

County Durham and Darlington
Fire and Rescue Authority



Safest People, Safest Places

Human Resources Committee

16 September 2021

Sickness Absence Performance

Quarter One 1 April 2021 – 30 June 2021

Report of Head 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 2021 to 30 June 2021.

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 2021 to 30 June 2021 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, absence has been included where an employee has shown symptoms of Covid-19 (C-19) or tested positive. All absence relating to shielding employees, test and trace and those self-isolating (SI) due to another member of their household showing symptoms have been removed however are still recorded.

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 21 to June 21	Apr 21 to June 21 Target	Variance	Apr 20 to June 20 (PYR)	Direction of Travel
Working shifts / days lost for all staff	2.04	1.5	+0.54	1.45	
Working shifts / days lost due to sickness for all Wholetime, Control and Non- Uniformed	2.35	1.5	+0.85	1.18	
Working shifts / days lost due to sickness for all Wholetime and Control	2.45	1.5	+0.95	1.17	

8. Overall, there has been a 41.1% increase on shifts lost in comparison with quarter 1 last year. The main reason being a rise in long term sickness but another key difference being the change in C-19 reporting status whereby in 2020 the majority of absence was classed as non-reportable (SI due to others or shielding). We have seen a rise in cases over quarter 1 across the Service, perhaps due to increased testing capabilities, where employees have tested positive, so these absences have counted towards our targets.
9. Absences within the Wholetime (WT) and Retained Duty System (RDS) categories has increased this quarter and primarily linked to longer term absence. Absence levels within Control are improving with relatively few shifts lost over May and June coupled with absences relating to C-19 decreasing from the start of the quarter. Sickness amongst Corporate staff is higher than target, however, has reduced over the reporting period.
10. 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 21 to June 21	Apr 21 to June 21 Target	Variance	Apr 20 to June 20 (PYR)	Direction of Travel
WT Riders	2.58	1.5	+1.08	1.21	
FDO / DD	3.17	1.125	+2.045	1.28	
Control	3.59	2	+1.59	1.08	
RDS	1.97	2.25	-0.28	2.98	
Non-uniformed	1.39	1.25	+0.14	0.92	

Wholetime Station Based Firefighters (Riders)

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

Description	Days/cost	%/£ change
Total shifts lost to 30/6/2021	700	+129%
Long term sickness	566 (81%)	+98.3%
Short term sickness	134 (19%)	+17.9%
Approximate cost of sickness	£114,289	+£64,492

12. The WT rider category has seen a 129% increase in shifts lost when compared with the same reporting period in 2020/21. The main reason for this being a significant rise in long term absence.

13. Since the start of the reporting year long term absence within this category has been significantly high equating to 81% of all absence. Within the three-month period, 16 employees have been off on long term sickness, of these, 9 have continued over the full period. Reasons behind this vary however the main ones are mental health (32%), muscular skeletal (MSK) (26%) with others including senses (15%), urological (13%), neurological (6%) and reproductive (8%).

14. The amount of mental health related absence gives some cause for concern as this has risen in comparison with previous years. 35% of mental health related absence is due to perceived work-related stressors, these account for two long term cases. The reasons for the others vary, one being related to bereavement and two others related to depression and low mood. All of these cases have been given appropriate support through occupational health (OH) and where required, therapeutic support has been

provided in terms of counselling or cognitive behavioral therapy. We will continue to monitor in the next reporting quarter.

15. On a positive note, 9 of the long-term cases have been resolved and employees have returned to work, some on full duties and some on a short term modified basis. A further two have been granted ill health retirement which will provide a resolution to some of the prolonged absences.
16. Short term absence has also increased in comparison with last year. 45% of all short-term absence has been due to C-19. The rest has been for a variety of reasons but remained relatively low.
17. 96 shifts were lost due to C-19 related absences at the end of quarter one. 36 of these are not included in the above data and are due to test and trace, SI due to a household member or shielding. Overall, this only equates to 5.1% of overall absence in this category. Last year, at the same reporting period, there were 574 shifts lost which were non-reportable due to C-19 which demonstrates a change in the reporting mechanisms and how the Service has supported individuals to return to work safely.
18. This category is currently over target at this point in the reporting year.

Flexible Duty Officers (FDO) and Day Duty (DD)

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

FDO

Description	Days/cost	%/£ change
Total shifts lost to 30/06/2021	115	+75.4%
Long term sickness	83 (72%)	+86.2%
Short term sickness	32 (28%)	+51%
Approximate cost of sickness	£13,032	+£7,139

Day Duty

Description	Days/cost	%/£ change
Total shifts lost to 30/06/2021	18	-32.6%
Long term sickness	0 (0%)	-200%
Short term sickness	18 (100%)	-20%
Approximate cost of sickness	£1722	-£524

20. The FDO category absence has increased significantly with an increase of over 75% however, the DD category of staff has improved with significant reductions of 32% in absence levels when compared with the same reporting period in 2020/21. This has been due to an increase in long term absence in the FDO category, all of which is attributable to two cases. On a positive note, both cases are now resolved which should see a decrease in absence levels in the next quarter.

Appendix A

21. Only 20 shifts have been lost year to date due to C-19 related absence, 13 of which are not included in the above data due to isolation following family members having confirmed C-19.

22. This category is over target at this point in the reporting year.

Control

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

Description	Days/cost	%/£ change
Total shifts lost to 30/6/2021	79	+106.8%
Long term sickness	43 (54%)	+200%
Short term sickness	36 (46%)	+40%
Approximate cost of sickness	£6,098	+£4,045

24. The Control category of staff has seen a rise of 106.8% in absence when compared with the same reporting period in 2020/21. Long lasting C-19 issues have been a significant concern for Control and impacted on long term sickness continuing from quarter 4 of last year. The impacts of this are still unknown however all three employees have since returned to full duties.

25. Short term absence has also seen a rise although the majority of these cases have been linked to C-19. 30 shifts were lost in the first quarter due to C-19 related absences all of which are included in the above figures.

26. This category is currently over target at this point in the reporting year.

Non-Uniformed

27. The detailed sickness information relating to Non-uniformed staff is summarised below.

Description	Days/cost	%/£ change
Total shifts lost to 30/06/2021	137.5	+52.9%
Long term sickness	91 (66.2%)	+27.5%
Short term sickness	46.5 (33.8%)	+112.6%
Approximate cost of sickness	£9,913	+£4,001

28. This category has seen an increase of 52.9% in shifts lost when compared with the same reporting period in 2020/21.

29. There have been 4 cases of long-term sickness across the quarter for various reasons however all have since been resolved. There has also been a rise in short term absence with the main reason being 'other' meaning the reason for absence does not fit into one of the set categories. The HR team are discussing this with line managers to ensure more accurate reporting.

30. A further 53 shifts were lost year to date due to C-19 related absence which are not included in the above data due to test and trace, SI due to a household member and high proportions of shielding.

31. This category is currently over target at this point in the reporting year.

Retained Duty System

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

Description	Days/cost	%/£ change
Total shifts lost to 30/06/2021	279.59	-34.63%
Long term sickness	250.58 (89.6%)	-40.7%
Short term sickness	29.01 (10.4%)	+45.86%
Approximate cost of sickness	£5,766	-£2,439

33. The RDS category has seen a decrease of almost 35% in shifts lost when compared with the same reporting period in 2020/21. Similar to WT, a rise in long term absence has been seen with 5 ongoing cases all related to MSK issues and are likely to continue into the next reporting quarter.

34. Short-term absences have increased due to various reasons however C-19 related occurrences are low with only 2 shifts lost where the employee has been symptomatic. A further 28 shifts were lost in the year due to C-19 related absences which are not included in the above figures.

35. This category is under target for the reporting year.

Covid-19 Related Absence

36. There have been various reasons for C-19 related absence since the pandemic began and the Service has followed government guidance.

37. The reasons include employees who have needed to SI due to showing symptoms of C-19 or living in a household with someone showing symptoms. It also includes employees who have been required to shield following government guidance. Employees contacted via 'Test and Trace' and who have been confirmed as having C-19 are also included in this category.

38. The table below shows the shifts lost per category for C-19 (1 Apr 21 – 30 June 21).

Employee Group	Shifts lost to SI	Shifts lost to SI (other household member)	Shifts lost to Shielding (V)	C-19 confirmed	Test & Trace	Total shifts lost to C-19
Control	2	1	0	30	1	34
Non-Uniformed	0.5	10	32	3	11	56.5
RDS	0.66	10.38	0	0	19.62	30.66
WT Riders	28	10	10	32	16	96

FDO/DD	0	13	0	7	0	20
Total	31.16	44.38	42	72	47.62	237.16

39. It is important to note that all shielding employees have been undertaking work from home during this period and so the Service has still benefitted from productive working. Any employees who have been required to SI due to a member of their household showing symptoms have also been allowed to work from home if they have been able to do so.

Action Taken

40. C-19 related absence will continue to be monitored and reported. We will continue to update our guidance in line with government guidance where required.

41. 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.

42. The HR team continue to liaise with line managers to support personnel to return to work as soon as possible through regular welfare visits, OH advice, additional support such as physiotherapy or counselling and encouraging discussions around the potential of modified duties once a return-to-work date is in sight. Current support is being given predominately for long term cases.

43. The Service has set up Lateral Flow Testing (LFT) sites across the Service area to enable us to test our own staff. Staff are asked to test themselves twice per week and log their results on our system. We have continued with the testing programme into this year with the introduction of home testing being implemented. Quarter 2 has seen the introduction of Daily Contact Testing (DCT) for key workers as a further precaution.

44. The Service is currently advertising its annual flu campaign and an offer has been made to all staff to get a vaccination which the Service will pay for. This is primarily to protect our front-line workers but also to ease the burden on NHS services over the winter period should a further pandemic occur.

45. An independent audit of the Services Attendance Management processes has been agreed and will take place in November 2021. This will hopefully give the Service some assurances that the correct processes are being followed and wellbeing initiatives are offered and accessed where appropriate.

46. Recruitment for new members of the Services Trauma Support Team has taken place. Two new members have joined the team and are currently being trained in partnership with Tyne and Wear Fire and Rescue Service. This should strengthen the Service's offer around mental health and peer support.

47. Monthly meetings have been put in place to discuss case management with the HR Business Partners and the Head of People and OD to ensure action can be taken quickly where appropriate and identify any longer-term risks. This allows a closer scrutiny of our case management.

48. The Service changed OH provider in May 2021. Through a regional procurement process, People Asset Management (PAM) were appointed, and we have been working with the new provider to ensure they are operating effectively. The change of provider has been communicated to staff. The new provider offers a wider range of supportive interventions and Services which should assist the Service in managing any employee absence effectively.

National Fire Service Data Comparison

49. At the time of writing this report the national data for quarter 1 is not yet available. This will be reported to the Committee with quarter 2 data.

Recommendation

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