

**BUSINESS SUPPORT
OVERVIEW AND SCRUTINY COMMITTEE**

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MANAGEMENT OF SICKNESS ABSENCE

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Summary

This report provides the Overview and Scrutiny Committee with information on action being taken to improve and manage staff sickness absence across the Council as requested at its meeting on 7 February 2008.

1. Budget and Policy Framework

- 1.1 The Council has an agreed policy and procedure for managing staff absence, which falls within the strategic objectives of the People Strategy.
- 1.2 The physical and mental wellbeing of Council staff is of paramount importance and support is offered to all employees who find themselves on either short or long-term sick leave.
- 1.3 At the same time, staff absence clearly has a detrimental effect on the services the Council provides and puts additional pressure on the staff remaining at work. It is also expensive as in a number of areas, staff sickness will need to be covered to ensure essential services continue to be delivered.

2. Background

- 2.1 On 7 February 2008, the Business Support Overview and Scrutiny Committee considered the third quarter report on the critical success factor indicators (CSFs) and asked for a report to be brought to its next meeting with regard to improving and monitoring staff sickness levels.

2.2 The most recent absence figures available show that the average number of days sickness per employee as at the end of December 2007 was 6.39 days. Should this level continue until the end of March 2008, the likely figure for the whole year would be 8.52 days. This is higher than the Council's target of 7 days per employee.

2.3 Over the previous 4 years, the average number of days lost due to sickness per employee were:

2003/04	2004/05	2005/06	2006/07
7.52	7.44	7.47	8.08

2.4 Closer analysis of the data for December 2007, shows that the following areas are likely to exceed the Council's target of an average of 7 days per employee:

Likely average number of days
2007/8

Business Support Department	10.54
Children's Services*	7.33
Community Services	12.38
Regeneration and Development	9.68

*For non-schools staff, the likely average is 11.76 days. For schools based staff the likely average is 6.72 days.

2.5 Attached at Appendix 1 are details of the causes of sickness absence over the past 4 years. The highest cause of absence was surgery, followed by stress/anxiety, followed by cold/flu. The causes of absence that have increased the most are surgery, stress/anxiety, headache/migraine, diarrhoea and sickness, abdominal pain, arthritis, sciatica/leg pain, shoulder pain, muscle injury, epilepsy/seizures and liver disorders.

2.6 The causes of absence that have decreased the most are depression, cardiac condition, debility, respiratory tract infection, neurological disorder, stroke, skin disorders/infections, thyroid problems and hypertension.

2.6 Taken together, stress/anxiety and depression decreased from 14743 days in 2006 to 14134 days in 2007

2.7 In 2004/5 the Local Government Employers (LGE) undertook a sickness absence survey within county and unitary authorities and from the 107 that responded it established that the average number of days of absence per employee was 11.5 days. In 2007 a CBI survey found that public sector workers took an average of 9 days a year off sick in 2006, compared with

6.3 days for private sector employees. The Health and Safety Executive advises that there are a number of factors influencing the variation between public and private sector such as under recording of absence, workforce size, age and gender and type of work undertaken.

3. **Action being taken**

- 3.1 Members will note that sickness levels increased to over 8 days in 2006/7 and as a result of that, additional attention has been given to the management of sickness absence since the beginning of this financial year.
- 3.2 **Occupational Health Service.** At a corporate level, the Occupational Health contract was re-tendered and a revised, improved contract entered into from January 2008 with AXA PPP. This contract is being closely monitored by HR Services to ensure the service provided is efficient and of high quality.
- 3.3 An Occupational Health Nurse is available for two days per month to give advice to managers and employees to assist staff to return to work at the earliest opportunity. We have access to expert Occupational Health Physician advice on more complex cases.
- 3.4 Recent analysis from AXA (December 2007) is that the Council has made great efforts to deal with stress in the workplace and the number of cases referred due to psychological factors has diminished over the past year by 4.6%.
- 3.5 Further improvements are presently being pursued, including the option of a full time OH Nurse on site at Gun Wharf. Whilst these improvements would have cost implications, the potential savings from reducing sickness absence levels are significant.
- 3.6 **Employee Assistance Programme.** The Employee Assistance Programme was also re-tendered at the same time and a new provider, Care First was selected. Care First provides a much improved service to staff and managers in relation to access to telephone and face to face counselling for staff and management support.
- 3.7 The Care First services have been well utilised by managers and staff and we are working towards better use of the services available. Recent analysis shows that 70% of staff using Care First services have been able to remain at work or return to work as a direct result of the support provided by Care First.
- 3.8 Personal Issues represented 66% of the total number of issues presented to Care First from Medway Council, with the remaining (34%) being work issues. Experience shows that a percentage reflecting a 60/40 split in favour of personal issues is what would be expected. Medway reflect this figures almost

exactly. Emotional Health represented the highest number of issues presented to Care First during this reporting period (36%), with family being the second highest number of issues presented (18%).

- 3.9 **Management action.** First line managers are key to managing the absence levels of their staff. Managing absence successfully is not entirely an HR issue but is more about early intervention and support from managers. Guidance has been issued to managers and training has been provided and this will continue during 2008.
- 3.10 HR advisers will be attending management teams to advise on how best to address the issues and will support line managers in complex situations.
- 3.11 **Policy issues.** Following research undertaken on our behalf by the South East Employer's Organisation, the Council's policy and procedure has been reviewed to tighten up on triggers for short term absence and other issues. The revised policy is now ready for consultation with the trade unions and will be reported to the Employment Matters Committee in the near future.
- 3.12 **Monitoring.** Individual sickness levels for staff are closely monitored on a monthly basis by HR Services and reports issued to managers on a monthly basis. The reports show those staff on long term sick leave and those staff whose sickness levels have reached the triggers for management action.

The triggers in the proposed revised Absence Management Policy are:

Short Term

- Absence of more than five cumulative days sickness, (excluding sickness absence covered by a medical certificate) during a six month period; or
- Frequent absences of one or more days for which a variety of reasons are given which form a pattern, for example every Monday or Friday.

Long Term

- Three continuous weeks,
- Or frequent shorter periods of medically uncertified absences exceeding ten cumulative days sickness taken in the previous twelve months if these form a pattern.
- In cases of certified stress, Headteachers/managers should refer to Occupational Health straight away.

There is an agreed process for dealing with individual cases where sickness absence is at an unacceptable level. In some cases, ill-health retirement is recommended by Occupational Health. The number of ill-

health retirements is low and since 2005 has been 30% lower than the Best Value Performance Indicator for ill-health retirements as a percentage of the workforce. In cases where staff do not meet the criteria for ill health retirement but are not likely to return to work for the foreseeable future, their services with the Council can be terminated on the grounds of capability.

3.13 The Council is also working with Medway Primary Care Trust on a Work Place Health Steering Group on what can be done to ensure staff are supported and looked after. The group is looking at areas such as healthy eating, mental wellbeing, promoting physical activities, stop smoking and health and safety.

3.14 Other means of support to encourage staff well-being are available:

- The Council's health and safety team run regular Well-Being days to encourage employees to consider alternative ways of maintaining a healthy well-being, these include "health MOTs" by the Council's Occupational Health nurse.
- Available to all staff are e-learning courses on "Stress at work" and "Managing and Handling Stress at Work".
- There is a dedicated well-being team for those within schools.
- Staff discount scheme for use in some local sports centres;
- Cycle loan scheme to encourage employees to become fitter;
- Promotion of anti-bullying and harassment policy and introduction of harassment advisers to encourage respect within the workplace;
- Healthy food options to be provided in the canteen at the new Civic HQ.

4. Consultation

4.1 The Trade Unions will be consulted on the proposed changes to the procedure for managing absence and the revised procedure will be presented to the Employment Matters Committee

5. Financial and legal implications

5.1 With the exception of funding for a full time Occupational Health Nurse and equipment on site, all measures outlined in Section 3 can be contained within existing budgets. Inevitable if sickness levels rise, there will be increased costs for the Council as some sickness absence in front line services has to be covered by temporary staff.

5.2 Legal implications are covered throughout the report

6. Recommendations

- 6.1 It is recommended that the Overview and Scrutiny Committee comment on the information provided and advise officers on any further options they wish to be pursued.

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Background papers

Managing Absence Procedure – available from HR Services and on Connections
OH Management Report December 2007 – available from HR Services
Care First Management Report October – December 2007 – available from HR Services