

Sickness Absence Monitoring 1st April 2007 to 31st March 2008

The total number of day's sickness during 2007/08 was 4583 compared to 4585 in 2006/07.

The number of average working days lost due to sickness absence (Best Value Performance Indicator 12) was 12.81 days, a slight improvement on last year's performance of 13.27 days. Whilst there were only a couple of days less sickness the slight improvement was mainly as a result of more full-time equivalent employees being in post during 2007/08 compared to the previous year. (All employees who are employed on a temporary/fixed term basis with more than one year's service are included).

An analysis of the sickness absence by reason has been carried out. NB the figures used for the calculation of absence by reasons are actual absences from the business regardless of whether these absences have been for full or part day working.

The three largest causes of sickness absence over the past two years have been:-

2007/08	2006/07
Operations, post-operations recovery & hospital – 20%	Stress/depression & mental health - 18%
Stress/depression & mental health – 19%	Viral Infection – 14%
Other musculo-skeletal problems – 13%	Other musculo-skeletal problems – 12%

2007/08 saw a significant increase in the number of employees being absent as a result of 'operations, post-operations recovery and hospital treatment' which also led to an increase in long term sickness. During 2006/07 only 7% of absences were related to this reason compared to 20% during 2007/08. Since recording and reporting sickness absence by reason (over the past 4 years), this cause has never been in the top three main reasons for sickness absence.

Stress/depression & mental health and other musculo-skeletal problems continues to remain within the top 3 main causes of absence as they have done so over the past four years reporting a 1% increase on last year's figures.

Long Term Sickness

The Council reported an overall increase in the number of long term sickness absences during 2007/08 compared to the previous year:

52 cases – 2007/08

35 cases – 2006/07

Absences that are considered to be long term are absences lasting 20 days or more.

Long term absences accounted for 60% of the overall sickness absence during 2007/08.

The 3 main causes for the long term absence during 2007/08 were:-

Sickness Category	
Operations, post-operations recovery & hospital treatment	32%
Stress/Depression & mental health	30%
Other musculo-skeletal problems	15%

- The Local Government Sickness Absence Survey 2006-07 showed that the most prevalent causes of long-term sickness were stress (30%), other musculo-skeletal problems (17%), and back problems (9%).

The 3 main causes for long term absence during the first half of the year (1.4.07 to 30.9.07) were:-

Sickness Category	
Stress/Depression & mental health	35%
Ops, post-op recovery & hospital	15%
Other musculo-skeletal problems	28%

There were no long term absences during this period as a result of back problems.

The 3 main causes for long term absence during the second half of the year (1.10.07 to 31.3.08) were:-

Sickness Category	
Ops, post-op recovery & hospital	39%
Stress/Depression & mental health	28%
Back Problems	21%

A significant increase in absences during the second part of the year were reported as a result of operations, post operation recovery and hospital treatment.

Whilst there were no absences caused by back problems in the first half of the year, this was the third highest reason for absence during the second part of the year.

Other musculo-skeletal problems saw a decrease from 28% to 8% in the second half of the year.

Stress/depression & mental illness still remains high with it being the second highest reason overall for sickness absence during 2007/08. Some of the stress related absences were as a result of personal reasons and some were work-related. Out of those employees who suffered from these symptoms at the time of reporting, only one case remains on-going. All other employees have either returned to work or have left the Council's employment.

The Council offers all employees and anyone who lives with them, access to an Employee Assistance Programme which provides legal advice and a telephone and face-to-face counselling service.

Out of the 52 overall long term cases, 7 employees have now left the Council's employment, 7 cases remain on going and the remaining employees have all returned to work.

Short-term Sickness Absence

Short term absences accounted for 40% of the overall sickness absence during 2007/08.

The 3 main causes for short term absences during 2007/08 were:-

Sickness Category	
Viral Infection	23%
Stomach/liver/kidney/digestion	19%
Other musculo-skeletal problems	11%

- The Local Government Sickness Absence Survey 2006-07 showed that the most prevalent causes of short term absence were infections (19%) and stomach ailments (12%).

The 3 main causes for short term absences during the first half of the year (1.4.07 to 30.9.07) were:-

Sickness Category	
Stomach/liver/kidney/digestion	20%
Viral Infection	19%
Other musculo-skeletal problems	13%

The 3 main causes for short term absences during the second half of the year (1.10.07 to 31.3.08) were:-

Sickness Category	
Viral Infection	26%
Stomach/liver/kidney/digestion	18%
Back problems	10%

Sickness absence within Service Areas

It is difficult to report on comparisons of sickness absences per service areas due to the various changes in structure that has taken place during the reporting period and the necessity to change accordingly how absences are recorded.

However the following can be reported:-

- Cleansing & Amenities saw a decrease in the number of day's sickness during 2007/08. 1571 days were reported in 2007/08 compared to 1630 days during 2006/07. During the first half of the year (1.4.07 to 30.9.07) sickness levels were 545 days and increased significantly to 1026 days during the second half of the year (1.10.07 to 31.3.08). This was due to a number of long term cases some of which were related to operations, post operations recovery and hospital treatment, back problems, other musculo skeletal problems and stress/depression.
- Human Resources saw an increase in sickness absence as a result of 2 long term absences related to 'operations, post operations recovery and hospital treatment'. This is unusual as Human Resources have consistently reported low sickness absence rates over many years.
- Across the majority of service areas of the Council, many saw an increase in their levels of sickness absence as a result of long term absences which mainly related to 'operations, post operations' including:- Environmental Health, Housing, Human Resources, Asset Design & Regeneration, Development Services, Development Services Admin, Cleansing & Amenities, Democratic Services. In fact there were very few service areas that were not affected.
- The Council as a whole, during the first half of the year reported 1685 days sickness compared to 2898 days during the 2nd half of the year. Once again this increase was mainly related to long term absences.

- The level of both short term and long term absences increased during the 2nd part of the year, albeit long term absences saw the most significant increase.

Managing Attendance

Managers are accountable for managing attendance within their teams. To assist them to do this, Human Resources arranged with the help of ICT, for managers to have access to up-to-date sickness absence data.

Managers are able to view their respective team's sickness absence levels including the number of days' sickness taken together with the reason for the absence. This helps them to manage their employees' attendance in accordance with the Council's Attendance Management Policy.

Managers are able to request via Human Resources for employees to be referred to the Council's Occupational Physician to assist with the attendance management process. In addition, the Employee Assistance Programme is also a valuable service that is available.

Cleansing & Amenities have commenced an intensive attendance review process, meeting with all employees who have had more than 15 days' absence in the past year.

At recent staff briefings the Chief Executive brought the issue of increased absence to the attention of all staff. Managers have been requested to ensure they are continuing to manage attendance during the period leading up to LGR.

Management of sickness absence within the Unitary

Work is currently being undertaken by the HR Advisors within each of the five authorities to produce one Absence Management Policy that will be effective from 1st April 2009. It is important that sickness absences from 1st April 2009 are managed and recorded consistently across the one Council.