels through our organisation will ensure that there is a focus on sickness. The Commands have been operating with a ‘Performance on a page’ approach and it is important that absence features as part of this. However, to support this we need to be able to access absence data, particularly local data, more easily.
- 6.4 The Service Leadership Team has been highlighting this measure and it is being cascaded through the organisation. As part of our communications, we will release more frequent Service wide messages.

7. CULTURAL ASPECTS

- 7.1 Often, with absence in organisations, there is a culture as to how organisations respond to sickness and the normative levels of sickness. The culture in an organisation will also have an impact with staff engagement, job satisfaction, morale, relationships with colleagues all having an effect on sickness levels. Periods of change can be unsettling for staff and lead to increases in absence levels. Where absence control is given a lower priority absence levels are likely to be higher.
- 7.2 The Service Leadership Team previously commissioned a sub-group to consider the cultural aspects related to sickness and the initial considerations were around the differences between private and public organisations. Private organisations typically have less attractive occupational sick pay schemes and also lower levels of sickness. Some organisations take a much more punitive approach through sanctions and for example using trigger points which result in automatic disciplinary processes. This can have a short-term impact in improving absence levels but it was considered as inappropriate to seek to compel genuinely sick employees in the fire and rescue service to attend work and the subsequent impact on morale. It is recognised, however, that there is a fine line with such sensitive matters.
- 7.3 The Service has a 'light-touch' project into Fire Fighter fitness which is intended to create a fitness culture within the organisation.

8. SUPPORTIVE HEALTH AND WELLBEING INITIATIVES

- 8.1 As part of a supportive approach, there are steps that organisations can take to assist staff with an early return to work and preventative provisions that avoid the sickness occurring in the first place.
- 8.2 There has been much research into sickness absence with Dame Carol Black leading much of the significant recent national reviews both in 2008 and 2011. This led to the introduction of the 'fit note' which replaced the sick note and recommendations for an additional government funded Independent Assessment Service. Dame Carol Black identified that for most people of working age, work, the right kind of work, is good for their health and well-being. Secondly, that for most people worklessness is harmful. Thirdly, much sickness absence and inactivity follows common health conditions which, given the right support, are compatible with work, although sometimes it means a different kind of work.
- 8.3 As part of her findings, Dame Carol Black proposed indicators that would show whether organisations were improving the promotion of better health and wellbeing at the workplace. These included:
- Health & Wellbeing initiatives and support
 - Flexible working policies
 - Stress management
 - Attendance management programmes
 - Employee engagement
 - Satisfaction with work

- 8.4 The Service does have an impressive number of provisions for staff including annual leave allocation, flexible working for non-station based staff, an occupational pension scheme, sick pay, access to occupational health services, health screening, physiotherapy, workplace adjustments, counselling, stress management support, critical incident defusing, an employee paid healthcare scheme, gym equipment, discounted gym membership and time for fitness training for certain staff categories.
- 8.5 As part of encouraging fitness, the Service has previously operated a cycle scheme through a salary sacrifice scheme to enable employees to purchase cycles. However this scheme was ceased due to the upfront running costs. There are benefit providers who could support us with such schemes through a Total Rewards System that can make such schemes cost-neutral. Salary sacrifice schemes such as Cycles and Childcare could, within a Total Rewards Scheme, also support the provision of an Employee Assistance Programme (EAP) and annual benefit statements for staff. Employee Assistance Programmes generally provide online and helpline services which provide information, advice and counselling on a variety of issues which can cause absence and/or performance problems. Such a proposal would need to be submitted through the Service Improvement Framework to scope out this work.
- 8.6 With regard to attendance management, we do support a phased return and workplace adjustments but these interventions are typically when someone has become long-term sick, i.e. after 28 days, and we are seeking to bring such interventions forward.
- 8.7 The Service has a range of support associated with mental health problems with counselling, stress facilitators, staff supporters, workplace stress risk assessment (RA10), mediation services, and a dedicated Welfare Officer.
- 8.8 A “you-tube” video has been produced featuring staff from the fire and rescue service, police and ambulance service talking about their experiences as part of the MIND campaign. There are other resources which include a bespoke mental health training package for managers as well as frontline staff and volunteers across the emergency services and a helpline service which we need to tap into.
- 8.9 The Independent Assessment Service that Dame Carol Black recommended is coming into fruition through the Fit for Work scheme which includes web based information and a telephone line but also a means for GPs to refer individuals for a free occupational health assessment. This support is likely to be more beneficial to Small and Medium Enterprises without an occupational health provider but we are exploring whether there are additional benefits for the Service.
- 8.10 The Service also has a range of discretionary leave arrangements which staff may not be aware of e.g. compassionate leave. We also have family leave e.g. time off for dependants, paternity and maternity leave etc. and staff will be reminded of these policies.
- 8.11 Some organisations have a separate category for disability related sickness and the Service could introduce this. Where sickness is related to disability it would be discounted from trigger points and any potential disciplinary or performance management related discussions.
- 8.12 Creating a more stable workplace would also be beneficial and whilst the Service still has some way to go, we are intending to reduce the number of temporary promotions which has impacted upon the mental health of some of our staff. At the same time, we have an objective to create a more flexible workforce with more rounded officers and the ability for staff to move around the service is a key aspect of this.

- 8.13 As part of our Performance Management, we need to ensure that our staff fully understand what is required from them through their line manager so that in a shrinking organisation we clarify the priorities and ensure that this is the focus of our efforts. The use of appraisals (PPDs) and regular 1:1s with line managers will support this. This will reduce stress levels and ensure the Service remains focused on what is most important.

9. SICK PAY & OVERTIME ARRANGEMENTS

- 9.1 For Grey book staff, sick pay benefits are available from day one of employment whereas for Green book staff the duration of sick pay increases each year over the first 5 years of service. These are contractual benefits that are provided through national agreements and so we would be in breach of contract should we remove this benefit. However, there is a discretionary element around the extension of sick pay and we will continue to comply with the Grey book provisions regarding sick pay by only considering an extension to sick pay in exceptional situations. We have discussed this aspect with the FBU and agreed an alternative approach to the existing sick pay review panels that we currently operate.
- 9.2 Where staff have not provided the appropriate fit note or declined to attend a medical then it would be reasonable for the Service to state that in such circumstances sick pay will be stopped.
- 9.3 For support staff, we have a grading structure with annual automatic increments. It may be possible to link these increments to attendance performance and this is a matter that we will explore further with UNISON. For uniformed staff we will review the CPD payment and again the linkage to attendance.

10. CONCLUSION

- 10.1 A very positive downward trend in sickness absence levels, with an exceptionally good year in 2013/14, existed until 2014/15. The significantly higher absence levels in 2014/15 has prompted the development of an action plan to redress the position. It is noted that 2014/15 followed a year of considerable changes within the Service with significant reductions in staffing levels as a result of needing to meet Government grant reductions. It should also be recognised that whilst our long term aim continues to be to drive down sickness absence, current levels are being experienced in other fire and rescue services. The extended period of unease related to the national strike over pension changes is thought to have had an impact on morale and this may be reflected in higher sickness levels for the period in question. We will, therefore, be seeking to address the increase in sickness in 2014/15 and in doing so improve staff welfare and reduce our costs as set out within the Action Plan in Appendix A.

MIKE PEARSON
Director of Corporate Services

Sickness Absence Management Action Plan

Category	Action
Measuring and monitoring absence levels	Complete the testing and implementation of version 2 of the sickness reporting system.
Measuring and monitoring absence levels	Determine the next system development requirements to incorporate external accessibility for on-call staff, link with the Gartan system and the automatic sign-off of Return-to-work interview forms within 3 days.
Measuring and monitoring absence levels	Ensure return to work interviews are always completed by line managers and reasons for absence recorded.
Measuring and monitoring absence levels	Provision of Long-term sickness data to all Service Leadership Team leads on a monthly basis.
Analysis of absence management data	Undertaking further analysis of absence management data in relation to long-term sickness duration and reason codes, sickness league tables, local level data, and hot-spots.
Analysis of absence management data	Benchmarking of sickness data with the National FRS Occupational Health Performance Report, National Office of Statistics and CIPD surveys.
Analysis of absence management data	At a local level, line mgrs review sickness patterns related to weekends, start/finish of shifts, good weather, sporting events etc
Cultural aspects	Develop and introduce an Organisational Development Strategy and a 'Working Together' agreement for managers and staff.
Cultural aspects	Introduce a new a shorter but more frequent staff survey which will enable us to get employee feedback on how well they feel engaged, managed, and their job satisfaction.
Cultural aspects	Develop a further mini-survey on staff attitudes to booking sickness and that of colleagues taking time off.
Cultural aspects	Create a fitness culture through the implementation of the Firefighter Fitness project.
Cultural aspects	Provide Performance information within PIMS on the status of attendance at Fitness tests/3 yearly medical
Cultural aspects	Provide Service Leadership Team with annual listings of Fitness tests/3 yearly medicals that require scheduling.
Communications	Regular communication messages from the CFO including the impact upon the Service.
Communications	Regularly engage and provide staff with information that is likely to impact upon staff.
Communications	Advertise to staff the other forms of discretionary leave that can be taken and also family leave.

Sick pay & overtime arrangements	Continue to comply with the Grey Book provisions regarding sickness arrangements by only considering an extension to sick pay in exceptional situations.
Sick pay & overtime arrangements	Review the Sickness Absence Management policy and update with the changes relating to the action plan.
Sick pay & overtime arrangements	Factor attendance records into the granting of overtime and review whether support staff increments should be linked to satisfactory attendance and performance.
Sick pay & overtime arrangements	Remove sick pay where staff have not provided the appropriate fit note or declined to attend a medical.
Sick pay & overtime arrangements	Introduce charging for staff that decline to attend medicals and do not inform OH or the Service.
Sick pay & overtime arrangements	Explore further with UNISON the linking of support staff increments to performance including attendance. For uniformed staff review the CPD payment and again the linkage to attendance.
Supportive health and wellbeing initiatives	Investigate the introduction of a Total Rewards employee benefits package.
Supportive health and wellbeing initiatives	Review the Occupational Health working arrangements to ensure that we get the expected Service levels with timely access to medicals and that the additional services of physiotherapy and counselling are providing a return on investment by enabling staff to return to full fitness sooner. Review points will be introduced within the provision of Physiotherapy and counselling to ensure that the support is being effective.
Supportive health and wellbeing initiatives	There should be a minimal delay in making an assessment of an individual's capability to work and the Service will make early contact with the employee and if appropriate meet the employee to understand the reason for the absence and consider pathways to returning to work e.g. a phased return or workplace adjustments including changing from shift based work to the day duty.
Supportive health and wellbeing initiatives	Utilise the Firefighters' Charity that can now support mental health issues.
Supportive health and wellbeing initiatives	MIND have received lottery funding for supporting the emergency services through the Blue Light 'Time to Change' campaign. As part of this we will pledge our support to the Time to Change campaign and create an action plan around this. One of our staff is featured in the video and he is prepared to help promote this.
Supportive health and wellbeing initiatives	Utilise Blue Light resources including mental health training packages.
Supportive health and wellbeing initiatives	Explore the potential benefits of promoting and supporting the government Fit for Work scheme.
Supportive health and wellbeing initiatives	Create a more stable workplace by reducing the number of temporary promotions.

Supportive health and wellbeing initiatives	Promote the Benenden healthcare scheme and support the FBU healthcare scheme
Supportive health and wellbeing initiatives	As part of our Performance Management, ensure that our staff fully understand what is required from them so that in a shrinking organisation we clarify the priorities and ensure that this is the focus of our efforts. The use of appraisals (PPDs) and regular 1:1s with line managers will support this.
Supportive health and wellbeing initiatives	Introduce a separate category for disability related sickness and the Service. Where sickness is related to disability it would be discounted from trigger points and any potential disciplinary or performance management related discussions.
Training	Update the sickness management e-learning package incorporating the use of the portal and make a mandatory unit for all managers.