



Safest People, Safest Places

Human Resources Committee

27 September 2024

Sickness Absence Performance

Report of Director of People and Organisational Development

Purpose of the report

1. The purpose of this report is to update the Human Resources Committee (HRC) on sickness absence performance for the period 1 April 2024 to 30 June 2024 with some additional context and performance areas highlighted from 2023/24.

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 with SLT 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.

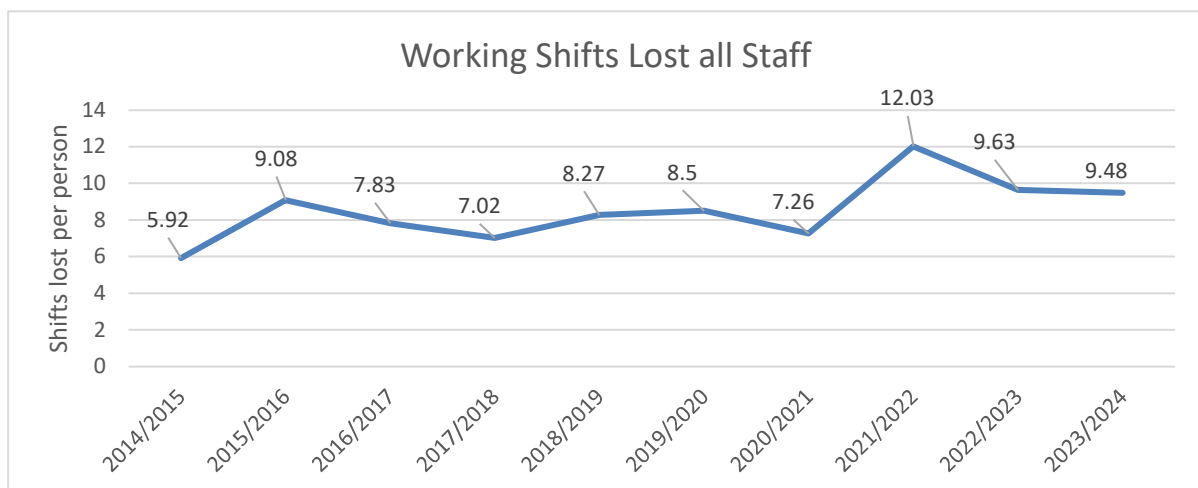
Summary of Sickness Statistics

4. The sickness statistics for the period 1 April 2024 to 30 June 2024 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. 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 24 to Jun 24	Apr 24 To Jun 24 Target	Variance	Apr 23 to Jun 23 (PYR)	Direction of Travel
Working shifts / days lost for all staff .	2.45	1.75	+0.7	2.51	Down
Working shifts / days lost due to sickness for all Wholetime, Control and Non- Uniformed	1.94	1.75	+0.19	2.21	Down
Working shifts / days lost due to sickness for all Wholetime and Control	1.96	1.75	+0.21	2.37	Down

7. All KPIs for sickness are above target at this point in the year however performance has improved in comparison with last year for all the indicators. Compared to the same reporting quarter last year, sickness overall has decreased by 2.39%
8. Absences within specific staff groups have seen varying shifts in comparison to the same quarter last year. WT Riders, FDO/DD, as seen a decrease whereas RDS, Control and Corporate have all seen an increase. Unfortunately, all staff groups are over target at this point in the year. Almost 84% of all absence is due to long term sickness and all staff groups demonstrate that in their figures.
9. The graph below shows the shift lost for all staff over the previous 10 years for context purposes. Based on Q1 performance, it is predicted end of year performance for all staff would be around 9.8 shifts lost per person.



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 24 to Jun 24	Apr 24 To Jun 24 Target	Variance	Apr 23 to Jun 23 (PYR)	Direction of Travel
WT Riders	1.88	1.75	+0.13	2.2	Down
FDO / DD	3.02	1.125	+1.895	4.5	Down
Control	3.37	2	+1.37	0.07	Up
RDS	4.44	2.25	+2.19	3.46	Up
Non-uniformed	2.24	1.75	+0.49	1.64	Up

Wholetime Station Based Firefighters (Riders)

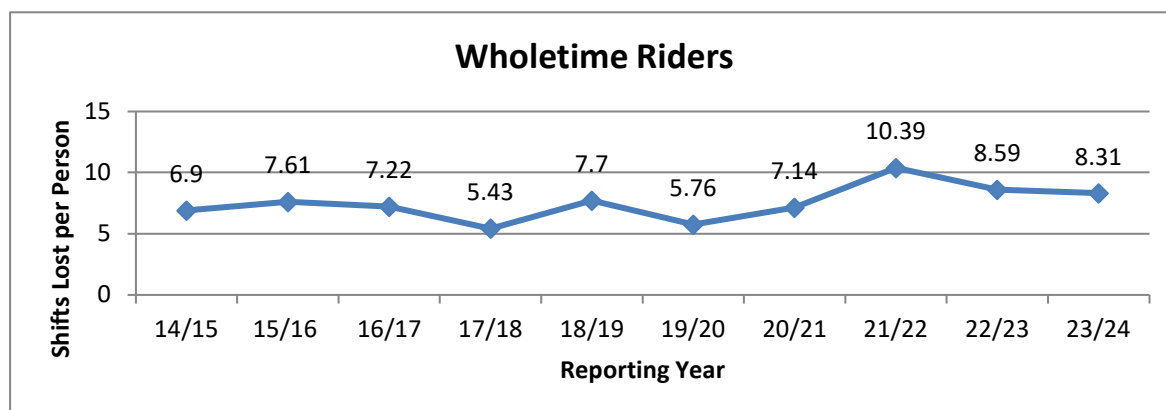
11. The detailed sickness information relating to WT riders is summarised below.

Description	Days/cost	%/£ change from Q1 2023-24
Total shifts lost to 30/06/2024	445	-20.68%
Long term sickness	331 (74%)	-21.56%
Short term sickness	114 (26%)	-17.99%
Approximate cost of sickness	£88,324	-£17,705 (16.70%)

12. The WT rider category has seen a 20% decrease in shifts lost when compared with the same reporting period in 2023/24. There have been 7 long term sick cases spanning this quarter compared to 18 cases this time last year.
13. MSK accounts for the highest proportion of absence with 49% of all absence attributed to this area. The main area within MSK causing the high absence rate is knee issues. This accounts for over 54% of MSK absence for this period with three staff members absent for this reason, one of which was due to sporting injuries attained outside of work. 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. Mental Health currently accounts for 23% of total absence which has decreased since this time last year. This type of absence includes anxiety, low mood, and work-related stress. Work-related stress accounts for just over 13% of all mental health absence in this category which is primarily linked to investigations and employee relations issues. Those concerned continue to receive support via the POD Team, line managers, Employee Assistance Programme (EAP) and occupational health. MSK has overtaken Mental Health as the reason for sickness this quarter.
15. Short term absence has increased slightly from this time last year. However there does not appear to be a specific reason for this. There were 21 occasions of uncertified absence within the quarter for various reason including cold symptoms, gastroenteritis, and viral

infections with a further 10 certified short-term absences related to primarily MSK issues and mental health.

16. This category is over target at the end of the reporting period. The graph below shows annual performance of this staff group over the previous 10 years. Based on Q1 performance, it is predicted end of year performance for all staff would be around 7.52 shifts lost per person.



Flexible Duty Officers and Day Duty

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

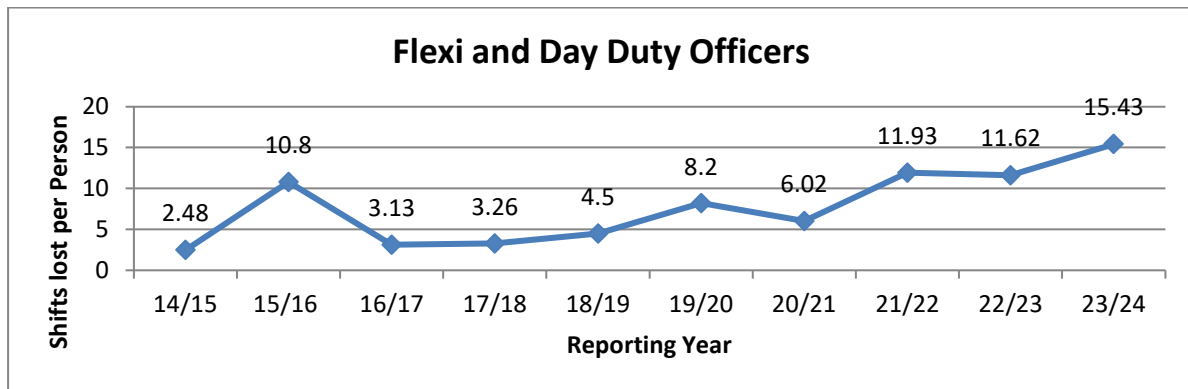
FDO

Description	Days/cost	%/£ change from Q1 2023-24
Total shifts lost to 30/06/2024	100	+108.3%
Long term sickness	93 (93%)	+93.75%
Short term sickness	7 (7%)	700%
Approximate cost of sickness	£28,236	+£16,187 (+134.34%)

Day Duty

Description	Days/cost	%/£ change from Q1 2023-24
Total shifts lost to 30/06/2024	25	-80.92%
Long term sickness	23 (92%)	-82.03%
Short term sickness	2 (8%)	-33.33%
Approximate cost of sickness	£6,153	-£24,548 (-79.96%)

18. The FDO category has increased by 108% since this quarter last year. High levels of absence in this category are predominantly linked to long term absence with reasons being MSK and Mental Health. There were 2 long term cases during this quarter with 1 already returning to work and 1 continuing into the next quarter.
19. The DD category has decreased by over 80% from this time last year with only 1 current long-term case. Short term absence in both categories is low which is positive.
20. This category is over target at the end of the reporting quarter. The graph below shows annual performance of this staff group over the previous 10 years. Based on Q1 performance, it is predicted end of year performance for all staff would be around 12.08 shifts lost per person.



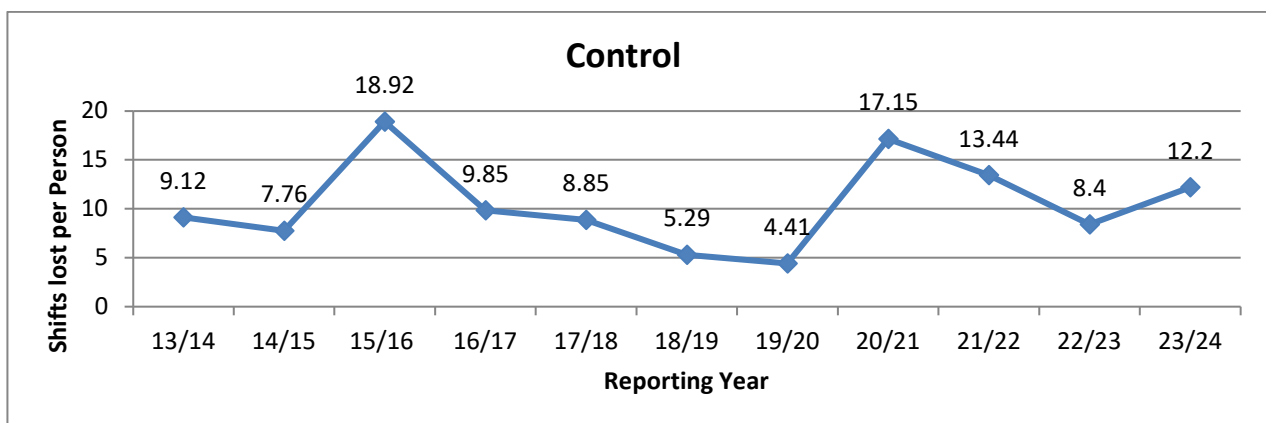
Control

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

Description	Days/cost	%/£ change from Q1 2023-24
Total shifts lost to 30/06/2024	76.5	+5000%
Long term sickness	71.5 (93%)	+715%
Short term sickness	5 (7%)	+233.33%
Approximate cost of sickness	£14,421	+£14,152 (+5260.97%)

22. The Control category of staff has lost 76.50 shifts this year, with the main reason being attributed to one case (61%). Whilst the increases in the table above look significantly high, there was only 1.5 shifts lost to sickness in this category in Q1 last year. Six members of staff had sickness within Q1 (33% of the staff group), 4 of these have led to long term absence. The reason varies from work related stress, viral infection and operations. Moving into Q2, 4 of these cases are ongoing, therefore it is likely sickness levels remain high in this staff group. On a positive note, short term absence remained relatively low with only 5 shifts lost.

23. This category is over target at the end of the reporting quarter. The graph below shows annual performance of this staff group over the previous 10 years. Based on Q1 performance, it is predicted end of year performance for all staff would be around 13.48 shifts lost per person.



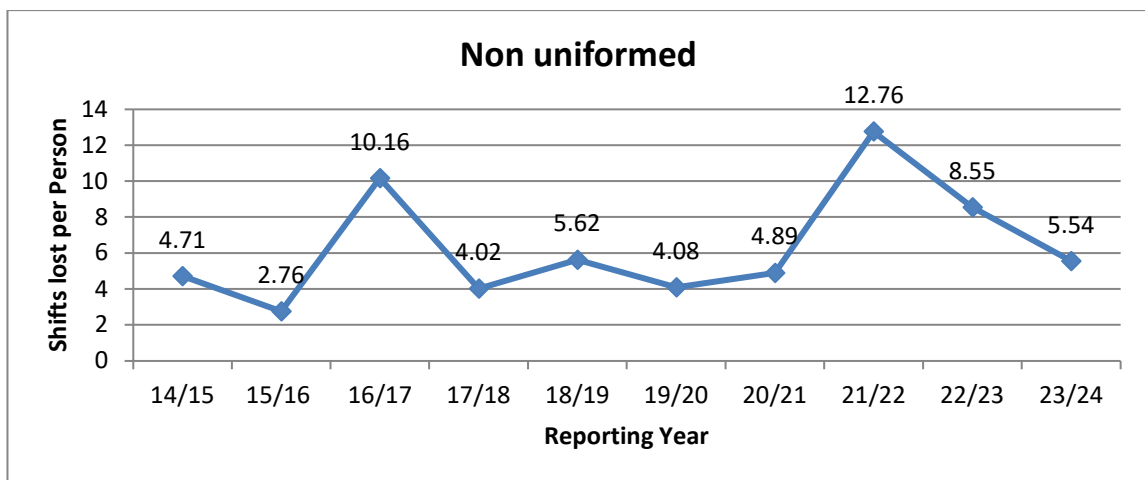
Non- Uniformed

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

Description	Days/cost	%/£ change from
-------------	-----------	-----------------

		Q1 2023-24
Total shifts lost to 30/06/2024	221.21	+53.61%
Long term sickness	188 (85%)	+72.48%
Short term sickness	33.21 (35%)	-5.11%
Approximate cost of sickness	£25,264	+£11,548 (+84.19%)

25. This category has seen an increase of over 53% in shifts lost when compared with the same reporting period in 2023/24. There have been 6 cases of long-term sickness for various reasons including mental health, operations, and gastrointestinal spanning across the quarter. A number of these cases have been resolved and so sickness levels in this category are likely to improve into Q2.
26. This category is over target at the end of the reporting quarter. The graph below shows annual performance of this staff group over the previous 10 years. Based on Q1 performance, it is predicted end of year performance for all staff would be around 8.96 shifts lost per person.

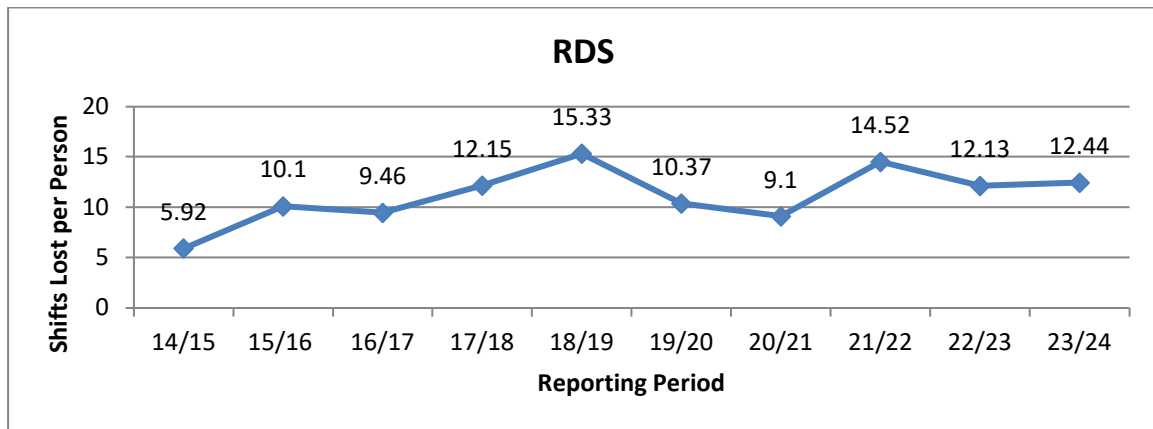


Retained Duty System

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

Description	Days/cost	%/£ change from Q1 2023-24
Total shifts lost to 30/06/2024	522.81	+19.52%
Long term sickness	499.77 (95.59%)	+32.04%
Short term sickness	23.04 (4.41%)	-60.91%
Approximate cost of sickness	£51,883	+£10,587 (+25.64%)

28. The RDS category has seen an increase of 19% on shifts lost when compared with the same reporting period in 2023/24. There have been 8 long term sick cases over the quarter with main reasons being MSK and Mental Health. Six of these will continue into the next quarter with many of these not having a return date in sight. Progression of an ill health retirement will support resolution of one of these cases and consideration will be given to progressing capability processes in others. Short term sickness on a positive note has decreased by 60%.
29. This category is over target at the end of the reporting quarter. The graph below shows annual performance of this staff group over the previous 10 years. Based on Q1 performance, it is predicted end of year performance for all staff would be around 17.76 shifts lost per person.



Action Taken

30. 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.
31. The Service continue with the 18-month trial of an additional health care benefit. In the first six months, the services of Benenden have been accessed significantly which is a positive start to the trial. This included access the 24/7 GO, diagnostics, physiotherapy and two surgeries have taken place with various other diagnostics. The HRC will be kept up to date with the usage figures during the trial.
32. Several ill health retirements are being progressed which should alleviate some of the long-term absence moving into the next reporting quarter.
33. A problem-solving session took place on 21 August to look at sickness levels in detail and agree potential solutions and direction of travel. This included reviewing the services position on modified duties, capability and progressing ill health cases. Consideration was also given to the current monitoring for formal stages and if sanctions were being applied consistently.
34. Several actions will be progressed including wider awareness and information sharing on current sickness levels and costs, closer scrutiny of attendance management triggers by the POD team and reviewing of procedures. However, the SLT agreed to keep the services stance on its modified duties policy the same.

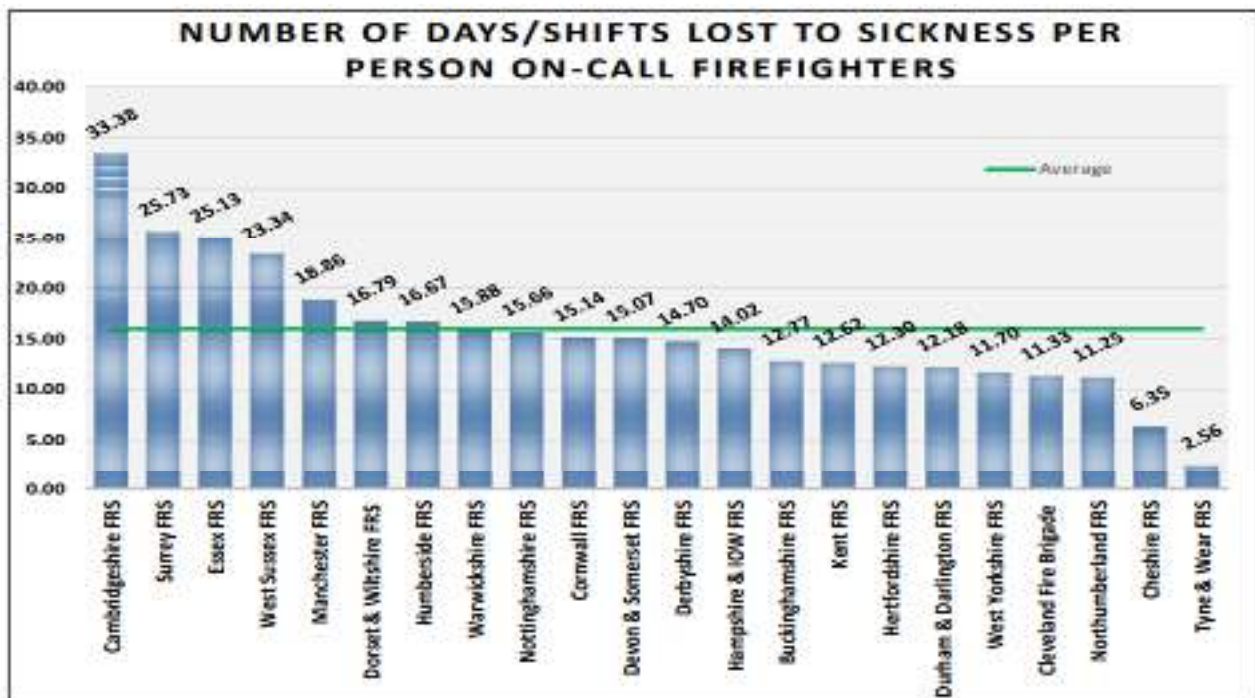
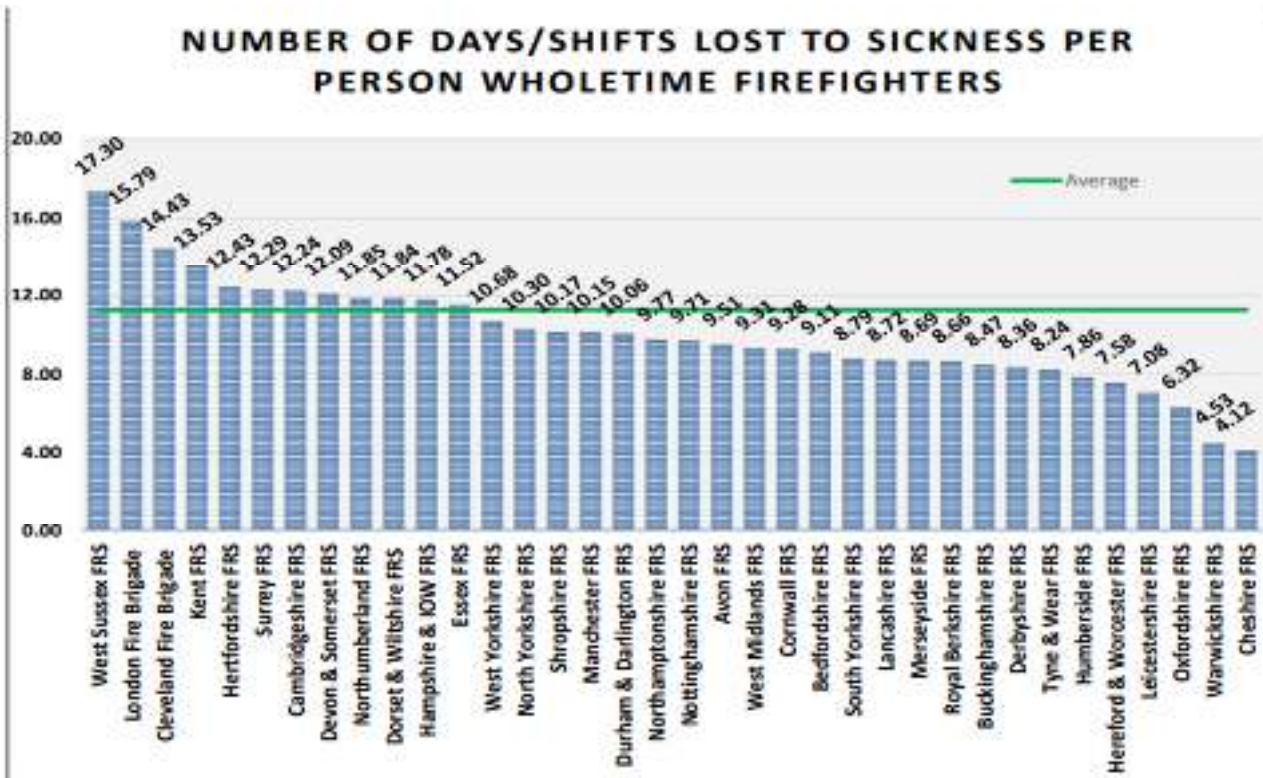
National Fire Service Data Comparison

35. 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.
36. 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 2023 to March 2024 (Quarter 4).

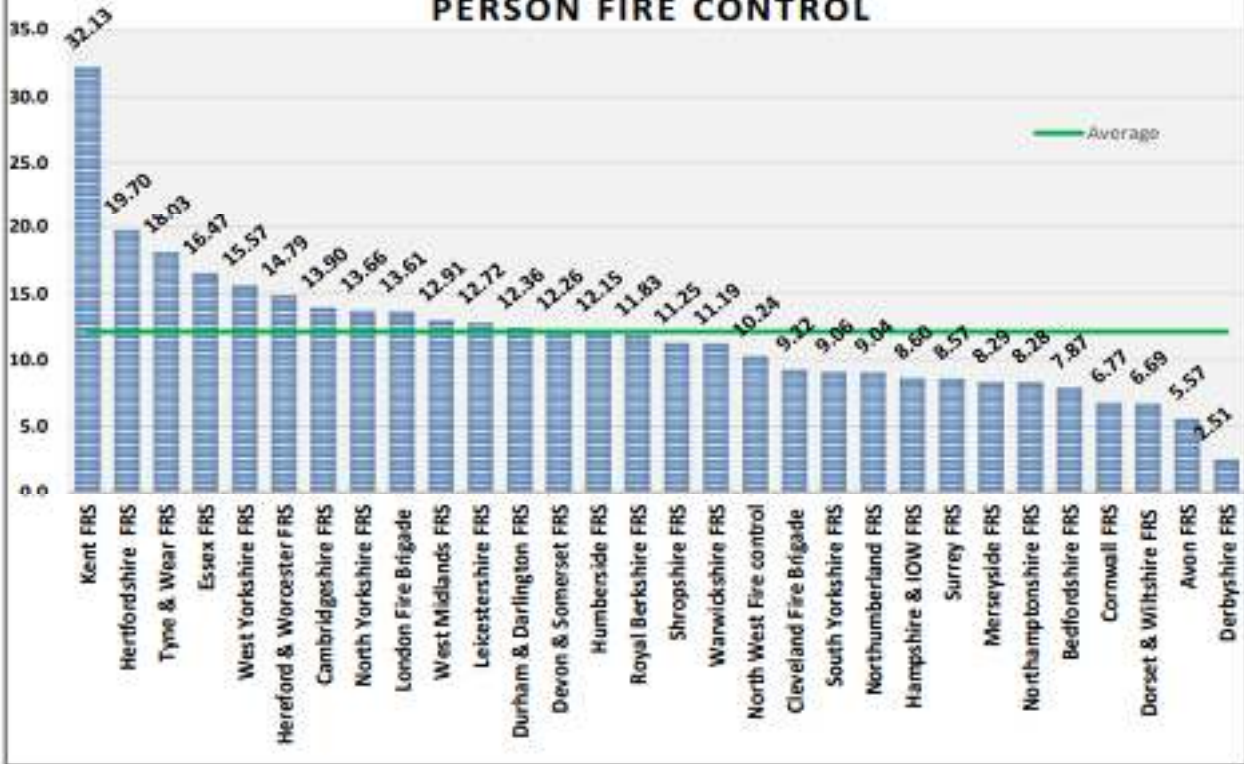
37. Performance across indicators (Appendix A) is below the national average which is positive in comparison with other FRS's.
38. Thirty-seven FRS' submitted data for the period April 2023 – March 2024. During this period, from the Fire Services who submitted data, there has been 408,266 shifts lost to sickness absence arising from 41,957 separate occurrences for all staff groups equating to 11.68 shifts per member of staff. The main causes of sickness absence for all staff groups are:
- a) Musculo-Skeletal absences (130,035 shifts), accounting for 32% of all sickness absence;
 - b) Mental Health absences (105,178 shifts), accounting for 26% of sickness absence;
 - c) Respiratory reasons (39,308 shifts), which accounts for 10% of all sickness absence.

Recommendation

39. 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

