

Report to the Cabinet

Report reference: C-108-2008/09

Date of meeting: 9 March 2009.



Portfolio: Corporate Support Services.

Subject: Sickness Absence.

Responsible Officer: Paula Maginnis (01992 564536).

Democratic Services Officer: Gary Woodhall (01992 564470).

Recommendations:

- (1) To note the report and attachments;**
- (2) To note the actions taken by officers;**
- (3) To agree that Finance and Performance Management Cabinet Committee review the Council's Managing Absence Policy and make recommendations to the Joint Consultative Committee; and**
- (4) To agree that a report on the Council's absence be submitted to Cabinet on an annual basis.**

Executive Summary:

The Authority's declining performance regarding sickness absence in 2008/2009 is of concern. In November 2008 a report was submitted to Corporate Executive Forum (CEF) as sickness absence figures in both Q1 and Q2 had increased above the Council's target of 2 days per quarter.

CEF agreed a number of proposals, which are outlined in this report, one of which was to submit a report to the Cabinet. Unfortunately since the report to CEF, Q3 figures have been published and show a significant increase of 0.71 days on Q2.

The report provides information on the Council's quarterly figures; absence figures by Directorate; absence by age and the reasons for absence. Apart from the historical quarterly figures the report is based on information from Q1 to Q3 in 2008/2009.

Reasons for Proposed Decision:

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

Other Options for Action:

To request that the Overview and Scrutiny Committee and/or the Joint Consultative Committee consider the following measures:

- (i) reducing one or both trigger levels;
- (ii) to carry out research into introducing no sick pay for the first 3 days once staff meet either trigger level. Dispensations would be considered for those covered by the Disability Discrimination Act, pregnancy related or on long term sick. These dispensations would be clearly laid down and explained to managers and staff; and
- (iii) discuss with the trade unions the possibility of reducing sick pay entitlements for staff. (Sickness entitlements are currently negotiated nationally)

To not accept the recommendation of the report and substitute other options.

Report:

Introduction

1. The Chartered Institute of Personnel and Development (CIPD) in their 2008 Annual Survey Report shows that the public sector has an average of 9.8 days absence whereas the private sector has 7.2 days. The public sector figures include Health, Social Care, Police and Education.

2. Currently, under the Council's Managing Absence Policy there are trigger levels for initiating management action in cases of excessive sickness absence. These are:

(a) during any 'rolling' twelve-month period an employee has had 5 or more separate occasions of absence; or

(b) 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.

3. In December 2006 Cabinet reduced the trigger level, for the number of working days to 8 days from 10 days. The trigger level for the number of occasions has remained the same at 5 during a rolling twelve-month period. In addition, Cabinet approved the creation of a Human Resources Officer post for a period of one year in order to increase the Council's understanding of sickness absence issues in the Authority and to identify and resolve specific cases.

4. This dedicated resource was considered a key factor in the improvement of the Council's absence figures, which significantly decreased by an average of 2.41 days per employee in 2007/2008. The outturn figure for 2006/07 was 10.89 reducing to 8.48 in 2007/2008, which was only 0.2 days above the target figure for that year.

Quarterly Figures 2005/06 – 2008/09

5. The dedicated HR arrangements came to an end in February 2008. Unfortunately the absence figures for Q1-Q3 in 2008/2009 showed an upward trend. There has been an increase of 1.29 days during this period compared to the same period in 2007/2008. Table 1 below shows the absence figures for each quarter since 2005/06:

	Q1	Q2	Q3	Q4	Outturn	Target
2005/2006	2.13	2	3.22	3.31	10.66	9.5
2006/2007	2.67	2.94	3.28	2.0	10.89	8.48
2007/2008	2.19	2.02	2.26	2.01	8.48	8.29
2008/2009	2.33	2.36	3.07			8

Table 1

Directorate Figures Q1 – Q3

6. Table 2 shows the average number of days lost per employee in each Directorate. Attached at appendix 1 is a graph representing the figures in the table. As the figures show, the average number of days for the Office of the Chief Executive and Finance & ICT decreased in Q1–Q2 but increased in Q3. There have been increases in all other Directorates in over this period. The figures show that Housing has the highest absence rates followed by Environment & Street Scene.

Directorate	Average FTE	2008/2009 Average Number of Days Absence			Total Q1–Q3
		Q1	Q2	Q3	
Office of CE	20.29	1.05	0.69	0.76	2.5
Office of DCE	41.30	0.28	0.4	1.97	2.65
Corporate Support Services	67.0	1.31	1.81	3.07	6.19
Environment & Street Scene	106.11	2.51	2.57	3.07	8.15
Finance & ICT	110.03	2.91	1.02	2.67	6.6
Housing	171.47	2.10	3.92	3.81	9.83
Planning	53.94	1.97	2.48	2.91	7.36

Table 2

Absence By Age

7. The graph attached at appendix 2 shows total absence against the age profile of the Council. The age group 55-64 is responsible for just under 40% of the absence.

Reasons for Absence

8. The most number of days lost to absence is through musculo-skeletal problems. The highest average number of days per occasion is lost to stress. Gastro illnesses and infections have the most occasions. Table 3 below gives further details on lost time by reason.

Number of Hours Lost by Reason 1 April 2008 – 31 December 2008

Reason	Number of Days	Number of Occasions	Average number of days per occasion
Other musculo-skeletal problems; includes neck, legs or feet and arms or hands. Also include joint problems such as arthritis.	863	67	12.9
Infections, including viral infections such as influenza, cold, cough and throat infections	766	216	3.5
Stomach, liver, kidney, digestion; include diarrhoea, vomiting and other gastro-intestinal illnesses.	595.4	217	2.7
Genito-urinary; menstrual problems	324.4	24	13.5
Eye, ear, nose and mouth, dental; sinusitis	287	45	6.4
Depression, anxiety, mental health and fatigue. Includes mental illnesses such as anxiety and nervous debility/disorder (does not include stress)	254.5	31	8.2
Stress	244.5	11	22
Back problems	193	32	6
Neurological; headaches and migraines	184	53	3.5
Heart, blood pressure, circulation	183.5	13	14
Cancer, including all types of cancer and related treatments	180.5	9	20
Chest, respiratory; including asthma, bronchitis, hay fever and chest infections	149	39	4.8
Road traffic accident	39	8	4.9
Pregnancy related	31.5	9	3.5
Unspecified	19	15	1.3

Table 3

Conclusions

9. Table 4 shows there were 126 employees who met or were above over the trigger level, equating to 19% of staff. There were 317 employees who had absence, which did not meet the trigger level, which equates to 48% of staff.

Number of staff	Staff as a percentage of total workforce	Total number of days absent	Absence as a percentage	Average number of days per employee	Number of occasions	Number of occasions as a percentage
126	19%	3656	79%	29	351	40%
317	48%	986.5	21%	3	523	60%
221	33%	0	0	0	0	0

Table 4

10. Q1-Q3 absence figures show an upward trend across all Directorates. The target set for 2008/09 of 8 days will not be met.

11. Housing Services has the highest absence rates followed by Environment & Street Scene and then Planning Services.

12. The age group 55-64 age group has the highest absence. This age group represents just over 20% of the workforce and has 39% of the absence.

13. The Council experienced a significant increase of days lost to absence in Q3 which could be attributed to the numbers of staff who experienced flu/cold infections and gastro illnesses in November/December 2008. The number of days lost to infections increased by 215 days, nearly double that which was recorded in Q1 & Q2. Similarly gastro illnesses increased by 173 days, which was just under double that which was recorded in Q1 & Q2.

Action Taken

14. In November 2008 CEF agreed the following actions:

(i) A review of the absence training for managers is near completion, Managers will attend refresher training or the full course depending on need;

(ii) A temporary part-time member of staff has been employed in HR to produce monthly monitoring reports for Directors and Assistant Directors; to produce a detailed monthly report for CEF; to work with managers on absence cases, carrying out referrals to the Council's Occupational Health provider and dealing with more serious cases.

(iii) Officers have launched a new Business Planning Process where the Chief Executive emphasised the requirement to include corporate indicators such as absence in Directorate Business Plans and setting targets with individual managers and staff through the Council's appraisal process (PDR) to bring about improvement in the Council's absence figures.

15. The first detailed report was submitted to CEF on 18 February 2009 showing staff who have met the trigger level or above and the action taken by managers. The reports cover a rolling 12-month period starting from January 2008 to January 2009. Assistant Directors will be asked to attend CEF to discuss the progress of cases to ensure consistency across the Council and that managers are managing these cases effectively.

Resource Implications:

None.

Legal and Governance Implications:

N/A.

Safer, Cleaner and Greener Implications:

N/A.

Consultation Undertaken:

N/A.

Background Papers:

CEF Report 26 November 2008.

Impact Assessments:

The actions set out in the report are aimed to reduce the Council's absence figures. The Council would proceed in accordance with best practice, statutory provisions and the Managing Absence Policy.