



## **Human Resources Committee**

**22 September 2022**

### **Sickness Absence Performance**

**Quarter One 1 April 2022 – 30 June 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 2022 to 30 June 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 2022 to 30 June 2022 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, all covid-19 related absence is included.
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 22 to June 22	Apr 22 To June 22 Target	Variance	Apr 21 to June 21 (PYR)	Direction of Travel
Working shifts / days lost for <b>all staff</b>	2.13	1.5	+0.63	2.04	
Working shifts / days lost due to sickness for all <b>Wholetime, Control and Non- Uniformed</b>	1.91	1.5	+0.41	2.35	
Working shifts / days lost due to sickness for all <b>Wholetime and Control</b>	2.0	1.5	+0.5	2.45	

8. Compared to the same reporting quarter last year, sickness overall has increased by 4.4%. The number of shifts lost has reduced overall however due to a decrease in staff levels the indicator is higher. This may appear a low increase however sickness in general remains high and above target in each PI area. Covid-19 continues to impact on absence levels however MSK and mental health concerns are a large contributor with 35% and 16% respectively. In the first quarter of this year Covid-19 has accounted for just over 23% of all sickness, however it is important to note that all covid absences are now counted in the figures. Last year, covid absences accounted for just over 8% of all sickness.
9. Absences within specific staff groups have seen varying shifts in comparison to the same quarter last year. WT Riders, Control and FDO/DD have seen a decrease overall yet RDS and Corporate have seen an increase. Almost 70% of all absence is due to long term sickness and all staff groups demonstrate that in their figures.
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 22 to June 22	Apr 22 to June 22 Target	Variance	Apr 21 to June 21 (PYR)	Direction of Travel
WT Riders	2.01	1.25	+0.76	2.58	
FDO / DD	1.25	1.125	+0.125	3.17	

Control	3.42	2	+1.42	3.59	
RDS	2.88	2.25	+0.63	1.97	
Non-uniformed	1.59	1.25	+0.34	1.39	

### Wholetime Station Based Firefighters (Riders)

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

Description	Days/cost	%/£ change from Q1 2021-22
Total shifts lost to 30/6/2022	529	-19%
Long term sickness	364 (69%)	-30%
Short term sickness	163 (31%)	+22%
Approximate cost of sickness	£93,443	-18%

11. The WT rider category has seen a 19% decrease in shifts lost when compared with the same reporting period in 2021/22. Long term absences have reduced however short term has seen an increase. MSK still accounts for the highest proportion of long term with 29% of all absence attributed to this area. There does not appear to be a specific area causing the concern i.e. the absences cover the spectrum of MSK issues (back, shoulders, knee, lower limb etc.) making it difficult to ascertain if there is a trend/reason to investigate further at this moment in time.

12. Covid-19 and mental health account for 22% and 20% respectively. Mental health related absence has reduced having equated to 32% in the previous reporting year. The absences related to mental health are not work-related stress however those concerned continue to receive support via the POD Team, line managers, Employee Assistance Programme (EAP) and occupational health.

13. Covid-19 continues to have an impact on short-term absence, and it is difficult to assess when this may end. At the end of quarter one last year 60 shifts had been lost to covid confirmed or symptomatic occurrences however this year currently sits at 114 for the same reasons. 44 of them are, however, due to one case of a long-covid which is set to continue.

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

## Flexible Duty Officers and Day Duty

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

### FDO

Description	Days/cost	%/£ change from Q1 2021-22
Total shifts lost to 30/06/2022	6	-95%
Long term sickness	0 (0%)	-100%
Short term sickness	6 (100%)	-81%
Approximate cost of sickness	£1408	-93%

### Day Duty

Description	Days/cost	%/£ change from Q1 2021-22
Total shifts lost to 30/06/2022	49	+172%
Long term sickness	46 (94%)	+100%
Short term sickness	3 (6%)	-83%
Approximate cost of sickness	£10,078	+172%

16. The FDO category has decreased significantly with a reduction of 95% however the DD category of staff has seen an increase of 172% in absence levels when compared with the same reporting period in 2021/22. The day duty category is predominantly due to one case of long-term absence. Short term absence in both categories is very low.

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

### Control

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

Description	Days/cost	%/£ change from Q1 2021-22
Total shifts lost to 30/6/2022	74.5	-6%
Long term sickness	45 (60%)	+5%
Short term sickness	29.5 (40%)	-18%
Approximate cost of sickness	£12,507	-6%

19. The Control category of staff has seen a decrease of 6% in absence when compared with the same reporting period in 2021/22. One case of long term MSK absence is attributable to 60% of the total absence in this area. Covid-19 accounts for almost 19% of the total absence albeit short-term occurrences.

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

### Non- Uniformed

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

Description	Days/cost	%/£ change from Q1 2021-22
Total shifts lost to 30/06/2022	190	+35%
Long term sickness	139 (73%)	+53%
Short term sickness	51 (27%)	+3%
Approximate cost of sickness	£18,097	+35%

22. This category has seen an increase of 35% in shifts lost when compared with the same reporting period in 2021/22. There have been 2 cases of long-term sickness spanning across the whole quarter, and these will continue into the next. These are attributed to mental health and long covid. There has also been a steep rise in short term absence primarily due to Covid-19.

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

### Retained Duty System

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

Description	Days/cost	%/£ change from Q1 2021-22
Total shifts lost to 30/06/2022	370.11	+11%
Long term sickness	268.24 (73%)	-11%
Short term sickness	98.97 (27%)	+179%
Approximate cost of sickness	£32,688	+11%

25. The RDS category has seen an increase of 11% in shifts lost when compared with the same reporting period in 2021/22. Similar to WT, a rise in long term absence has been seen with ongoing cases all related to MSK issues and this is likely to continue into the next reporting quarter. There are two cases of extensive long-term absence in this area, both are due to MSK and being progressed under ill health. Coupled with this there are a further 4 cases of long term absence within this category primarily due to MSK, one of which is an injury at work.

26. This category is under target for the reporting year.

### Action Taken

27. 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. The impact of this can be noted in the quarter 1 figures.

28. 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.

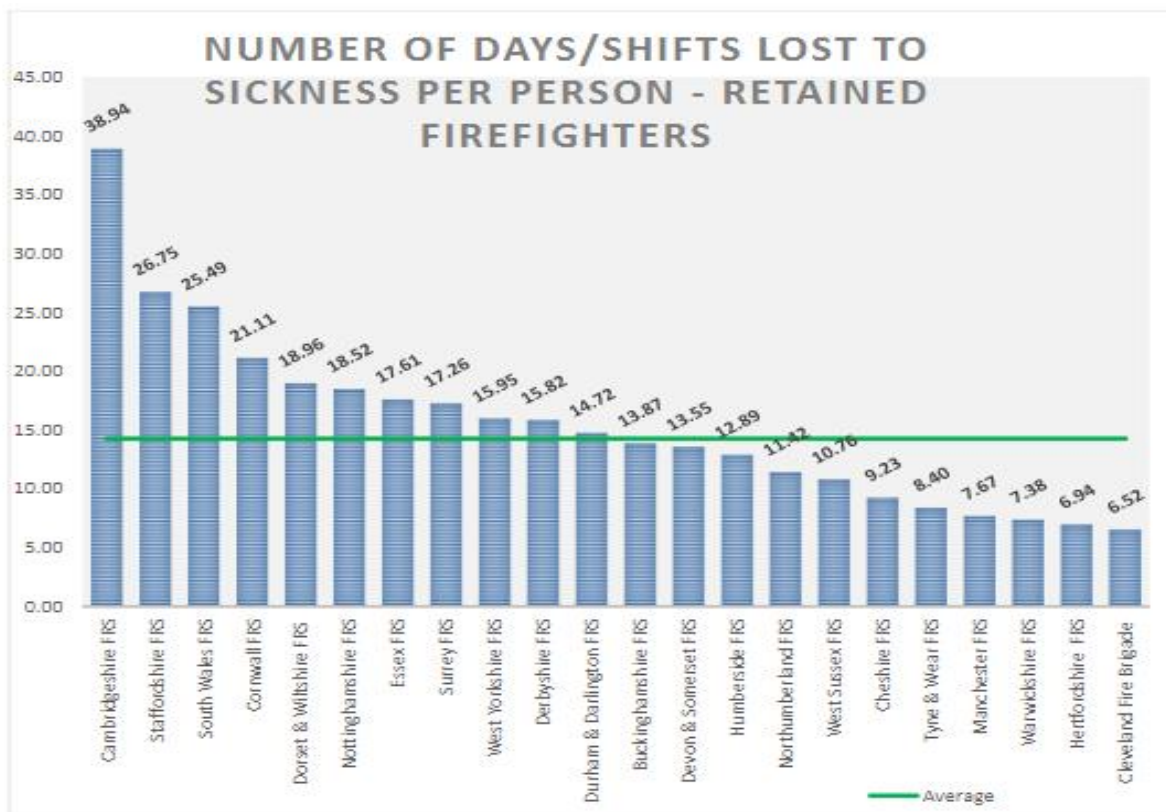
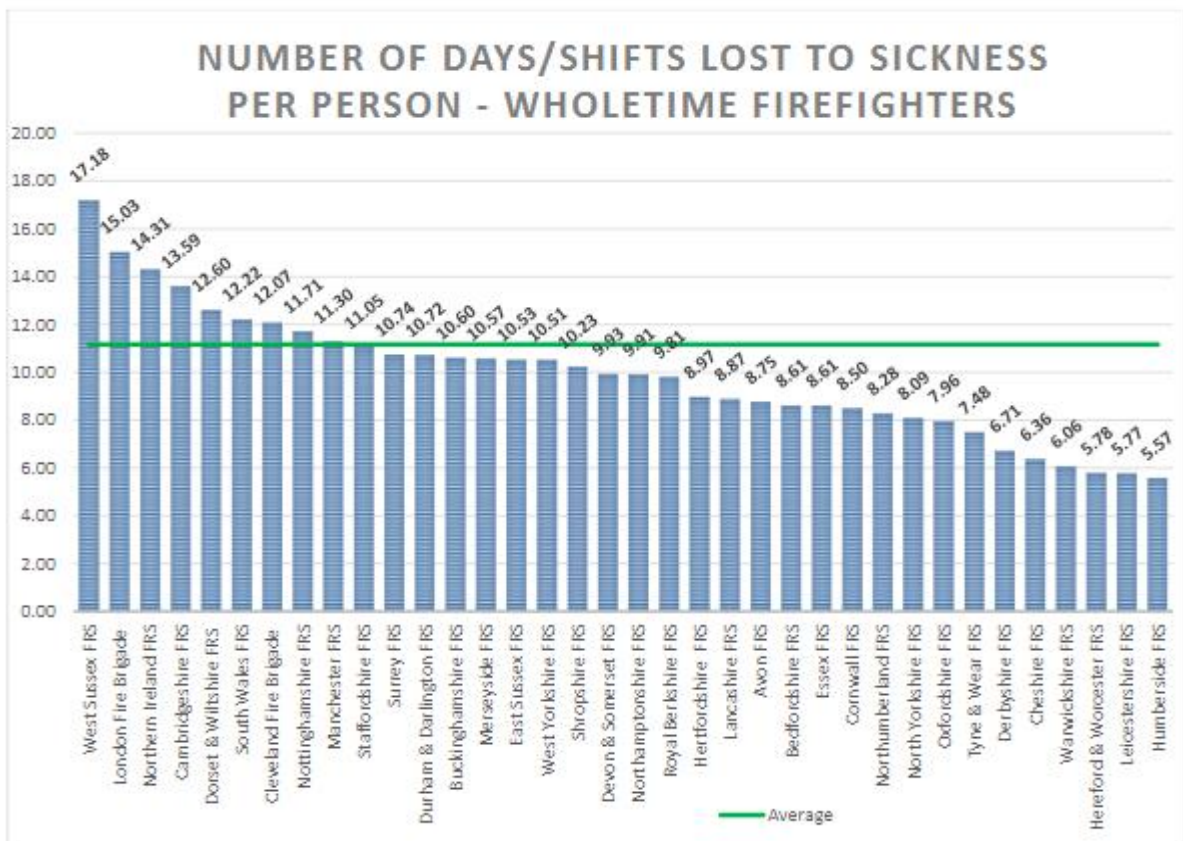
29. Plans are being coordinated for the winter flu campaign with Occupational Health with an offer to staff for a free vaccine. This will be promoted around the service with all staff encouraged to take up the offer. This is primarily to protect our front-line workers but also to ease the burden on NHS services over the winter period should a further pandemic occur.
30. Recruitment for new members of the Services Trauma Support Team has taken place with new members currently being trained in partnership with Tyne and Wear Fire and Rescue Service. This should strengthen the Services offer around mental health and peer support.

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

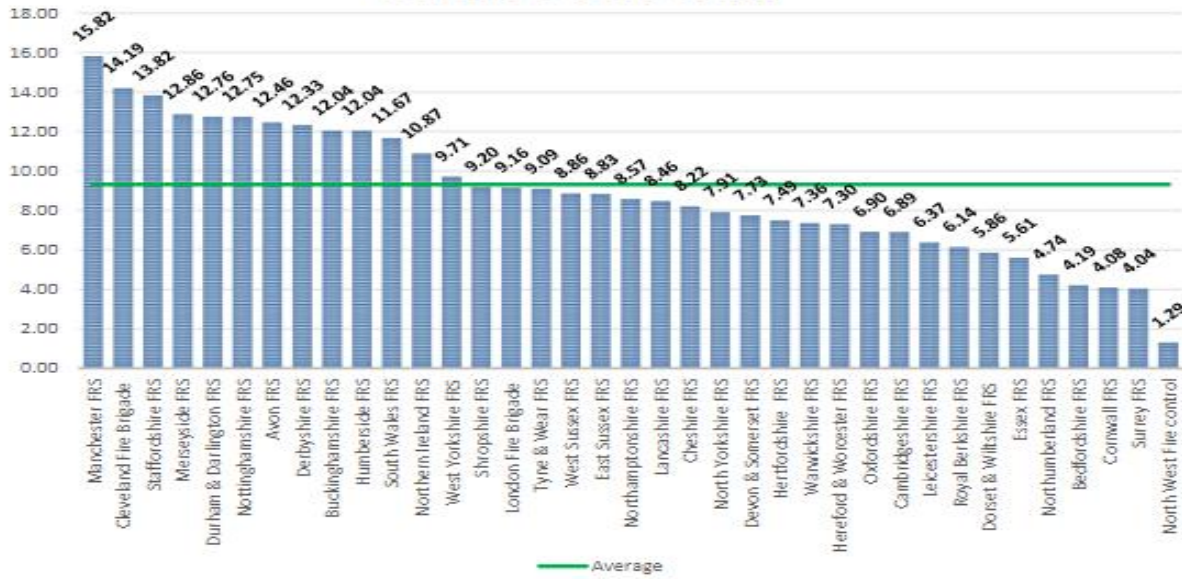
31. This data is supplied via the National OH Performance Report which is compiled by Cleveland Fire Brigade (CFB). All fire and rescue services (FRS) are asked to supply data for the main categories of employees; WT, Control, RDS and Non-uniformed.
32. There is a set calculation which all FRS supplying 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 March 2022 (Quarter 4).
33. 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
34. Performance across indicators (Appendix A) is above the national average however, for WT staff this is below the national average.
35. Thirty-Nine FRS' submitted data for the period April – March 2022. During this period, from the Fire Services who submitted data, there have been 384,331 shifts lost to sickness absence arising from 37,708 separate occurrences for all staff groups equating to 11.42 shifts per member of staff. There are 3 main causes of sickness absence for all staff groups; Musculo-Skeletal (120,384 shifts) accounting for 31% of all sickness absence followed by Mental Health (86,195 shifts) which accounts for 22% of sickness absence and Virus/Infectious Diseases (60,380 shifts) accounting for 16% of sickness absence.

### **Recommendation**

36. 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

