

Scrutiny Report

MEETING: Audit Committee
Internal Scrutiny Committee

DATE: 25th August 2011
30th August 2011

SUBJECT: Sickness Absence update

REPORT FROM: Councillor Trevor Holt
Executive Member for HR and Performance

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1.0 Summary

- 1.1 The report highlights the Authority's sickness absence outturn figures for the period 1.4.10-31.3.11. The report also includes an update on the year end position based on levels of reported absence during the first quarter of 2011-12.
- 1.2 In addition, the report updates Members on a range of measures and interventions that have been designed to impact on and reduce sickness levels.

2.0 Matters for Consideration/Recommendation

- 2.1 Members are asked to:
- Note the report
 - Continue to support and recognise the priority of the work being carried out in an attempt to reduce sickness absence levels

3.0 Background Information

3.1 What does the data tell us?

- 3.1.1 In 2010/11 the Authority's published figure for the average number of days lost per employee due to sickness was **10.2**.
- 3.1.2 The total number of FTE days lost to sickness absence is 54,719.70.

3.1.3 Absences are also recorded by type and in terms of reasons for sickness absence the top 3 reasons during the year ended 31st March 2011 are:

- a. Mental health/stress/depression accounts for approximately 12,585 fte days (23%) of all absences. These absences tend to be more long term. The average length of an absence for this cause is 30.12 days.
- b. Musculo-skeletal problems accounts for approximately 9,849 fte days (18%) of all absences. This type of absence tends to occur within EDS and ACS where more former manual workers are employed. The average length of absences for this cause is 17.88 days.
- c. Stomach, liver, kidney and digestion problems account for approximately 5,471 FTE days (10%) of all absences. The average length of absences for this cause is 4.76 days.

3.1.4 A more detailed breakdown of absences by cause can be found at Appendix A

3.1.5 The incidence of sickness absence varies significantly by employing department. Table 1 below highlights the average number of days lost due to sickness within each of the departments. This ranges from 5.91 days per employee (Chief Executive's department) to 18.53 days per employee within Adult Care Services.

Dept	FTE days lost:	Average days lost per employee:
ACS	14083.35	18.53
CE	2152.51	5.91
CS	24994.49	8.46
EDS	13489.35	10.5
Total:	54719.70	

Table 1: Days lost to sickness absence by dept.

3.2 Comparative trends 2008/9 to date

3.2.1 Over the last 3 years sickness absence figures have decreased from 11.56 days per employee to 10.20 days; this represents a 13.33% reduction in sickness absence during the period:

Year	FTE days lost:	Av days lost per employee:
2010/11	54,719.70	10.20
2009/10	59,758.29	11.05
2008/09	64,221.13	11.56

Table 2: Days lost to sickness absence 2008/9 to date

3.3 Comparative Trends AGMA Authorities

3.3.1 In terms of comparison to other AGMA authorities the following table provides information in terms of a rank order:

Authority	2010/11 year end figure:
Stockport	8.05
Tameside	8.27
Trafford	8.54
Oldham	8.75
Rochdale	9.21
Salford	9.64
Bolton	9.69
Bury	10.2
Manchester	10.71
Wigan	10.71

Table 3: AGMA rank order

3.4 Comparative Trends with other sectors

3.4.1 Comparisons can also be made between different industry sectors, public, private and 3rd sector. Based on the Annual Absence Management Survey 2010 published by the Chartered Institute of Personnel and Development (covering 1.5 million employees and relating to the period 1 January to 31 December 2009) the following comparisons can be made.

- the average level of employee absence across all sectors is 7.7 days per employee
- The average level of absence remains highest in the public sector at 9.6 days per employee per year
- Absence is also relatively high in the non-profit sector at an average of 8.3 days per employee per year
- Absence is lowest in the private sector. Manufacturing and production organisations reported an average of 6.9 days lost per employee per year, while private sector services organisations reported an average absence of 6.6 days per employee per year.

3.4.2 The survey also highlights that the length of absences is different depending on industry sector and size of organization. The following table demonstrates that large public sector organisations will on average have higher numbers of longer term absences.

Industry sector	Upto 7 days (%)	8 days to 4 weeks (%)	4 weeks and longer (%)
Manufacturing and production	69	16	17
Private sector	74	15	13
Public sector	49	19	36
Non Profit orgs	64	18	21
Number of employees:			
1-49	81	13	11
50-249	73	14	16
250-999	65	18	19
1000-4999	60	19	22
5000+	45	19	38

Table 4: Industry comparison of length of absence and size of organisation

3.5 Q1 Position with Bury

3.5.1 The trend of reducing numbers of days lost due to sickness has been maintained. The Quarter 1 figures for 2011/12 shows a further reduction in the average number of days lost per employee due to sickness from 10.2 days to **9.6** days.

3.5.2 As can be seen below the Q1 reduction in average days absence per employee applies across all departments

Department:	2010/11 full year:	Quarter 1 2011/12:
Adult Care services	18.53	17.2
Chief Executives	5.91	5.68
Children's Services	8.46	8.21
Environment and Development services	10.5	9.48
Total Council:	10.2	9.6

4.0 What are we doing to continue to improve?

4.1 A wide range of activity has been, and continues to be undertaken to reduce absence. Some of these activities are identified below:

1. The Council has made a commitment to achieve the IIP standard for Health and Wellbeing and in doing so has developed a Health, Work and Wellbeing Strategy. This outlines the Councils commitment to the health and wellbeing of its employees and describes the aim of achieving a healthy organisation with engaged and positive employees through three themes:

- Healthy and Active Lifestyle
- Healthy workplace
- Healthy Mind

As part of the commitment a Strategic Group has been set up to provide direction, identify priorities, review progress and work with partner organisations to ensure the delivery of the Strategy. The group is led by Graham Atkinson, Executive Director EDS,

2. All Departments come together quarterly to case review each departments 'top 10' short term sickness absence employees. This allows discussion and challenge in order to progress and resolve cases.

3. The Attendance Management policy has been reviewed and developed jointly with the UNISON into a toolkit which gives much more focus on improving the targeting of appropriate interventions, along with guidance/templates and a system of formal warnings where necessary.

4. Following on from the implementation of the Councils Stress Strategy earlier this year, 2 Stress focus groups have been held with employees. One group with participants who have staff management responsibilities and one with employees without any supervisory responsibility. The topic of focus is 'Building Resilience to Stress in the Workplace'. Outcomes are being reviewed and an action plan is being developed.
5. A post of Health & Wellbeing Co-ordinator within Occupational Health & Safety has been created following the retirement of a Counselling/Welfare post. The primary duties are to develop and administrate the referral process for counselling, physiotherapy and other psychotherapies and also act as the corporate lead officer for health & wellbeing. The role will support departments by ensuring appropriate interventions are available. For example the contract for Occupational Health Physician support is due to cease at the end of August. The intention is a contract being in place for 01 April 2012. The contract will also include the provision of Counselling Services.
6. In order to maximise capacity for health and wellbeing support across HR, Health & Safety and Occupational Health, 9 employees have undertaken the NEBOSH Health & Wellbeing Training. This has allowed a better triaging arrangement to take place, with the most appropriate service supporting and preventing further absences occurring. For example referrals to OH which relate working environments are being dealt with by Health & Safety professionals rather than medical professionals.
7. The Health and Wellbeing Coordinator and the Active Workforce Coordinator have jointly developed a pilot project which aims to reduce absence levels in EDS, Operational Services. The pilot has been set up as reports show that sickness absence figures are a cause for concern in these areas.

The Pilot is not yet complete but, a Health & Wellbeing needs assessment has been developed. The outcome being a targeted programme for the service focussing on physical activities, health information and access to specialist support services particularly within the NHS.

- 8 The council continues to supports individuals via the Occupational Health Unit for counselling services and physiotherapy services.

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