

**Agenda Item No:** 4  
**Report To:** OVERVIEW AND SCRUTINY COMMITTEE  
**Date:** 25 JUNE 2013  
**Report Title:** Sickness absence  
**Report Author:** Ian Smith, Personnel Officer.



<b>Summary:</b>	This report provides end of year sickness absence information for the period 2012/13 and sets out the measures in place to manage sickness absence effectively.
-----------------	---

**Key Decision:** No

**Affected Wards:** None

**Recommendations:** That the committee consider the information provided in this report and advise officers:

- If any further information is required
- If the committee would wish to receive a further update in a year's time

**Contacts:** [ian.smith@ashford.gov.uk](mailto:ian.smith@ashford.gov.uk) – Tel: (01233) 330411

## Report Title: **Sickness Absence –Annual Report 2012/13**

### **Purpose of the Report**

1. This report presents and analyses the sickness absence data for employees of Ashford Borough Council year period 2012/13. The data shown is according to the duration of absence and the factors causing absence.
2. The report also describes the actions and processes which the council has in place to maximise attendance and reduce the level of employee sickness absence.

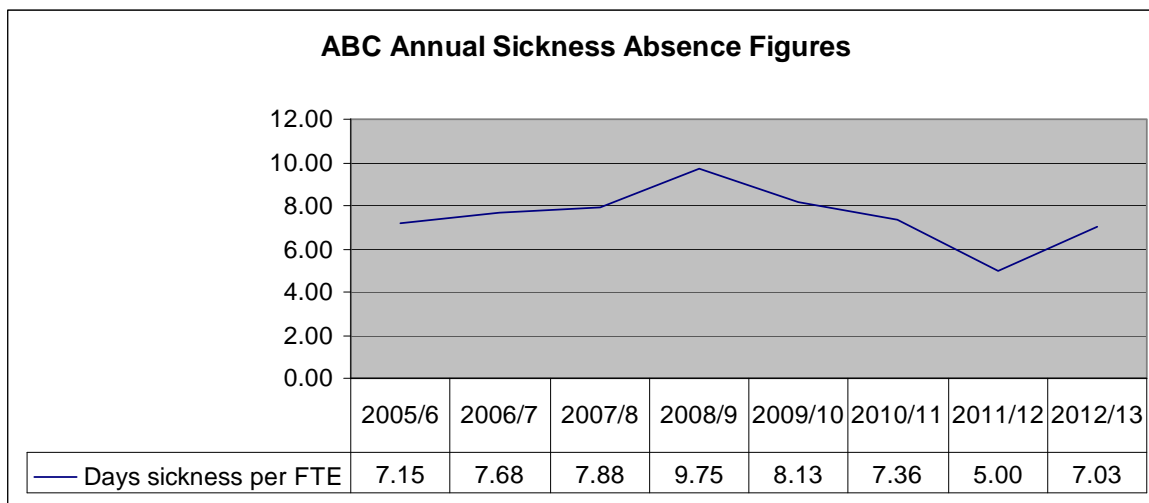
### **Background**

3. Under the Social Security Contributions and Benefits Act 1992, all employees are entitled to receive Statutory Sick Pay (SSP). Payment of SSP is conditional on the provision of a self certification form from the first to seventh day of absence. From the eighth day of the sickness absence the council requires all employees to provide a doctor's statement of fitness note.
4. Sickness absence is managed within the authority in accordance with the agreed *Policy for Handling Sickness Absence*. The policy has two principle objectives:
  - To address and resolve absence issues before they become a problem.
  - Managing unacceptable levels of sickness absence and long term ill health cases
5. Ashford Borough Council's sickness absence figures and details for 2012/13 have been obtained from sickness absences recorded on the council's iTrent Payroll and HR system.
6. The sickness absence statistics are presented as the average number of working days lost per full time equivalent per annum. This is more meaningful than the percentage of days lost and follows 'old' BVPI methodology for calculating and as a result tends to be calculated the same way across other local authority, which is helpful in comparison.

### **Sickness Absence –Annual Report 2012/13**

7. Based on the average number of 368.91 full time equivalent (FTE) employees, the total amount of working days lost due to sickness equates to 7.03 days per FTE. This figure represents an increase of 2.03 days per FTE reported for 2011/12.

8. **Chart 1** shows the average number of day's sickness absence for 2012/13 is the second lowest annual reported figure since 2005/6.

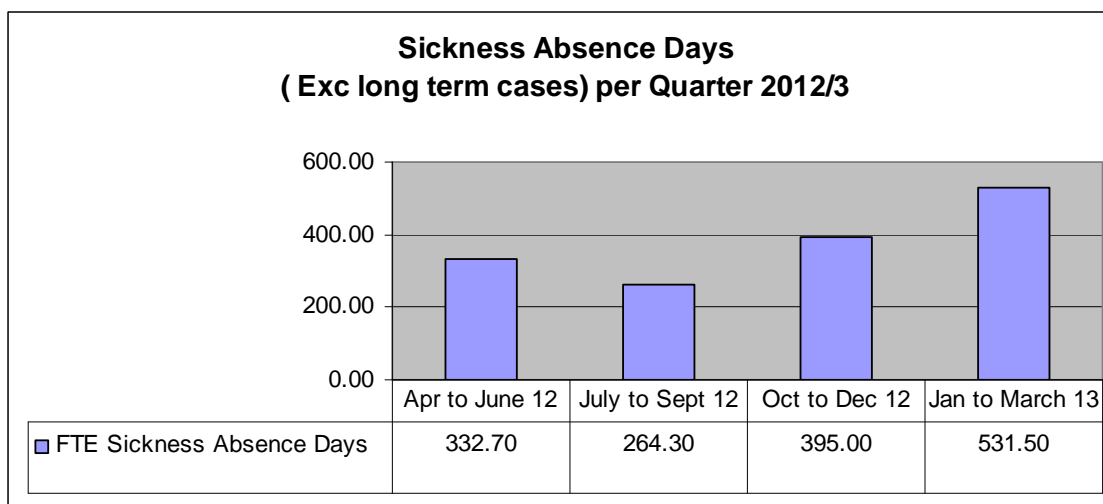


9. It is evident that the figure for 2011/12 is very low in comparison to other years. Factors contributing to the increase in the figure presented for 2012/13 are considered further in this report.
10. **Table 1** shows comparison figures by each sickness absence category (detailed further in the report) between 2011/12 and 2012/13.

<b>Category of sickness Absence</b>	<b>2011/12 FTE days (%of overall total)</b>	<b>2012/13 FTE days (% overall total)</b>	<b>Comparison totals</b>
Short term (1-7 days)	573.64 (32%)	1291.00 (49.8%)	<b>Increase:</b> 717.36 days (+125.05%)
Medium Term (8-19 days)	489.7 (27%)	232.50 (8.9%)	<b>Decrease:</b> 257.2 days (-52.52 %)
Long term (20 + days)	731.66 (41%)	1070.62 (41.3%)	<b>Increase:</b> 338.94 days (+46.32%)
Totals	1795	2594.12	<b>Increase:</b> 799.12 days (+44.52 %)

11. This table shows that, while there have been significant increases in the categories for both long term and short term absences, there has been a marked decrease for sickness absences within the medium term category.
12. **Long term cases** – although there was increase of only one case from 2011/12, i.e. from 18 to 19, the average number of day's duration for each case increased from 45 days to 59.5 days with the longest period rising from 100 to 204 days. Given the uniqueness of each case within this category it is not possible to determine a common denominator for these increases.

13. **Short term absence cases** – in accounting for this increase it is appropriate to give consideration to the fact that the majority of sickness absence days occurred in the: quarter January to March 2013 as detailed in **Chart 2**.



14. The number of days for the quarter January to March 2013 accounted for 34.88% of all sickness days (1523.50 FTE days). In this quarter, 38.76% (206.02 FTE days) of reported sickness absences were attributed to *cold/influenza*.
15. The predominance of sickness absences in this period coincided with the coldest months during the last winter period. In addition to the illnesses associated with annual seasonal flu viruses, figures released by the Health Protection Agency report that up to 1.89million people caught norovirus (winter vomiting bug) during the winter recording period (November 2012 to March 2013). This figure is an increase of over 100,000 reported cases compared with the same period for 2011/12. Furthermore, the number of reported cases for March 2013 rose by approximately 9% compared to March 2012.
16. **Medium term absence cases** – it is possible to attribute the decrease in this category to (the comparatively) recent requirement for GPs to provide recommendations to facilitate a return to work rather than continue to ‘sign off’ the individual.
17. The total number of FTE days of absence was 2594.12. Represented as a percentage of the total amount of annual working days for all employees, the total number of days lost was 2.79%.

## Absence by duration

18. Data is analysed according to the duration of absence, as short, medium and long term.

- **Short term (1-7 days).** Sick leave of up to seven days is self certified and staff are not required to provide a doctor's note to justify the absence. Whilst the length of absence is by definition relatively short, this type of absence can disrupt service provision as it is difficult to predict the numbers of staff that might be absent each day. Short term sick leave accounted for **1291.00** days (49.77%) of the overall total.
- **Medium term (8-19 days).** An employee is required to produce a doctor's Statement of Fitness for Work (fit note) to verify the period of sick leave. The fit note also provides a GP with the option to recommend a return to work as long as the employer provides the employee with reasonable help and support. Unless there are established patterns of sickness absence and /or a defined underlying health condition, this length of absence is unlikely to necessitate a referral to the occupational health service. There were 25 cases within this category, which accounted for **232.50** days (8.96 %) of the overall total.

19. **Table 2** details the six most common reasons for sickness absences under the above categories.

Reason	Number and percentage of FTE days
Cold/influenza	361.66 (23.71%)
Back pain/neck problems	71.6 (4.9%)
Stomach/digestive problems	163 (10.59%)
Chest/respiratory problems	89.56 (5.85%)
Musco Skeletal	44.41 (2.88%)
Stress/depression/anxiety	116 .19 (7.61%)

20. **Long term sickness absence (20 days or more)-** contributed significantly to overall sickness absence levels. There were 19 cases within this category, which accounted for 1070.62 days (41.27%) of the overall total.

21. The average period of absence per employee within this category was 59.5 days with the longest individual period being 204 days.

22. **Table 3** provides further details of these cases.

Returned to work.	Still absent	Ill health retirement	Death in service
16	1	1	1

23. **Table 4** shows the reasons for sickness absence within this category.

<b>Reason</b>	<b>Number of cases</b>
Chronic obstructive pulmonary disease	1
Heart condition	2
Anxiety/stress/depression	7
Cancer related	2
Abdominal condition	2
Bronchial condition	1
Back condition	1
Surgery	2
Vascular problems	1
Total	19

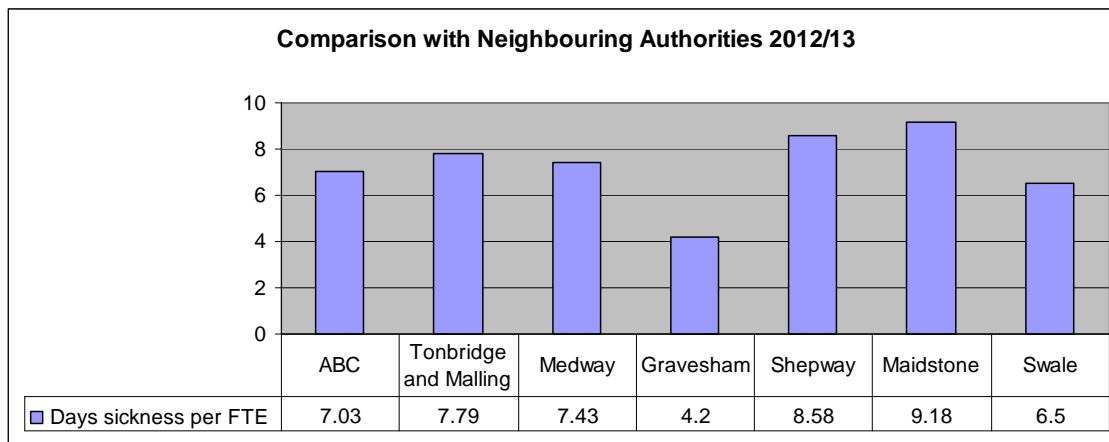
24. Where it was appropriate to do so, the rehabilitation of the employee's return to work was managed in accordance with the advice provided by the council's occupational health provider.
25. Compared to the reported figure for 2011/12, when there were 18 cases accounting for 731.66 days, there has been a 46.3% increase in the number of days for this category.

### **Financial Implications**

26. The indicative cost of absence in 2012/13 was £ 364,102. This equates to 2.79% of the annual staff budget
27. It should be noted that these costs do not include overtime payments for staff covering for absent colleagues. We are very good at covering absence within existing staff levels, especially for short term absence. There has been no unusual peak in overtime payment during 2012/13 other than in the Monitoring Centre where two members of staff, who operated 24/7 shift working rotas, were off on long term sickness absence. Overtime in this area has been approximated to be £2,500.
28. Very rarely do we get agency/temporary /contractor staff to cover long term absences. However, the following additional (approximate) costs have been incurred in the following service areas as the result of the engagement of these staff:
- Financial Services - £39,500
  - Ashford Monitoring Centre - £41,000

## Comparison data

29. The Chartered Institute of Personnel and Development's (CIPD) Annual most recent Survey Report (2012) on absence management trends reported that the average number of days sickness for employees within the public sector fell to its lowest level of 7.9 days since the first recording of absences by sector in 2002. The combined average for both the private and public sectors fell from the 2011 figure of 7.7 days to 6.8 days per employee.
30. **Chart 3** shows how the council compares with 6 neighbouring authorities who provided their average sickness absence figures for 2012/13.



## Management of sickness

31. Line managers are expected to maintain the following overview approach in managing attendance:-
- Be familiar with the Council's Policy for Handling Absence.
  - Ensure that their staff comply with absence reporting arrangements.
  - Include sickness absence management as a regular team agenda item.
  - Regularly monitor sickness absence to identify trends and any areas of concern.
  - Ensure that all sickness absence is recorded and reported to the Payroll Section
  - Maintain contact with staff during their absence.
  - Conduct return to work interviews with staff following their return from any period of sickness absence.
  - Seek advice and liaise with Personnel and Development where action is required in accordance with the Policy.
32. Sickness absence is monitored using the 'Bradford Factor' which provides a scoring based on the total days absence and instances of absence. Where appropriate, the resulting score directs the manager to speak to their staff and set attendance targets where attendance has been identified as a cause for concern. Individuals who do not meet the targets are managed through the Council's Capability Policy. The Personnel Section also carries out regular monitoring of sickness absence and 'flags' any concerns to managers.

33. Return to work interviews are recognised as one of the most widely used and effective tools to assist in the management of sickness absence. Conducting effective return one to work interviews was one of main learning objectives of the training sessions; '*Essentials of Managing Sickness Absence*' provided to our line managers earlier this year.
34. The provision of accurate absence data is a key enabler to support effective absence management and control. The reporting facilities of the iTrent Personnel and Payroll System allows managers to obtain up to date information of sickness absence levels.
35. The self certificate form has recently been revised to support better return to work processes. From the beginning of 2013/14 the 'Self-Service' function of the new iTrent system was rolled out to all staff. This gives our managers instant access to absence reports for their teams and staff can, for the first time, see their absence history.
36. We hope that this will have the dual effect of managers being able to easily get information about absence to assist in managing attendance. And staff, particularly those with higher absence, realising just how much sickness absence they have, making them think more carefully about whether they need to take time off. There is however a possibility that, because it is easier for staff to record their sickness, reporting may improve. As a result, absence levels may increase in 2013/14.

## **Employee Support Mechanisms**

37. It has long been recognised that employers who provide an Employee Assistance Programme (EAP) have better return to work rates than those who do not provide such schemes. Consequently, the council has engaged *Health Assured* to provide our employees with a free 24 hours a day confidential life management and personal support service. In the event the telephoned based counsellor determines 'face to face' counselling is required, up 8 sessions are provided to the employee. As part of the contract, the *Active Care Service* provides support to the employee on the very first day of a stress related absence. A report providing advice for the provision of appropriate work place support is provided to the manager of the referred employee.
38. The continuation of the contract with *Preventative Health Care* as the council's occupational health provider ensures the provision of professional advice in support of the management of sickness absence, particularly long term cases. Typically the advice relates to the supportive arrangements that need to be put in place to enable the employee's return to work. The quality of the advice provided can be recognised as a significant contributory factor to reducing levels of sickness absence. The council's occupational health service, managed by Personnel and Development provides a range of support mechanisms with respect to maximising employee attendance. The objective of these mechanisms is not only to provide advice and guidance to the Council and the employees when an employee is absent but also to act in a preventative capacity providing support or treatment which pre-empts and avoids the possibility of an employee being absent wherever possible.



39. The role of occupational health is integral to the effective management of employee absence. Managers may refer employees who are absent, or have returned from absence, to Occupational Health in order to receive advice regarding the implications of an employee's condition with respect to their duties.
40. The occupational health service provides clinical or medical opinion as to the nature of the condition, the anticipated recovery period and whether there are interventions which can be put in place to assist the employee return to work. In 2012/13 there were 17 managerial case referrals for this purpose.

## **Conclusion**

41. The Council does not expect its staff to attend for work when they are medically unfit to do so, but it does require them to account for absences.
42. Equally, the provision of appropriate support to staff to aid their return to work is essential in contributing to reducing levels of sickness absence and maintaining service delivery.
43. First line managers are key to managing the absence levels of their staff. Managing absence successfully is about early intervention together with the provision of appropriate advice and support. Personnel will continue to support our managers through the provision of guidance, advice and training.
44. It is therefore essential that the management of sickness absence is effective, fair and consistent. To ensure that the council meets this obligation we will continue to support and train our line managers in dealing with absence issues and review the policy and its procedures to determine where improvements can be made.

**Contact: Ian Smith Personnel Officer**  
Email: [ian.smith@ashford.gov.uk](mailto:ian.smith@ashford.gov.uk)  
Tel: 01233 330411