

**Status of Report: Public**

**Meeting: Corporate Governance Committee (CGC)**

**Date: 23 July 2024**

**Subject: Sickness Analysis – April 2023 to March 2024**

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**For: Information Only**

### **Purpose**

1. The purpose of this report is to present the Committee with an update on sickness analysis for the period April 2023 to March 2024.

### **Recommendations**

2. The Committee is asked to note the sickness analysis for the period April 2023 to March 2024.

### **Executive Summary**

3. Sickness performance data is provided on a quarterly basis for both wholetime and support members of staff. The sickness analysis looks at performance against previous years for both number of days/shifts lost and the number of days/shifts lost on average per person. The analysis provided breaks sickness down between short term and long term sickness and the reasons for being sick. Covid-19 data has been included in short term and long term sickness since April 2022.

### **Report Detail**

4. The overall sickness has increased for wholetime staff and for support staff when comparing against last year. Overall, the total number of days/shifts lost for wholetime has increased by 2.9% and support has increased by 44.9%.
5. Wholetime sickness – Overall, there were a total of 2,964.29 days/shifts lost to sickness between April 2023 and March 2024, 1,101.21 days/shifts were lost to short term sickness and 1,863.08 days/shifts lost to long term sickness. During the same period last year, there were a total of 2,881.34 days/shifts lost to sickness, which included 1,317.69 days/shifts lost to short term and 1,563.65 days/shifts lost to long term sickness.

There are several stations, including Market Harborough, Castle Donington and Birstall, that have recorded only minor levels of sickness. The stations showing a high number of days/shifts lost per person were Wigston and Western.

6. On wholetime short term sickness, there were 187.87 days/shifts lost in the first quarter, 261.82 days/shifts lost in the second quarter, 272.77 days/shifts lost in the third quarter and 378.75 days/shifts lost in the fourth. Of the 1,102.21 days/shifts lost in total, 258.55 days/shifts lost were recorded as other (viral, flu or cold), 195.38 days/shifts lost were recorded as muscular skeletal and 167.49 days/shifts lost were recorded as not known/other. There have been 432 periods of short term sickness recorded April 2023 to March 2024, compared to 524 last year.
7. On wholetime long term sickness, there were 461.91 days/shifts lost in the first quarter, 451.58 days/shifts lost in the second quarter, 543.05 days/shifts lost in the third quarter and 406.54 days/shifts lost in the fourth quarter. Of the 1,863.08 days/shifts lost in total, 708.31 days/shifts lost were recorded as all mental health/stress, compared to 362.06 days/shifts lost last year. Muscular skeletal had 433.80 days/shifts lost in total, compared to 493.14 days/shifts lost last year. There have been 87 periods of long term sickness recorded, compared to 66 last year.
8. Support sickness – There has been an increase in the number of days/shifts lost for support staff when compared against the previous year. Overall, there were a total of 1,343.53 days/shifts lost to sickness April 2023 to March 2024, with 398.49 days/lost to short term sickness and 945.04 days/shifts lost to long term sickness. During the same period last year, there were a total of 927.35 days/shifts lost to sickness, which included 345.59 days/shifts lost to short term sickness and 581.76 days/shifts lost to long term sickness. The fourth quarter has seen a significant increase in both short term sickness and long term sickness. The total number of days/shifts lost on average per person is at its highest since 2017/18.
9. On support short term sickness, there were 47.72 days/shifts lost in the first quarter, 103.12 days/shifts lost in the second quarter, 95.29 days/shifts in the third quarter and 152.36 days/shifts in the fourth quarter. Of the 398.49 days/shifts lost in total, 169.55 days/shifts lost are recorded as not known/other. There have been 139 periods of short term sickness recorded, compared to 132 last year.
10. On support long term sickness, there were 135.45 days/shifts lost in the first quarter, 163.43 days/shifts lost in the second quarter, 229.93 days/shifts in the third quarter and 416.23 days/shifts in the fourth quarter. Of the 945.04 days/shifts lost in total, 712.92 days/shifts lost were recorded as all mental health/stress. This means that 75.44% of all long term sickness is mental health/stress. This has increased from the figure recorded last year of 37.47%. There have been 24 periods of long term sickness recorded, compared to 19 last year.
11. The impact Covid-19 has on the Service has reduced considerably. Only 81.13 days/shifts were lost for wholetime and 16.00 days/shifts were lost for support staff between April 2023 to March 2024.
12. Cleveland Fire and Rescue Service collates and analyses sickness data on behalf of all Services within England. Their annual summary has recently been released and it shows that despite the increase in sickness within LFRS, the numbers still compare very favourably against the national picture.

- Wholetime and Control sickness: 7.47 days lost on average, which is second best out of the 30 Services who submitted data. The national average is 9.93 duty days sickness absence per staff member.
- Support Staff sickness: 10.26 days lost on average, which is 24<sup>th</sup> of 37 Services who submitted data. The national average is 9.77 duty days sickness absence per staff member.
- Overall combined sickness: 8.16 days lost on average, which is second out of 30 Services who submitted data. The national average is 9.56 duty days sickness absence per staff member.

### **Report Implications / Impact**

13. Legal (including crime and disorder)

The timely production of relevant performance information and the achievement of continuous improvement is a statutory duty as described in the Local Government Act 1999.

14. Financial (including value for money, benefits and efficiencies)

None arising from this report.

15. Risk (including corporate and operational, health and safety and any impact on the continuity of service delivery)

Effective performance management including the reporting, monitoring and analysis of performance indicators enables proactive control measures to be implemented to reduce risk and demand.

16. Staff, Service Users and Stakeholders (including the Equality Impact Assessment)

Any identified action plans will be developed and delivered by relevant managers and staff.

17. Environmental

None arising from this report.

18. Impact upon Our Plan Objectives

Active monitoring of performance indicators allows us to assess the effectiveness of delivering our corporate objectives, influencing changes to strategies and policies where necessary.

19. **Background Papers**

None.

20. **Appendices**

None.

21. **Officers to Contact**

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