

## BROMSGROVE DISTRICT COUNCIL

# Overview & Scrutiny Board

16th July 2012

### SICKNESS ABSENCE PERFORMANCE and HEALTH FOR PERIOD ENDING 31<sup>st</sup> March 2012

Relevant Portfolio Holder	Cllr Mark Bullivant
Relevant Director	Jayne Pickering, Executive Director (Finance and Corporate Resources)
Non-Key Decision	

#### **1 Summary of Proposals**

- 1.1 To report to the Overview & Scrutiny Board on Bromsgrove District Council's performance for the last quarter (January – March 2012) and the full year outturn 2011 / 2012 in relation to sickness absence.

#### **2 Recommendations**

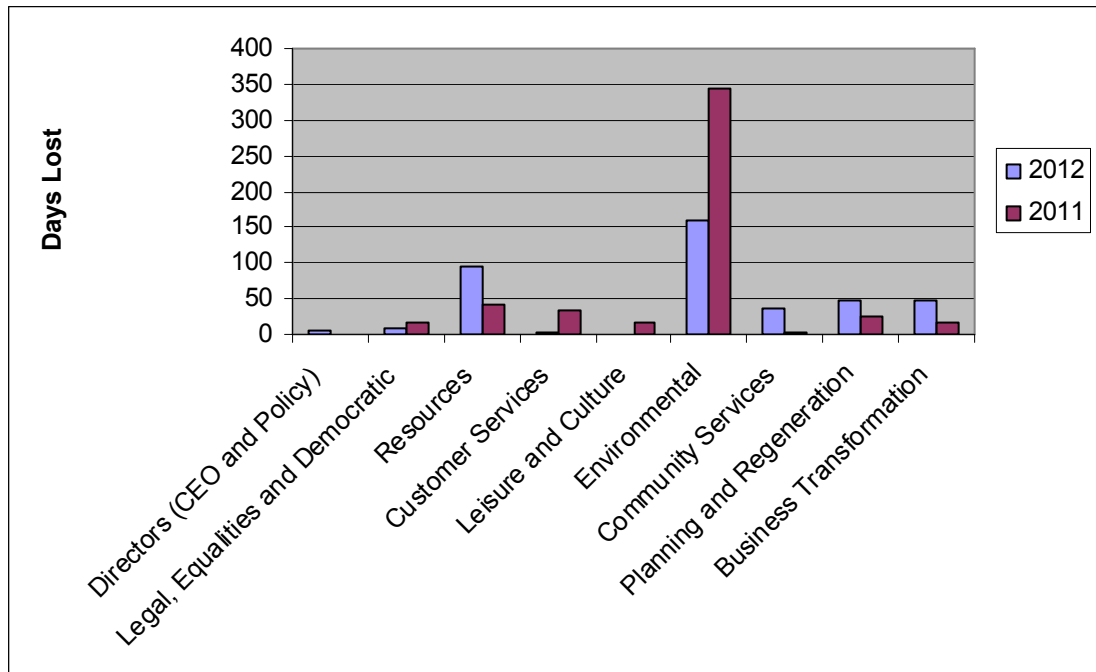
- 2.1 That the data relating to the last quarter / full year end be noted.

#### **3 Key Issues: Analysis of the monthly statistics for the last quarter**

- 3.1 Statistics for the Last Quarter (January – March 2012) compared to the same quarter last year

The table and graph below shows performance in the last quarter, compared to the same quarter in the previous year (2010 – 2011). As the staff within Leisure & Cultural Services have transferred to Redditch as part of shared services, these figures are reported in Redditch. Future shared service reporting is referred to in 3.2 below.

	<i>Jan - March 2010/2011</i>	<b>Jan – March 2011/2012</b>	<b>Average days per employee based on FTE for quarter</b>
Directors (CEO and Policy)	0	<b>6.6</b>	0.36
Legal and Democratic	18	<b>9</b>	0.54
Resources	42	<b>95</b>	1.99
Customer Services	34	<b>3.5</b>	0.17
Leisure and Culture	17	<b>0</b>	0.0
Environmental	344	<b>158.4</b>	1.49
Community Services	3	<b>35.2</b>	4.8
Planning and Regeneration	26.5	<b>46.5</b>	1.39
Business Transformation	15.5	<b>48.6</b>	2.29
Total	500	<b>402.8</b>	1.98



This shows a reduction in the total number of days lost for the quarter of almost 100 (20%). This is a positive improvement particularly when considered in light of an increase in the available working days from 16503 to 22439 for the quarter, due to changes to service distribution, and is not therefore a like for like comparison.

The average days lost per person for this quarter is 1.98 days per person.

From April 2012 issues with comparing “like for like” will present inconsistencies within the statistics until the timescale of the introduction of Shared Services across the year has passed, and the services are in the right authority to be compared on a direct basis.

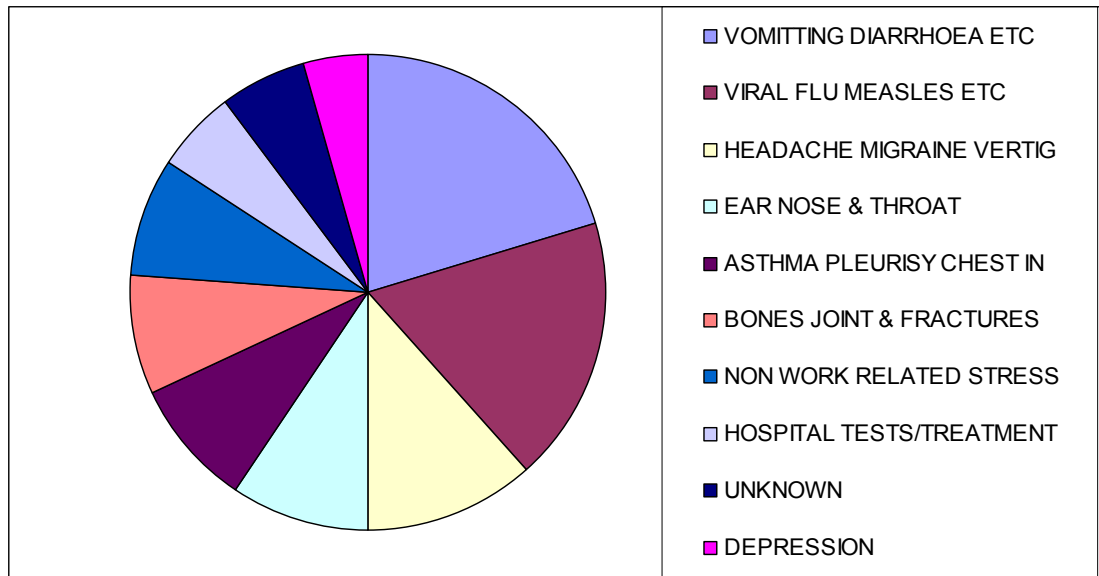
### 3.2 Implications of Shared Service

Historically data has been collected across service areas and reported accordingly. As part of the Shared Service work statistics for absence will be reported under a “Shared Service” heading where these are across both Councils, and will be reported alongside each Council’s figures. This is to ensure the impact of staff who are absent on one Council’s payroll is measured appropriately within the Shared Service for the other Council.

### 3.3 Breakdown of absence by sickness type

The graph below shows the top ten causes of absences broken down by sickness type for the last quarter (January to March 2012).

This reflects 138 of 166 days lost for the quarter, which is 83% of the total sickness days.



In this quarter the highest number of absences are attributed to viral infections (flu), ear nose and throat and vomiting and diarrhoea as may be expected during the winter months.

Areas that may be a concern to the organisation from a health and safety / occupational health perspective include 6 instances of work related stress.

For the upcoming year 2012 / 2013 a series of training events has been arranged for managers to help them to understand and deal with mental health issues in the workplace. The aim of this is not primarily to improve sickness absence, but to improve the mental wellbeing of staff in a period of change, with the expectation that there will be a knock on effect both in terms of improved attendance but also in managing “presenteeism” at work from employees who are struggling to cope.

The first of these sessions held in May has been positively received with excellent feedback from those who attended. The HR & OD team are looking to identify further initiatives to support this work.

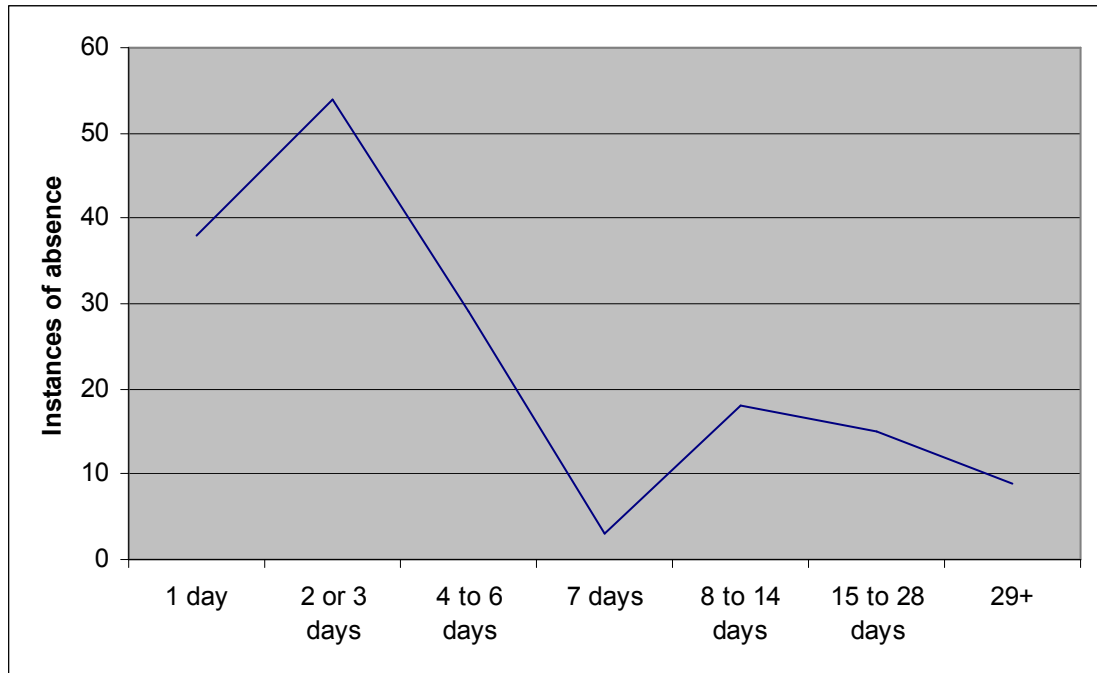
Within the new reporting format it is recommended that the standard Local Government Sickness categories be used, to support consistent collection of information and appropriate action from a health and safety or occupational health perspective when information suggests there may be a problem. These categories are given at appendix 2. The data has not been collected in this format historically so the full year data is not available for 2011 / 2012.

For future reports it is suggested that this information is reported 6 monthly.

### 3.4 Incidences of absence by duration

An additional piece of information requested for reporting is the number of incidences of absence by duration. This shows there is a significant peak duration of absence time as 2 to 3 days.

Instances of absence	Frequency
1 day	38
2 or 3 days	54
4 to 6 days	29
7 days	3
8 to 14 days	18
15 to 28 days	15
29+	9



Environmental Services have for a period of time been trialling a new approach to absence management, particularly in relation to short-term absence. This has been with full Trade Union involvement and support. Individual absence records are monitored closely with stringent target setting where levels are unacceptable. This has resulted in very positive results as is demonstrated in the data presented at 3.1.

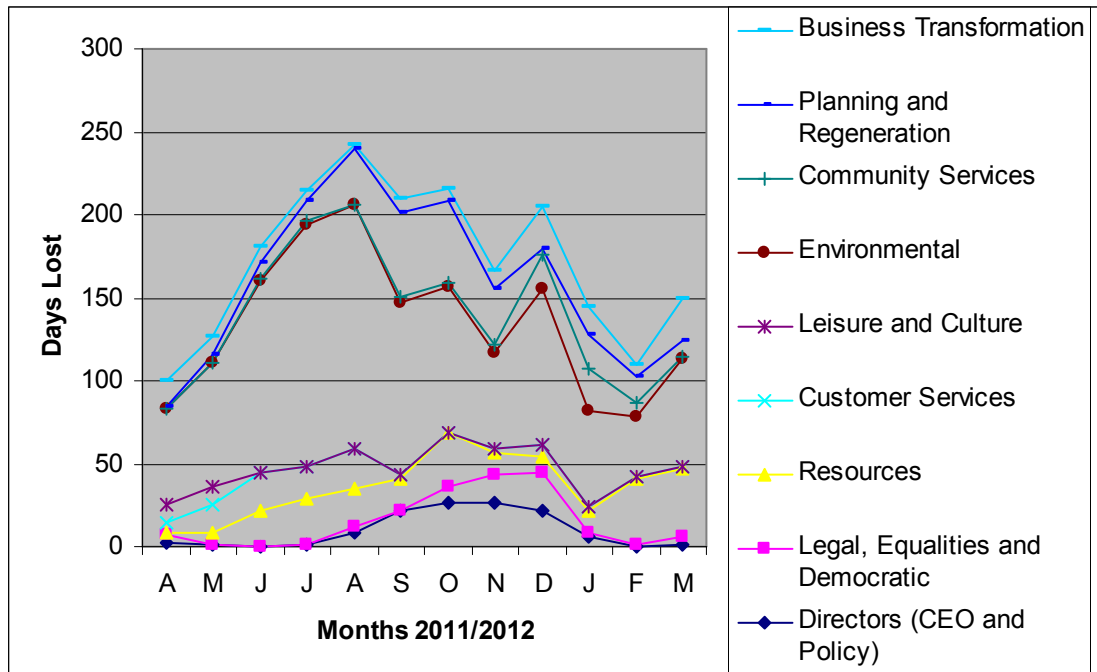
HR Advisors are also working with managers to identify patterns of absence and the causes of sickness in order to address the underlying issues.

#### 4.0 **Statistics for the full year 2011 to 2012**

The full year figure shows an average of 8.25 days lost per employee. This is below the corporate target of 8.75, and is below the most recently available statistics relating to the public sector average of 9.6 days (from the CIPD absence management report 2010).

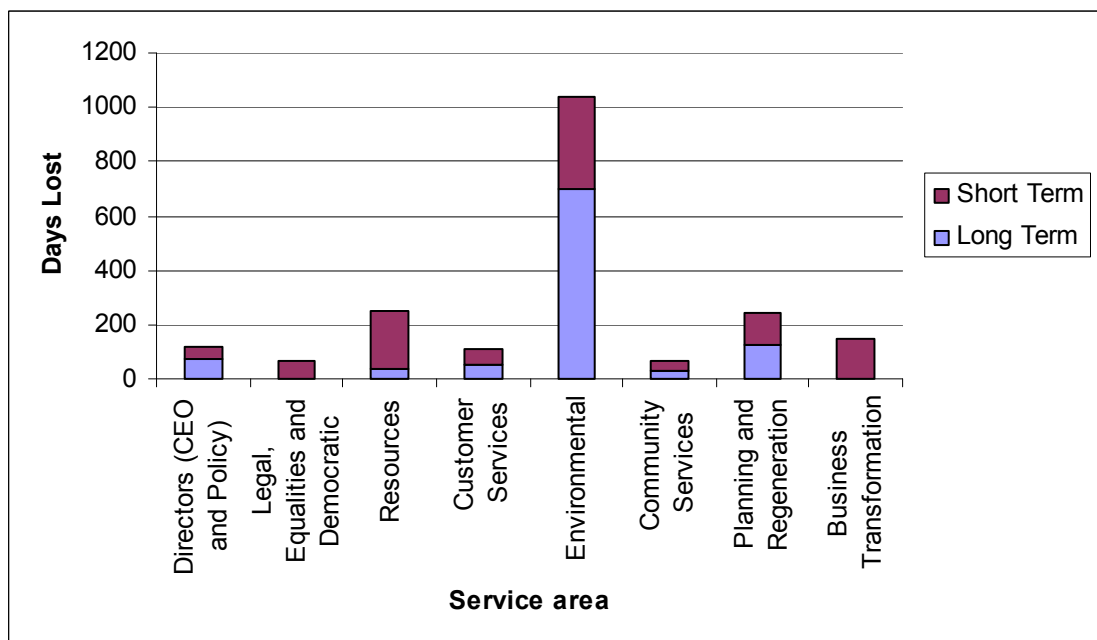
#### 4.1 **Days lost by service for the full year 2011 / 2012**

The background data for this graph is shown at appendix 1.



4.2 The graph above shows peaks across a number of services in June, July and August which follow each other in pattern. There are no identified reasons for these peaks (such as seasonal illnesses as are shown in December). Advice and support may be needed to managers to help in managing sickness where other factors may impact on the amount of time taken off. For example are more sick days taken during school holidays when childcare may be an issue for some staff.

4.3 Long term Absence compared to short term – full year 2011/2012.



Short term absences were only marginally more prevalent across the year as a whole, (1011 days long term compared to 1033 days short term). The distribution of short term to long term days lost however shows two services with no or little long term absence, but a potentially significant number of short term absences compared to the number of employees in the service, i.e. above a benchmark of 1.5% of available days lost. Resources and Business Transformation.

HR Advisors are working closely with managers to identify underlying causes and to provide support and advice in addressing these areas of concern.

Long term absences are slightly higher in Environmental Services, as may be expected from the physical nature of the work and resultant illness types, such as muscular and skeletal problems, within this working environment. There is therefore a higher occurrence of long-term absences due to the roles within this service.

	Long Term absences	Short Term absences	Long term days lost as % of total available days	short term days lost as % of total available days
Directors (CEO and Policy)	71	47	1.89%	1.25%
Legal, Equalities and Democratic	0	65	0.00%	0.76%
Resources	33	217	0.49%	3.21%
Customer Services	55	53	1.53%	1.46%
Environmental	697	345	2.83%	1.40%
Community Services	30	38	0.79%	1.00%
Planning and Regeneration	125	121	1.35%	1.31%
Business Transformation	0	147	0.00%	3.36%
<b>Total for full year</b>	<b>1011</b>	<b>1033</b>		

## 5 ***Targets for 2012 year (This section is subject to re-wording to reflect the approach of Transformation)***

*As part of the process of reviewing sickness reporting, the way in which targets are set has also been reviewed. There is no longer a requirement to report absence in a format specified centrally as part of BVPI reporting, however the benefit of having targets remains, in that Managers and staff have a reference point by which they can measure their performance against a benchmark.*

- 5.1 *Historically targets have been set centrally by HR, based on previous years targets, but with some method of distributing the total Council target so that services with particular types of workforce where sickness absence is associated with the type of work being undertaken are recognised (traditionally outdoor, manual work and work involving higher risk environments).*
- 5.2 *For the coming year it has been determined that targets should be set by individual services, in discussion with Human Resources and Senior Management Team. This will ensure ownership of the targets, and specifically ensure they are suited to the workforce they cover.*

## 6 **Health and Wellbeing**

- 6.1 The format of this report has been passed to the Health and Safety Committee for comment, in order that any work being done within a Health and Safety context can be captured within the report, and to provide additional information

to support and inform the work of the Health and Safety Committee.

**7 Financial Implications**

None

**8 Legal Implications**

None

**9 Policy Implications**

The Sickness Management Policy for Bromsgrove and Redditch are currently part of the work programme for review, and are due to be completed for consultation after the first quarter (July 2012).

**10 Council Objectives**

Council Objective 2 Improvement

**10 APPENDICES**

Appendix 1 - Sickness Figures month on month for full year

Appendix 2 - Sickness Reasons Standard format

## Appendix 1 – Month on Month Cumulative days lost by Service

<b>Bromsgrove Council</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Total</b>
<b>Directors (CEO and Policy)</b>	3	1	0	1.5	9	22	27	26	22	6	0	0.62	118.12
<b>Legal, Equalities and Democratic</b>	4.00	0.00	0.00	0.00	3.50	0.00	9.00	17.00	22.00	3.00	0.93	5.06	64.49
<b>Resources</b>	1	7.5	22	27	22	18.5	33	14	10	13	40.6	41.36	249.96
<b>Customer Services</b>	6	17	23	20	25	3	0	2	8	2	0.93	0.62	107.55
<b>Leisure and Culture</b>	11	11											
<b>Environmental</b>	58.00	74.00	115.00	146.00	146.00	104.00	88.00	58.00	94.00	58.00	36.00	65.00	1042.00
<b>Community Services</b>	0	0	1	1.5	0	3	2	5	20	25	8.68	1.56	67.74
<b>Planning and Regeneration</b>	1.00	5.00	10.00	12.00	34.50	51.00	49.00	33.00	4.00	21.00	15.11	10.36	245.97
<b>Business Transformation</b>	16	11	10	7	2	8	8	11	25	16	7.16	25.42	146.58

## From the Local Government Employers Organisation Guide to Absence Management

### A-Z of Causes of Sickness Absence

#### Instructions

These guidance notes explain how to record the different causes of sickness absence for monitoring purposes

It is recommended that all absences in an authority should be self-categorised or categorised by either HR personnel, or line managers, but not a mixture of these groups, so as to reduce inconsistencies. It is recognised that different authorities will have different procedures for recording absence and so different groups will be responsible for categorising the causes of sickness absence. Where possible, however, it is recommended that self-categorisation be permitted as this will encourage employees to provide meaningful information.

#### In selecting which types of absence to include, authorities should:

Exclude absences for dental and medical appointments, maternity leave and disability leave  
Absence for fertility treatment and cosmetic surgery should only be included when the absence was taken as sickness absence and not some other form of leave (e.g. annual leave, unpaid leave etc.)

#### All instances of sickness absence to be included as outlined above, should be allocated to one of the following groups:

Back & neck problems

Other musculo-skeletal problems

Stress, depression, anxiety, neurasthenia, mental health & fatigue

Infections; to include colds and flu.

Neurological; to include headaches and migraine.

Genito-urinary; to include menstrual problems.

Pregnancy related

Stomach, liver, kidney & digestion; to include gastroenteritis.

Heart, blood pressure & circulation

Chest & respiratory; to include chest infections.

Eye, ear, nose & mouth/dental; to include sinusitis

#### Other

- For all absences allocate where possible to the category containing the part of the body affected. For example, absence due to back pain should be allocated to the category "Back & neck problems".
- For infections, allocate where possible to the part of the body that is infected, otherwise allocate to "Infections". For example, an ear infection should be allocated to the category "Eye, Ear, Nose and Mouth/Dental" rather than to the category "Infection", whereas shingles should be allocated to "Infections" as it is not specific to any one part of the body.
- Absences caused by more than one illness should be allocated to the illness that predominates
- If absences are not being self-categorised and the employee has provided a number of causes, use the first item listed.
- Any musculo-skeletal problem that effects the back or neck must be assigned to the "Back & Neck category". If it effects any other part of the body it should be assigned to the "Other musculo-skeletal problems" category. This is why there is a choice of the two categories by some conditions on the A-Z list.

There are 36 following pages which provide an alphabetical list of possible causes of absence and the group to which they should be allocated. There then follows an alphabetical list of possible causes of absence for each of the different absence categories used in this classification.

If there is a situation where a medical note is **illegible** it should be noted that the patient has a right to ring the medical centre or doctor to clarify what is says.