

**REPORT TO:** Employment & Staffing Committee

18<sup>th</sup> October 2019

**LEAD OFFICER:** Susan Gardner-Craig – Head of People and Organisational Development

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## **SICKNESS ABSENCE 1 JULY 2019 TO 30 SEPTEMBER 2019**

### **Purpose**

1. The purpose of this report is to provide information on sickness absence for the period 1 July to 30 September 2019 and is a quarterly monitoring report.
2. This is not a key decision because it is for information only.

### **Recommendations**

It is recommended that the Employment and staffing committee 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**

4. Our BVPI figure is 2.93, which is a **22.87% increase** compared to last years Q2 figure. However, it is worth noting that if we excluded the Greater Cambridge Shared Waste Service figures our BVPI for Q2 would only be 2.21.

This quarter's performance has shown a **4.5% decrease** on the previous quarter's figure (Q1 2019-20) in the number of sick days, and a **33.99% increase** on the same quarter last year, in terms of the number of days recorded as sickness absence. However it is worth noting that our FTE has increased by 22.86 since Q2 last year.

In terms of the reasons behind absences, the three highest categories for absence are Other muscular-skeletal, Stress, depression & mental health, and Stomach, liver, kidney and digestion, which accounted for **78.43%** 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.

For reporting purposes we have also started to categorise conditions such as ME/CFS and MS as muscular-skeletal absences.

Reason	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20	Q2 2019/20
Back and Neck Pain	233.1 (17%)	100 (7%)	64 (5%)	113 (10%)	171 (13%)	132 (9%)	214 (13%)	29 (1.4%)
Other Muscular-Skeletal	327 (24%)	175 (12%)	370.5 (29%)	348 (29%)	230 (17%)	323 (23%)	230.1 (14%)	522 (33%)

It should be noted that when looking at the total absence for other Muscular Skeletal reasons within Q2, there are 31 employees who have absences attributed to other Muscular Skeletal reasons, 22 of whom work within GCSWS (71%).

Of the 31 employees with Other Muscular-skeletal absences, 5 employees account for 56% of the time lost to sickness in this category. Of those 5 employees, two have been dismissed due to ill-health, one is in the process of applying for ill-health retirement, and two have returned to work and are being managed under the attendance policy.

HR are continuing to work with the Health and Safety lead in the Waste Service to raise awareness of safe working practices and manual handling. HR have also recently increased the HR support available to the GCWS by recruiting an additional HR co-ordinator to be based primarily at the depot. Their primary role is to work with managers to reduce levels of sickness absence.

The number of days absence for Stress/depression & mental health has decreased by 22.81% compared to Q1 2019/20, but has increased by 64.84% in comparison to the same period last year (Q2 2018-19). As a percentage of overall absence, it has decreased slightly, but overall remains fairly steady around 30% (see table below).

Stress/depression & mental health	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20	Q2 2019/20
No. days absent and percentage	344.1 (25%)	416 (28.8%)	342 (26.9%)	310 (26.3%)	436.5 (32%)	282 (20.3%)	662 (40%)	511 (32%)

The 511 days of absence in Q2 relate to 18 employees, which is a decrease from the 27 employees absent for stress/depression and mental health in Q1, and is the same as Q2 2018/19, where 18 employees were absent for stress/depression, and mental health.

Of the 18 employees absent in Q2, 5 employees account for 64% of the absence, and looking at the breakdown by Department, 28% are attributed to Affordable Homes, and 19% is attributed to both GCSWS and GCSPS.

The Council has several measures in place to support mental health in the workplace, including a confidential counselling service and Mental Health First Aid. We have also

introduced monthly Coffee Mornings, which are aimed at improving employees mental health by encouraging them to take a break from their computer and engage with colleagues and the Mental Health First Aiders; so far we have seen good attendance at these events. Within this quarter we have also run several wellbeing sessions, focussing on Strengthening Resilience and Mastering Time and Focus. We have further sessions planned for Q3.

5. 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**

6. **Sickness statistics**

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

The sickness PI for the period 1<sup>st</sup> July – 30<sup>th</sup> September 2019 was 2.93 days' sickness absence per FTE (*FTE for Q2= 539.35, compared to 533.72 for Q1*).

In this quarter, 25 RTW forms were not received.

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

Sickness days lost has decreased by **4.5%** compared to last quarter (Q1 2019-20).

The **1581** days sickness absence can be attributed to **132 employees**. The number of employees who have been absent has decreased from 136 in Q1.

### **(C) Sickness Days per FTE – See Appendix C**

The sickness days recorded per FTE for the whole Council was 2.93 in Quarter 2 2019-20.

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

Long-Term Sickness accounted for 60.83% of total sickness absence in Quarter 2.

Within Q2 there were 22 employees who were classed as being on long-term sickness absence, and 8 of these were GCSWS staff. At the end of Q2 8 of these employees have returned to work, 7 are still absent due to sickness, 6 have left employment, and one has passed away.

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

The chart shows the following changes since last quarter (Q1 2019/20).

The three highest reasons for Sickness Absence in this Quarter were Other Muscular-skeletal, Stress, depression & mental health, and Stomach, liver, kidney & digestion.

When comparing Q2 2019/20 to Q1 2019-20, there have been increases due to the following reasons

- Other Muscular-skeletal
- Stomach, liver, kidney, digestion
- Chest/respiratory
- Operation and recovery

During the same period, there have been decreases to

- Back and neck pain
- Other
- Stress, depression & mental health
- Ear, nose, mouth, eye
- Viral/infections
- Headaches & migraines
- Genito-urinary
- Heart, blood pressure, circulation
- Pregnancy related

Compared to the same quarter last year (Q4 2017/18) there have been increases attributed to

- Stress, depression & mental health
- Other muscular skeletal
- Stomach, liver, kidney, digestion
- Chest/respiratory
- Operation and recovery
- Heart, blood pressure, circulation
- Headaches & migraines
- Ear, nose, mouth, eye

And for the same period, decreases to the following:

- Back and neck pain
- Other
- Viral/infections
- Pregnancy related
- Genito-urinary

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. One of the changes we have made this quarter is to record ME/CFS and MS as muscular-skeletal absences rather than Other, but we are hoping to introduce more absence codes in the future which would allow us to better identify absence trends so that we can target our support measures.

It is worth noting that any absences due to Cancer would also currently be classed as Other.

## **Considerations**

7. 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 have changed OH provider, as of the start of October, and are continuing to work with them to assess what support can be provided in the workplace to support employees with other muscular-skeletal or back conditions. This may include offering additional supports such as physiotherapy sessions.

We are also working with the managers at the Waterbeach depot, to introduce new support measures to improve the management of muscular-skeletal problems following returns to work. This includes specialist footwear, and additional manual handling training and assessments.

The level of absences for Stress/depression and Mental Health has decreased slightly over the last quarter, but are still very high overall, and this has had a large impact on some service areas. HR are continuing to work with managers on managing and identifying stress in the workplace, and have recently launched some new manager training sessions covering topics including stress. HR also continue to run wellbeing sessions regularly, and have been working with Mental Health First Aiders to promote the supports available and introduce the monthly Coffee Mornings.

The number of new referrals to our Counselling service has increased slightly compared to Q1 (13 new referrals in Q2 compared to 11 new referrals in Q1). Please note that this does not include the number of employees who have accessed this service in this quarter using the generic referral code provided to GCSWS and GCSPS staff. We have been promoting this support to employees, especially within the planning department.

## **Implications**

8. 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***

9. 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.
10. 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***

11. 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***

12. The Council aims to support staff that experience ill health and to assist them to maintain a good attendance at work.
13. 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***

14. There are minimal levels of risk as sickness cases are actively managed and monitored.

### ***Equality and Diversity***

15. 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)**

16. 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.

**Report Author:** Chloe Smith – HR Advisor Telephone: (01954) 712903