

Safest People, Safest Places

County Durham and Darlington
Fire and Rescue Authority



Human Resources Committee

18 November 2021

Sickness Absence Performance

Quarter Two 1 April 2021 – 30 September 2021

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 2021 to 30 September 2021.

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 2021 to 30 September 2021 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 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 21 to Sep 21	Apr 21 to Sep 21 Target	Variance	Apr 20 to Sep 20 (PYR)	Direction of Travel
Working shifts / days lost for all staff	4.62	3.0	+1.62	2.76	
Working shifts / days lost due to sickness for all Wholetime, Control and Non- Uniformed	4.66	3.0	+1.66	2.34	
Working shifts / days lost due to sickness for all Wholetime and Control	4.95	3.0	+1.95	3.37	

8. Overall, there has been a 93.53% increase on shifts lost in comparison with quarter 2 of 2020-21. C-19 symptomatic and confirmed positive cases have contributed significantly (almost 15%) to this however long-term absence remains the key issue. Long term sickness accounts for approximately 70% of the Service's total absence during this period. Across all our employees, musculoskeletal (MSK) absence equates to almost 39% of the total absences with mental health at just under 20%.
9. Absences within the wholetime (WT) and Retained Duty System (RDS) categories has increased this quarter primarily linked to longer term and C-19 related absence. Absence levels within Control are improving with relatively few shifts lost over the latter months of the period. Sickness amongst Corporate staff has risen this quarter and is above target.
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 21 to Sep 21	Apr 21 to Sep 21 Target	Variance	Apr 20 to Sep 20 (PYR)	Direction of Travel
WT Riders	5.40	2.5	+2.90	2.6	↓
FDO / Day Duty	6.20	2.25	+3.95	1.57	↓
Control	4.54	4	+0.54	1.95	↓
RDS	5.70	4.5	+1.2	4.8	↓
Non-uniformed	2.95	2.5	+0.45	1.96	↓

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 30/9/2021	1459	+111%
Long term sickness	1090 (75%)	
Short term sickness	369 (25%)	
Approximate cost of sickness	£257,718	+£131,911

12. The WT rider category has seen a 111% increase in shifts lost when compared with the same reporting period in 2020/21. The reasons being a significant increase in long term and C-19 related absence. Absence was at its highest in July with 349 shifts lost however this has decreased over August and September.

13. Since the start of the reporting year long term absence within this category has been significantly high equating to 75% of all absence. At the end of the 6-month reporting period, 9 employees in this staff group remain as long-term absence with a high proportion being due to MSK (33%) and mental health (33%) issues. On a positive note, 6 of the long-term cases from the previous quarter were resolved in this quarter with 2 staff returning to full operational duties and 4 on varying forms of modified duties or retraining. We expect to see further reductions moving into quarter 3.

14. The amount of mental health related absence still gives some cause for concern although overall, this has reduced in comparison with quarter one. 40% of mental health related absence is due to work related issues, accounting for two long term cases. The reasons for the others vary, however are due to personal issues some of which have been short term but others longer term. All these cases have been given appropriate support through Occupational Health (OH) and where required, therapeutic support has

been provided in terms of counselling or cognitive behavioral therapy, we will continue to monitor them going forward.

15. Short term absence has increased significantly this year in comparison to the same period last year. WT riders have seen an increase in short term absence of over 108% with a high proportion due to C-19 related absences. A spike in C-19 related cases was noted in July, however this decreased over August and September. We are continuing with our processes of regular testing as well as requesting PCR tests are taken where an employee has been in close contact with a positive case. There were 20 positive cases within this category over the reporting quarter.
16. In this category, 401 shifts were lost to C-19 related absence at the end of quarter 2. 219 of these are not included in the above data as they were due to test and trace, SI due to a household member or shielding, therefore 182 shifts of the above figures are as a result of C-19 symptoms or confirmed cases.
17. This category is currently over target at this point in the reporting year.

Flexible Duty Officers and Day Duty

18. The detailed sickness information relating to FDO and DD staff is summarised below.

FDO

Description	Days/Cost	%/£ change
Total shifts lost to 30/09/2021	143	+130.6%
Long term sickness	100 (70%)	
Short term sickness	43 (30%)	
Approximate cost of sickness	£33,565	+£26,539

Day Duty

Description	Days/Cost	%/£ change
Total shifts lost to 30/09/2021	105	+320%
Long term sickness	30 (29%)	
Short term sickness	75 (71%)	
Approximate cost of sickness	£21,596	+£19,350

19. The FDO category has increased significantly with an increase of over 130% along with the DD category which has seen an increase of 320% when compared with the same reporting period in 2020/21, but to give context to these figures the numbers in both of these categories were very low last year. The increase is due to long term absences in the FDO category, all of which is attributable to two cases. On a positive note, both cases are now resolved which will hopefully see a decrease in absence levels in the next quarter.
20. 78 shifts have been lost year to date due to C-19 related absence, 35 of which are not included in the above data due to isolation following family members having confirmed C-19. There have been 4 C-19 confirmed cases in this category in the reporting quarter.
21. This category is 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 30/9/2021	93	+61.3%
Long term sickness	43 (46%)	
Short term sickness	50 (54%)	
Approximate cost of sickness	£15,613	+£12,294

23. The Control category of staff has seen a rise of just over 61% in absence when compared with the same reporting period in 2020/21 where absence levels were particularly low. Quarter 2 absence levels, however, have been very low with only 14 shifts lost across the three months. The legacy of the long-term absence at the start of the reporting year means this category is still above target however, its positive to see good improvements made.

24. All absence reported this quarter was short term with no occurrences of long-term absence.

25. A further 9 shifts were lost in the period due to C-19 related absence which were not reportable.

26. This category is currently over 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 30/09/2021	273.5	+52.8%
Long term sickness	143 (52%)	
Short term sickness	130.5 (48%)	
Approximate cost of sickness	£26,051	+£13,146

28. This category has seen an increase of 52.8% in shifts lost when compared with the same reporting period in 2020/21.

29. There have been 6 cases of long-term sickness across the period for various reasons and 3 are unresolved, 2 of these are new cases and are expected to remain for some time. We expect a further increase in absence levels moving into quarter 3.

30. There has also been a significant rise in short term absences mainly being C-19 related. There were 9 positive cases within this category over the reporting quarter equating to 67 shifts lost. A further 49 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 and SI due to a household member.

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

Retained Duty System

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

Description	Days/Cost	%/£ change
Total shifts lost to 30/09/2021	802.40	+26.5%
Long term sickness	655.06 (82%)	
Short term sickness	147.34 (18%)	
Approximate cost of sickness	£70,868	-£51,018

33. The RDS category has seen a decrease of almost 27% in shifts lost when compared with the same reporting period in 2020/21. Similar to WT, a rise in long term absence has been seen with 6 remaining cases at the end of the reporting period, 5 of which related to MSK issues and are likely to continue into the next reporting quarter.

34. Similar to that seen in the WT category, a spike in short term absence was noted in July primarily due to C-19, however this has decreased over August and very low levels were reported in September. A further 142.2 shifts were lost in the year due to C-19 related absences which are not included in the above figures.

35. This category is over target for the reporting year.

Covid-19 Related Absence

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

37. The reasons include employees who have needed to isolate 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.

38. The table below shows the shifts lost per category to C-19 (1 Apr 21 – 30 Sep 21).

Employee Group	Shifts lost to SI	Shifts lost to SI (other household member)	Shifts lost to Shielding (V)	C-19 confirmed	Test & Trace	Total shifts lost to C-19
Control	2	4	2	30	5	43
Non-Uniformed	4.5	38	32	70	31	175.5
RDS	24.37	84.75	0	80.67	57.45	247.24
WT Riders	49	133	12	133	74	401
FDO/DD	2	25	0	41	10	78
Total	81.87	284.75	46	354.67	177.45	944.74
N.B The numbers below are given for comparative purposes from Q2 2020/21						
Total	142.16	380.85	837.74	39	94.78	1494.53

39. The figures given in the above table are for the end of quarter 2 for this reporting year and last reporting year. The clear difference between the two can be noted on the reportable sickness for those staff who have tested positive and those who have been symptomatic, both of these are counted in this year's figures. A reduction can be seen in the non-reportable absence such as shielding and SI due to another household member. Whilst an increase is noted from test and trace, the Service has processes in place to allow staff to remain at work through daily testing.

Action Taken

40. C-19 related absence will continue to be monitored and reported. We will continue to update our guidance in line with government guidance where available and where we have identified potential beneficial changes to our approach.

41. 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 Head 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.

42. The POD Team continue to liaise with line managers to support personnel to return to work as soon as possible through regular welfare visits, OH 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. Current support is being given predominately for long term cases.

43. The Service continues to undertake Lateral Flow Testing (LFT) across our sites and at home and staff are asked to test themselves twice per week and log their results on our system. Quarter 2 has seen the introduction of Daily Contact Testing (DCT) for key workers as a further precaution for those who are not fully vaccinated.
44. The Service offered and have issued vouchers for flu vaccines to staff that took up the offer via the recent campaign. 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.
45. We are actively encouraging our workforce to tell us if they have been vaccinated or not. This is being logged in our FireWatch system. To date we have 350 staff who have declared they are double vaccinated and a further 42 who have had one vaccination. There are 188 members of staff who have not recorded any vaccination status.
46. An audit of the Services Attendance Management processes has been agreed and will take place in November 2021. This will hopefully give the Service some assurances that the correct processes are being followed and wellbeing initiatives are offered and accessed where appropriate.

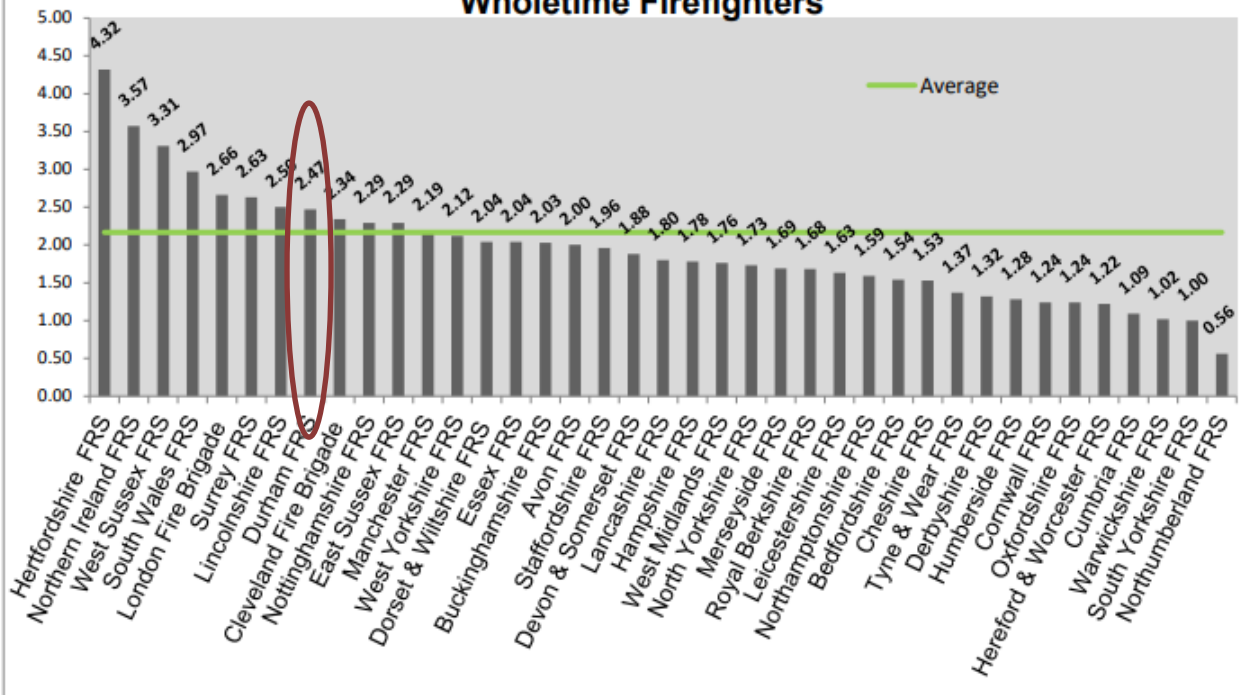
National Fire Service Data Comparison

47. This data is supplied via the National Occupational Health Performance Report which is compiled by Cleveland Fire Brigade (CFB). All fire and rescue services (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 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 2021 to June 2021 (Quarter 1).
49. Performance across indicators for RDS, Control and Corporate is below the national average however, for WT staff this is above the national average.

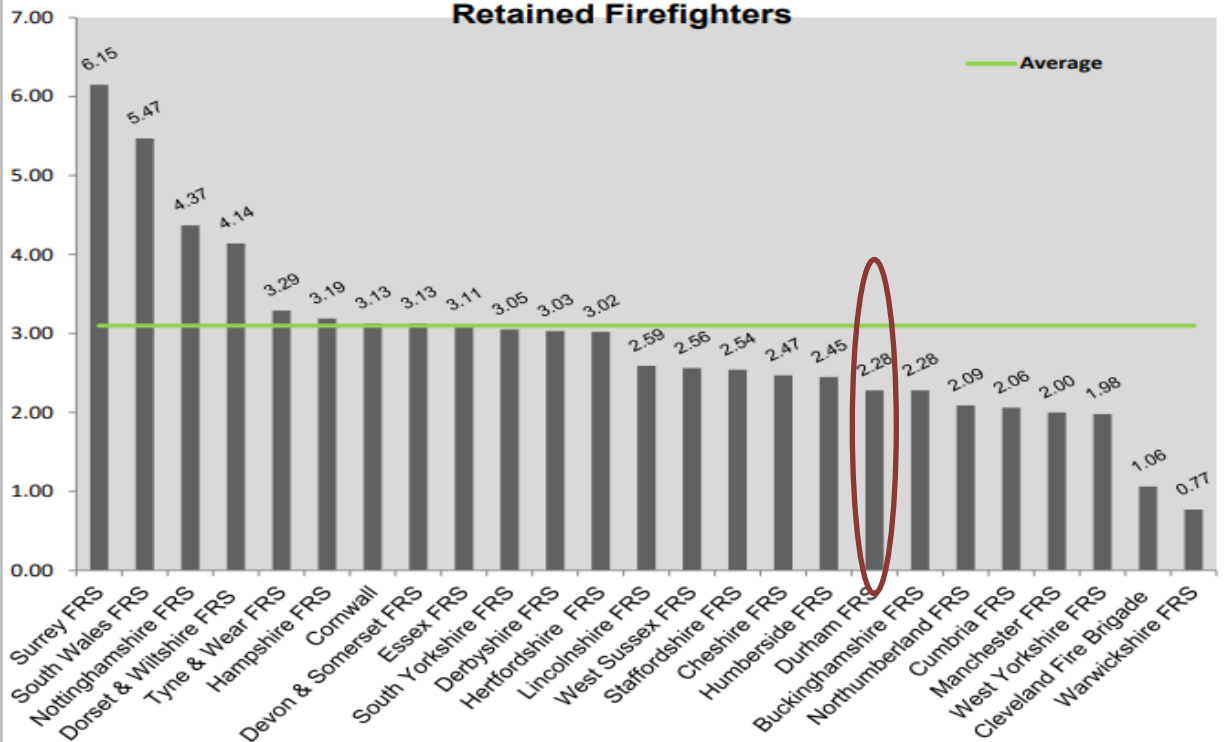
Recommendation

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

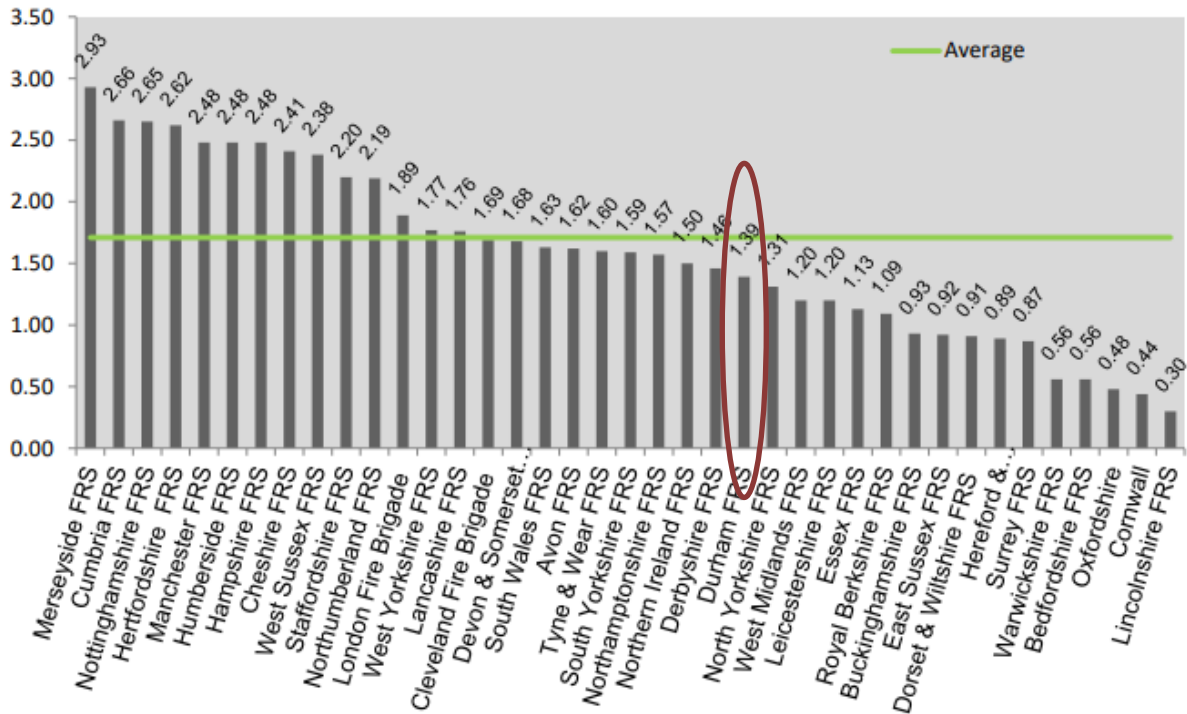
**Number of days/shifts lost to sickness per person -
Wholetime Firefighters**



**Number of days/shifts lost to sickness per person -
Retained Firefighters**



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



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

