



HEALTH, SOCIAL CARE AND WELLBEING SCRUTINY COMMITTEE - 23RD OCTOBER 2012

SUBJECT: SICKNESS ABSENCE WITHIN THE COUNCIL

REPORT BY: DEPUTY CHIEF EXECUTIVE

1. PURPOSE OF REPORT

- 1.1 The purpose of the report is to provide Elected Members with an update of the position with regard to sickness absence within the Council as at 31 March 2012 and also a comparison with the previous year.

2. SUMMARY

- 2.1 The report provides an overview of levels of absence, reasons and action taken by managers to address sickness absence for the period 1st April 2011 to 31st March 2012 and also a comparison with the previous year.

3. LINKS TO STRATEGY

- 3.1 The effective control of sickness absence should reduce the levels of sickness in line with the Council's Managing Sickness Absence Procedure.
- 3.2 This should assist the provision of effective services that are value for money, by a workforce that is fit for purpose, feels valued and supported, whilst increasing the commitment and morale of staff.

4. THE REPORT

- 4.1 Members will be aware that the Council's Managing Sickness Absence Procedure was introduced with effect from 1 April 2010 and provides a more structured framework to allow managers to effectively manage both long term and short-term sickness absence.
- 4.1.2 To date, over 1,000 Managers have attended training in relation to the revised Managing Sickness Absence Procedure and the management of sickness absence.
- 4.1.3 A commitment was made to review the Procedure after 12 - 18 months of introduction, to establish its success in terms of operation and to consider any appropriate amendments in consultation with the Council's recognised trade unions.
- 4.1.3 This review was undertaken in consultation with the Trade Unions and there was a number proposed changes which were agreed.

4.1.4 The main change is that warnings will no longer be issued under the Disciplinary Procedure but under the Managing Sickness Absence Procedure. The warnings will now be called notifications but will have the same effect and will last for the same period of time as the warnings under the Disciplinary Procedure.

4.1 Following a reshaping of HR services, a Managing Attendance Team was established in October 2010 to support managers to manage absence effectively and consistently across the Authority and to consequently reduce absence levels.

4.2.1 Following the establishment of the Managing Attendance Team in October 2010, we have been able to monitor activity more effectively.

4.2 The following table identifies the number of long-term sickness cases as at 31 March 2011 and the number of staff employed per Directorate and a comparison to the position as at 31 March 2012.

	March 2011			March 2012		
	No of Staff Employed	No of cases	%	No of Staff Employed	No of cases	%
Corporate Services	1,101	19	1.73	1,079	14	1.29
Education, Lifelong Learning & Leisure	5,899	97	1.64	5,280	102	1.93
Environment	1,605	29	1.81	2,223	26	1.17
Social Services	1,508	49	3.25	1,506	30	1.99
Total	9,805	194	1.98	9,655	172	1.78

4.3.1 The columns entitled 'No of staff Employed' actually amount to 10,113 and 10,088 respectively for March 2011 and March 2012, but include staff that are employed in more than 1 post across the Authority. The figures of 9,805 and 9,655 only include each employee once in the overall headcount.

4.3.2 The difference in numbers of staff employed within the Directorates of Education, Lifelong Learning & Leisure and Environment at March 2011 and March 2012 reflect the transfer of Catering from the Directorate of Education, Lifelong Learning & Leisure to the Directorate of the Environment.

4.4 All long term sickness cases are regularly reviewed by the Managing Attendance Team with the appropriate manager / Head Teacher.

4.5 The table below provide details of the number of staff that reported absent due to sickness for long-term periods i.e. 20 consecutive days or more, during 2010 / 11 and also 2011 / 12 for comparison purposes.

	2010/11	2011/12
Corporate Services	113	129
Education, Lifelong Learning & Leisure	544	490
Environment	238	239
Social Services	197	268
Authority Total	1061	1089

Please note that the 4 Directorates may not amount to the total Authority figure due to multiple position holders across Directorates.

- 4.6 Of the numbers referred to in 4.5, the following table provides activity data with regard to the long term cases

	Return to work		Contracts terminated due to ill health retirement		Contract terminated as unable to sustain absence		Resigned / retired / death in service	
	10/11	11/12	10/11	11/12	10/11	11/12	10/11	11/12
Corporate Services	85	97	1	6	0	5	0	2
Education, Lifelong Learning & Leisure Environment	379	399	3	4	23	12	7	12
Social Services	181	205	1	1	2	6	0	1
Total	778	899	5	18	26	31	7	16

N.B. The columns entitled 'Contracts terminated due to ill health retirement', 'Contract terminated as unable to sustain absence' and 'Resigned / retired / death in service' for 2010 / 11 refer to the period October 2010 to 31 March 2011, as the establishment of the Managing Attendance team in October 2010 was the point in time that this information started to be recorded.

Within the column entitled 'Return to work' the 4 Directorates may not amount to the total Authority figure due to multiple position holders across Directorates.

- 4.6.1 Members will note from the data in 4.5 that some employees remain absent due to sickness.
- 4.7 Of the numbers referred to in 4.5, the following table provides details of the median average length of time that the employees were absent due to sickness

	Number of Days	
	2010/11	2011/12
Corporate Services	68	57
Education, Lifelong Learning & Leisure Environment	71	72
Social Services	77	71
Total	68.5	66
Total	73	69

- 4.8 Managers are receiving monthly reports detailing employees that have reached the trigger points for short term absences in line with the Managing Sickness Absence Procedure to allow them consider whether action in line with the Procedure is appropriate.

4.8 The following table provides details of formal action for short-term absences as at March 2011 and 2012 in accordance with the Procedure.

	Verbal Warning*		Written Warning		Final Written Warning		Dismissal		Hearing Pending	
	10/11	11/12	10/11	11/12	10/11	11/12	10/11	11/12	10/11	11/12
Corporate Services	N/A	N/A	3	5	0	0	0	0	1	1
Education, Lifelong Learning & Leisure	0	9	2	11	0	0	0	0	14	2
Environment	N/A	N/A	4	3	0	0	0	1	0	6
Social Services	N/A	N/A	13	12	1	1	0	0	4	4
Total	0	9	22	31	1	1	0	1	19	13

* Applies to school employed staff only

4.9.1 Within the Authority, we currently record and report sickness absence data in two formats:

- Days Per Full Time Equivalent (National PI)
- Percentage Absence (%)

4.10 Set out below is the data for Authority and the Directorates for 2010 / 11 and 2011 / 2012 for comparison purposes.

4.10.1 Days lost per FTE on an annual basis

	2010/11 Days lost per FTE	2011/12 Days lost per FTE
Corporate Services	11.20	9.47
Education & Lifelong Learning	10.67	8.65
Social Services	14.25	13.45
Environment	9.97	12.29
Authority Total	11.19	10.18

4.10.2 Sickness absence percentage annually

	2010/11	2011/12
Corporate Services	3.64	3.64
Education & Lifelong Learning	4.15	3.45
Social Services	5.62	5.25
Environment	4.35	4.29
Authority Total	4.34	3.93

4.10.3 Employee sickness as a percentage of the overall Authority headcount

	Employees with 0 days sickness		Employees with 1- 5 days sickness		Employees with 12+ days sickness	
	10/11	11/12	10/11	11/12	10/11	11/12
%	41.50	45.77	26.43	24.66	18.20	15.85

4.10.4 Number of days absence taken by employees (actual days lost)

	Employees with 0 days sickness		Employees with 1- 5 days sickness		Employees with 12+ days sickness	
	10/11	11/12	10/11	11/12	10/11	11/12
Number of Employees	4,093	4,456	2,607	2,399	1,664	1,542

4.11 The tables below provide the 10 most reported reasons of absence for 2010 / 11 and 2011 / 12 for comparison purposes for the Authority and also broken down per Directorate. (1 being the highest reported reason)

4.11.1

Top 10 Reasons of Absence for the Authority	Ranking	
	2010 / 2011	2011 / 2012
Stress; depression; anxiety; neurasthenia; mental health; fatigue	1	1
Other musculo-skeletal problems	2	2
Stomach; liver; kidney and digestion inc. gastroenteritus	3	3
Infections inc. colds & flu	4	5
Back and neck problems	5	4
Chest and respiratory inc. chest infections	6	6
Eye; ear; nose & mouth/dental to inc. sinusitis	7	7
Work related stress	8	9
Neurological including headaches & migraines	9	N/A
Injury	10	N/a
Heart, blood pressure & circulation	N/A	8
Genito-urinary inc. menstrual problems	N/A	10

4.11.2

Top 10 Reasons of Absence for the Directorate of Corporate Services	Ranking	
	2010 / 2011	2011 / 2012
Stress; depression; anxiety; neurasthenia; mental health; fatigue	1	1
Other musculo-skeletal problems	2	3
Stomach; liver; kidney and digestion inc. gastroenteritus	3	2
Chest and respiratory inc. chest infections	4	6
Infections inc. colds & flu	5	5
Back and neck problems	6	4
Eye; ear; nose & mouth/dental to inc. sinusitis	7	9
Heart, blood pressure & circulation	8	7
Injury	9	N/A
Neurological including headaches & migraines	10	10
Genito-urinary inc. menstrual problems	N/A	8

4.11.3

	Ranking	
	2010 / 2011	2011 / 2012
Top 10 Reasons of Absence for the Directorate of Education, Lifelong Learning & Leisure		
Stress; depression; anxiety; neurasthenia; mental health; fatigue	1	1
Stomach; liver; kidney and digestion inc. gastroenteritus	2	3
Other musculo-skeletal problems	3	2
Infections inc. colds & flu	4	4
Chest and respiratory inc. chest infections	5	6
Back and neck problems	6	5
Eye; ear; nose & mouth/dental to inc. sinusitis	7	8
Work related stress	8	7
Neurological including headaches & migraines	9	10
Sickness reason blank	10	N/A
Heart, blood pressure & circulation	N/A	9

4.11.4

	Ranking	
	2010 / 2011	2011 / 2012
Top 10 Reasons of Absence for the Directorate of Social Services		
Stress; depression; anxiety; neurasthenia; mental health; fatigue	1	1
Other musculo-skeletal problems	2	2
Infections inc. colds & flu	3	4
Back and neck problems	4	6
Chest and respiratory inc. chest infections	5	5
Stomach; liver; kidney and digestion inc. gastroenteritus	6	3
Work related stress	7	N/A
Genito-urinary inc. menstrual problems	8	10
Eye; ear; nose & mouth/dental to inc. sinusitis	9	7
Neurological including headaches & migraines	10	N/A
Heart, blood pressure & circulation	N/A	9
Injury	N/A	8

4.11.5

	Ranking	
	2010 / 2011	2011 / 2012
Top 10 Reasons of Absence for the Directorate of the Environment		
Stress; depression; anxiety; neurasthenia; mental health; fatigue	1	2
Other musculo-skeletal problems	2	1
Back and neck problems	3	4
Stomach; liver; kidney and digestion inc. gastroenteritus	4	3
Injury	5	9
Infections inc. colds & flu	6	7
Heart, blood pressure & circulation	7	6
Chest and respiratory inc. chest infections	8	5
Metabolic disorders	9	N/A
Neurological including headaches & migraines	10	10
Work related stress	N/A	8

4.12 From the information provided, Members will note that the Council continues to make progress with regard to managing absence. However, despite our best efforts there are a number of individuals that remain absent and new cases continue to be reported both short and long term.

4.13 The information relating to sickness absence is now being recorded and reported on a regular basis via our HR Information System. Concentrated efforts have been placed in the management of the system and the robustness of the data reported, to be able to provide

updated accurate reports and management information for line managers and Corporate Management Team.

4.13.1 Corporate Management Team continues to actively monitor the progress of the management of sickness absence on an ongoing basis and receives regular updates on progress from the Head of HR & OD.

4.14 To support the Directorates to reduce the levels of sickness absence, the Managing Attendance team undertake the following duties:

- provide advice, guidance and support to Managers and employees within the with regard to attendance management, in line with the Council's Managing Attendance Procedure
- identify service areas within the Directorate that require attention to their attendance levels, and offer support to managers to address them
- assist in the implementation, monitoring and evaluation of the Managing Attendance Procedure
- work with managers to achieve absence management targets within agreed timescales
- regularly monitor and review agreed absence management programmes
- provide regular performance management information
- provide training for managers
- provide briefing sessions to staff
- attend regular meetings with managers to discuss individual absence levels within their teams and also individual cases
- ensure welfare visits and referrals to the Occupational Health Department are timely.

4.15 This Council has also invested significant time and resources in to the well being of its employees, which will support the reduction of sickness absence, via the following:

- an Occupational Health service that undertakes management referrals, employment and redeployment Medicals, Health Surveillance, Lone worker medicals.
- a contracted Occupational Health Physician and Physiotherapist that each provide a clinic 1 day per week.
- a contracted holistic Employee Assistance Programme (Care First), which provides employees, volunteers and their families with a range of confidential support services including, telephone counselling, face to face counselling, bereavement support and financial advice.
- in addition to the confidential service, Care First have also provided excellent support to individuals and teams following incidents within the Council.
- a robust arrangement to manage the risks from work related stress as required by the Management of Health and Safety at Work Regulations 1999.
- regular well being activities and campaigns are run at various locations across the County Borough.

4.16 In recognition of the Council's work to improve and protect the health and well being of our workforce, the Council was awarded the Gold Corporate Health Standard in July 2012. The Corporate Health Standard is a key element of the Healthy Working Wales programme which aims to improve the health and well being of the working age population and reduce the mental, physical and financial burdens associated with sickness absence.

4.17 However, whilst the absence levels across the Directorates have reduced since the introduction of the new Managing Sickness Absence Procedure and the Managing Attendance team, there is clearly still the need and opportunity for further reduction and improvement.

4.19 The regular monitoring and review of the long term and short term absences will continue to be a core responsibility of HR with managers to reduce absence levels in their service areas.

5. FINANCIAL IMPLICATIONS

- 5.1 There are direct financial implications for sickness absence where replacement labour is required to cover lost time by the absent employee. This clearly does not happen with all periods of absence.
- 5.2 Where no replacement cover is being provided there may be no direct financial costs, however there may be hidden costs in terms of the delivery of the service or the impact on other members of staff.

6. PERSONNEL IMPLICATIONS

- 6.1 Some employee relation issues have arisen across the Authority because sickness absence is being managed more effectively, but these matters have been dealt with in accordance with the appropriate Personnel policies and procedures.
- 6.2 Managers have been and will continue to be provided with support from HR to manage attendance within their service areas, and also any employee relation issues that may arise.

7. RECOMMENDATIONS

- 7.1 Elected Members are asked to note the progress made in terms of the management of sickness absence across the Authority and the commitment to continue to improve this for the future.

8. REASONS FOR THE RECOMMENDATIONS

- 8.1 The recommendations are designed to inform Elected Members of the sickness absence issues within the Authority and the work that has been and will continue to be done to address this.

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