

REPORT TO: Employment and Staffing Committee 9th May 2019
LEAD OFFICER: Susan Gardner-Craig – Head of People and Organisational Development

SICKNESS ABSENCE 1 JANUARY 2019 TO 31 MARCH 2019

Purpose

1. The purpose of this report is to provide information on sickness absence for the period 1 January to 31 March 2019 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 employment and staffing committee note the report, the actions already being taken and, reinforce 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 supporting employees in line with the Attendance Management policy

3. Executive Summary

4.

Our year end BVPI figure is 10.03, which is a **10.17% decrease** compared to last years figure, and a **3.09% decrease** compared to the previous year.

Year	16/17	17/18	18/19
BVPI 12 figure (year end)	10.34	11.05	10.03

This quarter's performance has shown a **1.87% decrease** on the previous quarter's figure (Q3 2018-19) in the number of sick days, and a **3.68% decrease** on the same quarter last year, in terms of the number of days recorded as sickness absence.

In terms of the reasons behind absences, the two highest categories for absence are Other muscular-skeletal, and Stress, depression & mental health, which accounted for **43.5%** of total absence for this Quarter.

Muscular skeletal conditions/disorders (MSDs) are those that affect the human body's movement or musculoskeletal system (i.e. muscles, tendons, ligaments, nerves, discs, blood vessels, etc.)

Common MSDs include: tendonitis, ligament sprain, carpal tunnel syndrome, multiple sclerosis, chronic arthritis, joint issues and inflammation, ruptured/herniated disc, etc.

The table below shows the number of day's absence attributed to Back and Neck Pain, and Other Muscular-Skeletal over that last year, as well as what percentage of the total absences that correlates to.

Reason	Q3 2017/18	Q4 2017/18	Q1 2018/10	Q2 2018/19	Q3 2018/19	Q4 2018/19
Back and Neck Pain	233.1 (17%)	100 (7%)	64 (5%)	113 (10%)	171 (13%)	132 (9%)
Other Muscular-Skeletal	327 (24%)	175 (12%)	370.5 (29%)	348 (29%)	230 (17%)	323 (23%)

It should be noted that when looking at the total absence for other Muscular Skeletal reasons within Q4, there are 19 employees who have absences attributed to other Muscular Skeletal reasons, but 4 employees account for 62.8% of the time lost to sickness in this category. Of those 4 employees, two have now returned to work, and the other two are currently being managed through the sickness absence policy.

Looking at the breakdown of Muscular Skeletal absences by department, 86.4% are attributed to the Greater Cambridge Waste Service (GCWS), and 13% are attributed to the Shared Planning Service. Looking at the breakdown of Back and Neck Pain absences, 45% of them are attributed to GCWS employees. HR are working with the Health and Safety lead in the Waste Service to raise awareness of safe working practices and manual handling.

Department	Percentage of Other muscular-skeletal absences attributed to the department	Percentage of Back & Neck absences attributed to the department
Affordable Homes	0.3%	0
Sheltered Housing	0	9.1%
Shared Planning Service	13.3%	18.9%
Shared Waste Service	86.4%	44.5%
Revenues & Benefits	0	26.5%

The number of days absence for Stress/depression & mental health has decreased compared to Q3 2018/19 and, has also decreased in comparison to the same period last year (Q3 2017-18). Likewise, as a percentage of overall absence it has decreased (see table below).

Stress/depression & mental health	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19
No. days absent and percentage	344.1 (25%)	416 (28.8%)	342 (26.9%)	310 (26.3%)	436.5 (32%)	282 (20.3%)

The 282 days of absence in Q4 relate to 17 employees, which is a decrease from the 26 employees absent for Stress/depression & mental health in Q3 2018/19. Of the 17 employees in Q4, 3 employees account for 63.8% of the absence, and looking at the breakdown by Department, 57.8% are attributed to GCWS and 21.68% to Environmental Health.

The Council has several measures in place to support mental health in the workplace, including a confidential counselling service and Mental Health First Aid. Within Q4 we have trained an additional 13 Mental Health First Aiders, in addition to the 13 who had already been trained. The MHFA team will be meeting regularly in order to discuss common problems within the Council, and to organise events and activities to promote good mental health. Within the last quarter these MHFA's have provided the following information:

No. employees supported by MHFA's	No. of these employees experiencing work-related issues/stress	No. employees who MHFA's have serious concerns about
15	13	5 – in all these cases either the line manager or HR have been made aware, and are working with the employee

5. The HR team continue to provide absence monitoring data to service managers and, advice to line managers in order to improve attendance, and to identify appropriate support for employees. Monthly reports are 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.

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

Background

6. Sickness statistics

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

The sickness PI for the period 1st January – 31st March 2019 was 2.69 days' sickness absence per FTE (*FTE for Q4= 517.29, compared to 516.54 for Q3*).

In this quarter, 23 RTW forms were not received.

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

Sickness days lost has decreased by **1.87%** compared to last quarter (Q3 2018-19).

The **1390.15** days sickness absence can be attributed to **166 employees**. The number of employees who have been absent has increased from 163 in Q3.

(C) Sickness Days per FTE – See Appendix C

The sickness days recorded per FTE for the whole Council was 2.69 in Quarter 4 2018-19.

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

Long-Term Sickness accounted for 21.9% of total sickness absence in Quarter 4.

Within Q4 there were 17 employees who were classed as being on long-term sickness absence, and 9 of these were GCSWS staff. At the end of Q4 8 of these employees had returned to work, and 9 were still absent due to sickness.

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

The chart shows the following changes since last quarter (Q3 2018/19).

The three highest reasons for Sickness Absence in this Quarter were Other Muscular-skeletal, Stress, depression & mental health, and Viral/infections.

When comparing Q4 to Q3 2018-19, there have been increases due to the following reasons

- Other Muscular-skeletal
- Chest/respiratory
- Stomach, liver, kidney, digestion
- Heart, blood pressure, circulation
- Viral/infections
- Ear, nose, mouth, eye
- Pregnancy related

During the same period, there have been decreases to

- Stress, depression & mental health

- Other
- Back and neck pain
- Headaches & migraines
- Genito-urinary

Compared to the same quarter last year (Q4 2017/18) there have been increases attributed to

- Other muscular skeletal
- Chest/respiratory
- Stomach, liver, kidney, digestion
- Back and neck pain
- Pregnancy related
- Heart, blood pressure, circulation
- Headaches & migraines

And for the same period, decreases to the following:

- Viral/infections
- Stress, depression & mental health
- Other
- Ear, nose, mouth, eye

We are continuing to reduce the number of absences attributed to 'other' by working with managers to clarify reasons. This will help us to identify appropriate support for staff in relation to absence and aid us in compiling more reliable and useful data. The HR team are currently looking at making changes to the Sickness Absence Notification form, which includes removing Other as an option.

It is worth noting that any absences due to Cancer would also currently be classed as Other.

Considerations

7. 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. Accuracy is also an important consideration which can affect the reporting and pay.

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. Managers are supported by HR throughout the informal/formal attendance management process/cycle.

We are working with our OH provider to assess what support can be provided in the workplace to support employees with other muscular-skeletal or back conditions, within the current terms of our contract.

We are also working with the managers at the Waterbeach depot, to introduce new support measures to improve the management of muscular-skeletal problems following returns to work. This includes specialist footwear, and additional manual handling training and assessments.

The level of absences for Stress/depression and Mental Health have decreased over the last quarter. HR continues to work on reducing this number, and supporting our employees. As part of this we have been working on raising awareness of mental wellbeing and the support available. As part of this we delivered training in January and February 2019 at the Waterbeach depot on Mental Health, and the supports available.

The number of new referrals to our Counselling service has decreased slightly compared to Q3 (10 new referrals in Q4 compared to 12 new referrals in Q3). Please note that this does not include the number of employees who have accessed this service in this quarter using the generic referral code provided to GCSWS and GCSPS staff. However, within this financial year 4 employees from GCSWS have accessed the service using the generic code, while no employees from the GCSPS have accessed using their code. Employees from both those departments have accessed counselling through their manager and HR.

Implications

8. 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

9. The Council follows the guidance within the NJC Terms and Conditions of employment for Local Government, known as 'Green Book'. The Green Book scheme for sickness absence provides that employees are entitled to occupational sick pay which is determined by length of service. The maximum amount of contractual sick pay after five years local government service is six months at full pay, six months half pay.
10. There are also the financial costs incurred in relation to the need for temporary cover of short and long-term sickness cases to maintain service delivery. In particular, any absence within the waste service crews will need to be covered by agency staff.

Legal

11. 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

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

13. 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

14. There are minimal levels of risk as sickness cases are actively managed and monitored.

Equality and Diversity

15. 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)

16. There was no consultation taken on this report.

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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