PLYMOUTH CITY COUNCIL

Subject:	Present and Productive workforce
Committee:	Support Services Overview & Scrutiny Panel
Date:	24 November 2011
Cabinet Member:	Councillor Bowyer
CMT Member:	Director for Corporate Support
Author:	Jane McGuire, Senior Human Resources Advisor
Contact:	Alison Mills, Head of HR Corporate Functions
Ref:	
Key Decision:	No
Part:	PART 1

Executive Summary:

This paper is at the request of the Support Services OSP to review Plymouth City Council's sickness policy and procedure.

The paper provides:

1. An overview of the average number of days taken by employees in each directorate.

2. Actions already taken to reduce sickness absence in the future

3. Information on long term sickness - how is this dealt with by the Authority

4. Figures on the absence of staff as a result of work related stress

5. Future actions planned to continue to reduce sickness absences

Please note that all statistics quoted are for October 2011.

1. An overview of the average number of days taken by employees in each directorate

The council-wide average days sickness per FTE (based on the previous rolling 12 months) has consistently fallen each month.

See appendix 1.

1.1 Data excluding schools

1.1.1 In 12 months (November 2010 to October 2011) the average number of work days lost to absence per employee fell from 12.88 days to 10.12 days. A reduction on average of 2.76 days per employee which is a saving of approximately £474k.

1.1.2 The average days sickness per full time equivalent employee has dropped for each of the following directorates:

- Community Services has fallen from 15.06 days to 12.79 days; a reduction of 15%
- Corporate Support has fallen from 13.1 days to 7.71 days; a reduction of 41%
- Development and Regeneration has fallen from 11.29 days to 7.62 days; a reduction of 32%
- Services for Children and Young People has fallen from 11.07 days to 9.67 days; a reduction of 12%

1.1.3 The only directorate which has seen an increase in average sickness is in the Chief Executive's unit where sickness has risen from 5.64 days to 8.51 days. This is due to any long term sickness impacting more significantly on the very small number of staff in that directorate.

1.2 Data including schools

In the last 12 months the average number of work days lost to absence per employee in schools fell from 7.42 days to 7.14 days. A reduction of 4%.

1.3 Council Target

1.3.1 The Council-wide target is 6 days.

A recent CBI 'Absence and workplace health survey 2011' quoted the overall average rate of absence to be 6.5 days per employee. *"Average levels of absence climb with organisation size. SMEs average under five days of absence per employee, larger employers average over seven days. While average absence levels remain higher in the public sector than in the private sector, 2010 saw the gap narrow".*[1]

1.3.2 According to the CBI report, the average number of days lost to sickness in the public sector in 2010 was 8.1 days per employee. Private sector average is 5.9 days per employee giving the overall average of 6.5 days.

2. Actions taken to reduce sickness absence in the future:

2.1 Management Information

2.1.1 Human Resources and Organisational Development provide Directors, Assistant Directors and managers with detailed information of sickness within their teams on a monthly basis. A monthly report highlights the 'Top 100' cases and HR Advisers provide relevant data to managers to ensure that these cases are being actively managed in the most appropriate way.

2.1.2 Management information has been improved with timely reports published on Staff Room that include establishment, sickness and accident information by directorate. This empowers managers to confidently tackle emerging issues in their service areas.

See Appendix 2: Sickness Dashboards.

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[1] CBI Absence and workplace health survey 2011

2.2   Sickness Panels to consider pertinent sickness cases

2.2.1 Quarterly sickness panels are chaired by the Assistant Director for Human Resources and Organisational Development and/or his Heads of Department. These panels challenge senior managers who have high sickness levels within their directorate to agree action plans to bring sickness levels down. To date 18 managers have attended to discuss 35 sickness cases. The next round of panels is scheduled for January 2012.

2.2.2 Departments have also put into place their own interventions to reduce sickness. Examples of this include:
- Departments holding their own sickness panels / challenge sessions
- Setting all supervisors and managers a specific appraisal objective about the need to bring sickness levels down
- Briefing and coaching sessions to ensure managers and supervisors know the tools available to manage sickness effectively

2.3   Case management

Between 1 April 2011 and 31 October 2011 the following actions have been taken to conclude sickness absence cases.
- 18 ill-health retirements
- 14 on-going ill-health retirement cases currently with our occupational health provider (IMASS)
- 9 capability dismissals
- 1 capability meeting resulting in a return to work following long term (8 months) sickness
- 6 disciplinary warnings issued
- 6 capability hearings scheduled for November

2.4   Clearer Policies

A new Capability Policy has been developed. The policy is written in the new corporate style making the procedure clear, simple and less detailed. The new policy is designed to encourage managers to focus on the wellbeing of their staff and to ensure early and supportive interventions are put into place, the aim being to manage and minimise future absences.

2.5   Wellbeing

2.5.1 Improved employee wellbeing is proven to contribute to healthier and more engaged employees who are both present and productive. Wellbeing focuses on three priority areas: being healthy, resilient and connected.

2.5.2 The first employee Wellbeing Fair was held on 5 October 2011. The Fair included 20 independent exhibitors providing one to one advice and information which focussed on one of the three priority areas. It was a very popular event attracting 300 employees and the feedback received from both employees and exhibitors was very positive. Colleagues learnt new skills at the event and a number of follow on actions have already taken effect that will help to promote wellbeing and minimise the risk of future absences, including:

- 155 employees had their blood pressure checked, out of those 8 were referred to their GP

- 13 people put their names forward to the quit smoking via the Plymouth Stop Smoking Service. 9 of those 13 staff have already begun their stop smoking support sessions.

2.5.3 The Wellbeing Plan also includes focused interventions for employees working in locations outside the city centre. A recent example was an occupational health day at Prince Rock on 7 November 2011when the lead OH Nurse from IMASS spent a day learning about the service and also offering quick health checks for employees.

2.6 Employee Assistance Programme

2.6.1 A new Employee Assistance Programme (EAP) has been launched. The service is available 24 hours a day 7 days a week. The service includes:
- Access to online articles
- A wide range of interactive assessments and online training courses to help employees evaluate their general health and wellbeing.
- Locate resources for adoption, childcare, education, and elder care.
- Send instant messages to a work-life consultants or counsellors for support.
- Access a counselling service without the need for a management referral to Occupational Health.

2.6.2 The advisory teams continue to work with service areas to promote and target the EAP at teams going through significant changes or challenges, as well as working to generally increase the level of awareness of the service and the benefits it offers.

2.7 Occupational Health Contract

2.7.1 Occupational Health referrals have been streamlined. We now have a quick on-line appointment system and timely turnaround of reports. This enables;

- Employees to get back to work more quickly, or to
- Help the manager to make adjustments to keep the employee at work and avoid absence entirely.
- Give the manager the information needed to move that employee into a different role or out of the organisation if appropriate, or to

2.7.2 The system has been almost universally well received and robustly supported by employees, managers, Human Resources Advisers and Trade Union representatives.

2.8 Wellbeing Survey

Employees working for Park Services were recently invited to take part in a survey to understand which health issues they would like to receive more advice on. Over 40 staff took part and the top issues that concerned those employees were related to men's health advice, including providing quick tests such as blood pressure. This information has been included in the development of the Wellbeing Action Plan and has already been used to inform a pilot occupational health day planned in November at Prince Rock.

3. Information on long term sickness - how is this dealt with by the authority?

3.1 Long term sickness is defined as an absence over 4 weeks. Long term absences are pro-actively managed by the following:

- Regular contact with the employee either over the phone, and home visits by the line manager.
- Referral to Occupational Health to determine the likely return to work date, and whether reasonable adjustments would help aid the employee to return earlier.
- Where the employee is unlikely to return to their substantive post within a reasonable amount of time, consideration is given to redeploying the employee on a temporary or permanent basis.
- Where no options for redeployment exist and/or the medical advice is that the condition will prevent the employee returning to work within a reasonable timeframe, then the employee will be capability dismissed or ill-health retired.

3.2 Approximately 9,000 days per year are lost to long term sickness. This includes all types of absences including stress.

4. Figures on the absence of staff as a result of work related stress

4.1 Absences relating to mental health issues (stress, anxiety, depression etc.) are recorded by the manager. If that absence is specifically work-related the manager advises the Health, Safety and Wellbeing Team for further investigation. There have not been any incidents of work related stress recorded in this way that have led to absence. However, we believe that this is not likely to be a true reflection of the profile of work-related mental health absences as many cases have an element of work and home stressors that will not have been recorded as solely work-related. As a result, we are tackling the problem using a holistic approach, looking at all mental health absences and treating the employee as a whole rather than just in their role as an employee.

4.2 As we migrate to the new payroll system and Dynamics we will investigate options to improve the data we hold regarding work related stress as a part of the overall mental health absence.

4.3 The bar charts below represent TOTAL number of sick days. The shaded area is the proportion of the overall total days sickness related to stress/anxiety and depression.

Absence excluding schools

Total number of days lost to sickness showing proportion of stress related absence

Legend: Short Term Stress, Short Term Sick, Long Term Stress, Long Term Sick

Categories: Chief Executive's Unit, Community Services, Corporate Support, Development and Regeneration, Services for Children and Young People

Absence Including Schools

Total number of days absence showing proportion of stress related absence

Legend: Short Term Stress, Short Term Sick, Long Term Stress, Long Term Sick

Categories: Chief Executive's Unit, Community Services, Corporate Support, Development and Regeneration, Services for Children and Young...

Schools Absences

Total number of days lost to sickness showing proportion of stress related absences

Legend:
- Short Term Stress
- Short Term Sick
- Long Term Stress
- Long Term Sick

Schools

5. Future Actions

5.1 2012 Challenge

The Health, Safety and Wellbeing team are working in partnership with our Sports Development Unit and Plymouth Hospitals NHS Trust on an exciting initiative open to employees of PCC and the NHS. Our challenge is to get 2012 employees in Plymouth physically active before the Olympic opening ceremony.

5.2 Resilience

5.2.1 A new approach to delivering stress management training has been developed, focussing on building resilience. This has been successfully delivered in discrete teams and is informing a revision of our core stress risk assessment training. This programme is offered to schools where we have the highest number of stress related sickness absences.

5.2.2 In November a Stress Management Competency Road show was held, hosted by 'Business Health Network' and the NHS. Managers from across the Council were invited to join and network with other managers from NHS and other local organisations.

5.3 In the pipeline

Managing the wellbeing of our employees to reduce future sickness absence is a priority for all managers. To support managers in their role the following initiatives are taking place;

- A full review of health and safety performance standards is almost complete. This is part of an on-going review of policies and procedures to make them more user-friendly.
- Calendar of Wellbeing focus issues, including road-shows to take information out to our harder to reach employees
- Improved mental health training/awareness is being investigated to support staff to identify mental health issues and know how to signpost people or otherwise support them.

- Staff Room pages on wellbeing being updated and improved
- Using occupational information to target training/intervention where it is most needed e.g. heavy use of referrals in one service area for back pain would lead to better targeted training on manual handling or workstation assessments for that service area, rather than a more generalised approach.
- Wider promotion of the sickness targets and current spend on sickness absence to the workforce. Articles are planned for Staff Room and 'Managers Brief' a monthly report used to cascade important information to all employees. This is to ensure that all employees understand the importance of looking after their health to help them to be present and productive in the future.

APPENDIX I

COUNCIL SICKNESS TRENDS
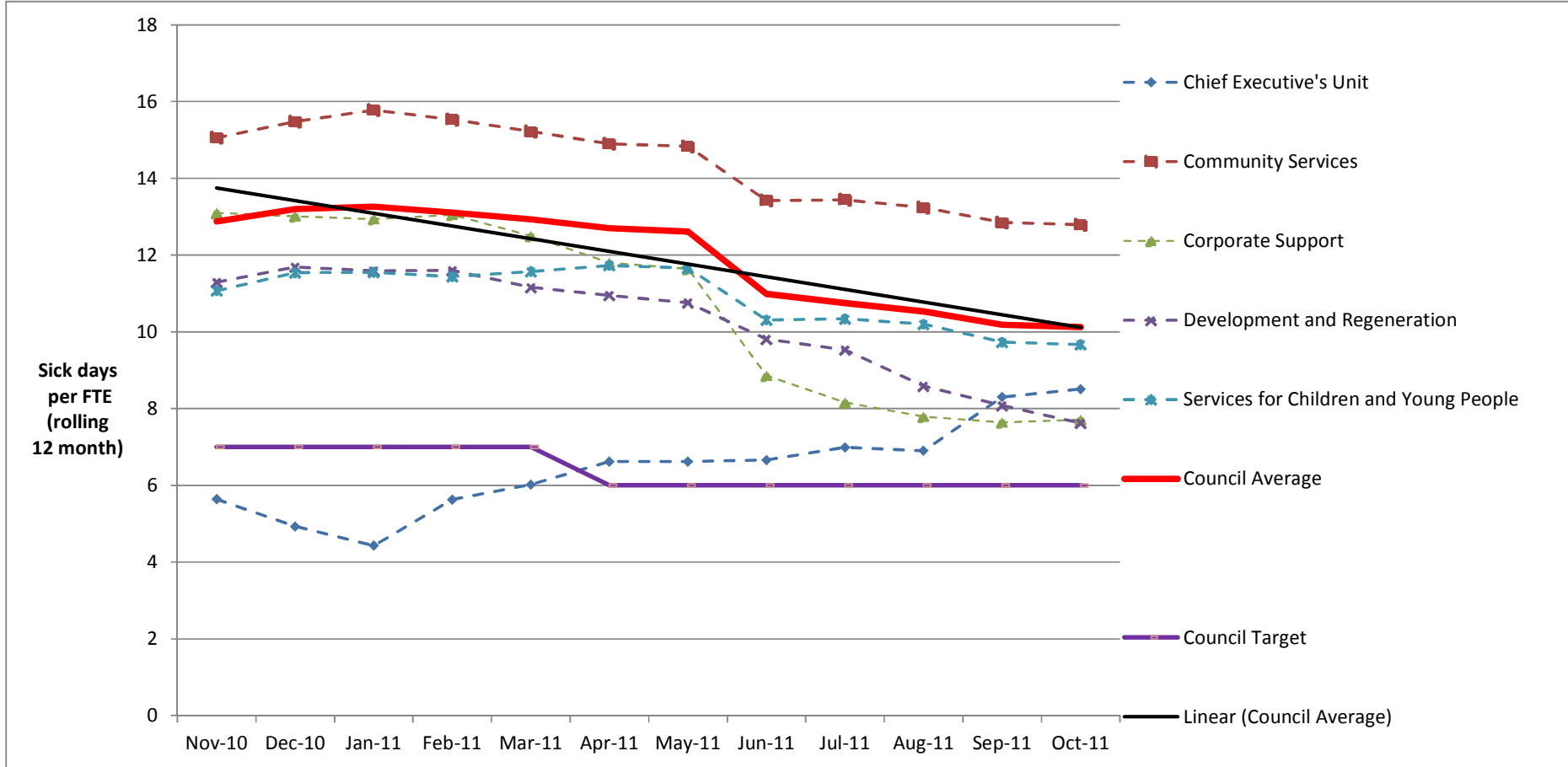
APPENDIX 2

COUNCIL SICKNESS DASHBOARDS

Council Wide Sickness (Excl Schools)

October 2011

Working Days Lost

Directorate	Total Number of Days		Average FTE		Percentage		Direction of Travel
	Rolling Year	FYTD	Rolling Year	FYTD	Rolling Year	FYTD	
Chief Executive's Unit	422.50	182.00	8.51	3.67	3.36	2.51	↓
Community Services	15,018.08	8,572.17	12.79	7.30	5.06	5.00	↓
Corporate Support	5,820.99	3,255.72	7.71	4.31	3.05	2.95	↓
Development and Regeneration	2,513.56	1,402.98	7.62	4.25	3.01	2.91	↓
Services for Children and Young People	9,077.14	4,895.14	9.67	5.22	3.82	3.57	↓
Council Wide Total	**32,852.27**	**18,308.01**	**10.12**	**5.64**	**4.00**	**3.86**	↓

Rolling Year Average Sick days per FTE (November 09 to October 10; November 10 to October 11)
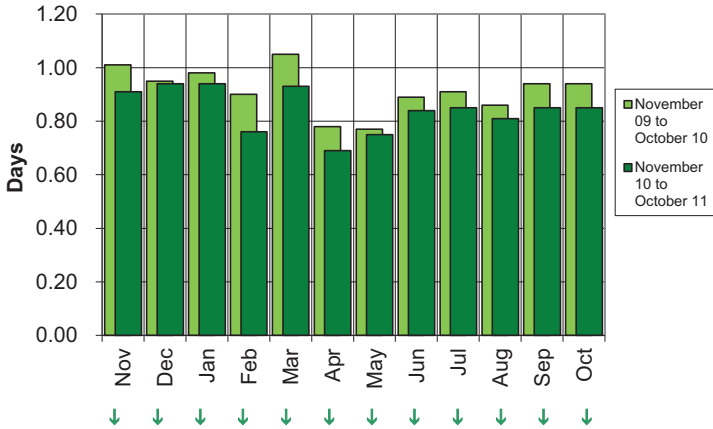
Financial Year to Date Cumulative Average Sick Days per FTE (Monthly Target; Cumulative Average Sick days per FTE)

Comparison of Long and Short Term Sickness Occasions (Short; Long)

Cost of Absence (Cost; Linear (Cost))
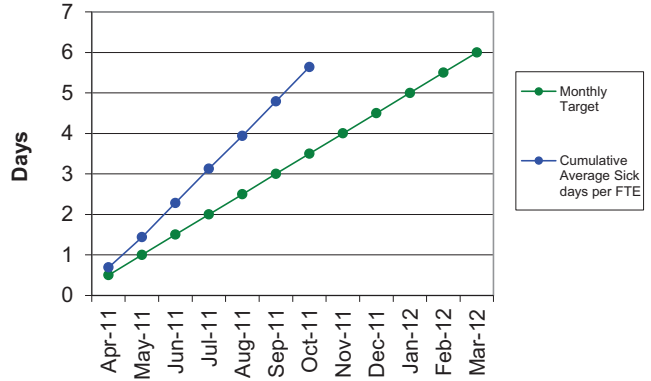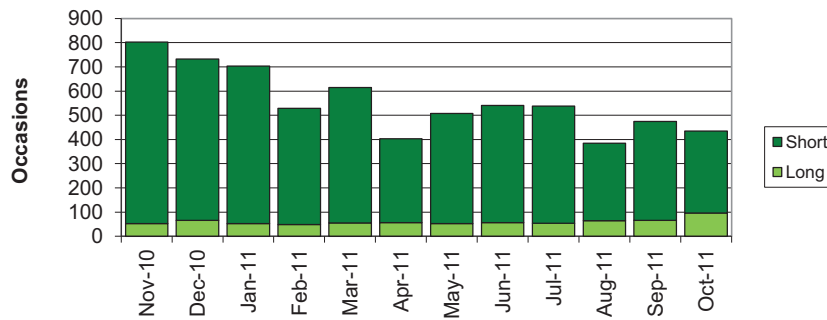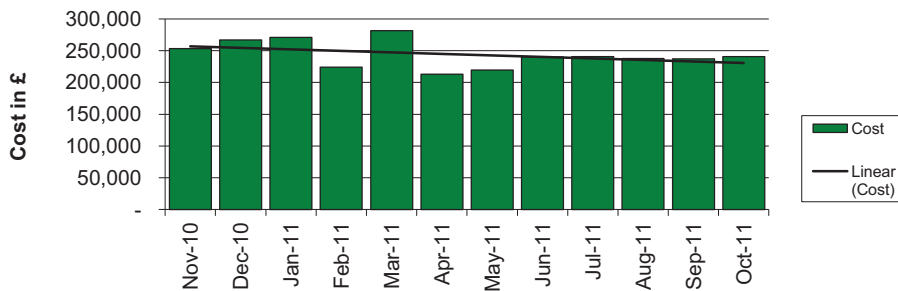
Rolling Year Cumulative Cost of Sickness
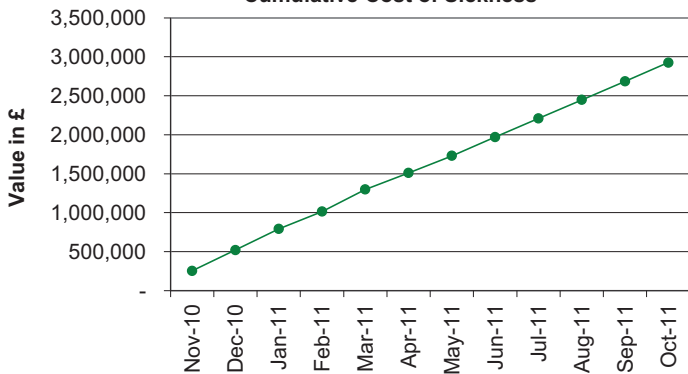
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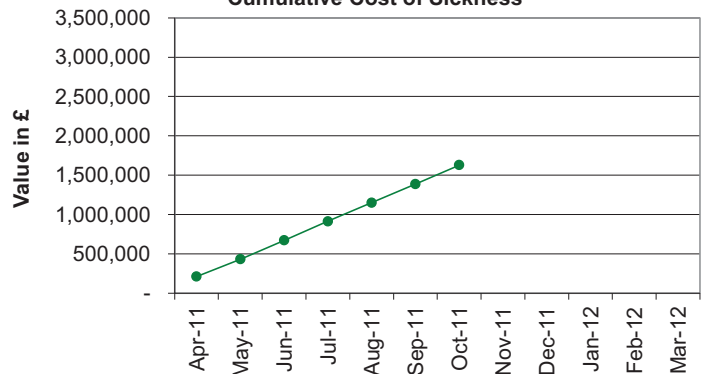
Council Wide Sickness (Incl Schools)
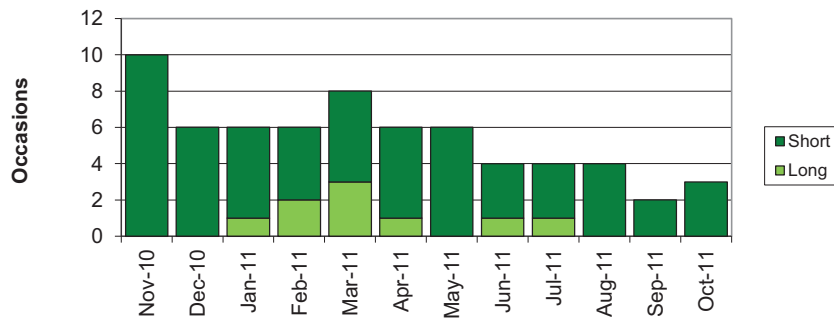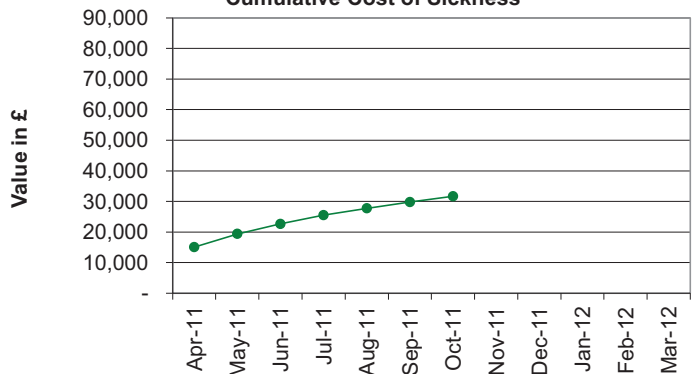
October 2011

Working Days Lost

Directorate	Total Number of Days		Average FTE		Percentage		Direction of Travel
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Corporate Support	5,820.99	3,255.72	7.71	4.31	3.05	2.95	↓
Development and Regeneration	2,513.56	1,402.98	7.62	4.25	3.01	2.91	↓
Services for Children and Young People	29,473.42	14,962.67	7.77	3.94	3.07	2.70	↓
Council Wide Total	**53,248.55**	**28,375.54**	**8.73**	**4.65**	**3.45**	**3.18**	↓

Rolling Year Average Sick days per FTE
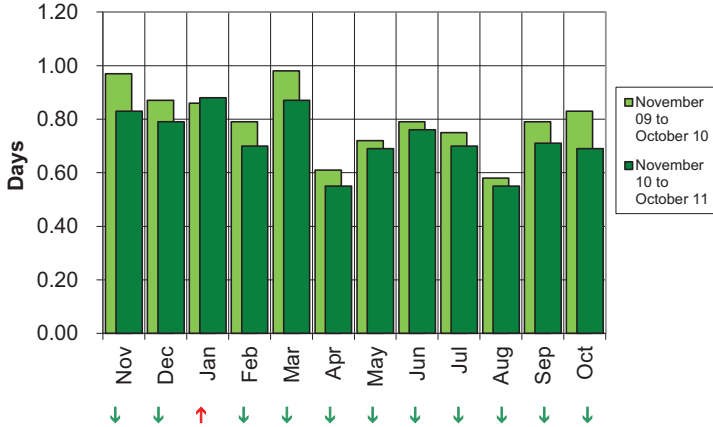
Financial Year to Date Cumulative Average Sick Days per FTE
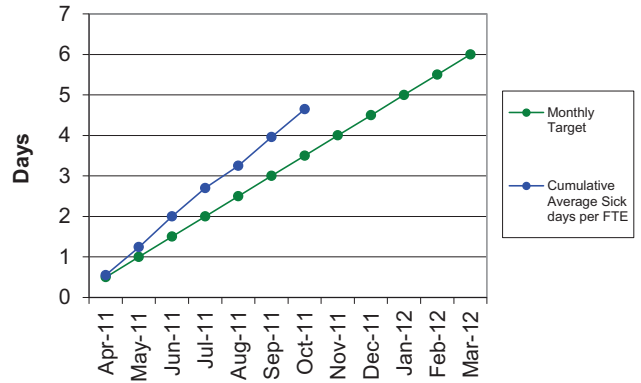
Comparison of Long and Short Term Sickness Occasions
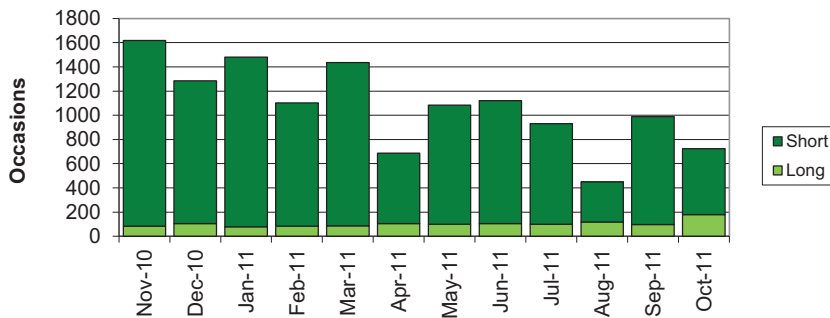
Cost of Absence
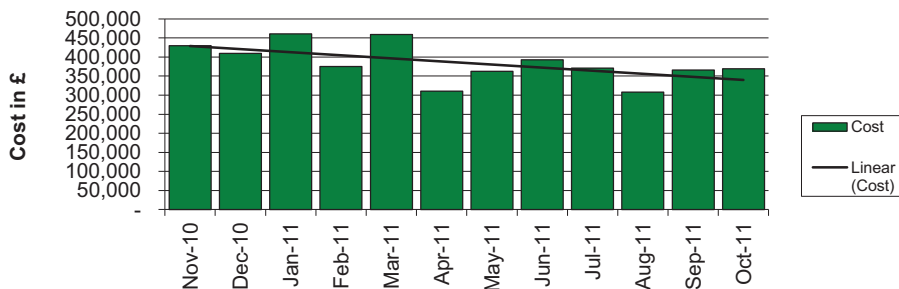
Rolling Year Cumulative Cost of Sickness
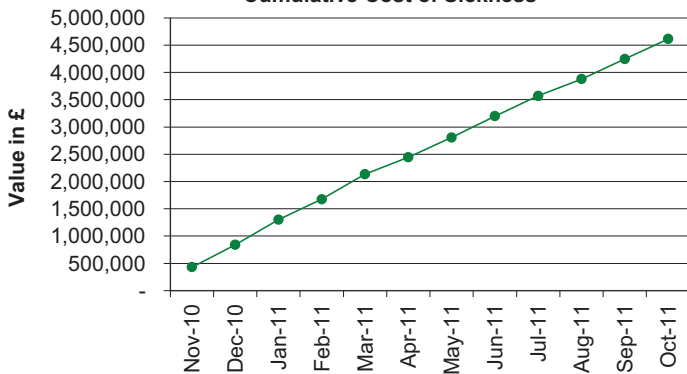
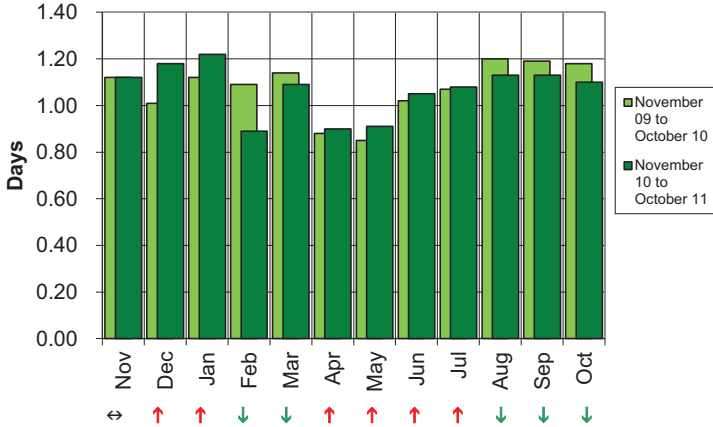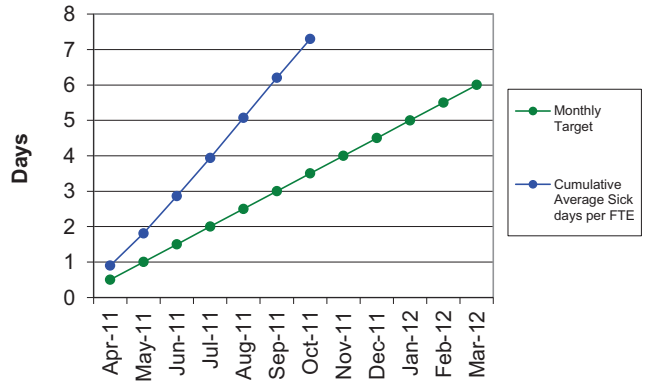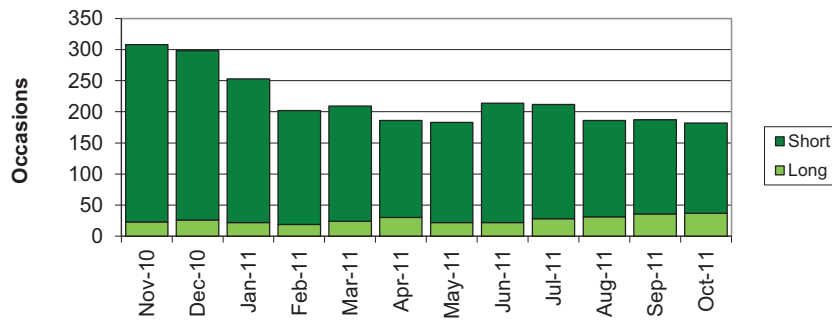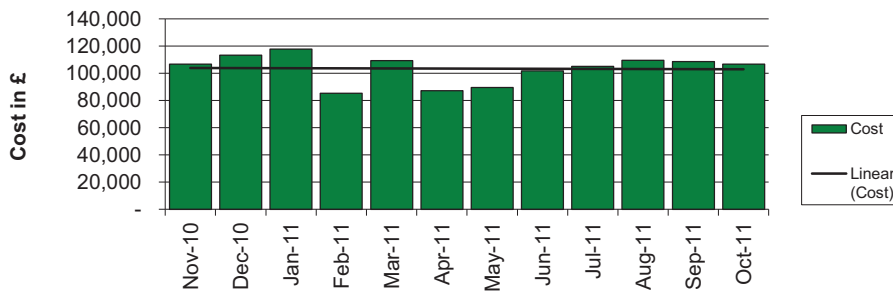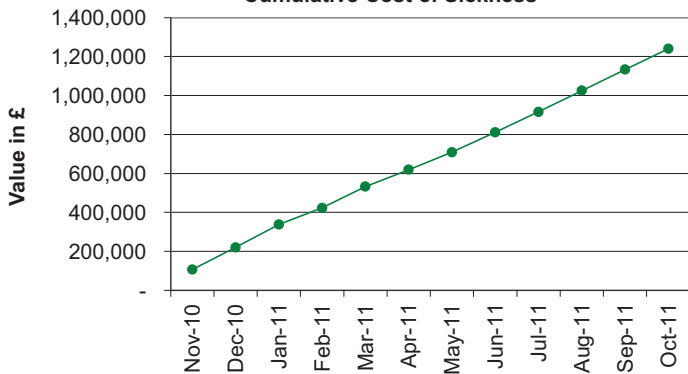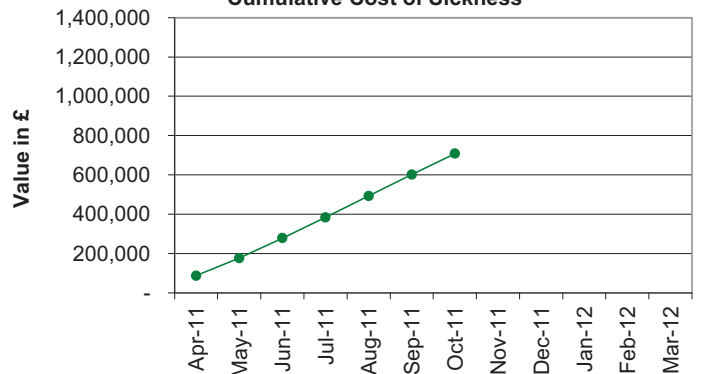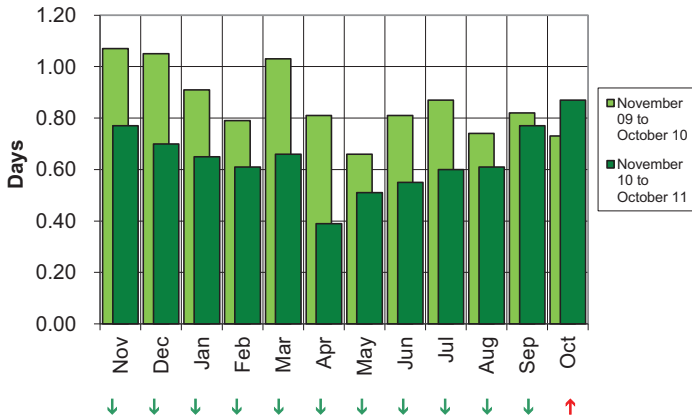Financial Year to Date Cumulative Cost of Sickness
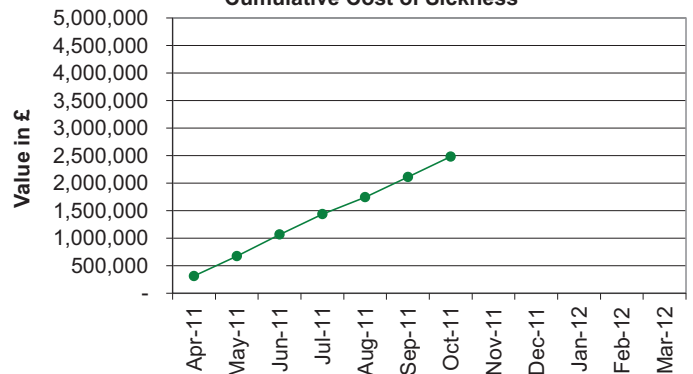
Chief Executive's Unit

October 2011

Working Days Lost

Directorate	Total Number of Days		Average FTE		Percentage		Direction of Travel
	Rolling Year	FYTD	Rolling Year	FYTD	Rolling Year	FYTD	
	61.00	22.00	30.50	11.00	12.06	7.53	↓
CareFirst	67.00	60.00	9.05	8.11	3.58	5.55	↑
Corporate Communications	65.50	60.00	5.46	5.00	2.16	3.42	↑
Management & Support (Chief Executives)	-	-	-	-	-	-	↔
Policy Performance and Partnership	229.00	40.00	8.73	1.52	3.45	1.04	↓
Chief Executive's Unit Total	**422.50**	**182.00**	**8.51**	**3.67**	**3.36**	**2.51**	↓

Rolling Year Average Sick days per FTE
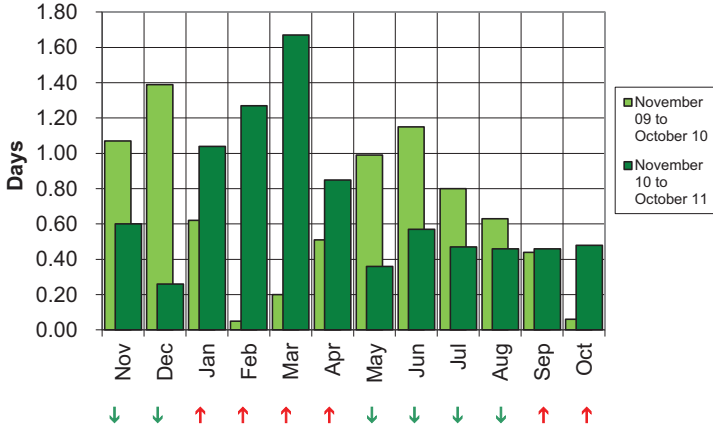
Financial Year to Date Cumulative Average Sick Days per FTE
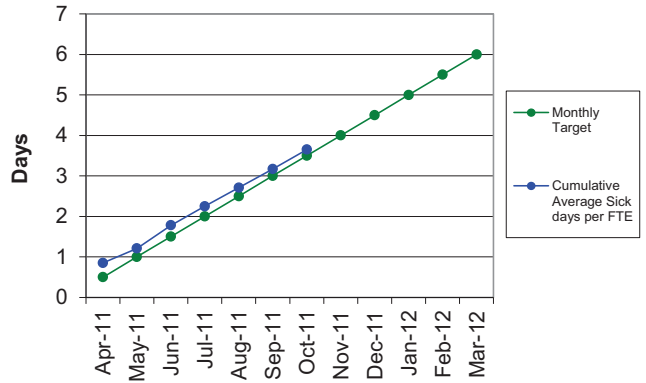
Comparison of Long and Short Term Sickness Occasions

Cost of Absence
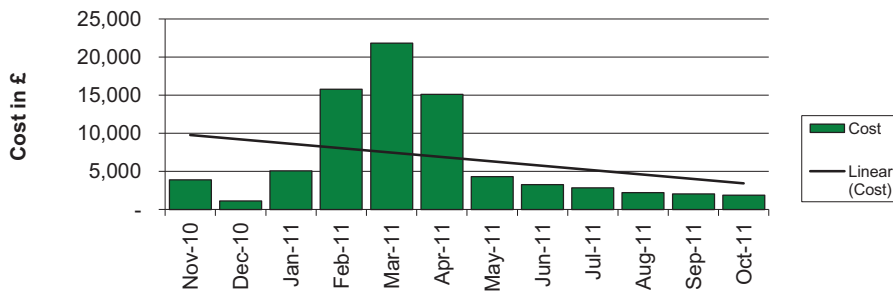
Rolling Year Cumulative Cost of Sickness
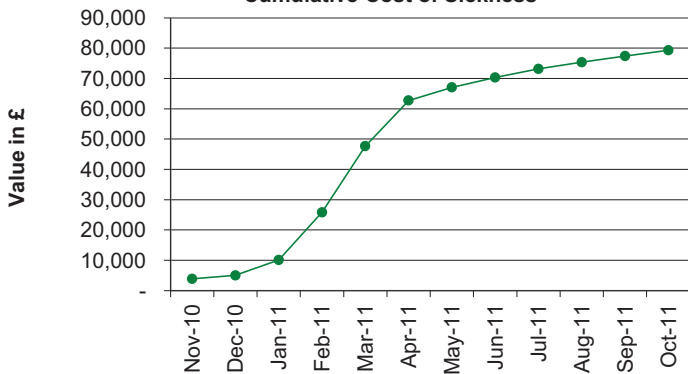
Financial Year to Date Cumulative Cost of Sickness

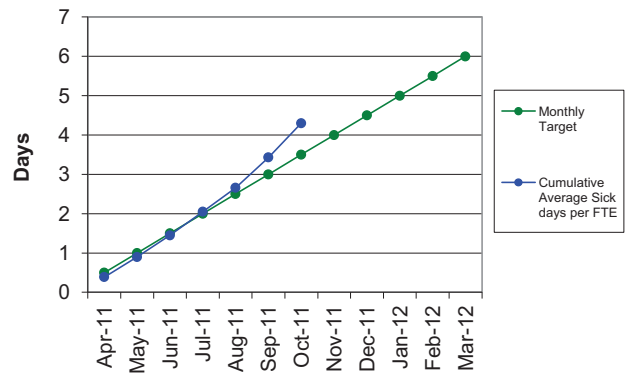# Community Services

October 2011

Working Days Lost

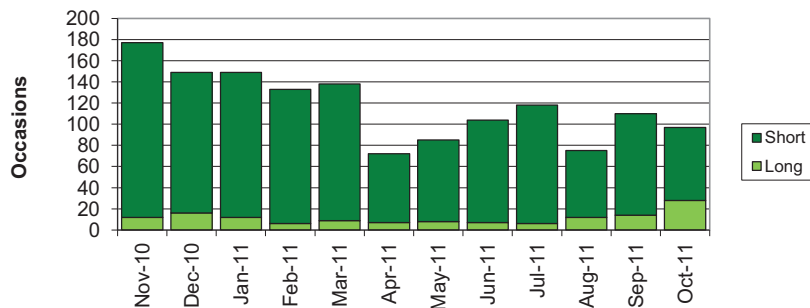| Directorate	Total Number of Days		Average FTE		Percentage		Direction of Travel
	Rolling Year	FYTD	Rolling Year	FYTD	Rolling Year	FYTD	
	-	-	-	-	-	-	↔
Adult Social Care	6,780.86	3,926.92	14.07	8.15	5.56	5.58	↑
Culture Sport & Leisure	1,412.79	821.24	7.09	4.12	2.80	2.82	↑
Environmental Services	6,673.93	3,791.01	14.17	8.05	5.60	5.51	↓
Safer Communities	150.50	33.00	7.68	1.68	3.03	1.15	↓
Community Services Total	**15,018.08**	**8,572.17**	**12.79**	**7.30**	**5.06**	**5.00**	↓

Rolling Year Average Sick days per FTE
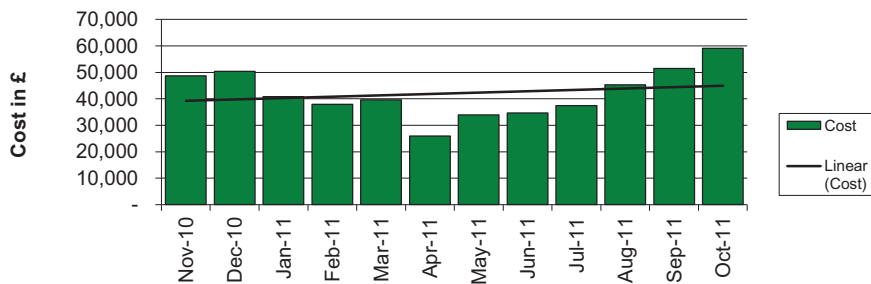

Financial Year to Date Cumulative Average Sick Days per FTE


Comparison of Long and Short Term Sickness Occasions

Cost of Absence

Rolling Year Cumulative Cost of Sickness

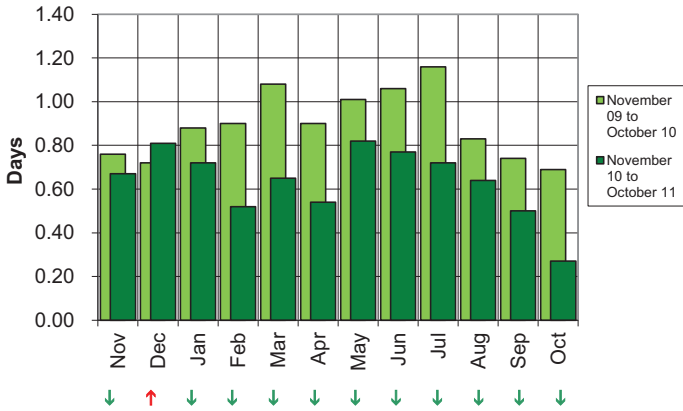Financial Year to Date Cumulative Cost of Sickness

Corporate Support

October 2011

Working Days Lost

Directorate	Total Number of Days		Average FTE		Percentage		Direction of Travel
	Rolling Year	FYTD	Rolling Year	FYTD	Rolling Year	FYTD	
	-	-	-	-	-	-	⇔
Customer Svcs & Business Transformation	768.40	449.40	10.20	5.96	4.03	4.09	↑
Democracy and Governance	828.81	509.40	9.70	5.96	3.83	4.08	↑
Finance Assets and Efficiency	3,273.52	1,711.73	7.63	3.99	3.02	2.73	↓
Human Resources and Organisational Dev	436.00	263.19	4.88	2.95	1.93	2.02	↑
ICT	511.26	322.00	6.91	4.35	2.73	2.98	↑
Management & Support (Corp. Support)	3.00	-	3.00	-	1.19	-	↓
Corporate Support Total	**5,820.99**	**3,255.72**	**7.71**	**4.31**	**3.05**	**2.95**	↓

Rolling Year Average Sick days per FTE

Financial Year to Date Cumulative Average Sick Days per FTE

Comparison of Long and Short Term Sickness Occasions

Cost of Absence

Rolling Year Cumulative Cost of Sickness
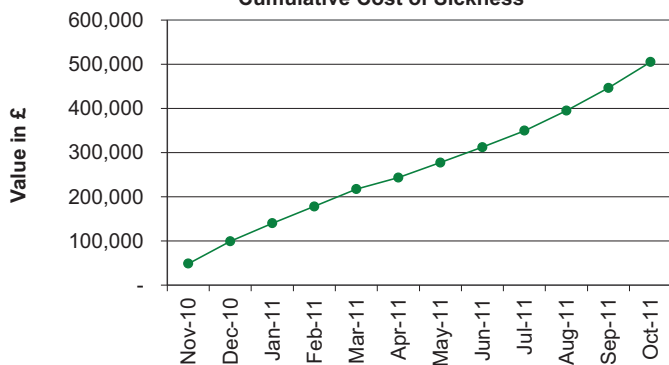
Financial Year to Date Cumulative Cost of Sickness
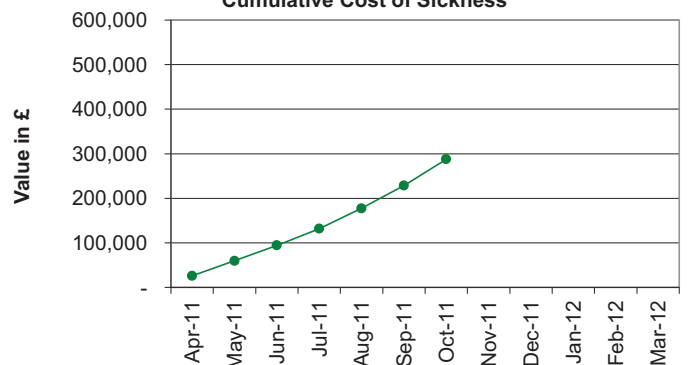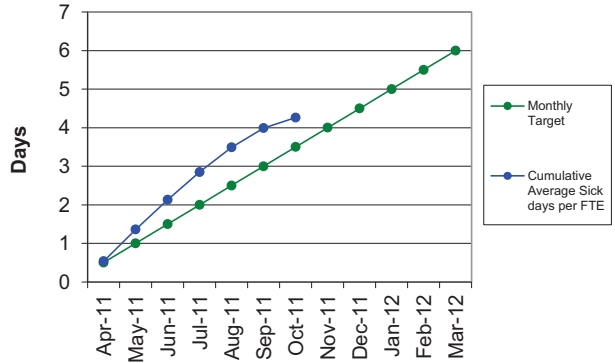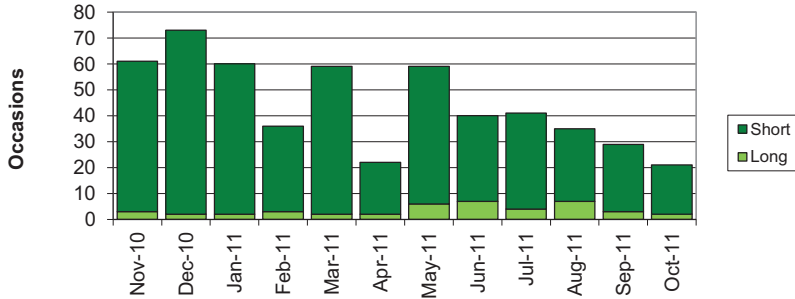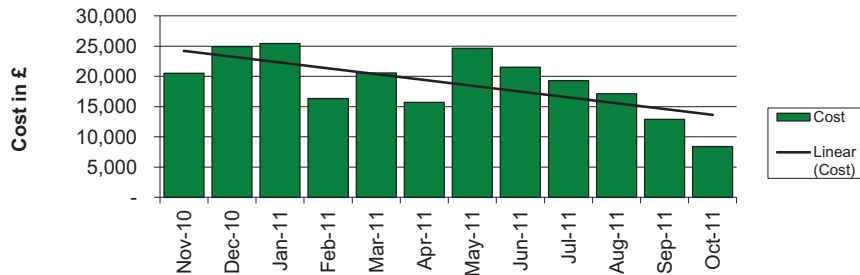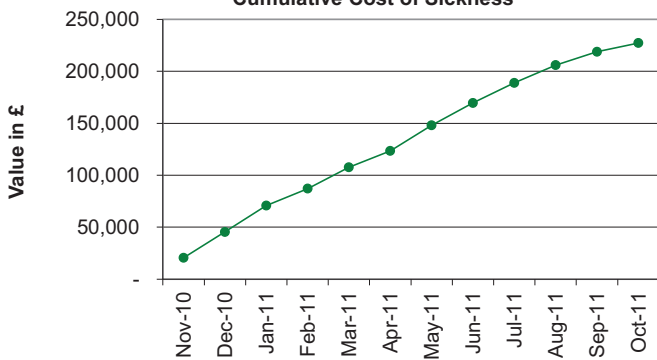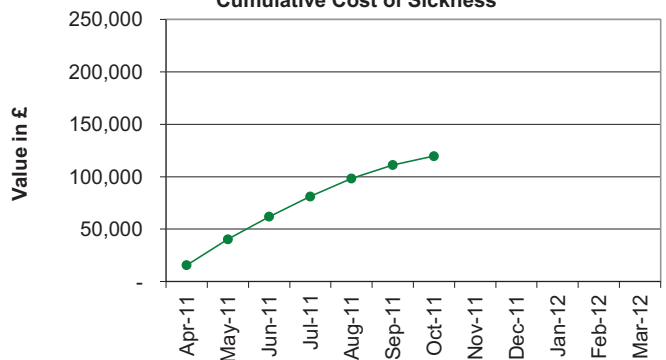
Development and Regeneration

October 2011

Working Days Lost

Directorate	Total Number of Days		Average FTE		Percentage		Direction of Travel
	Rolling Year	FYTD	Rolling Year	FYTD	Rolling Year	FYTD	
	13.00	-	13.00	-	5.14	-	↓
Devonport Regeneration Comm Partnership	-	-	-	-	-	-	↔
Economic Development	218.50	150.50	5.61	3.87	2.22	2.65	↑
Planning Services	411.90	236.70	5.94	3.41	2.35	2.34	↓
Strategic Housing	785.36	429.28	7.38	4.03	2.92	2.76	↓
Transport and Highways	1,075.80	586.50	10.57	5.76	4.18	3.95	↓
Waste PFI	-	-	-	-	-	-	↔
Business Team (Dev & Reg)	9.00	-	0.96	-	0.38	-	↓
Development and Regeneration Total	2,513.56	1,402.98	7.62	4.25	3.01	2.91	↓

Rolling Year
Average Sick days per FTE

Financial Year to Date
Cumulative Average Sick Days per FTE

Comparison of Long and Short Term Sickness Occasions

Cost of Absence

Rolling Year
Cumulative Cost of Sickness

Financial Year to Date
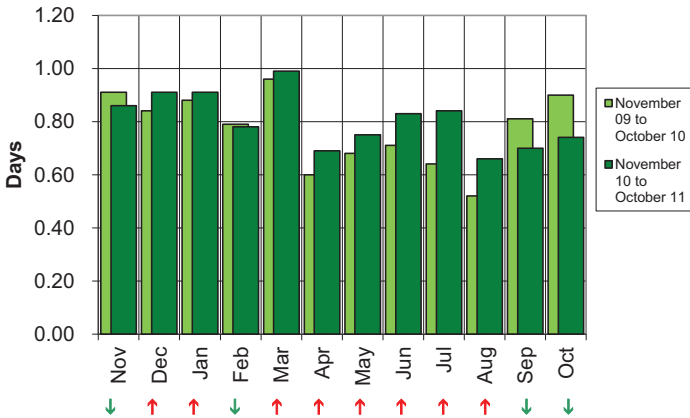Cumulative Cost of Sickness

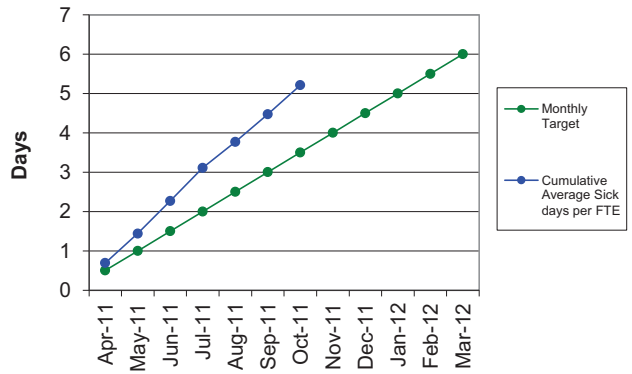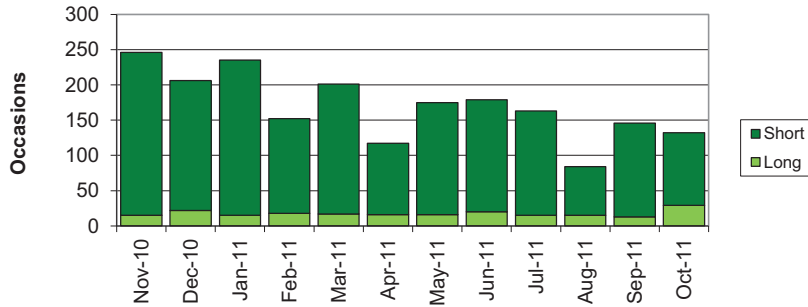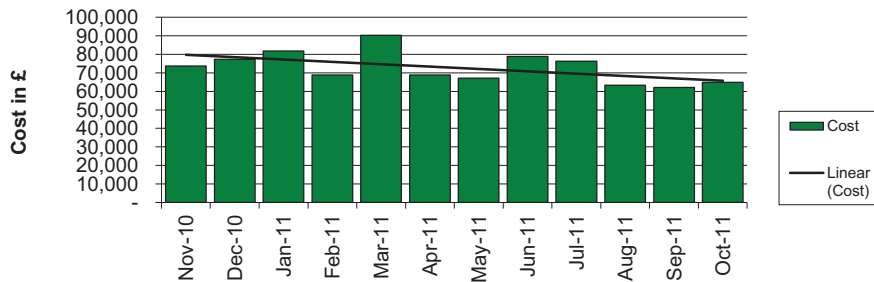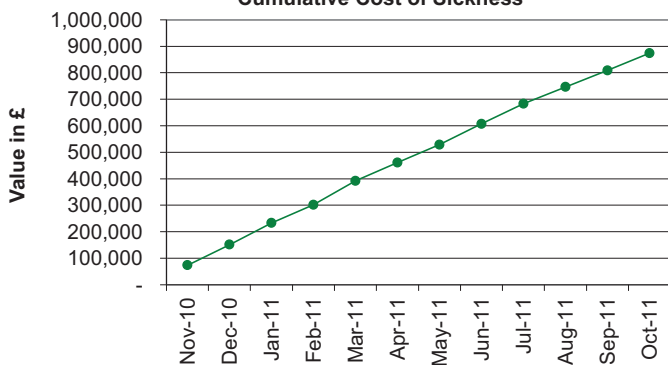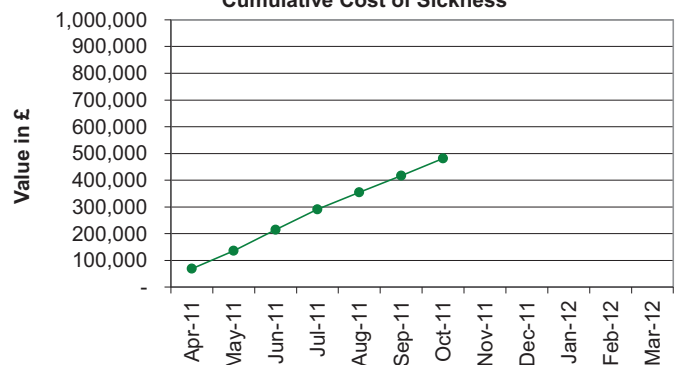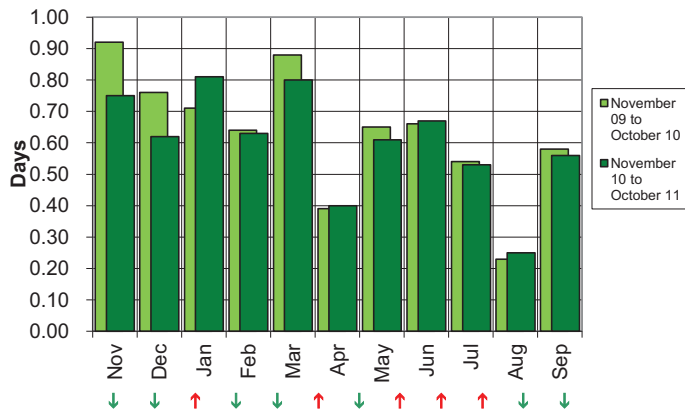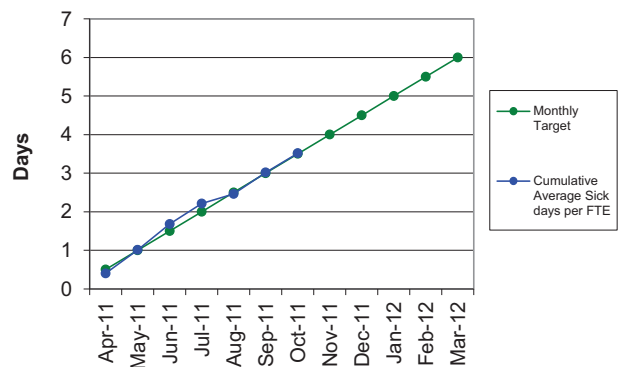# Services for Children and Young People (excl Schools)

October 2011

Working Days Lost

Directorate	Total Number of Days		Average FTE		Percentage		Direction of Travel
	Rolling Year	FYTD	Rolling Year	FYTD	Rolling Year	FYTD	
	-	-	-	-	-	-	↔
Building Schools for the Future	73.00	39.00	14.60	7.80	5.77	5.34	↓
Childrens Social Care	3,312.74	1,706.32	10.28	5.29	4.06	3.63	↓
Commissioning	77.47	43.97	5.69	3.23	2.25	2.21	↓
Commissioning Policy and Performance	12.00	3.00	4.00	1.00	1.58	0.68	↓
Learner & Family Support	3,439.70	1,911.64	9.80	5.45	3.87	3.73	↓
Lifelong Learning	2,162.23	1,191.21	8.92	4.91	3.52	3.37	↓
Services for Children and Young People Total	**9,077.14**	**4,895.14**	**9.67**	**5.22**	**3.82**	**3.57**	**↓**

Rolling Year
Average Sick days per FTE

Financial Year to Date
Cumulative Average Sick Days per FTE

Comparison of Long and Short Term Sickness Occasions

Cost of Absence

Rolling Year
Cumulative Cost of Sickness

Financial Year to Date
Cumulative Cost of Sickness

Schools

October 2011

Working Days Lost

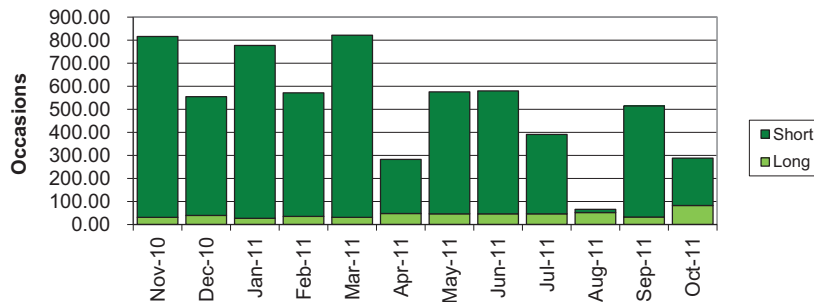| Directorate	Total Number of Days		Average FTE		Percentage		Direction of Travel
	Rolling Year	FYTD	Rolling Year	FYTD	Rolling Year	FYTD	
Special School	3,575.45	1,970.46	10.67	5.88	4.22	4.03	↓
Primary School	11,517.89	5,678.32	7.09	3.49	2.80	2.39	↓
Secondary School / Community College	1,742.85	699.81	5.01	2.01	1.98	1.38	↓
Church School	2,045.36	918.99	5.42	2.43	2.14	1.67	↓
Nursery School	763.80	338.79	15.45	6.85	6.11	4.69	↓
Junior School	439.92	258.61	8.23	4.84	3.25	3.31	↑
Infant School	141.60	76.50	3.04	1.64	1.20	1.13	↓
Woodview Campus	169.41	126.05	8.64	6.43	3.42	4.41	↑
Schools Total	20,396.28	10,067.53	7.14	3.53	2.82	2.42	↓

Rolling Year
Average Sick days per FTE
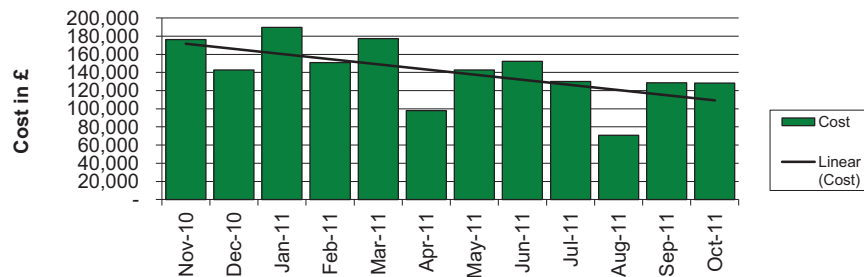

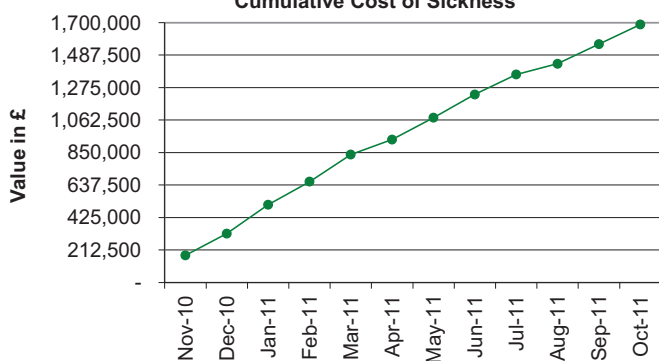Financial Year to Date
Cumulative Average Sick Days per FTE

Comparison of Long and Short Term Sickness Occasions

Cost of Absence

Rolling Year
Cumulative Cost of Sickness

Financial Year to Date
Cumulative Cost of Sickness