

REPORT TO: Finance and Staffing Portfolio Holder

20 June 2017

LEAD OFFICER: Head of People and Organisational Development

Sickness Absence 1 January 2017 – 31 March 2017

Purpose

1. The purpose of this report is to provide information on sickness absence for the period 1 January 2017 to 31 March 2017 and is a quarterly monitoring report and shows performance at year end.
2. This is not a key decision because it is for information only.

Recommendations

3. It is recommended that the Finance and Staffing Portfolio holder
 - (a) notes the report and, in particular, the significant increase in absence during this quarter and the actions which are being taken to reduce the level of absence; and
 - (b) reinforces the role and responsibility of service managers in terms of active attendance management and in particular, prompt reporting of absences and close liaison with HR in terms of employee support, in line with the Attendance Management policy.

Executive Summary

4. The fourth quarter performance has shown a significant increase on both the last (third) quarter figure and in comparison to the same period last year. Analysis of the data has established that the increase is mainly attributable to an increase in headcount following the TUPE transfer undertaken within the Shared Waste Services on 1st February 2017. This change saw 70 staff transfer from Cambridge City Council to SCDC, a number of which had current, long term absence and ongoing health conditions.
 - 801 days sickness absence can be attributed to the Single Shared Waste Service this quarter, 521 days of which relate to those who transferred.
 - of the 801 days, 151 days are attributed to absence occurring during this quarter, but date prior to the TUPE transfer (occurring in January 2017). A decision was made to include this figure in the reporting as it accurately reflects a figure of absence levels within our staff which will make benchmarking figures in the future more exact.

We have seen an increase across the majority of departments, including significant increases within Sheltered Housing and Business and Customer Service teams.

We have noted an increase in absences related to stress, depression and mental health which often result in long term absences. Most notably, however, there has been a very high increase in absences related to Muscular-skeletal and back issues,

this again is attributable to the Shared Waste service. In collaboration with the Health & Safety Advisor, further training is being considered surrounding manual handling and health safety in the work place to improve understanding of safe lifting/handling and to support the teams.

The early part of 2017 saw a high number of employees being affected by a particularly aggressive flu-like virus. This spread through the workforce and contributed to over 200 days being lost.

Early indicators of an increase in sickness absence, has prompted the HR team to review how absence is managed overall. The importance of early intervention and support to staff can help to avoid the absence or reduce the length of the absence. In addition to pro-active solutions, it is important that reactive resolutions and measures are in place and are successful in identifying and supporting individuals with ill health. The Council:

- provides a free and confidential counselling service and works closely with occupational health to support staff.
- Has delivered mental health awareness training which was well attended
- Personal resilience and mindfulness workshops are being made available to staff
- other initiatives supported by the Well being champions.

5. A key area of concern is the continuing delays, caused by line managers, in the notification of absences and completion of return to work meetings. This can result in a delay in terms of putting appropriate measure in place to support employees as well as inaccurate reporting and the possibility of incorrect payment of salary. It is extremely important that sickness absence is accurately recorded with the correct reason for absence and that absences for reasons such as caring responsibilities are classified in the correct manner so as not to distort the absence figures. HR are working with the management team to ensure they are aware of the differences and use appropriate methods and policies to ensure this is correctly recorded and offer appropriate support to the employees..
6. The HR team provide absence monitoring data, support and advice to line managers to help them improve attendance levels and, to identify appropriate support for employees. A new monthly sickness report is being provided to Directors and Heads of Service which sets out a month by month highlight report for each service including number of days lost, key reasons for absence and costs.
7. EMT and Service Managers are required to take appropriate action under the Attendance Management policy to ensure that attendance rates improve.

Background

8. Sickness statistics

(A) Sickness PI – See Appendix A & Appendix G

The sickness PI for the period 1 January 2017 to 31 March 2017 was 3.34 days' sickness absence per FTE. (*FTE used = 479.76 FTE at end of period to include impact of TUPE staff*) (*388.87 - 01/01/2017 and end of period 479.76 - 31/3/17*)

This demonstrates an increase of 55% in the PI for the same quarter in 2015/16, which was 2.15 days per FTE and an increase of 27% since last quarter Q3 2016/17.

The total cumulative days' sickness per FTE for the annual period 1 April 2016 to 31 March 2017 is 10.34 against an annual target of 7 days per FTE for 2016/17.

(B) Sickness Days per Corporate Area – see Appendix B

Sickness days lost has increased by 60.57% compared to last quarter (Q3 2016-17).

The 1604.1 days sickness absence can be attributed to **193 employees**.

(C) Sickness Days per FTE – See Appendix C

The sickness days recorded per FTE for the whole Council was 3.34 **in Quarter 4 2016-17**; this is an increase of **0.73 days** per FTE compared to Quarter 2 2016-17 (where 2.61 sickness days were recorded per FTE).

(D) Long Term v Short Term sickness levels – See Appendix D

Long-Term Sickness accounted for 53.8% of total sickness absence in Quarter 4.

One member of staff has subsequently left the council.

HR is working with line managers to facilitate smooth returns to work and implement relevant and effective measures to avoid and reduce absence overall.

(E) Sickness Absence by reason – See Appendix E and F

The chart shows the following changes since last quarter.

Significant increases within a variety of reasons however, mainly attributable to:

- Stress, depression and mental health
- Muscular-skeletal

There have been significant decreases to:

- Pregnancy Related
- Viral / Infections

Considerations

9. Service areas collect their own sickness information; this is then provided to Payroll and entered on the HR-Payroll system. It is important that recording of absences and completion of forms is accurate to ensure a consistent approach across service areas. Service managers are responsible for ensuring that absence is reported promptly and, managed effectively.

On a monthly basis, managers are sent reports showing sickness over the previous 12 months so they can take a pro-active approach to monitoring sickness absence.

The revised Return to Work form now has a section which asks whether the employee has hit a sickness trigger. If this is the case, managers should arrange to hold an informal review meeting and set a review period with their employees. If sickness fails to improve during this period, they should move to the formal process in

line with the Management of Attendance Management Policy. (Managers are supported by HR throughout informal/formal process.)

10. The Quarter 4 figure shows an increase in sickness absence levels since the last quarter as well as an increase on the same period last year. The HR team continue to work closely with managers to address sickness absence issues. Managers are encouraged to take a proactive approach to managing sickness absence so that absences can be addressed in a timely manner.

Planned Actions

11. The HR team have planned a number of actions to assist and support line managers:
 - Roll out self service access to employee sickness records to all line managers
 - Workshops for manager delivered by the Council's Occupational Health provider on a range of topics such as; how to conduct return to work meetings; how to complete referral forms and duty of care
 - Signposting and advice for mental health wellbeing
 - Further wellbeing initiatives including finance, nutrition, 'good sleep'

Implications

12. In the writing of this report, taking into account financial, legal, staffing, risk management, equality and diversity, climate change, community safety and any other key issues, the following implications have been considered: -

Financial

13. Under the Green Book the maximum amount of contractual sick pay after five years local government service is six months at full pay, six months half pay. There are also the financial costs involved in temporary cover of long-term sickness cases to maintain service delivery.

Legal

14. The Council has an obligation to make reasonable adjustments to allow a disabled employee to continue working or to join the organisation. Sickness records are a protected category under the Data Protection Act provisions in relation to employee records.

Staffing

15. The Council aims to support staff that experience ill health and to assist them to maintain a good attendance at work.
16. Sickness absence has an impact on the delivery of services to customers and means that duties need to be covered or reallocated to ensure continuity of service delivery. Long periods of absence as well as unplanned short-term periods of absence can cause disruptions and put additional pressure on remaining team members.

Risk Management

17. There is a risk to the Council if managers fail to fully manage and support employees. This risk is reduced if managers take appropriate actions, under the Council's policies.

Equality and Diversity

18. There is currently minimal monitoring from an equal opportunity perspective on sickness absence.

Consultation responses (including from the Youth Council)

19. There was no consultation taken on this report.

Effect on Strategic Aims

Aim 1 - Commitment to being a listening council, providing first class services accessible to all

20. Reducing the number of days lost to sickness absence will have an impact on improving service delivery and value for money for residents

Background Papers

Where [the Local Authorities \(Executive Arrangements\) \(Meetings and Access to Information\) \(England\) Regulations 2012](#) require documents to be open to inspection by members of the public, they must be available for inspection: -

- (a) at all reasonable hours at the offices of South Cambridgeshire District Council;
- (b) on the Council's website; and
- (c) in the case of documents to be available for inspection pursuant to regulation 15, on payment of a reasonable fee required by the Council by the person seeking to inspect the documents at the offices of South Cambridgeshire District Council.

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