



Safest People, Safest Places

Human Resources Committee

20 February 2025

Sickness Absence Performance – Quarter 3 April 2024 - 31 December 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 31 December 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 31 December 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 Dec 24	Apr 24 To Dec 24 Target	Variance	Apr 23 to Dec 23 (PYR)	Direction of Travel
Working shifts / days lost for all staff .	9.26	5.25	+4.01	7.04	Up
Working shifts / days lost due to sickness for all Wholetime, Control and Non- Uniformed	7.03	5.25	+1.78	6.55	Up
Working shifts / days lost due to sickness for all Wholetime and Control	7.6	5.25	+2.35	7.41	Up

7. At this point in the year, all KPIs for sickness are significantly above target, with performance declining compared to last year across all indicators. Overall sickness has increased by 31.53% compared to the same reporting quarter last year. The main contributors to absence levels are MSK and Mental Health, accounting for 38% and 25% respectively.
8. This quarter, absences have increased across all staff groups compared to the same period last year. Unfortunately, all staff groups except corporate are over target. Nearly 84% of all absences are due to long-term sickness, which is reflected in the figures for all staff groups. Wholetime and Control sickness are showing a slight upward trend, while RDS and FDO/DD are starting to show a decline in the number of shifts lost to sickness.
9. 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 Dec 24	Apr 24 To Dec 24 Target	Variance	Apr 23 to Dec 23 (PYR)	Direction of Travel
WT Riders	6.23	5.25	+0.98	6.66	Down
FDO / DD	10.45	3.375	+7.075	11.26	Down
Control	17.3	6	+11.3	7.66	Up
RDS	16.67	6.75	+9.92	8.64	Up

Non-uniformed	5.15	5.25	-0.1	3.95	Up
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Wholetime Station Based Firefighters (Riders)

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

Description	Days/cost	%/£ change from Q3 2023-24
Total shifts lost to 30/12/2024	1471	-31.35%
Long term sickness	1040 (71%)	-35.44%
Short term sickness	431 (29%)	-18.99%
Approximate cost of sickness	£291,964	-£113,063 (-27.14%)

10. The WT rider category has experienced a 31% decrease in shifts lost compared to the same reporting period in 2023/24. Absence levels are mainly due to long-term absences, with 15 cases spanning this quarter and 6 still currently absent. This is an improvement from the same time last year and is expected to decrease further in quarter 4.

12. MSK accounts for the highest proportion of absences within this category, with 39% attributed to it. Knee issues remain the primary cause, accounting for over 44% of MSK absences during this period, with four staff members absent for this reason. The Service continues to promote physiotherapy provision and support individuals in returning to work at the earliest opportunity. However, those waiting for operations may have lengthy absences unless an intervention from Benenden Health is appropriate.

13. Mental Health currently accounts for 31% of total absences, an increase from this time last year. This includes anxiety, low mood, and work-related stress, with work-related stress accounting for just over 16% of all mental health absences in this category, primarily linked to investigations and employee relations issues. Those affected continue to receive support from the POD Team, line managers, Employee Assistance Programme (EAP), and occupational health if needed. Depression is currently the dominant mental health absence, making up 29% of all mental health absences.

14. Short-term absences have decreased from this time last year, although there does not appear to be a specific reason for this. There were 104 occasions of absence within this period for various reasons, 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 Q3 2023-24
Total shifts lost to 30/12/2024	191	-16.23%
Long term sickness	168 (88%)	-15.58%
Short term sickness	23 (12%)	-20.69%
Approximate cost of sickness	£53,930	-£7,372 (-12.03%)

Day Duty

Description	Days/cost	%/£ change from Q2 2023-24
Total shifts lost to 30/12/2024	269	-7.24%
Long term sickness	213 (79%)	-18.70%
Short term sickness	56 (21%)	+100%
Approximate cost of sickness	£66,206	-£1,758 (-2.59%)

17. The FDO category has decreased by 16.23% 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 and 4 short term cases.
18. The DD category has decreased by 7.24% from this time last year with 2 long term cases during this period. Both long term cases have now returned to work. There have been ten short term absences during this period with the total number of short-term absences being double what it was this time last year.
19. This category is over target at the end of the reporting year.

Control

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

Description	Days/cost	%/£ change from Q2 2023-24
Total shifts lost to 30/12/2024	351.5	+151.07%
Long term sickness	311 (88%)	+238.04%
Short term sickness	40.5 (12%)	-15.63%
Approximate cost of sickness	£66,264	+£41,115 (+163.47%)

21. The Control category of staff has lost 351.5 shifts this year, with 5 long-term cases accounting for 79% of all sickness. Fourteen members of staff have accounted for 18 periods of sickness, meaning over 56% of staff in this group have been absent so far this year. The reasons for absence vary, including work-related stress, viral infections, and operations. Moving into Q4, three of these cases are ongoing but have potential to return to work during this quarter. Therefore, it is likely that sickness levels will remain high in this staff group. On a positive note, short-term absence has remained relatively low, with only 40.5 shifts lost compared to 48 at this point last year.
22. This category is over target at the end of the reporting year.

Non- Uniformed

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

Description	Days/cost	%/£ change from Q2 2023-24
Total shifts lost to 30/12/2024	465.2	+16.09%
Long term sickness	334.49 (72%)	+26.70%
Short term sickness	130.71 (28%)	-4.40%
Approximate cost of sickness	£53,130	+£14,962 (+39.20%)

24. This category has experienced an increase of over 16% in shifts lost compared to the same reporting period in 2023/24. There have been 8 cases of long-term sickness for various

reasons, including mental health, operations, and gastrointestinal issues, spanning across the quarter. Currently, there are still 2 long-term sick cases, with one expected to return before the end of the year. Sickness within this category is 0.10 below target for this period.

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

Retained Duty System

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

Description	Days/cost	%/£ change from Q2 2023-24
Total shifts lost to 30/12/2024	1958.31	+388.69%
Long term sickness	1873.07 (95%)	+609.49%
Short term sickness	85.24 (5%)	-37.65%
Approximate cost of sickness	£194,342	+£156,174 (+409.16%)

27. The RDS category has experienced a 388% increase in shifts lost compared to the same reporting period in 2023/24. There have been 17 long-term sick cases during this period, with the main reasons being MSK and Mental Health. Seven of these cases will continue into the next quarter, with many not having a return date in sight. Progression of an ill health retirement will help resolve one of these cases, and consideration will be given to progressing capability processes in others. On a positive note, short-term sickness has decreased by over 37% during this period.

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

Benenden Health Trial

29. 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.

30. 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.

31. 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 December 2024:

Table 1

Service used	Number of cases
24-hour GP Advice	94 (+22)
Care Advice	1
Diagnostics and Tests	26 (+1)
Mental Health Services	15 (+1)
Physiotherapy	38 (+4)
Treatment and Surgery	5

32. 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

33. 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.

34. 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. The HRC will be kept up to date with the usage figures during the trial.

35. Several ill health retirements are being progressed however new processes undertaken by occupational health is slowing this process considerably. These have been progressed through January and we are awaiting the outcomes.

36. Further promotion of health and supportive interventions has taken place through a variety of ways to ensure staff are aware what is available to them and how to access them.

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 2024 to September 2024 (Quarter 2).

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 above the national average in comparison with other FRS's.

41. Thirty-seven FRS' submitted data for the period April 2024 – September 2024. During this period, from the Fire Services who submitted data, there has been 196,763 shifts lost to sickness absence arising from 19,386 separate occurrences for all staff groups equating to 5.9 shifts per member of staff. The main causes of sickness absence for all staff groups are:

- Musculo-Skeletal absences (58,447 shifts), accounting for 30% of all sickness absence;
- Mental Health absences (43,309 shifts), accounting for 22% of sickness absence;
- Gastro-intestinal reasons (17,639 shifts), which accounts for 9% of all sickness absence.

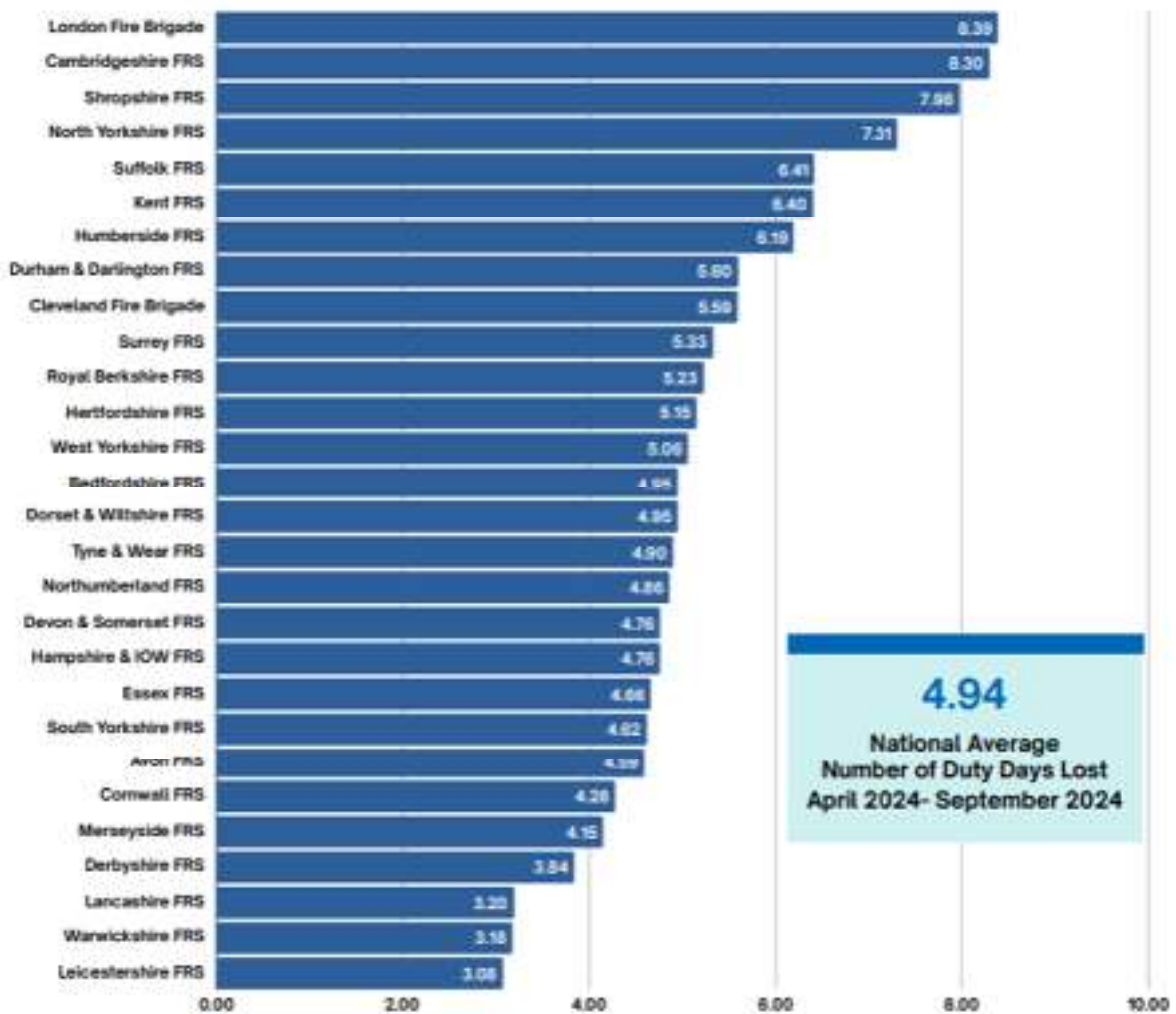
Recommendation

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

Appendix A

Graph 1 – Comparison of shifts lost for all Wholetime and Control staff

BVP12i: Wholetime & Control



Graph 2 – Comparison of shifts lost for all Wholetime, Control and Corporate staff

BVP12ii: Wholetime, Control and Green Book

