

OVERVIEW AND SCRUTINY BOARD

DATE	TITLE	Wards
25 April 2012	Update on Sickness Absence Management in the London Borough of Hammersmith and Fulham.	All Wards

SYNOPSIS

This report updates the Committee on the latest figures for sickness absence for the Council and compares this with both public and private sector sickness absence rates across the UK. the London Borough of Hammersmith and Fulham (LBH&F) compare favourably with both public and private sector absence levels over the previous year.

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RECOMMENDATION(S):

The committee is invited to note and comment upon the contents of the report.

NEXT STEPS

None

1. BACKGROUND

- 1.1 This report updates the committee on the current position in relation to the Council's sickness absence figures and gives comparisons with the UK public, not for profit and private sectors and London local authorities generally. The report highlights the most recent UK wide trends and causes for absence and outlines the key elements of the Council's strategy for managing effective attendance at work.

2 CURRENT ABSENCE LEVELS IN LBH&F

2.1 Sickness Levels

The Council uses 2 sets of figures to effectively monitor sickness absence. The first calculates the average number of working days of sickness per employee over a 12 month rolling period using the previously used Audit Commission Best Value Performance Indicator (BVPI). The figures for the Council as at end December 2011 using this calculation is set out below as follows:

	Year Ending	ACE	CHS	CSD	CSD Adult Services	CSD- Regen & Housing Options	ESD	FCs	HRD	NDC	RES	Avg. days lost H&F
These departmental figures are calculated using a mean average formula	Jan-11		7.1	9.5	9.7	9.2	7.6	7.9		2.8	8.4	7.6
	Feb-11		7.4	9.2	9.4	8.8	7.9	7.8		3	8.2	7.8
	Mar-11		7.4	8.8	9.0	8.4	7.8	7.8		2.8	8.2	7.7
	Apr-11		7.5	8.7			7.4	7.8	8.1	2.6	8	8.0
	May-11		7.3	8.9			7.4	7.8	8.0	2.7	7.7	8.0
	Jun-11		7.3	8.6			7.6	7.9	7.7	2.2	7.3	7.9
	Jul-11		7.3	8.6			7.8	7.7	7.9	2.2	7.1	7.9
	Aug-11		7.3	8.6			7.8	7.6	7.9	2	6.9	7.9
	Sep-11		7.2	8.3			7.7	7.3	8.1	1.9	7.2	7.9
	Oct-11		6.9	8.4			7.4	6.9	8.6	0.6	7.2	7.7
	Nov-11		6.9	8.5			7.2	6.5	9.3		7.4	7.7
	Dec-11		6.6	8.4			7.0	6.2	9.5		7.0	7.4

- 2.2 This table shows sickness levels continues to reduce with the current average for the end of December 2012 at 7.4 days per employee. These figures include the incorporation of the former ALMO into the Council from April 2011, when the ALMO average absence figures stood at 9 days per annum per employee.
- 2.3 When the sickness days are removed for those employees who have either left the Council's employment or transferred (e.g. via TUPE) over the course of the last year then the actual Council wide sickness absence figure is 6.0 days per annum. The table below illustrates (as above) the continued reduction in absence levels across the Council using this calculation.

Year Ending	CHS	CSD	CSD-Adult Social Care	CSD-Regeneration & Housing Options	ESD	FCS	RES	HRD	Avg days sick per employee
Dec-10	5.4	7.3	8.0	5.9	6.5	6.9	8.0		6.0
Jan-11	5.4	7.0	7.7	6.3	6.2	7.1	7.1		6.9
Feb-11	5.8	6.9	7.6	6.3	7.2	7.1	6.3		6.2
Mar-11	6.0	6.7	7.1	6.3	7.2	7.0	6.0		6.2
Apr-11	6.3	7.1			6.9	7.0	6.1	7.2	6.5
May-11	6.1	7.3			7.0	7.0	5.1	7.2	6.4
Jun-11	6.2	7.0			7.2	6.9	4.9	7.0	6.4
Jul-11	6.3	7.4			7.4	6.8	5.0	7.2	6.5
Aug-11	6.5	7.8			7.8	6.3	5.3	7.2	6.8
Sep-11	6.8	7.9			7.4	6.2	5.8	7.6	6.2
Oct-11	6.5	8.2			7.1	6.9	5.9	7.9	6.1
Nov-11	6.6	8.1			6.9	6.7	5.8	8.8	6.2
Dec-11	5.4	8.0			6.8	6.6	5.3	8.8	6.0

- 2.4 Both these figures (7.4 days and 6.0 days respectively) are ones of the lowest ever recorded figures for sickness absence across the Council and illustrate the effective attendance management policies currently in place across the Council.

3. COMPARISONS WITH THE PUBLIC, NOT FOR PROFIT AND PRIVATE SECTORS

- 3.1 The CIPD (Chartered Institute for Personnel and Development) the world's largest chartered HR and professional development and well respected UK commentator has produced its annual survey on absence management for 2011.
- 3.2 Based on a comparison between 2010 and 2011, the CIPD reports that across UK industry (public, private and not for profit sectors combined), absence levels have remained stable at 7.7 days per annum. This is on a par when compared with the Council's average level of absence at 7.4 days (including leavers over the last year) but actually the Council is 1.7 days below the UK average when using actual employee numbers.
- 3.3 The CIPD confirms that absence levels remain higher in the public than private sector with average absence in the public sector last year at 9.1 days per employee per annum. This is however a reduction of 0.5 days from the previous figures in 2010 of 9.6 days per annum. These figures nonetheless compare favourably with LBH&F with absence levels 1.7 days below the public sector average when leavers are included and 3.1 days below the public sector average when using actual employee numbers.
- 3.4 In the private sector the CIPD reports that average absence stands at an average 7.1 days per annum, an increase over the 2010 average at 6.6 days. The CIPD also confirm that absence levels in the manufacturing and production sectors of the private sector remain particularly low at 5.7 days per annum. This compares with the LBH&F who remain only 0.3 days above the private sector average when leavers are included and the Council 0.6 days below the private sector average when using actual employee numbers.

- 3.5 The Council is also only 0.3 days above the lowest sectors (manufacturing/production) in the private sector when actual employee numbers are used, at 6 days per annum.
- 3.6 London Councils previously undertook an annual survey of sickness absence across London boroughs. The last time this was carried out however was 2008/09 (i.e. data accurate as at March 2009). At the time of the last report, the London average for sickness absence was 9.4 days. Again, LBH&F compared favourably with the London Council absence levels as at the last date.

4. REASONS FOR SICKNESS

- 4.1 The CIPD report the 5 most common reasons given by employees for short term absence as reported by employers include:
- Minor illness including colds/flu, stomach upsets, migraine/headaches etc. (100% of employers)
 - Musculoskeletal injuries for example neck strains or repetitive strain injury (58%)
 - Back pain (55%)
 - Home/family responsibilities (i.e. absence not related to ill health (47%)
 - Mental ill health including clinical depression and anxiety (35%)
 - Recurring medical conditions e.g. asthma, angina, and allergies (45%)
 - Non work related accidents/injuries/home or family responsibilities (27%)
 - Acute medical conditions e.g. stroke, heart attack, cancer (22%)
 - Pregnancy related absence, but not maternity leave (13%)
 - Work related injuries/accidents (3%)
 - Drink or drug related conditions (2%)
- 4.2 Examples of long term absence reported by employers include:
- Stress (70% of employers)
 - Acute medical conditions e.g. stroke heart attack and cancer (64%)
 - Mental health e.g. clinical depression and anxiety (62%)
 - Musculoskeletal injuries e.g. neck strain, repetitive strain injury ((43%)
 - Back pain ((43%)
 - Non work related injuries ((49%)
 - Recurring medical conditions e.g. asthma, angina and allergies (28%)

- Non work related illnesses/home or family responsibilities (8%)
- Pregnancy related illness (6%)
- Minor illnesses (colds, flu etc.)
- Work related injuries/accidents ((6%)
- Drink or drug related conditions (2%)

4.3 The categories for recording sickness absence in LBH&F followed London wide (London Councils) agreed categories. The table below details the reasons that staff gave for their absence in these given categories in the last year of collection of these statistics in 2008/09.

- Other (25.5%)
- Stress, depression and anxiety (15.6%)
- Infections (12.6%)
- Muscular-skeletal problems (11.4%)
- Back problems (7.3%)
- Stomach, Liver Kidney and Digestion (7.3%)
- Chest, respiratory (5.6%)
- Eye, ear, nose, mouth/dental, sinusitis (4.3%)
- Neurological, headaches and migraine (3.3%)
- Genito urinary, menstrual problems (2.3%).
- Heart, blood pressure, circulation (2.6%)
- Pregnancy related (2.2%)

4.4 For LBH&F the top 6 reasons for absence last year were:

- Musculo Skeletal (25%)
- Mental Health - includes anxiety, depression, stress, manic depression etc.: non work related (14%) and work related (10%)
- Cancer (4%)
- Cardiovascular (2.9%)
- Nervous System (1.8%)

4.5 LBH&F and RBK&C HR are in the process of reviewing these categories London wide in order that more effective benchmarking both across London and nationally can now be carried out in the future. The actions described below set out the focussed actions being taken to address absence across the Council and contribute to the further reduction in sickness absence across the organisation.

5 ACTIONS TAKEN AS PART OF A FOCUSSED ABSENCE STRATEGY

5.1 Detailed below are the key actions taken as part of an overall Council absence strategy based on best national practice and which continue to contribute to the reduction in sickness absence across the Council at a time of unprecedented change.

5.2 **Actions identified and taken**

Action identified: Accurate, timely HR data provided: days lost by whom, whereabouts in organisation and reasons received by managers. Early intervention in absence cases including return to work interviews and formal assessments after 6 days absence in a rolling year

Delivered:

- Self service roll out across the Council completed. Managers now enter employee absence directly onto the HR system and have access to a range of data to enable managers to effectively manage absence in their own areas.
- Targeted re-training for managers in areas of highest absence in the Managing Sickness Absence procedure to support the effective management of absence
- Regular 'bite size' training/refresher sessions in place for managers held regularly by HR to update and refresh knowledge and best practice. .
- It is now mandatory for a return to work discussion to take place between the manager and the employee who will complete the paperwork together. This will result in more accurate data being collected.

5.3 **Action Identified:** Produce meaningful reports for DMT's to enable departmental management teams to proactively assess and manage absence in their areas

Delivered:

- A suite of reports provided managers and circulated across Departmental Management Teams consistently on a monthly basis, with a departmental league table of highest and lowest absence in place. This enables departmental management teams to fully understand the cost of absence on their business areas and to reinforce departmental responsibility for absence management. Those managers identified as having not dealt with their sickness absence cases are counselled at their supervision 1-1 sessions.
- All managers able to run trigger and review reports themselves on a regular basis showing the sickness records for their staff to enable them to effectively manage staff absence in a timely, proactive way.
- Leaders monitoring meetings have the headline figures on a monthly basis and address and debate any concerns.

- 5.4 **Action Identified:** Review of and communication of Managing Absence Policy – regularly. Highlight the impact of absence, the costs, loss of productivity etc. Identify the support that is available to staff (e.g. counselling service). Create a shared sense of ownership in tackling absenteeism.

Delivered:

- Managing Sickness Absence Policy reduced the trigger for formal review of absence in 2010 from 9 days to 6 days and from 5 days to 3 days in monitoring periods, thus ensuring managers are proactive and effective at tackling absence at a much earlier stage of the process than was previously the case.
- HR has introduced health initiatives via the Occupational Health Unit such as 'Stop Smoking', MOT days and 'Healthy Eating' Initiatives and works with the PCT to ensure maximum impact.
- New Employee Assistance and Counselling scheme rolled out across the Council which now has a 24 hour hotline for staff who need emotional support. Face to face counselling sessions are also available and trained staff signpost employees to other specialist agencies as required

- 5.5 **Action Identified:** Promote a culture of attendance at all stages of employee life cycle: from recruitment information, through new starter's packs and induction programmes. Regular publicity by e.g. Message of the Day.

Delivered:

- New recruitment and selection procedure currently being drafted to ensure previous absence is proactively identified and assessed prior to formal offers of employment being made.
- The culture of attendance is ingrained at the earliest opportunity. We are updating our corporate and departmental induction programmes to ensure all managers and staff are fully briefed on commencement of employment of the standards required. In cases where attendance is not satisfactory at the outset of employment with the Council, an employee's probationary period will be extended automatically where there are attendance concerns prior to confirming or terminating employment during a probationary period.

- 5.6 **Action Identified:** Re-examine working patterns – the possibility of part time or more flexible working that enables an improved work/life balance.

Delivered:

- Individuals able to request part time, job share and flexible working via their line managers as part of an overall package of terms and conditions available to employees.

5.7 **Action Identified:** Continual focus on attendance, regularly reminding managers that their role is crucial in promoting an attendance culture and dealing promptly and fairly with absence when it recurs – importance of return to work interviews.

Delivered:

- A variety of initiatives help to reinforce messages. HR is monitoring that return to work interviews take place and will help embed good practice.
- The systems are now all in place for the managers to work with HR to ensure that consistent, good practice is applied right across the authority.
- Return to work interviews are identified as the most common absence management tool used in the public sector and these have now become mandatory.
- Human Resources staff are currently supporting those service areas with high sickness levels to ensure absence levels are pro-actively managed and reduced as part of a 'taskforce' approach.

6. WELLBEING INITIATIVE

6.1 MIND

MIND is the leading mental health charity in the UK and with its network of 185 local MIND Associations is the second largest provider of mental health services (after the NHS).

Hammersmith & Fulham MIND has spent the last 2 years developing a variety of solutions that it feels could benefit mental health in the workplace. One in four people experience mental ill health in the UK in any five year period. LBHF currently have 5000 employees and it recognises that Mental Health is an issue that does affect its staff.

The intervention programme consisted of bespoke training modules and tools geared towards LBHF's specific needs.

Modules which were rolled out across the Council in 2010/11 included the following:-

- Understanding, identifying and working with mental health problems

- Mental health in the workplace (including advanced directives, 2parachute2 and managing employee sickness)
- Emotional intelligence including active listening and peer support.

6.2 A series of successful pilots with specific teams were undertaken prior to roll out following which a review was undertaken to measure tangible changes and to evaluate the effectiveness of the training before general roll out to ensure H&F recognises the effects of mental health issues, supports this and puts measures in place improve mental health in the workplace. HR will look to repeat these sessions later in 2011/12

7 TRI BOROUGH REVIEW OF OCCUPATIONAL HEALTH SERVICE

7.1 The Occupational health Service is critical in assisting the process of reducing sickness absence. We are currently jointly assessing the 3 Occupational Health services provided by Westminster City Council, Kensington and Chelsea and Hammersmith and Fulham to see whether efficiencies can be made to the services provided and to share good and excellent practice and implement this across the 3 boroughs.

8 RECOMMENDATIONS

8.1 The committee is invited to note and comment upon the contents of the report.

LOCAL GOVERNMENT ACT 2000 **LIST OF BACKGROUND PAPERS**

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	CIPD Absence Report 2011	Debbie Morris, x3068	Room 142, Hammer - smith Town Hall