

COPELAND EMPLOYEE SICKNESS – CORPORATE TEAM REVIEW

1. SICKNESS ABSENCE FIGURES AND COMPARISONS

The corporate figures for employee sickness absence in the first half of 2009/10 compared with the same period last year show:

Ave Days Lost Per Head end Qu1 2008/9	2.06 2.4 (BVPI)
Ave Days Lost Per Head end Qu1 2009/10	2.72 3.06 (BVPI)
Ave Days Lost Per Head end Qu 2 2008/9	3.79 4.9 (BVPI)
Ave Days Lost Per Head end Qu 2 2009/10	6.42 7.39 (BVPI)

In the period to the end of 2008/9 employee sick days lost had fallen 26% from the 2005/6 high to 11.2 days (BVPI12) or 9.34 (CBC raw data). This was as a result of much hard work and vigilance from managers, improved information, changes to the Sickness Absence Management Policy and Procedure, involvement of trades unions, investment in an improved Occupational Health service and resolving a number of long-term sickness cases.

Comparative figures for 2008/9 show:

Copeland BC	11.2 days lost
LA top quartile	8.4 days lost
Cumbrian Councils ave	9.6 days lost
NW region public sector	10.4 days lost
England l.a. ave*	9.6 days lost
England waste and recycling l.a. Employees*	12.8 days lost
England waste and recycling private sector employees*	13.2 days lost

*2007/8 data.

2. PREDICTED PERFORMANCE 2009/10

It is very disappointing that within six months of the end of 2008/9 all the previous improvement in Copeland's sickness figures appears to have been lost, and we are now heading towards exceeding the worst figures from 2005/6 by the end of 2009/10. This situation has been picked up in the recent Housing inspection and will appear in the final report.

3. ANALYSIS OF SICKNESS ABSENCE IN FIRST HALF OF 2009/10

Initial conclusions are that:

- The overall figures in 2009/10 grew much worse from June 2009 onwards
- Since the beginning of April there have been :
7 people off 5 times or more (4 in Waste Services; 3 in Devt Strategy)
6 people off 4 times (1 each in Finance, Open Spaces, LES, HR, Env. Health and Housing)
13 people off three times (4 in Waste, 2 in Housing, 2 in Policy & Perf, 2 in Revs and Bens, 1 each in LDS, Open Spaces, Regen Strategy)

According to the Council's policy and procedure all of the employees above should have had a discussion with the line manager about the level of sickness and could have had a referral to Occupational Health.

60 people were off twice
114 people off once

- Digestive problems were the commonest reason for absence (62), followed by colds and flu (44), head and face (31) and no note (29)! Swine flu (4) and stress (8) are not frequent reasons given for absence.
- During the first two quarters of 2009/10 23 people have had long-term sickness (more than 20 working days in one period) and account for 1340 days of the 2458 days lost.
- During the first six months 2009/10 there were 19 accidents at work compared with 12 in the same period last year. 5 of the long term sickness cases reviewed by Corporate Team had been injured at work.

4. IMPACT ON PRODUCTIVITY

The Council lost 2,458 working days in the first six months of 2009/10. That is the equivalent of 11 employees missing for the whole time. This has undoubtedly caused additional strain on the employees who

have been at work. The productivity loss to the Council was £295,427, excluding the cost of hiring temporary cover.

5. REVIEW OF SICKNESS BY CORPORATE TEAM

In December 2009 Corporate Team undertook a case by case analysis of all the employees listed as having triggered intervention according to the Council's sickness policy and procedure, having taken more than 20 days sick or been absent more than 3 times in a 26 week period.

The employees who had triggered action under the Council's policy in the first six months of 2009/10 came from:

FMIS	3
P&P	3
CS	5
L&ES	27
Dev't Ops	8
Dev't Strategy	4
LDS	3
CE & PSD	2

Their findings were :

55 employees were included in the category of long term or frequent short-term sickness (more than 20 days or 3 or more periods of sickness in a 26 week period). 26 employees need no further management action, as the employees have returned to work recovered from their condition. 5 have left the organisation.

Of the 24 employees who require follow up action, we are waiting further contact through Occupational Health or a medical advisor for 7. The remainder are subject to further action by their managers including, requiring a doctor's note for all future sickness absence, monitoring future patterns of sickness, working with HR and Occupational Health and consideration of the employees' future with the authority.

6. POSSIBLE CAUSES OF ILL-HEALTH IN COUNCIL STAFF

The Council's workforce is typical of local government - weighted towards the older age groups and drawn from the local community.

60 employees aged 20-29
78 employees aged 30-39
122 employees aged 40-49
113 employees aged 50 and older.

Older employees may be more susceptible to on-going health problems, although this is a generalisation which covers a wide range

of individuals' health and well-being. Parents of young children may be more susceptible to short-term infections, although this also varies widely.

In February 2009 the breakdown of sickness absence between the two main types of Council jobs at that point in 2008/9 was carried out.

Types of Jobs	No of Staff	Average days lost
Non- Manual	255	6.5
Manual	112	10.7

The difference in levels of sick leave between groups of employees is not unusual to Copeland. Direct provision of services with manual employees will tend to inflate the Council's sickness absence figures to some extent, and lead to unfavourable comparisons. This requires the managers in those services to review and actively intervene where necessary.

Parts of the West Cumbrian community have a higher than national average incidence of continuing ill-health due to historic social and industrial factors. However only 12 Copeland employees have described themselves as disabled. Frequent sickness absence can have cultural as well as social and environmental causes. One could conclude that there is little malingering in the Council's sickness absence figures, but that a few people are just not well enough to be employed.

The likely links between low morale and sickness absence are well-known. It is not possible to demonstrate through the information that the Council holds that there is a general trend linking high sickness and low morale. However there are a few examples where individuals may be taking sick leave because relationships with other team members are difficult. HR has commissioned mediation services on a pilot basis with some success to tackle these issues. A project to revise cleansing schedules and work arrangements was effective in achieving efficiencies and unexpectedly reduced sickness in the teams.

7. OCCUPATIONAL HEALTH SERVICE

The Council's Occupational Health service, provided by Wellwork Ltd. has been over-subscribed for appointments in the past six months and even though we have access to additional sessions at Allerdale, it is no longer enough to meet our needs. A bid for additional sessions has been included in the budget for 2010/11/ Other employers have found that commissioning an Occupational Health provider to act as the first point of contact for employees to contact to notify sickness absence or ongoing monitoring during the period of sickness absence has a positive effect. This is an option for the Council, but it would come at a significantly higher cost than we currently pay.

8. RECOMMENDATIONS:

Corporate Team has agreed at a meeting on 16 November to take the following actions:

1. That Corporate Team agrees to take action to reduce the Council's sickness absence in whatever ways are appropriate to individual circumstances.
2. That Heads of Service ensure that sickness absence targets are included in service plan objectives where there is problematic sickness absence.
3. That Heads of Service use the quarterly performance management meetings with Service Managers to review the level of sickness in their teams and ensure that appropriate follow-up actions happen.
4. That all managers ensure that employees who are absent sick from work have a Return to Work interview on the day of return or as soon afterwards as possible, in accordance with the Council's Sickness Absence Management Policy and Procedure, and that the relevant documents are sent to HR immediately afterwards.
5. That managers routinely refer employees whose length of sickness absence (20 days) or frequency of sick leave (more than 3 spells in 26 weeks) trigger intervention promptly to HR and Occupational Health
6. That further training in managing sickness absence is commissioned.
7. That a major part of a forthcoming Managers' Group is dedicated to an awareness raising session on sickness absence management.
8. That additional investment of £8k in the Occupational Health is sought through the budget process for 2009/10

During the review of sickness figures by Corporate Team in December 2009, further suggestions were made to tackle the problem:

- a further review of the Council's Sickness Absence Policy and Procedure was proposed;
- in view of the delay in receiving medical reports which would help to resolve individuals' sickness incidence, it was suggested that the Council should be able to pay for private consultations for employees with specialists to take place more quickly.