

## Appendix 'A' - Performance Indicator Recovery Plan

<b>Performance Indicator Description: The Number of Days Lost to Sickness Absence per Full Time Equivalent (FTE) Employee within the County Council</b>	
<p><b><u>6 month target</u></b></p> <p>3.24 FTE days per person lost due to sickness absence</p> <p><b><u>Year end target</u></b></p> <p>7.12 FTE days per person lost due to sickness absence</p>	<p><b><u>Current performance</u></b></p> <p>The combined total of Q1 and Q2 is 3.10 FTE days lost per person at 6 months into the 2012/13 financial year, which is within the set target</p> <p>If in excess of 4.02 FTE days per person are lost during Q3 and Q4, the year-end target (7.12 FTE days) will not be met</p>
<p><b>Why is this indicator under-performing?</b></p> <p>In recent years the County Council has made great strides in improving attendance. Absence levels in 2011/12 were 6.88 lost days per FTE.</p> <p>During 2011/12 the North West Employers organisation collected sickness absence data from 20 upper tier authorities and 18 District Councils across the region. This reveals that last year the County Council had the lowest number of days lost per FTE of all authorities who supplied data - which is clearly a significant achievement. The headline figures from the survey show that the average days lost per FTE were:</p> <ul style="list-style-type: none"> <li>• All authority types = 8.26</li> <li>• District Councils = 7.78</li> <li>• County, Metropolitan and Unitary = 8.66</li> </ul> <p><b>Analysis of quarters 1 and 2</b></p> <ul style="list-style-type: none"> <li>• employees with no sickness absence <ul style="list-style-type: none"> <li>○ Q1 - 27,133 employees (77%)</li> <li>○ Q2 - 29,730 employees (85%)</li> </ul> </li> <li>• an analysis of short term sickness absence compared to the previous year <ul style="list-style-type: none"> <li>○ Q1 increased by 10%, the top 3 reasons for short term absence being: <ul style="list-style-type: none"> <li>▪ Digestive System (18%)</li> <li>▪ Musculo-Skeletal (13%)</li> <li>▪ Respiratory System (13%)</li> </ul> </li> <li>○ Q2 reduced by 9%, the top 3 reasons for short term absence being: <ul style="list-style-type: none"> <li>▪ Mental Health (18%)</li> <li>▪ Medical/Hospital (14%)</li> <li>▪ Digestive System (13%)</li> </ul> </li> </ul> </li> </ul> <p>NB Medical/Hospital includes post-operative recuperation</p>	

- an analysis of long term sickness absence compared to the previous year
  - Q1 increased by 18%, the top 3 reasons for long term absence being:
    - Mental Health (30%)
    - Medical/Hospital (15%)
    - Musculo-Skeletal (14%)
  - Q2 increased by 16%, the top 3 reasons for long term absence being:
    - Mental Health (28%)
    - Musculo-Skeletal (15%)
    - Medical/Hospital (14%)
- the top 3 reasons for all sickness absence within the county council:
  - Quarter 1
    - Mental Health (23%)
    - Medical/Hospital (14%)
    - Musculo-Skeletal (13%)
  - Quarter 2
    - Mental Health (24%)
    - Medical/Hospital (14%)
    - Musculo-Skeletal (14%)

**Outlook for remainder of 2012 / 13**

If the combined total FTE days lost per person in quarters 3 and 4 exceeds 4.02, the year-end target of 7.12 will be breached.

## What actions are required to put it back on track?

### Action to be taken

#### Ongoing actions

A number of early intervention strategies have already been put in place to target the main reasons for sickness absence and these will continue, i.e. mental health and musculo-skeletal problems.

- Back Care Workshops have been made available and delivered within Directorates, Lancashire County Commercial Group (LCCG) and Schools.
- A series of Healthy Living Workshops are being run for Directorates, LCCG and Schools. These include:
  - 'Eat, Drink & Be Healthy' to encourage employees to learn about healthy lifestyle choices; and,
  - 'Drugs, Alcohol & Smoking' to assist managers and Trade Union (TU) representatives in assisting employees in relation to alcohol or drug misuse.
- An Occupational Health web site has been launched to promote the services available from Occupational Health and the benefits of using the service to assist in absence management.
- An e-learning package 'Managing Stress in the Workplace' was developed for managers and head teachers and launched in November 2011.
- An e-learning package 'Identifying and Managing your Personal Stress' was developed for employees and launched in January 2012.
- A number of pilot Occupational Health interventions were made available to all employees (subject to clinical assessment) via manager referral to the Occupational Health Service. The interventions commenced on 11 October 2010 and ran until 31 March 2012. The interventions continue to be available via clinical assessment as a paid for service. The interventions include:
  - Workplace counselling;
  - Physiotherapy;
  - Cognitive Behavioural Therapy (CBT);
  - Mediation; and,
  - Trauma Support.

Through early intervention we aim to:

- reduce sickness absence in the workplace
- support employees in a return to work
- prevent sickness absence occurring where possible

A new Occupational Health contract is currently being procured and will be implemented from 1 April 2013. The Health, Safety and Wellbeing Team will be working closely with the Occupational Health provider, and also with our Human Resources (HR) Business Partners, to ensure that interventions are targeted where they are needed the most.

### **Further interventions planned from 1 April 2013:**

- In January 2012 the reporting system was improved to include details of the reasons for short term and long term sickness absence. This means that from 1 April 2013 quarterly comparisons will be undertaken against the previous year to identify which categories of sickness absence have increased or decreased for both short term and long term absence so that action can be taken where necessary.
- Further planned improvements to the sickness absence management reports from the new Oracle HR system are still being developed. Once in place, the new reporting system will provide management information at Directorate/Group/Team level to help identify more precisely the areas where sickness absence levels are high so that a more targeted approach can be adopted with the Occupational Health interventions.
- The decision has been taken not to renew the provision of the Employee Assistance Programme beyond March 2013 when the current contract expires, as management information from this service has evidenced a poor cost/benefit analysis. Instead plans are in place to introduce a specific County Council support web site which will provide advice and guidance on common concerns together with a signposting service to HR and other professional external agencies such as the Samaritans, NHS Direct, Financial Assistance web sites, etc. The new web site will be launched on 1 April 2013.

Under the new Occupational Health contract there will be:

- Further promotion of the benefits of using Occupational Health to assist managers and head teachers in managing sickness absence within their service areas.
- Continued access to face to face counselling, CBT, trauma support, physiotherapy and mediation, by senior manager approval for those employees identified via clinical assessment as benefiting from short term intervention.
- A health promotion calendar of events aimed at increasing awareness of common issues and targeted interventions to reduce sickness absence.
- Greater availability and improved quality of management information is a key requirement of the specification for the new Occupational Health contract. This will make it easier for managers and the County Council as a whole to understand the profile of sickness absence and implement targeted responses.

One of the keys to reducing sickness absence is early intervention by managers and adherence to the attendance management policy and this needs to be strictly enforced. In order to assist in this:

- The Corporate Health, Safety and Wellbeing Group, which consists of senior managers from each Directorate, Schools and LCCG, has been involved in monitoring the application of the County Council's attendance management policy in relation to the timescales for managers referring employees through to the Occupational Health Service. Through senior manager intervention there has been a significant reduction (-65%) in the number of 'late' referrals going through to Occupational Health during 2011/12, i.e. those which have exceeded their trigger level for referral to the service. This downward trend continues to be evidenced and is monitored on a quarterly basis.

- The Corporate Health, Safety and Wellbeing Group is focussing its attention on the management of long term absence. The Group considers the top 20 absences within each Directorate, Schools and LCCG on a 6 monthly basis to monitor the effective management of long-term absence by local managers. The monitoring process will involve checks to ensure that Occupational Health support and advice has been sought and taken forward as appropriate.
- Managers and headteachers are supported by the HR Business Partners through the provision of advice, support and training sessions on Absence Management to assist them in managing sickness absences within their service areas. The HR service has a total of 7 Absence Management sessions for 2012/13 planned for Directorates and 3 full day Absence Management Briefings planned for Schools. The School's HR team also offer ad-hoc forums for headteachers where more detailed discussion can occur around complex cases and a representative from Occupational Health will also be present at these meetings to provide additional support.
- Managers and headteachers are also supported by the HR Business Partners to help them manage short term sickness absence. Trigger levels are in place within the County Council to help managers identify when further support may be required. For short term absence the triggers include where an employee has had 10 or more days absence, or 3 or more periods of absence, in a rolling 12 month period or where common absence patterns are emerging. The key to reducing short term absence is through managers being consistent in applying these triggers and adhering to the attendance management policy.