



**Safest People, Safest Places**

**Performance Committee**

**3 September 2020**

**Sickness Absence Performance**

**Quarter One - 1 April 2020 – 30 June 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 June 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 June 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 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 Jun 20	Apr 20 to Jun 20 Target	Variance	Apr 19 to Jun 20 (PYR)	Direction of Travel
Working shifts/days lost for <b>all staff</b>	1.45	1.5	-0.05	1.54	
Working shifts/days lost due to sickness for all <b>Wholetime, Control and Non-Uniformed</b>	1.18	1.5	-0.32	1.69	
Working shifts/days lost due to sickness for all <b>Wholetime and Control</b>	1.17	1.5	-0.33	2.11	

8. Overall, the number of shifts lost this year has decreased by approximately 5% 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 increases in Non-uniformed and Retained Duty System (RDS).
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 Jun 20	Apr 20 to Jun 20 Target	Variance	Apr 19 to Jun 19 (PYR)	Direction of Travel
WT Riders	1.21	1.25	-0.04	1.92	
FDO / DD	1.28	1.125	+0.155	3.44	
Control	1.08	2	-0.92	1.76	
RDS	2.98	2.25	+0.73	1.8	
Non-Uniformed	0.92	1.25	-0.33	0.3	

## 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 30/6/2020	305	-36%
Long term sickness	193	
Short term sickness	112	
Approximate cost of sickness	£49,797	-£35,473

12. The WT rider category has seen a 36% reduction in shifts lost this reporting quarter when compared with the same reporting period in 2019/20.

13. 15% of shifts lost were due to C-19 symptoms and 80% of these were lost within April. A further 574 shifts were lost over this quarter due to C-19 related absence which are not included in the above data.

14. The main reason for absence in this category remains as musculoskeletal (MSK) accounting for 35% and mental health accounting for approximately 31% of overall shifts lost. Most of the absence is long term with several cases likely to continue into the next reporting quarter.

15. Of the 112 short term shifts lost, 65 of these were for reasons other than C-19, however the reasons for this are not clear as many are recoded as 'other' or not stated. This is a trend which can be seen on all categories and will be addressed by the action plan Human Resources (HR) have developed. That said, short term absence is low in comparison with previous years.

16. This category is currently under 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 30/6/2020	52	-54%
Long term sickness	33	
Short term sickness	19	
Approximate cost of sickness	£5,893	-£22,765

### Day Duty

Description	Days/cost	%/£ change
Total shifts lost to 30/6/2020	25	-53%
Long term sickness	3	
Short term sickness	22	
Approximate cost of sickness	£2,246	-£6,544

18. The FDO category of staff has seen a significant reduction in absence levels when compared with the same reporting period in 2019/20. This has been due to a reduction in long term absence with several employees returning to work.
19. 52% of shifts lost were due to C-19 symptoms and 61% of these were lost within April. A further 26 shifts were lost over this quarter due to C-19 related absence which are not included in the above data.
20. The main reason for absence in this category was for neurological due to one period of long-term sickness. Disregarding C-19 related absence, other short-term absence has been very low.
21. This category is slightly over target at this point in the reporting year.

### Control

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

Description	Days/cost	%/£ change
Total shifts lost to 30/6/2020	24	-20%
Long term sickness	0	
Short term sickness	24	
Approximate cost of sickness	£2053	-£1,594

23. The Control category of staff has seen a significant reduction in absence when compared with the same reporting period in 2019/20.
24. Only 10% of shifts lost were due to C-19 symptoms. No other shifts this reporting period have been lost due to C-19 within Control.
25. The main reason for absence in this category was for mental health. 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.

Description	Days/cost	%/£ change
Total shifts lost to 30/6/2020	80	+185%
Long term sickness	69	
Short term sickness	13	
Approximate cost of sickness	£5,912	+£3894

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

29. 15% of shifts lost were due to C-19 symptoms and 75% of these were lost within April. A further 89.2 shifts were lost over this quarter due to C-19 related absence which are not included in the above data.
30. The main reason for absence in this category was for mental health equating to 60% of shifts lost. There have been 3 cases of long-term absence this quarter, one of which continues into quarter 2. Disregarding C-19 related absence, other short-term absence has been very 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 30/06/2020	396.69	+£65%
Long term sickness	378.6	
Short term sickness	18.12	
Approximate cost of sickness	£35,646	+£16,273

33. The RDS category has seen an increase in shifts lost when compared with the same reporting period in 2019/20.
34. Only 5% of shifts lost were due to C-19 symptoms and 100% of these were lost within April. A further 275.14 shifts were lost over this quarter due to C-19 related absence which are not included in the above data.
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 self-isolate (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. So far, 26 employees have been tested with only 1 showing a positive result.
40. For the purposes of attendance management, the Service has decided that all C-19 related absence will not count towards the triggers for monitoring absence levels.
41. The table below shows the shifts lost per category for C-19 (1 Apr – 30 Jun), 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>Approx. costs (£)</b>
<b>Control</b>	2.6 (2)	0	1.6 (1)	0	0	2.6	£222
<b>Non-Uniformed</b>	12 (4)	52 (8)	217.14 (6)	0	0	281.14	£20,270
<b>RDS</b>	15.24 (4)	89.2 (13)	0	7.52 (1)	0	111.96	£10,060
<b>WT Riders</b>	47 (10)	142 (31)	432 (10)	0	0	621	£112,736
<b>FDO/DD</b>	19 (4)	16 (4)	0	22 (1)	10 (1)	67	£7,593
<b>Total</b>	<b>94.24</b>	<b>299.2</b>	<b>650.74</b>	<b>29.52</b>	<b>10</b>	<b>1083.7</b>	<b>£150,881</b>

42. It is important to note that a number of employees shielding, 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**

43. C-19 related absence will continue to be monitored and reported.
44. Following a change in government guidance, employees who were shielding no longer needed to do so as of the 31 July 2020. Employees have been supported through occupational health and with an individual risk assessment where appropriate to return to the workplace in some capacity. This will significantly impact on the C-19 related absence for the next reporting quarter.
45. The HR team have developed 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. Progress of the plan will be monitored through PPB. Revisions to our Attendance Management Policy and Procedure will support this course of action.

46. The Service is currently analysing its approach to the annual flu campaign and considering investing in a vaccine for every employee. This is primarily to protect our front-line workers but also to ease the burden on NHS services over the winter period should a further pandemic occur. This approach will invariably incur additional costs and so we have asked for staff views via a smart survey to measure potential take up.

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

47. At the time of writing this report the national data for Q1 is not yet available. This will be reported to the committee with Q2 data.

### **Recommendation**

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