

Human Resources Committee

9 June 2006

Sickness Absence: Quarterly Performance Monitoring



Report of Kim Jobson, Head of Human Resources

Purpose of the Report

- 1 To report the performance of the Council and of individual Services on sickness absence during the quarter 1 January 2006 to 31 March 2006.

Background

- 2 This is the regular quarterly report to CMT as part of the management of Council performance on sickness absence.

Current situation

- 3 Appendix 2 contains a breakdown of the statistical analysis for the quarter. This includes details of our headline Best Value Performance Indicator (BVPI12) for the year to 31 March 2006, along with statistics regarding individual Service performance over the last year. There are also details indicating the causes of absence, a breakdown of short and long-term absences and a summary of capability management issues.

Corporate Performance - see Appendix 2.1

- 4 During the quarter to 31 March 2006, **2.71 days** were lost to sickness absence per full time equivalent (FTE) County Council employee. This compares with **2.64 days** over the previous quarter to 31 December 2005 and **2.49 days** in the equivalent quarter to March 2005.
- 5 The sickness figure for the twelve months to 31 March 2006, based on the requirements of BVPI12, has risen to **10.02 days** lost per Council FTE employee. *Figure 1* identifies how this total has been reached. This compares with **9.76 days** for the twelve months to 31 March 2005 and **9.78 days** for the twelve months to 31 December 2005.

Number of days lost to sickness absence between 1/04/05 and 31/03/06		141,940.62
Number of FTE staff at 31/03/05	14,017.85	
Number of FTE staff at 31/03/06	14,315.44	
Average number of FTE staff over 12 month period		14,166.65
Number of days lost per FTE - BVPI 12		10.02

Figure 1: Source from DCC Service Returns

- 6 To comply with BVPI requirements, we set a target absence rate for the end of each financial year. Performances in recent years have been positive. In 2003-04, our target was set at 11 days and we reduced our rate of absence over that year from 12.60 days to 10.80 days. In 2004-05, the target was reduced to 10 days and our final return was 9.76 days. This year, the target was 9 days, but clearly it is disappointing to report that the end of year figure has risen to 10.02 days. In terms of comparative data alongside other local authorities in England, this would still leave us in the lowest quartile of performers - measured against 2004-05 data. However, the rate still compares favourably when assessed against many other local authorities in our region for that same period.
- 7 Revised corporate targets have been set for the next three years to move us away from the lowest quartile - the targets are now currently assessed at 9.50 days for the current year (2006-07), 9.25 days for 2007-08 and 9.00 days for 2008-09.
- 8 Looking at the whole year from a Service perspective, the majority of Services have shown a declining rate, including Social Care and Health. However, the minority of Services showing increasing rates did include the Education Service, which rose from 6.82 days per FTE to 7.85 days per FTE over the course of the year. However, the quarterly returns for this latest period show that six of the Services recorded a higher quarterly figure than in the early period of the financial year - only the Chief Executive's Office, Service Direct and Social Care & Health had improved their quarterly figure in comparison with the first quarter of 2005-06. This last quarter does cover the winter period and this is likely to impact on ill-health rates.
- 9 *Appendices 2.2 to 2.6* provide more details of the Council and Service figures over the last 15 months, including graphical and numerical information.
- 10 The proportion of absence presenting as "short-term"¹ in the quarter has risen, now accounting for 55.4% from 49.4% in the previous quarter. This also compares with a figure of 48.4% for "short term" absences at 31 March 2005. *Appendix 2.7* provides fuller details, including Service breakdowns.
- 11 Therefore, long-term absence² has decreased from 50.6% to 44.6% in the last quarter. The corresponding figure for March 2005 was 51.6%.

¹ Short-term absence is defined as up to 20 days for the purpose of Appendix 2.7.

² Long-term absence is defined as more than 20 days for the purpose of Appendix 2.7.

- 12 Consideration of the information in *Appendix 2.8*, relating to causes of absence, must be treated with some caution. The 'Other' category recorded the highest return with 28.44% of all absences in the last quarter being documented under that heading. However, this category should only be used for very limited types of absence. Services were reminded again in December that this grouping should not be used as a 'catch-all' for absence recording. However, it appears necessary that we must re-examine this subject as certain high Service returns are distorting these returns. This category aside, the highest categories of absence were through Mental Health problems (16.5%) and Infections (14.24%).
- 13 On a positive note, the number of absences of over 9 months has decreased significantly from 83 to 47 in this quarter. The majority of these cases are in Education (24) and Social Care & Health (17) - see *Appendix 2.9*. Absences for more than 18 months fell slightly from 22 to 21, with Education accounting for most of that figure. There have also been 31 exits from Council service for attendance related reasons in the last quarter, up from 14 at December 2005.

Corporate Action

- 14 It is now a year since the revised Managing Sickness Absence Policy was introduced. The Sickness Absence Management one-day training course has continued to be successfully rolled out across the Authority to all managers who have responsibility for managing sickness absence. The training supports the new policy and procedures. Since February 2005, **674** managers have undergone the training. The positive feedback has made particular reference to the opportunity to carry out return to work interviews and sickness absence interviews as part of the programme.
- 15 The training is now an integral part of the corporate training programme and an important event for new managers. All managers are given a copy of the policy and procedures and the Managers Information Toolkit, which includes general guidance and details of all the forms. In addition, the Corporate Induction programme for new employees covers their role in return to work and sickness interviews linked to the trigger points.
- 16 The Occupational Health Service have continued to support the delivery of the training programme offering guidance on the role of the OHS in sickness absence management.
- 17 A significant element in plans to improve sickness absence rates over the longer term is the County Council's commitment to achieving the 'Health at Work' Award, initially the bronze award. This scheme is co-ordinated by the Primary Care Trusts within the county and the primary aim is to encourage employers to protect and promote the health of their employees through creating a healthier workplace and organisation.
- 18 The award can be gained by demonstrating evidence that we empower and provide opportunity for staff to access health promotion events, services and information. This helps the individual make informed decisions about their

own health and well being. Our programme is being led by the Strategic Planning and Health Improvement team within Social Care & Health, supported by representatives from other Services and the PCTs. More details of the programme can be found in a separate report on the agenda³.

- 19 A major element of the programme was a successful launch event held on 8 March at County Hall and coinciding with national 'No Smoking Day'. There were a number of interactive events⁴ and drop in sessions (some activities were available at other Council venues) and over 300 staff attended the launch. Relevant pages have also been set up on the Intranet and plans are underway to prepare a follow-up event within the Council in September.
- 20 A fact-finding visit was prepared and arranged to the Nissan plant in Sunderland where sickness absence levels are much lower than here. Although some of the practical methods utilised, for example - use of trigger points - are not dissimilar to those practiced within the County Council, there is much greater investment in the equivalent of their Occupational Health Service.
- 21 Significant work has also been carried out by all Services, late in the period of measurement, following verification of a modification in the prescribed calculation relative to BVPI12. This brought about confirmation of a return to the process that requires annual leave to be removed from the calculation of individual sickness absences.

Service Performance and Action

- 22 Individual Services have provided their own commentary for their sickness absence trends and planned action for improvement. It should be noted for clarity that Services may on occasion refer to their own supplementary data, rather than the corporate data attached.

a) Social Care and Health

- 23 There has been a reduction in sickness absence days per employee for the current quarter. The decrease in sick leave within the larger branches has driven the figure down. There has been an increase in the number of leavers from 4 to 18 on capability grounds and 2 to 5 on ill-health retirement compared with last quarter.
- 24 The number of staff on long term (9 months or more) sick leave decreased significantly from 29 to 17, further evidence of the efforts towards absence management within the service. The current quarter excludes the annual leave from recorded sickness absence during the year, in accordance with calculation requirements.

³ Report entitled, "Health, Work and Well Being".

⁴ For example, health & fitness checks, yoga & relaxation classes.

- 25 Targeting of specific action aimed at reducing long term absence continues. A similar exercise to target short term frequent absenteeism has been introduced. Sickness absence management group meetings continue every 3 months.
- 26 Following Corporate agreement, a process has been introduced to offer employees who are dismissed due to ill health on capability grounds the opportunity of a lump sum payment as opposed to the usual notice payments. To date there has been approximately 90% uptake.
- 27 The short term absence management exercise introduced as planned, is identifying problem/hot-spot areas. Work with Corporate colleagues to progress long term absenteeism continues accordingly.

b) Culture and Leisure

- 28 The period January – March has returned the highest sickness absence figures for each of the past three years.
- 29 In real terms there have been reductions in the incidence of: Heart/BP/Circulation, Neurological, Chest/Respiratory and other Musculo-skeletal problems. In percentage terms there have been reductions in Genito-urinary/Gynaecological and mental health. However the latter now accounts for one in four of all absences. The significant increases are in:
- Infections - from 43.5 days last quarter to 131 days this quarter;
 - Eye/ENT/Mouth/Dental - from 6.5 days to 70 days
 - Back and Neck problems - from 32 days to 90 days.
- 30 Overall 52.8% of absences are due to long term sickness.
- 31 The management actions taken during the quarter are:
- Increased involvement of Human Resources in later stages of Sickness Absence Review process.
 - Monitoring high levels of referral to Occupational Health.
 - Highlighted priority training in Service training plan.
 - Home visits and working with staff in managing their own sickness absence.
- 32 The alarming overall increase in sickness absence is partially due to seasonal illness and long term illnesses. The use of the sickness absence framework is having a positive effect in some areas. However, absences due to mental health and cancer are proving challenging to manage.

c) County Treasurer's

- 33 The level of sickness absence has increased from the previous quarter. This is primarily due to seven staff with absences in excess of 20 days for serious medical conditions. Three of these colleagues have now returned to work. Some short-term absences are attributable to seasonal infections.
- 34 Members of staff who are on long-term sickness absence are monitored, in accordance with Sickness Absence procedures and return to work interviews are carried out after each and every absence.
- 35 One member of staff who has been absent since March 2005 has resumed his duties on a phased return to work.

d) Customer Services

- 36 The proportion of working days has risen slightly from 2.05 days for the last quarter to 2.72 for this quarter. The increase is mainly due to staff suffering from influenza type infections during the winter months. All senior managers continue to carry out return to work interviews.

e) Chief Executive's Office

- 37 In this quarter four people have been absent continuously for more than 20 days. Two of these people are still off sick. Management action is still following corporate procedure with return to work interviews taking place, while training for managers in respect of HR Managing Sickness Absence Procedures continues.

f) Service Direct

- 38 The sickness ratio for the current quarter at 3.06 days shows a decrease from the December 2005 quarter, which stood at 3.47. This compares to a ratio of 3.24 days for the March 2005 quarter. The further comparison between the two March quarters show that the decrease lies within the long-term absentees, which have decreased from 1.98 to 1.17 while the short-term absences have increased from 1.26 to 1.89.
- 39 As noted at the last quarterly report, we expected the ratio to reduce with the effort concentrated on long-term absences and this will continue as a priority.

g) Education

- 40 The Education Service have again drawn a comparison between the two periods ending in March for 2005 and 2006 - see *Figure 3* - which identifies the number of days of absence for different sectors of the Service.

	1 Jan – 31 March 2005	1 Jan – 31 March 2006
Headquarters	3.25	1.62
School Based – Support Staff	1.95	2.62
Teaching Staff	1.73	2.39
TOTAL EDUCATION	1.94	2.43

Figure 3: Source from Education Sickness Absence Returns

- 41 There is close monitoring of situation and progress within Service areas.
- 42 There has been an increase in the total figures since the last quarter, in all sectors of staff. Work continues with service units and schools in terms of monitoring and addressing sickness-related absences. Of the 24 and 19 cases absent for 9 or 18 months or more, 8 are currently serving notice and 3 are undertaking a phased return to work.

h) Environment

- 43 There has been a reduction in the figures from last quarter and also in comparison to the same quarter last year. There has been a significant reduction in the number of absence over 20 days duration. Managers are informed when staff hit the trigger points and are encouraged to carry out sickness monitoring in accordance with the guidelines. The management team are provided with sickness statistics on a regular basis and continue to monitor the situation.

i) Corporate Services

- 44 There has been an increase in sickness absence in the quarter (2.44 days) as compared to the previous quarter ended 31 December 2005 (2.02 days). This is a comparison against the same quarter in the previous year when sickness levels stood at 2.39 days.
- 45 All absences are actively managed in line with the County Council policy on Sickness Absence. A detailed monthly report is produced and discussed at Corporate Services Management Team to ensure that it remains a service priority. This information is also shared with staff.

Next steps

- 46 The next quarterly report will come to CMT covering the period April to June 2006 and will be brought to the HR Committee of 18 August.

Recommendation

- 47 Members are asked to note the data and the commentaries on progress given by Services and corporately. Your views and comments are invited on the information provided.

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Appendix 1: Implications

Finance

None directly.

Staffing

The increase in short-term absences has continuing impact on provision of adequate cover across the services. The spasmodic and unpredictable nature of this type of absence affects satisfactory provision in the short term.

Equality and Diversity

The Council may consider the equalities monitoring of sickness absence levels as such, and is required to monitor formal action affecting employees.

Accommodation

None specific.

Crime and disorder

None.

Sustainability

None

Human rights

None specific.

Localities

None

Young people

None specific.

Consultation

Chief Officers may wish to share data in this report within their Services to promote awareness of the issues.

Health

The Health, Work and Well-Being strategy will continue to be rolled out to staff as a positive measure aimed at improving the health of the Council's workforce.

Sickness Data as at 31 December 2005

- 2.1 Headline Council BV12 figure at 31 December 2005
- 2.2 Sickness Statistics by Service at 31 December 2005
- 2.3 Breakdown of days lost by Service for quarter to 31 December 2005
- 2.4 Breakdown of days lost by Service for four quarters to 30 September 2005
- 2.5 Breakdown of days lost by Service for quarter to 31 December 2005 (detail)
- 2.6 Breakdown of days lost by Service for four quarters to 30 September 2005 (detail)
- 2.7 Short and Long-Term Absences for two quarters to 31 December 2005
- 2.8 Breakdown by Medical Cause for two quarters to 31 December 2005
- 2.9 Long term Absences over 9 and 18 months; Exits for Absence for two quarters to 31 December 2005
- 2.10 Sickness Absence: four quarters to 31 December 2005: for illustration of Service changes