



DEVON & SOMERSET FIRE & RESCUE AUTHORITY

REPORT REFERENCE NO.	HRMDC/12/5
MEETING	HUMAN RESOURCES MANAGEMENT & DEVELOPMENT COMMITTEE
DATE OF MEETING	19 MARCH 2012
SUBJECT OF REPORT	ABSENCE MANAGEMENT & HEALTH OF THE ORGANISATION
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 Human Resources Management and Development (HRMD) Committee agenda. This report includes an update of the Service performance for absence levels. In addition, the Committee have sought to consider wider aspects which are linked to the overall health of the organisation.
RESOURCE IMPLICATIONS	
EQUALITY RISK & BENEFITS ASSESSMENT	The Absence Management policy has had an equality impact assessment.
APPENDICES	None
LIST OF BACKGROUND PAPERS	None

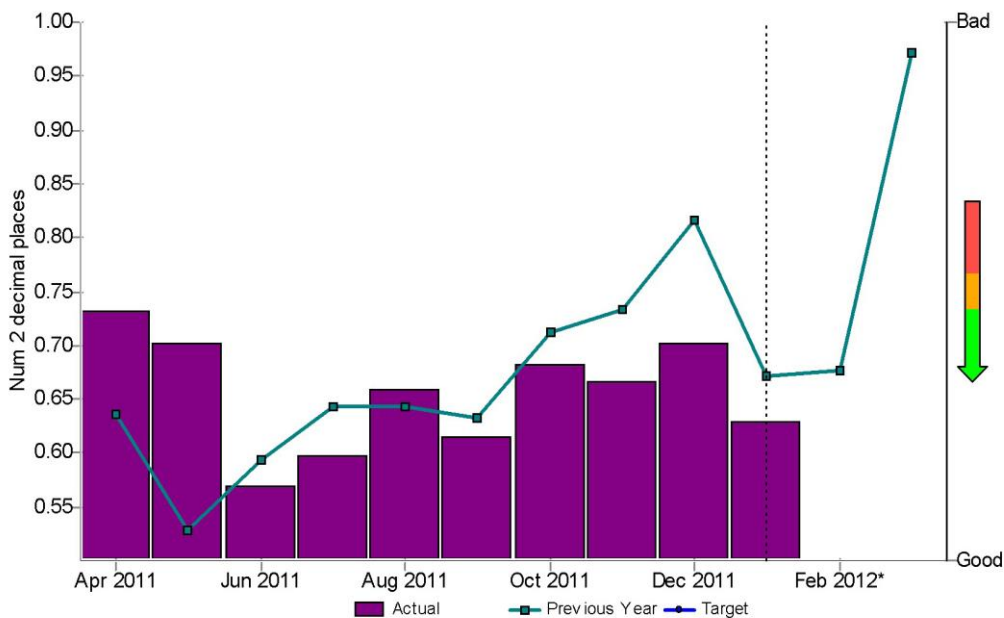
1. INTRODUCTION

1.1 Absence levels have previously been identified as a key measure as they affect the efficiency and the effectiveness of the Service. The Human Resources Management and Development (HRMD) Committee have therefore determined that this measure will be monitored and reviewed as a standing item. The Service has also taken a wider view of the general Health of the Organisation but these measures are generally longer term and having reported on them in January 2012 it would seem sensible to next review these in the financial year 2012/13.

2. 2011/12 ABSENCE PERFORMANCE

2.1 The current actual level for 2011/12 is 6.55 days/shifts lost per person compared with the previous year when it was as at an average of 6.60 days per person. This rate has been improving throughout the year from a poor start when we were 12.7% worse than the previous year to where we are now at a point of being 0.8% better than last year.

All Staff – Sickness Rates per Person – by Month

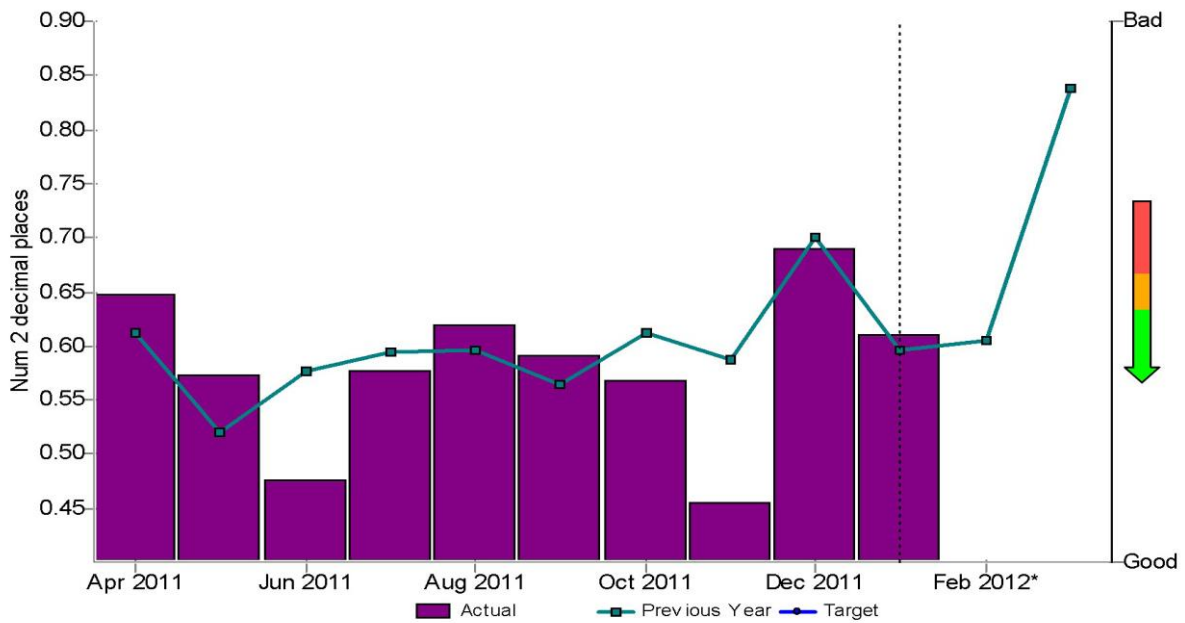


	Actual 11/12	Previous Year 10/11	% variance on previous year
Apr-11	0.73	0.64	(15.1%)
May-11	0.70	0.53	(32.8%)
Jun-11	0.57	0.59	4.2%
Jul-11	0.60	0.64	7.2%
Aug-11	0.66	0.64	(2.5%)
Sep-11	0.61	0.63	2.9%
Oct-11	0.68	0.71	0.0%
Nov-11	0.67	0.73	2.2%
Dec-11	0.70	0.82	14.1%
Jan-12	0.63	0.67	6.5%
Feb-12			
Mar-12			
YTD	6.55	6.60	0.8%

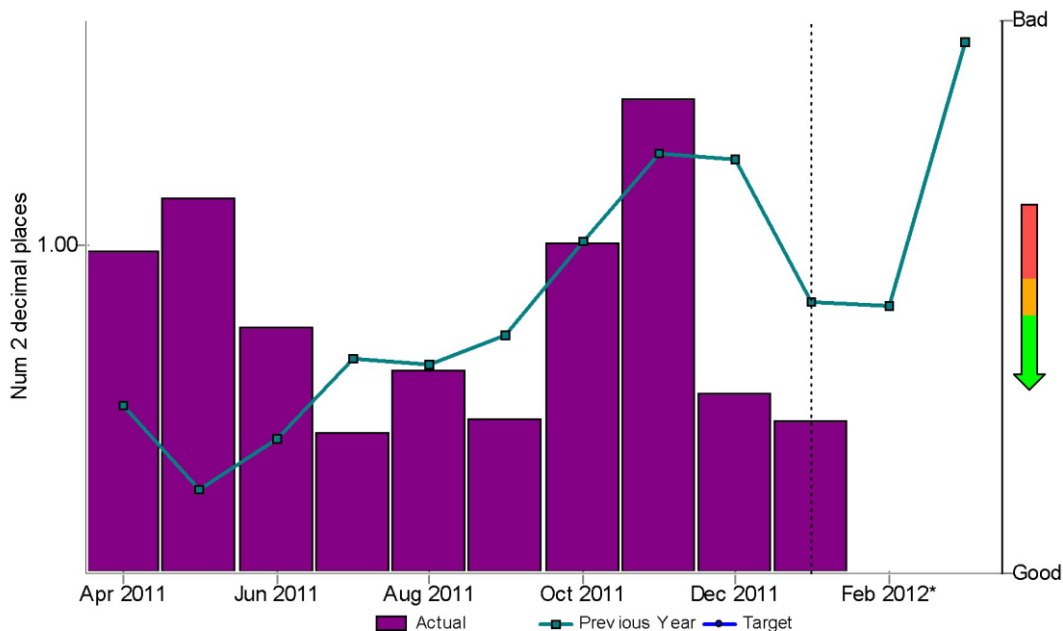
2.3

The Service can break down the figures by staff category and the rates for Uniformed, Control and Support staff are shown below.

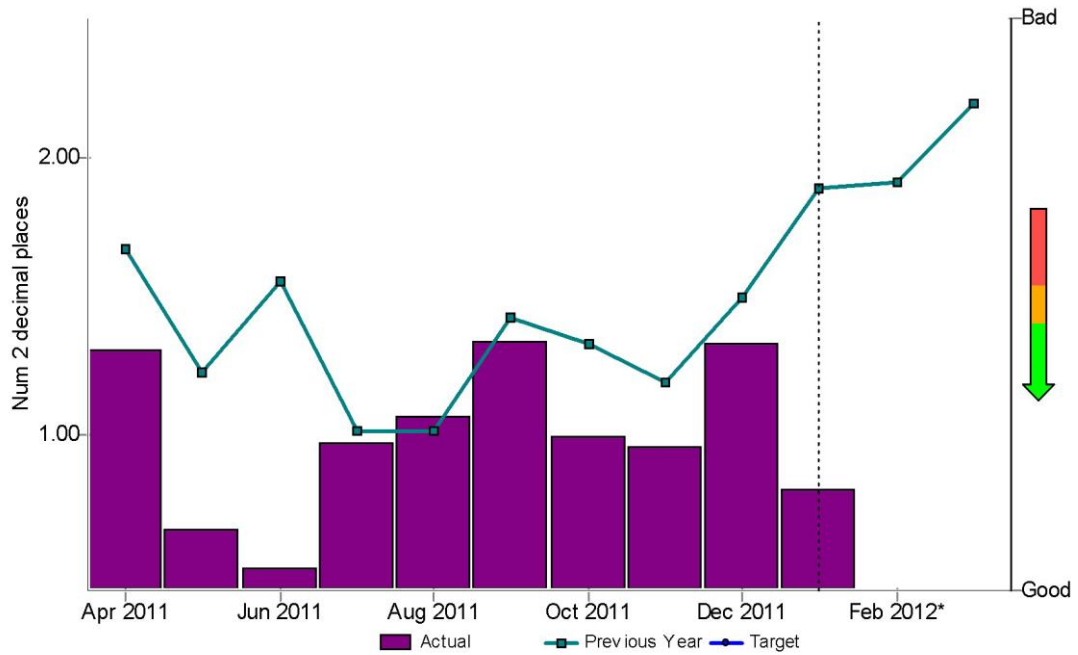
Uniformed Staff Sickness Rates by Month 2011/12



Support Staff Sickness Rates by Month 2011/12



Control Staff Sickness Rates by Month 2011/12



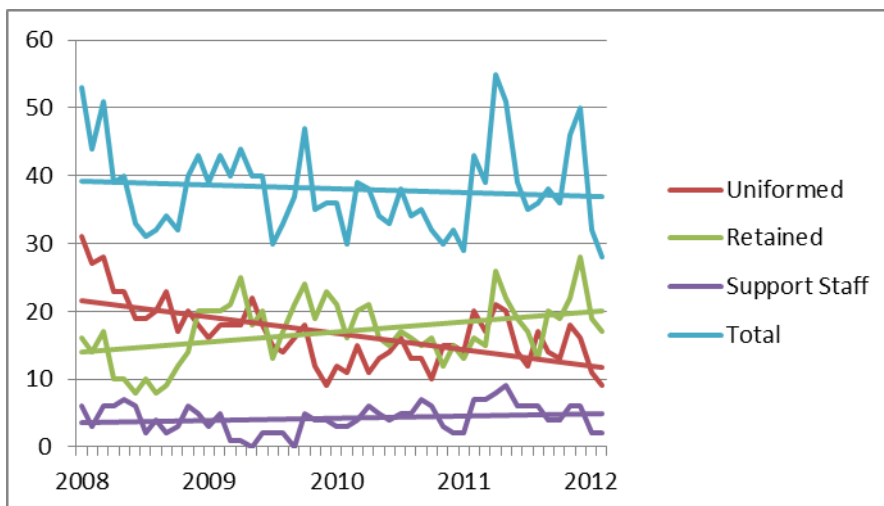
3. DETAILED BREAKDOWN OF LONG TERM SICKNESS

3.1 The monitoring of long term sickness i.e. those over 28 days, is reported on a monthly basis and includes those who are long term sick and those on restricted duties.

2011/12

Number of staff	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Uniformed	21	20	14	12	17	14	13	18	16	11	9	
Retained	26	22	19	17	13	20	19	22	28	19	17	
Support Staff	8	9	6	6	6	4	4	6	6	2	2	
Total	55	51	33	38	34	38	36	46	50	38	28	

Long-term Sickness 2008 to February 2012 – Number of Staff

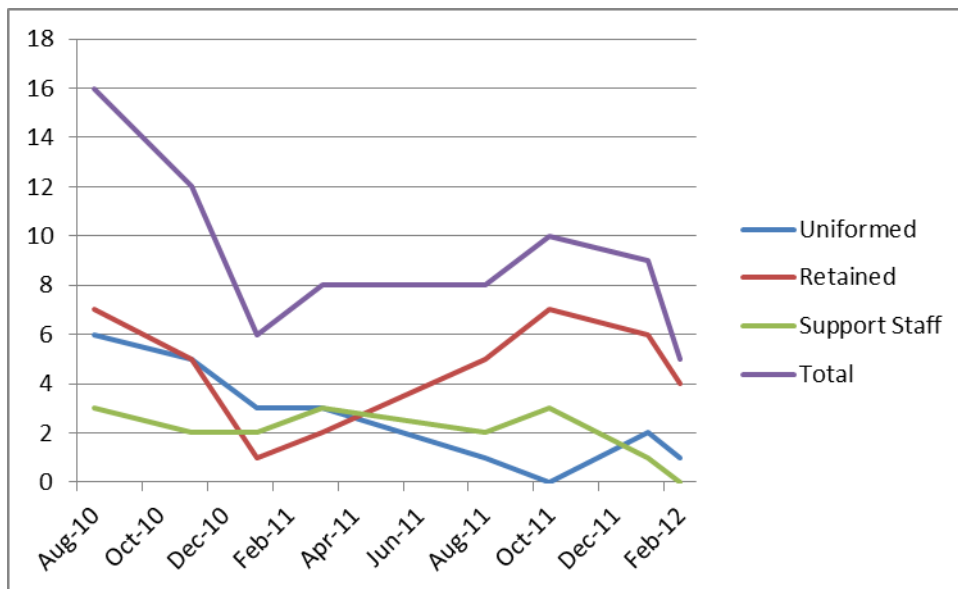


3.2 The Long term sickness can then be further broken down for staff with absences that have been ongoing for a period longer than 6, 12, 18 and 24 months.

Feb-12

Number of staff	>6 mths	>12 mths	>18 mths	>24 mths	Total
Uniformed	1	0	0	0	1
Retained	2	1	0	1	4
Support Staff	0	0	0	0	0
Total	3	1	0	1	5

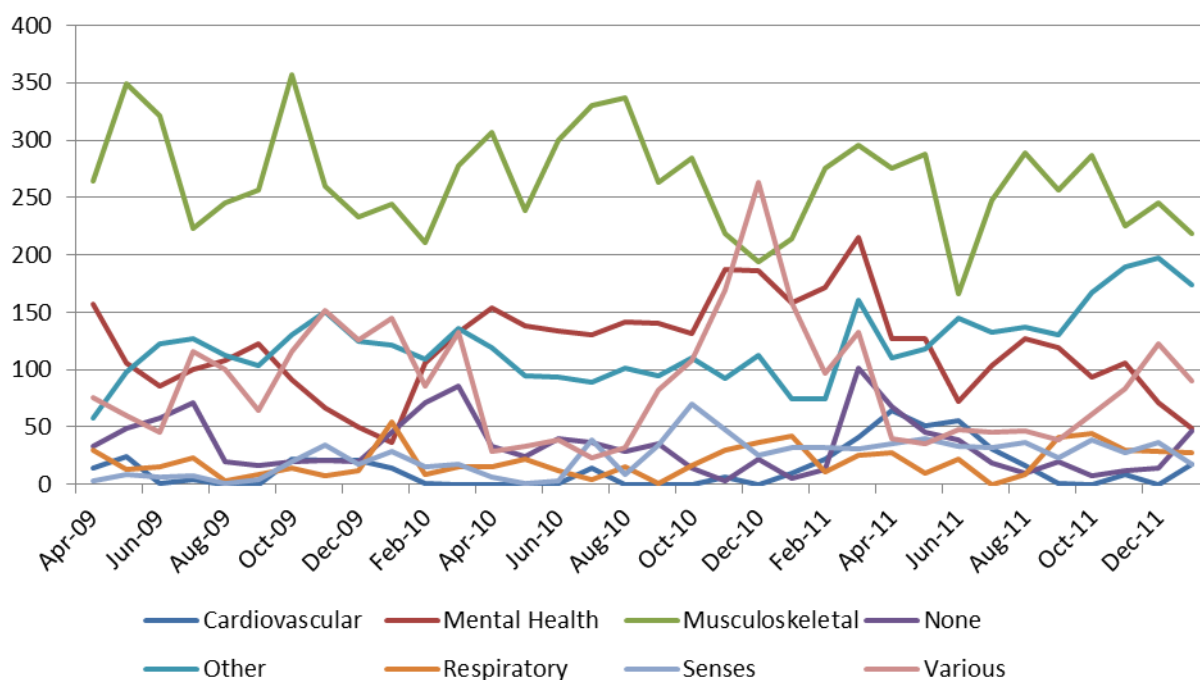
Long-term Sickness – Number of Staff with greater than 6 months sickness



4. REASONS FOR SICKNESS ABSENCE

4.1 The graph below show the reason categories for sickness. The ‘Other’ category includes sickness relating to neurological (headaches/migraines) and Gastro intestinal (sickness/diarrhoea whilst) ‘Various’ includes colds, flu and dental. Both of these categories increased from September to December but have seen a decrease during January.

Days/shifts lost to sickness for all staff



5. MENTAL HEALTH

- 5.1 It is recognised that there is a close link between wellbeing and personal performance. People who feel well will generally perform better than people who do not feel well.
- 5.2 The Service has counselling contracts in place and the number of sessions is shown below. An individual will have multiple sessions to assist them with their mental health issue.

Devon Counselling

	No of Sessions
2007/8	134
2008/9	180
2009/10	237
2010/11	261
2011/12 (Apr – Dec)	130

Somerset Counselling

	No of Sessions
2007/8	176
2008/9	143
2009/10	153
2010/11	304
2011/12 (Apr – Feb)	431

6. CONCLUSION

- 6.1 For the year to date, the Service absence levels are lower than the same period in the previous year. The Health of the Organisation continues to be an important aspect of the wider issues that should be considered by the Service and Authority on our journey to excellence.

JANE SHERLOCK
Director of People and Organisational Development