

SOUTH CAMBRIDGESHIRE DISTRICT COUNCIL

REPORT TO: Finance & Staffing Portfolio Holder 20 September 2011
AUTHOR/S: Executive Director (Corporate Services) / HR Officer

SICKNESS ABSENCE 1 APRIL 2011 – 30 JUNE 2011

Purpose

1. The purpose of this report is to provide information on sickness absence for 1 April 2011 to 30 June 2011
2. This is not a key decision but forms part of the regular monitoring reports.

Recommendations

3. It is recommended that the Portfolio Holder note the content of the report.

Executive Summary

4. The Council must utilise all resources effectively in order to deliver excellent services and value for money to its communities. Managers need to focus on ensuring that they minimise the level of absence and maximise performance.
5. The Portfolio Holder is recommended to note the contents of the report.

Background

6. Sickness statistics

(a) Sickness PI

The sickness PI for the period 1 April 2011 to 30 June 2011 was **2.93** days sickness absence per FTE against an annual target figure of 9 for 2011/12.

This is a decrease in the PI for the same period in 2010/11, which was 3.33 days per FTE.

(FTE used = 462.35 (at start of period 01/04/2011 (includes TUPE'd staff from Veolia)

Trend information for BVPI 12 – days sickness per FTE (2011/12)

Quarter	Q1	Q2	Q3	Q4
BVPI 12 figure	2.93			

Year	05/06	06/07	07/08	08/09	09/10	10/11	11/12
BVPI 12 year end figure	10.75	11.15	10.15	12.69	12.65	12.13	TBC
FTE at end of year	445.64	441.71	460.38	459.03	448.86	449.28	TBC

(b) Benchmark figures by corporate area

Area	Number of available working days lost due to sickness		
	QUARTER 1 01/04/11- 30/06/11	No. Employee's with sickness absence days in period	Comments
Affordable Homes (ex. SH & DLO)	276.5	14	1 resignation (long term sickness) 1 return to work (long term sickness)
Sheltered Housing	243.0	16	2 resignations (long term sickness)
DLO	89.0	5	2 return to works (long term sickness)
Chief Executive Team	0.0	0	
Community & Customer Services	7.2	3	
Corporate Services:	85.5	28	Total of 5 departments below
Accountancy	1.0	1	
HR & Payroll	2.9	2	
ICT	40.0	10	
Legal & Democratic Services	13.5	5	
Revenues & Benefits	28.1	10	
Health & Environment (ex. DSO)	153.1	13	
DSO (including TUPE'd in staff)	335.0	35	1 redundancy (long term sickness) 1 return to work (long term sickness)
Planning & New Communities	163.5	18	1 return to work (long term sickness)
Total	1352.7	132	

This has been an increase in sickness absence days recorded since Quarter 4 of 2010/11 (1168.9 days in the quarter).

Sickness absence levels have increased by 15.7% on last quarter.

The 1352.7 days sickness absence can be attributed to **132 employees**. Which is **28.5 %** of the total staff for the period.

**(c) Sickness Days per person in quarter 1 (01/04/2011 – 30/06/11)
(compared to last quarter)**

Area	FTE at 01/01/2011	Sickness days per person in Quarter 4 (10/11)	FTE at 01/04/2011	Sickness days per person in Quarter 1 (11/12)	+/- days change from Q4 10/11 to Q1 11/12
Affordable Homes (ex. SH & DLO)	60.29	4.00	58.49	4.73	Up 0.73
- Sheltered Housing	43.82	6.67	43.41	5.60	Down 1.07
- DLO	23.5	8.04	16.00	5.56	Down 2.48
Chief Executives and PAs	4.0	0.75	5.00	0.00	Down 0.75
Community & Customer Services	20.4	0.56	20.40	0.35	Down 0.21
Corporate Services (Total of 5 depts below)	111.82	0.60	110.1	0.78	Up 0.18
- Accountancy	not provided	not provided	14.84	0.54	n/a
- HR & Payroll	not provided	not provided	6.10	0.48	n/a
- ICT	not provided	not provided	24.40	1.64	n/a
- Legal & Democratic Services	not provided	not provided	15.54	0.87	n/a
- Revenues & Benefits	not provided	not provided	49.22	0.57	n/a
Health & Environment	39.42	0.70	40.42	3.79	Up 3.09
- DSO (excluding TUPE staff)	68.0	2.47	68.50	4.34	Up 1.87
- DSO (including TUPE staff)	Not recorded	Not recorded	90.5	3.70	n/a
Planning & New Communities	79.65	2.12	78.03	2.10	Down 0.02

Please note for the previous Quarter (Quarter 4 (01/01/2011 – 31/03/2011) 10-11) the DSO figures did not include the 22 staff that TUPE'd across to the Council. The sickness figures for this Quarter (Quarter 1 (01/04/2011 – 30/06/2011) 11-12) **do include** the TUPE'd staff and as such it is not possible to provide a relative comparator for the DSO for this Quarter.

In addition, last quarter, the Corporate Services directorate data was provided as a whole and not sub-divided into departments as it is for this quarter; as such it is not possible to provide comparisons for each department for this quarter.

(d) Long-term v short-term sickness

* Long-term sickness is any period of sickness lasting longer than 20 continuous working days

Department	QUARTER 1 - 01/04/2011 – 30/06/2011 sickness			
	No of days Long term (20+ days)	% of dept absence that = Long Term	No of days Short term	% of dept absence that = Short Term
Affordable Homes (exc. SH and DLO)	236.0	85.4%	40.5	14.6%
- Sheltered Housing	169.5	69.8%	73.5	30.2%
- DLO	65.0	73.0%	24.0	27.0%
Chief Executives & PAs	0.0	0.0%	0.0	0.0%
Community & Customer Services	0.0	0.0%	7.2	100.0%
Corporate Services	0.0	0.0%	85.5	100.0%
- Accountancy	0.0	0.0%	1.0	100.0%
- HR & Payroll	0.0	0.0%	2.9	100.0%
- ICT	0.0	0.0%	40.0	100.0%
- Legal & Democratic Services	0.0	0.0%	13.5	100.0%
- Revenues & Benefits	0.0	0.0%	28.1	100.0%
Health & Environment (ex. DSO)	143.0	93.4%	10.1	6.6%
- DSO	160.0	47.8%	175.0	52.2%
Planning & New Communities	113.0	69.1%	50.5	30.9%
Total	886.5	65.5%	466.2	34.5%

Nearly **two thirds (65.5%)** of sickness absence during the period can be attributed to long term sickness (periods over 20 days in duration).

These long term periods of absence are for **19 employees**.

(e) Sickness absence by reason given – Just Quarter 1 (01/04/11 – 30/06/11) (figures quoted as number of working days lost)

Reason	Affordable Homes	- Sheltered Hsg	- DLO	Chief Exec Team	Community & Customer Service	Corp Services - Accountancy	Corp Services – HR & Payroll	Corp Services - ICT	Corp Services – Legal & Dem Services	Corp Services – Revenues & Benefits	Health & Env't Services	- DSO	Planning & New Communities	TOTAL
Back	12.5	70.5						1.0	0.6	2.0	11.0	49.0	2.0	148.6
Chest/respiratory		10.0						13.0		5.0			44.0	72.0
Ear, nose, mouth, eye	36.0	3.0							5.0	4.3	3.0	1.0	1.0	53.3
Face														0.0
Genito-urinary								2.0						2.0
Headaches & migraine			1.0				1.9		1.0			4.0		7.9
Heart, blood pressure, circulation											22.0	65.0		87.0
Operation & post op recovery								3.0			14.0	66.0		83.0
Other	71.5	16.0						15.0			36.0	13.0	69.0	220.5
Other Muscular-Skeletal	65.0		84.0								52.2	92.0	0.8	294.0
Pregnancy related					1.0					6.6			4.0	11.6
Stomach, liver, kidney, digestion	5.5	3.0	2.0		6.2	1.0		6.0		4.1	1.8	28.0	5.0	62.7
Stress, depression & mental health	70.0	56.5									9.0		21.7	162.2
Viral	16.0	84.0	2.0				1.0		6.9	6.0	4.0	12.0	16.0	147.9
Total	276.5	243.0	89.0	0.0	7.2	1.0	2.9	40.0	13.5	28.1	153.1	335.0	163.5	<u>1352.7</u>

f) Summary of Sickness by Reason compared to last quarter and Quarter 1 (2010-11)

Reason	Days lost for Quarter 4 (2010-11) 01/01/11 – 31/03/11	Days lost for Quarter 1 (2010-11) 01/04/10 – 30/06/10	Days lost for Quarter 1 (2011-12) 01/04/11 – 30/06/11	Change since last Quarter -/+	Change since Quarter 1 last year -/+
Back	135.1	172.0	148.6	13.5 more	23.4 less
Chest/respiratory	51.0	46.0	72.0	21.0 more	26 more
Ear, nose, mouth, eye	69.0	49.0	53.3	15.7 less	4.3 more
Face	0.0	0.0	0.0	No Change	No Change
Genito-urinary	0.0	5.0	2.0	2.0 more	3.0 less
Headaches & migraine	25.5	18.0	7.9	17.6 less	10.1 less
Heart, blood pressure, circulation	0.0	1.0	87.0	87.0 more	86.0 more
Operation & post op recovery	22.6	166.0	83.0	60.4 more	83.0 less
Other	162.4	173.0	220.5	58.1 more	47.5 more
Other Muscular-Skeletal	164.3	207.0	294.0	129.7 more	87.0 more
Pregnancy related	6.0	35.0	11.6	5.6 more	23.4 less
Stomach, liver, kidney, digestion	44.2	71.0	62.7	18.5 more	8.3 less
Stress, depression & mental health	241.0	472.0	162.2	78.8 less	309.8 less
Viral	247.8	66.0	147.9	99.9 less	81.9 more
Total	<u>1168.9</u>	<u>1481.0</u>	<u>1352.7</u>	183.8 more	128.3 less

This demonstrates that while there has been an overall increase (15.7%) in sickness absence levels since the last quarter (Q4 2010-11), there has been an 8.7% decrease since the same quarter last year (Q1 2010-11).

There has been a significant drop in absence caused by stress, depression and mental health since both the last quarter (a 32.6% drop) and since the same quarter last year (a 65.6% drop).

Considerations

7. Service areas collect their own sickness information; this is then provided to HR Payroll and entered on the HR-Payroll system. The monthly reports going to line managers identifying individual sickness patterns for employees in their section and copied to corporate managers and service managers with reports back to HR on action taken seems to be having an effect.
8. During the quarter, there were 9 long term sickness cases closed: 3 resignations, 1 redundancy and 5 people returning to work.

Implications

9. 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 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	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

10. HR service has recalculated the BVPI figure to take into account actual working days lost by full and part time employees. Figures have been presented as actual working days lost rather than percentages.

Effect on Strategic Aims

11. **Commitment to being a listening council, providing first class services accessible to all:** Reducing the number of days lost to sickness absence will have an impact on improving service delivery for residents.

Background Papers: the following background papers were used in the preparation of this report:

Performance Indicators

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