# Rossendalealive

Subject: Sickness Absence Management Report	Status:	For Publication
Report to: Policy Overview and Scrutiny	Date:	22 <sup>nd</sup> June 2010
Report of: Head of People & Policy		
PortfolioHolder:Finance and Resources		
Key Decision: No		
Forward Plan X General Exception	Special U	Jrgency

## 1. PURPOSE OF REPORT

1.1 To report to Overview and Scrutiny Performance Committee the action taken to address the fall in performance in relation to sickness absence from 1<sup>st</sup> April 2009 until 31<sup>st</sup> March 2010.

#### 2. CORPORATE PRIORITIES

- 2.1 The matters discussed in this report impact directly on the following corporate priorities:-
  - Delivering quality services to our customers
  - Delivering regeneration across the Borough
  - Encouraging healthy and respectful communities
  - Keeping our Borough clean, green and safe
  - Promoting the Borough
  - Providing value for money services

#### 3. RISK ASSESSMENT IMPLICATIONS

- 3.1 All the issues raised and the recommendation(s) in this report involve risk considerations as set out below:
  - Risk if the levels of sickness absence continue to rise having an impact on the Council's performance.

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#### 4. BACKGROUND AND OPTIONS

- 4.1 The Council's Sickness Absence Management Procedure is used to promote a transparent and consistent approach to sickness absence management.
- 4.2 Monitoring of sickness absence is used to assist in promoting and encouraging regular attendance at work.
- 4.3 Monitoring also provides information regarding the reasons for employee sickness absence.

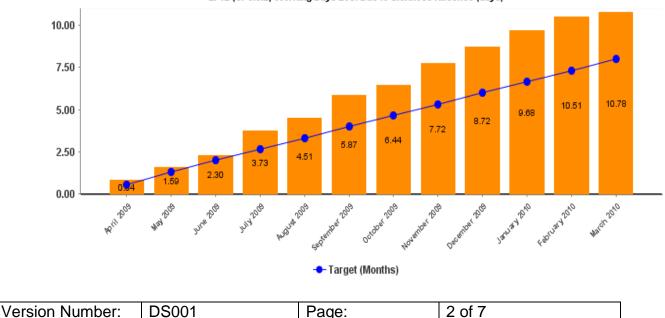
The Council utilises the Local Performance Indicator (LI12) to benchmark with other Local Authorities in Lancashire as part of it's performance management arrangements - LI12 Working days lost due to sickness absence (days).

Benchmarking of other local Authorities shows a general increase in the sickness absence figures across Lancashire.

Benchmarking of the Lancashire Area Authorities indicates Rossendale Borough Council 2008/2009 achieved the 5<sup>th</sup> lowest sickness figures and in 2009/2010 achieved the 7<sup>th</sup> lowest sickness figures out of the 15 Lancashire Authorities.

- 4.4 The target for Rossendale Borough Council's sickness absence for 2009/2010 was 8 days per Full Time Equivalent (FTE) employee. This figure is based on the previous sickness out-turn figure and the figures for top quartile performance.
- 4.5 The out-turn sickness absence figure for 2009/2010 was 10.78 days per FTE, long term sickness absence was 7.93 days per FTE and short term sickness absence was 2.58 days per FTE. (Long term sickness absence is 20 days or more absence).

LI12 Trend Chart 2009/2010 – working days lost due to sickness absence



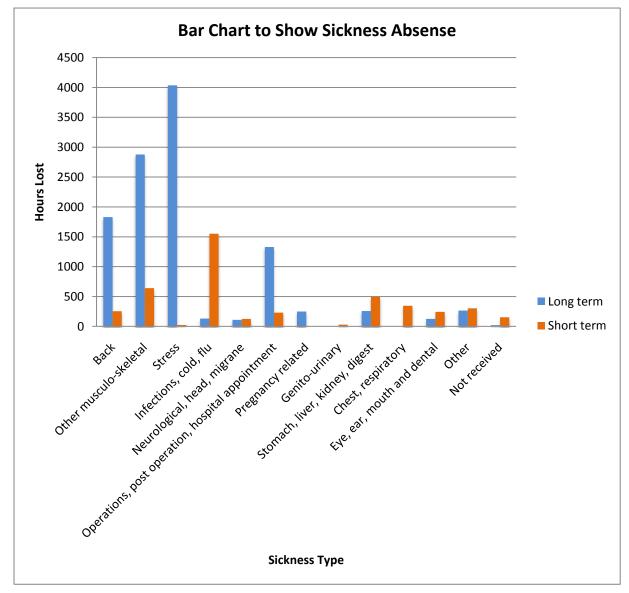
LI 12 (CP6.3.2) Working Days Lost Due to Sickness Absence (days)

Compared to last year the out-turn figures show an increase from 8.63 days per FTE (2008/2009) to 10.78 days per FTE (2009/2010).

In 2009/2010 112 employees had nil absences, which is approximately an improvement of 35% on 2008/2009 figures.

4.6 The reasons for sickness absence are split into the following categories;

(i) Back and neck problems, (ii) Other musculo-skeltal, (iii) Stress, Infections, cold and flu, (iv)Neurological, head and migraine, (v) Genito-urinary, Pregnancy related, (vi) Stomach, liver, (vii) kidney and digest, (viii) Chest and respiratory (ix) Operations, (x) Post operations and hospital appointment, (xi) Eye, ear, mouth and dental, (xii) Other.



4.7 The top three reasons for long term sickness absence were; 'stress', 'other musculo-skeletal' and 'back and neck problems'.

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The high figure for the sickness absence reason category 'stress' equates to six employees long term sickness absence. Further, the sickness reasons of 'musculo-skeletal' and 'back and neck problems' primarily relates to hospital operations.

There has been a significant impact on the 2009/2010 figures due to two long term sickness absence cases resulting in III Health Retirement and one long term sickness case resulting in an III Health Capability Dismissal.

A key challenge is that due to the low number of employees employed (200.3 FTE) within the Council, a small number off employees absent due to long term sickness can have a significant impact on the sickness absence figures.

Further work is currently being undertaken to understand the reasons and causes in relation to those employees absence due to long term sickness.

4.8 The main reasons for short term sickness absence were; 'infections, cold, flu' and 'stomach, liver, kidney, disgest'.

Investigation of any underlying reasons of sickness absence have indicated that during 2009/2010 there were additional sickness absences relating to 'infections, cold, flu', this may be indicative of the Swine Flu Pandemic during this period.

4.9 Sickness Absence is managed using the Sickness Absence Management Procedures. The trigger periods for managing sickness absence are;

Long Term – an employee is absent due to sickness for 20 days or more

- Short Term –an employee has any four periods of absence or ten days within any 12 month rolling period (pro rata) or where there is a pattern of absence.
- 4.10 To manage sickness absence employees are informed of the consequences of the failure to attend work on a regular basis in accordance with Sickness Absence Management Procedures via oral and written warnings.

Warnings issued: Short term sickness 8 Long term sickness 7

4.11 The measures currently in place to support the management of sickness absence include; Occupational Health Services, Phased Return to Work, Reasonable adjustments and Preventative Health Initiatives.

**Occupational Health Services** – measure have been taken to review the Occupational Health Contract and since 1<sup>st</sup> June 2010 People Asset Management has been the Council's preferred supplier.

People Asset Management services includes; management referral, case review and report, Hand Arm Vibration Assessment, LGV/PCV Mandatory driver medical, pre-employment screening/medical, Drug and Alcohol Screening and Audiometric Screening, counselling.

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There were 53 referrals made to the Occupational Health Unit in 2009/2010;

2 employee III Health Retirement referalls9 employee Cognitive Behavioural Therapy course referrals42 employee Occupational Health Consultant referrals.

**Phased Return to Work** – to help and support an employee on long term sickness absence back to work, the Council encourages and facilitates this via lighter duties, reduced hours, unpaid leave, change in working hours and redeployments.

As part of the Sickness Absence Management Procedures all employees meet with their Line Manager to identify any support required or underlying health issues.

**Reasonable Adjustments –** if an employee's sickness absence is covered by the Discrimination Disability Act 1995 (DDA) the Council has a legal duty to make reasonable adjustments to facilitate the employee at work, however the Council endeavors to make reasonable adjustments to support all employee back to work.

**Preventative Health Initiatives** – The Council is currently working in partnership with East Lancs PCT to deliver a 'Wellbeing at Work Programme' to promote health awareness to employees.

The Wellbeing Programme includes;

- An annual 'Health at Work MOT Questionnaire' which are analysed to inform future activities.
- Health awareness signposting from the NHS during 2008/2009:
  - 'Life's Little Emergencies'
  - 'Men's Health Challenges'
  - 'Credit Crunch Stressline'
  - 'Know Your Numbers' Blood Pressure Figures'
  - 'B-Sure Chlamydia Screening Programme'
  - Breast Cancer Awareness Month
  - Ovarian Cancer
  - Prostate Cancer
- On site 'Cardio Vascular Heart Check' including blood pressure and cholesterol checks, resulting in a number of staff making significant lifestyle changes.
- A two day workshop covering aspects of Mental Health and how to recognize the signs of ill health.

'Adult Learning Week' in May 2009 delivered a series of events and activities around the theme 'Learning to be Healthy'. The lunchtime initiatives included; on site taster massage sessions, yoga taster class, art class taster, The Hydration Challenge (drinking 1.5 litres of water a day), Fruity Friday (fruit

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tasting), Smoking Cessation Session, Know Your Units Demonstration and Free Swim Vouchers.

4.13 The Council promotes regular attendance at work and currently recognizes 100% attendance by granting additional day's leave to all staff achieving 100% attendance.

4.12 The Council has robust performance management arrangements in relation to sickness absence which includes the integrated performance report circulated to Management Team, Cabinet and, Overview and Scrutiny.

In addition, monthly reports identifying employees 'hitting the trigger levels' of the Sickness Absence Management Procedures are circulated to Heads of Service and the Portfolio Holder of Resources.

#### COMMENTS FROM STATUTORY OFFICERS:

#### 5. SECTION 151 OFFICER

5.1 There are financial implications as a result of high sickness levels in particular in those areas where back fill or agency employees are employed to cover.

#### 6. MONITORING OFFICER

6.1 No legal implications.

# 7. HEAD OF PEOPLE AND POLICY (ON BEHALF OF THE HEAD OF PAID SERVICE)

7.1 Detailed in the report.

#### 8. CONCLUSION

8.1 The Council will continue to explore and respond to any underlying trends in relation to sickness absence. The Head of People and Policy has negotiated a revised policy with the Trade Union which supports the robust approach, this will be implemented following the next JCC.

#### 9. **RECOMMENDATION(S)**

9.1 The Overview and Scrutiny Committee are asked to note the action being taken to address sickness absence.

#### 10. CONSULTATION CARRIED OUT

10.1 n/a

#### 11. COMMUNITY IMPACT ASSESSMENT

Is a Community Impact Assessment required No

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Is a Community Impact Assessment attached	No
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## 12. BIODIVIERSITY IMPACT ASSESSMENT

Is a Biodiversity Impact Assessment required No Is a Biodiversity Impact Assessment attached No

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No background papers

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