



Safest People, Safest Places

Human Resources Committee

22 February 2022

Sickness Absence Performance

Quarter Three 1 April 2021 – 31 December 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 31 December 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 31 December 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 Dec 21	Apr 21 to Dec 21 Target	Variance	Apr 20 to Dec 20 (PYR)	Direction of Travel
Working shifts / days lost for all staff	8.28	4.5	+3.78	4.49	
Working shifts / days lost due to sickness for all Wholetime, Control and Non- Uniformed	8.09	4.5	+3.59	4.1	
Working shifts / days lost due to sickness for all Wholetime and Control	7.83	4.5	+3.33	4.3	

8. Overall, there has been an 84.4% increase on shifts lost in comparison with quarter 3 of 2020-21. C-19 symptomatic and confirmed positive cases have contributed significantly (almost 23%) to this however long-term absence remains a key issue. Long term sickness still accounts for approximately 66% of the Service's total absence during this period. Across all our employees, musculoskeletal (MSK) absence equates to almost 36% of the total absences with mental health at just under 17%.
9. Absences within the wholetime (WT) and Retained Duty System (RDS) categories have remained at a static high this quarter still primarily linked to longer term and C-19 related absence. Absence levels within Control have increased again in this period due to the rise in Covid cases, however, is anticipated to reduce again in the next. Sickness amongst Corporate staff has risen significantly in this quarter and remains 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 Dec 21	Apr 21 to Dec 21 Target	Variance	Apr 20 to Dec 20 (PYR)	Direction of Travel
WT Riders	8.37	3.75	+4.62	4.90	↓
FDO / Day Duty	8.98	3.38	+5.6	3.74	↓
Control	7.98	6	+1.98	6.04	↓
RDS	10.48	6.75	+3.73	6.47	↓
Non-uniformed	8.30	3.75	+4.55	2.93	↓

Wholetime Station Based Firefighters (Riders)

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

Description	Days/Cost	%/£ change from Q3 2020-21
Total shifts lost to 31/12/2021	2219	+97%
Long term sickness	1458 (66%)	+87%
Short term sickness	761 (34%)	+121%
Approximate cost of sickness	£391,964	+£187,732

12. The WT rider category has seen a 97% increase in shifts lost when compared with the same reporting period in 2020/21. The reasons being a significant increase in short term absence mostly related to C-19. Absence was at its highest in December with 324 shifts lost and this is likely to continue to January due to significant levels of confirmed C-19 cases. On a positive note, long term absence decreased over October and November, however started to rise again during December.

13. As with previous quarters, long term absence within this category has remained relatively high equating to almost 66% of all absence in this staff group, however reductions in these levels have been seen. At the end of the 9-month reporting period, 7 employees in this staff group remain as long-term absence with over 40% being due to MSK and almost 30% due to mental health issues. On a positive note, 6 ongoing long-term cases were resolved in this quarter with the staff returning to full operational duties, a further 4 on varying forms of modified duties and 1 staff member was progressed through ill health.

14. Although the amount of mental health related absence still gives some cause for concern, overall, this has reduced in comparison with previous quarters. All 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 120% from the same period last year with a high proportion due to C-19 related absences. A spike in C-19 related cases was noted in December in line with increases in the rate of infection nationally. We are continuing with our processes of regular Lateral Flow testing and following government guidance regarding isolation periods and PCR testing etc. There were 50 positive cases within this category over the reporting quarter, in the previous quarter, this figure was only 20.
16. In this category, 702 shifts were lost to C-19 related absence at the end of quarter 3. 254 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 448 shifts of the above figures are because of C-19 symptoms or confirmed cases.
17. This category is currently significantly over target at this point in the reporting year.

Flexible Duty Officers and Day Duty

18. The detailed sickness information relating to Flexible Duty Officers (FDO) and Day Duty (DD) staff is summarised below.

FDO

Description	Days/Cost	%/£ change from Q3 2020-21
Total shifts lost to 31/12/2021	171	+58%
Long term sickness	100 (58%)	+203%
Short term sickness	71 (42%)	-5%
Approximate cost of sickness	£40,137	+£15,658

Day Duty

Description	Days/Cost	%/£ change from Q3 2020-21
Total shifts lost to 31/12/2021	206	+110%
Long term sickness	63 (30%)	+142 %
Short term sickness	143 (70%)	+99%
Approximate cost of sickness	£42,370	+£24,758

19. Both of the above categories have had increases in absences, the majority of which have been due to C-19. The FDO category has not had any long-term absence this quarter however DD officers have had one case due to MSK reasons. To give context to these figures the numbers in both categories were low last year.
20. 166 shifts have been lost this year to date due to C-19 related absence, 41 of which are not included in the above data due to isolation following family members having confirmed C-19. There have been 13 C-19 confirmed cases in this category in the reporting quarter, in the previous quarter, this figure was only 4.

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 from Q3 2020-21
Total shifts lost to 31/12/2021	163.5	+23%
Long term sickness	84 (51%)	+40%
Short term sickness	79.5 (49%)	+9%
Approximate cost of sickness	£27,448	+£3512

23. The Control category of staff has seen a rise of approximately 23% in absence when compared with the same reporting period in 2020/21 where absence levels were particularly low. Quarter 3 absence levels, however, have seen an increase from the previous quarter but again, this is related to the national rise in C-19 transmissions and confirmed cases.

24. The long-term absences in this reporting period for Control staff relates to one member of staff and is an MSK concern. The absence is likely to continue into quarter 4.

25. 46.5 shifts were lost to C-19. No shifts were lost that were not reportable. There have been 7 C-19 confirmed cases in this category in the reporting quarter, in the previous quarter, this figure was 0.

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 from Q3 2020-21
Total shifts lost to 31/12/2021	856.58	+221%
Long term sickness	544 (64%)	+230%
Short term sickness	312.58 (36%)	+206%
Approximate cost of sickness	£81,589	+£62,339

28. This category has seen a significant increase of over 220% in shifts lost when compared with the same reporting period in 2020/21.

29. There were 10 cases of long-term absence within this quarter alone, whilst 5 of these have been resolved, 5 will continue into quarter 4. The main reasons for these absences are MSK, mental health and cancer.

30. There has been a significant rise in short term absences mainly being C-19 related. There have been 15 positive cases within this category over the reporting quarter

equating to 87.5 shifts lost. In the previous quarter, this figure was 9. A further 10 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. Apart from C-19 cases, there has been a rise in other short-term absence equating for a further 84.5 shifts. Reasons for this vary from gastrointestinal, flu symptoms, neurological and MSK.

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

Retained Duty System (RDS)

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

Description	Days/Cost	%/£ change from Q3 2020-21
Total shifts lost to 31/12/2021	1389.34	+61%
Long term sickness	1031.75 (74%)	+47%
Short term sickness	357.59 (26%)	+124%
Approximate cost of sickness	£122,706	+£95,749

34. The RDS category has seen an increase of just over 61% in shifts lost when compared with the same reporting period in 2020/21. Similar to WT, a small rise in long term absence has been seen in December. There are several ongoing cases within this category which have spanned the full reporting year. The Service is currently progressing two of these through ill health. The main reasons for most of all long-term absence relate to MSK issues.

35. Similar to those seen in other categories, a spike in short term absence was due to C-19, which reached its peak in December resulting in 182.46 shifts lost. A further 26.32 shifts were lost in the year due to C-19 related absences which are not included in the above figures. There have been 26 C-19 confirmed cases in this category in the reporting quarter, in the previous quarter, this figure was 13.

36. This category is over target for 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 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.

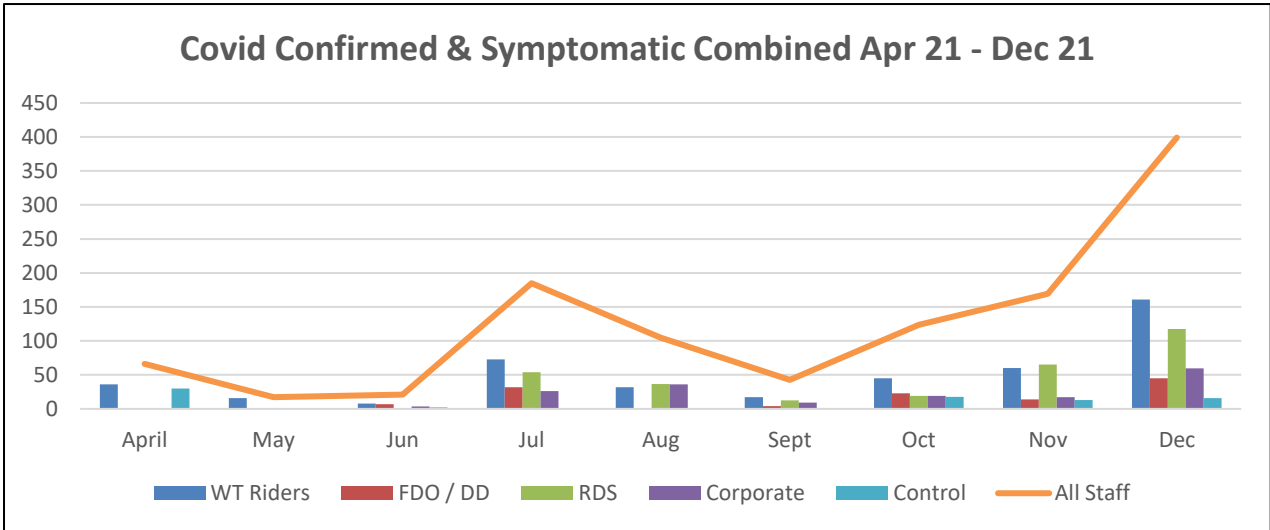
39. The table below shows the shifts lost per category to C-19 (1 Apr 21 – 31 Dec 21).

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	2.5	4	2	76	5	89.5
Non-Uniformed	12.5	48	32	157.5	31	281
RDS	43.73	86.25	0	263.13	62.91	456.02
WT Riders	74	153	16	374	85	702
FDO/DD	15	31	0	110	10	166
Total	147.73	322.25	50	980.63	193.91	1694.52
N.B The numbers below are given for comparative purposes from Q3 2020/21						
Total	282.36	631.85	927.74	226.31	298.06	2366.32

40. The figures given in the above table are for the end of quarter 3 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. A significant reduction can be seen in the non-reportable absence such as shielding and SI due to another household member. The Service has processes in place to allow staff to remain at work through daily testing.

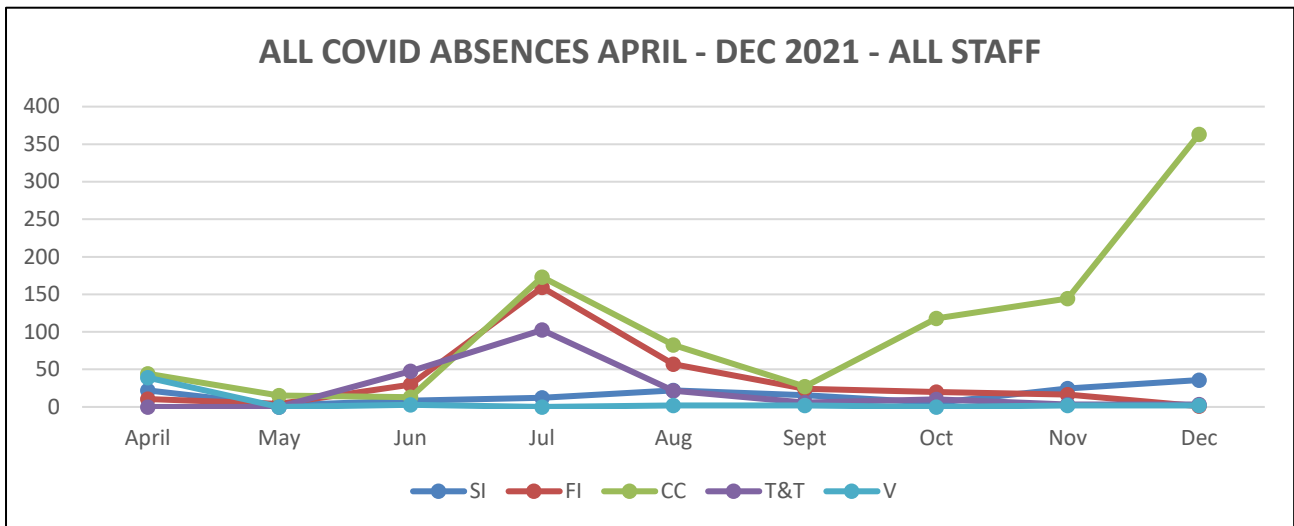
41. The table and graph below show the shifts lost for C-19 confirmed (CC) and symptomatic (SI) cases. Quarter three absence for this reason has increased significantly and rapidly impacting on all staff groups.

CC & SI combined	WT Riders	FDO / DD	RDS	Corporate	Control	All Staff
April	36	0	0	0	30	66
May	16	0	1.2	0	0	17.2
Jun	8	7	0.66	3.5	2	21.16
Jul	73	32	53.8	26	0	184.8
Aug	32	0	36.71	36	0	104.71
Sept	17	4	12.67	9	0	42.67
Oct	45	23	19.13	19	17.5	123.63
Nov	60	14	65.13	17	13	169.13
Dec	161	45	117.56	59.5	16	399.06
Total	448	125	306.86	170	78.5	1128.36



42. The table and graph below shows the shifts lost per C-19 category over the whole reporting year to date. CC cases can be seen to rise as the reporting year has progressed with other areas of test and trace and self-isolation of other household members decreasing in line with new government guidance and vaccination status.

All Staff	SI	Shifts lost to SI (other household member)	CC	T&T	V (Shielding)	Total
April	22	10.5	44	0	39	115.5
May	2.2	4	15	0	0	21.2
Jun	8.16	29.88	13	47.62	3	101.66
Jul	12	159.14	172.8	102.4	0	446.34
Aug	22.02	57.13	82.69	21.44	2	185.28
Sept	15.49	24.1	27.18	5.99	2	74.76
Oct	5.5	20	118.13	9.95	0	153.58
Nov	24.56	16.5	144.57	3.25	2	190.88
Dec	35.8	1	363.26	3.26	2	405.32
Total	147.73	322.25	980.63	193.91	50	1694.52



Action Taken

43. 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.
44. 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.
45. 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.
46. The Service continues to undertake Lateral Flow Testing at home and staff are asked to test themselves daily prior to attending the workplace and log their results on our system. Daily Contact Testing (DCT) for key workers remains in place as a further precaution for those who are not fully vaccinated. Further changes to reduced self-isolation periods were implemented in December in line with government guidance.
47. 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 374 staff (rise of 24 from Q2) who have declared they are double vaccinated and a further 159 (rise of 117) who have recorded as having had a booster vaccination. There are 162 members of staff who have not recorded any vaccination status.
48. An audit of the Services Attendance Management processes took place in December 2021 and the findings were received in early February 2022. The report gave a Substantial assurance opinion which demonstrates that the correct processes are being followed and wellbeing initiatives are offered and accessed where appropriate. Six

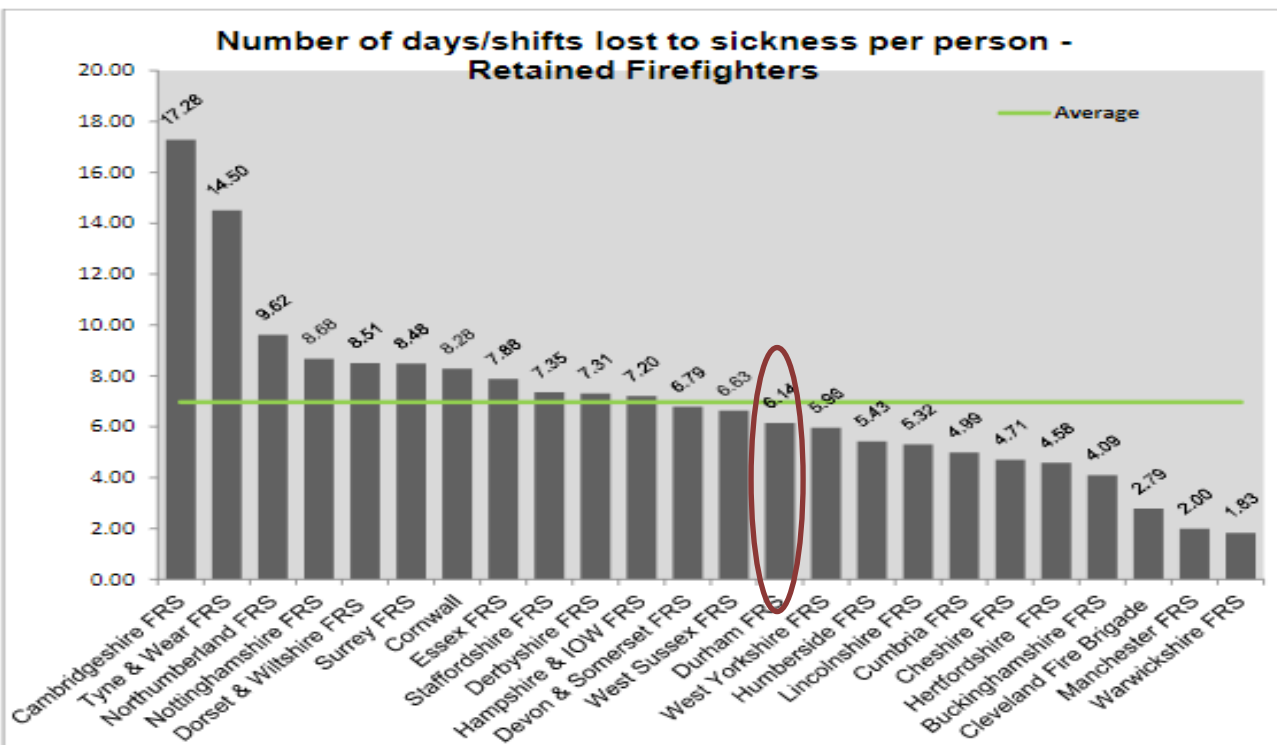
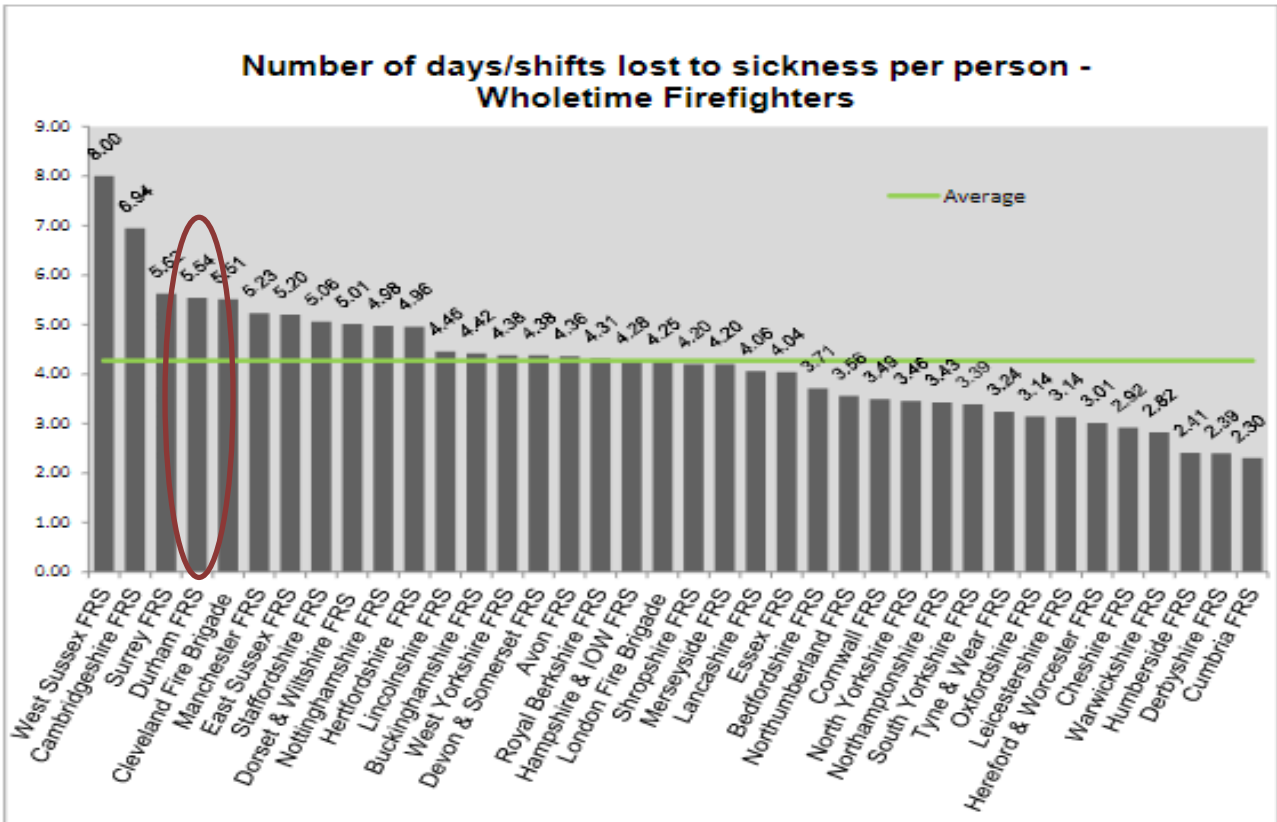
recommendations were made which will be actioned by the HR team as soon as possible.

National Fire Service Data Comparison

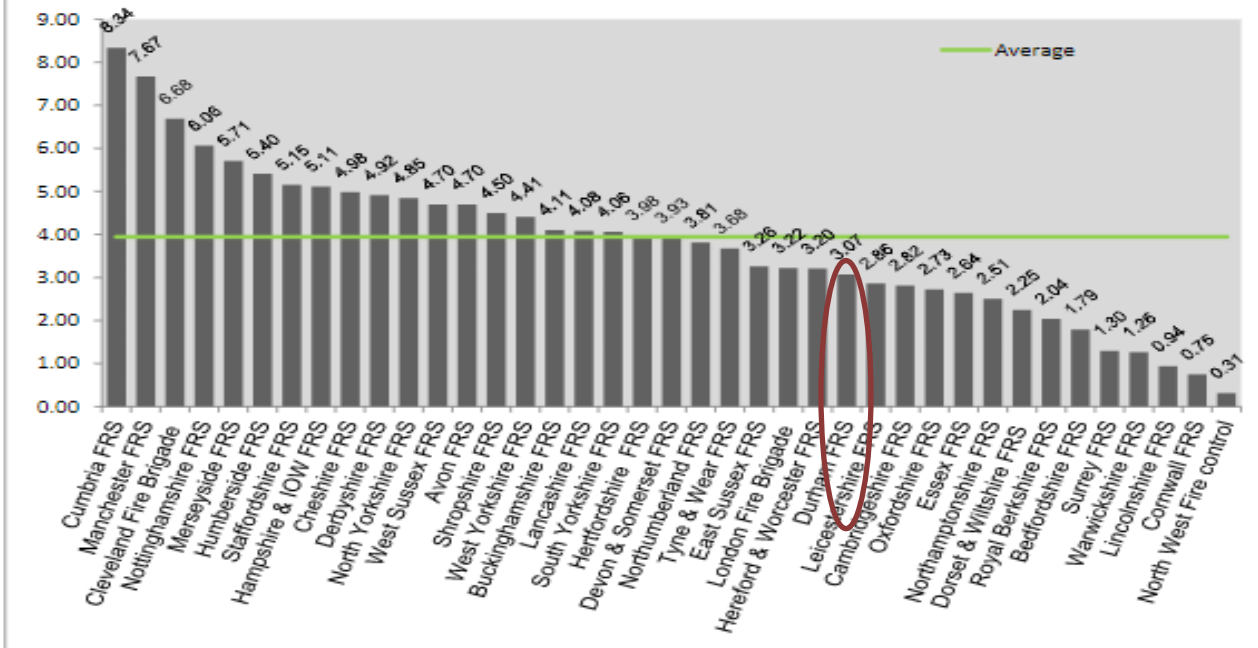
49. This data is supplied via the National OH Performance Report which is compiled by Cleveland Fire Brigade (CFB). All fire and rescue services (FRS) are asked to supply data for the main categories of employees; WT, Control, RDS and Non-uniformed.
50. There is a set calculation which all FRS supplying 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 to September 2021 (Quarter 2).
51. Performance across indicators (Appendix A) for RDS, Control and Corporate is below the national average however, for WT staff this is above the national average.

Recommendation

52. Members are asked to **note** and **comment** on 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**

