

SICKNESS ABSENCE 1 JULY 2018 TO 30 SEPTEMBER 2018

Purpose

1. The purpose of this report is to provide information on sickness absence for the period 1 July to 30 September 2018 and is a quarterly monitoring report.
2. This is not a key decision because it is for information only.

Recommendations

It is recommended that CMT 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

This quarter's performance has shown a **7.29% decrease** on the previous quarter's figure (Q4 2017-18) in the number of sick days, and a **7.8% 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 56% 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.

Cancer is recorded under Other.

The table below shows the number of day's absence attributed to each reason over that last year, as well as what percentage of the total absences that correlates to.

| Reason | Q2 2017/18 | Q3 2017/18 | Q4 2017/18 | Q1 2018/10 | Q2 2018/19 |
|-------------------------|-------------|-------------|------------|-------------|------------|
| Back and Neck Pain | 86 (7%) | 233.1 (17%) | 100 (7%) | 64 (5%) | 113 (10%) |
| Other Muscular-Skeletal | 332.5 (26%) | 327 (24%) | 175 (12%) | 370.5 (29%) | 348 (29%) |

It should be noted that when looking at the total absence for other Muscular Skeletal reasons within Q2, 3 employees account for 57% of the time lost to sickness in this category. Of those 3 employees, one has retired due to ill health, one is going through the process of retiring due to ill health, and the third is recovering from a joint operation.

Looking at the breakdown of Muscular Skeletal absences by department, 49% are attributed to the Greater Cambridge Waste Service (GCWS), 28% are attributed to Health and Environmental Services, and 19% are attributed to Revenues and Benefits. Looking at the breakdown of Back and Neck Pain absences, all of them are attributed to GCWS employees.

There has been a slight decrease for Chest/Respiratory reasons, compared to Q1 2018-19. This is likely to be a result of warmer weather.

The number of days absence for Stress/depression & mental health has continued to decrease in Q2, compared to Q1 2018/19, and has also decreased in comparison to the same period last year (Q2 2017-18). However, as a percentage of overall absence it has remained fairly constant, with a slight increase in Q4 2017/18 (see table below).

| Stress/depression & mental health | Q2 2017/18 | Q3 2017/18 | Q4 2017/18 | Q1 2018/19 | Q2 2018/19 |
|-----------------------------------|---------------|-------------|-------------|-------------|-------------|
| No. days absent and percentage | 336.1 (26.3%) | 344.1 (25%) | 416 (28.8%) | 342 (26.9%) | 310 (26.3%) |

The 310 days of absence in Q2 relate to 18 employees, of these 3 employees account for 41% of the absence, and looking at the breakdown by Department, 44.8% are attributed to GCWS and 23.9% to Greater Cambridge Shared Planning Service.

The Council has existing measures in place to support mental health in the workplace. This includes offering a free and confidential counselling service, Mental Health First Aider training and the use of stress risk assessments.

HR will continue to work with our OH provider to minimise these risks.

4. 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

5. Sickness statistics

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

The sickness PI for the period 1st July – 30th September 2018 was 2.26 days' sickness absence per FTE (*FTE for Q2 = 521.06, compared to 521.21 for Q1*).

In this quarter, 19 RTW forms were not received, and 2 GP certificates were received with no notification form completed.

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

Sickness days lost has decreased by **7.29%** compared to last quarter (Q1 2018-19).

The **1179** days sickness absence can be attributed to **132 employees**. The number of employees who have been absent has increased from 118 in Q1 to 132 in Q2.

(C) Sickness Days per FTE – See Appendix C

The sickness days recorded per FTE for the whole Council was 2.29 in Quarter 2 2018-19.

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

Long-Term Sickness accounted for 46.78% of total sickness absence in Quarter 2.

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

The chart shows the following changes since last quarter (Q1 2018/19).

The three highest reasons for Sickness Absence in this Quarter were Other muscular-skeletal, stress, depression & mental health, and Other.

When comparing Q2 to Q1 2018-19, there have been slight increases due to the following reasons

- Back and neck pain
- Stomach, liver, kidney, digestion
- Viral/infections

During the same period, there have been decreases to

- Chest/respiratory
- Heart, blood pressure, circulation
- Other
- Other muscular skeletal
- Stress, depression & mental health

Compared to the same quarter last year (Q2 2017/18) there have been slight increases attributed to

- Back

- Other muscular skeletal

And for the same period, decreases to the following:

- Chest/respiratory
- Other
- Stomach, liver, kidney, digestion
- Viral/infections

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.

Considerations

6. 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 exploring what additional support measures could be provided by the OH provider, alongside the cost and potential benefits, and what other tools and services are available.

Although there has been a decrease in the numbers of days lost for Stress, depression & mental health in this Quarter, this reason is the second largest reason for absence in this quarter.

As part of the Corporate Training Plan, a Building Resilience Course was run in September, and the HR team are investigating additional mental health training available.

The number of new referrals to our Counselling service has decreased from 15 in Q1 to 12 in this Quarter; please note that this excludes the generic referral code provided to GCSWS staff. However, a number of staff have requested additional counselling sessions following the initial 6 sessions provided by the Council.

Implications

7. 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

8. 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.
9. 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

10. 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

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

13. There are minimal levels of risk as sickness cases are actively managed.

Equality and Diversity

14. 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)

15. 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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