



Safest People, Safest Places

Human Resources Committee

26 November 2024

Sickness Absence Performance

Quarter One 1 April 2024 – 30 September 2024

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 2024 to 30 September 2024.

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 2024 to 30 September 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. 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 24 to Sept 24 | Apr 24 To Sept 24 Target | Variance | Apr 23 to Sept 23 (PYR) | Direction of Travel |
|---|--------------------------|---------------------------------|-----------------|--------------------------------|----------------------------|
| Working shifts / days lost for all staff. | 5.97 | 3.5 | +2.47 | 4.69 | Up |
| Working shifts / days lost due to sickness for all Wholetime, Control and Non- Uniformed | 4.81 | 3.5 | +1.31 | 4.05 | Up |
| Working shifts / days lost due to sickness for all Wholetime and Control | 5.33 | 3.5 | +1.83 | 4.43 | Up |

8. All KPIs for sickness are significantly above target at this point in the year and performance has declined in comparison with last year for all the indicators. Compared to the same reporting quarter last year, sickness overall has increased by 27.29%. MSK and Mental Health are the large contributors to absence levels with 37% and 32.6% respectively.
9. Absences within all staff groups have seen an increase this quarter compared to the same reporting period last year. Unfortunately, all staff groups except corporate are over target at this point in the year. Over 84% of all absence is due to long term sickness and all staff groups demonstrate that in their figures. Control, RDS and FDO / DD have significantly increased since quarter 1 but will hopefully start to see a decrease going forward as some long-term absence are now returning to work.
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 Sept 24 | Apr 24 To Sept 24 Target | Variance | Apr 23 to Sept 23 (PYR) | Direction of Travel |
|------------------------------|--------------------------|---------------------------------|-----------------|--------------------------------|----------------------------|
| WT Riders | 4.41 | 3.5 | +0.91 | 4.19 | Up |
| FDO / DD | 7.45 | 2.25 | +5.2 | 6.52 | Up |
| Control | 11.34 | 4 | +7.34 | 2.41 | Up |
| RDS | 9.78 | 4.5 | +5.28 | 6.76 | Up |
| Non-uniformed | 3.07 | 3.5 | -0.2 | 2.35 | Up |

Wholetime Station Based Firefighters (Riders)

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

| Description | Days/cost | %/£ change from Q2 2023-24 |
|---------------------------------|-----------|----------------------------|
| Total shifts lost to 30/09/2024 | 1043 | +1.36% |
| Long term sickness | 758 (73%) | +2.85% |
| Short term sickness | 285 (27%) | -2.39% |
| Approximate cost of sickness | £207,014 | +£12,533 (6.44%) |

11. The WT rider category has seen a 1.36% increase in shifts lost when compared with the same reporting period in 2023/24. Absence levels are predominantly due to long-term absence with 21 cases spanning across this quarter and 7 currently still absent.

12. MSK accounts for the highest proportion of absence with 61% of all absence attributed to this area. The main area within MSK causing the high absence rate is still knee issues. This accounts for over 46% 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. Two of these are now back to work with the final one hopefully returning early next quarter. The Service continue to promote the physiotherapy provision and support individuals back to work at the earliest opportunity.

13. Mental Health currently accounts for 39% of total absence which has increased since this time last year. This type of absence includes anxiety, low mood, and work-related stress. Work-related stress accounts for just over 21% 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. Depression is currently the dominant Mental Health absence with 31% of all MH absence.

14. Short term absence has decreased slightly from this time last year. However there does not appear to be a specific reason for this. There were 56 occasions of absence within the quarter for various reason including cold symptoms, gastroenteritis, and viral infections.

15. This category is over target at the end of 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 2023-24 |
|---------------------------------|-----------|----------------------------|
| Total shifts lost to 30/09/2024 | 141 | +10.15% |
| Long term sickness | 134 (95%) | +17.54% |
| Short term sickness | 7 (5%) | -50% |
| Approximate cost of sickness | £39,812 | +£5,397 (+15.68%) |

Day Duty

| Description | Days/cost | %/£ change from Q2 2023-24 |
|---------------------------------|-----------|----------------------------|
| Total shifts lost to 30/09/2024 | 187 | +8.72% |
| Long term sickness | 168 (90%) | +9.09% |

| | | |
|------------------------------|----------|-------------------|
| Short term sickness | 19 (10%) | +5.55% |
| Approximate cost of sickness | £46,024 | +£5,715 (-79.96%) |

17. The FDO category has increased by 10.15% 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 period with both now returned to work.
18. The DD category has increased by 8.72% from this time last year with 2 long term cases during this period. One has now returned to work, and one is currently still off.
19. Short term absence in both categories is low which is positive.
20. This category is over target at the end of the reporting year.

Control

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

| Description | Days/cost | %/£ change from Q2 2023-24 |
|---------------------------------|-----------|----------------------------|
| Total shifts lost to 30/09/2024 | 230.5 | +423.86% |
| Long term sickness | 209 (91%) | +209% |
| Short term sickness | 21.5 (9%) | -51.13% |
| Approximate cost of sickness | £43,453 | +£35,549 (+449.76%) |

22. The Control category of staff has lost 230.5 shifts this year, with the main reason being attributed to two cases (62%). Nine members of staff had sickness within this period (39% of the staff group), 4 of these have led to long term absence. The reason varies from work related stress, viral infection and operations. It is expected sickness levels remain high in this staff group over Q3. On a positive note, short term absence remained relatively low with only 21.5 shifts lost.
23. This category is over target at the end of the reporting year.

Non- Uniformed

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

| Description | Days/cost | %/£ change from Q2 2023-24 |
|---------------------------------|--------------|----------------------------|
| Total shifts lost to 30/09/2024 | 277.2 | +16.47% |
| Long term sickness | 202.49 (73%) | +20.52% |
| Short term sickness | 74.71 (27%) | +6.72% |
| Approximate cost of sickness | £31,659 | +£8,990 (+39.66%) |

25. This category has seen an increase of over 16% 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.
26. This category is currently over target at this point in the reporting year.

Retained Duty System

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

| Description | Days/cost | %/£ change from Q2 2023-24 |
|---------------------------------|---------------|----------------------------|
| Total shifts lost to 30/09/2024 | 1168.41 | +38.69% |
| Long term sickness | 1112.57 (95%) | +46.90% |
| Short term sickness | 55.84 (5%) | +34.36% |
| Approximate cost of sickness | £115,953 | +£36,344 (+45.65%) |

28. The RDS category has seen an increase of 38% on shifts lost when compared with the same reporting period in 2023/24. There have been 14 long term sick cases over this period with main reasons being MSK and Mental Health. Ten 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 has also increased this period by over 34%.

29. This category is over target at the end of the reporting year.

Benenden Health Trial

30. 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 positive for the trial. This included access the 24/7 GO, diagnostics, physiotherapy.

31. To date we are aware of two significant surgeries have taken place through Benenden which have lessened the waiting time for an employee and allowed them to return to work sooner than anticipated. We also have various examples of the use of the 24/7 GP helpline where employees have been able to access prescriptions and remain at work rather than taking short term sickness.

32. Quarterly reporting is provided to outline which services have been accessed and total corporate usage per period. Table 1 below shows the usage from January to October 2024:

Table 1

| Service used | Number of cases |
|------------------------|-----------------|
| 24-hour GP Advice | 72 (+9) |
| Care Advice | 1 |
| Diagnostics and Tests | 25 |
| Mental Health Services | 14 (+2) |
| Physiotherapy | 34 (+7) |
| Treatment and Surgery | 5 (+1) |

33. Benenden Health is one of many initiatives the service has in place to support the workforce when they are suffering from an illness which impacts on their ability to undertake their role. Whilst sickness levels are increasing, the Service have several cases where this initiative has assisted individuals with diagnostics or brought forward surgeries which would have instigated absence at some point. The above data will form part of the evaluation of the trial in early 2025 along with staff views and case studies.

Action Taken

34. 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.

35. Several ill health retirements are being progressed which should alleviate some of the long-term absence moving into the next reporting quarter.
36. Screen savers and information about sickness levels have been shared with our workforce and covered in our leadership forums over November in a bid to try and raise awareness across all teams and highlight supportive interventions.
37. The POD team are auditing sickness records to ensure the correct application of attendance management procedures and triggers.

National Fire Service Data Comparison

38. 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.
39. 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 2024 to June 2024 (Quarter 1).
40. 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.
41. Thirty-six FRS' submitted data for the period April 2024 – June 2024. During this period, from the Fire Services who submitted data, there has been 100,566 shifts lost to sickness absence arising from 10,046 separate occurrences for all staff groups equating to 2.91 shifts per member of staff. The main causes of sickness absence for all staff groups are:
 - Musculo-Skeletal (28,897 shifts) accounting for 29%
 - Mental Health (22,983 shifts) which accounts for 23%
 - Gastro-Intestinal reasons (8,269 shifts) which accounts for 8%
42. A full copy of the national report is included in Appendix A.

Recommendation

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