



Safest People, Safest Places

Human Resources Committee

5 September 2023

Sickness Absence Performance

Quarter One 1 April 2023 – 30 June 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 2023 to 30 June 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 2023 to 30 June 2023 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 June 23	Apr 23 To June 23 Target	Variance	Apr 22 to June 22 (PYR)	Direction of Travel
Working shifts / days lost for all staff .	2.51	1.75	+0.76	2.13	Up
Working shifts / days lost due to sickness for all Wholetime, Control and Non- Uniformed	2.21	1.75	+0.46	1.91	Up
Working shifts / days lost due to sickness for all Wholetime and Control	2.37	1.75	+0.62	2.0	Up

8. All KPIs for sickness are above target at this point in the year and performance has regressed in comparison with last year for all the indicators. Compared to the same reporting quarter last year, sickness overall has increased by 9%.
9. Absences within specific staff groups have seen varying shifts in comparison to the same quarter last year. WT Riders, FDO/DD, RDS and Corporate have all seen an increase however Control have shown good performance over the first quarter with only 1.5 shifts lost. Corporate staff are also under target at this point in the year. Almost 80% of all absence is due to long term sickness and all staff groups demonstrate that in their figures.
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 23 to June 23	Apr 23 To June 23 Target	Variance	Apr 22 to June 22 (PYR)	Direction of Travel
WT Riders	2.2	1.75	+0.45	2.01	Up
FDO / DD	4.5	1.375	+3.125	1.25	Up
Control	0.07	2.25	-2.18	3.42	Down
RDS	3.46	2.5	+0.96	2.88	Up
Non-uniformed	1.64	1.75	-0.11	1.59	Up

Wholetime Station Based Firefighters (Riders)

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

Description	Days/cost	%/£ change from Q1 2022-23
Total shifts lost to 30/6/2023	561	+6%
Long term sickness	422	+15%
Short term sickness	139	-14%
Approximate cost of sickness	£106,029	+13%

11. The WT rider category has seen a 6% increase in shifts lost when compared with the same reporting period in 2022/23. Increases in absence levels have been predominantly due to long-term absence with 18 cases spanning across this quarter which is higher than normal for this time of year.

12. MSK still accounts for the highest proportion of absence with 50% of all absence attributed to this area. There does not appear to be a specific area causing the concern i.e., the absences cover the spectrum of MSK issues (back, shoulders, knee, lower limb etc.) making it difficult to ascertain if there is a trend/reason to investigate further at this moment in time. 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.

13. Mental health absences account for 26% and are not work-related stress however those concerned continue to receive support via the POD Team, line managers, Employee Assistance Programme (EAP) and occupational health.

14. Reduction in short term absence can be seen which is positive and links to reductions in covid related absence. There have only been 3 shifts lost to Covid-19 this quarter which has reduced significantly in comparison with last year. A further 12 shifts have been lost of colds and flu symptoms.

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

Flexible Duty Officers and Day Duty

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

FDO

Description	Days/cost	%/£ change from Q1 2022-23
Total shifts lost to 30/06/2023	48	+700%
Long term sickness	48	+700%
Short term sickness	0	-100%
Approximate cost of sickness	£12,049	+755%

Day Duty

Description	Days/cost	%/£ change from Q1 2022-23
Total shifts lost to 30/06/2023	131	+167%
Long term sickness	128	+178%
Short term sickness	3	0%
Approximate cost of sickness	£30,701	+204%

17. The FDO category and the DD category have both seen high levels of absence this quarter predominantly linked to long term absence for mental health related issues and long covid. Short term absence in both categories is very low which is positive. Most of these cases have been resolved and individuals have returned to work however, one will continue into the next reporting quarter.

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

Control

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

Description	Days/cost	%/£ change from Q1 2022-23
Total shifts lost to 30/6/2023	1.5	-97%
Long term sickness	0	-100%
Short term sickness	1.5	-94%
Approximate cost of sickness	£269	-98%

20. The Control category of staff has only lost 1.5 shifts in the first quarter of the year and currently under target at this point in the reporting year. In comparison with last year's figures, there has been a significant improvement within this category.

Non- Uniformed

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

Description	Days/cost	%/£ change from Q1 2022-23
Total shifts lost to 30/06/2023	144	-24%
Long term sickness	109	-21%
Short term sickness	35	-31%
Approximate cost of sickness	£13,716	-24%

22. This category has seen a decrease of 24% in shifts lost when compared with the same reporting period in 2022/23. There have been 4 cases of long-term sickness for various reasons which predominantly account for 75% of all sickness. Whilst overall sickness shifts have improved, the indicator for this area has regressed. This is due to a drop in strength levels within this category due to having several vacancies. A change in strength levels as well as improved absence levels are likely to impact on this indicator the next reporting quarter.

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

Retained Duty System

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

Description	Days/cost	%/£ change from Q1 2022-23
Total shifts lost to 30/06/2023	437.44	+18%
Long term sickness	378.5	+41%
Short term sickness	58.94	-40%
Approximate cost of sickness	£41,296	+26%

25. The RDS category has seen an increase of 18% in shifts lost when compared with the same reporting period in 2022/23. Like WT, a rise in long term absence has been seen with ongoing cases related to MSK, mental health and cancer which are likely to continue into the next reporting quarter. There is one case which is being progressed for ill health retirement. Short term sickness on a positive note has decreased by 40%, like WT low levels of covid related absence have impacted this significantly.

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

Age Related Data

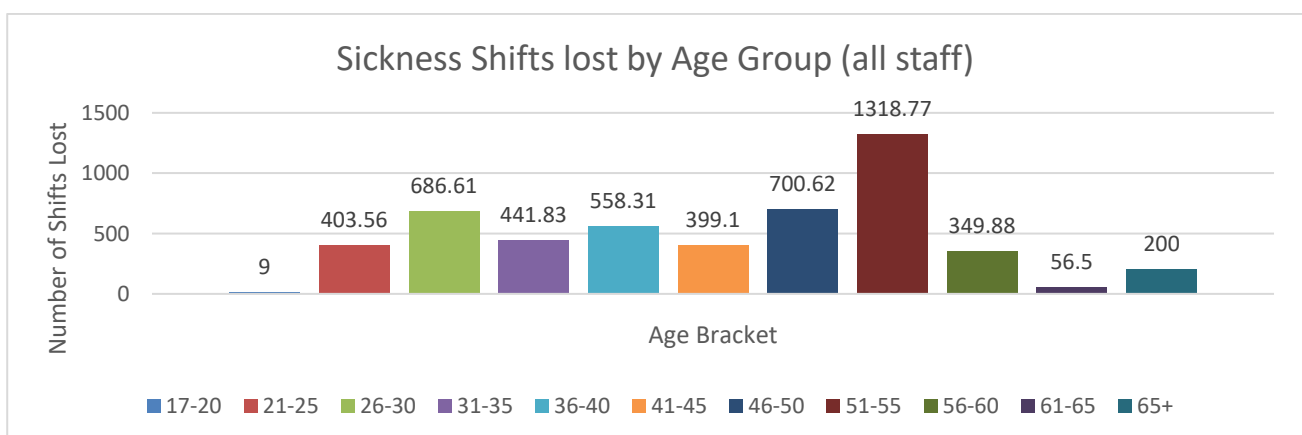
27. The Labor Force Survey from the Office for National Statistics commented that the sickness absence rate rose for all age groups in 2022 which is like that seen in our data. Rates increased in 2022 in all age groups for men, and all age groups for women except those aged 16 to 24 years. At 4.9%, the sickness absence rate for those with long-term health conditions is at its highest point since 2008, when it was 5.1%.

28. The average age of all staff is outlined in the table below with the highest amount being in the 36-40 category although this is closely followed by 46-50 and 51-55.

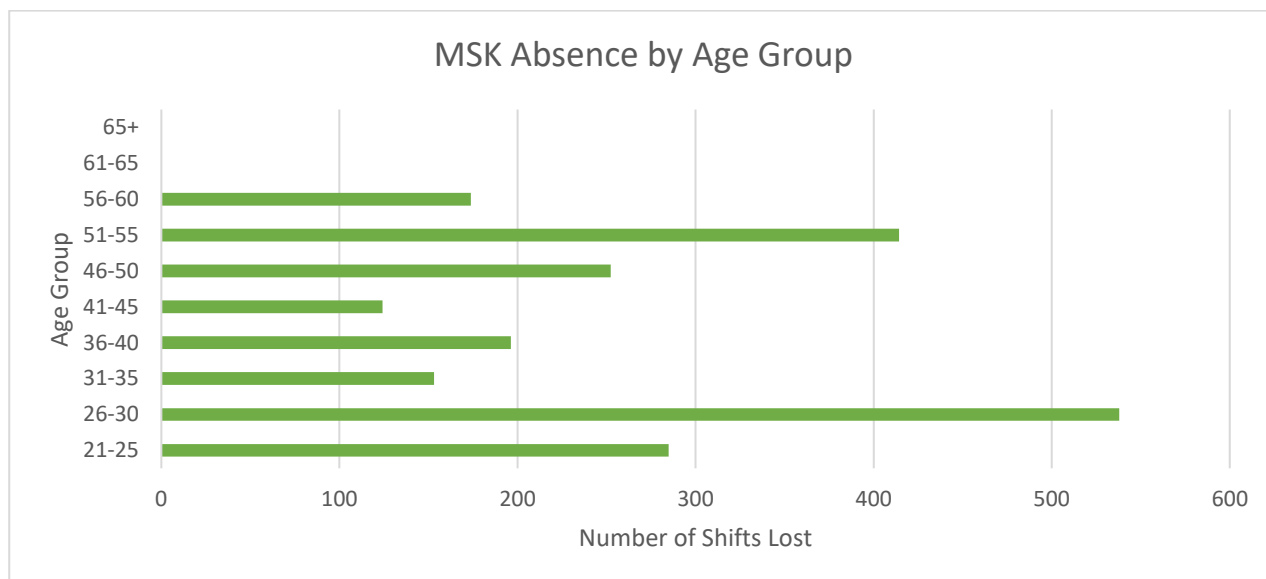
Staff Group	17-20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	65+
Wholetime	4	25	28	33	41	43	59	56	6	0	0
On-Call	2	18	31	35	33	19	18	13	10	0	0
Control	1	2	1	1	2	4	1	6	5	2	1
Corporate	2	5	9	8	14	13	10	12	21	3	
Total in each age bracket	9	50	69	77	90	79	88	87	42	5	1

29. When this is equated into shift lost to sickness the highest levels of absence are in the 51-55 age bracket. This category is over 400 shifts higher than the This is depicted in the table and graph below.

Age Bracket	17-20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	65+
Total	9	403.56	686.61	441.83	558.31	399.1	700.62	1318.77	349.88	56.5	200
Shifts lost PP	1	8.07	9.9	5.7	6.2	5.05	7.9	15.1	8.3	11.1	200



30. When looking at the 51-55 age bracket more in depth, we can see that approximately 31% is attributable to MSK related injuries followed by cancer and other reason. This can be broken down further to see that upper limb (wrists, hands, elbow) and shoulders equate to a significant proportion of absence in this age bracket however knees and lower limbs are still the main MSK reason for absence equating to 45% of all shifts lost. The graph below breaks all MSK related absence down by age group with the most shifts lost in the 26-30 bracket.



31. The highest levels of mental health related absence can be seen in the 31-35 and the 51-55 brackets and covid and gastrointestinal illness impacted those aged between 46 and 55 the most. Cancer related absence is also only attributable to the 51-55 age bracket.

Action Taken

32. 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.

33. Plans are being coordinated for the winter flu campaign with Occupational Health with an offer to staff for a free vaccine. This will be promoted around the service with all staff encouraged to take up the offer. This is primarily to protect our front-line workers but also to ease the burden on NHS services over the winter period.

34. The HRC were given details of the potential to pay for ad hoc diagnostic treatments or low-cost medical interventions in a paper presented in May 2023. Since then, this has been utilised to support an employee with a diagnosis and speed up the next step of the ill health process.

35. The Service are currently exploring an option around an additional health care benefit and are consulting with staff on their interest in such a scheme. A project has been set up to work through the consultation and implementation stages if feasible in line with similar schemes offered in other FRS's.

36. Recruitment for new members of the Services Trauma Support Team is currently place with new members being trained in partnership with Tyne and Wear Fire and Rescue Service. This should strengthen the Services offer around mental health and peer support.

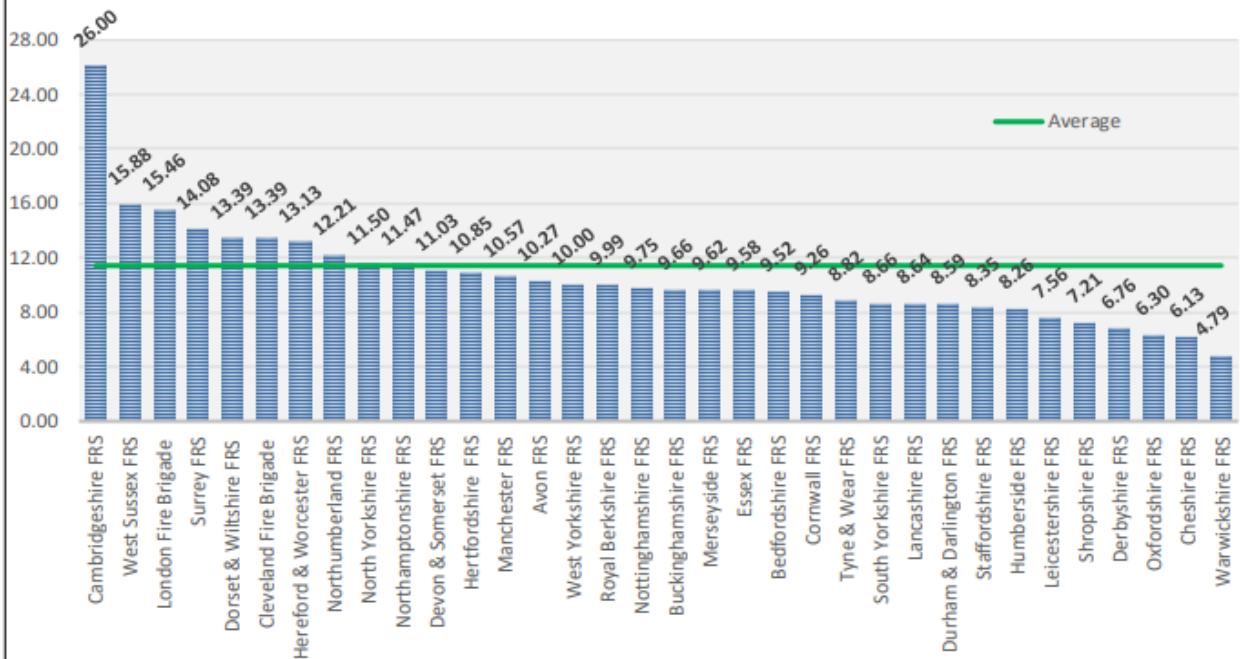
National Fire Service Data Comparison

37. 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.
38. 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 March 2023 (Quarter 4).
39. 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.
40. Performance across indicators (Appendix A) is below the national average which is positive in comparison with other FRS's.
41. Thirty-seven FRS' submitted data for the period April – March 2023. During this period, from the Fire Services who submitted data, there have been 359,744 shifts lost to sickness absence arising from 38,870 separate occurrences for all staff groups equating to 11.91 shifts per member of staff. There are three main causes of sickness absence for all staff groups; Musculo-Skeletal (109,877 shifts) accounting for 31% of all sickness absence followed by Mental Health (77,794 shifts) which accounts for 22% of sickness absence and Respiratory (42,953 shifts) accounting for 12% of sickness absence.

Recommendation

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

NUMBER OF DAYS/SHIFTS LOST TO SICKNESS PER PERSON - WHOLETIME FIREFIGHTERS



NUMBER OF DAYS/SHIFTS LOST TO SICKNESS PER PERSON - RETAINED FIREFIGHTERS

