Agenda Item No. 12

Governance, Audit and Scrutiny Committee
17 July 2017

Report by the Director of Human Resources

Agenda Item No. 13

Humberside Fire Authority
26 June 2017

Report by the Director of Human Resources

ABSENCE MANAGEMENT

SUMMARY

1. This report is the first of the quarterly updates requested by Members on the performance and progress of the management of sickness absence. Sickness absence data is included at Appendix 1 and will be referred to throughout this report.

2. This report also gives an update on progress relating to improved awareness of mental health, reducing stigma and earlier intervention and support for staff suffering mental distress. This is in the context of mental health difficulties being the highest reason for absence across the Service in the previous financial year.

RECOMMENDATIONS

3. That Members note the content of the report and take assurance from the actions taken in the HR Directorate to improve the management of absence and the support offered to staff who are unwell.

ABSENCE MANAGEMENT ACROSS THE SERVICE

4. Members are aware of the decision taken to commission Capsticks Human Resource Advisory team to undertake the absence management work stream for a 3 month period which began at the end of February. This work includes the complete management of sickness absence for all cases in the Service during this period, as well as a review of the roll out and efficacy of the Sickness Absence Policy and a training needs analysis of management capability in this area. An added benefit of free advice from their legal team in relation to any resulting employment cases was included in the agreement.

5. This work has now been extended for a further 2 months to support completion of key work streams and to ensure a smooth transition of the work to the newly appointed HR Service Partners. It will complete on 31st July 2017.

6. It is planned that this work will leave a legacy for the Service of up to date case work for absence management cases, as well as a detailed plan for any required amendments to policy and management training in the future, which will then be supported and delivered by the HR Service Partners.

7. Significant progress is reported across the Service with positive reports from managers as to their interactions with the representative from Capsticks and earlier interventions and referrals for staff when they become unwell, with appropriate employment advice to managers earlier in the process.

8. A more detailed picture will emerge when the work is completed and Members will be presented with this information at that time.

9. At the HFA meeting on 17th March 2017, the initial views of the Capsticks representative as to the efficacy of the current approach to absence management were shared with Members to keep them informed of progress.

10. The initial views were as follows:

(a) That interactions between the Occupational Health team, Line Managers and HR advisory could be more streamlined to provide timely advice and interventions in absence management;

(b) That employment advice provided to managers needs to be more robust, with HR support given at Occupational Health referral stage;

(c) That there are significant training needs across the Service in the management of absence both from a management and an HR perspective;

(d) That information flows should be reviewed;

(e) That the possibility of accelerated access to certain treatments should be explored to support earlier returns to work.

11. Early work has been undertaken to resolve some of the concerns raised and the appointment of professionally trained HR Service Partners is expected to accelerate this work.

12. A more detailed report will be prepared as to the plans to integrate Capsticks' recommendations in our absence management processes going forward to coincide with the appointment of the new HR Service Partners, once the work is completed.

13. It is envisaged that the impact of this targeted approach to sickness absence will yield benefits not only on the levels of absence, given proactive support for staff to return to work earlier, or be fairly exited from the Service, but also, that assurance can be taken that the health of our staff and their regular and reliable attendance at work is being supported consistently and fairly.

14. Members agreed at the HFA meeting held on 17th March 2017, that it would be appropriate to support this approach by quarterly reports on the progress being brought to future meetings.

DATA MANAGEMENT

15. At the 17th March 2017 HFA meeting, it was agreed that a quarterly report would be brought before Members with an update on the management of absence to include detailed data on absence levels by staff group, as well as development and dissemination of fair and appropriate mechanisms for the same.

16. Table 1 at paragraph 18 outlines the current picture with regard to actual absence and performance against target as at 31st May 2017.

17. The data in Table 1 shows that attendance in the Retained workforce is below target for the first time. Although still above target in the other staff groups, the average across the service is below target year to date.

18. **Table 1**

Sickness Absence		3 year average baseline (days/employee)	2017/18 Annual Target Per Person	YTD Target (annual divided by 12 x current month number)	Actual absence From 1/4/17 to 31/5/17
Staff Group	2015/16 Actual performance (days/employee)				
Control	13.5	8.7	8.7	1.45	2.04
Support	10.8	13.3	10	1.67	2.42
RDS	16.6	14.1	7	1.17	0.88
WDS	7.8	7.0	7	1.17	1.21
Average	12.1	10.7	8.17	1.36	**1.63**

19. The data attached in Appendix 1 describes the sickness absence data by staff group, reason for absence and the split between long-term and short-term absence. The staff group who work in Control have, once again, been excluded due to the low numbers of staff, which may have revealed identity and breached data protection legislation.

AREAS FOR FOCUS

20. The data in Appendix 1 shows an interesting shift, with Mental Health / Anxiety / Depression no longer being the primary reason for absence, significantly so in the Wholetime staff group. However, this data set represents a short period of time, and further data will need to be gathered in the forthcoming year to establish if this is a longer term trend.

21. Musculoskeletal problems have overtaken mental health as the main reason for absence across the Service, particularly back, knee and lower limb. This data now gives an indicator where the HR and Occupational Health teams should focus in the coming months. Fast track physiotherapy and private healthcare provision for some staff may be areas where an impact on absence due to these issues can be gained, as well as improving wellbeing for our staff.

22. The split between long term and short term absence remains a concern in some staff groups. However, long term sickness in the Control staff group is lower than short term, due to long term cases in that staff group being resolved. Table 2 at paragraph 23 details this split by staff group.

23. **Table 2**

	Long Term	Short Term	Grand Total
Control	18.00	30.00	48.00
Green Book	329.26	93.80	423.06
Retained	248.33	45.06	293.39
Wholetime	446.00	135.00	581.00
Grand Total	**1041.59**	**303.86**	**1345.45**

MENTAL HEALTH AWARENESS AND SUPPORT

24. The Service held an internal Mental Health Conference on the 8th May 2017 at the KC Stadium in Hull and Members were invited to attend. There were a number of interesting and inspiring speakers and workshops throughout the day and a large proportion, almost a quarter of the workforce attended, alongside members of CMT and some Members.

25. The Conference was very well received, with a number of staff coming forward to discuss their experiences of mental ill health, both their own and that of people close to them. Staff who attended were asked to report their experience of the day back to their own workplaces to "start a conversation" about mental health in all corners of the Service.

26. A detailed plan is in place to roll out targeted training on supporting mental health in the workplace and to introduce "Blue Light Champions" at all levels, to enable staff to be signposted to appropriate support should they require it.

27. There are also plans to expand the Occupational Health offer to staff for both providing more robust welfare arrangements and more specialist services where necessary.

STRATEGIC PLAN COMPATIBILITY

28. It is crucial to the success of the Service's Strategic Plan that sickness absence is managed fairly, consistently and appropriately, ensuring that as far as possible, staff are able to attend work regularly and reliably.

29. Specifically, the effective management of sickness absence will support the delivery of our two underpinning strategic objectives of "Managing the best use of the resources we have" and "Continuing to develop a committed, skilled and safe workforce".

FINANCIAL/RESOURCES/VALUE FOR MONEY IMPLICATIONS

30. The development of effective and fair processes and accurate data will better enable the Service to manage both the finances and the staffing resources, which will result in better value for money and increased personnel available for deployment.

31. The spend required to finance the temporary position of outsourced sickness absence management will be balanced with the expected reduction in sickness absence cases and the legacy of a more effective absence process and more informed managers in the medium term future.

LEGAL IMPLICATIONS

32. Improved processes in relation to fair and consistent management of absence will reduce the risk to the Service of Employment Tribunal claims that are difficult to defend and any claims made are more likely to be unsuccessful. Where a return to work isn't possible and an appropriate and fair exit from the Service is more favourable, this can be enacted quickly with the least pain for all concerned and with significantly less litigation risk.

33. Free legal advice is given as part of the agreement with Capsticks HRA which reduces the legal risks of managing sickness issues.

EQUALITY IMPACT ASSESSMENT/HR IMPLICATIONS

34. Fair processes which support staff to return to work wherever possible, in the shortest possible timeframe, will improve morale and facilitate a culture where staff can feel able to share their difficulties and health concerns earlier. Improved awareness of mental health will have a positive effect on the support available to staff with mental health difficulties and reduce stigma.

CORPORATE RISK MANAGEMENT IMPLICATIONS

35. No direct issues arising.

HEALTH AND SAFETY IMPLICATIONS

36. Increased focus on Absence Management and the role of Human Resources, Occupational Health and Managers, with a clear process, accurate data and better developed skill sets will decrease the risk of reportable incidents occurring which are due to the individual health needs of staff.

COMMUNICATION ACTIONS ARISING

37. A full briefing for all staff will be issued and a management development programme will be developed to increase the skills and knowledge of all managers in the Service.

DETAILS OF CONSULTATION AND/OR COLLABORATION

No direct issues arising.

BACKGROUND PAPERS AVAILABLE FOR ACCESS

38. Absence Management Policy.

RECOMMENDATIONS RESTATED

39. That Members note the content of the report and take assurance from the actions taken in the HR Directorate to improve the management of absence and the support offered to staff who are unwell.

M HEPPELL

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MH
15 June 2017

Table 3

Contract Type	(All)

CLG Category	Total Duty Days Lost
Musculo Skeletal Back	275.09
Musculo Skeletal Lower Limb	149.26
Other	138.13
Musculo Skeletal Knee	137.02
Gastro Intestinal	125.54
Musculo Skeletal Shoulders	109.61
Musculo Skeletal Upper Limb	87.25
Mental Health Anxiety/Depression	80.00
Cardiovascular Other	69.17
Respiratory Other	53.55
Musculo Skeletal Neck	35.00
Musculo Skeletal Other	31.81
Endocrine	29.00
Neurological	19.18
Cancer	3.89
Urological	1.95
Grand Total	1345.45
Contract Type	(All)

Table 4

Contract Type	(All)

CLG Category	Long Term	Short Term	Grand Total
Musculo Skeletal Back	221.84	53.25	275.09
Musculo Skeletal Knee	133.02	4.00	137.02
Musculo Skeletal Lower Limb	129.85	19.42	149.26
Musculo Skeletal Shoulders	106.61	3.00	109.61
Gastro Intestinal	95.55	29.99	125.54
Other	84.00	54.13	138.13
Musculo Skeletal Upper Limb	69.42	17.83	87.25
Mental Health Anxiety/Depression	69.00	11.00	80.00
Cardiovascular Other	54.42	14.76	69.17
Musculo Skeletal Neck	32.00	3.00	35.00
Endocrine	29.00		29.00
Musculo Skeletal Other	13.00	18.81	31.81
Cancer	3.89		3.89
Neurological		19.18	19.18
Urological		1.95	1.95
Respiratory Other		53.55	53.55
Grand Total	**1041.59**	**303.86**	**1345.45**

Graph 1

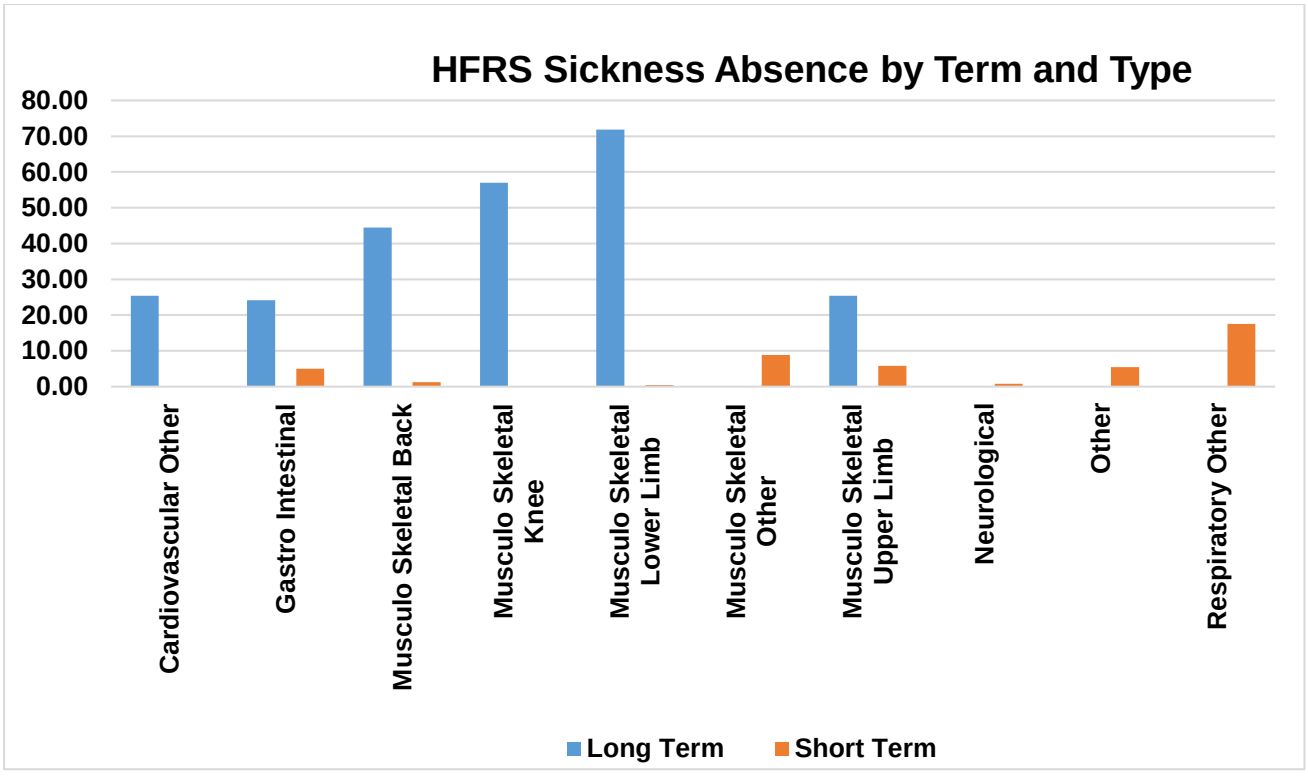

Table 5

Contract Type	Green Book

CLG Category	Long Term	Short Term	Grand Total
Musculo Skeletal Back	90.37	9.00	99.37
Gastro Intestinal	71.39	8.99	80.37
Mental Health Anxiety/Depression	69.00	11.00	80.00
Musculo Skeletal Shoulders	54.61		54.61
Musculo Skeletal Lower Limb	40.00	14.00	54.00
Cancer	3.89		3.89
Respiratory Other		14.05	14.05
Other		13.71	13.71
Cardiovascular Other		7.76	7.76
Urological		1.95	1.95
Neurological		13.35	13.35
Grand Total	**329.26**	**93.80**	**423.06**

Graph 2

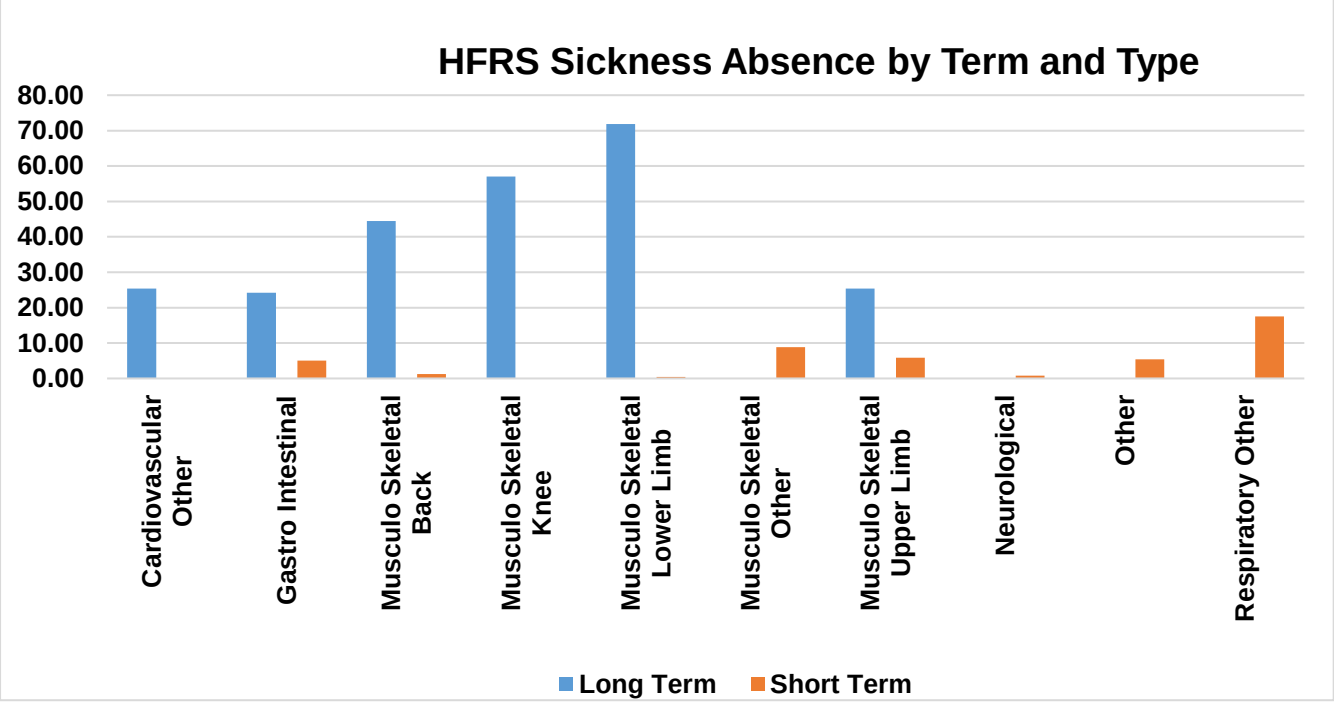

Table 6

Contract Type	Retained

CLG Category	Long Term	Short Term	Grand Total
Musculo Skeletal Lower Limb	71.85	0.42	72.26
Musculo Skeletal Knee	57.02		57.02
Musculo Skeletal Back	44.46	1.25	45.71
Musculo Skeletal Upper Limb	25.42	5.83	31.25
Cardiovascular Other	25.42		25.42
Gastro Intestinal	24.17	5.00	29.17
Neurological		0.83	0.83
Other		5.42	5.42
Respiratory Other		17.50	17.50
Musculo Skeletal Other		8.81	8.81
Grand Total	**248.33**	**45.06**	**293.39**

Graph 3

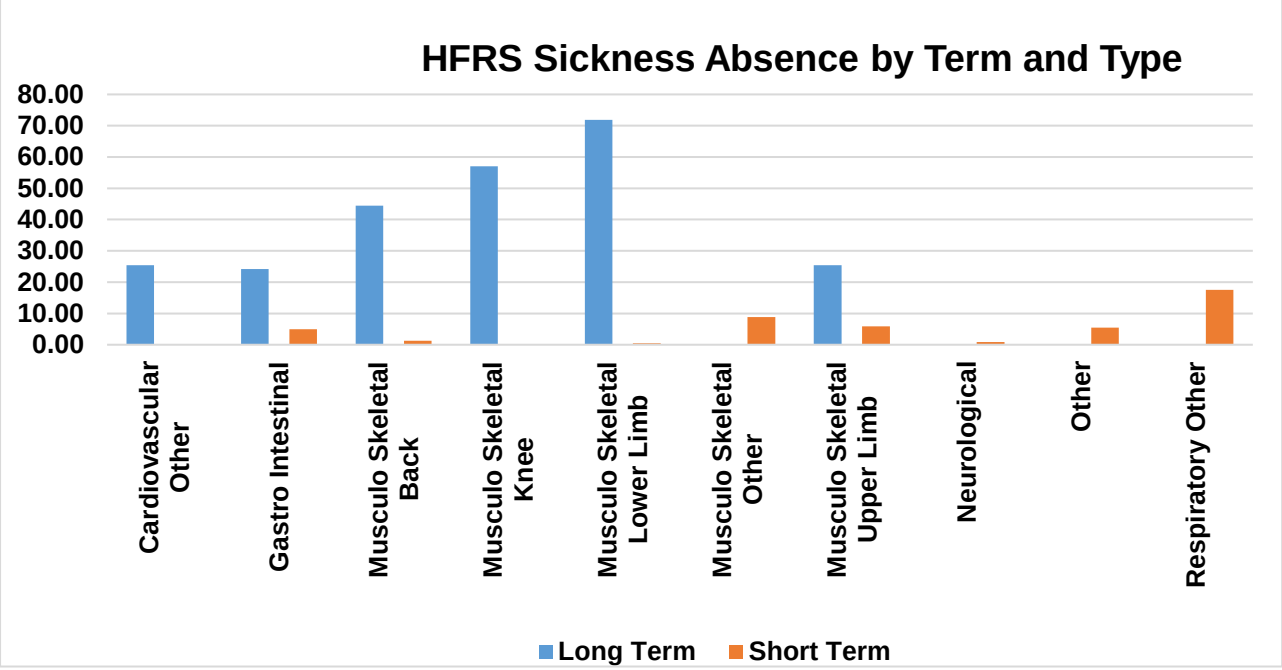

Table 7

Contract Type	Wholetime

CLG Category	Long Term	Short Term	Grand Total
Musculo Skeletal Back	87.00	36.00	123.00
Musculo Skeletal Knee	76.00	4.00	80.00
Other	66.00	27.00	93.00
Musculo Skeletal Shoulders	52.00	3.00	55.00
Musculo Skeletal Upper Limb	44.00	12.00	56.00
Musculo Skeletal Neck	32.00	3.00	35.00
Cardiovascular Other	29.00	7.00	36.00
Endocrine	29.00		29.00
Musculo Skeletal Lower Limb	18.00	4.00	22.00
Musculo Skeletal Other	13.00	10.00	23.00
Respiratory Other		13.00	13.00
Neurological		4.00	4.00
Gastro Intestinal		12.00	12.00
Grand Total	**446.00**	**135.00**	**581.00**

Graph 4