

Safest People, Safest Places

County Durham and Darlington
Fire and Rescue Authority



Human Resources Committee

2 December 2022

Sickness Absence Performance

Quarter Two 1 April 2022 – 30 September 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 September 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 September 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 all covid-19 related absence is included in our reporting.
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 Sep 22	Apr 22 To Sep 22 Target	Variance	Apr 21 to Sep 21 (PYR)	Direction of Travel
Working shifts / days lost for all staff	4.74	3.0	+1.74	4.62	
Working shifts / days lost due to sickness for all Wholetime, Control and Non- Uniformed	4.14	3.0	+1.14	4.66	
Working shifts / days lost due to sickness for all Wholetime and Control	4.24	3.0	+1.24	4.95	

8. Compared to the same reporting quarter last year, sickness overall for all staff has increased by just over 2.5%. Covid-19 continues to impact on absence levels however MSK and mental health concerns are a large contributor with 43% and 13% respectively. Overall YTD Covid-19 still accounts for almost 19% of all sickness absence. Last year, covid absences accounted for just under 15% of all sickness at this point in the year therefore, even given the reduction nationally in cases etc. we have yet to see a positive impact from this.
9. Absences within specific staff groups have seen varying shifts in comparison to the same point last year. WT Riders and FDO/DD have seen a decrease overall yet RDS, Control and Corporate have seen an increase. Over 60% of all absence is due to long term sickness.
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 Sep 22	Apr 22 to Sep 22 Target	Variance	Apr 21 to Sep 21 (PYR)	Direction of Travel
WT Riders	4.13	2.5	+1.63	5.40	
FDO / DD	4.07	2.25	+1.82	6.20	
Control	5.84	4.0	+1.84	4.54	
RDS	6.77	4.5	+2.27	5.70	
Non-uniformed	3.80	2.5	+1.3	2.95	

Wholetime Station Based Firefighters (Riders)

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

Description	Days/cost	%/£ change from Q2 2021-22
Total shifts lost to 30/9/2022	1083	-26%
Long term sickness	689 (64%)	-37%
Short term sickness	394 (36%)	+7%
Approximate cost of sickness	£191,301	-26%

11. The WT rider category has seen a 26% decrease in shifts lost when compared with the same reporting period in 2021/22. Long term absences have reduced quite significantly however short term has seen a small increase. MSK still accounts for the highest proportion of absence in this staff group with almost 40% of all absence attributed to this. Lower limb issues appear to be the greatest concern with just over 41% of all MSK absences in this staff group come under this umbrella.

12. Covid-19 and mental health account for 20% and 13% respectively. Mental health related absence has reduced having equated to 20% in the previous reporting period which is a positive sign. 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 two last year 114 shifts had been lost to covid confirmed or symptomatic occurrences however this year currently sits at 218 for the same reasons. 92 of them are, however, due to one case of a long-covid which is set to continue. Short term covid absences equate to just under 32% of all short-term absence in this staff group with other reasons including gastrointestinal and cold / flu symptoms.

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 Q2 2021-22
Total shifts lost to 30/09/2022	73	-49%
Long term sickness	60 (82%)	-40%
Short term sickness	13 (18%)	-70%
Approximate cost of sickness	£17,135	-49%

Day Duty

Description	Days/cost	%/£ change from Q2 2021-22
Total shifts lost to 30/09/2022	102	-3%
Long term sickness	46 (45%)	+53%
Short term sickness	56 (55%)	-25%
Approximate cost of sickness	£20,979	-3%

16. The FDO category has decreased overall in comparison with last year however an increase in the second quarter of this year predominantly due to an ongoing case of long-term absence. Short term absence is low within the flexi duty officers.

The DD category has also seen small decrease in absence levels. This is a result of the one, long term absence case returning albeit onto modified duties/phased return. Short term absence in day duty staff is somewhat higher accounting for over 50% of all absence in that group.

17. This category is 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 Q2 2021-22
Total shifts lost to 30/9/2022	129	+39%
Long term sickness	58 (45%)	+35%
Short term sickness	71 (55%)	+42%
Approximate cost of sickness	£21,657	+39%

19. The Control category of staff has seen an increase of 39% in absence when compared with the same reporting period in 2021/22. One case of long term MSK absence is significantly attributable to the total absence in this area however this case has since been resolved. Covid-19 accounts for almost 20% 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 Q2 2021-22
Total shifts lost to 30/09/2022	355.5	+30%
Long term sickness	223 (63%)	+56%
Short term sickness	132.5 (37%)	+2%
Approximate cost of sickness	£33,861	+30%

22. This category has seen an increase of 30% in shifts lost when compared with the same reporting period in 2021/22. There have been 2 cases of long-term sickness spanning across both quarters however, one has since been resolved and so this is set to improve in quarter 3. 38% of all absence is covid -19 related which is a significant impact in this category.

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 Q2 2021-22
Total shifts lost to 30/09/2022	833.84	+4%
Long term sickness	650.10 (78%)	-8%
Short term sickness	178.12 (22%)	+21%
Approximate cost of sickness	£73,645	+4%

25. The RDS category has seen an increase of 4% in shifts lost when compared with the same reporting period in 2021/22. Long term absences have started to decrease due to two ill health retirements and a long-term absence being resolved. There are still several ongoing long-term absences in this category which have no foreseeable end and will continue to impact on absence indicators.
26. Short term absences with RDS staff have remained static across the reporting year to date with the main reasons being varied. Covid-19 absences account for almost 10% of total RDS absences which is lower than other categories.
27. This category is over target for the reporting year.

Action Taken

27. 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. The POD Manager and BPs meet regularly to discuss case management to allow a closer scrutiny and identify potential interventions at an early stage in the absence.
28. Vacant positions within the POD team are currently being appointed into and this will strengthen and allow for more robust monitoring of all sickness absences ensuring the policy and procedure are being applied and adhered to in full by all managers. It will also assist the team to identify where managers, particularly those new into a management role, may need greater guidance, support and training.
29. The flu campaign is still ongoing with an offer to staff of a free vaccine, paid for by the Service. This is primarily to protect our front-line workers but also to support and ease the burden on NHS services over the winter period should a further pandemic occur.
30. A new procedure for modified duties has been agreed and implemented. This will give managers a framework to follow to ensure the service is offering meaningful work and optimising opportunities where possible for those who are not able to undertake their normal duties due to an injury / illness.

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 June 2022 (Quarter 1).
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 below the national average.
35. Thirty-five FRS' submitted data for the period April – June 2022. During this period, from the Fire Services who submitted data, there have been 86,892 shifts lost to sickness absence arising from 10,234 separate occurrences for all staff groups equating to 2.89 shifts per member of staff. There are 3 main causes of sickness absence for all staff groups; Musculo-Skeletal (24,667 shifts) accounting for 28% of all sickness absence followed by Mental Health

(16,000 shifts) which accounts for 18% of sickness absence and Respiratory (11,155 shifts) accounting for 13% of sickness absence.

Recommendation

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

