Staff and Pensions Committee - 13 October 2011

Employee Sickness Absence Management

Recommendation

That the Committee note the performance information in relation to the management of employee sickness absence during 2010/11

1. Introduction

This report covers information on sickness absence for:
   a) the financial year April 2010 – March 2011 and
   b) compares this data with previous years to show the trend.

Elected members should note that organisational restructuring involving the move of services into new Groups between April and November 2011 will involve a significant change to the way future reports are presented and will limit the scope for sensible comparisons with previous year's sickness data.

2. Sickness Days lost per Employee (FTE)

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

Year Ending	2004/5	2005/6	2006/7	2007/8	2008/09	2009/10	2010/11
Days Lost per Employee*	10.12	10.57	9.51	8.51	8.50	8.32	8.80

  * based on full time equivalent

The overall sickness absence level for the County Council was 8.80 FTE days per employee during 2010/11. This figure shows a slight increase in sickness levels from the previous year and brings to an end the 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 10.3 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 9.6 days per employee per year (CIPD Absence Management Survey 2010).

Sickness absence rates do however remain higher than the CBI National average for private sector employees (6.6 days).

2.2 Sickness Absence Levels by Directorate are as follows:

Directorate	2007/ 08	2008/09	2009/10	2010/11
Adult Health & Community Services	14.46	15.04	16.52	15.37
CYP&F (schools)*	7.97	7.52	7.47	8.29
CYP&F (non schools)	6.52	9.18	6.60	7.90
Environment & Economy	7.20	7.43	7.32	8.70
Fire & Rescue (formerly Community Protection) **	9.00	5.80	5.67	7.15
Customers, Workforce & Governance	7.20	5.52	6.04	7.23
Partnership & Performance Unit			5.38	6.61
Resources	8.59	8.91	8.22	7.79
WCC	8.51	8.50	8.32	8.80

* 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
Adult Health & Community Services	20.6	20.3	17.7
Children, Young People and Families	35.7	42.6	40.2
Community Protection	52.1	56.6	45.5
Customers, Workforce & Governance	40.9	36.6	34.6
Environment & Economy	32.7	41.9	34.1
Partnership & Performance Unit		42.9	27.6
Resources	32.2	37.4	38.6
WCC	35.7	34.7	31.9

The average percentage of employees with no absences has continued to decrease from 34.71% in 2009/10 to 31.9% in 2010/11.

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
Adult Health & Community Services	2.03	1.79	1.72
Children, Young People and Families	1.45	1.16	1.15
Community Protection	0.74	0.80	0.83
Customers, Workforce & Governance	1.27	1.27	1.37
Environment & Economy	1.49	1.28	1.43
Partnership & Performance Unit		1.54	1.55
Resources	1.39	1.15	1.12
WCC	1.40	1.36	1.32

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

Short term absence is defined as an absence of below 20 working days. 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.

	2008/09		2009/10		2010/11	
	Short-term	Long-term	Short-Term	Long-term	Short-Term	Long-term
AH&CS	39.6%	60.4%	32.5%	67.5%	33.8%	66.2%
CYP&F	44.5%	55.5%	54.6%	45.4%	53.8%	46.2%
CP (Fire)	41.7%	58.3%	49.5%	50.5%	39.3%	60.7%
CWG	59.9%	40.1%	59.5%	43.5%	58.1%	41.9%
E&E	51.7%	48.3%	53.1%	46.9%	45.2%	54.8%
PPU			61.4%	38.6%	43.5%	56.5%
Res	42.2%	57.8%	40.3%	59.7%	40.9%	59.1%
Total	46.60%	53.40%	40.93%	59.07%	41.4%	58.6%

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
Chest or Respiratory	4.64%	4.30%	5.6%
Digestive System	5.67%	7.06%	7.8%
Eye, Ear, Nose, Mouth	2.99%	3.02%	3.6%
Heart & Circulation	1.41%	1.79%	1.4%
Musculo-skeletal	20.05%	22.58%	20.5%
Neurological	2.19%	3.14%	3.0%
Operation or Post Operative	11.29%	10.31%	12.1%
Stress / Mental Health	17.05%	17.96%	20.7%
Viral	12.39%	13.77%	12.6%
Swine Flu		1.28%	0%
Other reason	5.88%	7.00%	7.9%
Reason Withheld	16.67%	7.79%	4.8%

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 stress/mental health issues (20.7%), musculo-skeletal disorders (20.5%), viral infections (12.6%) and Operation or Post Operative conditions (12.1%).

6.1.1 <u>Mental health / stress</u> reason is the top reason for sickness absence accounting for some 11,717 days and 20.7% 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 (25.4%) and Children, Young People & Families (17.1%). Work is undertaken in each Directorate to examine the hotspot areas in all areas.

Although the budget for employee well being has been removed in the current round of savings, the following action has been taken to address the above sickness trend:

(a) The NHS Choices website offering a wide and reliable range of advice to employees on well-being has been incorporated into the Council's intranet. This 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 so enabling the reader to access services and further support if required.

(b) A proactive approach has been adopted to anticipate, prevent and manage workplace stress. A stress and wellbeing working party has produced a corporate Management of Work-Related Stress & Wellbeing Policy and Manager's Guide together with stress risk assessment forms (both individual and team/role as well as a return-to-work checklist). A series of pilot training sessions were delivered to a selection of manager's in 2010/11 to provide training on the management of stress (based on legislation, case law and the HSE management standards), and to introduce the accompanying WCC guide and assessment tools as part of the consultation process. These documents were launched by the end of 2010 to link in with the National Stress Awareness Day on the 3rd November 2010.

Following the success of these pilot training sessions, the corporate training provision will be reviewed and a new session provided in 2011/12 and rolled out to all managers. Information to employees is provided via the wellbeing intranet page and training sessions will be explored.

(c) The corporate Staff Care Service continues to develop its services and is available for all employees (with the exception of Fire & Rescue and Schools who have their own arrangements). In particular support is provided to many with stress and mental health issues.

6.1.2 <u>Musculo-Skeletal Disorders (MSD)</u> is the second main reason for sickness absence across the Council accounting for some 11,631 days lost in the last year and over 20% of all absences. This represents a 1.5% decrease in MSD related absence since the previous year. 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 (23.5%) and catering, cleaning and caretaking services within the Resources Directorate (29.6%).

Health and Safety staff and the HR Advisory Service are continually reviewing 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. 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 <u>Viral Infections</u> The incidence of viral infections is relatively high with a total of 7,130 days lost and accounting for 12.6% of all absence. Limited resources have restricted the offering of lunchtime healthy activities to staff however, the intranet is now an excellent source of information that encourages employees to adopt a healthy lifestyle, including tips on exercise, a balanced nutritious diet and good workplace hygiene. Additionally, front line employees have access to seasonal flu vaccines and consideration will be given to any other initiatives which can help to minimise transfer of viral infections in the customer facing and service centre environments.

6.1.3 <u>Other reasons</u> An analysis of other main reasons for sickness absence is set out in the table above. Those absences relating to operations is 12.1%, digestive disorders is 7.8%, chest and respiratory infections is 5.6%, eyes/ears/nose disorders is 3.6% and heart & circulation 1.4%. 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.

6.1.4 <u>Reason Withheld</u> The percentage of reasons withheld continues to fall from 16.67% In 2008/09 to 7.79% in 2009/10 to 4.8% in 2010/11. To help improve the accuracy of the absence data, the category of "unknown reasons" 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 review of the above top reasons has been undertaken within each Directorate through the HR Business Partners to ensure that the most prominent categories of absence that are highlighted in the Appendix are appropriately managed.

7. Action 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 recent initiatives is set out below.

(i) <u>The further Integration of the Health, Safety and Well-Being function</u>

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. Since the last report the line management of all health and safety staff was transferred in October 2010 under the leadership of the Health, Safety & Well-Being Manager. This has strengthened corporate working and the capacity to develop initiatives to improve the management and performance of health and safety and also the well being of the workforce.

(ii) <u>Interventions by Team Prevent, Occupational Health Service</u>

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.

During the last year, Team Prevent have supported the reduction in absence through a case management approach which encourages immediate intervention and the early referral to Occupational Health where stress or MSDs are indicated as the reason for absence. Team Prevent have also supported the Council by providing back care sessions during Learning at Work month.

(iii) <u>Provision of a comprehensive Well-Being Information Resource on the Council's HR Intranet</u>

The NHS Choices website is promoted on the HR intranet and is easily accessible by employees who can gain detailed and up to date health information. The main sections includes
a) an A-Z of medical conditions,
b) Living Well
c) Carers Support
d) Health News

(iv) <u>Improved Absence Data</u>

Performance management across all service areas is key to the management and reduction of absence. Over recent years this has improved across all Directorates. Individual employee absence information is now available via Self Service to individuals and their manager. Also a wide range of sickness absence reports are available to managers from the HRMS system via a new Information Team based in the HR Service Centre. However, during the current year the phased changes to the structure of the organisation will require work to be undertaken on building the new organisation in the HRMS system and adjusting reports accordingly.

(v) <u>Revised Sickness Absence Policy and Procedures</u>

A new sickness absence policy and procedures that has recently been agreed with the aim of reducing the incidence of sickness and help employees return to work as soon as possible. (the new policy now includes the change from 'sick note' to 'fit note'). The next stage is for managers to be trained to be able to effectively implement the new sickness procedures. This is planned during the remainder of the year. An Employee Sickness Absence Guide has also been produced for the

first time to explain to employees their responsibilities and what they should expect when unable to work due to sickness.

8. Conclusion

The overall sickness level for the County Council has increased over the period 2010/11 (8.8 days absence per FTE) although this continues to be lower than the mean for local government. (10.3 days absence per FTE). Stress and mental health has now become the top reason for sickness. The economic pressures that have resulted in redundancies and changes in the workplace (structural, roles, etc) have had a clear impact on anxiety and stress levels.

Yet despite the higher absence levels, the Council has been proactive in its absence management. Steps have been taken to identify and reduce stress in the workplace using the HSE stress management standards and staff care support. The employee sickness policies and procedures have been re-written and managers will receive further training in handling absences effectively.

Background Information

None.

Report Author	Martyn Thompson	
Head of Service	Bob Perks	bobperks@warwickshire.gov.uk
Strategic Director	David Carter	davidcarter@warwickshire.gov.uk
Cabinet Portfolio Holder	Councillor Martin Heatley	cllrheatley@warwickshire.gov.uk

TOP REASONS FOR SICKNESS ABSENCE BY DIRECTORATE

Adult, Health & Community Services Directorate

Sickness reasons	2009/10		2010/11	
	Days Lost	%	Days Lost	%
Musculo-Skeletal	8,554	28.00%	5,420	23.5%
Stress & mental health	6,231	20.69%	5,860	25.4%
Viral	3,112	10.19%	2,036	8.8%
Operation	3,126	10.23%	2,719	11.8%

Children Young People & Families Directorate

Sickness reasons	2009/10		2010/11	
	Days Lost	%	Days Lost	%
Musculo-Skeletal	1,366	11.38%	2,435	17.1%
Stress & mental health	1,935	16.06%	2,305	16.1%
Viral	2,187	18.15%	2,091	14.7%
Operation	1,189	9.86%	1,652	11.6%

Customers, Workforce & Governance Directorate

Sickness reasons	2009/10		2010/11	
	Days Lost	%	Days Lost	%
Musculo-Skeletal	742	13.43%	747	14.5%
Stress & mental health	1,032	18.66%	843	16.4%
Viral	1,019	18.42%	967	18.9%
Operation	744	13.46%	962	18.7%

Economy & Environment Directorate

Sickness reasons	2009/10		2010/11	
	Days Lost	%	Days Lost	%
Musculo-Skeletal	837	17.35%	699	11.6%
Stress & mental health	477	9.89%	1,268	21.1%
Viral	1,059	21.95%	1,147	19.1%
Operation	474	9.83%	460	8.99%

Fire & Rescue

Sickness reasons	2009/10		2010/11	
	Days Lost	%	Days Lost	%
Musculo-Skeletal	44	9.02%	93	16.9%
Stress & mental health	163	33.44%	204	37.0%
Viral	58	11.91%	48	7.33%
Operation	87.1	17.79%	61	11.1%

Partnerships & Performance Unit

Sickness reasons	2009/10		2010/11	
	Days Lost	%	Days Lost	%
Musculo-Skeletal	9	6.67%	46	23.4%
Stress & mental health	66	46.70%	67	33.8%
Viral	39	27.53%	43	21.6%
Digestive System	14	9.83%	15	9.36%

Resources Directorate

Sickness reasons	2009/10		2010/11	
	Days Lost	%	Days Lost	%
Musculo-Skeletal	2,367	30.34%	2,177	29.6%
Stress & mental health	1,038	13.31%	1,170	15.9%
Viral	846	10.85%	795	10.8%
Operation	819	10.49%	847	10.8%