

# RESOURCES OVERVIEW AND SCRUTINY PANEL

## *Panel Report*

### Public

**Date of Meeting:** 14 June 2012

**Title:** SICKNESS ABSENCE 2011/12

**Report of:** Chief Executive

**Report reference:** CE 11/12

### Summary:

This report provides the Panel with information about the City Council's sickness absence in 2011/12. A summary of the level of sickness absence in each directorate and causes of sickness absence is provided along with actions being taken to address and reduce the level of absenteeism.

### Recommendations:

The Panel is requested to:

1. Consider and comment on the information on sickness absence provided in the report.

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## 1. 2011/12 SICKNESS ABSENCE

The seven tables below provide information relating to Carlisle City Council officer sickness absence for the period April 2011 to March 2012 and for previous years where like for like comparisons are possible. The tables give figures for each directorate and for the Council as a whole. To put the figures into context the national local government average in 2010/11 was 12.3 days per Full Time Equivalent (FTE). Despite Carlisle's year-on-year increase, we still remain below this average.

Each FTE employee works a 7.4 hour day, 5 days a week to make up a standard 37 hour week.

1. All Directorates				
Performance Indicator (PI) Code	PI Name	2009/10	2010/11	2011/12
CC912	Full time working days lost due to sickness absence per FTE	8.6	9.3	11.1
CC912_num	Number of full time working days lost due to sickness absence	5361	5910	6201
CC912b	Full time working days lost due to sickness absence per FTE (excluding Revenues & Benefits Allerdale & Copeland staff)			9.9
CC912b_num	Number of full time working days lost due to sickness absence (excluding Revenues & Benefits Allerdale & Copeland staff)			4910
CC923	Proportion of sickness absence that is long term (over 28 days)	43.7%	47.1%	58.4%
CC923b	Proportion of sickness absence that is long term (over 28 days) (excluding Revenues & Benefits Allerdale & Copeland staff)			54.6%

2. Community Engagement				
PI Code	PI Name	2010/11	2011/12	
CE912	Full time working days lost due to sickness absence per FTE	9.2	14	
CE912_num	Number of full time working days lost due to sickness absence	2132	2701	
CE912b	Full time working Days Lost Due to Sickness per FTE (excluding Revenues & Benefits Allerdale & Copeland staff)			10.8
CE912b_num	Number of full time working days lost due to sickness absence (excluding Revenues & Benefits Allerdale & Copeland staff)			1409
CE923	Proportion of sickness absence that is long term (over 28 days)			67.3%
CE923b	Proportion of sickness absence that is long term (over 28 days) (excluding Revenues & Benefits Allerdale & Copeland staff)			62.4%

<b>3. Economic Development</b>			
<b>PI Code</b>	<b>PI Name</b>	<b>2010/11</b>	<b>2011/12</b>
ED912	Full time working days lost due to sickness absence per FTE	5.7	4.7
ED912_num	Number of full time working days lost due to sickness absence	320	206
ED923	Proportion of sickness absence that is long term (over 28 days)		28.9%

<b>4. Governance</b>			
<b>PI Code</b>	<b>PI Name</b>	<b>2010/11</b>	<b>2011/12</b>
GV912	Full time working days lost due to sickness absence per FTE	5.8	5.1
GV 912_num	Number of full time working days lost due to sickness absence	143	108
GV923	Proportion of sickness absence that is long term (over 28 days)		50.9%

<b>5. Local Environment</b>			
<b>PI Code</b>	<b>PI Name</b>	<b>2010/11</b>	<b>2011/12</b>
LE912	Full time working days lost due to sickness absence per FTE	10.2	11.8
LE912_num	Number of full time working days lost due to sickness absence	2262	2436
LE923	Proportion of sickness absence that is long term (over 28 days)		57.7%

<b>6. Resources</b>			
<b>PI Code</b>	<b>PI Name</b>	<b>2010/11</b>	<b>2011/12</b>
RS912	Full time working days lost due to sickness absence per FTE	10.2	8.4
RS912_num	Number of full time working days lost due to sickness absence	840	636
RS923	Proportion of sickness absence that is long term (over 28 days)		42.7%

<b>7. Chief Executive's Team</b>			
<b>PI Code</b>	<b>PI Name</b>	<b>2010/11</b>	<b>2011/12</b>
CT912	Full time working days lost due to sickness absence per FTE	10.7	6.7
CT912_num	Number of full time working days lost due to sickness absence	214	114
CT923	Proportion of sickness absence that is long term (over 28 days)		60.7%

**Table 8: Causes of sickness absence 2011/12**

The causes of sickness absence are categorised into twelve headings as indicated below. It can be seen that the top three reasons for sickness contribute over 60% of the total sickness absence for the year.

<b>Reasons for Sickness Absence</b>	<b>Proportion of Total Sickness</b>
Stress, depression, anxiety, neurasthenia, mental health & fatigue syndromes	34%
Other musculo-skeletal problems	16%
Back and Neck Problems	11%
Stomach, liver, kidney and digestion (including gastro-enteritis)	9%
Infections (inc cold and flu)	8%
Genito-urinary / gynaecological	4%
Eye, ear, nose and mouth/dental (including sinusitis)	3%
10 Chest and respiratory (including chest infections)	2%
Neurological (including headaches & migraine)	2%
Heart, blood pressure and circulation	2%
Pregnancy related (not maternity leave)	1%
Other	7%
No reason given	1%

## **2. IMPROVEMENT ACTIONS**

A small team of officers with the required knowledge and skills commenced a Lean Systems Review<sup>1</sup> of sickness absence in January 2012.

### **Scope of Review**

- Review the Sickness Absence Policy including consultation with staff and managers.
- Conduct an analysis of the processes involved in sickness absence with the aim of streamlining and the reduction of 'waste.' Other organisations' processes will be considered.
- Improve the reporting and input of sickness absence to ensure timely and accurate information is always available.
- Provide a consistent and fit for purpose approach to reporting sickness absence levels to Overview and Scrutiny, Senior Management Team and managers.
- Reduce level of sickness absence in the Authority.

### **Improvements and findings**

- A survey was sent to all staff to gauge awareness of staff benefits relating occupational health, physiotherapy and counselling and level of contact staff have had with their line manager when they have been absent in the past.
- One-to-one meetings with managers are well under way to obtain views on policy, reporting and other sickness absence issues. The results of these meetings and the staff survey will be used to influence further work where appropriate.
- A month long pilot has commenced in Resources Directorate for the direct input of sickness into Trent (Personnel IT system) by managers. This will result in the directorate's sickness absence figures being available by lunchtime every day and the end of a paper form that had. Managers have also been briefed on the importance of the return to work interview and of contacting their absent staff on days 1 and 4 of the absence. Managers have been reminded of current policies and the staff benefits available. If this approach is successful in reducing the waste associated with sickness absence it will be rolled out across other directorates.
- It was found that Trent can be better utilised to provide absence information to all managers. This coupled with the development of further reports will provide line managers with the necessary tools to quickly identify problem areas and aid them in ensuring the required actions are taken when staff are absent. The information will highlight areas where Directors need to support their managers in sickness absence issues.

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<sup>1</sup> Lean is a philosophy of continuous, incremental improvement that aligns the organisation to deliver customer value and eliminate waste. It is one of the methodologies currently being used by the Authority as an approach to delivering service reviews that ensures services are fit for purpose and affordable.

## **The next steps**

- Highlight to all managers the importance of return to work interviews with their staff. A checklist will be produced so that procedures are followed consistently.
- Sickness absence to become a permanent agenda item at team meetings and Directorate Management Team meetings, aided with a consistent monthly report. In addition, 3 year sickness reports for individuals will be made available to managers.
- Completion of consultation on sickness absence policies with the aim of producing a revised policy that is fit for purpose. An e-learning package for staff and managers will then be developed and monthly drop in training sessions for managers using Trent will also commence.
- Logging of physiotherapy, occupational health and counselling sessions on Trent will help monitor usage and ensure missed appointments are followed up.
- If successful, roll out of Resources Directorate pilot across other directorates.

The team is aiming to complete the Lean Sickness Systems Review, including piloting new systems, processes and procedures and implementing revised policies by Autumn 2012.

As well as the Lean Systems Review, the Organisational Development (OD) Team have arranged for Carlisle Eden Mind<sup>2</sup> to attend July's Management Briefing to talk to managers about what they can do to support staff affected by stress, anxiety and depression (the greatest cause of sickness absence). The OD Team is also working with the Safety, Health and Environment (SHE) Team to pilot an Employee Assistance Programme which will offer a range of staff health and wellbeing support. In addition, the SHE Team is mid way through a programme of workstation assessments for staff who regularly use a PC. These assessments will help to minimise the health risks associated with using a PC for lengthy periods of time.

## **3. RECOMMENDATIONS**

The Panel is requested to:

1. Consider the information on sickness absence provided in the report with a view to reducing the level of absenteeism.

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<sup>2</sup> Mind is a registered mental health charity whose main purpose is to promote wellbeing and support to those experiencing emotional distress, isolation and exclusion.