

AGENDA MANAGEMENT SHEET

Name of Committee Corporate Services and Community Safety
Overview & Scrutiny Committee

Date of Committee 8 December 2009

Report Title Employee absence management

Summary This report is the latest in a series of half yearly reports which describe the latest performance information on employee absence levels. Absence levels have remained relatively static over the last two quarters and the last financial year, however with the impact of swine flu, improved accuracy in the collection of sickness data and the stress of financial pressures on the County Council, members should be aware that these figures are predicted to increase despite the wide range of proactive and preventative initiatives.

**For further information
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**Would the recommended
decision be contrary to the
Budget and Policy
Framework?** No

Background papers None

CONSULTATION ALREADY UNDERTAKEN:- Details to be specified

Other Committees ☐

Local Member(s) ☐

Other Elected Members ☐

Cabinet Member ☐ Councillor Timms

Chief Executive ☐

Legal ☐

Finance ☐

Other Chief Officers ☐

District Councils	<input type="checkbox"/>
Health Authority	<input type="checkbox"/>
Police	<input type="checkbox"/>

Other Bodies/Individuals	<input type="checkbox"/>
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FINAL DECISION

SUGGESTED NEXT STEPS:

Details to be specified

Further consideration by this Committee	<input checked="" type="checkbox"/>	Recommendation that this Committee continues to receive regular progress reports every six months
To Council	<input type="checkbox"/>	
To Cabinet	<input type="checkbox"/>	
To an O & S Committee	<input type="checkbox"/>	
To an Area Committee	<input type="checkbox"/>	
Further Consultation	<input type="checkbox"/>	

**Corporate Services and Community Safety Overview
& Scrutiny Committee - 8 December 2009**

Employee Sickness Absence Management

**Report of the Strategic Director of Customers,
Workforce and Governance**

Recommendation

That the Committee note the latest available performance information in relation to the management of sickness absence.

1. Introduction

This report covers information on sickness absence for:

- a) the financial year April 2008 – March 2009 and
- b) Quarter 1 2009/10 based on a rolling 12 month period from July 2008 – June 2009)

2. Sickness Days lost per Employee (FTE)

- 2.1 A summary of corporate comparative absence figures over the last six years is as set out below: -

Year Ending	2003/4	2004/5	2005/6	2006/7	2007/8	2008/09	June 09
Days Lost per Employee*	12.47	10.12	10.57	9.51	8.51	8.50	8.34

* based on full time equivalent

The overall sickness absence level for the County Council was 8.50 FTE days per employee during 2008/09. This compares favourably to previous years and shows a general downwards trend that has continued into Quarter 1 of 2009/10.

The current sickness absence levels remain lower than both the latest national local government figures of 9.6 days absence per FTE employee. (Local Government Employers “Local Government Sickness Absence Levels and Causes Survey”) and the national average levels of absence for public sector employers at 9.7 days per employee per year (CIPD Absence management Survey 2009).

Sickness absence rates do however remain higher than the CBI National average for private sector employees (6.4 days).

2.2 Sickness Absence Levels by Directorate are as follows:

Directorate	2006/7	2007/ 08	2008/09	June 09 **
Adult Health & Community Services	14.11	14.46	15.04	15.18
CYP&F (schools)*	8.30	7.97	7.52	7.48
CYP&F (non schools)	7.70	6.52	9.18	8.10
Environment & Economy	7.52	7.20	7.43	7.12
Community Protection	8.31	9.00	5.80	5.01
Customers, Workforce & Governance	9.84	7.20	5.52	5.46
Resources	8.42	8.59	8.91	8.43
WCC	9.51	8.51	8.50	8.34

* Based on headcount figures (rather than FTE) in order to retain comparative base (over the last three years) and to balance the difficulties in recording term time/part time absence data

** Based on a rolling 12 month period from July 2008 to June 2009

3. **Percentage of Employees with no absences.**

Directorate	2008/09	June 09 **
Adult Health & Community Services	20.6	21.3
Children, Young People and Families	35.7	38.0
Community Protection	52.1	52.3
Customers, Workforce & Governance	40.9	40.9
Environment & Economy	32.7	39.7
Resources	32.2	34.9
WCC	35.70	37.85

The average percentage of employees with no absences has increased from 33.00% in 2007/08 to 35.70% in 2008/9.

4. **Number of Episodes of Sickness per Employee.**

Directorate	2008/09	June 09 **
Adult Health & Community Services	2.03	1.95
Children, Young People and Families	1.45	1.33
Community Protection	0.74	0.77
Customers, Workforce & Governance	1.27	1.29
Environment & Economy	1.49	1.21
Resources	1.39	1.32
WCC	1.40	1.31

5. Percentage of time lost due to short term / long term sickness

Directorate	2008/09		June 2009	
	Short-term	Long-term	Short-Term	Long-term
Adult Health & Community Services	39.6%	60.4%	38.2%	61.8%
Children, Young People and Families	44.5%	55.5%	47.2%	52.8%
Community Protection	41.7%	58.3%	43.8%	56.6%
Customers, Workforce & Governance	59.9%	40.1%	59.9%	40.1%
Environment & Economy	51.7%	48.3%	50.4%	49.6%
Resources	42.2%	57.8%	41.2%	58.8%
Total	46.60%	53.40%	46.72%	53.28%

The percentage of long-term sickness has reduced from 57% in 2007/08 to 53.40% over the last year. Long term absence is defined as absence of longer than four weeks and which often requires a medical intervention to aid recovery and return to work.

All figures within this report relate only to sickness absence as reported through the appropriate procedures and managed through the Council's management of attendance procedure. In the very rare occasions where there is strong evidence that employees are not genuinely sick then this would be dealt with as a disciplinary issue and would not be included in the sickness figures.

The figures do not include absence for non-sickness reasons such as annual leave, maternity, paternity, or adoption leave, unpaid leave and leave for compassionate reasons.

6. Reasons for Absence

	2008/09	June 09
Chest or Respiratory	4.64%	4.85%
Digestive System	5.67%	5.46%
Eye, Ear, Nose, Mouth	2.99%	3.07%
Heart & Circulation	1.41%	1.40%
Musculo-skeletal	20.05%	21.57%
Neurological	2.19%	2.19%
Operation or Post Operative	11.29%	11.56%
Stress Mental Health	17.05%	16.23%
Viral	12.39%	12.54%
Other reason	5.88%	6.29%
Unknown	16.67%	14.73%

6.1 A breakdown of the specific reasons for sickness absence shows that the “top four” reasons for sickness absence relate to absences categorised as being for musculo-skeletal issues (20.05%), stress/mental health issues (17.05%), viral infections (12.39%) and Operation or Post Operative (11.29%)

6.1.1 Musculo-skeletal disorders still remains the highest reason for sickness absence across the Council accounting for some 12,455 days lost in the last year and just over 20% of all absences. This represents just over a 2% increase in MSD related absence since April 2008. The highest incidence of MSD related absence (in terms of days lost) remain within front line services such as home, day and residential care in Adult Social Care (25.58%) and catering, cleaning and caretaking services within the Resources Directorate (28%).

The work being undertaken to prevent and manage MSD related absence will now be supplemented by support from the Council's new Occupational Health provider as from 1st April 2009. In particular this will include reviewing the benefits/business case of “fast tracking” opportunities (for example in relation to the funding of MRI scans and physiotherapy interventions) where this might reduce the length of time an employee is on long term sickness absence.

6.1.2 Mental health / stress reason is the second highest reason for sickness absence accounting for some 10,590 days and 17.05% of all absences.

Again it is not surprising that the rates of stress/mental health related absence remain comparatively high in front line services and particularly within adult social care (19.64%) and children in need (18.25%) and family related social care work (19.04%). Continued work will be undertaken within Directorates to examine the hotspot areas in other areas of the Council.

Over the last 2 years there have been significant initiatives to support health and well being in the workplace and specifically to prevent absences due to occupational related stress. Members will be aware that key aspects of this have been: -

- (i) The provision of health checks for over 2,200 employees.
- (ii) The extended provision of health and wellbeing workshops, stress management courses and regular lunchtime sessions on tai chi, pilates, waist management challenge, and yoga.
- (iii) The running of bespoke team events where part of the focus is on individual and team well-being.
- (iv) The promotion of positive health initiatives and events on the “My-Time” pages of the Council's intranet.
- (v) The key focus on the manager's role in the management of stress in the workplace and the associated development of the Front Line First Managers programme

There can, however be no room for complacency and, as always, more needs to be done to anticipate, prevent and manage workplace stress. To continue with this proactive approach, a stress and wellbeing working party is to be restarted in

2009/10 so that a corporate stress and wellbeing policy can be developed. This policy will identify the stress survey, risk assessment, competence and arrangements that will enable the corporate approach to stress management and the wellbeing to be implemented.

6.1.3 Unknown reasons 16.67% of all sickness absence remains inappropriately categorised as part of the absence recording process. The high percentage of “unknown” sickness absences is unacceptable and prevents accurate reporting. As a result from July 2009, this category has been removed to improve data accuracy requiring the line manager (through self service) to find and enter the reason. If the condition is confidential a category of “Reason Withheld” has been added.

6.1.4 Viral Infections The incidence of viral infections is relatively high with a total of 7,698 days lost and accounting for 12.39% of all absence. The County Council, through its Healthy Workforce Strategy and the “MyTime” Campaign, is promoting a healthy lifestyle, including exercise, a balanced nutritious diet and good workplace hygiene. Additionally, front line employees are offered seasonal flu vaccines and consideration is being given to other initiatives which can help to minimise transfer of viral infections in the customer facing and service centre environments.

6.1.5 An analysis of other main reasons for sickness absence is set out in the table above. Those absences relating to operations is 11.29%, digestive disorders is 5.67%, chest and respiratory infections is 4.64%, eyes/ears/nose disorders is 2.99% and heart & circulation 1.41%. Apart from the post operative category, for which there may be opportunities for fast track physiotherapy, the percentages of the remaining categories of absence are felt to be either stable or falling and, as such, detailed analysis is not, at present, seen as a priority.

6.2 A service-by-service review of the above “top two” reasons has been commenced within each Directorate and a preliminary analysis is given in the Appendices. Each directorate is addressing through its HR Business Partners and the Healthy Workforce Co-ordinator a range of bespoke proactive and preventative actions in order to ensure that these categories of absence are appropriately managed.

7. Pro-active and preventative initiatives to improve attendance at work

It is clearly important to ensure that work continues to appropriately manage and reduce the levels of sickness absence. A summary of current initiatives is set out below.

(i) Integrated approach to health and well-being

As from 1st April 2009 the Council appointed a new Health, Safety and Well-Being Manager to bringing together health and safety, staff counselling, health and well-being and occupational health into one team as part of HR Specialist Services. This will help to ensure a more integrated and strategic approach to health management and particularly to seek to reduce sickness absence in the key areas of musculo skeletal disorders and stress and mental health. Part of this approach will see the

extension of current staff counselling facilities across all directorates of the Council and a re-framing of the absence policies to focus on positive attendance.

(ii) Impact of new occupational health provider

Members will be aware that the Council appointed a new Occupational Health provider (Team Prevent) from the 1st April 2009. An important requirement of the new contractor will be to work with managers and the Council's Corporate Health, Safety & Well Being Manager to promote positive health initiatives and to seek to support the integrated approach to health management as set out above.

(iii) Facilitation of health & well-being interventions

The Healthy Workforce Co-ordinator has arranged a range of health and well being interventions such as Wellpoint health kiosks, positivity workshops, health and well-being weeks, health checks in hot spot areas and a wide range of tailored and bespoke approaches.

(iv) Performance Management of sickness within Directorates

Performance management across all service areas is key to the management and reduction of absence. Over the last 2 years this has improved across all Directorates. Absence information is now considered regularly at all Directorate Leadership Teams and appropriate action taken. The speed and consistency of action has continued to improve as part of the recent launch of the corporate HR Advisory Team working closely with Team Prevent.

8. Conclusion

Absence levels have remained relatively static over the last two quarters and the last financial year, however with the impact of swine flu, improved accuracy in the collection of sickness data and the stress of financial pressures on the County Council, members should be aware that these figures are predicted to increase despite the wide range of proactive and preventative initiatives. However, work will be progressed with managers, trade unions and HR colleagues. The introduction of the new integrated health and well being unit will provide important impetus over the coming months and guide further and progress in this key area. A further report will be presented to this Committee in six months time.

David Carter
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November 2009

APPENDIX

TOP TWO REASONS FOR SICKNESS ABSENCE AND COMMENTARY ON PROACTIVE AND PREVENTATIVE INITIATIVES BY DIRECTORATE

Directorate	April 2008 – March 2009				July 2008 – June 2009			
Adult Health & Community Services	Musculo-Skeletal (MSD)		Stress/Mental Health		Musculo-Skeletal (MSD)		Stress/Mental Health	
	Days Lost	%	Days Lost	%	Days Lost	%	Days Lost	%
	7059.8	23.26%	5713.7	18.82%	7635.80	25.16%	5370.70	17.69%

Commentary

In February 2009 an action plan was developed to address issues around sickness absence. In addition to the plan DLT recently agreed to the introduction of a short life improvement group within the Directorate to assess approaches to date and an identification of further actions to be taken as appropriate.

A number of new initiatives were agreed by the group including the development of an Attendance Management Steering Group. This would ensure that the agenda continues to be driven forward and to provide an opportunity to share ideas and develop new approaches and ways of working.

It was recognised by the group that managing sickness can be a difficult task for managers and that in some cases they may lack the experience or knowledge that will allow for all steps and avenues to be taken in dealing with cases of this nature, particularly when working in a pressured and challenging environment. The purpose of the review panel will be to consider cases of this nature and potentially persistent short term absence cases to identify if alternative actions or steps are required to resolve the position.

In addition to the above we are also investigating with Occupational Health a number of innovative pilot initiatives. We are currently exploring the possibility of operating a pilot Physiotherapy service. Due to the nature of the services that we provide, a significant number of our long term absence cases relate to muscular skeletal injury and this could be an increasing issue as our workforce ages. One of the reasons for delay in return to work is a lack of timely access to physiotherapy services through the NHS. It is suggested that by providing a physiotherapy service that is free to the member of staff through Team Prevent, potentially the actual cost to the organisation could be less than that incurred through providing cover.

We are also considering piloting a triage service. The use of a triage system will require staff to contact a nurse rather than their manager on the first day of sickness to discuss if they are fit to attend work or not, rather than to simply report that they are sick. The service would be provided through a single point of contact within team prevent and as with the physiotherapy service would seek to support employees back to work more quickly as well as identifying cases when staff should not be taking time away from work.

The group also acknowledge that in addition to the triage service we take the opportunity to re-iterate to managers and staff the current arrangements when telephoning in sick. We believe that over time this practice may have become diluted, and other practices have developed which do not fall in line with the policy.

Finally it was agreed that it would be appropriate and helpful to test the application of the managing absence policy on a regular basis probably through sampling.

**TOP TWO REASONS FOR SICKNESS ABSENCE AND COMMENTARY ON PROACTIVE
AND PREVENTATIVE INITIATIVES BY DIRECTORATE**

Directorate	April 2008 – March 2009				July 2008 – June 2009			
Children Young People & Families	Stress/Mental Health		Viral		Stress/Mental Health		Viral	
	Days Lost	%	Days Lost	%	Days Lost	%	Days Lost	%
	2773.7	17.54%	2199.7	13.91%	2305.1	16.43%	2090.4	14.90%

Commentary

The Directorate's Leadership Team continues to receive quarterly reports regarding sickness absence figures and trends in order that they can monitor and respond to issues within their respective Divisions. Similarly, HR continues to monitor the absence figures with a view to working with managers in taking proactive action in responding to the absences.

Absences relating to stress and mental health remain a concern for the Directorate, in particular, within certain teams and locations. Consequently, targeted positive work involving Staff Care, for example, is being undertaken to address these areas of concern. More generally, the Directorate has again run a number of workshops across the County as part of Learning at Work Month that focussed on stress management and well-being, with the emphasis on balancing work and home life as well as mechanisms to cope with stress. Furthermore, the Directorate's Health and Safety Officer is a member of the reconvened corporate Stress Focus Group which met in October to progress with the provision of information to managers on how to identify stressors, the process to follow where this is identified, undertaking stress risk assessments and the support available.

The Directorate's Health and Safety Officer has also been supporting and advising a number of managers within the Directorate, where stress issues have been a common theme. Focus is also being placed upon specific health and safety issues where there may be a risk of a musculoskeletal injury due to moving and handling activities. An example of work already undertaken in this respect is with the County Music Service which has resulted in arranging specific manual handling training for staff, and progress is now being made on manual handling risk assessments.

The corporate on-line display screen equipment training and self-assessment will be re-launched in the Directorate by the end of 2009. This will ensure that staff within the Directorate who work with Display screen equipment have the awareness of how to use their workstation safely, and any issues arising from the self-assessment will be actioned by managers to prevent and reduce potential musculoskeletal health issues that may arise from the incorrect use of equipment.

**TOP TWO REASONS FOR SICKNESS ABSENCE AND COMMENTARY ON PROACTIVE
AND PREVENTATIVE INITIATIVES BY DIRECTORATE**

Directorate	April 2008 – March 2009				July 2008 – June 2009			
Customers, Workforce & Governance	Viral		Musculo-Skeletal (MSD)		Musculo-Skeletal (MSD)		Stress/Mental Health	
	Days Lost	%	Days Lost	%	Days Lost	%	Days Lost	%
	663.3	24.29%	479.3	17.48%	395.7	14.49%	371.1	13.59%

Commentary

The Directorate has continued to be proactive and engage in preventative initiatives to ensure that employees are supported in the workplace. Following on from the success of the first Directorate Wellbeing and Development week in 2008, the second one is due to take place this November. The response in booking courses has been excellent and again the focus is on providing a whole range of health and wellbeing interventions. These include a combination of physical activities such as dance, tai chi, pilates and touch rugby and relaxation based interventions including massage and relaxation techniques. There has also been a focus on stress awareness events, including a session for managers focusing on the wellbeing of their staff and conflict resolution. For staff there are a range of courses to aid the management of their own wellbeing which includes, stress management, time management, boosting self confidence and self motivation. These activities have been selected in response to staff survey results, staff panel requests and the corporate focus on stress and mental health.

Induction programmes for management continue to include health, safety and wellbeing as priorities with the directorate setting managing employee stress as a standard course. All staff are required to go on Health and Safety awareness, this includes information regarding a healthy lifestyle and Council support for wellbeing. Additional training is provided where specific areas of risk have been identified. This includes lone working/personal safety for those staff working in outlying areas or expected to work with the public on their own. Front line staff are trained in handling difficult customers and conflict resolution. In order to reduce musculo-skeletal injuries manual handling training is also provided for the relevant staff.

Managers are now using the self-service facility on the HRMS systems to update information and will record and manage absence for their own teams. The directorate went live with this facility in December last year and as a result managers are now alerted by the system as soon as staff reach absence triggers. The corporate Occupational Health provider has changed in the last 12 months and HR are currently working with the new supplier. As part of our commitment to staff welfare for the past 4 years the directorate has supported self referral to counselling funding an initial 3 sessions with All About People. It is encouraging that use of this service has

decreased during 2009. It is anticipated that this outsourced service will be provided in house and the directorate will be fully using the corporate staff care facility by 2010.

Following the re-launch of AssessRite last year, all new staff are now using the system. This includes training, test, self assessment and a requirement for managers to rectify issues and this has been very successful. The Health & Safety Officer is able to assist in Display Screen Equipment assessments as required and where staff have more complex pre-existing medical conditions Occupational Health are able to provide support.

Annual Health surveillance continues for the relevant staff groups. This includes management of annual audiometry tests for approximately 50 staff who are either using headsets or working in areas with noise levels above 90db. Demonological testing is also carried out for those using chemicals. Flu jabs continue to be offered to the front line services.

**TOP TWO REASONS FOR SICKNESS ABSENCE AND COMMENTARY ON PROACTIVE
AND PREVENTATIVE INITIATIVES BY DIRECTORATE**

Directorate	April 2008 – March 2009				July 2008 – June 2009			
Fire & Rescue (Formerly Community Protection)	Stress/Mental Health		Operation / Post Op		Operation / Post Op		Musculo-Skeletal (MSD)	
	Days Lost	%	Days Lost	%	Days Lost	%	Days Lost	%
	179.9	30.12%	166.9	27.95%	163.3	33.89%	101.7	21.10%

Commentary

The stress/mental health absence figures have reduced significantly as these actually only related to a very small number of staff and a positive intervention has been the appointment of a Staff Well being Advisor, whose role is to provide individually tailored support to Fire & Rescue employees to facilitate a timely return to work.

The numbers of employees having an operation and post-operative absence is also very small, and support is available from our in-house Occupational Health Department, who assist with advice and access to rehabilitation services.

MSD absences have mainly been short-term and again these are actively managed by the Occupational Health Department through the provision of advice on lifestyle, work station assessments and positive return to work strategies.

APPENDIX

**TOP TWO REASONS FOR SICKNESS ABSENCE AND COMMENTARY ON PROACTIVE
AND PREVENTATIVE INITIATIVES BY DIRECTORATE**

Directorate	April 2008 – March 2009				July 2008 – June 2009			
Environment & Economy	Viral		Musculo-Skeletal (MSD)		Musculo-Skeletal (MSD)		Stress/Mental Health	
	Days Lost	%	Days Lost	%	Days Lost	%	Days Lost	%
	796.2	16.55%	696.6	14.52%	741	16.10%	741	16.10%

Commentary

Absence levels have remained relatively static within the Environment and Economy Directorate. It is clear that momentum needs to maintain in relation to the management of absence. However, there is no room for complacency, there is more work to be done to bring down absenteeism even further. Environment and Economy Heads of Service will ensure all cases where staff hitting trigger points are referred to HR. HR will support line managers to address individual cases of sickness absence investigating and providing support as appropriate.

Musculo-skeletal disorders still remains one of the highest recorded reasons for sickness absence. Of the 696 days reported under this category, 356 days lost were recorded as days lost through accidents/incidents in the work place. An investigation form was completed and remedial action to prevent reoccurrence discussed and agreed with the appropriate managers. The OD team are closely working with the Health and Safety Officer, to analysis all the available data relating to Musculo-skeletal disorders and where necessary HR are referring employees to our Occupational Health providers Team Prevent.

**TOP TWO REASONS FOR SICKNESS ABSENCE AND COMMENTARY ON PROACTIVE
AND PREVENTATIVE INITIATIVES BY DIRECTORATE**

Directorate	April 2008 – March 2009				July 2008 – June 2009			
Resources	Musculo-Skeletal (MSD)		Stress/Mental Health		Musculo-Skeletal (MSD)		Stress/Mental Health	
	Days Lost	%	Days Lost	%	Days Lost	%	Days Lost	%
	2191.1	28.09	1267.9	16.26	2221.2	29.40	1100.5	14.57

Commentary

The Resources Directorate continues to be proactive in the management of sickness absence. This is regularly reported to and monitored by the Directorate's Management Team, and audits are undertaken to identify and address areas of concern. For example, the significant level of unidentified reasons recorded has vastly reduced due to the implementation of changes in processes within Catering and Cleaning/Caretaking services. Not least, this enables the capture of more reliable data for comparison purposes. The introduction of HRMS Self-Service also means that managers are notified automatically when using the system if staff hit sickness absence triggers, therefore, prompting the management of sickness absence in a timely way.

Data for 2008/2009 and the rolling year to June 2009 show that musculo-skeletal disorders and stress/mental health are the top two reasons for sickness absence in Resources. The highest reason for sickness absence is musculo-skeletal disorders with 85% attributable to Facilities and Asset Management's catering and cleaning/caretaking services. This is not unexpected due to the physical nature of the jobs undertaken and the high percentage of the Directorate's staff employed in these areas. These services do, however, provide intensive induction training programmes for new staff including risk assessments, work instructions, pictorial illustrations and text to ensure safe working.

Stress/mental health issues account for almost 16.3% of all days lost but only 3.5% overall when looking at the total number of episodes. Continued interventions include counselling support, return to work programmes and occupational health services, the latter provided by the new provider, Team Prevent. Recent changes to the operation of the Staff Care Service, which is now offered corporately, also sees a change in the way that employees are referred for counselling and support with referrals to All About People now going through the Staff Care Service.

Recognising its sickness absence levels, and following a meeting with the corporate Healthy Workforce Co-Ordinator about corporate health and wellbeing interventions, Cleaning and Caretaking Services (C&CS) is currently exploring the development of a bespoke health and wellbeing event, which will take place at Montague Road for Warwick based staff. This will promote preventative and proactive health information and provide signposting for staff working in this area. As the level of musculo-skeletal disorders is relatively high in C&CS and an increase in stress/mental health sickness absences, the aim is to target priority areas such as carpal tunnel and repetitive strain injuries, back care and MSD support, and to provide a self-service wellpoint health kiosk, information on managing arthritis, diabetes, healthy eating, and staff care counselling and support. In addition, C&CS aims to incorporate elements into an existing training module for caretakers as a way of initially extending this approach to site based staff. Separately, additional training on manual handling has been organised for Building Services Supervisors.

The Resources Directorate is currently promoting its fourth annual Learning and Development Fortnight (LDF) to be held in November. A wide range of health and wellbeing activities and interventions, aimed at achieving a healthy workforce and a positive work-life balance, are on offer to staff. These activities, some of which have been suggested by staff, include self-service well point kiosks at Shire Hall and Kings House in Bedworth; a Migraine Workshop; applying Tai Chi principles for health and relaxation; Healthy Eating Workshops; Self Defence; Yoga; Football 6/7 aside which can improve fitness levels; and a Positivity Workshop to explore and practice maintaining positive moods and attitudes as a way of encouraging wellbeing.

The Assessrite training, test and assessment package re-launched in 2008 has been rolled out to all staff using display screen equipment (DSE). This online system is supported by the Resources Directorate's Health and Safety (H&S) representatives who provide assistance by advising on work equipment in order to facilitate employees remaining at or returning to work. H&S also provides training on areas such as manual handling to prevent musculoskeletal conditions from developing and the provision of advice and support on managing stress e.g. risk and stress assessments.