



MANAGEMENT OF SICKNESS ABSENCE STRATEGY AND ACTIONS

March 2011

1.0 Introduction

- 1.1 The Council is committed to utilising its resources efficiently to ensure that it can demonstrate Value for Money. In particular, the attendance and performance of its employees.
- 1.2 Sickness absence levels are regularly measured and reported using the Council's performance management system, Corvu. Reports are provided to the Finance & Staffing Portfolio Holder and Executive Management Team. Monthly absence reports are provided to service managers. The Council has retained the use of the best value performance indicator, BV12, as a key measure, which can be used to benchmark performance against other organisations.
- 1.3 Performance figures have fluctuated each year since 2005. An improvement in performance was evident in 2007/2008 however in subsequent years there has been an upwards trend. Figures for 2009/2010 are well in excess of the norm for local authorities and there is concern about the increase in absence for 2010/2011.

2.0 Current Policies

- 2.1 The Council has a performance management structure, which includes the following policies and processes:
 - Probation
 - Performance & Development Review
 - Capability
 - Management of Sickness Absence
 - Disciplinary
 - Drug & Alcohol Policy
 - Health & Safety
 - Medical Procedures

All policies are reviewed and updated on a rolling three-year basis or when new legislation is implemented. This ensures that the Council's policies reflect best practice and current legislation.

- 2.2 The Council's management of sickness absence policy was in place in 2007 and has recently been refreshed and updated in 2011 to reflect the new Equalities Act. The new policy was approved in January 2011 and launched to all staff.
- 2.3 In addition to the policies listed above, the Council implemented a Wellbeing Strategy in 2010. This draws together the Council's commitment to employee wellbeing, organisational responsibilities, health promotion initiatives and employee benefits.

3.0 Actions to date

Policy review & training

- 3.1 The Council's Management of Sickness Absence policy and procedures were reviewed and updated in January 2011. The review took account of the new Equalities Act 2010; feedback from employees; management comments and suggestions. The revised policy was launched in January 2011.
- 3.2 To coincide with the launch of the revised policy, training was provided to all managers during February and March. The training is compulsory for all line managers and supervisors within the Council.
- 3.3 New forms have been introduced to aid discussions between the line manager and employee. A return to work meeting pro-forma is to be used when the employee returns to work following any sickness absence. An informal meeting pro-forma is to be used when the employee has hit 'trigger' points, this will capture the discussion and any actions or improvements agreed by the line manager and employee.

Trigger reports

- 3.4 The Council has introduced 'trigger' point reporting and employee letters. The trigger points are one or more of the following:
 - 3 separate episodes of sickness absence, within a rolling four-month period; or
 - 2 or more periods of absence totalling more than 10 days, whether certificated or not in a rolling 12 month period; or
 - any recurring pattern of absence, which gives cause for concern, will require investigation. For example, if the absence recurs on the same day of the week, or regularly falls immediately before or after a period of annual leave or bank holidays.
- 3.5 The HR Payroll system is used to produce trigger reports for line managers on a monthly basis. Managers are required to meet with employees and discuss issues and concerns in relation to attendance and ill health. Managers are then required to annotate the report and advise HR of actions and review periods.
- 3.6 Following the reports being issued to line managers, a letter is sent to the employees on the list. The letter informs them that the Council is concerned about their attendance and that their manager will meet with them to discuss these concerns and to agree any actions.

Wellbeing Strategy

- 3.7 During 2010, the Council developed and introduced a Wellbeing Strategy to manage its obligations to maintain the wellbeing of all staff. It covers the organisation's commitment to employee wellbeing, organisational responsibilities, health promotion initiatives and employee benefits.
- 3.8 The focus is about helping employees to maintain good health. Wellbeing and performance are linked and, by improving employees' ability to handle pressure and to balance work and home life, this will ultimately lead to improved individual and performance. This benefits the Council, managers and individual employees and ultimately service users.
- 3.9 The strategy includes the following:
- running regular initiatives to raise awareness of health issues at work and in employee's personal lives;
 - providing suitable opportunities for employees to achieve a work/life balance;
 - offering flexible working;
 - providing appropriate support mechanisms for employees when difficulties arise;
 - providing support and development opportunities to enable them to maintain a healthy organisational culture.

External Absence Management Services

- 3.10 The HR manager researched various options for the Council to use the services of an external partner for absence management. This would include a telephone service for the employee to report to on the first day of absence and follow up phone contact during the absence. The Council would receive reports on absence duration and reasons.
- 3.11 EMT, at its meeting on 26th May 2010, considered options for the introduction of such a service. Following further research into costs and benefits it was decided that the Council should concentrate on embedding current policies and procedures, along with training for managers.

4.0 Support available to managers & employees

Employee Assistance Programme (EAP)

- 4.1 The Council provides access, for all employees, to a confidential employee assistance helpline. This is provided through a company called PPC. The contract for the service was recently retendered and the Council has awarded a three-year contract at a cost of £1570 per annum (previous cost £3666 per annum).
- 4.2 The helpline covers advice and information on a wide range of subjects including employment, financial, family law, as well as telephone counselling. Employees and managers can also access the internet site for PPC which contains help guides that can be downloaded.

Counselling Service

- 4.3 The Council uses a local counselling service where it is felt an employee would benefit from face to face counselling. The Council initially pays for 4 sessions however there is discretion to provide more sessions if it would help the employee. The sessions are confidential.

Occupational Health

- 4.4 Occupational Health advice and support is provided through Addenbrookes Hospital. The hospital has a dedicated OH service and the qualified OH doctors can provide the Council with advice in a number of situations:
- New employees/ current employees who have applied for new roles
 - Employees requiring Ergonomic workstation assessment
 - Job related health surveillance
 - Repeat short term absence
 - Employee returning to work after a long term absence or surgery
 - Ill Health retirements
 - Work related stress
 - DDA advice & adjustments
 - Long term absence
- 4.5 The Council refers employees to occupational health for regular health surveillance, this includes audiology tests & hand & arm vibration (HAVS). This ensures that we have early detection of a deterioration in health.
- 4.6 The Council has also used the service to provide advice and guidance for employees who meet the criteria for disability. This has meant that reasonable adjustments have been implemented to ensure that the employee is supported and that attendance is maintained.

5.0 Sickiness Case outcomes 2010/2011

5.1 The HR team has worked with service managers to actively manage long-term sickness cases. The number of long-term cases has been relatively stable during 2008/2011 (between 22 – 18 cases). Recently, a number have been resolved either with ill health retirement or the employee returning to work. Currently there are 17 active cases, which have been referred to occupational health for advice.

5.2 During 2010/2011 the Council has taken the following action:

- Ill Health Retirements = 4 cases
- Capability dismissals for persistent absence = 3
- Legal advice in respect of a long term absence = 1 *
- Active case management = 1 *

* This has resulted in a resignation

6.0 Long & Short Term Absence

6.1 Generally long term absence accounts for 55% of the total sickness and short term is 45%.

6.2 A survey of other local authorities is currently being undertaken to assess how South Cambridgeshire District Council compares. In particular, we have targeted those authorities with the same composition of services as ours (Housing, DLO, Sheltered schemes).

7.0 Planned activity & actions

7.1 EMT has agreed that letters, from the Chief Executive, will be sent to employees with no absence during 2010/2011. The letters will acknowledge good attendance and contribution that this makes to providing the Council's services.

7.2 The HR & ICT services will continuously review and seek to improve management information and reports on absence as well as monitoring management actions to ensure that service managers are actively dealing with sickness. EMT members will be advised if any service manager is not taking appropriate follow up actions.

7.3 As part of the corporate training programme, there will be ongoing manager training to cover:

- Management of sickness absence
- Increasing Resilience/ Managing Stress
- Managing performance
- Handling difficult conversations

- 7.4 HR and EMT are currently reviewing the corporate induction programme. The induction process is an ideal opportunity for new employees to become familiar with, and understand the Council's policies in relation to their employment and required standards of attendance. Reference to the Management of Sickness Absence Policy will be included within the induction programme.
- 7.5 The induction of new managers (new to the Council or new to the management role) is key to ensuring that they have the right skills and knowledge of SCDC policies and procedures to fulfil their new role. EMT and HR are reviewing Management Development and new manager induction will form part of this.
- 7.6 The Management Development programme will also consider other skills:
- Motivational and Leadership skills
 - Optimising performance
 - Communication
 - Coaching

ACTION PLAN

	Action	When	By Who
1	Letters, from the Chief Executive, will be sent to employees with no absence during 2010/2011	April 2011	Chief Executive/HR
2	Review and improve management information and reports on absence	Ongoing	HR /ICT
3	Monitoring management actions following absence management reports	Ongoing	HR/ EMT
4	Corporate Induction Review	30.09.2011	HR/EMT
5	New Manager induction	31.12.2011	HR/EMT
6	Management Development Programme	31.03.2012	SMT/HR
7	Performance targets for Managers to improve attendance rates	31.03.2012	SMT/EMT