# **Human Resources Committee**

#### **17 November 2006**

Sickness Absence: Quarterly

**Performance Monitoring** 



# Report of Kim Jobson, Head of Human Resources

# **Purpose of the Report**

To report the performance of the Council and of individual Services on sickness absence during the quarter 1July 2006 to 30 September 2006.

# **Background**

This is the regular quarterly report to the Human Resources Committee as part of the management of Council performance on sickness absence.

# **Corporate Performance**

Figure 1 identifies our current rate of sickness absence for the last quarter and for the 12 months to September 2006, in comparison with our annual target. Due to the recent reorganisation of Services, particularly the variations affecting Adult & Community Services and Children & Young People's Service, it is not practical to make realistic Service comparisons between this quarter and the reporting profile in 2005 and the early part of 2006. However, it will be possible to show a comparison of this quarter with the last quarter – see Figure 4.

DCC Performance for the Quarter Only to 30.09.06	2.00 days per FTE
DCC Performance for the Quarter Only to 30.06.06	2.24 days per FTE
DCC BV12 for the Twelve Months to 30.09.06	9.59 days per
	FTE
DCC BV12 for the Twelve Months to 30.06.06	9.55 days per FTE

Figure 1: Headline BVPI12 Figures for Quarter ending 30 September 2006

- During the quarter to 30 September 2006, **2.00 days** were lost to sickness absence per full time equivalent (FTE) County Council employee. This compares with 2.24 days over the previous quarter to 30 June 2006 and 1.92 days in the equivalent quarter to September 2005.
- The sickness figure for the twelve months to 30 September 2006, based on the requirements of BVPI12<sup>1</sup>, is **9.59 days** lost per Council FTE employee. *Figure 2* identifies how this total has been reached. This compares with 9.55 days for the twelve months to 30 June 2006 and 9.84 days for the twelve months to 30 September 2005.

Number of days lost to sickness absence between 1/10/05 and 30/09/06		136,975.08
Number of FTE staff at 30/09/05	14,188.76	
Number of FTE staff at 30/09/06	14,383.71	
Average number of FTE staff over 12		14,286.24
month period		14,200.24
Number of days lost per FTE - BVPI 12		9.59

Figure 2: Calculation of current BVPI figure

To comply with BVPI requirements, we set a target absence rate for the end of each financial year. Overall reduction in recent years has generally been positive and we met our targets for 2003-4 (11 days per FTE) and 2004-05 (10 days). The target for 2005-06 was 9 days. However, last year brought a series of more fluctuating returns and an end to the period of steady decline. As a result of the disappointing end of year figure in March, the 2006-07 target was revised to 9.50 days per FTE. *Figure 3* gives an idea of the trends alongside targets in the last year.

BVPI	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul – Sep	06-07
	2005	2005	2005	2006	2006	2006	target
12	10.07	9.84	9.78	10.02	9.55	9.59	9.5 days

Figure 3: BVPI comparisons 2005-06

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<sup>&</sup>lt;sup>1</sup> The Audit Commission requirement for calculating this figure is based around the number of working days/shifts lost to sickness absence based around FTE staffing.

As indicated earlier, the reorganisation within the Council invalidates most of the Service trends from earlier in the year. However, *Figure 4* shows the quarterly returns for the new Service structure for this quarter and the previous quarter.

Service:		01/0	07/06 – 30/0	9/06	01/04/06 - 30/06/06		
		FTE	Days Lost	Total Days Lost/FTE	FTE	Days Lost	Total Days Lost/FTE
Adult & Community Services		2,315.06	8,620.1	3.72	2,336.9	7,979.9	3.41
	Adult Services (former SC&H)	1,966.40	7,774.1	3.95	1,990.4	7,395.9	3.72
	Adult LD Services (former Ed.)	16.66	53.5	3.21	14.5	70	4.83
	Culture & Leisure	269	587.5	2.18	269	412	1.53
	Community Support	63	205	3.25	63	102	1.62
	Executive's Office	214	787	3.68	200	520	2.60
Youn	ildren & g People's ervices	10,029.13	14,537.36	1.45	9,892.8	18,890.47	1.91
	Former Education staff	760.55	1,165.50	1.53	714.1	1,165.5	1.63
	Former SC&H staff	1,035.5	4,088.60	3.95	1,062.4	3,806.2	3.58
	Support staff in schools	3,780.83	4,830.96	1.28	3,728.82	7,110.99	1.91
	Teachers	4,452.25	4,452.30	1.00	4,387.48	6,807.78	1.55
	orporate ervices	351.99	657	1.87	345.36	739	2.14
Tre	County easurer's	151.13	387	2.56	159.33	415.5	2.61
	rironment	452.4	774	1.71	467.51	483	1.03
Service Direct		870	2958	3.40	870	2,976	3.42

Figure 4: Service breakdown for 2 quarters to September 2006

A breakdown of the absences into short and long term periods<sup>2</sup> can also be found through *Appendix 2*.

# **Corporate Action**

- Managing Sickness Absence training continues to be an integral part of a manager's development and as the training is now identified in the corporate training programme, newly appointed managers are encouraged to attend at an early stage of their employment. 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.
- The Occupational Health Service continues to support the delivery of the training programme offering guidance on the role of the OHS in sickness absence management.
- The Council continues with its efforts to pursue the Bronze Health at Work Award during 2006. This is the scheme organised through the Primary Care Trusts and supports employers create a healthier organisation with ideas for the promotion and protection of employee health. Evidence must be demonstrated that we are empowering our staff and giving them the chance to access healthier living styles. Our campaign is being coordinated by the Strategic Planning and Health Improvement team within Adult & Community Services, supported by representatives from other Services, HR and the PCTs. Services are currently compiling portfolios which will shortly be assessed.
- The 'Health & Well Being Month' commenced on 6 September 2006. There were free taster sessions on a whole range of healthy activities including salsa, hip hop, Irish Dance, ballroom, pilates and body conditioning. There was also a series of mini exhibitions throughout County Council venues over the month and links to activities going on in the community. Staff were allowed up to an hour away from work (where operational circumstances allowed) to sample their chosen activity. The events were well attended with over 650 staff attending across the County over the period.
- Turning to the subject of managing stress in the workplace, the Health and Safety Executive see senior management commitment as being the starting point for tackling stress in the workplace The Council is working towards the introduction of a Stress Management strategy and, as you are aware, CMT approved a policy on 3 October 2006. The development of such a policy is also an integral element of achieving the Bronze Health Award.

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<sup>&</sup>lt;sup>2</sup> Short-term absences are defined as up to 20 days.

The Stress Management Project Planning Group is currently looking at ways of putting the policy into action alongside the HSE Stress Management Standards. They are looking at linking with existing work that will support policy implementation and identifying other tasks we need to do as a Council including awareness raising.

#### **Service Performance and Action**

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 might on occasion also refer to their own supplementary data.

# a) Adult & Community Services

- In <u>Community Support</u>, some long term sickness absences have inflated the figures. There are two staff off long-term in Welfare Rights with Mental Health issues. Sickness absence procedures are being followed in all cases and staff who have hit the trigger points are on review with Occupational Health in two cases. All staff have now undergone Sickness Management training. The Senior Management Team is aware of sickness absence levels and this is cascaded to the respective teams.
- Within the <u>Culture and Leisure Division</u> short-term absences remain constant at approximately 200 days, which represents 0.74 FTE. Long-term absences have increased from 202 to 386 days which represents the continued absence of previously noted staff. The net result of this is a move, quarter to quarter from 0.75 FTE to 1.43 FTE. This raises the overall from 1.53 FTE to 2.18 FTE. The main reasons for the long-term illnesses are either cancer related or mental health.
- These absences have been addressed at the service monthly management team meetings with reporting back on agreed staff support action. In this last quarter one member of staff has been taken through a capability hearing and their contract of employment terminated. Occupational Health have undertaken a number of home visits where it has proved difficult for individuals to come to County Hall. Of the remaining long term absences, one person is making a phased return to work, another is being moved to the third Sickness Absence Review (SAR) with the intention to resolve their particular absence situation.
- All actions implemented with improved communication at SMT, and involvement on managing absences at the middle management level. Of the 11 staff absent on long term basis, two have returned to work, one has left DCC employment, and one has progressed to the 3rd SAR.
- In the <u>Social Care Division</u> there has been a slight increase in sickness absence days; the main reason being the increase in long-term absence

days. The main cause for sickness absence continues to be mental health, with an increase in the number of days from the previous quarter. There has been a rise in the number of leavers (ill health and capability related) in comparison to the previous period, demonstrating the ongoing sickness management activity. The current sickness absence rate is less than that of the previous year, and to date remains below the target set for 2006/07.

- Targeting of specific action aimed at reducing long-term and short-term sickness absences continue. Quarterly Sickness Absence Management group and Performance Monitoring Days are being held, with analysis and monitoring of sickness absence trends / statistics. Further Managing Sickness briefing sessions were held for Social Care staff in October.
- The progress monitoring exercises continue, demonstrated by the number of Final Stage Interviews and Capability Hearings conducted. A Workshop was held to discuss the management of persistent short-term sickness absence with positive feedback from attendees (supervisors and managers).

# b) Chief Executives Office

Sickness absence has increased due to an increase in staff being on long term sick. Management are still following corporate procedure. The person identified as returning from long-term sick has consequently gone off sick again.

# c) Children and Young People's Services

Although this service has been one of those significantly affected by structural reorganisation they have highlighted comparisons between some staff groupings over the year:

	01 July - 30 September	01 July – 30 September			
	2005	2006			
Support Staff in Schools	1.29	1.28			
Teaching Staff	0.81	1.00			
Former Education Staff	1.10	1.53			

There is a system to flag up when school-based colleagues have hit Sickness Absence Management triggers points (email to Head Teachers/phone call to Chair of Governors followed up by letter if appropriate). Regular meetings are held with colleagues in HR and Occupational Health Service (OHS) to review all long term absences in schools and agree strategies to encourage schools to resolve the absences. A review is currently being undertaken of OHS which will lead to a revision to the SLA for schools and the establishment of key performance indicators for the OHS SLA for schools.

- The following points have been raised with regard to Centrally Employed Staff. The strategy includes:
  - Close monitoring of situations.
  - Ongoing attendances at Sickness Absence Management Training as required.
  - Targeting of specific action aimed at reducing long-term and short-term sickness absences continue. Sickness Absence Management Group meetings take place every three months (Former SC&H).
- The number of absences has decreased over the quarter, both in schools and amongst those who are centrally employed. This is to be expected due to the period of the school holidays from mid July to September. Efforts continue in respect of bringing long term absences to conclusion by working with colleagues in schools.

# d) Corporate Services

- There has been a decrease in sickness absence in this quarter (1.87 days) as compared to the previous quarter ended 31 June 2006 (2.14 days). This also compares favourably with the figures against the same quarter in the previous year when sickness levels stood at 2.06 days.
- All absences are actively managed in line with the County Council's policy on Sickness Absence. A detailed monthly report is produced and discussed at CSMT to ensure that it remains a service priority. This information is also shared with staff.
- 30 Sickness reviews and appropriate referrals to Occupational Health have been undertaken. Most of the problems are down to a small number of long-term absentees and appropriate action is being taken.

#### e) County Treasurer's

31 Sickness absence levels show a slight decrease on the previous quarter. Four members of staff were absent for the quarter one of whom has now returned to work. Monitoring has taken place in accordance with sickness absence procedures including referral to Occupational Health in appropriate circumstances

#### f) Environment

There is a significant increase in the figure since the last quarter however it is still slightly less than the same period last year. Although there has been an increase in time lost for absences up to 20 days there has been a significant rise in the number of days lost due to long term absences.

# g) Service Direct

- The Sickness ratio for the current quarter at 3.40 days per FTE shows a slight decrease from the June 2006 quarter which was 3.42. This compares to a ratio of 2.64 for the September 2005 quarter. There is no change in the Long Term absentees from the last quarter (2.24). However, the Short Term absentees has decreased from 1.18 in the previous quarter to 1.16 for September.
- The September SMT meeting included a review of existing sickness procedures and a report on possible improvements which could be introduced within Service Direct. This will be explored further at the October SMT where Dr. Wynn and Maggie Curry (Head Occupational Health Nurse Adviser) will be in attendance from Occupational Health.
- 35 Capability reviews continue to be carried out where possible

#### **Next steps**

The next planned quarterly report will come to HR Committee of 16 March 2007

#### Recommendation

You are asked to note the data and the commentaries on progress given by Services and corporately.

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# **Appendix 1: Implications Finance** None directly. **Staffing** Short-term absences have a 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

Health

awareness of the issues.

Indications within the report are that the health of the Council's workforce continues to have a trend of general improvement.

Short and Long-term	Sickness Absenc	e 01	.07.06 - 30.09.06		
	Nur	Number of Days Lost			
Service	Up to 20 days	%	More than 20 days	%	Total No. of Days
Adult and Community Services	2602.81	30.2	6017.29	69.8	8620.1
Chief Executive's Office	376	47.8	411	52.2	787
Children and Young People's Services	8154.99	56.1	6382.37	43.9	14537.36
Corporate Services	229	34.9	428	65.1	657
County Treasurer's	106	27.4	281	72.6	387
Environment	477.5	61.7	296.5	38.3	774
Service Direct	1010	34.1	1948	65.9	2958
COUNCIL	28720.5				

Short and Long-term	Sickness Absenc	e 01	.04.06 - 30.06.06			
_	Number of Days Lost					
Service	Up to 20 days	%	More than 20 days	%	Total No. of Days	
Adult and Community Services	2522.92	31.6	5456.98	68.4	7979.9	
Chief Executive's Office	188	36.2	332	63.8	520	
Children and Young People's Services	10412.61	55.1	8477.86	44.9	18890.47	
Corporate Services	337	45.6	402	54.4	739	
County Treasurer's	190.5	45.8	225	54.2	415.5	
Environment	353.5	73.2	129.5	26.8	483	
Service Direct	1024	34.4	1952	65.6	2976	
COUNCIL	COUNCIL 15028.5 47.0 16975.3 53.0					