



# DEVON & SOMERSET FIRE & RESCUE AUTHORITY

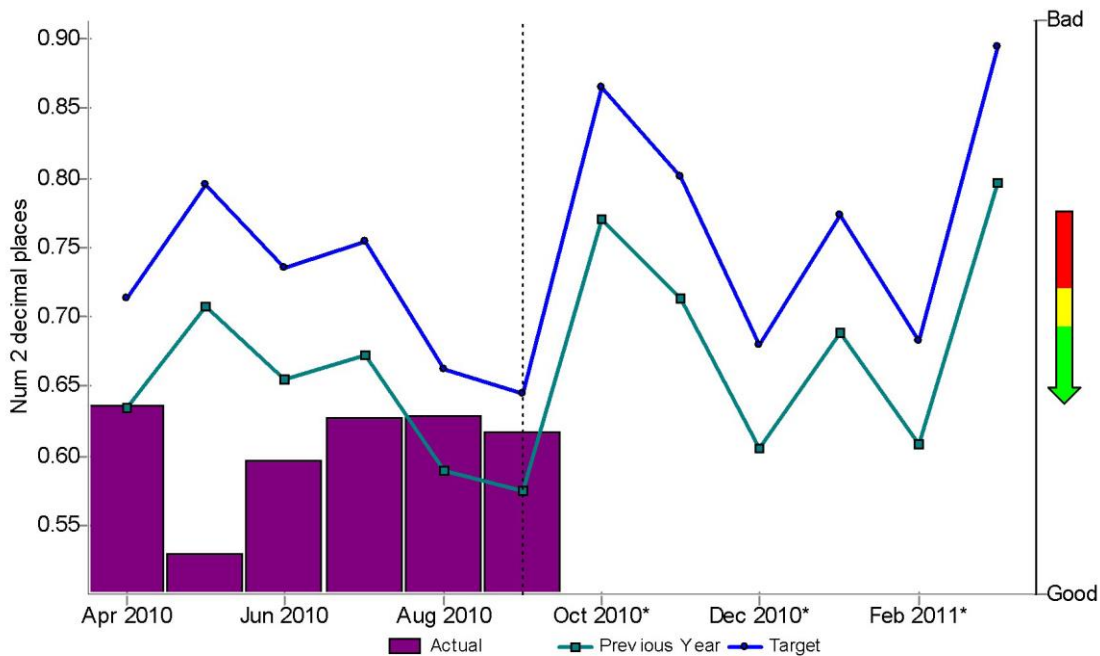
<b>REPORT REFERENCE NO.</b>	<b>HRMDC/10/17</b>
<b>MEETING</b>	<b>HUMAN RESOURCES MANAGEMENT AND DEVELOPMENT COMMITTEE</b>
<b>DATE OF MEETING</b>	<b>12 NOVEMBER 2010</b>
<b>SUBJECT OF REPORT</b>	<b>ABSENCE MANAGEMENT</b>
<b>LEAD OFFICER</b>	<b>Director of People and Organisational Development</b>
<b>RECOMMENDATIONS</b>	<i>that the report be noted</i>
<b>EXECUTIVE SUMMARY</b>	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.
<b>RESOURCE IMPLICATIONS</b>	There are ongoing resource implications in relation to absence management in terms of providing cover when required.
<b>EQUALITY IMPACT ASSESSMENT</b>	The Absence Management policy has had an equality impact assessment.
<b>APPENDICES</b>	Nil.
<b>LIST OF BACKGROUND PAPERS</b>	Nil.

**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 2009/10 was better than our target level of 9.55 days per person 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. 2010/11 PERFORMANCE**

2.1 At this point in time, the previous year was at an average of 3.83 days absence per person compared with our actual level for 2010/11 of 3.64 days. This is 15.4% better than our target level at this point in the year but only 5% less last year. Whilst we remain on track to be below the year end target of 9 days/shifts lost per person the last two months have shown levels above last year and as the graph shows, the second half of the year is when sickness rates increase with winter illnesses.



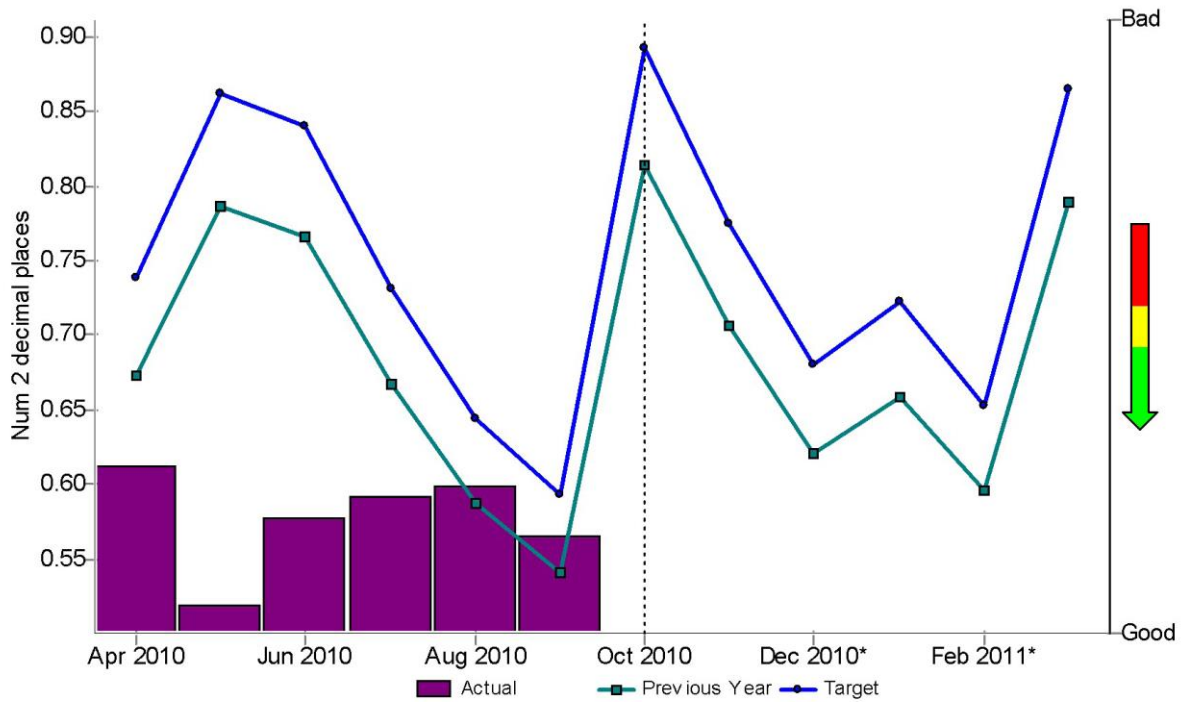
**All Staff – Sickness Rates per Person – by Month**

	<b>Actual 10/11</b>	<b>Previous Year 09/10</b>	<b>% variance on previous year</b>	<b>% variance on target</b>
Apr-10	0.64	0.64	0.0%	-10.9%
May-10	0.53	0.71	-25.5%	-33.6%
Jun-10	0.58	0.66	-9.2%	-19.2%
Jul-10	0.63	0.67	-5.9%	-16.2%
Aug-10	0.64	0.59	8.1%	-3.7%
Sep-10	0.62	0.57	7.6%	-4.2%
<b>YTD</b>	<b>3.64</b>	<b>3.83</b>	<b>-5%</b>	<b>-15.4%</b>

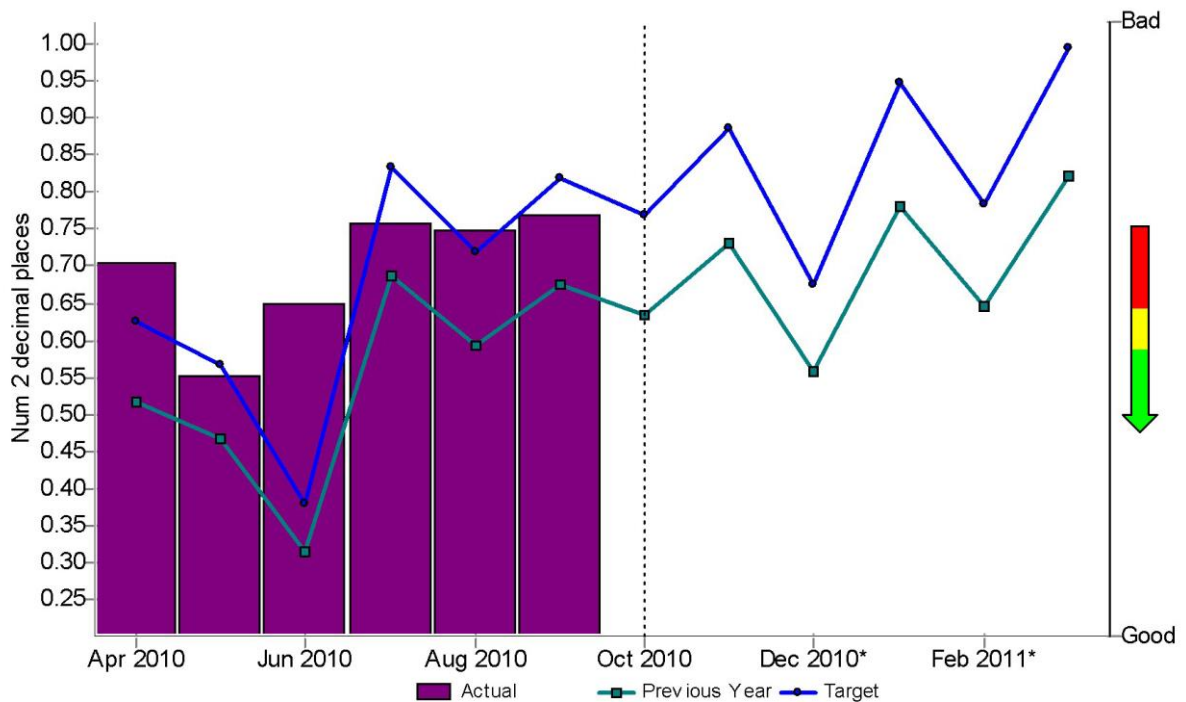
2.2

As usual, we can then break down the figures by staff category and the rates for uniformed, control and non-uniformed are shown below. The uniformed rates show an increase over the same period last year but remain below the target level. Non-uniformed staff have seen an increase over several months and Control have had a significant increase in September.

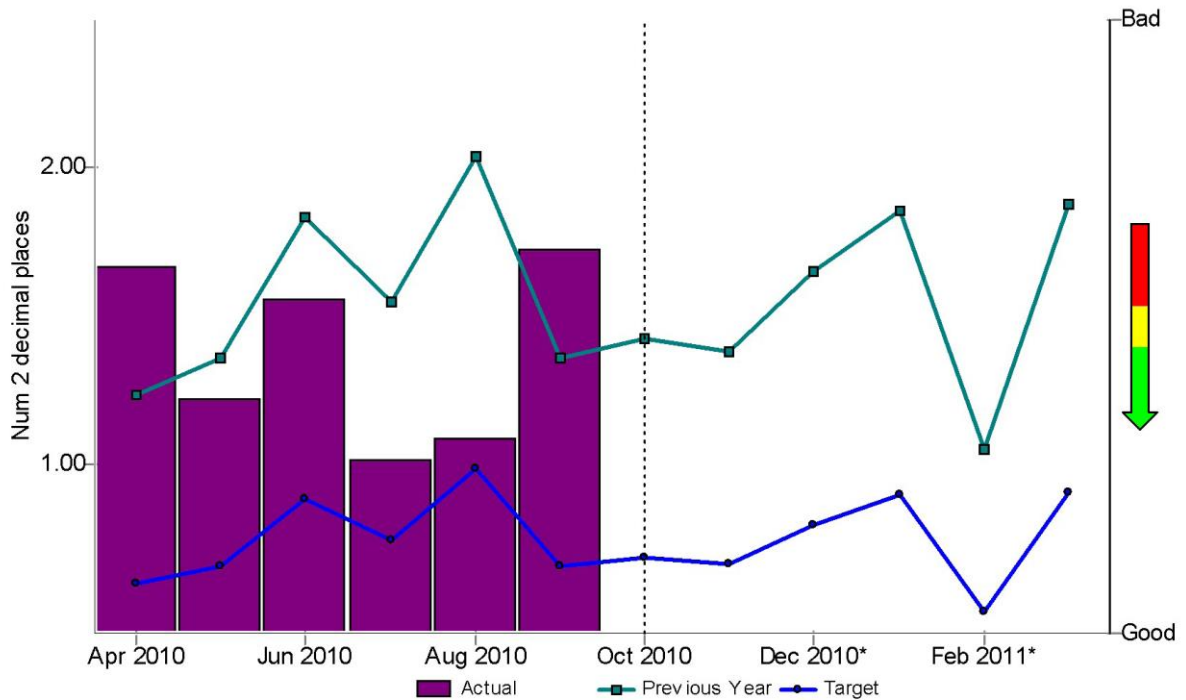
**Uniformed Staff Sickness Rates by Month 2010/11**



**Non-uniformed Staff Sickness Rates by Month 2010/11**

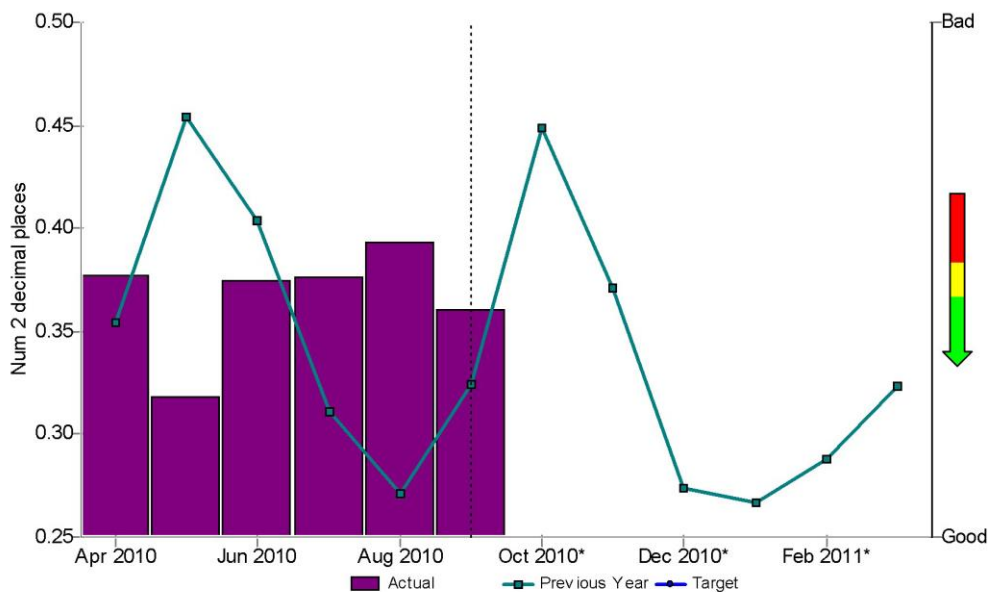


### Control Staff Sickness Rates by Month 2010/11



### 3. DETAILED BREAKDOWN OF LONG TERM SICKNESS

3.1 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. Long term sickness has been fairly consistent so far this year.

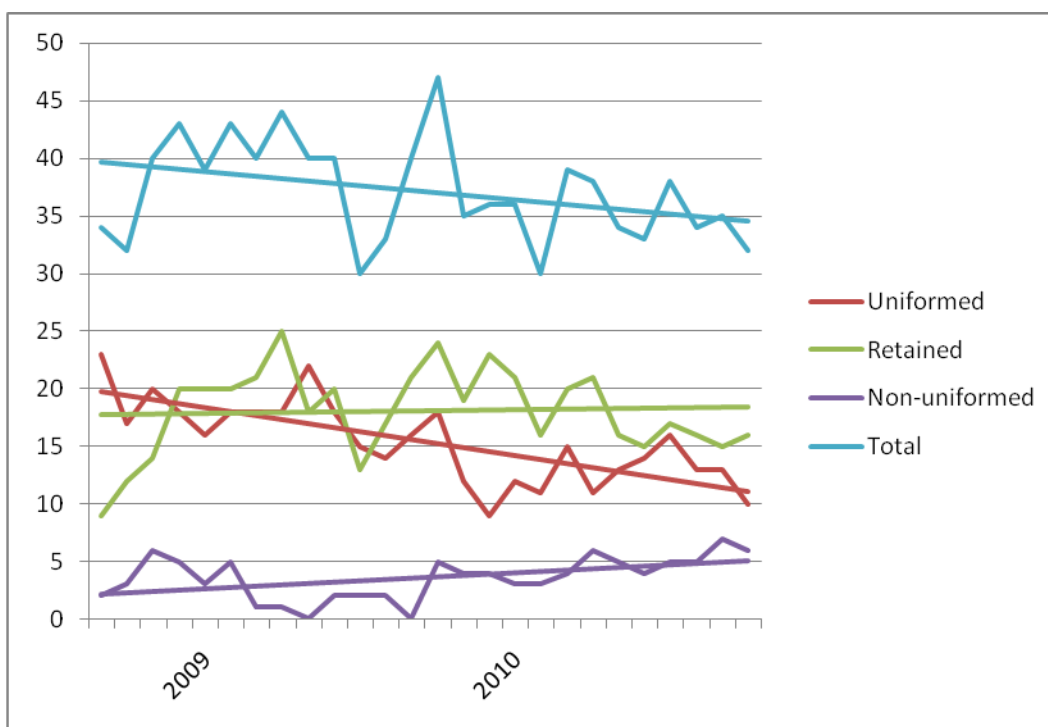


#### Long Term Sickness by month

3.2 The number of staff who have been long term sick in 2010 is shown below and the chart shows the overall trend lines since 2008. Uniformed (Wholetime and Control) show a downwards trend whilst the non-uniformed has been on the increase. The RDS shows a slight increase in the trend line.

## 2010 Long-term Sickness

Number of staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Uniformed	12	11	15	11	13	14	16	13	13	10
Retained	21	16	20	21	16	15	17	16	15	16
Non-uniformed	3	3	4	6	5	4	5	5	7	6
Total	36	30	39	38	34	33	38	34	35	32



**Long-term Sickness 2008 to 2010 – Number of Staff**

- 3.3 The Long term sickness is can then be further broken down for staff with absences that have been ongoing for a period longer than 6, 12, 18 and 24 months. For August and November these are shown below.

### Aug-10

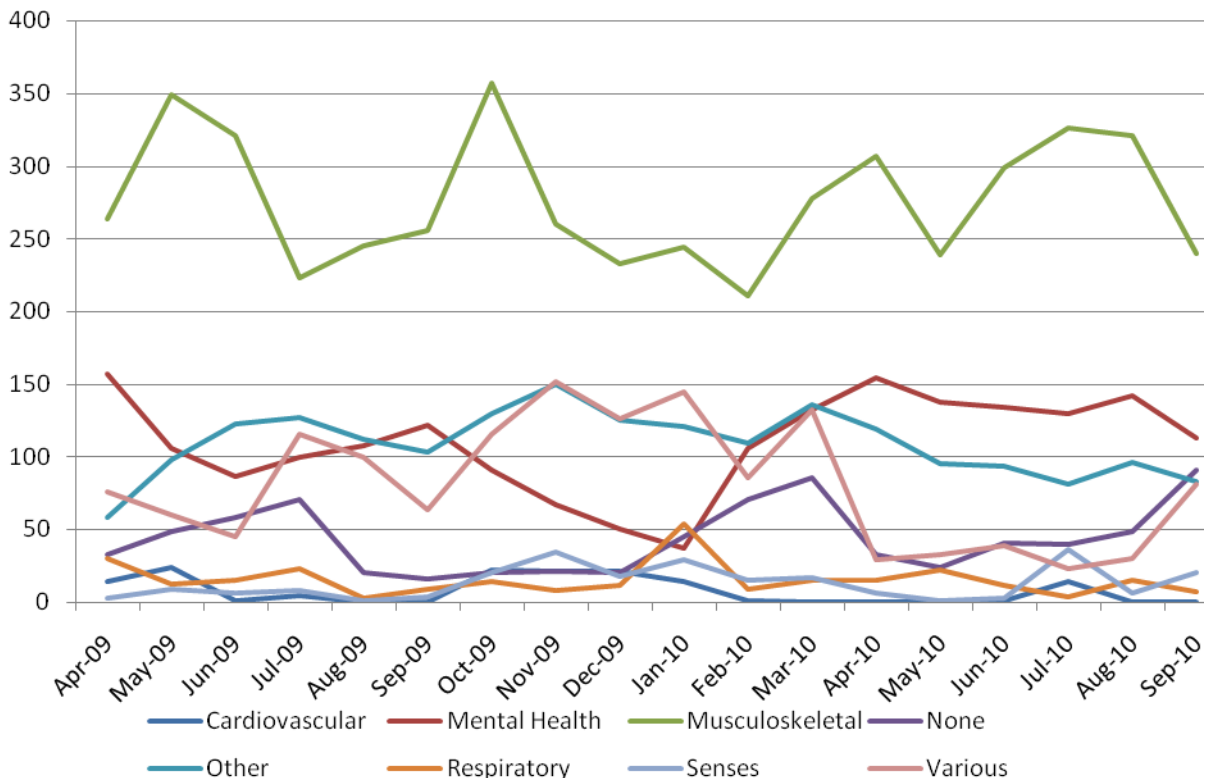
Number of staff	>6 mths	>12 mths	>18 mths	>24 mths
Uniformed	4	0	0	2
Retained	2	1	1	3
Non-uniformed	2	0	0	1
Total	8	1	1	6

### Nov-10

Number of staff	>6 mths	>12 mths	>18 mths	>24 mths
Uniformed	2	1	0	2
Retained	1	1	2	1
Non-uniformed	2	0	0	0
Total	5	2	2	3

#### 4. CAUSES OF ABSENCE

4.1 The main cause of absence is due to Musculoskeletal problems and include a variety of problems including back, knee, shoulder pain. Mental Health problems are showing a noticeable increase in the current year compared to the previous year.



4.2 The types of sickness can also be broken down by long-term and short-term sickness.

#### Long Term Sickness by type of Sickness

Group	Absence type	Apr	May	Jun	Jul	Aug	Sep	Total	%	Occurrences
Mental Health	Stress	108	108	124	115	123	108	686	29.92%	9
Musculoskeletal	Knee	62	61	56	64	61	33	337	14.70%	7
Musculoskeletal	Back	33	16	31	48	59	76	263	11.47%	6
Musculoskeletal	Shoulders	16	21	58	45	30	31	201	8.77%	5
None	None of These	20	19	22	26	43	53	183	7.98%	3
Other	Cancer	24	23	24	23	25	25	144	6.28%	2
Musculoskeletal	Other Musculoskeletal	2	0	13	42	47	33	137	5.97%	6
Musculoskeletal	Upper Limb	33	22	27	15	12	0	109	4.75%	3
Musculoskeletal	Lower Limb	45	24	15	15	3	0	102	4.45%	5
Other	Gastro-Intestinal	19	19	20	0	9	12	79	3.45%	2
Mental Health	Anxiety/Depression	20	19	1	0	0	0	40	1.74%	1
Other	Sickness/Diarrhoea	12	0	0	0	0	0	12	0.52%	1

### Top 10 absence type for Short Term Uncertified sickness (up to 7 calendar days)

Group	Absence type	Apr	May	Jun	Jul	Aug	Sep	Total	%	Occurrences
Other	Sickness/Diarrhoea	24	21	13	32	34	20	144	14.57%	87
Musculoskeletal	Back	22	22	17	12	24	3	100	10.12%	36
Various	Flu	23	3	12	3	7	32	80	8.10%	32
Various	Cold	2	17	17	10	7	17	70	7.09%	34
None	None of These	12	1	10	14	6	23	66	6.68%	29
Other	Gastro-Intestinal	10	10	19	10	8	7	64	6.48%	32
Musculoskeletal	Lower Limb	12	0	11	5	18	6	52	5.26%	21
Other	Headache/Migraine	11	5	3	3	13	9	44	4.45%	25
Respiratory	Chest Infection	3	22	7	0	11	0	43	4.35%	16
Musculoskeletal	Other Musculoskeletal	10	2	5	2	13	10	42	4.25%	15

## 5. CONCLUSION

- 5.1 To date, the Service has seen an overall improvement in the absence levels in 2010/11, however, August and September saw an increase over the previous year and we therefore need to continue to monitor and take management action to ensure we remain below the target and previous year's performance.

**Jane Sherlock**  
**DIRECTOR OF PEOPLE AND ORGANISATIONAL DEVELOPMENT**