



## **Safest People, Safest Places**

### **Performance Committee**

**1 March 2021**

### **Sickness Absence Performance**

**Quarter Three 1 April 2020 – 31 December 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 31 December 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 31 December 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.






- 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**

<b>Performance Indicator</b>	<b>Apr 20 to Dec 20</b>	<b>Apr 20 to Dec 20 Target</b>	<b>Variance</b>	<b>Apr 19 to Dec 19 (PYR)</b>	<b>Direction of Travel</b>
Working shifts / days lost for <b>all staff</b>	4.49	4.5	-0.01	6.03	
Working shifts / days lost due to sickness for all <b>Wholetime, Control and Non- Uniformed</b>	4.1	4.5	-0.4	5.30	
Working shifts / days lost due to sickness for all <b>Wholetime and Control</b>	4.3	4.5	-0.2	5.64	

- Overall, the number of shifts lost in total this year has decreased by approximately 29% from the reported figure at the same time last year. All indicators are showing improvement on last year and are slightly below target.
- It is pleasing to report that Wholetime (WT), Flexible Duty Officer (FDO) / Day Duty (DD), Non-uniformed and Retained Duty System (RDS) have seen a reduction in shifts lost in comparison with last reporting year. However, there has been a significant increase in absence levels within Control in quarter 3, a number of which are specifically linked to C-19 both short and long term.
- 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 Dec 20	Apr 20 to Dec 20 Target	Variance	Apr 19 to Dec 19 (PYR)	Direction of Travel
WT Riders	4.9	3.75	+1.15	4.18	
FDO / DD	3.74	3.38	+0.36	8.20	
Control	6.04	6	+0.04	4.41	
RDS	6.47	6.75	-0.28	9.03	
Non-uniformed	2.93	3.75	-0.82	4.08	

**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 31/12/2020	1125	-15%
Long term sickness	780	
Short term sickness	345	
Approximate cost of sickness	£204,232	-£41,261

12. The WT rider category has seen a 15% reduction in shifts lost this reporting quarter when compared with the same reporting period in 2019/20.

13. 1078 shifts were lost due to C-19 related absences this year at the end of quarter three. 924 of these are not included in the above data and are due to test and trace, self-isolation (SI) due to a household member or shielding. We can start to see a rise in shifts lost for test and trace during this quarter as well as a significant rise in positive C-19 cases.

14. The main reason for absence in this category remains as musculoskeletal (MSK) accounting for approximately 50%, mental health accounting for approximately 27% and C-19 13% of overall shifts lost. The long-term absence has reduced over the reporting quarter with cases being resolved and employees returning to work however due to a spike in long term sickness near the end of quarter 3, absence levels are expected to be higher in quarter 4.

15. Short term absence remains relatively low for non-C-19 related reasons and the recording of category/reason for absences has improved due to closer monitoring by HR.

16. This category is currently 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 31/12/2020	108	-60%
Long term sickness	33	
Short term sickness	75	
Approximate cost of sickness	£24,479	-£13,821

#### Day Duty

Description	Days/cost	%/£ change
Total shifts lost to 31/12/2020	98	-5%
Long term sickness	26	
Short term sickness	72	
Approximate cost of sickness	£17,612	-£2,258

18. The FDO and DD category of staff has continued with significant reductions of 60% and 5% 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. 135 shifts were lost year to date due to C-19 related absence which are not included in the above data, most of which was seen in November and due to SI.

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

### Control

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

Description	Days/cost	%/£ change
Total shifts lost to 31/12/2020	133	+77%
Long term sickness	60	
Short term sickness	73	
Approximate cost of sickness	£23,936	+£10,439

22. The Control category of staff has seen a rise of 77% in absence when compared with the same reporting period in 2019/20. Absence was, however, very low within this category last year.

23. A further 31 shifts lost year to date were due to C-19 symptoms. Several staff members from Control are absent long term due to ongoing issues because of C-19. The impacts of this are still unknown.

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

## Non- Uniformed

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

Description	Days/cost	%/£ change
Total shifts lost to 31/12/2020	267	-30%
Long term sickness	165	
Short term sickness	102	
Approximate cost of sickness	£19,250	-£11,390

26. This category has seen a decrease of 30% in shifts lost when compared with the same reporting period in 2019/20.

27. A further 405.14 shifts were lost year to date 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 and high proportions of shielding.

28. The main reason for absence in this category is neurological due to long-term absence which is now resolved. Disregarding C-19 related absence, other short-term absence has remained low.

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

## Retained Duty System

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

Description	Days/cost	%/£ change
Total shifts lost to 31/12/2020	861.27	-40%
Long term sickness	702.07	
Short term sickness	159.2	
Approximate cost of sickness	£26,957	-£8,736

31. The RDS category has seen a decrease of 40% 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.

32. A further 344.41 shifts were lost year to date due to C-19 related absences.

33. Most of the absence in this category has been long term with the reason mostly being MSK. Disregarding C-19 related absence, other short-term absence has been very low.

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

## Covid-19 Related Absence

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

36. 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 following government guidance. Employees contacted via 'Test and Trace' and who have been confirmed as having C-19 are also included in this category.
37. 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.
38. Up until 31 December 2020, a noticeable rise can be seen in positive C-19 cases with 105 tests carried out and 28 receiving a positive result. At the end of the previous reporting quarter (September 20), 51 employees had been tested with only 2 receiving a positive result. This rise in positive tests has impacted significantly on short term absence across all staff categories.
39. The table below shows the shifts lost per category for C-19 (1 Apr – 31 Dec).

<b>Employee Group</b>	<b>Shifts lost to SI</b>	<b>Shifts lost to SI (other household member)</b>	<b>Shifts lost to Shielding (V)</b>	<b>C-19 confirmed</b>	<b>Test &amp; Trace</b>	<b>Total shifts lost to C-19</b>
<b>Control</b>	18	15	1.6	27	14.5	76.1
<b>Non-Uniformed</b>	45	83	304.14	18	36	486.14
<b>RDS</b>	49.36	221.85	0	64.31	122.56	458.08
<b>WT Riders</b>	84	224	596	70	104	1078
<b>FDO/DD</b>	86	88	26	47	21	268
<b>Total</b>	<b>282.36</b>	<b>631.85</b>	<b>927.74</b>	<b>226.31</b>	<b>298.06</b>	<b>2366.32</b>

40. 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**

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

42. 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.
43. 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. The restructure of the People and Organisational Development Team which includes HR enabled the recruitment of staff with specialist HR and Organisation Development skills who will support managers in their responsibilities to manage absence within their teams.
44. As of 31 July 2020, government guidance stated any employees shielding were no longer required to do so however this was re-instated for a period in November 2020 which meant several employees were required to once again shield. The Service took a proactive and supportive approach in response, with each employee being supported by line managers and 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 allowed 2 of the 3 shielding employees from emergency response to return to front line duties.
45. The Service recently took part in a HMICFRS C-19 thematic inspection. The report stated that we could have done more to identify and address the specific needs of staff members most at risk from C-19, including those from a black, Asian and minority ethnic background and those with underlying health problems. To this end, the Service is currently undertaking a review of all staff utilising a risk-based tool developed by Kent Fire and Rescue Service. We envisage this will help identify any employees who have risk factors and enable the Service to appropriately support these individuals. An update on this exercise can be provided at the next committee meeting.
46. The Service is to set up several Lateral Flow Testing (LFT) sites across the Service area to enable us to test our own staff. An update on progress will be given at the next committee meeting.

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

47. 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.
48. 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. The data range is from for April 2020 to September 2020 (Quarter 2).

49. Performance across both indicators is below the national average and for BVP12ii CDDFRS are the best performing Service in terms of absence.

**Recommendation**

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



