



DEVON & SOMERSET FIRE & RESCUE AUTHORITY

REPORT REFERENCE NO.	HRMDC/10/10
MEETING	HUMAN RESOURCES MANAGEMENT & DEVELOPMENT COMMITTEE
DATE OF MEETING	17 JUNE 2010
SUBJECT OF REPORT	ABSENCE MANAGEMENT
LEAD OFFICER	Director of People and Organisational Development
RECOMMENDATIONS	<i>That the report be noted.</i>
EXECUTIVE SUMMARY	The progress with Absence Management has been included as a standing item within the HRMD agenda. This report includes an update of the Service performance for absence levels and also the long term absence levels.
RESOURCE IMPLICATIONS	There are ongoing resource implications in relation to absence management in terms of providing cover when required.
EQUALITY IMPACT ASSESSMENT	The Absence Management policy has had an equality impact assessment.
FINANCIAL IMPLICATIONS	
APPENDICES	None
LIST OF BACKGROUND PAPERS	

1. **INTRODUCTION**

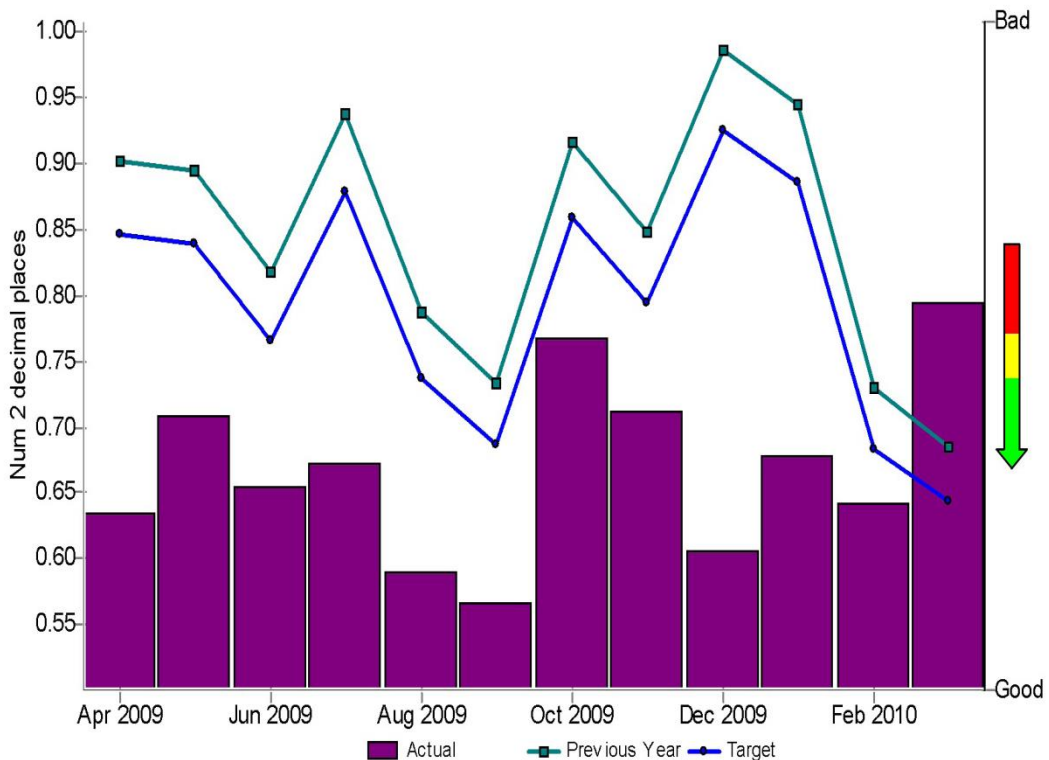
1.1 Absence levels have previously been identified as a key measure that the HRMD Committee will monitor and review as a standing item. The overall performance in 2010/11 was better than our target level of 9.55 days per person in 2009/10 and an overall level of 8.02 days was achieved. The target for 2010/11 is an average rate of 9.0 days/shifts lost per person.

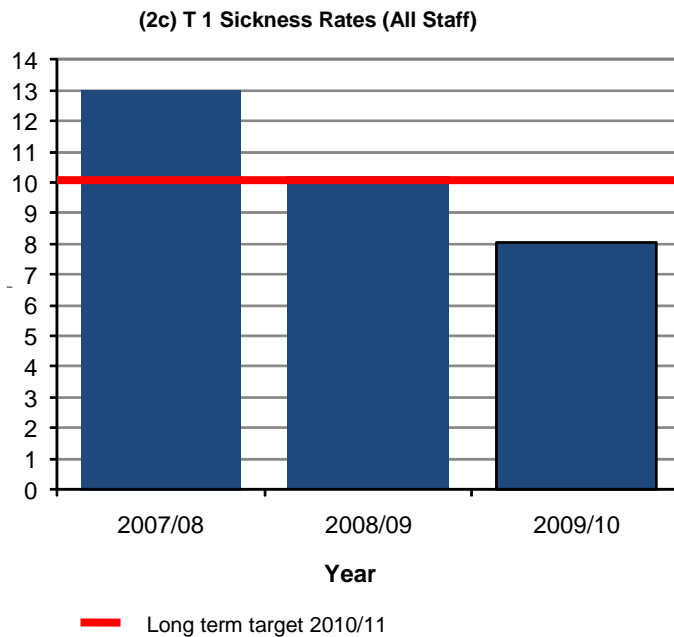
2. **2009/10 PERFORMANCE**

2.1 Sickness rates have decreased from 10.18 days lost per person in 2008/09 to 8.02 days lost per person in 2009/10, a decrease of 21.2%. The decrease has meant that we have not only achieved the target for the year of 9.55 days lost per person, but have also achieved the long term target a year early to reduce to the regional average rate of 9.0 shifts lost per person by 2010/11.

2.2 Sickness rates were particularly low for the first six months of the year and increased as per seasonal trend in October and November. However December and January dropped back to the previously seen low rate. March is the only month showing an increase on the previous year, however, with low rates across the year the annual figure is much lower than both the previous year and target.

Sickness Rates (All Staff) By Month





2.3 In considering the reasons for sickness, there are categories of sickness identified by the CLG that we report on annually. These categories include Mental Health, Musculoskeletal, Senses, Respiratory, Various and Other with the sickness types within each of these as defined by CLG:

Mental Health - includes post traumatic stress reaction, stress, anxiety, depression, chronic fatigue syndrome.

Musculoskeletal - includes problems with neck, shoulders, back, knee, upper and lower limbs.

Various - includes cancer, neurological problems, sickness/diarrhoea, headaches, dermatological problems, pregnancy related.

Senses - includes vision and hearing problems.

Respiratory – includes asthma and chest infections.

Cardiovascular – includes angina, hypertension and other cardiovascular.

Other – includes cold, flu, dental etc.

None – includes unknown or anything that is none of the above.

2.4 The table over the page shows a breakdown of reasons for sickness absence in 2009/10. The previous year's figures are also shown to compare changes in types of sickness. This comparison also helps identify the types of sickness that are more likely to become long term. The biggest reduction can be seen in Mental Health sickness, which has decreased by 53%, a reduction from 2416 sick days in 2008/09 to 1143 sick days in 2009/10. Mental Health sickness tends to become long term and so it is good to see that not only has the number of times someone is off with mental health sickness reduced from 74 to 58 instances in 2009/10 but also staff are returning to work quicker. In 2008/09 the average mental health sickness absence lost 32.6 shift days; however in 2009/10 this has reduced to only 19.7 shift days.

Type of sickness	% of all sickness		shifts/days lost		Occurrences		Avg days per absence	
	2008/09	2009/10	2008/09	2009/10	2008/09	2009/10	2008/09	2009/10
Musculoskeletal	37%	41%	3807	3221	387	318	9.8	10.1
Various	13%	17%	1317	1361	420	379	3.1	3.6
Cold/Flu etc	11%	15%	1155	1217	430	424	2.7	2.9
Mental Health	24%	14%	2416	1143	74	58	32.6	19.7
Respiratory	4%	3%	449	205	78	54	5.8	3.8
Senses	1%	2%	144	164	37	38	3.9	4.3
Cardiovascular	2%	2%	230	122	13	7	17.7	17.4
None	6%	6%	637	462	99	85	6.4	5.4

2.5 Whilst this reduction cannot be attributed to a single Service intervention it would suggest that the overall improvements and focus that the Service has made in welfare are starting to produce direct results. The proactive work in this area has included:

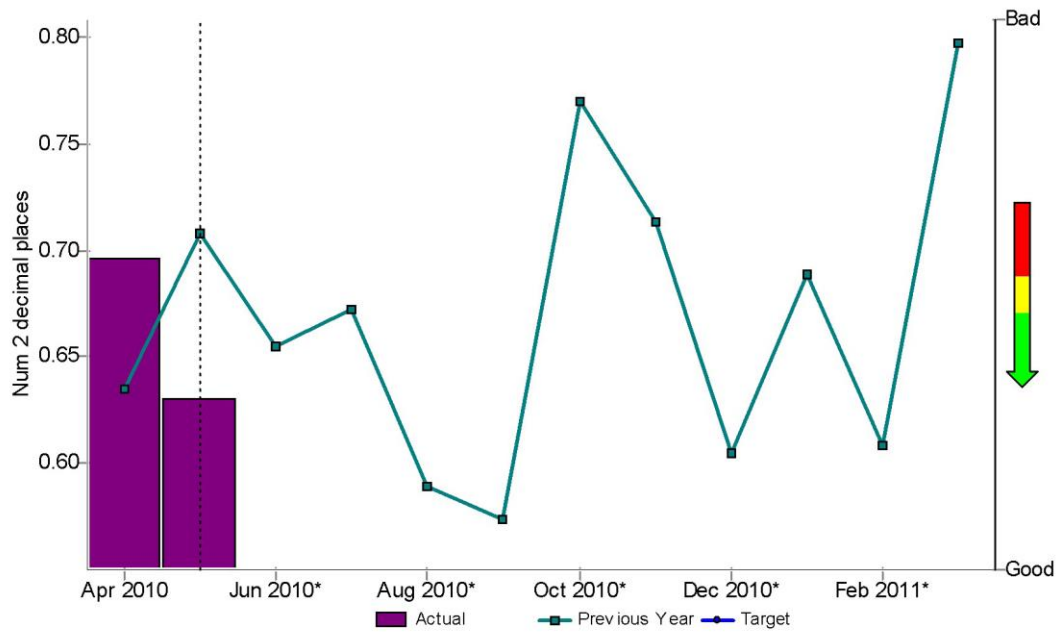
- The development and introduction of new policies covering Sickness Absence, Welfare, Managing Stress and Bullying and Harassment in the workplace.
- The Staff Supporters network has been re-launched and underpinned by professional training.
- We now have a new external mediation service.
- The terms of reference of the Joint Safety Committee are more holistic to also cover the health of the organisation.
- A new internal group has been formed called well@work who have created innovative approaches to worklife balance including a promotional day. Other health & welfare promotions also take place throughout the year.
- Aspects of workplace concern have also been resolved such as with the completion of Job Evaluation.

3. 2010/11 PERFORMANCE

3.1 The last month of 2010/11 saw a spike in absence levels. Since then the absence levels have dropped back to a level more consistent with this time of year and have dropped further in June.

All Staff Sickness Rates by Month 2010/11

	Actual 09/10	Previous Year 09/10	% variance on previous year
Apr-10	0.70	0.64	9.6%
May-10	0.63	0.71	-10.9%
YTD	1.33	1.34	-1.3%



3.2 As usual, we can then break down the figures by staff category and the rates for uniformed, control and non-uniformed are shown below:

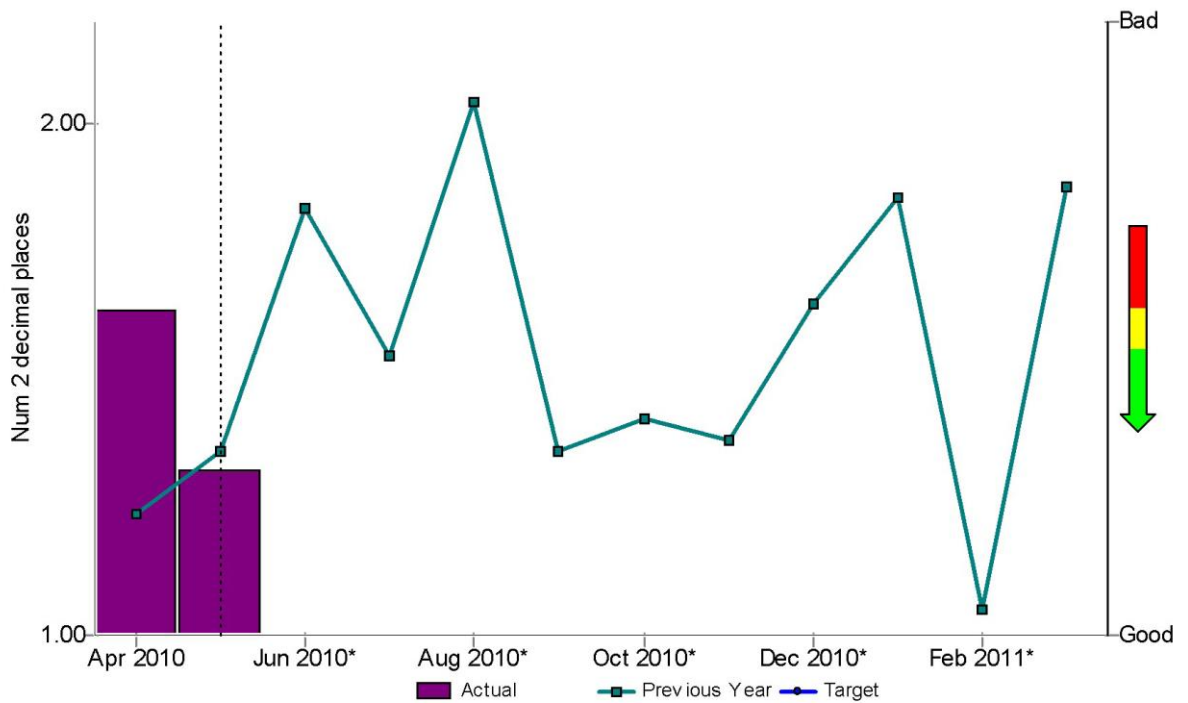
Uniformed Staff Sickness Rates by Month 2010/11



Non-uniformed Staff Sickness Rates by Month 2010/11



Control Staff Sickness Rates by Month 2010/11



4. **DETAILED BREAKDOWN OF LONG TERM SICKNESS**

The monitoring of long term sickness ie those over 28 days is reported on a monthly basis and includes those who are long term sick and those on restricted duties. The number of long term sick since 2008 is shown below. These are also shown graphically with trendlines. Both uniformed (Wholetime and Control) and non-uniformed show a downwards trend whilst the Retained Duty System has been on the increase. Overall the trend is level.

2008

Number of staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Uniformed	31	27	28	23	23	19	19	20	23	17	20	18
Retained	16	14	17	10	10	8	10	8	9	12	14	20
Non-uniformed	6	3	6	6	7	6	2	4	2	3	6	5
Total	53	44	51	39	40	33	31	32	34	32	40	43

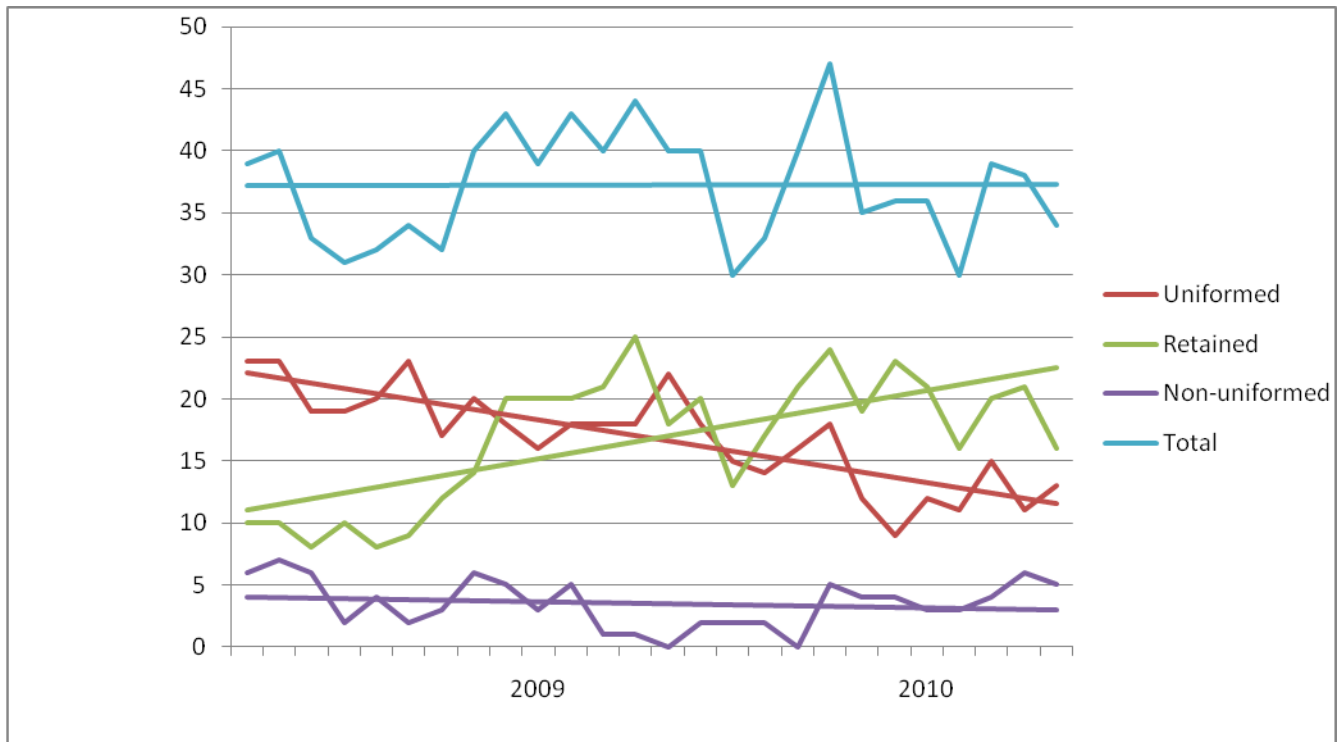
2009

Number of staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Uniformed	16	18	18	18	22	18	15	14	16	18	12	9
Retained	20	20	21	25	18	20	13	17	21	24	19	23
Non-uniformed	3	5	1	1	0	2	2	2	3	5	4	4
Total	39	43	40	44	40	40	30	33	40	47	35	36

2010

Number of staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Uniformed	12	11	15	11	13							
Retained	21	16	20	21	16							
Non-uniformed	3	3	4	6	5							
Total	36	30	39	38	34							

Long-term Sickness 2008 to 2010 – Number of Staff



5. CHARTERED INSTITUTE OF PERSONNEL DEVELOPMENT (CIPD) ANNUAL SURVEY

5.1 The last annual CIPD report for 2009 is a useful overall benchmark since it is based on replies from 642 employers in organisations employing a total of more than 1.9 million employees. The survey found that the average level of employee absence has fallen to 7.4 days per employee per year from 8.0 days per employee per year in the previous year. The average level of absence remains highest in the public sector at 9.7 days per employee per year which was a very slight drop from the previous year's figure of 9.8 days per employee per year. One FRS participated in the survey with an average of 7.5 days per employee per year.

5.2 The most commonly used approach to managing short-term absence was found to be the use of return-to-work interviews, with 83% of organisations using them. The involvement of occupational health professionals is identified as the most effective approach for managing long-term absence by respondents from all the four main sectors.

5.3 During the course of 2010/11 a new target will be agreed for Devon & Somerset Fire & Rescue Service as we seek to achieve a level of excellence within the organisation.

6. CONCLUSION

6.1 The Service saw a good overall improvement in 2009/10 and is seeking to continue to reduce absence levels in 2010/11.

JANE SHERLOCK
Director of People and Organisational Development