| | |
|---|---|
| **REPORT REFERENCE NO.** | **HRMDC/16/6** |
| **MEETING** | **HUMAN RESOURCES MANAGEMENT & DEVELOPMENT COMMITTEE** |
| **DATE OF MEETING** | **24 JUNE 2016** |
| **SUBJECT OF REPORT** | **ABSENCE MANAGEMENT** |
| **LEAD OFFICER** | **Director of People & Commercial Services** |
| **RECOMMENDATIONS** | ***That the Service continues with the action plan directed towards reducing down sickness absence.*** |
| **EXECUTIVE SUMMARY** | Absence Management is a standing item on the Human Resources Management and Development Committee agenda.<br><br>During 2014/15, the Service saw an increase in sickness absence levels which had continued into 2015/16. As a result of this the Service has been taking action to redress this situation and over 2015/16 there has been an improvement in sickness levels.<br><br>This report sets out the 2015/16 year end performance results and provides an update on the progress with the action plan. |
| **RESOURCE IMPLICATIONS** | Increased staffing time associated with the action plan whilst there are other competing priorities and support staffing levels have reduced. |
| **EQUALITY RISK AND BENEFITS ANALYSIS (ERBA)** | 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** | None. |

1. **INTRODUCTION**

1.1 Within Devon and Somerset Fire and Rescue Service (the Service), the health, safety and wellbeing of employees is taken seriously and as such the Service 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 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 members Human Resources Management and Development (HRMD) Committee agenda since the formation of the Service and has also featured within the Audit & Performance Review Committee (APRC) performance report. During 2014/15, the Service saw an increase in sickness absence levels which had continued into 2015/16. As a result of this the Service has been taking action to redress this situation and over 2015/16 there has been an improvement in sickness levels.

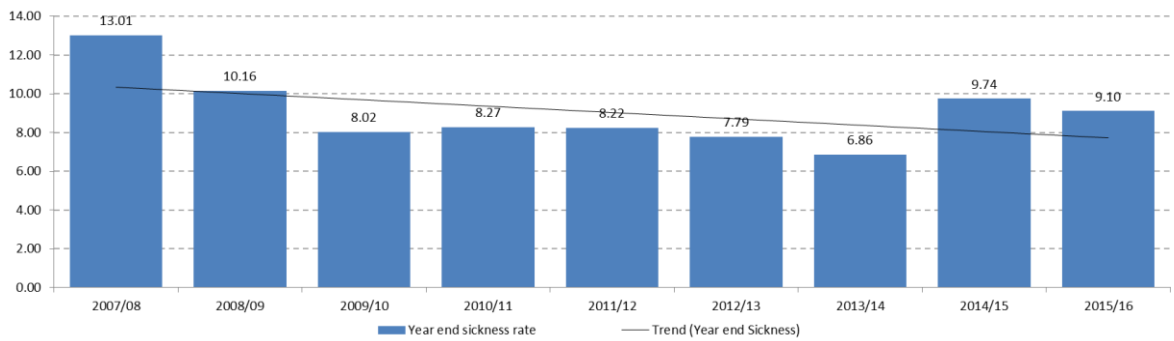
1.3 The Service does not set a target level for sickness levels but compares performance with previous years and bench-mark data. The Service is currently developing an outcome based approach to performance management and will be determining external and internal measures as part of this work. It is intended that these new measures will incorporate sickness level reporting.

1.4 The key areas of focus within the Service action plan are as follows and further information on 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.

1.5 Absence levels since the formation of the Service are shown below. Whilst the absence levels for 2014/15 and 15/16 showed an upturn, the overall trend is downward. Encouragingly, for 2015/16 the sickness levels at the year-end are below those for the same period in the previous year.

**Sickness Levels since the formation of DSFRS**

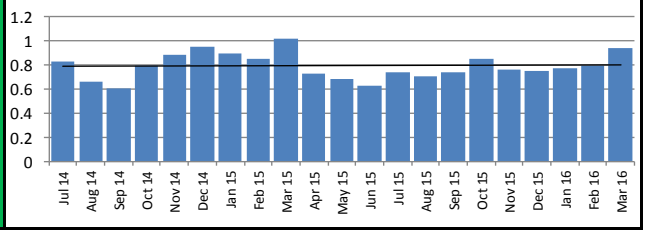


## 2. 2015/16 ABSENCE PERFORMANCE

2.1 The graph below shows the monthly sickness rates for the last 2 years. On average, employees have taken 9.10 days of sick leave from April to March for the 2015/16 financial year. This is a decrease of 6.6% from the previous year. If we look back at the point-in-time sickness rates we saw an improving picture in the second half of the year:

- Q2 2015/16: 7.9% worse than the previous year
- Q3 2015/16: 4.8% better than the previous year
- Q4 2015/16: 6.6% better than the previous year

### Sickness Direction of Travel

| Sickness | April 2015 - March 2016 Actual | Previous Year | % Variance | Average sick days taken per person, per month |
|---|---|---|---|---|
| Sickness Rates (All Staff) | 9.10 | 9.74 | -6.6% |  |



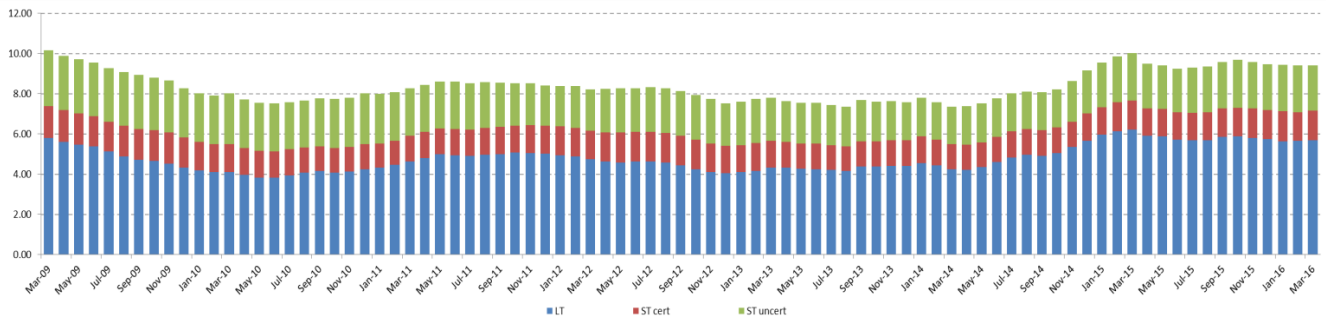
2.2 With monthly peaks and troughs in sickness, it is difficult to see the on-going longer term change in the rates over this time. The graph below shows the 12-month rolling sickness rate as measured at the end of each month. As this is a rolling rate it removes any monthly peaks and troughs and enables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

2.3 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

2.4 At Q4, the rolling rate for Long Term Sickness (LTS) has stabilised and has remained at a flat level over the final quarter.

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



2.5 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
- Support Staff

2.6 Within Wholetime, long-term sickness and short-term certified sickness have improved since last year leading to a 27% reduction and an actual sickness rate of 7.16 days on average per person for the year.

2.7 Control has seen a tremendous improvement in absence rates primarily through a reduction of long-term sickness but it remains higher than other staff categories.

2.8 Support staff have seen an overall increase of sickness by 6.4% but this has improved from Q3 where it was 12.8% worse. Short-term sickness has improved over the full year.

2.9 Wholetime Non-station based staff is the poorest performing category when compared to the previous year with levels increasing by 46.4% at the end of Q2 but this improved at the end of Q4 when it was 15% worse. This position has not changed since 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** | 7.16 | 9.83 | **-27.1%** | 10.98 | 9.55 | **15.0%** |
| Total # Days/shifts lost | 2836 | 3906 | **-27.4%** | 2129 | 1855 | **14.8%** |
| **Sickness Rates - Long Term (over 28 calendar days)** | 3.73 | 6.31 | **-40.9%** | 8.14 | 6.23 | **30.5%** |
| # Days/shifts lost LT | 1477 | 2508 | **-41.1%** | 1578 | 1211 | **30.3%** |
| **Sickness Rates - ST Cert (8 - 28 calendar days)** | 1.10 | 1.31 | **-16.2%** | 1.59 | 1.79 | **-11.0%** |
| # Days/shifts lost STcert | 436 | 522 | **-16.5%** | 309 | 348 | **-11.2%** |
| **Sickness Rates - ST Uncert (up to 7 calendar days)** | 2.33 | 2.20 | **5.7%** | 1.25 | 1.52 | **-18.1%** |
| # Days/shifts lost STuncert | 923 | 876 | **5.4%** | 242 | 296 | **-18.2%** |

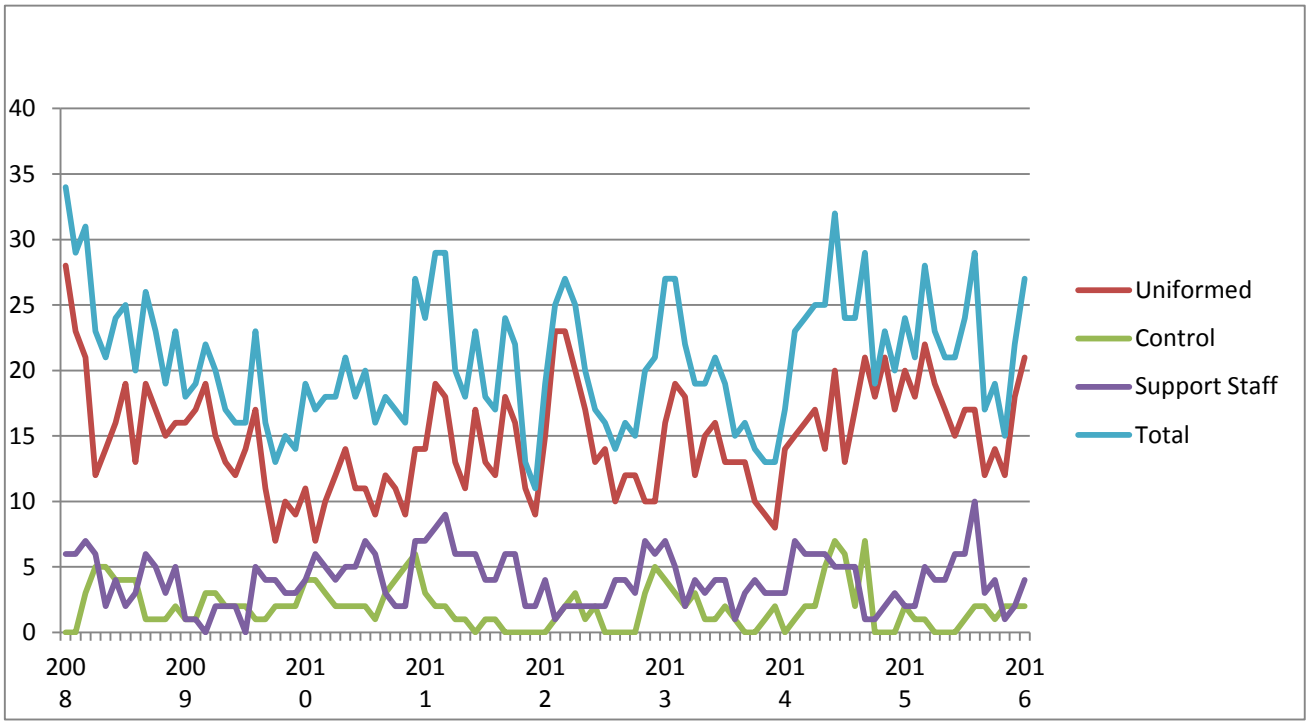
| Sickness Rates by post type April 2015 - December 2015 | Control | | | Support staff | | |
|---|---|---|---|---|---|---|
| | Actual | Previous Year | % Variance | Actual | Previous Year | % Variance |
| **Overall Sickness Rate** | 13.94 | 18.89 | **-26.2%** | 8.70 | 8.17 | **6.4%** |
| Total # Days/shifts lost | 563 | 785 | **-28.3%** | 2126 | 1965 | **8.2%** |
| **Sickness Rates - Long Term (over 28 calendar days)** | 7.45 | 12.51 | **-40.4%** | 4.70 | 4.27 | **10.0%** |
| # Days/shifts lost LT | 301 | 520 | **-42.1%** | 1149 | 1028 | **11.8%** |
| **Sickness Rates - ST Cert (8 - 28 calendar days)** | 2.60 | 2.41 | **8.0%** | 1.60 | 1.17 | **36.9%** |
| # Days/shifts lost STcert | 105 | 100 | **5.0%** | 391 | 281 | **39.1%** |
| **Sickness Rates - ST Uncert (up to 7 calendar days)** | 3.89 | 3.97 | **-2.1%** | 2.40 | 2.73 | **-12.1%** |
| # Days/shifts lost STuncert | 157 | 165 | **-4.8%** | 586 | 656 | **-10.7%** |

2.10 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 at any one time and this are shown on the next page.

2.11 Support Staff on long-term sickness had previously risen from the average of 4 up to 10 in October 2015 but this reduced back down again to the average level. We have seen an increase in uniformed long-term sickness up to 21 which is above our average of 15.

2.12 When staff come off long-term sickness this 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 Developing a fitness, health and wellbeing culture

- An Outline Business Case for Firefighter Fitness within the Service has been produced with the aim that we create a fitness culture against a backdrop of an ageing workforce. Following feedback through the Extended Leadership Team this is being revised and refocused.
- Vocational Fitness Tests are being trialled at stations with very positive feedback being received about the suitability of the tests.
- Shuttle run tests are being incorporated into the new Firefighter tests to provide an indication of fitness levels at an early stage in the selection process.

- 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. The funding period for this campaign has now ended but in order to maintain consistency and to continue the legacy of the Blue Light campaign, it is proposed that we will continue with courses being provided over the next 3 years. Our plan is to run 10 courses per year which will provide a further 450 course places.
- It is also proposed that we rebrand Staff Supporters as there is shrinking interest in the current group possible due to capacity issues. This group will be extended to include volunteers who can specifically provide Mental Health support. The group would be referred to as Peer Supporters with nominees sought from each Group Command. Mental Health First Aider training will be provided for these staff and Organisational Assurance are likely to play a lead role in this volunteer team.
- Other considerations include a web based forum which encourages people to discuss Mental Health issues online. This avenue is thought to appeal to the more social media savvy staff and we will be exploring whether we could use it in the Service. Wellbeing Policy: We will review our overall policies and Mental Health should be considered in wider policy decision making. We currently have a Welfare policy and Stress Awareness policy and we will determine whether we should have a Mental Health policy or over-arching Wellbeing policy in addition to the existing policies.
- Personal Wellbeing Action Plans: These are a useful tool and we think that they could be used as an Occupational Health or Welfare recommendation.
- Appraisals: The existing annual Personal Performance and Development plans include a welfare section and managers should be reminded of this aspect to discuss with staff. Future development work on appraisal processes should also incorporate this.

**3.3 The provision of information & data**

- Improvements have been made to the sickness reporting portal and where sickness reason codes were previously not recorded the Service has been seeking this information. This data loss occurred from 1st Apr 2014 to the 21st Jul 2015 when Version 1 was in use. Originally, it was identified that there were 235 missing absence reasons and 142 showing ‘none’ as in none of the sickness reasons listed in the system. This amounted to 252 staff. Return to work interview records were checked and where the reason was included in these reports the data was updated within the HR Workforce system. For the remainder, HR has emailed Wholetime, Control and Support staff (128 people) and written to the On-Call staff (67 people) i.e. there were 195 people to contact. Follow-up calls are being made to any that do not respond.
- An improved Sickness ‘App’ is close to completion, which includes a ‘Lite’ version that can be accessed via a smart phone. These products will replace the existing sickness portal and give easier access for inputting data and enable the provision of real time, better quality management information.

- The sickness absence codes have been modified so that they are aligned to the national categories as used through the Cleveland FRS national reporting standards.
- Our Performance Management Information System has been reconfigured to enable departments to access performance data by location but this will need to be adjusted as a result of the Service restructure.
- We still need to incorporate on-call sickness data into our overall reporting system and seek benchmarking data via the national reporting.

3.4 **Sickness absence policy**

- The Service policy is being rewritten to incorporate changes 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.
- Sick pay panels have been removed and employees now automatically move to half pay or no pay at relevant junctures unless they make an application for consideration of extreme extenuating circumstances.
- The policy will modify the payments for restricted duties and provide consistency across different staff categories.
- The policy will give improved guidance on trigger points and Return to Work Interviews.
- We have received feedback from the FBU and RFU and are reworking aspects of the policy.

3.5 Other Activities

- The Service re-organisation which will reduce the number of temporary appointments within the uniformed service and create a more stable workplace, which is expected to increase levels of employee satisfaction.
- There have been a number of Service wide communications in relation to sickness through Alert messages.
- The existing Occupational Health contract has been novated from Devon County Council to IMASS and the transfer arrangements are being put in place including the transfer of medical records.
- Development of a proposed new Wholetime Flexible Working Pattern to ensure that we have the right number of staff that are needed at any one time to crew appliances whilst at the same time giving more flexible working arrangements, which will help reduce short-term absenteeism. This project is currently awaiting the outcome from discussions with Trade Unions.
- The whole aspect of cultural change is being developed through the introduction of Our Values and a behavioural framework. Input from the staff survey has been beneficial in helping to set the direction for further work which will be part of the Organisational Development plan.

## 4. CONCLUSION

4.1 We had previously seen a downward trend in sickness absence levels since the formation of the Service with an exceptionally good year in 2013/14. In 2014/15, we experienced significantly higher absence levels which prompted the development of an action plan to redress the 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 have contributed to higher sickness levels.

4.2 In 2015/16 we 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, reviews of working arrangements and equipment and reductions in middle managers and support staff. We are also in discussions concerning enhanced collaboration with other blue light services which would also represent significant change for the organisation.

4.3 Overall, we have seen an improvement in the sickness absence levels for 2015/16 and will continue to progress with the action plan.

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