

WEST DUNBARTONSHIRE COUNCIL

Report by Executive Director of Corporate Services

Corporate and Efficient Governance Committee – 24 March 2010

Subject: Sickness Absence Reporting – Quarter 3 (2009/2010)

1. Purpose

- 1.1** To advise the Corporate and Efficient Governance Committee on the levels of employee sickness absence for the third quarter (October, November and December) of 2009/2010.

2. Background

Internal Sickness Absence Reporting

- 2.1** Sickness absence figures are reported on a quarterly basis to the Corporate and Efficient Governance Committee. Quarterly Sickness Absence Reports identify how the Council is performing in relation to previous quarters and years and identifies if targets are likely to be achieved.

Statutory Performance Indicators

- 2.2** One of the annual Statutory Performance Indicators that West Dunbartonshire Council reports on to Audit Scotland is in terms of sickness absence. Corporate Human Resources and Organisational Development collate these annual statistics. Audit Scotland requires the figures to be separated into 2 categories: Local Government Employees and Teachers.

- 2.3** The total FTE days lost per FTE employee for 2008/2009 were:

	Figure Reported for 2008/2009	Target set for 2009/2010
Local Government Employees	13.61	13
Teachers	7.05	6.5
Council-wide	12.48	12

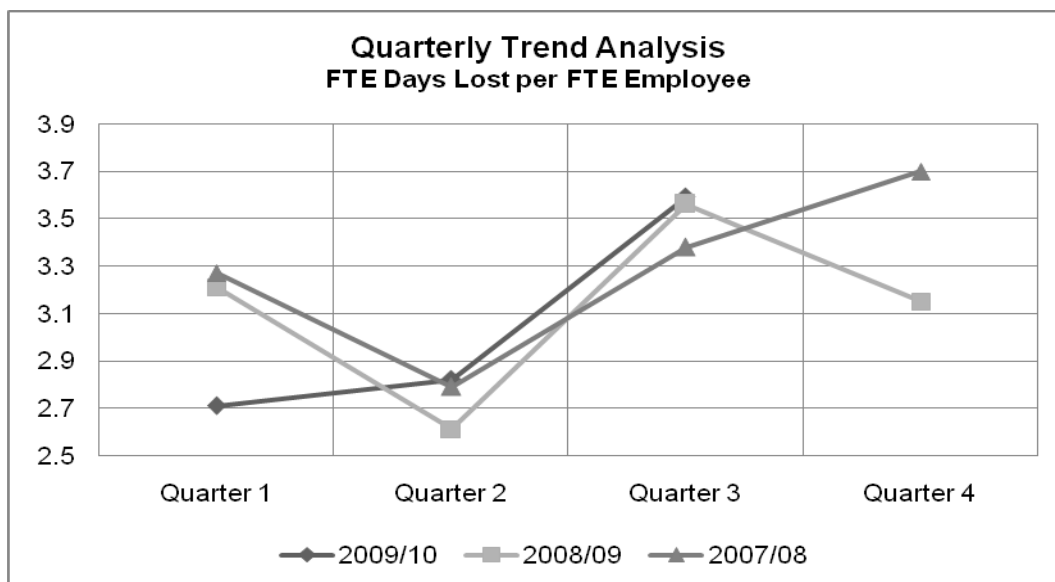
- 2.4** A target reduction of around 0.5 FTE days was agreed. If current trends continue the Council-wide figure for this year could potentially be higher than the target of 12 FTE days lost per FTE employee.

- 2.5** The national average for the public sector of days lost per employee is 9.7 days (as reported by the Chartered Institute of Personnel and Development – 2009). The CIPD have also reported that Scotland tends to report higher levels of sickness absence than the rest of the UK with an average of 10.1 days per employee.

3. Sickness Absence Statistics

Trend Analysis

- 3.1 The graph below details the quarterly total FTE days lost per FTE employee for West Dunbartonshire Council for the year 2009/10 and compares it to the previous 2 years (2008/09 and 2007/08).



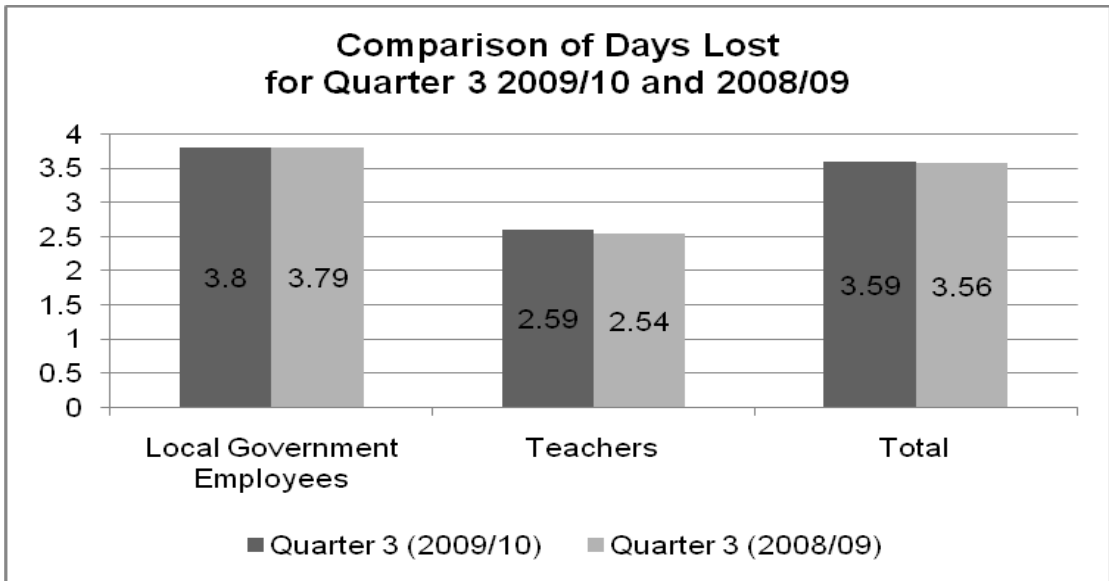
- 3.2 The previous 2 years figures have been used as comparators to show that the reported figure for Quarter 1 2009/10 does not fit the expected trend. The current year Quarter 1 figure was lower than expected.
- 3.3 The projected annual figure is likely to be higher than the council-wide target of 12 FTE days lost per FTE employees. For the first three quarters the total FTE days lost per FTE employee are as follows:

	FTE days lost per FTE employee
Local Government Employees	9.96
Teachers	4.96
Council-wide	9.14

The increase in reported sickness absence for Quarters 2 and 3 may be attributable to the swine flu pandemic. Recent guidance from Serco, our Occupational Health provider, suggests that flu activity in January has decreased to normal seasonal levels throughout the UK and unless there is a further outbreak there should be no further impact on sickness absence statistics.

Days Lost

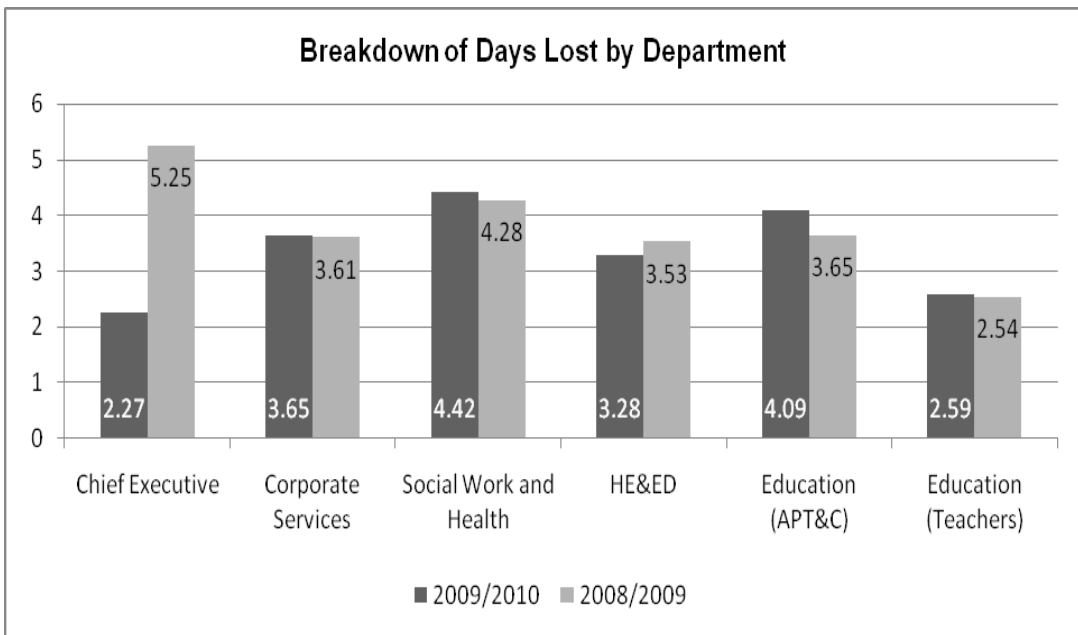
- 3.4 The total FTE days lost per FTE employee for Quarter 3 (October, November and December) 2009/2010, compared to the same quarter the previous year, is detailed below:



3.5 The figure of 3.59 FTE days lost per FTE employee is a slight increase on the figure reported for the same quarter the previous year (increase of 0.03 FTE days).

Days Lost - Departmental Breakdown & Quarterly Comparison

3.6 A departmental breakdown and comparison for Quarter 3 is detailed below.



3.7 The variances in FTE days lost in each department are:

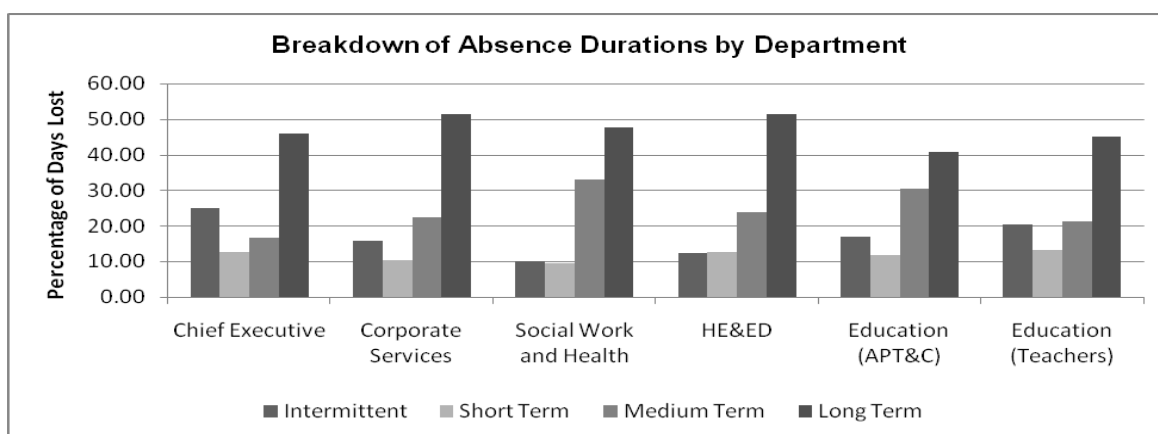
Corporate Services	+0.04	Chief Executive	-2.98
Social Work	+0.14	Housing, Environmental and	
Education (APT&C)	+0.44	Economic Development	-0.25
Education (Teachers)	+0.05		

Absence Durations

- 3.8** Sickness absence is categorised into duration categories. Detailed below is the percentage of days lost per duration category.

Absence Duration Category	Percentage of Days Lost	National Public Sector Percentage of Days Lost
Intermittent & Short Term sickness absence <i>(absences between 1 to 5 days)</i>	25%	57%
Medium term sickness absence <i>(absences between 6 days and 4 weeks)</i>	28%	18%
Long term sickness absence <i>(absences over 4 weeks in duration)</i>	47%	27%

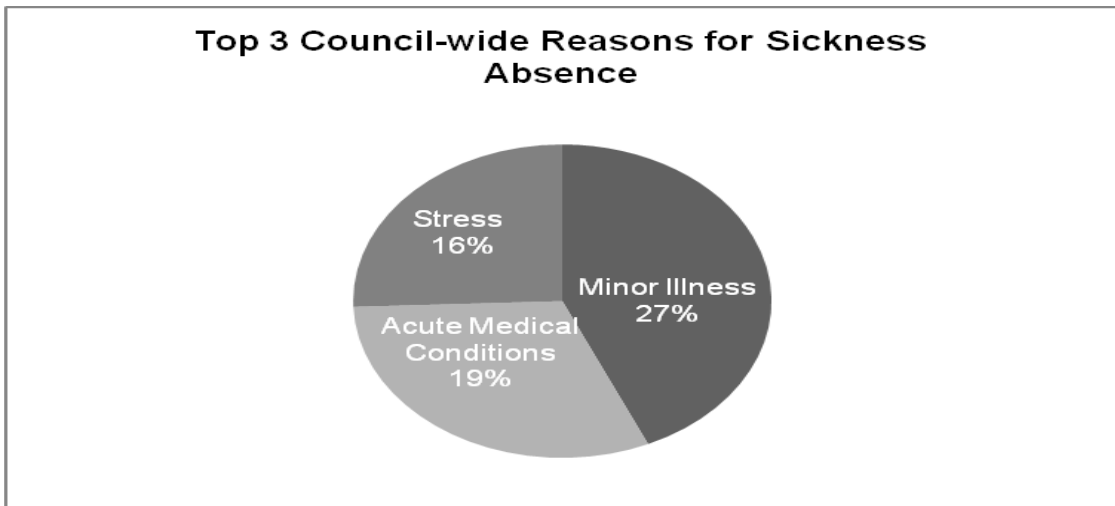
The above table shows that the Council is not following national trends in terms of absence durations. The National Public Sector figures for Percentage of Days Lost were taken from the Chartered Institute of Personnel and Developments Annual Survey Report 2009. The Council-wide figures are consistent with the breakdown of absence durations within Departments for Quarter 3 (2009/2010) detailed below:



- 3.9** The above graph shows that long term sickness absence is a significant factor for absence within all Departments.

Absence Reasons

- 3.10** The top 3 reasons for absence for Quarter 3 (October, November and December) 2009/2010 are detailed overleaf.



3.11 The top 3 reasons for sickness absence within the Council are no longer following national trends. Musculoskeletal Conditions are normally in the top 3 reasons for absence, but for the second quarter it has been superseded by Acute Medical Conditions.

3.12 The top 3 reasons for sickness absence differ departmentally. Detailed below are the top 3 reasons for sickness absence broken down by Department.

	1	2	3
Chief Executives Department	Stress (45%)	Minor Illness (30%)	Musculo-skeletal conditions (18%)
Corporate Services	Minor Illness (29%)	Mental Health (21%)	Recurring Medical Conditions (18%)
Social Work & Health	Acute Medical Conditions (20%)	Minor Illness (18%)	Stress (17%)
HE & ED	Minor Illness (25%)	Musculo-skeletal conditions (21%)	Stress (20%)
Education (APT&C)	Minor Illness (37%)	Acute Medical Conditions (19%)	Recurring Medical Conditions (13%)
Education (Teachers)	Minor Illness (38%)	Acute Medical Conditions (21%)	Stress (15%)

3.13 Minor Illness features in the top 3 reasons for all departments. Housing, Economic and Environmental Development are the only department that is following national trends in terms of reasons for absence.

3.14 The category Minor Illness covers ailments such as coughs, cold, flu and migraines and as such there are limited measures that can be put in place to manage these absences. Work is being undertaken to promote early referral to Occupational Health and Physiotherapy in order to support managers in managing employees with Musculo-skeletal Conditions, Recurring or Acute Medical Conditions. The Stress Policy is being revised to better support those employees suffering from stress and to enable them to remain at work while addressing the issues causing their stress.

4. Personnel Issues

4.1 The effective management of absence is critical as those still at work often find themselves absorbing workloads for their absent colleagues. There are considerable HR issues in developing a new approach to managing attendance. There will be ongoing involvement of trades unions and managers in developing new policies, procedures and processes to ensure that absence management is dealt with much more robustly, and it is hoped to develop any new approaches on a partnership basis.

4.2 A new Maximising Attendance Policy is being developed and is due for implementation in 2010.

4.3 A centralised approach to developing policies, procedures and processes will enable the consistent management of sickness absence issues. An absence reporting and recording pilot commenced on 1 December 2009 within Corporate Services and Chief Executives. The pilot aims to achieve the following:

- Reducing manager's administration time
- Reducing the number of days lost/instances of absence in comparison to the same period for 2008/09
- Increasing the number of Return to Work interviews and Attendance Review Meetings held and also earlier and increased referrals to Occupational Health to address employee health issues
- Standardising absence management and special leave allocation behaviours to ensure consistency across all managers
- Reviewing and refining the performance of the new absence module

5. Financial Implications

5.1 Absence has a significant impact upon the cost of service delivery, particularly where overtime and/or replacement costs are incurred to deliver essential services.

5.2 Long term sickness absence is a significant factor for absence, with 47% of days lost falling into this category.

5.3 A recent House of Lords judgement, *Stringer v HRMC*, states that employees continue to accrue their statutory leave entitlement of 28 days leave, which derives from the European Working Time Directive, throughout sickness absence, even if this period of sickness absence is over 2 leave periods. Employees will accrue the leave for the entire duration of their sickness absence and must be allowed to take it on their return to work, whenever that is, or to be paid in lieu of it if their employment terminates. The judgement does not apply to any additional contractual annual leave over the 28 days statutory entitlement, and as such additional contractual leave can be treated differently.

5.4 In line with the rulings teachers, who previously could claim a maximum of 10 days annual leave following sickness absence, can now potentially claim back 66 days annual leave if they have been absent for a full year. Educational Services are awaiting national guidance on this issue.

5.5 In order to reduce the cost implications of those on sickness absence accruing annual leave the Council will need to consider what steps can be taken to actively manage the employees sickness absence from an early stage. This will involve holding regular meetings with the employee and seeking Occupational Health reports for early prognosis on anticipated return to work. Where it is established that an employee will not or is unlikely to be able to return to work, steps should be taken to terminate employment rather than letting the sickness absence continue indefinitely.

6. Risk Analysis

6.1 If there is no significant improvement in the absence rates there is a significant risk that the Council will continue to be one of the poorest performing Councils in relation to absence.

7. Equalities Impact

7.1 An Equalities Impact Assessment Screening has been undertaken on the management of sickness absence within West Dunbartonshire Council. It noted that a high level of employees on long term sickness absence will be covered by the Disability Discrimination Act (DDA) and therefore any measures to manage long term sickness absence will have a differential impact on those covered by the DDA.

7.2 Policies and procedures that impact on sickness absence (Maximising Attendance Policy, Stress in the Workplace Policy, etc.) will undergo Equalities Impact Assessments in their own right to ensure that no groups are disproportionately affected.

8. Conclusions and Recommendations

8.1 There is considerable work to be undertaken in the consistent collection of data and enabling a more robust analysis of interventions. A central focus on driving this forward continues to be required.

8.2 The Corporate and Efficient Governance Committee is asked to note the contents of this report and to request further information if required.

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Appendices: None

Background Papers: None