Status of Report: **Public**

Meeting: **Combined Fire Authority**

Date: **12 December 2018**

Subject: **Policy on Sickness Management Proposals**

Report by: **The Chief Fire and Rescue Officer**

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For: **Information Only**

1.0   Purpose

The purpose of this report is to inform the Combined Fire Authority of the progress made on improving the management of sickness absence within the Leicestershire Fire and Rescue Service.

2.0   Recommendation

The Combined Fire Authority (CFA) is asked to note the contents of this report.

3.0   Executive Summary

3.1   Overall, average sickness levels have been relatively static since 2016 with a slight decrease for support staff and a slight increase for operational/control room staff for the period April to September 2018/19. Short term absence positively influences the figures whilst an increase in the significance of mental health has been affecting long term absence.

3.2   Work is progressing between Human Resources, (HR) Occupational Health (OH) and line management to ensure that employee absence is managed to maximise presence in the workplace. Whilst an evolving health and wellbeing plan is already showing signs of improvement in the management of mental health related absence.

3.3   Work in scope includes a recommendation report of how we manage absence going forward, a new simplified policy and procedure for management of absence and health and well-being.

3.4   The old Service Level Agreements (SLA) principle will be revised and reintroduced entitled Service Level Expectations (SLE). These will provide clarity by outlining responsibilities for managers, HR and OH, ensuring all are aware of their own and others responsibilities (customer/supplier relationship).

3.5   Longer term improvements in how managers monitor and manage presence will be supported by the increased visibility of absence data and performance

management within a self-serve environment. (technology enabling staff/managers to self-report and interrogate independent of support departments); all within a more integrated approach to attendance and well-being, underpinned by the support of Service leaders and managers.

3.6   Consultation with the workforce and representative bodies on options and proposals will commence in the New Year. The timetable of which is in development.

4.0   Background

4.1   <u>Health & Wellbeing At Work – Performance Data</u>

4.1.1   Average absence levels have increased significantly from 2013/14. Please note that for years 2014/15 to 2015/16 whole time absence represents a 'false' benchmark due to the threat of redundancy in the Service's response to austerity.

4.1.2   This manifested itself in employees delaying elective surgery, 'Presenteeism' (working when unwell) and 'leaveism' (using allocated time off to work or take time off when unwell) Conversely in 2016 the threat of redundancy was lifted acting as a pressure relief valve resulting in a significant spike of sickness absence for operational staff.

4.1.3   Performance for the period April to September 2018 for average days/shifts lost per person across the work force, shows a slight decrease from previous year with 3.0 days/shifts lost per person. This includes data for Wholetime, Control and Support staff.

4.1.3   The average number of whole time and Control days/shifts lost per person have increased slightly from last year from 2.53 to 2.64. (April 2018 to September 2018) The average number of support staff days/shifts lost has significantly decreased from 5.05 to 4.29 per person.

.Table 1 - Average Days/Shifts lost per person			
Year (Apr – Sep)	Whole time	Support	All Staff
2014	1.76	4.07	2.29
2015	1.17	2.88	1.53
2016	3.00	4.60	3.35
2017	2.53	5.05	3.07
2018	2.64	4.29	3.00

4.1.4   Benchmarking with 29 (Not all Fire & Rescue Services send all relevant data) other fire and rescue services within the Cleveland Occupational Health Report places LFRS as the 5th best performer on "average number of days/shifts lost per person" for wholetime firefighters and Control staff.

Average number of days/shifts lost per person Wholetime and Control - April to September 2018
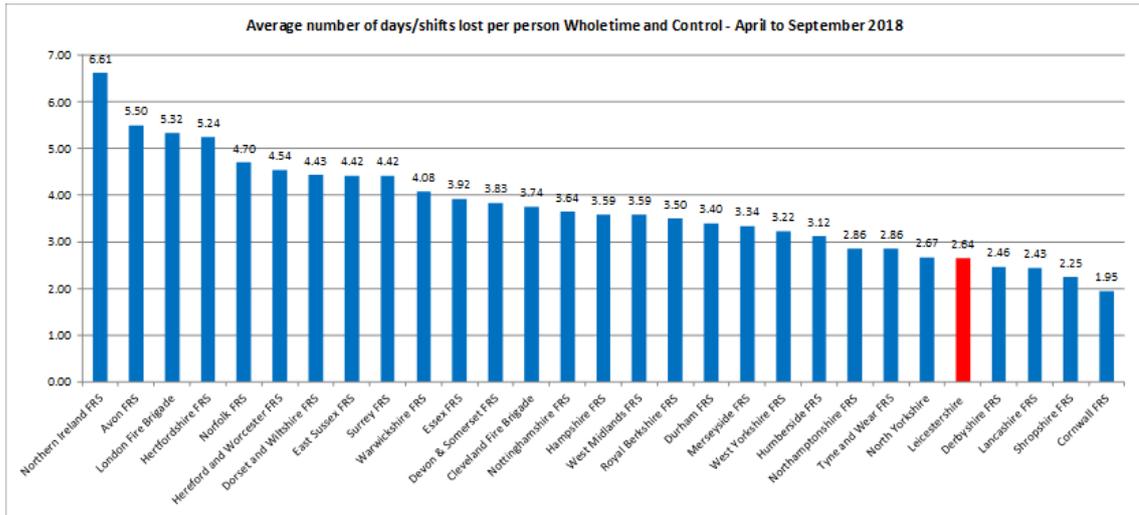
4.1.5 Support staff figures have improved this year mainly as a result of the reduction in Long Term Sickness. LFRS are below the mean average of 30%. Benchmarking with the 36 services for the average number of support staff days/shifts lost places LFRS at 29. LFRS sits within a cluster of services that have very similar values. Long term sickness (greater than 2 weeks in duration) accounts for much of this data and figures are skewed by 2 members of support staff with serious underlying medical issues.

Average number of days/shifts lost per person Support - April to September 2018
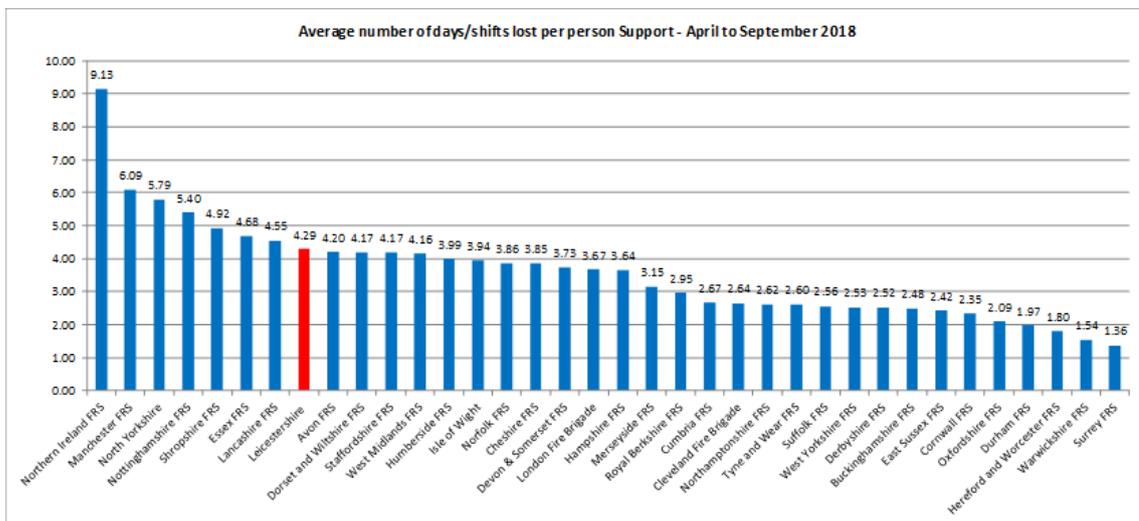
4.1.6 The tables below show days/shifts lost as a comparison with long term and short term sickness. Both present a slight downward trend overall. Short term sickness shows a stronger downward trend than long term sickness which includes health conditions varying from cancer, operations and mental health.

4.1.7 This must not be underestimated as long term sickness only applies to few staff with long term health conditions. A small number of staff skew the figures due to lengthy periods absent from work.
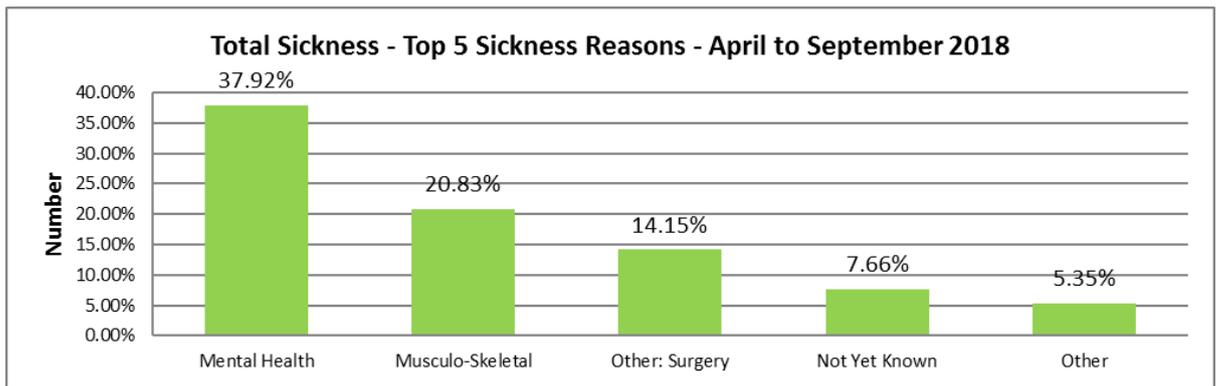
4.1.8 Short term sickness is where active 'presence management' makes the biggest impact. Managing the expectation of culture to be in work, rather than take short term absence. It is this focus, that has seen the reduction in short term absence figures in this year to date
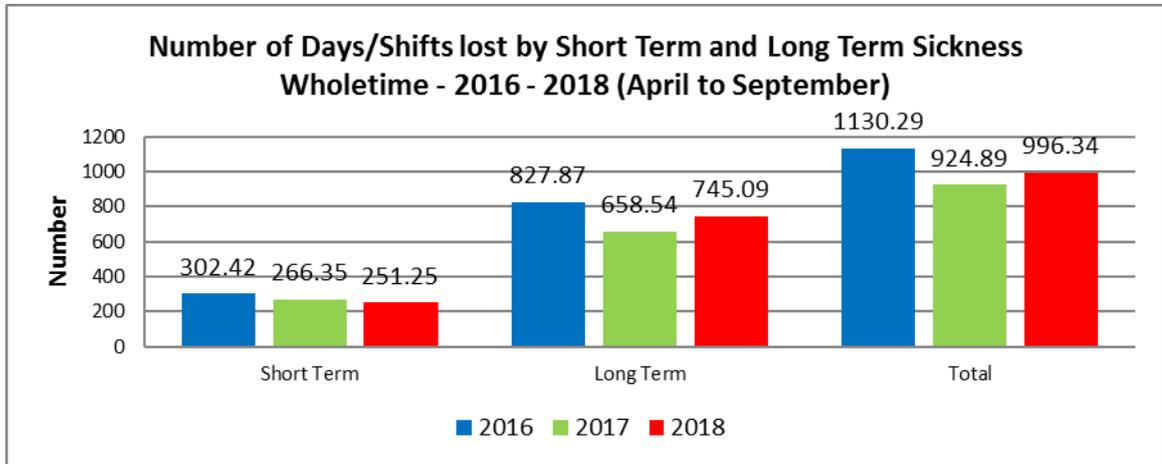
4.1.9   The table below shows the breakdown between Short Term Sickness and Long Term Sickness for support staff. New initiatives detailed further in this report have resulted in a 13% reduction in Long Term Sickness.
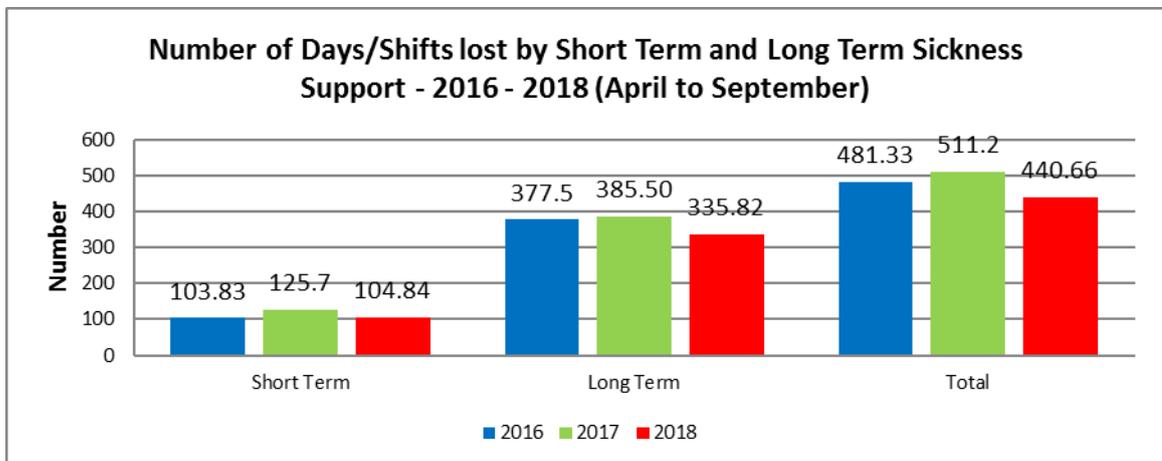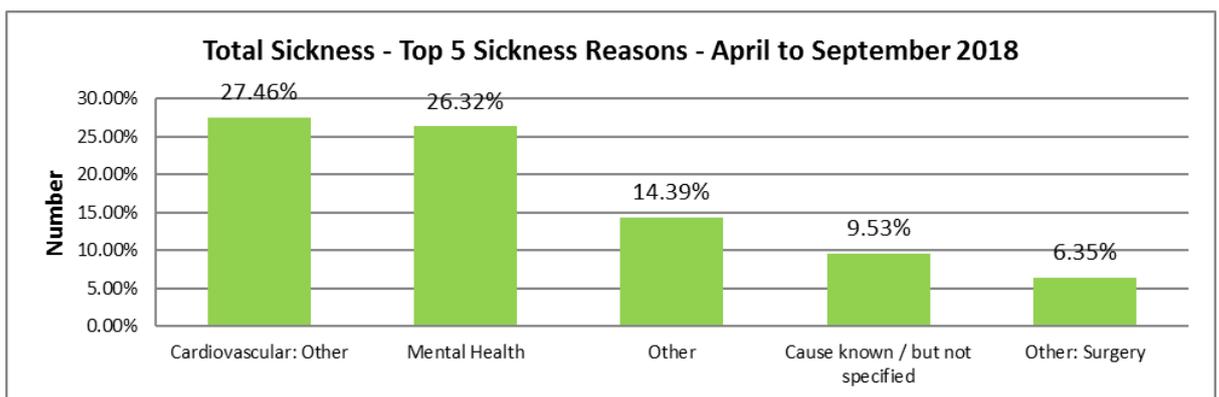

4.1.10   The table below illustrates the top 5 reasons for sickness for **Whole time and Control** staff in 2018, with Mental Health issues accounting for nearly 38% of all sickness absence. Plans to manage mental health and wellbeing in the workplace are commented on further in this report.

Total Sickness - Top 5 Sickness Reasons - April to September 2018

Reason	Percentage
Mental Health	37.92%
Musculo-Skeletal	20.83%
Other: Surgery	14.15%
Not Yet Known	7.66%
Other	5.35%

4.1.11 The 'not yet known' has been identified as a weakness in managing absence, as a Return to Work form had not yet been completed to categorise absence.   The solution to which is included later in this report in managers taking ownership of the issue, 'getting closer' to their staff combined with changes in policy/procedure.

4.1.12 The 'Other' category is one that was developed across Fire Authorities which captures any other reason for absence than those agreed and specified within the Cleveland data benchmarking set.

4.1.13 The table below illustrates the top 5 reasons for sickness for **Support** staff in 2018, with Mental Health issues accounting for just over 26% of all sickness absence. Cardiovascular is attributed to one employee. Plans to manage mental health and wellbeing in the workplace are commented on further in this report.

Total Sickness - Top 5 Sickness Reasons - April to September 2018

Reason	Percentage
Cardiovascular: Other	27.46%
Mental Health	26.32%
Other	14.39%
Cause known / but not specified	9.53%
Other: Surgery	6.35%

4.1.14 The Cause Known but not specified category is one that was developed across Fire Authorities which captures any other reason for absence than those agreed and specified within the Cleveland data benchmarking set. This means sensitive personal issues that the employee is unhappy to share more broadly than at a local managerial level remain confidential.

4.2   Health & Wellbeing At Work – Policy/Procedure Review

4.2.1   The absence management process has been evolving and progressing steadily. The Service's new People Strategy acknowledges the challenges our staff face in our broader range of activities making wellbeing, including mental health, a cornerstone for how we develop our policies, plans and procedures, against a backdrop of this being the most significant reason for absence.

4.2.2   The increase in the significance of mental health as a cause of sickness absence is a concern and reflects recent Chartered Institute of Personnel and Development (CIPD) survey results for both the public and private sectors. A range of activities and initiatives have been delivered including:

a) An accredited Mental Health First Aid Programme to all managers;

b) Publication of mental health, sickness absence advice and support in our 'Service Matters' publications;

c) A four-week series of mindfulness sessions which have all been well attended with many repeat attenders who were also given the opportunity to discuss coping in a group setting.

d) The provision of welfare support officers for those who are having to deal with challenging scenarios i.e. suspension, long term absence and anyone who we think may need extra support.

e) Utilising and introducing a TRIM (Trauma Risk Incident management - Police model) process in supporting staff mental health and well-being post traumatic incidents, recently used following the King Power crash. This will be developed further in 2019.

f) Amica – mental health counselling services accessible now for all LFRS personnel.

4.2.3   Other measures include CIPD measures to maximise presence of Prevention, Support, Return to Work:

a) Raising awareness and promoting work practices that foster employee physical and psychological wellbeing. These include health surveillance, fitness testing and advice, work place assessments via our OH and Health and Safety departments (Prevention)

b) Policies, guidelines and tools for managers and employees, developing the relationship between employee and line manager to encourage presence before, during and post absence events by genuine interest and involvement in identifying patterns of concern or trends (Support).

c) Active case management and planning to return to work including modified duties (Return to work)

4.2.4 In support, a tri-partite relationship exists between the line manager, Occupational Health and HR. OH and HR providing information and guidance to the line manager. Enabling them to support the employee, avoiding the absence or shortening actual absence; facilitating the return more effective and resilient.

4.2.5 Occupational Health has been reviewed by an external consultant. A report is shortly being presented to SMT. A number of changes are underway to improve the efficiency and effectiveness of the Service. The relationship between the Occupational Health, Line Managers and HR is recognised as an integral development of this review.

4.2.6 Employees have a responsibility to look after their own health and wellbeing and to be careful of others around them. Employees need a culture where they feel safe to engage openly and honestly with their manager.

5. Report Implications/Impact

5.1 Legal (including crime and disorder)

Statutory duties under Equalities Act 2010

5.2 Financial (including value for money, benefits and efficiencies)

The financial implications will be determined once strategies and resource plans are costed and complete for decisions.

5.3 Risk (including corporate and operational, health and safety and any impact on the continuity of service delivery)

Not having enough and sufficiently skilled operational resource at the right time could impact on the delivery of services and IRMP improvement projects.

5.4 Staff, Service Users and Stakeholders (including the Equality Impact Assessment)

Policy and procedure changes will include impact assessments and be subject to informal and formal staff consultation including the Staff Consultation Forum.

5.5 Environmental

None.

5.6 Impact upon Our Plan Objectives

a) Staff with the right skills behaviours and attitude will provide an excellent service in doing the right thing in the right way.

b) Improved staff presence will enable LFRS to continue to provide the appropriate resources and attend incidents to meet the needs of our communities.

c) Integration of staff presence within future performance management systems will ensure that our staff are well informed utilising secure and effective data. (metrics)

6. Background Papers

a) There are a number of background papers available to the Combined Fire Authority Members on request.

b) [CIPD 2018. Health & Wellbeing at Work Private Sector (May 2018)](#)

c) [CIPD 2018. Health & Wellbeing at Work Public Sector (May 2018)](#)

7. Appendices

None.

8. Officers to Contact

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