

**Hampshire Fire and Rescue Authority**

**HR Committee**

**Item 8**

**27 January 2016**

**Analysis of Sickness Data**

**Report by Lead HR Business Partner**

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**1 Summary**

- 1.1 This analysis provides HR Committee with an overview of sickness absence throughout the Service during Q1 and Q2 of 2015/16, and identifies emerging trends. This analysis informs the work of the Attendance Management Group to achieve an overall reduction in absence levels
- 1.2 The headline figures are that absence has increased by 12% from Q1 to Q2. This equates to an increase of £19k in the indicative costs of sickness absence. Musculoskeletal continues to be the most frequent reason for absence and accounts for the longest periods of absence.
- 1.3 The report also provides an update on the Attendance Improvement Plan and actions taken to seek to improve sickness absence moving forward.

**2 Recommendations**

- 2.1 The HR Committee confirm their commitment to review absence levels every 6 months.
- 2.2 The HR Committee endorse the current Attendance Improvement Plan.
- 2.3 The HR Committee support a review of the Attendance Management Group and continued development of the action plan to achieve an overall reduction in absence levels.

**3 Introduction and background**

- 3.1 Figures in this report are based on absence data for Q1 and Q2 of the financial year 2015/16. Figures for all employees are calculated as average days lost per full time equivalent (FTE) member of staff.
- 3.2 This report provides a mid year overview of sickness absence throughout the Service and is intended to provide HR Committee with an understanding of emerging trends during this financial year.
- 3.3 Knowledge Management and HR are in the process of agreeing a suite of stand absence reports which will support the identification of sickness absence trends and issues to better inform the service action plan. This work will inform measures,

targets and recommendations of the Attendance Management Group and will be captured in an Attendance Improvement Plan.

## 4 Overall Absence Levels

- 4.1 Analysis of the data shows that sickness absence levels across the Service have risen by 12% from Q1 to Q2. There appears to have been a significant increase in absence in the Incident Command Unit (ICU) team, however this is a very small team and therefore even one employee's absence can have a disproportionate affect upon the team's average absence levels.

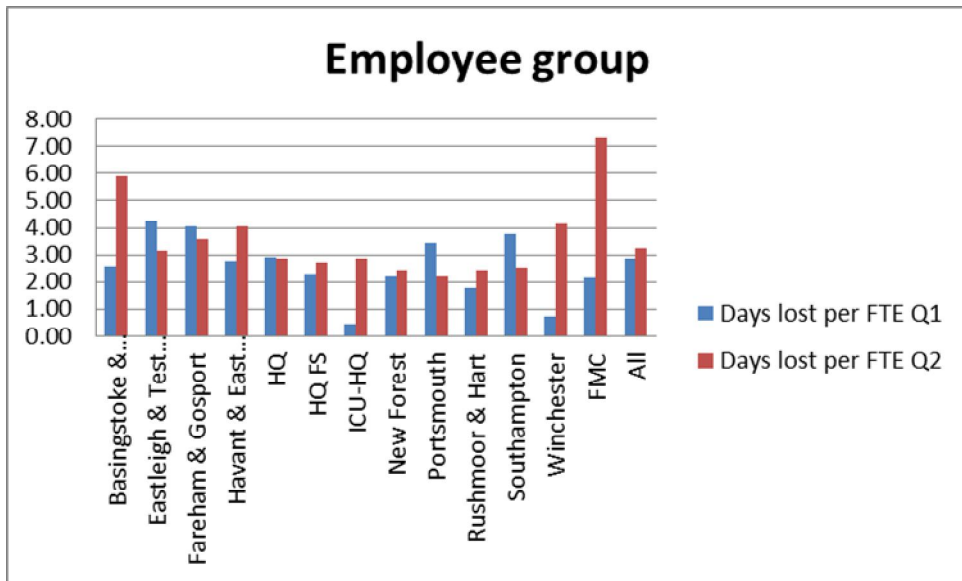
	Days lost per FTE Q1	Days lost per FTE Q2	%Variance
Wholetime Uniformed	3.04	3.14	3%
Retained Uniformed	2.40	3.13	23%
Non Uniformed	3.35	3.28	-2%
Control	4.55	6.71	32%
Incident Command Unit	0.46	2.86	84%
All staff	2.85	3.23	12%

- 4.2 There is an increase in absence across retained uniformed staff and control staff. Control is a relatively small team and therefore their average absence levels may also be disproportionately affected by only one or two employees' absence.
- 4.3 The cost of sickness absence across the Service for the 2 quarters is shown below. It has been calculated based on average pay for the different employment types. This shows the estimated annual cost of sickness pay and thereby unproductive time is likely to be over £1m over the financial year. The actual cost of sickness will be higher as a result of on costs, back-filling where necessary and management time.

Employee group	Days lost Q1	Cost	Days lost Q2	Cost
Wholetime Uniformed	2365	£246k	2520	£262k
Retained Uniformed	1367	£8k	1767	£11k
Non Uniformed	741	£59k	741	£59k
<b>Total</b>	<b>4473</b>	<b>£313k</b>	<b>5028</b>	<b>£332</b>

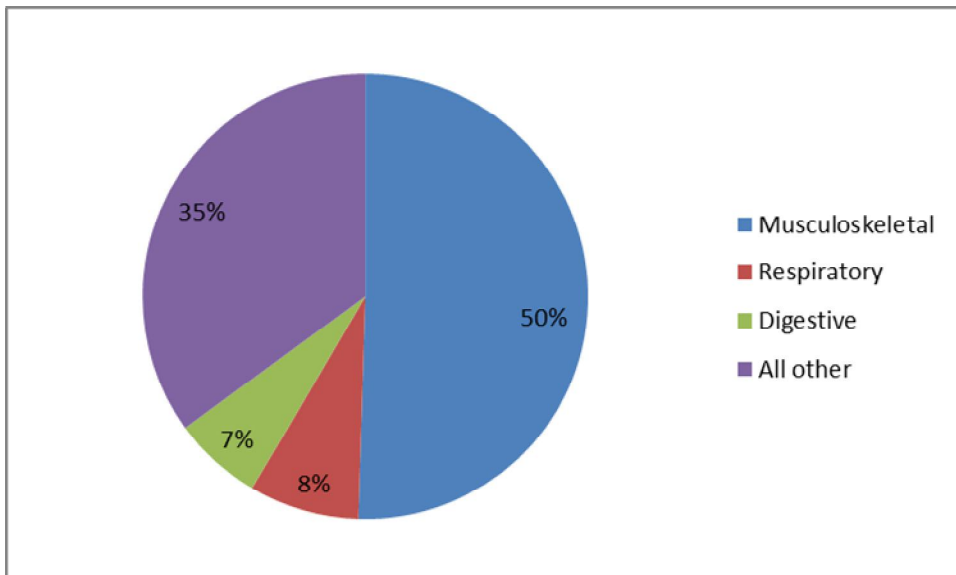
## 5 Breakdown by Groups

- 5.1 The bar graph below shows a breakdown of absence by groups for Q1 and Q2 (a detailed list can be found at Appendix A). The highest percentage increases in sickness absence are within Fleet Maintenance Centre, Winchester and ICU (see previous comment regarding ICU in Section 1.1). Five of the nine operational groups have increased absence levels from Q1 to Q2. Four groups have shown a decrease in sickness absence over the period.



## 6 Reasons for Absence

6.1 Across the two quarters the three most frequent reasons for absence are musculoskeletal, respiratory and digestive, which account for almost two thirds (65%) of recorded absences. Please see chart below for a visual breakdown of the most frequent reasons for absence.



6.2 The physiotherapy service contracted through Occupational Health continues to support staff with musculoskeletal issues to return to full-time duties at the earliest opportunity. A review will be undertaken with Occupational Health to identify whether this service could be utilised more widely and have an even greater impact in reducing sickness absence.

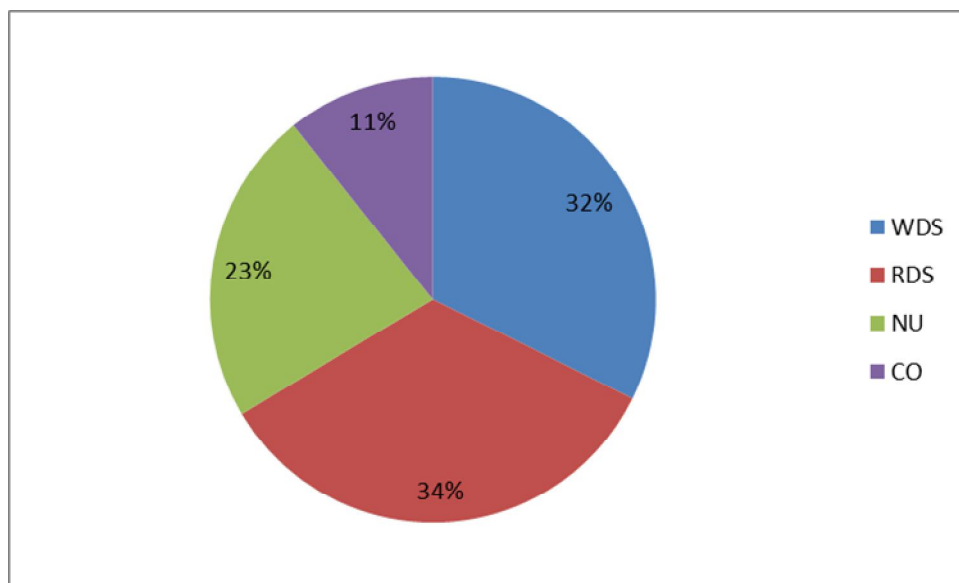
## 7 Long term Absence

7.1 From Q1 to Q2 there was a minimal reduction in instances of long term absences from 53 to 51. The HR Operations Team are currently supporting management with six individual cases where the employee has been absent for more than 6 months. Of these six cases, three are musculoskeletal, two are related to psychological conditions, and the other is an eyesight problem. It is anticipated that three of these will be resolved by the end of Q4.

## 8 Highest Absence Records within the Service

8.1 Under Service policy a Bradford Factor score of 300 is used as the threshold for consideration of further action.

8.2 The pie chart below shows the split by employment type of the current 20 highest Bradford Factor scores. WDS and RDS make up 66% of these employees. However, given that Non-Uniform (NU) and Control (CO) employees do not represent 34%the workforce the level of short-term absence in these groups appears to be disproportionately high.



## 9 Attendance Improvement Plan

9.1 The attendance improvement plan which seeks to support an overall reduction in absence levels is attached at appendix A to this report. This plan was endorsed by HR Committee at the July 2015 meeting.

Since July the attendance management group has met to review progress and the plan has been updated accordingly. Significant progress has been made in the area of support for mental health and wellbeing. Although Mental Health is not the most significant reason for sickness absence, there is a critical duty of care in this area and the Service's current provision is limited. In September 2015 Heads of Service approved the implementation of new Traumatic Incident Management (TRiM) arrangements for the Service. As a result nominated TRiM Practitioners

selected from employees who have volunteered to undertake this role will be trained to provide support and sign-posting to specialist services when potentially traumatic incidents occur. Line managers will also be trained in diffusion techniques which will help to better identify at an early stage employees in need of support and where TRiM practitioners should be deployed.

9.2 HR Business Partners will review the membership and term of reference of the Attendance Management Group with a view to ensuring this best meets the needs of the service and that the group further develops the attendance improvement plan to identify and prioritise appropriate further actions to improve sickness absence.

9.3 The Attendance Improvement Plan identifies a requirement to support supervisors to have the confidence and capability to deal effectively with absence management. HR Business Partners are working with the HR Operations team to plan the delivery of workshops for managers in the robust management of sickness absence within their teams by June 2016.

## **10 Supporting our corporate aims and objectives**

10.1 This analysis cuts across a number of our priorities.

## **11 Risk analysis**

11.1 The high levels of absence and increasing trend present a number of potential risks. It raises concerns about the health and wellbeing of our staff and presents a resourcing challenge and increasing costs at a time when we are focused on improving performance.

## **12 People Impact Assessment**

12.1 The management of sickness absence requires the consideration of equalities legislation to ensure the service meets its obligations in this respect. In the management of sickness absence casework, HR and managers give active consideration to the equalities impact and ensure actions are appropriate and compliant.

## **13 Environmental and Sustainability impact assessment**

12.1 No specific issues identified currently.

## **14 Resource implications**

13.1 There are significant resource implications as shown in the data related to having high levels of absence.

13.2 In terms of further resources required until the Attendance Management Group have reviewed the improvement plan these cannot be specified.

## **15 Consultation**

14.1 The need for formal consultation to date has been limited, but the Attendance Management Group consists of representatives from HR, management, OH &

Wellbeing and trade unions.

## **16 Conclusion**

16.1 This analysis enables the Service to have an informed and intelligent picture of all aspects of absence. It is critical that the increasing absence trend is turned around and the Attendance Management Working Group has a clear mandate to put in place an improvement plan to do this. This will inevitably involve actions for all SMT colleagues.

## **17 Background papers**

17.1 None.