# Report to the Finance and Performance Management Scrutiny Panel 

## Date of meeting: 10 March 2011

Subject: Sickness Absence
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Committee Secretary: Adrian Hendry (01992 564246)

## Recommendations/Decisions Required:

That the Panel notes the report on sickness absence.

## Executive Summary

1. At the September 2010 Panel members requested quarterly sickness absence reports.
2. The report provides information on the Council's absence figures for Q1, Q2 and Q3 2010/2011; 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.
3. 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.
4. The Council's target for sickness absence under LPI28 is an average of 8 days per employee ( 2 days per quarter). The quarter outturn figures for 2010/2011 are Q1 = 1.88 days, Q2 $=1.81$ days and Q3 $=2.15$ days. The Council is currently below the accumulated figure of 6 days.
5. During Q3, 4.9\% staff met the trigger levels or above, $29.9 \%$ had sickness absence but did not meet the triggers and $65.2 \%$ had no absence.

## Reasons for Proposed Decision

To enable members to 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.

## Report:

## Introduction

6. The Confederation of British Industry 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.
7. The latest figures published by the Industrial Relations Service (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.
8. 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.
9. 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 2009/2010-2010/2011

10. The outturn figure for 2009/2010 was 8.35. The outturn figures for Q1 and Q2 are both below the 2 day target per quarter, Q3 is slightly over. However, the Council is currently below the accumulated figure of 6 days.

Table 1 below shows the absence figures for each quarter since 2009/2010.

|  | Q1 | Q2 | Q3 | Q4 | Outturn | Target |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| $\mathbf{2 0 0 9 / 2 0 1 0 ~}$ | 2.29 | 2.02 | 1.88 | 2.16 | 8.35 | 8 |
| $\mathbf{2 0 1 0 / 2 0 1 1}$ | 1.88 | 1.81 | 2.15 |  |  | 8 |

Table 1

## Directorate Figures 2010/2011

11. Table 2 shows the average number of days lost per employee in each Directorate. The figures show that Corporate Support Services, Finance \& ICT and Housing have decreased from Q1 to Q2. However, all Directorates increased in Q3 except Environment and Street Scene.

| Directorate | Average <br> FTE |  |  |  |  | 2010/2011 Average Number of Days <br> Absence |  |  |  | Total |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :---: | :---: | :---: | :---: |
|  |  | Q1 | Q2 | Q3 | Q4 |  |  |  |  |  |
| Office of CE | 20.87 | 0.25 | 0.51 | 2.12 |  |  |  |  |  |  |
| Office of DCE | 46.91 | 0.92 | 2.09 | 2.35 |  |  |  |  |  |  |
| Corporate <br> Support Services | 69.69 | 2.06 | 1.81 | 2.29 |  |  |  |  |  |  |
|  <br> Street Scene | 112.97 | 1.70 | 2.10 | 1.79 |  |  |  |  |  |  |
| Finance \& ICT | 115.62 | 1.15 | 0.87 | 1.73 |  |  |  |  |  |  |
| Housing | 183.8 | 3.11 | 2.42 | 2.72 |  |  |  |  |  |  |
| Planning | 68.20 | 1.07 | 1.48 | 1.64 |  |  |  |  |  |  |

Table 2
12. For this purpose long term absence has been defined as 4 weeks or over. Over Q1 and Q2 there were a total of 25 employees who had 4 weeks or more absence, 21 of these had a continuous period of 4 weeks or more. During Q3 a total of 16 staff had 4 weeks or more absence; all 16 have had one continuous period.

Table 3 provides further detail on these employees.

| Quarter | Left | Returned <br> to work | Dismissed | Proposed <br> Return <br> date | Still <br> Absent | Other <br> Arrangements |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Q1\&Q2 | $8 \%(2)$ | $60 \%(15)$ | $4 \%(1)$ | $12 \%(3)$ | $16 \%(4)$ |  |
| Q3 | 0 | $75 \%(12)$ | 0 | 0 | $19 \%(3)$ | $6 \%(1)$ (Unpaid <br> leave) |

Table 3

## Reasons for Absence

13. Infections and back problems increased significantly in Q3, whereas absence due to depression reduced significantly. Table 4 shows the reasons for absence.

| Reason | Number of Days <br> Q1 \& Q2 | Number of Days <br> Q3 | Total Number of <br> Days |
| :--- | :--- | :--- | :--- |
| Other musclo-skeletal <br> problems; includes neck, legs <br> or feet and arms or hands. <br> Also include joint problems <br> such as arthritis. | 543.7 | 284.1 | 827.8 |
| Infections, including viral <br> infections such as influenza, <br> cold, cough and throat <br> infections | 384 | 403.9 | 787.9 |
| Depression, anxiety, mental <br> health and fatigue, Includes <br> mental illnesses such as <br> anxiety and nervous <br> debility/disorder (does not <br> include stress) | 353.5 | 69.9 | 423.4 |
| Stomach, liver, kidney, <br> digestion; include diarrhoea, <br> vomiting and other gastro- <br> intestinal illnesses. | 244.9 | 196.6 | 441.5 |
| Stress | 233.2 | 100 | 1533 |
| Back problems | 141.5 | 15.6 | 157.1 |
| Chest, respiratory; including <br> asthma, bronchitis, hay fever <br> and chest infections | 107.1 | 25.7 | 132.8 |
| Eye, ear, nose and mouth, <br> dental; sinusitis | 63.1 | 50.2 | 113.3 |
| Genito-urinary; menstrual <br> problems | 52.1 | 54.6 | 126.7 |
| Neurological; headaches and | 49.9 | Number of Days | Number of Days |
| Reason | Total Number of |  |  |


|  | Q1 \& Q2 | Q3 | Days |
| :--- | :--- | :--- | :--- |
| migraines |  |  |  |
| Cancer, including all types of <br> cancer and related <br> treatments | 48.4 | 31.3 | 79.7 |
| Heart, blood pressure, <br> circulation | 9.4 | 27.8 | 37.2 |
| Pregnancy | 6.1 | 1.4 | 6 |
| RTA | 5 | 1 |  |

Table 4

## Conclusion

14. From Q1 to Q3 the total number of employees who had no absence fell from 523 to 478. There was an increase in the number of staff who had any sickness.

| Quarter | Staff with no <br> absence | Staff with 7 days or <br> less | Staff with 8 days or <br> more |
| :--- | :--- | :--- | :--- |
| 1 | $71.4 \%(523)$ | $24 \% \quad(176)$ | $4.6 \%(34)$ |
| 2 | $73.7 \%(539)$ | $22 \% \quad(162)$ | $4.3 \%(32)$ |
| 3 | $65.2 \%(478)$ | $29.9 \%(219)$ | $4.9 \%(36)$ |

Table 4

## Resource implications:

N/A

## Legal and Governance Implications

N/A

## Safer, Cleaner and Greener Implications

N/A

## Consultation Undertaken

None

## 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?

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

