



# CORPORATE RESOURCES OVERVIEW AND SCRUTINY COMMITTEE

## *Committee Report*

**Public**

**Date of Meeting:** 28 FEBRUARY 2002

**Title:** SICKNESS ABSENCE

**Report of:** TOWN CLERK AND CHIEF EXECUTIVE

**Report reference:** TC 50/02

### **Summary:**

Pursuant to Minute CROS 17/02, this report provides additional information on sickness absence and the measures being taken to address the problem.

### **Recommendations:**

That Members note the additional information and the measures being taken to address the current level of sickness absence.

**Contact Officer:** Cyril Wright

**Ext:** 7081

Note: in compliance with section 100d of the Local Government (Access to Information) Act 1985 the report has been prepared in part from the following papers: None

**How well is authority run**  
**Portfolio: Corporate Resources** (*Corporate Resources Overview & Scrutiny*)

NO.	DESCRIPTION	OCT- DEC 2000	OCT- DEC 2001	APR - DEC 2001	2001/02 TARGET	UPPER QUARTILE (00/01)
BV12	Number of working days/shifts lost due to sickness absence	3.6	5.7	9	8.7	6.8 (04/05 (DTLR target
BV13	Voluntary leavers as % of staff in post	1.36	1.03	5.64	6.5	

Personnel comments: With hindsight, aiming for the DLTR upper quartile (over 5 years) in sickness absence performance absence was over ambitious. Sickness absence in the NW of England has always been higher than the national 'norm'. Half of Carlisle's sickness absence is due to long term sickness, and these cases take longer to resolve, especially in cases where there are DDA considerations. Training for Managers in managing sickness absence has been provided in Dec 01 – Jan 02, and more detailed information on sickness absence is being provided to assist in work to reduce sickness absence. Attached is a copy of a report from the Head of Personnel Services to JMT 3 December 2001 explaining the position in more detail.

Voluntary Leavers: If the current rate is maintained the voluntary turnover for 2001/2 is likely to be 7.5% (estimated), which is similar to 1999/2000 (7.4%). the aim was to reduce this, but as the job market is more buoyant, and turnover always increases in times of uncertainty, with hindsight, this again was over ambitious. Given these two factors, maintaining voluntary turnover at around 7.5% will be an achievement.

**NOTE TO JMT FROM HEAD OF PERSONNEL SERVICES - 3 DECEMBER 2001**

**SICKNESS ABSENCE POLICY**

At its meeting on 12 November 2001, Joint Management Team requested a report on the Council's Absence Management Policy and Performance. As members may be aware, a report was submitted on a 6 monthly basis to Personnel and Training Sub Committee under the previous arrangements. This report gave a synopsis of the current absence levels in each department and highlighted the trends over the previous 3 years within the authority as a whole and within each department.

At the last meeting of Personnel and Training Sub Committee I reported on the level of sickness absence during the year 1 April 2000 to 31 March 2001. I set out for members the percentage of lost time as a measure of total working days in the year and compared it with previous two years. I also highlighted the split of absence between long term (over 4 weeks) and short term (4 weeks for less).

At that meeting I expressed concern that the level of absence had risen by just under 1% compared to the previous 12 months and outlined steps to be taken to address the matter. The trend over recent years has been:- 1998/9 – 4.6%, 1999/2000 – 4.5%, 2000/01 – 5.4% and in the first 6 months of 2001/02 – 5%.

Research has shown that success in managing absence requires:-

1. An appropriate absence management policy.

2. Comprehensive management information to enable managers to apply the policy in an efficient, effective and equitable manner.
3. Managers who are sufficiently well informed and confident to apply the policy pro-actively in managing sickness absence.

## **Absence Management Policy**

The Council has a comprehensive absence management policy which was drafted taking into account best practice and published guidance. The policy provides guidelines for managers in dealing with long term and short term sickness absence and emphasises that assistance from the Personnel Section is always available should they require it in applying the policy.

While I have no reason to believe that the policy does not continue to be adequate and appropriate guidance, it is intended that the policy will be reviewed as part of the training programme which has been arranged for managers, the details of which are referred to later in this report.

## **Adequate and appropriate management information**

Information on absence is recorded on the integrated Personnel and Payroll system (Opendoor) by admin staff within each department. The system is able to produce detailed information on absence both in terms of duration and frequency of occurrence. This information is monitored and summarised by the Personnel Section to present each Chief Officer with details of absence within their department. The information is broken down by Section and identifies those employees who have been on long term sickness absence and indicates each individuals record of short term absences.

CMT is also provided with a regular report on the overall absence levels and trends within departments and the Council as a whole. (see appendix 3)

## **Suitably trained and confident managers**

As I reported to Personnel and Training Sub Committee at its last meeting, it has been recognised that formal training of managers in absence management has not been carried out for a number of years. Arrangements have now been made with North West Local Government Employers Organisation to carry out a programme of training sessions for managers in managing attendance. The first of these sessions will take place on the 12 December 2001 and will be followed by further sessions on the 13 December 2001, 15 January 2002 and 16 January 2002. The purpose of this training will be to ensure that managers are aware of their responsibilities in applying the absence management procedures and the opportunity will be taken as outlined above, to involve them in a review of the current policy. A copy of the programme is attached for information at appendix 1.

## **Central Monitoring of Absence Management**

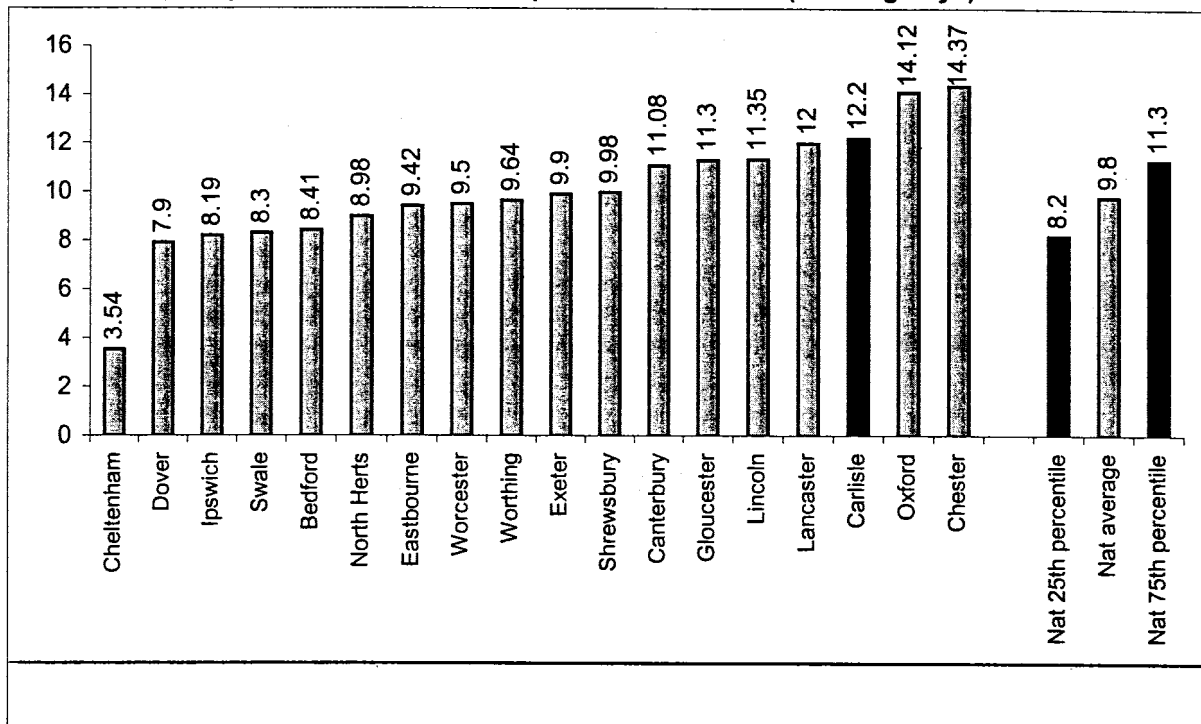
It has been decided that the Personnel Section will in future require unit heads to report back to Personnel on what action has been taken or is planned in managing individual cases of long term or frequent short term absence. It is hoped that this approach of monitoring and evaluation, whilst maintaining a supportive resource for managers, will ensure a more consistent and pro-active response from managers in managing their own Unit's sickness absence levels.

A copy of the current guidelines for management are attached for information at appendix 2.

## PORTFOLIO: CORPORATE RESOURCES

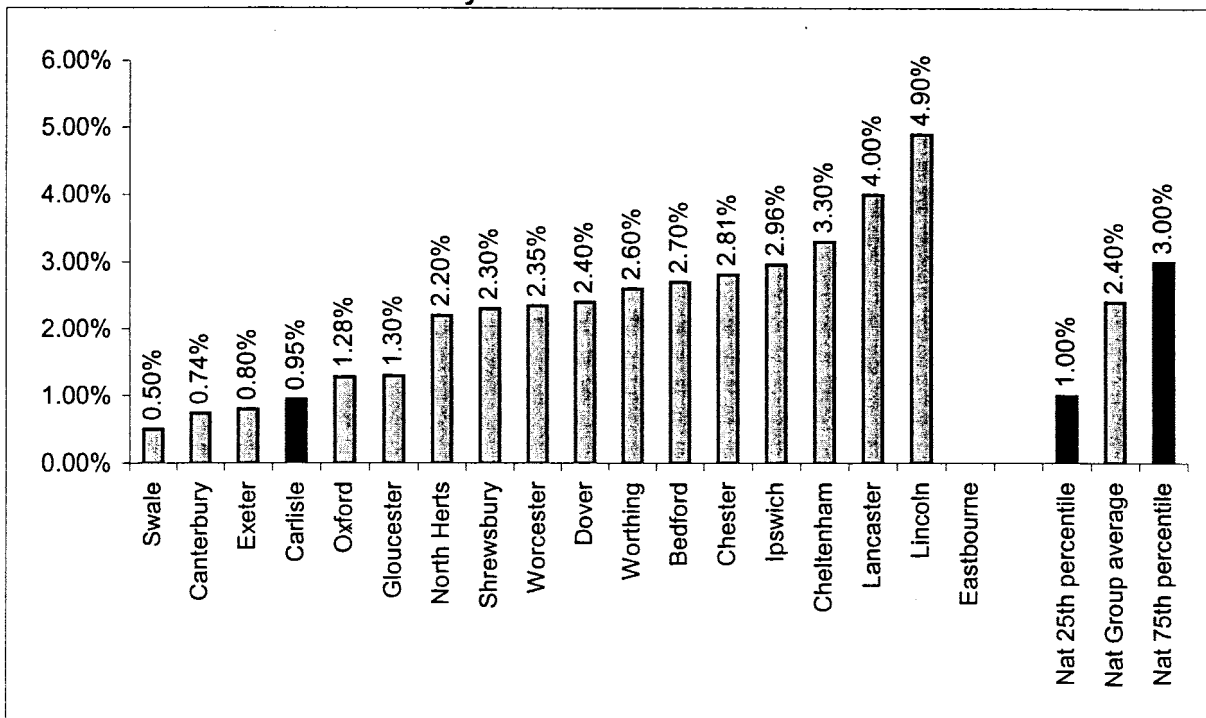
(CORPORATE RESOURCES O & S)

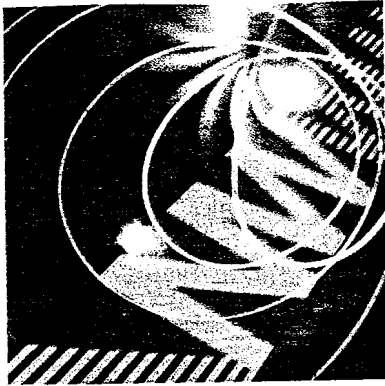
BV12 Average days of sickness absence per member of staff (working days)



Personnel comments: Similar explanation to that provided on quarterly BVPI report. The comparison with other authorities highlights the fact that the North West has always had poorer attendance levels than many other parts of Britain and it is noticeable that Lancaster, the only other authority in the north west (apart from Chester, which has more in common with southern English areas than northern manufacturing) is of a similar level of 12 days per year. With hindsight, the target was too ambitious.

BV16 % of staff who have a disability





NORTH WEST EMPLOYERS

**CARLISLE CITY COUNCIL**  
**MANAGING ATTENDANCE**  
**12 DECEMBER 2001**

# **MANAGING ATTENDANCE**

## **Course Description:**

This course concentrates on how long and short-term sickness should be approached and outlines a practical approach to absenteeism including monitoring and control, with particular reference to the role of management.

## **Course Objectives:**

- Identify the key strategies and interventions involved in fair and effective attendance management
- Discuss the approaches and practices
- Consider the role and responsibilities of the individual manager
- Provide an overview of the legal framework
- Identify delegates concerns and provide guidance relating to attendance management issues

## **Course Method:**

Formal lectures will be kept to a minimum with the emphasis being placed on group discussion and practical case studies/exercises.

## **Course Tutor:**

David Carty, Employee Relations Adviser – North West Employers

# MANAGING ATTENDANCE

## PROGRAMME

9.15 a.m. Tea/Coffee and Registration

9.30 a.m. Introduction & Welcome

*Domestics*

*Objectives*

*Group introductions*

**What is attendance management?**

*Why do we bother?*

*Absence – patterns and trends*

*Creating a positive attendance culture*

**The approach to managing attendance**

**Review of local procedures including:**

*Reporting and recording*

*Self and medical certificates*

*Monitoring*

*Keeping in touch*

*Return to work interviews*

*Formal interventions for short and long-term absence*

**Legal framework:**

*Capability – health/attendance*

*Duty to act reasonably*

*Disability Discrimination Act*

*Relevant case law*

**Summary:**

*Managers/supervisors key tasks*

**Questions**

4.30pm Close

Lunch will be 12.30pm – 1.30pm

There will be additional breaks during the morning and afternoon session.

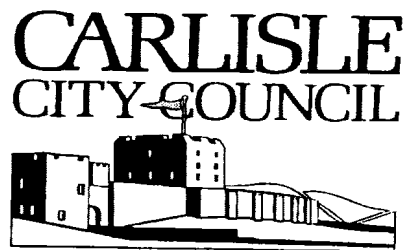


NORTHWEST EMPLOYERS

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# **SICKNESS ABSENCE MANAGEMENT**



**April 1995**

(Updated July 2000)

## CARLISLE CITY COUNCIL

### POLICY & GUIDELINES FOR MANAGERS ON ABSENCE CONTROL

#### 1. Introduction

Absenteeism is a problem that results in lost productivity and general disruption to work schedules. It is costly and particularly difficult to accommodate owing to its irregularity, together with the fact that it is seldom known in advance and seldom occurs to any pattern.

This policy and procedure is produced as guidance to assist Managers in dealing with employees sickness absence, both short and long term, in a sympathetic and supportive manner whilst recognising the fundamental need to provide an efficient and effective service.

In all cases there is a requirement for proper investigation and consultation with the employee, to ensure the handling of sickness is carried out in a fair, supportive and efficient manner whatever the duration or pattern of absence. It is important to remember that every member of staff is likely to be ill at some time and that as a caring employer Carlisle City Council wishes to be supportive with a view to helping each member of staff maintain a satisfactory attendance record.

#### 2. Policy Statement

- 2.1 This Council aims to achieve sickness absence levels in line with Best Value Performance Indicator targets (currently an average of 6.8 days per person or 3.0%) and it will ensure that the achievement of such a rate will be a key management responsibility on an ongoing basis.
- 2.2 Managers will be provided with training, support and guidance in order to ensure that they are adequately equipped to tackle individual sickness problems.
- 2.3 All employees will be treated in a fair and consistent manner. The ultimate aim will be to handle sickness in a supportive and efficient manner whatever the duration or pattern of absence.
- 2.4 The Council recognises that every member of staff is likely to be sick at some time. It also recognises that long-term sickness should be handled in a different manner to frequent short-term (particularly uncertified) periods of sickness and will ensure that procedures are in place which reflect this difference.
- 2.5 With regard to long-term sickness, the Council realises that any protracted absence through illness is normally in itself a source of anxiety for staff who may become particularly anxious about the security of their employment. In order to provide maximum support to employees faced with this predicament, the advice and guidance of an Occupational Health Medical Officer will always be available.

- 2.6 The Council recognises its commitments and responsibilities to staff who have a disability or become disabled during their employment. Individuals will be treated as sympathetically as possible. Specific guidance in this area is available from the personnel section.
- 2.7 Employees will be aware that their performance, including attendance records, will be monitored by their manager.
- 2.8 Employees will be aware of the notification procedure for absence of any kind (Manager/Supervisor must be notified within two hours of normal starting time, on first day of absence and subsequently on the 4th day of absence).
- 2.9 Managers will personally monitor the attendance of the staff they supervise.
- 2.10 Managers will be personally responsible for dealing with absence in their own departments and will not abdicate responsibility to other departments.
- 2.11 Accurate records of sickness absence must be kept to enable identification of individual absence patterns at an early stage.
- 2.12 Employees who experience ill health will be treated sympathetically.
- 2.13 Managers will ensure that contact is made with each employee on his/her return to work following a sickness absence, and a return to work interview is carried out. This may range from a brief informal chat with a person who has previously had a good absence record to a more serious interview with anyone whose absence level is regarded as a problem as indicated at 4.4 below.
- 2.14 If the employee indicates an unwillingness to discuss the nature of the illness with their Manager for personal reasons, the Personnel Department will be available to assist.
- 2.15 Employees will be made to feel that their contribution to the working group is valued.
- 2.16 In cases of persistent sickness absence, the situation will be carefully assessed and appropriate action will be taken.
- 2.17 In cases of long-term sickness absence, where termination of employment on grounds of ill-health is considered, action will only be taken if:
- (i) the employee has been counselled
  - (ii) the employee has been advised that continued absence may result in termination of employment
  - (iii) the possibility and availability of alternative work has been considered.

### 3. Monitoring and Record Keeping

- 3.1 Accurate recording of all absences will help to develop a fair and consistent managerial approach to work attendance. It will also help to raise staff awareness to management's interest in this area whilst highlighting to each individual their own standard of attendance. It is an integral part of each manager's responsibilities.
- 3.2 The most important aid to effective absence management is the detailed individual record. This should accommodate all forms of absence that an employee may take eg. sickness, holidays, lieu days, leave of absence, unauthorised absence and compassionate leave. Records must be accurately maintained as they will form part of the evidence needed for formalised action. Accurate records will also ensure that each employee is dealt with fairly.
- 3.3 Corporate monitoring of sickness absence will be undertaken centrally by the Personnel Section. Statistical information regarding the overall work attendance within the organisation will be derived from the records maintained by Departments. Overall monitoring of absence levels and trends will be carried out every quarter and findings reported to COMT and to the Personnel & Training Sub Committee.

### 4. Frequent and Persistent Short -Term Absence

- 4.1 This relates to situations where the employee is frequently absent, usually as a result of minor ailments. These absences may or may not be covered by medical certificates.
- 4.2 Short -Term Sickness Procedure  
  
When dealing with frequent and short-term absences the following procedure will apply:
  - \* Employees must notify their manager of their absence and the reason for it within two hours of normal starting time on the first morning of any period of absence.
  - \* Managers must keep accurate attendance records for all their staff.
  - \* Employees must be interviewed by their immediate manager, in their normal workplace on the day they return to work following each spell of sickness absence (i.e. a return to work interview carried out).
- 4.3 In considering criteria for action on frequent sickness absence, there are two factors to be taken into account:
  - (a) The percentage of sickness absence over a given period.
  - (b) The number of periods of sickness absence over the same periods.

- 4.4 Whilst it must be stressed that each sickness absence case must be considered on an individual basis, it is suggested that the following may indicate that a problem exists:
- (a) Sickness absence in excess of three working weeks (including uncertified) in any period of twelve months accrued over three periods of absence or more, or
  - (b) Persistent periods of uncertified sickness absence (ie in excess of 7 days in 12 months, or
  - (c) Periods of self-certified sickness absence in excess of 4 periods in 12 months, or
  - (d) Any levels of absence which show a trend or pattern of absence.
- 4.5 At the commencement of a period of sickness absence, it is the responsibility of the manager to consider the sickness absence pattern of the individual over the previous six months.

5. Initial Action

- 5.1 When any of the above 'indicators' is reached, the manager would be expected to review the case, seek the advice of the Personnel Section and decide what further action should be taken, if any. This could involve a discussion with the employee concerned and might include reference to the Council's Medical Advisers. The whole purpose of the discussion with the member of staff will be to discover if there are any medical or other problems with which management could offer help which might contribute towards the solution. The whole tenor of the discussion at this stage should be one of counselling, helping the employee to overcome the potential problem and agreeing action to improve the situation. The employee should be made aware of the consequences of continued poor attendance in such a way as not to cause unnecessary anxiety or stress.

6. Subsequent Action

- 6.1 The following procedure should be followed, if the level of frequent absence does not improve after suitable counselling.
- 6.2 Where an employee fails to respond to counselling it may be necessary to take more formal action under the Council's disciplinary procedure, which could lead to dismissal on grounds of capability or conduct, depending on the individual circumstances.
- 6.3 A medical examination may be considered before a final warning is issued, the purpose of which would be to assess the employee's capability to undertake normal duties and to determine if there are any underlying factors which prevent regular attendance at work. If an employee refuses to attend for examination, he/she should be informed that, in the absence of a medical report, action will be taken using the information available.

## 7. Long-Term Absence

- 7.1 This relates to situations where the employee is (or may be) absent for a prolonged period of time or has recurrent periods of time with a serious health problem. Where this type of absence occurs it is not appropriate to deal with the situation using a procedure of formal warnings. The approach adopted should balance the employee's need for time to recover with the organisation's need for work to be done.

It is the manager's responsibility to maintain contact with the employee and provide general welfare support throughout the period of absence. The personnel section is available for advice and can assist if issues are sensitive.

Where an employee is absent due to a long-term ill health problem, the following procedure should apply:

An interview should be arranged with the employee to discuss their progress. When arranging the interview it should be made clear that the discussion will be informal, but the employee should be allowed the opportunity to have a representative present if they wish.

Where recovery looks favourable and an early return to work seems probable the manager should review the situation every four weeks.

Where an early return to work is doubtful medical guidance should be sought to enable the appropriate future management of the situation. The Personnel Section will advise on the proper procedures which will ensure that the employee's permission is obtained, in writing, before an approach is made to their G.P., through the Area Health Officer, for a confidential medical report on their condition.

On receipt of the medical report a further interview should be arranged with the employee (and their representative if they wish) to discuss the options available. These options may include the following:

- (a) The employee will be fit to return to work in the near future and no further action should be required.
- (b) The employee is unfit to perform their current duties but is capable of other work. In this case alternative employment should be considered. There is a duty to consider the employee for any alternative employment which is available within the organisation (eg. lighter or part time work); there is, however, no obligation to create another job.
- (c) The employee will obviously be unable to return to work and there is no suitable alternative work. In this case the employee may be either;
  - (i) retired on the grounds of ill health in accordance with the terms of the Pension Scheme, provided that the medical

OR report indicates permanent ill health

(ii) dismissed on the grounds of incapability due to ill health.

The employee should be kept fully informed if their employment is at risk.

In exceptional cases, such as terminal illness, it may be decided to take no further action. A flexible approach is extremely important in these cases.

## 8. Summary

- 8.1 A distinction should be made between absence on grounds of incapability and absence for reasons that may call for disciplinary action.
- 8.2 Proper investigation (based on accurate records) and consultation with the employee is essential.
- 8.3 Appropriate action should be taken based on investigative findings. No decision should be made without reference to the facts.
- 8.4 Before any decision is taken concerning termination, managers should ask themselves whether they have considered all available options and must be satisfied that they have acted reasonably in the circumstances.

APRIL 1995  
Updated July 2000

**EMPLOYEE SICKNESS ABSENCE STATISTICS**  
**APRIL 2000 – MARCH 2001**

Appendix 3

DEPARTMENT	No Emp FTE (Avg 00/01)	Lost Time Rate %						Ave no Days lost Per emp 2000/01
		2000/01		1999/00		1998/99		
		Overall Long/Short		Overall Long/Short		Overall Long/Short		
<b>TC&amp;CE (Exc Economic Dev)</b>	55.6	5.7 4.3 1.4		3.9 1.2 2.8		4.9 2.5 2.4		14.7
Economic Development	31.8	2.0 0.9 1.1		2.0 0 2.0		2.9 1.0 2.0		3.4
<b>City Treasury</b>	107.9	5.0 2.7 2.2		4.2 1.9 2.3		3.0 1.0 2.0		11.5
<b>Housing</b>	131.1	6.6 4.3 2.3		6.9 3.8 3.0		5.3 2.3 3.0		14.5
<b>Environment &amp; Development</b>								
Design	55.9	2.2 0.5 1.7		2.2 0.5 1.7		3.5 1.5 2.0		4.5
Planning	35.9	2.0 0 2.0		2.1 0 2.1		1.8 0.2 1.6		4.5
Environmental Services	35.0	5.2 3.3 1.9		1.9 0.8 1.1		4.0 3.0 1.1		11.8
Works – APTC	53.7	2.5 0.5 2.0		1.9 0.2 1.7		2.1 0 2.1		6.0
Works – Craft & Manual	312.2	7.1 4.7 2.4		5.6 3.5 2.0		6.6 3.5 3.1		15.9
<b>Leisure</b>	149.8	5.1 2.9 2.2		4.0 1.3 2.8		3.8 2.2 1.6		11.8
<b>ALL EMPLOYEES</b>	968.6	5.4 3.3 2.1		4.5 2.2 2.3		4.6 2.2 2.4		12.2

**NOTE**

Long term absence: In excess of 4 weeks  
Short term absence: Not exceeding 4 weeks

**For comparison purposes**

- Median sickness absence in North West Local Authorities in 1999/00 was 5.3%
- Median sickness absence in all Local Authorities in 1999/00 was 4.2%
- Average sickness absence in the whole economy in 1999 was 4.1%  
(source : IPD (2000) Employee Absence : Absence & Labour Turnover Survey, as reported  
in Local Government Employment Digest July 2000).
- Current Best Value Performance Indicator – top quarter of local authorities an average of 6.8  
days per employee per year (3%).



**EMPLOYEE SICKNESS ABSENCE STATISTICS  
APRIL 2001 – DECEMBER 2001**

DEPARTMENT	No Emp FTE	Lost Time Rate %			Av no Days lost Per emp Apr-Dec 01
		Apr-Dec 01	Apr-Dec 00	Apr-Dec 99	
		Overall Long/Short	Overall	Overall	
<b>TC&amp;CE (Exc Economic Dev)</b>	61.38	2.9 2.1 0.8	5.8	3.6	5.0
Economic Development	21.05	4.0 2.1 1.9	1.7	1.8	6.8
<b>City Treasury</b>	108.89	6.2 3.7 2.5	5.0	4.1	10.7
<b>Housing</b>	125.13	5.6 2.9 2.7	6.6	6.6	9.6
<b>Environment &amp; Development</b>					
Design	41.38	1.5 0 1.5	2.0	2.1	2.7
Planning	35.95	2.0 0.5 1.5	1.7	1.8	3.4
Environmental Services	34.89	3.8 1.1 2.7	5.1	0.9	6.5
Property	7.04	3.4 2.1 1.3	N/K	N/K	5.9
Works – APTC	56.93	1.3 0 1.3	2.4	1.5	2.2
Works – Craft & Manual	304.68	7.3 4.7 2.6	6.6	6.2	12.5
<b>Leisure</b>	150.19	4.8 3.1 1.7	4.7	3.5	8.4
<b>ALL EMPLOYEES</b>	947.51	5.2 3.1 2.1	5.1	4.4	9.0

**NOTE**

Long term absence: In excess of 4 weeks  
Short term absence: Not exceeding 4 weeks

**For comparison purposes**

- Median sickness absence in North West Local Authorities in 1999/00 was 5.3%
- Median sickness absence in all Local Authorities in 1999/00 was 4.2%
- Average sickness absence in the whole economy in 2000 was 3.8% or 8.7 days (source : CIPD Survey of Employee Absence, as reported in Local Government Employment Digest July 2001).
- Current Best Value Performance Indicator – top quarter of local authorities an average of 6.8 days per employee per year (3%).

SICKNESS ABSENCE TYPES  
2000/2001

Type of absence	excl Carlisle Works		Carlisle Works		All Council		excl Carlisle Works		Carlisle Works		All Council	
	No	%	No	%	No	%	Dur(days)	% Dur	Dur(days)	% Dur	Dur(days)	% Dur
00 Back problems	42	3.33069	39	5.071521	81	3.990148	305.5	5.128808	483	8.959377	788.5	6.948636
01 Sickness/diarrhoea	195	15.46392	96	12.48375	291	14.33498	321	5.389026	252.5	4.683732	573.5	5.053954
02 Cold/flu/non specific virus	501	39.73037	160	20.80624	661	32.56158	1245.55	20.91059	448	8.310147	1693.55	14.92437
03 Headache/migraine	116	9.199048	31	4.031209	147	7.241379	230	3.861296	54.5	1.010944	284.5	2.507149
04 Physical injury/accident at work	13	1.030928	30	3.90117	43	2.118227	117.5	1.972618	498	9.237618	615.5	5.424078
05 Physical injury - non work	65	5.154639	54	7.022107	119	5.862069	499.5	8.385727	802.5	14.88592	1302	11.47384
06 Debility/anxiety/stress/depression	37	2.934179	13	1.690507	50	2.463054	1389.5	23.32726	150	2.782415	1539.5	13.56681
07 Heart/circulatory	9	0.713719	16	2.080624	25	1.231527	342	5.741579	421.5	7.818587	763.5	6.728325
08 Respiratory/lung	30	2.379064	20	2.60078	50	2.463054	120.5	2.022983	83.5	1.548878	204	1.797745
09 Urinary	13	1.030928	3	0.390117	16	0.788177	19.5	0.327371	7	0.129846	26.5	0.233531
10 Digestive system eg stomach, bowels	63	4.996035	46	5.981795	109	5.369458	257	4.314578	185	3.431645	442	3.895114
11 Arthritis/rheumatism	8	0.634417	24	3.120936	32	1.576355	223	3.743778	667.5	12.38175	890.5	7.847509
12 pregnancy related (not maternity)	19	1.506741	2	0.260078	21	1.034483	29.5	0.495253	10	0.185494	39.5	0.348093
13 Faint/fit	5	0.396511	5	0.650195	10	0.492611	9.5	0.159488	12	0.222593	21.5	0.189468
14 Other	145	11.49881	230	29.90897	375	18.47291	847	14.21964	1316	24.41106	2163	19.06138
Not provided	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	1261	100	769	100	2030	100	5956.55	100	5391	100	11347.55	100
(verification)	100		100		100		100		100		100	