

Meeting of:	Scrutiny (Corporate Performance and Resources)
Date of Meeting:	24/10/2019
Relevant Scrutiny Committee:	Corporate Performance and Resources
Report Title:	Other Musculoskeletal Absence 2018/19 and 2019/20
Purpose of Report:	To update Members of the Cabinet on the “Other Musculoskeletal” sickness absence statistics for the 12 month period from 1 April 2018 to 31 March 2019 together with a comparison of data for the first 5 months of 2018/19 and 2019/20
Report Owner:	Rob Thomas, Managing Director
Responsible Officer:	Rob Thomas, Managing Director
Elected member and Officer Consultation:	The overall sickness absence figures are reported quarterly through the Corporate Performance Indicators. This is a specific report on Other Musculoskeletal absence which was requested by Corporate Performance and Resources Scrutiny Committee
Policy Framework:	This is a matter for Executive decision by the Cabinet
Executive Summary	
<p>The report sets out the sickness absence figures relating specifically to Other Musculoskeletal reason for the period of the first 5 months of 2018/19 and 2019/20.</p> <p>As can be seen, there has been an increase in absence related to Other Musculoskeletal reasons. An analysis of the figures in each directorate is set out in paragraph 4.7 and 4.8 of the report. Information on Manual Handling Training can be seen in paragraph 4.14 to 4.18</p>	

1. Recommendation

- 1.1 That the report and the sickness absence figures provided in the report are noted.
- 1.2 That Members note the information in relation to the provision of Manual Handling Training.

2. Reason for Recommendations

- 2.1 To bring matters to the attention of Members of Scrutiny in line with corporate objectives
- 2.2 To inform Members of Scrutiny of the information in relation to the provision of Manual Handling Training

3. Background

- 3.1 The levels of sickness absence within the Council are reported to Cabinet and Scrutiny every six months.
- 3.2 This report specifically sets out the sickness absence information in relation to Other Musculoskeletal absence. Other Musculoskeletal absence is related to injuries of the joints, bones, muscles, ligaments and tendons. The Council reports separately Back Problems, therefore Other Musculoskeletal injuries includes injuries to other part of the body excluding the back e.g. knee, elbow, hip etc.
- 3.3 The report aims to provide a comparison of data for the first 5 months of 2018/19 and 2019/20.

4. Key Issues for Consideration

- 4.1 The overall sickness absence rates for all sickness reasons [i.e. Full Time Equivalent (FTE) working days lost over the 2018/19 period are set out in the table below.

Absence Reason	Long Term Sick	Short Term Sick	Grand Total	%
Stress Non Work Related	6199.41	1095.47	7294.88	21.6%
Viral Infection	1891.49	4268.80	6160.29	18.3%
Other Musculoskeletal	4382.04	1264.13	5646.17	16.8%
Operations and Recovery	4007.18	790.74	4797.92	14.2%
Stomach Ailments	1045.22	1499.90	2545.12	7.6%
Stress Work Related	2258.73	154.79	2413.52	7.2%
Back Problems	1026.39	562.89	1589.28	4.7%
Chest Problems	524.97	535.13	1060.10	3.1%
Headache, Migraine, etc	229.64	381.06	610.70	1.8%
Pregnancy Related	341.92	198.06	539.98	1.6%
Heart Problems	355.81	68.33	424.14	1.3%
Genito-Urinary Problems	126.86	197.40	324.26	1.0%
Undisclosed	207.69	66.30	273.99	0.8%
RTA/Whiplash	0.00	15.87	15.87	0.0%
Swine Flu	0.00	11.00	11.00	0.0%
Grand Total	22597.35	11109.87	33707.22	100%
% Absence	67%	33%	100%	

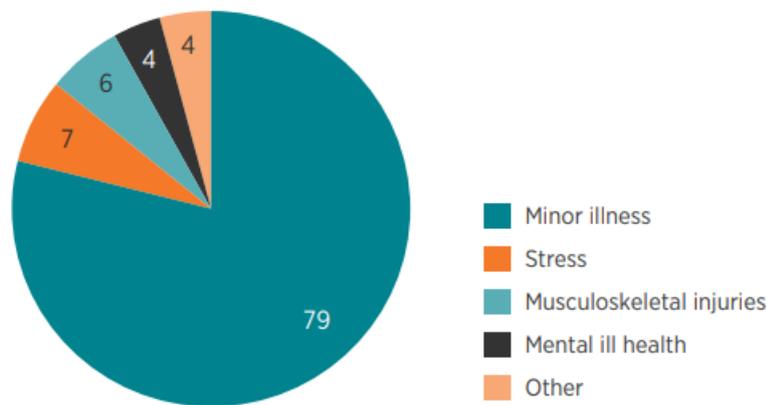
4.2 As can be seen in the above table, sickness related to Other Musculoskeletal equated to 16.8% of all sickness absence with the majority relating to long term absence (77.6%)

CIPD survey “Health and Well-being at Work” April 2019

4.3 The latest CIPD survey on absence management, now re-branded “Health and Well-being at Work” April 2019, states that minor illness remains by far the most common cause of short-term absence. Mental ill health is increasingly prevalent as a cause of both short and long-term absence. Along with stress, musculoskeletal injuries and acute medical conditions, it remains most commonly responsible for long-term absence.

4.4 The following table from the CIPD report shows the most common causes of short-term absence. It is worth noting that Musculoskeletal injuries includes back injuries.

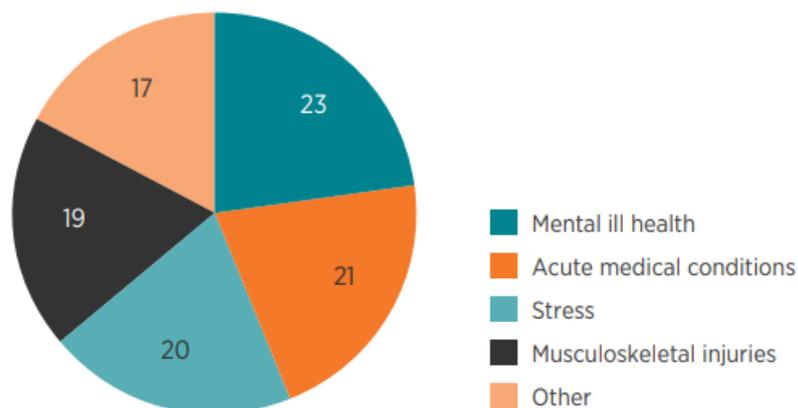
Figure 17: The most common cause of short-term absence (%)



Base: 719

4.5 The following from the CIPD report shows the most common reasons for Long-term absence.

Figure 20: The most common cause of long-term absence (% of respondents)



Base: 654

- 4.6** Consistent with findings from previous years, the public sector and manufacturing and production organisations are more likely to include musculoskeletal injuries among their top causes of short and long-term absence than those in private sector services or the non-profit sector (CIPD report)

Other Musculoskeletal Sickness Absence

- 4.7** The following shows a summary of musculoskeletal absence levels within each Directorate for the first 5 months of **2018/19**.

Directorate	Long Term Sick	Short Term Sick	Grand Total	% of overall absence
Directorate of Environment and Housing Services	389.05	162.64	551.69	19%
Directorate of Resources	63.35	46.55	109.90	11%
Learning and Development Schools	421.34	229.28	650.62	14%
Learning and Skills	39.12	33.82	72.94	7%
Social Services	422.68	95.67	518.35	18%
TOTAL	1335.54	567.96	1903.5	15%

- 4.8** The following shows a summary of musculoskeletal absence levels within each Directorate for the first 5 months of **2019/20**.

Directorate	Long Term Sick	Short Term Sick	Grand Total	% of overall absence
Directorate of Environment and Housing Services	479.65	174.74	654.39	18%
Directorate of Resources	14.00	14.16	28.16	3%
Learning and Development Schools	727.46	142.10	869.56	17%
Learning and Skills	160.39	13.50	173.89	13%
Social Services	941.90	74.44	1016.34	27%
TOTAL	2323.4	418.94	2742.34	18%

- 4.9** Overall there has been an increase in Other Musculoskeletal absence, increasing from 15% to 18% during the first 5 months of 2019/20.

- 4.10** It is also noted that the largest increase in the level of Other Musculoskeletal absence is within the Social Services Directorate, increasing from 18% to 27% of their absences. Further analysis of this indicates that the highest increase is within Adult Services. Due to Data Protection we are unable to show this data in the report as due to the low numbers of cases, there is a risk of identifying individuals.

- 4.11** The information will therefore be shared with the Directorates Management Team to enable a review of the reasons behind this increase.

NHS Musculoskeletal Absence

- 4.12** According to a 2019 staffing report from the NHS, musculoskeletal disorders can include back pain, neck or arm strains and diseases of the joints. All parts of the workforce can be affected by musculoskeletal disorders and is one of the most common reasons for sickness absence in the NHS.
- 4.13** It accounts for 40 per cent of all NHS sickness absence which in many cases become long-term absences. Musculoskeletal disorders may be caused by work-related injuries, such as incorrect handling, or not having equipment in the workplace personally adjusted. Prevention and early intervention is key to effectively managing musculoskeletal disorders.

Manual Handling Training

- 4.14** The Council's directly employed manual handling coordinator provides support to managers and employees through the provision of training, guidance, information and support in both object and people handling, including advice in complex situations, accident investigation and policy development.
- 4.15** All manual handling training is specific to the job role and we have a dedicated training facility in BSC, Barry with all the equipment required to deliver training to our employees working in care homes.
- 4.16** The practical training for the manual workforce is undertaken on site using the particular equipment they use. Support is also given to professionals within the authority and partner organisations in ensuring appropriate equipment is identified and provided and is safely and competently used in as safe a way possible for employees and service users.
- 4.17** Joint working with other service providers is carried out to ensure standards are maintained and practice is up to date with recent developments in equipment and best practice. Particular support is required as the workforce ages. Support is also given to employees and non-employees who may have caring roles who work in both training provision and one to one support when required and appropriate.
- 4.18** The HR Business Partnership team continue to work closely with Occupational Health and Managers on an individual case management basis and the prompt action of Managers is prioritised to keep absences under review.

2018/19 Top Reasons for Sickness Absence

4.19 The following table has been extracted from the 2018/19 sickness absence report, which shows the top 5 reasons of absence in each Directorate, with Other Musculoskeletal absence highlighted.

Environment and Housing Services	Learning & Skills	Resources	Social Services	Schools
Other Musculoskeletal 1539 (19%)	Viral Infection 706 (27%)	Viral Infection 540 (23%)	Stress Non Work Related 1752 (25%)	Stress Non Work Related 3097 (23%)
Stress Non Work Related 1525 (19%)	Operations and Recovery 435 (17%)	Stress Non Work Related 497 (21%)	Other Musculoskeletal 1475 (21%)	Viral Infection 2781 (20%)
Viral Infection 1080 (13%)	Stress Non Work Related 425 (16%)	Operations and Recovery 385 (17%)	Viral Infection 1053 (15%)	Operations and Recovery 2270 (17%)
Operations and Recovery 1004 (13%)	Other Musculoskeletal 336 (13%)	Other Musculoskeletal 300 (13%)	Operations and Recovery 703 (10%)	Other Musculoskeletal 1997 (15%)
Back Problems 806 (10%)	Stress Work Related 243 (9%)	Stomach Ailments 139 (6%)	Stomach Ailments 499 (7%)	Stomach Ailments 1066 (8%)

Performance Management

4.20 The main performance management elements of the management of sickness absence is set out below:-

- A full report containing the breakdown of sickness absence levels per FTE across all Directorates and services continues to be reviewed by CMT each month and any required action is taken.
- All Directorates continue to review absence levels within Directorate Management Teams on a monthly basis and in accordance with a service based action plan.
- The focus on absence has, over the last year been based on the scrutiny of priority absence reports within each directorate and service area. This has been helpful in focusing attention and support on particular absence cases.
- Managers and Supervisors continue to receive sickness flagging reports on a monthly basis from HR Employee Services.

- Long-term sickness absence cases continue to be dealt with on an individual case management basis. Human Resource Business Partners work closely with managers to maintain communication with employees, along with Occupational Health, to support employees' wellbeing and their return to work.
- The Human Resources Service continues to hold a dedicated review of the top 50 on-going long term absence management cases from across the Council on a monthly basis.

Summary

- 4.21** The management of sickness absence continues to be a high priority for the Council and an important 'Corporate Health' indicator. The continued hard work and support from Corporate Management Team, HR, Managers and Trade Unions will be important to maintain the Council's positive absence management record.

5. How do proposals evidence the Five Ways of Working and contribute to our Well-being Objectives?

5.1 Long-Term

Sickness reporting is reportable as part of the Public Accountability Measures (PAM's) which has been developed by the WLGA led task and finish group. It demonstrates how authorities are contributing to the well-being goals. Sickness has been identified as contributing to a Prosperous Wales and Healthier Wales. Reporting accurate data will help the Council account for future trends and the need to undertake regular reviews of the policies that impact on sickness rates.

5.2 Prevention

The management of sickness absence together with wellbeing initiatives will help support service delivery including the meeting of corporate / service objectives.

5.3 Integration

The management of absence identifies a range of issues that affect all areas of the Council's workforce. The objectives aim to identify what can be achieved when absence is managed effectively.

5.4 Collaboration

This is a key factor in managing sickness absence is the support from Corporate Management Team, Managers, HR, Occupational Health and Trade Unions should keep sickness rates low.

5.5 Involvement

Regular reporting and management of absence ensures that we are open and transparent in relation to our approach to sickness absence. Any changes to the Attendance and Wellbeing Policy will be subject to the usual consultation process with Cabinet, Scrutiny, Managers and Trade Unions.

6. Resources and Legal Considerations

Financial & Employment

- 7.1** The incidence of high levels of absence has significant resource implications and places constraints on the continued delivery of high quality service provision. The need to continue to maintain reasonable levels of absence will be important as the Council responds to ongoing financial pressures and the implementation of further Reshaping Services Programmes.

Legal (Including Equalities)

- 7.2** All legal implications including the Equality Act, Human Rights Act and General Data Protection Regulations have been considered within the implementation of policy provisions.