

# CORPORATE RESOURCES OVERVIEW AND SCRUTINY COMMITTEE

## ***Committee Report***

Public

Date of  
Meeting:

5th September 2002

Title:

SICKNESS ABSENCE AND ILL HEALTH RETIREMENT  
PERFORMANCE INDICATORS ACTION PLAN

Report of:

Town Clerk & Chief Executive

Report  
reference:

TC177/02

Summary:

The report is pursuant to minute CROS. 93/02 following consideration of Report TC138/02 which provided background information to enable Members to understand performance indicators on sickness absence and ill health retirement. It sets out an action plan to improve performance.

Background:

Definition of Indicators:

BV12 Sickness Absence – The number of working days/shifts lost to sickness absence (average per employee).

BV15 Ill Health Retirements – The percentage of employees retiring on grounds of ill health as a percentage of the workforce.

Current Performance:

In 2000/01 an average of 12.2 days of sickness absence was recorded per employee.

In 2001/02 the average was 12.7 days per employee.

### Current National Performance:

Bottom quartile 11.3 days and worse, average 9.8 days and worse, top quartile 8.2 days and better.

Target for 2001/02 - 8.7 days per employee

2004/05 - 6.8 days per employee

### Ill Health Retirement:

In 2000/01 performance was 0.6%, in 2001/02 performance was 1.17%

This represents 6 ill health retirements in 2000/01 and 13 in 2001/02 from a workforce of approximately 1,100.

### Current National Performance:

Bottom quartile, 0.78% and worse, average 0.54%, top quartile 0.22% and better

### Improving Performance

The Council's current Absence Management Policy was introduced after considerable consultation with departmental managers, line managers and supervisors. The objectives of the policy include, fairness to the interests of the organisation / departments in terms of the effective performance of the functions and services expected of it, fairness to each employee absent for authorised and unavoidable reasons, and fairness to those within the department or unit whose motivation may be diminished if they see colleagues successfully abusing the system.

Controlling and monitoring absence is an integral part of the day to day management of any group of employees.

As previously reported to Members, research has shown that success in managing absence requires a range of actions and strategies which will lead to an improved culture where absence is seen as the exception and attendance as the norm. These actions include:-

1. Appropriate absence management policies and procedures based on Best Practice.

2. Comprehensive management information to enable managers to apply the policies

and procedures in an efficient, effective and equitable manner leading to better performance.

3. Managers who are sufficiently trained and confident to apply the policies and procedures proactively within their own areas of responsibility.

4. Adequate and appropriate specialist Personnel support for managers in dealing with the management of absence.

### ACTION PLAN (Absence)

This action plan aims to improve the overall performance of the Council by introducing improvements in each of the above critical areas and building on the measures already implemented.

Action	Timescale	Target	Cost
Review Absence Management policy & procedures in the light of outcomes from management training.	To be completed by 31 December 2002.	Revised and updated single absence policy & procedure fully implemented and operational..	Nil
As part of the above review to formalise the use, reporting and monitoring of Return to Work Interviews.	By 31 December 2002.	Consistent applications by managers of return to work interviews as part of overall policy.	Nil
Continue to provide training for managers in the implementation of the Absence Policy & Procedures (84 trained to date) and to make the training a compulsory element of management training	Aim to have provided training to all current appropriate managers by 31 December 2002.	Fully trained and competent managers, both existing and newly appointed.	£4300 to date. £700 approx. per session.
To identify named managers in each Business Unit who will be directly responsible for monitoring absence management within the Unit.	As soon as possible following the introduction of the new organisational structure.	To have a clear list of managers responsible for monitoring and managing absence within each Business Unit	Nil
To continue to improve the quality and quantity of management information and to review data collection procedures and timescales.	Ongoing, but will aim to highlight potential problems requiring review and possible action due to long or repeated short term absence by November 2002.	Regular detailed management information provided to managers.	Nil
To require feedback from managers on what action has been taken in cases highlighted by monitoring carried out by the Personnel Section.	To be implemented by 31 October 2002 and ongoing.	To ensure timely and consistent actions by managers on absence problems	Nil
To provide Personnel support to managers in dealing with absence issues.	Immediate.	To have managers who are able and confident to manage	Nil

		absence and to support those managers whenever necessary without allowing them to abrogate their responsibility.	
To establish management of absence as a standard item on departmental/Business Unit Management Team meetings.	Immediate	To ensure that absence is given proper consideration on a regular basis.	Nil
To ensure that all long term absences are considered for referral to the Council's Doctor after 2 months' absence or earlier.	Immediate	To ensure that all appropriate cases of long term absence are subject to an assessment by the Council's Occupational Health Adviser after 2 months.	
To select the worst performing department/sections for an in-depth analysis for the reasons for poor performance to ensure action can be targeted.	As soon as possible within existing Personnel resources.	To concentrate effort in the areas where it is likely to have the greatest impact on a reduction in the overall level of absence.	Nil

\* Where Nil is indicated as the cost, no attempt has been made to calculate the indirect cost of staff time involved.

### Action Plan (III Health Retirement)

Ill health retirement occurs when an employee retires on grounds of permanent ill health and is thereby entitled to immediate payment of pension. to qualify the employee must meet the criteria set by the Local Government Pension Scheme Regulations.

Briefly, it is necessary for two doctors qualified in occupational health approved by the administering authority to certify that the employee is permanently incapable of discharging the duties of his / her employment or other comparable employment within the employing authority. It is also necessary for the doctor to certify that the infirmity of mind or body will persist until, at the earliest, the employees 65<sup>th</sup> birthday.

It can be seen from the above that the pension scheme regulations ensure a degree of control over the process aimed at preventing abuse. The opportunities open to employing authorities to influence the level of ill health retirement are somewhat limited but can be described in two main areas:-

- 1) Measures to influence the general health of employees in the long term and thereby prevent

the need for ill health retirement. This could include health education and the provision of facilities to encourage healthy lifestyle. Examples include smoking cessation, healthy eating and weight control, sensible drinking and substance abuse.

2) Re-deployment of employees unable to carry out the duties of their original post to new jobs which they are able to perform, irrespective of the health problem from which they are suffering. An example of this would be an employee with a back condition who was unable to carry out heavy work but was able to undertake lighter more sedentary employment.

Health promotion activities would require the allocation of appropriate resources to plan, organise and execute. It would require assistance from appropriate external sources and would require the allocation of resources both in terms of cash and staff time. At the present time there are not sufficient spare resources within the Personnel Section to progress such a programme due to current commitments associated with the Organisational Review, LSVT and the associated transfer of Housing and DSO staff and the externalisation of Leisuretime. The proposed externalisation of Tullie House will continue to place demands on the Section for the foreseeable future. It is recommended that healthy living initiatives are given further consideration when resources become available.

Opportunities for the re-deployment of employees on long term sickness are routinely followed as part of the current absence management policy and procedures. Numerous successes have been achieved but it is not always possible to match the employee to a suitable job and in some cases alternative employment is not an option due to the medical condition of the employee. It is recommended that the current practice of attempting to find alternative employment for employees with medical conditions impacting on their current employment continues. It should also be born in mind that efforts to secure suitable alternative employment for employees on long term sickness can impact on the overall absence levels within the authority by delaying the termination of the employees employment.

#### Recommendations:

1. That Members note the report and endorse the action plan which is contained therein including any amendments or additions Members may wish to see.

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