Strong, Healthy & Safe Communities Scrutiny Sub Committee



5 June 2006

Social Care & Health Sickness Absence Update

Report of Peter Appleton, Head of Service, Quality & Performance

Purpose of the Report

To provide Sub Committee with an update on the current position and update on future actions to reduce sickness absence levels within Social Care & Health.

Background

- The current monthly sickness absence rate for March 2006 is 6.00%. The overall sickness rate for the year 2005/06 6.59%. The target rate for 2005/06 was 6.5%.
- There has been a steady reduction in the sickness absence rate over the last 4 years form 8.6% in 2002/03 to the current rate of 6.59% for 2005/06.
- The main reduction has been in Adult Services (OP, MHSOP,PDSI) down from 9.6% in 2003/04 to 7.6% in 2005/06 but this has been offset by a rise in the sickness absence rate for Children's Services (5.9% up to 6,8%) and Adult Services (LD, MH, SM) (4.9% up to 6.6%) over the same period.
- There has also been a change in the main reason for absence with a continuing shift from musculo-skeletal absences to depression and stress absences
- Attached are a number of charts and graphs to highlight sickness absence trends.

Ongoing Actions

The new Corporate Sickness Absence Procedures are now being used by SC&H staff. The Sickness Absence Management Intranet page has been updated, an e-mail has been circulated to all staff and posters distributed informing staff of the new procedures.

- The Sickness Absence Management Intranet page has received 1,514 'hit's' in the 6 month period from 1 August 2005 to 31 January 2006.
- 9 Sickness Absence documents have been adapted (and approved by Corporate Services) to meet the requirements of SC&H managers and the SSID system.
- There is an ongoing programme of Sickness Absence Management Training for Managers in SC&H.
- 11 Flu Immunisation Campaign This programme was offered to all front line staff again this year. A total of 215 staff were vaccinated.
- Also available is an e-learning course, 'Managing & Handling Stress at Work'. Work is also underway to develop the HSE Indicator tool for work related stress which will be sent to managers of staff who are off work due to a stress related illness. This tool (questionnaire) should be completed by the manager and staff at a sickness absence interview.
- A 'Managing Stress' leaflet has been sent in April 2006 to all staff who do not have access to e-mail. This leaflet highlights what stress is, what triggers stress, the effects of stress and what individuals can do to help themselves.
- There is a strong focus on the management of Long Term Sickness Absences and there is a scheduled monthly meeting with Corporate colleagues to progress chase individual cases to ensure progress.
- The new Sickness Absence procedures incorporate trigger points for managing Short Term Persistent Absences and these trigger points are monitored by SSID.
- In future the reporting of sickness absence will be separated for Adult and Community Services and Children's and young Peoples Services.
- 17 There is an ambitious aim for 2006/07 to achieve a reduction in the sickness absence rate to 6.00%. Further work will need to be carried out to determine the reduction to be achieved for each Service.
- The budget savings, achieved by the reduced sickness absence rate for 2005/06, have been calculated at £201,481
- All actions from the Scrutiny Action Plan have been progressed and are on target.

Recommendations

The Sub Committee receive the report and comment as appropriate.

Appendix 1: Implications

Finance

£201,431 efficiency savings were acheived for the financial year 2005/6

Staffing

Equalities & Diversity

Colleagues who are absent should receive support in accordance with the County Council's Absence Management policy

Accommodation

Crime & disorder

Sustainability

Human rights

Localities & rurality

Young people

Consultation

Trade Unions have been briefed about the levels of absence in the Service and the steps taken to reduce absences

Health

The health and well being of staff is very important and much of the approach adopted by SC&H is connected to managing absence in a staff care context with a view to allowing staff to return to work.