

## **CHAPTER 3**

**THE GOVERNMENT OF THE  
HONG KONG SPECIAL ADMINISTRATIVE REGION**

**GENERAL REVENUE ACCOUNT**

**GOVERNMENT SECRETARIAT**

**Civil Service Bureau**

**Management of sick leave in the civil service**

**Audit Commission  
Hong Kong  
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# MANAGEMENT OF SICK LEAVE IN THE CIVIL SERVICE

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# MANAGEMENT OF SICK LEAVE IN THE CIVIL SERVICE

## Summary and key findings

A. **Introduction.** Sick leave can affect the efficiency of the Government in the delivery of its services. According to overseas studies, efficient and effective management of sick leave can help reduce or contain the level of sick leave and minimise the impact of sick leave on service delivery (para. 1.1).

B. **Audit review.** Audit has recently carried out a review to examine the performance of the Government in the management of sick leave in the civil service. Audit has surveyed 79 government bureaux/departments to obtain their sick leave management information for review. Audit has also made reference to overseas good practices for the management of sick leave (para. 1.3). The major audit findings are summarised in paragraphs C to G below.

C. **Reporting and recording of sick leave in the civil service.** The audit findings are as follows:

- (a) **Need to computerise the manual sick leave recording systems.** All government bureaux/departments, except the Hong Kong Police Force which has its own Leave Recording Computer System (LR System), use a computerised Leave Recording and Leave Calculation System (LRCS) to record their officers' different types of leave, including sick leave. Audit found that as at 30 June 2002, the sick leave records of 141,000 officers were kept by the LRCS and the LR System. However, due to the limited scope of the LRCS, the sick leave records of 27,000 officers were kept by manual systems which could not provide readily available sick leave management information in respect of the officers concerned. Audit notes that the Civil Service Bureau (CSB) is in the process of redeveloping the LRCS. In Audit's view, the CSB needs to consider expanding the scope of the LRCS to include all government officers (paras. 2.2, 2.4 and 2.5);
- (b) **Need to enhance the LRCS to provide more management information.** The LRCS is only capable of providing sick leave management information of individual officers. It is incapable of providing sick leave management information on an aggregate basis. According to Audit's survey, 44 (56%) of the 78 government bureaux/departments considered that the LRCS could not provide adequate management information to enable their senior management to manage sick leave effectively. Audit considers that, in redeveloping the LRCS, the CSB needs to ascertain and address the needs of the senior management of government bureaux/departments for managing sick leave (para. 2.6); and
- (c) **Need to establish procedures for reporting and recording sick leave.** 7 of the 79 government bureaux/departments had not specified the time frame within which their officers had to report their sickness absence to their supervisors. 74 government bureaux/departments did not have effective control measures for ensuring that all sick leave granted was recorded. Audit considers that all government bureaux/departments need to establish effective controls to ensure that all sick leave granted is properly recorded (para. 2.7).

D. **Extent of sick leave in the civil service.** The audit findings are as follows:

- (a) **Level of sick leave in the civil service.** Audit obtained the computerised sick leave records of 141,000 officers from 79 government bureaux/departments for analysis. Audit found that in 2001, 59,000 officers (42%) did not take any sick leave and 82,000 officers (58%) took 682,000 days of sick leave. The sick leave levels of the 79 government bureaux/departments ranged from 1.1 days to 9.1 days per officer, with an overall average of 4.8 days per officer. The average sick leave levels of junior, middle and senior rank officers were 7 days, 4.7 days and 2.3 days per officer respectively (paras. 3.2 and 3.3);
- (b) **Need to monitor the level of sick leave in the civil service.** Most government bureaux/departments did not have information on the levels and causes of sick leave on a departmental basis or by ranks of officers. Furthermore, the CSB does not have information on the level and causes of sick leave on an aggregate basis. Audit considers that the CSB needs to obtain information on the sick leave levels from government bureaux/departments and disseminate such information for monitoring purposes (para. 3.9);
- (c) **Need to contain the level of sick leave in the civil service.** In 2001, the average sick leave level per officer had increased by 20% from 4 days in 1999 to 4.8 days. Audit considers that the CSB needs to ascertain the reasons for the increase and take appropriate measures to reduce or contain the level of sick leave (para. 3.10);
- (d) **Need to perform regular review of sick leave.** 61 of the 79 government bureaux/departments had not performed any reviews/analyses on the level, pattern, trend and causes of sick leave. Audit considers that all government bureaux/departments need to perform such reviews/analyses regularly (para. 3.11); and
- (e) **Need to minimise the impact of sick leave.** Audit estimated that the staff cost of sick leave taken by government officers in 2001 amounted to \$718 million. The 682,000 days of sick leave were equivalent to 1.3% of the working time of the officers of the 79 government bureaux/departments. Audit considers that government bureaux/departments need to take action to minimise the impact of sick leave (paras. 3.6 and 3.12).

E. **Frequent sick leave.** Audit selected from 45 government departments 1,901 officers who had taken sick leave frequently during the period 1 January 1999 to 30 June 2002 for review (paras. 4.3 and 4.4). The audit findings are as follows:

- (a) **Need to take monitoring action on officers who took sick leave frequently.** The government departments concerned had not taken monitoring action under the Civil Service Regulations (CSRs) on 1,170 (62%) of the 1,901 officers. Audit considers that while outright abuse of sick leave is difficult to prove, it is important that the management monitors frequent sick leave cases and introduces necessary measures to minimise them (para. 4.11); and
- (b) **Need to take early monitoring action and assess the need for taking more effective actions on officers who took sick leave frequently.** For the 731 (38%) of the 1,901 officers on whom monitoring actions had been taken by the government departments concerned, Audit found that the most common monitoring action was interviewing them. There was delay in taking monitoring actions in a number of cases. In Audit's view, government bureaux/departments need to act promptly to monitor frequent sick leave cases and assess the need for taking more effective action (para. 4.12).

F. **Prolonged sick leave.** Audit selected from 50 government bureaux/departments 919 officers who took sick leave of more than 91 consecutive days during the period 1 October 2000 to 30 June 2002 for examination (para. 5.6). The audit findings are as follows:

- (a) **Medical Boards not convened to examine the officers.** Up to 30 September 2002, Medical Boards had not been convened under CSRs 1282 and 1283 to examine 202 (22%) of the 919 officers. The reasons given by the government bureau/departments concerned for not convening Medical Boards included oversight and misunderstandings of the requirements for convening Medical Boards. Audit considers that the government bureau/departments concerned should have taken more proactive action to identify the prolonged sick leave cases for the convening of Medical Boards. The CSB needs to issue guidelines to government bureaux/departments regarding the convening of Medical Boards (paras. 5.7 and 5.8);
- (b) **Delay in making requests for appointment of Medical Boards.** The government bureaux/departments concerned had requested the Hospital Authority to appoint Medical Boards to examine 741 (81%) of the 919 officers. However, there was a delay in making the requests in 444 (60%) of the 741 cases. On average, there was a delay of 34 days per case (para. 5.9); and
- (c) **Long time lag for convening Medical Boards.** For the 717 (78%) of the 919 cases in which Medical Boards had been convened, Audit found that the time lag between making a request for appointing and convening the Medical Board was on average 75 days per case. Audit considers that the long time lag was unsatisfactory (paras. 5.11 and 5.12).

G. **Good practices for the management of sick leave.** The audit findings are as follows:

- (a) **Sick leave policy.** The CSB has not set a clear policy on the management of sick leave in the civil service. Audit considers that government bureaux/departments need to consider setting out policy statements on the management of sick leave so that all officers know the Government's sick leave policy and what is expected of them (para. 6.3);
- (b) **Performance measures.** Almost all the 79 government bureaux/departments had not set performance targets and indicators for the management of sick leave. Audit considers that government bureaux/departments need to consider setting such performance targets and indicators (para. 6.4);
- (c) **Sick leave management procedures.** 25 (32%) of the 79 government bureaux/departments did not have in-house procedures for the management and monitoring of sick leave. The other 54 government bureaux/departments had developed their in-house sick leave management procedures. However, these procedures did not provide adequate guidelines for management purposes. Audit considers that the CSB needs to promulgate guidelines for the management and monitoring of sick leave, and require government bureaux/departments to develop their in-house procedures to suit their operational needs (para. 6.5);
- (d) **Trigger points for reviewing sick leave.** 61 (77%) of the 79 government bureaux/departments did not set any trigger points for reviewing an officer's sick leave. Audit considers that government bureaux/departments need to set appropriate trigger points and establish guidelines on the monitoring actions required if an officer's sick leave frequency has reached the trigger point (para. 6.6); and

- (e) **Recognition of good attendance.** Under the Government's staff appraisal procedures, the period and nature of leave, including sick leave, exceeding a specified period (one month in most cases) during the appraisal period are required to be stated in the staff appraisal report. In Audit's view, to provide additional attendance information for performance assessment, the number of days of sick leave taken by an officer needs to be stated in the staff appraisal report and the appraising officer may be requested to comment where necessary (e.g. whether it has affected the appraisee's performance — para. 6.7).

H. **Audit recommendations.** Audit has made the following main recommendations that the Secretary for the Civil Service should:

***Reporting and recording of sick leave in the civil service***

- (a) in view of the significant number of officers' sick leave records still being kept by manual systems, carry out a review to ascertain the need to expand the scope of the LRCS to include these officers (para. 2.9(a));
- (b) in redeveloping the LRCS, ensure that necessary sick leave management information is produced for the senior management of government bureaux/departments to more effectively manage sick leave (para. 2.9(b));
- (c) request government bureaux/departments to establish procedures and effective controls for reporting and recording sick leave (para. 2.9(d));

***Extent of sick leave in the civil service***

- (d) obtain sick leave information from government bureaux/departments for the overall monitoring of sick leave in the civil service, and analyse and provide sick leave information of the whole civil service to government bureaux/departments for benchmarking and monitoring purposes (para. 3.13(a) and (b));
- (e) request government bureaux/departments to ascertain the causes and levels of sick leave of their officers and assess the reasonableness of such levels, with a view to identifying measures for reducing or containing the sick leave level (para. 3.13(c));
- (f) require government bureaux/departments to perform regular reviews/analyses on the level, pattern, trend and causes of sick leave with a view to identifying possible problems which require monitoring action (para. 3.13(d));
- (g) require government bureaux/departments, especially those departments which have a relatively high level of loss of working time due to sick leave, to assess the impact of sick leave on their service delivery and take action to minimise the impact (para. 3.13(e));

***Frequent sick leave***

- (h) advise government bureaux/departments to take early and appropriate monitoring actions on officers who take sick leave frequently, and to regularly review the effectiveness of the monitoring actions taken and assess the need for taking more effective actions (para. 4.13);

### ***Prolonged sick leave***

- (i) remind government bureaux/departments to establish effective measures for identifying prolonged sick leave cases, and strictly follow the requirements of the CSRs regarding the convening of Medical Boards in such cases (para. 5.14(a));
- (j) in view of the misunderstandings of some government departments of the requirements for convening Medical Boards for prolonged sick leave cases, issue guidelines to government bureaux/departments to clarify the requirements of the relevant CSRs (para. 5.14(b));
- (k) in order to obtain the early advice of a Medical Board, remind government bureaux/departments to take prompt action to request the appointment of a Medical Board as soon as a prolonged sick leave case is identified (para. 5.14(d));
- (l) advise government bureaux/departments to take action to minimise the long time lag between making a request for appointing and convening a Medical Board (para. 5.14(e));

### ***Good practices for the management of sick leave***

- (m) advise government bureaux/departments:
  - (i) to set out a policy statement on the management of sick leave (para. 6.8(a)(i));
  - (ii) to set performance targets and indicators for the management of sick leave (para. 6.8(a)(ii)); and
  - (iii) to set appropriate trigger points for reviewing their officers' sick leave and provide guidelines on the actions required if their officers' sick leave frequency has reached the trigger points (para. 6.8(a)(iii));
- (n) promulgate good practice guidelines for the management and monitoring of sick leave in the civil service and advise government bureaux/departments to develop their sick leave procedures to suit their operational requirements (para. 6.8(b)); and
- (o) ask government bureaux/departments to recognise good attendance and provide additional information in the staff appraisal report, including the number of days of sick leave taken by an officer and the appraising officer's comments where necessary (e.g. whether the sick leave has affected the appraisee's performance — para. 6.8(c)).

I. **Response from the Administration.** The Administration generally agrees with the audit recommendations.





## **PART 1: INTRODUCTION**

### **Background**

1.1 Sick leave can affect the efficiency of the Government in the delivery of its services. According to overseas studies, efficient and effective management of sick leave can help reduce or contain the level of sick leave and minimise the impact of sick leave on service delivery.

### **Sick leave regulations**

1.2 The major provisions in the Civil Service Regulations (CSRs) regarding sick leave are as follows:

- (a) **CSR 1270(b): Definition of sick leave.** Sick leave means any period during which an officer is permitted to be absent from duty on account of illness or other medical treatment or investigation without forfeiting leave of any other description. Any intervening Sundays, Saturday afternoons, gazetted general holidays and, for staff on the alternate Saturday-off system, any Saturday mornings on which they are not due to attend for duty, are counted as sick leave;
- (b) **CSRs 1275 and 1276: Sick leave entitlement.** The normal sick leave entitlement of different categories of officers is summarised in Table 1 below.

**Table 1**

#### **Sick leave entitlement**

<b>Category of officers</b>	<b>Maximum sick leave entitlement</b>
(a) On first appointment and yet to be classed as medically fit	14 days full pay and 14 days half pay
(b) With less than four years of reckonable service as at the day of sick leave	91 days full pay and 91 days half pay
(c) With four or more years of reckonable service as at the day of sick leave	182 days full pay and 182 days half pay, deducted by any paid sick leave taken in the four calendar years immediately preceding the first day of a current sickness absence

*Source: CSRs*

- (c) **CSR 1277: Sick leave not counted against normal entitlement.** Sick leave granted for recovery from an occupational disease, or for an injury on duty, or in connection with bone marrow donation operations will not be counted against an officer's normal sick leave entitlement. An officer who is injured on duty or suffering from occupational disease may be granted full pay sick leave during a maximum of 24-month period from the commencement of incapacity related to the injury or disease. The officer may be granted further full pay sick leave of up to 12 months within the next 12-month period, as may be allowed by the Court, or by the appropriate approving authority;
- (d) **CSR 1273: Grant of sick leave.** The Secretary for the Civil Service is the authority for the grant of sick leave to substantive or acting Heads of Department and officers occupying posts of equivalent status. All other officers may be granted sick leave by their Heads of Department according to the following rules:
- (i) as a concession, sick leave not exceeding two working days may be granted without the production of a medical certificate. However, unless the authorising officer is reasonably confident that the officer is genuinely sick, he has discretion to withhold the grant of sick leave not supported by medical certificates, particularly where the officer concerned applies for sick leave frequently or in a regular pattern;
  - (ii) sick leave exceeding two working days may be granted only on receipt of a medical certificate, a hospital admission certificate, a hospital discharge certificate issued by a government/Hospital Authority medical officer, or a private medical practitioner's medical certificate (Note 1); and
  - (iii) continuous sick leave may be granted up to a maximum of 91 days at any one time;
- (e) **CSRs 1282 and 1283: Prolonged sick leave.** If an officer is still unfit to perform his duties after being granted 91 consecutive days sick leave, the Head of Department will request the Chief Executive, Hospital Authority, to appoint a Medical Board to examine the officer. Further sick leave may be granted only with the Medical Board's recommendation. If the officer is still unfit for duty after being granted 182 consecutive days sick leave, a further Medical Board should be arranged, and thereafter at intervals of three months; and

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**Note 1:** *Medical certificates issued by dentist and unregistrable practitioners working in exempted clinics published in the Gazette may also be accepted for the grant of sick leave. For medical certificates issued by medical practitioners or clinics outside Hong Kong, the Director of Health has to be consulted. However, medical certificates issued by chiropractors, physiotherapists, speech therapists and Chinese medicine practitioners are not acceptable.*

- (f) **CSR 1291: Withholding the grant of sick leave.** If a Head of Department considers that an officer is abusing the privilege of obtaining sick leave, he may:
- (i) subject to quarterly review, require the officer to attend before a government or Hospital Authority medical officer, or a particular government or Hospital Authority medical officer, or to attend a particular government or Hospital Authority clinic, on each occasion the officer wishes to take sick leave. All such specified medical units are hereinafter referred to as specified government clinics; and
  - (ii) if necessary, require the officer to be examined by a Medical Board. The Head of Department may withhold the grant of sick leave to the officer unless the Medical Board recommends granting sick leave to the officer.

### **Audit review**

1.3 Audit has recently carried out a review to examine the performance of the Government in the management of sick leave in the civil service. Audit has surveyed 79 government bureaux/departments to obtain their sick leave management information for review. Audit has also made reference to overseas good practices for the management of sick leave listed at Appendix A. The audit has revealed that there is room for improvement in the management of sick leave in the civil service in a number of areas and has made a number of recommendations to address the related issues.

### **General response from the Administration**

1.4 The **Secretary for the Civil Service** thanks the Audit Commission for bringing up various issues and offering suggestions relating to the management of sick leave, and has said that he will take necessary follow-up actions.

1.5 The **Secretary for Financial Services and the Treasury** welcomes the audit recommendations, the implementation of which can help minimise possible abuses and contain the level of sick leave in the civil service. He has said that with the better management of sick leave, government bureaux/departments will stand to benefit from a more productive workforce which in turn can contribute to the efficient delivery of public services.

## **PART 2: REPORTING AND RECORDING OF SICK LEAVE IN THE CIVIL SERVICE**

2.1 This PART examines the reporting and recording of sick leave in the civil service.

### **Leave recording systems**

2.2 In the Report of the Director of Audit of October 1985, Audit reported that, in certain government departments, their departmental procedures were not sufficiently comprehensive and their internal checks were inadequate to ensure that the leave records of their officers were accurately maintained, resulting in overstatement of leave earned by their officers. The Secretary for the Civil Service agreed with the recommendation of the Public Accounts Committee of the Legislative Council to computerise the leave recording systems. The Committee urged that the computerisation should be implemented as soon as possible. In 1991, the Civil Service Bureau (CSB) implemented a computerised Leave Recording and Leave Calculation System (LRCS) to handle leave calculations and record different types of leave, including sick leave, for the civil service. All government bureaux/departments, except the Hong Kong Police Force (Police Force — see para. 2.4 below), use the LRCS to record their officers' sick leave. However, the scope of the LRCS is limited. It only covers local officers on Point 3 of the Directorate Pay Scale and below or equivalent (including those on Model Scale 1), but excludes:

- (a) officers on agreement terms and officers re-employed on agreement terms;
- (b) officers on irregular shift duty patterns;
- (c) teaching staff;
- (d) officers on common terms and officers on new terms (Note 2); and
- (e) female officers who retired on marriage and are re-employed on temporary month-to-month terms.

For those officers not covered by the LRCS, the government bureaux/departments concerned mostly have to use manual systems to record their sick leave.

2.3 The LRCS provides sick leave management information of individual officers. The main reports for sick leave produced by the LRCS include:

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**Note 2:** *The terms of appointment and conditions of service offered to appointees to the civil service between 1 January 1999 and 31 May 2000, and on or after 1 June 2000 are referred to as common terms and new terms respectively.*

- (a) **Report on officers taking a selected type of leave.** This report shows the details of sick leave of specified officers within a specified period; and
- (b) **Report on leave summary for sample officers.** This report shows the total number of days of sick leave of specified officers within a specified period.

However, the LRCS cannot provide readily available management information for sick leave on an aggregate basis (e.g. for the whole department or specified groups of officers).

2.4 The Police Force has developed its own Leave Recording Computer System (LR System) and, since 1997, has used it to handle leave calculations and record different types of leave, including sick leave, for all its officers. The LR System of the Police Force is capable of providing sick leave management information on a department or individual level. The main reports produced by the LR System include:

- (a) **Monthly report on officers with sick leave taken approaching entitlement.** This report shows the officers with sick leave taken approaching the sick leave entitlement;
- (b) **Monthly report on leave statistics by rank.** This report shows the number of occasions and days of sick leave taken by different ranks of officers within a specified month;
- (c) **Bi-weekly report on officers with sick leave taken due for attending Medical Boards.** This report shows all officers with sick leave taken approaching the specified level for attending Medical Boards (see para. 1.2(e) above);
- (d) **Monthly report on sick leave taken.** This report shows the details of sick leave taken by specified officers during a specified month;
- (e) **Half-yearly statistics report on sick leave of more than 30 days.** This report shows a summary of sick leave of more than 30 days taken by different ranks of officers during a specified half-year period; and
- (f) **Monthly report on officers on half pay sick leave approaching their entitlement limit.** This report shows the officers with sick leave taken approaching the end of their half pay sick leave entitlement and about to proceed on no pay sick leave.

## **Audit observations on reporting and recording of sick leave in the civil service**

### **Need to computerise the manual sick leave recording systems**

2.5 According to Audit's survey on 79 government bureaux/departments (see para. 1.3 above), Audit found that as at 30 June 2002:

- (a) the sick leave records of 141,000 officers (i.e. 33,000 officers of the Police Force and 108,000 officers of the other 78 government bureaux/departments) were kept by the LR System and the LRCS; and
- (b) the sick leave records of 27,000 officers, mainly officers of the disciplined services departments other than the Police Force, were still kept by manual systems due to the limited scope of the LRCS mentioned in paragraph 2.2 above (Note 3).

**Audit notes that the manual leave recording systems cannot provide readily available sick leave management information in respect of the officers concerned. In this connection, Audit notes that the CSB is in the process of redeveloping the LRCS. In Audit's view, the CSB needs to consider expanding the scope of the LRCS to include all government officers.** In response to Audit's survey, the Immigration Department, with 4,234 (74%) of its officers' leave records kept by manual systems, informed Audit in August 2002 that it was planning to develop a computerised central leave recording and administration system to record leave, including sick leave taken by its officers. **As the scope of the LRCS may be expanded to include those officers whose leave records are kept by manual systems, Audit considers that the CSB should require government bureaux/departments to consult it before developing their own computerised leave recording systems.**

#### **Need to enhance the LRCS to provide more management information**

2.6 The LRCS is only capable of providing sick leave management information of individual officers (see para. 2.3 above). It is incapable of providing sick leave management information on an aggregate basis. It cannot readily provide management information on the level of sick leave regarding the whole department, different offices and ranks of officers, certified and uncertified sick leave, the trend of sick leave and the causes of sick leave. In comparison, Audit notes that the LR System of the Police Force is capable of providing more comprehensive management information. According to Audit's survey, 44 (56%) of the 78 government bureaux/departments considered that the LRCS could not provide adequate management information to enable their senior management to manage sick leave effectively (e.g. providing information on officers who had taken prolonged sick leave and were required to be examined by Medical Boards). **Audit considers that, in redeveloping the LRCS, the CSB needs to ascertain and address the needs of the senior management of government bureaux/departments for managing sick leave.**

#### **Need to establish procedures for reporting and recording sick leave**

2.7 Audit found that 72 (91%) of the 79 government bureaux/departments required their officers to report their sickness absence to their supervisors within the first day of sick leave.

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**Note 3:** *There were seven government bureau/departments with over 20% of their officers' sick leave records kept by manual systems. The percentage of officers' sick leave records kept by manual systems was 93% (8,619 officers) for the Fire Services Department, 78% (3,865 officers) for the Customs and Excise Department, 74% (4,234 officers) for the Immigration Department, 67% (456 officers) for the Civil Aviation Department, 57% (3,556 officers) for the then Education Department, 57% (849 officers) for the Marine Department and 25% (69 officers) for the Commerce, Industry and Technology Bureau.*

However, 7 (9%) of them had not specified the time frame for reporting such absence. **Audit also found that 74 (94%) government bureaux/departments did not have effective control measures for ensuring that all sick leave granted was recorded (e.g. informing the supervisor of the recording of his subordinate's sick leave).** Audit noted that the Leisure and Cultural Services Department (LCS D) had not recorded in the LRCS all the sick leave granted to its officers during the period 1 January 1999 to 30 June 2002 because the department had either mistakenly recorded or omitted to input in the LRCS some of its officers' sick leave. Subsequent to Audit's survey of sick leave management procedures in the civil service, in August 2002, the CSB revised its in-house procedures to provide more guidelines on the management of sick leave (e.g. the setting of trigger points for reviewing an officer's sick leave — see para. 6.6 below). The CSB's revised in-house procedures of August 2002 require its leave registry to inform the supervisor of the recording of his subordinate's sick leave. In September 2002, the CSB wrote to government bureaux/departments encouraging them to develop or refine their own in-house procedures with reference to those of the CSB to suit their operational circumstances. **Audit considers that all government bureaux/departments need to establish effective controls to ensure that all sick leave granted is properly recorded.**

### **Need to clarify the CSRs on allowing time off for attendance at clinics**

2.8 According to CSR 1270(b), sick leave means any period during which an officer is permitted to be absent from duty on account of illness or other medical treatment or investigation (see para. 1.2(a) above). However, CSR 904 also provides that officers will be allowed time off from duty for attendance at clinics for approved treatment, examination or consultation. **Audit noted that the CSB had received enquiries from government departments on the application of the two CSRs, in particular under what circumstances medical consultation should be treated as sick leave under CSR 1270(b) or as time off under CSR 904. In December 2002, the CSB enquired all government bureaux/departments about their practices in the application of the two CSRs in order to facilitate the consideration of whether and how the application of the relevant CSRs should be clarified. Audit considers that the CSB needs to take prompt action to clarify this matter.**

### **Audit recommendations on reporting and recording of sick leave in the civil service**

2.9 **Audit has recommended that the Secretary for the Civil Service should:**

- (a) **in view of the significant number of officers' sick leave records still being kept by manual systems, carry out a review to ascertain the need to expand the scope of the LRCS to include these officers;**
- (b) **in redeveloping the LRCS, ensure that necessary sick leave management information (e.g. sick leave level of the whole department and the extent of certified and uncertified sick leave) is produced for the senior management of government bureaux/departments to more effectively manage sick leave;**
- (c) **having regard to the fact that the CSB is redeveloping the LRCS, require government bureaux/departments to consult the CSB before developing their own computerised leave recording systems;**



- (d) **request government bureaux/departments to establish procedures and effective controls for reporting and recording sick leave; and**
- (e) **issue guidelines to advise government bureaux/departments of the circumstances under which CSRs 904 and 1270(b) should apply, when releasing officers to attend medical treatment, examination or consultation.**

### **Response from the Administration**

2.10 The **Secretary for the Civil Service** has said that:

- (a) prior to 1990, the calculation and recording of leave in the civil service were carried out manually. The LRCS was developed during the years 1988 to 1990 mainly to address the problem of inaccurate calculation and recording of leave identified in the Report of the Director of Audit of October 1985. Owing to time, resource and technology constraints, the LRCS was developed with hardware and software readily available in government bureaux/departments at that time, which could not cater for management information functions. It is against this background that the LRCS is limited in scope and functions if measured against today's standard;
- (b) in view of the limited scope and functions, the CSB is in the process of redeveloping the LRCS to enhance its functions. Among other functions, the enhanced LRCS will record the sick leave taken by all officers. The CSB is developing a web-based Electronic Leave Application and Processing System, which will be interfaced with the enhanced LRCS, to provide an integrated electronic system for leave processing, calculation and recording. The development of the integrated system is expected to be completed within 2003. The objective is to provide a standardised electronic system that is ready for rolling out to government bureaux/departments at their choice to enhance efficiency in leave administration;
- (c) at the time the LRCS was developed, management information functions required a very powerful database management system and computer network system. It would be extremely costly to develop a system with such functions. In view of the resource and technology constraints at the time, the design of the LRCS was a relatively cost-effective solution. With the advance in information technology, the constraints are practically removed. The LRCS being redeveloped is designed to improve the processing of leave applications and the monitoring of leave taking. The CSB has been collecting views on the design of the system from a user consultation group comprising representatives of a number of major government departments. The enhanced system will be able to generate various regular and ad hoc reports on sick leave;
- (d) it is the current practice that government bureaux/departments would consult the CSB whenever they intend to develop a bespoke system related to leave for their own use. The CSB will continue to liaise with government bureaux/departments on how best to develop their systems having regard to the new functions of the enhanced LRCS and their operational needs;

- (e) the CSB has advised all government bureaux/departments to develop or refine their own in-house procedures with reference to those adopted in the CSB and having regard to their own operational circumstances. For those who have not formulated such procedures, the CSB will remind them to do so as soon as possible and render them assistance where necessary; and
- (f) the CSB is in the process of analysing the returns from government bureaux/departments on the application of CSRs 904 and 1270(b). The CSB will consider issuing guidelines on the application of the two CSRs as soon as possible.

2.11 The **Secretary for Financial Services and the Treasury** concurs with Audit's view that in redeveloping the LRCS, the CSB should seek to provide more management information on sick leave, having regard to the management needs of user bureaux/departments. He has said that funding is available for rolling out the LRCS for adoption by government bureaux/departments.

2.12 The **Director of Immigration** welcomes the audit recommendation that the CSB should ascertain the need to expand the scope of the LRCS to include all government officers. He has said that one of the options that the Immigration Department is deliberating is along this line (i.e. using the LRCS as a prototype with necessary enhancement to suit the Immigration Department's needs). If the CSB expands the scope of the LRCS to include all government officers and provided that this will not take too long to roll out, there will no longer be any need for the Immigration Department to develop its own system. From the resource point of view, this is certainly a better and more cost-effective approach, and will avoid duplication of efforts and resources.

2.13 The **Director of Leisure and Cultural Services** agrees that efficient and effective management of sick leave can help reduce or contain the level of sick leave and minimise the impact of sick leave on service delivery. She appreciates the Audit Commission's efforts in conducting the audit review and in pointing out the areas for improvement. With the various pointers of the audit review, the LCSD will seek to strengthen its in-house sick leave management system. She has said that:

- (a) in a sample check of the sick leave records of 146 officers, the LCSD found omissions or wrong input in respect of 9 officers. Some of the mistakes were in fact made prior to the establishment of the LCSD on 1 January 2000; and
- (b) since identification of the errors, the LCSD has already rectified the records, issued a reminder to all supervisors and conducted a briefing in January 2003 for the staff concerned on the various rules and practices relating to the management of leave, including the prompt reporting and recording of sick leave.

2.14 The **Commissioner of Police** has said that the Police Force has always been conscientious in the management of its human resources. The Police Force's LR System is capable of providing comprehensive sick leave management information, and enables the Police Force management to manage sick leave effectively.

## **PART 3: EXTENT OF SICK LEAVE IN THE CIVIL SERVICE**

3.1 This PART examines the extent of sick leave in the civil service.

### **Audit analysis on the extent of sick leave in the civil service**

3.2 According to Audit's survey, most of the government bureaux/departments did not have readily available information about the extent of sick leave of their officers. To ascertain the extent of sick leave in the civil service, Audit obtained the computerised sick leave records of 141,000 officers from 79 government bureaux/departments (see para. 2.5(a) above) for analysis. Audit considers that the analysis of the 141,000 officers' sick leave records is representative because these officers account for 81% of the strength of the civil service.

### **Level of sick leave in the civil service**

3.3 **Level of sick leave.** Audit found that in 2001:

- (a) 59,000 (42%) of the 141,000 officers did not take any sick leave. The other 82,000 officers (58%) took 682,000 days of sick leave or, on average, sick leave of 8.3 days per officer. **The overall average sick leave level of the 79 government bureaux/departments was 4.8 days per officer (i.e. 682,000 days ÷ 141,000 officers);**
- (b) sick leave levels varied considerably among government bureaux/departments, ranging from 1.1 days to 9.1 days per officer. The sick leave levels of eight government departments, with a total of 42,903 officers (i.e. 30% of the 141,000 officers) as shown at Appendix B, were higher than the overall average sick leave level of 4.8 days per officer. **The Food and Environmental Hygiene Department (FEHD), being the second largest government department in the civil service, had the highest sick leave level of 9.1 days per officer. This was 90% higher than the overall average of 4.8 days per officer;** and
- (c) there were significant variations, as shown in Table 2 below, among the levels of sick leave of junior, middle and senior rank officers (Note 4) as follows:

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**Note 4:** *The grouping of officers into junior, middle and senior rank officers is in line with the Government's classification of three salary bands of officers when making annual civil service pay adjustments, as follows:*

- (a) **Junior rank officers.** *The salary scale maxima of these officers are on or below Point 9 of the Master Pay Scale (MPS) or equivalent;*
- (b) **Middle rank officers.** *The salary scale maxima of these officers are from Points 10 to 33 of the MPS or equivalent; and*
- (c) **Senior rank officers.** *The salary scale maxima of these officers are on or above Point 34 of the MPS or equivalent.*

- (i) the average sick leave levels of junior, middle and senior rank officers were 7 days, 4.7 days and 2.3 days per officer respectively; and
- (ii) 66% of junior rank officers took sick leave in 2001, which was comparable to the 60% for middle rank officers, but was much higher than the 35% for senior rank officers.

**Table 2**

**Levels of sick leave of different ranks in 2001 based on computerised records**

<b>Rank</b>	<b>Number of officers</b>	<b>Number of officers who took sick leave</b>		<b>Total number of days of sick leave</b>	<b>Average number of days of sick leave per officer</b>
	<b>(a)</b>	<b>(b)</b>	<b>(c) = <math>\frac{(b)}{(a)} \times 100\%</math></b>	<b>(d)</b>	<b>(e) = <math>\frac{(d)}{(a)}</math></b>
Junior rank	23,303	15,289	66%	163,736	7.0
Middle rank	101,995	60,965	60%	481,054	4.7
Senior rank	16,076	5,616	35%	37,035	2.3
<b>Total</b>	<b><u>141,374</u></b>	<b><u>81,870</u></b>	<b>58%</b>	<b><u>681,825</u></b>	<b>4.8</b>

*Source: Audit's analysis of the computerised sick leave records of the 79 government bureaux/departments*

**Pattern of sick leave in the civil service**

3.4 Regarding the 82,000 officers who took sick leave in 2001, the results of Audit's analysis on the pattern of their sick leave are shown in Tables 3 and 4 below. Audit found that in 2001:

***Extent of sick leave (see Table 3 below)***

- (a) for about 50,000 (61%) of the 82,000 officers, each officer took no more than 4.5 days of sick leave (i.e. below the overall average of 4.8 days per officer). Their total sick leave of about 102,000 days accounted for 15% of the total sick leave of 682,000 days;
- (b) for about 32,000 (39%) of the 82,000 officers, each officer took sick leave of 5 days or more (i.e. above the overall average of 4.8 days per officer). Their total sick leave of about 580,000 days accounted for 85% of the total sick leave of 682,000 days;

***Sick leave frequency (see Table 4 below)***

- (c) each of the 82,000 officers took, on average, sick leave on 3.4 occasions;
- (d) for about 46,000 (56%) of the 82,000 officers, each officer took sick leave on no more than two occasions; and
- (e) for about 2,200 (2.7%) of the 82,000 officers, each officer took sick leave on more than 12 occasions.

**Table 3****Extent of sick leave of the 82,000 officers in 2001**

<b>Number of days of sick leave</b>	<b>Number of officers</b>		<b>Total number of days of sick leave</b>	
0.5 to 2.0	33,219	40.6%	46,004	6.7%
2.5 to 4.5	16,431	20.1%	56,286	8.3%
<b>Sub-total</b>	<b>49,650</b>	<b>60.7%</b>	<b>102,290</b>	<b>15.0%</b>
5.0 to 12	20,346	24.8%	152,942	22.4%
12.5 to 24	6,732	8.2%	114,586	16.8%
24.5 to 60	3,553	4.3%	131,335	19.3%
60.5 to 91	799	1.0%	59,671	8.8%
More than 91	790	1.0%	121,001	17.7%
<b>Sub-total</b>	<b>32,220</b>	<b>39.3%</b>	<b>579,535</b>	<b>85.0%</b>
<b>Total</b>	<b>81,870</b>	<b>100.0%</b>	<b>681,825</b>	<b>100.0%</b>
	<b>(Say 82,000)</b>		<b>(Say 682,000)</b>	

Source: Audit's analysis of the computerised sick leave records of the 79 government bureaux/departments

**Table 4****Sick leave frequency of the 82,000 officers in 2001**

Number of occasions of sick leave	Number of officers		Total number of days of sick leave	
	Number of officers	Percentage	Total number of days of sick leave	Percentage
1	28,909	35.3%	87,941	12.9%
2	16,930	20.7%	84,435	12.4%
3	10,654	13.0%	80,169	11.7%
4	7,182	8.8%	69,952	10.3%
5	4,884	6.0%	57,393	8.4%
6	3,379	4.1%	49,633	7.3%
7 to 12	7,740	9.4%	162,540	23.8%
13 to 24	1,941	2.4%	71,456	10.5%
More than 24	251	0.3%	18,306	2.7%
<b>Total</b>	<b>81,870</b>	<b>100.0%</b>	<b>681,825</b>	<b>100.0%</b>
	<b>(Say 82,000)</b>		<b>(Say 682,000)</b>	

Source: Audit's analysis of the computerised sick leave records of the 79 government bureaux/departments

**Trends of sick leave in the civil service**

3.5 As shown in Table 5 below, the sick leave levels in the civil service were on an increasing trend from 1999 to 2001 (Note 5). The average number of days of sick leave per officer increased from 4 days in 1999 by 0.5 day (or 12.5%) to 4.5 days in 2000. It further increased to 4.8 days in 2001. **The overall increase from 1999 to 2001 was 20% (i.e. from 4 days to 4.8 days).**

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**Note 5:** Audit's analysis of the trend of sick leave was based on the 141,000 officers' computerised sick leave records as at 30 June 2002. For officers who joined the civil service during a year, the number of such officers in that year was counted on a pro rata basis.

**Table 5**

**Average sick leave levels in the civil service for the years 1999 to 2001**

	<b>1999</b>	<b>2000</b>	<b>2001</b>
Average sick leave level per officer (days)	4.0	4.5	4.8
Increase over the level in 1999 (day)	—	0.5 (12.5%)	0.8 (20%)
Increase over the level in 2000 (day)	—	—	0.3 (6.7%)

*Source: Audit's analysis of the computerised sick leave records of the 79 government bureaux/departments*

For the eight government departments with sick leave levels higher than the overall average of 4.8 days per officer in 2001, the increase of their sick leave levels from 1999 to 2001 ranged from 8% to 46% as shown at Appendix C. The FEHD had the highest increase of 2.8 days per officer (from 6.3 to 9.1 days or 44%), and the Post Office had the highest percentage increase of 46% (from 5 to 7.3 days or 2.3 days per officer).

### **Impact of sick leave**

3.6 **Audit estimated that, in terms of staff cost, the 682,000 days of sick leave taken by the officers of the 79 government bureaux/departments in 2001 amounted to \$718 million (Note 6). These 682,000 days of sick leave were equivalent to the loss of 1.3% of the 141,000 officers' total working time (Note 7). On average, about 1,900 officers were absent from work due to sick leave on each working day in 2001.** Sick leave taken by these officers could affect the efficiency of government bureaux/departments in the delivery of public services, particularly for those government departments with higher levels of sick leave.

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**Note 6:** *The computation of the total staff cost was based on the Staff Cost Ready Reckoner issued by the Treasury and the sick leave entitlements (i.e. full pay, half pay or no pay) of the officers. It only gives an indication of the total staff cost in respect of the sick leave taken and should not be regarded as a measurement of the financial loss due to sick leave.*

**Note 7:** *Sick leave of officers was recorded in the computerised leave recording systems in calendar days. Any intervening days (e.g. Sundays and gazetted general holidays) on which the officers were not required to attend duty were also recorded as sick leave (para. 1.2(a)). For the purpose of calculating the loss of working time due to sick leave, Audit assumed that the total working time was 365 calendar days. The loss of 1.3% of the working time is calculated as follows:*

$$\frac{\text{Total number of days of sick leave}}{\text{Total number of officers} \times 365 \text{ days}} \times 100\% = \frac{682,000}{141,000 \times 365} \times 100\% = \underline{\underline{1.3\%}}$$



3.7 Audit has reviewed the loss of working time due to sick leave for various ranks of officers in the 79 government bureaux/departments. For those ranks with more than 200 officers in a government department, Audit noted that:

- (a) for 67 ranks (31,970 officers), the loss of working time was below the average loss of 1.3%;
- (b) for 48 ranks (46,390 officers), the loss of working time ranged from 1.3% to less than 2.6%; and
- (c) **for 7 ranks (11,219 officers), the loss of working time ranged from 2.6% to 3.9%. Details of their sick leave and the loss of working time are shown in Table 6 below.**

**Table 6**

**Officers of seven ranks with sick leave levels ranging from 2.6% to 3.9% of working time in 2001 based on computerised records**

Department	Rank	Number of officers	Total number of days of sick leave	Average number of days of sick leave per officer	Percentage of loss of working time
		(a)	(b)	(c) = $\frac{(b)}{(a)}$	(d) = $\frac{(c)}{365} \times 100\%$
FEHD	Ganger (Note)	203	2,858	14.1	3.9%
Census and Statistics Department	Assistant Census and Survey Officer	216	2,742	12.7	3.5%
FEHD	Assistant Hawker Control Officer	1,821	21,386	11.7	3.2%
FEHD	Workman II (Note)	4,867	53,498	11.0	3.0%
FEHD	Senior Hawker Control Officer	244	2,486	10.2	2.8%
FEHD	Workman I (Note)	652	6,509	10.0	2.7%
Post Office	Postman	3,216	30,689	9.5	2.6%
	<b>Total</b>	<b>11,219</b>	<b>120,168</b>		

Source: Audit's analysis of the computerised sick leave records of the 79 government bureaux/departments

Note: Ganger, Workman II and Workman I were also recruited by other government bureaux/departments. The overall average sick leave levels for these three ranks of officers in 2001 were as follows:

- (a) **Ganger.** 13.6 days per officer (or loss of 3.7% of working time) in respect of 218 officers;
- (b) **Workman II.** 8.4 days per officer (or loss of 2.3% of working time) in respect of 9,685 officers; and
- (c) **Workman I.** 7.1 days per officer (or loss of 1.9% of working time) in respect of 3,226 officers.

3.8 **Audit noted that the FEHD, with the highest sick leave level of 9.1 days per officer, lost 2.5% of the working time of its 13,048 officers in 2001. Out of the seven ranks with the loss of working time ranging from 2.6% to 3.9%, five ranks (7,787 officers) were in the FEHD.** Shortage of staff due to sick leave could cause disruption to public services. For example, in Chapter 6 of Report No. 37 of the Director of Audit of October 2001, Audit reported that, in the day shift in 2000, there was frequent suspension of the mechanised street cleansing services provided by the FEHD. The FEHD said that one of the reasons for the suspension of services was the shortage of Special Drivers, arising from sick leave and urgent vacation leave of staff, to operate the special-purpose vehicles.

### **Audit observations on the extent of sick leave in the civil service**

#### **Need to ascertain and monitor the level of sick leave in the civil service**

3.9 Audit found that there were significant variations among the sick leave levels of the 79 government bureaux/departments in 2001, ranging from 1.1 days to 9.1 days per officer. There were eight government departments with sick leave levels higher than the overall average of 4.8 days per officer (see para. 3.3(b) above). Audit also found that the sick leave levels of different ranks of officers varied considerably, ranging from 2.3 days per officer for senior rank officers to 7 days per officer for junior rank officers. Sick leave levels of certain ranks of officers were even higher (see para. 3.7(c) above). However, most government bureaux/departments did not have information on the levels and causes of sick leave on a departmental basis or by ranks of officers. **Furthermore, the CSB does not have information on the level and causes of sick leave on an aggregate basis (e.g. by government department or by nature of work) in the civil service. Without such information, government bureaux/departments are unable to perform benchmarking exercises and cannot determine whether the sick leave levels of their officers are reasonable. Audit considers that the CSB needs to obtain information on the sick leave levels from government bureaux/departments for monitoring purposes. The CSB also needs to disseminate information on the sick leave level in the civil service to government bureaux/departments for helping them assess and monitor the sick leave levels of their officers.**

#### **Need to contain the level of sick leave in the civil service**

3.10 Audit found that the average sick leave level per officer had increased from 4 days in 1999 to 4.5 days in 2000 and 4.8 days in 2001, representing an increase of 20% from 1999 to 2001 (see para. 3.5 above). **In view of the significant increase, Audit considers that the CSB needs to ascertain the reasons for the increase and take appropriate measures to reduce or contain the level of sick leave.**

#### **Need to perform regular review of sick leave**

3.11 According to overseas studies, to manage sick leave effectively, an organisation should perform regular reviews of sick leave at both the corporate and individual levels. The following useful management information can be obtained by performing reviews/analyses on sick leave in respect of the whole department, different offices and ranks of officers, and individual officers:

- (a) the level and pattern of sick leave, including certified and uncertified sick leave;
- (b) the trend of sick leave over a number of years; and
- (c) the causes of sick leave.

Audit found that 61 (77%) of the 79 government bureaux/departments had not performed any reviews/analyses on the level, pattern, trend and causes of sick leave, due to the limitations of the manual systems and also the deficiencies in the present LRCS which was not designed to produce adequate management information on sick leave (see paras. 2.5 and 2.6 above). The remaining 18 government bureau/departments had performed some of these reviews/analyses. However, most of the reviews/analyses were not comprehensive as they were only related to individual officer's sick leave level. **Audit considers that all government bureaux/departments need to perform regular reviews/analyses on the level, pattern, trend and causes of sick leave.**

#### **Need to minimise the impact of sick leave**

3.12 Apart from the cost implications mentioned in paragraph 3.6 above, sick leave can affect the efficiency of government bureaux/departments in the delivery of public services, particularly those government departments with high levels of sick leave. Sick leave of some officers (e.g. Special Drivers of the FEHD) may even lead to suspension of services (see para. 3.8 above). Audit found that the loss of working time due to sick leave for officers of some ranks was much higher than the overall average of 1.3% (e.g. the Ganger rank officers of the FEHD lost 3.9% of their working time). This could affect the quality of services provided and create additional workload for their colleagues. **Audit considers that government bureaux/departments need to take action (e.g. adopting the good management practices in PART 6 below) to minimise the impact of sick leave.**

#### **Audit recommendations on the extent of sick leave in the civil service**

3.13 **Audit has recommended that the Secretary for the Civil Service should:**

- (a) **obtain sick leave information (e.g. levels and causes of sick leave) from government bureaux/departments for the overall monitoring of sick leave in the civil service;**
- (b) **analyse and provide sick leave information of the whole civil service (e.g. overall average sick leave level) to government bureaux/departments for benchmarking and monitoring purposes;**
- (c) **in view of the significant overall increase of 20% in the sick leave level in the civil service from 1999 to 2001, request government bureaux/departments to ascertain the causes and levels of sick leave of their officers and assess the reasonableness of such levels, with a view to identifying measures for reducing or containing the sick leave level (e.g. issuing guidelines on the management of sick leave);**

- (d) **require government bureaux/departments to perform regular reviews/analyses on the level, pattern, trend and causes of sick leave with a view to identifying possible problems which require monitoring action; and**
- (e) **require government bureaux/departments, especially those departments which have a relatively high level of loss of working time due to sick leave, to assess the impact of sick leave on their service delivery and take action to minimise the impact.**

### **Response from the Administration**

3.14 The **Secretary for the Civil Service** has said that sickness is related to various factors such as the nature and demands of an officer's job and the officer's own physical and mental fitness. The CSB recognises that job-related factors, such as the nature of work and the working environment, would have a bearing on the level of sick leave of the officers in individual government bureaux/departments or in individual grades/ranks. He has also said that:

- (a) the CSB considers it possible, upon the full rollout of the enhanced LRCS in due course, for the CSB to collate departmental sick leave data (e.g. the annual average sick leave level of staff) for distribution to departmental management. If any analysis is to be done on the sick leave taken by staff, it should preferably be carried out by the departmental management which would have a closer knowledge of some of the particular departmental circumstances and operational reasons impacting on the level of sick leave in each concerned department;
- (b) the CSB agrees that the departmental management should monitor the sick leave of individual officers in order to avoid possible abuses. The CSRs have set out the measures that should be taken by government bureaux/departments to prevent abuse of sick leave. Government bureaux/departments have been delegated the authority to review the sick leave level of their officers and take preventive measures where necessary. Aided by the reports produced by the LRCS mentioned in paragraph 2.3 above, government bureaux/departments should generally be able to identify possible abuse cases; and
- (c) the CSB has over the years made considerable efforts in the promotion of occupational safety and health in the civil service with the objective of fostering a caring and safety culture in the civil service and to ensure that risks to staff's health and safety at work are properly controlled. The CSB believes that such efforts are more positive in managing the sick leave as they would help reduce the accident rate, improve the well-being of staff and reduce the sick leave level. The CSB will continue with its efforts on this front. The CSB has also in recent years escalated its efforts in collaboration with the Department of Health (DH) on health promotion among civil servants.

3.15 The response from the relevant government departments is at Appendix D.

## **PART 4: FREQUENT SICK LEAVE**

4.1 This PART examines the Government's performance in the management of frequent sick leave.

### **Monitoring actions on officers who took sick leave frequently**

4.2 Frequent sick leave requires the particular attention of management. It may indicate that an officer has a health problem which requires assistance. It may also indicate possible abuse of sick leave. It is important that the management takes effective monitoring actions on officers who took sick leave frequently. According to overseas studies, the supervising officer should interview an officer with frequent sick leave. The interview provides an opportunity for the management to understand the officer's general health condition, ascertain whether he has any problem which requires assistance, and consider the need for taking further monitoring action. According to the CSRs, the following monitoring actions can be taken:

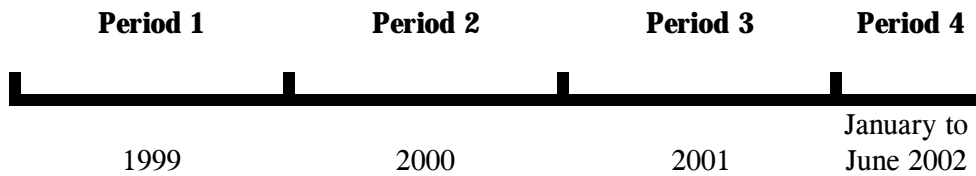
- (a) **CSR 1273(2)(a)**. The authorising officer has discretion to withhold the grant of sick leave not supported by medical certificates unless he is reasonably confident that the officer is genuinely sick (see para. 1.2(d)(i) above);
- (b) **CSR 1291**. The Head of Department may require an officer to attend a specified government clinic on each occasion the officer wishes to take sick leave if he considers that the officer is abusing the privilege of obtaining sick leave, and require the officer to be examined by a Medical Board if necessary (see para. 1.2(f) above); or
- (c) **CSR 940(a)**. The Head of Department may require an officer to be examined by a Medical Board if the officer is suspected to be physically or mentally unfit to perform the principal duties of his office.

### **Case studies on frequent sick leave**

4.3 To ascertain whether government bureaux/departments had taken adequate monitoring action on frequent sick leave cases, Audit selected from 45 government departments officers who had taken sick leave frequently during the 42-month period 1 January 1999 to 30 June 2002 for review. The selection criteria were as follows:

- (a) the officer had taken a total of more than 24 days of sick leave and on more than 12 occasions in any one of the years 1999, 2000 and 2001; or
- (b) the officer had taken a total of more than 12 days of sick leave and on more than 6 occasions during the period 1 January 2002 to 30 June 2002.

4.4 A total of 1,901 officers were selected based on the above criteria. Each officer took, on average, sick leave of more than two days and on more than one occasion per month in any of the following four periods:



4.5 Audit classified the 1,901 officers into four groups according to the frequency of their sick leave as shown in Table 7 below.

**Table 7**  
**Classification of the 1,901 officers**  
**according to the frequency of their sick leave**

Group	Periods in which the selection criteria in paragraph 4.4 above were met	Number of officers
A	All the four periods	72
B	Any three periods	169
C	Any two periods	465
D	Any one period	1,195
	<b>Total</b>	<b><u>1,901</u></b>

*Source: Audit's analysis of the selected officers' computerised sick leave records*

According to the information provided by the government departments concerned, Audit found that, in respect of these 1,901 officers:

- (a) no monitoring action had been taken on 1,170 officers (see paras. 4.6 to 4.7 below); and
- (b) monitoring actions had been taken on 731 officers (see paras. 4.8 to 4.10 below).

### Cases in which no monitoring action had been taken

4.6 Audit noted that, up to 30 September 2002, no monitoring action had been taken by the government departments concerned on 1,170 (62%) of the 1,901 officers. As shown in Table 8 below, Audit also noted that:

- (a) these 1,170 officers took 103,399 days of sick leave on 50,690 occasions during the period 1 January 1999 to 30 June 2002;
- (b) 4% of the 103,399 days of sick leave taken by these 1,170 officers were not supported by medical certificates. 40% were supported by private medical practitioners' medical certificates (PMCs), and 56% were supported by medical certificates issued by government clinics or hospitals/clinics of the Hospital Authority (GMCs); and
- (c) 32 (2.7%) of these 1,170 officers belonged to Group A (i.e. with average sick leave of more than two days and on more than one occasion per month in all the four periods mentioned in para. 4.4 above) and 74 (6.3%) belonged to Group B (i.e. with average sick leave of more than two days and on more than one occasion per month in any three of the four periods mentioned in para. 4.4 above).

**Table 8**

**Extent of frequent sick leave taken during the period  
1 January 1999 to 30 June 2002 by the 1,170 officers without monitoring action**

	<b>Group A (Note)</b>	<b>Group B (Note)</b>	<b>Group C (Note)</b>	<b>Group D (Note)</b>	<b>Total</b>
(a) Number of officers	32	74	264	800	1,170
(b) Number of days of sick leave taken	5,187	9,176	29,463	59,573	103,399
(c) Number of occasions	2,994	4,755	13,687	29,254	50,690
(d) Whether sick leave was supported by medical certificates:					
(i) No	4%	4%	3%	5%	4%
(ii) Yes, by PMCs	38%	41%	37%	40%	40%
(iii) Yes, by GMCs	58%	55%	60%	55%	56%
<b>Total</b>	<u><b>100%</b></u>	<u><b>100%</b></u>	<u><b>100%</b></u>	<u><b>100%</b></u>	<u><b>100%</b></u>

Source: Audit's analysis based on the information provided by the government departments concerned

Note: The classification of these officers is shown in Table 7 of paragraph 4.5 above.

4.7 The following three cases (Cases 1, 2 and 3) are shown for illustration purposes.

## Cases 1 and 2

### Frequent sick leave taken by two officers with majority of their sick leave not supported by medical certificates

#### Case particulars

	Case 1	Case 2
Rank of officer (see para. 3.3(c) above)	Middle	Middle
Department	Environmental Protection Department (EPD)	Civil Engineering Department (CED)
Age as at 30 June 2002	40	38
Group classification (see Table 8 in para. 4.6 above)	Group B	Group B
Sick leave taken during the period 1 January 1999 to 30 June 2002:		
(a) Number of days of sick leave		
(i) not supported by medical certificates	72.5 (59%)	63.5 (74%)
(ii) supported by PMCs	51.0 (41%)	14.5 (17%)
(iii) supported by GMCs	<u>—</u> <u>—</u>	<u>8.0</u> <u>(9%)</u>
	<u>123.5</u> <u>(100%)</u>	<u>86.0</u> <u>(100%)</u>
(b) Number of occasions	88	78
(c) Average number of days of sick leave per occasion	1.4	1.1

In these two cases, a significant percentage of the sick leave was not supported by medical certificates (59% for Case 1 and 74% for Case 2). However, as far as could be ascertained from the available records, both the EPD and the CED had not taken monitoring action on the officers under the relevant CSRs. The EPD and the CED had also not interviewed the officers to ascertain their general health conditions and to assess whether further action was required.

#### Audit comments and response from the government departments

**In view of the frequent sick leave taken by the officers and the fact that the majority of their sick leave was not supported by medical certificates, Audit considers that the EPD and the CED should have required the officers to produce medical certificates to support their sick leave and withheld the grant of sick leave not supported by medical certificates in accordance with CSR 1273(2)(a).**



## Cases 1 and 2 (Cont'd)

In response to Audit's enquiries:

- (a) for Case 1, in February 2003, the Director of Environmental Protection agreed that, in retrospect, the EPD could have raised concern with the officer about the sick leave in early 2001. The officer's growing number of days of sick leave in the summer of 2000 and early 2001 did catch the EPD's attention, but the EPD hesitated taking action on the officer's sickness absence because:
  - (i) the officer's sick leave not supported by medical certificates was often taken shortly after, or just before, sick leave supported by medical certificates, leading the officer's supervisors to conclude that the absence not supported by medical certificates was probably genuine;
  - (ii) the officer's sick leave did not follow a particular pattern; and
  - (iii) in 2002, there was noticeable improvement in terms of the number of days of sick leave taken by the officer. In the first six months of 2002, the officer took 17.5 days of sick leave. In the latter half of 2002, the officer took only 2.5 days of sick leave; and
  
- (b) for Case 2, in February 2003, the Director of Civil Engineering said that:
  - (i) given the frequency and regularity of the sick leave taken by the officer, the CED would interview the officer to ascertain the officer's general health conditions and to determine whether any further actions were required;
  - (ii) the officer was transferred to the CED from another department on 1 December 2000. Prior to the transfer to the CED, the officer had already taken a total of 41 days of sick leave during the period 1 January 1999 to 30 November 2000, of which 23.5 days were not supported by medical certificates, 12.5 days were supported by PMCs and 5 days were supported by GMCs. After the transfer to the CED, the officer continued to take sick leave on a frequent basis, totalling 45 days during the period December 2000 to June 2002, of which 40 days were not supported by medical certificates and 5 days were supported either by PMCs or GMCs; and
  - (iii) the authority for the grant of sick leave in the CED was delegated to designated approving officers. Upon the grant of sick leave to the officer on each occasion, the approving officer reported to the headquarters in accordance with the CED's established procedures. However, there was no record to indicate that the approving officer had interviewed the officer to ascertain his general health conditions and/or to assess whether further action was required.

### Case 3

#### Frequent sick leave taken by an officer with most of the sick leave supported by PMCs

##### Case particulars

Rank of officer (see para. 3.3(c) above)	Junior
Department	FEHD
Age as at 30 June 2002	33
Group classification (see Table 8 in para. 4.6 above)	Group A
Sick leave taken during the period 1 January 1999 to 30 June 2002:	
(a) Number of days of sick leave	
(i) supported by PMCs	116      (98%)
(ii) supported by GMCs	<u>2</u> <u>(2%)</u>
	<u>118</u> <u>(100%)</u>
(b) Number of occasions	74
(c) Average number of days of sick leave per occasion	1.6

Most (98%) of the officer's sick leave was supported by PMCs. The majority of the sick leave was due to apparently minor illnesses, such as influenza and respiratory tract infection (85 days on 51 occasions). However, as far as could be ascertained from the available records, the FEHD had not taken monitoring action on the officer under the relevant CSRs. The FEHD had also not interviewed the officer to ascertain the officer's general health conditions and to assess whether further action was required.

##### Audit comments and response from the government department

**In view of the frequent sick leave taken by the officer and the fact that the majority of the sick leave was due to apparently minor illnesses and supported by PMCs, Audit considers that the FEHD should have invoked CSR 1291 to require the officer to attend a specified government clinic on each occasion the officer wished to take sick leave.**

In response to Audit's enquiry, in February 2003, the Director of Food and Environmental Hygiene said that the officer had taken another 17 days' sick leave during the period July 2002 to October 2002. Since November 2002, the FEHD had invoked CSR 1291 on the officer. Since then, the officer's sick leave had reduced to 7 days. The FEHD was monitoring the officer's sick leave regularly.

## Cases in which monitoring actions had been taken

4.8 According to the information provided by the government departments concerned, Audit noted that they had taken monitoring actions on 731 (38%) of the 1,901 officers who took sick leave frequently during the period 1 January 1999 to 30 June 2002. As shown in Table 9 below, for these 731 officers, 2% of their total sick leave was not supported by medical certificates, 36% was supported by PMCs and 62% was supported by GMCs.

**Table 9**

**Extent of sick leave taken during the period  
1 January 1999 to 30 June 2002 by the 731 officers with monitoring actions**

	<b>Group A (Note)</b>	<b>Group B (Note)</b>	<b>Group C (Note)</b>	<b>Group D (Note)</b>	<b>Total</b>
(a) Number of officers	40	95	201	395	731
(b) Number of days of sick leave taken	8,787	16,382	24,919	33,598	83,686
(c) Number of occasions	4,405	7,678	11,387	15,190	38,660
(d) Whether sick leave was supported by medical certificates:					
(i) No	1%	2%	1%	2%	2%
(ii) Yes, by PMCs	30%	35%	37%	38%	36%
(iii) Yes, by GMCs	69%	63%	62%	60%	62%
<b>Total</b>	<b><u>100%</u></b>	<b><u>100%</u></b>	<b><u>100%</u></b>	<b><u>100%</u></b>	<b><u>100%</u></b>

*Source: Audit's analysis based on the information provided by the government departments concerned*

*Note: The classification of these officers is shown in Table 7 of paragraph 4.5 above.*

4.9 As shown in Table 10 below, Audit noted that:

- (a) for 261 (36%) of the 731 officers who took sick leave frequently, the only action taken by the government departments concerned was interviewing the officers;
- (b) for 225 (31%) of the 731 officers, the government departments concerned had withheld the grant of sick leave not supported by medical certificates. These included 216 cases in respect of the Post Office and the CSD, which require the production of medical certificates for the grant of sick leave for certain grades of officers;
- (c) for 211 (29%) of the 731 officers, the government departments concerned had required the officers either to attend specified government clinics or to be examined by a Medical Board under CSR 1291 (see para. 4.2(b) above); and

- (d) for 34 (4%) of the 731 officers, the government departments concerned mainly convened Medical Boards under CSR 940(a) (see para. 4.2(c) above).

**Table 10**

**Monitoring actions taken on the 731 officers who had taken sick leave frequently during the period 1 January 1999 to 30 June 2002**

		<b>Number of officers</b>				
	<b>Monitoring action taken</b>	<b>Group A (Note 1)</b>	<b>Group B (Note 1)</b>	<b>Group C (Note 1)</b>	<b>Group D (Note 1)</b>	<b>Total</b>
(a)	Interviewed the officer only	5	20	76	160	261 (36%)
(b)	Withheld the grant of sick leave not supported by medical certificates	5	23	43	154	225 (31%)
(c)	Required the officer to attend a specified government clinic every time he wished to take sick leave (Note 2)	25	34	59	56	174 (24%)
(d)	Required the officer to be examined by a Medical Board under CSR 1291 (Note 3)	5	12	13	7	37 (5%)
(e)	Others (Note 4)	-	6	10	18	34 (4%)
	<b>Total</b>	<u><b>40</b></u>	<u><b>95</b></u>	<u><b>201</b></u>	<u><b>395</b></u>	<u><b>731 (100%)</b></u>

} 211 (29%)

Source: Audit's analysis based on the information provided by the government departments concerned

Note 1: The classification of these officers is shown in Table 7 of paragraph 4.5 above.

Note 2: These included 61 officers who were not allowed to take sick leave without the support of medical certificates.

Note 3: These included 24 officers who were required to attend specified government clinics, and 10 officers who were not allowed to take sick leave without the support of medical certificates.

Note 4: Others mainly included the convening of Medical Boards under CSR 940(a).

4.10 Audit found that there was room for improvement in the various monitoring actions taken by the government departments concerned. The following four cases (Cases 4, 5, 6 and 7) are shown for illustration purposes.

**Cases 4 and 5**

**Delay in taking monitoring actions  
on two officers who took sick leave frequently**

**Case particulars**

	<b>Case 4</b>	<b>Case 5</b>
Rank of officer (see para. 3.3(c) above)	Middle	Junior
Department	Post Office	FEHD
Age as at 30 June 2002	24	46
Group classification (see Table 9 in para. 4.8 above)	Group C	Group B
Sick leave taken during the period 1 January 1999 to 30 June 2002:		
(a) Number of days of sick leave		
(i) supported by PMCs	85 (100%)	90.0 (77%)
(ii) supported by GMCs	- -	26.5 (23%)
	— —	— —
	<u>85 (100%)</u>	<u>116.5 (100%)</u>
(b) Number of occasions		
	67	51
(c) Average number of days of sick leave per occasion		
	1.3	2.3

### **Cases 4 and 5 (Cont'd)**

All the sick leave in Case 4 and most of the sick leave in Case 5 (77%) was supported by PMCs. Most of their sick leave was due to apparently minor illnesses, such as influenza, respiratory tract infection and pharyngitis (67 days on 54 occasions for Case 4 and 72 days on 38 occasions for Case 5). However, as far as could be ascertained from the available records, both the Post Office and the FEHD only conducted interviews with the officers **two years later** in May 2002 and June 2002 respectively.

#### **Audit comments and response from the government departments**

**In view of the frequent sick leave taken by the officers and the fact that most of their sick leave was due to apparently minor illnesses and supported by PMCs, Audit considers that the Post Office and the FEHD should have taken prompt and appropriate action on the officers' sickness absence (e.g. interviewing the officers earlier and, if abuse of sick leave was suspected, invoking CSR 1291 to require them to attend a specified government clinic every time they wished to take sick leave).**

In response to Audit's enquiries:

- (a) for Case 4, in February 2003, the Postmaster General said that the Post Office had invoked CSR 1291 on the officer in February 2003 as the officer's sick leave level continued to stay at a relatively high level in 2001 and 2002. As the levels of sick leave in 1999 and 2000 were not exceptionally high, the supervisor did not think at the time that there had been abuse of sick leave; and
- (b) for Case 5, in February 2003, the Director of Food and Environmental Hygiene said that the FEHD had already closely monitored the officer's sickness absence and would invoke CSR 1291 if necessary. After June 2002, the officer had taken only 3 days of sick leave.

**Cases 6 and 7**

**Inadequate monitoring actions  
on two officers who took sick leave frequently**

**Case particulars**

	<b>Case 6</b>	<b>Case 7</b>
Rank of officer (see para. 3.3(c) above)	Middle	Middle
Department	LCSD	Post Office
Age as at 30 June 2002	44	37
Group classification (see Table 9 in para. 4.8 above)	Group B	Group B
Sick leave taken during the period 1 January 1999 to 30 June 2002:		
(a) Number of days of sick leave		
(i) not supported by medical certificates	3            (2%)	-            -
(ii) supported by PMCs	125          (98%)	95          (96%)
(iii) supported by GMCs	-            -	4            (4%)
	<u>128</u> <u>(100%)</u>	<u>99</u> <u>(100%)</u>
(b) Number of occasions	106	72
(c) Average number of days of sick leave per occasion	1.2	1.4

In Cases 6 and 7, most of the sick leave was supported by PMCs (98% for Case 6 and 96% for Case 7). The illnesses were apparently minor, such as influenza, respiratory tract infection, pharyngitis and tonsillitis (118 days on 98 occasions for Case 6 and 84 days on 62 occasions for Case 7). However, as far as could be ascertained from the available records:

### **Cases 6 and 7 (Cont'd)**

- (a) for Case 6, the only monitoring action taken by the LCSD was interviewing the officer in January 2002. Thereafter, the officer took nine days of sick leave on nine occasions from February to June 2002. All the sick leave was supported by PMCs; and
- (b) for Case 7, although the officer was required under departmental procedures to produce medical certificates to support all the sick leave, the officer had continued to take frequent sick leave.

#### **Audit comments and response from the government departments**

**In view of the frequent sick leave taken by the officers and the fact that most of their sick leave was due to apparently minor illnesses and supported by PMCs, Audit considers that the LCSD and the Post Office should have taken appropriate and effective action on the officers' sickness absence (e.g. invoking CSR 1291 to require the officers to attend a specified government clinic every time they wished to take sick leave).**

In response to Audit's enquiries:

- (a) for Case 6, in February 2003, the Director of Leisure and Cultural Services said that improvement was observed after the officer was interviewed in January 2002. After Audit's enquiry on this case, the LCSD interviewed the officer again to further impress upon the officer the management's concern over the frequency of the officer's sick leave. The LCSD would closely monitor the officer's sick leave frequency and would invoke CSR 1291 where appropriate; and
- (b) for Case 7, in February 2003, the Postmaster General said that the Post Office had invoked CSR 1291 on the officer in February 2003 as the officer's sick leave level for the period July to December 2002 was relatively high. From 1999 to 2001, the supervisor had been closely monitoring the officer's frequent sick leave. The officer was observed to be a relatively weak person who got sick easily and could hardly work when he felt unwell. The supervisor did not feel at the time that the officer had abused sick leave and considered it appropriate to continue to counsel and urge him to improve his general health condition.



## **Audit observations on frequent sick leave**

### **Need to take monitoring action on officers who took sick leave frequently**

4.11 In respect of the 1,901 officers selected from 45 government departments, who had taken sick leave frequently during the period 1 January 1999 to 30 June 2002, Audit found that the government departments concerned had not taken monitoring action under the CSRs on 1,170 officers (62%). **Audit considers that while outright abuse of sick leave is difficult to prove, it is important that the management monitors frequent sick leave cases and introduces necessary measures to minimise them. In particular, monitoring action should have been taken on those officers who frequently took sick leave not supported by medical certificates (e.g. Cases 1 and 2), and officers who frequently took sick leave due to apparently minor illnesses and supported by PMCs (e.g. Case 3).**

### **Need to take early monitoring action and assess the need for taking more effective actions on officers who took sick leave frequently**

4.12 Audit found that the government departments concerned had taken monitoring actions on 731 (38%) of the 1,901 officers who had taken sick leave frequently during the period 1 January 1999 to 30 June 2002. Regarding the 40 Group A and 95 Group B officers (see Table 9 in para. 4.8 above), Audit found that there was delay in taking monitoring actions on 64 officers (Note 8). The delay is illustrated by Cases 4 and 5 in which monitoring actions were taken on the officers two years after they had taken frequent sick leave. Audit also found that the most common monitoring action taken by the government departments was interviewing the officers (see para. 4.9(a) above). In respect of the most significant frequent sick leave cases, Audit considers that there was scope for taking more effective monitoring actions as illustrated by Cases 6 and 7. **In Audit's view, government bureaux/departments need to act promptly to monitor frequent sick leave cases and assess the need for taking more effective action.**

## **Audit recommendations on frequent sick leave**

4.13 **Audit has recommended that the Secretary for the Civil Service should advise government bureaux/departments:**

- (a) **to take early and appropriate monitoring actions on officers who take sick leave frequently, including those cases of frequent sick leave identified by Audit; and**
- (b) **to regularly review the effectiveness of the monitoring actions taken and assess the need for taking more effective actions (such as requiring the officer concerned to attend a specified government clinic on each occasion he wishes to take sick leave).**

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**Note 8:** *Audit considers that there was a delay when the monitoring action was only taken in the year following or after the year in which an officer had taken frequent sick leave (e.g. an officer took frequent sick leave in 1999, but the monitoring action was only taken in 2000).*

4.14 The **Secretary for the Civil Service** has said that management of sick leave is a task which can be most effectively undertaken by the departmental management. He sees merit in reminding government bureaux/departments to take early and appropriate monitoring action on officers who take sick leave frequently, and to regularly review the effectiveness of the monitoring actions taken and assess the need for taking more effective actions.

4.15 The **Director of Environmental Protection** thanks the Audit Commission for conducting a very thorough and informative audit review on management of sick leave in the civil service. He has said that the EPD has benefited considerably from the audit observations and recommendations. He agrees generally with the audit recommendations, and believes many of them will help improve management of sick leave and deter potential abuse of sick leave in the civil service. He has also said that:

- (a) the EPD will carefully consider adopting some of the overseas good practices for the management of sick leave;
- (b) the EPD will introduce a temporary monitoring measure to make better use of existing information in identifying potential cases of abuse of sick leave. In the longer term, the EPD looks forward to the early completion of the redevelopment of the LRCS by the CSB to incorporate a permanent sick leave management feature;
- (c) the EPD will regularly review and amend its internal departmental circular on sick leave to ensure that its sick leave management practice conforms with the CSB's guidelines; and
- (d) the EPD proposes to establish trigger points for the various grades and ranks of officers in the EPD and considers that the CSB should issue guidelines with the aim of achieving a consistency of approach among government departments in the setting of trigger points.

4.16 The **Director of Civil Engineering** has said that:

- (a) in November 2002, subsequent to the promulgation of the CSB's revised in-house procedures on sick leave in August 2002, the CED promulgated a departmental circular which, inter alia, spelt out more clearly the responsibilities of the approving officers in the control and monitoring of sick leave applications;
- (b) the CED will take steps to remind all its officers about the guidelines and procedures for the grant of sick leave. The CED will circulate the departmental circular to all officers on a six-monthly basis; and
- (c) it is understood that the CSB is in the process of redeveloping the LRCS. The new system will be instrumental in enabling the departmental management in monitoring sick leave taken by individual officers.

## **PART 5: PROLONGED SICK LEAVE**

5.1 This PART examines the Government's performance in the management of prolonged sick leave.

### **Procedures for handling prolonged sick leave**

5.2 **Convening a Medical Board.** According to CSR 1282, if an officer is still unfit to perform his duties after being granted 91 consecutive days sick leave, the Head of Department will request the Chief Executive, Hospital Authority, to appoint a Medical Board consisting of three medical officers to examine the officer for advice on:

- (a) whether the officer should be granted further sick leave;
- (b) whether the officer should be invalidated from the service; or
- (c) whether other action should be taken.

**The Head of Department may, after considering the Medical Board's recommendation, grant further sick leave up to a maximum of 91 days on full pay, on half pay or without pay, depending upon the sick leave entitlement of the officer (see para. 1.2(b) above).**

5.3 **Convening subsequent Medical Boards.** According to CSR 1283, if an officer is still unfit for duty after being granted 182 consecutive days sick leave under CSR 1282, another Medical Board should be arranged. Thereafter, Medical Boards should be convened at intervals of three months (or at such shorter or longer intervals as the Head of Department may decide in consultation with the Chief Executive, Hospital Authority). On each occasion, if the Medical Board considers that there is still a reasonable chance of the officer becoming well enough to resume duty, the Head of Department may, on the recommendation of the Medical Board, grant further sick leave up to a maximum of 91 days.

5.4 **Injury on duty.** According to CSR 1286(3), the procedural aspects of CSRs 1282 and 1283 also apply to sick leave granted to an officer who is injured as a result of an accident attributable to the nature of his duties and not caused by his own serious and wilful misconduct.

5.5 **CSB's advice on convening Medical Boards.** In response to enquiries of government departments and Audit regarding the convening of Medical Boards, the CSB has said that:

- (a) the holding of a Medical Board under CSRs 1282 and 1283 is to determine, among other things, whether an officer is fit to perform his normal duties, whether the recommendation for granting sick leave is acceptable, whether the amount of sick leave so recommended is appropriate, and whether other appropriate action (such as the assigning of light or full duties to an officer on the Medical Board's confirmation) should be taken;

- (b) **the resumption of duty of an officer from prolonged sick leave does not necessarily mean that he is “fit to perform duty”. There is no provision under the CSRs for exemption from the requirement of convening Medical Boards. As is the practice with all other CSRs, a government bureau/department wishing to seek any exemption which is not explicitly provided for in the CSRs should write to the CSB with full justifications;**
- (c) before granting sick leave exceeding 91 consecutive days to an officer, a Head of Department should seek the advice of a Medical Board, irrespective of whether the medical certificates concerned are issued by hospitals of the Hospital Authority, government clinics or private medical practitioners. Since a Medical Board will have access to all relevant medical records of the officer applying for the sick leave, it will be in a better position to assess whether the officer’s sickness warrants prolonged sick leave, particularly in the case of an officer who has consulted different hospitals/clinics/medical practitioners during the consecutive sick leave period; and
- (d) in accordance with the provisions of CSRs 1282 or 1283, a Medical Board should be arranged to examine an officer who is granted more than 91 or 182 consecutive days of sick leave. **The appointment of such Medical Board should be arranged once it can be ascertained that a consecutive sick leave of more than 91 or 182 days is/will be granted to the officer. As government bureaux/departments are aware that the appointment of a Medical Board takes some time, they will normally start the process of appointing the Medical Board as soon as a prolonged sick leave case is known.**

### **Case studies on prolonged sick leave**

5.6 To ascertain whether government bureaux/departments fully complied with the requirements of convening Medical Boards under CSRs 1282 and 1283, Audit selected from 50 government bureaux/departments 919 officers who took sick leave of more than 91 consecutive days during the period 1 October 2000 to 30 June 2002 for examination. The audit findings are mentioned in paragraphs 5.7 to 5.13 below.

### **Audit observations on prolonged sick leave**

#### **The convening of Medical Boards**

5.7 Audit found that, as at 30 September 2002, of these 919 officers:

- (a) the government departments concerned had not made requests to appoint Medical Boards to examine 178 officers;
- (b) the government bureau/departments concerned had made requests to appoint Medical Boards to examine 24 officers but the Medical Boards were subsequently cancelled; and
- (c) Medical Boards had been convened to examine the remaining 717 officers.

The reasons given by the government bureau/departments concerned for not convening Medical Boards to examine the 202 (i.e. 178 + 24) officers are summarised in Table 11 below.

**Table 11**

**Reasons for not convening Medical Boards to examine 202 officers**

<b>Reason</b>	<b>Number of cases</b>
A. The government departments concerned did not convene a Medical Board due to an oversight	14
B. The government departments concerned misunderstood that it was not required to appoint a Medical Board under the following circumstances:	
(i) the officers had resumed duty	99
(ii) the supporting medical certificates were issued by hospitals of the Hospital Authority	8
(iii) the officers would soon retire	26
(iv) the nature of the officers’ sickness (e.g. cancer) rendered it unnecessary	4
	137
C. The officers refused to release their medical records for examination by the Medical Boards	6
D. The officers were granted sick leave arising from injury on duty	26
E. The CSB’s approval had been obtained	3
F. Others (Note)	16
<b>Total</b>	<b><u>202</u></b>

*Source: Audit’s analysis based on the information provided by the government bureau/departments concerned*

*Note: Others mainly included officers who had passed away prior to the convening of a Medical Board.*

5.8 Audit has reservations about the reasons for not convening Medical Boards given in A to D of Table 11 above. Details are as follows:

- (a) **Reason A.** The oversight to appoint Medical Boards may be attributable to the limitation of the LRCS to provide management information on those officers who had taken more than 91 consecutive days sick leave (see para. 2.6 above). **Audit considers that the government departments concerned should have taken more proactive action to identify these officers and require them to attend Medical Boards;**
  
- (b) **Reason B.** Most of the government departments misunderstood that Medical Boards were not required if an officer resumed duty or if the supporting medical certificates were issued by hospitals of the Hospital Authority. According to the CSB, these are not valid reasons and there is no provision under the CSRs for exemption from the requirement of convening Medical Boards. Government bureaux/departments wishing to seek any exemption should write to the CSB with full justifications (see para. 5.5(b) and (c) above). **Audit considers that the CSB needs to issue guidelines to government bureaux/departments regarding the convening of Medical Boards;**
  
- (c) **Reason C.** Prior to 8 October 2002, the CSRs did not explicitly state what actions should be taken on those officers who refused to release their medical records for examination by the Medical Boards. Since 8 October 2002, CSRs 1282 and 1283 have been revised. It has been made clear that in the case of prolonged sick leave exceeding 91 consecutive days, a Head of Department may withhold the grant of sick leave to an officer unless the Medical Board recommends granting sick leave to the officer. **Audit considers that government bureaux/departments should withhold the grant of sick leave to officers who refuse to release their medical records for examination by the Medical Boards unless there are full justifications for not complying with the provisions of the CSRs;** and
  
- (d) **Reason D.** According to CSR 1286(3), the procedural aspects of CSRs 1282 and 1283 apply equally to sick leave granted to an officer due to injury on duty. In response to Audit's enquiry on the need for convening Medical Boards for injury on duty cases, in December 2002 the CSB said that:
  - (i) an Ordinary Assessment Board formed under the Employees' Compensation Ordinance (Cap. 282) would assess the degree of the officers' permanent incapacity and would certify the period of absence from duty related to the injury;
  
  - (ii) the purpose of convening Medical Boards in these cases was primarily to seek advice on whether the officers would be fit to perform their principal duties and be suitable for continued employment; and
  
  - (iii) the CSB was in the process of reviewing the CSRs on sick leave arising from injury on duty with a view to setting out the relevant procedures more clearly.

**Audit considers that the CSB needs to specify clearly the circumstances under which a Medical Board is required to be convened for prolonged sick leave due to injury on duty.**

**Delay in making requests for appointment of Medical Boards**

5.9 Audit found that the government bureaux/departments concerned had requested the Hospital Authority to appoint Medical Boards to examine 741 officers (i.e. the 717 examined cases and the 24 cancelled cases mentioned in para. 5.7(b) and (c) above). However, there was a delay in making the requests in 444 (60%) of the 741 cases. On average, counting from the 93rd day of the officer’s consecutive sick leave to the day of making the request, there was a delay of 34 days per case. The extent of delay is shown in Table 12 below.

**Table 12**

**Extent of delay in making requests for appointment of Medical Boards**

<b>Number of days</b>	<b>Number of cases</b>
Less than 31	290
31 to 60	94
61 to 90	28
91 to 120	10
More than 120	22
<b>Total</b>	<b><u>444</u></b>

*Source: Audit’s analysis based on the information provided by the government bureaux/departments concerned*

5.10 According to the CSB, government bureaux/departments should start the process of appointing a Medical Board as soon as it is known that a consecutive sick leave of more than 91 or 182 days will be granted to the officer (see para. 5.5(d) above). **Audit considers that the CSB needs to remind government bureaux/departments of the need to take prompt action to appoint Medical Boards.** Any delay in making requests for the appointment of Medical Boards will delay the convening of Medical Boards. As a result, the government bureaux/departments concerned may fail to reap the full benefits of convening Medical Boards, including obtaining their early independent advice on the granting of further sick leave and the assignment of suitable duties to the officers upon their return from prolonged sick leave.

**Long time lag for convening Medical Boards**

5.11 For the 717 cases in which Medical Boards had been convened, Audit found that the time lag between making a request for appointing and convening the Medical Board was on average 75 days per case. The extent of time lag is shown in Table 13 below.

**Table 13**

**Time lag between making the request for appointing and convening the Medical Board**

<b>Number of days</b>	<b>Number of cases</b>
Less than 31	130
31 to 60	220
61 to 90	160
91 to 120	94
More than 120	113
<b>Total</b>	<b>717</b>

} 367 cases

*Source: Audit's analysis based on the information provided by the government bureaux/departments concerned*

5.12 **As shown in Table 13 above, for 367 (51%) of the 717 cases, the time lag between making a request for appointing and convening the Medical Board was over 60 days. Audit considers that such a long time lag was unsatisfactory because the government bureaux/departments concerned could not obtain early advice of the Medical Boards for taking necessary follow-up action.**

**Regular contacts with staff on prolonged sick leave**

5.13 According to overseas studies, maintaining regular contacts with staff on prolonged sick leave helps demonstrate an organisation's concern about its employees' health and the organisation's interest in their recovery and return to work. **Audit found that 15 (19%) of the 79 government bureaux/departments did not maintain regular contacts with officers on prolonged sick leave. Audit considers that they should maintain regular contacts with these officers.**



## **Audit recommendations on prolonged sick leave**

5.14 **Audit has recommended that the Secretary for the Civil Service should:**

- (a) **remind government bureaux/departments to establish effective measures for identifying prolonged sick leave cases, and strictly follow the requirements of the CSRs regarding the convening of Medical Boards in such cases;**
- (b) **in view of the misunderstandings of some government departments of the requirements for convening Medical Boards for prolonged sick leave cases, issue guidelines to government bureaux/departments to clarify the requirements of the relevant CSRs;**
- (c) **take prompt action to finalise the review of the CSRs on sick leave arising from injury on duty and specify clearly the circumstances under which a Medical Board is required to be convened for prolonged sick leave due to injury on duty;**
- (d) **in order to obtain the early advice of a Medical Board, remind government bureaux/departments to take prompt action to request the appointment of a Medical Board as soon as a prolonged sick leave case is identified;**
- (e) **advise government bureaux/departments to take action to minimise the long time lag between making a request for appointing and convening a Medical Board; and**
- (f) **advise government bureaux/departments to maintain regular contacts with officers on prolonged sick leave.**

## **Response from the Administration**

5.15 The **Secretary for the Civil Service** agrees that government bureaux/departments should be reminded to establish effective measures for identifying prolonged sick leave cases, take prompt action to appoint Medical Boards in accordance with the requirements of the CSRs, and maintain regular contacts with officers on prolonged sick leave. He has said that:

- (a) the integrated system of the Electronic Leave Application and Processing System and the enhanced LRCS will have a function to remind the supervisor and the leave administrator of the need to consider the convening of a Medical Board;

- (b) regarding the time lag between making a request for appointing and convening the Medical Boards, the CSB has invited the Hospital Authority to consider measures to shorten the lead time;
- (c) while the CSB has been advising individual government bureaux/departments about their specific cases concerning the convening of Medical Boards, the CSB sees merits in sharing relevant information with other government bureaux/departments in case they encounter similar situations. The CSB will issue guidelines to all government bureaux/departments concerning some commonly encountered situations;
- (d) regarding sick leave arising from injury on duty or occupational disease, the CSB has recently reviewed the relevant CSRs and the circumstances under which Medical Boards may be convened in respect of these cases. The CSB is in the process of refining the CSRs with a view to setting out more clearly the arrangements for handling cases involving injury on duty and occupational disease, and the circumstances under which Medical Boards may be required;
- (e) the criteria for convening a Medical Board under CSRs 1282 and 1283 do not apply strictly to sick leave related to injury on duty and occupational disease. Nevertheless, officers suffering from injury on duty and occupational disease may also be subject to examination by a Medical Board. Such Medical Board is convened primarily to assess the officer's suitability for performing his principal duty and continued employment; and
- (f) a Medical Board may be convened if the departmental management has doubts on whether the sick leave applied for is attributable to a duty-related injury or occupational disease in order to curb potential abuse. The advice of the Medical Board will be forwarded to the Ordinary Assessment Board for consideration if the latter has not yet completed the assessment on the case. If the Ordinary Assessment Board has already completed the assessment on the case, the government bureau/department concerned can refuse the grant of full-pay sick leave upon the advice of the Medical Board that the sick leave applied for is not related to the injury sustained on duty or occupational disease.

## **PART 6: GOOD PRACTICES FOR THE MANAGEMENT OF SICK LEAVE**

6.1 This PART examines the Government's performance in the management of sick leave having regard to the overseas good practices.

### **Overseas good practices for the management of sick leave**

6.2 Efficient and effective management of sick leave can help contain or reduce the level of sick leave and minimise the impact of sick leave on service delivery. To assess the Government's performance in the management of sick leave, Audit has surveyed 79 government bureaux/departments and compared their sick leave management procedures with the good practices for the management of sick leave at Appendix A. The audit findings are mentioned in paragraphs 2.7, 3.11, 4.2 and 5.7 to 5.13 above, and paragraphs 6.3 to 6.7 below.

### **Audit observations on good practices for the management of sick leave**

#### **Senior management's commitment to reducing sick leave**

6.3 ***Sick leave policy.*** As a good management practice, an organisation should set out its policy on the management of sick leave clearly in a policy statement. The policy statement should state that the organisation has an obligation to manage sick leave in a fair and equitable manner, balancing compassion with the efficient and effective operation of the organisation and the achievement of service commitments. In particular, the policy statement should cover the following aspects:

- (a) the organisation will ensure that employees who are absent from work due to ill health or injury are treated fairly and sympathetically and are provided with support towards a full recovery;
- (b) sick leave is provided for staff who, due to illness or injury, are unable to attend work. Sick leave is complemented by the provision of appropriate structure assessment and rehabilitation programmes, counselling and welfare sources. Additional support may be provided through professional medical diagnosis and treatment;
- (c) to assist the organisation to achieve its programme objective and goals, and minimise the burden on colleagues, each employee has an obligation to:
  - (i) attend work regularly and punctually;
  - (ii) take reasonable precautions against illness;
  - (iii) not let minor indispositions or inconvenience disrupt work responsibilities; and

- (iv) make every effort to live and work safely by observing safety rules and standards, both on and off the job; and
- (d) effectively managed, sick leave should play an important part in maintaining the health, well-being and work performance of staff members. Sick leave would be managed as per the organisation's sick leave procedures.

**Audit notes that the CSB has not set a clear policy on the management of sick leave in the civil service. The CSRs only set out the procedures for the administration of sick leave. Audit considers that government bureaux/departments need to consider setting out policy statements on the management of sick leave so that all officers know the Government's sick leave policy and what is expected of them.**

6.4 ***Performance measures.*** Overseas studies have found that the setting of performance targets and indicators in an organisation (e.g. sick leave level of the organisation in comparison with the national average) for the management of sick leave enables line managers to better discharge their responsibility for controlling the level of sick leave of their subordinate staff. It is also a demonstration of the senior management's commitment to managing sick leave. **It has also been found that, for those organisations which have set quantitative performance targets to reduce the level of sick leave, their sick leave levels tended to be lower than those which have not set targets.** It has been suggested that the targets should be reviewed periodically having regard to the actual sick leave levels. **Audit found that almost all the 79 government bureaux/departments had not set performance targets and indicators for the management of sick leave. Audit considers that government bureaux/departments need to consider setting performance targets and indicators for the management of sick leave.**

#### **Procedures and systems for reporting and reviewing sick leave**

6.5 ***Sick leave management procedures.*** The Government's procedures for the administration of sick leave are set out in the CSRs. However, the CSRs do not provide adequate guidelines for the management and monitoring of sick leave. According to overseas studies, an organisation should establish and disseminate clear procedures on the management of sick leave. **Audit found that 25 (32%) of the 79 government bureaux/departments did not have in-house procedures for the management and monitoring of sick leave.** The other 54 government bureaux/departments had developed their in-house sick leave management procedures. However, these procedures were mainly a recapitulation of the CSRs. They did not provide adequate guidelines for the management and monitoring of sick leave, including the roles and responsibilities of supervising officers and senior management, the monitoring actions to be taken and the circumstances indicating possible abuse. Audit noted that in September 2002, the CSB wrote to government bureaux/departments encouraging them to develop or refine their own in-house procedures with reference to the CSB's revised in-house procedures of August 2002 to suit their operational circumstances (see para. 2.7 above). Audit welcomes the CSB's action. **Audit considers that the CSB needs to promulgate guidelines for the management and monitoring of sick leave, and require government bureaux/departments to develop their in-house procedures to suit their operational needs.**

6.6 **Trigger points for reviewing sick leave.** Overseas studies have found that the setting of trigger points to review an officer's sick leave is an effective management tool. It provides a mechanism for management to review the sick leave history of an officer and to consider taking appropriate monitoring actions. Supervising officers should be provided with clear guidance on the range of actions available and how to select the most appropriate action at different trigger points. **However, Audit found that 61 (77%) of the 79 government bureaux/departments did not set any trigger points for reviewing an officer's sick leave. The other 18 government bureaux/departments had set different trigger points which varied significantly (Note 9). Some of them had not set out the monitoring actions to be taken when the trigger points were reached. Audit considers that government bureaux/departments need to set appropriate trigger points for reviewing the sick leave of an officer and establish guidelines on the monitoring actions required if an officer's sick leave frequency has reached the trigger point.**

### **Recognition of good attendance**

6.7 As a good management practice, many organisations take into account their officers' attendance records in the assessment of performance. Under the Government's staff appraisal procedures, the period and nature of leave, including sick leave, exceeding a specified period (one month in most cases) during the appraisal period are required to be stated in the staff appraisal report. In appraising an officer's performance, the appraising officer should be concerned solely with the officer's performance of his job during the appraisal period. He should make no allowance for ill health which may have affected performance. In case such factor has affected performance, it should be mentioned in the staff appraisal report. **In Audit's view, to provide additional attendance information for performance assessment, the number of days of sick leave taken by an officer needs to be stated in the staff appraisal report. Having regard to the individual circumstances, the appraising officer may be requested to comment where necessary (e.g. whether it has affected the appraisee's performance).**

### **Audit recommendations on good practices for the management of sick leave**

6.8 **To help manage sick leave in the civil service efficiently and effectively, Audit has recommended that the Secretary for the Civil Service should promulgate good practices for the management of sick leave to all government bureaux/departments. In particular, the Secretary for the Civil Service should:**

- (a) **advise government bureaux/departments:**
  - (i) **to set out a policy statement on the management of sick leave;**
  - (ii) **to set performance targets and indicators for the management of sick leave;**  
**and**

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**Note 9:** *For example, the trigger points of the CSB, the FEHD and the Drainage Services Department were sick leave of five days or more within three months, more than ten days within six months and more than 12 days within 12 months respectively.*

- (iii) **to set appropriate trigger points for reviewing their officers' sick leave and provide guidelines on the actions required if their officers' sick leave frequency has reached the trigger points;**
- (b) **promulgate good practice guidelines for the management and monitoring of sick leave in the civil service (e.g. signs of possible abuse and the monitoring actions required) and advise government bureaux/departments to develop their sick leave procedures to suit their operational requirements; and**
- (c) **ask government bureaux/departments to recognise good attendance and provide additional information in the staff appraisal report, including the number of days of sick leave taken by an officer and the appraising officer's comments where necessary (e.g. whether the sick leave has affected the appraisee's performance).**

### **Response from the Administration**

6.9 The **Secretary for the Civil Service** has said that:

#### ***Sick leave policy***

- (a) while the Government has not promulgated a sick leave policy statement, various policies and practices with similar intentions/effects are already in place. The CSB considers that the following policies and practices have achieved many of the objectives intended for the proposed sick leave policy:
  - (i) occupational safety and health is promoted through a variety of service-wide as well as departmental activities. Free in-house counselling service is also available to help staff cope with stress arising from work and other personal problems;
  - (ii) the CSB has collaborated with the DH to promote health among civil servants;
  - (iii) medical and dental services are available to civil servants as staff benefits;
  - (iv) sick leave is granted to officers suffering from illness, subject to their sick leave entitlement and the relevant provisions under the CSRs;
  - (v) sick leave due to injury on duty or occupational disease is granted in accordance with the provisions in the Employees' Compensation Ordinance and the relevant CSRs; and

- (vi) the CSB has, vide a CSB circular issued in June 2002, reminded all civil servants of their roles and responsibilities. One of the values which all civil servants are expected to uphold is dedication, professionalism and diligence in serving the community. The CSB would, through government bureaux/departments, impress on staff their obligations as set out in paragraph 6.3(c) above;

### ***Performance measures***

- (b) the CSB considers it possible, upon the full rollout of the enhanced LRCS, for the CSB to collate departmental sick leave data for distribution to departmental management to facilitate its internal analyses and consideration of necessary follow-up actions. This will be complemented by continuous efforts in monitoring the sick leave of individual officers to identify possible abuse or need for assistance;

### ***Sick leave management procedures***

- (c) the CSB shall issue further guidelines in respect of some commonly encountered situations so as to enhance effectiveness in management of sick leave;

### ***Trigger points for reviewing sick leave***

- (d) the CSB agrees that government bureaux/departments should set appropriate trigger points for reviewing the sick leave of individual officers in accordance with their operational circumstances. The enhanced LRCS will be able to generate reports to facilitate monitoring action in this regard. For the purpose of identifying possible abuse cases, the CSB considers that the setting of trigger points for reviewing sick leave would be a more effective solution;

### ***Recognition of good attendance***

- (e) while good attendance as such is not specified as a standard to be applied in performance assessment, the CSB has asked government bureaux/departments to take into account the conduct, diligence and efficiency of the officer at work throughout the appraisal period in the assessment of his performance; and
- (f) the CSB considers that the current practice gives due regard to an appraisee's prolonged absence and health condition that may have affected his performance. As regards the audit recommendation of requiring all sick leave taken by an officer to be stated in the staff appraisal report, the CSB appreciates that such information would give an indication of the general health condition of the appraisee, thus facilitating an assessment by the appraising officer and the countersigning officer as to whether this factor might have impact on an officer's overall performance at work. The CSB will, in consultation with government bureaux/departments, review whether in addition to the existing requirement (i.e. the stating of sick leave exceeding a specified period in the staff appraisal report), further sick leave information should be provided in staff appraisal reports, having regard to the operational circumstances of individual government bureaux/departments.

## **Overseas good practices for the management of sick leave**

### **Secure senior management's commitment to reducing sick leave**

1. Formulate a clear policy for sick leave (para. 6.3 refers).
2. Set performance targets and indicators for the management of sick leave (para. 6.4 refers).

### **Establish procedures and systems for reporting and reviewing sick leave**

3. Establish and disseminate clear procedures on the management of sick leave (para. 6.5 refers).
4. Establish clear procedures for reporting and recording of sick leave (para. 2.7 refers).
5. Set trigger points for reviewing an officer's sick leave (para. 6.6 refers).
6. Provide appropriate and reliable information on sick leave for performing regular review of sick leave (para. 3.11 refers).

### **Monitor sick leave effectively**

7. Interview staff with frequent sick leave to address the problem and ascertain the action required (para. 4.2 refers).
8. Take prompt action to refer staff on prolonged sick leave to a medical adviser and identify the scope for offering recuperative duties to staff returning from prolonged sick leave (paras. 5.7 to 5.12 refer).
9. Maintain regular contacts with staff on prolonged sick leave (para. 5.13 refers).

### **Encourage attendance**

10. Recognise good attendance (para. 6.7 refers).

*Source: Overseas studies on management of sick leave*



**Appendix B**  
(para. 3.3(b) refers)

**Eight government departments with sick leave levels higher than the overall average of 79 government bureaux/departments in 2001 based on computerised records**

Department	Number of officers (Note 1)	Number of officers who took sick leave in 2001 (Note 1)	Total number of days of sick leave in 2001 (Notes 1 and 2)	Average number of days of sick leave per officer in 2001 (Notes 1 and 2)
	(a)	(b)	(c)	(d) = $\frac{(c)}{(a)}$
1. Food and Environmental Hygiene Department	13,048	9,293	119,276	9.1
2. Post Office	5,653	3,639	41,183	7.3
3. Correctional Services Department	5,963	3,923	39,368	6.6
4. Printing Department	341	245	2,175	6.4
5. Census and Statistics Department	1,444	1,062	8,844	6.1
6. LCSD	7,157	4,582	38,886	5.4
7. Inland Revenue Department	3,127	2,071	16,158	5.2
8. Department of Health	6,170	3,941	31,555	5.1
<b>Sub-total</b>	<b>42,903</b>	<b>28,756</b>	<b>297,445</b>	<b>6.9</b>
The other 71 government bureaux/departments	98,471	53,114	384,380	3.9
<b>Total</b>	<b>141,374</b>	<b>81,870</b>	<b>681,825</b>	<b>4.8</b>

(Say 141,000) (Say 82,000) (Say 682,000)

**59,000 officers did not take sick leave in 2001 (i.e. 141,000 – 82,000)**

Source: Audit's analysis of the computerised sick leave records of the 79 government bureaux/departments

Note 1: If an officer was transferred from one government bureau/department to another, all the sick leave taken by the officer before the transfer was included in the figures of the government bureau/department to which he was transferred.

Note 2: The total number of days of sick leave included sick leave not counted against normal entitlement (i.e. sick leave granted for recovery from an occupational disease, or for an injury on duty, or in connection with bone marrow donation operations mentioned in para. 1.2(c) above) captured by the LRCS and the LR System.

**Appendix C**  
(para. 3.5 refers)

**Increase in sick leave levels of 8 government departments  
with sick leave level higher than the overall average in 2001**

Department	Average sick leave level per officer in 1999	Average sick leave level per officer in 2000	Increase over 1999		Average sick leave level per officer in 2001	Increase over 1999	
	(a) (Days)	(b) (Days)	(c) = (b) - (a) (Days)	(d) = $\frac{(c)}{(a)} \times 100\%$ (Percentage)	(e) (Days)	(f) = (e) - (a) (Days)	(g) = $\frac{(f)}{(a)} \times 100\%$ (Percentage)
1. FEHD	6.3	7.6	1.3	21%	9.1	2.8	44%
2. Post Office	5.0	6.1	1.1	22%	7.3	2.3	46%
3. Correctional Services Department	4.9	5.5	0.6	12%	6.6	1.7	35%
4. Printing Department	5.2	6.5	1.3	25%	6.4	1.2	23%
5. Census and Statistics Department	4.5	5.4	0.9	20%	6.1	1.6	36%
6. LCSD	5.0	5.0	-	-	5.4	0.4	8%
7. Inland Revenue Department	4.0	4.8	0.8	20%	5.2	1.2	30%
8. Department of Health	4.4	4.6	0.2	5%	5.1	0.7	16%

Source: Audit's analysis of the computerised sick leave records of the 79 government bureaux/departments

**Response from the relevant government departments  
on the extent of sick leave in the civil service**

1. The **Director of Food and Environmental Hygiene** has said that the FEHD has always been concerned about the need to ensure the proper grant of sick leave. The departmental guidelines issued upon the establishment of the FEHD have set out the necessary procedures for the grant of sick leave and the handling of suspected abuse. He has also said that:

- (a) the high sick leave level of the FEHD of 9.1 days per officer in 2001, including sick leave granted for injury on duty which was usually longer in duration, was probably related to the special job nature of the majority of the FEHD's officers. These officers were mainly deployed for outdoor and manual work relating to cleansing streets, collecting waste and hawker control. The FEHD's sample check of its officers' sick leave records indicated that 6% of the sick leave in 2001 was granted for injury on duty;
- (b) in April 2002, the FEHD further strengthened the departmental guidelines by, among others, giving illustrations of common signs of abuse of sick leave and the detailed arrangements in handling suspected abuse. In particular, the new guidelines have introduced the requirement for reviewing the need of tightening up the grant of sick leave to officers having taken over 10 days' sick leave in any 6-month period;
- (c) since the introduction of the new monitoring measures, the cases with CSR 1291 invoked had increased from 45 cases during the period January 2000 to March 2002, to 147 cases during the period April 2002 to February 2003. 136 of the 147 cases are serving officers and there has been, on average, a 55% decrease in their sick leave levels since the invoking of CSR 1291;
- (d) the sudden increase in sick leave level of the FEHD after 1999 may be due to the special job nature of the majority of the FEHD's officers; and
- (e) the five ranks of officers in the FEHD as mentioned in paragraph 3.8 above were mainly deployed for outdoor and manual work in physically demanding working environment, which might probably be a cause of the higher sick leave rate among the officers. The FEHD's sample check on sick leave records of these five ranks of officers indicated that 6% of the sick leave was granted for injury on duty.

2. The **Postmaster General** has said that:

- (a) the Post Office is a service-oriented and labour-intensive organisation, and cares about both its productivity and its officers. As sickness absence of officers may affect its operation and productivity, the Post Office monitors the sick leave level and takes the following control measures:

## **Appendix D**

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(para. 3.15 refers)

- (i) to minimise abuse and disruption to operations, all operational staff must produce valid medical certificates to secure the grant of sick leave. 99.8% of the sick leave of the whole department taken in 2001 was supported by medical certificates;
- (ii) all supervisors are responsible for the productivity of the operational units under their control. They are required to keep track of the taking of sick leave by individual officers under their charge, detect any irregularity in respect of the level, pattern and causes of sick leave and take appropriate follow-up action. When there is suspected abuse of sick leave, supervisors will interview the officers concerned and consider invoking CSR 1291. All such cases will then be closely monitored;
- (iii) the Post Office relies on medical advice from professional doctors as well as the line supervisors' judgement and discretion in determining whether there has been abuse and whether the invoking of CSR 1291 is appropriate on the merits of each case;
- (iv) if an officer takes frequent sick leave for minor illnesses and shows no symptom of sickness before and/or after the sick leave, the Post Office will write to the doctor concerned to draw his/her attention to the likely abuse of sick leave and the need to exercise vigilance in granting sick leave when the officer seeks medical attention again. Medical Boards will be arranged in doubtful cases in order to ascertain the genuineness of sickness; and
- (v) to ensure that all sick leave taken is properly recorded and to facilitate monitoring at the departmental level, supervisors are required to keep records of sick leave incidence for the operational units under their control and produce monthly returns to the headquarters. The headquarters compile statistics on overall departmental sick leave level and trend. For Postal Officer and Postman grade officers, their sick leave levels are reported by ranks. All the findings are reported monthly in the Post Office's management performance reports for the directorate's attention.

The above measures have proved to be reasonably effective. CSR 1291 was invoked on 32 of 3,221 officers who took sick leave in 1999 and 78 of 3,553 officers who took sick leave in 2002;

- (b) the Post Office, in the spirit of care for its officers, takes the following positive measures to reduce the level of sick leave:

## **Appendix D**

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(para. 3.15 refers)

- (i) the Post Office has a Health and Safety Steering Committee chaired by a directorate officer to formulate strategies and workplan for improving occupational safety and health; and
  - (ii) the Post Office has a Manager (a certified Safety Auditor) dedicated to overseeing the safety and health issues, drawing up procedural manuals, auditing the implementation of workplans, training and development, promotion campaigns, and in the process, involving floor supervisors through the set up of local safety groups;
- (c) in appraising the level of sick leave in the Post Office in 2001, the following factors have to be taken into account:
- (i) the Post Office's work is labour-intensive and involves heavy manual work. The chance of its officers, Postman grade officers in particular, getting sick due to sprained back, ankle or back pain is relatively high. According to the Post Office's records, the number of days of sick leave reported to have been caused by work injury in 2001 was 5,453;
  - (ii) a number of officers took sick leave of long duration during 2001 due to chronic illnesses or post-operation sickness, thus raising the sick leave level of the Post Office as a whole; and
  - (iii) most of the Postman grade officers, comprising over 60% of the Post Office's strength, are engaged in delivery work which includes indoor and outdoor activities. They are required to, among other things, carry heavy mail bags and get in and out of air-conditioned buildings frequently. Under this unfavourable working environment, they are more vulnerable to getting illnesses such as cold and influenza;
- (d) the major factors which have contributed to the increasing trend of sick leave levels of the Post Office from 1999 to 2001 are as follows:
- (i) in 1999, only 3,035 days of sick leave were reported as related to work injury. This figure rose to 5,453 days in 2001, representing an increase of 2,418 days or an average increase of 0.4 day of sick leave per officer; and
  - (ii) according to the Post Office's records, the number of officers who took longer sick leave due to chronic illnesses had increased. In 1999, about 82 officers took sick leave of 30 days or more, with over 50% of the sick leave taken due to chronic illnesses. This number increased to 102 officers in 2001; and

- (e) in view of the upward trend of sick leave levels, the Post Office will tighten up the existing monitoring and control mechanism as follows:
  - (i) at the floor level, guidelines will be provided to managers and supervisors to assist them in the identification of potential cases of abuse of sick leave and in the exercise of judgement in the monitoring work. Among other things, trigger points will be set for the supervisors to review the sick leave history of the officers under their control; and
  - (ii) at the headquarters level, the Post Office has once considered developing its own leave recording and calculation system to enhance monitoring and analysing of sick leave on an aggregate basis. This initiative has been held in abeyance in view of the fact that the estimated cost of such system is high and the CSB is taking action to redevelop the LRCS. Meanwhile, the Post Office will enhance the existing monitoring mechanism to facilitate more detailed analysis of sick leave levels and trends.

3. The **Commissioner of Correctional Services** has said that the Correctional Services Department (CSD) has established a very close monitoring mechanism and has been exercising a very tight control over the granting of sick leave to its officers. In order to prevent sick leave from being abused, there are in-house procedures for the handling of sick leave. He has also said that:

- (a) the possible reasons for a high level of sick leave in the CSD in 2001 are as follows:
  - (i) the working conditions in the CSD are unique. About 80% of some 6,200 disciplined officers of the whole department work on shifts and round the clock in penal institutions to supervise prisoners, of whom some are difficult and even psychopathic. The majority of the officers have to make daily travel to 19 institutions in remote areas for duty. Officers on various shifts require very high demands for physical fitness as far as the working environment is concerned and alertness at all times whilst on duty in order to prevent untoward incidents from occurring. They are thus very vulnerable to stress, illness and injuries; and
  - (ii) sick leave of long duration taken by a small group of officers may lead to a higher than the normal average level. The CSD has found that 15,863 of the 39,368 days of sick leave taken by its officers in 2001 were of sick leave with duration of 7 consecutive days or more. This means that slightly over 40% of the sick leave was due to sick leave of long duration. Excluding sick leave of 7 consecutive days or more, the average sick leave level per officer is only 3.9 days which should be regarded as acceptable;

- (b) the sick leave level of the CSD was higher than the overall average of 4.8 days per officer in 2001, with an increase of 12% and 35% respectively for 2000 and 2001 over the 1999 level. The matter is always a concern and an item of agenda in the monthly meeting of the CSD's Operations Division. The increase may be attributed to factors, such as the increase in workload, responsibility and stress in recent years, in addition to the nature of work. Front-line officers are often exposed to physical working environment, resulting in higher risks of injury on duty. Therefore, it is not surprising to find junior rank officers taking more sick leave than senior rank officers. It appears that this is also the case for the CSD; and
- (c) the CSD requires the sick leave of all departmental grade officers to be supported by medical certificates. In each of the CSD's sizeable penal institutions, there is a prison hospital/clinic manned by both medical and qualified nursing staff who provide medical and nursing services for prisoners/inmates and the CSD's officers. Because of their medical and nursing knowledge and experience, the granting of sick leave to the CSD's officers has all along been under close surveillance. This includes the vetting of all medical certificates issued by government clinics and private medical practitioners. There is also a designated officer who is responsible for arranging timely Medical Boards for examining officers in accordance with the relevant CSRs.

4. The **Government Printer** has said that the management of the Printing Department has all along closely monitored sick leave cases. The relevant CSRs have been invoked to deal with officers who abused the sick leave system. He has also said that:

- (a) 340 of the 2,175 days of sick leave taken by officers of the Printing Department in 2001 were granted for injury on duty. The substantial number of days of sick leave of such nature is attributable to the fact that officers engaging in printing production have to perform laborious duties such as printing machine operation, material handling and delivery of printed items. They are exposed to industrial accidents despite the fact that the Printing Department has put in immense effort in ensuring the industrial and occupational safety of the workers. Excluding these 340 days, the average sick leave level per officer is 5.4 days only;
- (b) 366 of the 2,175 days of sick leave were taken by 11 officers on one single occasion. They were granted for hospitalisation or lengthy treatment/recovery of serious illnesses and injuries. These 366 days together with the 340 days of sick leave granted for injury on duty already accounted for an average sick leave level of 2.1 days per officer in 2001; and
- (c) the total number of days of sick leave taken by officers of the Printing Department in 1999 and 2000 were 1,768 and 2,229 respectively. The increase in sick leave by 461 (i.e. 2,229 – 1,768) days was mainly ascribed to 479 days of sick leave taken by 14 officers due to serious illnesses or injuries. These 479 days of sick leave were all taken on one occasion by individual officers with documentary proof from medical institutions.

5. The **Commissioner for Census and Statistics** agrees that there is a need to further tighten control over the grant of sick leave, so as to minimise any possible abuse, and that it will be useful to step up measures currently provided under the CSRs. He has said that:

- (a) the Census and Statistics Department (C&SD)'s line managers as well as other officers will be fully briefed with a view to gaining their support and acceptance. In addition, the C&SD will modify its sick leave application and reporting system, making reference to the CSB's revised in-house procedures of August 2002 where appropriate, so that early and more stringent monitoring action can be taken on officers who have taken frequent sick leave;
- (b) the C&SD has been taking rigorous action under the CSRs to manage sick leave. Since 1995, the C&SD has taken various actions to strengthen the departmental procedures on granting, reporting and recording of sick leave. Over two-thirds of the short-term sick leave (one to two days) taken by officers of the C&SD in 2001-02 were supported by medical certificates. The C&SD has also in place a management audit system to ensure that all leave taken, including sick leave, is reported and recorded. To forestall any abuse of sick leave, the C&SD has kept on encouraging as well as reminding its front-line supervisors to take management actions to deal with suspected sick leave promptly;
- (c) in 2001, a number of officers of the C&SD took sick leave of long duration due to injury on duty, occupational disease or serious illness, resulting in a relatively high level of sick leave as follows:
  - (i) 1,122 days of sick leave were granted for injury on duty or occupational disease, representing 13% of the departmental total of 8,844 days. Excluding these 1,122 days of sick leave, the average sick leave level per officer of the C&SD would be 5.4 days; and
  - (ii) 591 days of sick leave were taken by five officers who were injured or suffering from serious illness. Excluding these 591 days of sick leave, the average sick leave level per officer of the C&SD would be further reduced to just under 5 days;
- (d) if the sick leave arising from injury on duty or occupational disease was excluded, the increase in the average sick leave level per officer of the C&SD would be 17% from 1999 to 2000, and 25% from 1999 to 2001. If the sick leave relating to serious illnesses was excluded as well, the increase would be 17% from 1999 to 2000, and 17% from 1999 to 2001; and



- (e) of the 2,742 days of sick leave taken by the Assistant Census and Survey Officer rank officers in 2001, 789 days were taken by four officers for injury on duty. Besides, 168 days of sick leave were taken by an officer in 2001 for serious illness. Given the nature of their duties, these figures are not particularly alarming. If the 789 days of sick leave were excluded, the loss of working time for the rank in 2001 would be 2.5%. If the 168 days of sick leave were excluded as well, the loss of working time for the rank would be further reduced to 2.3%.

6. The **Director of Leisure and Cultural Services** has said that the LCSD takes a serious view on possible sick leave abuse cases and will discuss with the front-line supervisors to see how the LCSD headquarters and the district/venue leave handling teams can further support them in detecting possible abuse cases. She has also said that:

- (a) the audit review has provided interesting analysis on the level and trend of sick leave in the civil service. The sick leave level of the LCSD was higher than the overall average of 4.8 days per officer in 2001, but the increase in sick leave levels of the LCSD in the past three years was not particularly alarming. However, even with the figures on the overall sick leave level and trend, it may be difficult to know if there are problems behind them unless government departments have more sophisticated sick leave management information for identifying dubious cases for further analysis or individual examination to ascertain if abuse is involved; and
- (b) the LCSD has promulgated procedures for handling abuse of sick leave. The LCSD invoked CSR 1291 in respect of 9 officers in 2001 and 17 officers in 2002. There were a number of cases in which monitoring actions had been taken, including interviewing the officers concerned, resulting in improvement in the situation and no further action under CSR 1291 was required. Procedures to invoke CSR 1291 are also a topic in the LCSD's staff management workshop.

7. The **Commissioner of Inland Revenue** has said that:

- (a) the sick leave level of the Inland Revenue Department (IRD) was higher than the overall average of 4.8 days per officer in 2001. This was largely due to the fact that the IRD had a large number of officers who took sick leave of long duration in 2001. 20 officers took 2,201 days of sick leave with duration ranging from 61 days to 189 days;
- (b) the average sick leave level per officer of the IRD in 2001 was slightly on the high side. This was because the IRD had more officers on sick leave of long duration in 2001 when compared with the figures in 1999 and 2000; and

- (c) the IRD has already set appropriate trigger points for reviewing its officers' sick leave frequency. Officers who have taken excessive sick leave (more than 10 days in a year) will be closely monitored. The supervisors will interview the officers concerned and draw their attention to the departmental circular and procedures in handling sick leave arrangements. The IRD will write to the Hospital Authority recommending the appointment of a Medical Board if an officer is on sick leave for about 70 days and there is no indication on the medical certificates that the officer will resume duty shortly. The sick leave pattern of these officers will be reviewed on a quarterly basis. The IRD trusts these measures can help minimise the abuse of sick leave.

8. The **Director of Health** has said that:

- (a) the increasing trend of sick leave levels of the civil service has called for the Government to be more proactive in promoting a healthy working environment for its officers. The increase may also be a sign of abuse or mismanagement of the sick leave system. Departmental management should put in place clear guidelines on taking and recording of sick leave and adequate measures to monitor officers who have taken frequent or prolonged sick leave. As a result, assistance can be provided to officers who have health problems and prompt action can be taken on cases of suspected abuse of sick leave;
- (b) the average sick leave level per officer of the DH in 2001 was 0.3 day above the overall average of 4.8 days. The DH believes that the higher level may be caused by a few officers taking sick leave of long duration due to various health problems such as depression disorder, psychiatric problems, low back pain and pregnancy problems;
- (c) the DH will revise the existing departmental circular on the reporting of sick leave to further tighten up the control and monitoring of sick leave, making reference to the CSB's revised in-house procedures of August 2002 on sick leave and the audit recommendations as appropriate. The DH will conduct regular checks to identify cases of frequent sick leave and prolonged sick leave and bring them up to the attention of the supervisors to ensure that appropriate and prompt actions can be taken in time; and
- (d) it would certainly be useful to enhance the LRCS to provide more management information to facilitate the monitoring of sick leave. As the DH's main concern is to identify and handle suspected cases of abuse promptly, the DH considers it more important to monitor the frequency, level and causes of sick leave of individual officers.

## **Appendix E**

### **Acronyms and abbreviations**

C&SD	Census and Statistics Department
CED	Civil Engineering Department
CSB	Civil Service Bureau
CSD	Correctional Services Department
CSRs	Civil Service Regulations
DH	Department of Health
EPD	Environmental Protection Department
FEHD	Food and Environmental Hygiene Department
GMCs	Government clinics' or hospitals/clinics of the Hospital Authority's medical certificates
IRD	Inland Revenue Department
LCSD	Leisure and Cultural Services Department
LR System	Leave Recording Computer System
LRCS	Leave Recording and Leave Calculation System
MPS	Master Pay Scale
PMCs	Private medical practitioners' medical certificates
Police Force	Hong Kong Police Force

