



Safest People, Safest Places

Human Resources Committee

20 February 2024

**Sickness Absence Performance Quarter Three
1 April 2023 – 31 December 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 31 December 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 31 December 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 Dec 23	Apr 23 To Dec 23 Target	Variance	Apr 22 to Dec 22 (PYR)	Direction of Travel
Working shifts / days lost for all staff .	7.04	5.25	+1.79	7.06	Down
Working shifts / days lost due to sickness for all Wholetime, Control and Non- Uniformed	6.55	5.25	+1.3	6.51	Up
Working shifts / days lost due to sickness for all Wholetime and Control	7.41	5.25	+2.16	6.68	Up

8. All KPIs for sickness are above target at this point in the year however performance has improved in comparison with last year for all staff. Compared to the same reporting quarter last year, sickness shifts lost overall has decreased by 0.02%. MSK and Mental Health concerns are a large contributor to absence levels with 35.98% and 33.87% respectively. MSK has overtaken Mental Health 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 Corporate seeing a decrease and remaining well under target for this point in the year. Control significantly increased in quarter 2 and remained high in quarter 3 but should drop in the last quarter as two of those off long term will be returning to work. Almost 77% of all absence is due to long term sickness which is slightly down on last quarter, 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 Dec 23	Apr 23 To Dec 23 Target	Variance	Apr 22 to Dec 22 (PYR)	Direction of Travel
WT Riders	6.66	5.25	+1.41	6.53	Up
FDO / DD	11.26	3.375	+7.89	7.1	Up
Control	7.66	6	+1.66	7.7	Down
RDS	8.64	6.75	+1.89	8.94	Down
Non-uniformed	3.95	5.25	-1.3	5.92	Down

Wholetime Station Based Firefighters (Riders)

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

Description	Days/cost	%/£ change from Q3 2022-23
Total shifts lost to 31/12/2023	2143	+26.24%
Long term sickness	1611 (75%)	+43.32%
Short term sickness	532 (25%)	-7.16%
Approximate cost of sickness	£405,027	+35.12%

11. The WT rider category has seen a 26% increase in shifts lost when compared with the same reporting period in 2022/23. Shifts lost in Quarter 3 have been the highest so far this year predominantly due to long- term absence with 14 cases spanning across this quarter and 8 currently still absent which is higher than normal for this time of year.

12. Mental Health currently accounts for over 28% of total absence which has reduced since last quarter from 37%. This type of absence includes anxiety, low mood, work related stress, bereavement and family related stress. Work-related stress accounts for 5% of all mental health absence in this category. 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 48% of all absence so far this year which is an increase compared to last quarter. The absences cover the spectrum of MSK issues however lower limb accounts for over 45% of all MSK absences with 4 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 all 4 of these long-term cases have returned to work in early January. 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 unless an intervention from Benenden Health is appropriate.

14. An increase in short term absence can be noted in October however, these reduced back to normal levels over November and December. The main reasons for short term absence are predominantly Gastroenteritis and cold/flu equating to 31% and 23% respectively.

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 Q3 2022-23
Total shifts lost to 31/12/2023	228	+52%
Long term sickness	199	+66%
Short term sickness	29	-3%
Approximate cost of sickness	£61,302	+74%

Day Duty

Description	Days/cost	%/£ change from Q3 2022-23
Total shifts lost to 31/12/2023	290	+96%
Long term sickness	262	+232%
Short term sickness	28	-59%
Approximate cost of sickness	£67,964	+110%

17. The FDO category and the DD category have both seen high levels of absence again this quarter predominantly linked to long term absence. The main reasons are MSK and mental health. Short term absence in both categories is low which is positive. Most of these cases have been resolved and individuals have returned to work however, two in the FDO category 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 Q3 2022-23
Total shifts lost to 31/12/2023	140	-20%
Long term sickness	92	+12%
Short term sickness	48	-48%
Approximate cost of sickness	£25,149	-14%

20. The Control category of staff has lost 140 shifts so far this year, most of which have happened in this reporting quarter relating to mental health. Whilst 2 cases have been resolved in early January, one remains and is likely to span across quarter 4. Only 4 shifts were lost to short term absence over quarter 3. In comparison with last year's figures, there has still improvement within this category.

21. This category is over 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 Q3 2022-23
Total shifts lost to 31/12/2023	400.72	-30%
Long term sickness	264 (66%)	-23%
Short term sickness	136.72 (34%)	-41%
Approximate cost of sickness	£38,168	-30%

23. This category has seen a decrease of 30% in shifts lost when compared with the same reporting period in 2022/23. There have been 2 cases of long-term sickness for various reasons spanning across the whole quarter however only 1 is currently still absent. Overall, sickness shifts have improved in this area and should continue to going forward. The main reason for short term absence were predominantly for cold / flu related.

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 Q3 2022-23
Total shifts lost to 30/09/2023	1086.86	-2%
Long term sickness	969.88 (89%)	+13%
Short term sickness	116.98 (11%)	-52%
Approximate cost of sickness	£102,708	+5%

26. The RDS category has seen a small decrease on shifts lost when compared with the same reporting period in 2022/23. Like WT, a rise in long term absence has been seen however the majority 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 most of this has been due to colds / flu.

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. A piece of work has been undertaken by the POD team to further investigate the 'other' category of sickness and ensure that those logged in the system had been appropriately. The team are also chasing any absences where no reason is entered into the system. As part of this piece of work some additional categories have been added to the system for reasons such as bereavement, post operative, migraine and viral infection which were the most common reasons for absence under this category.

30. The Service have implemented an 18-month trial of an additional health care benefit. In the first two weeks the services of Benenden have been accessed by 10 members of staff which is a positive start to the trial. This included access the 24/7 GO, diagnostics, physiotherapy and one surgery has been arranged. The HRC will be kept up to date with the usage figures during the trial.

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 in February 2024. This will strengthen the Services offer around mental health and peer support.

National Fire Service Data Comparison

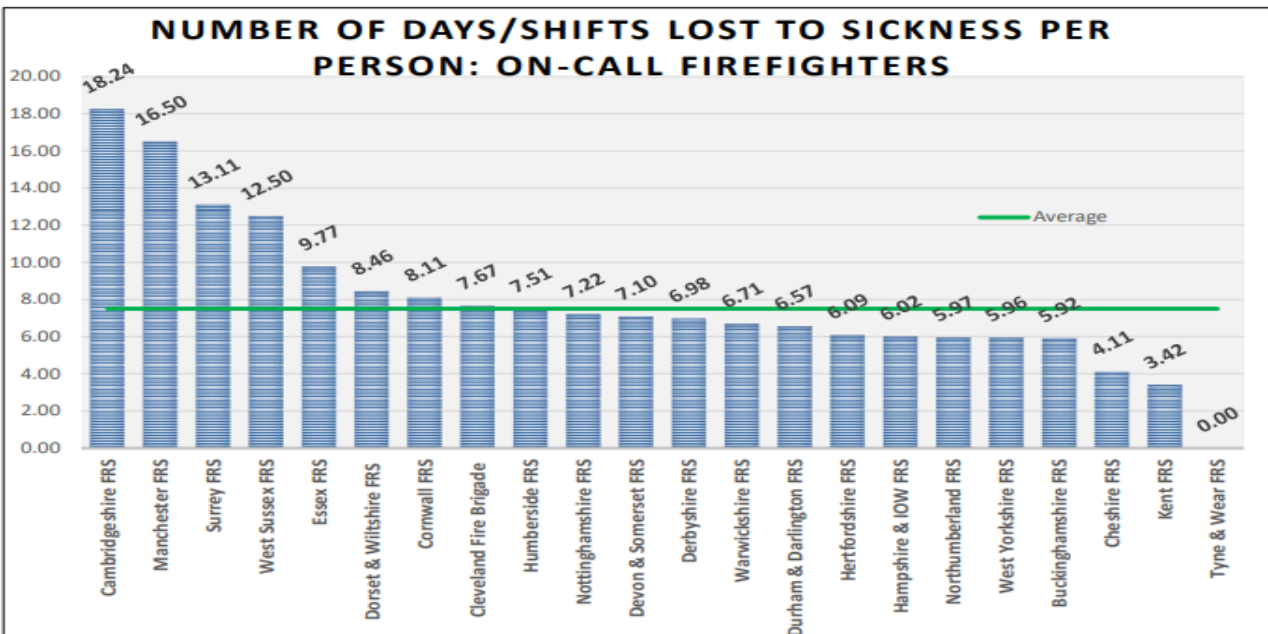
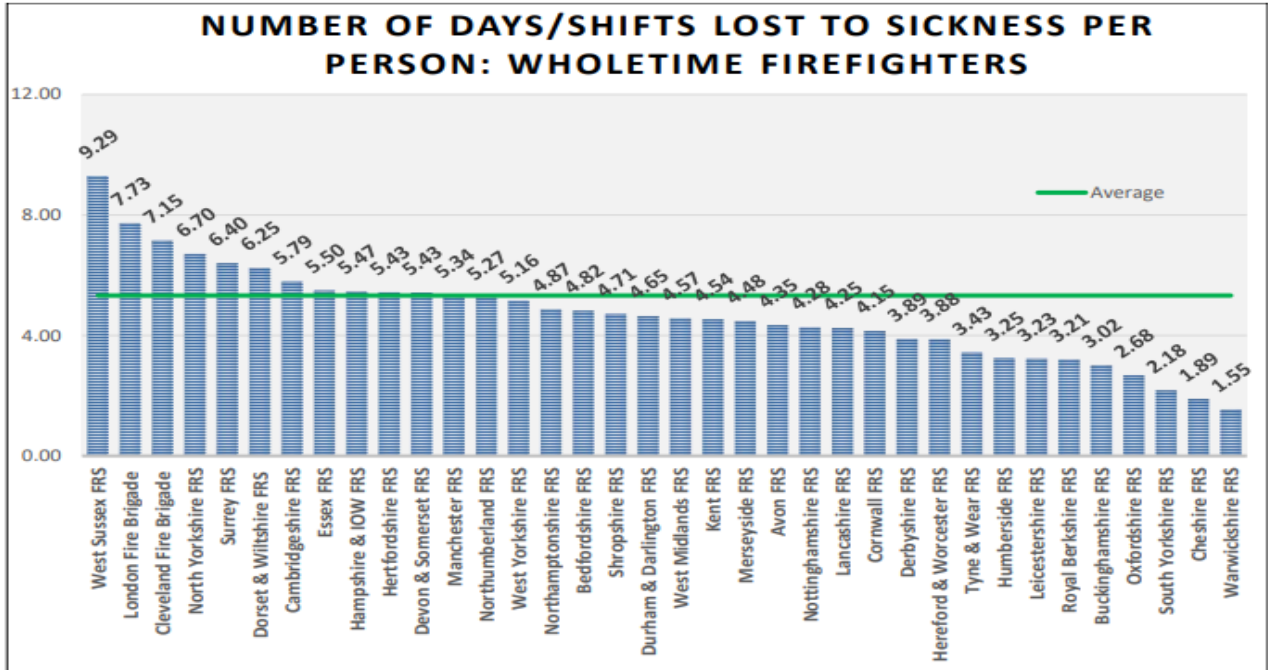
32. This data is supplied via the National OH Performance Report which is compiled by Cleveland Fire Brigade (CFB). All fire and rescue services (FRS) are asked to supply data for the main categories of employees; WT, Control, RDS and Non-uniformed.

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 September 2023 (Quarter 2).

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 – September 2023. During this period, from the 37 Fire Services who submitted data, there has been 189,633 shifts lost to sickness absence arising from 19,479 separate occurrences for all staff groups equating to 5.47 shifts per member of staff. Musculo-Skeletal (62,985 shifts) accounting for 33% of all sickness absence followed by Mental Health (50,089 shifts) which accounts for 26% of sickness absence. The third main cause of sickness absence during Quarter Two 2023/24 was Gastro-Intestinal reasons with 11,628 shifts lost, accounting for 6% of all sickness absence. This was closely followed by Respiratory reasons with 10,365 shifts lost (5% of sickness absence). Historically, Respiratory reasons has been the third highest cause of sickness absence.

Recommendation

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



NUMBER OF DAYS/SHIFTS LOST TO SICKNESS PER PERSON: FIRE CONTROL

