MERSEYSIDE FIRE AND RESCUE AUTHORITY			
MEETING OF THE:	**SCRUTINY COMMITTEE**		
DATE:	**25 JANUARY 2024**	**REPORT NO:**	**CFO/03/24**
PRESENTING OFFICER	**ASSISTANT CHIEF FIRE OFFICER, DAVE MOTTRAM (PRESENTATION BY DIRECTOR OF PEOPLE AND ORGANISATIONAL DEVELOPMENT AND LEGAL, NICK MERNOCK)**		
RESPONSIBLE OFFICER:	**DIRECTOR OF PEOPLE AND ORGANISATIONAL DEVELOPMENT AND LEGAL, NICK MERNOCK**	**REPORT AUTHOR:**	**MIKE PILKINGTON**
OFFICERS CONSULTED:	**LIAM WILLIAMSON AMANDA CROSS KELLY PATTERSON**		
TITLE OF REPORT:	**REVIEW OF SICKNESS ABSENCE**		

APPENDICES:	**THE ASSOCIATED PRESENTATION TO BE SHARED WITH MEMBERS AT THE CONCLUSION OF THE MEETING**

Purpose of Report

1. To inform Members as to sickness absence levels over the previous three years and the measures in place to manage, reduce and mitigate the impacts.

Recommendation

2. It is recommended that Members;

   a) note the performance in relation to sickness absence and the impact on our service delivery,

   b) note the suite of management activities and support in place to reduce and mitigate the impact of sickness absence; and

   c) consider and scrutinise the continued suitability of the approaches taken.

Introduction and Background

3. Effective management of sickness absence is vital for maintaining a healthy, productive, and engaged workforce, and ensuring MFRA is able to deliver its aims to Protect, Prevent, Prepare & Respond.

4. As such absence levels are continually monitored and are included as a Key Performance Indicator as part of the Authority's Service Delivery Plan, with

quarterly updates provided to members as part of service plan committee updates.

5. The Health & Wellbeing team within People & Organisational Development has responsibility for absence management; working closely with colleagues in Strategy & Performance in terms of monitoring and trend analysis, and with line managers across the service in terms of offering advice and guidance to support employees back into the workplace from periods of absence.

6. Members will be aware that over the longer term we have seen huge reductions in sickness absence levels as a result of bold and innovative approaches adopted. More recently further reductions have followed the introduction of the Capability process in 2015 which moved away from a punitive approach based around 'absence warnings' and replaced this with an improvement driven 'supportive' approach utilising informal and formal support forms.

7. Whilst for a significant part of the 3 year period requested for scrutiny 2020/21, 2021/22 and 2022/23 the Covid-19 pandemic has had a negative significant impact on sickness absence levels, the pragmatic approach taken by the service mitigated the impact of absence on service delivery and appliance availability.

8. A wide variety of management activities and support exists to reduce sickness absence and minimise its impacts. Alongside the capability process which includes regular, structured long term sick calls and practical advice; the Service also signposts employees to supportive specialist bodies for example, CRUSE, the bereavement charity, or Marie Curie (terminal illness for hospice advice). The Service can pay for MRI scans and referrals to SPIRE for early diagnostics to speed up the NHS assessment process. The Authority provides physiotherapy sessions to act as a bridge between NHS interventions and to keep employees in work where possible.

9. The Service provides support via counsellors for mental and emotional health, trauma and PTSD treatment. This is in addition to the extensive trauma support offerred to employees via our Critical Incident Stress Management Process. Stress risk assessments are completed by the Health & Safety team to support staff mental wellbeing. Staff also have access to an external nutritionist who provides support for diabetic employees, employees with weight, blood pressure and cholesterol conditions as well as food intolerances. Support for menopausal women has been implemented including support and advice from our OH nurse for menopausal and perimenopausal employees.

10. With the NHS having not fully recovered its service provision since Covid, and industrial action over the last 18 months there are, however, external barriers in relation to the management and reduction of sickness absence. Recent examples show referrals from a GP for a scan taking anything up to 6-months with additional waiting time before actually seeing a consultant of up to 26 weeks.

11. In addition, increases in employees absent following the long term sickness or increased care needs of family members have been evident, with shortages of

social care provision with a large waiting list for care packages can often meaning employees are having to fill this shortfall.

12. The Service has proactively implemented measures to mitigate these and other external drivers. Examples include;

    a) Wherever practical and supported by the medical team, employees are placed on “Other Duties” to enable them to remain in work and to undertake part of their role whilst waiting for NHS treatment.

    b) Employees with caring responsibilities are being given temporary flexible working arrangements to relieve some of the pressure on them and creative packages are devised with the employee to assist them to balance their conflicting demands, for example giving someone time off to take their partner for treatments and then paying back the shifts flexibly.

    c) Reasonable adjustments are enacted to support an employee presenting with neurodiversity before they get a formal neurological diagnosis, based on best practice from MIND and the NFCC neurodiverse toolkit, to generate non-pharmaceutical solutions.

13. A presentation on sickness absence will accompany this report.

Equality and Diversity Implications

14. All absence management policies and procedures are supported by an appropriate equality impact assessment.

Staff Implications

15. Sickness absence can have a wide range of impacts. As well as individual’s personally suffering from illness and injury, team members can be impacted by requirements to fill in and complete additional workloads. Line Managers are encouraged to consider the impacts of long terms sickness on not just the individual who is absent but also the wider team ensuring support is put in place to mitigate impacts.

Legal Implications

16. The Authority, as an employer, has a legal duty of care towards its employees. The Authority exercises its legal obligation in regard to managing employee health, safety and wellbeing. Effective management of sickness absence and provision of support ensures we meet these requirements.

Financial Implications & Value for Money

17. Sickness absence costs the Service money with regards to payment of the sick pay, the potential overtime costs to bring in required staff, and in a loss of productivity. However, it can also cost the employee and whilst MFRS has

generous levels of sick pay, the waiting times for NHS treatment can erode this before the employee has any positive medical intervention.

18. MFRA funds modest interventions to act as a filler until NHS provision starts or in the case of scans to provide a diagnosis for the employee to move up the NHS waiting list; however, these must be prudently used. The funding of operations has been explored, however these costs are significant and would represent a benefit in kind, resulting in a potentially tax implications for the employee.

Risk Management and Health & Implications

19. Employers have duty under the HASAWA to promote employee physical and mental health. The Service discharges its duty by providing OH medical support, early interventions, and stress risk assessments.

Environmental Implications

20. There are no environmental implications associated with this report.

Contribution to Our Vision: ***To be the best Fire & Rescue Service in the UK.***

Our Purpose: *Here to serve, Here to protect, Here to keep you safe.*

21. The continued work the Authority undertaking in respect of absence management seeks to ensure the employees well-being remains paramount and scrutiny of the current processes assures not just the community it serves and the Authority's own employees, but also the Authority being open to potential changes or new ways of working which may be identified as a result.

BACKGROUND PAPERS

NONE

GLOSSARY OF TERMS

MFRA	Merseyside Fire and Rescue Authority
MFRS	Merseyside Fire and Rescue Service
PTSD	Post-Traumatic Stress Disorder
HASAWA	Health & Safety at Work Act 1974
NHS	National Health Service

MIND	Mental Health Charity
NFCC	National Fire Chief's Council
CRUISE	Bereavement Support Charity
SPIRE	Private health Care / Diagnostics Provider