

# Sickness Absence Trend Analysis

## (1 April 2018 – 31 March 2019)



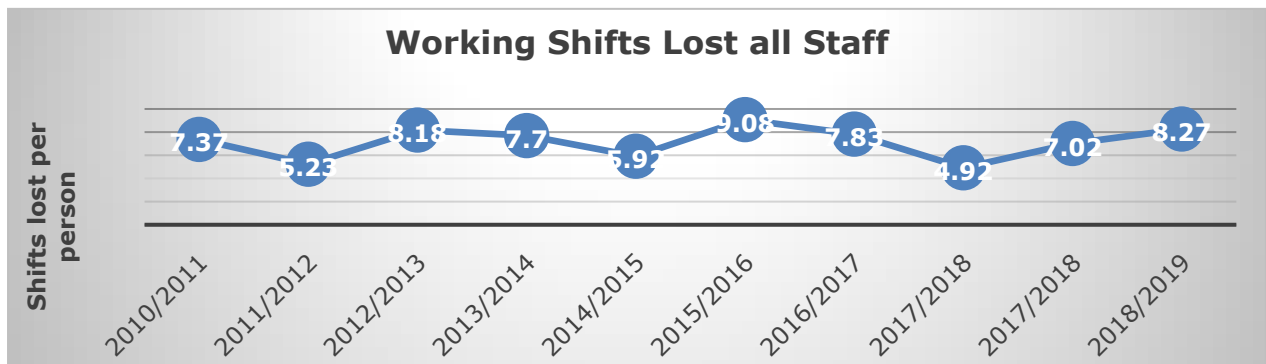
## SICKNESS ABSENCE TREND/ANALYSIS REPORT

### 2018/2019 Year End Report

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

Performance Indicator	Apr 18 to Mar 19	Apr 18 to May 19 Target	Variance	Apr 17 to Mar 18 (PYR)	Direction of Travel
Working shifts/days lost for <b>all staff</b>	8.27	6	+ 2.27	7.02	↓
Working shifts/days lost due to sickness for all <b>Wholetime, Control and Non- Uniformed</b>	6.2	6	+ 0.2	5.11	↓
Working shifts/days lost due to sickness for all <b>Wholetime and Control</b>	6.52	6	+ 0.52	5.37	↓

Overall the number of shifts lost this year has increased by approximately 17% from last year's figures. The Control category has seen significant improvements over the year and is below target. Unfortunately, levels of absence within all other categories has increased due to a significant amount of long-term sickness across the whole year whereby employees have been absent due to complex operations where recovery time has been lengthy or a return to work has not been feasible. Overall all indicators end the year above the target.

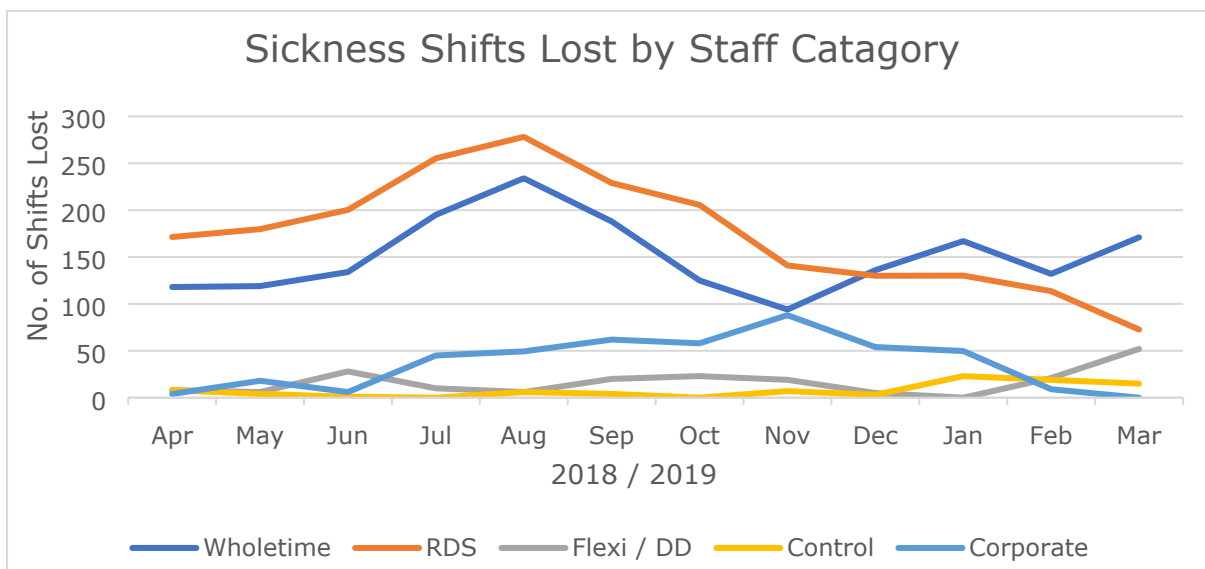




**Table 2 Sickness by Staff Group**

Performance Indicator	Apr 18 to Mar 19	Apr 18 to May 19 Target	Variance	Apr 17 to Mar 18 (PYR)	Direction of Travel
Wholetime Riders (WT)	7.70	5	+ 2.70	5.43	↓
Flexi Duty (FDO) / Day Duty Officers	4.50	4.5	0	3.26	↓
Control	5.29	8	- 2.71	8.85	↑
Retained Duty System (RDS)	15.33	9	+ 6.33	12.15	↓
Non-Uniformed	5.62	5	+ 0.62	4.02	↓

The graph below shows the absence trends within each category for the reporting year.

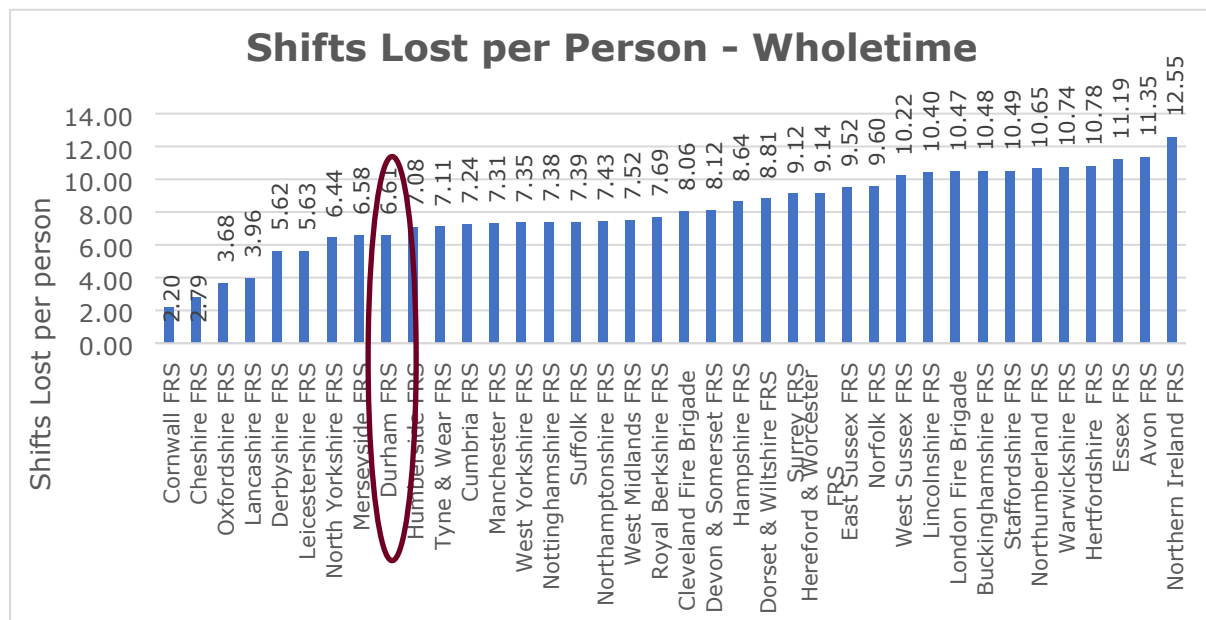


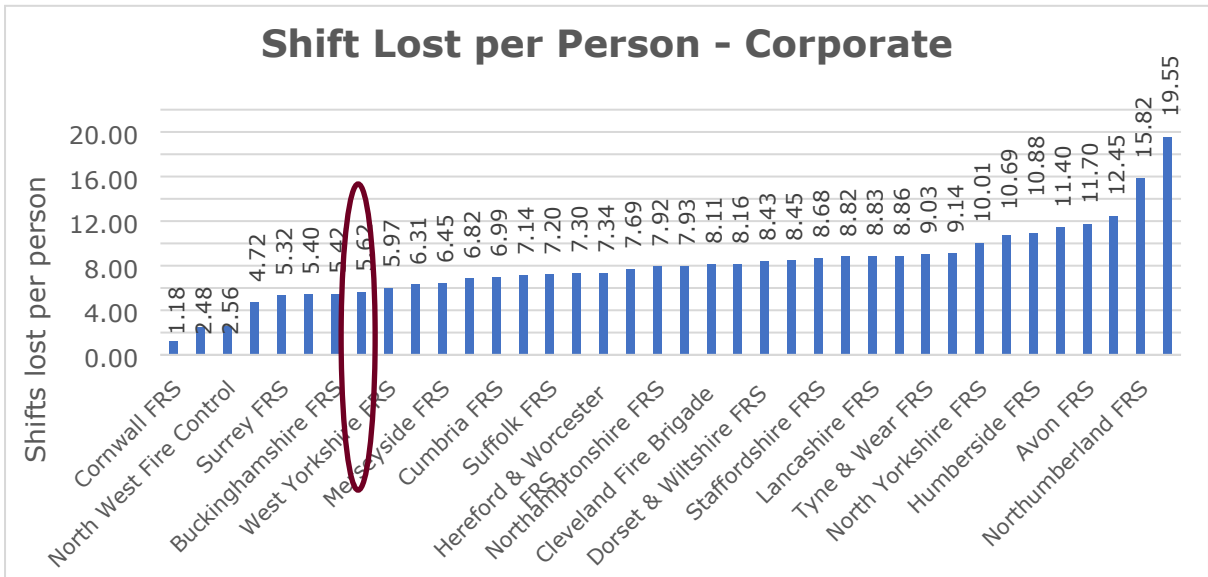
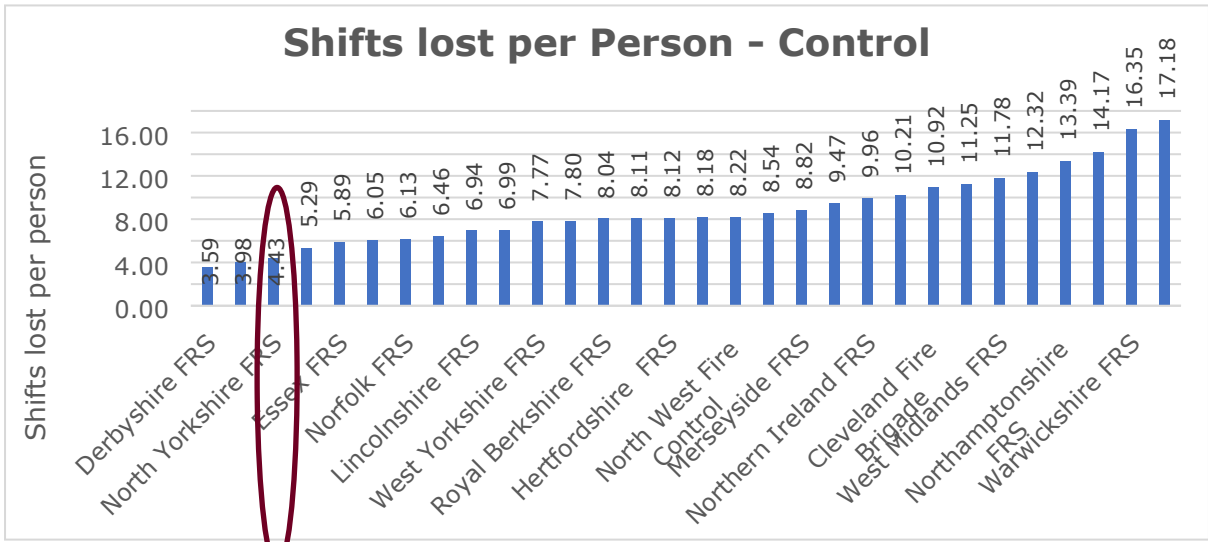
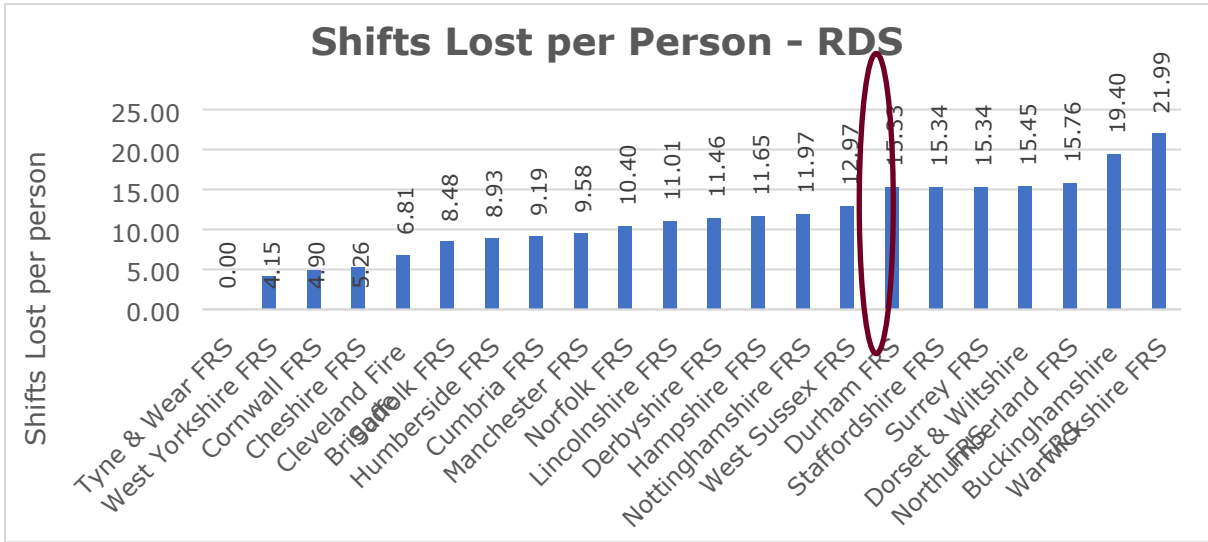
## All Staff Review

Total Shifts Lost:	4552.8 days (3865 in 2017/18)
Long Term Sickness YTD:	3713.6 days (81.6%) (2898 in 17/18)
Short Term Sickness YTD:	839.2 days (18.4%) (967 in 17/18)
Average Strength for all employees:	549.85 (WTE) (550 WTE in 17/18)
Cost of sickness absence Q4 (approx.):**	£129,478
Cost of sickness absence YTD:	£459,431 (£443,917 in 17/18)
Cost of sickness per person YTD	£835

## National Fire Service Data Comparison

This data is supplied via the National Occupational Health Performance Report which is collated by Cleveland Fire Brigade. All Fire and Rescue Services (FRS) are asked to supply data for the main categories of employees such as Wholetime, Control, RDS and Non-uniformed (Corporate). There is a set calculation which all FRS supplying information must adhere to in order to ensure the data can be used as an accurate comparison. The data helps the Service to benchmark against other FRS in terms of sickness absence rates. The data range is from April 18 – March 19. Good performance in comparison with other Services can be seen within the wholetime, Control and corporate categories. Unfortunately, absence levels within the RDS are high however, the comparative data for this category is not wholly accurate with significant differences within the number of RDS employees within each Service.



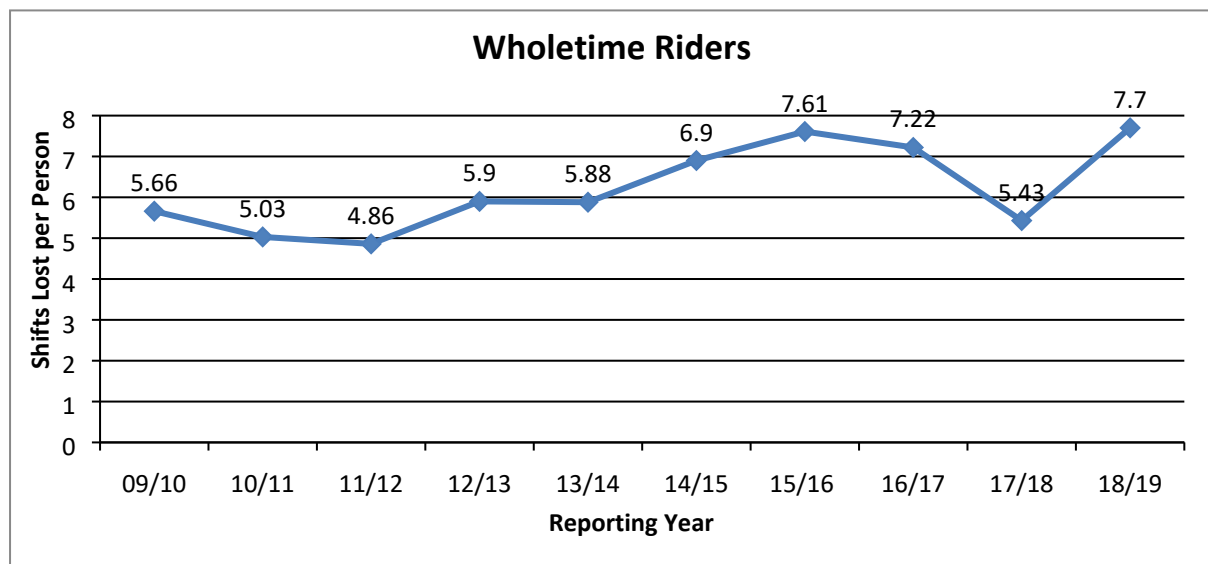


## Wholetime Riders

Total Shifts Lost in Q4:	470 days
Total Shifts Lost YTD:	1813 days (1411 days lost in 2017/18)
Long Term Sickness Q4:	287 days (61 %)
Long Term Sickness YTD:	1314 days (73 %) (905 in 2017/18)
Short Term Sickness Q4:	183 days (39 %)
Short Term Sickness YTD:	499 days (27 %) (506 in 2017/18)
Average Strength for Quarter:	256
Lost Time Rate YTD:*	3.9%
Cost of sickness absence Q4 (approx.)**	£88,080
Cost of sickness absence YTD	£307,351 (£287,844 in 2017/18)
Cost of sickness per person YTD	£1200 / 8 WT FF posts

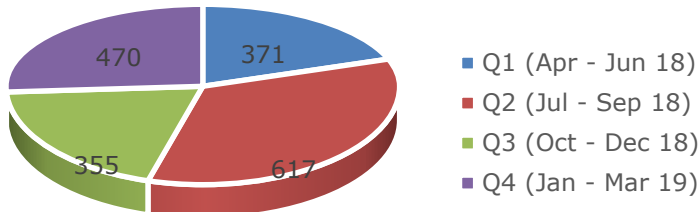
\*available shifts calculated as an average of 15 per month multiplied by average strength

\*\* costs based on competent rate including on costs.



The WT rider category has seen a 28% rise in shifts lost this reporting quarter in comparison with the results of last year. In the previous year's report, it was highlighted that sickness levels were likely to be high at the start of the reporting year due to the nature of long-term absence continuing from quarter 4 as well as notice from WT personnel of impending operations.

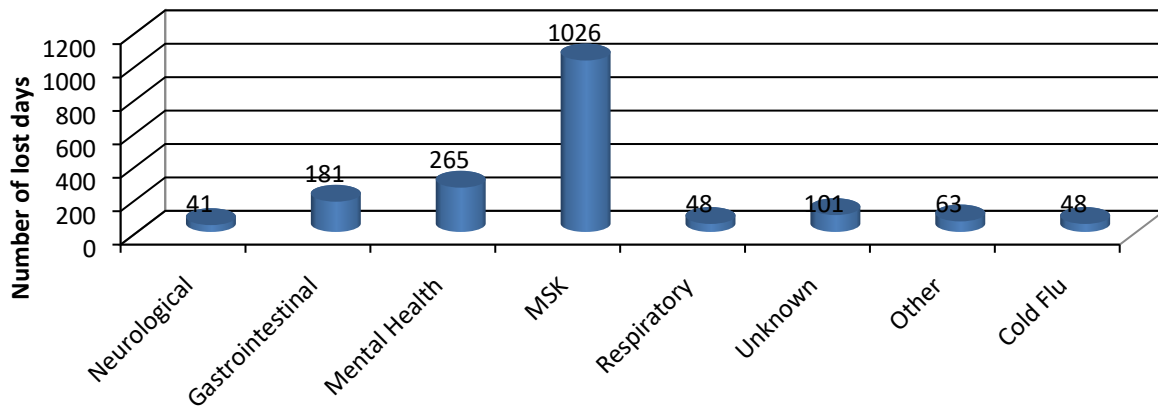
### Sickness levels by Quarter



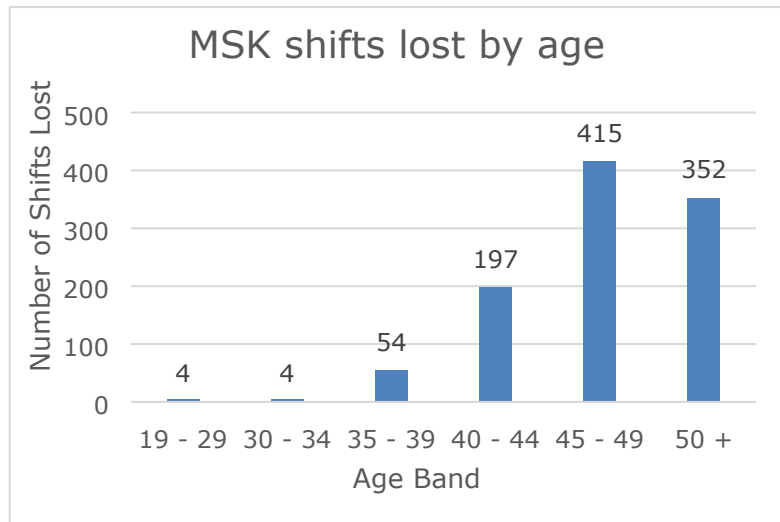
The graph to the left shows the shifts lost per reporting quarter. Quarter 2 had the greatest number of shifts lost where the Service experienced very high levels of absence over the summer period both for long term and short term sickness. Whilst levels of absence reduced into quarter 3, a further rise can be seen in quarter 4, predominantly due to short term absence.

There are no specific patterns which can be identified in terms of days of the week or day/night shift for absence. The main reason for absence in this category can be seen in the graph below. Musculoskeletal absence remains the main cause of absence accounting for 57% of overall shifts lost.

### Reason for Absence



The reasons for this type of absence vary with 21% back, 28% knee, 15% shoulders, 13% upper limb and 9% lower limb. The graph to the right demonstrates that most of the absence of this type is taken by those who are 45 and over which is something which requires further investigation and monitoring in light of our aging workforce and people working for longer.



Performance at Darlington, Newton Aycliffe and Bishop Auckland are under target for the year.

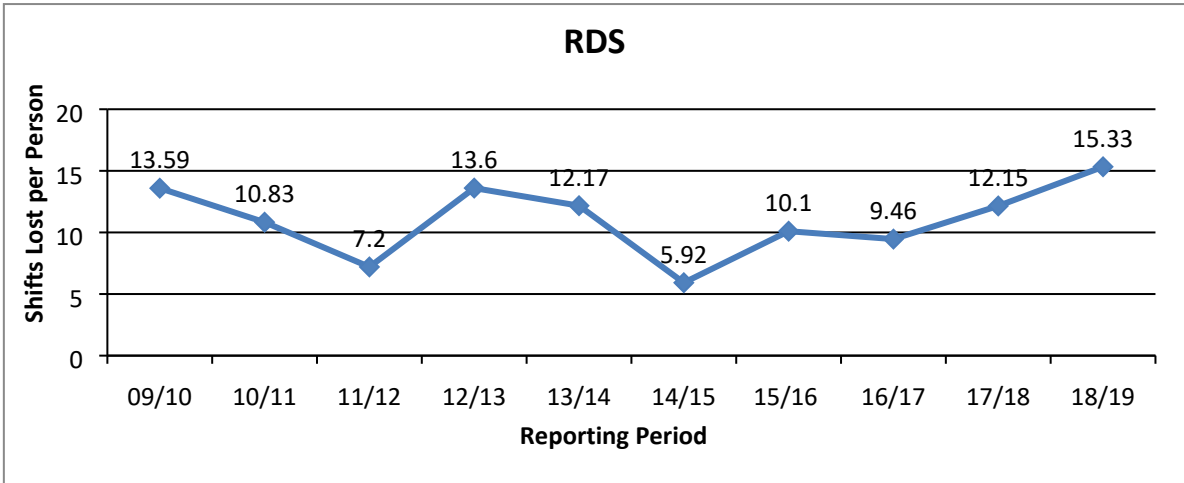
**RDS / On Call**

Total Shifts Lost for Q4:	316.5 days
Total Shifts Lost YTD:	2129.9 days (1760 in 2017/18)
Long Term Sickness Q4:	268.7 days (85%)
Long term Sickness YTD:	1947 days (91%) (1493 in 2017/18)
Short Term Sickness Q4:	47.8 days (15%)
Short Term Sickness YTD:	182.9 days (9%) (267 in 2017/18)
Average Strength for Quarter:	145.1 (WTE)
% Lost Time Rate YTD*:	4%
Cost of sickness absence (approx.)**	£6531
Cost of sickness absence YTD	£44,013 (£45,777 in 2017/18)
Cost of sickness per person YTD	£303 / 1.1 WT FF post

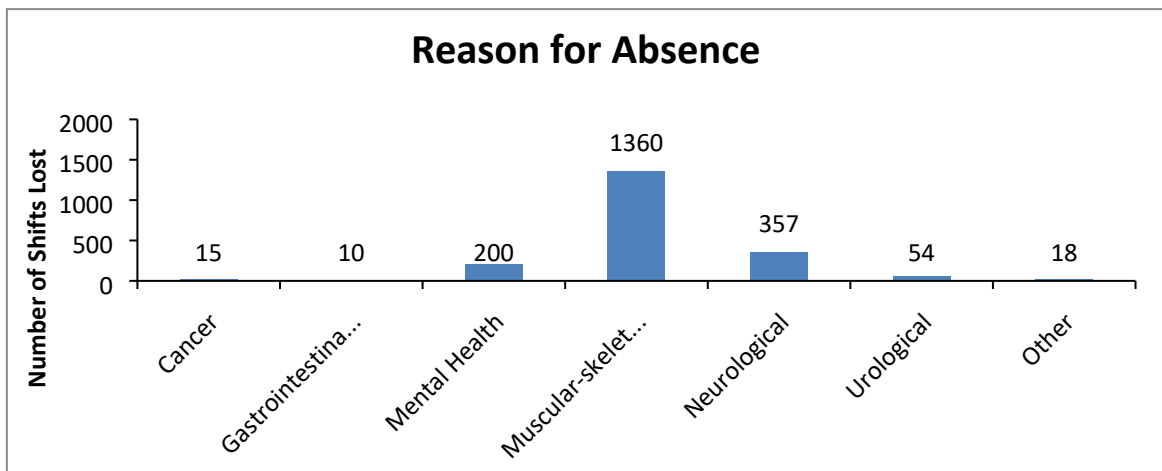
\*available shifts calculated as an average of 30 per month multiplied by average strength

\*\* costs based on competent rate not including on costs

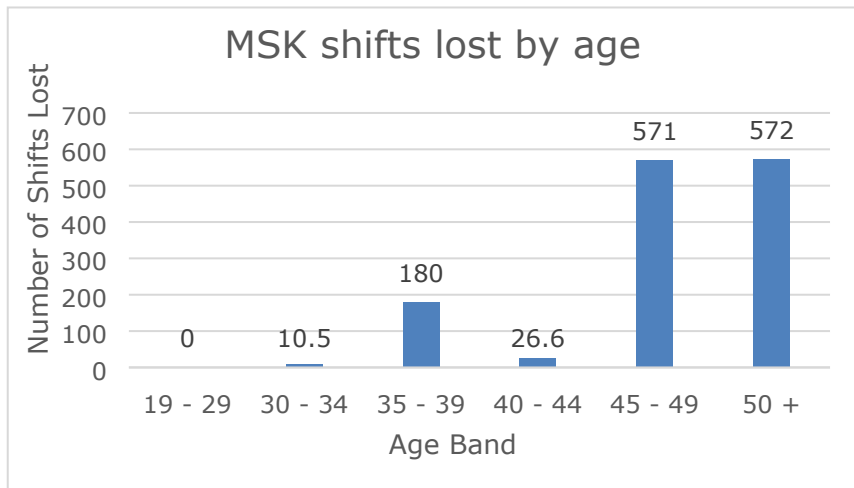






The RDS category has seen a 20% increase in shifts lost in comparison with last year and continues the upward trend. Most of the rise in absence levels is due to long term, however on a positive note short term absence has decreased in comparison with levels reported last year. The graph below shows the main reasons for absence within this category. Much like the other operational categories, 65% of shifts lost were due to muscular skeletal issues and the primary reasons being knee's (40%), shoulders (22%) other (11%) and back (10%).



As seen in the WT riders category, the graph to the right demonstrates that most of the absence of this type is taken by those who are 45 and over which is something which requires further investigation and monitoring in light of our aging workforce and people working for longer.



The table below shows sickness levels by station.

Sickness to target by Station		Apr 18 to Mar 19	Apr 18 to Mar 19 Target	Variance	Apr 17 to Mar 18 (PYR)	Direction of Travel
01 Consett	Wholetime	7.77	5	+2.77	9.12	
	RDS	16.82	9	+7.82	4.15	
02 High Handenhold	Wholetime	10.46	5	+5.46	1.64	
	RDS	20.85	9	+11.85	40.03	
03 Seaham	Wholetime	19.45	5	+14.45	1.73	
	RDS	32.22	9	+23.22	21.49	
04 Peterlee	Wholetime	6.63	5	+1.63	4.17	
05 Wheatley Hill	RDS	0.41	9	-8.59	0	
06 Durham	Wholetime	7.51	5	+2.51	7.02	
	RDS	0.91	9	-8.09	11.32	
07 Stanhope	RDS	9.1	9	+0.1	9.94	
08 Crook	RDS	12.12	9	+3.12	9.49	
09 Spennymoor	Wholetime	8.97	5	+3.97	2.16	
	RDS	34.25	9	+25.25	40.38	
10 Sedgefield	RDS	17.16	9	+8.16	0.94	
11 Newton Aycliffe	Wholetime	3.19	5	-1.81	3	
	RDS	1.94	9	-7.06	4.83	
12 Bishop Auckland	Wholetime	4.58	5	-0.42	8.36	
	RDS	35.34	9	+26.34	0	
13 Middleton in Teesdale	RDS	7.16	9	-1.84	0	
14 Barnard Castle	RDS	13.84	9	+4.84	10.53	
15 Darlington	Wholetime	4.11	5	-0.89	5.91	

## Flexible Duty Officer / Day Duty

### FDO

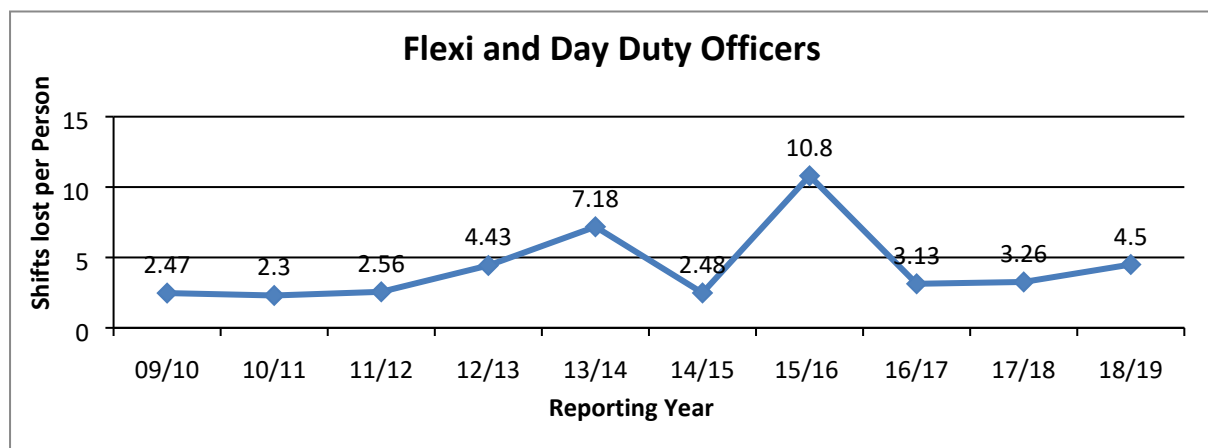
Total Shifts Lost Q4:	22 days
Total Shifts Lost YTD:	56 days (175 in 2017/18)
Long Term Sickness Q4:	22 days (100 %)
Long Term Sickness YTD:	23 days (41%) (155 in 2017/18)
Short Term Sickness Q4:	0 days (0%)
Short Term Sickness YTD:	33 days (59 %) (20 in 2017/18)
Average Strength for quarter:	31.5
% Lost Time Rate YTD*	0.7%
Cost of sickness absence (approx.)**	£8,445
Cost of sickness absence YTD	£16,187 (£35,700 in 2017/18)
Cost of sickness per person YTD	£513 / 0.47 WT FF post

### Day Duty Officers

Total Shifts Lost Q4:	59 days
Total Shifts Lost YTD:	150 days (2 days in 2017/18)
Long Term Sickness Q4:	59 days (100%)
Long Term sickness YTD:	135 days (90%)
Short Term Sickness Q4:	0 days (0%)
Short Term Sickness YTD:	15 days (10%)
Average Strength for Quarter:	15.1
% Lost Time Rate YTD*	3.9%
Cost of sickness absence Q4 (approx.)**	£9,004
Cost of sickness absence YTD	£23,817 (£408 in 2017/18)
Cost of sickness per person YTD	£1,587 / 0.62 WT FF post

\*available shifts calculated as an average of 21 per month multiplied by average strength

\*\* costs based on competent rate including on costs



The FDO category has seen a reduction in absence levels in comparison with last year. The shifts lost have predominantly been short term although a number of these cases have been certified absence with one recent case of longer-term absence which will continue into the new reporting year. The majority of cases in this category, much like WT riders is for muscular skeletal issues with the long-term case due to neurological.

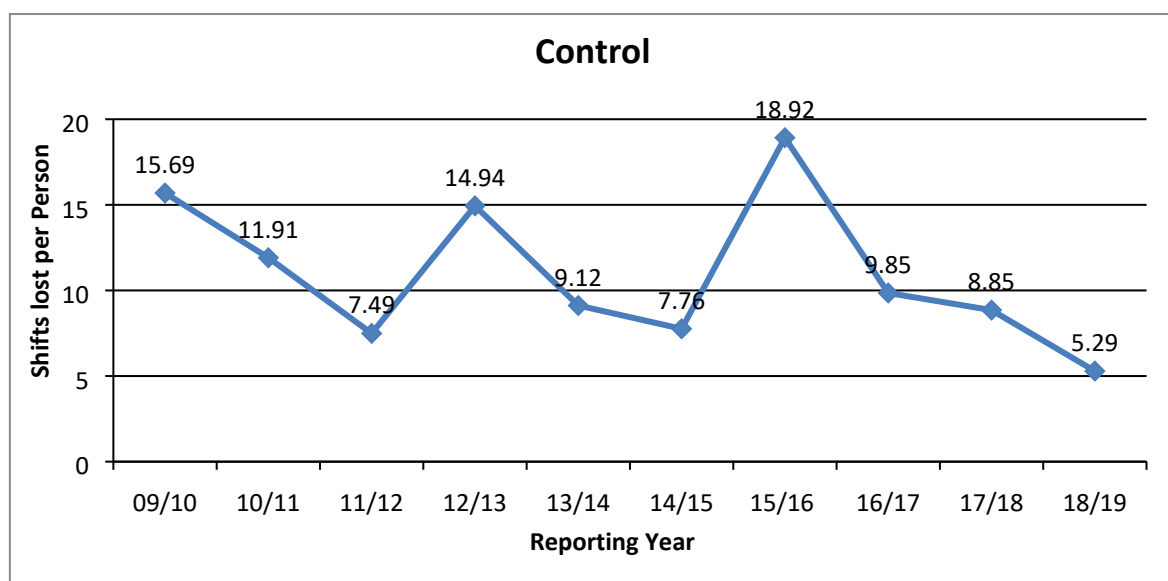
On the other hand, after such low sickness last year, the day duty category has increased significantly. However, unlike the FDO category, the majority of absence has been long term with few shifts lost for short term absence. The reason remaining as muscular skeletal however there was also 1 long term case of metal health related absence. Moving into the new reporting year, all long-term absence has been resolved and so we should see improvements within this area. Overall, this category is on target for the year.

### **Control**

Total Shifts Lost Q4:	57 days
Total Shifts Lost YTD:	90 days (166 in 2017/18)
Long Term Sickness Q4:	43 days (75.4%)
Long Term Sickness YTD:	51 days (57%) (146 in 2017/18)
Short Term Sickness Q4:	14 days (24.6%)
Short Term Sickness YTD:	39 days (43%) (20 in 2017/18)
Average Strength for Quarter:	17
% Lost Time Rate YTD*	2.75%
Cost of sickness absence (approx.)**	£10,501
Cost of sickness absence YTD	£15,844 (£35,569 in 2017/18)
Cost of sickness per person YTD	£932 / 0.45 FCOP post

\*available shifts calculated as an average of 15 per month multiplied by average strength

\*\* costs based on competent rate including on costs



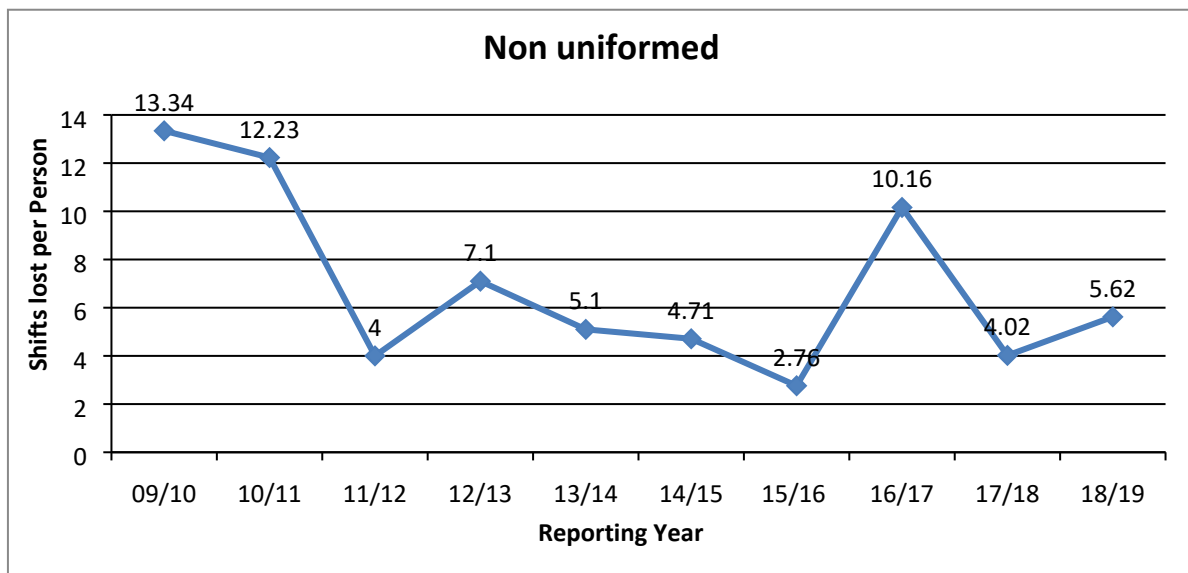
The Control category has once again seen a 45% reduction in absence levels in comparison with previous years continuing the downward trend. There has been only one case of long-term absence due to mental health related issues, the remainder has been short term with a mixture of certified and non-certified absence. The reasons for short-term absence range from gastrointestinal, cold/flu, dermatological and respiratory. Most of the absence within the category has been in quarter 4 accounting for over half of the shifts lost within the year although they finish the year under target.

### **Non Uniformed**

Total Shifts Lost for Q4:	58.8 days
Total Shifts Lost YTD:	443.5 days (316 in 2017/18)
Long Term Sickness Q4:	25 days (42.5%)
Long Term Sickness YTD:	301.1 days (67.9%) (178 in 2017/18)
Short Term Sickness Q4:	33.8 days (57.5%)
Short Term Sickness YTD:	142.4 days (32.1%) (138 in 2017/18)
Average Strength for Quarter:	91.2 (WTE)
% Lost Time Rate YTD*:	1.8%
Cost of sickness absence Q4 (approx.)**	£6,917
Cost of sickness absence YTD	£52,219 (£38,619 in 2017/18)
Cost of sickness per person YTD	£572 / 1.57 G7 posts

\*available shifts calculated as an average of 21 per month multiplied by average strength

\*\* costs based on competent rate including on costs



This category has seen a 40% rise in shifts lost in comparison with last year. Most shifts lost were in quarter 2 and 3 where levels of long terms absence were high. Over the reporting year there has been 6 cases of long-term absence 5 of which were three months or longer and 5 of these were for mental health related reasons. Of these 5, 2 cited work-related elements as part of their reason. Unlike the operational categories, mental health is the main reason for absence in the non uniformed category attributing to 57% of shifts lost. All absence for this reason was long term.

Short term absence within this category has also been high this year. The reasons for short-term absence range from gastrointestinal, cold/flu, respiratory and other. This category finishes the year above target however at the start of the new reporting year all long-term absence has been resolved and levels continue to decrease.

### **CIPD Health and Wellbeing at Work Survey Information**

The results from the CIPD survey suggest that the average level of employee absence has increased slightly compared with the previous survey in 2016, from 6.3 days per employee (or 2.8% of average working time lost) to 6.6 days (2.9%) in 2018. Longer-term data, however, suggests a weak and fluctuating but generally downward trend in average absence rate. These average figures mask considerable variation across organisations, with some reporting very high levels of absence.

Average levels of absence remain considerably higher in the public sector, although the number of sick days remains the same as in 2016, at 8.5. This is comparable with our own figures of 8.27. On average public sector employees had nearly three days more absence than their counterparts in private sector organisations (8.5 days versus 5.6 days), 2.3 days more than employees in manufacturing and production (8.5 days versus 6.2 days), and 1.2 days more than those in non-profit organisations (8.5 days versus 7.3 days). Although the public sector is the only sector not to report an increase in average absence compared with last year.

Minor illness (including colds, flu, stomach upsets, headaches and migraines) remains the most common cause of short-term absence (four weeks or less) for the vast majority of organisations. Musculoskeletal injuries (including back pain, neck strains and repetitive strain injury) and stress are also among the top causes of short-term absence. In general, the main causes of short-term absence are similar to previous years, although this year there has been a small increase in the proportion including mental ill health (for example, clinical depression and anxiety) among their top three causes of short-term absence (27%, up from 21% in 2016). This is not a trend we have seen within our Service with most mental health related absence being long term.

The vast majority of respondents report that the number one cause of long-term absence in their organisation is either acute medical conditions (for example stroke, heart attack and cancer), mental ill health (for example clinical depression and anxiety) or stress, and, to a lesser extent, musculoskeletal injuries (for example back pain, neck strains and repetitive strain injury). The proportion including mental ill health among their most common causes of absence has increased compared with 2016. One in five respondents report it is the number one cause of long-term absence in their organisation, while nearly three-fifths report it is among their top three causes of long-term absence. As we've found in previous years, the public sector is considerably more likely to include stress, musculoskeletal injuries and mental ill health among their top causes of both short- and long-term absence. This disparity may reflect differences in the nature of work across sectors, the demographics of employees, budgetary constraints and/or sectoral differences in awareness of stress and mental health.