

MEETING:	Corporate Health, Safety and Welfare Panel
DATE:	13 June 2013
TITLE:	Sickness Absence 2012-13
RECOMMENDATION:	For information, discussion and to establish a work programme.
AUTHOR:	SENIOR MANAGER - HUMAN RESOURCES

BACKGROUND

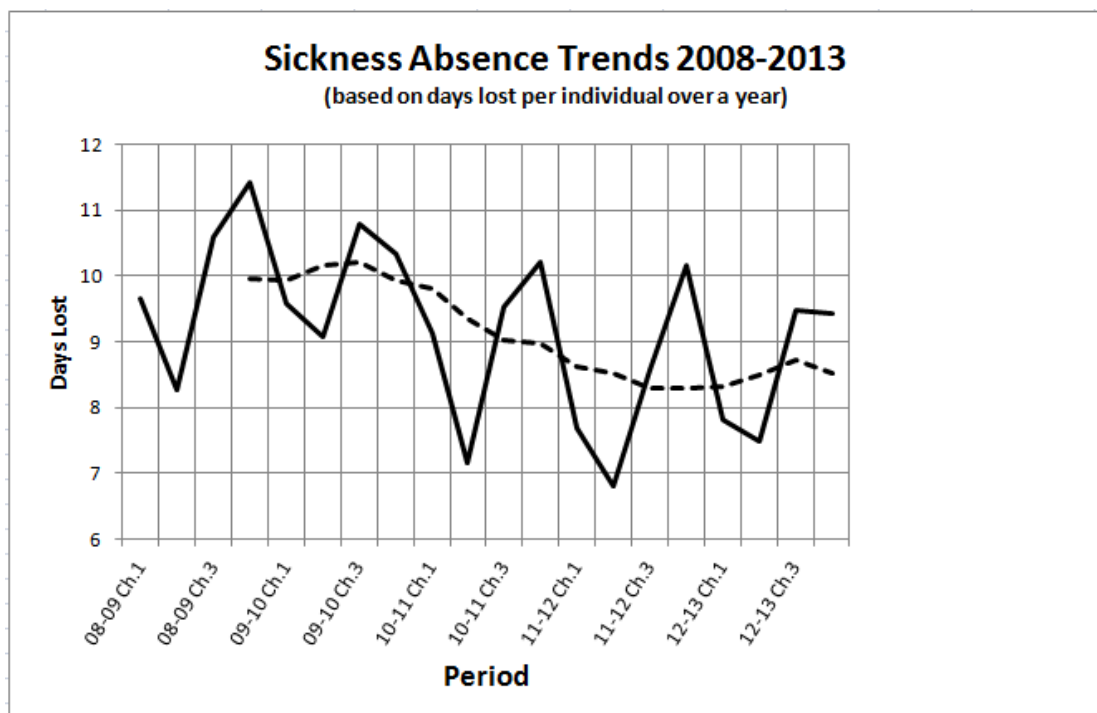
During the last three years in particular, the Council has placed a lot of emphasis on managing absences effectively, hand in hand with promoting health and well-being within the workforce.

The number of sickness days for each member of staff is one of the Council's key indicators and performance on this issue is reported annually to the Assembly.

There has been a significant reduction in the number of days lost due to sickness on a corporate level since the end of 2009-10 when the average sickness absence per person across the Council was 10 days. That was equivalent to nearly 68,000 sickness days across all departments.

The number of sickness absence days per person came down to less than 9 days by the end of 2010-11 and to 8.3 days per person by the end of 2011-12, namely a reduction of 18,000 days lost due to sickness in a period of two years.

Despite many departments succeeding to reduce the number of days lost due to sickness again during 2012-13, the corporate average increased to 8.5 days per person.



The performance of 8.5 days is not as good as last year but it continues to be the second best annual performance historically in Gwynedd Council.

The increase in the number of days lost was mainly due to a significant increase in sickness absence within two specific Departments, namely the former Provider and Leisure Department and the Highways and Municipal Department. Had the performance within the two Departments continued to show the improvement experienced during the previous two years, it would have been quite likely that the target of reducing the sickness absence average to 8 days per person would have been achieved during 2012-13.

2012-13 Performance for each individual Department

Service Summary	Target 2012-13	Indicator Accumulative
Education – Teachers and Ancillary Staff	6.75	6.74
Education – Office Staff	4.50	3.50
Human Resources	7.00	7.74
Trunk Road Agency	3.50	2.78
Finance	6.50	8.20
Provider and Leisure	11.00	13.34
Democracy and Legal	6.00	6.37
Economy and Community	4.40	2.98
Customer Care	7.30	7.24
Housing and Social Services	8.00	8.13
Highways and Municipal	9.75	11.83
Regulatory	6.00	5.51
Strategic and Improvement and the Leadership Team	7.50	6.25
Consultancy	6.50	6.74
Total	7.88	8.52

The pattern of increase in absences, within the Provider and Leisure Department specifically, was identified during the year and steps were taken to slow down the increase and overturn the pattern emerging. Special meetings were held with managers and supervisors within the care field specifically in order to ensure that absence management arrangements were being implemented and that the medical support within the Occupational Health Unit was being used regularly across the services.

Furthermore, the Department introduced arrangements to publish a regular league table within the Residential and Day Unit in which the individual homes received information about their performance in comparison with other homes.

These efforts resulted in the slowing down of the increase in absences within the Department and to a significant reduction during the last quarter of 2012-13, which bodes well for an improvement in performance during the coming year.

A critical factor in the reduction during the last three years has been the efforts of the absences reduction project (since September 2010) in which

personnel officers, occupational health advisers and managers in services have worked together to manage absences and promote health and well-being in general.

Absence management workshops were held with managers within specific services in order to convey messages regarding best practices of absence management and an arrangement of holding capabilities panels on grounds of ill-health were introduced as part of the campaign to reduce absences.

These capabilities panels on grounds of ill-health have contributed to the reduction noted and mainly, initially, by dismissing several members of staff on grounds of ill-health – staff who had been absent for some time and where it was not likely that they would return to work. However, as well as reaching a decision to dismiss individuals, these panels can also;

- recommend an appropriate relocation
- set targets for improving attendance
- satisfy that the attendance and ill-health have improved sufficiently so that no further action is needed

The continued, regular and purposeful use of the capabilities panel on grounds of ill-health is key to the success of the absence management procedure and personnel officers will work closely with relevant managers to ensure that.

TYPES OF SICKNESS

In order to succeed to improve health and well-being and reduce absences, the focus needs to be not only on those departments which have a high level of absence but also on the reasons for the sickness absence. Please find below statistical information in relation to the reasons given for sickness absence within the Council over the last four years.

Corporate - Percentage	09_10	10_11	11_12	12_13
Other	28.6%	29.0%	29.7%	25.3%
Pregnancy	1.5%	2.0%	1.8%	1.4%
Chest/Respiratory	4.3%	4.6%	5.5%	4.0%
Heart/Blood	2.6%	2.3%	2.9%	3.3%
Back/Neck	8.4%	5.9%	8.2%	7.0%
Mouth / Eyes / Ears / Nose	3.5%	4.8%	5.0%	4.5%
Genito-urinary	2.4%	1.5%	1.4%	0.8%
Musculoskeletal	13.4%	10.5%	9.7%	12.3%
Infection	13.0%	13.5%	10.4%	14.1%
Neurological	2.8%	3.4%	3.6%	4.0%
Stress	12.8%	16.2%	13.7%	15.5%
Stomach/Digestion	6.7%	6.2%	8.0%	7.8%

Historically, “stress” and “musculoskeletal” have appeared as the main reasons for sickness absence and the Council’s efforts have focused on improving staff awareness of the methods and techniques of avoiding/dealing

with both. The Manual Handling Unit was established within the Human Resources Department some years ago and a large number of staff have and continue to receive training in this field in an attempt to educate them regarding the dangers of lifting weight incorrectly. Also, since July 2011, a physio service is being provided through the Flex company.

The increase in absences due to musculoskeletal reasons during 2012-13 is a concern and we need to undertake further analysis of these statistics, especially bearing in mind that the number of days lost in the previous two years had reduced e.g. need to consider whether the increase is in accordance with the increase in absence within the care field, where musculoskeletal problems have been highlighted historically.

The increase in stress is not surprising in reality due to the long-standing doubts that the actual percentage of sickness due to "stress" was higher than the percentage published annually i.e. that some sickness due to "stress" was being reported as "other sickness". The percentage of sickness reported as "other" has reduced during 2012-13 and efforts to reduce that percentage further in the next year will continue i.e. it is pivotal that we are aware of the reasons for absences if we are to provide the most effective support and given that a quarter of the number of days lost due to sickness within the Council is noted as "other", this work must be a priority in the future.

A review of the counselling service provided by the Council was held during the last year and a new three-year contract will start on 1 July this year, which will include the option of providing drop-in centres in Council centres.

Furthermore, and again, in order to support staff to deal with situations of stress, a series of mental well-being workshops for staff are about to start across the Council. These sessions will be provided by Bangor University with the arrangement allowing us to hold four series of six sessions each annually for a period of two years initially.

ABSENCE MANAGEMENT WORKING GROUP

An Absence Management Working Group has been established since the start of the Absences Reduction Project in 2010. The Working Group meets on a quarterly basis and analyses the information to hand in order to identify sickness patterns across Council departments. The liaison personnel officers for each Department report to the Working Group on the attention given to every case of long term sickness and the cases of numerous short term sickness and this arrangement will assist in ensuring that due attention is given to individual cases. One of the outcomes of the work of this Working Group is that every manager receives a summary of the sickness record of his/her business unit every month as one further attempt to ensure live awareness of the absence situation within his/her responsibility.

As part of this focus, the "absences management" and "phased return to work" policies have been reviewed during the last year and an additional policy regarding dealing with serious illness has also been introduced for the first time within the Council.

CONCLUSION

Challenging targets have been set and agreed upon for all Council departments in 2013/14, with individual targets taking into account the performance of the previous three years. The corporate target of eight days per person for 2013-14 has been set on the expected performance of each Department.

Departments' Targets Table 2013/-14

Service Summary	Target 2012-13	Indicator Accumulative	Target 2013- 14
Education – Teachers and Ancillary Staff	6.75	6.74	6.7
Education – Office Staff	4.50	3.50	3.5
Human Resources	7.00	7.74	6.5
Trunk Road Agency	3.50	2.78	2.5
Finance	6.50	8.20	7
Provider and Leisure	11.00	13.34	11.5*
Democracy and Legal	6.00	6.37	6
Economy and Community	4.40	2.98	3.7
Customer Care	7.30	7.24	7
Housing and Social Services	8.00	8.13	7.75*
Highways and Municipal	9.75	11.83	10.75
Regulatory	6.00	5.51	5.5
Strategic and Improvement and the Leadership Team	7.50	6.25	7
Consultancy	6.50	6.74	6.5
Total	7.88	8.52	8

If the priorities noted within this report are delivered, this target, which would be the best ever performance for this Council, is considered realistic and achievable.

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