

MERSEYSIDE FIRE AND RESCUE AUTHORITY			
MEETING OF THE:	AUTHORITY		
DATE:	30 JUNE 2016	REPORT NO:	CFO/058/16
PRESENTING OFFICER	DEPUTY CHIEF FIRE OFFICER		
RESPONSIBLE OFFICER:	NICK MERNOCK	REPORT AUTHOR:	NICK MERNOCK
OFFICERS CONSULTED:	PAUL BLANCHARD-FLETT PHILOMENA DWYER LIAM WILLIAMSON		
TITLE OF REPORT:	REVIEW OF SICKNESS ABSENCE		
APPENDICES:			

Purpose of Report

1. To provide members with an overview of sickness absence levels following the introduction of the capability procedure and associated HR policies in 2014/15.
2. To ask that members acknowledge the supportive manner in which the policies have been implemented in order to support positive health and wellbeing in the workplace, whilst also proactively addressing the management of an sickness absence
3. To detail the current sickness figures (long term and short term) for Operational staff (Grey Book), APT&C employees and Control Room (Green and Red Book staff) staff and compare them to the previous year's figures.
4. To advise members on future approaches aimed at tackling short term absenteeism.

Recommendation

5. That Members note the content of the report and the improvement that has been achieved in relation to long term sickness absence through the utilisation of innovative Occupational Health practice, and the transparent and supportive management of sickness absence.
6. That members note the increase in short term absence and request a further report be provided with regards to the proposed actions to address this current increase.

Introduction and Background

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7. The Authority fully understands the impact that sickness absence can have on the running of the service, most notably on the availability of fire appliances to respond to life risk incidents across Merseyside. As a result the Authority approved the introduction of a number of HR policies which aimed to reduce the impact that such absence can have, whilst supporting individuals to return to work as expediently as possible.
 8. This report details the initial impact of those procedures, notably a significant reduction in overall/long term sickness absence.

Capability sickness management

9. The Authority agreed a revised Absence procedure and Capability procedure in April 2015. This was implemented through extensive training and is now contributing to the improved sickness figures.
10. Employees have received a clear supportive and transparent assessment of their personal situation, in conjunction with the production, were appropriate, of a support plan to ensure their return to work and their sustained attendance following a full recovery.
11. All support plans are supported by the Occupational Health team.
12. In the cases where improvement is not achieved the procedure continues to explore and identify all appropriate options to ensure the employee stays in work, but also openly explains the implications of each stage and the potential outcomes.
13. During the period April 2015 to May 2016 the Authority has dealt with 180 informal capability cases and 9 formal cases.

Occupational Health provisions

14. The Service Occupational Health Team supports all staff when they are unfit or unable to perform their usual role. This support ranges from fitness advice and rehabilitation programmes, a range of mental health support and counselling options, to the medical advice and assistance from our professionally qualified occupational health physicians and nurse.
 15. Our Occupational Health (OH) interventions are based on the principles of proactive preventive health support, and we will act early in all relevant cases to provide access for our staff to the medical team.
 16. Merseyside is the only Fire and Rescue Authority that offers firefighters two yearly health screenings, introduced in response to the change in the Asbestos Regulations and considered as a positive health measure. Additionally OH are to introduce a Nurse led Service Driver Health Screening that will cover virtually all
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support staff. This intervention will be provided on a three yearly basis.

17. The Authority provides comprehensive mental health support for all staff, and firefighters have a Critical Incident Stress Management system that provide for defusing and debriefing following traumatic incidents. There are counselling options and the Service Chaplain to offer welfare support for all.
18. The Authority's extensive mental health offering for staff has been recognised with the work undertaken on the Blue Light Project and the continuing work with MIND.
19. These services are supported by the Authority's Representative Bodies and the collaborative approach has undoubtedly contributed towards the reduced sickness absence, together with the introduction of capability sickness management.
20. To support staff achieve positive levels of attendance all staff have access to:

Mental Health and Wellbeing Support

- Critical Incident Stress Management
- Counselling Services
- Stress Risk Assessment process
- Help line

Fitness and Wellbeing Support

- Fitness Advisor
- Designated time to undertake physical training
- Access to fully equipped Gyms with state of the art equipment

Medical Support and Advice

- Doctor
- Mental Health Nurse
- Health Nurse
- Physiotherapy support

Additional support

- Firefighters charity
- Puffel – an online wellness portal

Revised Working Arrangements

21. The Authority has also sought to develop flexible working arrangements that support employees in work, and address where possible all work life balance issues.
 22. The Authority has dealt with 19 requests for family friendly working patterns, all of which have resulted in a variation to default working patterns.
 23. The Authority has also introduced self-rostering on some stations, which it is believed may have an impact on absence levels as shifts can be worked around family commitments.
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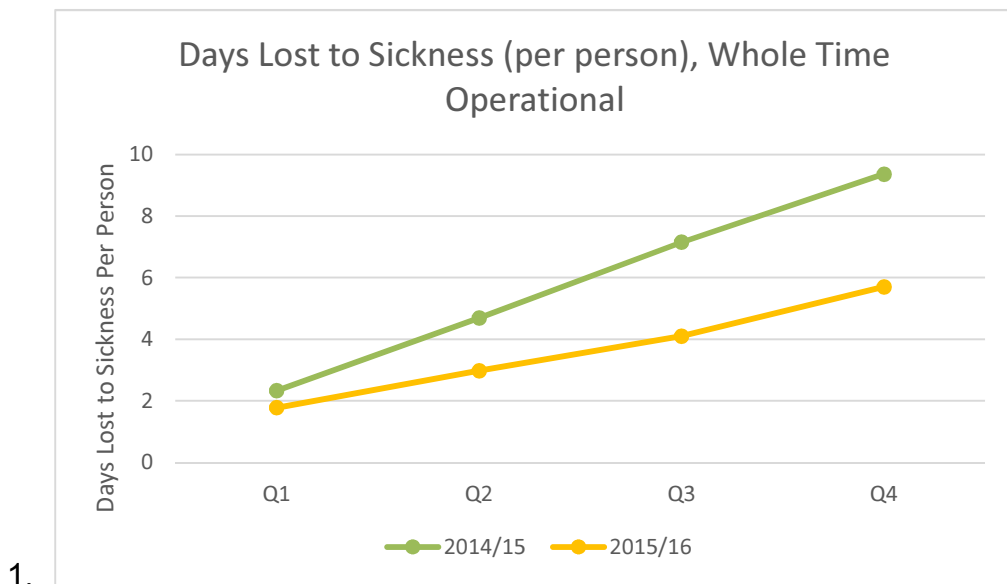
24. An evaluation of the impact of such changes on sickness levels is currently ongoing as given the increase in short term sickness absence it is too early to link the reduction in overall sickness levels to such approaches.

Performance since the introduction of the associated policies

25. The charts below are based upon the calculation based on Days Lost to Sickness Absence per Person to compare financial years 2014/15 and 2015/16.

26. Chart 1 (below) demonstrates that, across Operational personnel, there were considerably less shifts lost to sickness absence per person in financial year 2015/16 than there were in financial year 2014/15

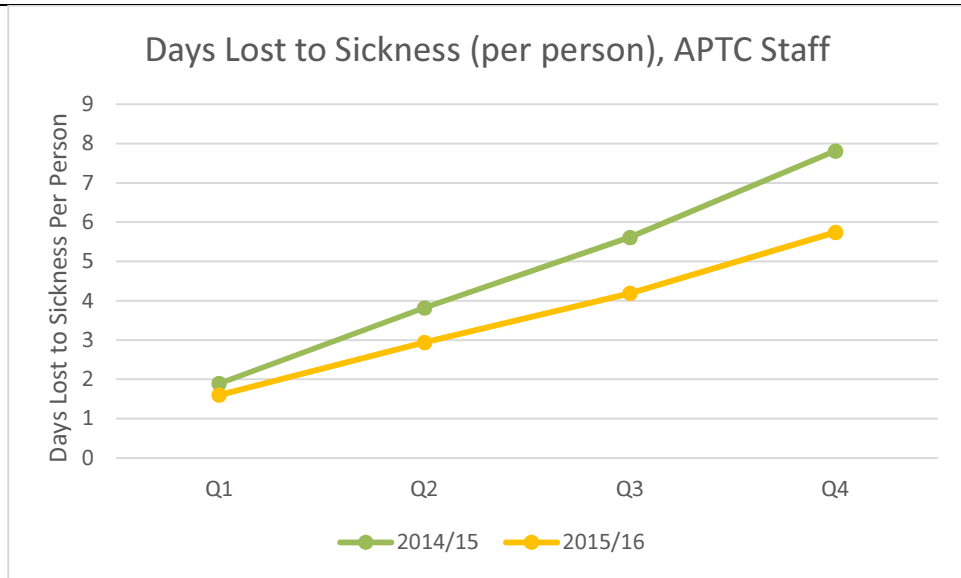
This equated to 5.7 days in comparison to 9.36 days.



27. Chart 2 (below) shows that for APTC staff, shifts lost to sickness were less in year 2015/16 than in 2015/16

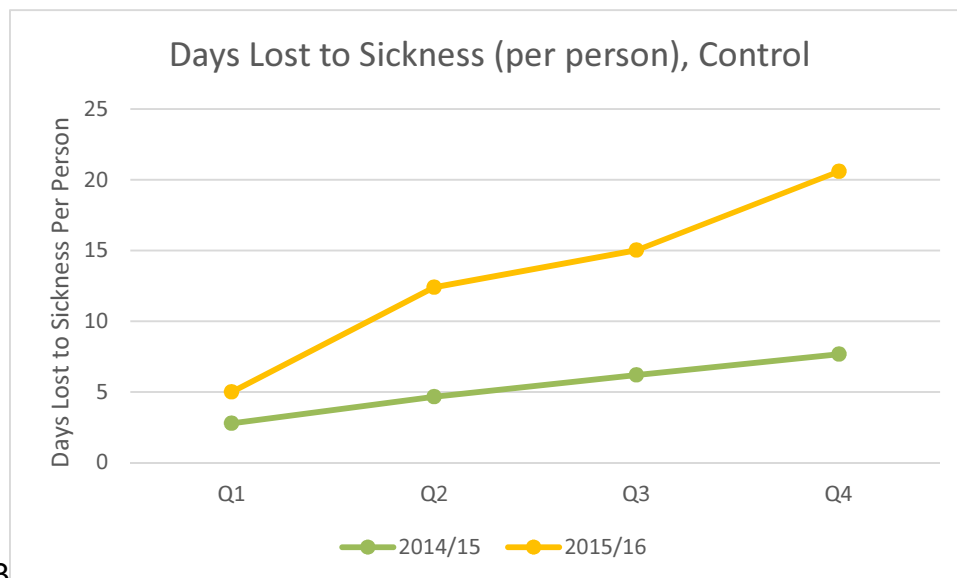
This saw sickness absence dropping from 7.81 days per person to 5.74 days

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28. Chart 3 (below) shows indicates higher levels of sickness absence amongst Fire Control staff, where the number of shifts lost to sickness absence per person has continued to rise between years 2014/15 and 2015/16 from 7.67 days to 20.6.

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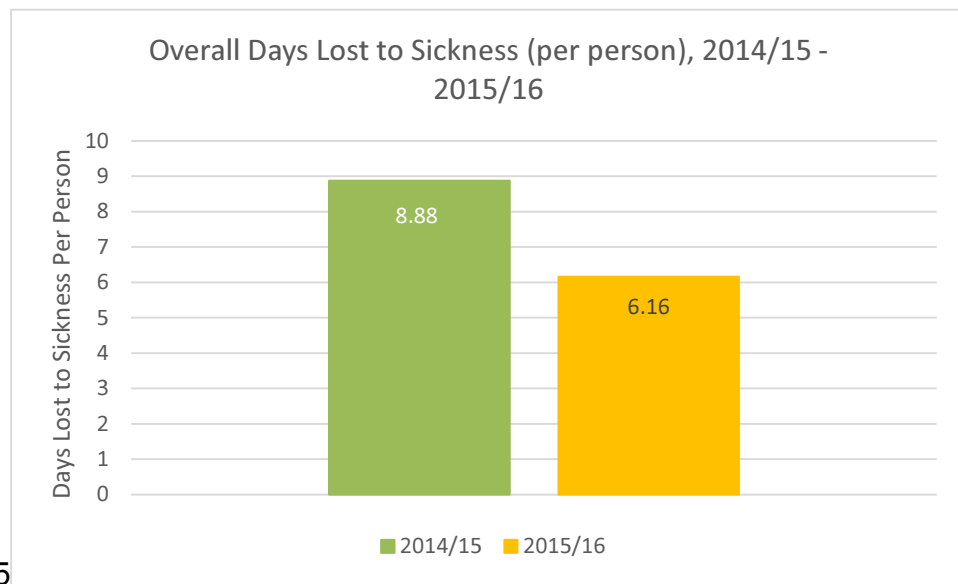
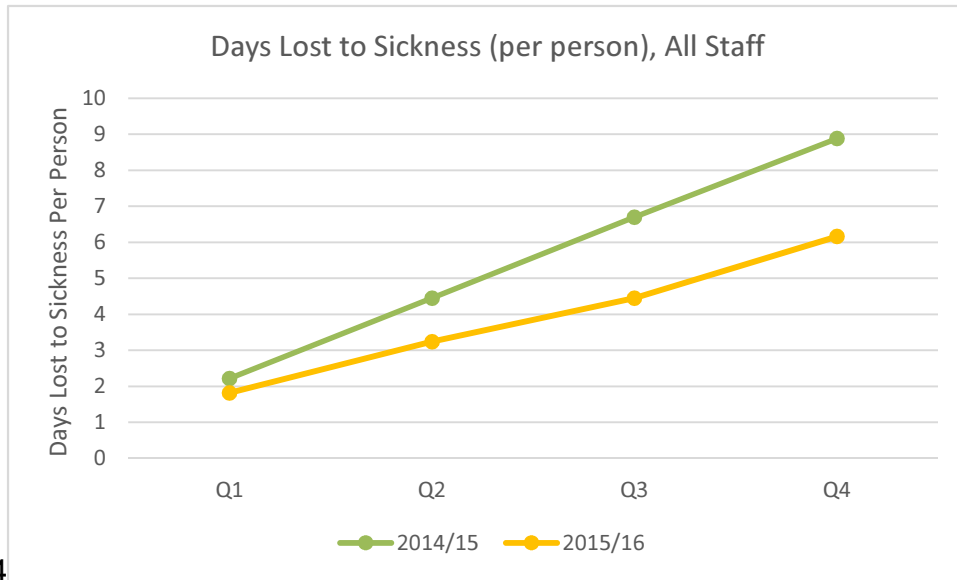


27. Charts 4 and 5 (below), provide the details across the whole organisation.

28. This is a combined look, encompassing the three areas mentioned above Operational Grey Book, Fire Control and APTC Staff.

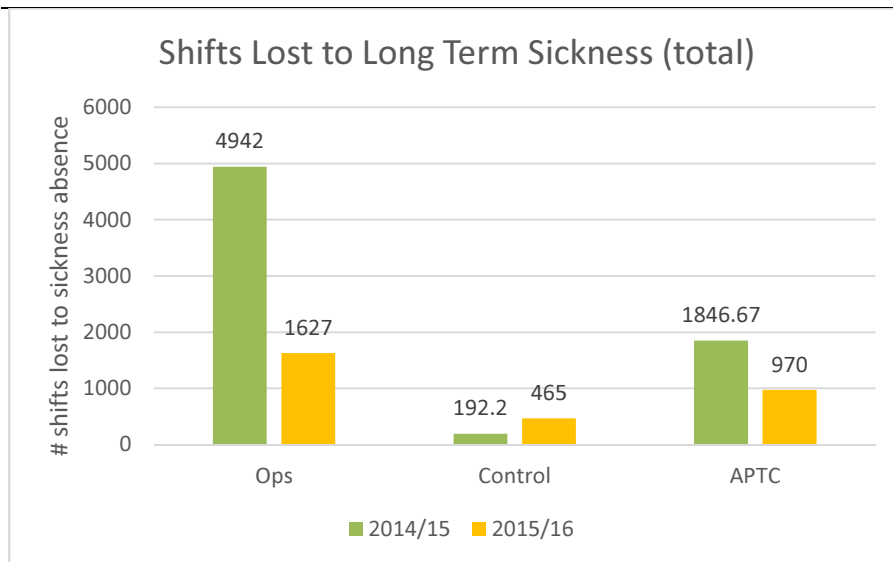
29. It shows days lost to sickness absence per person dropped from financial year 2014/15 to 2015/16 across all quarters.

30. Overall, the number has dropped from 8.88 days per person (2014/15) to 6.16 days per person (2015/16).

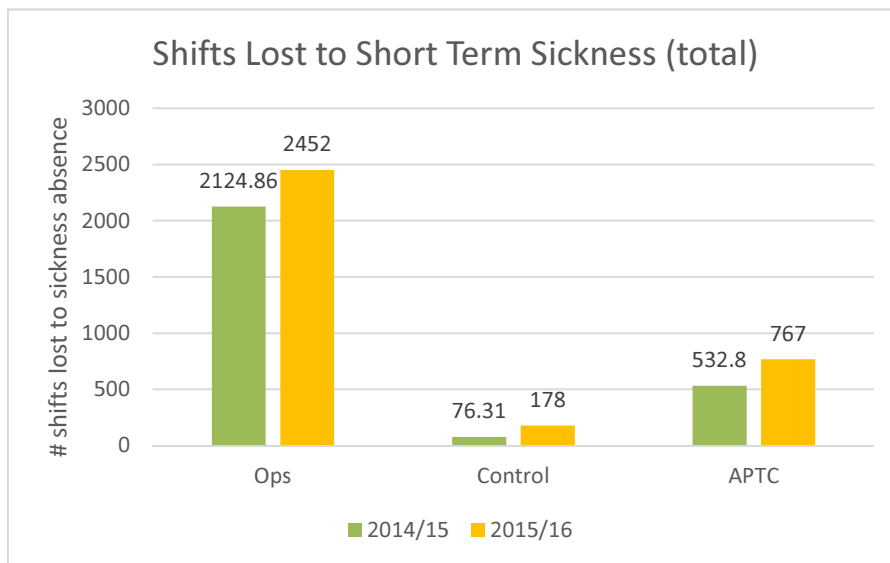


Analysis of the Data

31. Analysis of the data shows a decrease in excess of 50% in long term (over 28 days) absence.



32. However short term absence has increased over the same period and this now becomes the priority focus and will be the subject of a further report to the Authority in the next quarter.



Causal Factors

- 33. In continuing to address all sickness absence further analysis of the reasons provided for employee absence will be considered.
- 34. The main causal factors related to long term and short term absence are broken down below:
- 35. The table below shows Working days lost to sickness by causation

	WT	Control	Non-uniform	Total
Musculo Skeletal - Back	467	49	36	552
Musculo Skeletal - Lower Limb	516	88	207	811
Musculo Skeletal - Upper Limb	135	0	53	188
Musculo Skeletal - Neck	37	0	24	61
Musculo Skeletal - Shoulder	194	0	0	194
Musculo Skeletal - Other/Unable to define	208	6	4	218
Mental Health - Stress	344	82	48	474
Mental Health - Depression	59	0	63	122
Mental Health - Anxiety	92	0	68	160
Mental Health - Other	85	24	76	185
Respiratory - Chest Infection	87	4	2	93
Respiratory - Cold/Cough/Influenza	139	49	178	366
Respiratory - Asthma		1	6	7
Respiratory - Other	0	0	0	0
Gastro-Intestinal (abdominal pain, gastroenteritis, vomiting, diarrhoea)	364	5	70	439
Heart, Cardiac and Circulatory problems	77	0	15	92
Blood disorders (eg anaemia)	8	0	2	10
Cancer and Tumours	94	262	8	364
Hospital/Post Operative	474	8	529	1011
Ear, Nose, Throat	79	2	11	92
Eye Problems	0	0	0	0
Headache/Migraine/ Neurological	78	42	217	337
Nervous System Disorder	0	0	0	0
Genitourinary / Gynaecological/ Reproductive	104	13	35	152
Pregnancy related disorders	3	0	5	8
Virus/infectious diseases	121	1	51	173
Endocrine/glandular problems	4	0	5	9
Skin Condition	40	0	0	40
Other known causes (not specified above)	0	7	0	7
Unknown causes, not specified	215	0	24	239
Cause Known, but not Specified	55	0	0	55
Total	4079	643	1737	6459

36. The table below shows actual periods of sickness in the same causation categories;

Sickness Occurances

	WT	Control	Non-uniform	Total
Musculo Skeletal - Back	60	5	8	73
Musculo Skeletal - Lower Limb	35	2	7	44
Musculo Skeletal - Upper Limb	16	0	2	18
Musculo Skeletal - Neck	8	0	3	11
Musculo Skeletal - Shoulder	9	0	0	9
Musculo Skeletal - Other/Unable to define	24	3	1	28
Mental Health - Stress	17	2	3	22
Mental Health - Depression	1	0	1	2
Mental Health - Anxiety	3	0	4	7
Mental Health - Other	6	3	7	16
Respiratory - Chest Infection	21	2	1	24
Respiratory - Cold/Cough/Influenza	34	10	29	73
Respiratory - Asthma	0	1	2	3
Respiratory - Other	0	0	0	0
Gastro-Intestinal (abdominal pain, gastroenteritis, vomiting, diarrhoea)	107	2	29	138
Heart, Cardiac and Circulatory problems	2	0	1	3
Blood disorders (eg anaemia)	1	0	1	2
Cancer and Tumours	2	1	2	5
Hospital/Post Operative	36	1	24	61
Ear, Nose, Throat	18	1	3	22
Eye Problems	0	0	0	0
Headache/Migraine/ Neurological	9	3	8	20
Nervous System Disorder	0	0	0	0
Genitourinary / Gynaecological/ Reproductive	7	2	7	16
Pregnancy related disorders	2	0	1	3
Virus/infectious diseases	26	1	10	37
Endocrine/glandular problems	1		1	2
Skin Condition	5	0	0	5
Other known causes (not specified above)	0	2	0	2
Unknown causes, not specified	18	0	8	26
Cause Known, but not specified	14	0	0	14
Total	482	41	163	686

Conclusion / Next Stages

37. The major levels of improvement have been within the area of long term sickness absence. Through the use of a number of policies and procedures supporting fitness, and rehabilitation, and addressing areas positive mental health and wellbeing the Authority is now seeing a positive move in the right direction.
38. The next stage is to address shorter term absences in areas where this has not seen the same levels of success, using the same level of employee interaction and support. Through analysing the sickness statistics and any obvious patterns or trends it is envisaged that similar results can be achieved, which will be reported back to members.
39. Additionally the topic of employee reward and incentive will be considered, and if viewed as appropriate options will be presented to members for their consideration within the next report.

Equality and Diversity Implications

40. The measures detailed within this report ensure that employees are treated equitably and that they are supported within the workplace.

Staff Implications

40. The Authority has an Occupational Health and Wellbeing programme that is very well regarded by staff, and benefits all employees who require assistance. A combination of innovative policies and procedures, and clear and transparent management in conjunction with the representative bodies has seen some improvement in the long term support and management of sickness absence.

Legal Implications

41. All practices and procedures conform to the appropriate employment law and legislation.

Financial Implications & Value for Money

42. A further report will be brought to members which will address the financial implication of improved sickness absence.

Risk Management, Health & Safety, and Environmental Implications

The improved sickness levels have a direct impact on appliance and staff availability, ensuring a reduction in the number of Appliances becoming unavailable for operational response.

Contribution to Our Mission: *Safer Stronger Communities – Safe Effective Firefighters*

43. By improving sickness absence and providing a system of wellbeing support for our employees it ensures Merseyside Fire and Rescue Authority continues to deliver the highest level of service delivery within a continuing arena of financial constraint.

BACKGROUND PAPERS

GLOSSARY OF TERMS
