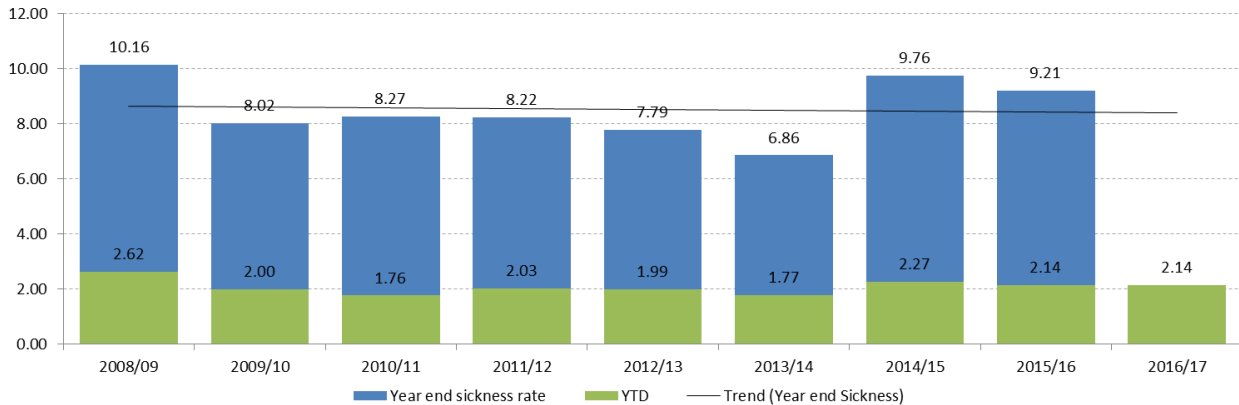


REPORT REFERENCE NO.	HRMDC/16/10
MEETING	HUMAN RESOURCES MANAGEMENT & DEVELOPMENT COMMITTEE
DATE OF MEETING	16 SEPTEMBER 2016
SUBJECT OF REPORT	ABSENCE MANAGEMENT
LEAD OFFICER	Director of People & Commercial Services
RECOMMENDATIONS	<i>That the Service continues with the action plan directed towards reducing down sickness absence.</i>
EXECUTIVE SUMMARY	<p>Absence Management is a standing item on the Human Resources Management and Development Committee agenda.</p> <p>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. For Q1 in 2016/17 we are at the same rate as Q1 in the previous year but we are seeing an improvement in long-term sickness levels.</p> <p>This report also highlights the work that we are doing on management information to ensure that we can make tactical and strategic decisions and this work will be demonstrated as part of the meeting.</p>
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 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 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. For Q1 in 2016/17 we are at the same rate as Q1 in the previous year but we are also seeing an improvement in long-term sickness.
- 1.3 The Service does not set a target level for sickness levels but compares performance with previous years and bench-mark data. This creates a 'yo-yo' reporting effect with good results invariably being followed by poorer results and vice versa. An alternative approach would be to use tolerances as a means of determining how we are performing over a longer term period. 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 It is also important that data is presented in a form which meets the requirements of the audience and HRMD Members have previously requested that we show our absence data in a format that enables us to show how many staff are off at any one time rather than the lost working days. We would also look to distinguish any lost time as a result of a workplace injury as requested. The Service will demonstrate at the meeting the work that is being done to enable this to be achieved with our new Absence Reporting tool which is an application within our newly created Workbench.
- 1.5 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.
- 1.6 Absence levels since the formation of the Service are shown overleaf. This shows the improvement during the last financial year and that for Q1 we are at the same rate as the previous Q1 period in 2015/16.

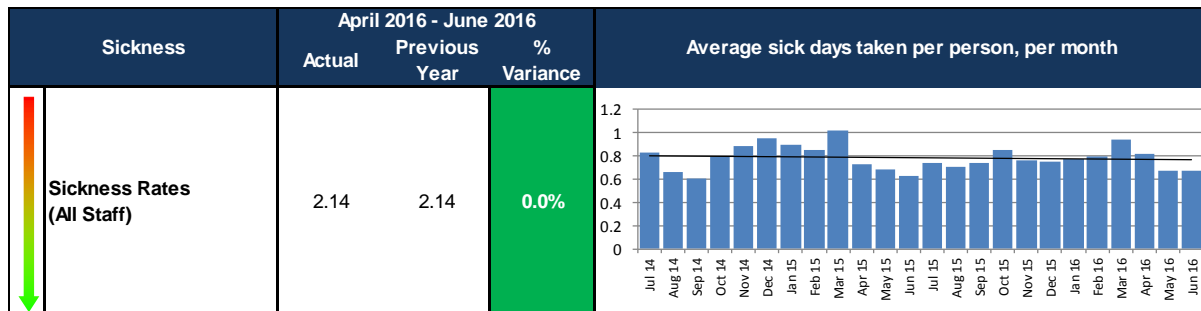
Sickness Levels since the formation of DSFRS



2. 2016/17 ABSENCE PERFORMANCE

2.1 The graph below shows the monthly sickness rates for the last 2 years. On average, employees have taken 2.14 days of sick leave from April to June 2016/17.

Sickness Direction of Travel



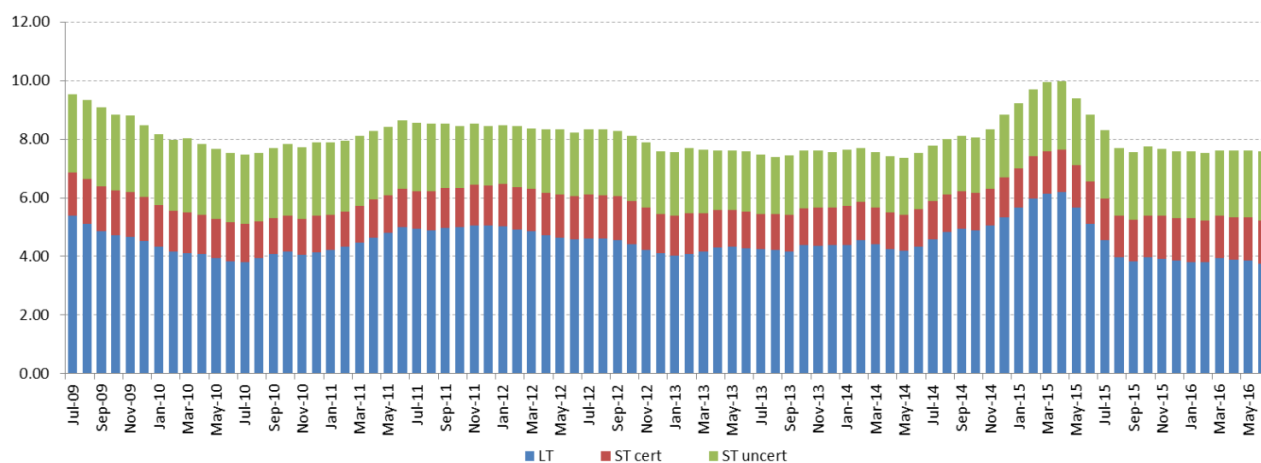
2.2 With monthly peaks and troughs in sickness, it is difficult to see the on-going longer term change in the rates over this time. The graph overleaf shows the 12-month rolling sickness rate as measured at the end of each month. As this is a rolling rate it removes any monthly peaks and troughs and 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 Within the chart, it is striking that we see a peak that occurred in long-term sickness up until August 2015. Over the last 12 months, we have seen a consistent reduction in long-term sickness that has been sustained.

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

Sickness Rates by Post Type

Sickness Rates by post type April 2016 - June 2016		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	2.20	2.08	6.0%	2.92	2.31	26.6%
	Total # Days/shifts lost	836.5	838	-0.2%	552	454	21.6%
	Sickness Rates - Long Term (over 28 calendar days)	1.37	1.44	-5.2%	2.40	1.85	29.6%
	# Days/shifts lost LT	520.5	584	-10.9%	453	364	24.5%
	Sickness Rates - ST Cert (8 - 28 calendar days)	0.28	0.20	39.2%	0.33	0.28	17.1%
	# Days/shifts lost STCert	103	80	28.8%	62	55	12.7%
	Sickness Rates - ST Uncert (up to 7 calendar days)	0.56	0.44	27.4%	0.20	0.18	10.9%
	# Days/shifts lost STUncert	213	174	22.4%	37	35	5.7%

Sickness Rates by post type April 2016 - June 2016		Control			Support staff		
		Actual	Previous Year	% Variance	Actual	Previous Year	% Variance
	Overall Sickness Rate	2.98	2.59	15.1%	1.40	1.71	-17.9%
	Total # Days/shifts lost	98	107	-8.4%	328.8	429	-23.4%
	Sickness Rates - Long Term (over 28 calendar days)	1.40	1.74	-19.6%	0.57	0.95	-39.8%
	# Days/shifts lost LT	45	72	-37.5%	133.8	238	-43.8%
	Sickness Rates - ST Cert (8 - 28 calendar days)	0.27	0.22	20.7%	0.25	0.33	-22.9%
	# Days/shifts lost STCert	9	10	-10.0%	60.4	82	-26.3%
	Sickness Rates - ST Uncert (up to 7 calendar days)	1.32	0.61	115.8%	0.58	0.43	34.1%
	# Days/shifts lost STUncert	44	25	76.0%	134.6	109	23.5%

2.6 Within Wholetime, long-term sickness has improved compared with the previous year but both short-term sickness and certified and non-certified has increased.

- 2.7 Within Control long-term sickness has improved but short-term sickness in particular is showing an increase. Control are the staff category with the highest levels of sickness being marginally higher than Wholetime Non-station based staff.
- 2.8 Support staff have seen an overall improvement in sickness although again short-term sickness has increased.
- 2.9 Wholetime Non-station based staff is the poorest performing category when compared to the previous year.
- 2.10 Since we are only looking at a short period of 3 months, which is going to be subject to greater variation, these results have less significance and we believe that we would be better to consider our performance using tolerance levels to avoid such short-term variations.

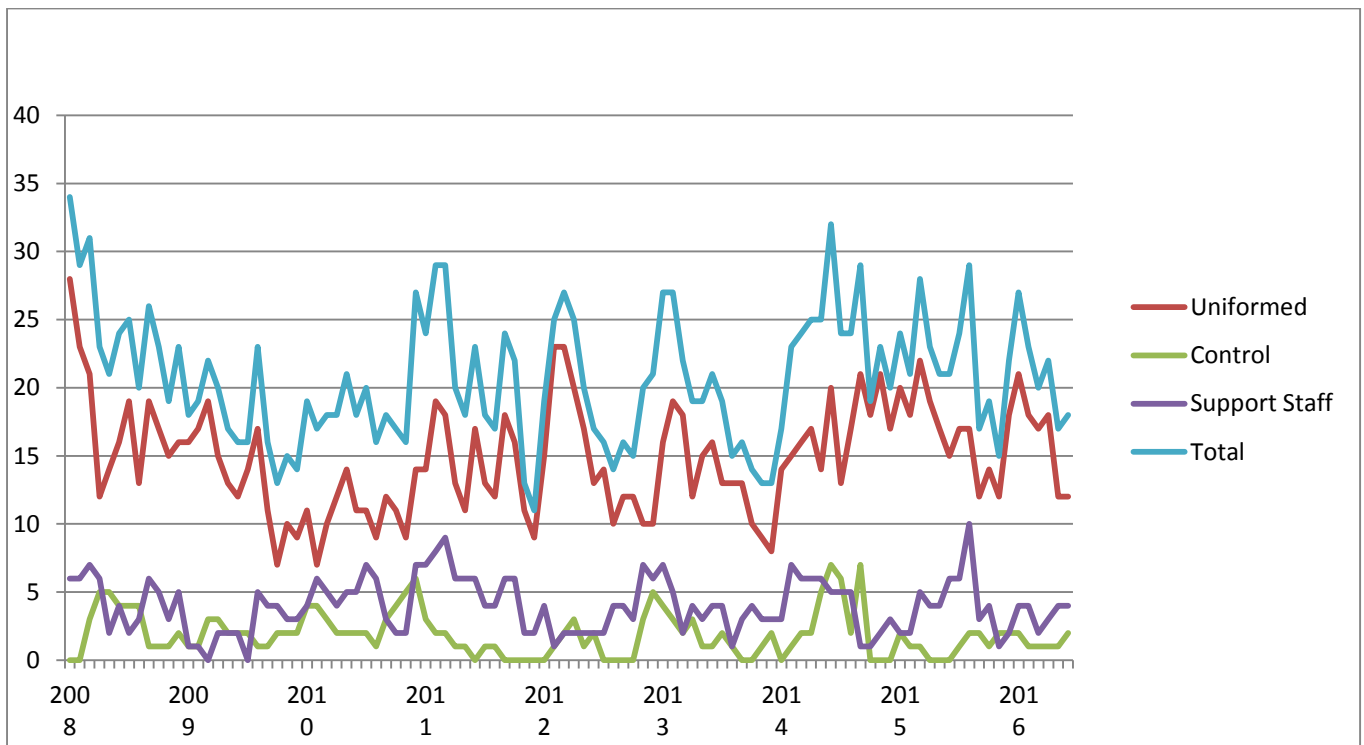
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- 2.11 In order to understand how a small number of staff on long-term sickness can have a big impact on absence levels, we can consider the number of staff that are on long-term sickness at any one time and this are shown on the next page.
- 2.12 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



2.13 This data that has been presented is very much turn-key and it is important that in considering the way we present information, it enables us to have more understanding as to how changes have happened rather than just what has happened. The data that we obtain needs to be improved from a management information perspective which enables tactical decisions and also the development of improved executive data to support strategic decision making.

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. This has been approved by SLT and a full-business case will be developed.
- Vocational Fitness Tests are being trialled at stations with very positive feedback being received about the suitability of the tests and it has been agreed that this will be the preferred method of fitness assessment for operational staff from Firefighter to Watch Manager.
- Funding from an ear-marked reserve for Change & Improvement has been made available for purchasing Fitness Equipment in this financial year, as approved by the Authority at the end of 2015-16.
- A trial will also be undertaken to facilitate team fitness activities within the on-call staff.
- 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.
- The strategic approach to fitness testing and fitness equipment will also be incorporated into the Health, Fitness and Wellbeing Strategy.
- 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, possibly 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. The Service has also introduced mental health drop-in sessions.
- 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 sought to complete this information. As previously highlighted in this report, 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 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 have been completed.
- 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 and supported 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 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