



**Safest People, Safest Places**

## **Human Resources Committee**

**24 May 2022**

### **Sickness Absence Performance**

**Quarter Four 1 April 2021 – 31 March 2022**

### **Report of Director 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 March 2022.

#### **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.

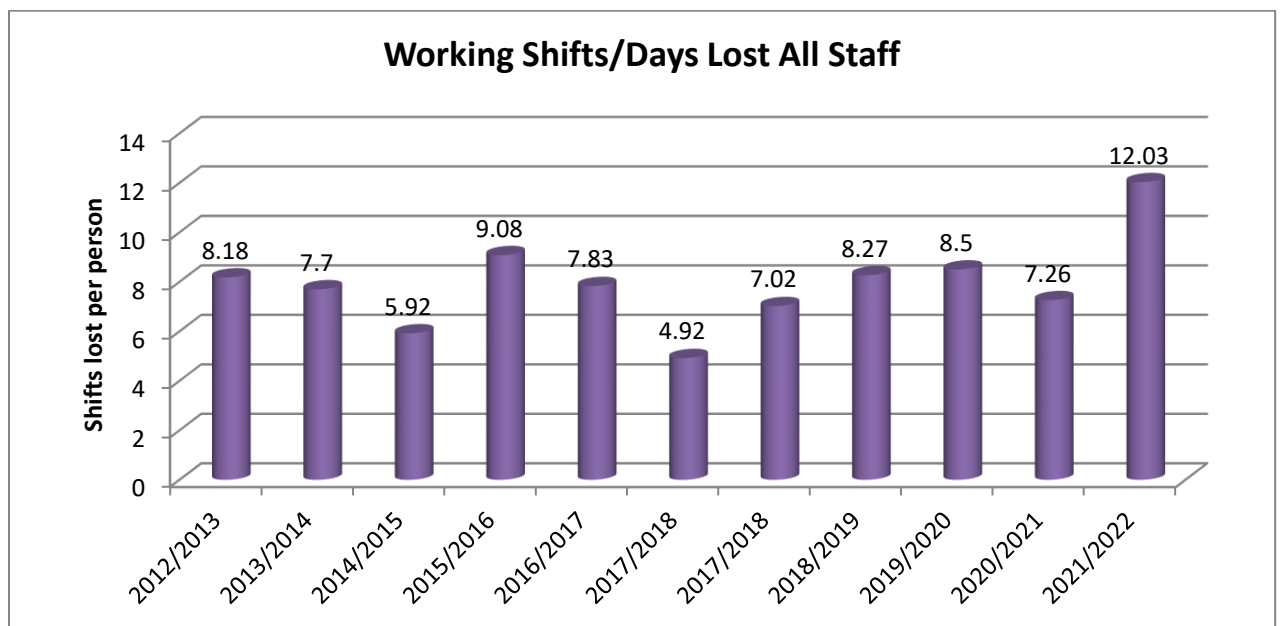
#### **Summary of Sickness Statistics**

4. The sickness statistics for the period 1 April 2021 to 31 March 2022 are calculated as average shifts/working 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 March 22	Apr 21 to March 22 Target	Variance	Apr 20 to March 21 (PYR)	Direction of Travel	21/22 with Covid Absence Removed
Working shifts / days lost for <b>all staff</b>	12.03	6.0	+6.03	7.26	↓	6.5
Working shifts / days lost due to sickness for all <b>Wholetime, Control and Non-Uniformed</b>	11.24	6.0	+5.24	7.03	↓	7
Working shifts / days lost due to sickness for all <b>Wholetime and Control</b>	10.78	6.0	+4.78	7.37	↓	7.6

8. Overall, there has been an 65.7% increase on shifts lost in caparison with quarter 4 of 2020-21. C-19 symptomatic and confirmed positive cases have still contributed significantly and equate to almost 30% of total absences across the year. Long-term absence remains a key issue. Long term sickness still accounts for approximately 59% of the Service's total absence during this period. Across all our employees, musculoskeletal (MSK) absence equates to almost 31% of the total absences with mental health static at just under 17%.
  
9. Absences within the wholetime (WT) and Retained Duty System (RDS) categories have remained high across the full period still primarily linked to long term and C-19 related absence. In the WT staff group 41% of absences are long term and 33% of RDS. Absence levels within Control have increased again in this period due to continuing occurrences of Covid but also due to an ongoing long-term absence. Sickness amongst Corporate staff has risen significantly again in this quarter and remains well above target.
  
10. The graph below shows the shift lost for all staff over the previous 10 years.



11. Table 2 below shows a further breakdown over the specific staff groups that are employed by the Service.

**Table 2 Sickness by Staff Group**

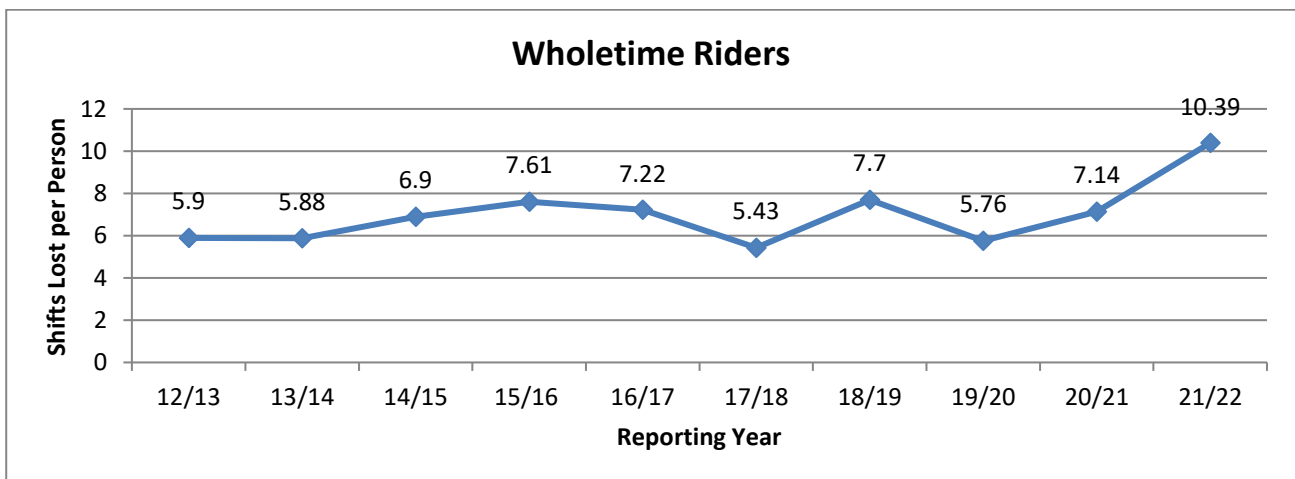
Performance Indicator	Apr 21 to March 22	Apr 21 to March 22 Target	Variance	Apr 20 to March 21 (PYR)	Direction of Travel	21/22 with Covid Absence Removed
WT Riders	10.39	5	+5.39	7.14	↓	6.5
FDO / Day Duty	11.93	4.5	+6.43	6.02	↓	6.6
Control	13.44	8	+5.44	17.15	↑	7.2
RDS	14.52	9	+5.52	9.18	↓	9.5
Non-uniformed	12.76	5	+7.76	4.89	↓	9

**Wholetime Station Based Firefighters (Riders)**

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

Description	Days/Cost	%/£ change from Q4 2020-21
Total shifts lost to 31/03/2022	2775	+46%
Long term sickness	1640 (59%)	+31%
Short term sickness	1135 (41%)	+74%
Approximate cost of sickness	£490,176	+ £144,524 (42%)

12. The WT rider category has seen an increase of 46% in shifts lost when compared with the reporting period in 2020/21. The graph below highlights absence within this category for the previous 10 years.



13. Long term absence within this category has remained high all year equating to almost 60% of all absence in this staff group, however reductions in these levels have been seen in the latter part of the year. At the end of the full 12month reporting period, 5 employees in this staff group remain as long-term absence due to a mix of MSK, mental health and long covid.
14. Mental health related absence still gives some cause for concern. 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 just over 74% 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 and January in line with increases in the rate of infection nationally.
16. In this category, 1030 shifts were lost to C-19 related absence at the end of quarter 4. 258 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 772 shifts of the above figures are because of C-19 symptoms or confirmed cases. At the end of quarter 3, this figure was 448 therefore seeing an increase of just over 72%. There has been 150 confirmed cases of covid in this staff group across the reporting year.
17. This category is significantly over target at the end of 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.

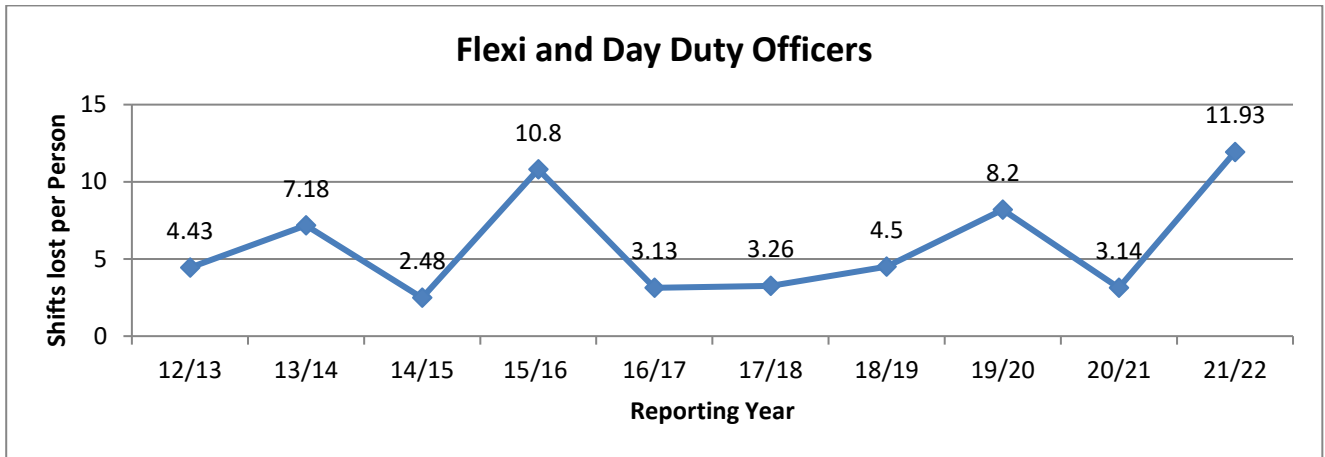
##### **FDO**

<b>Description</b>	<b>Days/Cost</b>	<b>%/£ change from Q4 2020-21</b>
Total shifts lost to 31/03/2022	288	+80%
Long term sickness	141 (49%)	+177%
Short term sickness	147 (51%)	+35%
Approximate cost of sickness	£67,599	+£33,839 (100%)

##### **Day Duty**

<b>Description</b>	<b>Days/Cost</b>	<b>%/£ change from Q4 2020-21</b>
Total shifts lost to 31/03/2022	213	+129%
Long term sickness	100	+150%
Short term sickness	113	+113%
Approximate cost of sickness	£43,809	+£38,925 (797%)

19. Both above categories have had significant increases in absences this year in comparison to the previous year. 35% of all absence was covid related. The FDO category has not had any long-term absence since the first quarter however DD officers have had two cases in the final quarter of the year. To give context to these figures the numbers in both categories were significantly low last year.
20. The graph below highlights absence within this category for the previous 10 years.



21. 223 shifts have been lost this year to date due to C-19 related absence, 48 of which are not included in the above data due to isolation following family members having confirmed C-19. There have been 27 C-19 confirmed cases in this category in the full reporting year.

22. This category is significantly over target at the end of the reporting year.

### Control

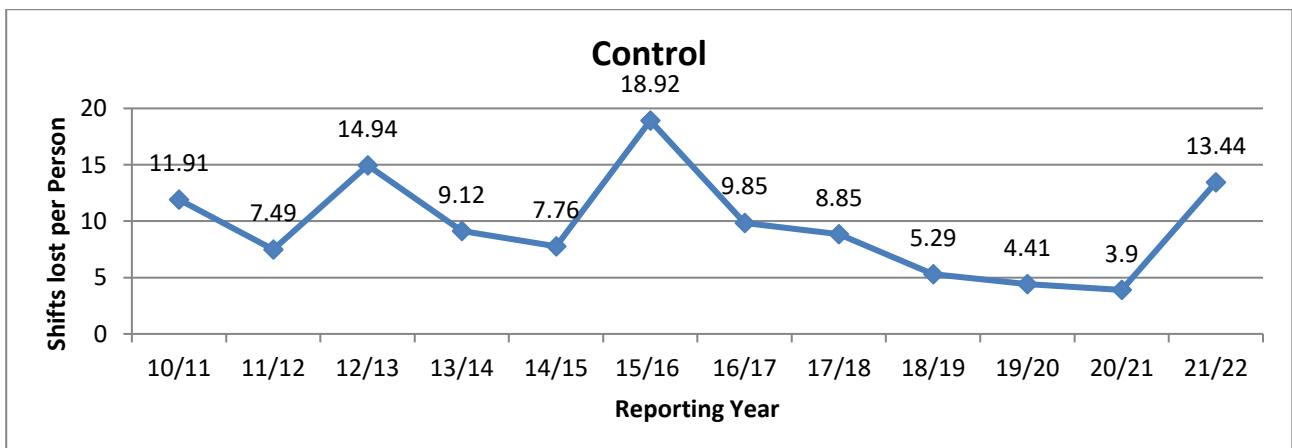
23. The detailed sickness information relating to Control staff is summarised below.

Description	Days/Cost	%/£ change from Q4 2020-21
Total shifts lost to 31/03/2022	275.5	-20%
Long term sickness	129 (46.8%)	-57%
Short term sickness	146.5 (53.2%)	+241%
Approximate cost of sickness	£46,250	-£15,479 (-25%)

24. The Control category of staff has seen an overall decrease of approximately 20% in absence when compared with the same reporting period in 2020/21. Quarter 4 absence levels have seen an increase from the previous quarter but again, this is related to the national rise in C-19 transmissions and confirmed cases.

25. The long-term absence in this reporting period for Control staff is likely to continue into the new reporting year.

The graph below highlights absence within this category for the previous 10 years.



26. 38 shifts were lost to C-19 in this reporting period with no shifts lost that were non reportable. There has been 20 C-19 confirmed cases in this category in the full reporting year.

This category is significantly over target at the end of the reporting year.

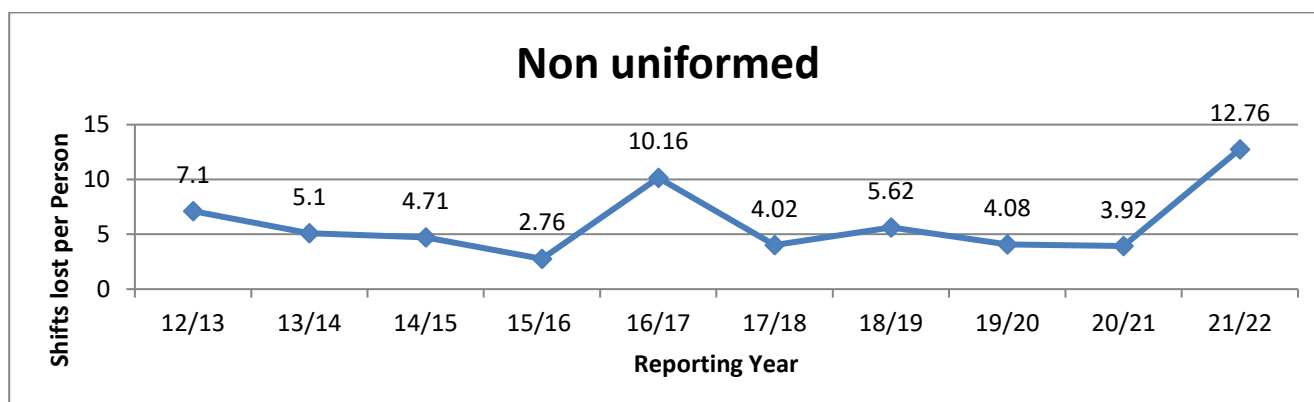
### Non- Uniformed

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

Description	Days/Cost	%/£ change from Q4 2020-21
Total shifts lost to 31/03/2022	1269.46	+159%
Long term sickness	695 (55%)	+183%
Short term sickness	574.46 (45%)	+136%
Approximate cost of sickness	£120,916	+£63,347 (+110%)

27. This category has seen a significant increase of over 159% in shifts lost when compared with the full reporting year 2020/21.

28. The graph below highlights absence within this category for the previous 10 years.



29. Quarter 4 saw the resolution of several long-term cases which have impacted significantly on absence levels this year.

30. As with all staff groups, there has been a significant rise in short term absences mainly being C-19 related. There have been 47 positive cases within this category over the reporting year equating to just over 268 shifts lost.

31. This category is significantly over target at the end of the reporting year

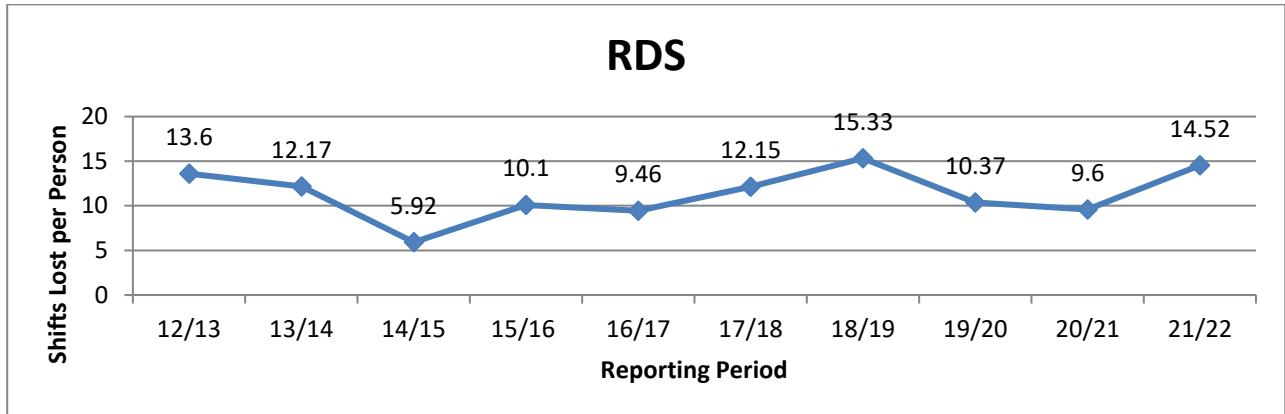
### Retained Duty System (RDS)

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

Description	Days/Cost	%/£ change from Q4 2020-21
Total shifts lost to 31/03/2022	2002.33	+62%
Long term sickness	1308.24 (65%)	+425%
Short term sickness	694.09 (35%)	-30%
Approximate cost of sickness	£176,846	+£138,210 (+358%)

33. The RDS category has seen an increase of almost 62% in shifts lost when compared with the same reporting period in 2020/21. There has been significant increase in long term absences in this category and almost 60% of total absences are MSK related. Several employees who are absent long term are progressing through the ill health retirement process.

34. The graph below highlights absence within this category for the previous 10 years.



35. Similar to those seen in other categories, spikes in short term absence were present due to C-19, however overall, in comparison the previous reporting year short term absences have reduced in the RDS staff category by 30%.

36. This category is significantly over target at the end of the reporting year

**Musculoskeletal Sickness**

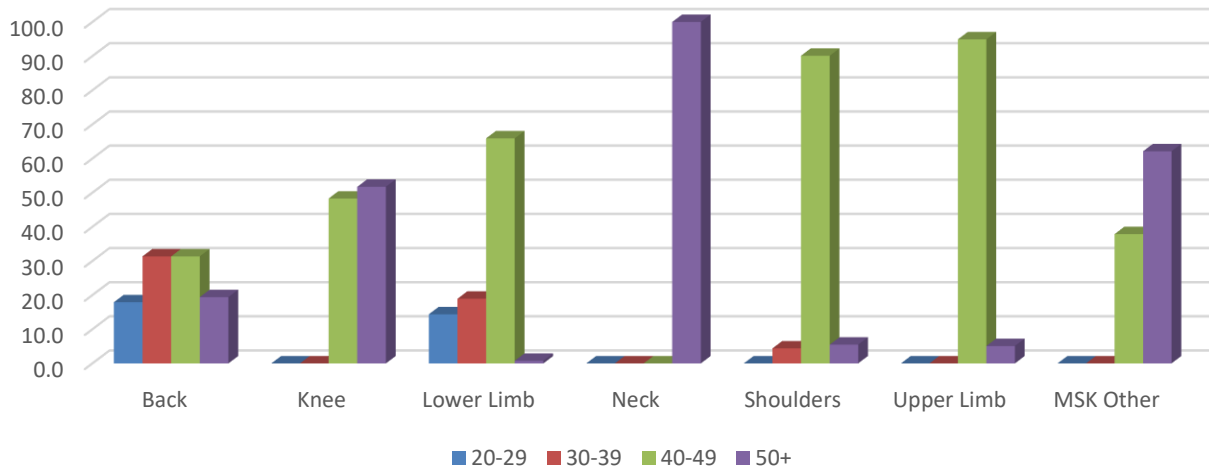
37. MSK issues have contributed significantly to absence figures in this reporting year (approx. 31%). Comparisons have been calculated in percentages to augment the value of the analysis.

38. Overall staff groups the 50+ age group has had the highest number of shifts lost due to MSK issues accounting for almost 53% of the total number of MSK absences. Just over 71% of this figure resulted from the RDS staff group.

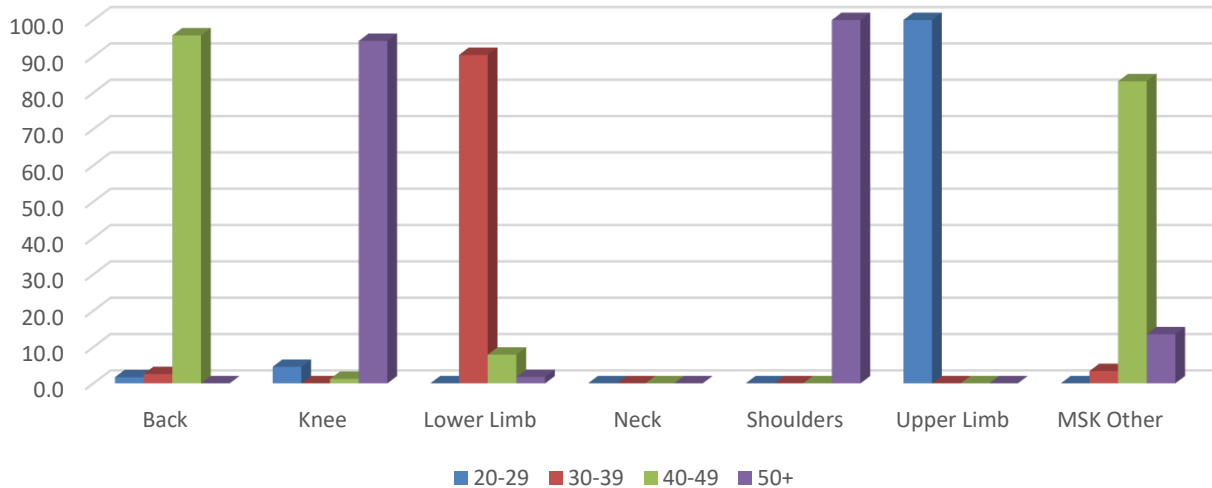
39. Slightly over 30% of total MSK absences were within the wholetime riders staff group of which approximately 63% was within the 40-49yr old bracket.

40. The graphs below show how the categories within MSK absence type compare with age groups across all staff and then by the WT riders and RDS staff groups. Corporate and FDO/DD MSK absences combined accounted for approximately 10% all MSK absences.

WT Riders Staff % Age Group vs MSK Category



Retained Staff % Age Group vs MSK Category



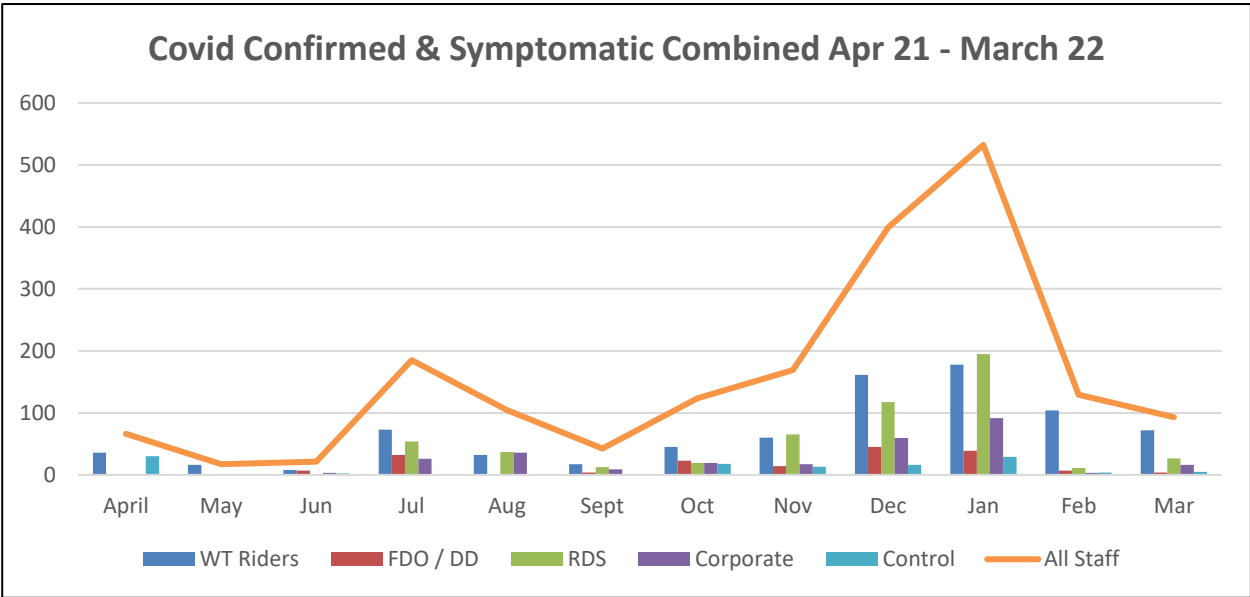
**Covid-19 Related Absence**

- 41. There have been various reasons for C-19 related absence since the pandemic began and the Service has followed government guidance throughout the reporting year.
- 42. 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.
- 43. The table below shows the shifts lost per category to C-19 (1 Apr 21 – 31 March 22).



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
<b>Control</b>	6.5	4	2	110	5	<b>127.5</b>
<b>Non-Uniformed</b>	12.5	54	32	268.38	33	<b>399.88</b>
<b>RDS</b>	75.65	86.25	0	463.24	62.91	<b>688.05</b>
<b>WT Riders</b>	90	157	16	682	85	<b>1030</b>
<b>FDO/DD</b>	15	38	0	160	10	<b>223</b>
<b>Total</b>	<b>199.65</b>	<b>339.25</b>	<b>50</b>	<b>1683.62</b>	<b>195.91</b>	<b>2468.43</b>
<b>N.B</b> The numbers below are given for comparative purposes from Q4 2020/21						
<b>Total</b>	<b>371.53</b>	<b>728.14</b>	<b>1273.10</b>	<b>763.47</b>	<b>440.13</b>	<b>3576.37</b>

44. The figures given in the above table are for the end of the full 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.
45. The graph and table below show the shifts lost for C-19 confirmed (CC) and symptomatic (SI) cases and highlights two peaks over the year where cases were high over December and January. 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.



<b>All Staff</b>	<b>SI</b>	<b>Shifts lost to SI (other household member)</b>	<b>CC</b>	<b>T&amp;T</b>	<b>V (Shielding)</b>	<b>Total</b>
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
Jan	49.92	10	482.38	0	0	542.30
Feb	2	7	127.26	2	0	138.26
March	0	0	93.35	0	0	93.35
<b>Total</b>	<b>199.65</b>	<b>339.25</b>	<b>1683.62</b>	<b>195.91</b>	<b>50</b>	<b>2468.43</b>

46. The COVID-19 pandemic has had significant implications for people's health and wellbeing, and how the Service has had to effectively manage sickness absence and pay. The government has issued a living with COVID-19 plan and from 1 April 2022 onwards all remaining COVID-19 restrictions are lifted. However, it is acknowledged that the Service cannot behave as though the virus does not exist; it remains a life-threatening disease especially for the clinically vulnerable and unvaccinated.
47. The Service has decided to maintain many of its existing COVID-19 practices in the medium term by advising against entry into the work environment where an employee has tested positive. Other measures include encouraging the use of ventilation, hand sanitisers and advising employees to take lateral flow tests.
48. Current guidance which has been issued to our workforce as of the 1 April 2022 include:
- a) Individuals with COVID-19 symptoms are no longer expressly advised to remain at home and can decide themselves whether to attend work and other places despite their symptoms. Where this is the case, managers have been advised to look at alternative working arrangements i.e. working from home or isolating away from colleagues.
  - b) Lateral flow testing remains available for our workforce and we are still encouraging people to test especially where they are symptomatic.
  - c) COVID-19 risk assessments have been included as part of normal workplace risk assessments for the foreseeable future.
  - d) The self-certification rules reverted to the usual 7-day timescale on 26 January 2022 (previously during coronavirus restrictions employees were not required to provide a fit note or medical evidence for the first 28 days of absence).
  - e) All sickness whether COVID-19 related or other are dealt with consistently under the Attendance Management Procedure and will count towards triggers.
49. Since the change in guidance, the Service have seen levels of COVID-19 absence reduce and have also seen other reasons for short term absence be reported such as gastritis and cold symptoms over March 2022.

50. The disruption caused by the pandemic to the Service in terms of working time has been incalculable in many ways. Nevertheless, it's clear that COVID-19 has significantly contributed to absence levels in the Service with all KPIs being significantly over target and the highest levels seen in the past 10 years. Nationally, more people were absent from work in December 2021 because of Covid-19 than at any time since records began in June 2020, official figures have shown. The Office for National Statistics (ONS) estimated that in December 2021, 3 per cent of the UK's workforce was either off sick or not working because they had coronavirus symptoms, or they were self-isolating or quarantining. In addition to the direct costs of absence (paying sick pay and paying someone else to perform the absent employee's work), high levels of absence can demotivate those employees who have to take on the absent employee's work, cause all-round disruption to productivity and adversely affect the Services offer to the community.

### **Action Taken**

51. The service amended its guidance on covid relating absence in February 2022 in line with government guidance however still encourages all staff to continue with lateral flow testing and a common-sense approach to contact with other employees of staff are presenting symptoms. Absence of this type has now been mainstreamed and is treated in line with normal attendance management processes.

52. 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 Director 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.

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

53. 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.

54. 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 December 2022 (Quarter 3).

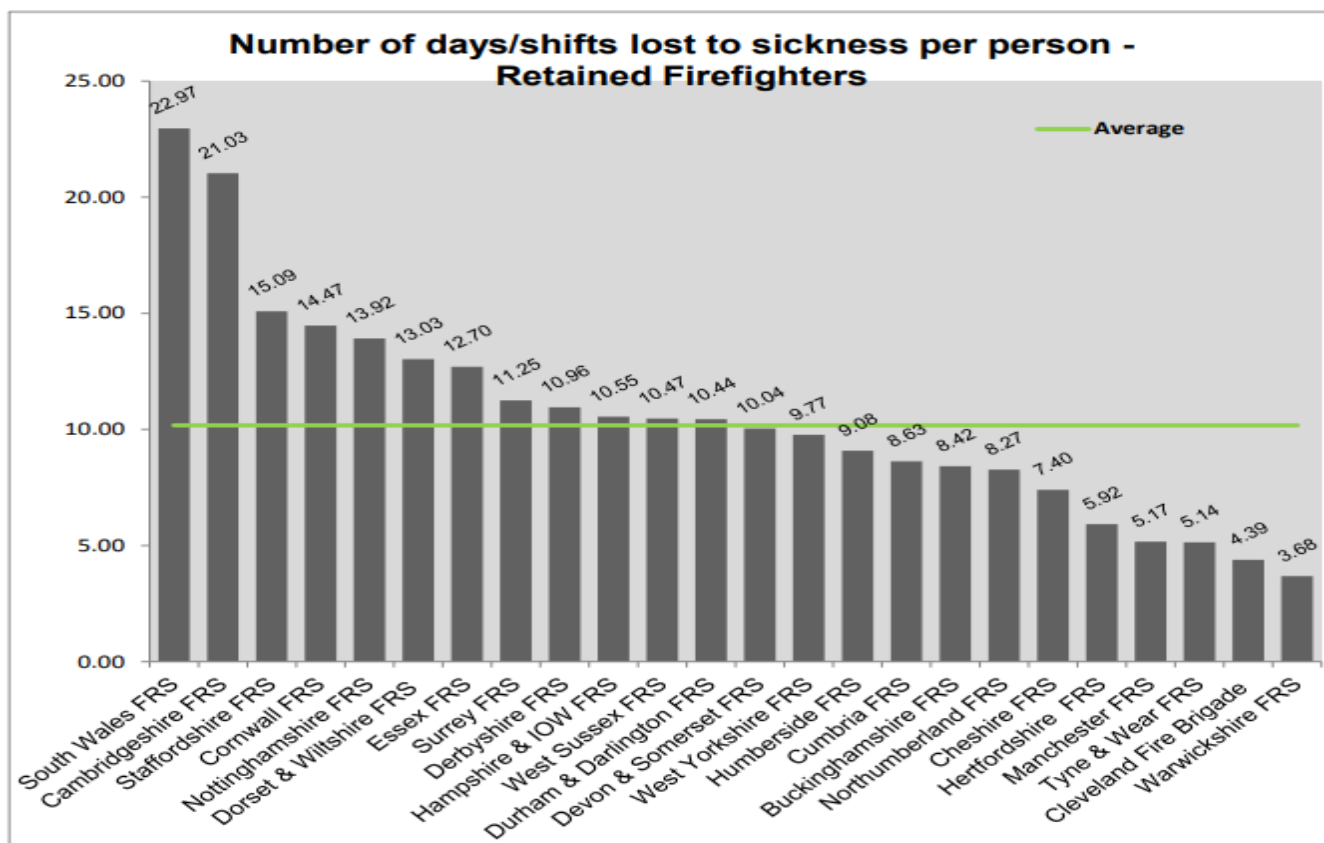
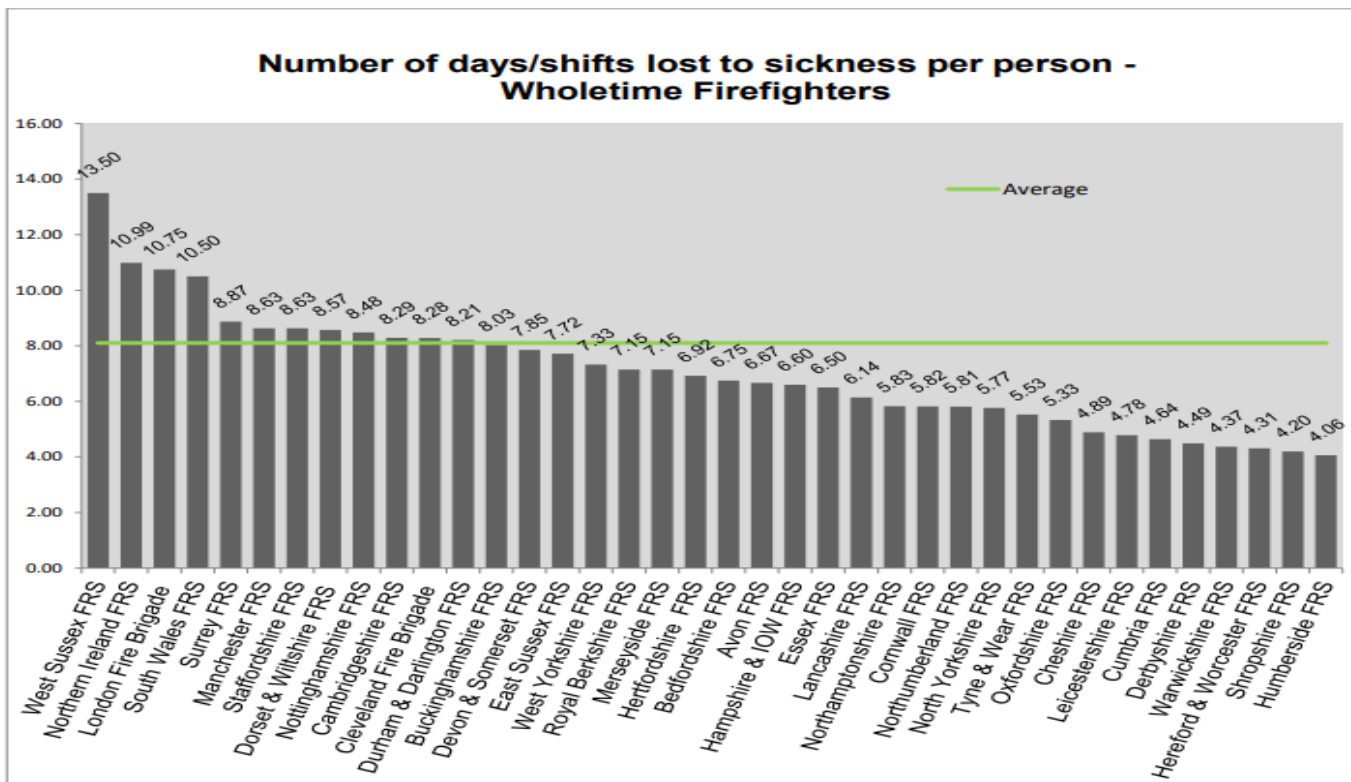
55. It should be noted that due to recording mechanisms and sickness absence policies within the various FRS' Covid 19 Sickness for some FRS' has not been included. This must therefore be borne in mind when comparing sickness levels

56. Performance across indicators (Appendix A) is above the national average however, for Control staff this is below the national average.

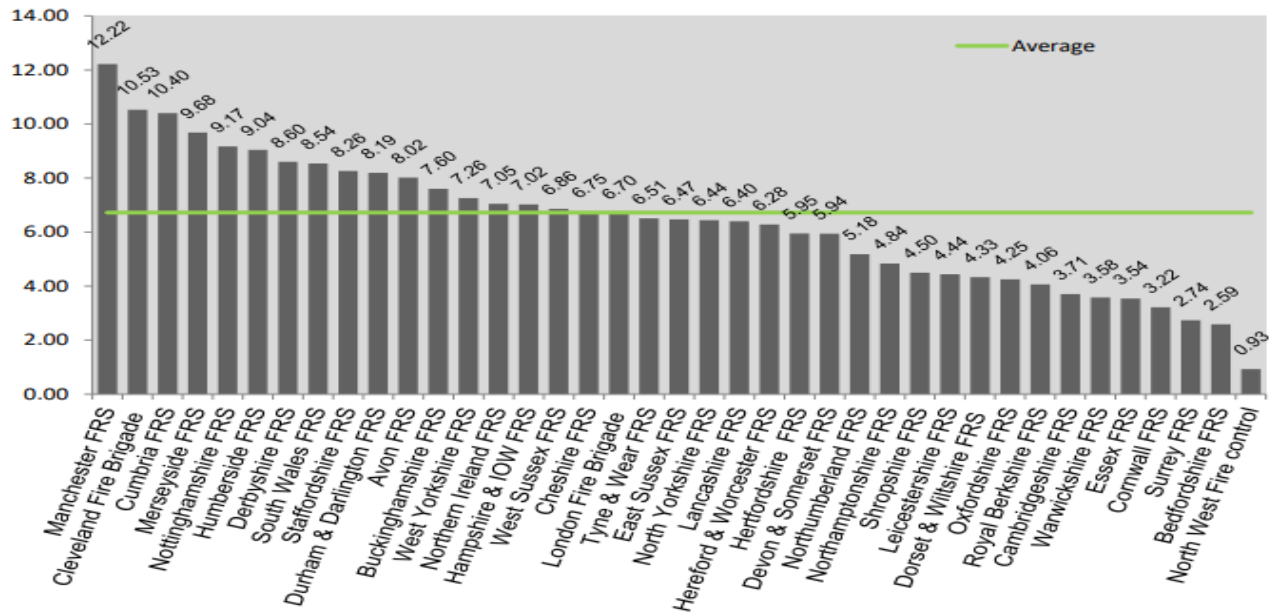
57. Thirty-Nine FRS' submitted data for the period April – December 2021. During this period, from the Fire Services who submitted data, the shifts lost per member of staff equates to 8.31. There are 3 main causes of sickness absence for all staff groups, Musculo-Skeletal (98,842 shifts) accounting for 33% of all sickness absence followed by Mental Health (67,429 shifts) which account for 23% of sickness absence and Respiratory (31,955 shifts) account for 11% of sickness absence.

### **Recommendation**

58. 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

