

**REPORT TO:** Employment and Staffing  
Committee

27<sup>th</sup> April 2020

**LEAD CABINET MEMBER:** Cllr John Williams

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

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## **Quarter 4 Sickness Absence Report (1<sup>st</sup> January 2020 to 31<sup>st</sup> March 2020)**

### **Executive Summary**

1. The following report provides information on sickness absence for the period of 1<sup>st</sup> January 2020 to 31<sup>st</sup> March 2020, and is a quarterly monitoring report.
2. Our BVPI figure is 2.6 days per FTE (based on 553.34 FTE), which is a 3.46% decrease compared to last year's Q4 figure (2.69 days based on 517.29 FTE). This quarter's performance has shown a 10.77% decrease on the previous quarter's figure (Q3 2019-20) in the number of sick days.

Within this quarter 148 employees have had absences due to sickness, meaning 425 employees have not had any absences within this period.

The total days lost in Q4 for SSWS account for 44.5% (640 days), a decrease from 725 days in Q3.

Within this financial year 332 employees had a period of sickness absences, meaning approximately\* 241 employees had no sickness absence (42.1% staff).

\*This number is an approximation due to the fact that staffing levels have changed throughout the year, so this number was calculated using the total number of staff employed at the end of the 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 (540), Other muscular-skeletal (268), and Viral/Infections (173) which accounted for 68.2% of total absence for this Quarter.
6. The number of days absence for Stress/depression & mental health has decreased by 13.04% from Q3 2019/20, but has increased by 91.49% from Q4 2018/19. Viral/Infections showed a slight decreased compared to Q3 (11.28%), and a bigger decrease from Q4 last year (26.32% 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 Aiders. 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, with more planned for next year.
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	Q4 2019/20
No. days absent and percentage	436.5 (32%)	282 (20.3%)	662 (40%)	511 (32%)	621 (39.1%)	540 (37.6%)

9. Looking at the breakdown in terms of long term absences, there were 25 employees with long term absences within the quarter, and they accounted for 909 days. At Department level, the 3 highest were 9 in Shared Waste; 8 in Affordable Homes and 4 in Health and Environmental Services. This is an

increase from 22 employees in Q3. Looking at the split between long term and short term absence, 53.7% (488 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	Q4 2019/20
Back and Neck Pain	171 (13%)	132 (9%)	214 (13%)	29 (1.4%)	91 (5.7%)	132 (9.2%)
Other Muscular-Skeletal	230 (17%)	323 (23%)	230.1 (14%)	522 (33%)	292 (18.4%)	268 (18.6%)
Total	401	455	444.1	551	383	400

11. While there has been a rise in absences for Back and Neck Pain, and other Muscular Skeletal reasons within Q4, the total is still lower than some 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 Q4 for SSWS account for 44.5% (640 days), a decrease from 725 days in Q3. Of their 9 long term absence cases: 8 returned to work in Q4 2019/20 or Q1 2020/21; and 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**

The sickness PI for this period was 2.6 days' sickness absence per FTE (*FTE for Q4=553.34, compared to 551 for Q3*).

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

Sickness days lost has decreased by 151 compared to last quarter (Q3 2019-20).

The **1438** days sickness absence can be attributed to **148 employees**. The number of employees who have been absent has decreased from 156 in Q3.

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

The sickness days recorded per FTE for the whole Council was 2.6 in Quarter 4 2019-20.

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

Long-Term Sickness accounted for 63.21% of total sickness absence in Quarter 4.

Within Q4 there were 25 employees who were classed as being on long-term sickness absence, and 9 of these were GCSWS staff.

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

The chart shows the following changes since last quarter (Q3 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 Q4 2019/20 to Q3 2019-20, there have been increases due to the following reasons

- Back
- Ear, nose, mouth, eye
- Genito-urinary
- Heart, blood pressure, and circulation
- Other

During the same period, there have been decreases to

- Chest/respiratory
- Headaches & migraines
- Other muscular-skeletal
- Pregnancy-related
- Stomach, liver, kidney, digestion
- Stress, depression and mental health
- Viral/Infections

Compared to the same quarter last year (Q4 2018/19) there have been increases attributed to

- Ear, nose, mouth, eye
- Headaches & migraines
- Stress, depression & mental health

And for the same period, decreases to the following:

- Chest/respiratory
- Genito-urinary
- Heart, blood pressure, and circulation
- Other
- Other muscular-skeletal
- Pregnancy-related
- Stomach, liver, kidney, digestion
- 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. HR are continuing to work with managers on managing and identifying stress in the workplace and have 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 decreased slightly compared to Q3 (14 new referrals compared to 17 in Q3). 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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