

OVERVIEW & SCRUTINY COMMISSION

SICKNESS ABSENCE TASK & FINISH GROUP

REPORT

MAY 2010

Introduction

1. The Overview & Scrutiny Commission agreed at its meeting on 23 July 2009 to set up a task and finish group to examine and review the Council's Sickness Absence policy.
2. The Sickness Absence Task & Finish Group consisted of Councillors Shirley Matthews (Chairman), Diana Irving and Robin Goreham supported by Mark Broughton (Scrutiny Officer) officers from Human Resources (Karen Hitchcock and Lucy Powles) and a representative from Unison (Zandra Waterford). The Group met on four occasions: 2 October and 30 November 2009, 21 January and 4 March 2010.
3. At the outset a terms of reference and project plan were agreed by the Group. The terms of reference are as follows

The Group will:

- *Review sickness absence at Breckland Council by examining the issues affecting sickness absences and the steps being taken to address them and reduce overall absence rates.*
- *Seek to identify the underlying reasons behind long term sickness absence and suggest ways to combat or mitigate this*
- *Examine what measures the Council is taking to deal with employee stress related absence (where workplace related)*
- *Request and consider relevant data, policies and procedures from comparator employers in order to benchmark and target set for the future.*

Ascertain the views of stakeholders such as the Portfolio Holder, Human Resources manager and Unison as to the effectiveness of the present policy and procedures and with a view as to how they could be improved.

4. The Group based their review of sickness absence on an evidence based approach which sought to include comparative information from peers and examined the subject in the round.

Background

5. Sickness absence is a significant cost to an employer given that it represents unproductive staff time. It is quite normal to have a policy to govern the policy and procedures associated with sickness absence which is balanced in seeking to ensure that absent employees return to work as soon as practically possible whilst at the same time seeking to ensure that staff receive appropriate holistic support to enable them to perform their duties at the optimum level.

Statistical and Data Analysis

6. The Group considered a breakdown of sickness types (October through December 2009) which showed that “Cold Cough Flu” was the single most prominent cause of absence, equating to between 22 and 29% of cases across the Council, followed by “Benign/Malignant Tumour” at typically 10 to 25% and “Gastro”, “Stress and Anxiety” and “Muscular” all rating about 7 to 15%.

7. Comparative sickness data covering the period 2006 to 2009 inclusive demonstrated that the months typically recording the highest proportion of days fte lost to sickness absence were the winter period of November to January although the 2009 figures were markedly down on the other three years covered.

8. Wider comparison of sickness absence with some other 15 local authorities across England in Breckland’s CIPFA “family group” showed that Breckland performed close to the average in 2008/9, recording an average of 8.83 fte compared to the average of 8.81. As of quarter two in 2009/10, Breckland was performing well in comparison to its peer group with 3.18 fte as opposed to a group average of 4.97. The caveat on all these figures is that it only takes two or three long term absences to skew the figures significantly in a typical district council.

9. The outturn figures over the last decade are shown in Table 1. This shows that sickness absence has fluctuated with no clear trend over the years.

Year	Outturn (average days per employee)
2000/1	9.53
2001/2	10.27
2002/3	7.61

2003/4	9.11
2004/5	9.75
2005/6	7.82
2006/7	8.71
2007/8	10.71
2008/9	8.83

Table 1: Sickness Absence 2000 to 2008
Source: Performance & Policy Team

The Present Policy

10. The Council's existing sickness absence policy was agreed in June 2008 (through Local Joint Consultative Committee and General Purposes Committee) with an agreed period of review within two years. The policy incorporates a sickness absence management policy allied to a sickness absence management and ill health procedure. It applies to all officers except any self employed (i.e. consultants) or agency workers.

11. The Group considered the policy systematically section by section and identified a number of minor wording amendments to reflect technical changes in systems since the policy was agreed. These proposed changes are shown in red (old text) and green (new text) in Appendix A attached (see also recommendation a).

12. Under "Absence Reporting Arrangements" the Group agreed that no significant changes to the wording of the policy were required. It was noted that the absence notification, certification procedure, maintaining contact with sick employees and the monitoring of sickness levels were all reasonable and required no significant amendment.

13. During the course of the review a relatively mild strain of swine flu manifested itself nationally. Members noted that in section 16 of the policy entitled "Extraordinary Circumstances" that the government had agreed that a ten day period of self certification would apply. In practical terms it was acknowledged that the provision of antiviral gel dispensers was a positive step to deal with swine flu.

14. Under "Managing Sickness Absence" the Group discussed arrangements on return to work interviews. There was a view that the basis of the return to work interview (applicable in all cases where a staff member had taken absence of one day or more) was somewhat onerous on line managers. Evidence suggested that some managers were not carrying out return to work interviews in every case, perhaps due to high workloads and the bureaucratic onus placed on them by the system. The figures for the last three months of 2009 showed that return to work interviews had taken place in 66% of cases in October, 65% in November and 72% in December.

15. Members acknowledged that there were differing characteristics and effects pertaining to short term as opposed to long term absence. The relevant trigger points relating to periods of short term absence (i.e. any period of absence totalling less than 30 days) were regarded as sensible and effective in providing adequate resolution of short-term absence. The employer is able to institute a so-called Performance Improvement plan (or PIP) in order to set targets for improved attendance. The number of employees on a PIP in 2009/10 was zero.

16. Long term absence is officially recognised as absences of one calendar month or more. The impact of long term absence on the organisation can often be more pronounced given the need to provide cover and holistic assistance such as through occupational health.

17. In the period from April to December 2009 there were 12 long term sickness absences at Breckland, equating to 695 working days. The total number of sick days in the April to December 2009 period was 1696 days so long term sick accounted for some 40% of the total days lost to sickness. Of these twelve cases five were due to depression or stress, two to cancer and one each to shingles, liver disease, chronic back pain, chest infection and lymphodema. It is important to note that the majority of the long term absence cases were not primarily ascribed to work related stress, rather to other external factors. Thus it was difficult to put in place measures to deal with non-work related stress.

Combating and Mitigating Absence

18. Officers indicated that there were a series of measures being undertaken to manage long term absence. Of the cases categorised under the cause of depression/stress it was noted that only two cases were directly work related with the remainder being due to a combination of reasons. The programme operated and promoted by the Council included a therapy scheme, self referral scheme, referrals to occupational health, and an employee assistance programme. A range of indirect wider measures helped support staff and included employee wellbeing week, a staff recognition event, weekly weigh-in and training on handling stress. The latter had been held over two sessions in January 2010 and were aimed at both managers and staff.

19. Occupational Health referrals for counselling numbered 12 in the period April 2009 to January 2010. Of these, seven cases were due to stress, three due to bereavement and two others were not disclosed. These twelve referrals accounted for some 75 counselling sessions in total.

20. The Group considered the work-life support strategy adopted by Norfolk County Council and the similar strategy adopted by Broadland Council. Whilst the possible benefits of such of strategy were recognised, members felt that with the likely fusion of Breckland and South Norfolk councils in the short to medium term under the Shared Services agenda that this issue could be best examined in tandem with South Norfolk as a future aspiration.

21. The existing sick note system is being replaced by a new “fit note” system. The Group concluded that to all intents and purposes this new system did not need to be incorporated within the sickness absence policy and procedure given that effective changes are minimal e.g. that the medical statement is still not required until after the seventh day of sickness.

Conclusions

22. Members recognised that Breckland’s sickness absence figures represented a comparable average figure for peer local authorities. The long term average was between 7 and 10 days per employee per year, which was not untypical in the sphere of local government.

23. Return to work interviews were seen as a necessary part of the process however the evidence suggested that there was some shortfall and that in approximately 30% of cases that no interview was actually held. In attempting to address this it was understood that some future move to an online absence monitoring system was currently being explored.

24. Long term absence could potentially skew the overall absence figures and thus it was important to manage instances of long term absence whenever possible. It was recognised that a tranche of measures had been put into train by Human Resources team aimed at alleviating sickness absence indirectly through promoting healthy living and associated benefits.

25. The Council’s policy was generally regarded as working well and there was no basis for any fundamental changes. Minor changes to update systems and terminology were needed.

26. It was recognised that officer-led ongoing review of elements of sickness absence would be effected pending the proposed merger of Breckland and South Norfolk councils in the medium term.

Recommendations

The Group made the following recommendations, that

a) the existing policy be updated with minor changes as shown at Appendix 2.

b) an electronic version of the return to work interview form should be provided, as this would save time and paper and would also allow for automatic generation of e-mail reminders and flagging of non-returns

c) an accident information card be produced for use by officers working out of the office, and

d) a review of the Out of Hours service be carried out, to safeguard staff and to ensure that staff and the service providers were aware of the respective responsibilities