



**Safest People, Safest Places**

**Performance Committee**

**24 November 2020**

**Sickness Absence Performance**

**Quarter Two - 1 July 2020 – 30 September 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 period 1 April 2020 to 30 September 2020.

**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 2020 to 30 September 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. For the purposes of the performance indicators, absence has been included where an employee has shown symptoms of Covid-19 (C-19) or tested positive. All absence relating to shielding employees, test and trace and those self-isolating (SI) due to another member of their household showing symptoms have been removed however are still recorded.
7. 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 20 to Sep 20	Apr 20 to Sep 20 Target	Variance	Apr 19 to Sep 19 (PYR)	Direction of Travel
Working shifts / days lost for <b>all staff</b>	2.76	3	-0.24	3.47	
Working shifts / days lost due to sickness for all <b>Wholetime, Control and Non- Uniformed</b>	2.34	3	-0.66	3.33	
Working shifts / days lost due to sickness for all <b>Wholetime and Control</b>	2.34	3	-0.66	3.37	

8. Overall, the number of shifts lost this year has decreased by approximately 2% from the reported figure at the same time last year. All indicators are showing improvement on last year.
9. Whilst it is pleasing to report that Wholetime (WT), Flexible Duty Officer (FDO) / Day Duty (DD) and Control have seen a reduction in shifts lost, there have been slight increases in Non-uniformed and Retained Duty System (RDS) absence.
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 20 to Sep 20	Apr 20 to Sep 20 Target	Variance	Apr 19 to Sep 19 (PYR)	Direction of Travel
WT Riders	2.6	2.5	+0.1	3.4	
FDO / DD	1.57	2.25	-0.68	6.63	
Control	1.95	4	-2.05	2.35	
RDS	4.8	4.5	+0.3	4.62	
Non-uniformed	1.96	2.5	-0.54	1.8	

## Wholetime Station Based Firefighters (Riders)

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

Description	Days/cost	%/£ change
Total shifts lost to 30/9/2020	693	-18%
Long term sickness	516 (75%)	
Short term sickness	177 (25%)	
Approximate cost of sickness	£125,807	-£23,850

12. The WT rider category has seen a 18% reduction in shifts lost this reporting quarter when compared with the same reporting period in 2019/20.

13. 6% of shifts lost in Q2 were due to C-19 symptoms and a further 178 shifts were lost due to C-19 related absence which are not included in the above data due to test and trace, SI due to a household member or shielding. The majority of these were for shielding employees however, we can start to see a rise in shifts lost for test and trace during September which is a pattern carrying forward into Q3.

14. The main reason for absence in this category remains as musculoskeletal (MSK) accounting for 58% and mental health accounting for approximately 24% of overall shifts lost. The long-term absence has reduced over the reporting quarter with several cases being resolved and employees returning to work.

15. Short term absence remains relatively low although the reasons for absence need to be clarified and updated in the system to assist in more accurate reporting.

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

## 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
Total shifts lost to 30/9/2020	62	-71%
Long term sickness	33 (53%)	
Short term sickness	29 (47%)	
Approximate cost of sickness	£7,026	-£48,134

### Day Duty

Description	Days/cost	%/£ change
Total shifts lost to 30/9/2020	25	-70%
Long term sickness	3 (12%)	
Short term sickness	22 (88%)	
Approximate cost of sickness	£2,246	-£9.964

18. The FDO and DD category of staff has seen significant reductions of 71% and 70% respectively in absence levels when compared with the same reporting period in 2019/20. This has been due to a reduction in long term absence in both categories.

19. 50 shifts were lost due to C-19 related absence which are not included in the above data due to the need to SI due to a household member.

20. There has only been a further 10 shifts lost this quarter due to MSK related absence.

21. This category is under target at this point in the reporting year.

### **Control**

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

<b>Description</b>	<b>Days/cost</b>	<b>%/£ change</b>
Total shifts lost to 30/9/2020	43	+7.5%
Long term sickness	12 (28%)	
Short term sickness	31(72%)	
Approximate cost of sickness	£3,319	-£4,020

23. The Control category of staff has seen a small rise of 7.5% in absence when compared with the same reporting period in 2019/20.

24. 10% of shifts lost were due to C-19 symptoms. 5 other shifts this reporting period have been lost due to C-19 within Control.

25. The main reason for absence in this category was MSK. There has been no long-term absence recorded this quarter.

26. This category is currently under target at this point in the reporting year.

### **Non- Uniformed**

27. The detailed sickness information relating to Non-uniformed staff is summarised below.

<b>Description</b>	<b>Days/cost</b>	<b>%/£ change</b>
Total shifts lost to 30/9/2020	179	+6%
Long term sickness	139 (77%)	
Short term sickness	40 (23%)	
Approximate cost of sickness	£12,905	£7,043

28. This category has seen a small rise of 6% in shifts lost when compared with the same reporting period in 2019/20.

29. 6% of shifts lost were due to C-19 symptoms this quarter and a further 104 shifts were lost due to C-19 related absence which are not included in the above data due to test and trace and SI due to a household member.

30. The main reason for absence in this category was for neurological due to 1 case of long-term absence this quarter which is likely to continue into Q3. Disregarding C-19 related absence, other short-term absence has remained low.

31. This category is currently under target at this point in the reporting year.

### **Retained Duty System**

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

<b>Description</b>	<b>Days/cost</b>	<b>%/£ change</b>
Total shifts lost to 30/09/2020	634	-1%
Long term sickness	566 (89%)	
Short term sickness	68 (11%)	
Approximate cost of sickness	£19,850	+£5,121

33. The RDS category has seen a decrease of 1% in shifts lost when compared with the same reporting period in 2019/20 however, as there are less staff working this duty system the PI is higher.

34. Approximately 5% of shifts lost this quarter were due to C-19 symptoms or a positive test. A further 62.4 shifts were lost over this quarter due to C-19 related absence which are not included in the above data due to test and trace and SI due to a household member.

35. Most of the absence in this category has been long term, unfortunately the reasons for this are unclear from the data as they are recorded as 'other'. The 'other' category should only be used where an employee's reason for absence does not fit into one of the pre-set categories. The reasons for absence need to be clarified and updated in the system. Disregarding C-19 related absence, other short-term absence has been very low.

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

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

37. There have been various reasons for C-19 related absence since the pandemic began and the Service has followed government guidance.

38. The reasons include employees who have needed to SI due to showing symptoms of C-19 or living in a household with someone showing symptoms. It also includes employees who have been 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 was required to shield.

39. Testing arrangements were put in place at the beginning of June and our employees can be tested through the NHS, for a small cost, as soon as they start to show symptoms or need to SI. This testing is more accurate and means staff will only need to take one test. Where a negative result is received, the employee can return to work.

Up until 30 September 2020, 51 employees had been tested with 2 receiving a positive result.

40. The table below shows the shifts lost per category for C-19 (1 Apr – 30 Sep), the number of employees impacted 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>C-19 confirmed</b>	<b>Test &amp; Trace</b>	<b>Total shifts lost to C-19</b>
<b>Control</b>	3	5	1.6	0	0	9.6
<b>Non-Uniformed</b>	25	63	282.14	0	5	375.14
<b>RDS</b>	22.16	99.85	0	17	51.78	190.79
<b>WT Riders</b>	73	149	554	0	28	804
<b>FDO/DD</b>	19	64	0	22	10	115
<b>Total</b>	<b>142.16</b>	<b>380.85</b>	<b>837.74</b>	<b>39</b>	<b>94.78</b>	<b>1494.53</b>

41. It is important to note that all shielding employees have been undertaking work from home during this period and so the Service has still benefitted from productive working. Any employees who have been required to SI due to a member of their household showing symptoms have also been allowed to work from home if they have been able to do so.

### **Action Taken**

42. C-19 related absence will continue to be monitored and reported.

43. 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.

44. The HR team continue to liaise with line managers to support personnel to return to work as soon as possible through regular welfare visits, occupational health advice, additional support such as physiotherapy or counselling and encouraging discussions around the potential of modified duties once a return to work date is in sight.

45. As of 31 July 2020, government guidance stated any employees shielding were no longer required to do so. The Service took a proactive and supportive approach in response, with each employee visiting Occupational Health (OH) to discuss their own individual circumstances and needs. From the advice received where appropriate, an

individual risk assessment has been completed to enable the employee to return to their role with additional control measures in place where identified. This approach has allowed 5 of the 8 shielding employees to return to front line duties.

46. The Service has continued to ensure that employees feel supported and have access to support services such as OH and counselling. We are currently agreeing a winter wellness plan which aims to promote staff engagement via virtual coffee breaks, exercise sessions and other activities to ensure staff remain connected during the second lockdown.
47. We acknowledge that there are still inconsistencies in the reporting of the reasons for sickness, HR are working through quarter 1 and quarter 2 returns and reminding staff and managers of the importance of providing a reason for staff sickness.

### **Flu Vaccines**

48. Occupational Health purchase and supply the vaccines for our employees however, this year they were unable to access to any vaccines through their normal supply chains and were advised that suppliers were only providing for GP practices and pharmacy's. We also liaised with our partners as part of the Tactical Coordinating Group (TCG) who gave us options to explore through local pharmacies and the NHS. Again, this has not led to us being able to purchase the vaccinations.
49. We still wanted to offer staff the opportunity to have the flu vaccine and have strongly encouraged them to do so to protect themselves and ease the burden on NHS services over the winter period.
50. We therefore offered employees two options:
  - I. Arrange to have a flu vaccination (at a time and place of their choice) and the Service would reimburse through the normal expenses process.
  - II. Arrange the vaccine whilst on duty and use petty cash for this purpose.
51. The take up of the vaccine is unknown at this point however, this data should be available to us by the end of the year.

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

52. 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.
53. The data range for April 2020 to September 2020 is not yet available, however information on this will be provided in the Q3 report.

### **Recommendation**

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

