

Staff and Pensions Committee

14 November 2013

Employee Sickness Management Report

Recommendations

That the committee notes and supports the performance information in relation to the management of employee sickness absence during 2012/13

and

Support 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 2012 – March 2013 and
- b) compares data with previous years at Corporate level only
- c) The figures excludes absence for non-sickness reasons such as annual leave, maternity, paternity, or adoption leave, unpaid leave and leave for compassionate reasons.

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	2006/ 2007	2007/ 2008	2008/ 2009	2009/ 2010	2010/ 2011	2011/ 2012	2012/ 2013
Days Lost per Employee*	9.51	8.51	8.50	8.32	8.80	8.82	9.61

The public service sector recorded the highest absence levels, with employees off sick for an average of 8.7 days. (CIPD Absence Management Survey 2013).

The overall sickness absence level for the County Council during 2012/13 was 9.61 FTE days per employee. Overall, there has been a rise in absence levels this year by almost a day per employee. This year the average level at

9.61 days per employee per year is back up to the levels observed in 2006 /07, and is currently 28% higher than Public Sector median. (Expert HR 2013) These trends can be seen to reflect the economic climate as the public sector is still facing considerable uncertainty and job losses. An increase in absence levels and the high level of change and uncertainty still being experienced makes it essential to retain and develop a proactive focus on employee well-being.

Offering more flexible working opportunities helps to respond to the different needs of the workforce. Whether it is older employees wanting to work in different ways and hours as they move towards retirement, staff with disabilities who may require reasonable adjustments to their work patterns, staff with caring responsibilities or staff who are pregnant or returning from maternity leave wanting to work flexibly.

Small changes which can make a positive impact on managing absence include adapting working hours from the traditional nine to five, and comprehensive training for line managers on tackling absence and conducting effective return-to-work interviews. (CIPD 2013)

2.2 Sickness Absence Levels by Group are as follows

Group	Communities	Fire and Rescue	People	Resources
2012/13	8.50	7.69	14.41	8.41

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

3.0 Percentage of Employees with no absences

WCC	2009/10	2010/11	2011/12	2012/13
	34.7	31.9	40.5	36.3

Group	Communities	Fire and Rescue	People	Resources
2012/13	39.1	45.5	29.8	36.5

The average percentage of employees with no absence has dropped from 40.5% to 36.3% which is consistent with the increase in the average days lost per employee.

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

Group	WCC	Communities	Fire and Rescue	People	Resources
2012/13	1.58	1.38	0.92	1.89	1.53

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.

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
2012/13	39.5%	60.5%

Group	Communities		Fire and Rescue		People		Resources	
	Short Term	Long Term	Short Term	Long Term	Short Term	Long Term	Short Term	Long Term
2012/13	44.4%	55.6%	38.2%	61.8%	45.8%	54.2%	45.8%	54.2%

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

Overall, 39.5% of working time lost to absence is accounted for by short-term absences of up to seven days. 60.5% is attributed to long-term absences (four weeks or more).

Managers with the support of HR are driving to proactively manage absence. In accordance with the policy throughout 2012/13 15 employees were dismissed due to sickness absence or reasons due to absence triggers; 17 employees left due to ill health retirement.

6.0 Reasons for Absence

	2010/11	2011/12	2012/13
Chest or Respiratory	5.6%	4.2%	5.0%
Digestive System	7.8%	7.5%	7.7%
Eye, Ear, Nose, Mouth	3.6%	4.2%	3.9%
Heart & Circulation	1.4%	1.6%	1.4%
Musculo-skeletal	20.5%	19.0%	16.8%
Neurological	3.0%	4.0%	4.0%
Operation or Post Operative	12.1%	10.4%	12.3%
Stress / Mental Health	20.7%	20.2%	17.4%
Viral	12.6%	12.5%	14.4%
Swine Flu	NIL	NIL	NIL
Other reason	7.9%	9.4%	11.1%
Reason Withheld	4.8%	7.0%	6.6%

Communities Group

Sickness Reason	Total Days Lost	% Days Lost
Musculo-Skeletal	588	10.5%
Stress & Mental Health	1127	20.2%
Viral	964	17.2%
Operation or Post Operative	1039	18.6%

Fire and Rescue

Sickness Reason	Total Days Lost	% Days Lost
Musculo-Skeletal	1083	31.9%
Stress & Mental Health	112	3.3%
Viral	332	9.8%
Operation or Post Operative	682	20.1%

People Group

Sickness Reason	Total Days Lost	% Days Lost
Musculo-Skeletal	4894	17.5%
Stress & Mental Health	6210	22.3%
Viral	3534	12.7%
Operation or Post Operative	3434	12.3%

Resources Group

Sickness Reason	Total Days Lost	% Days Lost
Musculo-Skeletal	2135	16.8%
Stress & Mental Health	2392	18.8%
Viral	1923	15.1%
Operation or Post Operative	1657	13.2%

6.1 By far the most common cause of short-term absence is minor illness, including colds, flu, stomach upsets, headaches and migraines. Acute medical conditions, stress, mental ill-health and musculoskeletal injuries are most commonly responsible for long-term absence.

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 (17.4%), musculo-skeletal disorders (16.2%), viral infections (14.4%) and operation or post-operative conditions (12.3%).

6.1.1 Overall WCC has seen a decrease in employees being away from work due to stress/mental health which bucks the trend and is contrary to trend reported by the CIPD.

6.1.2 Musculo-Skeletal Disorders (MSD) is the second main reason for sickness absence across the Council accounting for some 20275 days lost in the last year and over 16.2% of all absences. The highest incidence of MSD related absence (in terms of days lost) sits with the People Group with a total of 4894 days lost, followed by Resources Group where a total 2135 of days was lost due to MSD within 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 18093 days lost which is an increase of 1320 days lost compared to 2011/12 and accounting for 14.4% of all absence.

7.0 Occupational Health & Short Term Support and Counselling

The occupational health service provides pre-employment health assessment, management referrals, medicals, health surveillance and monitoring where necessary, etc. 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. To assist with this proactive approach, Team Prevent works within the same HR function as the HR Advisory Service, Corporate Health, Safety and Wellbeing Manager, health and safety staff; and Staff Care Service.

The F&RS have their own in-house occupational health service which includes counselling support which 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

For 2012/13 the Staff Care Service received 257 new referrals (this is an increase of 38 new referrals compared to 2011/12), and the F&R Staff Wellbeing Advisor and Counsellor received 32 new referrals. Across the four Groups (excluding schools), there was a total of 289 new referrals (clients).

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 2012/13

8.0 Support and Advice for Managing Absence

The Health, Safety and Wellbeing Service has procured and included the 'Tackling Work-Related Stress - A Manager's Role' training, and 'Developing Resilience' training sessions to the corporate training menu (this is the second procurement process in recent years). This training is provided to support the WCC Management of Work-Related Stress and Wellbeing Policy. Both courses have been well attended and well received.

In response to the organisational changes and the impact it has had upon our workforce HR and OD have responded by offering a wide range of face to face e-learning activities, and bite-size programmes and include the 'The Skills of Managing Change', 'Delivering the Message', 'Supporting Teams Through Change', and 'Crest the Curve' 'Developing Personal Resilience'.

9.0 Conclusion

This report has compiled all relevant and available statistics for Sickness Management within WCC. The statistics demonstrate that the management of sickness absence is essential and necessary.

We have seen an increase in the sickness levels for the County Council to that of 2006/7 (9.61 days absence per FTE).

As with 2011/12 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 committed to developing new ways of working to benefit both the services it provides and the staff we employ and to ensure the safety of staff working in line with the Flexible Working Policy.

The focus will remain on managing absence, ensuring managers are aware of their roles and responsibilities and proactively managing cases before employees are absent from work on long term sick. The Council will continue to train managers to conduct effective return-to-work interviews. Developing their capability to manage absence is where we are most likely to have a positive impact on absence.

10.0 Proposal for future reports

10.1 Effective management of the health and welfare of people at work contributes to performance improvement, it is proposed to cross reference occupational referrals against long term sickness, and report on return to work compliance in future reports.

10.2 Future Employee Sickness Management annual reports will be submitted to Staff and Pensions Committee no later than the July Following the financial year end so the information is more timely and relevant.

Background Papers

None

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