

Hampshire Fire and Rescue Authority

Human Resources Committee

26 January 2017

Item: 8

Analysis of Sickness Data

Report of the HR Business Partner

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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 April to September (inclusive) in 2015 and 2016. Where appropriate it also contrasts Hampshire Fire and Rescue Service's (HFRS) absence data with national data found in the National Fire & Rescue Service Occupational Health Performance Report (April – September 2016). The report identifies emerging trends and patterns and will be used to inform future activity to further improve absence management.
- 1.2 The headline figures are that absence has reduced by approximately 4%. The reduction is attributable to Control employees whose absence reduced by 20%. This will result in an estimated reduction in sickness costs of approximately £170k for 2016 for HFRS.
- 1.3 Muscular skeletal problems continue to be the highest reasons for absence and prevention/better management of this type of absence is likely to have the biggest impact on sickness absence rates.
- 1.4 Southern Internal Audit Partnership have recently undertaken an audit of the management of absence within Hampshire Fire and Rescue Service (HFRS). The results of this audit have not been delivered in time for this report, but we hope to be able to provide a verbal update at HR Committee.
- 1.5 The findings from this sickness data report and the audit will be used to inform the action plan of the Attendance Management Group which seeks to improve absence management and reduce absence rates across the Service. This group will be reconstituted and the action plan reviewed in early 2017.

2 Recommendations

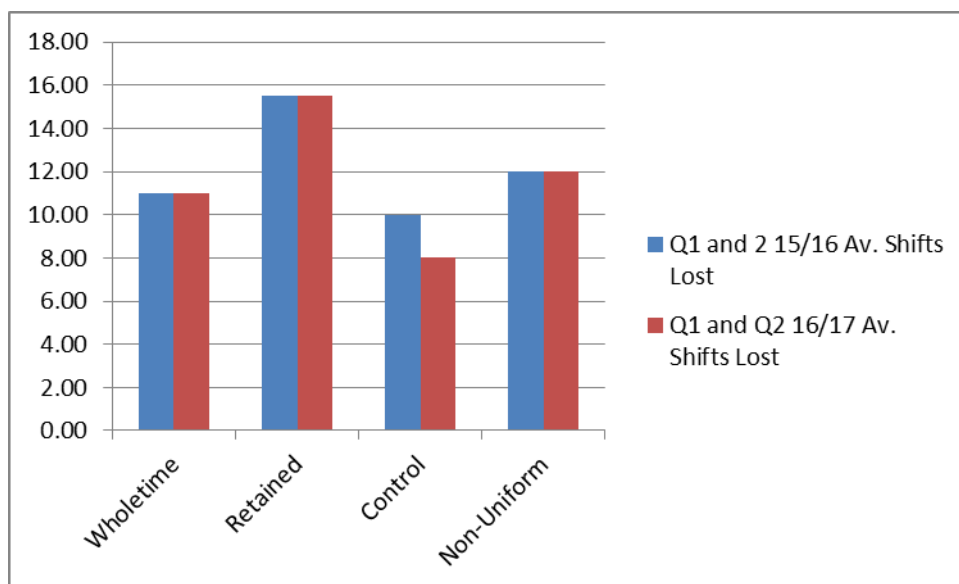
- 2.1 The HR Committee receives and notes the report.
- 2.2 The HR Committee support the development of an Attendance Management Group to identify and drive opportunities to improve absence management and reduce absence rates across the Service.

3 Introduction and background

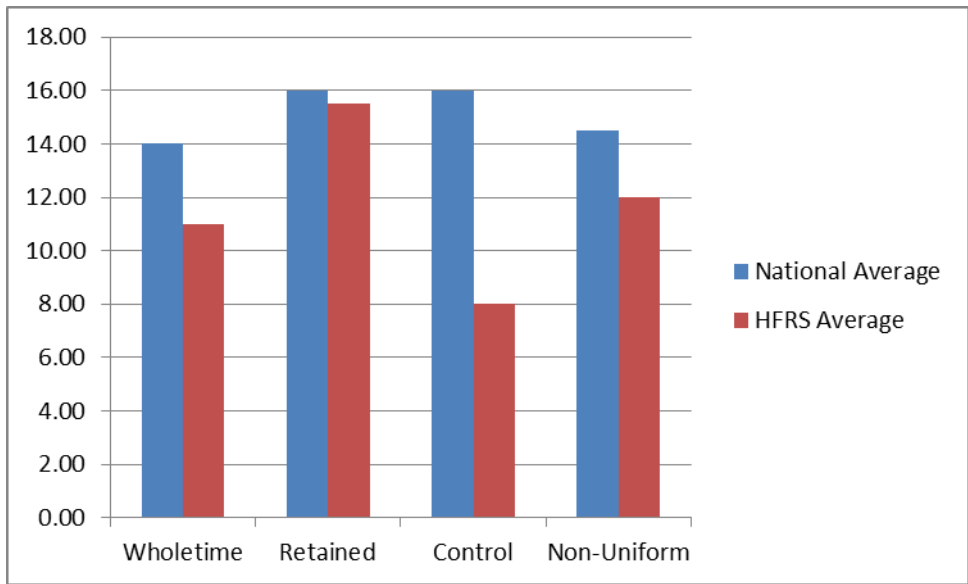
- 3.1 This report which is produced every 6 months, provides a mid year detailed analysis of sickness absence throughout the Service and is intended to provide HR Committee with an understanding of key trends in sickness absence and highlight any key concerns or issues, as well as detailing how these will be addressed. The data contained within the report is used to inform measures, targets and recommendations in relation to absence management.
- 3.2 Findings detailed in this report are based on comparing absence data for quarters 1 and 2 of 2015/2016 against the same quarters of 2016/2017. Figures for all employees are calculated as average days/shifts lost per full time equivalent (FTE) member of staff.
- 3.3 In addition the report draws comparisons with other Fire and Rescue Services based on data contained within the National Fire & Rescue Service Occupational Health Performance Report for the period April – September 2016. A copy of this report is at Appendix 1.

4 Overall Absence Levels

- 4.1 Analysis of the data shows that average shifts lost due to sickness absence has reduced by 4% from quarters 1 and 2 15/16 compared to the same quarters in 16/17. This positive trend is entirely attributable to Control who saw a 20% reduction in their absence over the same period. This is due to 3 members of staff in Control having long term absences during quarters 1 and 2 of 15/16. Absence rates in all other areas of the Service have remained the same.



- 4.2 At a national level, absence rates have reduced by 8% over the same period which suggests that HFRS could achieve a greater reduction in its absence rates. However, it is worth noting that absence rates within HFRS remain below the national average for all employee groups (see table below).

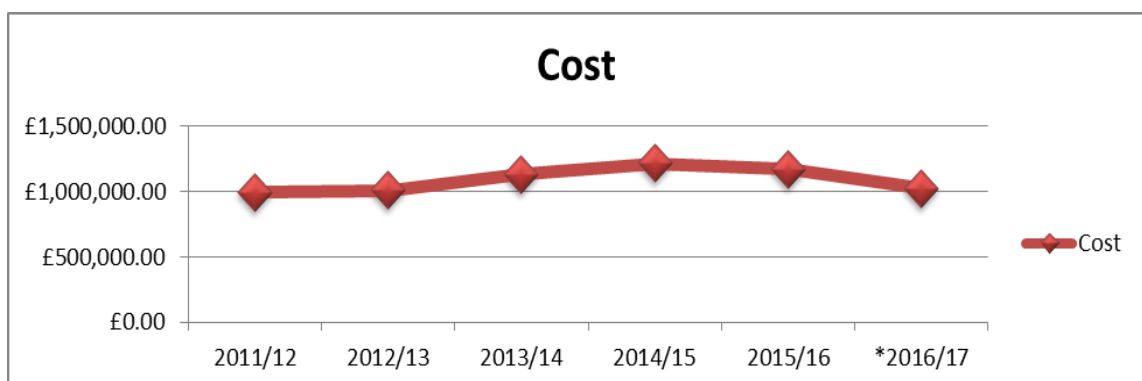


4.2 The cost of sickness absence across the Service for the last 4 years is detailed below. Over the last 18 months, there has been a positive trend of reduced absence rates and associated costs, and the Service is keen to continue this trend. It is worth noting that these figures cover the cost of sickness 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.

	2012/13	2013/14	2014/15	2015/16	2016/17*
Total Cost	£1,020,615	£1,142,390	£1,238,765	£1,192,005	£510,336
Variance		+12%	+8%	-4%	-4%**

*Quarters 1 and 2 only

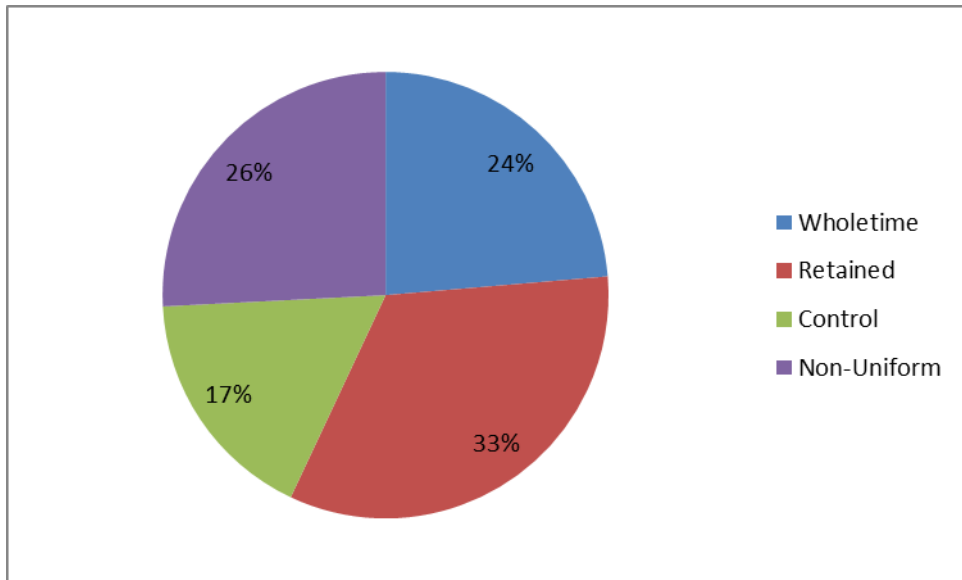
**Assuming sickness remains at current rate for quarters 3 and 4



*Assuming sickness remains at current rate for quarters 3 and 4. Although in real terms there is likely to be an increase in these quarters due to seasonal variances and accordingly the true results for 2016/17 may not represent the full decrease indicated above.

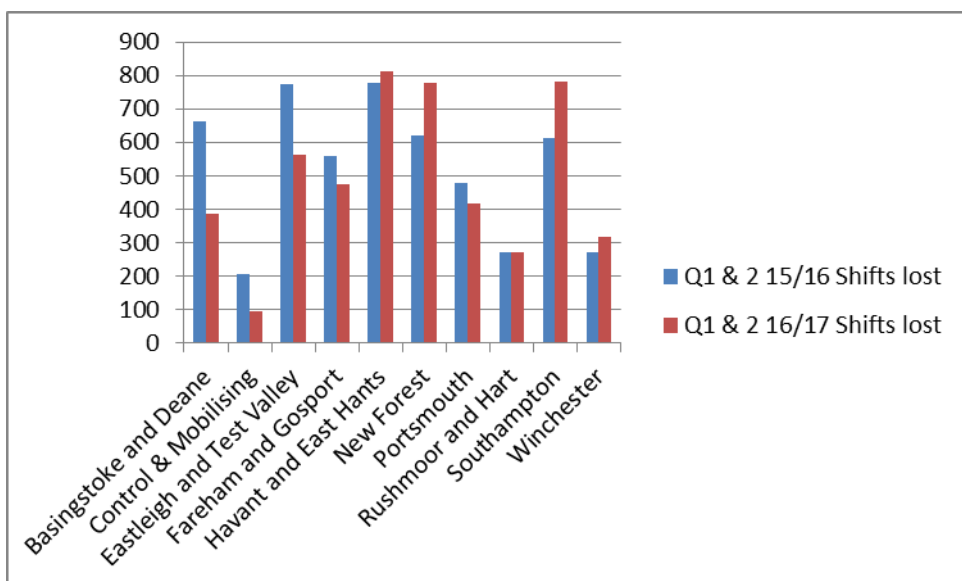
5 Breakdown by Service Delivery Groups

5.1 The breakdown of total absence into employees groups shows that 74% of all absence relates to staff in Service Delivery.



5.2 Therefore, it is appropriate to consider their absence in greater detail by breaking it into staffing groups. The table and chart below show the shifts lost within each operational group in quarters 1 and 2 of 15/16 and the same quarters in 16/17.

Group	Q1 & 2 15/16 Shifts lost	Q1 & 2 16/17 Shifts lost	Variance
Basingstoke and Deane	663	387	-42%
Control & Mobilising	207	93	-54%
Eastleigh and Test Valley	773	562	-17%
Fareham and Gosport	558	475	-15%
Havant and East Hants	778	813	4%
New Forest	621	777	25%
Portsmouth	477	416	-13%
Rushmoor and Hart	273	273	0%
Southampton	613	781	27%
Winchester	273	318	16%
Total	5236	4895	-7%

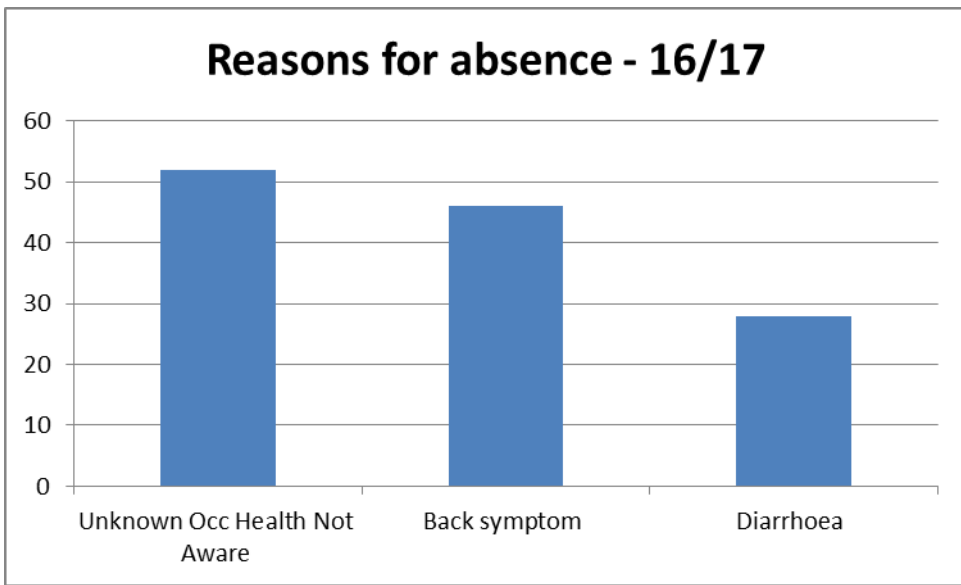


5.3 The total shifts lost due to sickness absence reduced by 7%. However, at a group level there were some significant reductions and increases in absence rates. Control and Basingstoke and Deane Group have both seen very large reductions in absence which are attributable to resolution of long term sickness cases. Levels of absence have increased significantly in the New Forest and Southampton Groups. The result of this increased absence was unknown at the time of writing the report, but the Service hopes to provide HR Committee with a verbal explanation at the meeting in January 2017.

5.4 It is important to note that future reports to HR Committee regarding absence rates will report on absence data for the new 7 group structure implemented as part of SD Redesign. Therefore, it will not be possible to draw comparisons against previous absence data for the operational groups within Service Delivery. Instead the report will need to set a new benchmark level of absence rates against which future reports can be compared.

6 Reasons for Absence

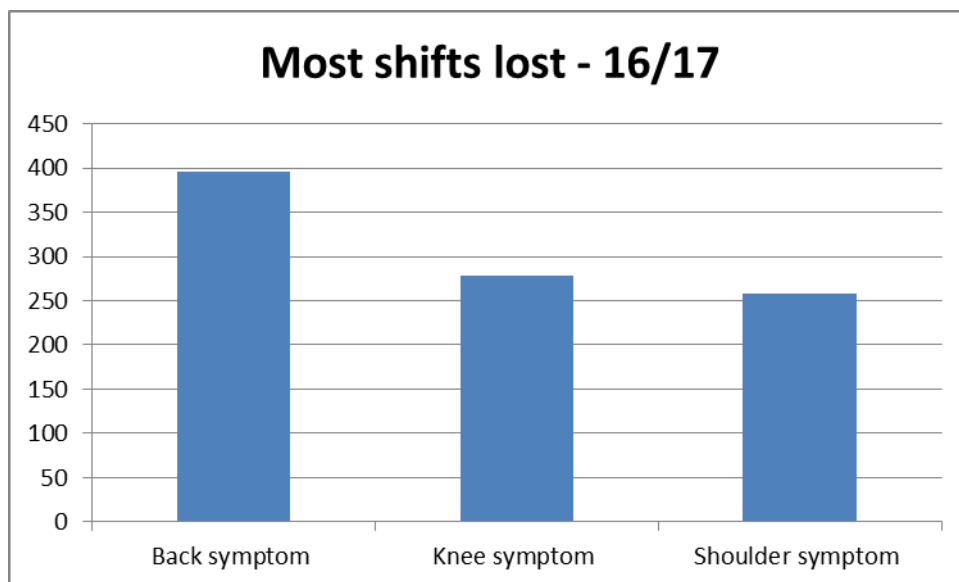
6.1 The 3 most frequently cited reasons for absence during quarters 1 and 2 of 15/16 were back symptom, vomiting and diarrhoea. This year the Service has seen a rise in employees not providing a reason for their absence to either their line management or Occupational Health (OH). This is a concern for the Service because it means line managers/OH/HR may not have sufficient information to properly support the employees to return to work. Therefore, a key driver for the Attendance Management Group will be to explore this trend, understand why employees are not providing this information and seek to encourage a change in their behaviour.



6.2 In respect of the reasons for absence which result in the greatest loss of shifts, these continue to be back and knee problems from 15/16 to 16/17. However, this year, we have also seen an increase in employees having time off with shoulder

problems. This is in line with the national trends that found 42% of absence was caused by musculo-skeletal problems.

- 6.3 In order to make a significant reduction in absence rates, the Service needs to work with employees, managers and OH to prevent these problems from occurring and/or to enable the employee to return to work as quickly as possible. Therefore, this will be an area of focus for the Attendance Management Group including a review of the fast track physio support provided by OH.



- 6.4 The last report to HR Committee identified differences in the absence data between the genders, such as females attributing absence to stress or depression and males not doing this. The report suggested that there may be reluctance amongst male employees to identify mental health conditions as a reason for absence and suggested that they may be using the general symptom category instead.

- 6.5 This time it is still possible to identify differences in the absence data between the genders. Although back symptoms remain the highest cause of lost shifts, there has been a significant rise in male employees not providing a reason for their absence to either their line manager or OH. In contrast, female employees may choose not to inform their line managers of their reason for absence, but they are informing OH.

Female			
Most shifts lost Qs 1&2 15/16		Most shifts lost Qs 1&2 16/17	
Back symptoms	285	Breast cancer	104
Stress	195	Back symptoms	71
Unknown OH Aware	126	Unknown OH Aware	64

Male			
Most shifts lost Qs 1&2 15/16		Most shifts lost Qs 1&2 16/17	
Knee symptoms	573	Back symptoms	622
Back symptoms	506	Knee symptoms	573
Limb symptoms	493	Unknown OH Not Aware 493	

- 6.6 In order to ensure that the Service is able to prevent some absence, improve attendance and reduce duration of absences, it is useful for either line managers or OH to have an understanding of the reason for the absence so that they can put appropriate measures/adjustments in place. Therefore, the Attendance Management Group will seek to encourage accuracy and honesty in recording of the reasons for absence

7 Absences Related to Work

- 7.1 The data gathered on absences which relate 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 absence which is reported as work related stress. The data is listed in the table below.
- 7.2 Overall, work related absence in HFRS has reduced by 13% which is positive. However, there has been an increase of almost 33% amongst retained employees. At a national level, HFRS work related absence is below the national average for wholetime employees, but is higher than the national average for retained employees. This suggests that there may be some improvement in the overall absence rates if the Service can explore and take action to address the causes of work related absences amongst the retained workforce. This will also be a focus of work for the attendance management group.

	Qs 1 & 2 2015/16	Qs 1 & 2 2016/17
WDS	95	49
RDS	107	142
CO	1	1
NU	50	27
Total	253	219

8 Long Term Absence

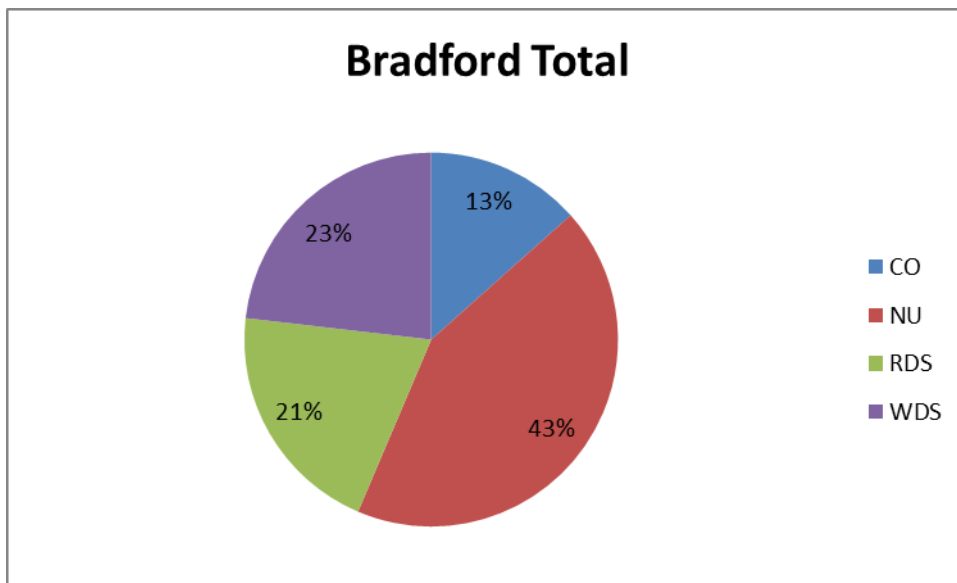
- 8.1 The last report to HR Committee advised that there were six cases under support from the HR Operations team where the case had been ongoing for longer than 6 months, but that it was anticipated three of these would be resolved by the end of September 2016. As expected, three of the cases have been resolved and there are now only three cases which have been ongoing for longer than 6 months.
- 8.2 These cases are being actively managed by management and the HR Operations

Team working effectively together. It is anticipated that these case will be resolved by the end of quarter four 2016/17.

9 Short Term Absence

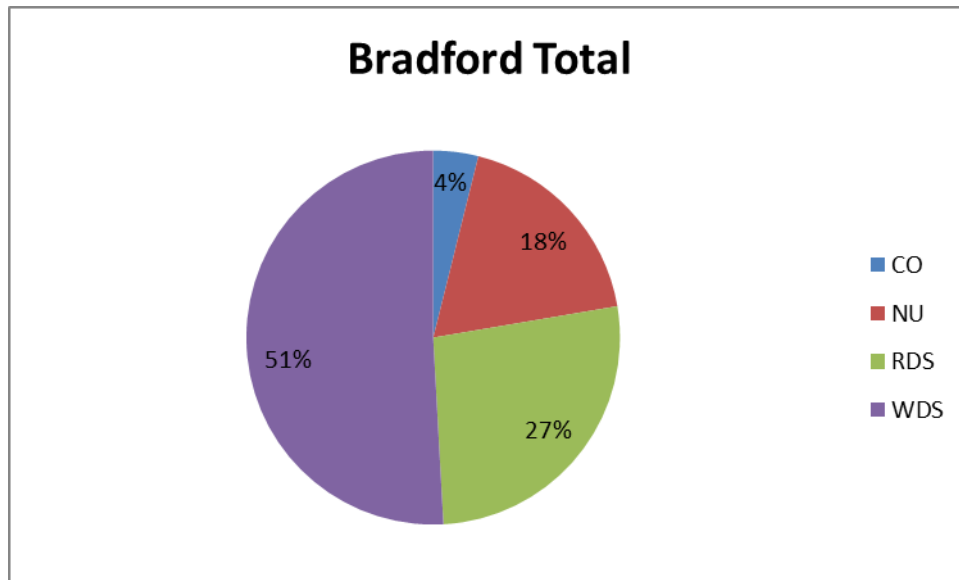
9.1 Under Service policy a bradford factor score of 300 is used as the threshold for consideration of further action for short term absence. The Bradford Factor is a way of highlighting the disproportionate level of disruption on an organisation's performance that can be caused by short-term absence compared to single instances of prolonged absence.

9.2 In the last report to HR Committee, the Service reported concerns that short-term absence levels were disproportionately high across non-uniform and control employees (see pie chart below).



9.3 To improve the management of short term absence, HR Operations have been working closely with managers to ensure they take appropriate management action to tackle short term absence at the earliest possibility.

9.4 As a result, this year the Service can report a more proportionate breakdown of shot-term absence levels across all the employee groups (see pie chart below).



10 Attendance Management Group

10.1 The Attendance Management Group will be reconstituted in early 2017 and will develop an action plan to tackle some of the priorities in relation to attendance management within HFRS. The action plan will be developed by the group, but it is likely to include the following actions:

- Review findings from internal audit and identify key actions
- Explore trends in relation to data reporting specifically focussing on non provision of information.
- Clarify sickness reporting and recording process for different staff groups within HFRS.
- Support managers to have the confidence and capability to deal effectively with attendance management through workshops, coaching etc.
- Explore how muscular-skeletal problems could be avoided and/or employees supported to return to work sooner
- Seek to ensure all staff groups absence rates are below the national average

10.2 The next absence report to HR Committee will contain a copy of the finalised action plan and the Service's progress towards delivery of each action.

11 Supporting our corporate aims and objectives

11.1 This analysis cuts across a number of our priorities.

12 Risk analysis

12.1 The reduction in absence and reduced costs are positive, however, much of this is attributable to control employees with absence rates for other employee groups remaining steady. As muscular skeletal problems continue to be the cause of most of the absence, the Service needs to focus on prevention/better management of this type of absence to achieve the biggest reduction in absence. Given the aging profile of our workforce, this may be difficult to achieve but it will be a key focus of the Attendance Management Group.

13 People Impact Assessment

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

14 Environmental and Sustainability impact assessment

14.1 No specific issues identified currently.

15 Resource implications

15.1 No resource implications identified.

16 Consultation

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

17 Conclusion

17.1 This analysis enables the HR Committee to have an informed overview 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 identify the key areas of focus for the Attendance Management Group.

18 Background Papers

18.1 None.