REPORT TO:	Finance & Staffing Portfolio Holder	15 November 2011
AUTHOR/S:	Executive Director (Corporate Services)	

SICKNESS ABSENCE 1 JULY 2011 – 30 SEPTEMBER 2011

Purpose

- 1. The purpose of this report is to provide information on sickness absence for 1 July 2011 to 30 September 2011 and is a quarterly monitoring report.
- 2. This is not a key decision but forms part of the regular monitoring reports.

Recommendations

3. It is recommended that Finance & Staffing Portfolio Holder note the content of the report.

Executive Summary

4. The Council must utilise all resources effectively in order to deliver excellent services and value for money to its communities. Managers need to focus on ensuring that they minimise the level of absence and maximise performance.

Background

5. Sickness statistics

(a) Sickness Pl

The sickness PI for the period **1 July 2011 to 30 September 2011** was **3.42** days sickness absence per FTE. The total days sickness per FTE therefore for the combined period of Quarters 1 and 2 (**1 April 2011 to 30 September 2011**) therefore is **6.35** against an annual target figure of 9 for 2011/12.

This is an increase in the PI for the same period in **2010/11**, which was **3.07** days per FTE. (However it is a decrease for the total cumulative period of Quarters 1 and 2, which was **6.40 for Q1 and Q2 2010-11**)

(FTE used = 447.08 (at start of period 01/07/2011)

Trend information for BVPI 12 – days sickness per FTE (2011/12)

Quarter	Q1	Q2	Q3	Q4
BVPI 12	2.93	3.42		
figure	2.95	5.42		
Cumulative	2.93	6.35		

Year	05/06	06/07	07/08	08/09	09/10	10/11	11/12
BVPI 12 year end figure	10.75	11.15	10.15	12.69	12.65	12.13	твс
FTE at						449.28	TBC

end of	445.64	441.71	460.38	459.03	448.86	
year						

(b) Benchmark figures by corporate area

	Number of a	vailable working days lo	st due to sickness
Area	QUARTER 2 01/07/11- 30/09/11	No. Employee's with sickness absence days in period	Comments
Affordable Homes (ex. SH & DLO)	215.8	18	1 dismissal (long term sickness) 2 return to works (long term sickness
Sheltered Housing	252.0	17	1 dismissal (long term sickness) 1 III Health Retirement
DLO	131.0	7	2 return to works (long term sickness)
Chief Executive Team	0.0	0	
Community & Customer Services	42.9	7	
Corporate Services:	333.9	33	Total of 5 departments below
Accountancy	3.3	1	
HR & Payroll	50.8	2	
ICT	28.0	7	
Legal & Dem Services	10.6	3	
Revenues & Benefits	49.7	20	
Health & Environment (ex. DSO)	199.5	9	
DSO	350.0	38	2 return to works (long term sickness)
Planning & New Communities	198.4	26	1 return to work (long term sickness)
Total	<u>1532.0</u>	155	

Sickness absence levels have increased by 13.1% on last quarter (Q1 2011-12).

The 1532.0 days sickness absence can be attributed to **155 employees**. Which is **32.36%** of the total staff for the period. (479 Headcount at 01/07/2011)

Area	FTE at 01/04/2011	Sickness days per person in Quarter 1 (11/12)	FTE at 01/07/2011	Sickness days per person in Quarter 2 (11/12)	+/- days change from Q1 11/12 to Q2 11/12
Affordable Homes (ex. SH & DLO)	58.49	4.73	57.84	3.73	Down 1.00
- Sheltered Housing	43.41	5.60	41.72	6.04	Up 0.44
- DLO	16.00	5.56	17.00	7.71	Up 2.15
Chief Executives and PAs	5.00	0.00	5.00	0.00	No Change
Community & Customer Services	20.40	0.35	18.20	2.36	Up 2.01
Corporate Services (Total of 5 depts below)	110.1	0.78	101.16	3.30	Up 2.52
- Accountancy	14.84	0.54	13.96	0.24	Down 0.30
- HR & Payroll	6.10	0.48	6.21	8.18	Up 7.70
- ICT	24.40	1.64	22.40	1.25	Down 0.39
- Legal & Democratic Services	15.54	0.87	13.91	0.76	Down 0.11
- Revenues & Benefits	49.22	0.57	44.68	1.11	Up 0.54
Health & Environment	40.42	3.79	41.92	4.76	Up 0.97
- DSO	90.5	3.70	87.00	4.02	Up 0.32
Planning & New Communities	78.03	2.10	77.24	2.57	Up 0.47

(c) Sickness Days per person in Quarter 2 (01/07/2011 – 30/09/11) (compared to last quarter)

The sickness days recorded per FTE for the whole Council was **3.42 in Quarter 2**, this is an increase of 0.49 days since Quarter 1 (where 2.93 sickness days were recorded per FTE).

(d) Long-term v Short-term sickness

Department	QUARTER 2 - 01/07/2011 – 30/09/2011 sickness						
	No of days Long term (20+ days)	% of dept absence that = Long Term	No of days Short term	% of dept absence that = Short Term			
Affordable Homes (exc. SH and DLO)	166.0	76.9%	49.8	23.1%			
- Sheltered Housing	175.15	69.5%	76.85	30.5%			
- DLO	120.0	91.6%	11.0	8.4%			
Chief Executives & PAs	0.0	0.0%	0.0	0.0%			
Community & Customer Services	0.0	0.0%	42.9	100.0%			
Corporate Services	48.0	14.4%	285.9	86.6%			
- Accountancy	0.0	0.0%	3.3	100.0%			
- Business & Customer Services	0.0	0.0%	0.0	0.0%			
- HR & Payroll	48.0	5.5%	2.8	94.5%			
- ICT	0.0	0.0%	28.0	100.0%			
- Legal & Democratic Services	0.0	0.0%	10.6	100.0%			
- Revenues & Benefits	0.0	0.0%	49.7	100.0%			
Health & Environment (ex. DSO)	171.0	85.7%	28.5	14.3%			
- DSO	209.0	59.7%	141.0	41.3%			
Planning & New Communities	152.0	76.6%	46.4	23.4%			
Total	1041.15	68.0%	497.15	32.0%			

Over two thirds (68%) of sickness absence during the period can be attributed to long-term sickness (periods over 20 days in duration).

These long-term periods of absence are attributable to **26 employees**.

Long-term sickness has increased by 17.4% since last quarter (886.5 out of 1352.7 days were attributed to long-term sickness)

Reason	Affordable Homes	- Sheltered Hsg	- DLO	Chief Exec Team	Community & Customer Service	Corp Services - Accountancy	Corp Services – Bus/Cust Services	Corp Services – HR & Payroll	Corp Services - ICT	Corp Services – Legal & Dem Services	Corp Services – Revenues & Benefits	Health & Envt Services	- DSO	Planning & New Communities	TOTAL
Back	18.0	75.0							10.0		1.0		6.0	1.0	111.0
Chest/respiratory		6.0	1.0								1.0		1.0	66.0	75.0
Ear, nose, mouth, eye	49.0				1.0					8.6	1.0		2.0	13.4	75.0
Face															0.0
Genito-urinary		1.0								1.0	0.8			1.0	3.8
Headaches & migraine		1.0			2.0				3.0				3.0	4.0	13.0
Heart, blood pressure, circulation		2.0			1.0							66.0	66.0		135.0
Operation & post op recovery		43.0									20.0		45.0		108.0
Other	67.0	13.4	2.0						2.0			74.0	1.0	69.0	228.4
Other Muscular- Skeletal	34.8	12.0	118.0					48.0	5.0		2.0		148.5	29.0	397.3
Pregnancy related					16.0						5.8			2.0	23.8
Stomach, liver, kidney, digestion	5.0	1.0	4.0					2.8	2.0		11.1	4.2	32.5	3.0	65.6
Stress, depression & mental health	22.0	13.6			10.9							39.0	23.0		108.5
Viral	20.0	84.0	6.0		12.0	3.3			6.0	1.0	7.0	16.3	22.0	10.0	187.6
Total	215.8	252.0	131.0	0.0	42.9	3.3	0.0	50.8	28.0	10.6	49.7	199.5	350.0	198.4	<u>1532.0</u>

(e) Sickness absence by reason given – Quarter 2 Alone (01/07/11 – 30/09/11) (figures quoted as number of working days lost)

f) Summary of Sickness by Reason compared to last quarter and Quarter 1 (2010-11)

Reason	Days lost for Quarter 2 (2010-11) 01/07/10 – 30/09/10	Days lost for Quarter 1 (2011-12) 01/04/11 – 30/06/11	Days Lost for Quarter 2 (2011-12) 01/07/11 – 30/09/11	Change since last quarter (Q1 11-12) -/+	Change since Quarter 2 last year (10-11) -/+
Back	237.0	148.6	111.0	37.6 less	126.0 less
Chest/respiratory	50.0	72.0	75.0	3.0 more	25.0 more
Ear, nose, mouth, eye	19.0	53.3	75.0	21.7 more	56.0 more
Face	0.0	0.0	0.0	No change	No change
Genito-urinary	0.0	2.0	3.8	1.8 more	3.8 more
Headaches & migraine	20.0	7.9	13.0	5.1 more	7.0 less
Heart, blood pressure, circulation	12.0	87.0	135.0	48.0 more	123.0 more
Operation & post op recovery	143.0	83.0	108.0	25.0 more	35.0 less
Other	105.0	220.5	228.4	7.9 more	123.4 more
Other Muscular-Skeletal	134.0	294.0	397.3	103.3 more	263.3 more
Pregnancy related	19.0	11.6	23.8	12.2 more	4.8 more
Stomach, liver, kidney, digestion	66.0	62.7	65.6	2.9 more	0.4 less
Stress, depression & mental health	503.0	162.2	108.5	53.7 less	394.5 less
Viral	84.0	147.9	187.6	39.7 more	103.6 more
Total	<u>1392.0</u>	<u>1352.7</u>	<u>1532.0</u>	179.3 more	140.0 more

This demonstrates that there has been an overall increase (13.1%) in sickness absence levels since the last quarter (Q1 2011-12), and there has been a 10.1% increase since the same quarter last year (Q2 2010-11).

There has continued to be a **significant drop in absence caused by stress, depression and mental health** since both the last quarter (a 33.1% drop) and since the same quarter last year (a 78.4% drop). However the sickness absence levels caused by **Muscular-Skeletal problems has increased considerably** by 35.1% since last quarter and 196.5% since the same quarter last year (Q2 2010-11).

Considerations

- Service areas collect their own sickness information; this is then provided to HR Payroll and entered on the HR-Payroll system. Monthly reports are sent to line managers identifying individual sickness patterns for employees in their section and are copied to corporate managers and service managers to report back to HR on action.
- 7. While the Quarter 2 figures are disappointing, September 2011 has shown a marked improvement on sickness absence figures from the previous months (with a 24.43% decrease in days absence per FTE from August 2011). Sickness absence was unusually high during August 2011 with the sickness figures shown in this report for Q2 being attributed as follows:

July 2011:	33.5% of absences
August 2011:	38.2% of absences
September 2011:	28.3% of absences

8. The HR team continues to work with managers to implement the Management of Sickness Absence Policy and during 2011 a series of mandatory training sessions on Managing Sickness Absence have been rolled out to all staff with line management responsibilities, to date there are 10 managers yet to attend the sessions. During the quarter, there were10 long-term sickness cases closed: 2 dismissals, 1 III Health Retirement and 7 returns to work.

Implications

9.

Financial	Under the Green Book the maximum amount of contractual sick pay after 5 years local government service is 6 months at full pay, 6 months half pay. There are also the financial costs involved in temporary cover in long-term sickness cases to maintain service delivery.
Legal	The Council has an obligation to make reasonable adjustments to allow a disabled employee to continue working or to join the organisation. Sickness records are a protected category under the Data Protection Act provisions in relation to employee records.
Staffing	Sickness absence means duties need to be covered or reallocated to ensure continuity of service delivery
Risk Management	There are minimal levels of risk
Equal Opportunities	There is currently minimal monitoring from an equal opportunity perspective on sickness absence

Effect on Strategic Aims

10. **Commitment to being a listening council, providing first class services accessible to all:** Reducing the number of days lost to sickness absence will have an impact on improving service delivery for residents.

Background Papers: the following background papers were used in the preparation of this report:

Performance Indicators

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