

Report to the Finance and Performance Management Scrutiny Panel



SCRUTINY



Date of meeting: 9 September 2010

Subject: Sickness Absence

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Committee Secretary: Adrian Hendry (01992 564246)

Recommendations/Decisions Required:

That the Panel considers the report and agrees the actions set out in paragraph 19 subject to any amendments.

Executive Summary

1. The report provides information on the Council's absence figures for 2009/2010, it includes absence figures by Directorate; absence by age and the reasons for absence. It also sets out proposed actions included in the LPI 28 Improvement Plan.
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:
 - (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.
3. The Council's target for sickness absence under LPI28 is an average of 8 days per employee. The Outturn figure for 2009/2010 was 8.35 days, compared to 10.85 days in 2008/2009.
4. During this period approximately 20% of staff met the trigger levels or above, 44% had sickness but did not meet the trigger levels and 36% of staff had no sickness absence.

Reasons for Proposed Decision

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

Other Options for Action

6. To recommend that the Joint Consultative Committee consider the following measures:
 - (i) reducing one or both trigger levels;
 - (ii) introduce no sick pay for the first 3 days once staff meet either trigger level. (Consider dispensations for those covered by the Disability Discrimination Act, pregnancy related or on long term sick); and
 - (iii) discuss with the trade unions the possibility of reducing sick pay entitlements for staff and therefore removing the Council from the national scheme. (Sickness entitlements are currently negotiated nationally).

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

Report:

Introduction

8. The CBI has reported that in 2009 the average number of days taken as sickness absence in the public sector was 8.3 days and in the private sector 5.8 days. The figures for the public sector include the NHS, police, fire and rescue etc.

9. The latest figures published by the IRS (for 2009) show that the average number of days taken as sickness absence in Local Government was 8.6 compared to 7.6 days across all sectors. In manufacturing and production the average number of days was 6.2 and in private sector services the average was 7.2 days.

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11. 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.

12. 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.

Quarterly Figures 2007/08 – 2009/10

13. During 2007 and again in 2009 there was a dedicated resource based in HR to monitor sickness absence and provide timely information to managers. In both these years there were significant improvements in the absence figures (See table 1). The outturn figure for 2006/07 was 10.89 days which reduced to 8.48 in 2007/2008, which was only 0.2 days above the target figure for that year. The outturn figure for 2008/2009 was 10.85 days which reduced to 8.35 in 2009/2010. The recent dedicated HR arrangements came to an end in March 2010 and a recruitment process is underway to fill this position on a permanent basis.

Table 1 below shows the absence figures for each quarter since 2005/06:

	Q1	Q2	Q3	Q4	Outturn	Target
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	2.35	2.55	3.14	2.81	10.85	8
2009/2010	2.29	2.02	1.88	2.16	8.35	8

Table 1

Directorate Figures 2009/2010

14. Table 2 shows the average number of days lost per employee in each Directorate. Attached is a graph representing the figures in table 2. As the figures show the performance of each Directorate varies, with only Environment showing a decrease over the 4 quarters; however the Directorate started at a high level.

Directorate	Average FTE	2009/2010 Average Number of Days Absence				Total
		Q1	Q2	Q3	Q4	
Office of CE	20.04	2.86	0.76	0.83	0.76	5.21
Office of DCE	46.43	1.09	0.56	0.46	1.41	3.52
Corporate Support Services	70.58	1.78	1.34	1.90	2.60	7.62
Environment & Street Scene	109.71	4.78	4.18	2.42	1.77	13.15
Finance & ICT	111.9	1.74	1.57	1.34	2.35	7
Housing	173.46	1.66	2.36	2.17	2.50	8.69
Planning	63.32	1.9	2.59	2.34	1.99	8.82

Table 2

Absence By Age

15. The graph attached shows total absence against the age profile of the Council. The age group 45 - 54 is responsible for just over 30% of the absence.

Reasons for Absence

16. The most number of days lost to absence in 2009/10 was through infections as opposed to musculo-skeletal problems in 2008/2009. The highest average number of days lost per occasion was due to stress which was the same as last year. Gastro illnesses and infections have the most occasions; this was the same as in 2008/2009. Table 3 below gives further details on lost time by reason.

Reason	Number of Days	Number of Occasions	Average number of days per occasion
Infections, including viral infections such as influenza, cold, cough and throat infections	805.14	319	2.52
Depression, anxiety, mental health and fatigue. Includes mental illnesses such as anxiety and nervous debility/disorder (does not include stress)	624.99	27	23.15
Stomach, liver, kidney, digestion; include diarrhoea, vomiting and other gastro-intestinal illnesses.	606.76	232	2.62
Stress*	597.69	18	33.21
Other musculo-skeletal problems; includes neck, legs or feet and arms or hands. Also include joint problems such as arthritis.	585.1	64	9.14
Neurological; headaches and migraines	327.59	56	5.85
Genito-urinary; menstrual problems	312.46	38	8.22
Reason	Number	Number of	Average number of

	of Days	Occasions	days per occasion
Back problems	304.11	37	8.22
Road traffic accident	289.41	12	24.12
Heart, blood pressure, circulation	174.23	15	11.62
Cancer, including all types of cancer and related treatments	153.89	6	25.65
Chest, respiratory; including asthma, bronchitis, hay fever and chest infections	148.85	28	5.32
Eye, ear, nose and mouth, dental; sinusitis	115.28	50	2.3
Pregnancy related	28.64	6	4.77

Table 3

(*JCC proposed that this category is split to identify work related stress and non work stress)

Long Term Absence

17. For this purpose long term absence has been defined as 4 weeks or over. There were a total of 40 employees who had 1 occasion or more of 4 weeks or more continuous absence. Table 4 shows the number of days taken by employees with 4 weeks and above absence. When the number of days relating to continuous period(s) of 4 weeks or more is removed from the figures there is a reduction of 39% in total days.

	Number of Days	%
Total number of days absent	5074.11	100%
Total number of days absence for employees with 4 weeks and above absence	3093.5	Equates to 61% of total days absent
Total number of days absence for employees with a continuous period(s) of absence of 4 weeks or more	1985.4	Equates to 39% of total days absent
Total number of days absence after the number of days lost to a continuous period(s) of 4 weeks or more is discounted from the total number of days	3088.71	61% of total days absent

Table 4

Conclusion

18. Table 5 shows there were 143 employees who met or were above over the trigger level, equating to 19.8% of staff. There were 317 employees who had absence, which did not meet the trigger level, which equates to 44% of staff. There were a total of 263 employees equating to 36% of staff who had no sickness during this period.

Number	Staff as a	Total	Absence as	Average	Number	Number of
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of staff	percentage of total workforce	number of days absent	a percentage	number of days per employee	of occasions	occasions as a percentage
143	19.8%	4046.73	79.8%	28.3	374	41.4%
317	43.8%	1027.38	20.2%	3.24	529	58.6%
263	36.4%	0	0	0	0	0

Table 5

19. The KPI Improvement Plan sets out a number of actions to continue improve sickness absence and are as follows;

- (i) Obtain agreement to recruit to Management Information Officer role. (Completed)
- (ii) Recruit to Management Information Officer role. (Advertising vacancy)
- (iii) Update CEF/Management Board on current cases where the triggers levels have been met. (Reports to be provided with Q2 and Q4 figures)
- (iv) Provide monthly reports to Directors/Assistant Directors. (ongoing)
- (v) Develop e-learning module to compliment Managing Absence training. (To be finalised)
- (vi) Review the parameters of sick pay entitlements.
- (vii) Submit report to Finance and Management Performance Scrutiny Panel and Cabinet on 2009/2010 absence figures.

The Panel may wish to amend these actions and/or make other suggestions.

Resource implications:

The appointment of a part-time management information officer will be met from existing resources. The productivity savings from the 2.5 days improvement equates to £134,822.50. This figure is based on salary only and does not include any expenditure on overtime or agency workers.

Legal and Governance Implications

N/A

Safer, Cleaner and Greener Implications

N/A

Consultation Undertaken

This report was presented to the Joint Consultative Committee on 15 July 2010.

Background Papers

N/A

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