

Report to the Cabinet

Report reference: C/003/2007-08.

Date of meeting: 11 June 2007.



**Epping Forest
District Council**

Portfolio: Finance, Performance Management and Corporate Support Services.

Subject: Staff Sickness and Absence – Update.

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Recommendations/Decisions Required:

- (1) That Cabinet notes the 2006/07 outturn position with respect to BV12 - The number of working days/shifts lost due to sickness absence;**
- (2) That Cabinet notes the progress that has been made with actions designed to reduce sickness absence and considers whether to reduce the 'number of days' trigger level for management action under the Managing Absence Policy from 10 days in any rolling twelve month period to 8 days, with a possible further reduction at a later date; and**
- (3) That, in the light of the Authority's current high sickness levels, the Cabinet decides whether to convey to staff:**
 - (a) the Cabinet's recognition of its responsibility for the welfare of all staff and the impact that high sickness levels has on those covering for absent colleagues, and on service delivery;**
 - (b) the Cabinet's concern about the high levels of sickness absence experienced in the Authority, and its wish to see these reduce considerably by means of early and appropriate management action under the Managing Absence Procedure; and**
 - (c) the Cabinet's support for those experiencing attendance difficulties, and its clear commitment to measures to improve attendance.**

Report:

1. At its meeting of 18 December 2006 the Cabinet considered an evaluation of the Recruitment and Retention strategy. It was agreed that attention would in future be focused on tackling the Council's increasing sickness absence levels, and a range of measures were agreed to do this. The purpose of this report is to update the Cabinet on progress achieved since that time.

Outturn performance for BV12 – the number of working days/shifts lost due to sickness absence:

2. At the December 2006 meeting of Cabinet it was noted that second quarter performance against this indicator was worse than at the corresponding period in the previous year. The Council's performance for the whole of 2006/07 has now been established and shows that on average each employee took 12.52 days sickness per year. The figure for 2005/06 was 10.66 days. Performance against this indicator has therefore worsened by 1.86 days per employee in the space of one year. Clearly not all employees take this amount of sick leave, and this represents an average figure, which disguises some

long-term absence for chronic conditions.

3. Outturn figures are not yet available for other Essex Authorities for 2006/07, however it is interesting to compare information relating to the previous year for all District Councils, as follows:

Table 1 – BV12 Number of working days/shifts lost due to sickness absence 2005/06

Rank	No. of days lost
Average	9.64 days
Top quartile	8.29 days
Median quartile	9.54 days
Bottom quartile	10.92 days
EFDC performance	10.66 days (2005/06)
EFDC performance	12.52 days (2006/07)

Information about sickness absence in the Authority:

4. Clearly, the Authority's performance against this indicator is of great concern. At the December 2006 meeting the Cabinet approved the creation of a post of Human Resources Officer for a period of one year in order to address sickness absence. The post has been filled since 1 February 2007 and has carried out a range of tasks to increase our understanding of sickness absence issues in the Authority and to identify and resolve specific cases. These are now considered.

5. Under the Managing Absence Policy there are trigger levels for initiating management action in cases of excessive sickness absence. These are:

(a) during any 'rolling' twelve-month period an employee has had 5 or more separate occasions of absence; or

(b) during any 'rolling' twelve-month period an employee has had at least 10 working days of any combination of un/self certificated, or medically certificated absences.

6. An analysis of sickness patterns within the Council has revealed that 17.92% of employees in the Council met one or other of the above trigger levels, and an additional 9.34% met both. In response, referrals to our Occupational Health Physician (for employment-related health advice on individual cases) increased in 2006/07 by 88% to 64. This equates to approximately 10% of the workforce referred for medical advice in that year. In addition, during the period December 2006 to March 2007 three staff have been dismissed for sickness absence related reasons, and appropriate support such as adjustments to jobs, phased return to work and counselling have been provided to others.

7. An analysis has also been carried out of the main reasons for staff absence on account of sickness. This is set out in Table 2.

Table 2 – Main reasons for staff sickness absence, January – December 2006

Absence reason	No. of staff absent
Infections	280
Gastric, Kidney, Liver etc	214
Muscular-skeletal problems	88
Neurological	79
Eye, Ear, Nose & Throat etc	51
Back problems	48

Stress & Anxiety	40
Genitourinary, Menstrual	38
Respiration & Chest Problems	30
Unspecified	15
Pregnancy Related	13
Heart, Blood Pressure, Circulation	9
Road Traffic Accident	9

8. As would be expected the most significant causes of absence are short-term viral and gastric infections.

9. As a result of this information the HR Officer is now working with line managers on all cases where the trigger level has been exceeded with the aim of developing a plan of action for each one designed to either reduce absence in the future, bring about a return to work for an employee on long term absence or if this is not possible to terminate their employment. As part of this process, issues of staff well being and support are also identified and acted upon. There are a number of examples of best practice with respect to the management of sickness absence in the Authority, not least the work carried out by the Benefits Division in Finance and the Housing Service.

10. Further analysis has also revealed that in addition to short-term absence for viral and similar infections, a significant number of staff has taken continuous periods of long-term absence. Table 3 provides anonymised information about this.

Table 3 – the 20 longest employee absences Jan to Dec 2006, with reasons

Case Identifier	No of days absent	Reason
A	205	Stress, Depression, Anxiety, Mental health and Fatigue
B	183	Heart problems
C	138	Stress, Depression, Anxiety, Mental health and Fatigue
D	129	Heart problems/Muscular-skeletal
E	122	Stress, Depression, Anxiety, Mental health and Fatigue
F	114	Stress, Depression, Anxiety, Mental health and Fatigue
G	107	Gastric problems
H	101	Stress, Depression, Anxiety, Mental health and Fatigue
I	99.5	Various – a range of problems
J	94	Stress, Depression, Anxiety, Mental health and Fatigue
K	88	Musculo-skeletal
L	87	Musculo-skeletal
M	85.5	Various – a range of problems
N	82	Various – a range of problems
O	80	Various – a range of problems
P	75.5	Various – a range of problems
Q	75.5	Musculo-skeletal
R	73.5	Stress, Depression, Anxiety, Mental health and Fatigue
S	73	Gastric problems
T	73	Ear, nose and throat

11. From the above analysis it can be seen that a key reason for absence is stress. In such cases an investigation always takes place into the underlying issues, specifically

whether they are work related or not. In one case the cause was alleged to be work related and a full investigation took place followed by appropriate management action to facilitate a return to work. In the other cases referred to above the causes were generally outside work (e.g. home life issues) and appropriate support, including counselling, is provided where this is of value.

12. In long-term absences advice is received from the Occupational Health Physician, who will often liaise with the employee's General Practitioner on strategies for treatment and a return to work. Sometimes a recommendation is made that the individual should return to work on a part time, phased basis as part of their rehabilitation. This is often helpful in bringing forward a date for return to work and the employee's overall reintegration into the work environment.

Further initiatives to reduce sickness absence:

13. In addition to the casework described above, an Employee Wellbeing Strategy is being developed, to be presented to the Joint Consultative Committee (JCC) in due course. This will integrate existing policies and initiatives within an holistic approach, including matters such as the Stress Strategy, counselling provision and Health and Safety at Work. Also, at the request of staff in the recent Staff Attitude Survey and the JCC, the possibility of providing private healthcare is being considered, although the costs are likely to be substantial.

14. The Cabinet also agreed at its December 2006 meeting that the free health checks previously provided to staff over the age of 40 be extended to all staff, regardless of age. Discussions are now in place with two providers for this to be implemented.

15. In light of the Authority's performance against BV12, a further action, which might assist in the effective monitoring and reduction of sickness absence, could be the reduction in the number of days absence in any twelve month period which would trigger action under the Managing Absence Procedure. As noted at paragraph 5 above, this currently stands at 10 days. Consideration could be given to reducing this trigger level to 8 days, with a further reduction at a later date as sickness levels improve. This change would allow for early identification of any problems and the provision of appropriate support to the employee. The Cabinet is asked to consider this.

Statement in Support of Recommended Action:

16. The communication of the Cabinet's views and approach to managing sickness absence to all EFDC staff will be valuable in sending a clear message about the importance attached to this matter by Members, and will support the initiatives designed to improve the current poor performance of the Authority.

Other Options for Action:

17. The Cabinet could decide not to communicate this matter to staff. However, given the Authority's current poor performance in managing sickness absence, this might not be appropriate.

Consultation Undertaken:

18. With the recognized trade unions.

Resource implications:

Budget provision: N/A at this stage.

Personnel: As set out in the report.

Land: N/A.

Community Plan/BVPP reference: N/A.

Relevant statutory powers: N/A.

Background papers: N/A.

Environmental/Human Rights Act/Crime and Disorder Act Implications: N/A.

Key Decision reference (if required): N/A.