



## **Safest People, Safest Places**

### **Performance Committee**

**3 September 2019**

### **Sickness Absence Performance**

**01 April 2019 – 31 March 2020**

### **Report of Head 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 full reporting year.




#### **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 2019 to 31 March 2020 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 overleaf 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 19 to Mar 20	Apr 19 to Mar 20 Target	Variance	Apr 18 to Mar 19 (PYR)	Direction of Travel
Working shifts/days lost for <b>all staff</b>	8.50 (8.12)	6	+ 2.50	8.27	
Working shifts/days lost due to sickness for all <b>Wholetime, Control and Non- Uniformed</b>	7.67 (7.3)	6	+ 1.67	6.2	
Working shifts/days lost due to sickness for all <b>Wholetime and Control</b>	7.99 (7.4)	6	+ 1.99	6.52	

*\*Numbers in brackets represent the performance indicator minus all Covid-19 related absence*

7. Overall, the number of shifts lost this year, inclusive of Covid-19 related absence, has increased by approximately 3% from the reported figure at the same time last year. Not including absence of this type, has seen a 4% reduction in shifts lost.
8. Whilst it is pleasing to report that both the Wholetime (WT) and Retained Duty System (RDS) categories of staff have seen a reduction in shifts lost (WT 4% and RDS 14%) all other categories of staff have seen a significant increase.
9. Control, Flexible Duty Officer (FDO) and Day Duty (DD) categories have almost doubled and non-uniformed has seen a 20% increase when compared to end of year figures of 2018/19. Absence within these categories has been a mixture of both long and short term and for various reasons.
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 19 to Mar 20	Apr 19 to Mar 20 Target	Variance	Apr 18 to Mar 19 (PYR)	Direction of Travel
Wholetime Riders (WT)	7.39 (6.7)	5	+ 2.39	7.70	
Flexi Duty (FDO) / Day Duty Officers	10.78 (10.2)	4.5	+ 6.28	4.50	
Control	11.06 (9.4)	8	+ 3.06	5.29	
Retained Duty System (RDS)	13.13 (12.5)	9	+ 4.13	15.33	
Non-Uniformed	6.77 (6.19)	5	+ 1.77	5.62	

*\*Numbers in brackets represent the performance indicator minus all Covid-19 related absence*

## Wholetime Station Based Firefighters (Riders)

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

Description	Days/Cost	%/£ change
Total shifts lost to 31/3/2020	1872	+ 3%
Long term sickness	1300 (70%)	- 3%
Short term sickness	572 (30%)	+ 3%
Approximate cost of sickness	£323,383	+£16,032

11. The WT rider category has seen a 3% rise in shifts lost this reporting quarter in comparison with results of last year.
12. Quarter 4 shows the highest levels of absence across the year, however some of this absence is linked to Covid-19. There were 139 shifts lost in quarter 4 due to staff self-isolating or shielding. When removed from the data this reduced the performance indicator for the reporting year to 6.7, whilst still above target shows a good reduction from last year.
13. The main reason for absence in this category remains as musculoskeletal (MSK) accounting for 42% and mental health accounting for approximately 26% of overall shifts lost. The majority of MSK related absence is by those who are 45 and over which is something which requires further investigation and monitoring in light of our aging workforce and people working for longer.

## Flexible Duty Officers and Day Duty

14. The detailed sickness information relating to FDO and Day Duty staff is summarised below.

### FDO

Description	Days/Cost	%/£ change
Total shifts lost to 31/3/2020	329	+487%
Long term sickness	312 (95%)	+1256%
Short term sickness	17 (5%)	-48%
Approximate cost of sickness	£75,856	+£59,669

### Day Duty

Description	Days/Cost	%/£ change
Total shifts lost to 31/3/2020	167	+11%
Long term sickness	110 (66%)	-18%
Short term sickness	57 (34%)	+260%
Approximate cost of sickness	£19,077	-£4740

15. The FDO category of staff has seen a significant increase in absence levels in comparison with the last reporting year. There have been 3 cases of long-term absence for a considerable part of the reporting year due to complex operations and recovery processes. One of which has been retired on the grounds of ill health.

## Control

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

Description	Days/cost	%/£ change
Total shifts lost to 31/3/2020	188	+108%
Long term sickness	77 (41%)	+51%
Short term sickness	111 (59%)	+184%
Approximate cost of sickness	£31,742	+£15,898

17. The Control category of staff has seen a significant increase in absence when compared with the same reporting period in 2018/19. Absence is due to multiple reasons however there are a number of cases where no reason is entered onto the reporting system. This is an area for improvement to allow more accurate reporting.

18. There was only one case of long-term absence relating to mental health. The remainder has been short term with a mixture of certified and non-certified absence. Over 60% of the absence within the category has been in quarter 4.

19. There have been 13.6 shifts lost due to Covid-19.

## Non- Uniformed

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

Description	Days/cost	%/£ change
Total shifts lost to 31/3/2020	638.25	+43%
Long term sickness	448 (70%)	+48%
Short term sickness	190.25 (30%)	+33%
Approximate cost of sickness	£52,219	+£24,371

21. This category has seen a rise in shifts lost with most of these in quarters 3 and 4. Over the reporting year there has been 6 cases of long-term absence. Absence was related to various issues; cardiovascular; neurological; respiratory; mental health and MSK. Unlike the operational categories, mental health is the main reason for absence in the non-uniformed category attributing to 31% of shifts lost. MSK contributed to 22% of shifts lost. Short term absence within this category has also been high this year.

## Retained Duty System

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

Description	Days/cost	%/£ change
Total shifts lost to 31/3/2020	1834.67	-13%
Long term sickness	1627 (89%)	-16%
Short term sickness	197.67 (11%)	+7%
Approximate cost of sickness	£40,631.56	-£3382

23. The RDS category has seen a 13% reduction in shifts lost in comparison to the end of 2018/19 reporting year. The main reasons for absence within this category, much like the other operational categories, were due to MSK issues contributing to 60% of shifts lost.

### **Covid-19 Related Absence**

24. There have been various reasons for Covid-19 related absence since the pandemic began and the Service has followed the government guidance.
25. The reasons include employees who have needed to self-isolate (SI) due to showing symptoms of Covid-19 or living in a household with someone showing symptoms. It also includes employees who were required to shield for a period of 12 weeks either due to a personal medical issue which placed them in a high risk or vulnerable group or due to living in a household with a person who is required to shield.
26. The Service has taken a proactive and supportive approach to shielding employees. Requests were made to the relevant Group Manager who made a decision based on the evidence provided by the employee on their reason for shielding. At the start of the pandemic, the Service had 12 employees who were required to shield.
27. For the purposes of attendance management, the Service decided that all Covid-19 related absence would not count towards the triggers for monitoring absence levels.
28. At this point of the reporting year, testing was not available.
29. The table below shows the shifts lost per category for Covid-19 up to 31 March 2020 (number of employees are given in brackets):

<b>Employee Group</b>	<b>Shifts lost to SI</b>	<b>Shifts lost to SI (other household member)</b>	<b>Shifts lost to Shielding</b>	<b>Total shifts lost to C-19</b>	<b>Approx. costs (£)</b>
<b>Control</b>	8 (2)	0	5.6 (1)	13.6	£1,163
<b>Non-Uniformed</b>	22 (3)	14 (2)	20.3 (3)	56.2	£4,052
<b>RDS</b>	36.23 (4)	35.92 (5)	10.44 (2)	82.59	£6,694
<b>WT Riders</b>	52 (10)	84 (16)	35 (6)	171	£27,919
<b>FDO/DD</b>	0	7 (1)	0	7	£793
<b>Total</b>	<b>118.23</b>	<b>133.92</b>	<b>71.34</b>	<b>330.39</b>	<b>£40,621</b>

### **Action Taken**

30. All Covid-19 related absence (apart from employees who SI with symptoms) has been removed from the absence figures for the next reporting year. This will still be included in any reports for analysis purposes.
31. The Human Resources (HR) team are developing an action plan with the aim to make improvements to sickness levels across all categories and ensure timely interventions and information is available to the line manager to make decisions.

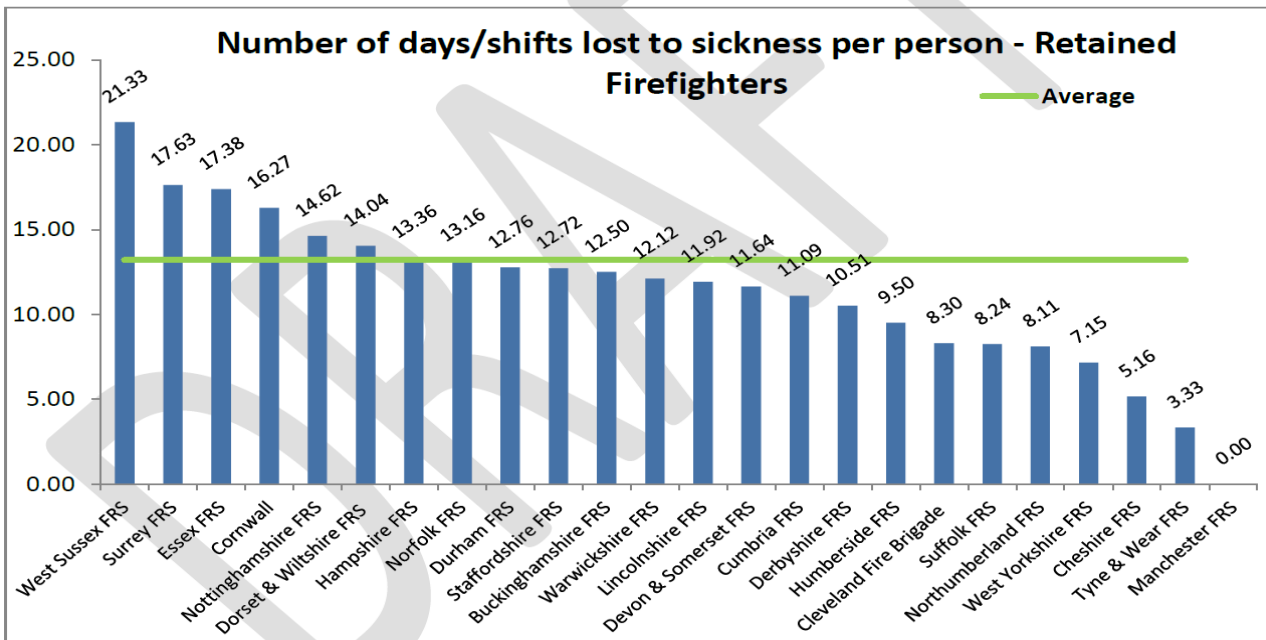
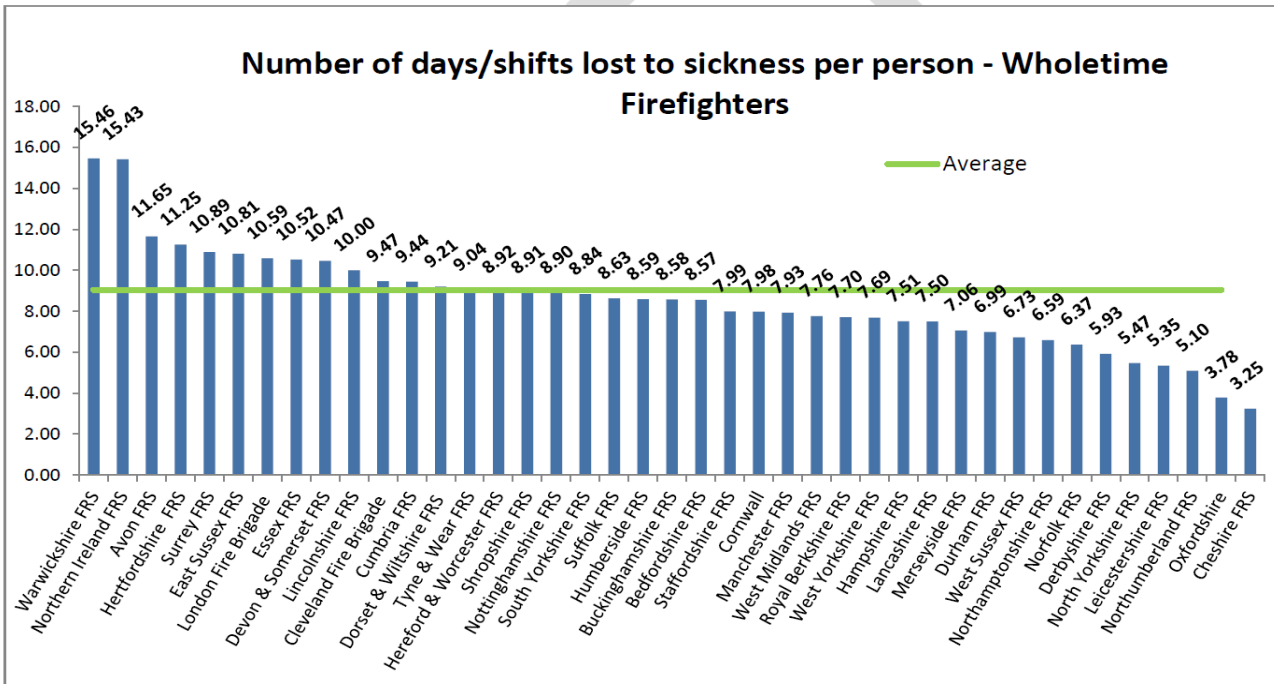
32. Sickness levels continue to be monitored closely with regular analysis for any trends and patterns and instigation of the attendance management triggers where appropriate. This is being audited by the HR team.
33. A number of potential ill health cases are being progressed to enable some of the more prolonged lengthy absences to be resolved.

### **National Fire Service Data Comparison**

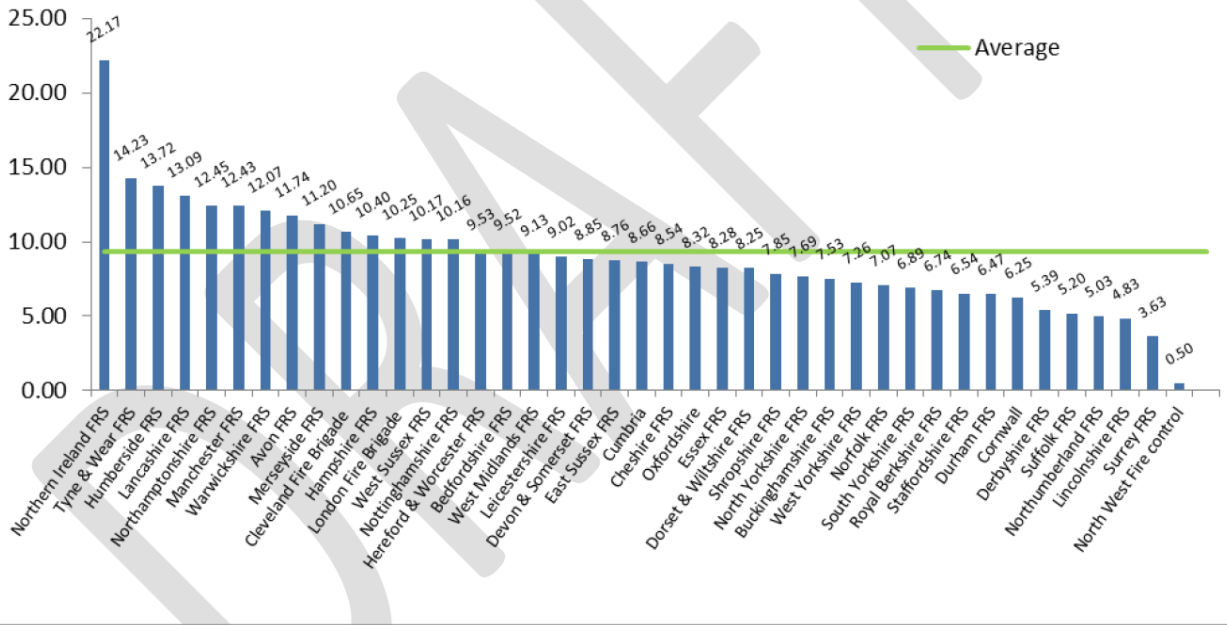
34. This data is supplied via the National Occupational Health Performance Report which is compiled by Cleveland Fire Brigade (CFB). All fire and rescue service's (FRS) are asked to supply data for the main categories of employees; WT, Control, RDS and non-uniformed.
35. There is a set calculation which all FRS's 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's in terms of sickness absence rates.
36. Data relating to April 2019 to March 2020 can be found at Appendix 1. This is currently the outcome from the draft report received from CFB, however, it can be expected to remain as is currently reported in the final version.
37. For most of the categories the Service is in the bottom quartile which is positive even though absence levels are above target for the year.

### **Recommendation**

38. Members are asked to **note** and **comment** the contents of this report.



### Number of days/shifts lost to sickness per person Green Book staff



### Number of days/shifts lost to sickness per person - Fire Control

