Agenda Item No. 14

Humberside Fire Authority
22 September 2017

Report by the Director of Human Resources

ABSENCE MANAGEMENT - UPDATE

SUMMARY

1. This report is the quarterly update 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. This data is related to the period 1st April 2017 until 31st July 2017.

2. This report also contains the recommendations given by the Consultant from Capsticks Advisory Service who undertook all HFRS absence management work during the period 15 February 2017 and ended on 31 July 2017, and was required to submit a report on completion of the project.

RECOMMENDATIONS

3. That Members note the content of the report and the recommendations from Capsticks Advisory to improve the management of absence and the support offered to staff who are unwell.

4. That Members take assurance from the plans being developed in the HR Directorate to resolve the issues raised in the Capsticks Advisory Report.

ABSENCE MANAGEMENT ACROSS THE SERVICE

5. Members have previously been made aware of significant work undertaken in the Service relating to Mental Health support, reducing stigmas and raising awareness. Building on the success of the internal Mental Health Conference in May 2017, a cohort of Blue Light Mental Health Champions have been trained, which included staff, at all levels of the Service and more training is planned in the near future.

6. Plans are in place to develop wider psychological and wellbeing support services, for example access to psychotherapy for staff when required.

7. 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 on 17th February 2017. This work included 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.

8. This work was 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 and completed on 31st July 2017.

9. It was planned that this work would 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. This plan will now be supported and delivered by the Head of HR and her HR Service Partners.

10. 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.

11. 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.

12. 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.

ACTIONS RECOMMENDATIONS FROM CAPSTICKS ADVISORY

13. The draft Report received from Capsticks Advisory describes that they advised on over 80 cases during the period of work and attended 40 case reviews. The Report acknowledges resource pressure in HR and in the number of days available for their Consultant as genuine issues which limited effective absence management and success of the project.

14. The Report raises a number of issues and gives some recommendations. These have been summarised into the following key areas:

    (i) Absence policies are not always applied consistently, and the wording of some policies is confusing and unhelpful, which can make the required consistent application difficult. Examples given include the differences between management approaches for Short and Long Term sickness, leading to Medium Term absences being missed and the approach to phased returns to work and modified duties being applied inconsistently.

    (ii) The administration of Absence Management is not always consistent and management information is neither regular nor accurate, leading to insufficient monitoring. The introduction of an effective Case Management system in HR is recommended.

    (iii) Professional support from both Human Resources and Occupational Health is inconsistent, reactive rather than proactive and, at times, overly bureaucratic.

    (iv) Some processes are protracted, although it is noted than some of this is outside of the Service's control, such as the Ill Health Early Retirement processes.

(v) Managers are not consistently taking ownership of the management of the absence within their own teams, and of their own staff, and, at times, are waiting for these staff to be "managed" by HR and Occupational Health. At other times, examples are given of managers not taking professional advice when it is given.

(vi) The use of informal processes at an early stage is sporadic and should be more consistent, with HR staff taking a more proactive approach to supporting managers and better monitoring of the use of Return to Work meetings.

(vii) The attitudes of managers towards the management of absence is mixed, with many taking the view that absence they perceive to be "genuine" should not be managed. Similarly, the abilities of managers to effectively and fairly manage staff who are absent from work are mixed and a full and detailed training programme should be developed across the Service, with the devolvement of absence management to lower management levels recommended.

(viii) The draft report supports the use of an internal Occupational Health team, citing this as the most effective way of supporting the Service with its absence, but raises some concerns about the way cases are being managed currently, including inconsistent advice, cases being escalated for medical advice too early leading to delays in advice being given, too much involvement in individual meetings by OH staff, also causing delays and resource implications in OH and therefore, a lack of resource to focus on wellbeing initiatives which may help in preventing absence.

(ix) The use of private medical services, where this would lead to staff getting treatment earlier, precipitating earlier recovery is strongly advocated, from both staff morale and service delivery perspectives.

(x) The Report recommends that high level absence data should be reviewed at a more senior level in the Service on a regular basis and that communication and flows of information should be improved.

(xi) The Report recommends that failure of Fitness Tests should be dealt with as a capability issue rather than conduct. This better enables redeployment as an outcome where this is appropriate to the case.

15. The Report acknowledges that some of the shorter term practical actions have already been undertaken and further discussions with Capsticks Advisory are planned in at the time of writing. This will facilitate an achievable action plan to develop the longer term actions which are recommended.

DATA MANAGEMENT

16. 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.

17. Table 1 at paragraph 15 outlines the current picture with regard to actual absence and performance against target as at 31st July 2017 and a comparison with the picture at the same time last year.

18. The data in Table 1 shows that attendance in the Retained workforce is again below target. Although still above target in the other staff groups and the average across the service being above target year to date, the comparison with last year shows an improvement on last year's position at the same point in time for Retained and Whole-time staff an overall. Support/Green Book staff and Control staff are a significant cause for concern on this current picture and gives an area of focus for the coming months.

19. **Table 1**

	2017/18 Sum of Duty Days Lost	2016/17 Sum of Duty Days Lost	Establishment	2017/18 Average Duty Days Lost Per Person per Contract Type	2016/17 Average Duty Days Lost Per Person per Contract Type	2017/18 Annual Target Per Person	YTD Target (annual divided by 12 x current month number)
Control	168.00	114.00	25	6.72	4.56	8.70	2.90
Green Book	814.94	568.27	162.64	4.73	3.49	10.00	3.33
Retained (New Calc)	616.70	1117.41	341	1.81	3.28	7.00	2.33
Wholetime	1240.00	1361.00	483.61	2.61	2.81	7.00	2.33
Grand Total	2839.63	3160.68	1012.25	2.80	3.12		2.72
days less in 17-18	321.25						

20. 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

21. The data in Appendix 1 shows that the shift seen in the previous quarter of Mental Health / Anxiety / Depression no longer being the primary reason for absence, has continued for all staff groups save the Support/Green Book group, where it is once again the highest reason for absence. The previous and current work undertaken to improve awareness of Mental Health, reduce stigma and support staff in talking about their issues earlier appears to be having a positive impact across Operational staff groups.

22. Musculoskeletal problems are once again the main reason for absence across all other staff groups in the Service, particularly back, knee and lower limb. This data supports the recommendation from Capsticks Advisory that 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. This features as part of the HR Directorate work plan recently agreed as priority work.

23. The split between long term and short term absence remains a concern in some staff groups. Table 2 at paragraph 20 details this split by staff group. Again, Support/Green Book staff and Control staff are showing an increase in both long and short term sickness compared with the same period last year. Short term absence in the Retained staff group shows a marked improvement on the same position last year.

24. **Table 2**

2017-2018			
	Long Term	**Short Term**	**Grand Total**
Control	134.00	34.00	168.00
Green Book	645.60	169.34	814.94
Retained	528.21	88.48	616.70
Wholetime	928.00	312.00	1240.00
Grand Total	**2235.81**	**603.82**	**2839.63**
2016-2017	**Long Term**	**Short Term**	**Grand Total**
Control	85.00	29.00	114.00
Green Book	416.08	152.19	568.27
Retained (New Calc)	574.61	542.80	1117.41
Wholetime	991.00	370.00	1361.00
Grand Total	**2066.69**	**1093.99**	**3160.68**

STRATEGIC PLAN COMPATIBILITY

25. 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.

26. 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

27. 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.

LEGAL IMPLICATIONS

28. 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.

29. Free legal advice has been given as part of the agreement with Capsticks HRA which has reduced the legal risks of managing sickness issues.

EQUALITY IMPACT ASSESSMENT/HR IMPLICATIONS

30. 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

31. No direct issues arising.

HEALTH AND SAFETY IMPLICATIONS

32. 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

33. 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

34. Absence Management Policy.
Capsticks Advisory Absence Management Report.
National Fire and Rescue Service Occupational Health Performance Report.

RECOMMENDATIONS RESTATED

35. That Members note the content of the report and the recommendations from Capsticks Advisory to improve the management of absence and the support offered to staff who are unwell.

36. That Members take assurance from the plans being developed in the HR Directorate to resolve the issues raised in the Capsticks Advisory Report.

M HEPPELL

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7 September 2017

Appendix 1

Table 3

Contract Type	(All)
CLG Category	**Total Duty Days Lost**
Musculo Skeletal Back	420.72
Musculo Skeletal Lower Limb	381.40
Other	321.77
Musculo Skeletal Knee	283.94
Cardiovascular Other	228.76
Mental Health Anxiety/Depression	228.01
Musculo Skeletal Shoulders	216.06
Gastro Intestinal	194.24
Musculo Skeletal Upper Limb	130.83
Respiratory Other	83.59
Musculo Skeletal Other	75.81
Endocrine	75.00
Musculo Skeletal Neck	63.00
Neurological	56.42
Mental Health Other	23.00
Reproductive	19.00
Senses Vision	17.00
Dermatological	6.08
Cancer	6.05
Senses Hearing	5.00
Urological	3.95
Grand Total	**2839.63**

Table 4

Contract Type	(All)		
CLG Category	**Long Term**	**Short Term**	**Grand Total**
Musculo Skeletal Lower Limb	363.74	17.67	381.40
Musculo Skeletal Back	340.22	80.50	420.72
Musculo Skeletal Knee	239.61	44.33	283.94
Cardiovascular Other	227.00	1.76	228.76
Other	224.55	97.22	321.77
Musculo Skeletal Shoulders	204.22	11.84	216.06
Mental Health Anxiety/Depression	200.83	27.18	228.01
Gastro Intestinal	126.58	67.65	194.24
Musculo Skeletal Upper Limb	95.00	35.83	130.83
Musculo Skeletal Neck	61.00	2.00	63.00
Endocrine	61.00	14.00	75.00
Musculo Skeletal Other	49.00	26.81	75.81
Mental Health Other	20.00	3.00	23.00
Neurological	17.00	39.42	56.42
Cancer	6.05		6.05
Senses Hearing		5.00	5.00
Reproductive		19.00	19.00
Respiratory Other		83.59	83.59
Senses Vision		17.00	17.00
Dermatological		6.08	6.08
Urological		3.95	3.95
Grand Total	**2235.81**	**603.82**	**2839.63**

Graph 1

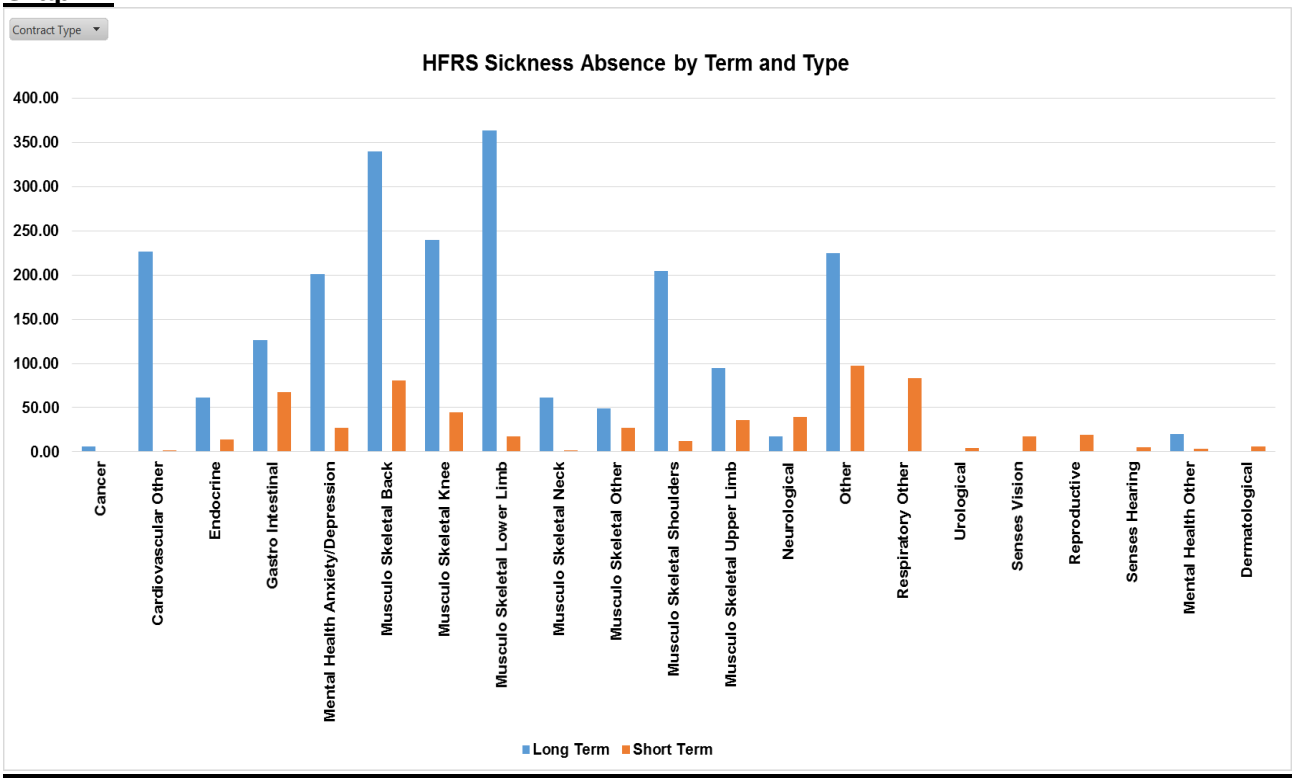

Table 5

Contract Type	Green Book		
CLG Category	**Long Term**	**Short Term**	**Grand Total**
Mental Health Anxiety/Depression	149.00	27.18	176.18
Musculo Skeletal Lower Limb	114.00	1.00	115.00
Musculo Skeletal Back	86.36	13.00	99.36
Other	83.96	25.25	109.21
Musculo Skeletal Shoulders	80.22	1.76	81.98
Gastro Intestinal	77.00	17.99	94.99
Cardiovascular Other	49.00	1.76	50.76
Cancer	6.05		6.05
Endocrine		11.00	11.00
Respiratory Other		38.88	38.88
Urological		1.95	1.95
Neurological		29.59	29.59
Grand Total	**645.60**	**169.34**	**814.94**

Graph 2

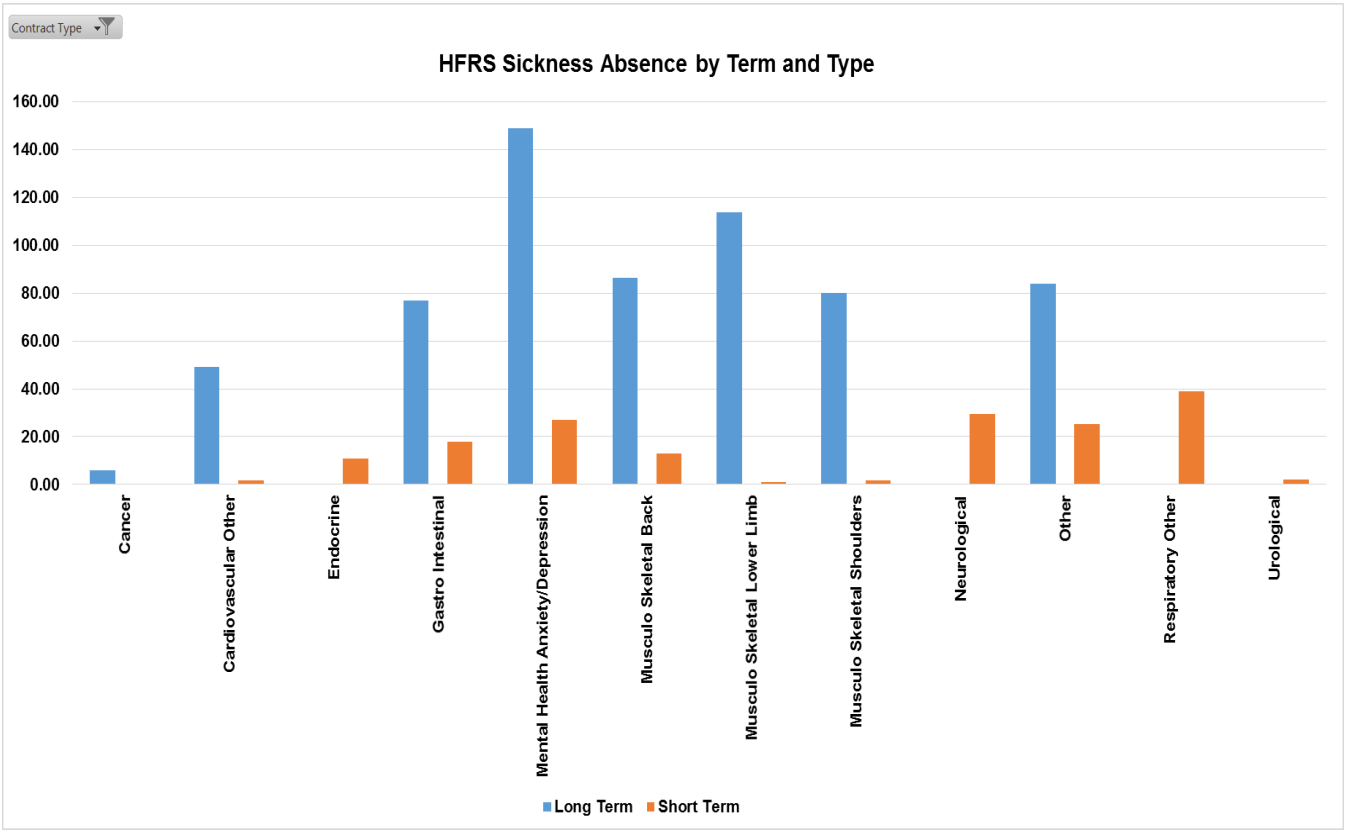

Table 6

Contract Type	Retained

CLG Category	Long Term	Short Term	Grand Total
Musculo Skeletal Lower Limb	182.74	1.67	184.40
Cardiovascular Other	80.00		80.00
Musculo Skeletal Back	72.86	12.50	85.36
Musculo Skeletal Knee	71.61	13.33	84.94
Gastro Intestinal	49.58	6.67	56.25
Musculo Skeletal Upper Limb	35.00	5.83	40.83
Other	25.60	16.96	42.56
Mental Health Anxiety/Depression	10.83		10.83
Respiratory Other		12.71	12.71
Musculo Skeletal Shoulders		7.08	7.08
Neurological		0.83	0.83

Graph 3

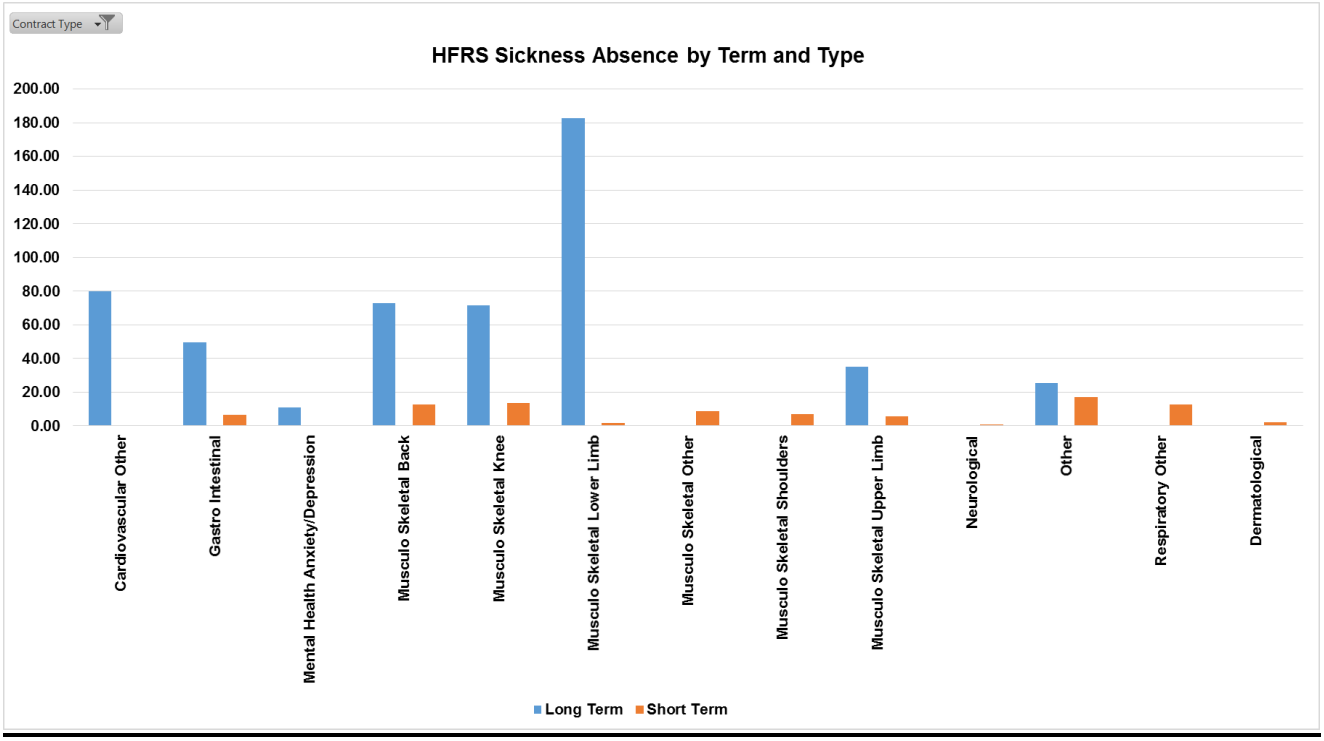

Table 7

Contract Type	Wholetime		
CLG Category	**Long Term**	**Short Term**	**Grand Total**
Musculo Skeletal Knee	168.00	31.00	199.00
Musculo Skeletal Back	128.00	49.00	177.00
Musculo Skeletal Shoulders	124.00	3.00	127.00
Cardiovascular Other	98.00		98.00
Other	67.00	47.00	114.00
Musculo Skeletal Lower Limb	67.00	14.00	81.00
Endocrine	61.00	3.00	64.00
Musculo Skeletal Neck	61.00	2.00	63.00
Musculo Skeletal Upper Limb	60.00	30.00	90.00
Musculo Skeletal Other	49.00	18.00	67.00
Mental Health Anxiety/Depression	28.00		28.00
Neurological	17.00	7.00	24.00
Urological		2.00	2.00
Senses Vision		17.00	17.00
Reproductive		19.00	19.00
Senses Hearing		3.00	3.00
Dermatological		4.00	4.00
Gastro Intestinal		39.00	39.00
Respiratory Other		24.00	24.00
Grand Total	**928.00**	**312.00**	**1240.00**

Graph 4