



EMPLOYMENT COMMITTEE: 21 OCTOBER 2014

REPORT ON SICKNESS ABSENCE

**JOINT REPORT OF THE DIRECTOR OF CORPORATE RESOURCES
AND DIRECTOR OF PUBLIC HEALTH**

Purpose

1. Following the report to the last Employment Committee on 12th June, further work has been undertaken on the County Council's approach to the management of sickness and the Corporate Management Team (CMT) has been engaged regarding the key issues. The purpose of this report is provide an update on the overall Council and departmental performance in relation to sickness absence from the out turn position of 2013/14 to the end of Q1, trends in absence and the actions required to address current sickness absence levels. This report will also identify the strategic approach required to address absence management through improving workplace health.

Background

2. The Employment Committee received a report on sickness absence on 12th June 2014 and as a result requested that CMT takes ownership and appropriate action given the concerns expressed about continuing high levels of absence.

Absence data

3. The table below shows the figures (days per fte) from the out turn position for 2013/14 to the end of Q1. Although there has been a slight reduction in absence levels per fte at the end of quarter 1 for 2014/15, it is important to note that the overall trend to date is variable and remains above the target of 7.5 days per fte, identifying that further work to address sickness absence levels is required.

Department	2013/14 Out turn	2014/15 April	2014/15 May	2014/15 June Q1
Chief Executive's	7.51	7.92	6.70	6.37
E&T	10.06	10.34	9.43	8.80
C&FS	9.84	10.54	9.68	8.93
Corporate Resources	7.11	7.17	7.12	6.54
Adults and Communities	11.16	11.67	11.13	10.60
Public Health	7.11	5.38	5.41	5.46
Total	9.47	9.96	9.37	8.76
ESPO	8.58	8.49	8.02	8.34

Trends in sickness absence

4. Trends in sickness absence can be analysed both in relation to the number of days per fte per department and the reasons for absence.
5. Days per fte
For 2014/15, the days per fte for all departments show slight fluctuations across the first quarter. Reporting is carried out on a rolling year basis, which whilst more accurate as opposed to forward projections, does lead to some fluctuations.
6. At a service level there are some exceptions to the figures which therefore require further work and attention from line managers delivering effective, robust case management, supported by Human Resources. These exceptions at the end of quarter 1 are as follows:-

Adults & Communities Service	
Promoting Independence	13.60 days per fte
Personal Care & Support	12.99 days per fte
Children & Family Services	
Strategic Initiatives	10.43 days per fte
Commissioning & Development	15.16 days per fte
Environment & Transport	
Transportation	9.42 days per fte

7. The Local Government (LGA) Workforce Survey 2012/13 provides some useful comparative figures with other upper tier unitary Councils reporting a median of 9.4 days per FTE. The LGA Workforce Survey for 2013/14 is not yet available. The County Council's reported out turn figure for 2013/14 of 9.47 is comparative to similar authorities in the LGA survey for 2012/13 but still leads us to conclude the need for robust action.
8. A number of actions have taken place to address absence levels, e.g. the role of the manager in managing and reducing sickness absence has been supported by Human Resource (HR) policy, plus communication via the Managers' Digest with the following articles in:-
 - February 2014 - Revised self-certification and monthly absence return form
 - May 2014 – Entering sickness absence end dates into Oracle
 - May 2014 – New and revised HR policies
9. However the focus on policy and communication, although helpful, has to be part of a broader package of measures.
10. As an example, the results of further investigation and analysis into the days per fte, cross referenced with the reasons for absence, will contribute to an action plan to address sickness absence levels.
11. However, although such investigation and supporting initiatives will contribute, there is arguably no substitute for having a concerted drive, through robust case

management of short-term and long-term absence cases, in order to both reduce levels, and to send a clear message to the organisation.

12. Reasons for sickness absence

Analysing the Council's absence figures in relation to the reasons for absence demonstrates that viral infections is consistently the highest percentage, with the figure of 24.62% as at the end of June 2014. The category of stomach, liver, kidney and digestion is consistently the second highest reason, with the figure of 17.19% as at the end of June 2014.

Reason for Absence	2011/12 Out turn %	2012/13 Out turn %	2013/14 Out turn %	2014/15 June %
Back and Neck Problems	4.89	5.12	4.82	4.60
Other Musculo-Skeletal Problems	8.27	6.14	6.42	6.70
Stress/depression, Mental Health and Fatigue	8.73	5.52	5.91	6.26
Viral Infection	21.38	26.87	24.79	24.62
Neurological	4.48	5.03	6.23	5.95
GenitoUrinary/Gynaecological	2.74	2.22	2.79	2.68
Pregnancy Related	1.57	1.32	0.99	1.08
Stomach, Liver, Kidney, Digestion	15.65	17.61	18.31	17.19
Heart, Blood Pressure, Circulation	1.26	0.79	1.00	0.86
Chest, Respiratory	2.75	3.53	4.31	4.30
Eye, Ear, Nose & Mouth/Dental	3.86	3.73	5.32	5.50
Other	8.32	7.33	10.21	11.31
Not Known	16.10	14.80	8.90	8.95

13. Trends over a three year period, from the out turn position of 2011/12 to June 2014 demonstrate a reduction in the following sickness absence reasons:-

- Back and neck problems;
- Other Musculo-Skeletal Problems
- Stress/depression, Mental Health and Fatigue
- Neurological
- GenitoUrinary/Gynaecological
- Pregnancy related
- Heart, Blood Pressure, Circulation
- Not known

14. Overall there is no single action or common theme that can be attributed to these trends and reductions across this diverse range of sickness absence reasons. However, one area where it is possible to draw a correlation between the reduction in sickness absence and an action taken is in the implementation of Mental Health First Aid (MHFA) to support stress/depression, mental health and fatigue, with the out turn figures from 2011/12 to 2013/14 showing a decrease from 8.73% to 5.91%.
15. However figures for the first three periods of 2014/15 show this has now increased by 0.35%. The County Council will need to monitor this area in relation to the potential impact of service reviews and restructures and ongoing uncertainty and this slight increase reinforces this position.
16. When using the LGA Workforce Survey 2012/13 as comparative data for the reasons for sickness absence there is a variation between Leicestershire County Council and the data provided by other authorities, with the County Council reporting viral infections and stomach, liver, kidney and digestion as the two highest percentages and the LGA survey 2012/13 reporting stress/depression, anxiety, mental health and fatigue and other musculo-skeletal as the two highest percentages.

Approaches to reduce sickness absence

17. The manager's role and responsibility in managing sickness absence is critical in reducing sickness absence and in supporting the health and wellbeing of employees. Whilst evidence from case management with Human Resources (HR) identifies that many managers actively address sickness absence, this has not been consistent across the Council.
18. It has been agreed that support (and creating a clear expectation that it will happen) from CMT, Departmental Management Teams (DMT's) and Senior Managers, actively managing absence through the line management structure, is critical and clear communication from CMT across the Council will inform this. Additionally there will be a clear and robust action plan, which will be monitored and reported on.
19. In addition to the role of the manager, the HR case management approach will support managers where required in dealing with employees' where both short and long term sickness absences exist. HR also highlight potential cases to DMT's/managers through detailed absence reports.
20. CMT agreed that a strategic approach to sickness reduction and prevention involving Public Health should be adopted. This approach will compliment active management responses to sickness absence described above.

Sickness absence prevention – a strategic approach

21. The positive impact that employers can have on employee health and wellbeing is well documented. Employers who have developed coordinated and systematic approaches to employee wellbeing have reported many benefits. These include:

- Improved attendance and reduced sickness and other absence;
 - A more productive workforce;
 - Improved staff engagement;
 - Improved resilience to change;
 - Easier to retain and recruit staff ;
 - Increase company/organisation profile and being an employer of choice;
 - Decreased accidents and injuries;
 - Increased employee health and welfare
22. Following the Employment Committee discussion on 12th June and CMT report on 5th June 2014 a co-ordinated and strategic approach to absence management involving Public Health was agreed. A range of tools and approaches are available to assist employers to promote employee wellbeing, based on evidence of what works. The Public Health England recently published Workplace Wellbeing Charter National Award for England - Self Assessment Standards is being considered. The Charter provides the ability for organisations to audit and benchmark against an established and independent set of standards based on good evidence of what has been shown to be effective. Undertaking the assessment involves identifying what the organisation already has in place and what gaps there may be in health, safety and wellbeing for their employees, for example, gathering data about health behaviours (such as smoking, obesity, etc) and actions that can be taken to improve staff health and wellbeing. Access to the Charter toolkit and standards is free.
23. As part of the process of embedding wellbeing into an organisation, Workplace Wellbeing Champions have been shown to be effective in supporting both the development of workplace wellbeing programmes and ensuring effective implementation. Champions are usually employees from across a range of roles and grades who have expressed an interest in promoting wellbeing; they engage their colleagues, gain their views and ideas and use these to shape programme and policy development within the organisation. Champions work as part of a team and feed into an overarching Wellbeing Group working closely with the Human Resources team. To work effectively organisations need to support and respect the champions, offer health training and ensure they have time to undertake their roles.
24. The Public Health Responsibility Deal (<https://responsibilitydeal.dh.gov.uk/>) aims to tap into the potential for businesses and other influential organisations to make a significant contribution to improving public health. It embodies the Government's ambition for a more collaborative approach to tackling the challenges caused by our lifestyle choices. Organisations can sign up to the Responsibility Deal to show their commit to taking action voluntarily to improve public health through their responsibilities as employers, as well as through their commercial actions and their community activities. Health at work is one of the key components of the Responsibility Deal.

Recommendations

25. The Employment Committee is requested to:-

- a) Note the contents of this report;
- b) Note the commitment from officers to maintain a focus on managing attendance, ensuring managers at all levels proactively address sickness absence;
- c) Support the use of the Public Health England Workplace Wellbeing Charter National Award for England - Self Assessment Standards to identify good practice and gaps in the Council's approach to the health, safety and wellbeing of employees and actions required to address this;
- d) Support the identification of workplace champions from across the organisation;
- e) Support Leicestershire County Council in making a public commitment to taking action on employee health and wellbeing by signing up to the Public Health Responsibility Deal and sharing progress on an annual basis alongside other signatories.

Background papers

None.

Circulation under the Local Issues Alert Procedure

None.

Officers to contact

Gordon McFarlane
Assistant Director, Corporate Services and Transformation
0116 305 6123
Gordon.McFarlane@leics.gov.uk

Mike Sandys
Director of Public Health
0116 305 4239
Mike.Sandys@leics.gov.uk

Equal Opportunities and Human Rights implications

None