SOUTH CAMBRIDGESHIRE DISTRICT COUNCIL

REPORT TO: Finance and Staffing Portfolio Holder 15 May 2012

AUTHOR/S: Executive Director, Corporate Services

SICKNESS ABSENCE 1 JANUARY 2012 - 31 MARCH 2012 - YEAR END

Purpose

1. The purpose of this report is to provide information on sickness absence for 1 January 2012 to 31 March 2012 and year end.

Recommendation

2. It is recommended that the Finance and Staffing Portfolio Holder note the content of the report.

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 January 2012 to 31 March 2012** was **2.42 days** sickness absence per FTE. (FTE used = 441.26 (at start of period 01/01/2012)

The total days sickness per FTE employee for the combined periods of Quarters 1 to 4 (1 April 2011 to 31 March 2012) is 11.58 against an annual target of 12 for 2011/12.

This demonstrates an increase in the PI for the same quarter in 2010/11, which was 2.17 days per FTE, but an overall **decrease since the year 2010-11** (which was 12.13 days per FTE employee for Q1 to Q4 2010-11).

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	2.42
Cumulative	2.93	6.35	9.16	11.58

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	11.58
FTE at end of year	445.64	441.71	460.38	459.03	448.86	449.28	441.12

(b) Benchmark figures by corporate area

	QUARTER 4 (01/01/12- 31/03/12)					
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)	146.7	21	1 IH Dismissal 1 Long Term Return			
Sheltered Housing	199.5	19	1 Long Term Return			
DLO	147.0	5				
Chief Executive Team	0.0	0				
Community & Customer Services	14.0	5				
Corporate Services:	122.7	34	Total of 6 departments below			
Accountancy	4.3	2				
Business & Cust Service	18.0	3	1 Long Term Return			
HR & Payroll	2.1	1				
ICT	15.0	4				
Legal & Dem Services	5.8	3				
Revenues & Benefits	77.5	21	1 Long Term Return			
Health & Environment (ex. DSO)	70.4	11	1 Long Term Return			
DSO	200.5	41	1 Long Term Return			
Planning & New Communities	168.3	31				
Total	<u>1069.1</u>	167				
Same period 2010/11	1168.9					

Sickness absence levels have decreased by 13.1% on last quarter (Q3 2011-12).

The 1069.1 days sickness absence can be attributed to **167 employees**. Which is **34.7%** of the total staff for the period (based on 481 Headcount at 01/01/2012).

(c) Sickness Days per person in Quarter 4 (01/01/2012 – 31/03/12) (compared to last quarter)

Area	FTE at 01/10/2011	Sickness days per FTE in Quarter 3 (11/12)	FTE at 01/01/2012	Sickness days per FTE in Quarter 4 (11/12)	+/- days change from Q3 11/12 to Q4 11/12
Affordable Homes (ex. SH & DLO)	53.44	2.88	49.62	2.96	Up 0.08
- Sheltered Housing	40.30	3.94	36.93	5.40	Up 1.46
- DLO	17.00	7.35	17.00	8.65	Up 1.30
Chief Executives and PAs	5.00	1.20	5.00	0.0	Down 1.20
Community & Customer Services	14.20	3.12	15.20	0.92	Down 2.20
Corporate Services (Total of 6 depts below)	103.36	1.77	103.58	1.18	Down 0.59
- Accountancy	13.96	0.43	13.96	0.31	Down 0.12
- Business & Customer Services	4.00	14.5	5.00	3.60	Down 10.90
- HR & Payroll	6.71	0.83	6.33	0.33	Down 0.50
- ICT	19.01	1.05	18.01	0.83	Down 0.22
- Legal & Democratic Services	15.51	0.19	16.11	0.36	Up 0.17
- Revenues & Benefits	44.17	1.95	44.17	1.75	Down 0.20
Health & Environment	38.46	5.27	36.46	1.93	Down 3.34
- DSO	90.91	2.19	100.11	2.00	Down 0.19
Planning & New Communities	75.56	2.14	77.36	2.18	Up 0.04

The sickness days recorded per FTE for the whole Council was **2.42 in Quarter 4**, this is a **decrease of 0.39 days** per FTE since Quarter 3 (where 2.81 sickness days were recorded per FTE).

(d) Long-term v Short-term sickness

Department	QUARTER 4 - 01/01/2012 - 31/03/2012 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)	42.0	28.7 %	104.7	71.3 %			
- Sheltered Housing	129.0	64.7 %	70.5	35.3 %			
- DLO	141.0	95.9 %	6.0	3.1 %			
Chief Executives & PAs	0.0	0.0 %	0.0	0.0 %			
Community & Customer Services	8.0	57.1 %	6.0	42.9 %			
Corporate Services	34.0	27.7 %	88.7	72.3 %			
- Accountancy	0.0	0.0 %	4.3	100.0 %			
- Business & Customer Services	9.0	50.0 %	9.0	50.0 %			
- HR & Payroll	0.0	0.0 %	2.1	100.0 %			
- ICT	0.0	0.0 %	15.0	100.0 %			
- Legal & Democratic Services	0.0	0.0 %	5.8	100.0 %			
- Revenues & Benefits	25.0	32.3 %	52.5	67.7 %			
Health & Environment (ex. DSO)	39.0	55.4 %	31.4	44.6 %			
- DSO	40.0	20.0 %	160.5	80.0 %			
Planning & New Communities	65.0	38.6 %	103.3	61.4 %			
Total	498.0	46.6 %	571.1	53.4 %			

Long-Term Sickness accounted for 46.6 % of total sickness absence in Quarter 4.

Long-Term Sickness levels have dropped by a further 28.4% (197.4 days) since Quarter 3, following a drop from Quarter 2 to Quarter 3 of 33.2%.

These long-term periods of absence are attributable to 15 employees.

There has been a slight increase in Short-Term sickness absence of 6.7% since Quarter 3.

(e) Sickness absence by reason given – Quarter 4 Alone (01/01/12 – 31/03/12) (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 & Envt Services	- DSO	Planning & New Communities	TOTAL
Back	10.0	22.0							1.0		0.4		8.0	1.0	42.4
Chest/respiratory	20.0	14.0									4.3		19.0	19.0	76.3
Ear, nose, mouth, eye	12.0	2.4									0.8	3.0	4.0		22.2
Face															0.0
Genito-urinary	9.0														9.0
Headaches & migraine		1.0								2.0	1.0		1.0	5.5	10.5
Heart, blood pressure, circulation		30.0	4.0											1.0	35.0
Operation & post op recovery	3.0	7.0										39.0	15.0	14.0	78.0
Other	18.0	2.0	60.0						10.0		6.3	4.5	52.5	76.0	229.2
Other Muscular- Skeletal	2.0		40.0								25.0		21.0	4.0	92.0
Pregnancy related															0.0
Stomach, liver, kidney, digestion	3.7	23.1			4.0				4.0		4.6	3.2	53.0	16.8	112.4
Stress, depression & mental health	38.0	13.0	41.0		8.0		9.0					4.3	6.0	1.0	120.3
Viral	31.0	85.0	2.0		2.0	4.3	9.0	2.1		3.8	35.1	16.4	21.0	30.0	241.6
Total	146.7	199.5	147.0	0.0	14.0	4.3	18.0	2.1	15.0	5.8	77.5	70.4	200.5	168.3	

f) Summary of Sickness by Reason compared to last quarter (Quarter 3 2011-12) and Quarter 4 last year (2010-11)

Reason	LAST QUARTER Q3 2011-12 (01/10/11 – 31/12/11)	Q4 LAST YEAR Q4 2010-11 (01/01/11 – 31/03/11)	Days Lost for Quarter 4 (2011- 12) 01/01/12 – 31/03/12	Change since last quarter (Q3 11-12) -/+	Change since Quarter 4 last year (10-11) -/+
Back	35.0	135.1	42.4	7.4 More	92.7 Less
Chest/respiratory	39.5	51.0	76.3	36.8 More	25.3 More
Ear, nose, mouth, eye	54.0	69.0	22.2	31.8 Less	46.8 Less
Face	0.0	0.0	0.0	No Change	No Change
Genito-urinary	2.0	0.0	9.0	7.0 More	9.0 More
Headaches & migraine	11.9	25.5	10.5	1.4 Less	15.0 Less
Heart, blood pressure, circulation	109.0	0.0	35.0	74.0 Less	35.0 More
Operation & post op recovery	106.1	22.6	78.0	28.1 Less	55.4 More
Other	256.8	162.4	229.2	27.6 Less	140.2 More
Other Muscular-Skeletal	159.6	164.3	92.0	67.6 Less	72.3 Less
Pregnancy related	0.0	6.0	0.0	No Change	6.0 Less
Stomach, liver, kidney, digestion	53.0	44.2	112.4	59.4 More	68.2 More
Stress, depression & mental health	139.3	241.0	120.3	19.0 Less	120.7 Less
Viral	264.2	247.8	241.6	22.6 Less	6.2 Less

[•] Absence attributed to stress, depression and mental health decreased somewhat (13.6%) from last quarter (Q3 2011-12), and also more significantly (50.1%) since the same quarter last year (Q4 2010-11).

[•] There has been a noticeable increase in absences attributed to Chest or Respiratory problems since both last quarter (a 93.2% increase), and since Q4 last year (2011-12) (a 49.6% increase).

[•] There have been noticeable decreases in absences attributed to Heart, Blood Pressure and Circulatory problems, and Other Muscular Skeletal problems since Q3 2011-12.

Considerations

- 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 4 figures demonstrate a continued improvement in sickness absence levels from Quarter 3, following on from the decrease from Q2 to Q3. The HR-Payroll team continue to work with managers to tackle sickness absence issues. This report demonstrates the impact of those efforts on the continuing reduction in long-term sickness absence days lost (down 28.4% on last Quarter). While the increase in short term absence is relatively small (6.7%), work is also being done to tackle this.
- 7. During the quarter, there were 6 employees recorded as having episodes of long-term sickness cases returned to work and there was 1 dismissal due to III Health.
- 8. In Quarter 1 of 2012-13, the HR Manager anticipates a further reduction in long-term sickness levels, due to the TUPE transfer of the DLO employees, 3 of whom were on long-term sickness absence leave at the point of transfer, as well as 2 further scheduled returns to work after periods of long term sickness and a scheduled case review for ill health.
- 9. There has been a significant allocation of HR resources concentrated on sickness absence management, mainly supporting and coaching managers but also in resolving very complex ill health pension cases. Throughout 2011/2012 there has been a steady improvement in the absence figures.

Implications

10.	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

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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