

Corporate Management Team

4 November 2008

Sickness Absence: Quarterly Performance Monitoring



Report of Ann Robinson, Acting Head of Strategic Human Resources

Purpose of the Report

- 1 This quarterly report provides an ongoing review of the County Council's overall performance in relation to sickness absence. The data is considered from a quarterly perspective, as well as looking at the overall annual rates.

Corporate Background & Performance

- 2 As you will recall, a revised reporting style was developed for the previous report in September, following earlier comment from both the Corporate Management Team (CMT) and the Human Resources Committee. This style has been maintained with further adjustments for this quarter. We are also looking to plan ahead with regard to the reporting process for the unitary authority. At the moment, we are contacting colleagues in the District Councils to request details about how they collate, contrast and report sickness absence information.
- 3 One of the initial requirements will be to ascertain that all Councils are continuing to use the previously established Best Value Performance Indicator (BVPI12) to calculate absence rates. As previously advised, this indicator has been dropped from the Audit Commission current National Indicator Set. However, we are still collating the data through this method as part of our commitment to the PricewaterhouseCooper (PwC) Benchmarking Club.
- 4 The analysis considers the aggregate number of days of absence over a 12 month period alongside the number of full-time equivalent (fte) staff employed by the Council. **The rate for the 12-month period to September 2008 has fallen for the second quarter in succession, this time down to 8.86 days.** This rate is the first time we have fallen below the 9-day mark since the turn of the century. **Appendix 2** tracks the movement of our official BVPI performance¹ in recent years and also includes for the ongoing rate for the periods ending in June and September.
- 5 This level of absence means we have dropped below our target for 2008-09 which stands at 9.00 days.
- 6 The absence figure for the quarter itself (July to September 2008) is 1.80 days per fte. This compares favourably with the previous quarter (April to June 2008) when the rate was at 1.93 days and the corresponding quarter for last year (July to September 2008) when absence was at 2.06 days.

¹ The official annual figure is recorded for the 12-months to March every year.

- 7 We are also now seeking to establish a history of how the absence rate looks when **removing schools** staff from the analysis. Again, the old BVPI formula has been used to generate a figure. There has been a more limited decline, only down from 12.78 days per fte to June 2008 to **12.57 days to September 2008**.

The County Council data in more detail

- 8 We have retained the series of Appendices showing similar data analysis to the previous report. Any Appendix that includes a breakdown of data does not include information relating to sickness absence of school-based staff. Similarly the CYPS narrative does not include for school-based staff.
- 9 **Appendix 3** shows a detailed breakdown, by Service, of the days lost per fte for this quarter and the 3 previous quarters.
- 10 **Appendix 4** shows the split between short, medium and long-term absences. Over the three quarters where this data has been prepared, the percentage of longer-term absences has grown from 58% to 68%.
- 11 **Appendix 5** shows the causes of sickness absence for the past 2 quarters. You may recall that previous reports have highlighted that the true status of this data has been affected by the large number of absences recorded against the 'Other' category. A noticeable development in the quarter to September 2008 has seen the total for 'Other' absences drop markedly to 15%. Although this is welcome, the outcome gives a potentially more accurate figure of the absence levels linked to 'Mental Health' and 'Other Musculo Skeletal' which have shown significant increases.
- 12 **Appendix 6** shows a breakdown of the average days of absence between Full-time and Part-time staff. Although remaining evenly matched on the pie charts, it should be pointed out that just over three quarters of the staff included in this comparison are working full-time hours.

Comparisons

- 13 **Appendix 7** demonstrates the County Council's performance in relation to the district councils for the 12-month period up to the end of September 2008.
- 14 **Appendix 8** looks at our figure against other regional county and unitary councils. This data is based on that obtained from the PwC Benchmarking Club and shows the formal figures for 2007-08, ie to the end of March 2008.

Corporate Developments

- 15 The Occupational Health Service (OHS) has completed the recruitment process and a Health & Wellbeing Nurse is now in post. Discussions are currently ongoing with the relevant stakeholders and the Health at Work Group in relation to commencing the programme of voluntary health screening from January 2008.
- 16 The occupational immunisation programme is now well established and, to date, in excess of 800 employees have been offered immunisation via the OHS. The OHS continue to receive biological risk assessments, identifying the requirement to offer immunisation. Therefore, this programme is ongoing.

- 17 The OHS is also continuing to develop the service provided to the County Council as detailed in the OHS 5-year Strategic Plan. As well as the immunisation programme, such developments have included the installation of an Automated External Defibrillator (AED) in County Hall, development of the OHS Intranet and Extranet website and annual reporting of OHS audit data.
- 18 As part of the employee support programme linked to Local Government Review, both the County and District Councils recognised the need to address the levels of stress and confidence from staff members facing selection interviews. External consultants, SOLACE, are running a series of workshops and coaching sessions aimed at encouraging managers to reflect on the individual implications of the forthcoming changes. To date, approximately 40 managers have participated on the programme with further workshops planned through to April 2009. Evaluation feedback has been extremely positive.
- 19 Additional workshops are planned to assist managers when handling change at both a strategic and operational level – delivery will start in November.
- 20 In addition, the Stress Management Working Group are continuing to review and adjust the stress management action plan where appropriate. This work is including looking at how the policy can be used to identify hotspots and potential hotspots. In addition, it is anticipated that new publicity is to be launched across the County Council later in the autumn, reminding staff who may be concerned about the LGR process about the availability of the telephone counselling service.
- 21 Managing Sickness Absence training continues to be an integral part of a manager's development. The one day course is part of the Corporate Training Programme and runs every 6 – 8 weeks.

Service Developments

- 22 All Services have again provided individual narrative on how they are tackling sickness absence and any trends within their Service. Services were asked to give comment on sickness trends, sectors that are causing concern or improving and feedback on any internal action taken or that is being planned. We have also ensured that details are included at the start of each section comparing the current quarterly figure (July-September 2008) against the previous (April-June 2008) and corresponding quarter (July-September 2007) for each Service.
- 23 All Services are seeking to ensure a consistent approach on sickness absence management. Sickness reviews are undertaken, in line with the Sickness Absence Policy, Procedure and Toolkit, and referrals are made to Occupational Health where appropriate.

Adult and Community Services (A&CS)

- 24 For comparison purposes, the quarterly absence figures for the last two quarters and the corresponding quarter for last year are as follows:
 - July – September 2008 = 4.08 days per fte;
 - April – June 2008 = 3.71 days;
 - July – September 2007 = 4.08 days.

- 25 Trends – the rate for the month of September 2008 is slightly lower than the rate for September 2007.
- 26 The trend over the quarter is associated with an increase in:
- Full-time staff sickness absence days;
 - Sickness absence episodes of 20 working days or more;
 - Mental health related sickness absence episodes / days.
- 27 The number of staff who have been absent for ‘nine months or more’ has reduced from 11 in the quarter ending June 2008 to six in this period. There continues to be no staff who have been absent for 18 months or more – in fact there are currently no staff who have been absent for 12 months or more.
- 28 Areas of Concern / Improvements – Adult’s provider sector, County Durham Care & Support (CDCS), continue to report the highest number of sickness days within A&CS – 5.62 days per employee in the recent quarter. The rate in this sector has a big influence on the A&CS figure overall due to the size of the workforce. The main cause of high sickness absence days in CDCS is mental health related sick leave – approximately 35% of the days taken are in this field.
- 29 One of the other larger sectors in A&CS, Adult Care – Op, Pdsi, Ss², also recorded a slight increase in absence days per employee (2.95 to 3.86). The main cause for this trend was also due to an increase in mental health related sick leave – 40% of sickness absence days being attributable to this reason.
- 30 Actions Taken / Planned – this last quarter has also seen the second successive rise in mental health related sickness days. Mental health related sick leave is also the main factor behind the increase in ‘absences of 20 days or more’. Further work is being carried out into mental health absences and managers are actively encouraged to use the Stress Management Toolkit as soon as possible in all mental health related absences. Areas which show high incidence of absences are monitored and actions are chased with relevant managers to ensure all SAIs / RTWIs / Stress Toolkit’s are being completed.
- 31 The Sickness Absence Interview form records use of the stress toolkit and these forms are monitored to examine the extent of the toolkit’s application and encourage managers to consider its use.
- 32 The sickness monitoring team within A&CS is working with more formal processes on a monthly basis to progress the monitoring activities, working closely with managers and supervisors in this area. Action plans are also being used to target and tackle hot spot areas in sickness absence management. All other monitoring and management activities mentioned in previous quarters continue.

Children and Young People’s Services (CYPS)

- 33 As indicated earlier, this commentary does not include information relating to sickness absences of school-based staff.

² Older People – Physical, Disability & Sensory Impairment – Sensory Support

- 34 For comparison purposes, the quarterly absence figures for the last two quarters and the corresponding quarter for last year are as follows:
- July – September 2008 = 2.94 days per fte;
 - April – June 2008 = 2.16 days;
 - July – September 2007 = 3.46 days.
- 35 Trends – in total, 66.79% of all days lost to sickness absence for this staffing group is accounted for by long-term sickness absences, ie sickness periods exceeding 20 days.
- 36 The sickness reason attributable for the most days lost due to sickness absence for this staffing group is Mental Health at 30.70%. Whilst the reason remains consistent with previous reporting periods, the overall percentage has increased from 22% previously.
- 37 There are 10 members of staff who have been absent for nine months or more, all of whom are being closely monitored and managed in accordance with corporate procedures. Of the 10, three have planned returns to work, three are at capability and one is at the final stage of the procedures. The remaining cases are at further subsequent stages.
- 38 Areas of Concern / Improvements – there is evidence of effective management of long-term sickness absence in CDYES as the service has reported no absence of nine months or more.
- 39 The total numbers of days lost has marginally decreased in Safeguarding & Specialist Services for the period.
- 40 The number of absence cases in excess of nine months remains a concern across the directly employed services – see previous information for progress of individual cases.
- 41 Whilst consistent with the previous reporting period, the percentage of sickness days lost to Mental Health remains of primary concern to CYPS. This is being addressed by further exploration of the stress risk assessment process alongside the provision of increased support and guidance for management.
- 42 Actions Taken / Planned – **a newly established centralised sickness absence team is now in place in the CYPS Staffing Team (effective from 14 July 2008), overseeing the recording and management of sickness absence data for CYPS for non-school based staff. This process incorporates a SAI trigger system to ensure that interviews are occurring as and when required within timescale and in accordance with the terms of the corporate policy & procedures.**
- 43 Safeguarding & Specialist Services are currently piloting the stress risk assessment process on a team basis. This will allow for the proactive identification of ‘stress hotspots’ in accordance with the six Health & Safety Executive Management Standards and will inform a stress prevention strategy for CYPS. Dependent upon the success of this pilot, it is envisaged that this good practice could be extended across CYPS (non-school).
- 44 A CYPS HR Information portal has been developed via the Intranet of which sickness absence management is a core element. All information, process mapping and guidance pertaining to effective sickness absence management are now accessible via these pages.

- 45 Guidance has been disseminated to all CYPS management (non-school) regarding the arrangements in place to set-up Final Stage Interviews and Capability Hearings. This guidance will instil greater confidence in management overseeing this process, providing an increased level of administrative support to management and reinforcing the relationship between management and the Employee Relations Team.
- 46 Sickness absence is now a core part of the Balanced Scorecard for CYPS, placing a greater level of accountability and ownership of sickness absence data at a service level.

Environment

- 47 For comparison purposes, the quarterly absence figures for the last two quarters and the corresponding quarter for last year are as follows:
- July – September 2008 = 2.63 days per fte;
 - April – June 2008 = 2.09 days;
 - July – September 2007 = 2.33 days.
- 48 Trends – there has been an increase in sickness absence of nearly 26% since the June quarter and nearly 13% since the corresponding quarter in 2007.
- 49 Areas of Concern / Improvements – this increase is mainly due to the rise in absences of 20 days or more. However, several members of staff who have been absent during the last quarter have now returned to work – the figures for the next quarter will reflect this development.
- 50 Actions Taken / Planned – there has been a significant increase in the sickness of the drivers employed by the Service. Managers are carrying out monitoring interviews in accordance with County Council procedures. However, the drivers' sickness level is 36% less than the same quarter last year.

Service Direct

- 51 For comparison purposes, the quarterly absence figures for the last two quarters and the corresponding quarter for last year are as follows:
- July – September 2008 = 2.88 days per fte;
 - April – June 2008 = 2.88 days;
 - July – September 2007 = 3.35 days.
- 52 Trends & Areas of Concern / Improvements – the two main operation areas of Buildings and Civils cover nearly 82% of the full-time equivalent days of absence, although they account for only 66% of the full-time equivalent workforce. This reflects the more hazardous nature of the work that is carried out. As part of the Health & Safety monitoring that is carried out and reported to SMT on a monthly basis, absence trends are examined to see they identify any additional training requirements. This helps to focus on areas that may adversely affect the sickness statistics.

- 53 Actions Taken / Planned – the Personnel Manager reviews the sickness levels with operational staff on a monthly basis and although a lot of effort has been concentrated on the long-term absences (60% of the total), in many cases there may be limited action that can be taken. To try and further reduce the overall totals, it has now been suggested that prior to the return to work interview, the sickness history is available to the manager to highlight any developing trends and suggest sickness referrals if appropriate.

Chief Executive's Office

- 54 For comparison purposes, the quarterly absence figures for the last two quarters and the corresponding quarter for last year are as follows:
- July – September 2008 = 0.84 days per fte;
 - April – June 2008 = 1.84 days;
 - July – September 2007 = 2.67 days.
- 55 One particular factor in this reduction has been the contract termination of a member of staff on capability grounds, who had been on sickness leave for approaching one year.
- 56 A detailed monthly report is produced of staff absence which is passed to the Head of Human Resources and the Chief Executive's Office.

Corporate Services

- 57 For comparison purposes, the quarterly absence figures for the last two quarters and the corresponding quarter for last year are as follows:
- July – September 2008 = 2.38 days per fte;
 - April – June 2008 = 1.19 days;
 - July – September 2007 = 1.19 days.
- 58 Trends & Areas of Concern / Improvements – a significant proportion of the increase in absences is attributable to a small number of unforeseen long-term absences, none of which are work related. Some of these longer-term absences have now returned to work.
- 59 Actions Taken / Planned – a detailed monthly report is produced and discussed at CSMT to ensure that it remains a Service priority and is carefully monitored. This information is also shared with staff

County Treasurers

- 60 For comparison purposes, the quarterly absence figures for the last two quarters and the corresponding quarter for last year are as follows:
- July – September 2008 = 2.12 days per fte;
 - April – June 2008 = 2.56 days;
 - July – September 2007 = 2.32 days.
- 61 Trends & Areas of Concern / Improvements – the figure for this quarter to September is the lowest for five quarters. The Finance Divisions show a level of absence below 2 days (1.99), whilst Customer Services (including IT and Access to Services) are currently recorded as 2.25 days.

- 62 Looking at the long and short term absences, it has been identified that there has been some consistency in the data throughout 2008. In the last quarter, absences of up to 7 days account for 20% of days lost, those between 7 and 19 days are on 23% and long-term absences are on 57%.
- 63 Actions Taken / Planned – the most prevalent cause of sickness is under the heading of Mental Health. Seven staff had absences within this category, two of whom have now left the County Council and four others have returned to work. The remaining individual is absent as a result of family circumstances.
- 64 A monthly list of staff hitting trigger points is provided to managers together with advice about sickness absence procedures.

Recommendations and reasons

- 65 You are asked to note the data and the commentaries on progress given and provide comment.

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Appendix 1: Implications

Local Government Reorganisation

(Does the decision impact on a future Unitary Council?)

No decision required within the report. Consideration is being given to how sickness absence reporting will be conducted within the unitary authority.

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 and Rurality

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

It is anticipated that developing strategies such as the Stress Management Policy will contribute to an improvement in the health of its workforce and assist in an improvement in sickness absence levels.