

EXECUTIVE COMMITTEE

26th June 2012

SICKNESS ABSENCE PERFORMANCE AND HEALTH FOR PERIOD ENDING 31ST MARCH 2012

Relevant Portfolio Holder	Councillor Phil Mould – Portfolio Holder for Corporate Management
Relevant Head of Service	Teresa Kristunas, Head of Finance and Resources
Non-Key Decision	

1 SUMMARY OF PROPOSALS

- 1.1 To report to Executive Committee on Redditch Borough Council's performance for the last quarter (January – March 2012) and the final year outturn for 2011/2012 in relation to sickness absence.
- 1.2 To agree the format for future sickness performance reporting with reference to the format used in this report as a presentation exemplum.

2 RECOMMENDATIONS

The Executive Committee is requested to RESOLVE that

- 1) the new report format be agreed as an improved way of presenting the data; and**
- 2) the data relating to the last quarter / full year end be noted.**

3 KEY ISSUES

Analysis of the monthly statistics for the last quarter

Statistics for the Last Quarter (January – March 2012) compared to the same quarter last year

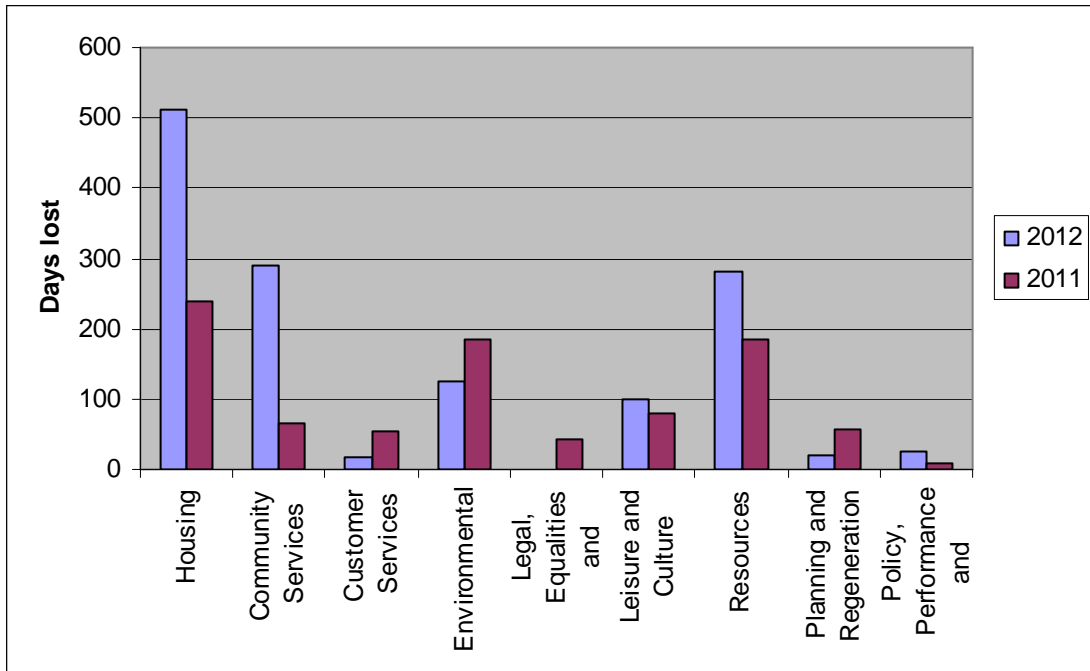
- 3.1 The table and graph below shows performance in the last quarter, compared to the same quarter in the previous year (2010 – 2011). As the staff within Legal & Democratic Services have transferred to Bromsgrove as part of shared services, these figures are reported in Bromsgrove.

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3.2 Future shared service reporting is referred to in 3.7 below.

Service Area	Jan - March 2010 / 2011	Jan - March 2011/ 2012	Average days per employee based on FTE for quarter
Housing	237.5	513	3.9
Community Services	64.8	289	3.91
Customer Services	54.8	18	0.55
Environmental	185.9	124.6	1.20
Legal and Democratic	44	0	0
Leisure and Culture	79	100	1.29
Finance and Resources	183.7	281	2.91
Planning and Regeneration	58	20.3	1.11
Policy, Performance and Partnerships	7.2	25.7	1.01
	914.9	1371.6	2.36



3.3 This shows an increase in the total number of days lost for the quarter. The increase is significant in Housing, Community Services and Resources.

3.4 The figures for this quarter have been exasperated by an increase in the number of long-term sickness absence cases in these areas. The HR Advisors are working closely with managers to identify underlying causes and address specific areas of concern. A number of these cases have since been resolved.

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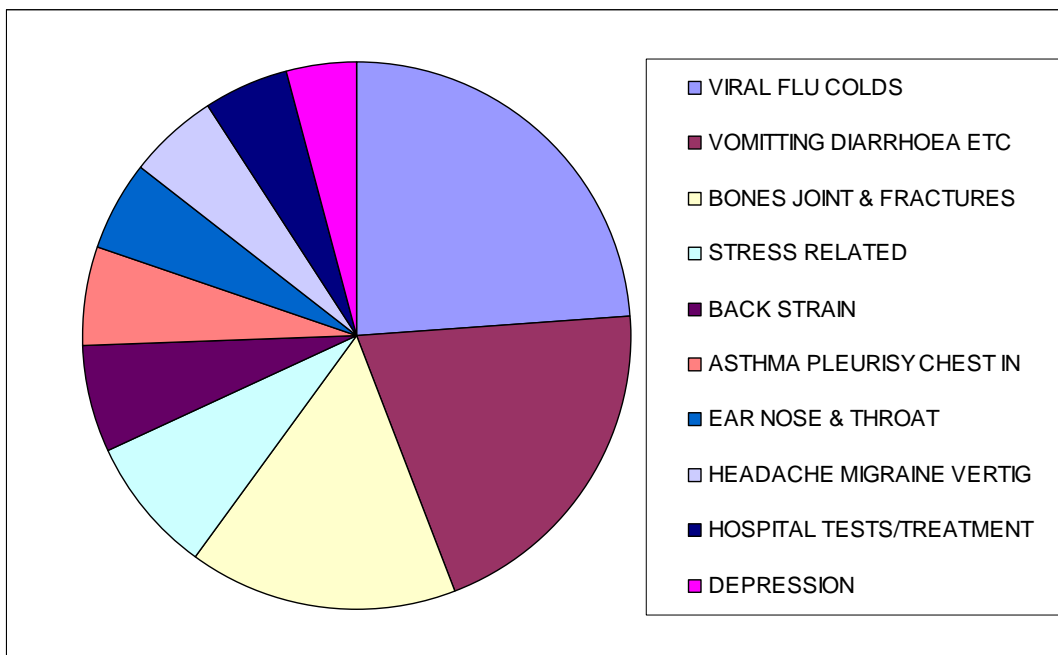
- 3.5 The average days lost per person for this quarter is 2.36 days per person.
- 3.6 From April 2012 issues with comparing “like for like” will present inconsistencies within the statistics until the timescale of the introduction of Shared Services across the year has passed, and the services are in the right authority to be compared on a direct basis.

Implications of Shared Service

- 3.7 Historically data has been collected across service areas and reported accordingly. As part of the Shared Service work statistics for absence will be reported under a “Shared Service” heading where these are across both Councils, and will be reported alongside each Councils figures. This is to ensure the impact of staff who are absent on one Council’s payroll is measured appropriately within the Shared Service for the other Council.

Breakdown of absence by sickness type

- 3.8 The graph below shows the top ten absences broken down by sickness type for the last quarter (January to March 2012).
- 3.9 This reflects 188 of 236 days lost for the quarter, which is 80% of the total sickness days.



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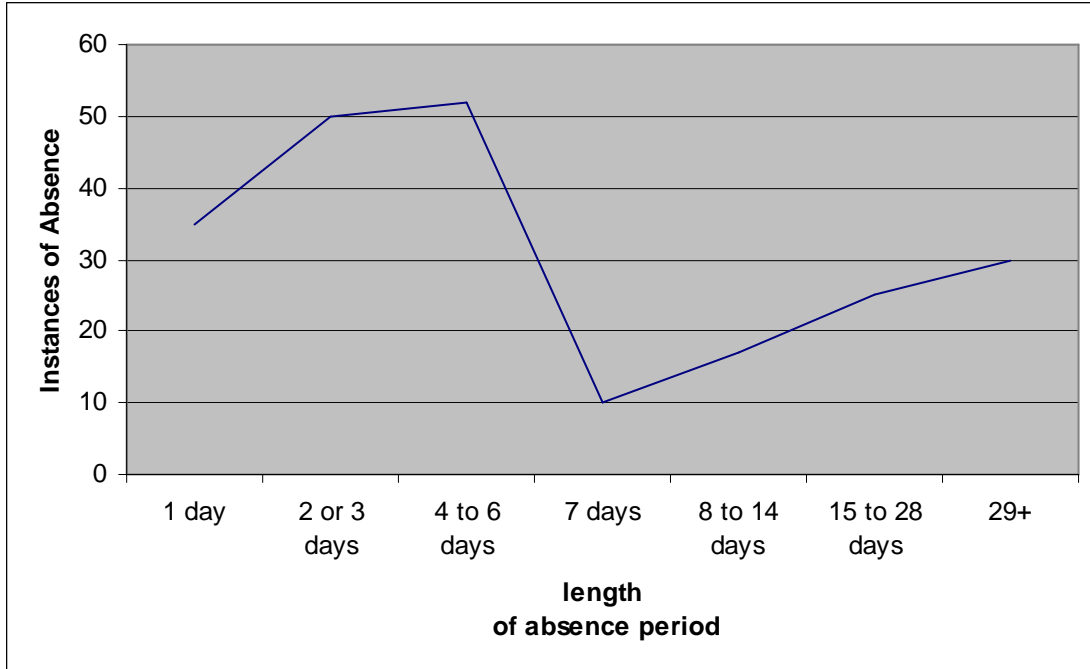
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- 3.10 In this quarter the highest number of absences are attributed to viral infections (flu), and vomiting and diarrhoea as may be expected during the winter months. There is some impact on the statistics for this quarter through some accidents (non work related) resulting in fractures causing long term sickness.
- 3.11 Areas that may be a concern to the organisation from a health and safety / occupational health perspective include 15 instances of stress and 8 of depression although these are not necessarily work related.
- 3.12 For the upcoming year 2012 / 2013 a series of training events has been arranged for managers to help them to understand and deal with mental health issues in the workplace. The aim of this is not primarily to improve sickness absence, but to improve the mental wellbeing of staff in a period of change, with the expectation that there will be a knock on effect both in terms of improved attendance but also in managing “presenteeism” at work from employees who are struggling to cope.
- 3.13 The first of these sessions held in May has been positively received with excellent feedback from those who attended. The HR & OD team are looking to identify further initiatives to support this work.
- 3.14 Within the new reporting format it is recommended that the standard Local Government Sickness categories be used, to support consistent collection of information and appropriate action from a health and safety or occupational health perspective when information suggests there may be a problem. These categories are given at appendix 2. The data has not been collected in this format historically so the full year data is not available for 2011 / 2012.
- 3.15 For future reports it is suggested that this information is reported 6 monthly.

Incidences of absence by duration

- 3.16 An additional piece of information requested for reporting is the number of incidences of absence by duration. This shows there are significant peaks in duration of absence time as 2 to 3 days and 4 to 6 days.

Instances of absence (last quarter)	
1 day	35
2 or 3 days	50
4 to 6 days	52
7 days	10
8 to 14 days	17
15 to 28 days	25
29+	30



- 3.17 HR Advisors are continually working with managers to identify patterns of absence and the causes of sickness in order to address the underlying issues.

Statistics for the full year 2011 to 2012

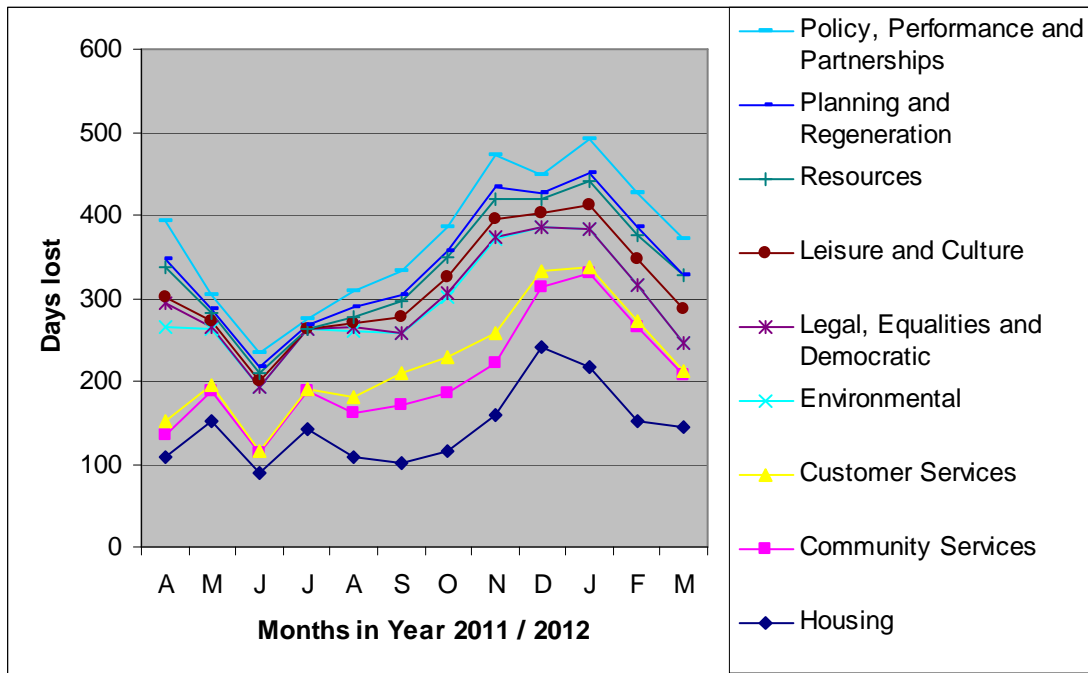
- 3.18 The full year figure shows an average of 7.95 days lost per employee. This is below the corporate target of 8.75, and is below the most recently available statistics relating to the public sector average of 9.6 days (from the CIPD absence management report 2010).

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Days lost by service for the full year 2011 / 2012

3.19 The background data for this graph is shown at appendix 1.

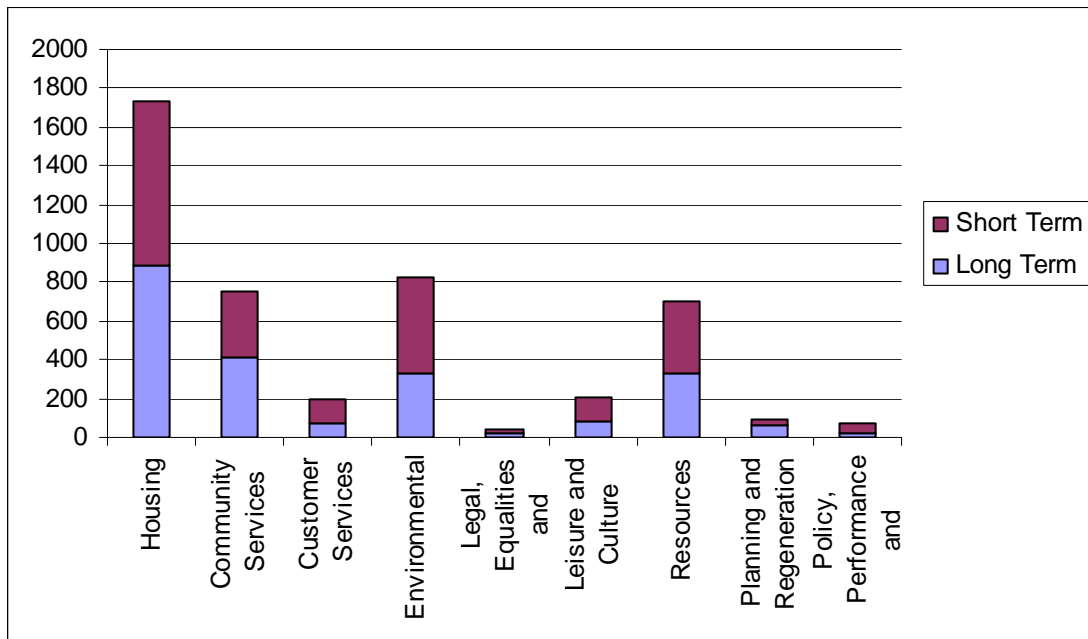


3.20 The graph above shows peaks from expected seasonal illnesses in the Winter months. Advice and support may be needed to managers to help in managing sickness where other factors may impact on the amount of time taken off, for example from the small peak showing in July across a number of services. For example are more sick days taken during school holidays when childcare may be an issue for some staff.

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Long term Absence compared to short term – full year 2011/2012.



3.21 Short term absences were only marginally more prevalent across the year as a whole, (2201 days long term compared to 2374 days short term), and the distribution of short term absence compared to long term as a percentage of days available is not statistically significant within any particular service.

3.22 Long term absences are slightly higher in Housing and Environmental, as may be expected from the physical nature of the work and resultant illness types, such as muscular and skeletal problems, within these working environments. There is therefore a higher occurrence of long-term absences due to the roles within these services.

	Long Term	Short Term	Short term days lost as % of total available days	Long term days lost as % of total available days
Housing	891.0	837.0	2.95%	3.14%
Community Services	415.0	336.0	1.98%	2.45%
Customer Services	75.0	126.0	1.75%	1.04%
Environmental	334	486	2.09%	1.43%
Leisure and Culture	81	124	0.71%	0.47%
Resources	325	379	1.70%	1.46%
Planning and Regeneration	58	35	0.85%	1.40%
Policy, Performance and Partnerships	22.0	51.0	0.90%	0.4%
	2201.0	2374.0		

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Targets for 2012 year

- 3.23 As part of the process of reviewing sickness reporting, the way in which targets are set has also been reviewed. There is no longer a requirement to report absence in a format specified centrally as part of BVPI reporting, however the benefit of having targets remains, in that Managers and staff have a reference point by which they can measure their performance against a benchmark.
- 3.24 Historically targets have been set centrally by HR, based on previous years targets, but with some method of distributing the total Council target so that services with particular types of workforce where sickness absence is associated with the type of work being undertaken are recognised (traditionally outdoor, manual work and work involving higher risk environments).
- 3.25 For the coming year it has been determined that targets should be set by individual services, in discussion with Human Resources and Senior Management Team. This will ensure ownership of the targets, and specifically ensure they are suited to the workforce they cover.

Financial Implications

- 3.26 There are no financial implications identified.

Legal Implications

- 3.27 There are no legal implications identified.

Service/Operational Implications

- 3.28 The Sickness Management Policy for Bromsgrove and Redditch are currently part of the work programme for review, and are due to be completed for consultation after the first quarter (September 2012).
- 3.29 The format of this report has been passed to the Health and Safety Committee for comment.

Customer / Equalities and Diversity Implications

- 3.30 There are no customer, equalities and diversity implications identified.

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4. RISK MANAGEMENT

There are none identified.

5. APPENDICES

Appendix 1 - Sickness Figures month on month for full year
Appendix 2 - Sickness Reasons Standard format

6. BACKGROUND PAPERS

None.

AUTHOR OF REPORT

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