

Hampshire Fire and Rescue Authority

Performance Review and Scrutiny Committee

Item 8

19 May 2015

Sickness Absence

Report by the Chief Officer

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1 Summary

- 1.1 The sickness absence figures have been showing an increasing trend and at its previous meeting the Committee requested a report on this subject. In line with that request this report is presented for information and scrutiny on this key area of performance. The report will also be taken to HR Committee who will have ownership of the issue and monitor progress and actions. The report includes a more detailed analysis of the trends and the draft action plan developed to reduce absence.
- 1.2 The more detailed data analysis undertaken helps the service understand areas of concern. The analysis compares data from Q1 to Q3 in 2014 with the same period in 2013. Key findings from this are:
- absence has increased by 5.1%.
 - the cost of absence to the service in unproductive time is nearly £1m and the true cost is likely to be significantly higher.
 - musculoskeletal accounts for the biggest reason for absence.
 - there is an increase across uniformed (grey book) staff absence whereas non uniformed staff (green book) shows a decrease.
 - when broken down by group, Eastleigh and Test Valley and the Fleet Workshops are significantly higher than other groups.
 - long term absence has increased by 20%.
 - less than 4% of staff account for 38% of the total sickness absence.
- 1.3 An Attendance Management Working Group (AMWG) has been established and has met twice with an on-going monthly meeting cycle. Attached is the draft action plan the AMWG has developed to address the increasing absence trend. Key actions involve improving data and management information, increasing supervisory capability and an effective communications strategy on absence.

2 Recommendations

- 2.1 The Committee acknowledge the information and action plan in line with its role to monitor the Service's performance against its priorities and key targets.
- 2.2 The Committee understands that the paper will be considered by the HR Committee to own the issue and make any final decisions related to the action plan and monitoring its progress.

3 Introduction and background

Sickness Data Analysis

- 3.1 Due to the increasing absence trend it was identified that the depth to the absence data available was insufficient to identify the key issues and thereby look at the solutions for improvement. This more detailed analysis was undertaken by Knowledge Management combining data from Firewatch and SAP and is shown in Appendix 1. The data compares absence in Q1 to Q3 in 2014 with the same period in 2013.
- 3.2 The data is broken down by employee groups and shows trends in overall absence, costs, areas, reasons for absence, long term absence and highest absence records.
- 3.3 Appendix 1 includes analysis of the data. From this the key conclusions that can be drawn are as follows:
 - focus should be put towards uniformed (grey book) absence which is where the increase has taken place over the last year. This is not to ignore 'green book' staff which, whilst showing a decreasing trend, is starting from a higher base.
 - detailed review and support for those areas such as Eastleigh and Test Valley and Workshops which are showing the highest absence rates.
 - review of groups such as Rushmoor and Hart and Fareham and Gosport to understand what is working well that has supported their reduction in absence that breaks the overall trend.
 - occupational health interventions targeted at musculoskeletal and respiratory conditions that account for the highest proportion of absence.
 - that focusing on the top 60 cases that account for 38% of total absence should have a significant impact on improving attendance.

Action Plan

- 3.4 The Attendance Management Working Group (AMWG) has been established to improve attendance. The group is chaired by Helen Mears, HR Business Partner, and has a cross section of staff as members. The AMWG has now met twice and is

scheduled to meet monthly throughout this financial year.

3.5 Appendix B is the draft action plan the group has developed and is looking to finalise at its meeting on 29 April 2015.

3.6 The plan is split into six key areas that cover:

- Data and management information
- Process and policy
- Training and development
- Communication
- Case Management
- Wellbeing

3.7 High quality management information in a timely manner is a key factor in successful attendance management. This has presented a challenge as the absence data is stored across two systems. This has made it a higher investment in time to abstract data and involved manual intervention. This is a key part of the actions.

3.8 The content of attendance workshops are being reviewed with a view to how we can best deliver further development to supervisors. A 'toolkit' is being developed as an easy access point for supervisors for all information they need related to attendance management.

3.9 An overall communications strategy is being developed to support absence improvement including occupational health facilities. It is interesting to note that of all the individual referrals to Occupational Health that HFRS only account for 3% from the H3 partners and we need to look at how we increase the rate of referral.

3.10 HR Operations and Occupational Health will jointly review on a monthly basis the long term and highest absence cases to ensure all appropriate interventions are being made.

4 Supporting our corporate aims and objectives

4.1 This work is key in meeting performance priorities by ensuring staff are present at work delivering against our objectives. It supports the theme of 'making our service stronger'.

5 People Impact Assessment

5.1 The proposals in this report are considered compatible with the provisions of the European Convention on Human Rights, the Human Rights Act 1998, and the Race Relations (Amendment) Act 2000.

6 Background papers

6.1 The following documents disclose the facts or matters on which this report, or an

important part of it, is based and has been relied upon to a material extent in the preparation of the report:

“None”

Note: The list excludes: (1) published works; and (2) documents that disclose exempt or confidential information defined in the Act.

Appendix 1

1 Background to Data Profile

- 1.1 Sickness levels within the Service have been showing an increasing trend. This paper provides a more detailed analysis of absence data for 1 April 2014 to 31 December 2014 providing comparison with the corresponding 9 month period in 2013.
- 1.2 Figures have been calculated as average shifts lost per full time equivalent (FTE) member of staff to allow comparison across different areas of business and take account of changes to staffing levels between 2013/14 and 2014/15.

2 Overall Absence Levels

- 2.1 Sickness absence across the Service is showing an increase on the previous year.

	Shifts lost per FTE 2013/14	Shifts lost per FTE 2014/15	Variance
Wholetime Uniformed	5.68	6.35	0.67
Retained Uniformed	7.59	8.98	1.39
Non Uniformed	10.32	9.37	-0.95
Grand total	7.14	7.78	0.65

- 2.2 There is an increase across uniformed staff absence whereas non-uniformed staff show a decrease. However, the average shifts lost per non-uniformed member of staff is still higher than uniformed colleagues. Total shifts lost increased by 590 when compared with 2013. This represents a 5.1% increase in shifts lost to sickness absence.

The cost of sickness absence across the Service has been calculated as follows:

Employee group	Shifts lost 2013/14	Cost	Shifts lost 2014/15	Cost
Wholetime Uniformed	4351	£666,182	4666	£739,963
Retained Uniformed	4599	£27,594	5200	£31,200
Non Uniformed	2737	£233,103	2411	£226,301
Total	11687	£926,879	12277	£997,464

- 2.3 The costing has been calculated using the actual rates of pay for the absent staff. This shows the cost of sickness pay and thereby unproductive time is nearly £1m. The actual cost of sickness will be higher than this as you need to factor in further costs such as temporary contacts to cover some absences.

3 Breakdown by Groups

3.1 The table below shows a breakdown of absence by group. The highest percentage increase in sickness absence is within ICU HQ and Workshops (although it should be noted that the average figure in ICU HQ is still less than half the Service average). Five of the nine operational Groups are showing significant year on year increases. Two Groups, Rushmoor & Hart and Fareham and Gosport, have shown a decrease in sickness absence over the period. Eastleigh and Test Valley and Fleet Workshops are significantly higher than other groups.

3.2 Aggregated, figures for operational Groups show an increase of 16.9% compared with a decrease for non-operational Groups of 7.1%.

Groups	Shifts per FTE 2013	Shifts per FTE 2014	Variance	% Variance
ICU-HQ	1.82	3.65	1.83	100.4%
Workshops	6.60	10.83	4.22	64.0%
New Forest	5.22	7.27	2.05	39.4%
Winchester	4.12	5.72	1.60	38.8%
Portsmouth	5.81	7.85	2.04	35.1%
Basingstoke & Deane	4.78	6.35	1.57	32.9%
Southampton	6.22	8.08	1.85	29.8%
Eastleigh & Test Valley	12.28	13.17	0.90	7.3%
Havant & East Hampshire	8.27	8.57	0.30	3.7%
Seconded Posts	0.00	1.00	1.00	0.0%
Rushmoor & Hart	5.14	5.00	-0.14	-2.7%
Fareham & Gosport	7.07	6.53	-0.53	-7.6%
HQ	9.53	8.50	-1.03	-10.8%
HQ FS	5.47	4.38	-1.09	-19.9%
Grand Total	7.14	7.78	0.65	9.0%

4 Reasons for Absence

4.1 The three most frequently recorded reasons for occasions of absence account for almost two thirds (64%) of recorded absences:

Musculoskeletal (27%)

Respiratory (20%)

Digestive (17%)

Musculoskeletal refers to a wide range of conditions related to the skeletal bone network and muscles. As examples a 'broken leg' and 'backache' would both be recorded in this category.

4.2 The greatest amount of absence (i.e. total days elapsed) is attributed to the following

reasons:

Musculoskeletal (44%)

General (11%)

Respiratory (9%)

Psychological (7%)

4.3 Absence reasons which have the highest number of days elapsed per occasion are shown below but it should be noted some of these have a relatively small number of occasions overall:

- Cardio Vascular – 38 days
- Psychological – 33 days
- Work related – 32 days
- Urological – 27 days

5 Long term Absence

5.1 Occurrences of long term sickness (28 calendar days +) have increased by 20% compared with the same period last year. The number of occurrences compared with the number of staff indicates that some staff have had more than one episode of long term sickness during the period. There are currently 33 cases of long term sickness in the Service:

Year	No. of Occurrences	No. of Staff
2013/14	79	60
2014/15	95	79
Current long term sickness	33	33

6 Highest Absence Records within the Service

6.1 Under Service policy a Bradford Factor score of 300 is used as the threshold for consideration of further action. The 20 highest Bradford Scores over the period are shown in the table below:

Employee group	Sick Days	No. of Occurrences	Bradford Factor score
Non Uniformed	138	5	3450
Retained Uniformed	214	4	3424
Wholetime Uniformed	61	7	2989
Retained Uniformed	81	6	2916
Wholetime Uniformed	130	4	2080
Non Uniformed	40	7	1960
Wholetime Uniformed	117	4	1872
Non Uniformed	61	5	1525
Non Uniformed	81	4	1296
Non Uniformed	79	4	1264
Retained Uniformed	68	4	1088
Retained Uniformed	117	3	1053
Retained Uniformed	85	3	765
Non Uniformed	72	3	648
Wholetime Uniformed	39	4	624
Wholetime Uniformed	66	3	594
Retained Uniformed	142	2	568
Retained Uniformed	62	3	558
Non Uniformed	61	3	549
Non Uniformed	50	3	450

6.2 As can be seen, eight of the highest 20 cases are Non uniformed staff and this accounts for a disproportionate amount compared to their representation in the workforce.

6.3 A further piece of analysis has looked at the 20 highest sickness absence records for each of the three employee group. When aggregated the amount of absence against these 60 individual records (which make up less than 4% of the Service) accounts for almost 38% of total sickness absence.

7 HR Operations Casework Data

7.1 The HR Operations database went live for the Service in November 2014 so this data is limited to that period. There have been 28 managing attendance cases that have been worked on since November 2014 and there are currently 19 live managing attendance cases. Of the nine cases that have closed one has received a first written warning and two have had their long term stage 2 meeting. There have been no managing attendance dismissals since November 2014.