

AGENDA MANAGEMENT SHEET

Name of Committee **Staff and Pensions Committee**

Date of Committee **14 October 2010**

Report Title **Employee absence management**

Summary This report describes the latest performance information on employee absence levels for 2009/10 and 2010/11 (Quarter 1)

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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 Foster
Councillor Goode
Councillor Moss
- Cabinet Member Councillor Farnell
Councillor Hayfield
Councillor Butlin
- 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 annual progress reports

To Council

To Cabinet

To an O & S Committee

To an Area Committee

Further Consultation

Staff and Pensions Committee - 14 October 2010

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 2009 – March 2010 and
- b) Quarter 1 2010/11 based on a rolling 12 month period from July 2009 – June 2010) and
- c) compares this data with previous years to show the trend.

Elected members should note that significant organisational restructuring involving the move of services between Directorates with effect from 1 April 2010 will not allow sensible comparisons between Q1 and previous years.

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	2004/5	2005/6	2006/7	2007/8	2008/09	2009/10	2010/11 Q1
Days Lost per Employee*	10.12	10.57	9.51	8.51	8.50	8.32	8.33

* based on full time equivalent

The overall sickness absence level for the County Council was 8.32 FTE days per employee during 2009/10. This compares favourably to previous years and shows a general downwards trend that has continued since 2005/06.

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	2007/ 08	2008/09	2009/10	2010/11 (Q1)
Adult Health & Community Services	14.46	15.04	16.52	17.53
CYP&F (schools)*	7.97	7.52	7.47	7.32
CYP&F (non schools)	6.52	9.18	6.60	6.94
Environment & Economy	7.20	7.43	7.32	8.02
Fire & Rescue (formerly Community Protection) **	9.00	5.80	5.67	7.63
Customers, Workforce & Governance	7.20	5.52	6.04	7.93
Partnership & Performance Unit			5.38	5.95
Resources	8.59	8.91	8.22	8.61
WCC	8.51	8.50	8.32	8.33

* 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.

** Excludes Fire Fighters

3. Percentage of Employees with no absences.

Directorate	2008/09	2009/10	2010/11 (Q1)
Adult Health & Community Services	20.6	20.3	18.8
Children, Young People and Families	35.7	42.6	42.5
Community Protection	52.1	56.6	52.5
Customers, Workforce & Governance	40.9	36.6	34.8
Environment & Economy	32.7	41.9	39.0
Partnership & Performance Unit		42.9	38.9
Resources	32.2	37.4	37.5
WCC	35.70	34.71	34.38

The average percentage of employees with no absences has decreased from 35.70% in 2008/09 to 34.71% in 2009/10.

4. Number of Episodes of Sickness per Employee.

The number of episodes equates to the average number of occasions during the period that an employee is absent due to sickness in each Directorate.

Directorate	2008/09	2009/10	2010/11 (Q1)
Adult Health & Community Services	2.03	1.79	1.78
Children, Young People and Families	1.45	1.16	1.17
Community Protection	0.74	0.80	0.80
Customers, Workforce & Governance	1.27	1.27	1.48
Environment & Economy	1.49	1.28	1.38
Partnership & Performance Unit		1.54	1.76
Resources	1.39	1.15	1.16
WCC	1.40	1.36	1.37

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

	2008/09		2009/10		2010/11 (Q1)	
	Short-term	Long-term	Short-Term	Long-term	Short-Term	Long-term
AH&CS	39.6%	60.4%	32.5%	67.5%	29.6%	70.4%
CYP&F	44.5%	55.5%	54.6%	45.4%	52.8%	47.2%
CP (Fire)	41.7%	58.3%	49.5%	50.5%	38.2%	61.8%
CWG	59.9%	40.1%	59.5%	43.5%	55.6%	44.4%
E&E	51.7%	48.3%	53.1%	46.9%	52.5%	47.5%
PPU			61.4%	38.6%	61.9%	38.1%
Res	42.2%	57.8%	40.3%	59.7%	39.6%	60.4%
Total	46.60%	53.40%	40.93%	59.07%	40.00%	60.00%

The percentage of long-term sickness has increased from 53.40% in 2008/09 to 59.07% 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	2009/10	2010/11 Q1
Chest or Respiratory	4.64%	4.30%	4.32%
Digestive System	5.67%	7.06%	7.40%
Eye, Ear, Nose, Mouth	2.99%	3.02%	3.05%

Heart & Circulation	1.41%	1.79%	1.92%
Musculo-skeletal	20.05%	22.58%	21.92%
Neurological	2.19%	3.14%	3.17%
Operation or Post Operative	11.29%	10.31%	11.00%
Stress Mental Health	17.05%	17.96%	19.08%
Viral	12.39%	13.77%	13.37%
Swine Flu		1.28%	1.24%
Other reason	5.88%	7.00%	7.04%
Reason Withheld	16.67%	7.79%	6.49%

6.1 A breakdown of the specific reasons for sickness absence shows that the “top four” reasons for sickness absence remain unchanged from the previous year. These relate to absences categorised as being for musculo-skeletal disorders (22.58%), stress/mental health issues (17.96%), viral infections (13.77%) and Operation or Post Operative conditions (10.31%).

6.1.1 Musculo-skeletal disorders remain the highest reason for sickness absence across the Council accounting for some 13,601 days lost in the last year and over 22% of all absences. This represents just over a 2% increase in MSD related absence since April 2009. 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%).

Health and Safety staff and the HR Advisory Service have recently reviewed the absence data for MSD's, particularly within AH&CS Directorate where the incidence of MSD is highest. Proactive and early intervention strategies have been identified and trialled for short term and long term episodes of absence and this learning will be deployed within other Directorates. The focus has been on prevention strategies, information/ instruction for employees on back care and prevention, and return to work options. This is in addition to the current control strategies we already have in place through risk assessment and training requirements.

6.1.2 Mental health / stress reason is the second highest reason for sickness absence accounting for some 10,820 days and 17.96% 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 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 availability of new and enhanced wellbeing pages and content on the Council's intranet. The well structured, easy to read and understand content, fosters greater understanding of wellbeing issues and topics and provides practical advice to staff on how to improve their wellbeing. This includes well thought through links to a sensible number of well known and reliable sources such as NHS Choices and MIND so enabling the reader to access services and further support if required.
- (v) The key focus on the manager's role in the management of stress in the workplace.

There can, however be no room for complacency and a proactive approach has been adopted to anticipate, prevent and manage workplace stress. A stress and wellbeing working party has been active in producing an excellent corporate stress and wellbeing policy and managers toolkit. This is supported by an associated managers guide, risk assessment form for teams/roles and individuals (based on the HSE management standards) and return-to-work assessment. These documents are due to be launched by the end of 2010 (to link in with the National Stress Awareness Day on the 3rd November 2010).

To ensure the quality, usability, and usefulness of the stress toolkit, managers and end users were consulted at a series of 'stress and mental wellbeing in the workplace' workshops..

Information for employees is also being produced currently. This information will accompany the wellbeing content that is already available on the newly revamped wellbeing intranet pages.

The new corporate Staff Care Service is also available for employees and this service supports many with stress and mental health issues.

6.1.3 Viral Infections The incidence of viral infections is relatively high with a total of 8,298 days lost and accounting for 13.77% of all absence. The County Council, through proactive approach continue as resources allow to promote 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.

6.1.4 Other reasons An analysis of other main reasons for sickness absence is set out in the table above. Those absences relating to operations is 10.31%, digestive disorders is 7.06%, chest and respiratory infections is 4.30%, eyes/ears/nose disorders is 3.02% and heart & circulation 1.79%. 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.

6.1.5 Reason Withheld In 2008/09 16.67% were categorised as "Unknown reasons". To help improve the accuracy of the absence data, this category was removed creating an expectation that managers would report the reason for each absence.

As a consequence the % of other reasons has increased. However, a category of "Reason Withheld" was introduced to provide the option for individuals who had reported their medical reason to Occupational health (or their line manager) but requested that for personal reasons the reason not to be recorded. In addition, the roll out of employee and manager Self Service across all Directorates that requires line managers to enter employee absence on a weekly basis has significantly improved the accuracy of sickness reporting over the last year.

- 6.2 A service-by-service review of the above top reasons has been undertaken within each Directorate and the analysis is presented in the Appendices. The reports show the actions each Directorate is addressing through its HR Business Partners to ensure that the most prominent categories of absence that are highlighted 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 health and well-being function

As from 1st April 2009 the Council adopted an integrated approach to health and wellbeing by bringing together health and safety, staff counselling, well-being and occupational health into one team as part of Specialist HR Services. This approach has been effective in allowing a more effective corporate and integrated approach to be adopted in addressing the management of sickness absence and the organisation of the support available to employees. Part of this approach has involved the launch of a new corporate Staff Care Service and the launch of a new wellbeing website for employees. The next stage of this integrated approach is to bring the health and safety function under the leadership of the professional lead (Health, Safety and Well-Being Manager) in October 2010 with the aim of strengthening corporate working.

(ii) Role of Team Prevent, Occupational Health Service

Team Prevent are Occupational Health contractors based in Shire Hall. They provide regular and professional clinical advice and support to managers who seek advice on individual cases relating to the management of employee absence. In addition, the Occupational Health Service work under the direction of Specialist HR Services to continually promote positive health initiatives to employees.

Proposals are being discussed with Team Prevent to reduce absence through a case management approach which will enable immediate intervention and referral to Occupational Health where stress or MSDs are indicated as the reason for absence. Team Prevent will be adopting evidence based Stay at Work and Early Return to Work approaches and setting targeted return to work dates, in line with evidence based recovery periods, for those employees who are absent from work due to surgical procedures.

(iii) Facilitation of health & well-being interventions

The Healthy Workforce Co-ordinator has been seconded to the Department of Health for 18 months and has not been replaced. However, a limited range of health and well being interventions such as Wellpoint health kiosks, positivity workshops and health and well-being weeks have occurred.

(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.

(v) Review of Staff Sickness Policy and Procedures

The current Staff Sickness Policy is being reviewed to reflect recent statutory changes from “Sick notes” to “Fit notes” and to strengthen the proactive and supportive approach the Council are playing in encouraging wellbeing of the workforce to encourage attendance rather than absence.

8. Conclusion

Despite factors such as the worrying economic climate that is threatening jobs and the impact of swine flu, further progress has been made in reducing the level of staff absence due to sickness. Work continues in equipping managers to effectively manage staff absence. Proactive support to encourage staff wellbeing is ongoing and continual improvements are being made monitoring and reporting absences.

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Shire Hall
Warwick

September 2010

TOP REASONS FOR SICKNESS ABSENCE AND COMMENTARY

Adult, Health & Community Services Directorate

Sickness reasons	2009/10		2010/11 Q1	
	Days Lost	%	Days Lost	%
Musculo-Skeletal	8,554	28.00%	8,004	26.47%
Stress & mental health	6,231	20.69%	6,589	21.79%
Viral	3,112	10.19%	2,931	9.69%
Operation	3,126	10.23%	3,332	11.02%

Commentary

The overall figure for Adults for Q1 2010/11 appears to show an increase on 2009/10, but this is misleading. This is the effect on the statistics of the transfer to CWG of libraries staff, who have lower absence rates than social care staff. It does not represent a real increase in the absence of those staff who remain in the Directorate. Whilst social care, and in particular client care provision, typically have higher absence rates than most other Local Government employee groups, the Directorate is very aware of the consequential cost and disruption to service and a Steering Group is overseeing an action plan seeking to reduce absence. Key aspects of this are described below.

A Review Panel has initially focused on long term absence. As a direct result of the first cohort reviewed, more than 26 long term absence cases were resolved and others subsequently. At least as important is the learning which is being applied on an ongoing basis with the HR Advisors for A, H & C maintaining a strong focus on all sickness absence case management in support of managers. They are also addressing and monitoring some short falls in the administrative arrangements of the Occupational health Service which was resulting in delayed appointments. As many individuals had a 3 month notice period and sickness rates are calculated over a 12 month period it will be about another 9 months before the full effect of these actions is will be seen in the figures. In September/October, the next review panel will start to consider short term persistent absence management.

Other initiatives include:

- Health and Staff Support team and HR Advisory Team working to provide better tools and processes to strengthen our response to stress related absence including stress risk assessments.
- researching potential providers of a nurse triage service to respond to people phoning in sick, for which we hope to progress a small pilot in the next few months.
- following research, agreement that physiotherapy should be provided on a case by case basis through Occupational Health when cost effective for staff with musculo-skeletal injuries.

TOP REASONS FOR SICKNESS ABSENCE AND COMMENTARY

Children Young People & Families Directorate

Sickness reasons	2009/10		2010/11 Q1	
	Days Lost	%	Days Lost	%
Musculo-Skeletal	1,366	11.38%	1,442	11.59%
Stress & mental health	1,935	16.06%	2,186	17.56%
Viral	2,187	18.15%	2,251	18.09%
Operation	1,189	9.86%	1,360	10.92%

Commentary

It is disappointing that there has been a marginal increase in the level of sickness absence within the Directorate. However, CYPF still remain close to the CBI National Average in the private sector of 6.4 days per employee.

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

In our last report we highlighted a need to reduce the level of absences relating to stress and mental health which was apparent in certain teams and locations.

A team was identified that needed intervention support around stress management and well-being and the CYP&F Business Partnership Team commissioned some focussed work with this team to develop skills to enable them to effectively identify and combat stress and to produce action plan to reduce and prevent it in the future.

The initial feedback has been extremely positive and since then a number of issues have been addressed through conducting risk assessments which have enabled staff to identify stress triggers and therefore put interventions in place.

The team's Manager has reported that since the training in May that overall stress related sickness has significantly reduced.

Further follow ups will be conducted and additional support provided for particular issues that may arise. The intention is to now to out this model to other CYPF service later this year.

In addition to the above, over the last 12 months we have provided staff with bite size learning opportunities under the umbrella of 'Learning at Work'. In May we ran a series of targeted workshops and seminars aimed at particular divisions within the Directorate which would provide interventions and solutions to information highlighted in documents such as Absence, liP and Staff Survey reports.

Interventions included:

- Manual Handling Awareness training
- Stress Management for Managers
- Wellbeing workshops for Staff
- Positivity Workshops.

Feedback from both facilitators and delegates has been very positive. Both staff and teams have highlighted that since these interventions have taken place significant changes to either their working arrangements/procedures or how they keep 'themselves well' in and out of work has taken place.

Musculoskeletal issues also represents a significant proportion of absence and has been a focus for attention within CYPF.

In March 2010, the CYPF Directorate re-launched the WCC on-line, interactive, display screen equipment training and self-assessment system, AssessRite, to all employees who use a workstation.

Currently the directorate has 1,277 users of the AssessRite system, 786 users have completed all of the modules, the training and assessment.

From the completed assessments, 890 issues (risks) have been identified for action by the designated manager, half of these have now been actioned. The CYPF H&S Officer is working to ensure that further scheduled monitoring of the completion of the training and assessments is undertaken. This will include a follow up to inform managers of the modules and issues outstanding.

Advice has also been given directly to managers where this has been sought, relating to general health issues arising from the use of DSE or identified from the assessments and resolved effectively, such as aches and pains in wrists, shoulders, back. For example, a physical visit and advice on workstation set up and posture, advice on purchasing alternative or specialist equipment etc.

TOP REASONS FOR SICKNESS ABSENCE AND COMMENTARY

Customers, Workforce & Governance Directorate

Sickness reasons	2009/10		2010/11 Q1	
	Days Lost	%	Days Lost	%
Musculo-Skeletal	742	13.43%	889	15.36%
Stress & mental health	1,032	18.66%	1,125	19.45%
Viral	1,019	18.42%	1,031	17.84%
Operation	744	13.46%	808	14.00%

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 Wellbeing and Development week in 2008, the event was repeated in November 2009. The focus was on providing a whole range of health and wellbeing interventions that included 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 and well being training. These activities have been selected in response to staff survey results, staff panel requests and the corporate focus on stress and mental health. However, in the light of planned budget reductions these activities are not planned in the future.

Induction programmes for management continue to include health, safety and wellbeing as priorities with the directorate providing 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 familiar with using HRMS self-service to record and manage absence for their teams. Managers are alerted by the system once triggers are reached and this prompts them to arrange appropriate referrals to Team Prevent, the Occupational Health provider. Managers are also able to refer their employees requiring counselling support to the newly established corporate Staff Care Service that is now based within Workforce Strategy & Development. The Directorate's Management Team will receive reports regarding sickness absence figures and trends in order that they can monitor and respond to issues within their respective Divisions. The HR Advisory service will continue to monitor the absence figures with a view to working with managers in taking proactive action in responding to the absences.

TOP REASONS FOR SICKNESS ABSENCE AND COMMENTARY

Economy & Environment Directorate

Sickness reasons	2009/10		2010/11 Q1	
	Days Lost	%	Days Lost	%
Musculo-Skeletal	837	17.35%	778	15.20%
Stress & mental health	477	9.89%	565	11.05%
Viral	1,059	21.95%	1,186	23.18%
Operation	474	9.83%	460	8.99%

Commentary

The Environment and Economy Directorate has recently launched its OD programme; part of which is for the HR Business Partnership team, in conjunction with HR Advisors, to run Management workshops on sickness absence management through October and November 2010. These workshops will be addressing the roles and responsibilities of Staff, Managers and HR in relation to the management of absence.

Absence levels remain relatively static within the Environment and Economy Directorate. It is clear that the momentum needs to be maintained in relation to the management of sickness absence, and Heads of Service will ensure all cases are referred to HR where employees hit their trigger points. The HR Service will continue to support line managers to address individual cases of sickness absence.

The above measures underpin our pledge to manage the health and wellbeing of our workforce and, in return, reduce levels of absenteeism.

TOP REASONS FOR SICKNESS ABSENCE AND COMMENTARY

Fire & Rescue

Sickness reasons	2009/10		2010/11 Q1	
	Days Lost	%	Days Lost	%
Musculo-Skeletal	44	9.02%	94	14.51%
Stress & mental health	163	33.44%	236	36.14%
Viral	58	11.91%	48	7.33%
Operation	87.1	17.79%	118	18.05%

Commentary

The Fire & Rescue Staff Wellbeing Adviser works with individuals experiencing stress and mental health issues, to support them back to work through counselling and other relevant therapies.

Stress and Mental Health is the top reason for sickness absence within Fire & Rescue during this reporting period, however further investigation within the Service has shown that this related to personal rather than work-related stress in over 90% of cases.

The past 12 months has seen more than 10 Fire & Rescue employees arrested and bailed by the Police for reasons associated with the Atherstone-on-Stour tragedy. This has had a significant impact upon those employees and their colleagues, thus increasing the levels of stress overall. The Police investigation is ongoing at present and so we do not anticipate stress levels associated with this to reduce in the near future.

Operations (2nd highest reason) are not something that can be prevented via workplace interventions but employees are supported by our Fire & Rescue Occupational Health Department through rehabilitation programmes and the availability of light duties, thus proactively managing a positive return to work. Musculo-skeletal absences are also managed via rehabilitation and light duties but many roles within the Fire & Rescue Service are physically demanding and thus we expect a number of cases to arise, although preventative programmes are promoted to reduce this risk.

The Fire & Rescue Service Improvement Plan was endorsed by the County Council on 20th July 2010 and one of the main 8 improvements within the plan is to reduce sickness absence. An action plan is already being implemented towards achieving this objective and monthly absence monitoring meetings concentrate on reducing absence levels.

TOP REASONS FOR SICKNESS ABSENCE AND COMMENTARY

Partnerships & Performance Unit

Sickness reasons	2009/10		2010/11 Q1	
	Days Lost	%	Days Lost	%
Musculo-Skeletal	9	6.67%	21	13.11%
Stress & mental health	66	46.70%	59	37.14%
Viral	39	27.53%	50	31.59%
Digestive System	14	9.83%	15	9.36%

Commentary

The PPU has implemented a series of 'Unit Get Together' events over the forthcoming year. The aim of the 'Get Together' is to provide a further opportunity for staff to come together to share their concerns and ideas with each other and managers. This has, and will increasingly enable improved communication, identify how best staff and managers can support colleagues as a major contribution to improving health and wellbeing in the Unit and attendance at work.

Opportunities have been provided for staff in relation to Working Smarter and improving time management (both at work and at home), improving personal performance and effectiveness (again, both at work and at home). Outcomes from these personal development opportunities will have a direct enhancement of staff's health and wellbeing, resulting in improved attendance.

TOP REASONS FOR SICKNESS ABSENCE AND COMMENTARY

Resources Directorate

Sickness reasons	2009/10		2010/11 Q1	
	Days Lost	%	Days Lost	%
Musculo-Skeletal	2,367	30.34%	2,478	30.50%
Stress & mental health	1,038	13.31%	1,173	14.43%
Viral	846	10.85%	863	10.63%
Operation	819	10.49%	800	9.84%

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. The introduction of HRMS Self-Service means that managers are notified automatically by the system when staff hit sickness absence triggers, therefore, prompting the management of sickness absence in a timely way.

Musculo-skeletal disorders and stress/mental health continue to be the top 2 reasons for sickness absence in Resources. The highest reason for sickness absence in Resources is musculo-skeletal disorders with most attributable to Facilities Management's catering and cleaning services. At least 38% of these absences have been identified as being related to back injuries, which is not unexpected due to the physical nature of the jobs undertaken. However it is evident that whilst these injuries lead to longer individual periods of absence the most frequently occurring absence across the Directorate is, as would be expected, attributable to virus/flu/digestive complaints.

In association with the corporate Healthy Workforce Coordinator, staff from Cleaning and Caretaking attended a Stress Management and Well being course. Additional training was also provided on manual handling for the Building Services Supervisors due both to the increasing amount of recycling work across County Buildings and also their involvement in the removal of glass panels. .

The Directorate held its annual Learning and Development Fortnight (LDF) which included a wide range of health and well-being activities and interventions, aimed at achieving a healthy workforce and a positive work-life balance. 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 such as Mood and Food and Heart health and the Optimal Food Choices; Self Defence; Yoga; Football 6/7 aside which build team skills and can improve fitness levels; and a Positivity Workshop to explore and practice maintaining positive moods and attitudes as a way of encouraging well-being.