

FINANCE AND SERVICES SCRUTINY COMMITTEE – SICKNESS ABSENCE MANAGEMENT IN AVDC

1 Purpose

The Resources and Corporate Performance Scrutiny Committee previously asked for a report in to sickness absence management within AVDC and this report serves to provide current information on this subject.

2 Recommendations/for decision

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| 2.1 | To note on-going work in relation to the management of sickness absence and responses to specific Health and Safety concerns. |
| 2.2 | To note on-going Health and Safety activity in respect of new work practices in Recycling and Waste and elsewhere |

3 Sickness Absence Management

- 3.1 The absence rate during 2011/12 fell for the second year running to 8.37 days per FTE, which is a decrease of 4.78% and further builds on the previous years' success of a 20.5% reduction. This is against the backdrop of a reduced 'target', which has been set at 6.5 days for the forthcoming years.
- 3.2 Absence in Recycling and Waste (which includes the Workshop) increased by 96 days (5.5%) over the period and represented 42% of the Council's sickness absence. The main reasons were reported as being muscular/skeletal, back problems and injury, which together accounting for over half (54.7%) of the absence in this section.
- 3.3 At the same time, stress was recorded as the reason in just 12.8% of cases in Recycling and Waste, contrasting with 20% across the Council as a whole and which has increased over the past two years.
- 3.4 The Committee is asked to note that despite the high level of absence in Recycling and Waste, we do not believe that there is an endemic sickness absence problem at AVDC. This is because two thirds of all sickness absence was taken by just 66 people and just 10 people were responsible for more than a quarter (26.9%) of all sickness. Targeted action has and is being directed in relevant individual cases.
- 3.5 It should be noted that if the absence data for Recycling and Waste is removed from the Council's overall total, the rate would be just 5.99 per FTE. This is below the new target and compares very favourably with office based sickness absence rates in both the private and public sector, according to the Chartered Institute of Personnel and Development (CIPD).
- 3.6 It has been recommended that sickness absence management remains high on managers' agenda – particularly tackling individual cases of absence. People and Payroll will continue to provide hands-on support through case conferences and encouragement to managers to continue to follow the protocols dedicated to reducing absence of this kind.
- 3.7 Recognition has been given to the increase in stress related absence and managers will have to be more robust. People and Payroll should be advised

immediately when someone reports sick with stress and managers should conduct an individual assessment as soon as possible and in any event within 6 weeks of the first day of absence. Training in the management of stress will be mandatory for all officers responsible for managing staff absent for reasons of stress.

- 3.8 Despite the statistics, it is not believed that the Council has an endemic stress problem, it is a fact that when someone goes off with stress they tend to be off for longer periods of time than for most other reasons. In these cases we need to concentrate on getting staff back to work as soon as reasonably possible in order to address any underlying work-related causes. Past staff surveys have not identified above average levels of stress/poor well-being, the next staff survey will be undertaken in November 2012, and comparisons with past years can be made.
- 3.9 People and Payroll continue to hold health awareness campaigns in an effort to prevent sickness absence. In the last 12 months, a stress awareness event, a healthy eating event, a bowel cancer awareness campaign and a healthy heart campaign have been organised for employees. This sits alongside regular 'Reactivate' events to increase levels of physical fitness for staff.
- 3.10 The Committee are also asked to note that People and Payroll have produced a draft revised sickness absence policy and reporting procedure document which is under consultation with unions and in its final stages. The revision clarifies and simplifies the procedures for managing both short and long term sickness absence and ensures compliance with ACAS guidelines.

4 Health and Safety issues

- 4.1 Officers are specifically interested in taking a more holistic approach to ill health actively looking to identify and if possible eliminate any work related causes of ill health, the highest being the combined absence for musculoskeletal injury and backpain. Members should be aware that such injuries/illnesses are multi causal resulting in mixed approach from officers.
- 4.2 Over 200 office based staff have been surveyed as to their comfort whilst at work identifying issues around eye tests, posture and chair suitability. As part of our improvement plan we have started to use the services of a specialist ergonomist in some circumstances, to provide improved DSE Assessor training and to help identify and resolve issues around more complex individual workstation issues.
- 4.3 The roll out of the new waste collection service, eliminating both sidewaste and kerbside recycling sorting with wheeled bin collections are expected to reduce future developments of musculoskeletal injury and back pain amongst new employees. This will also make work less demanding for those with existing problems demonstrating our commitment to making work more accessible.
- 4.4 Health and Safety training for managers has also been held during 2012, to raise skills of managers in addressing health and safety issues and identifying concerns.

5 Resource implications

- 5.1 Sickness absence is managed through in-house resource with external occupational health services and external counselling services purchased on an annual basis.

6 Response to Key Aims and Objectives

- 6.1 This addresses the 2011-2015 corporate priority 'We will deliver efficient and economic services'.

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