TYNE AND WEAR FIRE AND RESCUE AUTHORITY

HUMAN RESOURCES COMMITTEE: 9 JULY 2011   Item No. 05

ATTENDANCE MANAGEMENT

REPORT OF THE CHIEF FIRE OFFICER

---

1   PURPOSE

1.1   The Authority has in place an approved sickness and absence management policy and procedure, and this report is to provide Members with the outcomes of that policy for the last reporting year.

2   THE NATIONAL SITUATION

2.1   In order to better inform the decision-making process, the national picture with regard to sickness absence is briefly outlined in the following paragraphs.

2.2   [1]In the last reporting year (2010/11), the average level of employee absence in all sectors has remained steady at 7.7 per employee per year (7.7% in 2009/10) of working time.

2.3   Whilst average absence levels remained static across all the main sectors, absence in the public and non-profit sectors was notably higher than the private sector with average levels at 9.1, a decrease of 0.5 days from last year. The public sector figure is nearly matched by the level of absence in the non-profit sector at 8.8 days per employee.

2.4   Absence is lowest in the private sector, particularly in manufacturing and production organisations, where levels have reduced in comparison with previous years (5.7 days compared with 6.9 days in 2010). In contrast, average absence levels have increased in the private services sector (2011: 7.1 days; 2010: 6.6 days), although there is a particularly high variation within this sector.

2.5   The average annual cost of employee absence per employee varies considerably across organisations, partly because they include different costs in their calculations. The median cost of absence has increased compared with last year to £673 per employee per year compared with £600 in 2010. The public and non-profit sectors report higher costs of absence per employee than the private sector. The median annual cost per employee in the public sector is £800 and in the non-profit sector it is £743 compared with £446 in private services and £444 in the production and manufacturing sector.

2.6   The most common cause of absence was illness, in particular minor illnesses such as colds, flu, stomach upsets, headaches and migraines for both manual and non-manual employees. The next most significant causes of short-term absence for manual workers are musculoskeletal injuries and back pain followed by stress, home/family

---

[1] CIPD Absence Management Report 2011

Creating the Safest Community

responsibilities and recurring medical conditions such as asthma, angina and allergies. Among non-manual workers, stress, musculoskeletal injuries, back pain and recurring medical conditions are ranked, behind minor illness, as the most significant causes of short-term absence.

2.7   Approximately one fifth of employers report that absences not due to genuine ill-health rank amongst the top five most common causes of short term absence for both manual and non-manual workers. Non-genuine absence is reportedly most common in private sector organisations.

2.8   The most common causes of long-term absence are stress, acute medical conditions (for example stroke, heart attack and cancer), musculoskeletal injuries, mental ill-health and back pain. Musculoskeletal injuries and back pain were particularly common for manual workers, while stress was more common for non-manual workers. Stress and musculoskeletal injuries were particularly common causes of long-term absence in the public sector.

2.9   Over 40% of employers report an increase in stress-related absence (over 50% in the public sector), the main causes of work related stress being workloads, external relationships, and organizational change/restructuring and management styles. Job insecurity is a more common cause of stress this year compared with last year and is higher in the public sector. 60% of employers are taking steps to reduce stress in the workplace however the proportion doing so has fallen compared to last year.

2.10   A large majority of companies were taking action to reduce absence. Return-to-work interviews trigger mechanisms to review attendance, giving sickness absence information to line managers and disciplinary procedures for unacceptable absence were perceived as the most effective policies and in fact organizations that used these policies had less absence on average than those that did not. The involvement of occupational health services, return to work interviews and disciplinary procedures for unacceptable absence are identified as the top three most effective approaches for managing long-term absence. Private sector employees identify restricting sick pay as being one of the most effective ways of managing short-term absence.

3   SICKNESS AND ABSENCE MANAGEMENT POLICY

3.1   The Chief Fire Officer has monitored the application of the absence management policy and can confirm that the policy, robustly applied throughout the Authority, is securing overall reductions in sickness absence and ill health retirements. It also further supports and enhances the current provision of health services such as Occupational Health, which is available to all staff.

3.2   The Authority, through its Occupational Health Scheme, provides comprehensive pro-active health awareness programmes including welfare, counselling, chaplaincy and physiotherapy services in order to support and assist staff in the prevention of sickness absence. Additionally, the Authority has in place work-life balance schemes, which are intended to ensure that employees can balance a working life with family and other commitments.

3.3   Within the policy, absence and more specifically sickness absence is the direct responsibility of line managers, ensuring that they maintain regular contact with their staff during absence. There are now a comprehensive set of intervention strategies that may be employed in order to ensure that staff make a full recovery and speedy return to

Creating the Safest Community

work. Such strategies are considered automatically at pre-determined times when an individual is on sickness absence, and are further determined by management following medical advice. During the application of the scheme Officers also take into account the terms of various equality legislation.

3.4   A cornerstone of any absence management strategy is the return to work interview which this Authority has in place, and this continues to be conducted in an appropriate and confidential manner. As a continuing part of the policy, training is provided to all managers jointly by the Advisory, Conciliation and Arbitration Service and members of the HR Department.

3.5   Extended periods of absence can be a very traumatic time for the individual concerned. In many instances, although an individual may be mobile and able to lead a relatively normal lifestyle, they may be waiting for an appointment to see a specialist, waiting for an operation or undergoing a sustained period of physiotherapy and/or rehabilitation. During this time, employees can become depressed and anxious, mainly through lack of activity and subsequently this may directly influence their recovery and in certain instances their health may even deteriorate. It is evident on the basis of medical advice that some personnel, for example, although unable to perform full firefighting duties can however fulfil a range of valuable duties which are beneficial to the individual and the Authority. Since the introduction of the policy, many individuals have undertaken *alternative duties and/or a phased return to work* during sickness absence particularly whilst awaiting further treatment or in a phase of recovery prior to returning to full normal duties.

3.6   An effective management system continually monitors absence enabling the identification of: -

- The point at which specific management action is required based upon an individual's cumulative absence from work;

- The points at which specific management action is required based upon an individual's continuous absence from work;

- The point at which a review of an individual's absence is to be undertaken.

3.7   In order to maintain the operational effectiveness and efficiency of the Authority, personnel on long-term sick leave may be redeployed into a less physically demanding post, thus enabling any subsequent vacancy to be filled. At the conclusion of their sickness period, they are allocated a suitable posting, which may not be that from whence they originally came.

3.8   There is little doubt that firefighting is a physically demanding occupation and research indicates that aerobic capacity (the maximum amount of oxygen that an individual can take in and transport to the muscles to use as fuel) is considered to be the most important indicator of work related fitness. It is well researched and proven that aerobic capacity can be improved by taking aerobic exercise such as swimming, running, etc. Aerobic capacity measurement for serving operational firefighters is undertaken six-monthly on stations, and the results are closely monitored by the Occupational Health staff.

3.9   Members will be aware that the Authority introduced an Occupational Health Scheme in

Creating the Safest Community

1994, which provides a pro-active integrated holistic approach in all health matters for all employees. Occupational health also forms an integral part of the management of health, safety and welfare for all employees.

3.10 Occupational health is having a positive effect upon overall health care by creating an environment which encourages individuals to actively seek support from the most appropriate source, and engendering a 'fit for life' attitude. However, despite all the facilities available, there are a number of occasions whereby an individual's health problem can only be resolved by referral to the National Health Service.

4   PERFORMANCE

4.1   All of the aforementioned has helped to reduce absence within the Authority in recent years. The Chief Fire Officer is very pleased to report that the absence figures for last year are the best ever recorded for the Service with most sectors showing improvements. The current absence rates are 4.67 shifts/days lost for operational staff (5.57 in 2010/11) and 5.60 shifts/days lost for all staff (6.05 in 2010/11) which shows an overall reduction of 0.45 shifts lost from the previous year, which is the best performance in the last 16 years. The graph below gives an indicative view of absence rates in the Authority compared to previous years.

Figure 2 - Tyne and Wear Sickness Absence Rates
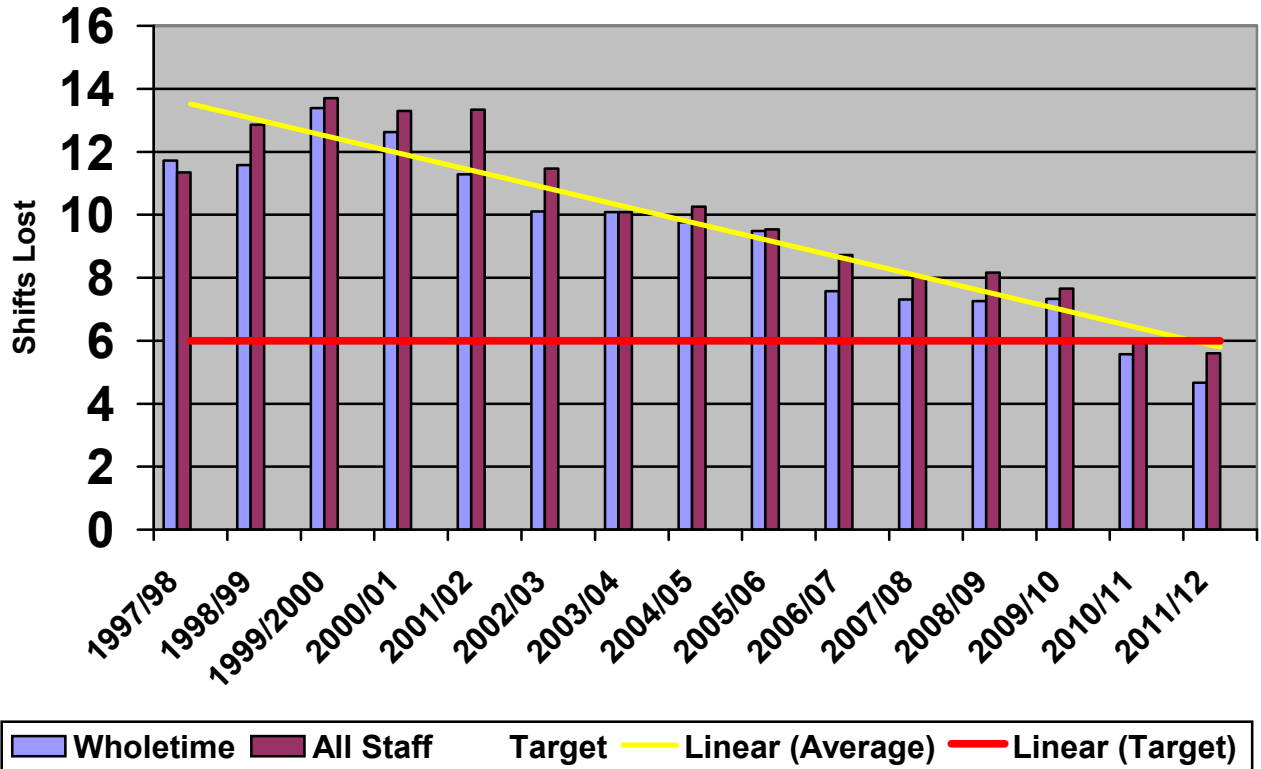
5 RETIREMENTS

5.1 The chart below shows the retirement profile of this Service from 1997.
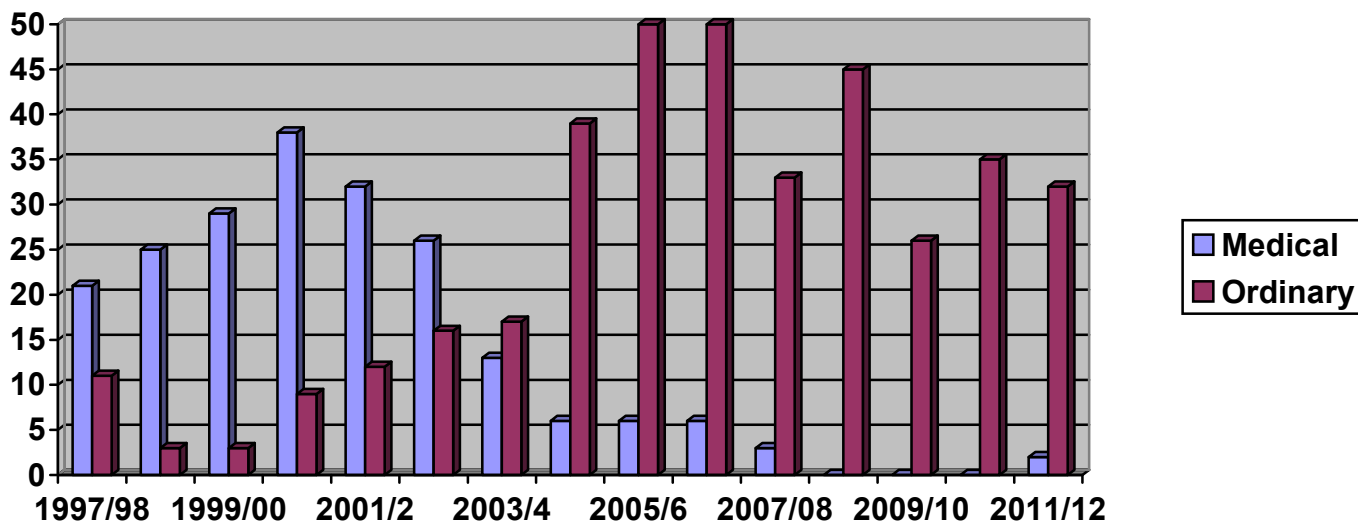
5.2 This quite clearly shows a substantial increase in medical retirements up to 2000/01, with medical retirements accounting for over 70% of all retirements from the wholetime service. Due to the pro-active approach taken by senior management assisted by the dedicated efforts of the Occupational Health Team, since 2000/1 the number of medical retirements have been decreasing year on year, culminating in a radical reversal of the trend whereby there are now proportionately less medical retirements than ordinary retirements. Last year however was the first year in four whereby ill health retirements occurred from the operational workforce, albeit small in numbers (2). This is due to the fact that the organization is shrinking and therefore there has been a reduction in potential redeployment opportunities for operational staff that are no longer able to undertake the full role of a firefighter due to health problems. The Chief Fire Officer would expect these opportunities to continue to reduce as we move into the implementation phase of the back office, management and flexible officer provision reviews.

6 FINANCIAL IMPLICATIONS

6.1 Absence costs public services on average £800 (£889 in 2010/11) per employee per year. However the initiatives the Authority has in place and the robust but fair applications of the policy ensures that the costs are minimised as far as practicable and that further efforts will be made to ensure a year on year reduction.

7 EQUALITY AND FAIRNESS IMPLICATIONS

7.1 There are no equality and diversity implications by virtue of this report.

8 HEALTH AND SAFETY IMPLICATIONS

8.1 The health and safety implications are contained within the body of this report.

Creating the Safest Community

9   RISK MANAGEMENT

9.1   A risk assessment has been undertaken to ensure that the risk to the Authority has been minimised as far as practicable. However, the inability to reduce sickness absence levels may result in a failure to achieve set targets and adversely affect performance indicators. Further there is a likely negative effect on operational efficiency and staff morale may also suffer. Finally, high levels of absence can impact on the Service's reputation. Therefore, the risk to the Authority is deemed to be low although efforts continue to monitor this risk. The complete risk assessment is available on request from the Chief Fire Officer.

10   CONCLUSIONS

10.1   The Chief Fire Officer is pleased to report that, in terms of sickness absence, the trend remains on a downward trajectory with this year seeing the best results for the last sixteen years. All efforts continue to be focussed maintaining these reductions in this and future years.

11   RECOMMENDATIONS

11.1   Members are requested to: -

   a)   Endorse the actions taken;

   b)   Consider whether or not to make further reviews/recommendations in respect of absence management;

   c)   Receive further reports as appropriate.

RELATED DOCUMENTS

The undermentioned documents relate to the subject matter of the above report:

- National absence monitoring data (CIPD 2010)
- Internal Absence Monitoring data

Creating the Safest Community