

report

meeting	NOTTINGHAMSHIRE AND CITY OF NOTTINGHAM FIRE & RESCUE AUTHORITY	
	PERSONNEL COMMITTEE	
date	24 February 2006	agenda item number

REPORT OF THE CHIEF FIRE OFFICER

SERVICE SICKNESS LEVELS

1 PURPOSE OF REPORT

The purpose of this report is to provide further updated feedback and information to the Personnel Committee concerning sickness levels within the Service, following reports previously presented on 29 July 2005 and 14 January 2005.

2 BACKGROUND

The reports referred to above alerted Members to major issues relating to the levels of sickness occurring within the Service, in particular across wholetime firefighters. Since July, developments have been progressed aimed at putting in place appropriate structures and systems to address the issue of absenteeism in the longer term.

3 REPORT

- 3.1 The report in July 2005 indicated that the Service was exploring the option of engaging a third party to externally manage a centralised system of notification, recording and monitoring of sickness absence. Following consultation with representative bodies, on 14 November 2005 the Service introduced First Care, initially for a three month pilot period. First Care provides a service to record initial notification of sickness absence to a qualified nurse, with ongoing contact and support to those who are ill. The aim is to achieve a quicker return to work through effective treatment advice. First Care also undertakes monitoring of individual absence.
- 3.2 Towards the end of 2005, resources from within Human Resources and Information Services were identified to pull together a dedicated team of people, working within Human Resources, to work specifically on monitoring sickness cases and to provide ongoing support and training to managers on stations across the organisation in managing sickness absence. The Attendance and Discipline Team will also be working to ensure that action is taken in dealing with individuals with poor attendance records in line with the sickness absence and disciplinary policies.
- 3.3 The implementation of the First Care system is in its early stages, however it is already apparent that reporting of absence is far more accurate than was previously the case and that the range and quality of the data available to managers about sickness far exceeds our previous capability. For example, the level of disclosure of the reasons for absence now exceeds 90% (previously reasons for disclosure of absence was less than 10%). The system also allows us to access the information broken down into individual units, or as we define. The impact and benefits of using First Care will be reviewed during the next review period, to establish whether the

pilot has achieved any success and whether the Service should continue to use the services of First Care as an integral part of the attendance management strategy.

- 3.4 From the First Care data, the Service has identified all employees who have met the 'triggers' (detailed within the sickness absence policy as twelve or more days/three or more episodes in a six month period). The list of names produced identifies 156 employees who have met the 'triggers' in that timescale. Of the 156, eleven members of staff have left or are about to leave the Service. Of the remainder we are currently confirming the actions being taken by management at a local level in terms of monitoring and managing cases in order to bring about early resolution. 32 of the 156 are wholtime firefighters who have also had 30 or more shifts lost to sickness in the previous two year period.
- 3.5 The numbers of employees who have reached the trigger levels indicates that, whilst the Service may feel there has been some very limited success in pockets of the organisation in our attempts to manage sickness absence, across the Service, sickness absence remains unacceptably high. As a next step, the Attendance and Discipline Team have already written to all line managers of individuals who have met the trigger points to clarify what action has been taken, as required within the sickness absence policy, by the line managers in managing the absenteeism. Work will then be undertaken with the line managers responsible and the relevant District Managers in 'managing' through all aspects of the case, including investigation, referral to the occupational health physician, monitoring, or ultimately disciplinary action. Each individual case will be tracked and monitored on an ongoing basis.
- 3.6 Training for line managers on absence management has now been incorporated into the management development programme.
- 3.7 The Service provides a quarterly report on sickness absence which is the basis of information contained in BVPI 12(i) and BVPI(ii). The quarterly report to the end of December 2005 is attached as Appendix 1. The report again indicates an overall increase in sickness absence as compared to the previous quarter and the same quarter in 2004. Compared to last year, whilst there is a decrease in the level of short term absence (217 days), the levels of long term absence have increased (374 days), as has the level of non-uniformed sickness absence (290 days). The figures of long-term absence are impacted by a number of individual cases :
- Six individuals who are to be retired on the grounds of permanent ill-health following recommendations from an independent medical physician ;
 - Three individuals who have access to one year's occupational full pay because of 'industrial injury' have all been absent for more than six months.

There are also a potential further six individual cases who are seeking ill-health retirement from the Service, but do not currently meet the criteria as permanently unfit. These individuals have all been absent from work for more than six months and are in an ongoing process of referral to the occupational health physician. Following the marked increase in non-uniformed sickness absence, levels of absenteeism amongst this group will also be investigated further and action taken where appropriate.

4 FINANCIAL IMPLICATIONS

Based on current sickness figures, it is estimated that the cost to the Authority of shifts lost across wholtime firefighters is currently running at £2.7m for the last three years. This figures does not include sickness absence in Control or for non-uniformed employees. In addition there are real costs associated with the management of absence including the provision of First Care services.

5 PERSONNEL IMPLICATIONS

The personnel implications are as contained within the report. High levels of sickness not only incur considerable financial cost, but have considerable impact on employees' ability to access leave and on the well-being of colleagues and team members.

6 EQUALITY IMPACT ASSESSMENT

An initial impact assessment has revealed there are no specific issues of equality arising from this report.

7 RISK MANAGEMENT IMPLICATIONS

High levels of sickness can have an impact on the Service's ability to maintain crewing levels and appliance availability.

8 RECOMMENDATIONS

8.1 That Members note the contents of the report.

8.2 That the review of First Care provision and detailed performance measurement are presented to the next meeting of the Personnel Committee for consideration.

8.3 That ongoing reports are presented to the Personnel Committee periodically to keep Members informed of the situation.

9 BACKGROUND PAPERS FOR INSPECTION

None.

Paul Woods
CHIEF FIRE OFFICER

**QUARTERLY BMT ABSENCE REPORT
OCTOBER – DECEMBER 2005**

Purpose of the Report

The information provided for BVP12 (whole-time and non uniformed sickness absence) quantifies information in terms of shift/working days lost and average days lost per person. However it does not provide detail in terms of the % of time lost, nor does it show a breakdown by long term or short term absence or indeed where absence has occurred. It also determines absence using the financial year rather than a whole year (Jan-Dec).

The purpose of this report is to provide more detailed analysis of absence during the period (quarter) October - December 2005.

Terms

Long term absence is defined as any single period of absence resulting in more than 28 days absence. Short term absence refers to periods of absence less than 28 days in duration. All long term absence is medically certified. Short term absence may either be self-certified or medically certified (after 8 days).

Absence for Uniformed Personnel

This includes whole-time and control personnel but does not include retained personnel. The figures are analysed by work group (riders, flexi duty officers and day duty officers).

Table 1 summarises absence for riders:

Period	Long Term Absence (shifts days)	Short Term Absence (shifts days)	Total Absence (shift days)	% Time Lost	Average per person	Absence Target (BVPI annual target 8 shifts lost per person)	(+/-)	Upper threshold (BVPI annual target 8.5 shifts lost per person)	(+/-)	Lower Threshold (BVPI annual target 7.5 shifts lost per person)	(+/-)
Jan - March	508	826.5	1334.5	6.44	2.88	2.00	+0.88	2.125	+0.755	1.875	+1.005
April – June	653	741	1394	7.07	3.20	2.00	+1.20	2.125	+1.075	1.875	+1.325
July – September	644	732	1376	6.93	3.15	2.00	+1.15	2.125	+1.025	1.875	+1.275
October - December	966	584	1550	8.02	3.65	2.00	+1.65	2.125	+1.525	1.875	+1.775

Sickness levels show an increase on the previous quarter of (+174) shifts lost to both long and short term sickness. The figure is also slightly above that recorded for the equivalent quarter 2004 by (+117.5) shifts. This is due to an increase in shifts lost to long term sickness of (+322) shifts. Shifts lost to short term sickness has shown an actual fall of (-148) shifts lost. It is pleasing to observe this figure is also lower than that recorded for the equivalent quarter of 2004 with a reduction of (-313.5) shifts lost to short term absence, a reduction of 34.9%

The figure is (+1.65) above the quarterly BVPI absence target of an average 2 shifts lost and is also above the upper threshold target by (+1.525) and the lower threshold target by (+1.775).

A breakdown of absence by station (riders and day duty officers) is attached as appendices to this document.

Table 2 summarises absence for flexi-duty officers:

Period	Long Term Absence (shift days)	Short Term Absence (shift days)	Total Absence (shift days)	% Time Lost	Average per person	Absence Target (BVPI annual target 8 shifts lost per person)	(+/-)	Upper threshold (BVPI annual target 8.5 shifts lost per person)	(+/-)	Lower Threshold (BVPI annual target 7.5 shifts lost per person)	(+/-)
Jan - March	0	11	11	0.45	0.23	2	-1.77	2.125	-1.895	1.875	-1.645
April - June	8.5	57	65.5	3.15	1.64	2	-0.36	2.125	-0.845	1.875	-0.235
July - September	18	6	24	1.05	0.55	2	-1.45	2.125	-1.575	1.875	-1.325
October - December	22	6	28	0.96	0.63	2	-1.37	2.125	-1.495	1.875	-1.245

There has been a slight increase of (+4) total shifts lost to sickness on the previous quarter, which is attributable to an increase of (+4) shifts lost to long term sickness absence. Short term sickness absence remained unchanged. The figures shows a decline of (-28) shifts on the equivalent quarter in 2004.

The figure remains below the Service BVPI quarterly target of 2 shifts lost per person by (-1.37).

Table 3 summarises absence for day duty officers:

Period	Long Term Absence (shift days)	Short Term Absence (shift days)	Total Absence (shift days)	% Time Lost	Average per person	Absence Target (BVPI annual target 8 shifts lost per person)	(+/-)	Upper threshold (BVPI annual target 8.5 shifts lost per person)	(+/-)	Lower Threshold (BVPI annual target 7.5 shifts lost per person)	(+/-)
Jan - March	48	29	77	2.44	1.41	2.00	-0.59	2.125	-0.715	1.875	-0.465
April - June	41	71.5	112.5	3.32	1.94	2.00	-0.06	2.125	-0.185	1.875	-0.065
July - September	59	120	179	4.82	2.82	2.00	+0.82	2.125	+0.695	1.875	+0.945
October - December	91	45	136	3.80	2.25	2.00	+0.25	2.125	+0.125	1.875	+0.375

The total number of shifts lost to long and short term sickness has shown a decrease on the previous quarter of (-43) shifts on the previous quarter, an increase of 24%. The figures also show a decrease on the equivalent quarter for 2004 of (-32) shifts.

The Service has failed to meet the quarterly BVPI target for this period amongst this category of staff by (+0.25)

Table 4 summarises absence for uniformed officers (excluding control):

Period	Long Term Absence (days)	Short Term Absence (days)	Total Absence (days)	% Time Lost	Average per person	Absence Target (BVPI annual target 8 shifts lost per person)	(+/-)	Upper threshold (BVPI annual target 8.5 shifts lost per person)	(+/-)	Lower Threshold (BVPI annual target 7.5 shifts lost per person)	(+/-)
Jan - March	556	866.5	1422.5	4.89	2.51	2.00	+0.51	2.125	+0.385	1.875	+0.635
April - June	751	821	1572	5.61	2.91	2.00	+0.91	2.125	+0.785	1.875	+1.035
July - September	721	858	1579	5.56	2.89	2.00	+0.89	2.125	+0.765	1.875	+1.015
October - December	1079	635	1714	5.35	3.04	2.00	+1.04	2.125	+0.915	1.875	+1.165

The level of shifts lost to long and short term sickness has slightly increased on the previous quarter with a slight increase of (+135) shifts. The figure is above the equivalent quarter in 2004 with an increase of (+57.5) shifts lost to long and short term sickness. However, the rise in sickness is attributable to an increase in the level of shifts lost to long term sickness of (+358). It is pleasing to note, however, that this figure is offset by a fall in the level shifts lost to short term sickness of (-223). In comparison with the equivalent quarter for 2004 the level of long term sickness has shown a significant increase of (+415) shifts lost, but a decline in the level of shifts lost to short term sickness of (-357.5).

All long term sickness cases continue to be managed in line with the Absence Policy. It is hoped that the level of long term sickness will show a fall through 2006.

The Service has failed to achieve the quarterly BVPI target for this period by (+1.04).

Absence for Control Personnel

Table 5 summarises absence for control staff:

Period	Long Term Absence (shift days)	Short Term Absence (shift days)	Total Absence (days)	% Time Lost	Average per person	Absence Target (BVPI annual target 8 shifts lost per person)	(+/-)	Upper threshold (BVPI annual target 8.5 shifts lost per person)	(+/-)	Lower Threshold (BVPI annual target 7.5 shifts lost per person)	(+/-)
Jan - March	166	53	219	19.58	8.76	2.00	+6.76	2.125	+6.635	1.875	+6.885
April -June	92	29	121	9.55	4.32	2.00	+2.32	2.125	+2.195	1.875	+2.445
July – September	48	21	69	5.08	2.30	2.00	+0.30	2.125	+0.175	1.875	+0.425
October - December	64	27	91	6.45	2.94	2.00	+0.94	2.125	+0.815	1.875	+0.25

The level of sickness absence in the Control Section showed an increase in the total shift days lost to long and short term sickness of (+22) shifts, a rise of 31% on the previous quarter with a slight increase of (+16) and (+6) shifts lost to long and short term sickness respectively. However, the figure shows a fall on total shifts lost of (-19) shifts on the equivalent quarter for 2004.

The Service has failed to achieve the BVPI quarterly target of 2 shifts per person by (+0.94).

Absence for Non-Uniformed Personnel

Table 6 summarises absence for non-uniformed staff:

Period	Long Term Absence (shift days)	Short Term Absence (shift days)	Total Absence (shift days)	% Time Lost	Average per person	Absence Target 7 Shifts lost per Person (based on private sector average)	(+/-)
Jan - March	37.41	219.83	257.24	3.03	1.93	1.75	+0.18
April - June	70.41	169.59	240	2.87	1.71	1.75	+0.04
July - September	113.7	158.55	272.25	3.25	1.92	1.75	+0.17
October – December	288.16	273.73	561.89	6.59	3.90	1.75	+2.15

The level of shifts lost to long and short term sickness has shown a disappointing increase of (+289.64) shifts. This increase is the result of a rise of (+174.46) and (+115.18) shifts lost to long and short term sickness respectively a total increase of 106% . The figure also shows a rise on the equivalent quarter for 2004 of (+259.51) shifts lost.

The Service failed to meet the quarterly target of 1.75 shifts lost by (+2.15).

A breakdown of absence by department is attached as appendices to this document.

Absence for all Personnel

Table 7 summarises absence for all staff for 2005:

Period	Long Term Absence (days)	Short Term Absence (days)	Total Absence (days)	% Time Lost	Average per person	Absence Target (BVPI annual target 8.5 shifts lost per person)	(+/-)	Upper threshold (BVPI annual target 9 shifts lost per person)	(+/-)	Lower Threshold (BVPI annual target 8 shifts lost per person)	(+/-)
Jan- March	759.41	1139.33	1898.74	5.54	2.63	2.125	+0.505	2.25	+0.38	2.00	+0.63
April - June	913.41	1019.59	1933	5.55	2.76	2.125	+0.635	2.25	+0.51	2.00	+0.76
July – September	882.70	1037.55	1920.25	5.40	2.68	2.125	+0.555	2.25	+0.43	2.00	+0.68
October - December	1431.16	935.73	2366.89	6.62	3.36	2.125	+1.235	2.25	+1.11	2.00	+1.36

The sickness absence figures for all staff shows a slight increase on the previous quarter with an increase in the percentage time lost from 5.40% in the previous quarter to 6.62% in this quarter. The increase is attributable to an increase in shifts lost to long term sickness of (+548.46). Short term sickness absence has shown an actual decrease over this quarter of (-101.82) shifts lost.

The figures show an increase on the equivalent quarter for 2004 of (+298.01) shifts lost to sickness absence. However, once again this can be attributed to an increase in shifts lost to long term sickness of (+580.54). Shifts lost to short term sickness has declined by (-282.53).

The Service has failed to achieve its quarterly target of 2.125 shifts lost by (+1.235)

Sickness by Reason

Appendix 1 summarises the number of shifts lost to sickness by the reason for the sickness

The figures show that a significant amount of the shifts lost to sickness, 97% of the total recorded sickness figure have not been allocated to a sickness type on the personnel system and 0.16% to 'uncategorised' It is anticipated that this will be addressed by the First Care new reporting system .

Conclusions can therefore only be drawn on the remaining 2.84 % of the data. On this basis 'knee' and 'neck' were the most significant sickness type category with 31 shifts lost to both these categories.

Conclusion

The figures for the quarter, October – December 2005, show an increase on the total level of shifts lost to sickness on that recorded for the previous quarter. This is attributable to an increase in the level of long term sickness absence. However, this has been offset by a decrease in the level of short term sickness absence.

The level of long term sickness has shown an increase amongst all employee groups during this period. However, pleasingly this has been offset by a decrease in short term sickness. The exception being amongst non uniformed employees which has seen a significant increase in short term sickness absence during this period.

In line with previous trends the Service has only met its BVPI / internal quarterly targets for only one group of employees: flexi duty staff. Disappointingly all other categories were in excess of the BVPI figure.

It is hoped that the initiatives currently being introduced by the Service eg the pilot 'First Care' sickness reporting system, the continuation of formal training to Managers in handling sickness absence issues, review of individual sickness absence levels with a view to further

management action being taken and more effective central monitoring of sickness levels will continue to have a positive impact on reducing short term sickness levels throughout 2006.

Long term sickness cases will continue to be managed in line with the Absence Policy guidelines and it is hoped that the increase in shifts lost to this type of sickness will not continue through 2006.

There are currently 7 employees who have been absent in excess of 26 weeks. District Performance Managers continue to monitor sickness levels at a local level in line with the Absence Management Policy.

ABSENCE BY STATION 2005

(Includes Day Duty Officers working from station, does not include flexi-duty)

Q1 (Jan – Mar)

Stations	Long Term	Short Term	Total Absence
ARNOLD	16	53	69
ASHFIELD	58	29	87
BEESTON	68	61	129
CARLTON	36	71	107
CENTRAL	23	126	149
DUNKIRK	0	74	74
MANSFIELD	20	48	68
NEWARK	0	75	75
RETFORD	65	54	119
STOCKHILL	93	83.5	176.5
WEST BRIDGFORD	101	93	194
WORKSOP	0	62	62

Q2 (Apr – June)

Stations	Long Term	Short Term	Total Absence
ARNOLD	0	47	47
ASHFIELD	52	46	98
BEESTON	48	53	101
CARLTON	40	36	76
CENTRAL	63	109	172
DUNKIRK	45	61	106
MANSFIELD	0	70	70
NEWARK	74	48	122
RETFORD	8	75	83
STOCKHILL	148	112.5	260.5
WEST BRIDGFORD	85	71	156
WORKSOP	90	28	118

Q3 (Jul – Sept)

Stations	Long Term	Short Term	Total Absence
ARNOLD	35	41	76
ASHFIELD	28	51	79
BEESTON	58	102	160
CARLTON	0	45	46
CENTRAL	27	121	148
DUNKIRK	40	60	100
MANSFIELD	0	58	58
NEWARK	34	39	73
RETFORD	62	41	103
STOCKHILL	191	78	269
WEST BRIDGFORD	69	57	126
WORKSOP	100	39	139

Q4 (Oct – Dec)

Stations	Long Term	Short Term	Total Absence
ARNOLD	86	56	142
ASHFIELD	84	101	185
BEESTON	46	36	82
CARLTON	0	29	29
CENTRAL	112	34	146
DUNKIRK	59	47	106
MANSFIELD	48	35	83
NEWARK	66	34	100
RETFORD	76	29	105
STOCKHILL	278	50	328
WEST BRIDGFORD	83	69	162
WORKSOP	18	72	90

SICKNESS BY REASON

01.10.05 - 31.12.05

	Control Day Duty	Control shifts	Day Duty	Flexi Duty	Non Uniformed	Retained	Rider	Total
Others	5.00	82.00	158.00	34.00	632.50	1,117.00	1,610.00	3,638.50
Anxiety / Depression – not due to service	0.00	0.00	0.00	0.00	16.00	0.00	0.00	16.00
Back - due to service	0.00	0.00	0.00	0.00	0.00	3.00	1.00	4.00
Back - not due to service	0.00	0.00	0.00	0.00	1.00	0.00	0.00	1.00
Gastro intestinal – not due to service	2.00	0.00	0.00	0.00	0.00	0.00	4.00	6.00
Hearing - not due to service	0.00	2.00	0.00	0.00	0.00	0.00	0.00	2.00
Hypertension - not due to service	0.00	0.00	0.00	0.00	1.00	0.00	0.00	1.00
Knee - not due to service	0.00	0.00	0.00	0.00	0.00	0.00	31.00	31.00
Lower limb - not due to service	0.00	0.00	0.00	0.00	5.00	0.00	0.00	5.00
Neck - not due to service	0.00	0.00	1.00	0.00	0.00	0.00	30.00	31.00
Not categorised – not due to service	0.00	0.00	0.00	0.00	1.00	0.00	5.00	6.00
Other Respiratory – not due to service	0.00	0.00	1.00	0.00	17.00	0.00	4.00	22.00
Upper limb - not due to service	0.00	0.00	0.00	0.00	0.00	0.00	6.00	6.00
Vision - not due to service	0.00	0.00	0.00	0.00	0.50	0.00	0.00	0.50
Total	7.00	84.00	160.00	34.00	674.00	1,120.00	1,691.00	3,770.00

SUMMARY OF ABSENCE BY STATION 2005 - TOTAL ABSENCE

RIDERS on station

Station	Estb	Nbr wkg days av per person av	Total nbr of days	Shifts lost	% time lost	Average
Arnold	24	45.5	1092	142	13.00	5.92
Ashfield Q1	35	45.5	1592.5	185	11.62	5.29
Beeston Q1	27	45.5	1228.5	82	6.67	3.04
Carlton Q1	23	45.5	1046.5	29	2.77	1.26
Central Q1	51	45.5	2320.5	146	6.29	2.86
Dunkirk Q1	42	45.5	1911	106	5.55	2.52
Mansfield Q1	27	45.5	1228.5	83	6.76	3.07
Newark Q1	38	45.5	1729	100	5.78	2.63
Retford Q1	38	45.5	1729	105	6.07	2.76
Stockhill Q1	50	45.5	2275	328	14.42	6.56
West Bridgford Q1	47	45.5	2138.5	152	7.11	3.23
Worksop Q1	26	45.5	1183	90	7.61	3.46
GRAND TOTAL (ALL)	428	546	19474	1548	93.65	42.61

SUMMARY OF ABSENCE BY STATION: LONG TERM ABSENCE

RIDERS Station	Estb	Nbr wkg days av per person	Total number of days average	Shifts lost	% time lost	Average
Arnold Q1	24	45.5	1092	86	7.88	3.58
Ashfield Q1	35	45.5	1592.5	84	5.27	2.40
Beeston Q1	27	45.5	1228.5	46	3.74	1.70
Carlton Q1	23	45.5	1046.5	0	0.00	0.00
Central Q1	51	45.5	2320.5	112	4.83	2.20
Dunkirk Q1	42	45.5	1911	59	3.09	1.40
Mansfield Q1	27	45.5	1228.5	48	3.91	1.78
Newark Q1	38	45.5	1729	66	3.82	1.74
Retford Q1	38	45.5	1729	76	4.40	2.00
Stockhill Q1	50	45.5	2275	278	12.22	5.56
West Bridgford Q1	47	45.5	2138.5	83	3.88	1.77
Worksop Q1	26	45.5	1183	18	1.52	0.69
GRAND TOTAL (ALL)	428	546	19474	956	54.55	24.82

BREAKDOWN OF ABSENCE BY STATION : SHORT TERM ABSENCE

RIDERS & DAY DUTY OFFICERS ON STATION (not inc. flexi-duty officers)

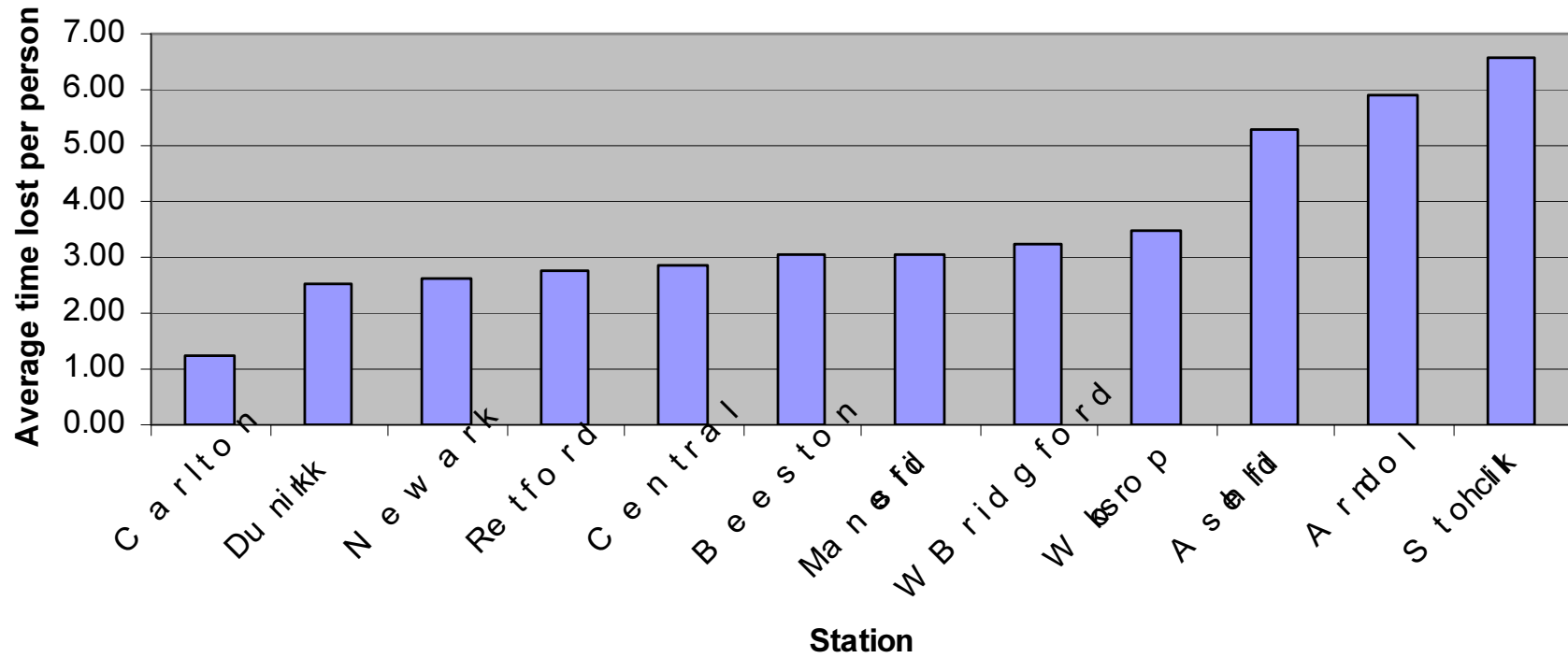
Station	Estb	Nbr wkg days av per person	Total nbr days av	Shifts lost	% time lost	Average
Arnold Q1	24	45.5	1092	56	5.13	2.33
Ashfield Q1	35	45.5	1592.5	101	6.34	2.89
Beeston Q1	27	45.5	1228.5	36	2.93	1.33
Carlton	23	45.5	1046.5	29	2.77	1.26
Central Q1	51	45.5	2320.5	34	1.47	0.67
Dunkirk Q1	42	45.5	1911	47	2.46	1.12
Mansfield Q1	27	45.5	1228.5	35	2.85	1.30
Newark Q1	38	45.5	1729	34	1.97	0.89
Retford Q1	38	45.5	1729	29	1.68	0.76
Stockhill Q1	50	45.5	2275	50	2.20	1.00
West Bridgford Q1	47	45.5	2138.5	69	3.23	1.47
Worksop Q1	26	45.5	1183	72	6.09	2.77
GRAND TOTALS (ALL)	428	546	19474	592	39.10	17.79

QTRLY ABSENCE 01.10.05 - 31.12.05 SORTED BY AVERAGE (ASCENDING ORDER)

TOTAL ABSENCE BY STATION - SORTED BY % LOST TIME (ASCENDING ORDER)

Nbr	Station	Average Time Lost Per Person	% Time Lost Due to sickness	Qtrly Absence Target		Upper threshold target		Lower threshold target	
				(BVPI)	(+/-)	(BVPI)	(+/-)	(BVPI)	(+/-)
Best 1	Carlton	1.26	2.77	2.00	-0.74	2.125	-0.87	1.875	-0.62
2	Dunkirk	2.52	5.55	2.00	0.52	2.125	0.40	1.875	0.65
3	Newark	2.63	5.78	2.00	0.63	2.125	0.51	1.875	0.76
4	Retford	2.76	6.07	2.00	0.76	2.125	0.64	1.875	0.89
5	Central	2.86	6.29	2.00	0.86	2.125	0.74	1.875	0.99
6	Beeston	3.04	6.67	2.00	1.04	2.125	0.92	1.875	1.17
7	Mansfield	3.07	6.76	2.00	1.07	2.125	0.95	1.875	1.20
8	W Bridgford	3.23	7.11	2.00	1.23	2.125	1.11	1.875	1.36
9	Worksop	3.46	7.61	2.00	1.46	2.125	1.34	1.875	1.59
10	Ashfield	5.29	11.62	2.00	3.29	2.125	3.17	1.875	3.42
11	Arnold	5.92	13.00	2.00	3.92	2.125	3.80	1.875	4.05
Worst 12	Stockhill	6.56	14.42	2.00	4.56	2.125	4.44	1.875	4.69

TOTAL SICKNESS ABSENCE BY STATION



**LONG TERM ABSENCE BY STATION –
SORTED BY % LOST TIME (ASCENDING ORDER)**

Nbr	Station	Average Time Lost Per Person	% Time Lost Due to sickness
Best 1	Carlton	0.00	0.00
2	Worksop	0.69	1.52
3	Dunkirk	1.40	3.09
4	Beeston	1.70	3.74
5	Newark	1.74	3.82
6	W Bridgford	1.77	3.88
7	Mansfield	1.78	3.91
8	Retford	2.00	4.40
9	Central	2.20	4.83
10	Ashfield	2.40	5.27
11	Arnold	3.58	7.88
Worst 12	Stockhill	5.56	12.22

**SHORT TERM ABSENCE BY STATION –
SORTED BY % LOST TIME (ASCENDING ORDER)**

Nbr	Station	Average Time Lost Per Person	% Time Lost Due to sickness
Best 1	Central	0.67	1.47
2	Retford	0.76	1.68
3	Newark	0.89	1.97
4	Stockhill	1.00	2.20
5	Dunkirk	1.12	2.46
6	Carlton	1.26	2.77
7	Mansfield	1.30	2.85
8	Beeston	1.33	2.93
9	W Bridgford	1.47	3.23
10	Arnold	2.33	5.13
11	Worksop	2.77	6.09
Worst 12	Ashfield	2.89	6.34

NON UNIFORM SICKNESS

October - December 2005

		<u>Sickness Med Cert</u>	<u>Sickness Self Cert</u>	<u>Total</u>	<u>No of Personnel</u>	<u>Ave Sickness</u>
Best 1	Stockhill	0	0	0	2	0.00
2	Community Safety	0	10	10	15	0.67
3	Command Suite	0	0	3	4	0.75
4	Dunkirk	0	3	3	2	1.5
5	Carlton	0	6	6	3	2.00
6	Arnold	0	4	4	2	2
7	Technology	13	14	27	13	2.08
8	Worksop	0	11	11	3	3.67
9	Service Development Centre	45	13	58	14	4.14
10	Ashfield	0	10	10	2	5
11	Resources and Finance	143	39	182	34	5.35
12	Human Resources	72	14	86	15	5.73
13	Information Services	146	22	168	27	6.22
14	Retford	0	7	7	1	7
15	Central	41	10	51	5	10.20
16	Safety Services	59	15	74	6	12.33
17	Newark	38	3	41	3	13.67
18	Mansfield	85	0	85	4	21.25
19	West Bridgford	41	5	46	2	23
Worst 20	Beeston	42	14	56	2	28

NON UNIFORM SICKNESS –
AVERAGE SELF CERTIFIED SICKNESS

	<u>Location</u>	<u>Sickness Self Cert</u>	<u>No of Personnel</u>	<u>Average Self Certified sickness</u>
Best 1	Mansfield	0	4	0.00
2	Command Suite	0	3	0.00
3	Stockhill	0	3	0.00
4	Human Resources	14	16	0.88
5	Information Services	22	23	0.96
6	Community Safety	10	10	1.00
7	Newark	3	3	1.00
8	Technology	14	12	1.17
9	Resources and Finance	39	32	1.22
10	Service Development Centre	13	10	1.30
11	Central	10	5	2.00
12	Safety Services	15	7	2.14
13	West Bridgford	5	2	2.50
14	Carlton	6	2	3.00
15	Dunkirk	3	1	3.00
16	Worksop	11	3	3.67
17	Arnold	4	1	4.00
18	Ashfield	10	2	5.00
19	Retford	7	1	7.00
Worst 20	Beeston	14	2	7.00
	Total	164	93	

NON UNIFORM SICKNESS –
AVERAGE MEDICALLY CERTIFIED SICKNESS

	<u>Location</u>	<u>Sickness Med Certified</u>	<u>No of Personnel</u>	<u>Ave Med Cert Sickness Per Person</u>
Best 1	Command Suite	0	4	0.00
2	Stockhill	0	2	0.00
3	Ashfield	0	2	0.00
4	Arnold	0	2	0.00
5	Retford	0	4	0.00
6	Dunkirk	0	2	0.00
7	Carlton	0	3	0.00
8	Community Safety	0	15	0.00
9	Worksop	0	3	0.00
10	Technology	13	13	1.00
11	Service Development Centre	45	14	3.21
12	Resources and Finance	143	34	4.21
13	Human Resources	72	15	4.80
14	Information Services	146	27	5.41
15	Central	41	5	8.20
16	Safety Services	59	6	9.83
17	Newark	38	3	12.67
18	West Bridgford	41	2	20.50
19	Beeston	42	2	21.00
Worst 20	Mansfield	85	2	42.50
	Total	725	146	