

EAST SUSSEX FIRE AND RESCUE SERVICE

Meeting	Scrutiny & Audit Panel
Date	5 June 2019
Title of Report	Human Resources Absence Management Report – Quarters 1, 2, 3 & 4 2018-19
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Background Papers	People And Organisational Development Strategy Health, Safety & Wellbeing Strategy (2017-2020) Cleveland Report 2017/18 & 2018/19

Implications

CORPORATE RISK	✓	LEGAL	✓
ENVIRONMENTAL		POLICY	
FINANCIAL		POLITICAL	
HEALTH & SAFETY		OTHER (please specify)	
HUMAN RESOURCES	✓	CORE BRIEF	

PURPOSE OF REPORT To appraise the Scrutiny & Audit Panel of the absence management statistics recorded for 2018/19 compared to the previous year.

EXECUTIVE SUMMARY This report summarises absence management statistics for Q1, Q2, Q3 & Q4 2018/19 and overall shows a decrease against the previous year following the interventions deployed by both local line managers and the Human Resources (HR) team.

RECOMMENDATION The Scrutiny & Audit Panel is asked to:

- i. Note the annual absence management statistics for 2018/19 as set out in the report.

1. **INTRODUCTION**

- 1.1 This report contains the combined quarter 1, 2, 3 & 4 statistics for 2018/19, compared with same time period in 2017/18 of ESFRS performance against the Occupational Health Indicators as provided for the national Cleveland Report.

2. **MAIN ISSUES**

- 2.1 An overview of the statistics are below. However, this report provides a narrative around the statistical data for the 2018/19 statistics. It should be noted that long-term absence is deemed as 28 days and above for the purposes of the Cleveland Report.

	Quarter 1, 2, 3 & 4 – 2017/18			Quarter 1, 2, 3 & 4 – 2018/19		
	Short-term absence (days / shifts lost)	Long-term absence (days / shifts lost)	Total (days / shifts lost)	Short-term absence (days / shifts lost)	Long-term absence (days / shifts lost)	Total (days / shifts lost)
Wholetime operational staff	1361.5	2005.5	3367	1224.5	2113	3337.5
On-Call	-	-	-	-	-	-
Control staff	217	256.5	473.5	154.5	213.5	368
Support Staff	663	1159	1822	599	328	927
Total	2241.5	3421	5662.5	1978	2654.5	4632.5

- 2.2 The statistics above show an overall decrease in total days/shifts lost due to absence from the workplace against the previous year in all quarters (18% decrease).
- 2.3 The biggest drops have been with both Support staff and Control staff with the overall total reduction for both areas being over 40%.
- 2.4 It should be noted that there was an organisational change in April 2017 with a move of HQ from Eastbourne to Lewes. Scrutinising the data and the detail behind the statistics suggest that this change is likely to have triggered some workplace stress and anxiety which is likely to have caused a spike in absence in Q1 & Q2 2017/18.
- 2.5 The Occupational Health Provider also changed in July 2018 and the new framework was still being fully implemented in quarter 2 & 3. So, whilst an improvement has occurred, there is an expectation that our statistics will continue to improve before a stabilisation is achieved.
- 2.6 Long-term absence for whole-time operational staff has unfortunately increased across the year by 5% compared to the previous year and each long-term case is now being carefully case managed between the Line Manager and the HR Business Partner and, where necessary, being progressed through the ill-health retirement route. The use of rehabilitation plans and work with the Service Fitness Advisor is assisting with this process. This remains a key focus for 2019/20 and this will continue to be monitored accordingly.

- 2.7 Musculoskeletal injuries and mental health absence such as depression equate to 48% of the total number of days / shifts lost and remain the most significant causes of absences from work. However, there has been a significant drop in these two areas when comparing 2018/19 with the previous year.
- 2.8 The Service is committed to providing, a safe and healthy environment for the workforce and seek to exceed a standard higher than the minimum levels of achievement required under legal requirements. Health and Safety staff give advice to all employees on matters of health and safety, as well as advising managers on legal compliance, policy formulation, training and safety performance monitoring activities. Staff are given information, instruction and training as is necessary to enable the safe performance of their work activities. HR Business Partners work with local Line Managers to identify, and minimise risk of injury to staff by ensuring trauma management is implemented where appropriate, and referrals to appropriate services such as counselling or OHU is carried out in an efficient and timely manner. Workforce Planning will be used to identify strategic resourcing requirements which in turn will minimise risks to resilience and crewing that may have further impact on mental health and musculo-skeletal issues.
- 2.9 It should be noted that there are a number of individual cases currently going through the Ill Health Retirement process. Once these processes are completed there should be a reduction in the cumulative absence figures within this area.
- 2.10 We have seen an overall decrease in the days / shifts lost due to mental health absences since last year (43% decrease), shifts / days lost to musculo-skeletal injuries have decreased by 4%. This is particularly prevalent in both our operational workforce and our support staff. Musculo-skeletal injuries are caused by both physical injury, and mental-health injury. For example, stress can inhibit the way an individual carries themselves and lead to back and shoulder injuries. As detailed above there is a programme of work in place to reduce, support and prevent injury of this nature and the service is committed to reviewing and reducing the level of injury.
- 2.11 Following the increased intervention by the Health, Safety & Wellbeing team in partnership with the management team at the Sussex Control Centre we have seen a slight decrease in musculo-skeletal injuries resulting in days / shifts lost within this work group. The improvement in this area is down to a number of factors, including Line Management and HR intervention and support. The Control Centre team are have also been provided with DSE assessments both internal and external via Posturite. Installation of up and down desks, access to sports physiotherapists, gym balls and stretch bands to utilise when at work stations. Ongoing project monitoring temperature to identify atmospheric differences with the control room and robust and timely return to work meetings including referral to Occupational Health.

HR, Occupational Health and the Health, Safety and Wellbeing Team will continue to focus on both mental wellbeing and musculo-skeletal injuries and provide proactive advice and support to the workforce in order to bring this figure down.

3 Conclusion

- 3.1 The statistics on absence management are encouraging and show a reduction in days / shifts lost compared to that of the same period last year, demonstrating that the strategy and interventions that have been put in place are having an impact.
- 3.2 It is too early to say whether the interventions in place will have a long-term impact on days / shifts lost and therefore, careful monitoring and scrutiny needs to continue to take place, however, with the change of operating model for Occupational Health, the reintroduction of the Business Partner Model in HR and closer working relationships and synergies with the Health, Safety & Wellbeing team the Service is confident that absence management will continue to have a positive impact on the sickness and absence figures of the Service.