DATE:	13 OCTOBER 2010
SUBJECT:	SICKNESS ABSENCE POSITION – QUARTER 1 2010/2011
WARDS AFFECTED:	ALL
REPORT OF:	MARK DALE, HEAD OF PERSONNEL
CONTACT OFFICER:	JAN MARTIN, SENIOR HEALTH AND SAFETY ADVISER
EXEMPT/ CONFIDENTIAL:	NO
PURPOSE/SUMMARY:	
school based) during the fi	mber with information on sickness absence levels for all staff (including rst quarter of 2010/2011, together with any proposed improvements in ment as well as any current initiatives.
REASON WHY DECISION	I REQUIRED:
To promote reduction in sid	ckness levels, and better targeting on priority areas and departments
RECOMMENDATION(S):	
It is recommended that:	
	oted, particularly in respect of current management action and initiatives kness absence
KEY DECISION:	No
FORWARD PLAN:	Not appropriate
IMPLEMENTATION DATE	Following the expiry of the "call-in" period for the Minutes of the meeting
ALTERNATIVE OPTIONS	:
IMPLICATIONS:	None
Budget/Policy Framewor	k:

**REPORT TO:** CABINET MEMBER - CORPORATE SERVICES

## Financial:

CAPITAL EXPENDITURE	2006/ 2007 £	2007/ 2008 £	2008/ 2009 £	2009/ 2010 £
Gross Increase in Capital Expenditure				
Funded by:				
Sefton Capital Resources				
Specific Capital Resources				
REVENUE IMPLICATIONS				
Gross Increase in Revenue Expenditure				
Funded by:				
Sefton funded Resources				
Funded from External Resources				
Does the External Funding have an expiry date	? Y/N	When?	1	
How will the service be funded post expiry?				

Legal: None

Risk Assessment: N/A

Asset Management: None

# **CONSULTATION UNDERTAKEN/VIEWS**

There are no financial consequences and therefore the Finance Director has not been consulted

## **CORPORATE OBJECTIVE MONITORING:**

Corporate Objective		Positive Impact	Neutral Impact	Negative Impact
1	Creating a Learning Community		√	
2	Creating Safe Communities		√	
3	Jobs and Prosperity		√	
4	Improving Health and Well-Being	$\sqrt{}$		
5	Environmental Sustainability		√	
6	Creating Inclusive Communities		√	
7	Improving the Quality of Council Services and Strengthening local Democracy	√		
8	Children and Young People			

# LIST OF BACKGROUND PAPERS RELIED UPON IN THE PREPARATION OF THIS REPORT

ResourceLink has supplied all numerical data for this report.

#### **BACKGROUND**

### Overall performance - corporate targets are 2.20% short term, 1.80% long term (4.0% overall)

- Based on records currently entered on the system, the total number of 'available days' from 1<sup>st</sup> April 2010 to 30 June 2010 (Quarter 1), including school-based staff, was 464,564 Full Time Equivalent (FTE) days. Total absence, both long and short term, was 16,189 FTE days. Overall absence rate was 3.49% comprising of 1.55% short term and 1.94% long term. This equates to approximately 8.02 days per employee.
- 2. If the data for school-based staff are extracted there were 183,730 FTE days available. Corresponding total absence, both short and long term, was 7,849 FTE days equating to an overall rate of 4.27% (1.68% short term and 2.59% long term). This equates to approximately 9.82 days per employee.
- 3. The Local Government Association's most recently published survey (2008/2009) of 151 local authorities suggests that for all types of local authority the level of sickness absence equated to 9.2 FTE days and 11.3 FTE days for Metropolitan Authorities. Sefton's current performance compares favourably to these figures.
- 4. General absence management is extremely important at all times, however due to the current economic constraints it is even more essential than ever to minimise disruption to services and to prevent extra "stressors" on staff covering absence. Having said that absence levels historically and across all sectors tend to decrease where there are potential threats to job security. It will be interesting therefore to see if and how the current financial difficulties impact on absence levels within Sefton.

#### **Departmental performance**

- 5. Table 1 (shown at ANNEX 1) illustrates departmental performance for the first quarter of 2010/2011. Figures exceeding the short and long terms targets are shaded.
- 6. Absence rates have clearly improved for this quarter with only a handful of departments failing to attain both of the corporate targets. Overall the figures are hopefully a positive indicator of the continuous work departments have undertaken with regard to sickness absence management.
- 7. Even though it has yet to achieve corporate targets, Operational Services Department clearly tackles its levels of absence with good effect. Rates of absence have continued to improve for at least the last five quarters and this should be acknowledged.
- 8. It is also evident that although progress continues to be made in many departments and in particular with regard to improvement in short term absence, the key focus continues to be that of long term absence. Although current long term figures continue to fall quarter on quarter departments must not become complacent and lose focus.

#### Reasons for absence

- 9. Tables 2 and 3 (shown at ANNEX 2) illustrate the number of FTE days against the reasons for absence, both short and long term, for all quarters. The data have been split by gender, and left as FTE days, to give a sense of scale of absence.
- 10. Tables 4 and 5 (shown at ANNEX 3) illustrate the same data as Tables 2 and 3 but excluding school-based staff.
- 11. It should be noted that the highest reason for overall absence (short and long term), including that for schools is for Medical Illness which accounts for 3160 days lost or 19.50%. Infection ( 2877 days, 17.77%), Operation/Post Op Recovery ( 2784 days, 17.20%) and Mental Health (2670 days, 16.49%) type absences feature as the second, third and fourth reasons respectively.

### Recent 'absence management' initiatives

12. There are currently no new initiatives other than general absence management.

#### Other Information

- 13. The last absence report suggested that future data would be presented in the format agreed by Members. Unfortunately the computer programmes required to enable this are still "under construction." Job Evaluation and changes to the organisation's structure have had to take priority. Consequently the new format will be implemented as soon as the programmes are ready to use, which is likely to be later in the year.
- 14. The Health Unit in conjunction with HR has outlined a programme of support for those employees who are currently at risk of redundancy. This includes a variety of measures to assist employees in coping with their situation and to hopefully enable them to remain at work. The programme will be made available to any employees who are identified as "at risk" in future.

#### Recommendations

- 15. It is recommended that:
  - (i) the report is noted, particularly in respect of current management action and initiatives relating to sickness absence

Table 1 – Departmental analysis - inclusive of school based staff, April 2010 to June 2010

	FI	RST Q	UARTE	₹	SEC	COND	QUART	ER	TH	IRD Q	UARTE	R	FO	JRTH (	QUARTI	ER
Departments	Short Days	Term %	Long Days	Γerm %	Short Days	Term %	Long Days	Term %	Short <b>Days</b>	Term %	Long <b>Days</b>	Term %	Short <b>Days</b>	Term %	Long <sup>-</sup> <b>Days</b>	Term %
Chief Executive	12	0.65	o	0.00	•				•		-		-		•	
CSF	4968	1.53	5443	1.68												
Communities	1	0.38	0	0.00												
Corp Services	162	1.13	249	1.73												
Env &Tech Serv	124	1.57	211	2.69												
H &S Care	437	1.94	921	4.10												
Leisure and Tourism	166	0.68	266	1.09												
Neighbourhood and Investment	45	1.27	133	3.72												
Operational services	1113	2.21	1606	3.19												
Planning & Ec Development	143	1.10	93	0.71												
Safer Stronger Communities	3	0.22	64	4.77												
Total	7174		8986													

Table 2: Short term - April 2010 to June 2010 (inclusive of school based staff)

	1 <sup>st</sup>	Quart	er	2 <sup>nd</sup>	2 <sup>nd</sup> Quarter			3 <sup>rd</sup> Quarter			4 <sup>th</sup> Quarter		
Reason for absence	Total	М	F	Total	M	F	Total	М	F	Total	M	F	
Accidents	233	71	162										
Medical illness/disease	1611	422	1189										
Operation/post recovery	645	139	506										
Musculoskeletal	829	264	565										
Mental Health (inc stress)	455	118	337										
Infection	2264	487	1777										
Total	6037	4536	1501										

Table 3: Long term - April 2010 to June 2010 (inclusive of school based staff)

	1 <sup>st</sup>	Quart	er	2 <sup>nd</sup>	Quart	er	3 <sup>rd</sup>	Quar	ter	4th	er	
Reason for absence	Total	М	F	Total	M	F	Total	M	F	Total	M	F
Accidents	384	45	339									
Medical illness/disease	1549	433	1116									
Operation/post recovery	2139	395	1744									
Musculoskeletal	1792	506	1286									
Mental Health (inc stress)	2215	646	1569									
Infection	613	129	484									
Total	8692	2154	6538									

Table 4: Short term - April 2010 to June 2010 (exclusive of school based staff)

	1 <sup>st</sup>	Quart	er	2 <sup>nd</sup>	Quart	er	3 <sup>rd</sup>	Quar	ter	4th	er	
Reason for absence	Total	M	F	Total	M	F	Total	M	F	Total	M	F
Accidents	152	54	98									
Medical illness/disease	667	230	437									
Operation/post recovery	293	48	245									
Musculoskeletal	502	187	315									
Mental Health (inc stress)	290	75	215									
Infection	1106	559	547									
Total	3010	1153	1857									

Table 5: Long term - April 2010 to June 2010 (exclusive of school based staff)

	1 <sup>st</sup>	Quart	er	2 <sup>nd</sup>	Quart	er	3 <sup>rd</sup>	Quar	ter	4th Quarter		
Reason for absence	Total	М	F	Total	M	F	Total	M	F	Total	M	F
Accidents	226	41	185									
Medical illness/disease	994	392	602									
Operation/post recovery	1067	359	708									
Musculoskeletal	1353	417	935									
Mental Health (including stress)	771	351	420									
Infection	402	54	348									
Total	4813	1615	3198									