REPORT REFERENCE NO.	**HRMDC/18/24**
MEETING	**HUMAN REOSURCES MANAGEMENT & DEVELOPMENT COMITTEE**
DATE OF MEETING	**3 JULY 2018**
SUBJECT OF REPORT	**SICKNESS ABSENCE MANAGEMENT**
LEAD OFFICER	**DIRECTOR OF SERVICE IMPROVEMENT**
RECOMMENDATIONS	***That the report be noted.***
EXECUTIVE SUMMARY	This report provides a review of sickness absence in Devon & Somerset Fire & Rescue Service (DSFRS), from a number of perspectives. It has been compiled by a cross-departmental team from Human Resources, Organisational Development, Business Intelligence Hub, Audit and Review and Service Delivery, looking at sickness absence using trend analysis and from policy, process and cultural perspectives. The Committee is asked to endorse the actions that have been identified within paragraph 6.3 of this report to support identified improvements.
RESOURCE IMPLICATIONS	Sickness is estimated to have cost this Service around £11.6 million over the last 10 years.
EQUALITY RISKS AND BENEFITS ANALYSIS (ERBA)	None undertaken as yet.
APPENDICES	None
LIST OF BACKGROUND PAPERS	None

1. INTRODUCTION

1.1 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. Absence levels are a key measure as they affect the efficiency and the effectiveness of the Service.

1.2 The Service performance for Absence Management has been included as a standing item on the Human Resources Management & Development Committee agenda since the formation of the combined Service in 2007.

1.3 In support of this standing item, this review of Sickness Absence serves to present key findings and aspects for consideration.

1.4 Main areas of analysis have included:

- analysing the sickness statistics and seeking underlying patterns and causation;
- estimating the impact of sickness in terms of cost and staff availability;
- mapping the sickness absence reporting process and identifying areas that might offer opportunities for improvement;
- understanding possible sick pay arrangements which are potential barriers to our objective of enabling staff to return to work as quickly and safely as possible; and
- considering our overall performance and any cultural aspects.

2. DATA ANALYSIS

2.1 The following aspects of data have been analysed:

- Trends in data: 2, 3, 5 and 10 year trends
- Comparison of long term, short term certified and short term uncertified absence
- Main causes of absence.

2.2 The key observations from this analysis are as follows:

- The total sick days per Full Time Equivalent (FTE) has a downward trend for both 2 year, 3 year and10 year periods, but an upward trend for the 5 year period.

- Long-term sickness (over 28 days) has an upward trend for both 2 year, 5 year and 10 year periods, but a downward trend for the last 3 year period. There is a significant upward trend in long-term sickness for the last 5 year period, suggesting that the upward trend in the total number of sick days in the last 5 year period has likely been caused predominantly by this increase in long-term sickness.

- With the exception of a marginal trend increase in short-term certified sickness over the last 5 year period, all short-term certified and short-term uncertified sickness has shown a downward trend over the last 2 year, 3 year, 5 year and 10 year periods.

- There has been a significant upward trend in the rate of staff being absence for mental health reasons over the last 10 years. Cold/flu and musculoskeletal categories both show a marginal downward trend as the reason for absence over the last 10 years.

- The majority (59%) of sickness episodes last between 2-7 days.

- The most likely reason for uniformed staff to be off sick is for musculoskeletal reasons whereas for support staff, the most likely reason is mental health.

- For 62.1% of all sickness episodes reported, there have been no previous sickness episodes (triggers) reported by that individual in the last 12 months. However looking at long-term sickness alone, for 54.4% of cases, there was at least 1 previous incidence of sickness in the last 12 months before the long-term sickness commenced.

- Overall, Monday is the most likely day for a sickness episode to begin, for both short-term and long-term sickness. However, this is much more predominate with support staff, than station based staff.

- The majority of sickness episodes start in January, closely followed by December and then November. August is the least likely time to start a sickness episode (perhaps because many people are on annual leave at that time).

Cost and availability

2.3. Sickness is estimated to have cost this Service around £11.6 million over the last 10 years. The main sickness categories contributing to this total are:

- musculoskeletal - 31.5% (£3.6 million);
- mental health - 27% (£3.1m);
- cold/flu - 11.5% (£1.3m); and
- back/spine - 10.5% (£1.2m).

Benchmarking

2.4. Cleveland Fire Brigade produces a quarterly occupational health performance report. This report collates information from all English fire services that choose to take part and provide their data, to allow meaningful comparisons and benchmarking to take place.

2.5 The most recent report covered the period April 2017 – Dec 2017. A summary of the findings are:

- The Service is recording a sickness rate just under the national average for the number of days/shifts lost to sickness per person for wholetime firefighters;
- The Service is recording a sickness rate higher than the national average for the number of days/shifts lost to sickness per person for Fire Control personnel;
- The Service is recording a sickness rate just at the national average for the number of days/shifts lost to sickness per person for Support staff.

3. SICKNESS ABSENCE PROCESS ANALYSIS

3.1 The Service has a prescribed process for reporting and managing sickness, both for short-term and long-term absences. Analysis of this process has revealed a number of areas that may have an impact on individuals and their ability to return from a period of sickness as soon as possible. These areas are noted in paragraphs 3.2 to 3.13 below.

Investigations

3.2. There is anecdotal evidence to suggest that staff who have put in a grievance, are under a disciplinary investigation or have been suspended are often off sick as a result. Regardless of the outcome of the investigation, it often takes a while for staff to feel well enough to return to work.

3.3 The length of time it takes to complete investigations (disciplinary, grievance or suspensions) appears to be having a significant impact on returning people to work. It is felt that by dealing with investigations as swiftly as possible, the stress to the employee would at least be minimised.

3.4 In addition to the above there is anecdotal evidence to suggest that, even when an investigation has been concluded, there are often delays in employees being told the outcome of investigations that have been raised by them or levied against them.

Line management issues

3.5 For employees who are off sick with work related stress relating to their line manager, there is not always an option for them to report to another manager, even initially.

3.6 The line manager has a great deal of responsibility in supporting and recording an individual's sickness absence. Currently there are inconsistencies in how managers deal with this. Anecdotal evidence suggests that, whilst some managers are very good at agreeing and keeping contact with individuals through their sickness absence, this is not done consistently which is causing anxiety to some employees and impacting on their ability to return to work. Contact should be agreed between the line manager and the individual, and maintained regularly throughout sickness absence - particularly when the absence is longer than 8 days. Currently the Service is unable to report on the level of contact maintained. Contact is recorded on the Workbench using plain text, so individual records can be scrutinised to check contact – but only if the Workbench is kept up to date.

3.7 Some managers have a lack of understanding of mental health issues and are not equipped/do not feel able to support staff with a mental health diagnosis, whether they are still at work, off work or in the process of returning to work. Staff are often aware of this, making their return to work after a mental health related absence even harder.

3.8 It is also felt that there should be more training and support for managers at all levels around having difficult conversations, making difficult decisions, supporting employees through their illness/absence and dealing with the complexities of sickness absence. This needs to be supported at an organisational level in terms of clear and consistently applied policies and procedures.

Support for return to work

3.9 Consideration should be given to how managers can facilitate an employee's return to work, particularly after long term absence. Anecdotal evidence suggests that many returning from long term absence feel a high level of anxiety about returning to work. Suggestions to ease this are:

- Inviting the employee in for a short coffee break before their return so they can meet up with the team. By doing this the employee has the option to leave whenever they wish to and it can make the first day back at work easier;
- For the manager to speak to the employee before they come back to work to discuss what support the employee needs from their manager, their team and Service on their return to work. This will vary for each individual - what works for one person may not work for another. This could also help the team feel comfortable that they know how to best support a colleague on their return to work;
- Where others have been temporarily promoted to cover long term absence, it is felt that careful advance planning is needed, with meetings planned to discuss how the handover will run and who will do what for any phased return. Anecdotal evidence suggests that this is not currently happening in all cases, and is causing concern both prior to an employee's return and after their return to work.

Limitations with the sickness app

3.10 Managers feel that there are limitations with the sickness app as follows:

- Once someone returns from sickness all the notes on the app are lost;
- The app does not include restricted working;
- The app does not enable management reports to be produced to support the review of sickness/restricted duties cases
- The app does not allow you to change an entry if a mistake has been made once something has been entered.

3.11 Although the sickness app provides valuable information, it does not provide the detail necessary to support managers dealing with specific issues, including long term sickness information.

Other issues

3.12 Frequent changes in line management make the handling of long term absence challenging. It can be difficult for a line manager to take ownership and at times, there is an over-reliance on the Human Resources (HR) department that is sometimes seen as the 'consistent force'. Anecdotal evidence would suggest that parts of the process are seen by employees as formal and impersonal – for example letters sent around Occupational Health referrals and changes to pay. These are currently controlled by HR and are therefore necessarily generic as HR will not be aware of the intricacies of each case and the individuals involved.

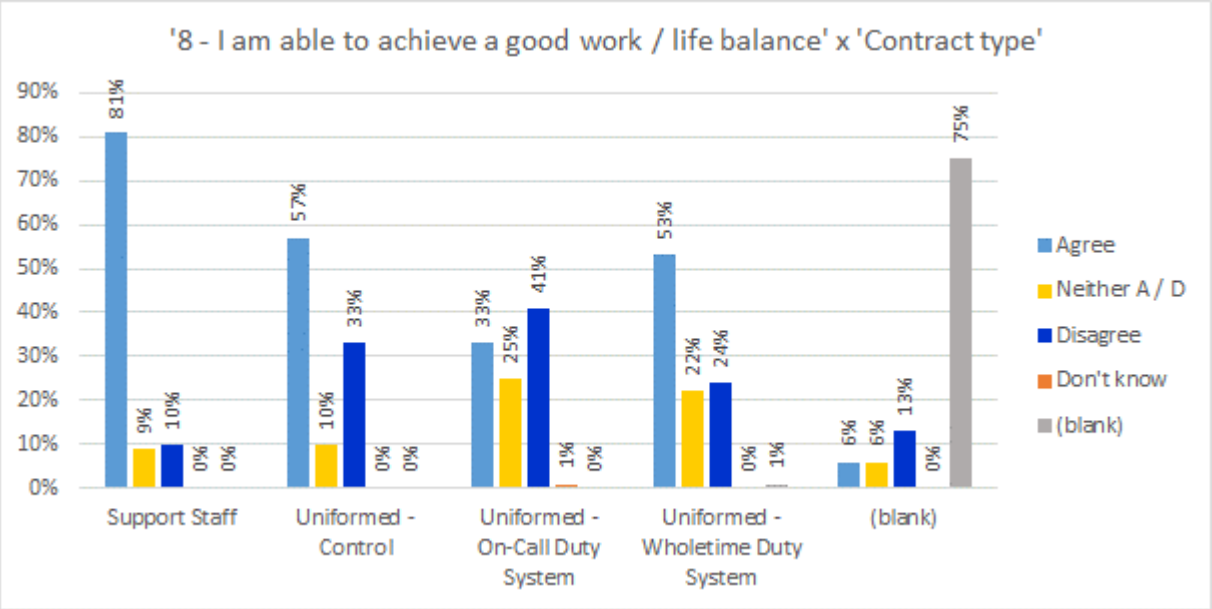
3.13 There needs to be recognition that each sickness case is personal and a case on its own, and involves dealing with people at their most vulnerable – which makes it complex to manage.

4. **CULTURAL ANALYSIS**

Staff survey results and correlation to sickness absence

4.1 A full, themed analysis of the Staff Survey requires an element of resourcing that has not been available recently due to competing workloads. The analysis will be taking place in the near future.

4.2 An initial analysis of the staff survey results indicates an area where further research would be useful is regarding employee satisfaction with work life balance. It would be interesting to see if the contract types with higher dissatisfaction also have the highest sickness levels - particularly stress. Please refer to the graph below.



5. **POLICY ANALYSIS**

On Call Sick Pay and Returning on Restricted Duties

5.1 For On-call staff who are sick, they are entitled to receive ‘full-pay’ calculated as a normal daily payment.

5.2 Historically, where a member of On-call staff returns from sickness they have been paid for the activity they undertake so if they return on restricted duties and are unable to attend incidents they would see a reduction in the level of their pay from when they were off sick.

5.3 To overcome this, the Service has committed to the maintenance of the normal daily rate when an employee returns from authorised sick leave to restricted duties. This ensures that there is no reduction in pay should the employee move from being designated sick to restricted duties.

5.4 There are several advantages to this approach:

- Staff will be able to return to work earlier without being financially penalised.
- Staff will feel more supported by the Service.

- The quickest way to recover from sickness is considered to be within the workplace.
- Staff who remain off sick on a long-term basis are statistically known to have less chance of returning to full employment.

Firefighter Fitness Requirements

5.5 The Service has sought to maintain the fitness levels of firefighting staff in accordance with national guidance for a number of years. The main issues identified are the inflexibility of current testing arrangements with regards to different body types and physiologies that naturally occur between individuals.

5.6 During 2017, the Service took part in a national project to trial a vocational fitness test developed by University of Bath sports scientists that has sought to replicate the types of activity commonly required of firefighters at operational incidents.

5.7 The initial results of this project indicate that this approach provides a better measure of the fitness required to be a firefighter but may still disadvantage certain physiologies. Culturally the vocational test has proved extremely popular with staff which would indicate a greater willingness to participate in fitness activity in order to pas the test.

5.8 The overall results are now being collated and further analysis of these will be required in order for the Service to determine how to progress firefighter fitness testing.

6. CONCLUSION

6.1 This analysis of sickness absence and the associated management procedures has enabled a rigorous review of previous performance and areas for the Service to consider improving for the future.

6.2 It is clear that the welfare of all staff is a primary concern both for the individual and for the overall productivity of the organisation.

6.3 Following this analysis, the following actions have been agreed to support identified improvement:

- A review of management training needs and provision for dealing with sickness and performance is undertaken, supported by clear and consistently applied policies and procedures.
- A review of the way investigations are completed is undertaken.
- A mental health task and finish group under the Strategic Health and Safety Committee is established.
- Further analysis of staff survey results is undertaken to ascertain any correlations between the results and sickness absence
- The sickness absence management policy is reviewed and updated.
- The recommendations from the pilot of the Vocational Fitness Test be considered in supporting further sickness absence management.

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