

REPORT TO: Finance and Staffing Portfolio Holder 7 November 2017
LEAD OFFICER: Head of People and Organisational Development

SICKNESS ABSENCE 1 JULY 2017 – 30 SEPTEMBER 2017

Purpose

1. The purpose of this report is to provide information on sickness absence for the period 1 July 2017 to 30 September 2017 and is a quarterly monitoring report.
2. This is not a key decision because it is for information only.

Recommendations

It is recommended that the Portfolio Holder notes the report.

3. That the Portfolio Holder notes the information provided in Appendix H, and reinforces the requirement for service managers to be aware of their responsibilities in terms of active attendance management and particularly prompt reporting of absences, the completion of return to work interviews and close liaison with HR in terms of employee supporting in line with the Attendance Management policy.

4. Executive Summary

This quarter's performance has shown a 4.66% increase on the previous quarter's figure (Qtr. 1 2017/2018) in terms of the number of days recorded as sickness absence (increases seen in 7 service areas). However, it is encouraging to see a small decrease in absence levels within SSWS.

In terms of the reasons behind absences, we saw a further increase in muscular-skeletal issues and following last quarters decrease, we have also seen an increase in stress, depression and mental health related sickness absence. We expect to see further increases in viral infections as we move towards the winter months. Flu injections have been made available to waste service staff with a good level of take up. HR will continue to work with our OH provider to minimise these risks.

The Council provides a free and confidential counselling service and works closely with occupational health to support staff. The Council has delivered mental health awareness training and now has 12 Mental Health First Aiders trained. Personal resilience and mindfulness workshops have been made available to staff as well as other initiatives supported by the Wellbeing Champions including the benefits of good sleep and supporting financial wellbeing.

5. The HR team continue to provide absence monitoring data and advice to line managers in order to improve attendance 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.

6. CMT and Service Managers are required to take appropriate action under the Attendance Management policy to ensure that attendance rates improve.

Background

7. **Sickness statistics**

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

The sickness PI for the period 1 July 2017 to 30 September 2017 was 2.7 days' sickness absence per FTE. (*FTE used = 474.25*).

This demonstrates an increase of 15.19% in the PI for the same quarter in 2016/17, which was 2.29 days per FTE.

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

Sickness days lost has increased by 4.66% compared to last quarter (Q1 2017-18).

The 1279.75 days sickness absence can be attributed to **118 employees**.

(C) Sickness Days per FTE – See Appendix C

The sickness days recorded per FTE for the whole Council was 2.69 **in Quarter 2 2017-18**.

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

Long-Term Sickness accounted for 64% of total sickness absence in Quarter 1. The Council has been progressing a number of long term cases during Qtr 2. A number of ill health referrals have been made and one employee has left with ill health retirement as a result. One member of staff has returned to work (on a supported phased return) following a long absence. One employee has resigned following a long absence. One employee has been dismissed due to high levels of sickness absence.

(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

- Muscular-skeletal
- Stress / depression

There have been significant decreases to

- Heart, blood pressure
- Other

Considerations

8. Service areas collect their own sickness information; this is then provided to HR-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.)

Implications

9. 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

10. The Council's policy on sickness absence states 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 associated with providing temporary cover and payment of overtime of long-term sickness cases to maintain service delivery.

Legal

11. Under the Equalities Act, the Council has an obligation to make reasonable, adjustments where possible, to allow an employee, who is considered to have a disability, to continue working.
12. Sickness records are a protected category under the General Data Protection Regulation provisions in relation to employee records.

Staffing

13. The Council aims to support staff that experience ill health and to assist them to maintain a good attendance at work.
14. 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

15. There are minimal levels of risk as sickness cases are actively managed.

Equality and Diversity

16. There is currently minimal monitoring (gender, age, ethnic group, sexual orientation, disability) from an equal opportunity perspective on sickness absence. However the Council does employ a number of staff who have medical conditions which are considered to meet the definition of disability. The Council works with its occupational health provider and external agencies to ensure appropriate reasonable adjustments are in place.

Consultation responses (including from the Youth Council)

17. 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

18. 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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