

Supplementary Committee Agenda



Finance and Performance Management Scrutiny Panel Tuesday, 15th November, 2011

Place: Council Chamber, Civic Offices, High Street, Epping

Room: Committee Room 1

Time: 7.00 pm

Committee Secretary: A Hendry - The Office of the Chief Executive
Tel: 01992 564246 Email:
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10.a Sickness Absence (Pages 3 - 12)

(Director of Corporate Support Services) To consider the attached report.

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Report to the Finance and Performance Management Scrutiny Panel

Date of meeting: 15 November 2011

SCRUTINY

Subject: Sickness Absence



Epping Forest District Council

Officer contact for further information: Paula Maginnis (01992564536)

Committee Secretary: Adrian Hendry (01992 564246)

Recommendations/Decisions Required:

That the Panel notes the report on sickness absence.

Executive Summary

1. This report provides information on the Council's absence figures for Q2 in 2011/2012; it includes absence figures by Directorate, the number of employees who have met the trigger level, those who have more than 4 weeks absence and reasons for absence.
2. The Council's target for sickness absence under KPI10 for 2011/2012 is an average of 7.75 days per employee. The Council's figure is 1.64 days for Quarter 2 and figures for each Directorate are set out in paragraph 9 of the report.
3. During Q2, 3.9% of staff met the trigger levels or above, 22.8% had sickness absence but did not meet the triggers and 73.3% had no absence.
4. Currently, under the Council's Managing Absence Policy there are trigger levels for initiating management action in cases of excessive sickness absence. These are:
 - (i) during any 'rolling' twelve-month period an employee has had 5 or more separate occasions of absence; or
 - (ii) during any 'rolling' twelve-month period an employee has had at least 8 working days of any combination of un/self certificated, or medically certificated absences.

Reasons for Proposed Decision

To enable members make decisions regarding actions to continue to improve the Council's absence figures

Other Options for Action

For future reports the Panel may wish to include other information or receive no report.

Report:

Introduction

5. The latest figures published by the Industrial Relations Service (for 2010) show that the average number of days taken as sickness absence in Local Government was 8 days compared to 6.5 days across all sectors. In manufacturing and production the average number of days was 6.2 and in private sector services the average was 6.2 days.
6. Currently, under the Council's Managing Absence Policy there are trigger levels for

initiating management action in cases of excessive sickness absence. These are:

- (i) during any 'rolling' twelve-month period an employee has had 5 or more separate occasions of absence; or
- (ii) during any 'rolling' twelve-month period an employee has had at least 8 working days of any combination of un/self certificated, or medically certificated absences.

7. In addition to the above a manager should consider referring an employee to Occupational Health when an employee has been absent from work for at least one month if there is no estimate when they will be fit to return, or if this is unlikely to be within a reasonable period.

Quarterly Figures 2010/2011 – 2011/2012

8. The target for sickness absence was revised to 7.75 days for 2011/12 and the Q2 figure is below target at 1.64 days.

Table 1 below shows the absence figures for each quarter since 2010/2011.

	Q1	Q2	Q3	Q4	Outturn	Target
2010/2011	1.88	1.81	2.15	2.01	7.85	8
2011/2012	1.86	1.64				7.75

Table 1

Directorate Figures 2010/2011 – 2011/2012

9. Table 2 shows the average number of days lost per employee in each Directorate. The target figure for Q2 is an average 1.78 days, and 4 of the 7 Directorates are below this figure with one slightly above. Two Directorates are above this target.

Directorate	Average FTE	Average Number of Days Absence 2010/2011				Total Average Number of Days 2010/11	Average Number of Days Absence 2011/2012			
		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4
Office of CE	20.87	0.25	0.51	2.12	1.42	4.3	1.39	1.93		
Office of DCE	46.91	0.92	2.09	2.35	1.99	7.35	2.08	2.12		
Corporate Support Services	69.69	2.06	1.81	2.29	2.26	8.42	2.12	1.08		
Environment & Street Scene	112.97	1.70	2.10	1.79	2.78	8.37	1.25	1.75		
Finance & ICT	115.62	1.15	0.87	1.73	1.29	5.04	1.72	1.79		
Housing	183.8	3.11	2.42	2.72	2.01	10.26	1.83	1.52		
Planning	68.20	1.07	1.48	1.64	1.96	6.15	2.75	1.75		

Table 2

10. This table is represented by a graph which can be found at appendix 1.

Long Term Absence 2011/2012

11. For this purpose long term absence has been defined as 4 weeks or over. During Q2 a total of 13 staff had 4 weeks or more absence. Twelve employees had one continuous period of absence and 1 employee had two periods of absence

Table 3 provides further detail on these employees.

Quarter	Left	Returned to work	Dismissed	Proposed Return date	Still Absent	Other Arrangements
Q2	0	61.5% (8)	0	0	30.8% (4)	7.7% (1) (retirement)

Table 3

12. At appendix 2 there is a graph which sets out a breakdown of days lost to long term absence, those who met the trigger level and those below the trigger level. This graph shows that overall, 25% of lost time for Q2 was due to long term absence, 20% met the trigger level (and above to 19 days) and 55% was due to short term absence.

Reasons for Absence

13. Table 4 shows the reasons for absence.

Reason	Number of Days Q1	Number of Days Q2
	2011/2012	2011/2012
Stomach, liver, kidney, digestion; include diarrhoea, vomiting and other gastro-intestinal illnesses.	282	295
Other musculo-skeletal problems; includes neck, legs or feet and arms or hands. Also include joint problems such as arthritis.	150.5	196.8
Infections, including viral infections such as influenza, cold, cough and throat infections	132.9	75.3
Depression, anxiety, mental health and fatigue. Includes mental illnesses such as anxiety and nervous debility/disorder (does not include stress)	60.6	42.3
Stress – Old description	91	0
Work related stress	58	30.7
Non Work related stress	29.1	59.7
Chest, respiratory; including asthma, bronchitis, hay fever and chest infections	89	62
Back problems	55.1	22.5
Neurological; headaches and migraines	41.1	42.7
Genito-urinary; menstrual problems	34.5	32
Cancer, including all types of cancer and related treatments	30.4	22.6
Eye, ear, nose and mouth, dental; sinusitis	20.9	56.8
Pregnancy	17.5	1

Reason	Number of Days Q1	Number of Days Q2
	2011/2012	2011/2012
Heart, blood pressure, circulation	10	4.4
RTA	0	5

Table 4

Numbers of Staff Absent

14. Table 5 shows that there were fairly consistent numbers of staff who had no absence and those that had absence over the course of last year which has continued into Qs1 and 2 this year. Approximately two-thirds of staff had no absence.

Quarter		Staff with no absence	Staff with 7 days or less	Staff with 8 days or more
1	2011/2012	71.2% (475)	23.7% (158)	5.1% (34)
1	2011/2012	73.3% (489)	22.8% (152)	3.9% (26)
1	2010/2011	71.4% (523)	24% (176)	4.6% (34)
2	2010/2011	73.7% (539)	22% (162)	4.3% (32)
3	2010/2011	65.2% (478)	29.9% (219)	4.9% (36)
4	2010/2011	66.8% (490)	28.9% (212)	4.3% (31)

Table 5

15. HR has circulated copies of the graphs at appendices 1 and 2 to Directors for information. They are also in the process of arranging to meet with Directorate Management Teams to discuss sickness absence issues.

Resource implications:

N/A

Legal and Governance Implications

N/A

Safer, Cleaner and Greener Implications

N/A

Consultation Undertaken

None

Background Papers

Finance and Performance Scrutiny Panel - Sickness Absence Reports of 9 September 2010, 10 March 2011, 21 June 2011 and 20 September 2011.

Risk Management

Failure to manage sickness absence results in loss productivity and if it is significantly high could adversely affect the reputation of the authority.

Equality and Diversity

Did the initial assessment of the proposals contained in this report for relevance to the Council's general equality duties, reveal any potentially adverse equality implications?

No

Where equality implications were identified through the initial assessment process, has a formal Equality Impact Assessment been undertaken?

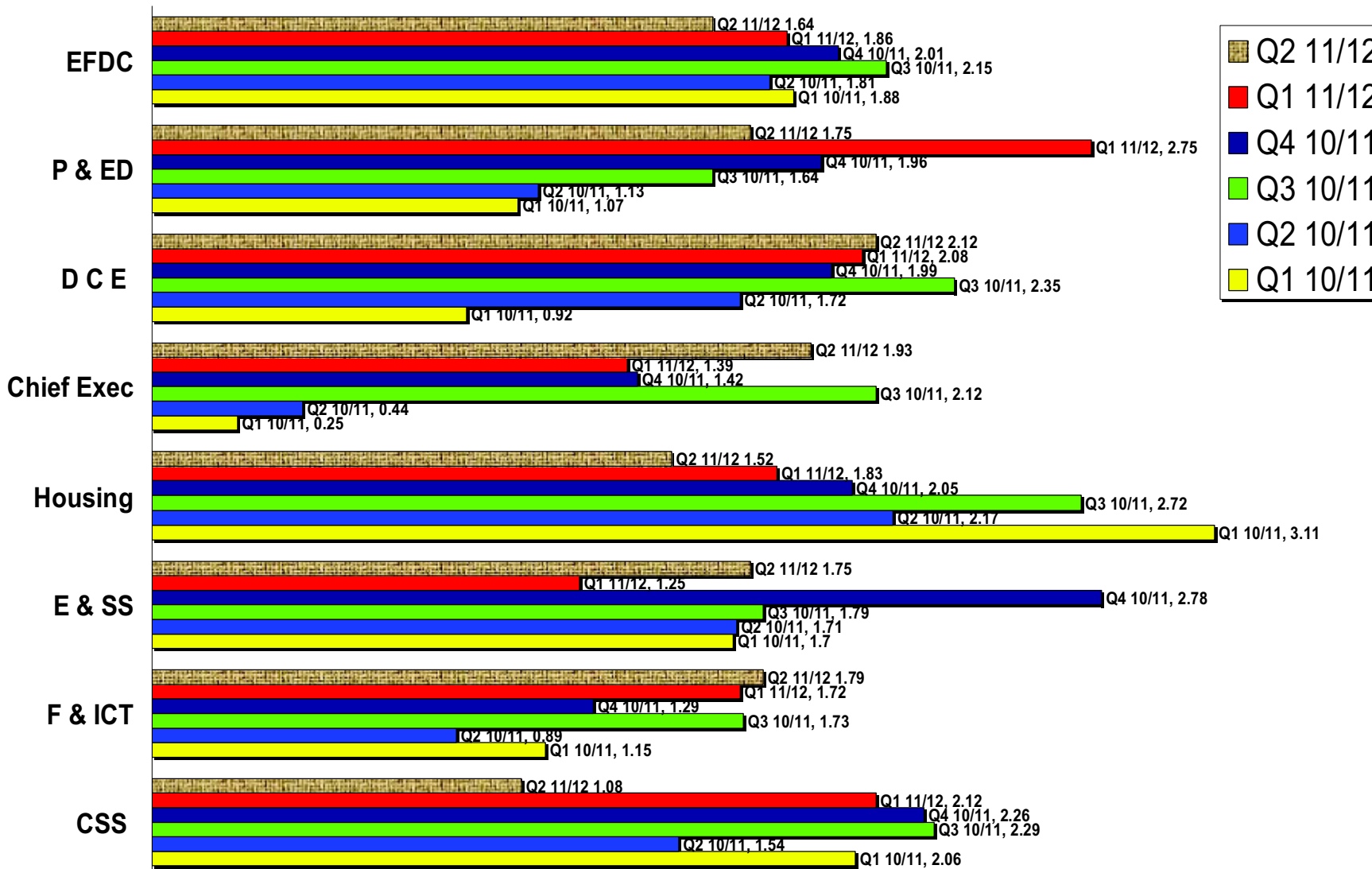
N/A

What equality implications were identified through the Equality Impact Assessment process?

N/A

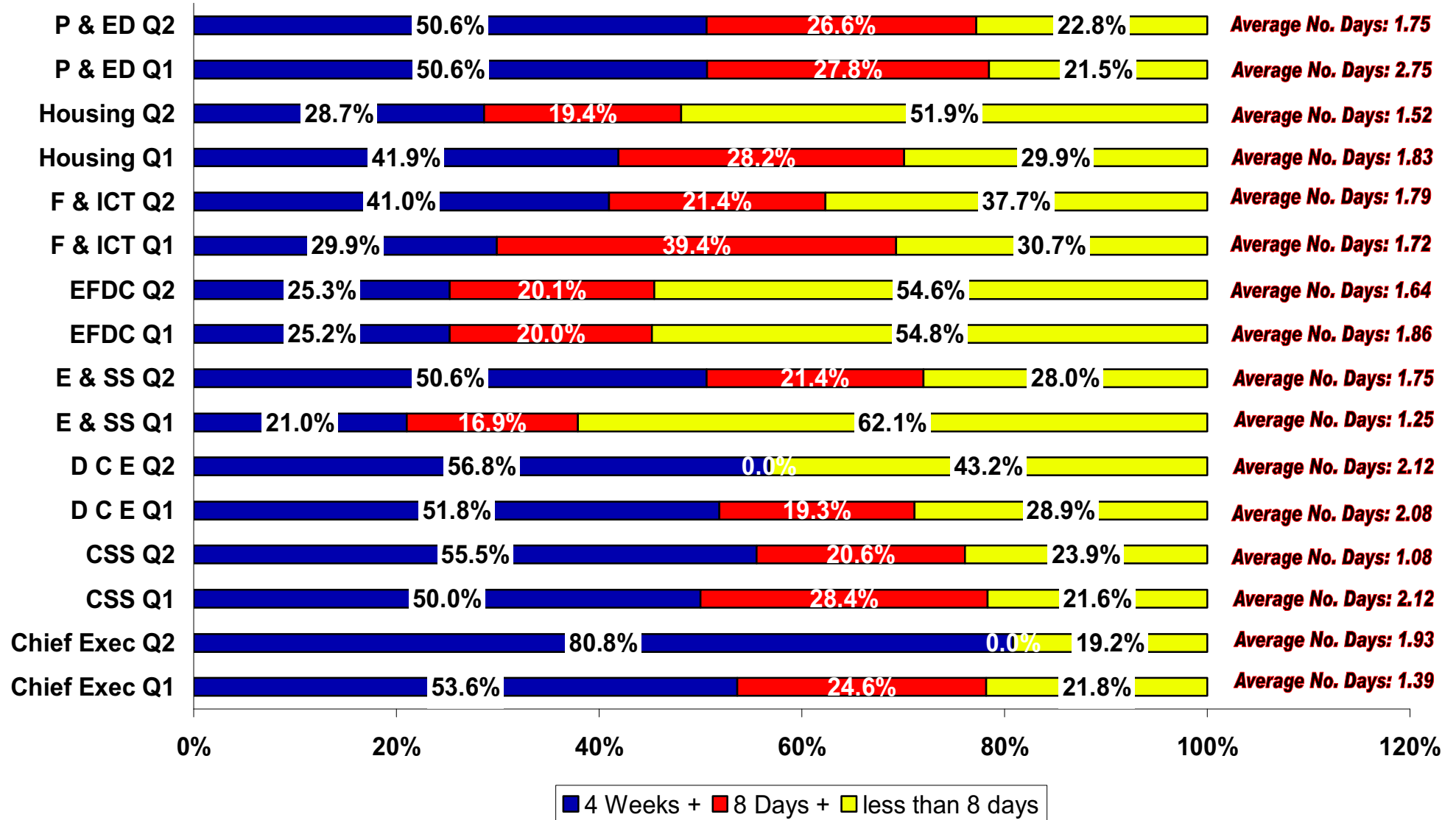
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Sickness Absence All Directorates 2010-12



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Sickness Absence by Duration Q1 & Q2 2011/12



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