



## **Safest People, Safest Places**

### **Human Resources Committee**

**23 May 2024**

### **Sickness Absence Performance**

**Quarter Four 1 April 2023 – 31 March 2024**

### **Report of Director of People and Organisational Development**

#### **Purpose of the report**

1. The purpose of this report is to provide Members with an update on sickness absence performance for the period 1 April 2023 to 31 March 2024.

#### **Background**

2. The effective management of absence is a key performance issue for any organisation. This is particularly important when operating in a climate of reduced financial and human resources.
3. The Service places significant emphasis on the effective management and reporting of sickness absence and Members have an important role to play in providing an overview of the arrangements that are in place and the performance that is achieved.

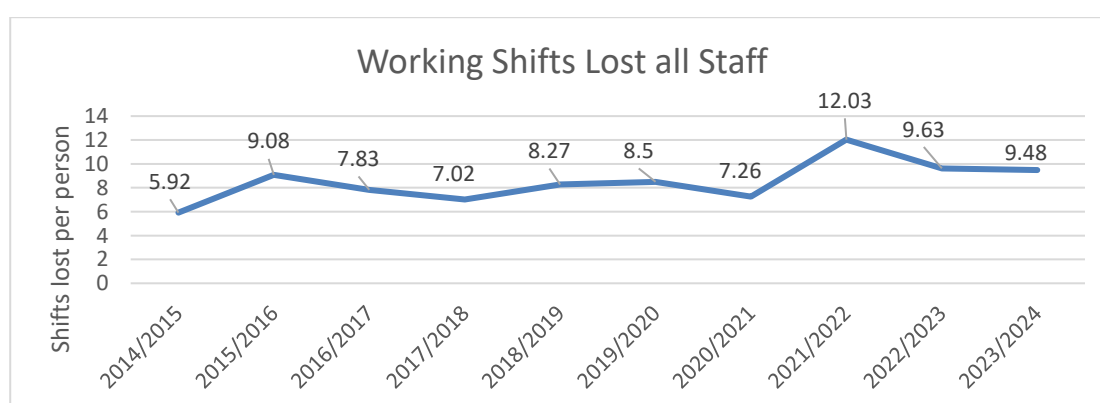
#### **Summary of Sickness Statistics**

4. The sickness statistics for the period 1 April 2023 to 31 March 2024 are calculated as average shifts/days lost per person.
5. The Service compares sickness levels to the targets that have been set for the year and to previous year's performance to provide a rounded view of sickness performance, and to help to identify any trends in particular areas.
6. For the purposes of the performance indicators, all covid-19 related absence is included.
7. Table 1 sets out the sickness statistics against three key performance indicators. These indicators were measures previously used to measure performance within the best value framework and the Service continues to use these measures to enable national comparisons to be undertaken at year end.

**Table 1 Key Sickness Statistics by Best Value Indicators**

Performance Indicator	Apr 23 to Mar 24	Apr 23 To Mar 24 Target	Variance	Apr 22 to Mar 23 (PYR)	Direction of Travel
Working shifts / days lost for <b>all staff</b> .	9.48	7	+2.48	9.63	Improved
Working shifts / days lost due to sickness for all <b>Wholetime, Control and Non- Uniformed</b>	8.57	7	+1.57	8.86	Improved
Working shifts / days lost due to sickness for all <b>Wholetime and Control</b>	9.59	7	+2.59	8.95	Increased

8. All KPIs for sickness are above target at for the year however performance has improved in comparison with last year for all staff. Compared to the end of last year, sickness shifts lost overall has decreased by 1.5%. MSK and Mental Health concerns are a large contributor to absence levels with 31.7% and 35.2% respectively. Mental Health has overtaken MSK as the main reason for absence this year and has more than doubled from this time last year where it accounted for only 14% of overall absence. MSK has dropped by approx. a quarter from this time last year.
9. FDO/DD has seen a substantial increase since this quarter last year with Corporate seeing a decrease and remaining well under target for this point in the year. Control significantly increased in quarter 2 and remained high in quarter 3 and quarter 4 due to long term sickness. Almost 80% of all absence is due to long term sickness which is slightly up on last quarter, and all staff groups except corporate demonstrate that in their figures.
10. The graph below shows the shift lost for all staff over the previous 10 years.



11. Table 2 below shows a further breakdown over the specific staff groups that are employed by the Service.

**Table 2 Sickness by Staff Group**

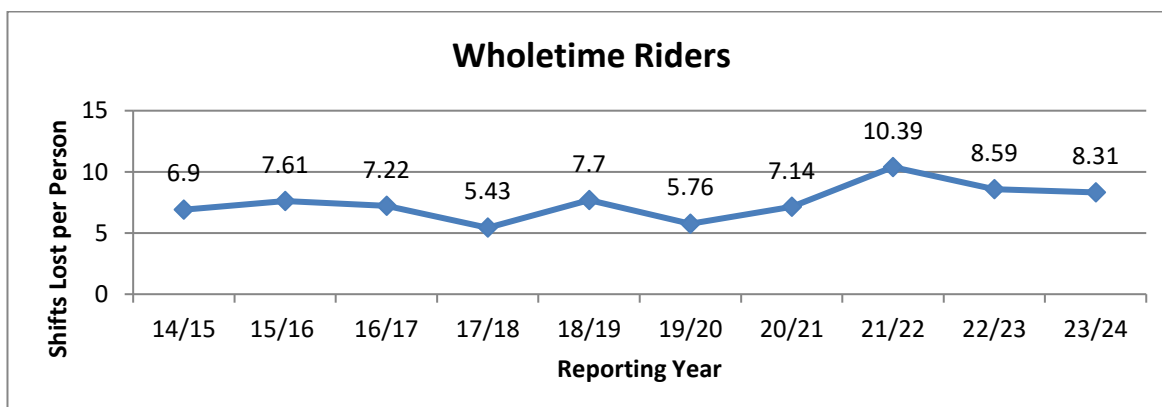
Performance Indicator	Apr 23 to Mar 24	Apr 23 To Mar 24 Target	Variance	Apr 22 to Mar 23 (PYR)	Direction of Travel
WT Riders	8.31	7	+1.31	8.59	Improved
FDO / DD	15.43	4.5	+10.93	11.62	Increased
Control	12.2	8	+4.2	8.4	Increased
RDS	12.44	9	+3.44	12.13	Increased
Non-uniformed	5.54	7	-1.46	8.55	Improved

**Wholetime Station Based Firefighters (Riders)**

11. The detailed sickness information relating to WT riders is summarised below.

Description	Days/cost	%/£ change from Q4 2022-23
Total shifts lost to 31/03/2024	2694	+22.57%
Long term sickness	1994 (74%)	+35.00%
Short term sickness	700 (26%)	-2.91%
Approximate cost of sickness	£509,166	+£93,744 (22.57%)

12. The WT rider category has seen a 22% increase in shifts lost when compared with the same reporting period in 2022/23. Shifts lost in Quarter 4 has been the lowest so far this year predominantly due to long- term absence dropping to 5 this quarter.



13. Mental Health currently accounts for over 43% of total absence which has severely increased since last year. This type of absence includes anxiety, low mood, work related stress, bereavement, and family related stress. Work-related stress accounts for 31% of all mental health absence in this category. Those concerned continue to receive support via the POD

Team, line managers, Employee Assistance Programme (EAP) and occupational health. Mental Health has overtaken MSK as the reason for sickness this year.

14. MSK accounts for over 35% of all absence this year. The absences cover the spectrum of MSK issues however lower limb accounts for over 53% of all MSK absences. The Service continue to promote the physiotherapy provision and support individuals back to work at the earliest opportunity. Those waiting for operations, however, are likely to have lengthy absences unless an intervention from Benenden Health is appropriate.
15. Short term absence went down in January, rose in February then down again in March. The main reasons for short term absence are still predominantly Gastroenteritis and cold/flu.
16. This category is over target at the end of the reporting year.

### Flexible Duty Officers and Day Duty

17. The detailed sickness information relating to FDO and DD staff is summarised below.

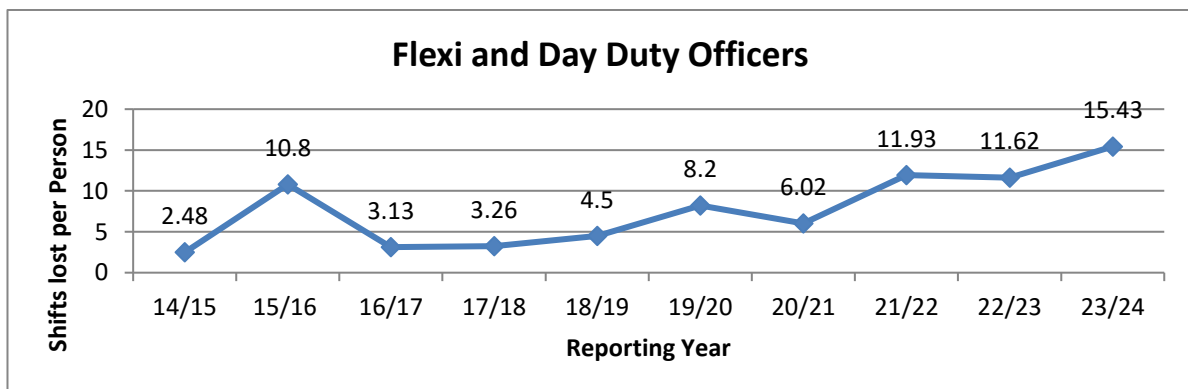
#### FDO

Description	Days/cost	%/£ change from Q4 2022-23
Total shifts lost to 31/03/2024	332	+77.5%
Long term sickness	291 (88%)	+142.5%
Short term sickness	41 (12%)	-38.8%
Approximate cost of sickness	£89,264	+£42,320 (+90.15%)

#### Day Duty

Description	Days/cost	%/£ change from Q4 2022-23
Total shifts lost to 31/03/2024	347	+30.45%
Long term sickness	294 (85%)	+50.68%
Short term sickness	53 (15%)	-56.19%
Approximate cost of sickness	£81,322	+£22,781 (+38.9%)

18. The FDO category and the DD category have both seen high levels of absence again this quarter predominantly linked to long term absence. The main reasons are MSK and mental health. Short term absence in both categories is low which is positive. Most of these cases have been resolved and individuals have returned to work however, one in the FDO category will continue into the next reporting year.



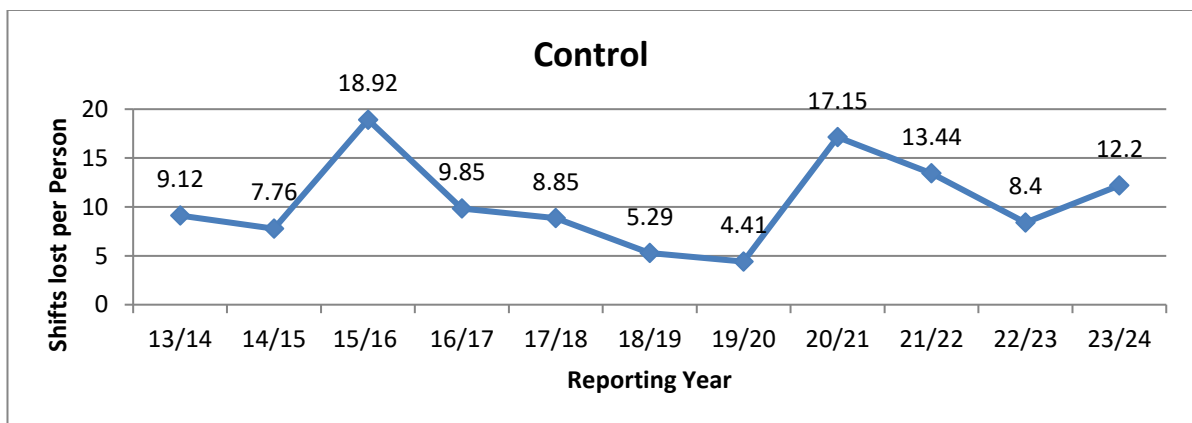
19. This category is over target at the end of the reporting year.

## Control

20. The detailed sickness information relating to Control staff is summarised below.

Description	Days/cost	%/£ change from Q4 2022-23
Total shifts lost to 31/03/2024	240.5	+28.6%
Long term sickness	168 (70%)	+104.88%
Short term sickness	72.5 (30%)	-30.95%
Approximate cost of sickness	£43,203	+£9,611 (+28.61%)

21. The Control category of staff has lost 240 shifts this year, with the main reason being mental health (46%). Whilst 3 long term cases are back to work one will continue into quarter one of the next year. Short term absence rose considerably in quarter 4 with March having the most at 16.5 shifts. In comparison with last year's figures, there has been a 28% decrease in this category.



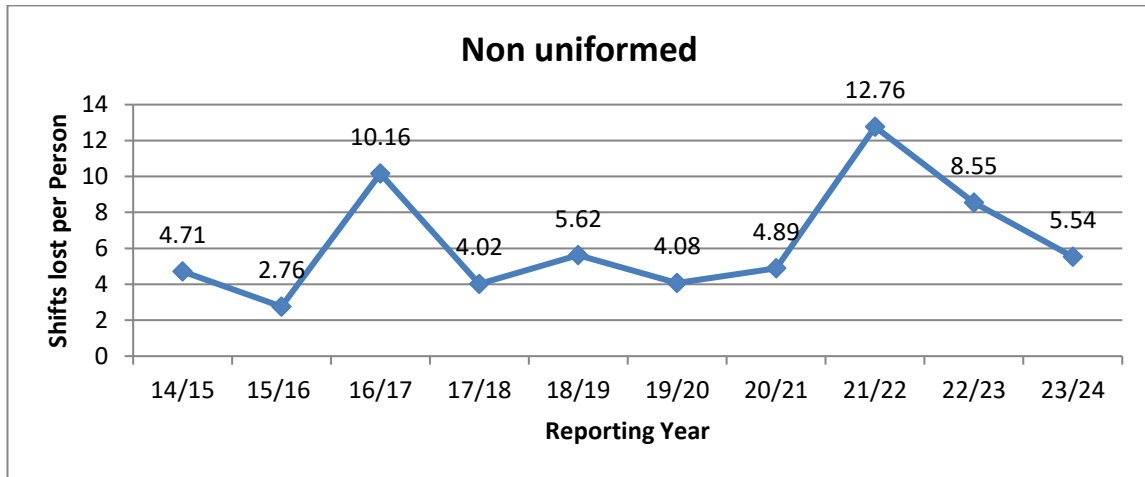
22. This category is over target at the end of the reporting year.

## Non- Uniformed

23. The detailed sickness information relating to non-uniformed staff is summarised below.

Description	Days/cost	%/£ change from Q4 2022-23
Total shifts lost to 31/03/2024	568.9	-24.33%
Long term sickness	370 (65%)	-17.68%
Short term sickness	198.9 (35%)	-46.43%
Approximate cost of sickness	£54,187	-£17,422 (-24.32%)

24. This category has seen a decrease of over 24% in shifts lost when compared with the same reporting period in 2022/23. There have been two cases of long-term sickness for various reasons spanning across the first three quarter of this year. One has now left the service and one remains sick and will continue to into quarter one of next year with another possible staff member going long term sick in the next quarter as well. Overall sickness shifts have improved in this area and should continue to going forward. The main reason for short term absence were predominantly gastrointestinal related during quarter 4.



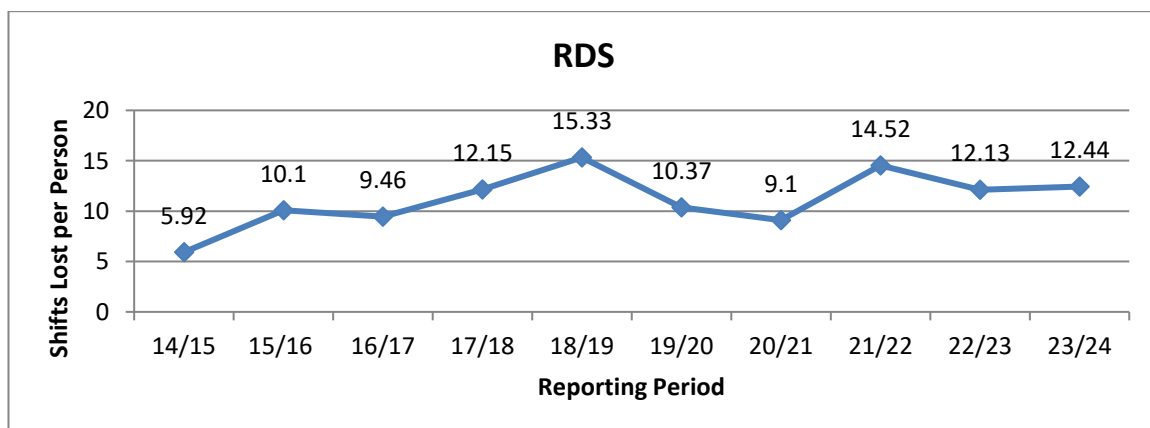
25. This category is currently under target at this point in the reporting year.

### Retained Duty System

26. The detailed sickness information relating to RDS staff is summarised below.

Description	Days/cost	%/£ change from Q4 2022-23
Total shifts lost to 31/03/2024	1558.6	+3.28%
Long term sickness	1374.73 (88%)	+20.14%
Short term sickness	183.87 (12%)	-50.48%
Approximate cost of sickness	£147,287	+£4.683 (+3.28%)

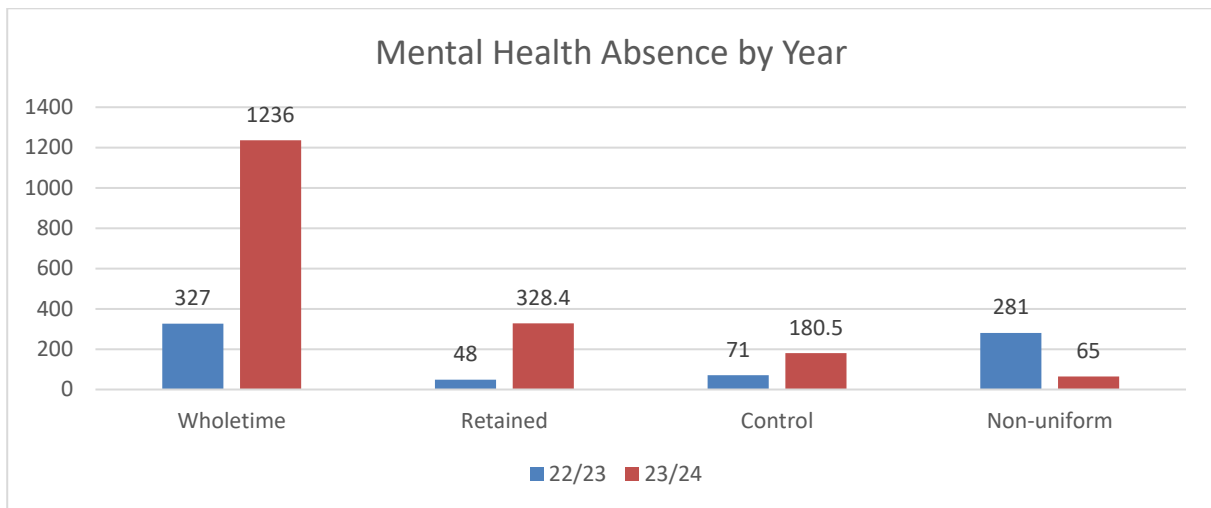
27. The RDS category has seen a small increase on shifts lost when compared with the same reporting period in 2022/23. Like WT, a rise in long term absence has been seen with 6 currently off for various reasons. Short term sickness on a positive note has decreased by 12%, like WT most of this has been due to colds / flu.



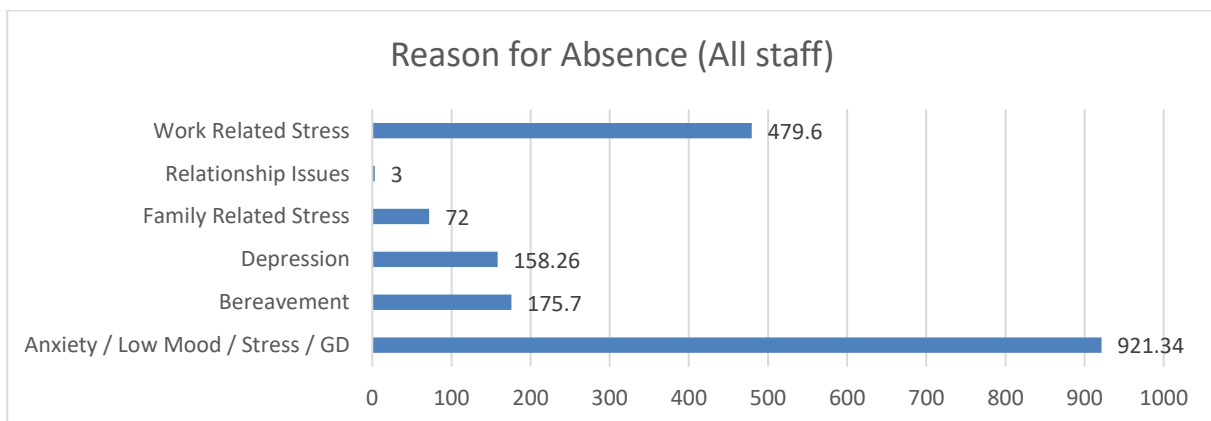
28. This category is over target at the end of the reporting year.

## Mental Health related absence

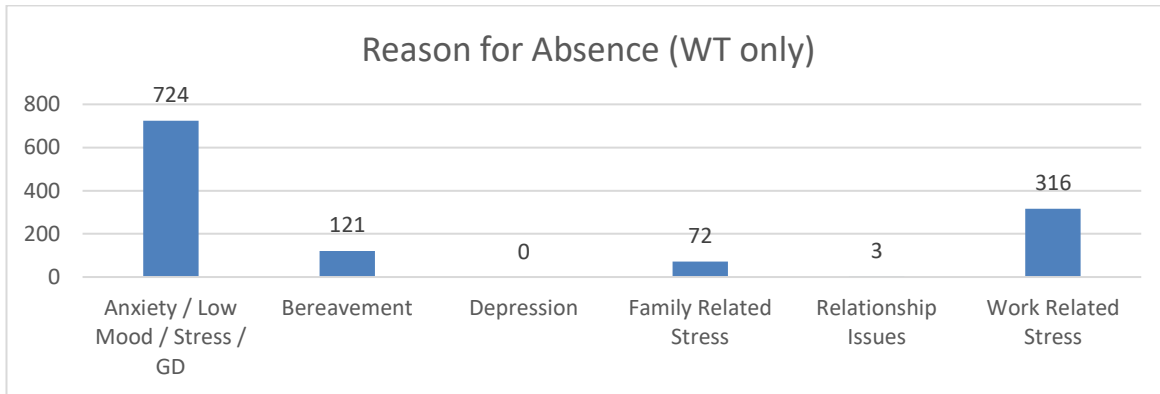
29. Mental Health related absence has seen a steep rise this reporting year across many of staff categories which can be seen in the graph below. The largest increase is noted in the WT category rising by approximately 277% on comparison with last year.
30. Nationally, Mental Health reasons for sickness absence accounted for 26% (45,632 shifts lost) of Wholetime personnel absence and is the second highest reason for absence. Stress is the highest factor within the Mental Health categories, accounting for 12.3% of all Wholetime sickness (21,911). For the same period in the previous year, Mental Health accounted for 22% of reported sickness absence.



31. The main reasons for absence are predominantly for Anxiety, low mood and stress. There has also been a substantial number of shifts lost work related stress this report year, the majority of which can be linked to employee relations reasons or reasons linked to performance. The data also shows many varied reasons for stress or low mood not related to the workplace.



32. A further breakdown of the mental health related absence across the Wholetime category can be seen below. There were 15 occasions of absence related to anxiety / low mood / stress over the reporting year, only 4 of which did not constitute long term absence and one case alone accounted for 29% of shifts lost. Similarly with regards to work related stress, 3 cases account for all absence with once case accounting for 63% of shifts lost.



33. Nationally, mental health reasons for sickness absence accounts for 30% (2,646 shifts lost) for Fire Control staff and is the main cause of sickness. Stress accounts for 14.0% (1,254 shifts) and is the main contributing cause attributed to Fire Control sickness. For the same period the previous year, Mental Health accounted for 25% of shifts therefore demonstrating that year on year the proportion of shifts lost due to Mental Health for Fire Control staff has increased by 5%. The Service saw an increase of approximately 153% compared with last year however, to add some context this was due to 6 absences, 4 of which were long term.

### **National Research related to Mental Health Absence**

34. Research carried out by Nottingham Trent University (NTU) and commissioned by the National Fire Chiefs Council (NFCC) and The Fire Fighters Charity, which surveyed more than 3,000 UK fire and rescue service (FRS) personnel found that mental wellbeing across the service is being impacted by issues such as sleep disruption, occupational stress, burnout, anxiety, and depression. The findings also suggest that increased length of career – not related to age – is associated with experiencing more mental wellbeing challenges.

35. However, wellbeing was found to be improved by work engagement, social support, resilient coping, and by both job and life satisfaction. Exercise is also positively associated to work engagement, job satisfaction, perceived social support, life satisfaction, and resilience. It is also linked to lower levels of burnout, anxiety, stress, and depression.

36. The study led to the development of 13 key priorities which have been used to inform the UK-wide fire and rescue sector health and wellbeing strategy which include areas such as supporting individuals to own their own wellbeing, taking a holistic approach from new starter, through career and into retirement and adopting an evidence-based, holistic approach to health and wellbeing, instead of treating physical, psychological and social wellbeing separately. The Service are reviewing their current support mechanisms with regards to mental health to ensure they offer a comprehensive approach and are fit for purpose.

37. According to Mental Health First Aid England, post-pandemic changes in working patterns and increased financial uncertainty are negatively impacting employee mental health in and outside of work. A recent report found that almost half of UK workers are ‘running on empty,’ with burnout, mental ill health, and work-related stress now costing the economy £28 billion annually. Poor mental health accounts for more than half of all work-related illnesses. Around 51% of long-term sick leave is due to stress, depression, or anxiety.

38. The Health and Safety Executive (HSE) published its annual statistics on work-related ill health and workplace injuries in November 2023. The statistics reveal that 1.8 million workers reported they were suffering from work-related ill health in 2022/23, with approximately half of the cases down to stress, depression, or anxiety. In the recent years prior to the COVID-19 pandemic, the rate of self-reported work-related ill health had been broadly flat, but the current



rate is higher than 2018/19. The current rate of self-reported work-related stress, depression or anxiety is higher than the pre-pandemic level.

### **Action Taken**

39. Sickness levels will continue to be monitored closely with regular analysis for any trends and patterns and instigation of the attendance management triggers where appropriate. Monthly meetings have been put in place to discuss case management with the People and Organisational Development (POD) Business Partners and the Director of POD to ensure action can be taken quickly where appropriate and identify any longer-term risks. This allows a closer scrutiny of our case management.
40. The POD team has undertaken a piece of work to further investigate the 'other' category of sickness and ensure that those logged in the system had been appropriately. The team are also chasing any absences where no reason is entered into the system. As part of this piece of work some additional categories have been added to the system for reasons such as bereavement, post operative, migraine and viral infection which were the most common reasons for absence under this category.
41. The Service have implemented an 18-month trial of an additional health care benefit. In the first two weeks the services of Benenden have been accessed by ten members of staff which is a positive start to the trial. This included access the 24/7 GO, diagnostics, physiotherapy and one surgery has been arranged. The HRC will be kept up to date with the usage figures during the trial.
42. The Services Trauma Support Team has recruited five new members who have now been trained in partnership with Tyne and Wear Fire and Rescue Service. This will strengthen the Services offer around mental health and peer support.
43. As part of the end of year review of performance indicators, the sickness levels have been reviewed and adjusted. Targets set should be achievable and support a direction of travel.
44. Several ill health retirements are being progressed which should alleviate some of the long-term absence moving into the next reporting year.

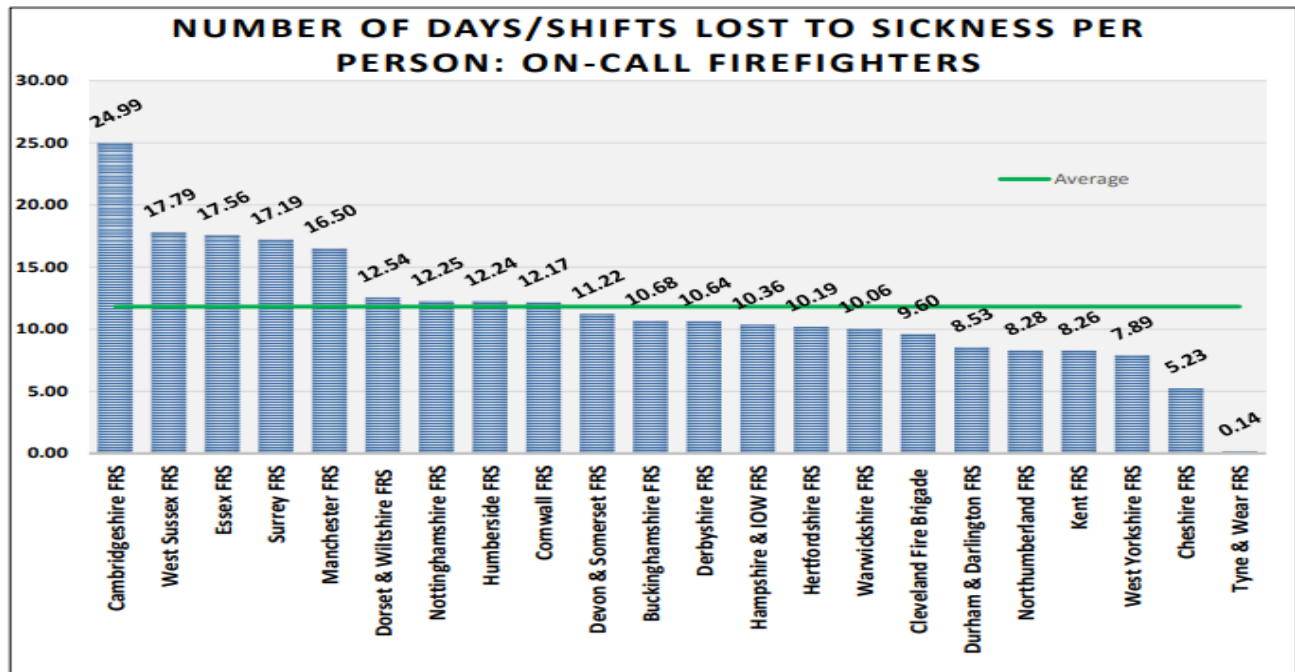
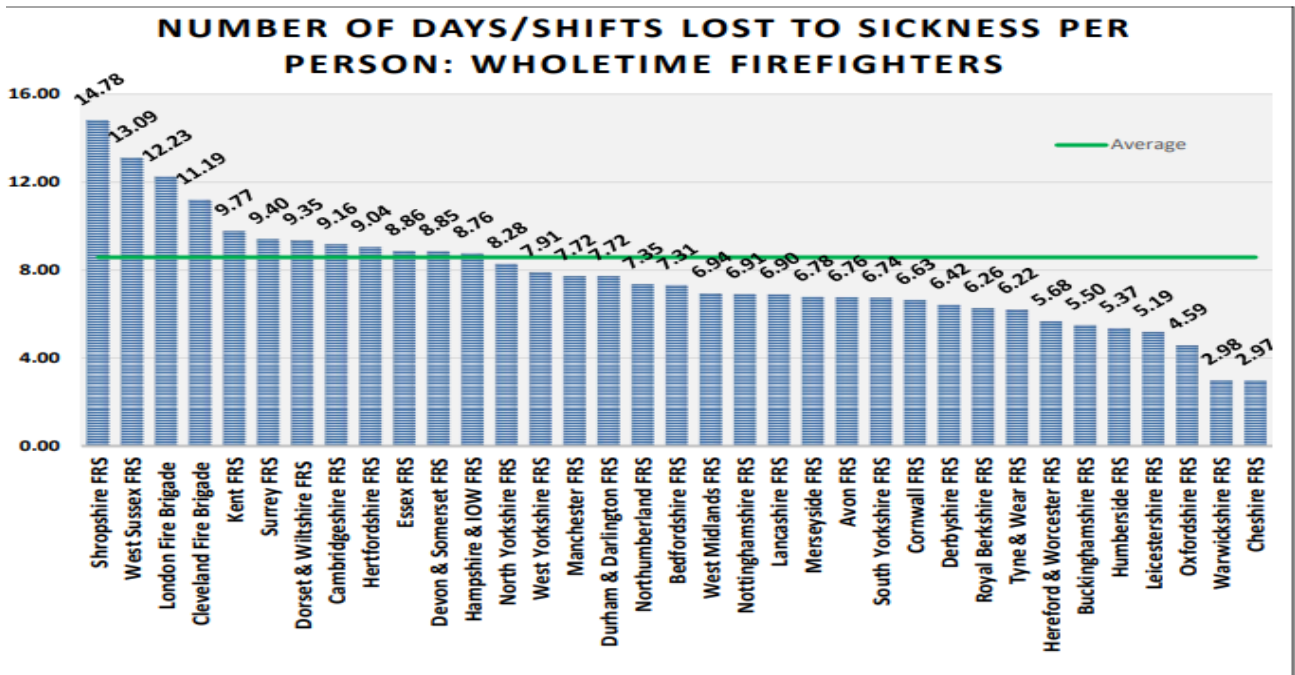
### **National Fire Service Data Comparison**

45. This data is supplied via the National OH Performance Report which is compiled by Cleveland Fire Brigade (CFB). All fire and rescue services (FRS) are asked to supply data for the main categories of employees; WT, Control, RDS and Non-uniformed.
46. There is a set calculation which all FRS supplying information must adhere to, to ensure the data can be used to give an accurate comparison, however this varies to our own reporting. The data helps our Service benchmark against other FRS in terms of sickness absence rates. The data range is for April to December 2023 (Quarter 3).
47. It should be noted that due to recording mechanisms and sickness absence policies within the various FRS' Covid 19 Sickness for some FRS' has not been included. This must therefore be borne in mind when comparing sickness levels.
48. Performance across indicators (Appendix A) is below the national average which is positive in comparison with other FRS's.
49. Thirty-six FRS' submitted data for the period April – December 2023. During this period, from the Fire Services who submitted data, there has been 304,635 shifts lost to sickness absence arising from 30,471 separate occurrences for all staff groups equating to 8.90 shifts per

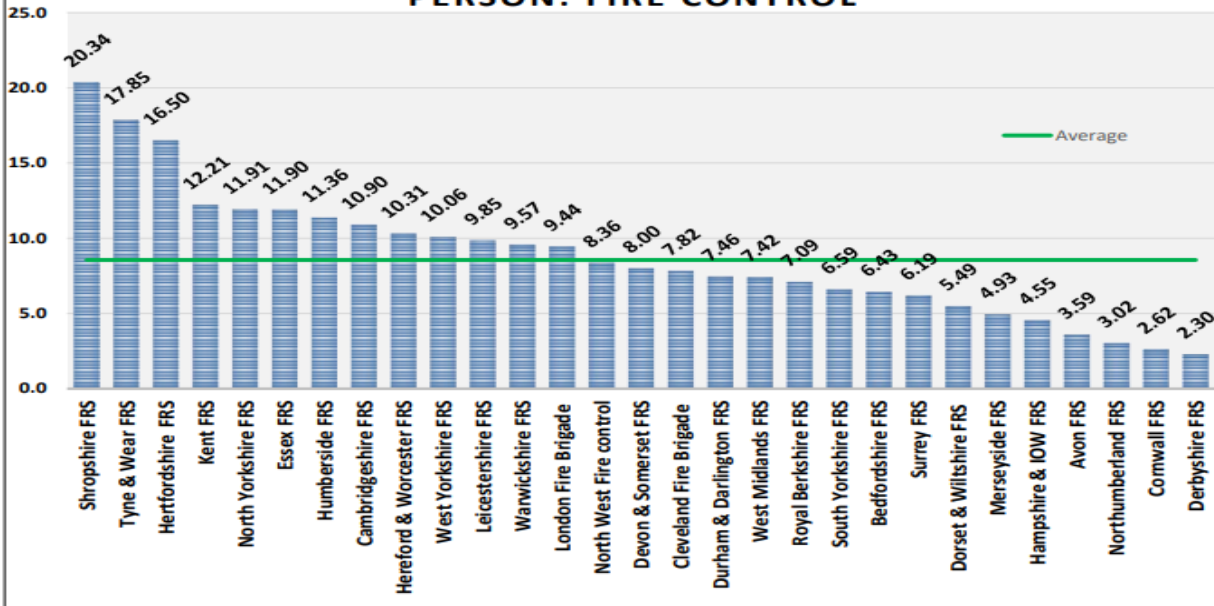
member of staff. The main causes of sickness absence for all staff groups are: • Musculo-Skeletal absences (99,471 shifts), accounting for 33% of all sickness absence; • Mental Health absences (76,365 shifts), accounting for 25% of sickness absence; • Respiratory reasons (27,022 shifts), which accounts for 9% of all sickness absence.

### **Recommendation**

50. Members are asked to note and comment on the contents of this report.



### NUMBER OF DAYS/SHIFTS LOST TO SICKNESS PER PERSON: FIRE CONTROL



### NUMBER OF DAYS/SHIFTS LOST TO SICKNESS PER PERSON: GREEN BOOK STAFF

