

SICKNESS RATES: ADULT SERVICES AND HEALTH DIRECTORATE

1. Sickness absence rates WCC 2013/14

As reported and noted, DASH recorded a higher average number of days' sickness absence amongst its employees for 2013/14 than any other Directorate.

2013/14	Headcount (Filled Posts)	FTE	Ave Sick Days Per Person (FTE)
WCC (CEO,PA,IEWM)	11	10.90	~NA~
Chief Executive Unit	46	42.05	2.11
Resources	710	624.51	3.92
BEC	1,488	716.67	6.26
Children's Services	1,241	969.20	6.94
DASH	1,621	1,128.35	9.01
Grand Total	5,117	3491.68	6.93

2. Sickness absence rates DASH service areas 2013/14

Sickness absence rates within the Directorate for the year break down as follows:

Service Area	Year End Outturn	Rating	FTE
Adult Social Care	9.80	Red	972.87
Public Health	2.11	Green	31.89
Business Support	3.05	Green	57.49
JCU	5.40	Green	64.10

Whilst it remains a priority for the Directorate to seek to reduce sickness absence rates, it is important to recognise the context of significant improvement in sickness absence rates across the Directorate as a whole and Adult Social Care in particular over recent years to date.

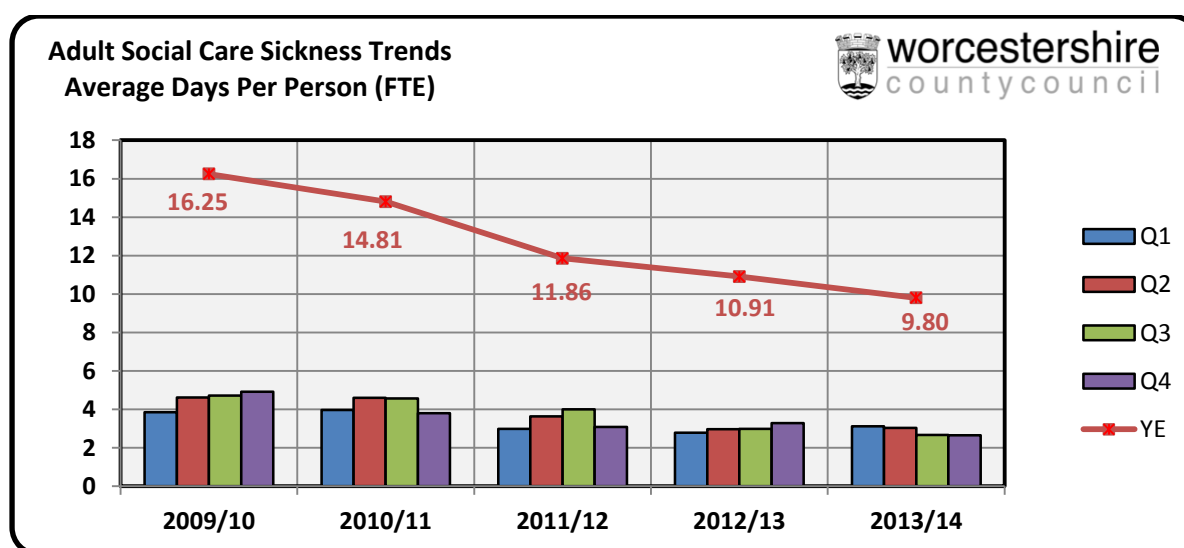
3. Sickness absence rates in DASH (and predecessor, Adult and Community Services) 2009/10 to 2013/14

DASH (and its predecessor, ACS) has recorded a year on year reduction in sickness absence rates since 2009, with the exception of 2012/13, which saw a marginal increase attributable to the transfer of Cultural Services – a division with traditionally low sickness absence rates in the years immediately preceding this transfer - to the Directorate of Business, Economy and Communities. Following this transfer to BEC, DASH returned to improving sickness absence rates in 2013/14.

Year End	FTE	Sickness Outturn	Year on year difference (%)
2009/10	1,634	13.84 days	-
2010/11	1,532	12.61 days	8.9% improvement
2011/12	1,453	9.84 days	21.9% improvement
2012/13	1,124	9.93 days*	0.09% deterioration
2013/14	1,128	9.01 days	0.92% improvement

4. Sickness absence rates in Adult Social Care 2009/10 to 2013/14

This graph illustrates a year on year reduction in sickness absence rates across Adult Social Care in particular; the overall reduction in sickness absence rates across this period being almost 40%.



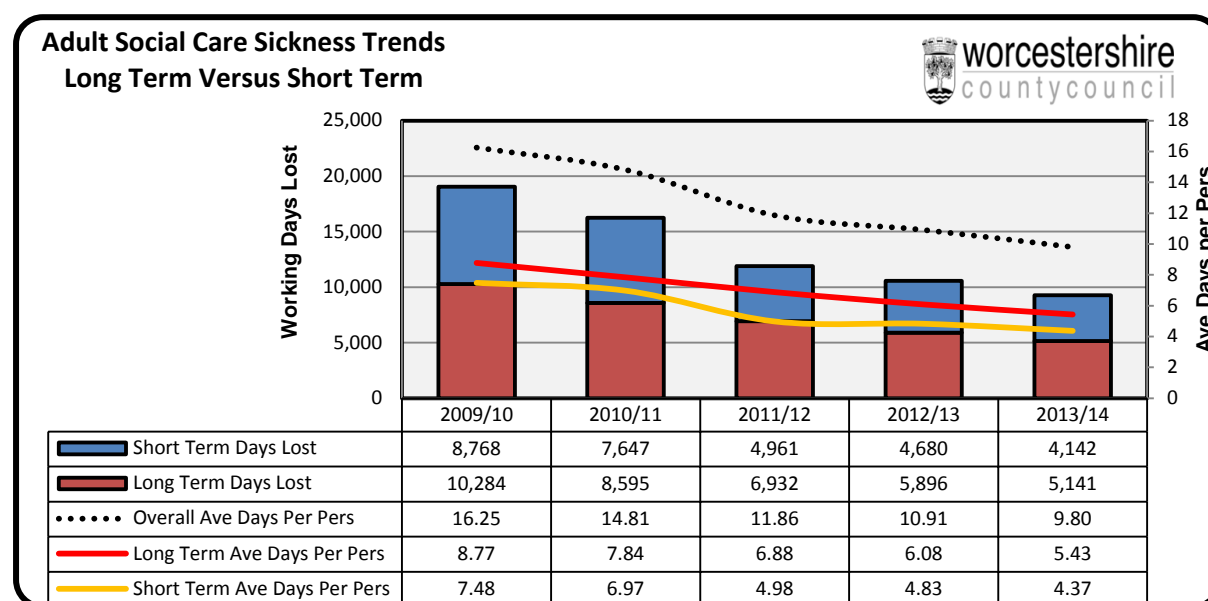
5. Quarterly sickness absence rates in Adult Social Care

It is worth noting that there are no general observable trends in sickness absence rates between quarters in Adult Social Care, which may be surprising since quarters three and four fall within the winter period.

Sickness Average Days Per Person (FTE)						
	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Q1	3.85	3.96	2.99	2.78	3.11	2.67
Q2	4.61	4.60	3.63	2.96	3.04	N/K
Q3	4.72	4.56	4.00	2.99	2.67	N/A
Q4	4.92	3.80	3.09	3.29	2.66	N/A
YE	16.25	14.81	11.86	10.91	9.80	

6. Adult Social Care sickness trends – short term versus long term sickness absence

The chart below illustrates the breakdown of long term and short term sickness absence against the general trend of reducing sickness absence rates. A relative dip in short term sickness absence rates can be observed for 2011/12 (which may be related to the introduction of new sickness pay policy across the Council on 1 December 2011) but the differential returned to its previous position in 2012/13 and 2013/14.



7. Sickness absence rates across Adult Social Care service areas 2013/14

Analysis of sickness rates across different services in Adult Social Care for 2013/14 produces the following results (rated as before against the target of seven days' per employee):

ASC Service Area	FTE	Year End Out turn	Rating
Hospital Services	N/A – new for 2014115	N/A	-
Internal Provider Services	565.01	11.85	Red
Learning Disability Community Teams and Young Adults	36.98	7.00	Green
Operational Services	260.49	5.01	Green
Personalisation and carers	15.51	8.57	Red
Safeguarding	17.35	43.28	Red

It will be appreciated that high levels of sickness absence within smaller teams can significantly affect the figures where in reality the number of cases may be very few. For example, the Safeguarding Service is very small. In such cases any incidence of long term sickness absence is likely to generate an overall sickness rate significantly above the Council target. In this particular case, as with other cases where a team is affected by long term sickness absence of colleagues, the service is sustained by a mixture of continual review of workloads and individual priorities to ensure essential duties are covered from within the team, along with use of agency workers, short

fixed term temporary contracts to cover an anticipated long period of absence, and in some cases extension of existing external support.

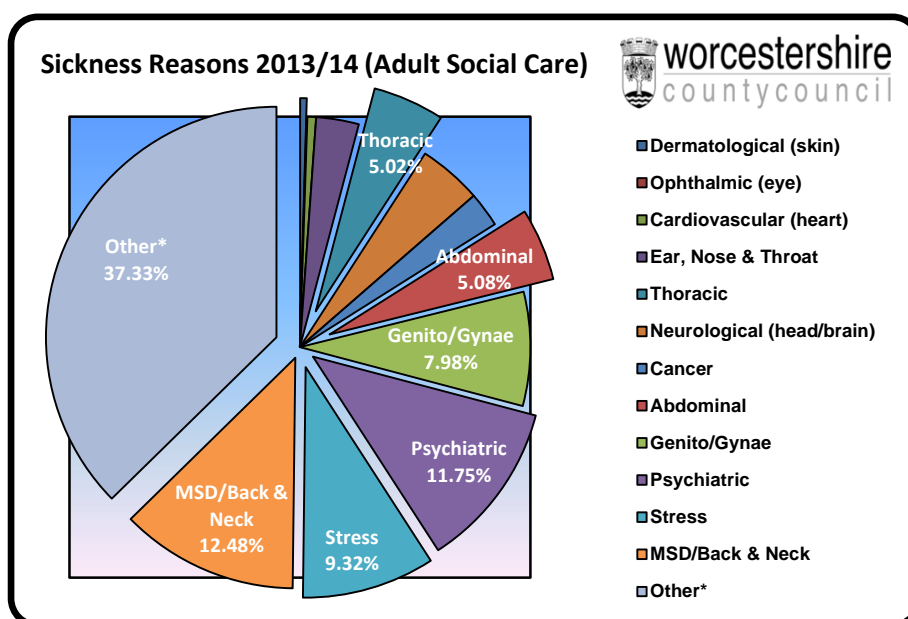
8. Sickness absence reasons in Adult Social Care 2013/14

Turning to the reasons for absence, the following table uses a recognised approach (the Dorset 12) to categorise sickness absence reasons. This is followed by a pie chart illustrating the breakdown of sickness absence in Adult Social Care by reason. As referenced below, please note that "other" includes cold, influenza, and viral infections which are likely to contribute significantly to short term sickness absence rates.

It is noteworthy that sickness absence for reason of stress has reduced both across WCC as a whole and Adult Social Care in particular between 2012/13 and 2013/14. So too has absence for reason of musculoskeletal disorder (back and neck).

Sickness Absence Reason	2012/13		2013/14		Direction of Travel (Based on Absence Reason Percentage)	
	Adult Social Care	WCC	Adult Social Care	WCC	Adult Social Care	WCC
Dermatological (skin)	0.16%	0.22%	0.46%	0.28%	Deteriorating	Deteriorating
Ophthalmic (eye)	0.90%	0.67%	0.06%	0.68%	Improving	Deteriorating
Cardiovascular (heart)	2.60%	2.55%	0.61%	2.08%	Improving	Improving
Ear, Nose & Throat	2.34%	3.84%	2.99%	2.58%	Deteriorating	Improving
Thoracic (chest)	5.26%	4.00%	5.02%	3.70%	Improving	Improving
Neurological (head/brain)	3.10%	4.90%	4.46%	4.55%	Deteriorating	Improving
Cancer	2.24%	3.00%	2.45%	5.76%	Deteriorating	Deteriorating
Abdominal	9.97%	9.43%	5.08%	5.89%	Improving	Improving
Genitourinary/Gynaecological	4.93%	4.98%	7.98%	7.03%	Deteriorating	Deteriorating
Psychiatric (incl Anxiety & Depression)	15.74%	13.43%	11.75%	8.69%	Improving	Improving
Stress	17.87%	12.82%	9.32%	11.34%	Improving	Improving
Musculoskeletal Disorder (MSD)/Back & Neck	15.76%	14.32%	12.48%	13.84%	Improving	Improving
Other*	19.12%	25.82%	37.33%	33.58%	Deteriorating	Deteriorating

**Other - Includes common cold, influenza, viral infections and all other illnesses that fall outside of the above categories*



9. National local authority adult social care services sickness rates – NMDS-SC (National Minimum Data Set for Social Care) data for 2013/14

Turning attention to sickness rates amongst Adult Social Care services across other local authorities it can be seen that Worcestershire's sickness absence rates are below the national average of 10.4 days per person.

Authority	Average days per person
East Midlands	13.5
North West	12.5
North East	12.1
Yorkshire and Humber	10.4
West Midlands	9.9
South West	9.9
South East	9.3
Eastern	8.5
London	7.7
All England	10.4
Worcestershire	9.8

Sickness absence management in DASH

A series of measures are in place to support the proactive management of sickness absence, notably:

- Seven policy – procedures for managing short term and long term sickness absence
- Monthly management reports to Heads of Service from HR
- One to one manager support from HR in managing sickness absence cases
- Access to occupational health service
- Trigger points at which potential sickness absence concerns are highlighted:
 - a) Letters to staff after fifth sickness absence episode in any twelve month period (Letters produced by HR Seven Policy)
 - b) Three episodes in any six month period to trigger review of sickness rates between manager and employee (monitored by managers – Seven Policy)
 - c) Ten calendar days in any twelve month period to trigger a review of sickness rates between manager and employee (monitored by managers - Adult Social Care policy)