

SOUTH CAMBRIDGESHIRE DISTRICT COUNCIL

REPORT TO: Finance and Staffing Portfolio Holder 31st January 2012
AUTHOR/S: Executive Director (Corporate Services) / HR Officer

SICKNESS ABSENCE 1 OCTOBER 2011 – 31 DECEMBER 2011

Purpose

1. The purpose of this report is to provide information on sickness absence for 1 October 2011 to 31 December 2011 and is a quarterly monitoring report.

Recommendations

2. It is recommended that EMT note the content of the report and continue to take appropriate action under the management of sickness policy.

Executive Summary

3. 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.

Background

4. **Sickness statistics**

(a) Sickness PI

The sickness PI for the period **1 October 2011 to 31 December 2011** was **2.81 days** sickness absence per FTE. The total days sickness per FTE therefore for the combined period of Quarters 1, 2 and 3 (**1 April 2011 to 31 December 2011**) therefore is **9.16** against an annual target figure of 9 for 2011/12.

(FTE used = 438.23 (at start of period 01/10/2011))

This is a **decrease in the PI for the same period in 2010/11**, which was 3.56 days per FTE. (It is also a decrease for the total cumulative period of Quarters 1 to 3 2010-11 which was 9.96 days per FTE)

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

Quarter	Q1	Q2	Q3	Q4
BVPI 12 figure	2.93	3.42	2.81	
Cumulative	2.93	6.35	9.16	

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

	QUARTER 3 (01/10/11- 31/12/11)		
Area	No. of available working days lost due to sickness	No. Employee's with sickness absence days in period	Comments
Affordable Homes (ex. SH & DLO)	154.1	20.0	
Sheltered Housing	158.7	21.0	1 Long Term Death in Service (CB)
DLO	125.0	6.0	1 Long Term Return (CR)
Chief Executive Team	6.0	1.0	
Community & Customer Services	44.3	4.0	
Corporate Services:	124.7	38.0	Total of 5 departments below
Accountancy	6.0	3.0	
Business & Cust Service	58.0	3.0	
HR & Payroll	5.6	4.0	
ICT	20.0	7.0	
Legal & Dem Services	3.0	3.0	
Revenues & Benefits	86.1	18.0	1 Long Term Return (LH)
Health & Environment (ex. DSO)	202.5	14.0	1 Ill Health Retirement (GC) 1 Long Term Normal Retirement (SP)
DSO	199.5	38.0	2 Long Term Returns (SI, JK)
Planning & New Communities	161.9	30.0	
Total	<u>1230.7</u>	172.0	

Sickness absence levels have decreased by 19.7% on last quarter (Q2 2011-12).

The 1230.7 days sickness absence can be attributed to **172 employees**. Which is **36.0%** of the total staff for the period. (478 Headcount at 01/10/2011)

**(c) Sickness Days per person in Quarter 3 (01/10/2011 – 31/12/11)
(compared to last quarter)**

Area	FTE at 01/07/2011	Sickness days per person in Quarter 2 (11/12)	FTE at 01/10/2011	Sickness days per person in Quarter 3 (11/12)	+/- days change from Q2 11/12 to Q3 11/12
Affordable Homes (ex. SH & DLO)	57.84	3.73	53.44	2.88	Down 0.85
- Sheltered Housing	41.72	6.04	40.30	3.94	Down 2.10
- DLO	17.00	7.71	17.00	7.35	Down 0.36
Chief Executives and PAs	5.00	0.00	5.00	1.20	Up 1.20
Community & Customer Services	18.20	2.36	14.20	3.12	Up 0.76
<i>Corporate Services (Total of 5 depts below)</i>	<i>101.16</i>	3.30	<i>103.36</i>	1.77	Down 1.53
- Accountancy	13.96	0.24	13.96	0.43	Up 0.19
- Business & Customer Services	N/A	N/A	4.00	14.5	N/A
- HR & Payroll	6.21	8.18	6.71	0.83	Down 7.35
- ICT	22.40	1.25	19.01	1.05	Down 0.20
- Legal & Democratic Services	13.91	0.76	15.51	0.19	Down 0.57
- Revenues & Benefits	44.68	1.11	44.17	1.95	Up 0.84
Health & Environment	41.92	4.76	38.46	5.27	Up 0.51
- DSO	87.00	4.02	90.91	2.19	Down 1.83
Planning & New Communities	77.24	2.57	75.56	2.14	Down 0.43

The sickness days recorded per FTE for the whole Council was **2.81 in Quarter 3**, this is a decrease of 0.61 days per FTE since Quarter 2 (where 3.42 sickness days were recorded per FTE).

(d) Long-term v Short-term sickness

Department	QUARTER 3 - 01/10/2011 – 31/12/2011 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)	102.00	66.2 %	52.10	33.8 %
- Sheltered Housing	80.92	51.0 %	77.78	49.0 %
- DLO	110.00	88.0 %	15.00	12.0 %
Chief Executives & PAs	0.00	0.0 %	6.00	100.0 %
Community & Customer Services	26.35	59.4 %	18.00	40.6 %
Corporate Services	85.14	47.6 %	93.58	52.4 %
- Accountancy	0.00	0.0 %	6.00	100.0 %
- Business & Customer Services	53.00	91.4 %	5.00	8.6 %
- HR & Payroll	1.00	17.7 %	4.64	82.3 %
- ICT	0.00	0.0 %	20.00	100.0 %
- Legal & Democratic Services	0.00	0.0 %	3.00	100.0 %
- Revenues & Benefits	31.14	43.3 %	54.94	56.7 %
Health & Environment (ex. DSO)	143.00	70.6 %	59.50	29.4 %
- DSO	83.00	41.6 %	116.50	58.4 %
Planning & New Communities	65.00	40.2 %	96.89	59.8 %
Total	695.41	56.5 %	535.35	43.5 %

Long-Term Sickness accounted for 56.5 % of total sickness absence in Quarter 2.

Long-Term Sickness levels have dropped by 33.2% (345.7 days) since Quarter 2.

These long-term periods of absence are attributable to **17 employees**.

(e) Sickness absence by reason given – Quarter 3 Alone (01/10/11 – 31/12/11) (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 – Bus/Cust Services	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	9.0		1.0		12.0				2.0				10.0	1.0	35.0
Chest/respiratory	5.0		1.0								5.0	2.0	8.0	18.5	39.5
Ear, nose, mouth, eye		3.0	2.0			2.0	2.0				2.0	5.0	36.0	2.0	54.0
Face															0.0
Genito-urinary														2.0	2.0
Headaches & migraine	2.0		1.0							1.0	1.9	1.0	4.0	1.0	11.9
Heart, blood pressure, circulation												65.0	44.0		109.0
Operation & post op recovery	11.0	4.0		6.0	5.0						32.1	16.0	19.0	13.0	106.1
Other	66.0	25.8										78.0	14.0	73.0	256.8
Other Muscular-Skeletal			120.0					1.8			5.8		21.0	11.0	159.6
Pregnancy related															0.0
Stomach, liver, kidney, digestion	4.7	7.0			1.0	1.0			4.0		6.2	5.0	16.5	7.6	53.0
Stress, depression & mental health	37.0	12.0			26.3		53.0				2.0	9.0			139.3
Viral	19.4	106.7				3.0	3.0	3.8	14.0	2.0	31.0	21.5	27.0	32.8	264.2
Total	154.1	158.7	125.0	6.0	44.3	6.0	58.0	5.6	20.0	3.0	86.0	202.5	199.5	161.9	

f) Summary of Sickness by Reason compared to last quarter (Quarter 2 2011-12) and Quarter 3 last year (2010-11)

Reason	LAST QUARTER Q2 2011-12 (01/07/11 – 30/09/11)	Q3 LAST YEAR Q3 2010-11 (01/10/10 – 31/12/10)	Days Lost for Quarter 3 (2011- 12) 01/10/11 – 31/12/11	Change since last quarter (Q2 11-12) -/+	Change since Quarter 3 last year (10-11) -/+
Back	111.0	174.0	35.0	76.0 less	139.0 less
Chest/respiratory	75.0	89.0	39.5	35.5 less	49.5 less
Ear, nose, mouth, eye	75.0	88.5	54.0	21.0 less	34.5 less
Face	0.0	0.0	0.0	No Change	No Change
Genito-urinary	3.8	0.0	2.0	1.8 less	2.0 more
Headaches & migraine	13.0	5.0	11.9	1.1 less	6.9 more
Heart, blood pressure, circulation	135.0	0.0	109.0	26.0 less	109.0 more
Operation & post op recovery	108.0	85.5	106.1	1.9 less	20.6 more
Other	228.4	134.5	256.8	28.4 more	122.3 more
Other Muscular-Skeletal	397.3	115.5	159.6	237.7 less	44.1 more
Pregnancy related	23.8	8.0	0.0	23.8 less	8.0 less
Stomach, liver, kidney, digestion	65.6	36.0	53.0	12.6 less	17.0 more
Stress, depression & mental health	108.5	408.5	139.3	30.8 more	269.2 less
Viral	187.6	268.0	264.2	76.6 more	3.8 less
Total	1532.0	1441.5	1230.7	301.3 less	210.8 less

- This demonstrates that there has been an overall decrease (19.7%) in sickness absence levels since the last quarter (Q2 2011-12), as well as a 14.6% decrease since the same quarter last year (Q3 2010-11).
- While absence attributed to stress, depression and mental health increased by 28.3% from last quarter (Q2 2011-12), there has been a **significant drop (65.9%)** since the same quarter last year (Q3 2010-11).
- There were significant decreases from last quarter (Q2 2011-12) for 'Back' absences (by 68.5%) and Muscular Skeletal absences (by 59.8%).

Considerations

5. Service areas collect their own sickness information; this is then provided to HR Payroll and entered on the HR-Payroll system.
Monthly reports are sent to line managers identifying individual sickness patterns for employees in their section and are copied to corporate managers and service managers to report back to HR on action.
6. The Quarter 3 figures demonstrate a marked improvement in sickness absence levels from Quarter 2. The HR-Payroll team continue to work with managers to tackle sickness absence issues. This report demonstrates the impact of those efforts on the marked reduction in long-term sickness absence days lost (down 33.2% on last Quarter). Work is also being done to tackle increasing levels of short-term sickness absence.
7. During the quarter, there were 7 long-term sickness cases closed: 1 Ill Health Retirement, 1 'Normal' Retirement, sadly 1 death in service and 4 returns to work.
8. In Quarter 4, the team have already seen 3 further long-term sickness cases draw to a close with 2 return to works and a dismissal.

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

Effect on Strategic Aims

10. **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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