

**SICKNESS ABSENCE PERFORMANCE AND HEALTH FOR PERIOD
ENDING 30TH SEPTEMBER 2012**

Relevant Portfolio Holder	Councillor Mark Bullivant – Portfolio Holder for Corporate Management
Relevant Head of Service	Teresa Kristunas, Head of Finance and 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 second quarter (July – September 2012) in relation to sickness absence.

2 RECOMMENDATIONS

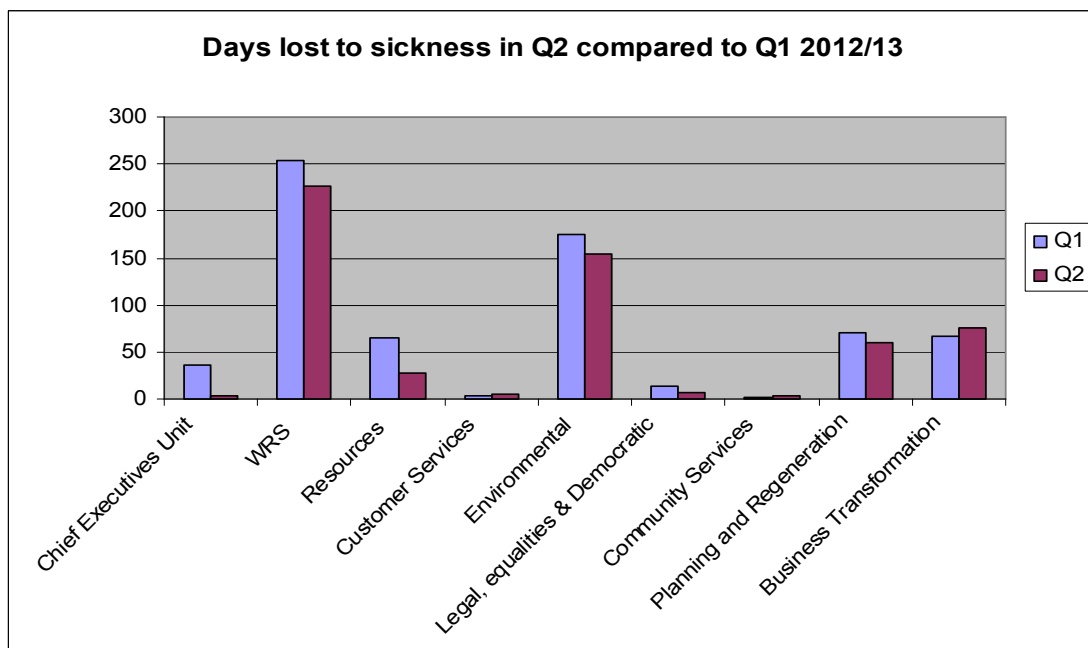
That the data relating to the quarter be noted.

3 KEY ISSUES

Analysis of the monthly statistics for the quarter

Statistics for the quarter July – September 2012 compared to the previous quarter

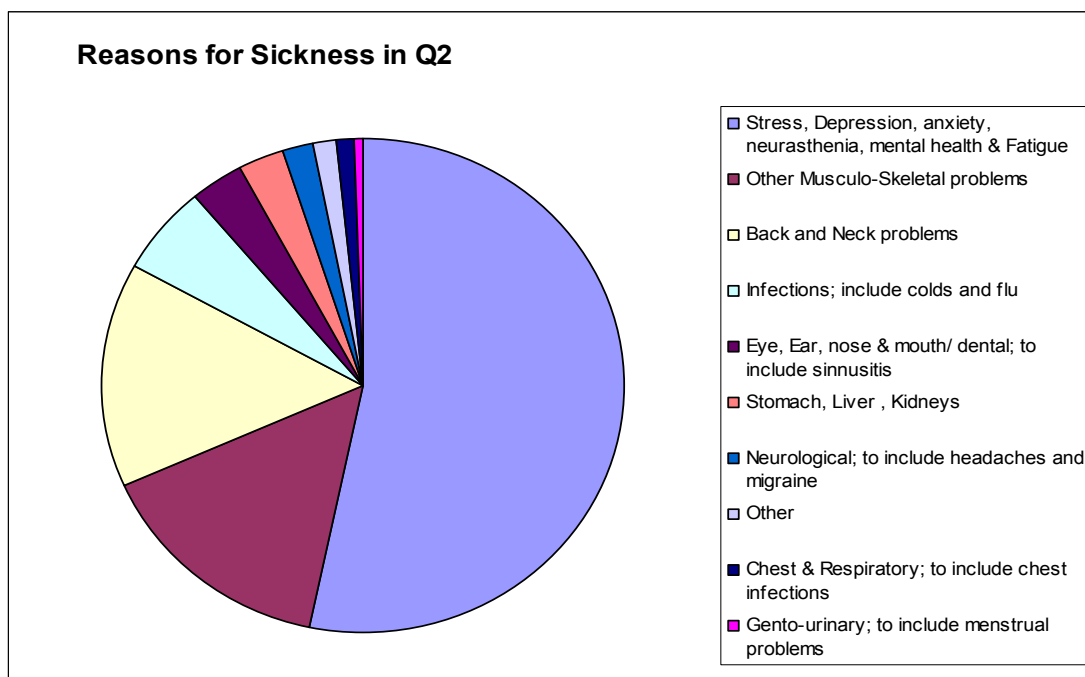
- 3.1 The graph below shows the sickness absence for Bromsgrove District Council employees in the second quarter July – September 2012, compared to the first quarter (April – June 2012).



- 3.2 The average days lost per person for this quarter is 1.5 days per person compared to 1.91 days in the previous quarter. This represents a drop in absence levels for the fourth quarter in a row. It also indicates a predicted outturn for the year of 6.21 days, compared to 7.6 for the previous quarter.
- 3.3 The main contributing factor for the overall reduction in absence is due to levels in several service areas declining, including Worcestershire Regulatory Services, Resources and Environmental services. Overall figures for both short-term and long-term absence have reduced since the last quarter. Further information in relation to long-term and short-term absence levels is detailed later in the report.

Breakdown of absence by sickness type

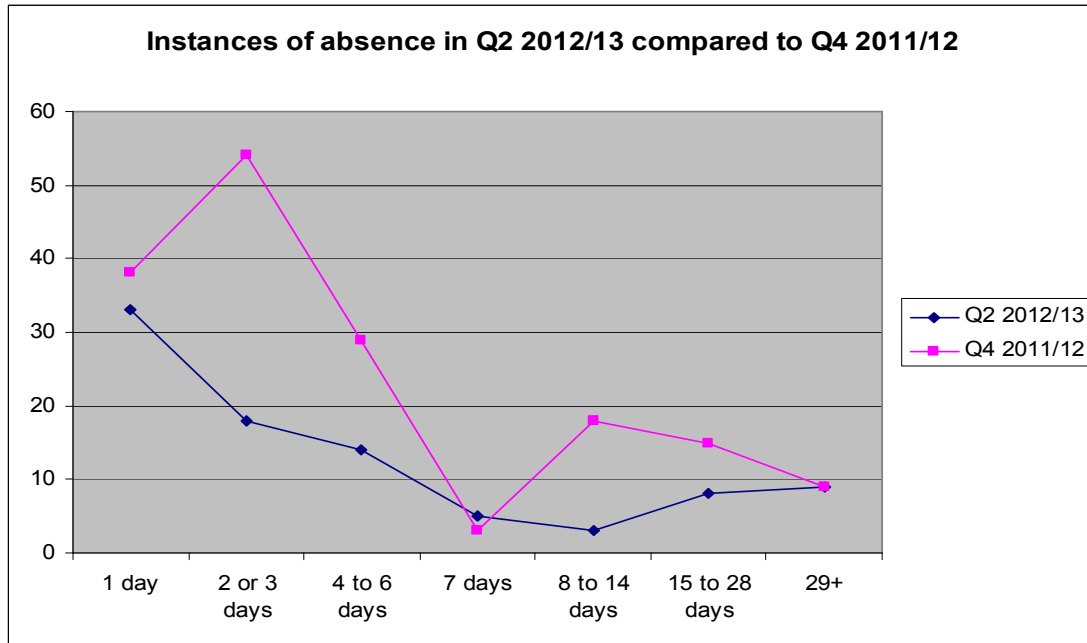
- 3.4 As agreed, the standard Local Government Sickness categories have been used from the start of the reporting year to record sickness absence.
- 3.5 Previously there were more than 30 categories of absence. These have been replaced with just 12, allowing absences to be grouped by type, providing a more useful way to analyse data and decide where resources should be focused. A copy of the absence categories can be provided to members on request.
- 3.6 The graph below shows the top ten absences broken down by sickness type for the second quarter (July to September 2012).



- 3.7 As the chart demonstrates, by grouping absence type it is possible to see that the largest proportion of absence is as a result of mental health-related illness. Whilst this quarter's absence is actually comparable to the previous quarter, the new method for categorisation provides more useful data.
- 3.8 It is important to recognise that although mental health-related absence is the largest category, and therefore it may be inferred there is an issue with work-related absence, this category incorporates several different conditions including, work and non-work related stress, depression, bereavement, fatigue and conditions such as SAD and ME.
- 3.9 When analysed further, there is one long-term absence case that is directly attributed to work-related stress with 3 non-work related stress cases and 3 related to bereavement over the quarter. There is also a case of ME recorded for the entire quarter which is incorporated into this category.
- 3.10 As a result of this data, and the ability to now focus resource more specifically, the Council has successfully introduced an Employee Assistance Programme. We have also undertaken a review of the current Occupational Health provisions and have worked closely with our local external provider to ensure the Occupational Health service meets our requirements.
- 3.11 It has also been agreed that on a trial basis we will employ a Wellbeing Officer, specifically tasked with developing and implementing initiatives tailored to address the trends identifiable through sickness data. The introduction of this position is actively supported by the Corporate Health, Safety and Wellbeing Committee.
- 3.12 The Human Resources and Organisational Development Team has also developed two workshops for managers; one on self-management, the other focussing on Wellbeing, not just their own but also the Wellbeing of their teams. These will be rolled-out in the next few months.
- 3.13 Irrespective of whether absence due to mental health-related illness is work-related or not, the impact on individuals of the national uncertainty regarding future local government funding and the subsequent change the Council is continuing to experience should not be underestimated. Wherever possible the Council should seek to support its employees in whatever way it is able to.

Incidences of absence by duration

3.14 The graph below shows the number of incidences of absence by duration for this quarter compared to quarter 4 2011/12, which was when this data was last reported.

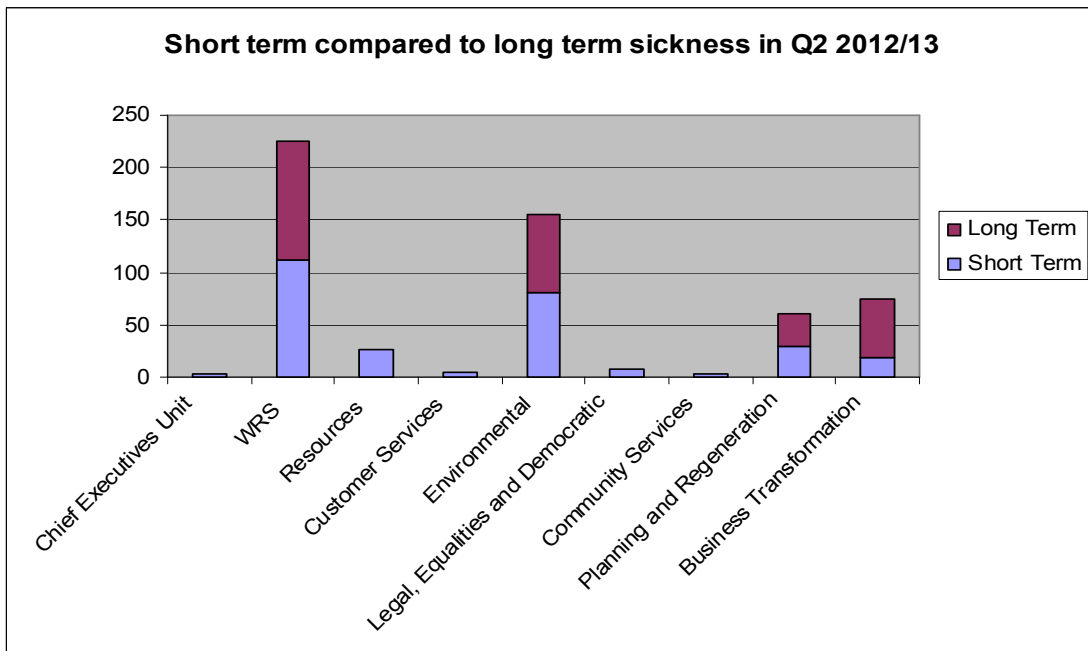


3.15 The graph shows there is still a peak in duration of absence time between 1 and 3 days, although other absences, particularly long-term absences have significantly dropped. The HR Advisors continue to work closely with line-mangers, particularly in relation to long-term absences.

3.16 Recent changes to the Council's Sickness Policy, particularly the introduction of a staged process for the management of long-term absence should assist in continuing this downward trend.

Long term and short term absence comparisons

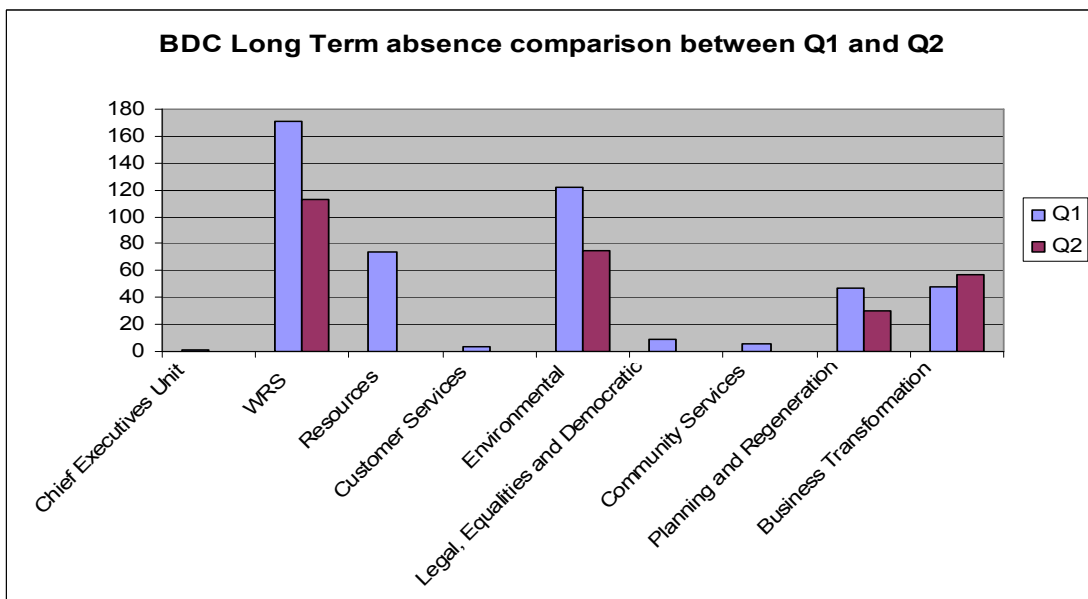
3.17 The following graph shows a comparison between long-term and short-term absence for the quarter.



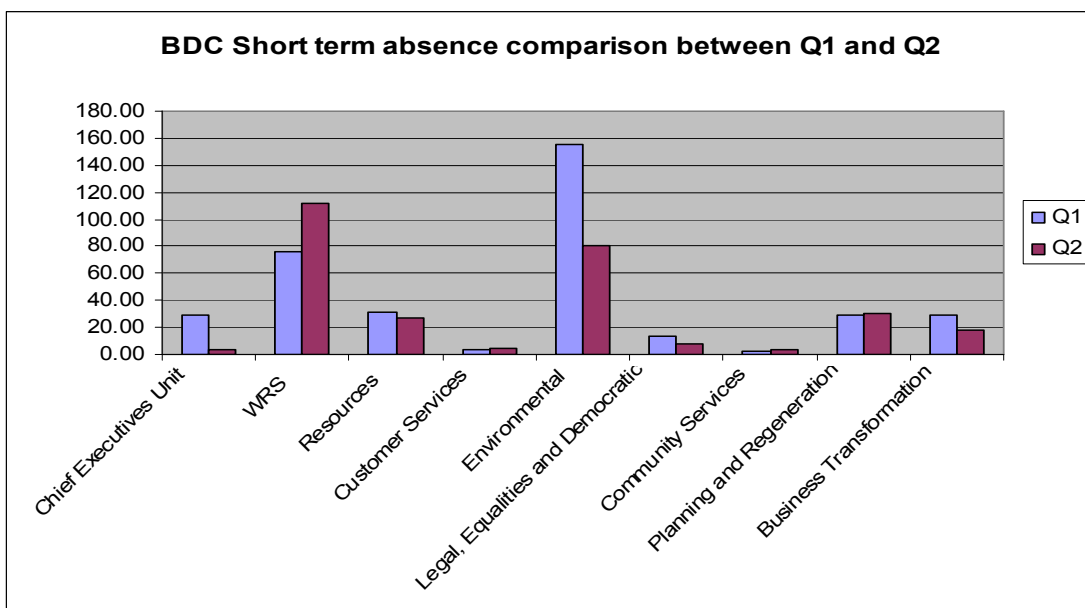
3.18 Both short-term and long-term absences have significantly reduced this quarter. Five out of the nine service areas had no long-term sickness absences.

3.19 Of the remaining four service areas, there is not a significant difference between the amounts of long-term and short-term absence. The slightly higher proportion of long-term absence in Business Transformation is as a result of a single long-term absence case which is being managed with the support of HR.

3.20 Long-term absence for the quarter July – September 2012, compared to the previous quarter

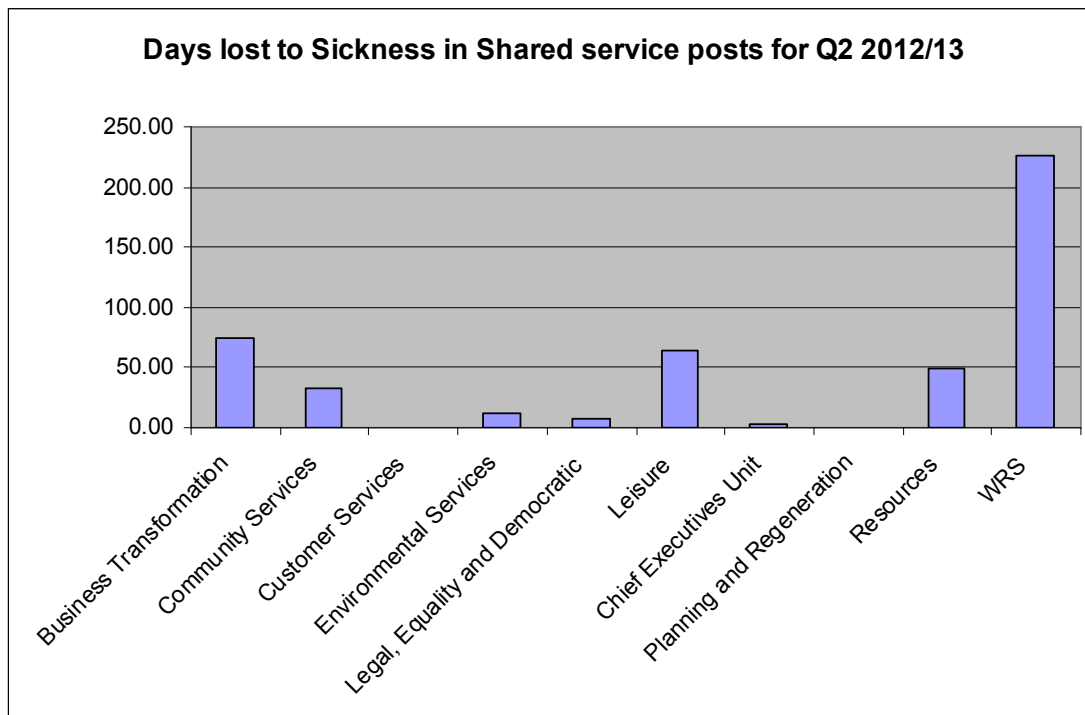


- 3.21 Overall the number of days lost due to long term absence has reduced significantly.
- 3.22 The CEO Unit, Resources, Customer Services, Legal, Equalities & Democratic and Community Services experienced no long-term absence in this quarter. The HR Advisors have worked closely with managers to achieve this and will continue to do so. The changes to the Sickness Policy will also assist in the ongoing management of long-term absence.
- 3.23 Short-term absence for the quarter July – September 2012, compared to the previous quarter



- 3.24 Short-term absences have also shown a further decrease compared to the previous quarter. This is particularly evident in Environmental Services.
- 3.25 An increase in short-term absences in WRS has been offset by a decrease in the occurrence of long-term absence.
- 3.26 Shared Service Information

The graph below provides an overview of sickness absence levels for all employees who specifically work within shared services for the quarter July – September 2012. Individuals may be employed by either Bromsgrove District or Redditch Borough Council.



- 3.27 This is the first quarter where this data has been available in this format and so a quarter for comparison does not yet exist.
- 3.28 The average days lost per person in shared services for this quarter is 1.3 days, compared to a Council average of 1.5 days.
- 3.29 As a service fully shared, comparative figures are available for Worcestershire Regulatory Services which appears to show high-levels of absence based on the chart above. However the average days lost per person is in fact 1.94, which is only slightly higher than the overall average of the Council.
- 3.30 It should be recognised that WRS has a high number of employees and therefore is likely to show more days lost compared to other services, as demonstrated in the chart above. Long-term absence has almost halved when compared to the previous quarter.
- 3.31 As well as the ongoing support provided by the Human Resources team, new initiatives as already detailed in the report, including changes to the Occupational Health provision and the appointment of a Wellbeing Officer will continue to assist the Council in the ongoing management of sickness absence and the promotion of Wellbeing amongst employees.

Financial Implications

- 3.32 The effective management of sickness absence is key in controlling the costs associated with sickness pay and service cover. There are no other financial implications identified.

Legal Implications

- 3.33 There are no legal implications identified.

Service/Operational Implications

- 3.34 The effective management of sickness absence is key to ensuring service delivery is maintained and associated operational issues are recognised and addressed. There are no other service/operational implications identified.

Customer / Equalities and Diversity Implications

- 3.35 The effective management of sickness absence is key to maintaining high levels of customer service and should always be carried out in a fair and consistent manner. There are no further customer, equalities and diversity implications identified.

4. RISK MANAGEMENT

There are none identified.

5. APPENDICES

N/A

6. BACKGROUND PAPERS

None.

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