LONDON FIRE AND EMERGENCY PLANNING AUTHORITY

Report title

Attendance Update

Meeting	Date
Resources Committee	16 March 2018

Report by	Document Number
Interim Head of Human Resources	FEP 2830

Public

Summary
This report provides an update on attendance management performance up to 31 December 2017, and provides information on the actions that officers are taking to support reductions in sickness levels.

The paper includes information on absence levels following the Grenfell Tower fire.

The report also updates on the recent review of the Authority's attendance management policy, which was implemented on 7 April 2016, and recommendations coming out of the review.

At the Resources Committee on 12 January 2018 Members requested that further data was provided on age and sickness absence. This is included at Appendix 4.

Members also requested that officers look at long term/short term sickness trends compared to other FRA's. This is included at Table 3. Officers plan to undertake further work with other Metropolitan FRAs around sickness comparisons.

Officers have been in contact with the MPS to understand more about their approach to managing sickness absence amongst uniformed staff. The MPS have indicated that they will not be available to meet LFB officers until April.

Recommendation
That the report be noted.

Performance information

Summary: Over the last 12 months sickness for operational staff has plateaued, standing at 5.35% at the end of December 2017. FRS sickness is now at 3.48%, compared to 3.79% in December 2016. Control sickness had shown considerable improvement from a peak of 8.09% in March 2015, and had reached 5.02% in December 2016 but has now increased to 6.39%. All sickness is currently above target.

1. Table 1 shows the 3 year sickness by occupational group compared to target.

Table 1 – Sickness rates by occupational group for 12 months to December 2016 and December 2017

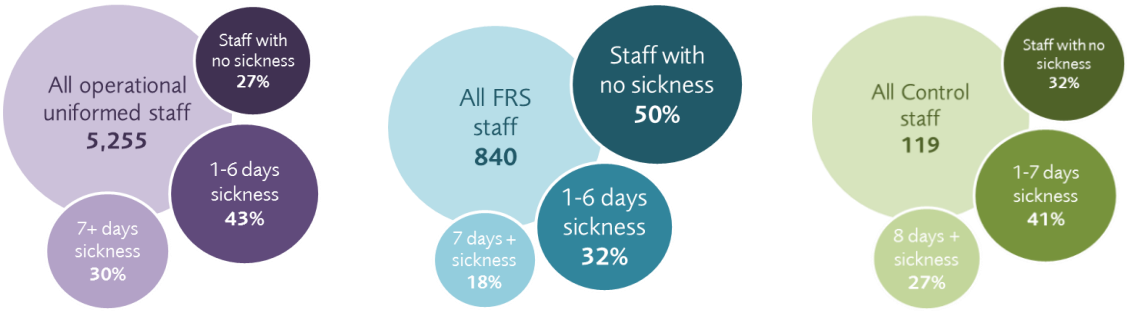
Occupational Group	12 months ending December 2015	12 months ending December 2016	12 months ending December 2017	2017-18 target
Operational	5.24%	5.28%	5.35%	3.65%
FRS	3.41%	3.79%	3.48%	2.48%
Control	6.56%	5.02%	6.39%	4.70%

Analysis of sickness absence patterns

Summary: The majority of staff have satisfactory attendance levels.

2. The number of staff who have had zero sickness, or sickness levels within target in the 12 months to December 2017 are shown in Charts 1a-1c below. For operational and FRS staff, 6 days sickness or less within 12 months is within target; for Control staff 8 days sickness or less is within target.
3. The 30% of operational staff shown below who have exceeded the sickness targets account for 83.9% of all operational sickness. This highlights the impact that these groups have on overall sickness levels.

Chart 1– Number/percentage of staff with zero sickness, and sickness within/not within target, 12 months to December 2017



4. The HR Department are establishing a Wellbeing function including a dedicated Health and Absence Management Team to focus on supporting the better management of sickness absence. In particular officers are working with the Assistant Commissioner, Fire Stations, on strategies to reduce absence and improve operational attendance levels.

Benchmarking

5. The scope for improvement is shown by comparing LFB's sickness performance with other Fire and Rescue Services who provide data through the CFOA Occupational Health network. These include up to six other metropolitan Brigades. For the 12 month period from April 2016-March 2017 LFB ranked as shown in Table 2 below. Table 4a shows the sickness performance for the 6 months to December 2017.

Table 2– LFB sickness performance ranking compared to other Fire & Rescue Services, 2016-17

Occupational Group	April 2016 – March 2017	
	LFB ranking	**Top ranking % sickness (LFB in brackets)**
Operational	33rd out of 36 (7th out of 7 mets)	1.71% (5.43%)
FRS	22nd out of 36 (5th out of 7 mets)	1.31% (3.34%)
Control	17th out of 31* (4th out of 6 mets)	0.55% (5.13%)

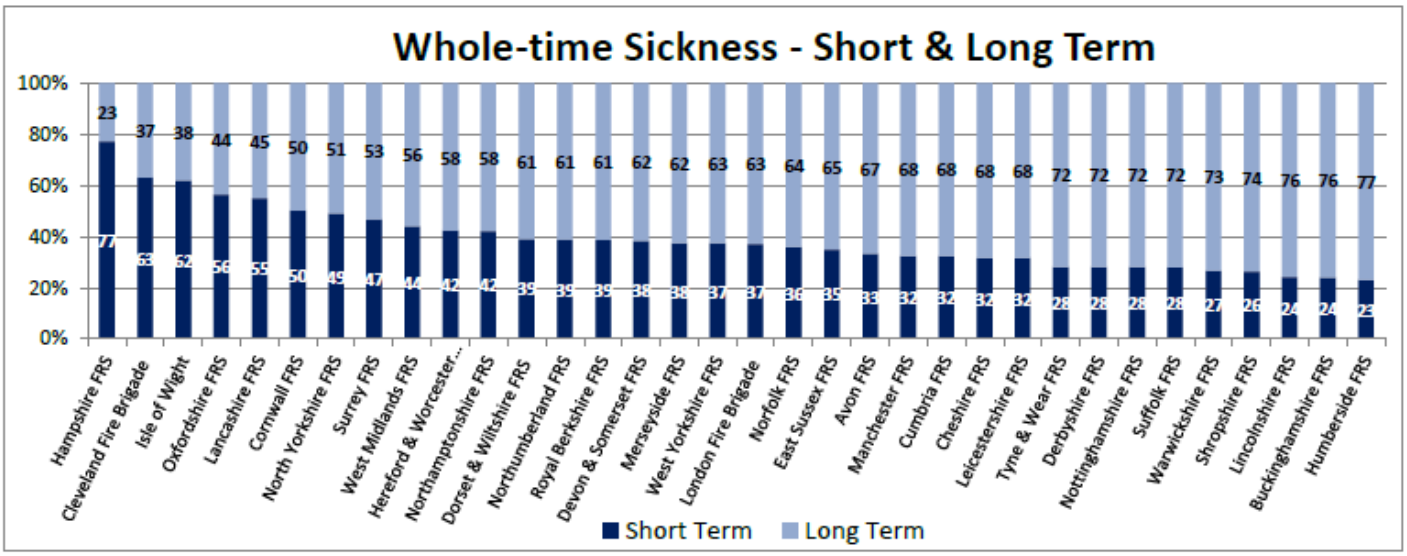
Table 2a – LFB sickness performance ranking compared to other FRS, 6 months to December 2017

Occupational Group	April 2017 – December 2017	
	LFB ranking	**Top ranking % sickness (LFB in brackets)**
Operational	35th out of 35 (6th out of 6 mets)^	2.86% (5.64%)
FRS	20th out of 36 (5th out of 6 mets)	0.37% (3.42%)
Control	19th out of 28* (5th out of 5 mets)	0.73% (6.63%)

*Manchester do not report on Control staff as they are covered by a wider 'North West Control' group. ^South Yorkshire FRS has not reported in this period.

6. The CFOA report also provides information about the split of long and short term sickness by FRAs. This is shown below and it can be seen that LFB is similar to the majority of Brigades with the same pattern of long term sickness accounting for approximately twice the sickness compared to short term.

Table 3 – Operational sickness by short and long term sickness, by Fire and Rescue Service

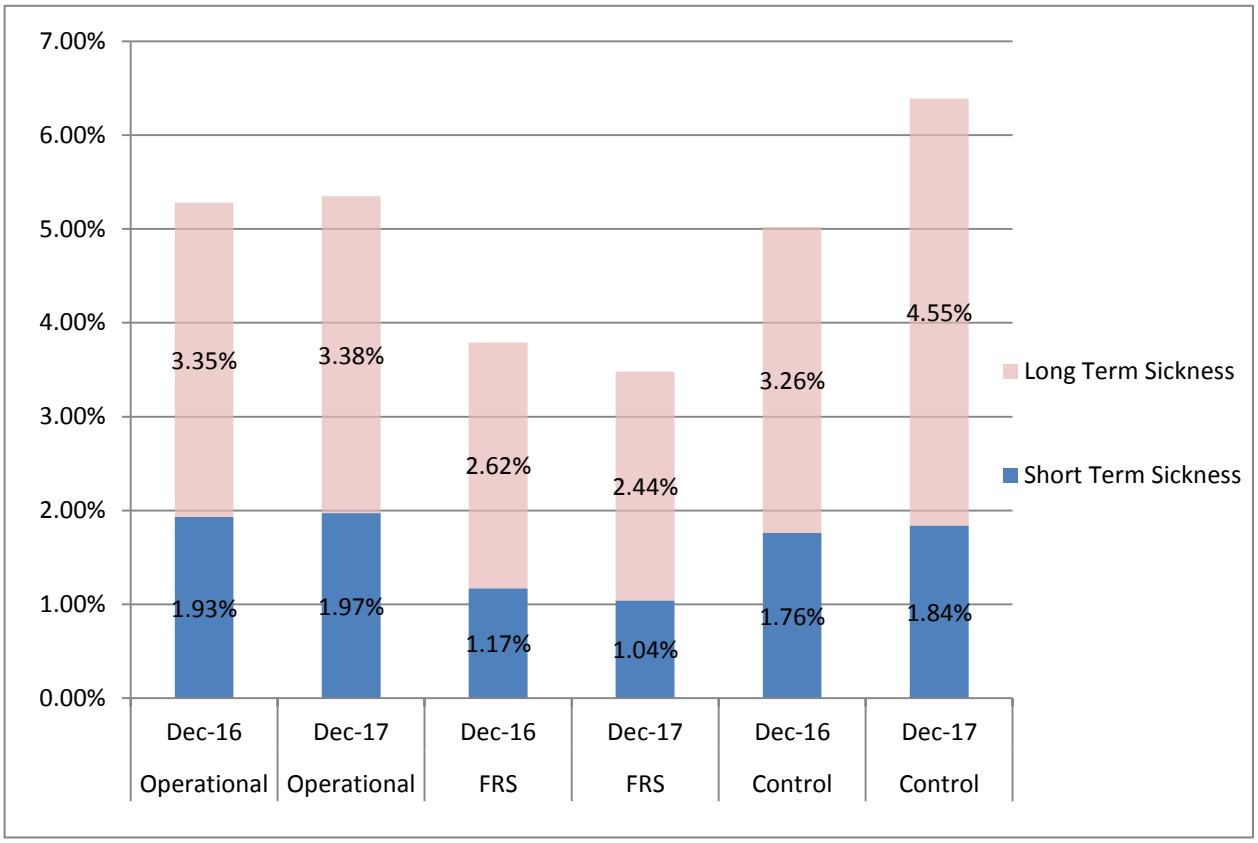


Breakdown of short-term and long-term sickness

Summary: this data shows that the headline absence rates are largely driven by long term sickness cases in excess of 28 days absence.

Chart 2 shows the breakdown by occupational group of short-term and long-term sickness over the last 12 months. Short-term sickness is defined as 1-27 days, and long-term sickness is defined as a continuous period of sickness of 28 days or more.

Chart 2 – Breakdown of overall sickness rate by short and long-term sickness by occupational group, 12 months to December 2016 and December 2017



7. Appendices 3a-3c show the proportions of long-term and short-term sickness for the 12 months to December 2017 by occupational group on a month by month basis.

Long Term Sickness Absence

Summary: The previously reported reduction in the number of 6+ months long term sick cases reversed in July 2017 and has been on an upwards trajectory since this date.

8. The 34 existing cases is the highest number recorded since February 2016 (39). There are currently 7 employees whose sickness absence will exceed 6+ months at the end of February 2018 and a further 16 employees whose sickness absence will exceed 6+ months as at the end of March 2018. It is unlikely that the number of existing cases resolved during the next two months will equal or exceed the number of possible new cases and so further increases in the number of 6+ month cases over this period are anticipated. A number of the additional 6+ month LTS cases may be attributable to their participation in the Grenfell Tower incident (see para. 19).
9. A breakdown of the number of long term (LT) sickness cases is included in Appendix 1.
10. The long-term sickness cases of six months or more in duration as at 31 January 2018 are analysed in Table 6 below, which shows the current case status.

Table 6 – Current status of long-term sickness cases which were 6 months+ at 31 January 2018

Status	No. of Cases	Comments
Resolved (e.g. no longer employed; has last day of service; returned to work)	1	
IQMP[1] Referral	2	Likely to be resolved in the short-term (generally 3 months, but can be longer if there are delays in providing reports to IQMP).
'Due to Service' Sickness, or long-term debilitating condition (e.g. cancer, stroke, MS)	11	Action is taken in these cases, but generally at a later stage; individuals with long-term debilitating conditions are likely to fall within the disability provisions of the Equality Act 2010
Subject to management action/Stage 1/Stage 2/Stage 3	20	Actions are now under the new attendance management policy, see paragraphs 41-44 for further information.
Total	**34**	

Analysis of absence rates by age group

11. Further to the request at the last Committee, data has been produced showing sickness by age by occupational group (appendix 4). Of particular note is the higher levels of sickness in the 50-59 group for operational staff. Although numbers in this group are currently small (xx) , this will be increasing with the impact of the new 2015 pension scheme, requiring operational staff to work to age 60.
12. Officers are putting a number of measures in place to support operational staff to maintain a healthy lifestyle and personal fitness:
    - Working with our occupational health provider (HML) to develop guidance available to all staff via a *Healthy Living* portal;
    - The reintroduction of mandatory fitness training sessions into watch routines;
    - Working with the National Fire Chiefs' Council and the national FBU to amend the national firefighter fitness standard to better reflect London Fire Brigade practice. This will result in testing an alternative standard which will involve a wide range of operational participants including individuals at all age ranges and fitness levels; and

[1] Independent Qualified Medical practitioner/Independent Registered Medical Practitioner – the medical specialist provided for in the Firefighters Pensions Schemes 1992 & 2006/Local Government Pension Scheme who advises whether the scheme criteria regarding permanent unfitness/injury awards have been met.

- Working with the FBU to develop timescales for implementing the new standard and for supporting staff to achieve the requirements, including baseline fitness levels and support from the fitness team.

Reasons for absence

Summary: Stress, Anxiety and Depression (SAD) is the highest cause of sickness for FRS staff and Control staff, and is the second highest cause of sickness for Operational staff. Absences due to SAD are more likely to be long term and therefore are a key driver in the overall headline absence rates.

13. More detail on the three top reasons for sickness for each occupational group is given in Table 4 below, including the number of cases, the average duration of sickness, and a comparison to the previous year.
14. As Table 4 shows, SAD cases are, on the whole, of longer duration compared to other reasons such as Lower Limb or Back/Neck. All occupational groups have seen a decrease in the average duration of SAD cases compared to December 2016

Table 4 – Total lost working days, total cases and average duration for the top 3 reasons for sickness by occupational group for the 12 months ending December 2017, compared to 12 months ending December 2016 (in brackets)

	Ops- Lower Limb	Ops- SAD	Ops- Back or neck	FRS - SAD	FRS - Lower Limb	FRS - Respiratory	Control - SAD	Control - Gastrointestinal	Control - Back or neck
Total Lost Working Days	9,392 (9,172)	8,515 (8,511)	5,887 (6,834)	2,245 (2,353)	759 (612)	665 (984)	257 (259)	194 (67)	186 (84)
Cases	718 (717)	272 (243)	569 (594)	49 (51)	49 (38)	223 (295)	16 (14)	42 (33)	14 (10)
Average Duration	13.24 (12.84)	31.92 (35.56)	10.5 (11.67)	46.94 (47.20)	15.92 (16.42)	3.03 (3.38)	16.25 (18.86)	4.74 (2.03)	13.43 (8.60)

Total Lost Working Days % difference between 2016 and 2017	▲ 2.40%	▲ 0.05%	▼-13.86%	▼ -4.59%	▲ 24.02%	▼-32.42%	▼ -0.77%	▲ 189.55%	▲ 121.43%

15. Table 5 below gives more detailed information on SAD absences, broken down by occupational group, and by short term and long term sickness.

Table 5 – Total lost working days, cases and average duration for SAD by occupational group and short term/long term sickness for the 12 months ending December 2017 compared to the 12 months ending December 2016 (in brackets)

	Operational		FRS		Control	
	Short-term	Long-term	Short-term	Long-term	Short-term	Long-term
Total Lost Working Days	542 (416)	7973 (8030)	126 (87)	2119 (2298)	30 (21)	227 (240)
Cases	89 (62)	183 (181)	16 (13)	33 (39)	8 (7)	8 (7)
Av Duration	6.35 (6.95)	44.12 (44.91)	8.00 (6.77)	65.82 (60.36)	3.75 (3.00)	28.75 (34.71)

16. Table 5 shows that short-term cases have increased in all three occupational groups but reduced in all long term cases.
17. Paragraph 28 provides information on the actions and interventions that are in place to promote psychological resilience amongst staff, and to support staff with mental health issues.

Light (Restricted) Duties

Summary: the percentage of working time which was Light Duties in the year to June 2017 has reduced

18. Light Duties arrangements are provided for operational staff who occupy station based positions in the roles of firefighter – watch manager and who are unfit to fulfil their full role but are able to undertake meaningful alternative work, but are expected to resume their full role within a reasonable period, generally six months. Light Duties can play a beneficial role in rehabilitation, easing an firefighter who has been long-term sick back to full duties, however since staff who are on Light Duties are unavailable to crew appliances, this has the same impact on ridership as if the firefighter was on sick leave.
19. Data on Light Duties in the 12 months to June 2017 is set out in Table 7 below.

Table 7 – % of working time as Light Duties and Sickness, 2016-2017

3 month period ending:	% Light Duties	% sickness	% Light Duties + sickness	No. of staff on Light Duties at end of quarter (% of total op. staff)
March-2017	2.44%	4.87%	7.31%	92 (1.93%)
June-2017	2.44%	4.88%	7.32%	66 (1.40%)
September-2017	2.33%	5.94%	8.27%	92 (1.98%)
December-2017	1.89%	5.72%	7.62%	85 (1.84%)

Total 12 month period for December 2016	**2.88%**	**5.30%**	**8.18%**
Total 12 month period for December 2017	**2.27%**	**5.34%**	**7.63%**

20. The above table shows that the reduction in the percentage of working time spent on Light Duties reported in June 2017 has reversed but is below the levels experienced in the three month periods ending March and September 2017 It should be noted that the number of staff on Light Duties on any one day/shift can fluctuate significantly, for example as a result of leave, and so the end of quarter figures in the final column are a snapshot, but they nevertheless give some indication of the overall volume of Light Duty staff.

Grenfell Tower Incident

21. Officers have also been closely monitoring the impact of the Grenfell Tower incident on sickness/attendance levels. Excluding cases of smoke inhalation and near misses, 35 firefighter injuries were recorded as occurring at the incident, which led to five cases of sickness of varying duration, all of which have now concluded. In addition 21 staff have been absent for psychological reasons where Grenfell has been cited as the main or a contributory factor. Seven of these remain on sick leave as at the date of this report (22 February 2018); the starting date of the sickness periods for the 7 currently on sick leave ranges from June 2017 to January 2018. These staff are receiving occupational health and counselling support.
22. Officers, including the Head of Counselling & Wellbeing, have seen an increase in staff presenting with adverse trauma response in recent weeks. This could be for a variety of reasons; that symptoms have worsened over time causing the individual to seek help or that another incident has triggered an adverse reaction. This trend is likely to continue as the Public Inquiry hearings commence and the anniversary of the incident approaches.
23. The LFB has a long standing and well respected counselling service. The team has been expanded in recognition of the ongoing nature of their role in supporting attenders through the police interview process and up to and including the Public Inquiry. As well as offering telephone support immediately after Grenfell and monitoring the mental health of those attending Grenfell for up to 6 months post incident, Counselling & Wellbeing (C&W) have treated 124 personnel to date for adverse trauma response and/or PTSD. Staff counsellors are trained in a number of trauma treatments and typically use those recommended by NICE, EMDR (Eye Movement Desensitisation and Reprocessing) and trauma-focussed CBT (Cognitive Behaviour Therapy).
24. In general C&W report a changing attitude towards to their own mental health by many within LFB. There appears to be a greater understanding and acceptance of the need to look after ourselves psychologically as well as physically. This has been influenced by a number of factors including the impact of Grenfell, a greater awareness and understanding of mental health generally and specifically the effects of trauma. The impact of participating in co-responding also caused personnel to consider their own psychological resilience in dealing with critical incidents.

Stress, Anxiety and Depression (SAD) related absence

25. As stated above Stress, Anxiety and Depression (SAD) is the highest cause of sickness for FRS staff and Control staff, and is the second highest cause of sickness for Operational staff. Absences due to SAD are more likely to be long term and therefore are a key driver in the overall headline absence rates.
26. The CIPD Absence Management Survey is the most comprehensive review of absence management in the UK. The findings of the most recent survey (2016) showed that stress, acute medical conditions and mental ill health are the most common causes of long-term absence.
27. On 15 May 2017 an enhancement was implemented to StARS to enable it to report on whether SAD sickness is work-related, non-work-related, or a combination of the two, in order to inform future strategies to reduce this sickness. In addition two new sub-categories of SAD sickness were added:
    - Adverse trauma response – where an employee experiences stress or anxiety sickness following a severely distressing event. This could be at work or outside of work; and
    - Post-traumatic stress disorder – only to be input by HR. This requires a medical diagnosis, and therefore advice from occupational health.

28. For the period 15 May 2017 to 31 January 2018, the breakdown of SAD sickness (number of days) has been as follows:

Table 8 –Breakdown of SAD sickness by occupational group, 15/05/2017-31/01/2018

Occupational Group		Work-related	Non work-related	Combination of work-related and non-work-related	Not known	Total
Operational	Days	1305	2698	2277	301	6581
	Days % of Total	19.83%	41.00%	34.60%	4.57%	
	Cases	43	98	54	21	216
Control	Days	111	99			210
	Days % of Total	52.86%	47.14%			
	Cases	4	8			12
FRS	Days	352	671	738	8	1769
	Days % of Total	19.90%	37.93%	41.72%	0.45%	
	Cases	6	16	12	2	36
Total	Days	1768	3468	3015	309	8560
	Days % of Total	20.65%	40.51%	35.22%	3.61%	
	Cases	53	122	66	23	264

29. A further breakdown by sub-category of the work-related SAD sickness is set out in Table 9 below. This shows that the great majority of these instances were 'Stress', with a small number recorded as 'Anxiety Related Illness' and 'Adverse Trauma Response'. Since last reported there are now two cases recorded under Other psychological and Post-traumatic stress disorder.

Table 9 – Breakdown of work-related SAD sickness by occupational group, 15/05/2017-31/01/2018

Occupational Group		Stress	Anxiety related Illness	Adverse Trauma Response	Post-Traumatic Stress Disorder	Other Psychological	Total
Operational	Days	993	143	31	56	82	1305
	Cases	33	3	5	1	1	43
Control	Days	108		3			111
	Cases	2		2			4
FRS	Days	301				51	352
	Cases	5				1	6

30. This dataset will continue to be monitored closely.

Psychological resilience; support for staff with mental health issues

31. The latest *Wellbeing Update* report presented to Resources Committee on 12 January 2018 (FEP 2815) outlined progress in respect of mental health wellbeing initiatives, with a specific focus on the interventions that LFB has put in place as a result of the Grenfell Tower incident.
32. Officers have also continued with their work to introduce updated training interventions, as well as building on the working relationship that has been established with the mental health charity MIND. This has seen MIND representatives visiting fire stations to talk about mental health wellbeing and a further roll out of their Blue Light Champion initiative, with one LFB officer seconded on a full time basis to carry on this engagement with fire stations.

33. Additionally, officers are undertaking a feasibility study to determine whether an approach to peer trauma management and prevention used by Tyne and Wear Fire and Rescue Service can be adopted by London Fire Brigade.

The Authority's Attendance Policy

34. In January 2018, officers reported to Resources Committee on the outcome of a review undertaken on the Managing Attendance policy (FEP 2810). The review made a number of recommendations for improving the effectiveness of the Managing Attendance policy, which included some proposed amendments to the Policy and Handbook, as well as training for managers. The proposed amendments are currently being consulted on with a view to reaching agreement with the AJC trade unions. Final changes will be approved by the Commissioner in accordance with her delegated authority (FEP 2490).
35. In the Spring the Brigade will launching a new online attendance dashboard. This will enable managers to see a range of attendance reports and data. They will be able to view their own area/team but also wider date for the Brigade as a whole. This will enable them to prioritise attendance actions through identifying trends and hot spots. Currently data tends to be pushed out to managers on a quarterly basis meaning it can quickly become out of date.

Management actions under the new policy

36. The number of staff in monitoring as at 31 December 2017 is set out below.

Table 10 – Total number of staff in monitoring as at 31 December 2017

Monitoring Type	Operational	Control	FRS	Total
Sickness Monitoring	1540	29	134	1703
Long Term Sickness	165	5	19	189
Capability	95	0	17	112
Total	**1800**	**34**	**170**	**2004**

37. Overall, therefore, 2004 staff are currently in monitoring, having reached one or other of the sickness triggers. This represents 36.7% of the workforce and compares with the data in Charts 1a-1c at paragraph 3 above, which shows that between 18-30% of the workforce, depending on occupational group, have exceeded sickness targets (it is possible to hit a trigger, but not sickness targets, e.g. three short instances of sickness totalling 6 days or less, within a 6 month period).
38. Clearly sickness levels are not reducing as swiftly as would be hoped. Whilst FRS sickness has been on a continuing and steady decline over the last 12 months, operational sickness has remained constant, and Control sickness is increasing following a sharp decline in the two years to March 2017.
39. The task for officers is to ensure that the new attendance policy is implemented fairly and consistently across all occupational groups: over the next period this means that where sickness targets are not met during monitoring periods, staff move into the formal capability process unless there are mitigating circumstances.
40. The London Fire Commissioner will continue to ensure that reducing sickness absence is a priority under the new governance arrangements.

Head of Legal and Democratic Services comments

41. The Head of Legal and Democratic Services has reviewed this report and has no comments to make.

Director of Finance and Contractual Services comments

42. The Director of Finance and Contractual Services has reviewed this report and has no comments.

Sustainable Development Implications

43. There are no direct sustainable development implications to this report.

Staff Side Consultations Undertaken

44. No staff side consultations on the sickness/attendance information with this report. Staff side are involved in new initiatives to improve attendance as appropriate and were involved in the recent review of the Attendance Policy. The FBU are closely involved in work to develop the new firness standard.

Equalities Implications

45. The report outlines the initiatives undertaken to reduce sickness absence across all occupational groups. Appropriate adjustments are in place to abate or disregard sickness that is directly attributable to disability or maternity.

List of Appendices to this report:

1. Long Term Sickness Cases December 2016 – December 2017
2. 12 month rolling sickness, by occupational group, on a monthly basis, 2012-17

3a-3c. Rolling 12 month breakdown to December 2017 by short-term and long-term sickness, operational, FRS and Control staff

4 Sickness by age band

LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985	
List of background documents 1. FEPs 2762, 2711, 2645, 2582, 2553, 2505, 2471, 2469/2469A, 2444, 2419, 2380, 2345, 2316 2. National Fire and Rescue Service, Occupational Health Performance Report, April 2016-March 2017 3. CIPD 2016 Absence Management Survey: https://www.cipd.co.uk/knowledge/fundamentals/relations/absence/absence-management-surveys	
Proper officer	**Interim Head of Human Resources**
Contact officer Telephone Email	**Tracey Dennison** **020 8555 1200 x30451** **tracey.dennison@london-fire.gov.uk**

Appendix 1 Long Term Sickness Cases January 2017 - December 2017

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Cases at start of month	**140**	**115**	**110**	**111**	**104**	**131**	**124**	**132**	**139**	**140**	**143**	**143**
Case opened during month	48	43	59	58	70	57	60	79	58	55	53	58
Case closed during month	73	48	58	65	43	64	52	72	57	52	53	51
Cases at end of month	**115**	**110**	**111**	**104**	**131**	**124**	**132**	**139**	**140**	**143**	**143**	**150**
Monthly Average Case Resolution Time (days)	99	133	96	78	85	127	68	80	99	101	95	92
Yearly Average Case Resolution Time (days)*	99	100	101	101	95	100	99	97	98	101	100	97

(*all cases closed in preceding 12 months)

For active cases at end of month:

a) Breakdown by duration (numbers):

up to 3 months	58	60	66	58	83	77	69	81	82	74	73	72
3 to 6 months	30	28	23	25	26	31	45	37	36	46	46	49
6 to 12 months	17	13	13	12	12	8	9	14	15	17	17	20
more than 12 months	10	9	9	9	10	8	9	7	7	6	7	9

b) Breakdown by duration (% of total):

up to 3 months	50%	55%	59%	56%	63%	63%	52%	58%	59%	52%	51%	48%
3 to 6 months	26%	25%	21%	25%	20%	25%	34%	27%	25%	32%	32%	33%
6 to 12 months	15%	12%	12%	11%	9%	6%	7%	10%	11%	12%	12%	13%
more than 12 months	9%	8%	8%	9%	8%	6%	7%	5%	5%	4%	5%	6%

Commissioner	0	0	0	0	0	0	0	0	0	1	1	1
Directorate of Operations	111	108	105	99	126	119	121	132	132	134	132	137
Directorate of Safety and Assurance	1	0	5	3	3	3	4	2	2	2	4	4
Directorate of Finance and Contractual Services	3	2	1	2	2	2	7	5	6	6	6	8

Uniformed Operational Staff	101	96	99	88	115	108	117	118	120	119	117	124
Control Staff	2	3	2	4	4	4	2	4	2	5	7	6
FRS Staff	12	11	10	12	12	12	13	17	18	19	19	20

c) Breakdown by absence type and category (numbers):

Due to service	**Jan-17**	**Feb-17**	**Mar-17**	**Apr-17**	**May-17**	**Jun-17**	**Jul-17**	**Aug-17**	**Sep-17**	**Oct-17**	**Nov-17**	**Dec-17**
Approved by HR / Equalities - Undisclosed	1	1	1	1	1	1	1	1	1	1	1	1
Back or neck	2	0	0	0	3	1	1	1	0	0	0	0
Cardiovascular	0	0	0	0	0	0	0	0	0	1	1	1
Dermatological	0	0	0	0	0	1	1	0	0	0	0	0
Gastrointestinal	0	0	0	0	0	1	1	1	1	1	1	1
Lower Limb	3	3	3	3	3	2	3	1	1	2	1	1
Neurological	0	0	1	1	1	1	1	1	0	0	0	0
Stress / anxiety / depression	2	1	2	0	0	0	4	6	6	7	7	7
Upper Limb	0	1	2	1	2	3	2	3	3	3	3	0
Not due to service												
Approved by HR / Equalities - Undisclosed	2	1	0	0	1	0	0	1	0	0	1	1
Back or neck	17	19	14	13	20	18	20	17	16	12	11	10
Cancer	0	0	2	3	2	2	1	4	4	6	4	6
Cardiovascular	3	1	2	2	5	5	6	6	5	7	6	5
Dermatological	2	0	0	1	1	0	0	0	0	0	1	0
Ear and Hearing	0	1	0	0	0	0	0	0	0	0	0	1
Eye and Eyesight	0	2	1	1	1	1	1	2	3	3	2	1
Gastrointestinal	4	3	2	0	2	6	6	1	4	6	9	6
Genito-Urinary	0	1	3	3	1	2	2	3	1	1	2	2
Infectious diseases	1	1	0	0	1	1	1	1	1	0	0	0
Lower Limb	21	22	33	27	29	23	23	22	26	28	27	36
Maternity Related	0	0	0	0	0	0	0	0	0	0	1	0
Neurological	3	2	1	3	6	5	6	5	6	4	4	4
Post Viral Syndrome	0	0	0	1	1	1	1	1	2	2	2	2
Psychotic illness	0	0	0	1	0	0	0	0	0	0	0	0
Respiratory	4	3	4	3	4	4	3	2	2	2	2	5
Stress / anxiety / depression	33	38	35	34	33	31	32	38	37	42	42	49
Upper Limb	17	10	5	6	14	15	16	22	21	15	15	11

Appendix 2
12 month rolling sickness, by occupational group, on a monthly basis, 2013-17

London Safety Plan - Aim 3: People and Resources

Sickness - average days lost

Operational, Control & FRS staff

CO6A - SICKNESS - OPERATIONAL STAFF

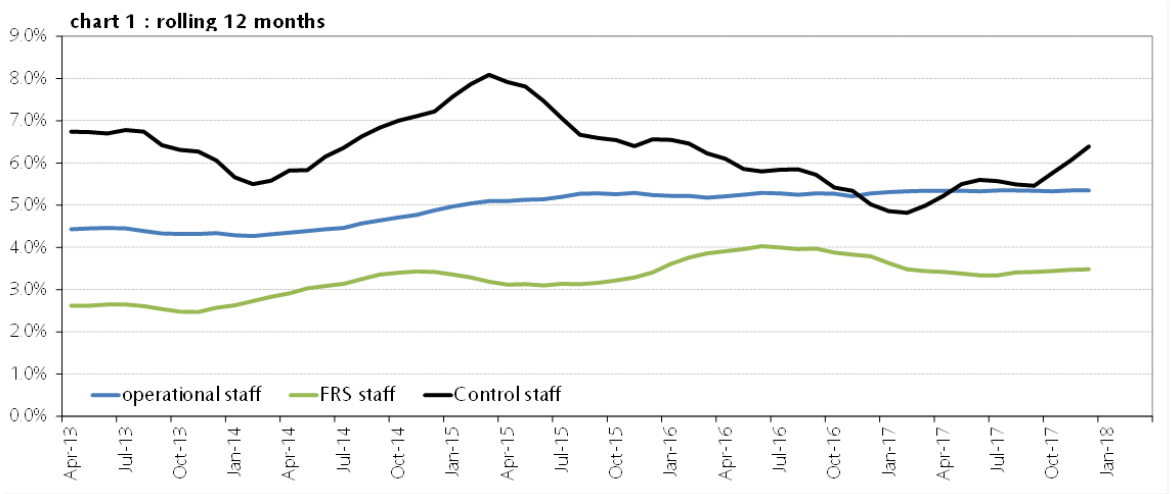
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	target
2013/14	4.43%	4.45%	4.46%	4.45%	4.39%	4.33%	4.32%	4.32%	4.34%	4.29%	4.27%	4.31%	3.65%
2014/15	4.35%	4.39%	4.43%	4.46%	4.57%	4.64%	4.71%	4.77%	4.88%	4.97%	5.04%	5.10%	3.65%
2015/16	5.10%	5.13%	5.14%	5.20%	5.27%	5.28%	5.26%	5.29%	5.24%	5.22%	5.22%	5.18%	3.65%
2016/17	5.21%	5.25%	5.29%	5.28%	5.25%	5.28%	5.27%	5.21%	5.28%	5.31%	5.33%	5.34%	3.65%
2017/18	5.34%	5.34%	5.33%	5.35%	5.35%	5.34%	5.33%	5.35%	5.35%				3.65%
	short term sickness												
2016/17	1.96%	1.97%	1.97%	1.96%	1.95%	1.99%	1.98%	1.94%	1.93%	1.95%	1.98%	1.94%	
2017/18	1.94%	1.94%	1.94%	1.94%	1.92%	1.91%	1.91%	1.94%	1.97%				

CO8C - SICKNESS - CONTROL STAFF

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	target
2013/14	6.74%	6.73%	6.70%	6.78%	6.74%	6.42%	6.31%	6.27%	6.06%	5.66%	5.50%	5.58%	4.70%
2014/15	5.82%	5.83%	6.15%	6.36%	6.63%	6.84%	7.00%	7.11%	7.22%	7.57%	7.87%	8.09%	4.70%
2015/16	7.92%	7.81%	7.47%	7.06%	6.67%	6.59%	6.54%	6.40%	6.56%	6.55%	6.46%	6.23%	4.70%
2016/17	6.10%	5.86%	5.80%	5.84%	5.85%	5.72%	5.42%	5.34%	5.02%	4.86%	4.82%	4.99%	4.70%
2017/18	5.22%	5.50%	5.60%	5.57%	5.49%	5.46%	5.76%	6.06%	6.39%				4.70%
	short term sickness												
2016/17	1.52%	1.50%	1.48%	1.48%	1.50%	1.60%	1.65%	1.84%	1.76%	1.71%	1.81%	1.70%	
2017/18	1.65%	1.71%	1.73%	1.76%	1.78%	1.73%	1.74%	1.71%	1.84%				

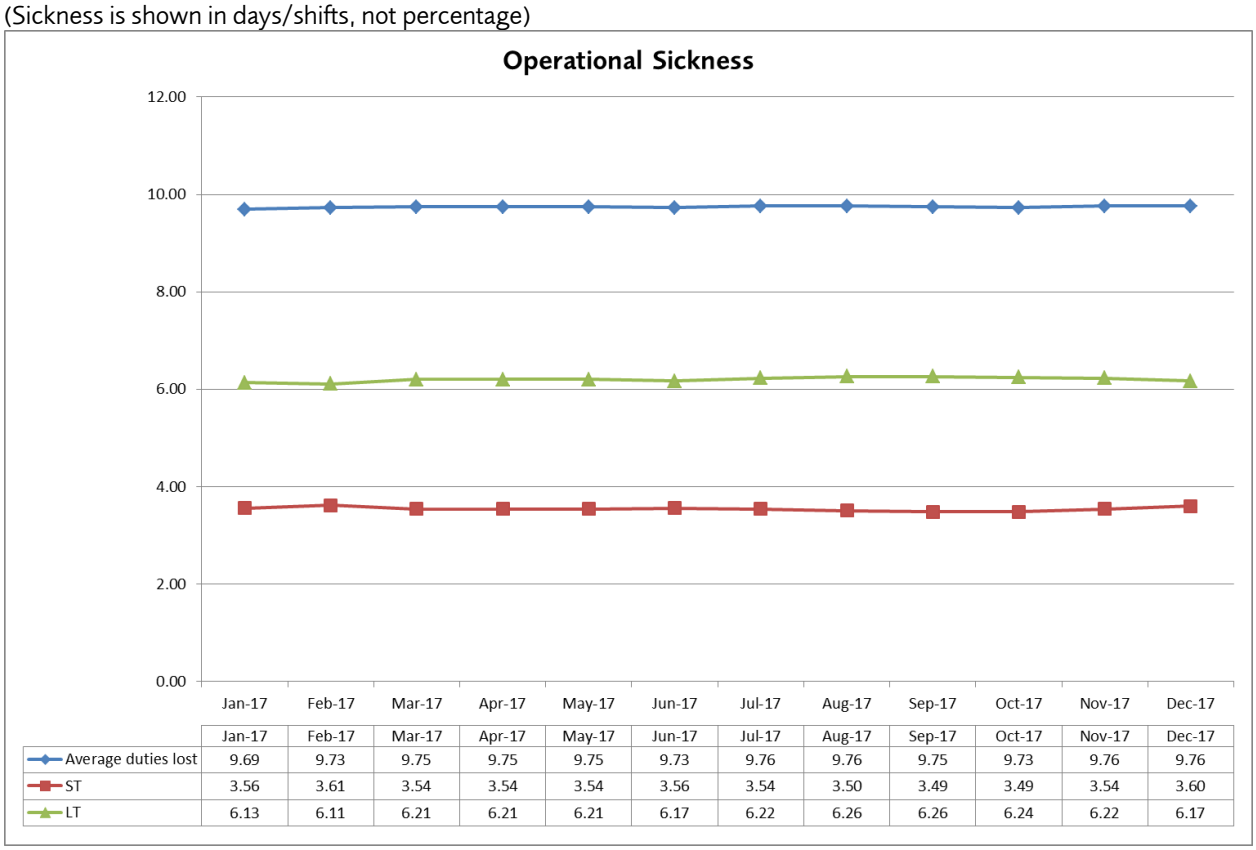
CO7B - SICKNESS - FRS STAFF

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	target
2013/14	2.62%	2.62%	2.65%	2.65%	2.61%	2.54%	2.48%	2.47%	2.57%	2.63%	2.73%	2.83%	2.48%
2014/15	2.91%	3.03%	3.09%	3.14%	3.25%	3.36%	3.40%	3.43%	3.42%	3.36%	3.29%	3.19%	2.48%
2015/16	3.12%	3.13%	3.10%	3.14%	3.13%	3.16%	3.22%	3.29%	3.41%	3.61%	3.76%	3.86%	2.48%
2016/17	3.91%	3.96%	4.03%	4.00%	3.96%	3.97%	3.88%	3.83%	3.79%	3.63%	3.48%	3.44%	2.48%
2017/18	3.42%	3.38%	3.34%	3.34%	3.41%	3.42%	3.44%	3.47%	3.48%				2.48%
	short term sickness												
2016/17	0.99%	1.01%	1.04%	1.05%	1.05%	1.08%	1.10%	1.14%	1.17%	1.17%	1.16%	1.13%	
2017/18	1.11%	1.13%	1.12%	1.11%	1.13%	1.11%	1.07%	1.05%	1.04%				



Appendix 3a :Short-term and long-term sickness, Operational staff, 12 months to December 2017

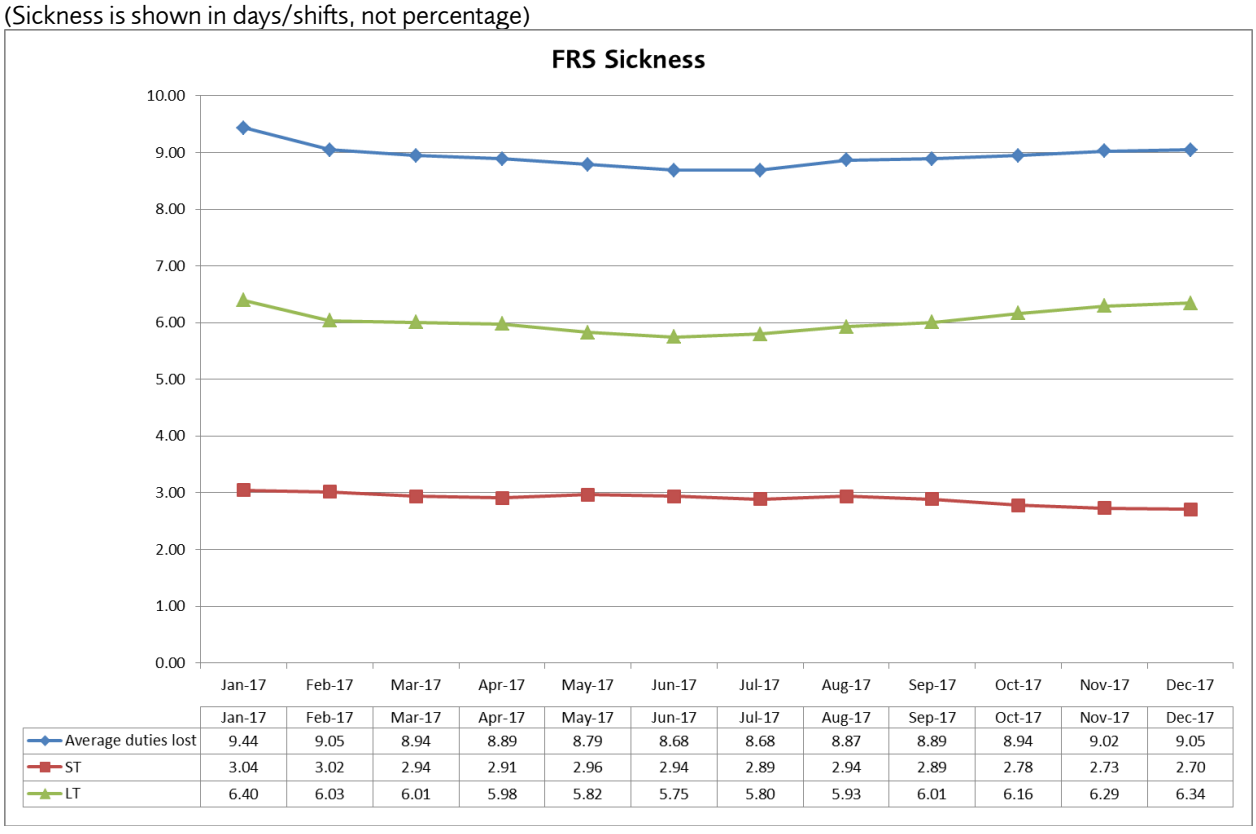
(Sickness is shown in days/shifts, not percentage)



	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Average duties lost	9.69	9.73	9.75	9.75	9.75	9.73	9.76	9.76	9.75	9.73	9.76	9.76
ST	3.56	3.61	3.54	3.54	3.54	3.56	3.54	3.50	3.49	3.49	3.54	3.60
LT	6.13	6.11	6.21	6.21	6.21	6.17	6.22	6.26	6.26	6.24	6.22	6.17

Appendix 3b: Short-term and long-term sickness, FRS staff, 12 months to June 2017

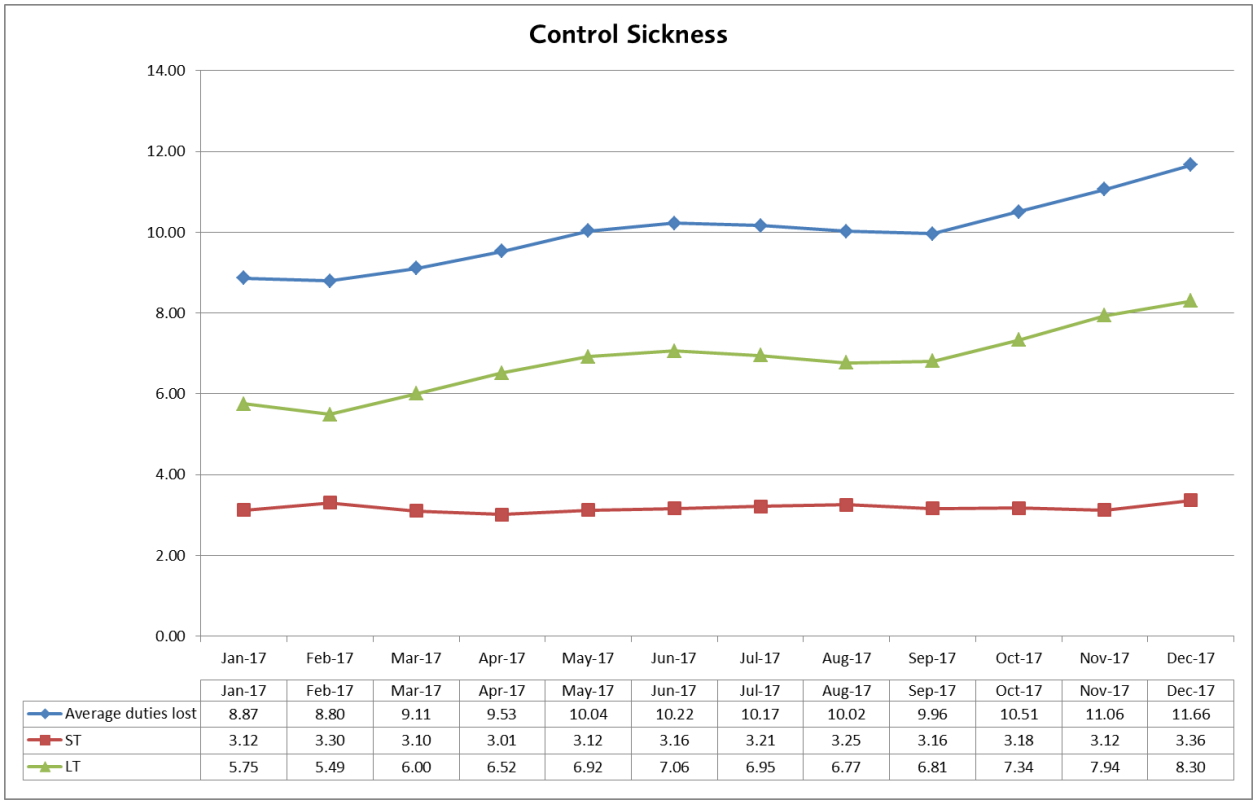
(Sickness is shown in days/shifts, not percentage)



	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Average duties lost	9.44	9.05	8.94	8.89	8.79	8.68	8.68	8.87	8.89	8.94	9.02	9.05
ST	3.04	3.02	2.94	2.91	2.96	2.94	2.89	2.94	2.89	2.78	2.73	2.70
LT	6.40	6.03	6.01	5.98	5.82	5.75	5.80	5.93	6.01	6.16	6.29	6.34

Appendix 3c: Short-term and long-term sickness, Control staff, 12 months to June 2017

(Sickness is shown in days/shifts, not percentage)



	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Average duties lost	8.87	8.80	9.11	9.53	10.04	10.22	10.17	10.02	9.96	10.51	11.06	11.66
ST	3.12	3.30	3.10	3.01	3.12	3.16	3.21	3.25	3.16	3.18	3.12	3.36
LT	5.75	5.49	6.00	6.52	6.92	7.06	6.95	6.77	6.81	7.34	7.94	8.30

Appendix 4 – Sickness by age band

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	Year Ending Dec 2013			Year Ending Dec 2014			Year Ending Dec 2015			Year Ending Dec 2016			Year Ending Dec 2017		
Age Band	**MDA**	**LWD**	**LWD%**	**MDA**	**LWD**	**LWD%**	**MDA**	**LWD**	**LWD%**	**MDA**	**LWD**	**LWD%**	**MDA**	**LWD**	**LWD%**
29 & under	106182	2817	2.65%	74890	2191	2.93%	55060	1731	3.14%	42201	1188	2.82%	37929	1132	2.98%
30-39	330577	11849	3.58%	328869	13349	4.06%	318525	14217	4.46%	302110	12215	4.04%	285710	12150	4.25%
40-49	338678	12919	3.81%	322140	14796	4.59%	306361	13544	4.42%	297246	13413	4.51%	282129	12747	4.52%
50-59	117623	6234	5.30%	123080	6802	5.53%	125554	7422	5.91%	128989	7755	6.01%	135817	7874	5.80%
60 & over	827	49	5.93%	725	53	7.31%	710	82	11.55%	704	50	7.10%	880	71	8.07%

Operational Sickness by Age Band - Year Ending Dec 2017

Age Band	**MDA**	**LWD**	**LWD %**
29 and under	45531	1285	2.82%
30-39	304469	15462	5.08%
40-49	338166	18050	5.34%
50-59	175667	11457	6.52%
60 & over	1826	89	4.87%
Total	**865659**	**46343**	**5.35%**

FRS Sickness by Age Band - Year Ending Dec 2017

Age Band	**MDA**	**LWD**	**LWD %**
29 and under	18028	560	3.11%
30-39	34520	715	2.07%
40-49	45231	1496	3.31%
50-59	63355	2929	4.62%
60 & over	25966	812	3.13%
Total	**187100**	**6512**	**3.48%**

Control Sickness by Age Band - Year Ending Dec 2017

Age Band	MDA	LWD	LWD %
29 and under	2630	45	1.71%
30-39	3275	133	4.06%
40-49	4313	463	10.73%
50-59	7371	537	7.29%
60 & over	1559	46	2.95%
Total	**19148**	**1224**	**6.39%**