

SOUTH CAMBRIDGESHIRE DISTRICT COUNCIL

REPORT TO: Senior Management Team
Resources, Staffing Information and
Customer Services Portfolio Holder
6th November 2006
21st November 2006

AUTHOR/S: Chief Executive / HR Officer

SICKNESS ABSENCE APRIL - SEPTEMBER 2006

Purpose

1. The purpose of this report is to provide analysis of the sickness absence figures for the period 1st April – 30th September 2006 and to highlight current action and proposed action to further reduce sickness absence levels.

Executive Summary

2. The sickness PI for the period 1st April – 30th September 2006 was 5.21 days per Full Time Equivalent (FTE), giving an end of year estimate of 10.42 days per FTE. The target for 2006/ 07 is 11 days per FTE.
3. The long term sickness level across the organisation is 64% of the total sickness absence. Sickness levels are provided by section and reasons for sickness by the old departmental boundaries. The report provides information concerning work currently being undertaken to reduce sickness absence.
4. Taking all sickness absence for the period, almost 4% of all available working days were lost due to sickness. Using the FTE figure of 445.6 employees (as at 1st April 2006) if these days had been worked it would be the equivalent of an extra 17 employees. The report considers a number of options to continue to reduce the sickness absence levels.
5. The report recommends that SMT and the Portfolio Holder:
 - (a) note the PI figure for the period 1st April – 30th September 2006;
 - (b) support the work currently being done to prevent sickness absence;
 - (c) support the further investigation of health screening opportunities for staff;
 - (d) support the work by the HR and Systems Support teams to improve the management information available;
 - (e) support work being done on how to “make attendance matter” and improve consistency in management action.

Background

6. The sickness PI for the period 1st April – 30th September 2006 was 5.21 days per FTE, giving an end of year estimate of 10.42 days per FTE. The target for 2006/ 07 is 11 days per FTE. The figure is slightly ahead of the value for 2005/ 06 but this may be because of the number of people who took voluntary redundancy with long term health problems. During the period there was 1 dismissal due to capability caused by ill health and no ill health retirements.

7. Long-term sickness is 28 or more continuous days sick. Short-term sickness is 27 or less continuous days sickness absence. Trigger points for action currently are 3 periods in a 4 month period or 5 occasions in a 12 month period.

Considerations

8. Across the organisation 64% of the total sickness was due to long term absence.

Days sickness by section showing % of sickness which is long term

Service area	No. of days sick	% of total which is long term
Transformation	0	
Electoral Services	0	
Policy and Performance	3	
Community Services	31.51	
Cultural Services	77	92
Building Control	50	84
Planning policy	28	96
Housing strategy	56	82
Development Services office	6	
Conservation	3	
Planning	46	
Major developments	5	
Development Control	9	
Legal (incl. Democratic Services & Land Charges)	60.67	87
Accountancy	16	
Hr & Payroll	5	
ICT	17	
Office Services	16	
Revenues	148	57
Benefits	12	
Supported Housing	581	73
Housing Services	20	
Housing Advice & Options	16	
Property Services	159	70
DLO	197	62
Environmental Health	73	44
DSO	615	69

9. Recognised strategies for reducing long-term sickness include
- i. maintaining appropriate contact with sick employees;
 - ii. using Occupational Health appropriately to establish contact with GPs and consultants at an early stage so progress can be monitored and return to work planned;
 - iii. in limited cases paying for investigations, for example MRI scans or specialist referrals, for example psychologists, to speed up processes;
 - iv. using phased returns after a period of long-term absence. Phased returns usually involve a build up of hours but can include build of duties, special projects or change of work place. Phased returns need to be supported either by Occupational Health or the employee's GP or consultant. They will usually

last no more than 2 months but could be used for up to 3 months for example in cases of mental health problems.

10. Waiting lists for surgery and post operative recovery can account for significant periods of sickness absence. In some instances employees can be put on light duties prior to the surgery but this is not always practical and can put strain on the remainder of the service. Supported Housing has 2 members of staff awaiting surgery and 1 waiting for an orthopaedic appointment who are on light duties.
11. The Disability Discrimination Act 1995 (DDA) defines disability as “a physical or mental impairment, which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.” A “long-term” effect means that it must have lasted, or be expected to last for twelve months, although for some conditions such as cancer and multiple sclerosis, disability status is at the point of diagnosis. For most people who fall within the remit of the act it has no bearing on their sickness absence. However, for some people who have become disabled, the Council is required to make reasonable adjustments to the role to enable them to continue or return to work. Reasonable adjustments have been made for one employee in Supported Housing and a request for assessment and possible funding has been made to Access to Work.

12. Sick reasons as a % of the total

	Chief Exes	Dev	Finance	H & E
Back problem	12.0	1.4	9.1	5.6
Chest, respiratory	4.0		3.0	3.9
Ear, nose, mouth, eye	8.0	5.5	3.0	5.6
Genito-urinary		2.7		2.1
Headaches & migraine		9.6	12.1	8.1
Heart, blood pressure, circulation				3.0
Operation & post operative	12.0	5.5	1.5	4.3
Other	16.0	8.2	18.2	12.0
Other muscular-skeletal problems	4.0	6.9	7.6	13.2
Pregnancy related			4.6	
Stomach, liver, kidney, digestion	8.0	20.5	12.1	17.9
Stress/ depression and mental health	16.0	2.7	10.6	10.7
Viral infection	20.0	37.0	18.2	13.6

Categories as per Local Government Employers criteria

13. It has not been possible to produce the sickness reason data by section or to break the data into long term and short term reasons. The data shows significant differences across departments. There is a sharp difference between levels of reported stress and mental health sickness between Development Services and the other areas. Interestingly the level of reported viral and stomach, liver etc. illness is higher in

Development Services and this type of illness can be reported where it is not considered acceptable to report stress as a cause.

14. The Council already provides a counselling service in appropriate cases. The Council will pay for up to 6 x 1 hour face to face counselling sessions. The Council needs to be aware of the possible impact of the reduction in funding locally for mental health cases. The reduction in counselling and psychology services will particularly affect those people with mild to moderate depression, the type that most employees with mental health issues will suffer from.
15. Recognised strategies for reducing short term include
 - i. maintaining appropriate levels of contact with sick employees;
 - ii. conducting return to work interviews for all periods of sickness;
 - iii. having robust data so that employees hitting the trigger points are identified quickly;
 - iv. using Occupational Health to provide guidance where there are underlying health problems.
16. There are continuing problems with accessing data from the HR-Payroll system and the HR Officer does much of the manipulation of the data manually. This has led to delays in the production of management information. However, all areas collate sickness absence information on spreadsheets for transmission to Payroll. This information is uploaded into the HR-Payroll system for SSP and attendance recording purposes and departments could possibly make more use of the information. One DMT, Planning, reviews sickness numbers, and other areas should be encouraged to do this regularly. The HR Manager and HR Officer and Systems Support Officers are continuing to work with Northgate to improve the information from ResourceLink, the HR-Payroll ICT system.

Options

17. Sickness absence can be an emotive issue. People become defensive and feel that genuine sickness is being questioned. This can lead to people coming into work when ill, potentially causing more sickness absence for the individual and other employees. However, taking all sickness absence for the period almost 4% of all available working days were lost due to sickness. Using the FTE figure of 445.6 employees (as at 1st April 2006) if these days had been worked it would be the equivalent of an extra 17 employees. At a time of reducing resources good management of attendance and preventative measures becomes ever more important.
18. Preventative measures already in place include:
 - i. All prospective employees require medical clearance before starting employment;
 - ii. The Health & Safety Advisor has carried out hand and arm vibration screening and employees identified as being at risk will be further screened by Occupational Health;
 - iii. More healthy food alternatives being available through the canteen;
 - iv. It is hoped to run Weightwatchers courses in January/ February again for those employees wishing to lose weight;
 - v. The well being exercise programme has been extended to include more classes and more variety and Salsa dance classes are running twice a week at Cambourne.

19. A number of ideas are being considered to allow employees to have health screenings. It is proposed that these would involve the Council providing a room and guaranteeing a number of employees attending to reduce costs to a minimum but employees paying for themselves. Testing under consideration includes cholesterol and bone density testing and fitness assessments. Also under consideration is a presentation by a local dietician around healthy lifestyles.
20. A very small proportion of sickness absence will be entirely bogus. Where proven disciplinary action will be taken. Claiming sickness payments in employment whilst working for someone else is theft. Following information received from members of the public, surveillance authorised under the Regulation of Investigatory Act has been conducted on two employees. Insufficient information was obtained in both cases for disciplinary action. Consideration could be given to some type of "whistle-blowing" facility for employees to use to report abuse of the absence system.
21. Evidence from the number of referrals to HR for management support and in the number of referrals to Occupational Health suggests that there may be some inconsistency between managers in respect of sickness absence. There is also evidence that some of this inconsistency comes from concerns about implementing the current Management of Absence Policy. Proposals to amend the policy, in particular relating to the trigger points for short term sickness and dealing with the majority of persistent short term sickness absence as a capability rather than disciplinary issue will be brought to SMT and the PFH meetings in January 2007 after consultation with managers that have the major sickness issues in their areas. Further training in managing attendance issues could also be considered.
22. Consideration needs to be given to further development of a culture where people's attendance matters. This can be difficult in times of stress and change but this type of culture is described as managers noticing absence and good attendance, colleagues not tolerating abuse of the absence system but supporting each other where there is genuine illness and everyone taking responsibility for their own health and attendance at work. Highlighting good attendance by individual letter or reward can be problematic and cause division but more communication about the impact of attendance and what is being done to help, might be beneficial.

Implications

23. Financial	Under the Green Book the maximum amount of contractual sick pay after 5 years local government service is 6 months at full pay, 6 months half pay. There are also the financial costs involved in temporary cover in long-term sickness cases to maintain service delivery.
Legal	The impacts of the Disability Discrimination Act are covered in the body of the report. Sickness records are a protected category under the Data Protection Act provisions in relation to employee records.
Staffing	Sickness absence means duties need to be covered or reallocated to ensure continuity of service delivery
Risk Management	There are minimal levels of risk
Equal Opportunities	There is currently minimal monitoring from an equal opportunity perspective on sickness absence

Consultations

24. There have been no consultations.

Effect on Annual Priorities and Corporate Objectives

25.	Affordable Homes	Reducing the number of days lost to sickness absence will have an impact on service delivery and achievement of the organisational corporate objectives
	Customer Service	
	Northstowe and other growth areas	
	Quality, Accessible Services	
	Village Life	
	Sustainability	
	Partnership	

Recommendations

26. It is recommended that SMT and the Portfolio Holder:
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Background Papers: the following background papers were used in the preparation of this report:

Performance Indicators

EO – “Management of Ill Health Handbook”

EO – “addressing stress at work”

CIPD – “Absence Management Survey Report July 2006”

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