



DEVON & SOMERSET FIRE & RESCUE AUTHORITY

REPORT REFERENCE NO.	HRMDC/11/1
MEETING	HUMAN RESOURCES MANAGEMENT & DEVELOPMENT COMMITTEE
DATE OF MEETING	21 JANUARY 2011
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 agenda for the Human Resources Management and Development Committee. This report includes an update of the Service performance for 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.
APPENDICES	None
LIST OF BACKGROUND PAPERS	None

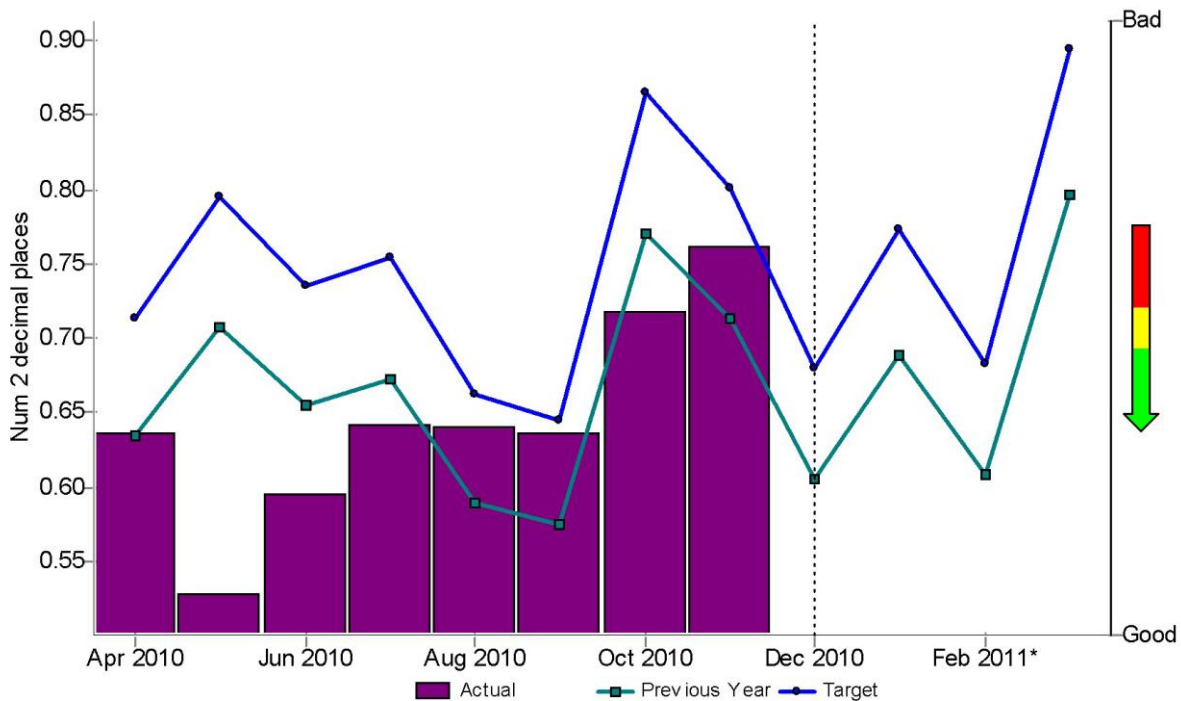
1. **INTRODUCTION**

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 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, our actual level for 2010/11 is 5.15 days/shifts lost per person compared with the previous year when it was as at an average of 5.32 days per person. This is 13.7% better than our target level at this point in the year but only 3.1% less than last year. Whilst we remain on track to be below the year end target of 9 days/shifts we are unlikely to make any significant improvement on the absence level for 2009/10 of 8.02 days.

All Staff – Sickness Rates per Person – by Month

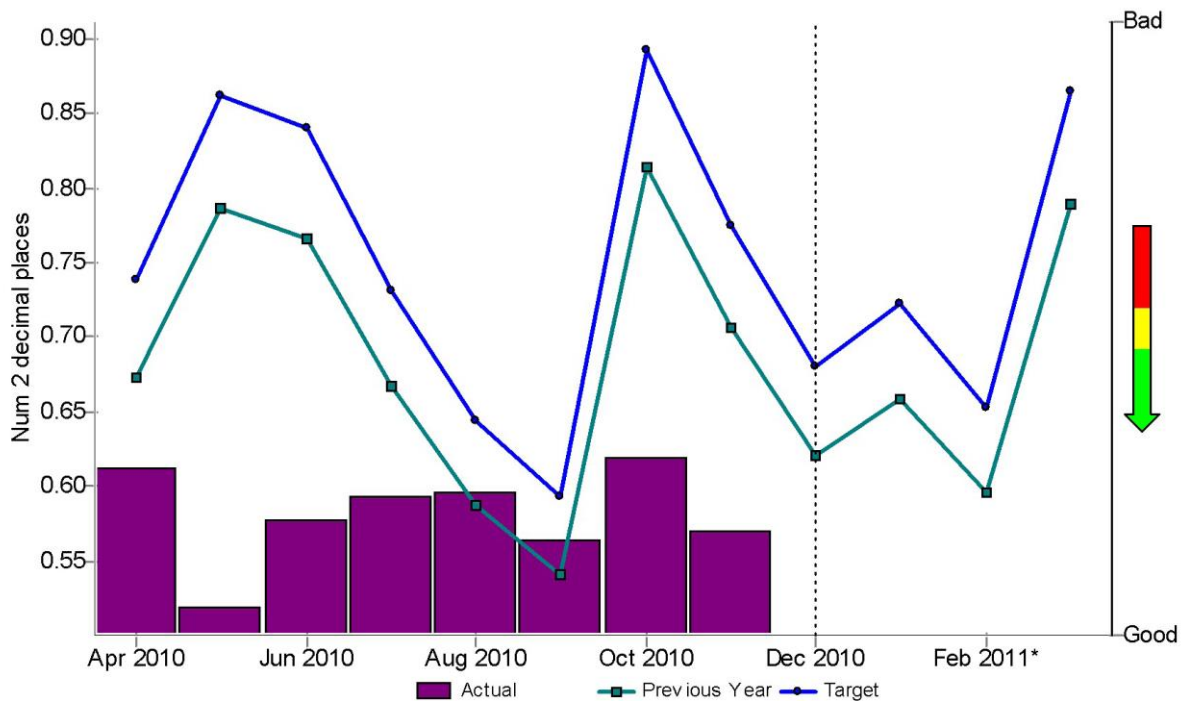


	Actual 10/11	Previous Year 09/10	% variance on previous year	% variance on target
Apr-10	0.64	0.64	0.0%	-10.9%
May-10	0.53	0.71	-25.5%	-33.6%
Jun-10	0.58	0.66	-9.2%	-19.2%
Jul-10	0.63	0.67	-5.9%	-16.2%
Aug-10	0.64	0.59	8.1%	-3.7%
Sep-10	0.62	0.57	7.6%	-4.2%
Oct-10	0.72	0.77	-6.9%	-17.1%
Nov-10	0.76	0.71	6.7%	-5%
YTD	5.15	5.32	-3.1%	-13.7%

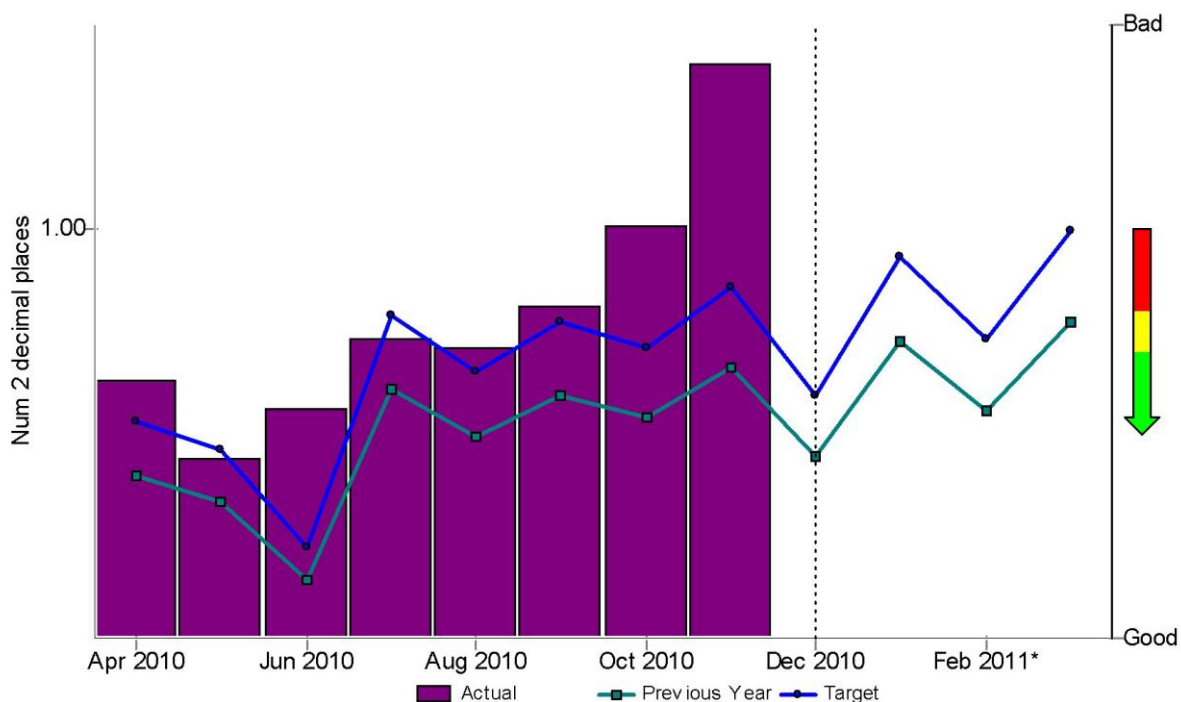
2.2

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 excellent reduction compared with last year but this is not reflected in the overall performance due to the levels of absence in Control and Non-uniformed staff. Non-uniformed staff have seen an increase over several months and Control remain beyond our target levels.

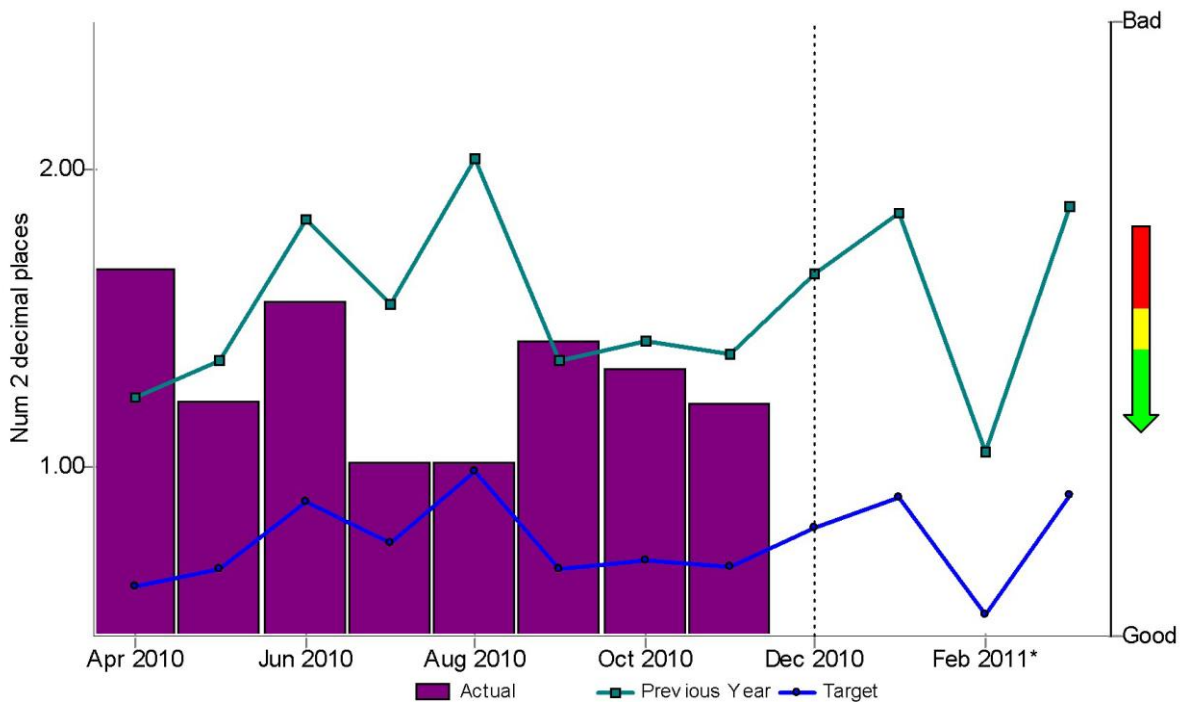
Uniformed Staff Sickiness Rates by Month 2010/11



Non-uniformed Staff Sickiness Rates by Month 2010/11



Control Staff Sickness Rates by Month 2010/11



- 2.3 The overall performance levels that are reported through the Service Improvement Group are shown below and these reflect the higher absence levels amongst Non-uniformed staff.

Sickness & Ill Health		Actual	Previous Year	% Variance
	Sickness Rates - Long Term - All Staff	2.95	2.94	0.4%
	# Days/shifts lost LT - All Staff	3058	2938	4.1%
	Sickness Rates - ST Cert - All Staff	0.75	0.85	-11.3%
	# Days/shifts lost STcert - All Staff	778	846	-8.0%
	Sickness Rates - ST Uncert - All Staff	1.45	1.53	-5.5%
	# Days/shifts lost STuncert - All Staff	1501	1532	-2.0%
	Uniformed Sickness Rate	4.65	5.54	-16.1%
	# Days/shifts lost - Uni total	3606	4180	-13.7%
	Sickness Rates - Non Uniformed	6.64	4.62	43.7%
	# Days/shifts lost - Non Uni	1731	1136	52.4%

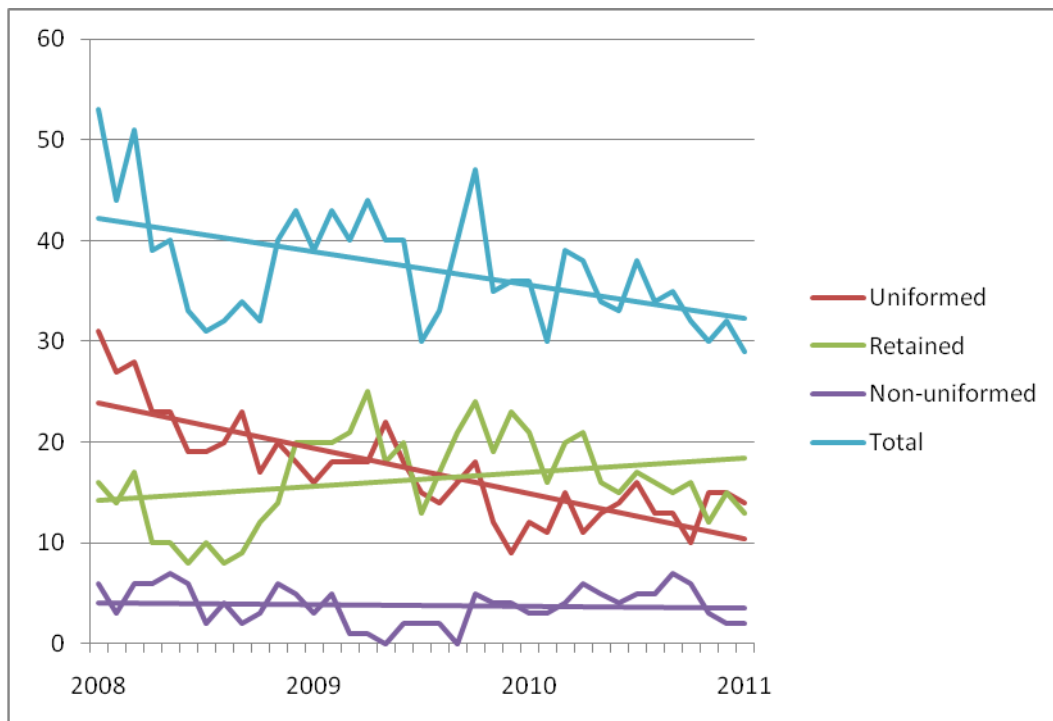
3. DETAILED BREAKDOWN OF LONG TERM SICKNESS

- 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 shown an improvement over the year particularly with the Retained staff. The overall number of staff who have been long term sick going back to 2008 shows a downward trend. Uniformed (Wholetime and Control) show a downwards trend whilst the Non-uniformed shows a flat-line trend. The Retained show an increase in the trend line.

2010/11 Long-term Sickness

Number of staff	Jan	Feb	Mar	Apr	May	Jun
Uniformed	12	11	15	11	13	14
Retained	21	16	20	21	16	15
Non-uniformed	3	3	4	6	5	4
Total	36	30	39	38	34	33

Number of staff	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Uniformed	16	13	13	10	15	15	14
Retained	17	16	15	16	12	15	13
Non-uniformed	5	5	7	6	3	2	2
Total	38	34	35	32	30	32	29



Long-term Sickness 2008 to 2011 – Number of Staff

3.3

The Long term sickness 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 as requested by members. These are shown below for August and November 2010 and January 2011 which is when we have had previous HRMD Committees. The performance has been good in this area with the number of cases reducing from 16 to 12 to 6.

Aug-10

Number of staff	>6 mths	>12 mths	>18 mths	>24 mths	Total
Uniformed	4	0	0	2	6
Retained	2	1	1	3	7
Non-uniformed	2	0	0	1	3
Total	8	1	1	6	16

Nov-10

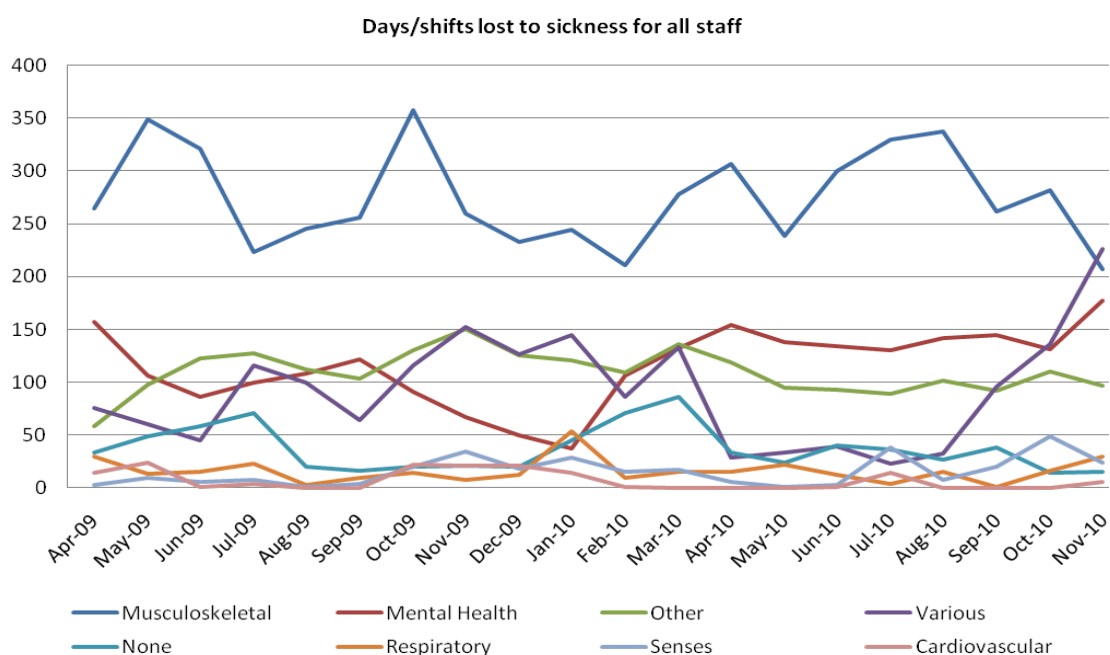
Number of staff	>6 mths	>12 mths	>18 mths	>24 mths	Total
Uniformed	2	1	0	2	5
Retained	1	1	2	1	5
Non-uniformed	2	0	0	0	2
Total	5	2	2	3	12

Jan-11

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

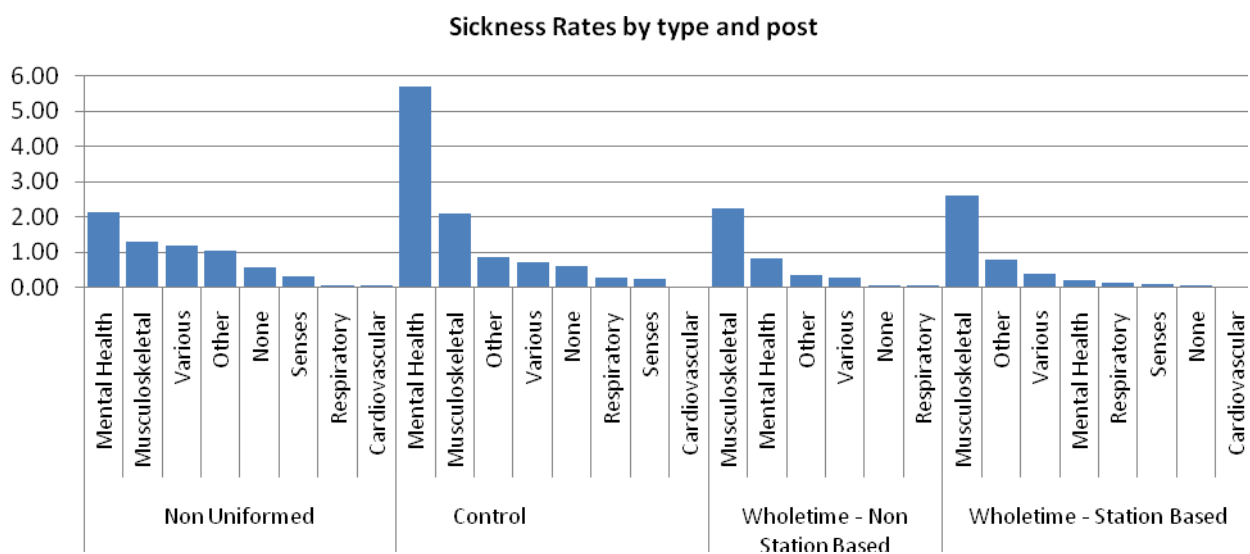
4. CAUSES OF ABSENCE

4.1 The main causes of absence remain due to Musculoskeletal problems and include a variety of problems including back, knee, shoulder pain. Mental Health problems continue to show an increase as does the 'various' category. The 'various' category includes colds, flu, dental and sore throats.



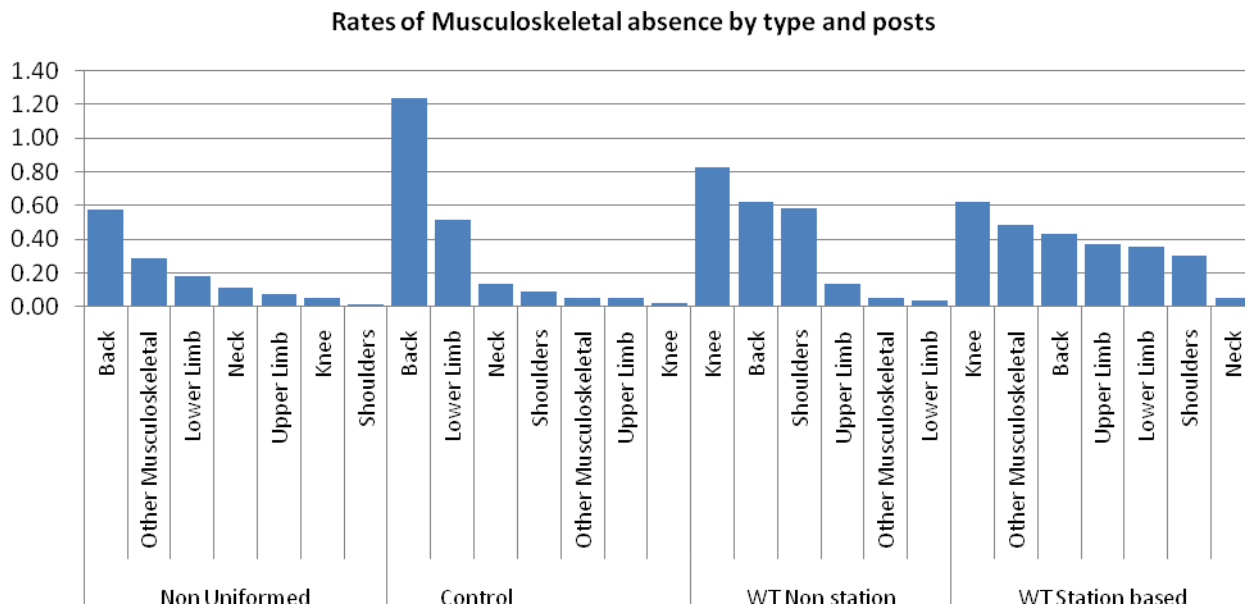
- 4.2 The Service has also done some further analysis to break down the types of sickness by the different post types. As the number of staff for each post type is very different, the graphs have been produced using the sickness rates (number of days/shifts lost per full time equivalent (FTE)). This gives the ability to look at Non-uniformed, Control, Wholetime Station based staff and Wholetime Non-station based staff (includes staff based at SHQ, Service Training Centre, Group Support Teams etc).
- 4.3 When looking at the following graph below it identifies that Control have had a particularly high level of Mental Health absences, this is actually 12 occurrences but as Mental Health often becomes long term sickness the rate is higher at 5.68 days/shifts per FTE. Musculoskeletal absences for control have a rate of only 2.1, however there have been 21 occurrences.
- 4.4 For Non-uniformed staff again Mental Health is highest with a rate of 2.13 days per FTE and 18 occurrences, compared to the musculoskeletal rate of 1.29 but 43 occurrences.
- 4.5 For Wholetime staff the picture is the opposite, with station based staff having a rate of 2.61 days and 157 occurrences for musculoskeletal absences and mental health having a rate of 0.2 and only 11 occurrences. Non-station based staff also have high musculoskeletal absences with a rate of 2.25 and 21 occurrences, however mental health is higher than station based staff with a rate of 0.83, however there has only been 5 occurrences.

Long Term Sickness by type of Sickness



- 4.6 When looking at the Musculoskeletal absences a further breakdown identifies again a difference in the trend between more office based roles and those that are on stations. The more office based roles (Non-uniformed and control) both have back problems as the biggest cause for absence, there have been 11 Non-uniformed absences due to back problems and 9 in control.

- 4.7 For Wholetime station based staff knee injuries tend to have longer term impacts so although there are 22 occurrences compared to 35 absences due to back problems this comes out as the highest rate, although all types of musculoskeletal problems are high. For the non-station based wholetime staff the same pattern shows with only 3 knee problems causing the higher rate of 0.83 compared to the 9 absences due to back injury with a rate of 0.62.
- 4.8 Only 3.6% of all sickness is recorded as work related. Only 2.4% of musculoskeletal sickness is recorded as work related.



5. CONCLUSION

- 5.1 To date, the Service has maintained an overall absence level just below last year. The Service continues to monitor and take management action to ensure that we remain below the target level and the 2009/10 absence level.

Jane Sherlock
DIRECTOR OF PEOPLE AND ORGANISATIONAL DEVELOPMENT