

<b>REPORT REFERENCE NO.</b>	<b>HRMDC/17/9</b>
<b>MEETING</b>	<b>HUMAN RESOURCES MANAGEMENT &amp; DEVELOPMENT COMMITTEE</b>
<b>DATE OF MEETING</b>	<b>18 SEPTEMBER 2017</b>
<b>SUBJECT OF REPORT</b>	<b>ABSENCE MANAGEMENT AND THE HEALTH OF THE ORGANISATION</b>
<b>LEAD OFFICER</b>	<b>ASSISTANT CHIEF FIRE OFFICER – SERVICE IMPROVEMENT</b>
<b>RECOMMENDATIONS</b>	<p><i>(a) That the Service continues to progress with developing a working environment that is conducive to a high-performing, motivated and healthy workforce; and</i></p> <p><i>(b) That, as part of our performance measures for People and Resources, this report should be considered and any additional actions agreed.</i></p>
<b>EXECUTIVE SUMMARY</b>	<p>Devon and Somerset Fire and Rescue Service takes the health, safety and wellbeing of employees seriously and as such it provides a wide range of initiatives, interventions and policies to ensure that employees enjoy a safe and supportive working environment.</p> <p>The Service performance for Absence Management has been included as a standing item on the Human Resources Management and Development Committee (the Committee) agenda since the formation of the Service. Absence levels are a key measure as they affect the efficiency and the effectiveness of the Service.</p> <p>The key aspects for consideration in this report are the 2017/18 Q1, Absence performance and the Service action plan. Other 'Health of the Organisation' measures are also included and also information on flu vaccinations.</p>
<b>RESOURCE IMPLICATIONS</b>	Staffing time associated with monitoring and managing sickness as well as developing improvements to our sickness absence policy, and recording and measuring systems.
<b>EQUALITY RISK AND BENEFITS ANALYSIS (ERBA)</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>	None

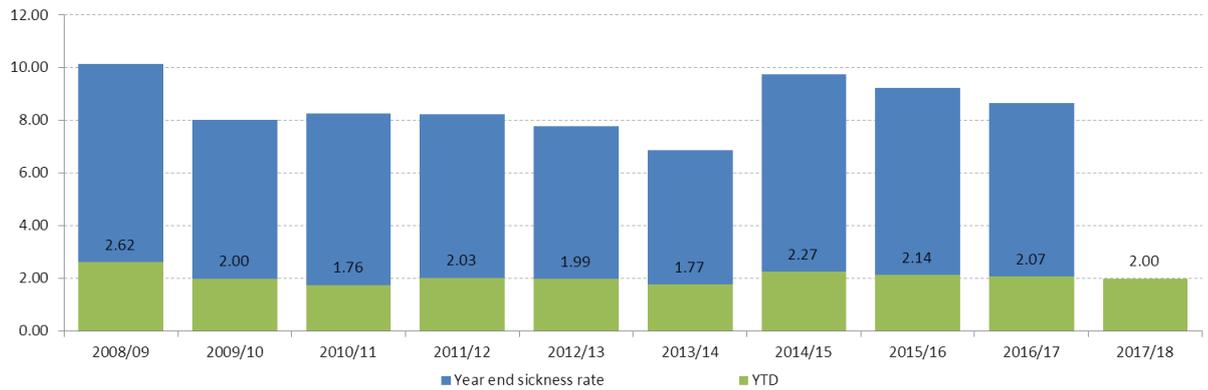
## 1. **INTRODUCTION**

- 1.1 Devon and Somerset Fire and Rescue Service takes the health, safety and wellbeing of employees seriously and provides a wide range of initiatives, interventions and policies to ensure that 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. A reasonable balance needs to be struck between the genuine needs of employees to take occasional periods of time off work because of ill-health and the Service's ability to fulfil its role in serving local communities.
- 1.2 The Service performance for Absence Management has been included as a standing item on the Committee agenda since the formation of the combined Service in 2007. Absence levels is a key measure as it affects the efficiency and the effectiveness of the Service.
- 1.3 The Service also considers other internal measures, which relate to the 'Health of the Organisation'. These measures encompass the wider health, fitness and wellbeing within the organisation and provide a means of monitoring people aspects which could be inextricably linked and ultimately impact upon the absence performance levels.
- 1.4 The key aspects for consideration in this report are the 2017/18 Q1, Absence performance and the Service action plan. In the last report for the Committee meeting on 23 June 2017, the Service committed to reporting on additional measures associated with the Health of the Organisation and this report includes the levels of discipline and grievances cases and specifically those associated with bullying and harassment, the turnover of staff and the number of cases with Welfare Support.
- 1.5 The Sickness Dashboard now reports on the number of staff who are off at any one time rather than average sickness rates and also distinguishes any lost time as a result of workplace injuries. The new method of presenting the sickness data was developed following feedback from Committee members. At the Committee meeting of the 23<sup>rd</sup> June 2017, members requested a further demonstration of the dashboard with real-time data as well as historical data and this will be demonstrated at the 18<sup>th</sup> September meeting. The next stage of development of the tool will enhance functionality around the provision of sickness absence data.

## 2. **2017/18 Q1 ABSENCE PERFORMANCE**

- 2.1 Absence levels since 2008/9 are shown below in terms of average lost days per person per year. This shows an improvement over the last 3 years and sickness levels which are equivalent to 2009-2013.

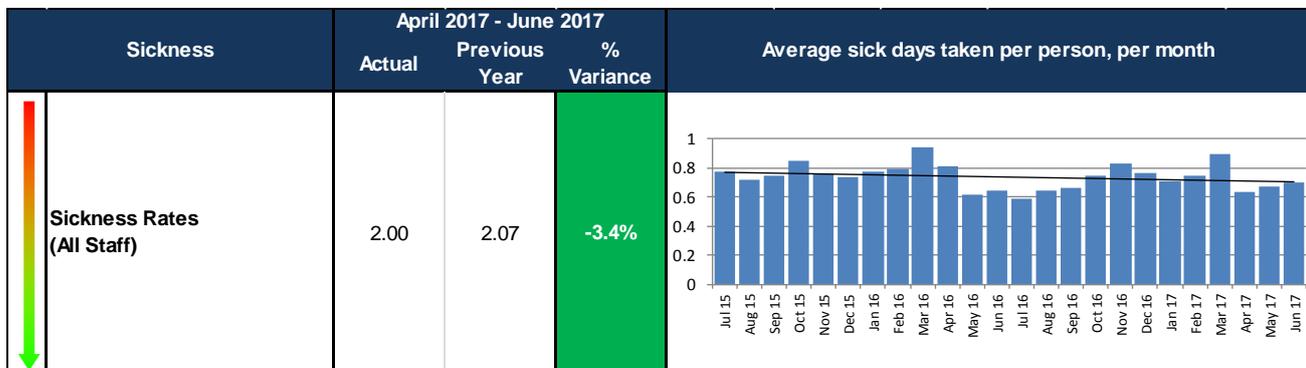
## Q1 and Yearend Sickness Levels



2.2 The graph below shows the monthly sickness rates for the last 2 years. On average, employees have taken 2 days of sick leave in Q1 compared with 2.07 for the previous year. It should be noted that there is a spike in reporting levels for the March period for both the last two years and this is related to our yearend reporting where some absences have not been closed at the point of reporting. These spikes are not seen in our live recording system within the Sickness Dashboard.

2.3 The Service is able to benchmark our performance to other Fire & Rescue Services in the UK and of those reporting the data, DSFRS has the 15<sup>th</sup> lowest level of lost days in Q1 out of 29 Services with the average being 1.95 days.

## Sickness Direction of Travel



2.4 With monthly peaks and troughs in sickness, it is difficult to see the on-going longer term change in the rates over this time and so we show the sickness levels over a 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 chart has been modified as requested by the Committee on the 23<sup>rd</sup> June 2017 so that each sickness category is shown as a line chart from a zero axis rather than as a cumulative bar chart. This makes it easier to see the movement in all 3 sickness categories.

2.5 The 3 categories of sickness shown in the chart are:

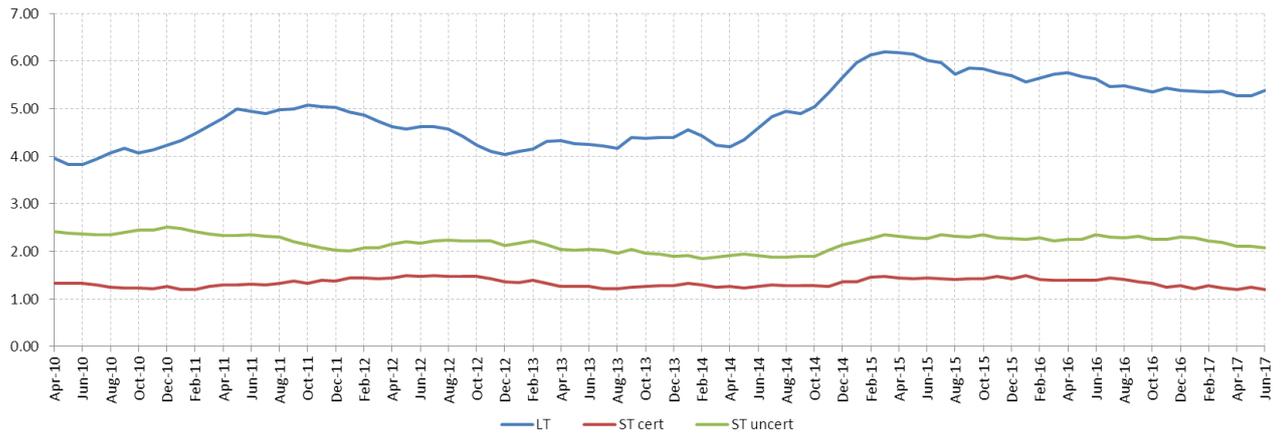
- Self-certified sickness – periods of sickness up to 7 days which do not require a GP medical certificate;

- Short-term sickness – periods of sickness between 8 and 28 days for which a GP certificate is required
- Long-term sickness – periods of over 28 days

2.6

It can be seen from the chart that short-term certified and uncertified sickness have remained fairly static since 2010 but the variation that we have experienced has been in Long-term sickness.

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



2.7

Sickness rates are broken down between different contract types as well as the length of sickness. There are 4 contract types considered:

- Wholtime Station based staff
- Wholtime non-Station based staff
- Control Staff
- Support Staff

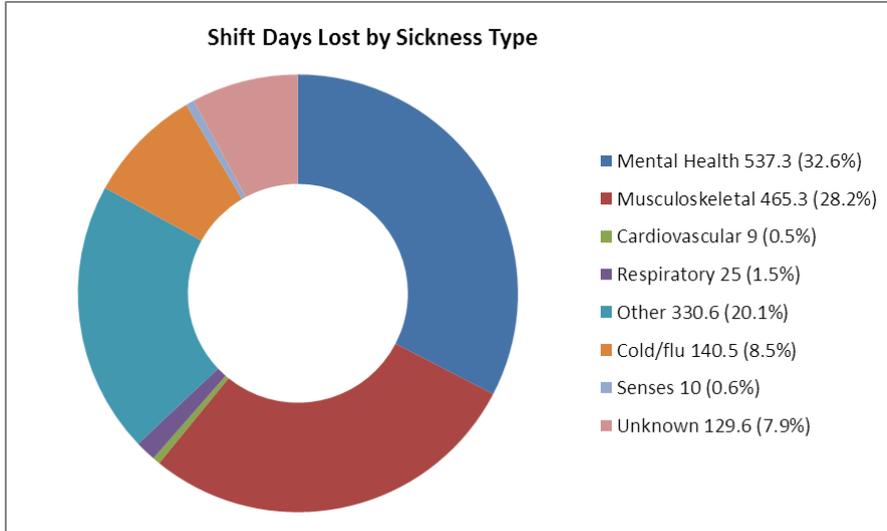
## Sickness Rates by Post Type

Sickness Rates by post type April 2017 - June 2017		Wholetime Station based staff			Wholetime Non Station staff (inc SHQ, STC, group support teams etc)			
		Actual	Previous Year	% Variance	Actual	Previous Year	% Variance	
	<b>Overall Sickness Rate</b>	1.60	2.07	-22.7%	2.38	2.88	-17.4%	
	Total # Days/shifts lost	575.5	790	-27.2%	464	554	-16.2%	
	<b>Sickness Rates - Long Term (over 28 calendar days)</b>	0.90	1.34	-32.3%	2.01	2.34	-13.8%	
	# Days/shifts lost LT	324.5	509	-36.2%	393	450	-12.7%	
	<b>Sickness Rates - ST Cert (8 - 28 calendar days)</b>	0.23	0.18	26.1%	0.10	0.34	-71.6%	
	# Days/shifts lost STcert	82	69	18.8%	19	66	-71.2%	
	<b>Sickness Rates - ST Uncert (up to 7 calendar days)</b>	0.47	0.56	-15.4%	0.27	0.20	35.0%	
	# Days/shifts lost STuncert	169	212	-20.3%	52	38	36.8%	
	Sickness Rates by post type April 2017 - June 2017		Control			Support staff		
Actual			Previous Year	% Variance	Actual	Previous Year	% Variance	
	<b>Overall Sickness Rate</b>	2.59	2.67	-3.1%	2.21	1.33	66.0%	
	Total # Days/shifts lost	87.02	100	-13.0%	520.75	316.28	64.6%	
	<b>Sickness Rates - Long Term (over 28 calendar days)</b>	1.35	1.28	5.6%	1.53	0.47	226.5%	
	# Days/shifts lost LT	45.52	48	-5.2%	360.69	111.4	223.8%	
	<b>Sickness Rates - ST Cert (8 - 28 calendar days)</b>	0.73	0.24	203.2%	0.25	0.26	-5.4%	
	# Days/shifts lost STcert	24.5	9	172.2%	59	62.9	-6.2%	
	<b>Sickness Rates - ST Uncert (up to 7 calendar days)</b>	0.51	1.15	-56.0%	0.43	0.60	-28.2%	
	# Days/shifts lost STuncert	17	43	-60.5%	101.06	141.98	-28.8%	

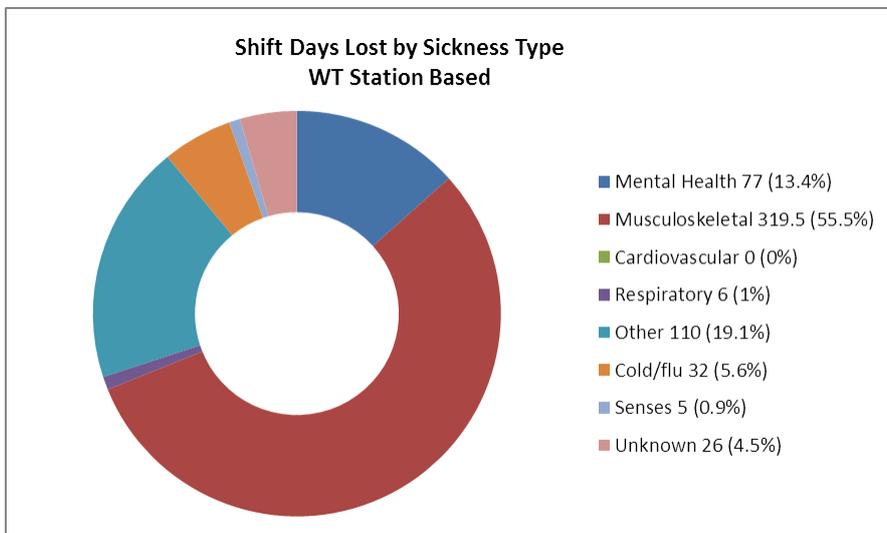
- 2.8 Within Wholetime, overall sickness levels have improved as a result of reduced long-term sickness and uncertified sickness. However, certified short-term sickness has worsened.
- 2.9 Within Control, the overall sickness levels have also improved but with an increase in short-term certified sickness.
- 2.10 Support staff have seen an overall increase particularly around long term sickness which has continued from 2016/17 and this has been further analysed below.
- 2.11 Wholetime Non-station based staff has also seen an overall improvement but with an increase in short-term sickness.
- 2.12 Information on sickness reasons is taken directly from the dashboard and is presented in the same format, analysed by the four categories of staff referred to in paragraph 2.6 above.
- 2.13 The two most common reasons for sickness across all staff are mental health and musculoskeletal problems and this reflects the national position. As stated in the year end position for 2016/17 in the previous report to the Committee, DSFRS Wholetime Firefighters have lower levels of sickness attributable to mental health than nationally and this has continued into 2017/18 Q1 with 13.4% of sickness days compared with 19% nationally. Sickness due to mental health remains the highest reason for sickness within other staff categories.

## 2017/18 Q1 Reasons for sickness for each staff category

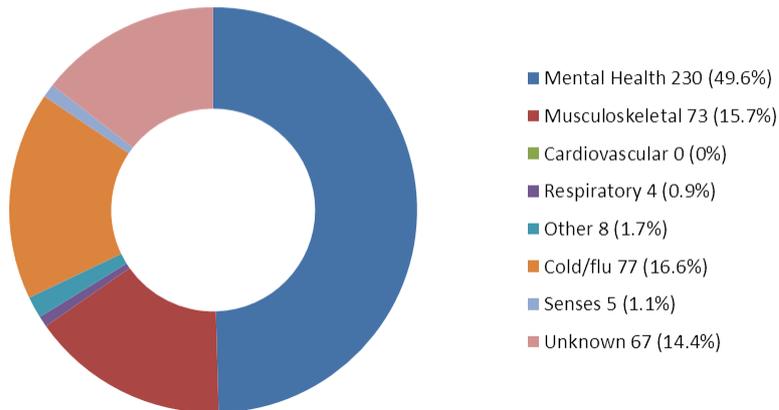
### Shift days lost by sickness type (all):



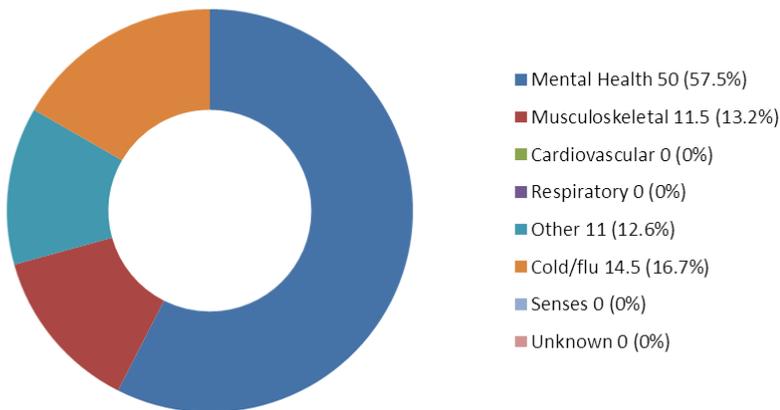
### Shift days lost by sickness type (split by post type):



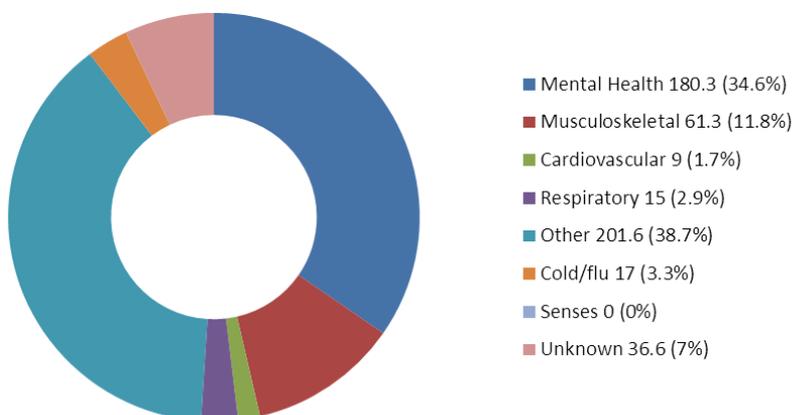
**Shift Days Lost by Sickness Type  
WT Non Station Based**



**Shift Days Lost by Sickness Type  
Control**



**Shift Days Lost by Sickness Type  
Support**



### 3. **ACTION PLAN ACTIVITY**

3.1 The Service has an action plan which is being progressed and an update is provided in Appendix A of this report. The key areas of focus within the Service action plan are as follows:

- 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.

3.2 These key areas of focus have been developed across several action plan categories which are described in the Action Plan within Appendix A under:

- Measuring and monitoring absence levels
- Analysis of absence management data
- Cultural aspects
- Communications
- Sick pay & overtime arrangements
- Supportive health and wellbeing initiatives
- Training

### 4. **FLU VACCINATIONS**

4.1 As part of the Service's support towards promoting a healthy workplace, the Service will offer flu vaccinations to its staff. Seasonal flu is a big cause of sickness as seen in earlier charts within this report. For 2016/17, the Service has analysed the lost days either with a reason code of flu or flu used in the further details and these show that 700 days were lost due to Flu.

	<b>Shifts lost</b>
Support	95.31
Control	7
Wholetime	241
Retained	357.25
<b>Total</b>	<b>700.56</b>

4.2 The vaccination is a simple and cost-effective way to help keep our employees healthy and reduce sickness. Two suppliers have been identified within Devon & Somerset who can offer vaccination services across multiple pharmacists and supermarkets, offering easy access to our widely dispersed workforce.

- 4.3 There is one supplier who operates with e-vouchers but the Service would need to purchase these in advance and would not be certain of the numbers of staff wishing to take up this vaccination. However, there is another suitable supplier that will offer the service on a pay-as-you-go basis. Staff will be able to book an appointment online at their chosen location. The minimum number of vaccinations using this service is 100 and the Service will be able to promote this facility.

## 5. OTHER HEALTH OF THE ORGANISATION MEASURES

- 5.1 The Service also considers other internal measures, which relate to the 'Health of the Organisation' and the statistics included here are year-end results for 2016/17. These measures give an indication of the wider health of the organisation as a means of monitoring people aspects which could ultimately impact upon absence performance levels.

- 5.2 Grievance cases have continued to decrease since 2013/14 whilst the trend for disciplinary cases remains static since 2014/15.

	Grievance	Discipline
2012/13	10	36
2013/14	17	42
2014/15	14	19
2015/16	12	22
2016/17	11	19

- 5.3 Of these cases the number relating to bullying and harassment are as follows:

	Grievance	Discipline
2012/13	4	6
2013/14	3	6
2014/15	0	1
2015/16	3	3
2016/17	2	2

- 5.4 Typically, turnover within an organisation is higher for new starters and decreases as staff gain longer service. This pattern will vary in any single organisation and is known as the 'survival curve'. Where we have known retirements we can plan for replacements but resignations can be disruptive to the Service. However, a degree of turnover within an organisation is healthy as it allows for new staff to bring new experiences and ideas to the organisation. There has been an increase in leavers for Support Staff over the past year and this was particularly so at a manager/officer level. Early in 2016/17 there was uncertainty concerning job security for Support Staff due to the potential for enhanced collaboration with other blue light services which would represent significant change for the organisation.

	2013/14			2014/15			2015/16			2016/17		
	Employed on 1/4/13	Leavers during year	%	Employed on 1/4/14	Leavers during year	%	Employed on 1/4/15	Leavers during year	%	Employed on 1/4/16	Leavers during year	%
<b>Support</b>	306	47	15.36	303	28	9.24	271	30	11.07	259	37	14.29
<b>Control</b>	47	4	8.51	47	3	6.38	46	5	10.87	41	2	4.88
<b>Retained</b>	1296	108	8.33	1212	165	13.61	1204	131	10.88	1148	132	11.50
<b>Wholetime</b>	719	74	10.29	712	26	3.65	624	41	6.57	588	45	7.65
<b>Total</b>	2368	233	9.84	2274	222	9.76	2145	207	9.65	2036	216	10.61

- 5.5 The levels of turnover amongst On-call staff also remain high and this reflects the risk that the Service has identified with this category of staff. There has been a decrease in turnover in Control and the turnover for the Wholetime is primarily due to retirements.
- 5.6 The Service provides welfare support and has counselling contracts in place covering Devon and Somerset. Employees can use this free service to have one-to-one counselling. In 2016/17 the Somerset counselling service saw 51 employees with an average of 6.2 sessions per person. The Devon Counselling Service has seen 58 employees during the same period who had an average of 5.8 sessions per person. The Service's Welfare Officer has dealt with 78 welfare cases during this 12 month period with a further 11 cases supported by Staff Supporters who provide a 'listening ear' for colleagues. During the year, there were 4 cases referred to mediation.

6. **CONCLUSION**

- 6.1 This report provides the current Absence performance management data, our progress towards our action plan and other measures relating to the Health of the Organisation.
- 6.2 The Q1 performance has been similar to the previous two years and we are the best Fire & Rescue Service performer in the South West region, however, we are not complacent and are taking steps as part of an action plan to improve our performance.

**GLENN ASKEW**

**Assistant Chief Fire Officer – Service Improvement**

**ACTION PLAN**

	Completed
	Stopped/not started due to a change of plan
	In progress or ongoing as part of Business As Usual

Category	Action	Status	Comments
Measuring and monitoring absence levels	Complete the testing and implementation of version 2 of the Sickness Portal.	Completed	The sickness portal system was upgraded and data cleansing completed.
Measuring and monitoring absence levels	Determine the next system development requirements to incorporate accessibility externally for on-call staff, link with the Gartan system and the automatic sign-off of Return-to-work interview forms within 3 days.	Completed	A new sickness reporting tool within the Workbench was created. There is also a sickness dashboard which was developed with input from the HRMD committee.
Measuring and monitoring absence levels	Provision of Long-term sickness data to all SLT leads on a monthly basis.	Completed	These are provided 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 eg where there has been significant uncertainty or organisational change.	Partially Completed	Previously reports have been produced by Analysts. We could do further work on the impact on LTS of removing the sickness panel and also sickness patterns but this would require an additional temporary position and the cost/benefit would need to be considered. LTS has been analysed in relation to the number of staff who are off as a result of mental health or musculoskeletal reasons.

Analysis of absence management data	Benchmarking of sickness data with the National FRS Occupational Health Performance Report, National Office of Statistics and CIPD surveys.	Completed	This is done within the fire sector on a quarterly basis and annually with the CIPD survey. The NOS reports are also reporting in lost days rather than a percentage and so this benchmark can be used.
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	Ongoing	Locally, managers are responsible for identifying any patterns. In Control an in-depth analysis was undertaken. Further training will be given to managers in sickness absence once the new policy is completed.
Cultural aspects	Introduction of an Organisational Development Strategy	In progress	The OD strategy is being developed under the Transformation directorate.
Cultural aspects	Introduce the new survey featuring engagement and job satisfaction.	Completed	A service wide survey was undertaken in 2015 using 9 questions focused on aspects identified as key indicators of organisational satisfaction. Free text responses were also provided. Staff surveys are undertaken on a 2 yearly basis. The Service is currently preparing for the next survey.
Cultural aspects	Develop a further mini-survey on staff attitudes to booking sickness and that of colleagues taking time off.	Not started	No further mini-surveys have been undertaken.
Cultural aspects	Create a fitness culture through the implementation of the Firefighter Fitness project.	In progress	A vocational fitness trial is being undertaken in 2017/18.
Cultural aspects	Provide Performance information within PIMS on the status of attendance at Fitness tests/3 yearly medical	Not started	The fitness test has been separated from the 3 yearly medical and with the move to the vocational fitness trial, this has not been progressed.

Cultural aspects	Provide SLT with annual listings of Fitness tests/3 yearly medicals that require scheduling.	Not started	The fitness test has been separated from the 3 yearly medical and with the move to the vocational fitness trial, this has not been progressed.
Communications	Regular communication messages from the CFO including the impact upon the Service.	Ongoing	Alert messages have been used and there has been briefings within the Focus Point
Communications	Advertise to staff the other forms of discretionary leave that can be taken and also family leave.	Completed	This has been communicated to staff.
Sick pay & overtime arrangements	Remove the sickness review panel.	Completed	This change was discussed collectively with TUs introduced in Sept 2015.
Sick pay & overtime arrangements	Review the Sickness Absence Management policy and update with the changes relating to the action plan.	In progress	There has been a considerable amount of time invested in a new policy document and guidance document through collective discussions with the TUs and this is nearing completion.
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.	Ongoing	Locally managers are responsible for reviewing overtime but where staff hit trigger points for short-term sickness then staff will as part of improvement measures be unable to undertake overtime. This requirement is to be included in the new sickness policy. Support staff increments within our grading structure agreement are not linked to performance as per the national agreement.
Sick pay & overtime arrangements	Remove sick pay where staff have not provided the appropriate fit note or declined to attend a medical.	Completed	No further explanation is required
Sick pay & overtime arrangements	Introduce charging for staff that decline to attend medicals and do not inform OH or the Service.	Completed	No further explanation is required

Supportive health and wellbeing initiatives	Introduce a Total Rewards employee benefits package.	Stopped	Insufficient capacity with the reduction in HR staffing but an additional HR Officer is to be recruited on a 12 month basis to support the review of HR policies and provide a focus to Supportive health and wellbeing initiatives.
Supportive health and wellbeing initiatives	Review the Occupational Health working arrangements to ensure that we get the expected Service levels and that the additional services of physio and counselling are providing a return on investment. Use review points within the provision of Physio and counselling.	Ongoing	Regular meetings with OH supplier and a procurement process underway to select suppliers from November 2017. The procurement process has been completed and IMASS will continue to provide the OH services to DSFRS. A Supplier/Client meeting has been arranged to discuss this aspect.
Supportive health and wellbeing initiatives	Make early contact with the employee within 3 days to understand the reason for the absence and consider pathways to returning to work eg a phased return or workplace adjustments and if appropriate meet the employee within 7 days.	Ongoing	Incorporated into the policy and sickness reporting tool.
Supportive health and wellbeing initiatives	Pledge our Support to the Blue Light, Time to Change campaign.	In progress	Pledge completed along with a specific action plan for supporting mental health. Includes actions relating to top level buy in, internal comms, reviewing policy & process, creating space for people with lived experiences to share their stories, promoting key dates in the mental health calendar & training staff.
Supportive health and wellbeing initiatives	Utilise Blue Light resources including mental health training packages.	In progress	Line mgr undertaken with variable takeup. Recommend that offered to all staff.

Supportive health and wellbeing initiatives	Explore the potential benefits of promoting and supporting the government Fit for Work scheme.	Completed	Incorporated into policy and actions from HR.
Supportive health and wellbeing initiatives	Create a more stable workplace by reducing the number of temporary promotions.	Ongoing	Promotional processes have been introduced to enable staff to, where possible, be promoted on a substantive basis. Further work has been undertaken in creating a uniformed Promotion Assessment Process which can operate on a annual basis. Work is also being undertaken into the Support Staff requirements for promotion.
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.	In progress	Further work being prepared to review the appraisal process supported by an external Learning & Development organisation.
Supportive health and wellbeing initiatives	Promote a self-funded healthcare scheme.	Not started	As an alternative, assistance provided on a case by case basis where NHS waiting times will delay recovery.
Training	Update the sickness management e-learning package and make mandatory for managers.	In progress	Training provided as part of management development. An e-learning mental health training package has been in development but is not yet finished. Training will be provided as part of the rollout of the new sickness policy.