

REPORT TO: Employment and Staffing
Committee

18th February 2020

LEAD CABINET MEMBER: Cllr John Williams

LEAD OFFICER: Susan Gardner-Craig – Head of HR and Corporate
Services

Quarter 3 Sickness Absence Report (1st October 2019 to 31st December 2020)

Executive Summary

1. The following report provides information on sickness absence for the period of 1st October 2019 to 31st December 2020, and is a quarterly monitoring report.
2. Overall our BVPI figure is 2.88, which is a 8.33% increase compared to last years Q3 figure. This quarter's performance has shown a 0.51% increase on the previous quarter's figure (Q2 2019-20) in the number of sick days, and a 16.45% 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 34.45 since Q3 last year.

Key Decision

3. No

Recommendations

4. 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

Details

5. In terms of the reasons behind absences, the three highest categories for absence are Stress, depression & mental health (621), Other muscular-skeletal (292), and Viral/Infections (195) which accounted for 69.7% of total absence for this Quarter.

- 6. The number of days absence for Stress/depression & mental health has increased by 21.53% from Q2 2019, and by 42.27% from Q3 2018. Viral/Infections also showed a significant increase compared to Q2 (254.55%), but are slightly down from the amount of absence in Q3 last year (2.35% decrease). It is worth noting that we have held a number of bookable flu jab appointments over the winter period.
- 7. 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 employee's 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, including Strengthening Resilience and Sleep, with more planned for Q4. Another contributory factor to this increase may be the increased visibility and awareness of mental health in the workplace, which may be leading employees to take absence and seek help where they may not have done so previously.
- 8. The table below shows the number of days absence attributed to stress/depression & mental health, as well as what percentage of total absences that correlates to.

Stress/depression & mental health	Q3 2018/19	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20
No. days absent and percentage	436.5 (32%)	282 (20.3%)	662 (40%)	511 (32%)	621 (39.1%)

- 9. Looking at the breakdown in terms of long term absences, there were 21 employees with long term absences within the quarter, and they accounted for 975 days. At Department level, the 3 highest were 11 in Shared Waste; 4 in Affordable Homes and 3 in Health and Environmental Services. This is an increase from 18 employees in Q2. Looking at the split between long term and short term absence, 81% (502 days) of the total for Stress and Depression was categorised as long term.
- 10. The table below shows the number of day's absence attributed to Back and Neck Pain, and Other Muscular-Skeletal over that last year, as well as what percentage of the total absences that correlates to.

Reason	Q3 2018/19	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20
Back and Neck Pain	171 (13%)	132 (9%)	214 (13%)	29 (1.4%)	91 (5.7%)
Other Muscular-Skeletal	230 (17%)	323 (23%)	230.1 (14%)	522 (33%)	292 (18.4%)
Total	401	455	444.1	551	383

11. It should be noted that when looking at the total absence for Back and Neck Pain, and other Muscular Skeletal reasons within Q3, there has been a significant decrease compared to previous quarters.
12. 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 total days lost in Q3 for SSWS account for 45.62% (725 days), a decrease from 769 days in Q2. Of their 11 long term absence cases: 5 returned to work in Q3, 2 returned to work in Q4; 3 are still absent at the date of this report; Ill Health Retirement was granted for 1.
13. 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.
14. Directors and Service Managers are required to take appropriate action under the Attendance Management policy to ensure that attendance rates improve.

Background

15. Sickness statistics

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

The sickness PI for the period 1st October to 31st December was 2.88 days' sickness absence per FTE (*FTE for Q3=551, compared to 539.35 for Q2*).

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

Sickness days lost has increased by 8 compared to last quarter (Q2 2019-20). The **1589** days sickness absence can be attributed to **156 employees**. The number of employees who have been absent has increased from 132 in Q2.

(C) Sickness Days per FTE – See Appendix C

The sickness days recorded per FTE for the whole Council was 2.88 in Quarter 3 2019-20.

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

Long-Term Sickness accounted for 58.83% of total sickness absence in Quarter 3.

Within Q3 there were 21 employees who were classed as being on long-term sickness absence, and 11 of these were GCSWS staff.

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

The chart shows the following changes since last quarter (Q2 2019/20).

The three highest reasons for Sickness Absence in this Quarter were Stress, depression & mental health; other muscular-skeletal; and viral/infections.

When comparing

Q3 2019/20 to Q2 2019-20, there have been increases due to the following reasons

- Back
- Headaches & migraines
- Other
- Stress, depression and mental health
- Viral/Infections
- Not recorded

During the same period, there have been decreases to

- Chest/respiratory
- Other muscular-skeletal
- Stomach, liver, kidney, digestion

Compared to the same quarter last year (Q3 2018/19) there have been increases attributed to

- Chest/respiratory
- Ear, nose, mouth, eye
- Headaches & migraines
- Pregnancy-related
- Stomach, liver, kidney, digestion

- Stress, depression & mental health
- Not recorded

And for the same period, decreases to the following:

- Back
- Genito-urinary
- Other
- Other muscular-skeletal
- Viral/Infections.

16. 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 last quarter was 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.

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

Considerations

18. 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.

19. Service managers are responsible for ensuring that absence is reported promptly and managed effectively.

20. 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.

21. 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.

22. 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.
23. During Q3 and Q4, the HR team have been working alongside managers, introducing a new way of working/new tools to try to assist managers in proactively managing long term absence.
24. The level of absences for Stress/depression and Mental Health has increased significantly in this quarter, 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 managing absence. 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.
25. The number of new referrals to our Counselling service has increased slightly compared to Q1 (17 new referrals compared to 13 in Q2). 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

26. In the writing of this report, taking into account financial, legal, staffing, risk, equality and diversity, climate change, and any other key issues, the following implications have been considered:-

Financial

27. 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.
28. 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

29. 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

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

31. 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.

Risks/Opportunities

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

Equality and Diversity

33. 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.

Climate Change

34. There are no significant implications

Consultation responses

35. 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.

Appendices

Appendix A: Trend information for BVPI 12 – day's sickness per FTE

Appendix B: Benchmark figures by corporate area

Appendix C: Sickness days per FTE (compared to last quarter)

Appendix D: Long term v short term sickness

Appendix E: Sickness absence by reason given

Appendix F: Summary of sickness by reason compared to last quarter

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