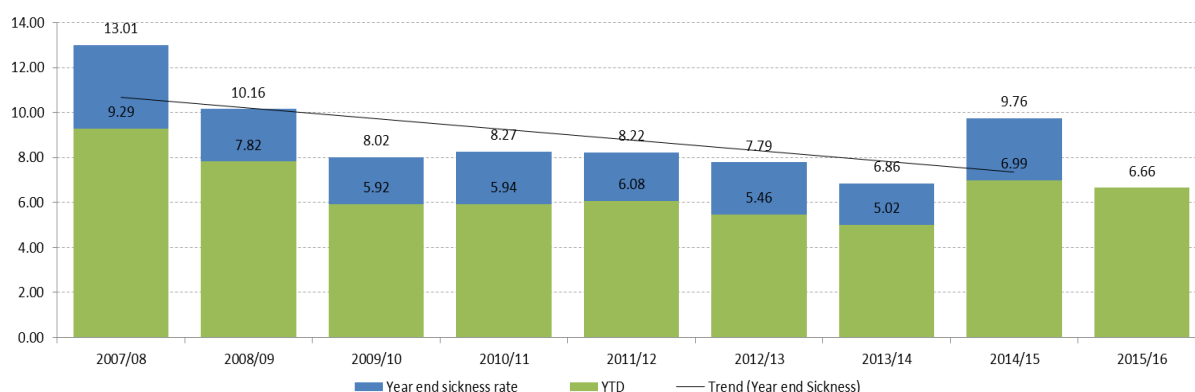


<b>REPORT REFERENCE NO.</b>	HRMDC/16/1
<b>MEETING</b>	<b>HUMAN RESOURCES MANAGEMENT &amp; DEVELOPMENT COMMITTEE</b>
<b>DATE OF MEETING</b>	<b>10 MARCH 2016</b>
<b>SUBJECT OF REPORT</b>	<b>ABSENCE MANAGEMENT</b>
<b>LEAD OFFICER</b>	<b>Director of People &amp; Commercial Services</b>
<b>RECOMMENDATIONS</b>	<i><b>That the Service continues with the action plan directed towards reducing down sickness absence.</b></i>
<b>EXECUTIVE SUMMARY</b>	<p>Absence Management is a standing item on the Human Resources Management &amp; Development Committee agenda.</p> <p>During 2014/15, the Service saw an increase in sickness absence levels which has continued into 2015/16. The Service is taking action to redress this and we are now seeing the early stages of an improvement in the sickness levels.</p>
<b>RESOURCE IMPLICATIONS</b>	Increased staffing time associated with the action plan at a time when the support staffing levels are reducing.
<b>EQUALITY RISK &amp; BENEFITS ASSESSMENT</b>	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.
<b>APPENDICES</b>	None
<b>LIST OF BACKGROUND PAPERS</b>	

## 1. INTRODUCTION

- 1.1 Within Devon & Somerset Fire & Rescue Service, the health, safety and wellbeing of our employees is taken seriously and as such, we provide 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 we need to measure, understand and be able to address. We need to strike a reasonable balance between the genuine needs of employees to take occasional periods of time off work because of ill-health our ability to continue to fulfil our role in serving our communities.
- 1.2 The Service performance for Absence Management has been included as a standing item on the Authority's Human Resources Management and Development (HRMD) Committee agenda since the formation of Devon & Somerset Fire & Rescue Service and has also features within the Audit & Performance Review Committee (APRC) performance report. During 2014/15, the Service saw an increase in sickness absence levels which has continued into 2015/16. The Service is taking action to redress this and we are now seeing the early stages of an improvement in the sickness levels.
- 1.3 The key areas of focus within our action plan are as follows and further information on our progress 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.
- 1.4 Since the formation of Devon & Somerset Fire & Rescue Service, the absence levels are shown below. Whilst the overall trend is downward, the absence levels for 2014/15 show an upturn. For 2015/16 the sickness levels at the year-to-date are just below those for the same period last year.

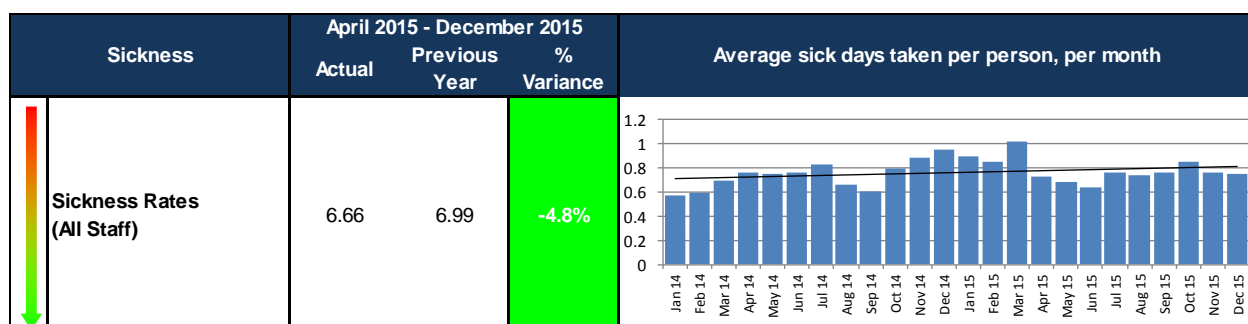
### Sickness Levels at YTD and full year since the formation of DSFRS



## 2. 2015/16 ABSENCE PERFORMANCE

- 2.1 The graph below shows the monthly sickness rates for the last 2 years. On average, DSFRS employees have taken 6.66 days of sick leave from April to October for the 2015/16 financial year. This is a decrease of 4.8% from the same period last year. The Q2 result was 7.9% worse than the previous year so it is encouraging to see this worsening position reversed for Q3 and that we are now 4.8% better than last year.

### Sickness Direction of Travel

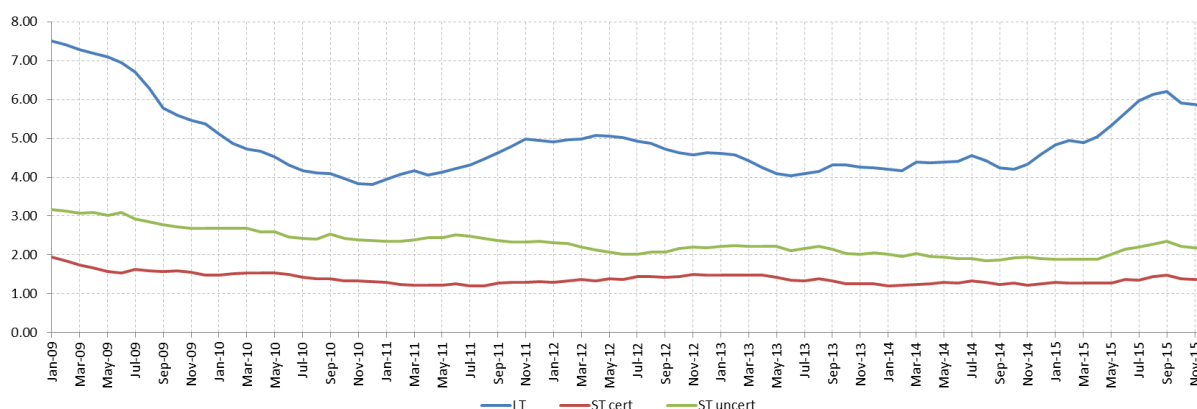


- 2.2 With monthly peaks and troughs in sickness it is difficult to see the on-going longer term change in the rates over this time. The graph below shows the 12-month rolling sickness rate as measured at the end of each month. As this is a rolling rate it removes any monthly peaks and troughs and enables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



At Quarter 2, the rolling rate for Long Term Sickness (LTS) had plateaued and at Quarter 3 we can now see that (LTS) is reducing. At Quarter 2, we had seen an upturn in Short Term Sickness but this has also started to fall.

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





- 2.3 We 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 that we consider:
- Wholetime Station based staff;
  - Wholetime non-Station based staff;
  - Control Staff; and,
  - Support Staff.
- 2.4 Control has seen a tremendous improvement in their absence rates primarily through the reduction of LTS but they remain higher than other staff categories.
- 2.5 Within Wholetime, Long term sickness has improved since last year and although still amber, uncertified short-term sickness has dropped from 29.7% worse than the previous year to 9.9% worse.
- 2.6 Support staff have seen an overall worsening of sickness by 12.8% but short-term sickness has improved.
- 2.7 Wholetime Non-station based staff are still worse than this time last year but this has dropped from 46.4% worse at the end of Q2 to 15.7% worse at the end of Q3.

### Sickness Rates by Post Type

Sickness Rates by post type April 2015 - December 2015		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	5.81	6.78	-14.3%	7.93	6.85	15.7%
	Total # Days/shifts lost	2313	2719	-14.9%	1545	1335	15.7%
	Sickness Rates - Long Term (over 28 calendar days)	3.43	4.42	-22.5%	6.08	5.03	20.8%
	# Days/shifts lost LT	1366	1773	-23.0%	1186	980	21.0%
	Sickness Rates - ST Cert (8 - 28 calendar days)	0.81	0.93	-12.4%	0.92	0.96	-4.5%
	# Days/shifts lost STcert	322	371	-13.2%	179	187	-4.3%
	Sickness Rates - ST Uncert (up to 7 calendar days)	1.57	1.43	9.9%	0.92	0.86	7.8%
	# Days/shifts lost STuncert	625	575	8.7%	180	168	7.1%

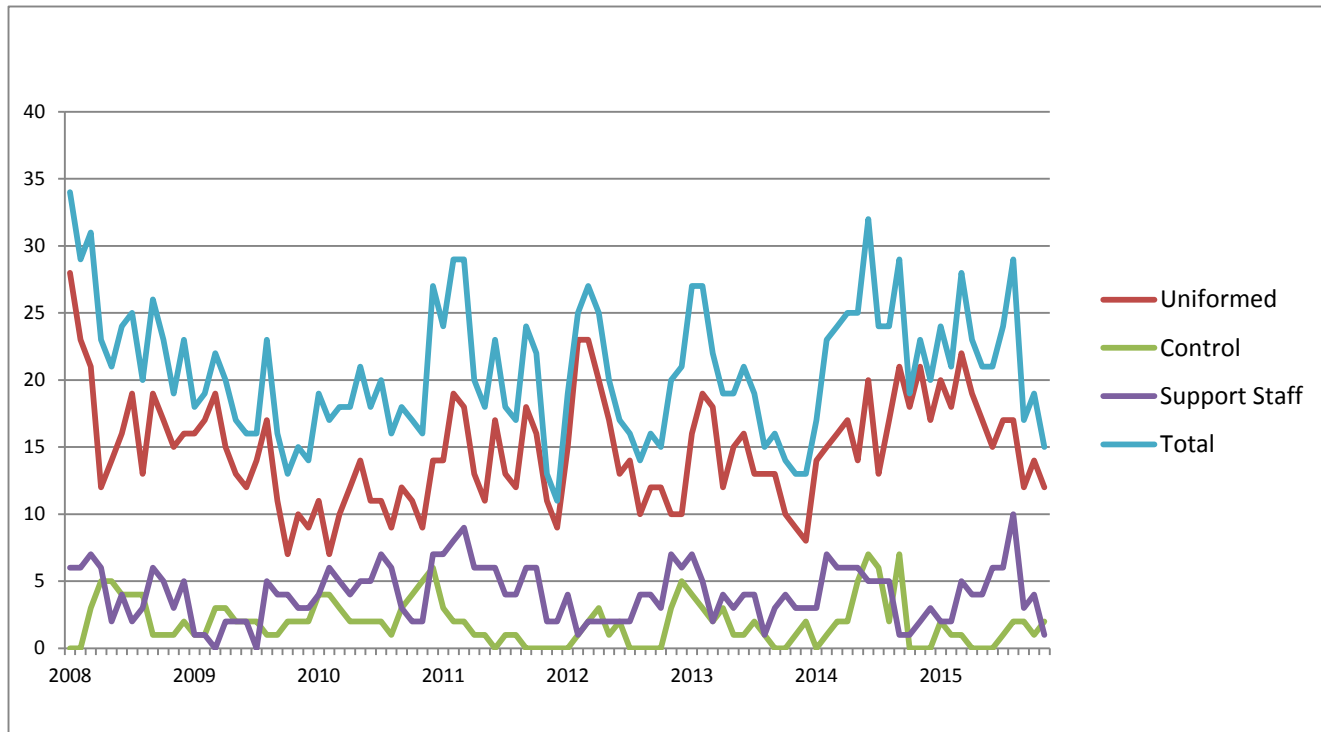
  

Sickness Rates by post type April 2015 - December 2015		Control			Support staff		
		Actual	Previous Year	% Variance	Actual	Previous Year	% Variance
	Overall Sickness Rate	8.42	16.21	-48.1%	6.73	5.96	12.8%
	Total # Days/shifts lost	342	672	-49.1%	1662	1442	15.3%
	Sickness Rates - Long Term (over 28 calendar days)	4.51	11.67	-61.3%	4.06	3.33	21.9%
	# Days/shifts lost LT	183	483	-62.1%	1002	803	24.8%
	Sickness Rates - ST Cert (8 - 28 calendar days)	0.81	1.57	-48.8%	1.14	0.76	50.8%
	# Days/shifts lost STcert	33	66	-50.0%	282	183	54.1%
	Sickness Rates - ST Uncert (up to 7 calendar days)	3.10	2.97	4.3%	1.53	1.88	-18.5%
	# Days/shifts lost STuncert	126	123	2.4%	378	456	-17.1%

- 2.8 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 on the next page.
- 2.9 We reported at the last HRMD committee that Support Staff LTS had risen from the average of 4 to 10 in October 2015. This has reduced back down again and is currently at 1 which is a tremendous improvement. Overall, we only have 15 staff who are LTS and we have previously only achieved this or better on 11 months in the last 8 years.

- 2.10 The movement on the Long-Term Sickness can be as a result of a number of reasons including the person returning back to work with full fitness, returning on restricted duties, ill-health retirement or through leaving the Service on capability grounds.

### Numbers of staff on Long Term Sickness



### 3. ACTION PLAN ACTIVITY

The specific highlights of our progress towards our Action Plan have been:

#### 3.1 Management of long term sickness

- Removal of Sick Pay Review panels
- Provision of further information to managers to enable monthly reviews of employees with long-term sickness
- 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

#### 3.2 Develop a fitness, health and wellbeing culture

- Promotion of the MIND Blue Light Campaign 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. This has been backed up with the signing of the Blue Light Time to Change pledge with an associated action plan.
- Training of managers in the Blue Light Line Manager courses which have been provided by MIND.

- Preparation of an Outline Business Case for Firefighter Fitness within the Service so that we create a fitness culture against a backdrop of an ageing workforce.
- Development of a proposed new Wholetime Flexible Working Pattern to ensure that we have the right number of staff that we need at any one time to crew our appliances whilst at the same time giving more flexible working arrangements which will help reduce short-term absenteeism.

### 3.3 The provision of information & data

- Improvements have been made to the Sickness Portal and where sickness reason codes were previously not recorded the Service has been seeking this information.
- Our Performance Management Information System is being reconfigured to enable departments to access performance data at various levels within the Service.

### 3.4 Sickness absence policy

- The Service policy is being rewritten to incorporate changes in the policy and to make it easier to obtain information on our procedures.
- Where staff have agreed an appointment with Occupational Health but fail to attend the Service has introduced a charging mechanism for staff.
- The existing OH contract is being novated from Devon County Council to IMASS and the transfer arrangements are being put in place including the transfer of medical records.
- As part of the transfer the Service is working closely with the new supplier to ensure that the required service levels are in place.

## 4. **CONCLUSION**

4.1 There has previously been a downward trend in sickness absence levels since the formation of Devon & Somerset Fire & Rescue Service 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.

4.2 In 2015/16, the Service has continued to have significant change with responsibility for the fire and rescue service moving from the Department of Communities and Local Government to the Home Office, a reviews of working arrangements and equipment and reductions in middle managers and support staff. However, the Service is starting to see the early signs of an improvement in sickness absence.

**JANE SHERLOCK**  
**Director of People & Commercial Services**