

Safest People, Safest Places

Human Resources Committee

21 November 2023

Sickness Absence Performance

Quarter Two 1 April 2023 – 30 September 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 September 2023.

Background

- 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 September 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 Sept 23	Apr 23 To Sept 23 Target	Variance	Apr 22 to Sept 22 (PYR)	Direction of Travel
Working shifts / days lost for all staff.	4.69	3.5	+1.19	4.74	Down
Working shifts / days lost due to sickness for all Wholetime, Control and Non- Uniformed	4.05	3.5	+0.55	4.14	Down
Working shifts / days lost due to sickness for all Wholetime and Control	4.43	3.5	+0.93	4.24	Up

- 8. All KPIs for sickness are above target at this point in the year however performance has improved in comparison with last year in two indicators. Compared to the same reporting quarter last year, sickness shifts lost overall has decreased by 1%. Mental Health concerns and MSK are a large contributor to absence levels with 41% and 24% respectively. Mental Health has overtaken MSK as the main reason for absence this quarter and increases are seen over all categories.
- 9. WT Riders, and FDO/DD, have seen an increase since this quarter last year with Control and Corporate seeing a decrease and remaining under target for this point in the year. Control has significantly increased since quarter 1 and is predicted to rise further during the next quarter. 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 Sept 23	Apr 23 To Sept 23 Target	Variance	Apr 22 to Sept 22 (PYR)	Direction of Travel
WT Riders	4.19	3.5	+0.69	4.13	Up
FDO / DD	6.52	2.25	+4.27	4.07	Up
Control	2.41	4.5	-2.09	5.84	Down
RDS	6.76	4.5	+2.26	6.77	Down
Non-uniformed	2.35	3.5	-1.15	3.80	Down

Wholetime Station Based Firefighters (Riders)

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

Description	Days/cost	%/£ change from Q2 2022-23
Total shifts lost to 30/9/2023	1029	-5%
Long term sickness	737 (72%)	+6.96%
Short term sickness	292 (28%)	-25.9%
Approximate cost of sickness	£194,481	+1.7%

- 11. The WT rider category has seen a 5% decrease in shifts lost when compared with the same reporting period in 2022/23. Absence levels are predominantly due to long- term absence with 22 cases spanning across this quarter and 9 currently still absent which is higher than normal for this time of year.
- 12. Mental Health currently accounts for over 43% of total absence and work-related stress accounts for 30% of all mental health absence. 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 so far.
- 13. MSK accounts for over 36% of all absence so far this year which is a slight drop on this time last year. The absences cover the spectrum of MSK issues however lower limb accounts for over 46% of all MSK absences with 5 long term cases spanning across the quarter accounting for most of this. There is no specific trend / reason identified to investigate further at this moment in time as 4 of these long-term cases have returned to work and 1 has left on ill health retirement. 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.
- 14. Reduction in short term absence can been seen which is positive however covid related absence has started to increase recently and will be monitored over the winter period.
- 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 Q2 2022-23
Total shifts lost to 30/09/2023	128	+75%
Long term sickness	114	+90%
Short term sickness	14	+7.7%
Approximate cost of sickness	£34,415	+101%

Day Duty

Description	Days/cost	%/£ change from Q1 2022-23
Total shifts lost to 30/09/2023	172	+69%
Long term sickness	154	+235%
Short term sickness	18	-67%
Approximate cost of sickness	£40,309	+92%

- 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 30/09/2023	44	-66%
Long term sickness	0	-100%
Short term sickness	44	-38%
Approximate cost of sickness	£7904	-63%

- 20. The Control category of staff has lost 44 shifts so far this year and is currently under target at this point in the reporting year this may however change going forward due to potential longterm absence. In comparison with last year's figures, there has been a significant improvement within this category.
- 21. This category is below target at this point in the reporting year,

Non-Uniformed

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

Description	Days/cost	%/£ change from Q1 2022-23
Total shifts lost to 30/09/2023	238	-33%
Long term sickness	168 (71%)	-24%
Short term sickness	70 (29%)	-47%
Approximate cost of sickness	£22,669	-33%

- 23. This category has seen a decrease of 33% 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 spanning across both quarters however only 1 is currently still absent. Overall sickness shifts have improved in this area and should continue to going forward. Other reason currently accounts for the most shifts lost with 49% of all current non-uniformed sickness.
- 24. This category is currently under target at this point in the reporting year.

Retained Duty System

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

Description	Days/cost	%/£ change from Q1 2022-23
Total shifts lost to 30/09/2023	842.43	+1%
Long term sickness	757.36 (90%)	+16%
Short term sickness	85.07 (10%)	-52%
Approximate cost of sickness	£79,609	+8%

- 26. The RDS category has seen an increase of 1% in shifts lost when compared with the same reporting period in 2022/23. Like WT, a rise in long term absence has been seen 6 cases related to MSK, mental health and cancer spanning both quarters however 5 of these have now returned to work. There is one case which is being progressed for ill health retirement. Short term sickness on a positive note has decreased by 52%, like WT there has been a slight increase in covid related absence so far this year.
- 27. This category is over target for the reporting year.

Action Taken

- 28. 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.
- 29. Plans have been coordinated for the winter flu campaign with Occupational Health with an offer to staff for a free vaccine. This has been 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. 53 staff have taken up the offer to date.
- 30. The Service are implementing a 18 month trial of an additional health care benefit. Staff have been consulted on their interest in such a scheme. A project has been set up to work through the consultation and implementation stages with a view to start on the 1 January 2024. Similar scheme are offered in other FRS's.
- 31. The Services Trauma Support Team has recruited 5 new members who will be trained in partnership with Tyne and Wear Fire and Rescue Service within the next quarter. This should strengthen the Services offer around mental health and peer support.

National Fire Service Data Comparison

- 32. 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.
- 33. 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 June 2023 (Quarter 1).
- 34. 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.
- 35. Performance across indicators (Appendix A) is below the national average which is positive in comparison with other FRS's.
- 36. Thirty-five FRS' submitted data for the period April June 2023. During this period, from the Fire Services who submitted data, there have been 84,854 shifts lost to sickness absence arising from 8,558 separate occurrences for all staff groups equating to 2.63 shifts per

member of staff. The main causes of sickness absence for all staff groups are Musculo-Skeletal (28,673 shifts) accounting for 34% of all sickness absence followed by Mental Health (22,446 shifts) which accounts for 26% of sickness absence. The third main cause of sickness absence during Quarter One 2023/24 was Gastro-Intestinal reasons with 4,620 shifts lost, 5.4% of sickness absence, closely followed by Respiratory reasons with 4,525 shifts lost, 5.3% of sickness absence. Respiratory reasons historically has been the third main cause. It can also be noted that if the three 'Not Specified' reporting categories are combined these have a total duty days lost of 7,730, representing 9% of sickness absence.

Recommendation

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





