



Safest People, Safest Places

Human Resources Committee

16 May 2023

Sickness Absence Performance

Quarter Four 1 April 2022 – 31 March 2023

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 2022 to 31 March 2023.

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 2022 to 31 March 2023 are calculated as average working 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 now included in our reporting figures. There is now no differentiation in the management between an absence due to Covid-19 than any other reason.
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.

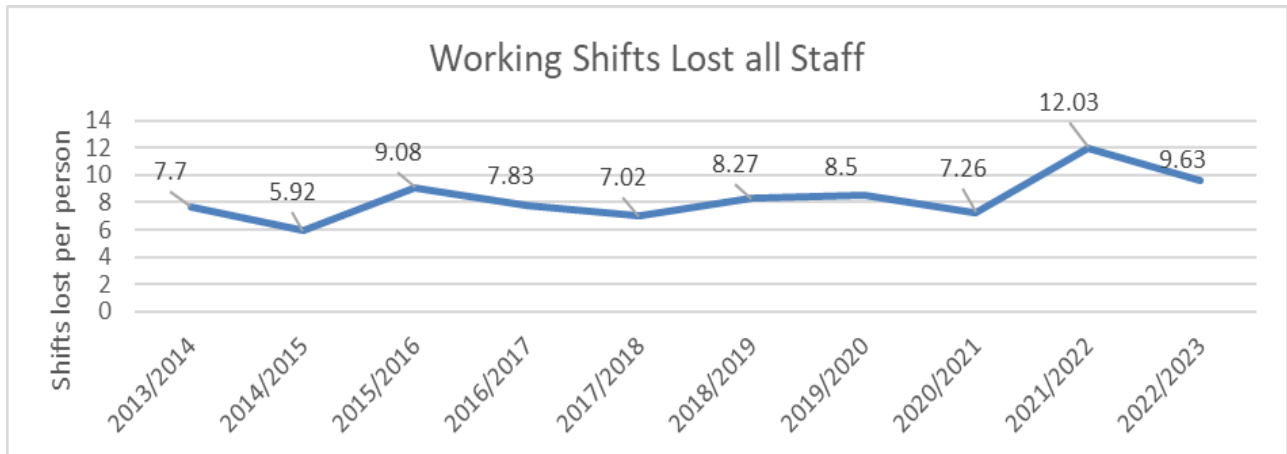
Table 1 Key Sickness Statistics by Best Value Indicators

Performance Indicator	Apr 22 to March 23	Apr 22 to March 23 Target	Variance	Apr 21 to March 22 (PYR)	Direction of Travel
Working shifts / days lost for all staff.	9.63	6.0	+3.63	12.03	Improved
Working shifts / days lost due to sickness for all Wholetime, Control and Non- Uniformed	8.86	6.0	+2.86	11.24	Improved
Working shifts / days lost due to sickness for all Wholetime and Control	8.95	6.0	+2.95	10.78	Improved

8. Overall, there has been almost 20% decrease on total shifts lost in comparison with quarter 4 of 2021-22 however figures remain high and over target. Covid-19 related absences contribute to just under 14% in comparison with 30% at this point last year. The reduction was expected however it still has an impact.
9. In line with previous performance, MSK and mental health account for a significant amount of all absence with MSK just under 42% and mental health just over 14%. Long term sickness still accounts for approximately 67% of the Service's total absence during this period which is slightly higher than last year where it sat at approximately 59%. Longer delays for treatment are impacting on the length of absences.

10. Whilst still high, overall absence has seen a decrease of 25% from last year. WT has seen a decrease of 21%, RDS 25%, Control 32% and Corporate 41% from the figures reported at the end of 2021-22. Even though all indicators are showing a positive direction of travel in comparison with last years figures which is positive, absence levels are still higher than we would like.

11. The graph below shows the shift lost for all staff over the previous 10 years.



12. 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 22 to March 23	Apr 22 to March 23 Target	Variance	Apr 21 to March 22 (PYR)	Direction of Travel
WT Riders	8.59	5.0	+3.59	10.39	Improved
FDO / Day Duty	11.62	4.5	+7.12	11.93	Improved
Control	8.4	8	+0.4	13.44	Improved
RDS	12.13	9	+3.13	14.52	Improved

Non-uniformed	8.55	5.0	+3.55	12.76	Improved
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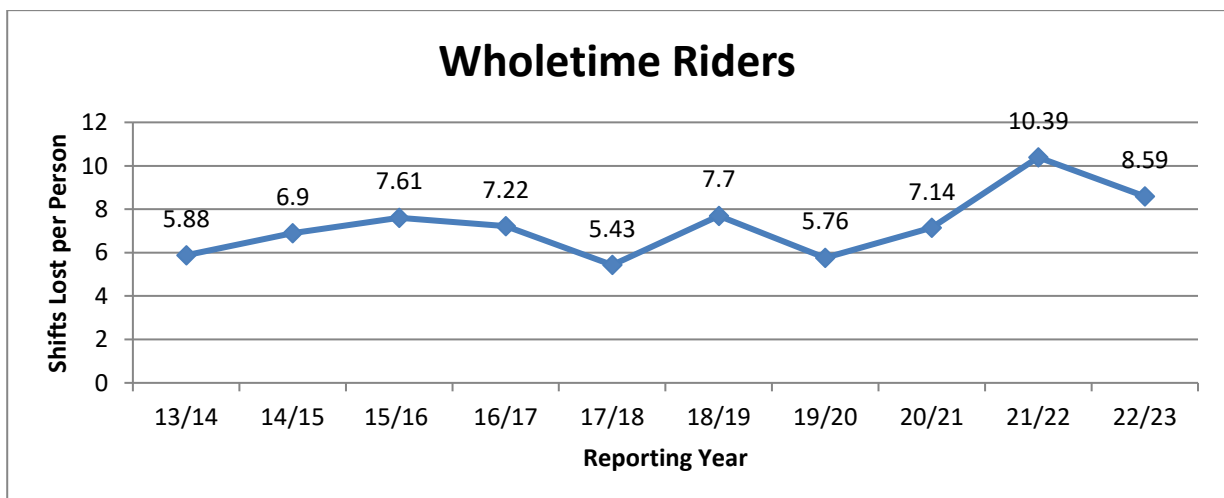
Wholetime Station Based Firefighters (Riders)

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

Description	Days/Cost	%/£ change from Q4 2021-22
Total shifts lost to 31/03/2023	2198	-21%
Long term sickness	1477 (67%)	-10%
Short term sickness	721 (33%)	-36%
Approximate cost of sickness	£415,422	-£74,754 (-15%)

14. The WT rider category has seen a 21% decrease in shifts lost when compared with the same reporting period in 2021/22. Long term absence has decreased slightly this year and is supported with significant decrease in short-term absences linked to the reduced impact of Covid-19.

15. The graph below highlights absence within this category for the previous 10 years.



16. Long term absence within this category has remained high all year equating to approximately 67% of all absence in this staff group. At the end of the reporting period 6 staff members remain

in LTS with MSK and Mental Health being the main reasons. We envisage several of these will return to work in the early part of the next reporting period.

17. Although the amount of mental health related absence still gives some cause for concern, overall, this has reduced since the start of the year. All cases relating to mental health are given appropriate support through Occupational Health (OH), EAP and where required, therapeutic support has been provided in terms of counselling or cognitive behavioral therapy, we will continue to monitor them going forward.

18. Short term absence has also decreased (by 36%) this year in comparison to the same period last year, again aligned to the reduction in Covid-19 absences from last year.

19. This category is over target for the reporting year.

Flexible Duty Officers and Day Duty

20. The detailed sickness information relating to Flexible Duty Officers (FDO) and Day Duty (DD) staff is summarised below.

FDO

Description	Days/Cost	%/£ change from Q4 2021-22
Total shifts lost to 31/03/2023	187	-35%
Long term sickness	120 (64%)	-15%
Short term sickness	67 (36%)	-54%
Approximate cost of sickness	£46,944	-£20,655 (-30%)

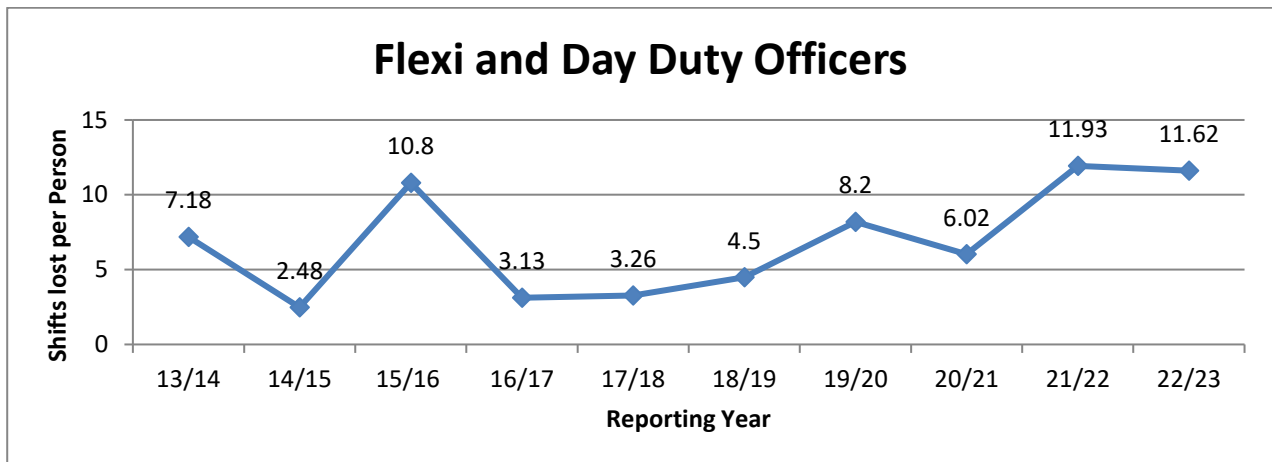
Day Duty

Description	Days/Cost	%/£ change from Q4 2021-22
Total shifts lost to 31/03/2023	266	+25%
Long term sickness	145 (53%)	+45%
Short term sickness	121 (47%)	+7%
Approximate cost of sickness	£58,541	+£14,732 (+34)

21. FDOs have seen a decrease in overall absences from the previous year yet day duty staff have seen an increase especially for long term absence.

22. MSK accounts to just over 36% of the absences in this group mostly due to long term absence. Covid related absences are accountable for almost 15% along with mental health.

23. The graph below highlights absence within this category for the previous 10 years.



24. This category is over target for the reporting year.

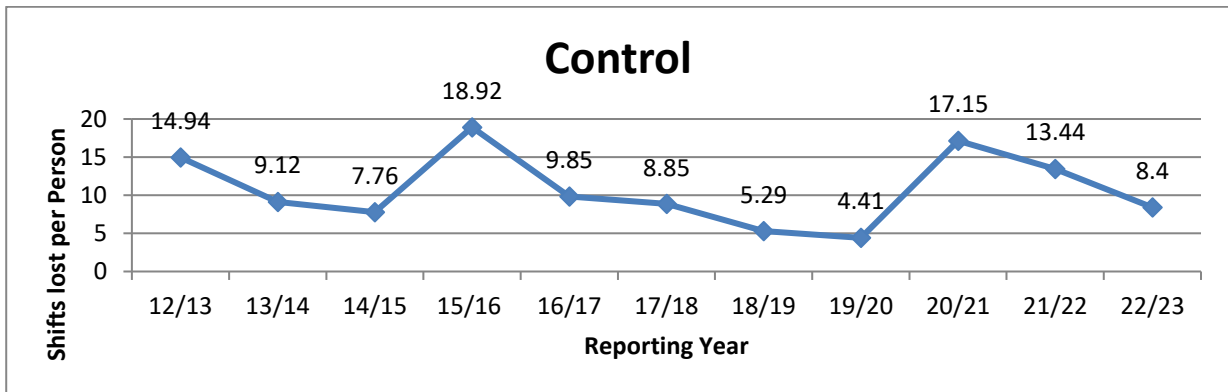
Control

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

Description	Days/Cost	%/£ change from Q4 2021-22
Total shifts lost to 31/03/2023	187	-32%
Long term sickness	82 (44%)	-36%
Short term sickness	105 (56%)	-28%
Approximate cost of sickness	£33,592	-£12,658 (-22%)

26. The Control category of staff has seen a decrease of 32% in absence when compared with the same reporting period in 2021/22. The last month of the reporting year, no sickness was recorded and the four months preceding that were particularly low.

27. The graph below highlights absence within this category for the previous 10 years.



28. This category is over target for the reporting year albeit only marginally. Improved performance in the latter half of the year impacted on the end of year figure.

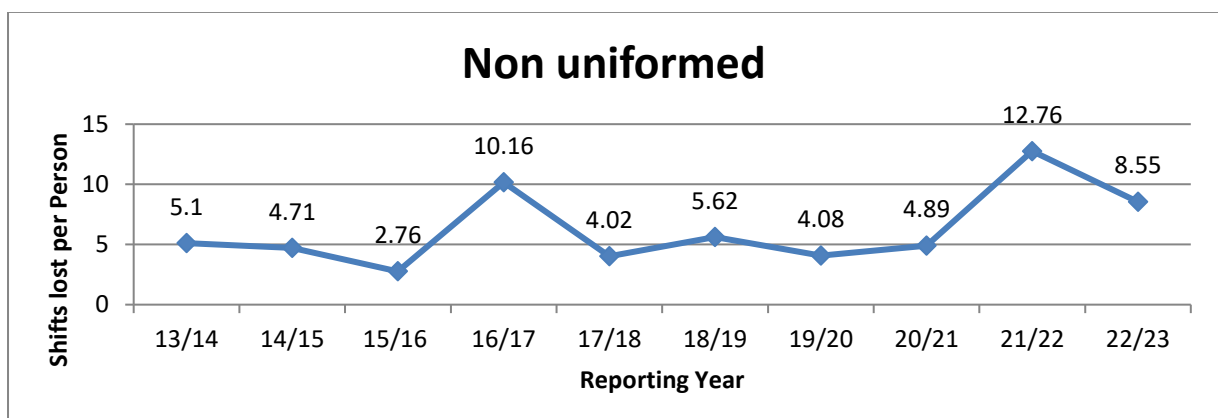
Non- Uniformed

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

Description	Days/Cost	%/£ change from Q4 2021-22
Total shifts lost to 31/03/2023	751.8	-41%
Long term sickness	449.5 (60%)	-35%
Short term sickness	302.3 (40%)	-47%
Approximate cost of sickness	£71,609	-£49,307 (-41%)

30. This category has seen a decrease of 41% in shifts lost when compared with the same reporting period in 2021/22 however, absence levels have remained high.

31. The graph below highlights absence within this category for the previous 10 years.



32. Covid related absences now equating to 19% of the full year's absences in this category. There remain several cases of longer-term absence at the end of the reporting year who are awaiting medical intervention. Covid, MSK and mental health contribute to just over a third of sickness in this staff group.

33. There was no covid related absences in this staff group for the last quarter of the reporting year.

34. This category is over target for the reporting year.

Retained Duty System (RDS)

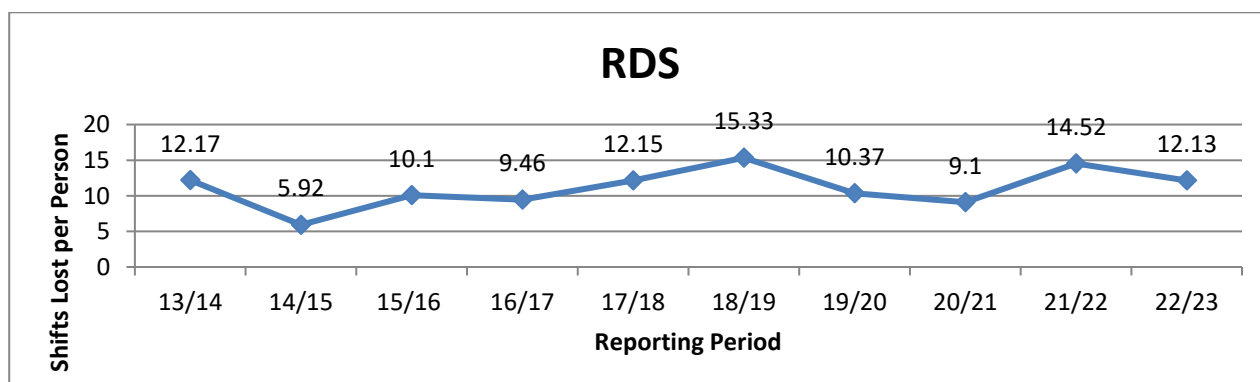
35. The detailed sickness information relating to RDS staff is summarised below.

Description	Days/Cost	%/£ change from Q4 2021-22
Total shifts lost to 31/03/2023	1509.04	-25%
Long term sickness	1144.3 (76%)	-13%
Short term sickness	371.29 (24%)	-47%
Approximate cost of sickness	£142,604	-£34,242 (-19%)

36. The RDS category has seen a decrease of 25% in shifts lost when compared with the same reporting period in 2021/22. Two RDS staff remain absent long term at the end of the period.

37. Short term absence had decreased steadily over the year and is reflected in the figures in the table above whereby it only accounts for 24% of all RDS absence.

38. The graph below highlights absence within this category for the previous 10 years.



39. This category is over target for the reporting year.

Action Taken

40. 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. The POD Manager and BPs meet regularly to discuss case management to allow a closer scrutiny and identify potential interventions at an early stage in the absence.

41. The POD are identifying managers, particularly those new into a management role, who may need greater guidance, support, and training.

42. The Service continue to implement its revised procedures around modified duties. This will give managers a framework to follow to ensure the service is offering meaningful work and optimising opportunities where possible for those who are not able to undertake their normal duties due to an injury / illness.

43. There are delays in diagnosis and treatment plans because of waiting lists in the NHS as well as significant waiting times for surgery. Support is being given to those who are awaiting medical intervention however, the impacts of these delays can be noted in our rise to long term absence.

44. 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.

45. 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

46. 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.

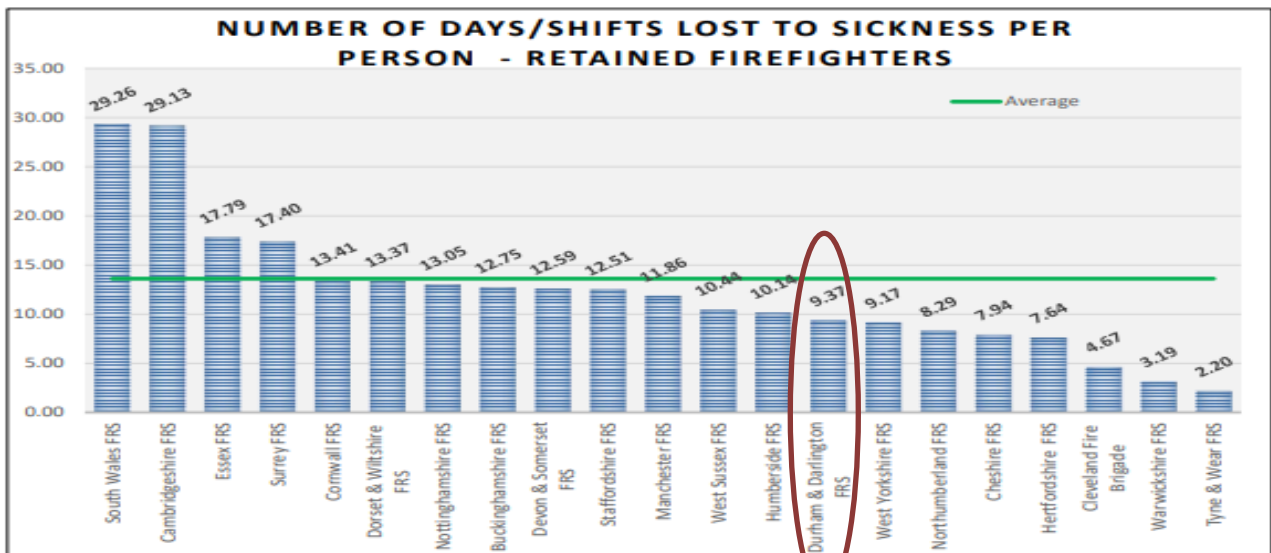
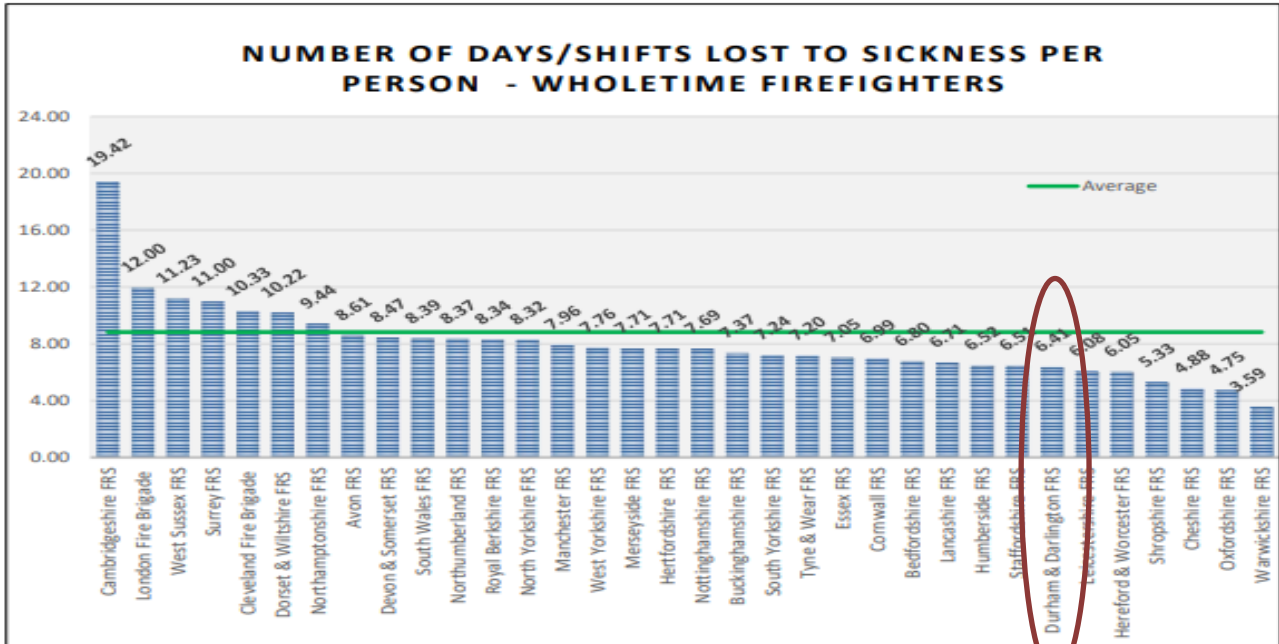
47. There is a set calculation which all FRS supplying information must adhere to, to ensure the data can be used to give an accurate comparison, however this varies to our own reporting.

The data helps our Service benchmark against other FRS in terms of sickness absence rates. The data range is for April to December 22 (Quarter 3).

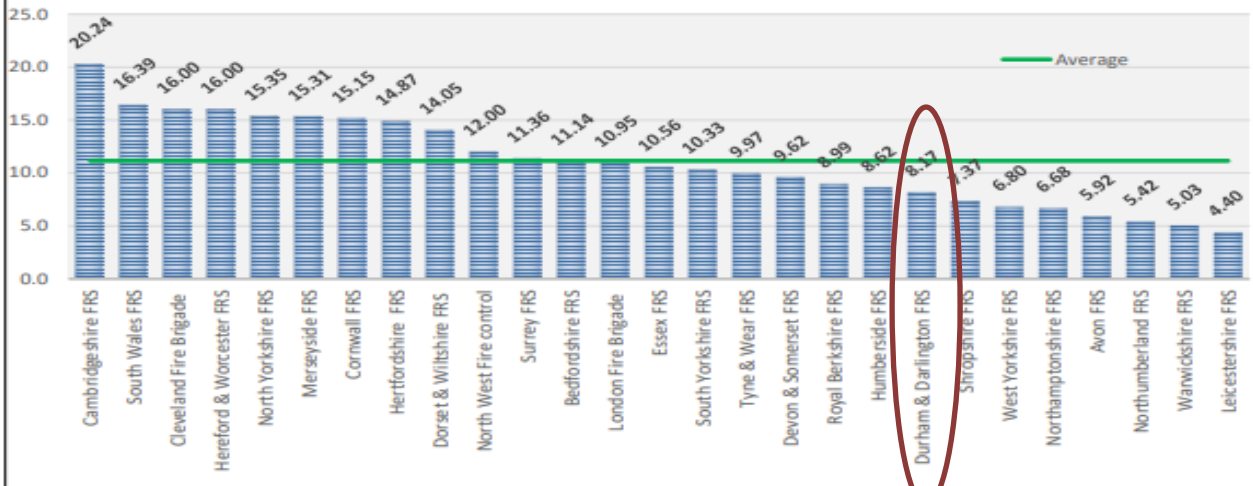
48. It should be noted that due to recording mechanisms and sickness absence policies within the various FRS' Covid 19 Sickness for some FRS' has not been included. This must therefore be borne in mind when comparing sickness levels.
49. Performance across all indicators (Appendix A) is below the national average.
50. Thirty-five FRS' submitted data for the period April 2022 – December 2022. During this period, from the Fire Services who submitted data, there have been 286,991 shifts lost to sickness absence arising from 31,557 separate occurrences for all staff groups equating to 9.32 shifts per member of staff. There are three main causes of sickness absence for all staff groups; Musculo-Skeletal (90,680 shifts) accounting for 32% of all sickness absence followed by Mental Health (60,978 shifts) which accounts for 21% of sickness absence and Respiratory (32,349 shifts) accounting for 11% of sickness absence. The Services data broadly aligns to the national picture.

Recommendation

51. 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

