

AGENDA MANAGEMENT SHEET

Name of Committee Resources Performance and Development
Overview & Scrutiny Committee

Date of Committee 11th November 2008

Report Title Employee absence management

Summary This report is the latest in a series of quarterly reports which describes the latest performance information on employee absence levels.

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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 Councillor Haynes
 Councillor Booth
 Councillor Atkinson
- Cabinet Member Councillor Timms
- Chief Executive
- Legal
- Finance
- Other Chief Officers
- District Councils
- Health Authority
- Police

Other Bodies/Individuals

FINAL DECISION

SUGGESTED NEXT STEPS:

Details to be specified

Further consideration by this Committee Recommendation that this Committee continues to receive quarterly progress reports

To Council

To Cabinet

To an O & S Committee

To an Area Committee

Further Consultation

Agenda No

Resources Performance and Development Overview & Scrutiny Committee

11th November 2008

Employee Sickness Absence Management

Report of the Strategic Director of Performance & Development

Recommendation

That the Committee note the latest available performance information on sickness absence levels and continued progress in relation to the management of such absence

1. Background

This report provides information on sickness absence figures for year ending June 2008. It forms part of a regular quarterly update for Members on this key issue.

2. Comparative Absence Figures

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

Year Ending	2003/4	2004/5	2005/6	2006/7	2007/8	June 08
Days Lost per Employee*	12.47	10.12	10.57	9.51	8.51	8.41

* based on full time equivalent

2.2 The following specific issues are brought to the attention of Members: -

- The overall trend in relation to sickness absence levels remains downwards. Days lost through sickness absence have decreased by 0.10 days per employee since the end of the financial year 2007/2008 and by 1.1 days since the end of the previous financial year (2006/7).
- Current sickness absence levels are now lower than both the latest national local government figures (9.6 days absence per FTE employee) and the CBI National average for public sector employers (9.0 days). Significantly they are also now lower than the average for County Councils (8.47 days).
- Sickness absence rates do however remain higher than the CBI National average for private sector employees (6.3 days) and the upper quartile average for County Councils (7.91 days).

- Over the last year (up to June 2008) approximately 33% of employees had no sickness absence.
- Members will note that the report has again been refined to split sickness absence levels within the Children Young People and Families Directorate between schools and non-schools.

2.3 A more detailed analysis of sickness absence by service is given at Appendix A.

3. Analysis of sickness absence statistics

3.1 Over the last year long-term sickness accounted for approximately 57% of all working days lost through sickness absence but only 18% of all sickness absence occurrences. Long-term absence is defined as absence of longer than four continuous weeks and which often require a medical intervention to aid recovery and return to work. An analysis of the main causes of long-term absence is covered within section 4 of this report.

3.3 21% of all working days lost through sickness absence were categorised as short term/intermittent (i.e. of three days or less in duration). Whilst the percentage of overall sickness absence is low, short-term absence accounts for 69% of all sickness absence occurrences and requires more of a management rather than a medical focus. A breakdown of this is given below: -

Length of sickness absence	Days Lost	% of total days lost	Incidences	% of total incidences
1 day	9601	8%	9601	41%
2 day	9228	8%	4614	19%
3 day	6330	5%	2110	9%

* Figures based on year ending June 2008

3.4 All figures within this report relate only to sickness absence as reported through 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.

3.5 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.

4. Reasons for Absence

4.1 A breakdown of the specific reasons for sickness absence is given in Appendix B. Members will note that the "top three" reasons for sickness absence relate to musculo-skeletal issues (back pain, arthritis and muscular problems), stress/mental health issues and absences categorised as being for "unknown reasons". The days lost for these reasons accounted for 49% of all absence and as such continue to merit particular attention. A brief commentary on all three issues is given below:-

Musculo-skeletal issues

- 4.1.1 Musculo-skeletal disorders (MSD) remain the highest reason for sickness absence across the Council accounting for some 10,272 days lost in the last year and nearly 18% of all absences. This is congruent with national statistics from the Confederation of British Industry, which states that MSD account for a third of all GP referrals and cause 9.5 million lost working days per year.
- 4.1.2 A breakdown of MSD related absences across the Council is given in Appendix C. The highest level of absences (in terms of days lost) occur in front line services such as home, day and residential care within Adult Health and Community Services (22.42%) and catering, cleaning and caretaking services within the Resources Directorate (20.22%). This is unsurprising given the physical nature of the jobs undertaken. Where such absences occur they are often long term and thereby contribute disproportionately to higher rates of sickness absence.
- 4.1.3 In the areas referred to above, there is a robust regime of occupational risk assessment to minimise the likelihood of injury together with an extensive and preventative programme of manual handling and other occupational specific training to prevent inappropriate practice. Over the last quarter some 155 home care staff have attended “safer people handling” training and 248 employees have received training on the use of hoists in residential and home care settings.
- 4.1.4 At a wider level, health and safety co-ordinators in all directorates provide support to managers and staff on the appropriate use of display screen equipment. Over the last two years an on-line assessment tool (Assessrite) has been rolled out to office staff to enable individual training on the safe use of computer equipment and a referral system to managers where problems have been identified. A similar package (Handlerite) will shortly be launched to ensure safer systems of manual handling and lifting.
- 4.1.5 In addition to the above, information is available to all staff on the “MyTime” pages of the Council’s intranet and including NHS guidance on “backpain@work” and useful information from a range of other agencies and charities. Such information is provided as part of the Council’s Healthy Workforce Strategy.
- 4.1.4 Whilst it is accepted that the percentage of MSD related absence will always be relatively high, there can clearly be no room for complacency. As part of this it is recommended that further action includes: -
- A service-by-service review of “hotspots” within Directorates and historical trend analysis across the County Council.
 - A cost/benefit analysis of the use of “fast tracking” opportunities (for example in relation to the funding of MRI scans or physiotherapy) where this might reduce the length of time an employee is on long term sickness absence.

Mental Health / Stress

- 4.1.5 According to CBI statistics, non-work related mental health/stress disorders are the most significant cause of long-term sickness absence in the UK accounting for 24% of all absence. Across the County Council mental health/stress issues are the second highest reason for sickness absence accounting for some 9238 days and 16% of all absences. This figure clearly includes both work related and non-work related stress.
- 4.1.6 A breakdown of such absences across the Council is given in Appendix C. The figures, at present, do not provide clear enough information in relation to patterns or trends although it is clear that absences are generally higher in areas of front line services and particular in social care. The high percentage of stress related absence in the Community Protection Directorate is based on very low figures (67 days out of 124) and as such cannot be seen as significant. The Directorate also have a dedicated occupational health service and have undertaken a lot of positive work in relation to stress management over recent years.
- 4.1.7 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. Initiatives have included: -
- The provision of voluntary and proactive health checks for over 1800 employees in front line and other services
 - The running of well-being workshops and stress management courses both for managers and staff as part of the Corporate Development Menu
 - The running of well-being team and learning/development events across the Council as well as regular lunchtime sessions on tai chi, pilates and yoga.
 - The promotion of positive health initiatives and events on the “My-Time” pages of the Council’s intranet.
 - The continued provision of an internal staff-counselling unit within Adult Health and Community Services for front line social care staff. A review is currently looking at the benefits of extending this service to employees in all Directorates and rationalising our wider use of external counselling agencies.
 - An ongoing health and well-being study being carried out in partnership with Warwick Medical School, the second phase of which will re-commence in November 2008.
- 4.1.8 As with musculo-skeletal disorders it is important that more detailed work is undertaken over the next 12 months to look at stress related hotspots, historical trend analysis and the outcomes of the above initiatives. This will be carried out in accordance with Health & Safety Executive guidelines and building on results from the last Staff Survey.

Unknown Reasons

- 4.1.8 For the 12-month period up to 30th June 2008 some 15.6% of all sickness absence has not been appropriately categorised as part of the absence recording process. This clearly results from a problem in relation to the “sickness reasons” listings available to managers or a training issue for managers in recording such absences. Either way the high percentage of “unknown” sickness absences is unacceptable and prevents accurate reporting and ultimately management. A breakdown of “unknown” reasons across the Council is given in Appendix C.
- 4.1.9 It is strongly anticipated that this issue will improve over the course of the next 12 months as a result of a review of the absence classification list and a focus on hot-spot areas within Directorates. In addition, the continued rollout of the Council’s “self-service” system will ensure more direct and accurate recording of sickness absences by line managers and their employees.

Other Reasons

- 4.1.10 An analysis of other main reasons for sickness absence is set out in Appendix B. This includes those absences relating to viral infections (11.93%), operations (9.67%), digestive disorders (5.99%), chest infections (3.81%) and eyes/ears/nose disorders (3.10%). The percentage of absence is felt to be either stable or falling and, as such, detailed analysis is not, at present, seen as a priority. Clearly, however, this position will be reviewed as part of future reports on absence management.

5. Conclusion

- 5.1 It remains pleasing that sickness absence rates are continuing to reduce across the Council. As always, however, there can be no complacency. The reduction in absence levels is not consistent across all parts of the Council and further work is needed to understand the patterns and trends of such absence. We need to work hard, together with our trade union colleagues to ensure continued progress.
- 5.2 Work will continue in accordance with the action plan agreed by this Committee on the 4th September 2007 and with a focus on the long term absence issues as identified in this report. It is suggested that a further report is presented to this Committee at the end of the current financial year.

David Carter

Shire Hall
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Strategic Director of Performance
and Development

November 2008

SICKNESS ABSENCE LEVELS (DAY'S ABSENCE PER FTE EMPLOYEE) FOR THE PREVIOUS REPORTING PERIODS.

DIRECTORATE	2006/7	2007/ 08	JUNE 08
Resources	8.42	8.59	9.08
CYP&F (schools)	8.30*	7.97*	7.72*
CYP&F (non schools)	7.70	6.52	7.56
Performance & Development	9.84	7.20	6.80
Community Protection	8.31	9.00	8.70
Adult Health & C. Services	14.11**	14.46**	14.53
Environment & Economy	7.52	7.20	7.48
	9.51	8.51	8.41

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

(**) The apparent increase in absence in A, H & C between 2006/07 and 2007/08 reflects statistical anomalies resulting from changes to the composition of the workforce and changes to the method of calculation to bring it into line with the rest of the organisation.

**TOP EIGHT REASONS FOR SICKNESS ABSENCE (DAYS LOST AND %)
YEAR END JUNE 2008.**

TOP REASONS FOR ABSENCE	DAYS LOST	DAYS LOST TREND OVER LAST 3 QUARTERS	% OF ALL ABSENCE
Muscular-Skeletal issues	10272	↔	17.76%
Stress & Mental Health	9238	↑	15.98%
Unknown Reasons	9036	↑	15.63%
Viral	6896	↓	11.93%
Operation/Post Op	5592	↑	9.67%
Digestive Systems	3465	↓	5.99%
Chest/Respiratory	2206	↔	3.81%
Ear/Eye/Nose/Mouth	1818	↔	3.1%

**TOP THREE REASONS FOR SICKNESS ABSENCE LEVELS PER DIRECTORATE
DAY'S ABSENCE AS A % OF ALL ABSENCE)**

DIRECTORATE	Muscular/Skeletal		Stress/Mental Health		Unidentified Reasons	
	Days Lost	%	Days Lost	%	Days Lost	%
Resources	1731	22.89	944	12.49	1160	15.35
CYP&F (exc. schools)	1630	11.10	2201	14.99	3329	22.27
Performance & Development	279	11.71	333	13.96	117	4.95
Community Protection	17	13.73	67	54.85	16	13.17
Adult Health & C. Services	5864	20.41	5390	18.76	3479	12.11
Environment & Economy	750	17.22	300	6.90	932	21.14
		17.76		15.98		15.63