

REPORT REFERENCE NO.	HRMDC/18/22
MEETING	HUMAN RESOURCES MANAGEMENT & DEVELOPMENT COMMITTEE
DATE OF MEETING	23 MARCH 2018
SUBJECT OF REPORT	ABSENCE MANAGEMENT AND THE HEALTH OF THE ORGANISATION
LEAD OFFICER	Director of Service Improvement
RECOMMENDATIONS	<i>That the report be noted.</i>
EXECUTIVE SUMMARY	<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 combined Service in 2007 and absence levels remain a key measure as they affect the efficiency and the effectiveness of the Service.</p> <p>This paper contains the standard measures of performance that are provided as part of this standing item, however, the Service is undertaking a top-level review into sickness absence and will report on this review at the next meeting of the Committee. The Service also needs to ensure that the Committee is able to contribute to the strategic scrutiny and direction on Absence Management and that it is providing the appropriate information to facilitate such strategic level discussions.</p>
RESOURCE IMPLICATIONS	Staff and financial resources associated with absence management.
EQUALITY RISK AND BENEFITS ANALYSIS (ERBA)	The Absence Management policy has an equality impact assessment.
APPENDICES	None
LIST OF BACKGROUND PAPERS	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, when in 2007/08 the average sickness rates were 13.01 days/shifts of sickness and in 2008/09 10.16 days/shifts of sickness. However, having improved the performance in the first three years of combination, over the last 10 year period the trend-line remains horizontal. There has been variation in sickness levels with further improvements in absence levels but this has not been sustained. The Service has made improvements to the support given to staff and also into performance management but there remains further work to do.

1.3 The Service is undertaking a top-level review into sickness absence and will report on this review at the next Committee meeting. Absence levels are a key measure as they affect the efficiency and the effectiveness of the Service and for the first time the Service is developing a specific target for sickness in 2018/19 with an average measure of 8 days/shifts of sickness per person for the Wholetime, Control and Support Staff.

1.4 The key aspects for consideration in this report are the 2017/18 year to date performance up to and including January 2018.

2. **APRIL 2017 - JANUARY 2018 ABSENCE PERFORMANCE**

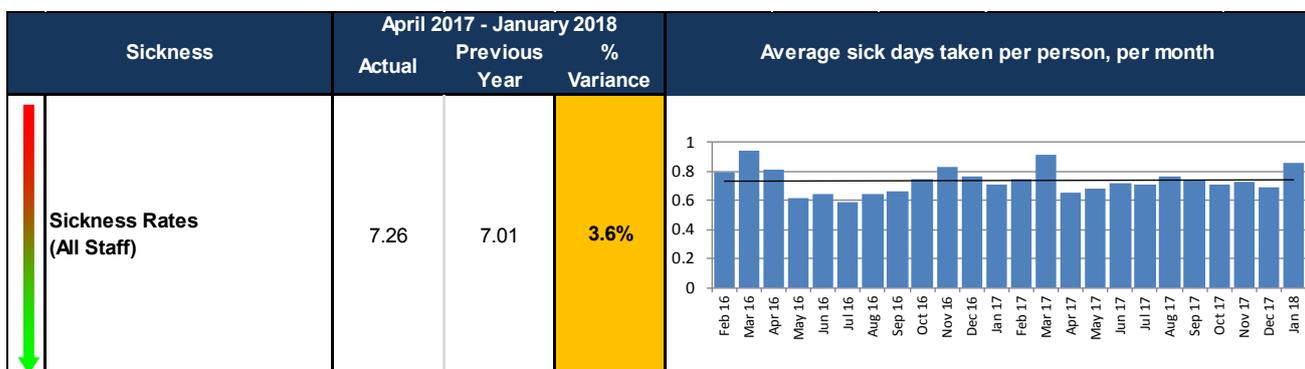
2.1 Absence levels since 2008/9 are shown below in terms of average lost days per person per year. Although, the Service has seen some variations over this period the overall trend line remains virtually horizontal and for the year to date, performance is slightly better than last year.



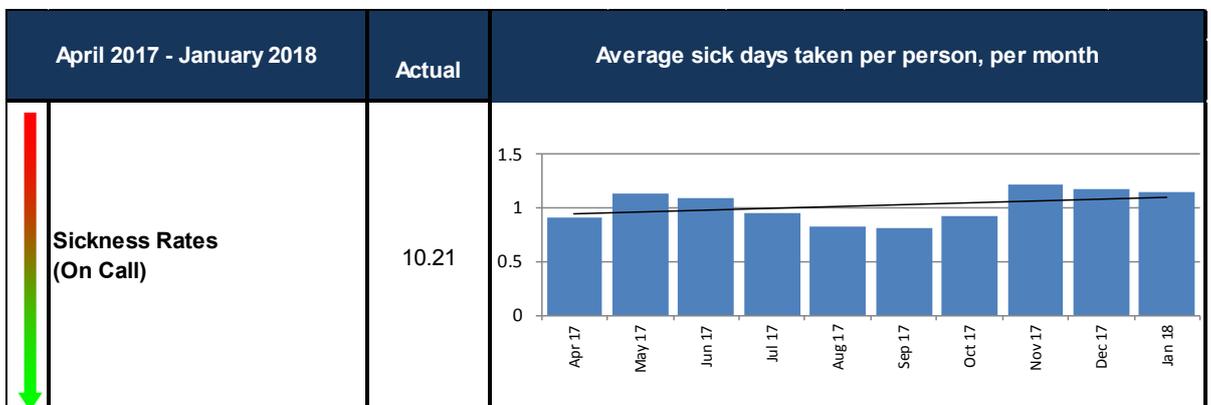
2.2 The graph below shows the monthly sickness rates for the last 2 years. On average, employees have taken 7.26 days of sick leave from April to January compared with 7.01 for the previous year. When the figures were reviewed at the Committee meeting in December 2017, the figures to October showed that performance was 5.6% worse than the previous year so there has been a modest improvement.

2.3 The On-call rates are also shown below but at this stage, the Service is unable to compare with the previous year as there is no retrospective performance data available. This level of sickness is higher than for other staff categories, however, for On-call Firefighters the Service records sickness over 7 days per week rather than lost shift or working days. For On-call Firefighters, this reflects the method of payment for sickness absence which is calculated on a daily rate based on the previous 12 weeks of work activity.

Sickness Direction of Travel



On-call Staff



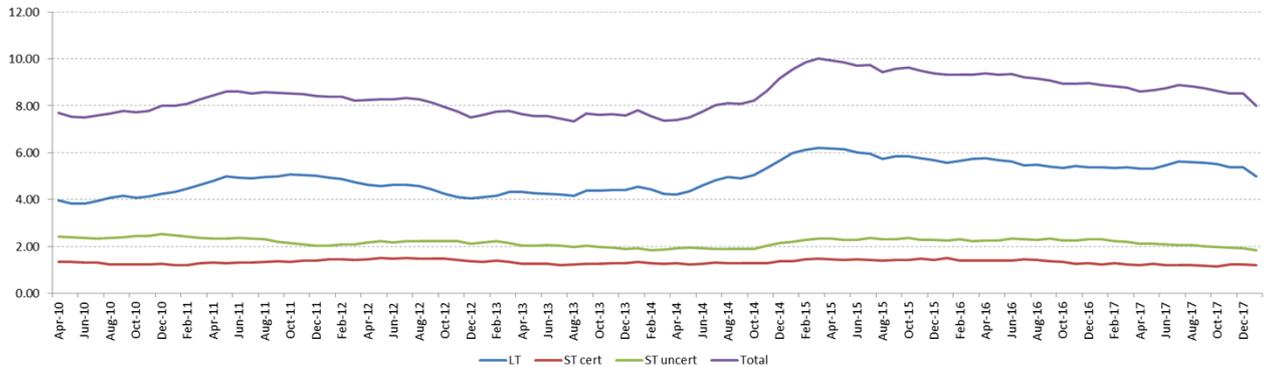
2.4 With monthly peaks and troughs in sickness, it is difficult to see the on-going longer term change in the rates over this time and so the sickness levels are shown over a 12 month rolling sickness rate as measured at the end of each month. As this is a rolling rate, it removes any monthly peaks and troughs and enables us to see performance trends more clearly. It can be seen from the chart that short-term certified and uncertified sickness have remained fairly static since 2010. The variation experienced has been in long-term sickness. An overall total has been added to the chart below and it can be seen that this line typically follows the level of the long-term sickness.

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.

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



2.6

Sickness rates are broken down between different contract types as well as the length of sickness. There were 4 contract types that are considered but the Service has now added the On-call Firefighters:

- Wholetime Station based staff;
- Wholetime non-Station based staff;
- Control Staff;
- Support Staff;
- On-call Firefighters.

Sickness Rates by Post Type

Sickness Rates by post type April 2017 - January 2018		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	7.24	6.17	17.2%	5.44	8.20	-33.7%
	Total # Days/shifts lost	2586.5	2315	11.7%	1141	1557	-26.7%
	Sickness Rates - Long Term (over 28 calendar days)	4.11	3.21	28.3%	4.00	6.78	-41.0%
	# Days/shifts lost LT	1469.5	1202	22.3%	840	1288	-34.8%
	Sickness Rates - ST Cert (8 - 28 calendar days)	1.14	0.98	17.2%	0.88	0.54	63.3%
	# Days/shifts lost STcert	409	366	11.7%	184	102	80.4%
	Sickness Rates - ST Uncert (up to 7 calendar days)	1.98	1.99	-0.6%	0.99	0.88	12.7%
# Days/shifts lost STuncert	708	747	-5.2%	208	167	24.6%	
Sickness Rates by post type April 2017 - January 2018		Control			Support staff		
		Actual	Previous Year	% Variance	Actual	Previous Year	% Variance
	Overall Sickness Rate	10.37	8.69	19.4%	8.08	7.15	13.0%
	Total # Days/shifts lost	366.52	319.56	14.7%	1941.09	1688.76	14.9%
	Sickness Rates - Long Term (over 28 calendar days)	6.86	4.12	66.5%	5.21	4.09	27.3%
	# Days/shifts lost LT	242.52	151.56	60.0%	1250.63	966.2	29.4%
	Sickness Rates - ST Cert (8 - 28 calendar days)	2.15	1.11	92.9%	0.99	1.12	-11.6%
	# Days/shifts lost STcert	76	41	85.4%	237	263.64	-10.1%
	Sickness Rates - ST Uncert (up to 7 calendar days)	1.36	3.45	-60.7%	1.89	1.94	-2.8%
# Days/shifts lost STuncert	48	127	-62.2%	453.46	458.92	-1.2%	

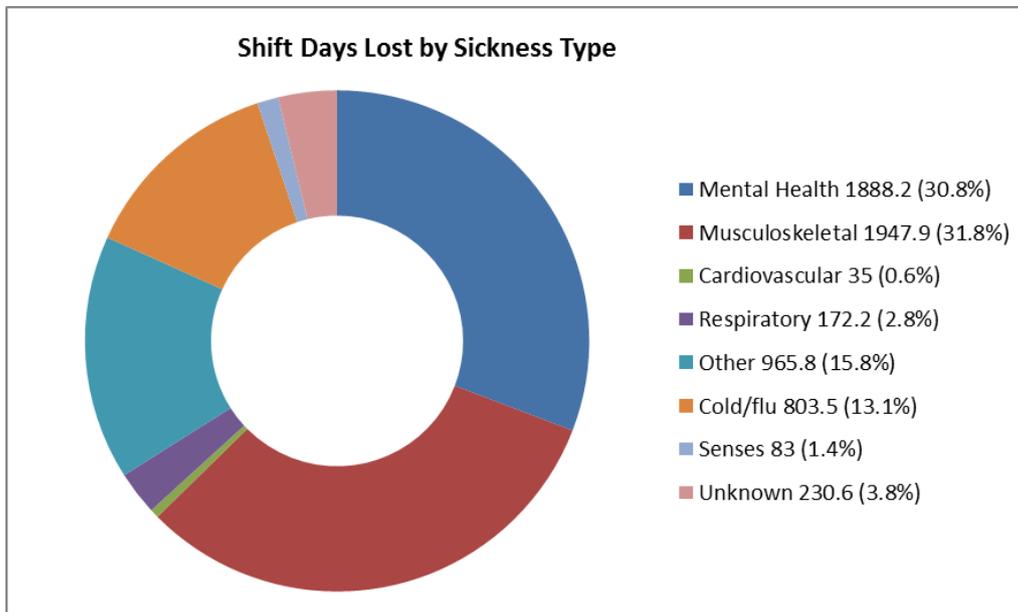
Sickness Rates April 2017 - January 2018		On Call staff
		Actual
	Overall Sickness Rate	10.20
	Total # Days/shifts lost	9859
	Sickness Rates - Long Term (over 28 calendar days)	7.43
	# Days/shifts lost LT	7183
	Sickness Rates - ST Cert (8 - 28 calendar days)	1.58
	# Days/shifts lost STcert	1529
	Sickness Rates - ST Uncert (up to 7 calendar days)	1.19
	# Days/shifts lost STuncert	1147

2.7 The Service collates information on the reasons for sickness which is taken directly from the Service dashboard. This information is presented in the same format, but is analysed by the five categories of staff referred to in paragraph 2.6 above.

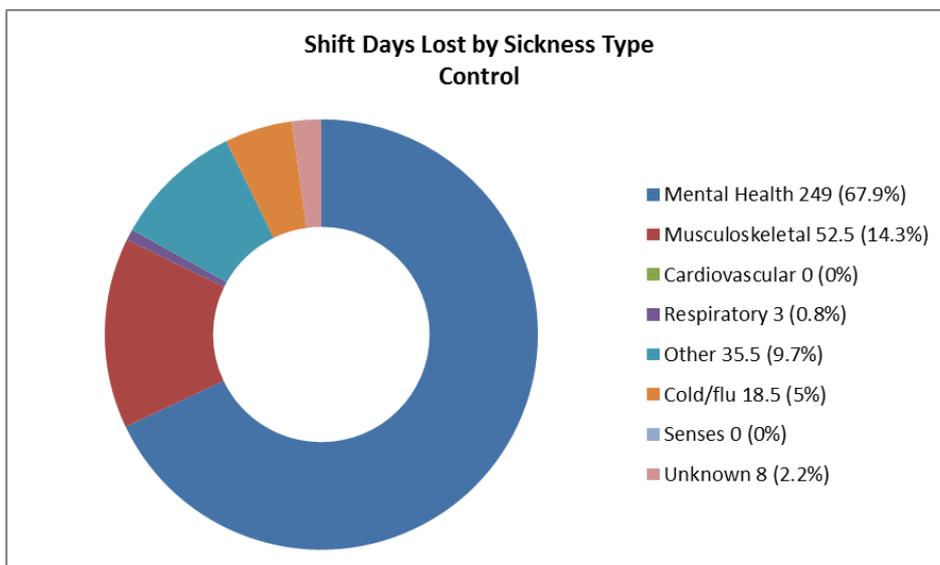
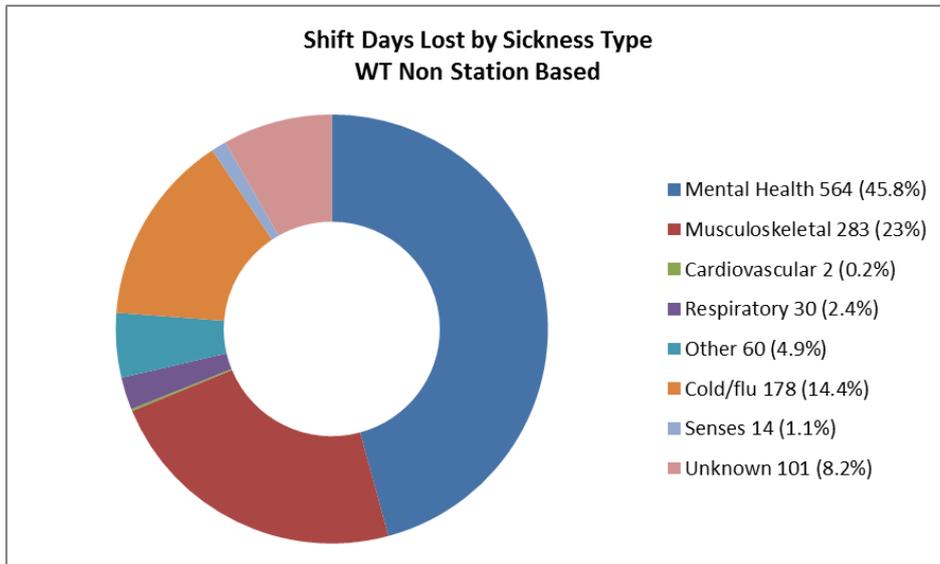
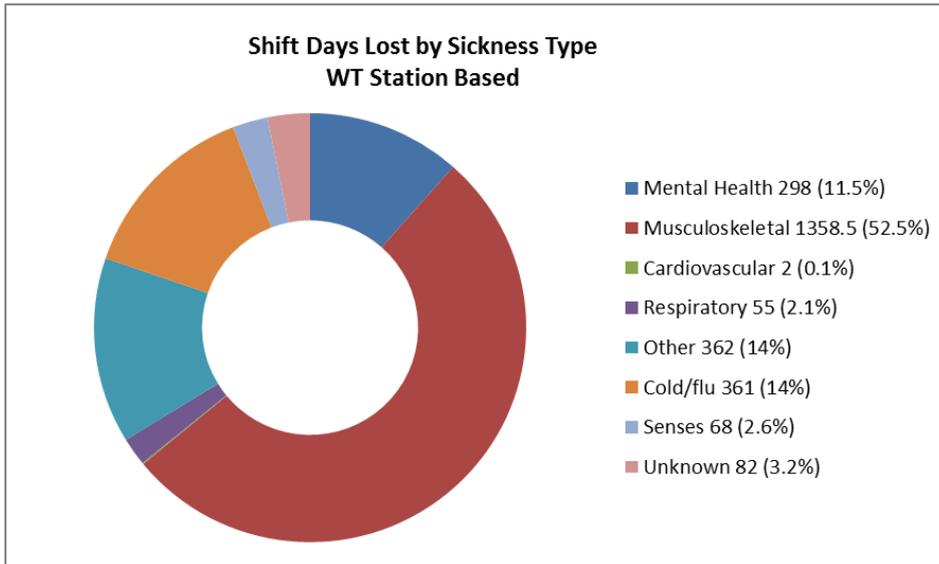
2.8 The two most common reasons for sickness across all staff are mental health and musculoskeletal problems and this reflects the national position. Since the last report in September 2017, the biggest change has been the increase within Control as a result of mental health where the Service has also seen an increase in long-term sickness.

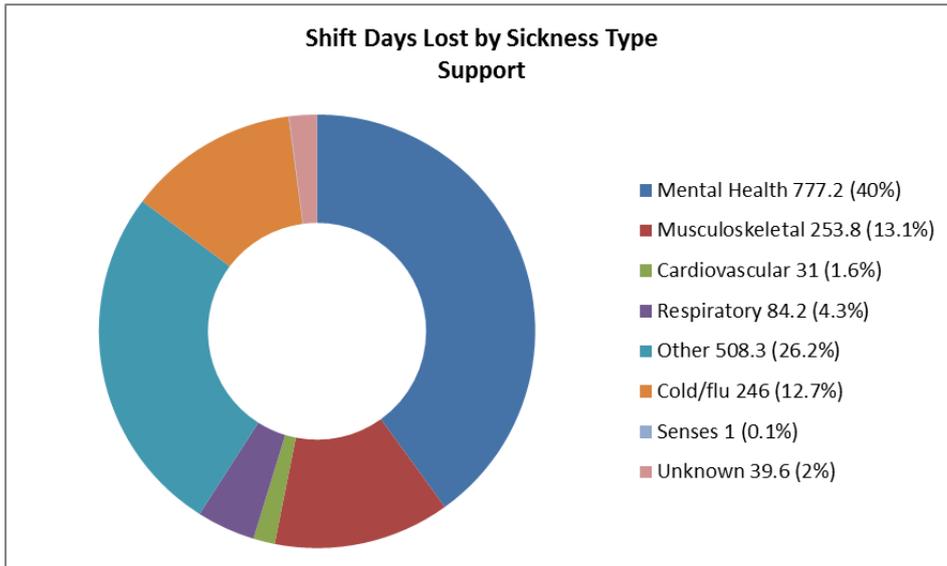
2017/18 Year to Date Reasons for sickness for each staff category

Shift days lost by sickness type (Wholetime – Station & Non-Station based, Support Staff & Control):

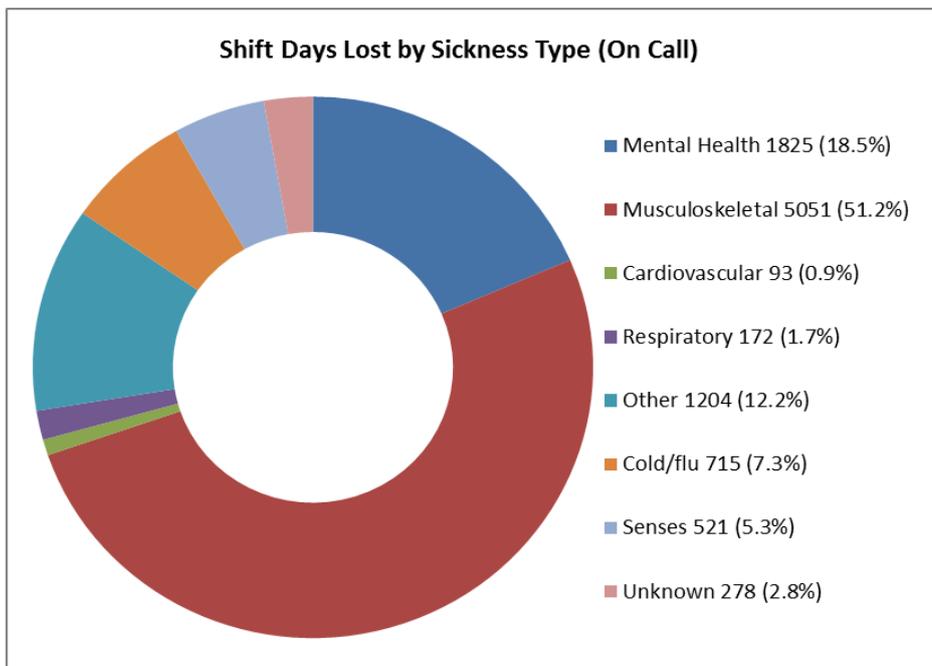


Shift days lost by sickness type (split by post type):





Shift days lost by sickness type – On-Call Staff:



3. ACTION PLAN ACTIVITY

3.1 The Service has an action plan which is being progressed but there have been staffing capacity issues in terms of supporting this work e.g. preparing a revised sickness policy. Within the Human Resources (HR) Department, a temporary HR Officer has been appointed and one of the objectives is to get the revised absence management policy and guidance documents completed.

- 3.2 The Service is also undertaking a top-level review which will include:
- mapping the sickness absence reporting process and identifying areas that might offer opportunities for improvement,
 - analysing the sickness statistics and seeking underlying patterns and causation,
 - estimating the impact of sickness in terms of cost and staff availability,
 - understanding possible sick pay arrangements which are potential barriers to the Service's objective of enabling staff to return to work as quickly and safely as possible; and
 - to consider our overall performance and any cultural aspects.
- 3.3 A further report on the outcome of this review will be submitted to the Committee in due course.

4. **CONCLUSION**

- 4.1 This paper contains the standard measures of performance that are provided as part of this standing item, however, the Service is undertaking a top-level review as indicated above into sickness absence and will report to the Committee on the outcome of this review in due course. The Committee will also wish to consider how it would wish to receive the absence management performance data following the review.
- 4.2 The Committee is asked to note this report.

PETE BOND
Director of Service Improvement