

Agenda Item

Executive Board

2 December 2009

KJ



Absence Management – Quarterly Report (quarter two)

Summary

This report seeks to outline our current absence levels and provides some analysis for the second quarter of 2009. Due to the importance of this issue, quarterly reports are presented to the Executive Board. Additionally, this report has been discussed at the Overview Scrutiny Co-ordinating Committee on 18 November 2009.

Recommendation

That Executive Board notes the information relating to absence and the actions being taken to reduce these current high levels of absence.

a) Reasons for Recommendation

East Devon District Council's absence rates were concerning in 2008/09 and remain a concern for this year. It is important that this quarterly report explains the reasons for this and the current trends we are experiencing as well as demonstrating what the Council is doing to tackle this issue.

b) Alternative Options

Not applicable.

c) Risk Considerations

Absence rates need to reduce as this costs the Council money and is a risk to customer service and organisational reputation.

d) Policy and Budgetary Considerations

None

1 Main Body of the Report

- 1.1 In 2008/09 our sickness absence was 12.82 average days per person. A full report outlining the reasons for this was presented to Overview/Scrutiny.
- 1.2 The average number of days lost per person in the second quarter of this year is 2.8 days which is an increase on the first quarter when the figure was 2.47. If 2.8 days is annualised the figure would be an average of 11 days lost per person.
- 1.3 Short term absence is defined as less than 8 days and represents 40% of total days lost in the second quarter. This is a significant increase on quarter 1 when short term absence accounted for 24% of absence. Over the last two years we have not had an issue with short term absence so this increase is significant when we compare short term absence to previous years (92 days compared to 2008 and 112

days compared to 2007.) Levels of short term absence have increased in this quarter significantly due to colds and flu and possibly swine flu. We know that many people do not go to the doctor as they can self certificate up to 7 days. We will be monitoring this trend carefully.

- 1.4 Medium term absence is more than 8 days but less than 2 months and represents approximately 33.5% of total days lost in the second quarter. This is a reduction on quarter one when medium term absence was 38%.
- 1.5 Long term absence is more than 2 months and in quarter 2 accounts for approximately 26.5% of absence. Long term absence continues to reduce compared to last year (by 78%) and factors contributing to this reduction are dismissals and phased returns to work.
- 1.6 We are acutely aware of the adverse impact of such high sickness levels and have a number of interventions to ensure we continue to tackle organisational absence. These pro-active interventions include the following:
 - Production of trigger reports to highlight employees exceeding agreed absence triggers
 - Meetings between managers and HR to determine how to deal with each employee absence
 - Contact with absent employees
 - Return to work interviews
 - Referral to Occupational Health
 - Counselling service
 - Physiotherapy for back and neck problems
 - Happy Healthy Here Stress Audits
 - Happy Healthy Here Week tackling root causes of absenteeism and offering lifestyle advice
 - Activate scheme encouraging employees to get active and fit
 - Management training on the absence policy
 - Leaflet to all staff reminding them of their responsibility to attend and our policy on absence
 - Health Care Cash Plan.

Legal Implications

There are no issues raised by this report which require legal comment

Financial Implications

There are no identifiable financial implications although absences may increase overtime and/or agency costs.

Background Papers

- Absence Report Quarter Two

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Head of Organisational Development

Executive Board
7 October 2009

