

Hampshire Fire and Rescue Authority

HR Committee

Item: 7

8 July 2016

Analysis of Sickness Data

Report by HR Director

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1 Summary

- 1.1 This analysis provides HR Committee with an in depth analysis of absence data and draws comparisons between 2014/15 and 2015/16. It identifies emerging trends, patterns and will be used to inform the Wellbeing Strategy and the work of the newly formed Resource Management Group who will maintain an overview of sickness on a quarterly basis and use the detailed analysis to review the absence management action plan.
- 1.2 The headline figures are that absence has reduced by approximately 5% from 14/15 to 15/16. The reduction is largely attributable to non uniform employees whose absence reduced by 27%. This has resulted in a reduction in sickness costs of almost £47k.
- 1.3 The primary reasons for absence have remained the same, with muscular skeletal symptoms continuing to be a concern particularly in light of an aging workforce. However, further analysis also found that there is a higher reporting rate of mental health conditions by female. In addition, work related sickness absence has increased by 29% particularly amongst non uniform staff.

2 Recommendations

- 2.1 The HR Committee receives and notes the report.
- 2.2 The HR Committee confirms that this report provides the in depth data analysis it requires on a 6 monthly basis and that this can be standardised for future Committee meetings.

3 Introduction and background

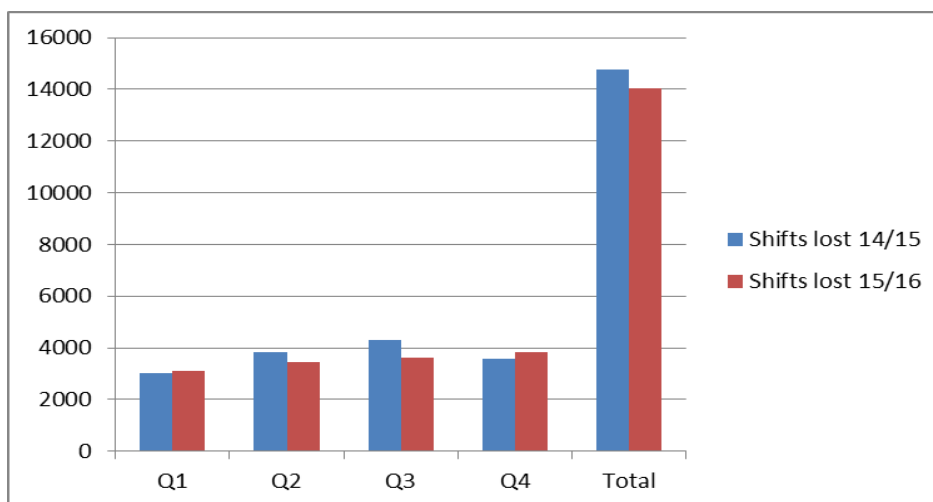
- 3.1 This report provides an end of year overview of sickness absence throughout the Service and is intended to provide HR Committee with an understanding of annual trends in sickness absence and highlight any key concerns or issues, as well as detailing how these will be addressed.
- 3.2 Findings detailed in this report are based on comparing absence data for 2014/2015 against data 2015/2016. Figures for all employees are calculated as

average days lost per full time equivalent (FTE) member of staff.

3.3 At January’s HR Committee, the Committee confirmed their commitment to review absence levels every 6 months. This is the first report based on the standardised set of data agreed by HR and Knowledge Management. It is intended to provide an in depth analysis of data to inform measures, targets and recommendations. It is recommended that HR Committee confirm their satisfaction with the report content so that it can be standardised for all future January and July HR Committees.

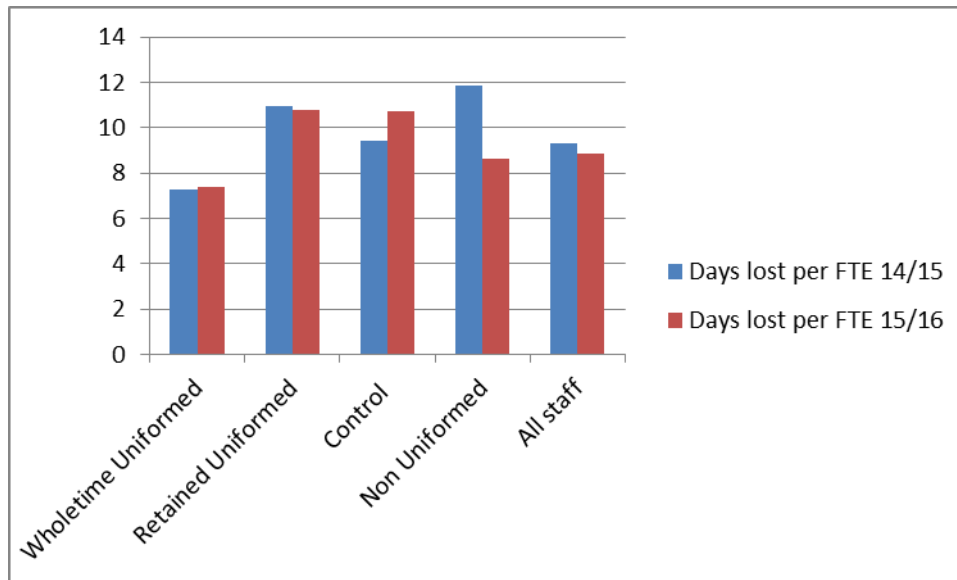
4 Overall Absence Levels

4.1 Analysis of the data shows that overall shifts lost due to sickness absence have reduced between 14/15 and 15/16. This positive trend is largely attributed to non-uniformed employees whose attendance improved by 700 shifts/days between 14/15 and 15/16.



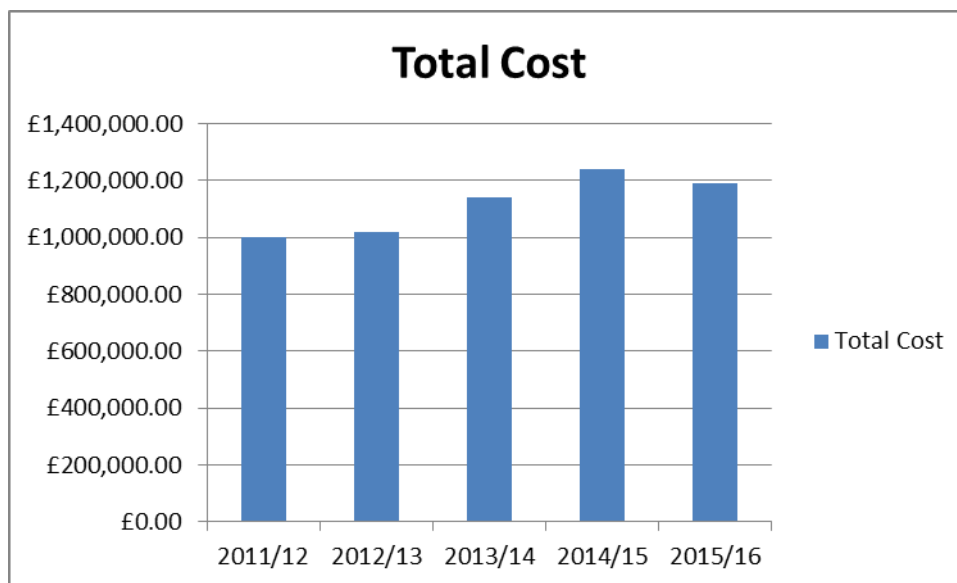
4.2 The same trend is reflected in the days lost per full time equivalent which is broken down into staff groups in the table and chart below.

	Days lost per FTE 14/15	Days lost per FTE 15/16	%Variance
Wholetime Uniformed	7.26	7.4	+2%
Retained Uniformed	10.97	10.79	-2%
Control	9.42	10.7	+13%
Non Uniformed	11.86	8.64	-27%
All staff	9.33	8.88	-5%



4.3 The cost of sickness absence across the Service for the last 5 years is detailed below. In line with the overall reduction in absence, the cost has also reduced by approximately 4% (approx. £47k) over the last year. These figures cover the cost of sickness pay, but the true cost of sickness is likely to be considerably higher as a result of unproductive time, back-filling where necessary and management time.

	2011/12	2012/13	2013/14	2014/15	2015/16
Total Cost	£999,320	£1,020,615	£1,142,390	£1,238,765	£1,192,005

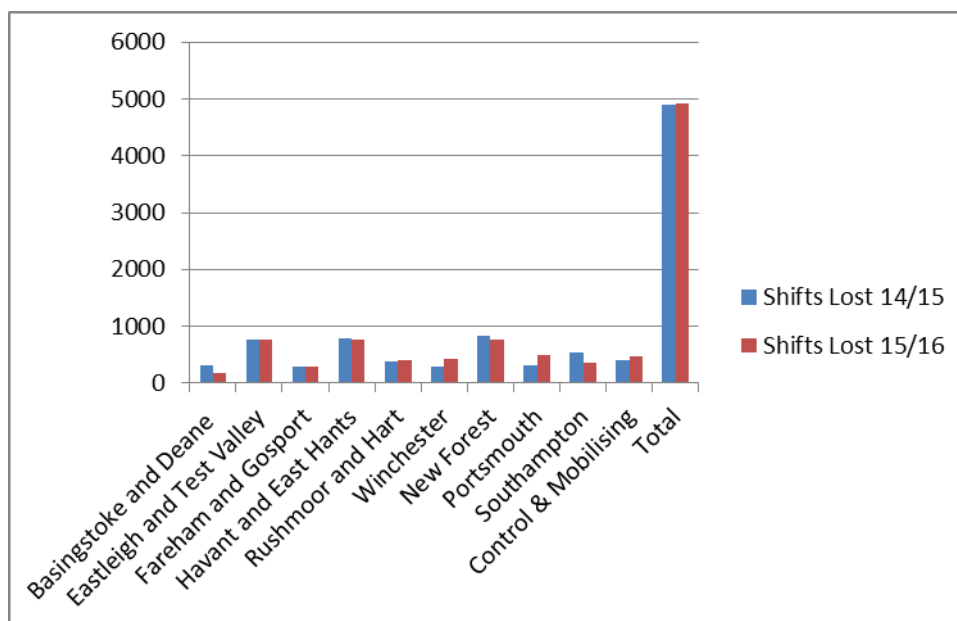


5 Breakdown by Service Delivery Groups

5.1 Given that 85% of the costs detailed above relate to staff in Service Delivery, it is appropriate to provide greater detail in relation to these groups of employees. The table and chart below show the shifts lost within each operational group in 14/15 and 15/16. The overall shifts lost due to sickness absence increased by less than one per cent (0.65%) with the highest percentage increases in Winchester and Portsmouth groups, which are likely to be caused by a number of long term (over

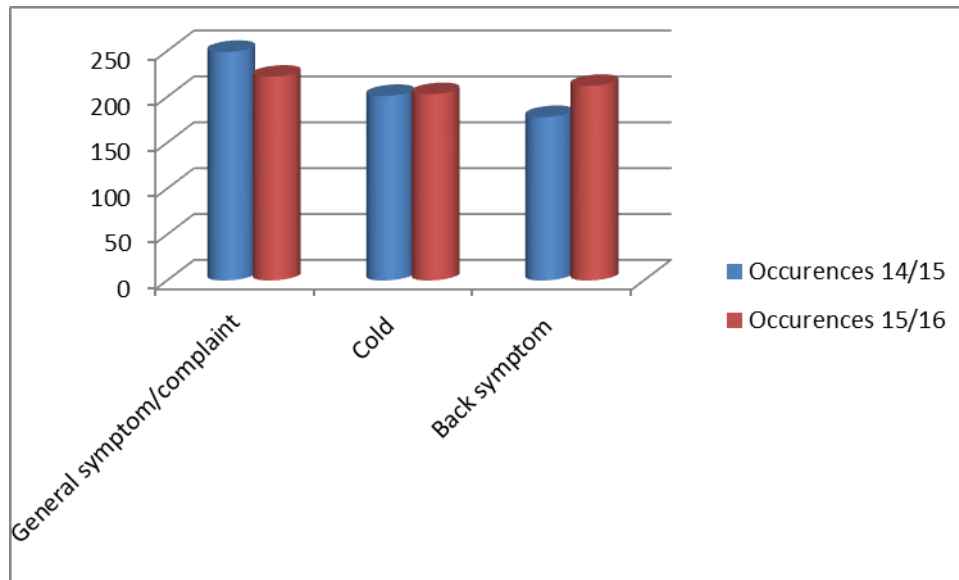
6 month) absence cases. Eastleigh and Test Valley and Havant and East Hants continue to have notably higher levels of shifts lost compared to other groups and this is likely to be due to the high number of RDS employees in these groups. The figures in these groups are very similar to the figures for the New Forest which is a wholly retained group.

	Shifts Lost 14/15	Shifts Lost 15/16	Variance
Eastleigh and Test Valley	759	772	+2%
New Forest	836	771	-8%
Havant and East Hants	783	768	-2%
Portsmouth	307	489	+59%
Control & Mobilising	410	472	+15%
Winchester	289	434	+50%
Rushmoor and Hart	377	395	+5%
Southampton	538	355	-66%
Fareham and Gosport	282	285	+1%
Basingstoke and Deane	306	178	-58%
Total	4887	4919	+0.65%

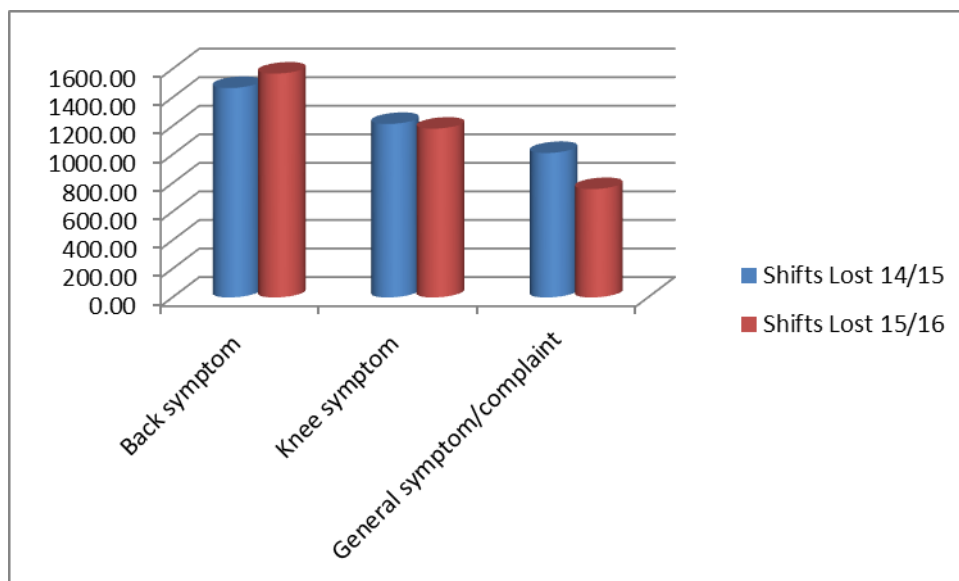


6 Reasons for Absence

- 6.1 The 3 most frequently cited reasons for absence have not changed from 14/15 to 15/16. The option most often chosen as a reason for sickness is general symptom/complaint which does not provide the Service with very rich data to analyse. The data shows that proportionately male employees reported general symptom/complaint more frequently than female employees. To improve the data quality, managers and staff will be encouraged to be accurate when recording the nature of their sickness.



6.2 The absences which result in the greatest loss of shifts have also not changed. This highlights the need to ensure muscular skeletal problems are referred to Occupational Health early so that steps can be taken to support the employee to return to work as soon as possible including through further use of the Rehab Works physiotherapy service.



6.3 Further analysis of the reasons for absence has identified differences in the data between the genders, as detailed in para 6.1. Mental health conditions are less frequently reported by male employees than females. It is possible this could reflect some reluctance amongst male employees to identify mental health conditions as a reason for absence, especially in light of the significant level of absence recorded as general symptom/complaint by male employees. Ways to encourage accuracy in the recording of reasons for absence including mental health will be explored further with service managers, Occupational Health and the newly trained Traumatic Incident Management Practitioners.

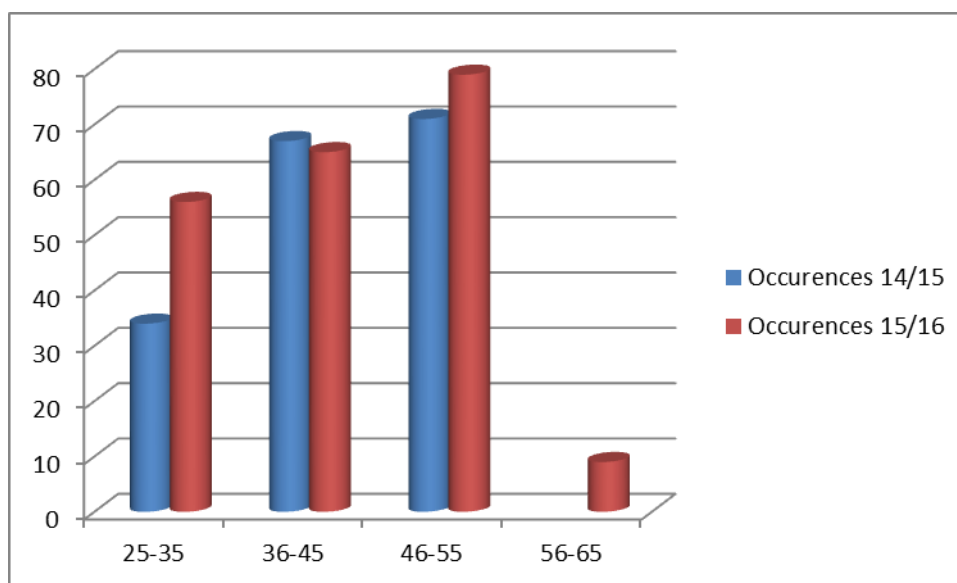
As the Service strives to be a more inclusive employer, particularly into roles within Service Delivery, it may be necessary to take further steps to improve

employee wellbeing and work-life balance.

Female			
Most shifts lost 14/15		Most shifts lost 15/16	
Back symptoms	370	Back symptoms	572
Depression	347	Unknown OH Aware	241
General symptoms	239	Stress	232

Male			
Most shifts lost 14/15		Most shifts lost 15/16	
Knee symptoms	1133	Knee symptoms	1114
Back symptoms	1097	Back symptoms	996
General symptoms	773	General symptoms	632

6.4 The data was analysed to determine if it could reveal anything about the impact age has on reasons for absence. The only pattern identified related to the marked increase in absences caused by back problems between the ages of 25 – 55 years old. After age 55, the numbers reduced significantly but this is likely to be attributable to the fact that most operational staff retire around this age.



With an aging workforce and an average employee age of 45, HR and Occupational Health colleagues will work together to explore if more can be done to improve the back health of the workforce. This will support the work already in place to monitor the fitness of our operational workforce through 6 monthly fitness assessments.

7 Absences Related to Work

- 7.1 The data gathered on absences related to work covers all injuries and accidents that occur during work time or are recorded as directly attributable to an incident at work. It also encompasses work related stress. The data is listed in the table below.

Overall, work related absence has reduced by 29% which is very positive. However, over the same timeframe it has multiplied by 10 times amongst non uniformed staff. Some of this absence is attributable to the Professional Services Review which resulted in change and uncertainty for employees. However, with further reviews pending of both uniformed and non-uniform staff, it is imperative that the responsible managers understand the importance of regular communication and engaging with staff to support them through times of change and seek to prevent a similar trend occurring elsewhere in the Service.

	2014/15	2015/16
WDS	551	326
RDS	398	220
CO	5	0
NU	14	144
Total	968	690

8 Long Term Absence

- 8.1 The HR Operations Team is currently supporting management with six individual cases where the case has been ongoing for longer than 6 months. These 6 cases are broken down into musculoskeletal and psychological conditions. These cases are being actively managed by management and the HR Operations Team working effectively together and it is anticipated that at least three of these will be resolved by the end of Q2 2016/17.
- 8.2 The HR Operations Team are working with managers to ensure they understand the importance of closely managing their staff and considering all types of health and well being issues (both physical and mental) that can affect them. This is a key part of improving the performance of the organisation by focusing managers on the role they play in optimising the performance of their teams.

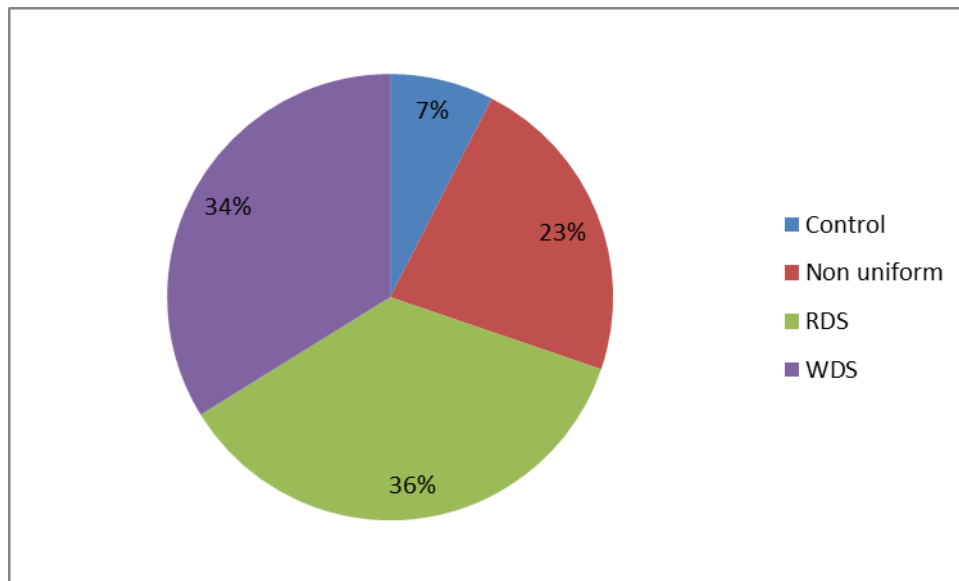
9 Short Term Absence

- 9.1 Under Service policy a bradford factor score of 300 is used as the threshold for consideration of further action for short term absence. The Bradford Factor is a way of highlighting the disproportionate level of disruption on an organisation's performance that can be caused by short-term absence compared to single instances of prolonged absence.
- 9.2 The pie charts below show the split of employment types for the 20 highest bradford factor scores.
- 9.3 Short-term absence levels remain disproportionately high across non-uniform and control employees representing approximately 30% of the highest bradford factor scores.
- 9.4 There has also been a significant increase (21%) in the proportion of WDS staff

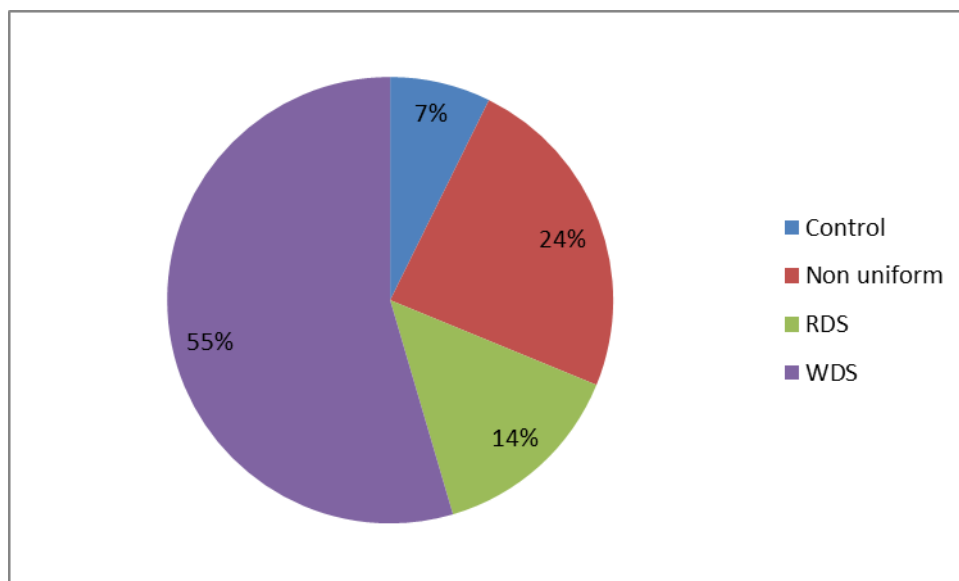
achieving the highest bradford factor scores. This suggests that short term absence is an issue within the WDS staff group and efforts need to be made to identify the cause for this and ensure appropriate management action is taken to reduce short term absence.

HR Operations are working closely with managers to improve the management of short-term absence so that they can ensure their teams are performing at an optimum level. They are also working alongside colleagues from Workforce Development to develop training on managing absence which will be delivered to managers in Autumn 2016 and which will seek to ensure better management of and a reduction in absence levels in these employee groups.

2014/15



2015/16



10 Supporting our corporate aims and objectives

10.1 This analysis cuts across a number of our priorities.

11 Risk analysis

11.1 The reduction in absence and reduced costs are positive. However, the muscular skeletal problems continue to be the cause of most of the absence levels and this raises concerns about the health and wellbeing of our aging workforce at a time when we are focused on improving performance.

12 People Impact Assessment

12.1 The data presented for review is considered compatible with the provisions of the equality and human rights legislation.

13 Environmental and Sustainability impact assessment

13.1 No specific issues identified currently.

14 Resource implications

14.1 No resource implications identified.

15 Consultation

15.1 There is no requirement for consultation on the contents of this report.

16 Conclusion

16.1 This analysis enables the Service to have an informed and intelligent picture of all aspects of absence. The HR team along with OH colleagues and managers continues to seek to reduce absence levels and will use the data within this report to facilitate a review of absence management action plan to improve attendance across all staff groups.

17 Background Papers

17.1 None.