

# Agenda Item

**Executive Board**

**10 February 2010**

**KJ**



## Absence Management – Quarterly Report (Quarter three)

### Summary

This report seeks to outline our current absence levels and provides some analysis for the third quarter of 2009/10. Due to the importance of this issue, quarterly reports are presented to the Executive Board. Additionally, this issue has been discussed at the Overview Scrutiny Co-ordinating Committee.

### 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 financial 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

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## 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 In the third quarter of 2009/10 the average number of days lost per person was 2.59 and we can therefore project that if absence rates continue at this level our end of year figure will be 10.96. Whilst this is an improvement on last year and the overall trend is downwards we remain concerned and we are aiming to reach the top quarter of 8.5 days per person.
- 1.3 Short term absence is defined as less than 8 days and represents 35% of total days lost in the third quarter. Short term absence is at its lowest level for 3 years in quarter 3.

- 1.4 Medium term absence is more than 8 days but less than 2 months and represents approximately 44% of total days lost in the third quarter. We attribute this to the number of incidents of flu (perhaps swine flu) which meant people took a longer time off for this type of illness.
- 1.5 Long term absence is more than 2 months and in quarter 3 accounts for approximately 21% of absence. Long term absence continues to reduce 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
  - Happy Healthy Here initiatives 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.

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### **Legal Implications**

No specific legal comments – employee absence is managed within the employment law statutory framework.

### **Financial Implications**

The Accountancy Section will detail any financial implications here. If there are none, this should also be stated by the Accountancy Section.

### **Background Papers**

- Absence Report Quarter Three

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Executive Board  
10 February 2010