

## Staff and Pensions Committee 13 November 2012

### Employee Sickness Management Report

#### Recommendations

- (1) That the Committee notes the performance information in relation to the management of employee sickness absence during 2011/12
- (2) That the Committee supports a proactive approach to managing absence which includes effective training of managers.

#### 1.0 Introduction

This report covers information on sickness absence for:

- a) the financial year April 2011 – March 2012 and
- b) compares data with previous years at Corporate level only

Elected members note due to organisational restructures involving the move from Directorates to new Groups in November 2011, we cannot sensibly compare this year's sickness data with that of previous year, and therefore there will be no comparison at group level this year.

#### 2.0 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	2005/ 2006	2006/ 2007	2007/ 2008	2008/ 2009	2009/ 2010	2010/ 2011	2011/ 2012
Days Lost per Employee*	10.57	9.51	8.51	8.50	8.32	8.80	8.82

The overall sickness absence level for the County Council during 2011/12 was 8.82 FTE days per employee. This slight increase shows our sickness absence levels are relatively stable.

Public sector absence has fallen to the lowest level recorded for this sector since we recorded absence levels by sector in 2002. (CIPD Absence Management Survey 2012).

The numbers of days lost per employee for the County still remains low compared with levels reported by the Local Government Employers “Local Government Sickness Absence levels Cause Survey” for 2010/11 with a return of 9.6 days per employee per year.

## 2.2 Sickness Absence Levels by Group are as follows

Group	Communities	Fire and Rescue	People	Resources
2011/12	9.73	8.93	13.60	8.61

. Please note all the data for the Fire and Rescue Service excludes operational Firefighters.

## 3.0 Percentage of Employees with no absences

WCC	2008/9	2009/10	2010/11	2011/12
	35.7	34.7	31.9	40.5%

Group	Communities	Fire and Rescue	People	Resources
2011/12	44.4%	52.7%	33.3%	40.2%

The average percentage of employees with no absence has increased significantly from 33.3% in 2010/11 to 40.2% in 2011/12.

CIPD Absence Management Survey 2012 reported nearly a third of organisations report an increase in presenteeism. Presenteeism is a term used to describe employees who come to work ill as a way to demonstrating their commitment. The CIPD reports this increase is more common in organisations that are anticipating redundancies within the next six months. Therefore, as a changing organisation we need to take pre-emptive action to address employees’ concerns in times of challenge uncertainty and change.

Supportive measures can be found in section 7.

The CIPD report continues to say *“Continuing economic uncertainty and fears over job security appears to be taking its toll on employees. We are seeing employees struggling into work to demonstrate their commitment, suggesting presenteeism can be a sign of anxiety. Failing to address employees’ concerns is likely to confound the issue, impact on morale and commitment and may cause or exacerbate stress or mental health problems”*. This is echoed in our 2012 Staff Survey results where 54.8 % staff responded morale is not good where I work.

#### 4.0 Number of Episodes of Sickness per Employee

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

Group	WCC	Communities	Fire and Rescue	People	Resources
2011/12	1.45	1.31	0.75	1.61	1.51

#### 5.0 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.

The figures excludes absence for non-sickness reasons such as annual leave, maternity, paternity, or adoption leave, unpaid leave and leave for compassionate reasons.

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.

WCC	Short Term	Long Term
2011/12	39.8%	60.2%

Group	Communities		Fire and Rescue		People		Resources	
	Short Term	Long Term	Short Term	Long Term	Short Term	Long Term	Short Term	Long Term
2011/12	39.1%	60.9%	35.4%	64.6%	33.2%	66.8%	46.3%	53.7%

The rate of long term absence is consistent with trends within other public sector and larger private sector organisations.

Managers are encouraged and supported to proactively manage absence. In accordance with this policy throughout 2011/12, 14 employees were dismissed due to sickness absence; this figure excludes those employees who left due to ill health retirement.

## 6.0 Reasons for Absence

	2009/10	2010/11	2011/12
Chest or Respiratory	4.30%	5.6%	4.2%
Digestive System	7.06%	7.8%	7.5%
Eye, Ear, Nose, Mouth	3.02%	3.6%	4.2%
Heart & Circulation	1.79%	1.4%	1.6%
Musculo-skeletal	22.58%	20.5%	19.0%
Neurological	3.14%	3.0%	4.0%
Operation or Post Operative	10.31%	12.1%	10.4%
Stress / Mental Health	17.96%	20.7%	20.2%
Viral	13.77%	12.6%	12.5%
Swine Flu	1.28%	0%	NIL
Other reason	7.00%	7.9%	9.4%
Reason Withheld	7.79%	4.8%	7.0%

**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 (20.2%), musculo-skeletal disorders (19%), viral infections (12.5%) and operation or post-operative conditions (10.4%).

**6.1.1** It is not surprising that the rates of stress/mental health related absence remain comparatively high in front line services and particularly within the People Group, where a total of 9096 days were lost to stress/mental health related absences. However, overall WCC has seen a slight decrease in employees being away from work due to stress/mental health which bucks the trend and contrary to that report by the CIPD.

**6.1.2** Musculo-Skeletal Disorders (MSD) is the second main reason for sickness absence across the Council accounting for some 25573 days lost in the last year and over 19% of all absences. The highest incidence of MSD related absence (in terms of days lost) sits with the People Group with a total of 6884 days lost, followed by Resources Group where a total 3144 of days lost due to MSD with the Physical Assets team (catering, cleaning and caretaking services).

**6.1.3** Viral Infections The incidence of viral infections is relatively high with a total of 16774 days lost and accounting for 12.5% of all absence. In total 30 seasonal flu vaccines were received in 2011/12, these were staff based in residential care homes, home care and community support services. The take up seems relatively low however, other staff may of visited their own GP and obtained a vaccination at their surgery.

## Communities Group

Sickness Reason	Total Days Lost	% Days Lost
Musculo-Skeletal	1442	22.9%
Stress & Mental Health	1504	23.9%
Viral	784	11.9%
Operation or Post Operative	584	9.3%

## Fire and Rescue

Sickness Reason	Total Days Lost	% Days Lost
Musculo-Skeletal	1558	33.9%
Stress & Mental Health	602	13.1%
Viral	573	12.5%
Operation or Post Operative	557	12.1%

## People Group

Sickness Reason	Total Days Lost	% Days Lost
Musculo-Skeletal	6884	21.5%
Stress & Mental Health	9096	28.4%
Viral	2931	9.1%
Operation or Post Operative	3089	9.6%

## Resources Group

Sickness Reason	Total Days Lost	% Days Lost
Musculo-Skeletal	3144	22.6%
Stress & Mental Health	1972	14.2%
Viral	1703	12.3%
Operation or Post Operative	1958	14.1%

## 7.0 Action to support Employees Health and Well-Being

### 7.1 Occupational Health – Team Prevent

From the 1<sup>st</sup> April 2009 Team Prevent started their contract as the occupational health provider for WCC.

The occupational health service provides pre-employment health assessment, management referrals, medicals, vaccinations, health promotion events, and health surveillance and monitoring where necessary. This is a proactive service to ensure that our employees are protected against risks of work-related ill health, to assist with reducing sickness absence, and to get people back to work sooner (through early intervention and rehabilitation). To assist with this proactive approach, Team Prevent works within the same HR function as the Corporate Health, Safety and Wellbeing Manager, health and safety staff; and Staff Care Service.

The F&RS have got their own in-house occupational health service which includes counselling support that is provided by the Staff Wellbeing Adviser & Counsellor.

For those who were seen by Occupational Health, the top 5 reasons for new referrals are as follows:

- Musculoskeletal problems
- Medical conditions
- Depression
- Work-related stress
- Non-Work Related Stress

The issues presented clearly correspond with the top causes for absence. For further details please refer to WCC Health and Safety Annual Report 2011/12.

## **7.2 Staff Care**

The Staff Care service provides confidential help, support and counselling services to members of staff. The aim is to support employees at times when they may be experiencing difficulties that make it hard for them to carry on with their normal working life.

For 2011/12 the Staff Care Service received 219 new referrals this broadly compares with previous years.

The top 4 reasons for referral to the Staff Care Service and the Staff Wellbeing Adviser & Counsellor within F&RS are as follows:

- Relationships/Personal
- Stress and anxiety
- Depression
- Bereavement

The issues presented clearly correspond with the top causes for absence. For further details please refer to WCC Health and Safety Annual Report 2011/12.

The 'Your Wellbeing' and 'Staff Care' intranet pages continue to be reviewed, the resource is designed to give advice, guidance and support to maintain and improve the wellbeing, either at home or at work. The pages are a useful tool to ensure the promotion of national wellbeing days for example 'No Smoking Day', and 'National Mental Health Day'. Also incorporated into the Council's intranet is the NHS Choices website offering a wide and reliable range of advice to employees on well-being.

## **7.3 Health and Safety**

Currently the Corporate Health, Safety & Wellbeing Manager is in early discussions with Warwickshire PCT's Health Development Manager for Mental Health and Wellbeing both parties are looking to work in partnership enabling

WCC and Public Health to provide a consistent approach to the national and regional health and wellbeing agenda for staff and citizens.

**7.3.1** As part of the team restructure, the Health, Safety and Wellbeing Service has re-titled a post to include wellbeing in addition to health and safety. The post holder is therefore the 'Staff Health, Safety and Wellbeing Advisor', and the main purpose of the role is to focus on those areas of occupational health risk. Within WCC and the work activities we undertake, these occupational health risks can include musculoskeletal problems, exposure to noise (as specified in the Noise at Work Regulations), work-related stress, hazardous substances, etc. The post holder therefore still requires health and safety knowledge, understanding and competency.

The post holder will also be a primary contact with Occupational Health, and will advise on the organisational training requirements for health and wellbeing within the workplace. The post holder will obviously work closely with the Corporate Health, Safety and Wellbeing Manager and with the Senior H&S Advisor for each Group; and will work with other teams within HR & OD as necessary (such as with the HR Business Partners, Learning and Development and HR Advisors).

This change to post title and remit only commenced in June 2012 so action planning is currently within the early stages.

## **7.4 Training**

In response to occupational health risk for stress, and the corporate change agenda, two new courses have been added to the corporate training menu. They are: 1) Tackling Work-Related Stress – A Manager's Role; and 2) Developing Resilience – Facing the Future with confidence. The managers training focuses on the legislative, business and moral reasons for managing stress and covers the implementation of the WCC stress risk assessments and return-to-work checklist.

Following, the launch of the sickness procedures in January 2012, all managers were asked to attend a half day training session. The aim of the session is to equip them with the practical skills and knowledge to manage staff absences effectively.

## **8.0 Conclusion**

We have seen a slight increase in the sickness levels for the County Council for the second year running (8.82 days absence per FTE).

There has been an increase in the percentage of employees with no absence for the period 2011/12 (presenteesim).

Stress and Mental health remains the top reason for sickness. The economic pressures that have resulted in redundancies and the continuous changes in the workplace have a clear impact on anxiety and stress levels.

The Council continues to be proactive in managing absence. Action planning is currently in progress to ensure we examine and tackle the top hot spot areas.

Resources will be allocated to ensure managers are trained and supported in managing absence effectively.

**Background Papers** (Please list below, with electronic links where applicable)

<b>None</b>
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