

Sickness Absence – Update April 2008

Director/Head of Head of Policy and Performance
Department:
Report Author: Hilary Mitchell

Recommendation: that JCSP notes the position with regard to sickness absence in 2007/8

1. BACKGROUND

- 1.1 The Council has had high sickness absence rates for a number of years and has been addressing the issue with increased attention since 2006/7. The rates are slowly improving as remedies are introduced, but more is planned.
- 1.2 This report sets out what has been done and what is planned for 2008/9.

2. ISSUES TO BE CONSIDERED

- 2.1 The Council's sickness figures, as measured through the Best Value Performance Indicators, have been higher than the average for local government for several years. They are not improving quickly enough, in contrast to most other local authorities, as shown in the reduction of the top quartile target.

Year	CBC Figure	Top Quartile Target
2002/3	12.6 days per employee	N/a
2003/4	11.1	8.93
2004/5	11.8	8.4
2005/6	15.4	8.4
2006/7	13.2	8.08
2007/8 (3 rd quarter)	9.25	

- 2.2 The causes of employee sickness absence vary widely, including all the usual short-term infections and longer term conditions that might be anticipated in a workforce of nearly 400. Although it is likely that stress could be a contributory factor to some people's ill-health, it is difficult to identify from the sources of information we currently use. Where stress is recognised, the Council has access to qualified support for employees.

- 2.3 A number of changes have been introduced to the way that the Council manages its sickness absence in the past two years. These are:
1. Improved information – information about the number of days of employee sickness absence is gathered in service teams from self-certificates and doctors' certificates. Monthly returns are made to HR and a summary for the whole organisation is prepared and sent to Corporate Team. This has given senior managers an opportunity to identify the teams with the highest sickness absence rate.
 2. Review of Sickness Absence Management Policy and Procedure – a review of the existing policy and procedure was undertaken in 2006/7 to ensure that its requirements and processes were clear. This review involved representatives of the trades unions and the minor revisions were agreed by Executive and Personnel Panel.
 3. Training – was arranged for managers in 2007/8, who have a key role in the Council's sickness absence management policy and procedure, on the policy and on managing sickness generally.
 4. Occupational Health Service – From 2007 the Council increased the budget to £6.5k per annum to improve the quality of the Occupational Health service. This has increased access to advice and enabled quicker turnaround of cases referred for expert opinion or contact with employees' GPs.
 5. Long-Term Sickness – Before 2007 the Council had difficulty in resolving the cases of some of the employees who had been off sick for long periods. This was often because of slow response from the previous occupational health advisory service. By reviewing these cases and coming to a conclusion more promptly, many of the cases could be resolved either by the employee returning to work through phased return arrangements or sometimes through ending the contract of the employee who had been determined as permanently unfit to work.
 6. Return to Work Interviews – the Council's Sickness Absence Management Policy and Procedure requires employees to have a formal return to work interview with line managers as part of the recurring sickness process. Recently this has been a requirement for every employee returning to work to try to understand the worryingly high levels of sickness absence
- 2.3 In view of the slow rate of improvement in spite of these measures Corporate Team has now decided to use a local target in more frequent review of absence figures.

A target of 8 days per head average has been set for all services for 2008/9. Each month team leaders and line managers will meet their managers to review the sickness figures, and discuss what is necessary to manage any sickness case giving cause for concern.

- 2.4 In addition services will be asked to display their sickness figures month by month. Quarterly performance management discussions will include consideration of progress in reducing sickness.
- 2.5 Further training is being planned for managers both in using the Council's policy and procedure and in other aspects of managing sickness, including stress management.

3. CORPORATE PLAN

There is a target in the refreshed Corporate Plan for 2008/9 to reduce the Council's sickness absence levels.

In addition it should be noted that achievement of other objectives in the Corporate Plan is jeopardised by high levels of sickness, as capacity needed to deliver such an ambitious programme may not be available.

4. BENCHMARKING

The Council's sickness levels are in the worst 25% of local authorities in England.

5. PUBLIC CONSULTATION AND PUBLICITY

Not applicable

6. CONCLUSION

The JCSP is asked to note the steps taken to reduce the level of sickness absence and to support the Council in its plans to reduce it still further.

List of Appendices

Sickness absence figures for 2007/8 – to follow

List of Background Documents:

Copeland Borough Council's Sickness Absence Management Policy and Procedure

List of Consultees: HR Manager

