

REPORT REFERENCE NO.	HRMDC/15/10
MEETING	HUMAN RESOURCES MANAGEMENT & DEVELOPMENT COMMITTEE
DATE OF MEETING	7 DECEMBER 2015
SUBJECT OF REPORT	ABSENCE MANAGEMENT
LEAD OFFICER	Director of People & Commercial Services
RECOMMENDATIONS	<i>That the Service continues with the action plan directed towards reducing down sickness absence.</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 but at this stage, sickness levels have not improved.</p>
RESOURCE IMPLICATIONS	Increased staffing time associated with the action plan at a time when the support staffing levels are reducing.
EQUALITY RISK & BENEFITS ASSESSMENT	The current Absence Management policy has had an equality impact assessment and a further ERBA will be required for a new Sickness Absence Management policy that is in development.
APPENDICES	None
LIST OF BACKGROUND PAPERS	CIPD Annual Absence Management Report 2015

1. **INTRODUCTION**

1.1 Within Devon and Somerset Fire & Rescue Service, the health, safety and wellbeing of our employees is taken seriously. As such, the Service provides a wide range of initiatives, interventions and policies to ensure that our employees enjoy a safe and supportive working environment. However, the Service recognises that employee absence has a significant cost to the organisation and is therefore something that needs to be measured, understood and addressed. The Service needs to strike a reasonable balance between the genuine needs of employees to take occasional periods of time off work because of ill-health and the Service's ability to continue to fulfil its role in serving our communities.

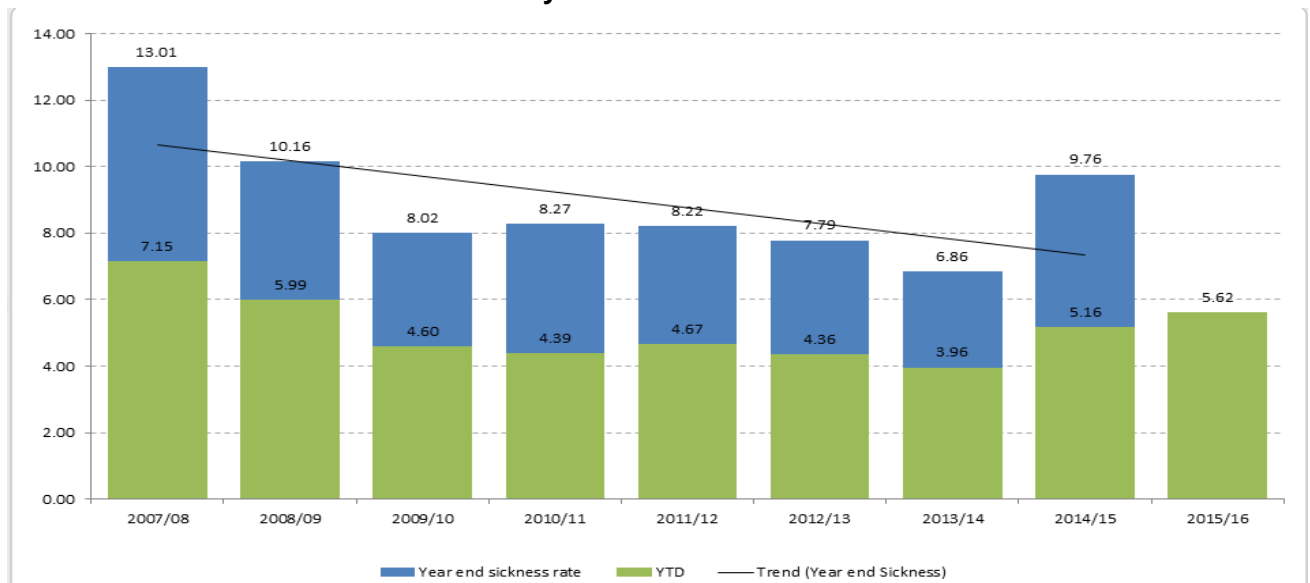
1.2 The Service performance for Absence Management has been included as a standing item on the agenda for the Human Resources Management and Development (HRMD) Committee since the formation of Devon & Somerset Fire & Rescue Service and has also featured within the Audit & Performance Review Committee (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 but at this stage, sickness levels have not improved.

1.3 The key areas of focus within the Action Plan are as follows and further information on the progress made is included within this report:

- The provision of more timely and accurate information to managers;
- Leadership – making the link between sickness and performance, with managers taking a more active role in the management of individual sickness and in managing workloads and priorities;
- An appropriate blend of robust decisions, taken at an earlier stage, in relation to long-term sickness and appropriate preventative measures to prevent sickness; and
- The development and promotion of a health, fitness and wellbeing culture.

1.3 Since the formation of the combined Devon & Somerset Fire & Rescue Service in 2007, the absence levels are shown below. Whilst the overall trend is downward, the absence levels for 2014/15 and for this financial year show a marked upturn.

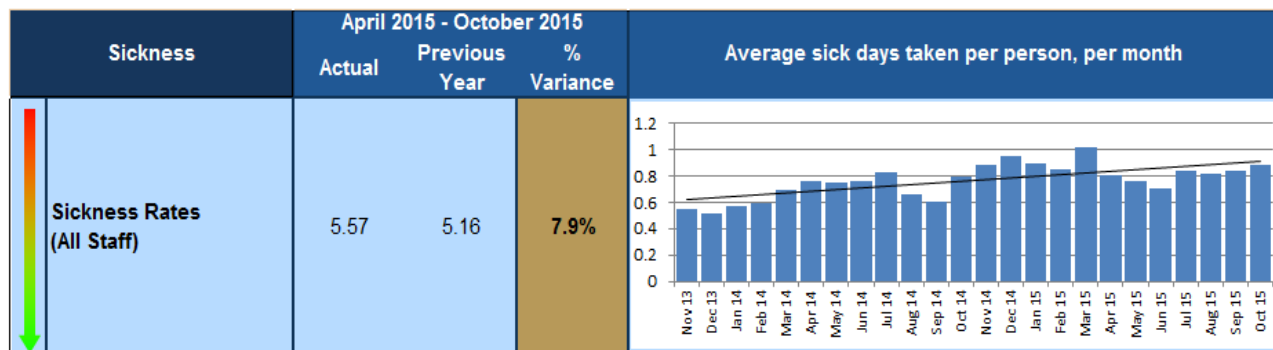
Sickness Levels at YTD and full year since the formation of DSFRS



2. 2015/16 ABSENCE PERFORMANCE

2.1 The graph below shows the monthly sickness rates for the last 2 years. On average, Service employees have taken 5.57 days of sick leave from April to October for the 2015/16 financial year. This is an increase of 7.9% from the same period last year. The graph shows an upward trend on a month-by-month basis over this 2 year period.

Sickness Direction of Travel

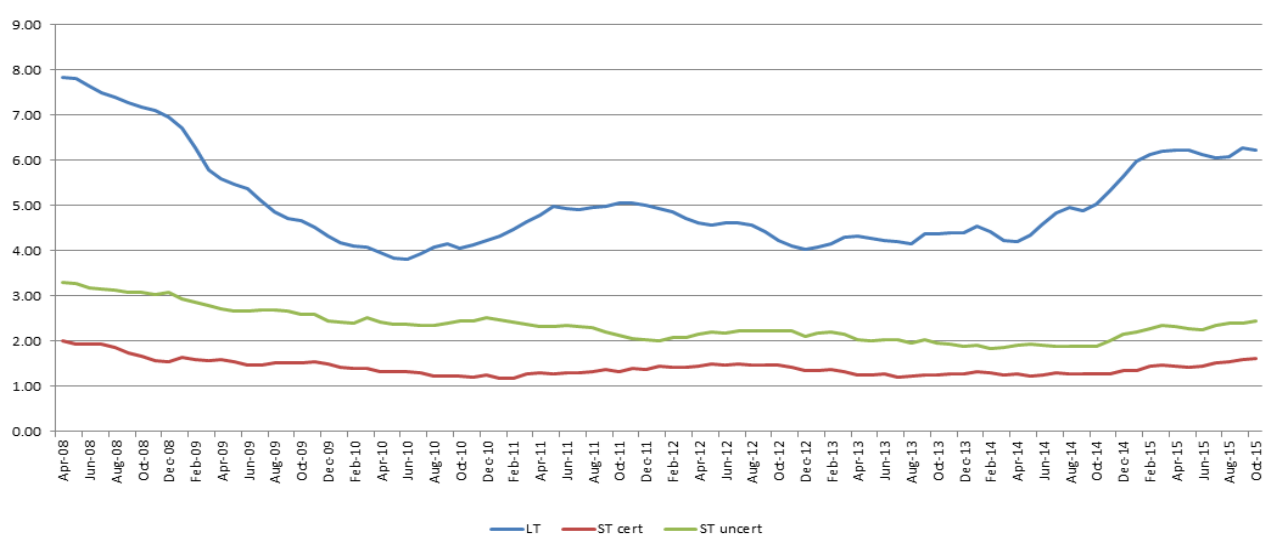


2.2 With monthly peaks and troughs in sickness, it is difficult to see the on-going longer term change in the rates over this time. The graph below shows the 12-month rolling sickness rate as measured at the end of each month. As this is a rolling rate, it removes any monthly peaks and troughs and enables us to see performance trends more clearly. 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


2.3 This rolling rate shows the impact that the Long Term Sickness is having on our overall sickness, although this level appears to have levelled out. The Service is also, however, seeing an upturn in short-term sickness.


Average sick days taken per person, per year on a rolling 12 month basis



- 2.4 The Service can then consider the breakdown of sickness rates between the different contract types as well as the length of sickness. There are 4 contract types for staff:
- Wholetime Station based staff;
 - Wholetime non-Station based staff;
 - Control Staff; and
 - Support Staff
- 2.5 Control has seen a tremendous improvement in their absence rates which brings them closer to the levels of Wholetime and Support Staff. The overall sickness rate of Wholetime station-based staff are marginally worse than 2014/15 primarily due to uncertified short-term sickness.
- 2.6 Support staff has seen an overall worsening of sickness by 14% due to short-term certified and long-term sickness.
- 2.7 Wholetime non-station based staff has seen a significant increase in sickness.

Sickness Rates by Post Type

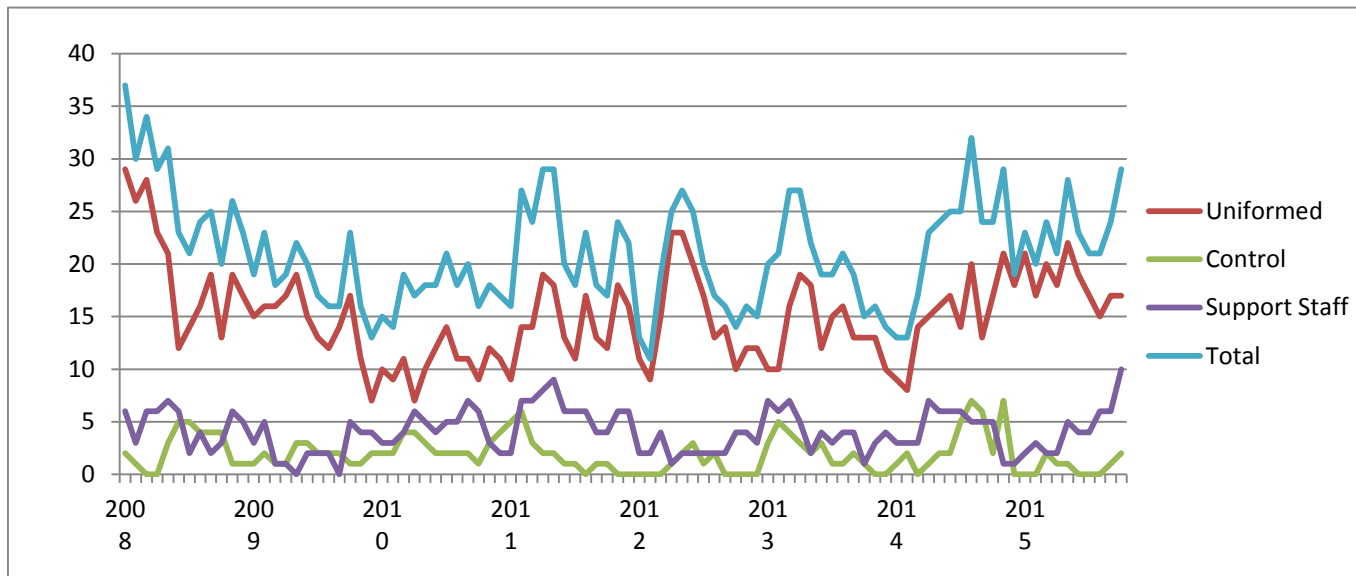
Sickness Rates by post type April 2015 - October 2015		Wholetime Station based staff			Wholetime Non Station staff <i>(inc SHQ, STC, group support teams etc)</i>		
		Actual	Previous Year	% Variance	Actual	Previous Year	% Variance
	Overall Sickness Rate	4.83	4.59	5.2%	7.07	4.83	46.4%
	Total # Days/shifts lost	1887	1893	-0.3%	1310	930	40.9%
	Sickness Rates - Long Term (over 28 calendar days)	3.06	3.02	1.1%	5.67	3.65	55.3%
	# Days/shifts lost LT	1194	1246	-4.2%	1049	703	49.2%
	Sickness Rates - ST Cert (8 - 28 calendar days)	0.59	0.65	-9.9%	0.69	0.69	0.1%
	# Days/shifts lost STcert	229	268	-14.6%	129	133	-3.0%
	Sickness Rates - ST Uncert (up to 7 calendar days)	1.19	0.92	29.7%	0.71	0.49	45.5%
	# Days/shifts lost STuncert	464	379	22.4%	132	94	40.4%

Sickness Rates by post type April 2015 - October 2015		Control			Support staff		
		Actual	Previous Year	% Variance	Actual	Previous Year	% Variance
	Overall Sickness Rate	5.99	14.00	-57.3%	5.58	4.90	14.0%
	Total # Days/shifts lost	244	583	-58.1%	1262	1180	6.9%
	Sickness Rates - Long Term (over 28 calendar days)	2.47	10.01	-75.3%	3.33	3.02	10.1%
	# Days/shifts lost LT	101	416	-75.7%	746	728	2.5%
	Sickness Rates - ST Cert (8 - 28 calendar days)	1.15	1.57	-26.7%	1.05	0.58	81.0%
	# Days/shifts lost STcert	47	66	-28.8%	237	139	70.5%
	Sickness Rates - ST Uncert (up to 7 calendar days)	2.36	2.42	-2.5%	1.21	1.30	-6.7%
	# Days/shifts lost STuncert	96	101	-5.0%	279	313	-10.9%

- 2.8 In order to understand how a small number of staff on long term sickness can have a big impact on absence levels, the Service can consider the number of staff that are on long-term sickness and these are shown below.
- 2.9 In the period since the last meeting of the Human Resources Management & Development Committee on 16 September 2015, the Service has seen an increase in the number of staff who are long-term sick, particularly within the Support Staff category where this averages at 4 staff at any one time but has increased to 10 in October 2015. This is the highest level since the Service combined in 2007, however, following this peak in October 2015, this number has reduced down again with a leaver and staff returning to work on a phased basis.

2.10 In Control, from June to August 2015, the Service had no long-term sickness but this has now risen to 2. In the Wholetime uniformed staff, there has been a slight increase to 17 when typically, the Service has between 10 and 20 staff off at any one time. It should be noted that, with uniformed staff, there has been an overall reduction in staffing numbers and so proportionally, this level will have a greater impact on absence levels.

Numbers of staff on Long Term Sickness



3. **BENCHMARKING DATA**

3.1 Each year, the Chartered Institute of Personnel and Development (CIPD) produce an annual survey report which includes sickness levels by sector. The 2015 report found that there was considerable variation in absence levels across organisations with some reporting very high absence levels and therefore to avoid skewing results the top and bottom 5% of reporting organisations were removed from their statistics. Across all participating organisations, the average days lost per employee per year in 2014/15 was 6.9 and for public services 8.7. This compares with 9.76 days for the Service. For public sector organisations, the survey reported that sickness had increased by almost a day per person per year compared with the previous year in 2013/14. The survey found that of those organisations that set targets for absence management, only a quarter achieved their target with another 38% almost achieving it.

3.2 The survey found that organisations had seen an increase in stress and mental health problems with over half of public sector organisations reporting an increase. The survey recommended an effective approach to absence management coupled with a focus on health promotion and wellbeing. The survey challenged whether wellbeing was viewed as a 'nice to have' or fundamental to the way in which the business operated. Almost half of organisations reported that operational demands tend to take precedence over wellbeing considerations with a similar proportion saying they take employee wellbeing into consideration in business decisions and that it is on senior leaders' agendas and that line managers are bought into the importance of wellbeing. In terms of changes to the approach to absence management, the most common change was developing the capability of line managers to manage absence.

3.3

The Service also participates in a National Fire & Rescue Service Occupational Health Performance Report along with 26 other Fire & Rescue Services. This report is produced for each quarter and we have received the Q2 results. This includes the main causes of sickness across the UK by staff category and the results of the top 5 in each staff category for 2015/16 Q2 are as follows:

Wholetime

Cause of Sickness Absence	% of total days/shifts lost
Musculoskeletal	46%
Mental Health	16%
Gastro-Intestinal	9%
Respiratory	7%
Hospital/Post-Operation	3%

On-call

Cause of Sickness Absence	% of total days/shifts lost
Musculoskeletal	50%
Mental Health	20%
Hospital/Post-Operation	6%
Heart, Cardiac and Circulatory problems	5%
Respiratory	3%
Gastro-Intestinal	4%

Support Staff

Cause of Sickness Absence	% of total days/shifts lost
Mental Health	26%
Musculoskeletal	21%
Respiratory	7%
Hospital/Post-Operation	6%
Cancer and Tumours	6%

Fire Control

Cause of Sickness Absence	% of total days/shifts lost
Mental Health	29%
Musculoskeletal	21%
Hospital/Post-Operation	8%
Respiratory	6%
Gastro-Intestinal	6%

3.4

Within the survey for Q2, the average number of days lost to sickness for Wholetime Uniformed was 3.52 days with the highest being 5.54 days. Devon and Somerset Fire & Rescue Service was second highest at 4.97 out of the 27 organisations. For Support Staff, the average days lost to sickness was 3.49 days with the highest being 8.95 days. Devon and Somerset Fire & Rescue Service was sixth highest at 5.17. For Control Staff, the average days lost to sickness were 3.69 days with the highest being 12.56 days. Devon and Somerset Fire & Rescue Service was tenth highest at 4.97.

4. THE PROVISION OF INFORMATION & DATA

- 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. The issues around the Sickness Portal have been reported to this Committee previously and the requirement to have the sickness reason code as a mandatory field. This was resolved with some other improvements in the Portal version 2 including updating changes to reflect the current line manager and enabling certain tasks to be delegated, e.g. from the Watch Manager to Crew Manager. There is still further work to do on a Portal version 3 and the Information & Communications Technology department will also be moving the portal to a new system architecture. In order to obtain the missing data on the sickness codes, the Service will need to contact those staff with missing information to obtain the reason code.
- 4.2 In terms of Performance Management information, at present the Service can report on staffing categories but this information is produced specifically for this report and does not sit on the Performance Information Management System (PIMS). However, this system is being reconfigured to enable sickness at Departmental level to be accessed.
- 4.3 The 2014-15 Payroll audit completed by the Devon Audit Partnership (DAP) identified some control issues with the sickness recording system in relation to:
- Data accuracy
 - Systems Interface (between the Sickness Portal and the HR Workforce system)
 - End user compliance
- 4.4 Devon Audit Partnership gave partial assurance that appropriate controls were in place to manage the risk of incorrect sickness payments and accuracy of performance data and it was agreed that the Service Audit & Review Team would complete a review of the sickness portal and its operation. This audit has identified that there are further improvements required to our sickness recording system.

5. MANAGEMENT OF LONG TERM SICKNESS

- 5.1 Since Long Term Sickness has such a significant impact on our sickness absence levels, the Service has reviewed a number of aspects around this. 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 but we have previously operated with a pay review panel to determine whether sick pay should be extended depending on the circumstances of the illness and the individual. The Service has subsequently removed this panel and is operating strictly to the national terms and conditions whereby exceptional circumstances are considered. Employees are provided with advance warning of sick pay reductions and they have the opportunity to make a written submission, should they consider that their case has exceptional circumstances. By its very nature, exceptional means an unusual or untypical situation and the normal situation is that sick pay is reduced at the appropriate time periods as set out in the Grey Book.
- 5.2 The Service is doing more to support employees with Long Term Sick (LTS) to help them back to work. This includes the following:
- Monthly reviews and updated records of those on LTS;
 - More contact and discussion with employees who are off work due to sickness;

- Better access to restricted duties;
- Exploring ways to speed up any medical delays by, where appropriate and with a business case, providing private medical assistance;
- Continually reviewing welfare and support arrangements; and
- Analysing data/info to inform the development of programmes and actions to help prevent sickness.

6. LEADERSHIP AND MANAGEMENT ON A DAY TO DAY BASIS

- 6.1 The performance management of sickness is being focused on as a priority for our leadership teams. We are being far more proactive in our approach to absence management by focusing on the performance of our teams and individuals.
- 6.2 As part of this focus, the Service is also ensuring that we support staff in how they manage their workloads and priorities. The use of appraisals (PPDs) and regular one-to-ones with line managers will support this at a time when further public sector spending cuts will mean that we have reduced staffing resources and therefore will need to reprioritise our efforts. The Service will also deal with any non-genuine sickness.

7. DEVELOP A FITNESS, HEALTH AND WELLBEING CULTURE

- 7.1 The Service is developing a new Wholetime Flexible Working Pattern and has been engaging with staff and trade unions on how this would operate. This will increase the ability of our staff to work in a way that best suits their needs and lifestyle at any one time. From a Service perspective, the working pattern will ensure that the organisation will have the right number of staff that are needed at any one time to crew our appliances. This mutually beneficial system would also potentially reduce short-term absenteeism.
- 7.2 The Service has been working on how we can improve our fitness levels amongst our staff both from a testing and a preventative perspective. The work has been undertaken as a 'light touch' project but it has now been determined that it warrants a full strategic project and it will need to be resourced accordingly. At present, the Service is not recruiting wholetime staff. With the changes in pensions which extend the working age of firefighters, coupled with staff being able to choose to continue working beyond 30 years, we will have a gradually aging workforce which we need to be able to support in maintaining the appropriate fitness levels through their extended career.
- 7.3 In terms of wellbeing, the Service has a range of support associated with mental health problems with counselling, staff supporters, workplace stress risk assessment (RA10), mediation services, and a dedicated Welfare Officer. The Service also has temporarily been utilising a uniformed watch manager to support with the co-ordination of the Mind Blue Light campaign. The Service is seeking to use the government funded support from MIND and has run our first line manager training course with a further 5 courses to follow.
- 7.4 The MIND programme is intended to help improve the resilience of staff, make staff more aware of the importance and value of mental health and to be more responsive when people experience mental health issues. Through this programme the Service should be able to reduce the stigma associated with mental health problems and therefore encourage people to talk about their issues which ultimately will help staff cope with their day-to-day working life.

7.5 Over the longer term this will help us reduce absence as a result of more preventative actions. As part of their Blue Light Campaign, MIND did a survey from November 2014 through to January 2015 and found that 87.57% of emergency services staff had experienced stress and poor mental health. As part of our work in this area, the Service is working towards meeting the requirements of the MIND “Time to Change” pledge.

8. CONCLUSION

8.1 The Service has previously seen a downward trend in sickness absence levels since combination in 2007 with an exceptionally good year in 2013/14. In 2014/15, the Service experienced significantly higher absence levels which has prompted the development of an action plan to redress this 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. There was also uncertainty around pensions and non-continuous periods of industrial action which may also have an impact on morale and this may be reflected in higher sickness levels. In 2015/16 we continue to have significant change with the uncertainty over government funding, working patterns and potential reductions in middle manager and support staff.

JANE SHERLOCK
Director of People & Commercial Services