

CHESHIRE EAST COUNCIL

REPORT TO: Corporate Scrutiny Committee

Date of Meeting: 17 April 2012
Report of: Head of HR & OD
Subject/Title: Sickness Absence Report

1.0 INTRODUCTION

This report provides an overview of sickness absence rates within the Council and sets out the future plans for optimising attendance.

2.0 BACKGROUND

- 2.1 Sickness absence is treated seriously by the Council and has been reviewed regularly since Cheshire East Council was established in 2009.
- 2.2 During 2009/10, the average number of days lost due to sickness was 7.05 which rose to 8.19 days during 2010/11. Based on the sickness absence rate up to the third quarter of 2011/12, it is anticipated that a similar or marginally higher rate will be reached during the last financial year. This set against a target figure of 9 days.
- 2.3 By way of comparison, a North West Employers survey carried out in April 2011 determined that the average sickness absence rate for Unitary Councils in the North West was 9.15 days. Setting this in a wider context the annual report of the Chartered Institute of Personnel and Development (CIPD) into Absence Management for 2011 confirms that for employers in public services with 5000 or more staff, the average number of days lost was 9.6 days and for private sector services was 11.8 days. This report reveals that absence rates increase with the size of the workforce and the CIPD had previously hypothesised that this was because people who work in smaller organisations work in smaller teams where their absence is more likely to be noticeable and disruptive. However they now believe that it is more likely to be due to organisational culture and perhaps the sick pay schemes on offer, which are more generous in the larger organisations in both the private and public sectors.
- 2.4 Over sixty percent of all working days lost due to sickness is categorised as long term sickness and accounts for approximately a quarter of all the employees absent. (Long term sickness is defined by the Council as 15 working days or more).
- 2.5 There are a number of contributory factors that may be leading to an increase in sickness absence statistics. It is considered to be partly due to the current sickness reporting arrangements which are felt to be robust and hence more accurate. The introduction of Dashboard reports has also enabled managers to monitor sickness in their areas much more easily. With the initial

restructuring of the Council now completed, following Local Government Reorganisation, managers have been appointed to substantive positions, have been trained in attendance management and reporting procedures and are more familiar with the systems.

- 2.6 It is also not unexpected that some employees may be experiencing stress and anxiety. Over recent years the Council has been comprehensively restructured and like all public sector organisations has experienced a challenging financial situation leading to further reviews and uncertainty for staff, which included the recent review of their terms and conditions of employment.

2.7 HOT SPOTS

- 2.7.1 During the early part of this financial year, the Waste & Recycling Service accounted for the highest number of days lost due to sickness absence (510 days) which equated to 37% of all absences in the Directorate. Furthermore over half of the employees absent due to long terms sickness in the Places Directorate work in the Service (24 in number). Streetscape and Bereavement Services experienced the next highest number of days lost due to sickness (268 days) with 10 of the 23 employees who were absent in this period being on long term sickness absence.

- 2.7.1 As a consequence of this, the Waste & Recycling Service was identified as a “hot spot” and used as a pilot for strategic intervention. Together with the local management team, the HR team analysed the sickness patterns of all employee’s and agreed a plan which included:

- Ensuring that return to work interviews were conducted rigorously and in a timely manner;
- Reviewing longer term absence and ensuring that all such employees had attended Occupational Health for further advice guidance and support;
- Where cases were more serious, management held case reviews with HR and Occupational Health to ensure that employees and their absences were being dealt with appropriately;

- 2.7.2 In addition, the Health and Safety Team were involved in reminding employees of preventative measures in relation to injuries, as part of which management reviewed all manual handling training to ensure that employees had attended updating training as appropriate.

- 2.7.3 As a result of these measures absence rates in the Waste & Recycling Service reduced from an average of 2.25 days per employee in the second quarter to 2.11 days in the third quarter of 2011/12.

This approach will be rolled out during 2012/13 for other “hot spots” beginning shortly with Individual Commissioning in Adults Services.

3.0 REASONS FOR ABSENCE

3.1 The following health conditions have consistently been the top three causes of hours lost due to sickness for Cheshire East since 2009:-

- Mental health disorders (including stress, depression and anxiety)
- accounted for over 30% of all hours lost during the third quarter of 2011/12.
- Digestive & Respiratory problems
- accounted for almost 17% of all hours lost during the third quarter
- Musculoskeletal system problems
- accounted for just over 14% of all hours lost in the third quarter

3.2 The highest number of incidents of sickness however, were due to digestive and respiratory problems. Absences relating to these two conditions were overwhelmingly short-term.

3.3 The following table highlights the reason for the highest number of occurrences and highest percentage of hours lost by Directorate:-

	Reason for highest % of occurrences (primarily accounting for short term absences)	Reason for highest % of hours lost
Places	Digestive Problems	Musculoskeletal
People	Digestive Problems	Mental Health Disorders
HR&OD	Digestive & Respiratory Problems	Digestive Problems
Policy & Performance	Digestive Problems	Mental Health Disorders
Legal & Democratic	Respiratory Problems	Respiratory Problems
Finance	Digestive Problems	Musculoskeletal

4.0 FUTURE ACTIONS & RECOMMENDATIONS

4.1 The Council's current sickness absence rate is not acceptable and impacts on the Council's ability to deliver services and the costs of so doing. To address this, management will be further supported in their responsibilities to effectively manage their teams and in particular attendance, in the following ways:

4.2 The Oracle HR Information System has been updated and from May 2012 will begin to send out alerts to line managers when employees hit the trigger points at which further action should be taken under the Council's Attendance Management Policy. These alerts are; automated, timely and will essentially

replace the need for a manager or HR Officer to monitor information in order to identify the need to take action. The alerts will be sent via Dashboard and it will therefore be essential for managers to log onto the system on a daily basis and to take appropriate action under the Council's policy in response to each alert.

- 4.3 The Attendance Management Policy will be reviewed with a view to simplifying the process and ensuring that the trigger points are appropriate in the circumstances and support managers in taking action on attendance at a timely and early stage.
- 4.4 The HR Delivery Team will continue to provide coaching and training for managers in attendance management, both through the Corporate Training Programme and also on a local one-to-one or team basis as required and considered effective. This training will focus on the proactive management of attendance with a view to retaining employees in work and to support them in returning to work as soon as is practically possible.
- 4.5 During May the Council will hold a number of Health and Wellbeing events. These events will not only raise awareness and provide valuable information and support around some key 'health and wellbeing' themes such as healthy eating, exercise and stress, they will also highlight the range of resources and facilities available to employees and managers through the Council's Occupational Health service, HR and our benefits providers.
- 4.6 In addition to these events, the HR team will continue to work closely with the Occupational Health Service to identify pro-active health promotion strategies and activities that can be rolled out across the Council and sustained in the longer term. In particular, the immediate focus will be on strategies relating to stress management. Work on this has already begun with improved ways of working such as manual handling training being provided in order to help reduce the number of musculoskeletal conditions and absences being experienced. To promote this work and highlight the range of resources available, the HR team has developed a comprehensive stress management site on the intranet which signposts employees and managers to these resources and helps them to identify and manage stress in the workplace.
- 4.7 The Council is also exploring whether an Employee Assistance Programme (EAP) could be introduced. An EAP is a resource for employees to enable them to access support, usually in the form of counselling, to help them deal with difficult issues (whether work-related or in their personal life). There is plenty of evidence to show that an EAP can contribute to the Council's efforts to control or reduce absence levels, both in duration and total number. For example, an EAP can provide additional support for an employee on long term sick leave which may enable them to return to work sooner. It can also play an important role in helping individuals manage their stress levels as the counselling service provided by an EAP can help individuals cope with pressures, worries and stress, to the benefit of their performance and productivity at work.
- 4.8 HR Business Partners will continue to attend; Service Area, Departmental and Senior Management Teams in order to; share attendance reports; to highlight

any problems locally and to remind managers of the procedures and support available.

- 4.9 Messages regarding general wellbeing and the need to address sickness will continue to be promoted through Team Talk.
- 4.10 As part of the pay consultation for 2013/14 the Employer's Organisation at a national level have invited the unions to commence discussions immediately on a range of related issues covering pay, terms and conditions and reform of the national negotiating machinery. It is understood that the terms of the sick pay scheme will form part of these discussions.