

# **Report to the Finance and Performance Management Scrutiny Panel**



## SCRUTINY



**Date of meeting: 21 June 2011**

**Subject:** Sickness Absence

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**Committee Secretary:** Adrian Hendry (01992 564246)

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### **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. This report provides information on the Council's absence figures for 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. For 2010/2011 the Council's target for sickness absence under LPI28 was an average of 8 days per employee (i.e. 2 days per quarter). The quarter outturn figures for 2010/2011 are set out in paragraph 10 of the report. The Council achieved the target for 2010/2011, the accumulated figure was 7.85 days.
5. Members agreed at the March 2011 Panel to adopt a new target of an average of 7.75 days per employee for 2011/2012.
6. During Q4, 4.3% staff met the trigger levels or above, 28.9% had sickness absence but did not meet the triggers and 66.8% had no absence. These figures have remained fairly constant over the year.

### **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.

## Report:

### Introduction

7. 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.

8. 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.

9. At the time of producing this report neither of the surveys/reports set out in paragraphs 7 and 8 had been updated to show figures for 2010.

10. 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.

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.

### Quarterly Figures 2009/2010 - 2010/2011

12. The outturn figure for 2009/2010 was an average of 8.35 days per employee, for 2010/2011 the outturn figure was 7.85 days. The outturn for 2010/2011 was below the Council's target of 8 days.

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

	Q1	Q2	Q3	Q4	Outturn	Target
<b>2009/2010</b>	2.29	2.02	1.88	2.16	8.35	8
<b>2010/2011</b>	1.88	1.81	2.15	2.01	7.85	8

Table 1

13. Members agreed at the March 2011 Panel to adopt a new target of an average of 7.75 days per employee for 2011/2012.

### Directorate Figures 2010/2011

14. Table 2 shows the average number of days lost per employee in each Directorate. All Directorates improved from Q3 to Q4 except Environmental and Planning where there were increases.

Directorate	Average FTE	Average Number of Days Absence				Total Average Number of Days
		Q1	Q2	Q3	Q4	
<b>Office of CE</b>	20.87	0.25	0.51	2.12	1.42	4.3
<b>Office of DCE</b>	46.91	0.92	2.09	2.35	1.99	7.35

<b>Corporate Support Services</b>	69.69	2.06	1.81	2.29	2.26	8.42
<b>Directorate</b>	<b>Average FTE</b>	<b>Average Number of Days Absence</b>				<b>Total Average Number of Days</b>
		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	
<b>Environment &amp; Street Scene</b>	112.97	1.70	2.10	1.79	2.78	8.37
<b>Finance &amp; ICT</b>	115.62	1.15	0.87	1.73	1.29	5.04
<b>Housing</b>	183.8	3.11	2.42	2.72	2.01	10.26
<b>Planning</b>	68.20	1.07	1.48	1.64	1.96	6.15

Table 2

### Long Term Absence 2010/2011

15. For this purpose long term absence has been defined as 4 weeks or over. During Q4 a total of 14 staff had 4 weeks or more absence. Twelve employees had one continuous period of absence and two employees had two periods of absence.

Table 3 provides further detail on these employees.

<b>Quarter</b>	<b>Left</b>	<b>Returned to work</b>	<b>Dismissed</b>	<b>Proposed Return date</b>	<b>Still Absent</b>	<b>Other Arrangements</b>
<b>Q1&amp;Q2</b>	8% (2)	60% (15)	4% (1)	12% (3)	16% (4)	
<b>Q3</b>	0	75% (12)	0	0	19%(3)	6% (1) (Unpaid leave)
<b>Q4</b>	7% (1)	65% (9)	0	0	7% (1)	21% (2 retirements; 1 unpaid leave)

Table 3

### Reasons for Absence

16. Infections, gastric problems and respiratory problems increased in Q4, whereas absence due to musculo-skeletal decreased, also absence due to depression reduced further from Q3. Table 4 shows the reasons for absence.

<b>Reason</b>	<b>Number of Days Q1 &amp; Q2</b>	<b>Number of Days Q3</b>	<b>Number of days Q4</b>	<b>Total Number of Days</b>
Other musculo-skeletal problems; includes neck, legs or feet and arms or hands. Also include joint problems such as arthritis.	543.7	284.1	140.9	968.7
Infections, including viral infections such as influenza, cold, cough and throat infections	384	403.9	510.9	1298.8
Depression, anxiety, mental health and fatigue. Includes mental illnesses such as anxiety and nervous debility/disorder (does not include stress)	353.5	69.9	44.8	468.2
Stomach, liver, kidney, digestion; include diarrhoea, vomiting and other gastro-intestinal illnesses.	244.9	196.6	275	716.5
Stress	233.2	100	23.8	357
Back problems	141.5	15.6	9.4	166.5

Chest, respiratory; including asthma, bronchitis, hay fever and chest infections	107.1	25.7	79.9	212.7
<b>Reason</b>	<b>Number of Days Q1 &amp; Q2</b>	<b>Number of Days Q3</b>		<b>Total Number of Days</b>
Eye, ear, nose and mouth, dental; sinusitis	63.1	50.2	29.6	142.9
Genito-urinary; menstrual problems	52.1	74.6	43.6	126.7
Neurological; headaches and migraines	49.9	55.8	52.4	158.1
Cancer, including all types of cancer and related treatments	48.4	31.3	18	97.7
Heart, blood pressure, circulation	9.4	27.8	97.5	134.7
Pregnancy	6.1	1.4	3.6	11.1
RTA	5	1	0	6

Table 4

### Conclusion

17. Table 5 shows that there were fairly consistent numbers of staff who had no absence and those that had absence over the course of the 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	71.4% (523)	24% (176)	4.6% (34)
2	73.7% (539)	22% (162)	4.3% (32)
3	65.2% (478)	29.9% (219)	4.9% (36)
4	66.8% (490)	28.9% (212)	4.3% (31)

Table 4

### 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 and 10 March 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