

Status of Report: Public

Meeting: Corporate Governance Committee (CGC)

Date: 13 July 2022

Subject: Sickness Analysis – April 2021 to March 2022

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For: Information Only

Purpose

1. The purpose of this report is to present the Corporate Governance Committee (CGC) with an update on sickness analysis for Leicestershire Fire and Rescue Service (LFRS) for the period April 2021 to March 2022.

Recommendations

2. The CGC is asked to note the sickness analysis for the period April 2021 to March 2022.

Executive Summary

3. Sickness performance data is provided on a quarterly and annual basis for both wholetime and support members of staff. The sickness analysis looks at performance against previous years for both the total number of days/shifts lost and also the number of days/shifts lost on average per person. The analysis provided in Appendix 1 breaks sickness down by station/department and looks into the differences between short term and long term sickness and the reasons for absence. Analysis on the figures with and without the effect of Covid-19 are included.

Background

4. Overall sickness has increased for both wholetime staff and support staff when comparing against last year. The total number of days/shifts lost for wholetime staff has increased by 36% and for support staff by 42%. If Covid-19 sickness data was included, wholetime staff sickness would have increased by 26% when comparing the number of day/shifts lost and support staff sickness would have increased by 46%.
5. The average number of days/shifts lost per person was 6.37 for both wholetime and support staff. Including Covid-19, this figure rose to 10.16 for wholetime staff and 9.74 for support staff.
6. Wholetime sickness – There are increases for wholetime staff on both short term sickness and long term sickness, when compared against the previous year.

There are a number of stations - Market Harborough, Birstall, Eastern, Central and Hinckley - which have recorded only minor levels of sickness. The stations showing a higher number of days/shifts lost per person are Melton and Western, both with high levels of long term sickness.

7. There were 741.10 wholetime short term days/shifts lost, compared to 434.56 days/shifts lost last year. Looking into the number of days/shifts lost to short term sickness, there were 162.09 days/shifts lost from April to June, 180.34 days/shifts during July to September, 223.84 days/shifts during October to December and 174.83 days/shifts during January to March.
8. Of the 741.10 wholetime short term sickness days/shifts lost, 199.00 days/shifts lost were recorded as musculo/skeletal. There have been 308 periods of short term sickness recorded, compared to 172 last year.
9. There were 1,608.51 wholetime long term days/shifts lost, compared to 1,295.12 days/shifts lost the previous year. Looking into the number of days/shifts lost to long term sickness, there were 492.71 days/shifts lost from April to June, 450.70 days/shifts during July to September, 410.43 days/shifts during October to December and 254.67 days/shifts during January to March.
10. Of the 1,608.51 wholetime long term days/shifts lost, 563.70 days/shifts lost were recorded as musculo/skeletal, compared to 365.34 days/shifts the previous year. There were 526.12 days/shifts attributed to mental health/stress compared to 563.98 days/shifts the previous year and there were 223.02 days/shifts lost to surgery, compared to 147.84 days/shifts the year before. There have been 67 periods of long term sickness recorded, compared to 54 last year.
11. Support sickness – There has been an increase in the number of days/shifts lost for support staff on short term sickness and long term sickness, when compared against the previous year.
12. There were 193.40 support short term days/shifts lost, compared to 89.11 days/shifts lost last year. There were 41.00 days/shifts lost from April to June, 60.59 days/shifts lost during July to September, 74.67 days/shifts lost during October to December and 17.14 days/shifts lost during January to March.
13. Of the 193.40 days/shifts lost in total, 46.56 days/shifts were recorded as other: viral, flu or cold, compared to 6.50 days/shifts last year. There have been 90 periods of short term sickness recorded, compared to 45 the previous year.
14. There were 559.40 long term support days/shifts lost, compared to 442.34 days/shifts last year. There were 96.66 days/shifts lost from April to June, 130.49 days/shifts during July to September, 115.00 days/shifts during October to December and 217.25 days/shifts during January to March.
15. Of the 559.40 long term support days/shifts lost, 231.37 days/shifts lost were recorded as all mental health/stress, compared to 153.81 days/shifts last year and 166.00 days/shifts were recorded as all respiratory, compared to 48.00 days/shifts last year. There have been 21 periods of long term sickness recorded, compared to 14 last year.
16. It should be noted that the number of periods of sickness occurring has increased for both wholetime and support staff in the last 12 months. However,

last year was affected by Covid-19 with the number of periods of sickness reducing significantly. This year has seen an increase back to pre-pandemic levels for both wholetime and support staff.

17. For wholetime there were 1,394.88 days/shifts lost to Covid-19, with 784.18 days/shifts recorded as confirmed. For support there were 397.23 days/shifts lost to Covid-19, with 217.09 days/shifts recorded as confirmed.
18. There were 432 periods of sickness attributable to Covid-19 for wholetime staff, compared to 309 last year and 100 periods of sickness attributable to Covid-19 for support staff, compared to 37 last year.
19. Appendix 2 is a report which is produced by Cleveland Fire and Rescue Service and concentrates on comparing national statistics in relation to Fire and Rescue Service's sickness data. The first section of the report provides a national picture regarding the number of days lost and the reasons for sickness, the second section shows how individual Service data compares against others. The report clearly shows that the rate of sickness in LFRS compares very favourably against the national position, showing the Service is consistently in the lower quartile of Services who have submitted data.

Report Implications / Impact

20. 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.

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

None arising from this report.

22. 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.

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

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

24. Environmental

None arising from this report.

25. Impact upon Our Plan Objectives

Active monitoring of performance indicators allows the Service to assess the effectiveness of delivering its corporate objectives, influencing changes to

strategies and policies where necessary.

26. **Background Papers**

None.

27. **Appendices**

Appendix 1 – Sickness Information Pack – April 2021 to March 2022

Appendix 2 – National Fire and Rescue Service Sickness Absence Report April 2021 to March 2022

Officers to Contact

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