

AGENDA MANAGEMENT SHEET

Name of Committee Resources Performance and Development
Overview & Scrutiny Committee

Date of Committee 29th April 2008

Report Title Employee absence management

Summary This report is the latest in a series of quarterly reports which describes the latest performance information on employee absence levels.

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 (Employee Relations)
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Would the recommended decision be contrary to the Budget and Policy Framework? No

Background papers None

CONSULTATION ALREADY UNDERTAKEN:- Details to be specified

- Other Committees
- Local Member(s)
- Other Elected Members Councillor Haynes
 Councillor Booth
 Councillor Atkinson
- Cabinet Member Councillor Fowler
- Chief Executive
- Legal
- Finance
- Other Chief Officers
- District Councils
- Health Authority
- Police

Other Bodies/Individuals

FINAL DECISION

SUGGESTED NEXT STEPS:

Details to be specified

Further consideration by this Committee Recommendation that this Committee continues to receive quarterly progress reports

To Council

To Cabinet

To an O & S Committee

To an Area Committee

Further Consultation

Agenda No

Resources Performance and Development Overview & Scrutiny Committee - 29th April 2008

Employee Absence Management

Report of the Strategic Director of Performance & Development

Recommendation

That the Committee note the latest available performance information on absence levels and continued progress in relation to absence management.

1. Background

This report provides information on absence figures for year ending December 2007. It forms part of a regularly quarterly update for Members on this key issue.

2. Comparative Absence Figures

2.1 A summary of comparative absence figures over the last four years is as set out below: -

Year Ending	2003/4	2004/5	2005/6	2006/7	June 07	Sept 07	Dec 07
Days Lost per Employee*	12.47	10.12	10.57	9.51	9.30	8.65	8.58

* based on full time equivalent

2.2 The following specific issues are brought to the attention of Members: -

- The overall trend in relation to sickness absence levels remains downwards. Days lost through sickness absence have decreased by 0.93 days per employee since the end of the financial year 2006/2007 and by 0.07 days since the last reporting period (year ending September 2007).
- Current absence levels are now lower than both the latest national local government figures (9.6 days absence per FTE employee) and the CBI National average for public sector employers (9.0 days).

- Absence rates remain higher than the average for County Councils (8.47 days) and the CBI National average for private sector employees (6.3 days).
- In the first three quarters of the financial year approximately 55% of employees had no sickness absence.
- Improvements in the recording of sickness absence continues to contribute to the decrease in recorded levels. This is particularly the case in relation to schools based absence which has seen a further decrease from 8.2 days to 8.1 days since the last reporting period.
- Members will note that the report has again been refined to split absence levels within the Children Young People and Families Directorate between schools and non-schools. If school based absence were omitted from the report then the corporate figures would increase to 9.58 days per employee.

2.3 A more detailed analysis of absence by service area is attached at Appendix A.

3. Reasons for sickness absence

- 3.1 Long-term sickness accounts for approximately 58% of all working days lost through sickness absence. Long-term sickness absence is defined as absences of longer than four continuous weeks duration.
- 3.2 The statistics demonstrate that 16% of employees who have sickness absence periods of 4 weeks or more then continue on sick leave for a longer period of six months or over.
- 3.3 20% of all working days lost through sickness absence are categorised as short term/intermittent (i.e. of three days or less in duration). A breakdown of this is given below: -

Length of absence	Days Lost	% of total days lost	Incidences	% of total incidences
1 day	9905	8%	9905	41%
2 day	9382	7%	4691	19%
3 day	6366	5%	2122	9%

* Figures based on first three quarters of 2007/2008

- 3.4 Members will note that the figures within this report relate only to sickness absence as reported through appropriate procedures and managed through the Council's management of attendance procedure. In the very rare occasions where there is strong evidence that employees are not genuinely sick then this would be dealt with as a disciplinary issue and would not be included in the sickness figures.
- 3.5 The figures do not include absence for non-sickness reasons such as annual leave, maternity, paternity, or adoption leave, unpaid leave and leave for compassionate reasons.
- 3.6 A breakdown of the specific reasons for sickness is given in Appendix B. There is little change in the main reasons for sickness absence across the Council with musculo-skeletal issues accounting for 21% of absence, stress/mental health issues accounting for 15% and viral issues accounting for 10% of absence. The

increase in absence related to viral issues reflects a nation-wide increase in the October to December period. It is clear that more work needs to be done across Directorates in relation to identifying reasons for absence. The 13% of absences for “unknown reasons” is clearly unacceptably high.

- 3.7 A more detailed analysis of reasons for sickness absence will be included in future reports.

4 Improving Absence Management

- 4.1 Members will be aware that continued action is being taken to improve attendance and absence levels in accordance with the action plan agreed by this Committee on the 4th September 2007.
- 4.2 This includes the streamlining of the absence recording process in the new HR Service Centre, the extension of a performance management framework in all directorates and the participation in a “Promoting Well-Being” research study being undertaken in partnership with the University of Warwick Medical School. Trade union colleagues are involved in the development of the overall action plan and are key members of the Warwick Medical School research study group.
- 4.3 A particular focus of the research study will be the management of long-term sickness absence and a review of initiatives which could be used to reduce such rates. Part of this will focus on the importance of back to work interviewing for managers and their role in supporting employees, identifying trends and helping to manage return to work strategies. The affect of the above action plan will be reviewed over the next 12 months and reported to this Committee.

5. Conclusion

- 5.1 It remains pleasing that absence rates are continuing to reduce across the Council. As always, however, there can be no complacency in relation to the management of sickness absence and we need to work hard, together with our trade union colleagues to ensure a continued and sustainable improvement.

David Carter
Strategic Director of Performance and
Development
Shire Hall
Warwick
April 2008

**ABSENCE LEVELS (AVERAGE NUMBERS OF DAY'S ABSENCE PER FTE EMPLOYEE)
FOR THE PREVIOUS REPORTING PERIODS.**

DIRECTORATE	2006/7	JUNE 07	SEPT 07	DEC 07
Resources	8.42	8.09	8.84	8.50
CYP&F (schools)	8.30*	9.20*	8.23*	8.10*
CYP&F (non schools)	7.70	7.30	7.56	7.57
Performance & Development	9.20	6.24	7.20	7.66
Community Protection	8.31	8.12	8.11	8.08
Adult Health & C. Services	18.77	13.55**	13.27**	13.17**
Environment & Economy	7.53	7.39	6.87	6.81
	9.51	9.25	8.65	8.58

(*) Based on headcount figures (rather than FTE) in order to retain comparative base (over the last two years) and in order to balance the difficulties in recording term time/part time absence data

(**) Revised figures which utilise the number of hours absence taken. This results in more robust figures that are not affected by working patterns.

**TOP EIGHT REASONS FOR SICKNESS ABSENCE (DAYS LOST AND %)
 QUARTER 3 PERIOD: OCTOBER TO DECEMBER 2007.**

TOP REASONS FOR ABSENCE	DAYS LOST	% OF ALL ABSENCE
Musculo-Skeletal issues	8267.4	21.1%
Stress & Mental Health	6117.2	15.6%
Unknown reasons	5087.8	13.2%
Viral	4032.8	10.3%
Operation/Post Op	4006.2	10.2%
Digestive Systems	2624.8	6.7%
Chest/Respiratory	1379.1	3.5%
Ear/Eye/Nose/Mouth	1157.3	2.9%