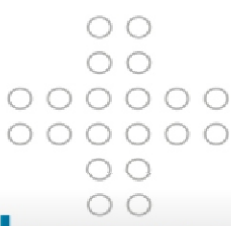


# Overview & Scrutiny Committee



## Changes to how you report absence

**0333 321 1142**

Absence recording from 1st Dec

OUR FIRM

## Absence Management

SCRUTINY PANEL R&P

## December 2010



**NORTHAMPTON**  
BOROUGH COUNCIL

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## APPENDICES

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## Foreword

The objective of this Scrutiny Panel was: -

- To evaluate the impact that staff absence has upon service delivery
- To review the effectiveness of the Council's Health and Well Being Policies in reducing sickness absence
- To ensure absence management systems are robust and applied consistently in all departments

The Scrutiny Panel was made up from members of the Overview and Scrutiny Committee - Councillors Ifty Choudary, Sadik Chaudhury, Kevin Reeve, Pam Varnsberry and myself, together with another non-Executive Councillor Jamie Lane.

The Scrutiny Panel held interviews with Senior Staff at Northampton Borough Council and representatives of the Trade Unions. Desktop research was carried out by Tracy Tiff, Scrutiny Officer.

Following the collation of the evidence, the Scrutiny Panel drew various conclusion and recommendations that are contained in the report.

The Review took place between June 2010 and December 2010.

I would like to thank all those people acknowledged below who gave up their time and contributed to this Review.



A handwritten signature in black ink, appearing to read 'JHollis'.

**Councillor Jane Hollis**

Chair, Scrutiny Panel R&P – Absence Management

## Acknowledgements to all those who took part in the Review: -

- Councillors Ifty Choudary, Sadik Chaudhury, Kevin Reeve, Pam Varnsberry and Councillor Jamie Lane who sat with me on this Review
- Catherine Wilson, Head of Human Resources, for her support to this Review
- Lorraine Avery, Gordon Kimberly and Louise Scarff, representing the Trade Unions, for providing evidence to inform this Review
- Ian Redfern, Head of Culture and Leisure, for providing a response to the Scrutiny Panel's questions which informed this Review
- Simone Wade, Head of Neighbourhood Environment, for also providing a response to the Scrutiny Panel's questions which informed this Review

## EXECUTIVE SUMMARY

The purpose of the Review was to:-

- Evaluate the impact that staff absence has upon service delivery
- Review the effectiveness of the Council's Health and Well Being Policies in reducing sickness absence
- Ensure absence management systems are robust and applied consistently in all departments

This Review has been part of the Committee's Work Programme for some time and it was agreed that it was timely for the Review to commence in 2010 and a Scrutiny Panel was established.

## CONCLUSIONS AND KEY FINDINGS

A significant amount of evidence was heard, details of which are contained in the report.

After all of the evidence was collated the following conclusions were drawn:

The Scrutiny Panel supported the introduction of the Nurse Led System of absence reporting. It felt that it assisted both the employer and employee.

It was recognised that the introduction of the Nurse Led system of absence reporting, could in time reduce the number of employees referred to Occupational Health. Within Neighbourhood Environment, the Nurse Led System has helped to tackle short-term illness and the associated culture. Sickness Absence data is now accurately reported.

From the evidence received the Scrutiny Panel noted the Nurse Led System needed time to embed before absence data could be analysed but it was informed that this system of absence reporting had begun to reduce short term absences, example as detailed above.

Some of the Policies that Northampton Borough Council has in place, which are recognised elsewhere as examples of best practice include: -

- Nurse-Led Absence Reporting Call Centre
- Flexible Working Policy
- Special Leave Policy, including dependency leave and emergency leave

Within its Absence Management Policy, the Authority has in place all of the measures that are recognised by SART as best practice. The Authority has also recognised the six key elements of the Health and Safety Executive (HSE) guidance.

The Scrutiny Panel felt that there should be a move to frameworks to allow Managers to utilise their common sense, within clear boundaries, that would allow them the discretion with regard to their management of staff during exceptional times. The Scrutiny Panel acknowledged that there would be the need to look at different solutions, such as working at home/split

shifts/moving to weekend working, and other such alternatives to help solve any unique problems.

The Scrutiny Panel acknowledged that there was a need for certain Service Areas to be fully staffed at all times, for example, Neighbourhood Environment and Leisure and Culture, and that it is difficult to operate flexible working due to the nature of the work.

After hearing the evidence from the expert witness, the Scrutiny Panel realised that there is a need for all Health and Wellbeing Policies to be consistently considered across all Service areas, and the need for training is recognised.

It was acknowledged by the Scrutiny Panel that targets for employees returning to work after long-term sickness absence are set appropriately for individual employees, but they need to be achievable and common sense must prevail.

From the evidence received the Scrutiny Panel noted that if an employee was a victim of domestic violence that such incidents would fall within the Council's Special Leave Policy. The Council's Community Safety Unit is working on an initiative to raise awareness in respect of domestic violence.

## **RECOMMENDATIONS**

The above overall findings have formed the basis for the following recommendations.

Scrutiny Panel R&P – Absence Management therefore recommends to Cabinet that:

Cabinet is informed that the Scrutiny Panel welcomes the newly implemented Nurse Led System of absence reporting, particularly as it assists both the employer and employee.

All Health and Wellbeing Policies are consistently considered across all Service areas within the Council and an annual review of the implementation and consistency will be reported on through the Annual Equality Report.

All Managers and Team Leaders receive adequate and appropriate training and support on the Council's Absence Management Policies and Procedures and that refresher training is provided on a bi-annual basis.

Training on the Council's Absence Management Policies and Procedures be included in the Induction Programme for new Managers and Team Leaders.

# Northampton Borough Council

## Overview and Scrutiny

### Report of Scrutiny Panel R&P – Absence Management

#### 1. Purpose

1.1 The purpose of the Scrutiny Panel was:

- To evaluate the impact that staff absence has upon service delivery
- To review the effectiveness of the Council's Health and Well Being Policies in reducing sickness absence
- To ensure absence management systems are robust and applied consistently in all departments

1.2 A copy of the Scope of the Review is attached at Appendix A.

#### 2. Context and Background

2.1 This Review has been part of the Committee's Work Programme for some time and it was agreed that it was timely for the Review to commence in 2010.

2.2 A Scrutiny Panel was established comprising Councillor Jane Hollis (Chair) and Councillors Ifty Choudary, Sadik Chaudhury, Jamie Lane and Pam Varnsberry.

2.3 The Scrutiny Panel agreed that the following needed to be investigated and linked to the realisation of the Council's corporate priorities:

- A synopsis of all information available:  
Various Policies, including Absence Management Policy
  - Health and Well Being Policy
  - Flexible Working Policies
  - Dependency and Emergency Leave Policy
- Sickness absence trends, department by department
- Details of the impact sickness absence has on colleagues
- Accident at work data
- Management Plans to tackle sickness absence
- Best practice Councils
- Details of Absence Management Training and take up statistics
- Examples of other organisation's Absence Management Policies, for example Northampton PCT
- Witness Evidence:-
  - Director, Northants PCT
  - Trade Unions
  - Heads of Service from a variety of Service Areas: - such as Leisure, Neighbourhood Environment

2.4 This Review links to the Council's corporate priorities as it demonstrates the efficiencies of the Council's Absence Management Policies. Corporate priority 4 (we will be a well managed organisation that puts our customers at the heart of what we do) refers.

### **3. Evidence Collection**

3.1 In scoping this Review it was decided that evidence would be collected from a variety of sources:

#### **3.2 Head of Human Resources**

3.2.1 The Head of Human Resources provided baseline data:

3.2.1.1 Key points:-

##### **3.2.1.2 People Plan**

3.2.1.3 The People Plan contains four main strands:-

- Recruitment and Retention
- Reward and Recognition
- Learning and Organisational Development
- Health and Wellbeing

3.2.1.4 The reported aim of the People Plan is to support the continued development and embedding of the Council's values, visions and priorities. Its further aim is about ensuring that Northampton Borough Council is an employer of choice and will be able to deliver the ambition of becoming one of the best performing Councils in the country and also one of the best to work for. It also aims to deliver a strategic focus that helps improve the structure and the operation of the Council.

3.2.1.5 The retention of high calibre employees is a priority and will be achieved through the delivery of the Council's psychological contract. Nine areas for progress to support this objective are included within the People Plan.

3.2.1.6 It is acknowledged that recognition is key to motivating the workforce in a challenging and ambitious period of the Council's own life. Recognition starts from creating a culture of appreciation to fully embedded recognition schemes. It details eight areas for progress to support this objective.

3.2.1.7 The People Plan highlights that key to having a positive culture within the organisation is having a healthy and productive workforce. The organisation needs to focus on health and wellbeing and be a positive role model for the community. It is important that an attendance management culture, with life balance value, is embedded into the Team Northampton approach to work. Nine areas for progress to support this objective are detailed within the People Plan.

3.2.1.8 The key objectives of the People Plan and areas for progress will be developed into project plans that will be embedded in the service planning process and will be monitored by Management Board on a quarterly basis.

### 3.2.1.9 Reported measures of success:

- Recognition of effective HR approaches and system through external assessment including direction of travel and CAA.
- Achievement of national and regional awards for HR excellence
- Quality awards such as the IIP award
- Improvement on our Local Government equalities standard level
- Continued improvement in our staff satisfaction survey
- Improvement in national and local benchmark data [such as absence reduction, turnover statistics]
- Achievement of the skills pledge
- Establish a reputation as an “employer of choice”

### 3.2.2.1 **Health and Wellbeing**

3.2.2.2 A proactive approach to occupational health was launched in August 2010. Staff who report absence do so through an external medical organisation and receive advice from a triage nurse.

3.2.2.3 The Nurse Led System records both Medical and Non-Medical absences and that all such absences need to be reported to the organisation running the Nurse-Led system who would, in turn, notify the line manager. The employee would also be required to contact their line manager for requests for non-medical absence.

3.2.3.1 Northampton Borough Council pays a set fee for every employee per month. The costs per employee will decrease each year.

3.2.3.2 Since the revision of the Absence Management Policy in September 2009 and the introduction of the Nurse Led Absence Management System in August 2010, 147 Managers and Team leaders have undergone the necessary training.

3.2.3.3 The Counselling and Support Service and Occupational Health is also available for employees.

### 3.2.3.4 **Synopsis of the Council’s Various Family Friendly Policies**

#### 3.2.3.5 **Flexitime Policy**

3.2.3.6 The objective of the scheme is to help employees combine work and personal responsibilities, whether they work full or part time. The flexitime scheme is operated at the discretion of the Director on the basis that the needs of the service must take precedence.

3.2.3.7 The scheme operates with a core time of 10.00 am to 4.00 pm. The flexible period is 8.00 am to 10.00 am and 4.00 pm to 6.00 pm, unless otherwise stated in an



employee's contract.

3.2.3.8 **Special Leave**

3.2.3.9 The aim of this Policy is to enable the granting of special leave in a number of circumstances, which include compassionate, dependency, and other leave.

3.2.3.10 **Compassionate Leave** –This is for bereavement of a partner, parent, child, family member or other dependent. It can also be used to allow employees to make funeral arrangements as well as attending funerals and time off work to come to terms with the bereavement.

3.2.3.11 **Dependency/Domestic Leave** – The aim of this leave is to allow for occasions when employees need time off to attend to urgent domestic situations/incidents.

3.2.3.12 The allowance for both compassionate and dependency/domestic leave is up to 5 days in any one year. This will be pro-rata for employees who work less than a 5-day week. Unpaid leave of up to 24 days in any one-year can also be granted upon application by the employee.

3.2.3.13 **Home Working**

3.2.3.14 Homeworking is where an employee works for an employer but where the individual's place of work is in the home. This may involve working part of the week at home and part in the office. Work may also be carried out in satellite offices or work centres.

3.2.3.15 The Authority recognises that for some people the opportunity to work at or from home improves their ability to contribute their skills and to be gainfully employed; breaking down barriers such as caring responsibilities, commuting and other access issues.

3.2.3.16 **Right to request flexible working for parents & carers**

3.2.3.17 Working parents have the right to request a variation to their contract to enable them to find a working solution that suits both their needs and the needs of the Council.

3.2.3.18 Eligible employees will be able to request changes to:

- the hours they work
- the days they work
- the times when they are required to work
- their work location (as between home and place of work only, for all or part of the week)

3.2.3.19 **Career Break**

3.2.3.20 The aim of this Scheme is to enable employees to take time out of work to undertake caring responsibilities without long-term detriment to their career. An employee can be eligible, if they have two years or more continuous service with the Authority and can take a break of 1-5 years. Reasons for wanting to take an extended break from work, which would be considered, include: childcare, caring

for elderly or sick relatives or other dependants, or to take up voluntary work relevant to your substantive job, either in the UK or abroad.

### 3.2.3.21 **Paternity and Maternity Support Leave**

3.2.3.22 This leave is available to employees whose partners are pregnant or who are the “nominated carer”. There is a maximum of 2 days paid leave for the attendance of antenatal clinics and classes, paid time-off to attend the actual birth, and three working days leave to be taken within a six-week period of the birth.

### 3.2.3.23 **Parental Leave**

3.2.3.24 The aim of this leave is to allow the mother / father / guardian / adoptive parent up to 13 weeks unpaid leave to care for a child under five years of age.

### 3.2.3.25 **Options available for reducing working hours**

3.2.3.26 There are several options available to employees, which could both assist the Council in reducing costs, and give staff a better work-life balance. This can be for an agreed temporary period or a permanent change.

3.2.3.27 Available Options are

- Annualised Hours, where total hours to be worked for the year are calculated but there is flexibility as to how they are worked.
- Part Time Hours;
- V-Time Hours, where the working week’s hours are reduced for an agreed period of time;
- Term Time Working to allow parent or grandparent of school-age children to be on leave during the holidays;
- Career Break, which allows for a period of extended unpaid leave for 3 months.
- Additional Annual Leave where there is the option to buy additional leave of up to 5 days in a leave year and the cost is spread over a 12-month period;
- Compressed hours, which could mean either working a four-day week or 9 day fortnight.

### 3.2.3.28 **Maternity Leave**

3.2.3.29 Leave taken by the mother before and after the birth or adoption of a child.

### 3.2.1.30 **Job Share**

3.2.1.31 Two people share equal responsibilities undertaking one job between them.

### 3.2.1.32 **Child Care Vouchers**

3.2.1.33 Childcare Voucher schemes (salary sacrifice schemes) are a way of paying for registered childcare before Tax and National Insurance Contributions are taken out of an employee’s monthly salary. The Council has a contract with an organisation in respect of Childcare Vouchers. An employee can sacrifice up to

£243 per month of their salary, which is then paid direct to the childcare provider. This sum is exempt from both tax and national insurance. Childcare Vouchers can also be used for childcare schemes over the school holiday periods and can be used for childcare until the child is sixteen.

### **3.3.1 Accident at work data for the last 12 months**

3.3.1.1 During the year April 2009 to March 2010, there were 245 accidents reported, categories of accidents are detailed in Appendix B.

### **3.3.1.2 Absence Data June 2009 – July 2010**

Appendix C details the Long and Short Term Sickness data by Directorate, with the reasons for sickness provided to the Scrutiny Panel. The data is then broken down into Divisions giving total of Long & Short Term, highlighting the main causes of sickness within that Division.

### **3.3.2 Absence Data – August 2010**

Appendix D details the monthly absence summary for August 2010. This system of Absence Reporting was introduced on 1 August 2010 and therefore the system was in its infancy at the time of reporting to the Scrutiny Panel.

## **3.4 Head of Leisure and Culture**

3.4.1 The Head of Leisure and Culture attended the meeting of the Scrutiny Panel on 20th October 2010. Key points of evidence: -

- Staff absence has a significant impact upon service delivery.
- As a front line service, Leisure and Culture needs appropriate levels of staff to operate the facilities and serve its customers, and ultimately satisfy our customers' needs and expectations.
- Staff absence equates to extra cost, as the Service has to cover the absence, for example, if the Service does not have a receptionist there is a need to replace to carry out duties such as receiving monies, taking bookings and answering the telephone calls, the same applies should a lifeguard be absent as a replacement is required otherwise the pool cannot be operated and the Leisure Centre would lose income and potentially the customer as they may go elsewhere.
- Through good management the Service Area's sickness / absence levels are excellent. The current figures are deemed as consistent and are as follows:

Month	Days absent/Fte	Projected Annual Fte lost	Corporate Projection
July	0.83	6.36	11.58
August	0.45	5.46	11.58

- Leisure and Culture Services is a lean service and figures for absenteeism are very low. Teamwork between the three Leisure Services is excellent.
- The Service Area applies all the Council's Health and Wellbeing policies. However, for certain levels of staff it is difficult to operate flexible working

hours due to the nature of their duties. It is endeavoured to satisfy every member of staff's request/need wherever possible. It is often difficult to grant this at the Leisure Centres due to the fact that the Centres have to be manned with adequate cover from 7am to 11pm.

- The Nurse Led System is newly implemented and the Service Area has not experienced any significant reductions, as the performance figures are already good in what is considered a relatively low paid and young workforce.
- The Service Area follows the corporate alliance with its partner, Medigold, and complies with its guidance.

### **3.5 Head of Neighbourhood Environment**

3.5.1 The Head of Neighbourhood Environment attended the meeting of the Scrutiny Panel on 20 October 2010. Key points of evidence: -

- When the Head of Neighbourhood Environment came to Post in 2008 sickness absence within the Service Area was approximately 28 days per full time employee (FTE). There were at that time 300 FTE's. Sickness absence is now managed robustly and consistently with systems implemented to support managers and staff to understand the Policy and address any issues.
- The number of days of sickness absence per FTE within the Service at this point of the year is now 11.26, a reduction of 35%. This has been through the management of long-term sickness absence. More recently the Nurse Led System has helped to tackle short-term illness and the associated culture. Sickness Absence data is now accurately reported.
- The Service covers areas such as waste management, grounds maintenance, street cleansing, parks and open spaces and cemeteries etc, which all have to be fully staffed each day. In order to undertake the work and reach the required standards. To date only waste services uses Agency staff to cover absence due to health and safety. The remaining services now manage from within existing resources. This has contributed towards a drop in the absence levels.
- Having the consistency of Absence Management Policies is key, as is having an appropriate risk appetite; a risk-based approach to every case is important.
- The Head of Neighbourhood Environment relies on Medigold and its advice regarding employees returning to work following long-term absences with conditions such as musculoskeletal. Most of the workforce on the frontline services within Neighbourhood Environment are, on average, 53 years of age and they undertake a physical role. There is a need to take care of the ageing workforce and to take this into account when undertaking strategic workforce planning.

### **3.6 Trade Union Representatives**

3.6.1 Trade Union Representatives attended the meeting of the Scrutiny Panel on 20th October 2010. Key points of evidence: -

- The Trade Union Side understood that several of the Council's Health and Wellbeing Policies had not been reviewed for many years.
- There is a need to ensure that all Policies are provided equitably across the organisation, this was not currently taking place but could be due to lack of training. The Trade Union Side is aware of occasions where Family Friendly Policies have been interpreted differently by Managers.
- Consideration should be given to training the Trade Unions, alongside Managers, on the Council's Health and Wellbeing Policies.
- A number of employees are not aware of the Salary Sacrifice Scheme for Childcare and its purpose. The Trade Union side felt that this was due to lack of communication and the fact that many employees do not have access to the Council's Intranet site where such information is available.
- In the opinion of the Trade Union Side, compassionate leave did not appear to be consistently applied across the Authority, the same applied for Special Leave. Not all employees are aware of their entitlement in respect of Paternity Leave.
- Policies need to be defined fairly across the organisation as, in particular, with the impending office move which will create a need for employees to 'hot-desk'; there could be the potential for sickness absence to increase. There is therefore, the need for a more flexible policy.
- The newly implemented Nurse Led System had not had time to embed yet.
- A more flexible Absence Policy is required, particularly for front line services, as many roles in front line areas are more susceptible to physical wear and tear, and therefore absence is likely to be higher in these areas. A blanket approach to all roles is not always appropriate.
- The Trade Union Side felt that not all targets are set upon the advice of the occupational health organisation used by the Council.
- There is a need to support employees with a poor sickness record.

### **3.7 Best Practice Guidance – Absence Management**

3.7.1 Desktop research was carried out and the following information received: -

#### **3.7.1.2 Sickness Absence Management and Good Practice (SART)**

3.7.1.3 Sickness Absence Management and Good Practice (SART) reports its views on the elements of good practice in helping off-sick employees recover and reintegrate back into work:

- Recording, monitoring and analysing sickness absence
- Keeping in contact with sick employees including return to work interviews
- Planning and undertaking workplace controls or adjustments to help workers on sickness absence to return and stay in work
- Using professional advice and treatment
- Agreeing, putting into operation and reviewing a recovery/return to work plan
- Co-ordinating the return to work process
- Developing an organisational policy that allows managers, employees and those providing professional advice to understand their roles, responsibilities and expectations

#### **3.7.1.4 Health and Safety Executive (HSE)**

3.7.1.5 The Health and Safety Executive (HSE) has published Guidance on effectively managing sickness absence and return to work and the six key elements of this guidance are: -

- Recording sickness absence
- Keeping in contact
- Planning and undertaking workplace adjustments
- Using professional or other advice and treatment services
- Agreeing and reviewing a return to work plan
- Co-ordinating the return to work process

3.7.1.6 The Guidance states that committing resources to prevent people being made ill by work, or being absent from the workplace for health reasons, and placing an emphasis on rehabilitation and getting people back to work can benefit both employers and employees.

3.7.1.7 It reports that a major survey of sickness absence trends has demonstrated a clear link between addressing sickness absence and improved business performance. To deliver these benefits the Guidance states that the points below must be followed: -:

- create workplaces where health, safety and well-being is protected and promoted;
- ensure staff have access to competent occupational health advice and support;
- improve access to preventative care and treatment for common health problems;
- enable people to remain in work while health problems are investigated and treated;
- support and engage healthcare professionals on return-to-work issues.

#### **3.7.1.8 Good Practice: Sickness Absence Management Guidance – Lynda Macdonald**

3.7.1.9 This Guidance has been recognised as an example of best practice by Expert HR

– Online HR Intelligence.

- 3.7.1.10 In summary, the Guidance states that due to the high costs to business of sickness absence, it is important for employers to put in place and implement sickness and rehabilitation policies.
- 3.7.1.11 It reports that employers should take measures to facilitate and promote employee health, thus reducing the likelihood of sickness absence.
- 3.7.1.12 The Guidance supports the involvement of occupational health professionals and is a particularly effective tool in the management of long-term sickness absence and, as one of their functions is to examine sick employees, it is important to allow for this in employee contracts.
- 3.7.1.13 The Guidance goes on to advise that various steps can be taken to minimise the likelihood of employees experiencing workplace stress and taking time off sick as a result. Employee assistance programmes can be used to promote health and wellbeing and provide help and support to individuals with personal or workplace problems.
- 3.7.1.14 The Guidance recommends that employers should ensure that they have in place a clearly worded sickness absence policy, including rules on notification, required evidence, payment of sick pay and return-to-work interviews. It is highlighted that it is important to maintain contact with employees who are on long-term sickness absence and, when they are ready to return to work, to devise a structured return-to-work plan and allow for adequate adjustments and support.
- 3.7.1.15 The Guidance emphasises that it is good practice for employers to implement a drugs/alcohol policy with the principal aim of providing support to any employee who has an alcohol or drug dependency.

### **3.8 Best Practice - Other Local Authorities and Other Organisations**

#### **3.8.1 Derbyshire County Council**

- 3.8.1.1 A number of years ago Derbyshire County Council changed its absence control procedures and addressed attendance in fundamental ways in order to create a change in culture. The measures that are in place include: -
- An employee assistance programme with six Counselling sessions per employee
  - The introduction of flexible working
  - A shift to managers owning the process
  - The introduction of mandatory return to work interviews
  - Sickness absences totalling eight days result in a Review meeting
  - Tight target times on Occupational Health referrals
  - Attendance guidelines for both Managers and employees disseminated
- 3.8.1.2 The Authority introduced manager posts specifically targeted at managing attendance issues. Each department had one Attendance Manager who would

work with Departmental Managers on complex issues and produce statistics and reports. Departmental Managers own the process and Attendance Managers act in an advisory capacity.

- 3.8.1.3 The Authority also looked at issues around ill health capability. Warnings were sent to those on long term sick leave indicating that if the absence continued it could lead to dismissal. Just a few employees receive ill-health retirements and redeployment is looked at, where possible.
- 3.8.1.4 The Authority operates a quick access physiotherapy scheme, specifically for musculo-skeletal injuries. The spend on this provision is £100,000 per year.
- 3.8.1.5 Phased return to work from long-term sickness absence is used and 'health surveillance' is employed for employees exposed to vibration and noise.

### **3.9 Croydon Council**

- 3.9.1 Croydon Council has been noted as an example of best practice for its Absence Management Policies. For example, Croydon Council focussed on the top 100 long-term cases of absence and concentrated resources and support to these. Together with a package of other measures, which included Manager HR Adviceline and Surgeries, Croydon's absence reduced from 9.07 days per employee in 2005/2006 to 5.9 in 2007/2008.

### **3.10 Department of Work and Pensions**

- 3.10.1 The procedures of the Department of Work and Pensions, which involve a Physio Advice line giving direct access to employees with muscular skeletal disorders to advice from a Physiotherapist are recognised as good practice. A further initiative is a Nurse-Led Absence Reporting Call Centre whereby the employee reports in sick to a Nurse contact rather than their Line Manager and is given immediate assistance and advice regarding the treatment of their illness.

### **3.11 Examples of other Local Authorities**

- 3.11.1 Other Authorities that have introduced a similar approach to that of the Department of Work and Pensions are: -
- Oxford City Council has introduced a Nurse-Led Absence Reporting Call Centre. The Authority also has the provision of a Physician (on a 1/2 day per week basis) and Occupational Health. The cost of this service is reported as £60,000 per annum.
  - Cherwell District Council also has a Nurse-Led Absence Reporting Call Centre and in addition Occupational Health and a Nurse is available at the Council offices, three days per week.
  - South Northants District Council has a Nurse-Led Absence Reporting Call Centre; in addition a GP is on site for half a day a



week at a cost of £8,000 per year.

- Wellingborough Borough Council also uses the provision of a Nurse-Led Absence Reporting Call Centre.

#### **4 Equality Impact Assessment**

- 4.1 An Equality Impact Assessment of the Absences Policy was carried out in August 2009, which was reviewed by the Scrutiny Panel. It was very comprehensive and further work was not required on the document by this Scrutiny Panel as all areas were covered. The same applied for the Equality Impact Assessment – Screening for Health & Wellbeing (Nurse-led Service).

### **5 Conclusions and Key Findings**

- 5.1 After all of the evidence was collated the following conclusions were drawn:
- 5.1.1 The Scrutiny Panel supported the introduction of the Nurse Led System of absence reporting. It felt that it assisted both the employer and employee.
- 5.1.2 It was recognised that the introduction of the Nurse Led system of absence reporting, could in time reduce the number of employees referred to Occupational Health. Within Neighbourhood Environment, the Nurse Led System has helped to tackle short-term illness and the associated culture. Sickness Absence data is now accurately reported.
- 5.1.3 From the evidence received the Scrutiny Panel noted the Nurse Led System needed time to embed before absence data could be analysed but it was informed that this system of absence reporting had begun to reduce short term absences, example as detailed in paragraph 5.1.2 above.
- 5.1.4 Some of the Policies that Northampton Borough Council has in place, which are recognised elsewhere as examples of best practice include: -
- Nurse-Led Absence Reporting Call Centre
  - Flexible Working Policy
  - Special Leave Policy, including dependency leave and emergency leave
- 5.1.5 Within its Absence Management Policy, the Authority has in place all of the measures that are recognised by SART as best practice. The Authority has also recognised the six key elements of the Health and Safety Executive (HSE) guidance.
- 5.1.6 The Scrutiny Panel felt that there should be a move to frameworks to allow Managers to utilise their common sense, within clear boundaries, that would allow them the discretion with regard to their management of staff during exceptional times. The Scrutiny Panel acknowledged that there would be the need to look at different solutions, such as working at home/split shifts/moving to weekend working,

and other such alternatives to help solve any unique problems.

- 5.1.7 The Scrutiny Panel acknowledged that there was a need for certain Service Areas to be fully staffed at all times, for example, Neighbourhood Environment and Leisure and Culture, and that it is difficult to operate flexible working due to the nature of the work.
- 5.1.8 After hearing the evidence from the expert witness, the Scrutiny Panel realised that here is a need for all Health and Wellbeing Policies to be consistently considered across all Service areas, and the need for training is recognised.
- 5.1.9 It was acknowledged by the Scrutiny Panel that targets for employees returning to work after long-term sickness absence are set appropriately for individual employees, but they need to be achievable and common sense must prevail.
- 5.1.10 From the evidence received the Scrutiny Panel noted that if an employee was a victim of domestic violence that such incidents would fall within the Council's Special Leave Policy. The Council's Community Safety Unit is working on an initiative to raise awareness in respect of domestic violence.

## **6 Recommendations**

- 6.1 Scrutiny Panel R&P – Absence Management therefore recommends to Cabinet that:
  - 6.1.1 Cabinet is informed that the Scrutiny Panel welcomes the newly implemented Nurse Led System of absence reporting, particularly as it assists both the employer and employee.
  - 6.1.2 All Health and Wellbeing Policies are consistently considered across all Service areas within the Council and an annual review of the implementation and consistency will be reported on through the Annual Equality Report.
  - 6.1.3 All Managers and Team Leaders receive adequate and appropriate training and support on the Council's Absence Management Policies and Procedures and that refresher training is provided on a bi-annual basis.
  - 6.1.4 Training on the Council's Absence Management Policies and Procedures be included in the Induction Programme for new Managers and Team Leaders.

## **Appendices**



## OVERVIEW AND SCRUTINY

### ABSENCE MANAGEMENT SCRUTINY PANEL

#### 1. Purpose/Objectives of the Review

- To evaluate the impact that staff absence has upon service delivery
- To review the effectiveness of the Council's Health and Well Being Policies in reducing sickness absence
- To ensure absence management systems are robust and applied consistently in all departments

#### 2. Outcomes Required

- To make recommendations for improvement, as appropriate

#### 3. Information Required

- A synopsis of all information available  
Various Policies, including Absence Management Policy  
Health and Well Being Policy  
Flexible Working Policies  
Dependency and Emergency Leave Policy
- Sickness absence trends, department by department
- Details of the impact sickness absence has on colleagues
- Accident at work data
- Management Plans to tackle sickness absence
- Best practice Councils
- Details of Absence Management Training and take up statistics
- Examples of other organisation's Absence Management Policies, for example Northampton PCT
- Witness Evidence:-  
Director, Northants PCT  
Trade Unions  
Heads of Service from a variety of Service Areas:- Such as  
Leisure, Neighbourhood Environment

## **4. Format of Information**

- Officer Briefings
- Officer Reports
- Published Reviews by other Councils
- Expert advice
- Witness evidence
- Presentations

## **5. Methods Used to Gather Information**

- Interviews with the relevant Officers and witnesses
- Scrutiny Panel meetings
- Desktop research

## **6. Co-Options to the Review**

- None

## **7 Equality Impact Screening Assessment**

- An Equality Impact Screening Assessment to be undertaken on the scope of the Review if required.

## **8 Evidence gathering Timetable**

July to December 2010

7 July 2010	- Scoping meeting
15 September	- Evidence gathering
20 October	- Evidence gathering
8 December	- To consider Chair's final report

## **9 Responsible Officers**

Lead Officer            Catherine Wilson, Head of Human Resources  
Co-ordinator            Tracy Tiff, Scrutiny Officer

## **10 Resources and Budgets**

Catherine Wilson, Head of Human Resources, to provide internal advice.

## **11 Final report presented by:**

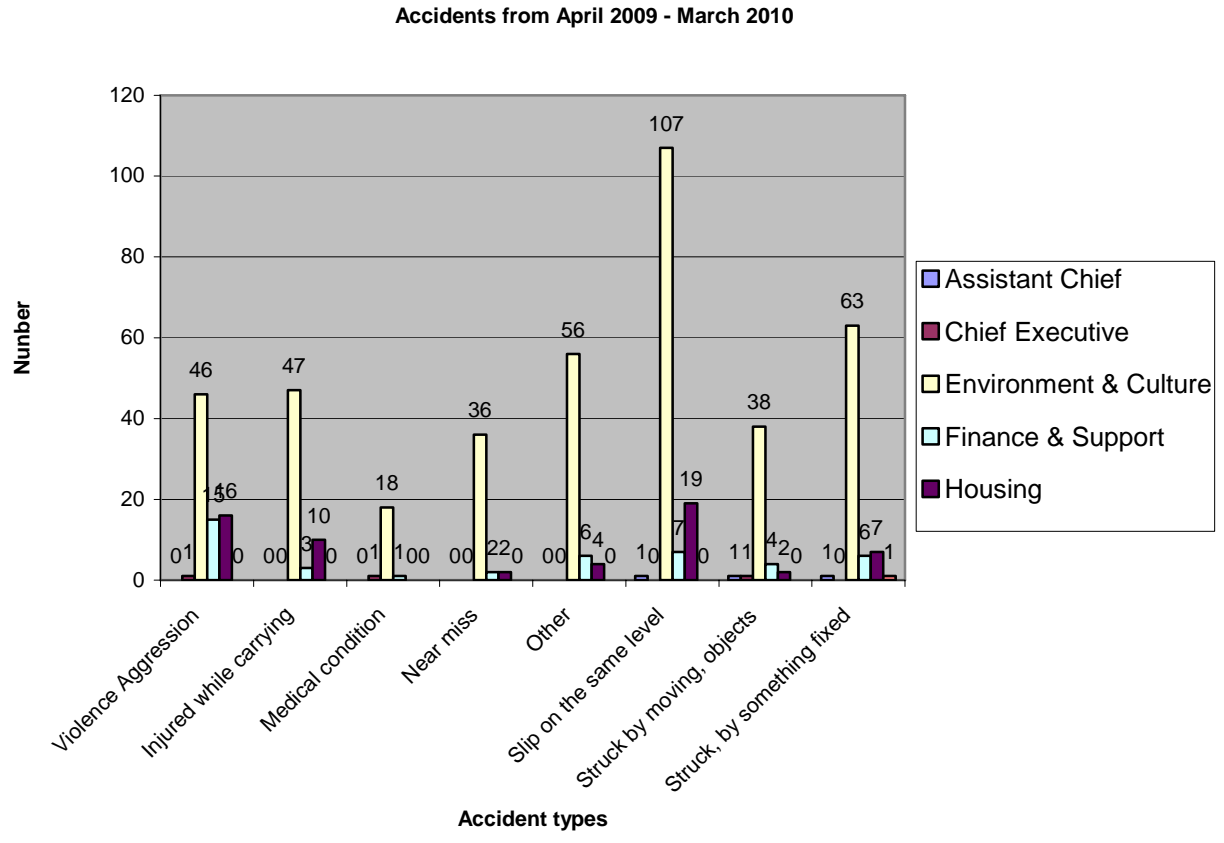
Completed by December 2010. Presented by the Chair of the Scrutiny Panel to the Overview and Scrutiny Committee and then to Cabinet.

## **12 Monitoring procedure:**

Review the impact of the report after six months (approximately July 2011)

## Appendix B

### ACCIDENT AT WORK DATA FOR THE LAST 12 MONTHS



## Appendix C

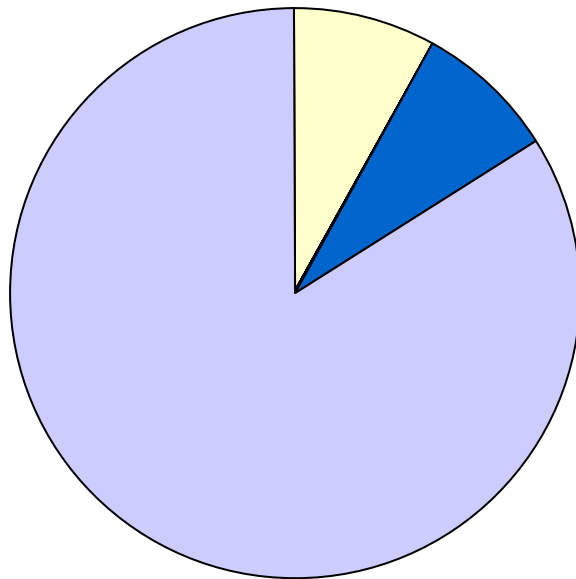
### ABSENCE DATA JUNE 2009 – JULY 2010

Figures detailed are the number of Full Time Equivalent (FTE) days lost and the percentage split is between Long and Short time Absences.

<b>Division – Chief Executive</b>		
Reason Description	<b>Long Term</b>	<b>Short Term</b>
Back Problems & Neck Problems		
Chest & Respiratory		
Eye, Ear, Nose & Mouth/Dental		1.00
Genito-Urinary/Gynaecological		
Headache & Migraines		
Heart, Blood Pressure & Circulation		
Operations, Post Operative Recovery & Other Hospital		
Other		
Other Musculo-Skeletal Problems		
Pregnancy Related Illnesses		
Stomach, Liver, Kidney & Digestion		
Stress/Depression & Mental Health		1.00
Viral Infection		10.50
<b>Grand Total (FTE)</b>		<b>12.50%</b>
<b>Percentage Long / Short Term</b>		<b>100.00%</b>



### Division - Chief Executive

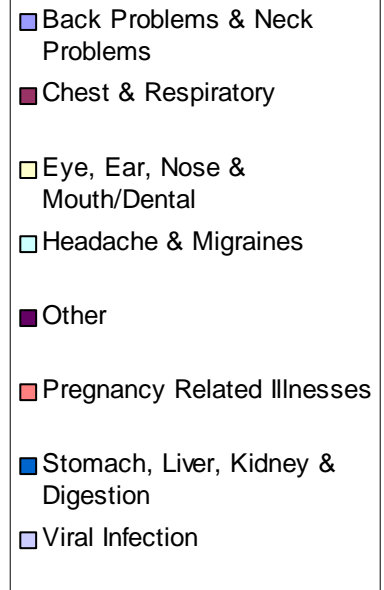
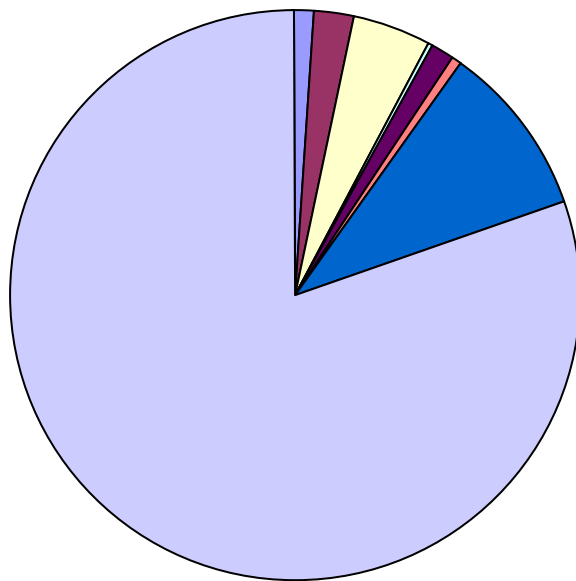


- Back Problems & Neck Problems
- Chest & Respiratory
- Eye, Ear, Nose & Mouth/Dental
- Headache & Migraines
- Other
- Pregnancy Related Illnesses
- Stomach, Liver, Kidney & Digestion
- Viral Infection

### Division – Borough Solicitor

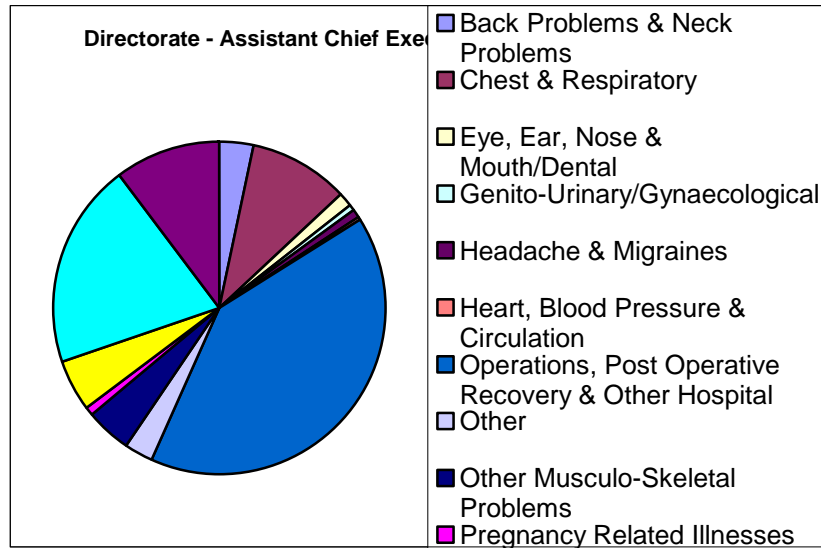
Reason Description	Long Term	Short Term
Back Problems & Neck Problems		2.00
Chest & Respiratory		4.47
Eye, Ear, Nose & Mouth/Dental		8.00
Genito-Urinary/Gynaecological		
Headache & Migraines		0.61
Heart, Blood Pressure & Circulation		
Operations, Post Operative Recovery & Other Hospital		
Other		2.62
Other Musculo-Skeletal Problems		
Pregnancy Related Illnesses		1.00
Stomach, Liver, Kidney & Digestion		18.15
Stress/Depression & Mental Health		
Viral Infection	143.00	8.03
<b>Grand Total (FTE)</b>	<b>143.00</b>	<b>44.88</b>
<b>Percentage Long / Short Term</b>	<b>76.11%</b>	<b>23.89%</b>

### Division - Borough Solicitor



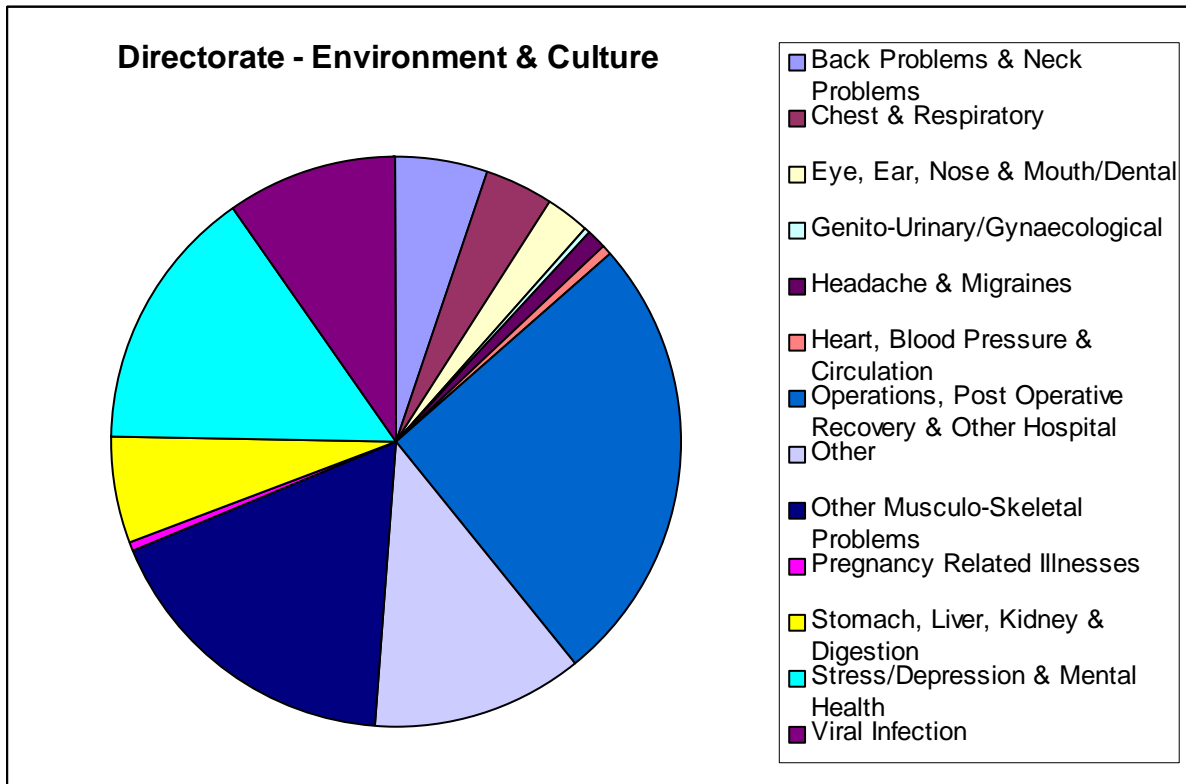
### Directorate – Assistant Chief Executive

Reason Description	Long Term	Short Term
Back Problems & Neck Problems		14.46
Chest & Respiratory	35.00	7.73
Eye, Ear, Nose & Mouth/Dental		6.68
Genito-Urinary/Gynaecological		2.00
Headache & Migraines		4.04
Heart, Blood Pressure & Circulation		1.50
Operations, Post Operative Recovery & Other Hospital	151.00	28.00
Other		12.96
Other Musculo-Skeletal Problems		19.59
Pregnancy Related Illnesses		3.04
Stomach, Liver, Kidney & Digestion		21.74
Stress/Depression & Mental Health	89.19	
Viral Infection		45.16
<b>Grand Total (FTE)</b>	<b>275.19</b>	<b>166.91</b>
<b>Percentage Long / Short Term</b>	<b>62.25%</b>	<b>37.75%</b>



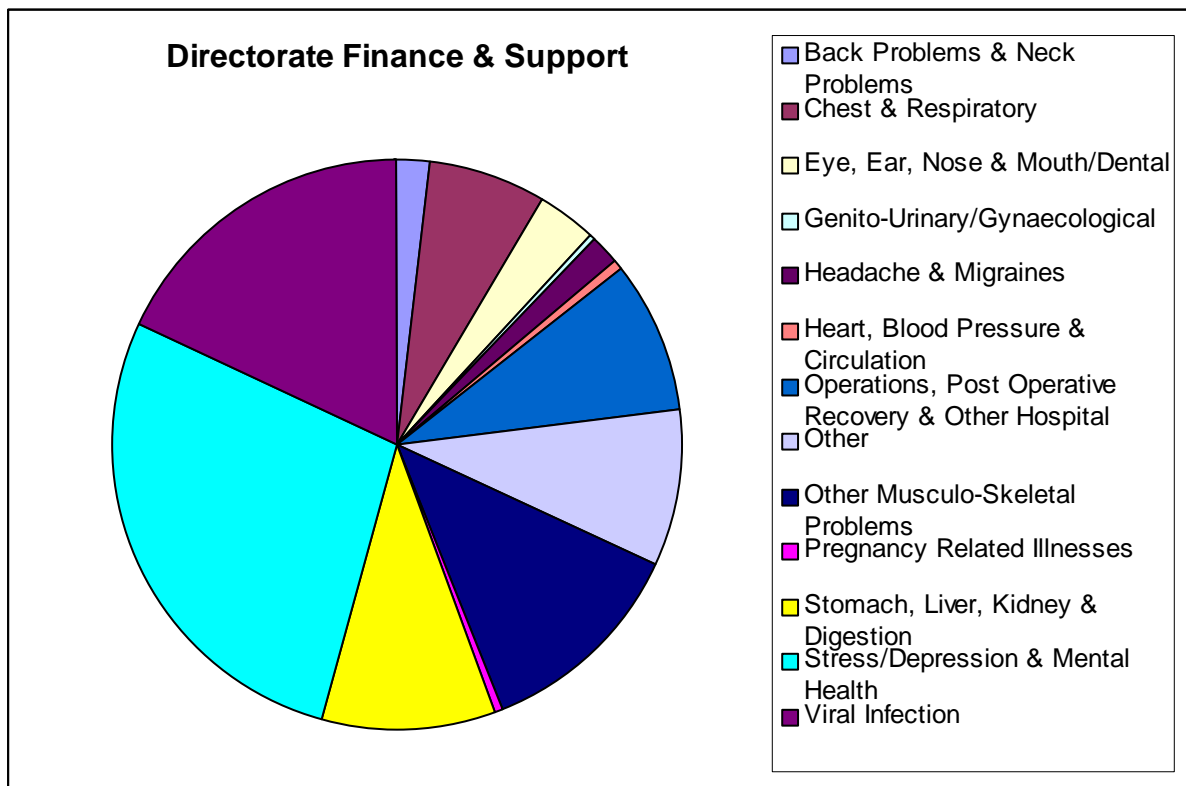
Division – Assistant Chief Executive		
	Long Term	Short Term
<b>Grand Total (FTE)</b>	<b>130.00</b>	<b>90.86</b>
<b>Percentage Long / Short Term</b>	<b>58.86%</b>	<b>41.14%</b>
<b>Main Causes of Sickness in this Division</b>		
Operations, Post Operative Recovery & Other Hospital	130.00	
Viral Infection		26.68
Division – Performance & Improvement		
	Long Term	Short Term
<b>Grand Total (FTE)</b>	<b>21.00</b>	<b>23.58</b>
<b>Percentage Long / Short Term</b>	<b>47.10%</b>	<b>52.90%</b>
<b>Main Causes of Sickness in this Division</b>		
Operations, Post Operative Recovery & Other Hospital	21.00	
Viral Infection		10.57
Division – Policy & Community Engagement		
	Long Term	Short Term
<b>Grand Total (FTE)</b>	<b>124.19</b>	<b>52.46</b>
<b>Percentage Long / Short Term</b>	<b>70.30%</b>	<b>29.70%</b>
<b>Main Causes of Sickness in this Division</b>		
Other Musculo-Skeletal Problems		19.59
Stress/Depression & Mental Health	89.19	

Directorate – Environment & Culture		
Reason Description	Long Term	Short Term
Back Problems & Neck Problems	168.11	122.40
Chest & Respiratory	102.00	102.88
Eye, Ear, Nose & Mouth/Dental	81.00	59.59
Genito-Urinary/Gynaecological		15.69
Headache & Migraines		53.24
Heart, Blood Pressure & Circulation		28.68
Operations, Post Operative Recovery & Other Hospital	1280.65	117.30
Other	456.14	194.50
Other Musculo-Skeletal Problems	699.28	255.15
Pregnancy Related Illnesses	27.86	
Stomach, Liver, Kidney & Digestion	128.30	200.37
Stress/Depression & Mental Health	724.28	90.72
Viral Infection		531.45
<b>Grand Total (FTE)</b>	<b>3667.61</b>	<b>1771.95</b>
<b>Percentage Long / Short Term</b>	<b>67.42%</b>	<b>32.58%</b>



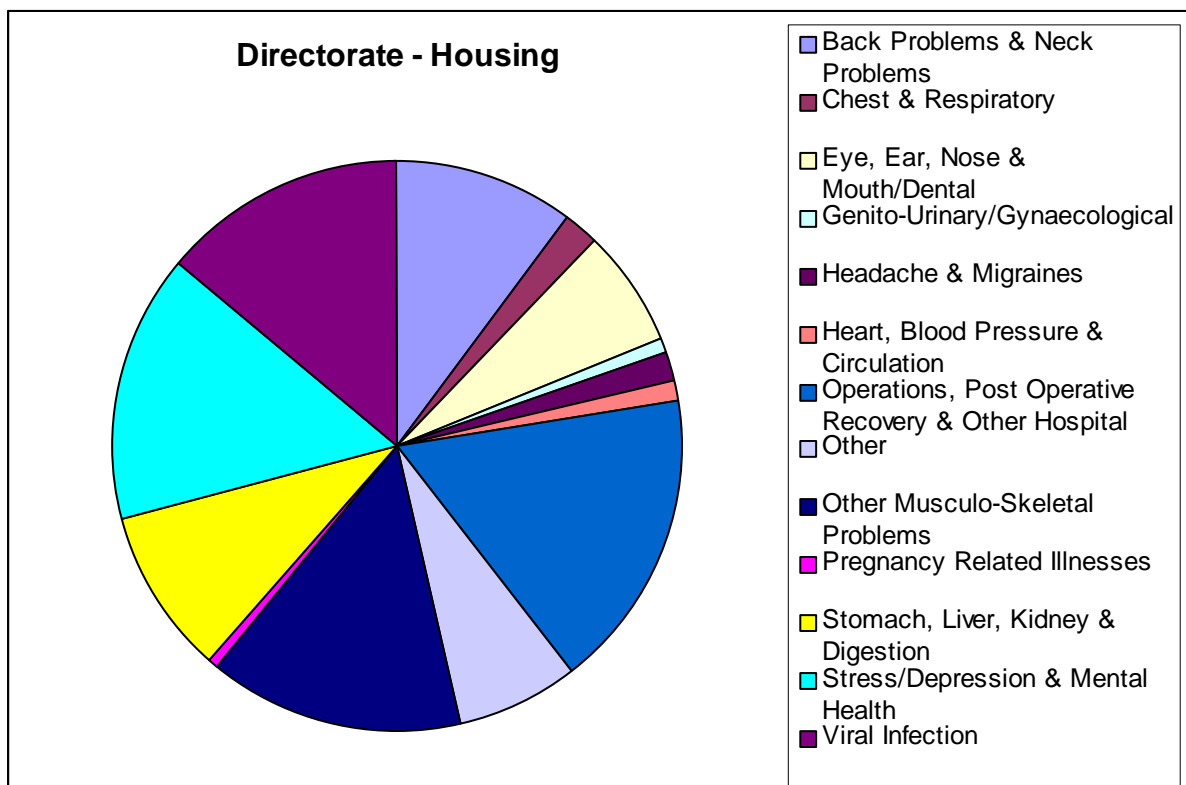
<b>Division – Culture &amp; Leisure</b>		
	<b>Long Term</b>	<b>Short Term</b>
<b>Grand Total (FTE)</b>	<b>415.33</b>	<b>346.56</b>
<b>Percentage Long / Short Term</b>	<b>54.51%</b>	<b>45.49%</b>
<b>Main Causes of Sickness in this Division</b>		
Stress/Depression & Mental Health	222.97	
Viral Infection		123.22
<b>Division – Environment &amp; Culture</b>		
	<b>Long Term</b>	<b>Short Term</b>
<b>Grand Total (FTE)</b>		<b>6.5</b>
<b>Percentage Long / Short Term</b>		<b>100.00%</b>
<b>Main Causes of Sickness in this Division</b>		
Stomach, Liver, Kidney & Digestion		3.00
<b>Division – Neighbourhood &amp; Environment Services</b>		
	<b>Long Term</b>	<b>Short Term</b>
<b>Grand Total (FTE)</b>	<b>2725.54</b>	<b>1099.36</b>
<b>Percentage Long / Short Term</b>	<b>71.26%</b>	<b>28.74%</b>
<b>Main Causes of Sickness in this Division</b>		
Operations, Post Operative Recovery & Other Hospital	1174.04	
Viral Infection		298.68
<b>Division – Public Protection</b>		
	<b>Long Term</b>	<b>Short Term</b>
<b>Grand Total (FTE)</b>	<b>255.00</b>	<b>212.92</b>
<b>Percentage Long / Short Term</b>	<b>54.50%</b>	<b>45.50%</b>
<b>Main Causes of Sickness in this Division</b>		
Back Problems & Neck Problems	75.00	
Viral Infection		86.69
<b>Division – Town Centre Operations</b>		
	<b>Long Term</b>	<b>Short Term</b>
<b>Grand Total (FTE)</b>	<b>271.74</b>	<b>106.61</b>
<b>Percentage Long / Short Term</b>	<b>71.82%</b>	<b>28.18%</b>
<b>Main Causes of Sickness in this Division</b>		
Other Musculo-Skeletal Problems	108.00	
Viral Infection		22.86

<b>Directorate – Finance &amp; Support</b>		
Reason Description	<b>Long Term</b>	<b>Short Term</b>
Back Problems & Neck Problems	28.00	52.15
Chest & Respiratory	151.00	114.05
Eye, Ear, Nose & Mouth/Dental	45.00	85.01
Genito-Urinary/Gynaecological		9.76
Headache & Migraines		62.52
Heart, Blood Pressure & Circulation	12.00	14.86
Operations, Post Operative Recovery & Other Hospital	244.03	90.24
Other	159.57	196.64
Other Musculo-Skeletal Problems	401.50	67.27
Pregnancy Related Illnesses	14.00	7.97
Stomach, Liver, Kidney & Digestion	151.43	236.86
Stress/Depression & Mental Health	1031.28	68.11
Viral Infection	97.50	620.08
<b>Grand Total (FTE)</b>	<b>2335.31</b>	<b>1625.52</b>
<b>Percentage Long / Short Term</b>	<b>59.00%</b>	<b>41.00%</b>



<b>Division – Customer Services &amp; ICT</b>		
	<b>Long Term</b>	<b>Short Term</b>
<b>Grand Total (FTE)</b>	<b>1226.78</b>	<b>802.22</b>
<b>Percentage Long / Short Term</b>	<b>60.46%</b>	<b>39.54%</b>
<b>Main Causes of Sickness in this Division</b>		
Stress/Depression & Mental Health	591.93	
Viral Infection		304.72
<b>Division – Finance &amp; Assets</b>		
	<b>Long Term</b>	<b>Short Term</b>
<b>Grand Total (FTE)</b>	<b>572.12</b>	<b>281.71</b>
<b>Percentage Long / Short Term</b>	<b>67.00%</b>	<b>33.00%</b>
<b>Main Causes of Sickness in this Division</b>		
Other Musculo-Skeletal Problems	310.00	
Viral Infection		118.36
<b>Division – Human Resources</b>		
	<b>Long Term</b>	<b>Short Term</b>
<b>Grand Total (FTE)</b>	<b>153.70</b>	<b>124.62</b>
<b>Percentage Long / Short Term</b>	<b>55.22%</b>	<b>44.78%</b>
<b>Main Causes of Sickness in this Division</b>		
Operations, Post Operative Recovery & Other Hospital	41.00	
Other	41.97	
Viral Infection		51.80
<b>Division – Northampton Area Procurement</b>		
	<b>Long Term</b>	<b>Short Term</b>
<b>Grand Total (FTE)</b>	<b>122.00</b>	<b>52.00</b>
<b>Percentage Long / Short Term</b>	<b>70.11%</b>	<b>29.89</b>
<b>Main Causes of Sickness in this Division</b>		
Stomach, Liver, Kidney & Digestion		24.00
Stress/Depression & Mental Health	70.00	
<b>Division – Revenues &amp; Benefits</b>		
	<b>Long Term</b>	<b>Short Term</b>
<b>Grand Total (FTE)</b>	<b>260.71</b>	<b>364.97</b>
<b>Percentage Long / Short Term</b>	<b>41.67%</b>	<b>58.33%</b>

<b>Main Causes of Sickness in this Division</b>		
Stress/Depression & Mental Health	145.00	
Viral Infection		139.20
<b>Directorate – Housing</b>		
Reason Description	Long Term	Short Term
Back Problems & Neck Problems	34000	80.42
Chest & Respiratory	20.00	62.49
Eye, Ear, Nose & Mouth/Dental	217.88	51.01
Genito-Urinary/Gynaecological		30.05
Headache & Migraines	28.00	41.64
Heart, Blood Pressure & Circulation	40.00	11.61
Operations, Post Operative Recovery & Other Hospital	630.16	62.51
Other	161.00	126.31
Other Musculo-Skeletal Problems	471.86	119.23
Pregnancy Related Illnesses	14.32	4.54
Stomach, Liver, Kidney & Digestion	221.18	169.19
Stress/Depression & Mental Health	542.00	76.05
Viral Infection	130.54	439.84
<b>Grand Total (FTE)</b>	<b>2816.95</b>	<b>1274.90</b>
<b>Percentage Long / Short Term</b>	<b>68.84%</b>	<b>31.16%</b>

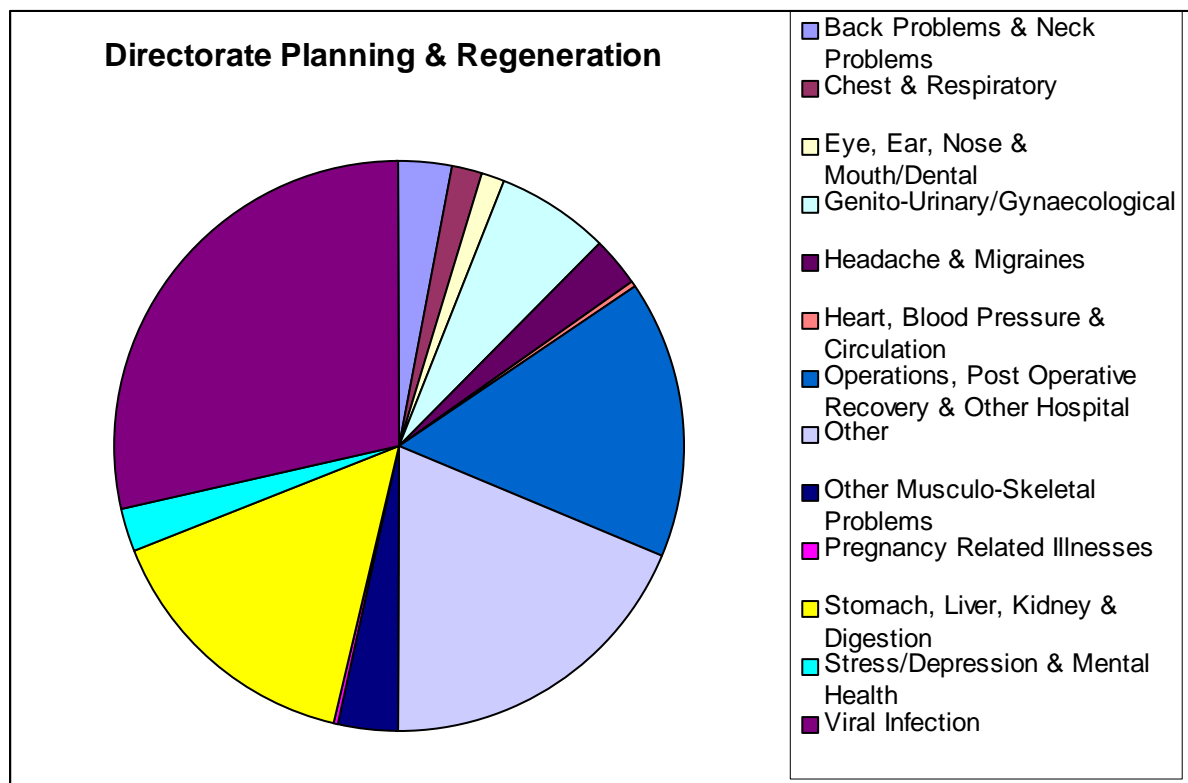




<b>Division – Housing Management</b>		
	<b>Long Term</b>	<b>Short Term</b>
<b>Grand Total (FTE)</b>		<b>15.23</b>
<b>Percentage Long / Short Term</b>		<b>100.00%</b>
<b>Main Causes of Sickness in this Division</b>		
Viral Infection		9.23
<b>Division – Housing Needs and Support</b>		
	<b>Long Term</b>	<b>Short Term</b>
<b>Grand Total (FTE)</b>	<b>626.09</b>	<b>393.29</b>
<b>Percentage Long / Short Term</b>	<b>61.42%</b>	<b>38.58%</b>
<b>Main Causes of Sickness in this Division</b>		
Stress/Depression & Mental Health	216.05	
Viral Infection		159.85
<b>Division – Housing, Strategy &amp; Investment</b>		
	<b>Long Term</b>	<b>Short Term</b>
<b>Grand Total (FTE)</b>	<b>144.72</b>	<b>119.88</b>
<b>Percentage Long / Short Term</b>	<b>54.70%</b>	<b>45.30%</b>
<b>Main Causes of Sickness in this Division</b>		
Other Musculo-Skeletal Problems	90.39	
Viral Infection		32.50
<b>Division – Landlord Services</b>		
	<b>Long Term</b>	<b>Short Term</b>
<b>Grand Total (FTE)</b>	<b>2046.14</b>	<b>746.50</b>
<b>Percentage Long / Short Term</b>	<b>73.27%</b>	<b>26.73%</b>
<b>Main Causes of Sickness in this Division</b>		
Operations, Post Operative Recovery & Other Hospital	439.07	
Viral Infection		238.26

NB – Sickness is recorded on a rolling 12 month basis, these divisions are based on the old structure.

Directorate – Planning & Regeneration		
Reason Description	Long Term	Short Term
Back Problems & Neck Problems		12.00
Chest & Respiratory		7.03
Eye, Ear, Nose & Mouth/Dental		6.00
Genito-Urinary/Gynaecological	25.00	.68
Headache & Migraines		10.59
Heart, Blood Pressure & Circulation		1.00
Operations, Post Operative Recovery & Other Hospital	39.00	25.00
Other	55.00	19.07
Other Musculo-Skeletal Problems		14.00
Pregnancy Related Illnesses		1.40
Stomach, Liver, Kidney & Digestion		60.46
Stress/Depression & Mental Health		10.00
Viral Infection		115.43
<b>Grand Total (FTE)</b>	<b>119.00</b>	<b>282.66</b>
<b>Percentage Long / Short Term</b>	<b>29.63%</b>	<b>70.37%</b>

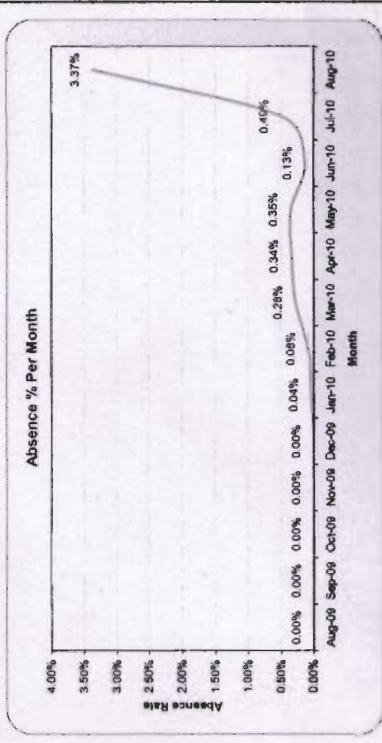
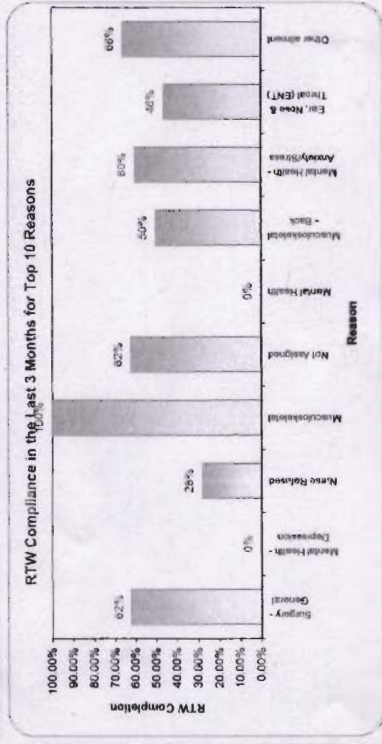
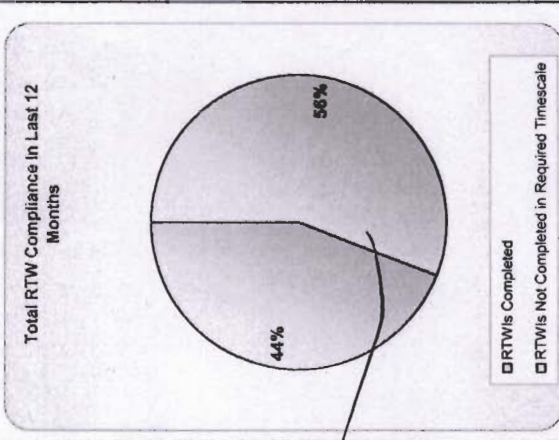


<b>Division – Planning</b>		
	<b>Long Term</b>	<b>Short Term</b>
<b>Grand Total (FTE)</b>	<b>120.00</b>	<b>243.65</b>
<b>Percentage Long / Short Term</b>	<b>33.00%</b>	<b>67.00%</b>
<b>Main Causes of Sickness in this Division</b>		
Other	55.00	
Viral Infection		97.43
<b>Division – Regeneration &amp; Development</b>		
	<b>Long Term</b>	<b>Short Term</b>
<b>Grand Total (FTE)</b>		<b>38.00</b>
<b>Percentage Long / Short Term</b>		<b>100.00%</b>
<b>Main Causes of Sickness in this Division</b>		
Viral Infection		18.00

**MONTHLY ABSENCE SUMMARY**

**REPORT NAME:** Northampton Borough Council Monthly Absence Summary  
**REPORT DATE:** 06/09/2010  
**REPORT QUERIES:** [Click here to contact FirstCare with a query on this report](#)  
**REPORT RECIPIENTS:** shauna.mcgill@firstcare.eu

- TOTAL SUMMARY** Top level absence rate, days lost, absence spells reported and RTW Compliance for the last 13 months.
- ABSENCE BREAKDOWN** Absence Rates, Days Lost, Absence Spells, Top 5 Reasons, RTW Compliance for all areas of your organisation.
- ABSENCE REASONS** Table showing days lost per reason for each of the last 13 months.
- RTW RATES** Monthly RTW Completion% for all areas of your organisation for each of the last 13 months.
- FOCUS LIST** Details of the areas in your organisation identified as having the highest levels of absence.
- LOW ABSENCE AREAS** Details of the areas in your organisation identified as having the lowest levels of absence.
- ABSENCE LENGTH OVERVIEW** Short and long term absence details by rate, days lost and spells for all areas of your organisation.
- ABSENCE LENGTH REASONS** Details of the contribution of absence reasons to short and long term absence over the last 3 months.
- ABSENCE LENGTH TRENDS** Trend information of the days lost to different lengths of absence over the last 12 months.
- HOURS LOST CORE DATA** A Table showing the hours lost per month data that was used to calculate the absence rates in this report.
- GLOSSARY** An explanation of some of the terminology used in this report.



**WEEKLY ABSENCE REPORT**

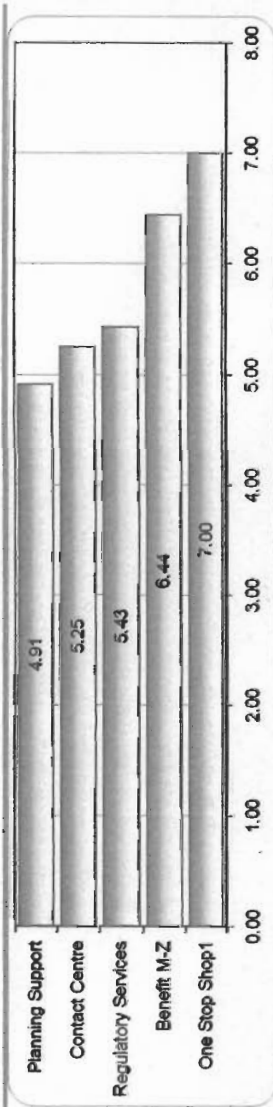
REPORT NAME:	Northampton Borough Council Weekly Absence Summary
DATE OF REPORT:	15/08/10

**1. ABSENCE ACTIVITY:**

Alerts Triggered Last Week:	0
Absences Closed Last Week:	46
Total Open Absences	49

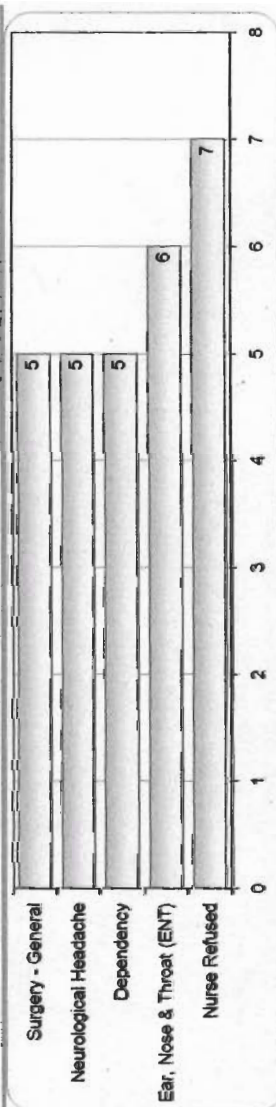
**2. HIGH ABSENCE AREAS - BASED ON TOTAL DAYS LOST PER EMPLOYEE IN LAST 13 WEEKS**

NO	DEPARTMENT	DLPE IN LAST 13 WEEKS
1	One Stop Shop1	7.00
2	Benefit M-Z	6.44
3	Regulatory Services	5.43
4	Contact Centre	5.25
5	Planning Support	4.91



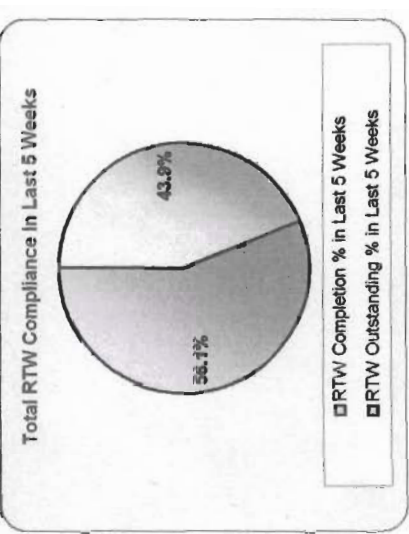
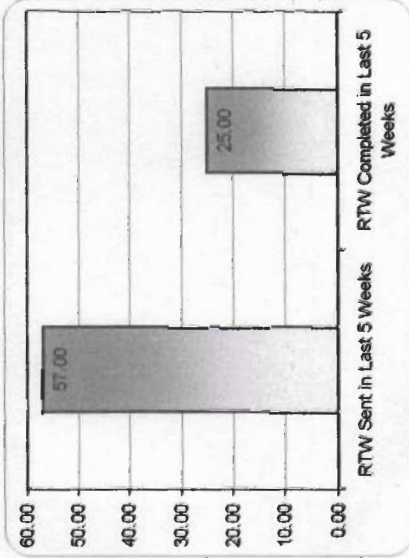
**3. TOP FIVE REASONS - BASED ON TOTAL SPELLS IN THE LAST 13 WEEKS**

NO	REASON	SPELLS PER WEEK
1	Nurse Refused	7.0
2	Ear, Nose & Throat (ENT)	6.0
3	Dependency	5.0
4	Neurological Headache	5.0
5	Surgery - General	5.0



**4. RTW COMPLIANCE IN THE PAST 5 WEEKS**

RTW Sent in Last 5 Weeks	67.00
RTW Completed in Last 5 Weeks	26.00
RTW Completion % in Last 5 Weeks	43.9%

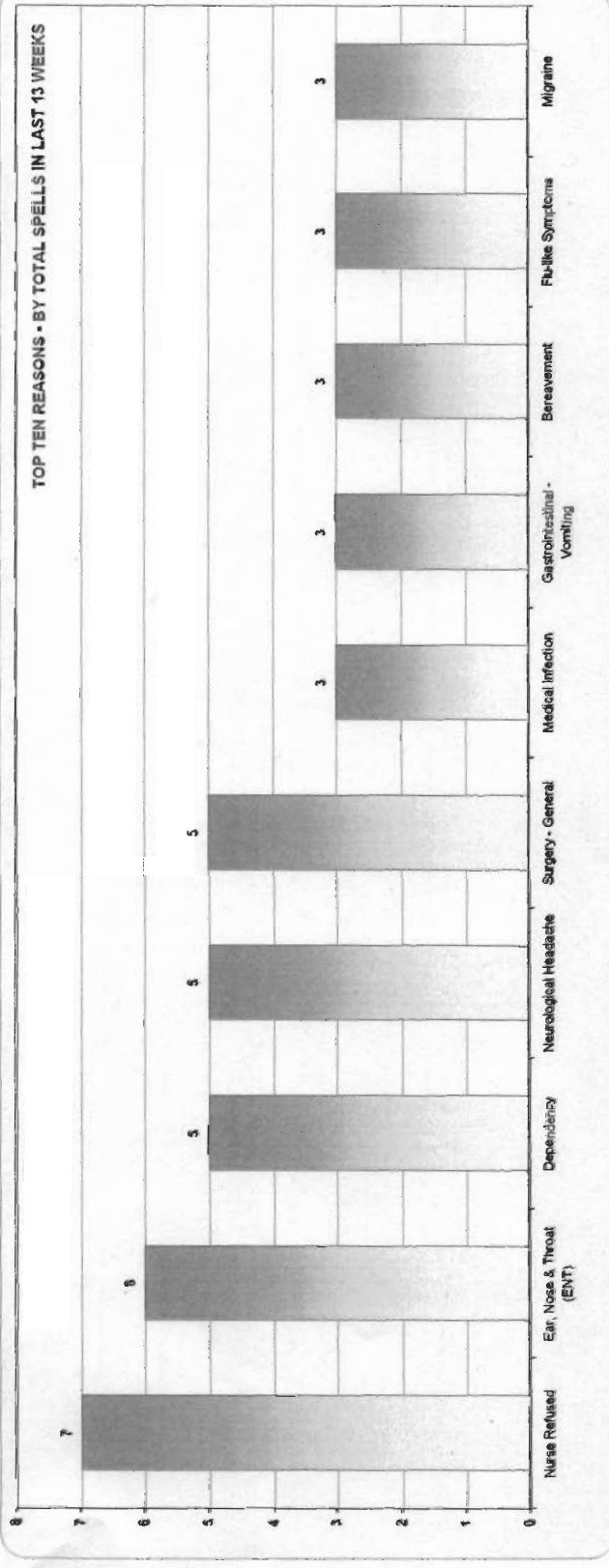


**REASONS SUMMARY - BASED ON AVERAGE ABSENCE SPELLS PER WEEK IN THE LAST 13 WEEKS**

This report lists the ten most popular reasons for absence in your area, based on the number of separate absence spells reported in the last 13 weeks. The WEEKLY AVERAGE column shows the average number of absences reported per week, per reason. It is this average that orders the top ten table. The purpose of this report is to identify the most common causes

Reason	2596	2696	6806	1206	1906	2606	6107	1007	1707	2407	3107	6708	1408	TOTAL	Weekly Average	Days Lost	Average Length
Nurse Refused	0	0	0	1	1	0	0	0	0	1	2	2	0	7	0.54	146.00	20.86
Ear, Nose & Throat (ENT)	0	0	0	0	0	0	0	0	0	0	1	2	3	6	0.46	20.00	3.33
Dependency	0	0	0	0	0	0	0	0	0	0	0	2	3	5	0.36	6.00	1.00
Neurological Headache	0	0	0	0	0	0	0	0	0	0	1	1	3	5	0.36	4.25	0.85
Surgery - General	0	0	0	0	0	0	1	0	1	0	0	1	2	6	0.38	251.00	50.20
Medical Infection	0	0	0	0	0	0	0	0	0	1	1	1	0	3	0.23	15.00	5.00
Gastrointestinal - Vomiting	0	0	0	0	0	0	0	0	0	0	0	1	2	3	0.23	6.00	2.00
Bereavement	0	0	0	0	0	0	0	0	0	0	0	1	2	3	0.23	11.50	3.83
Flu-like Symptoms	0	0	0	0	0	0	0	0	0	0	0	3	0	3	0.23	9.75	2.92
Migraine	0	0	0	0	0	0	0	0	0	0	1	1	1	3	0.23	6.00	1.87

**TOP TEN REASONS - BY TOTAL SPELLS IN LAST 13 WEEKS**

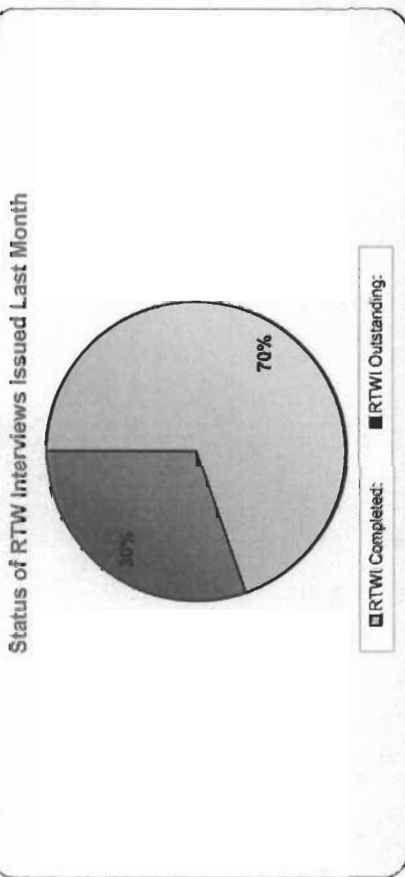


# MONTH RTW TRACKER

REPORT NAME:	Northampton Borough Council RTW Tracking Report
REPORT DATE:	06/09/10
REPORT RECIPIENT(S):	shauna.mcgill@firstcare.eu

RTWI Completed:	103
RTWI Outstanding:	45

- SUMMARY**  
RTW % Completed Scores for all levels of your organisation.
- Outstanding RTW Interviews**  
Employees who have not had their RTW interview completed.
- Completed RTW Interviews**  
A list of completed RTW interviews.
- TOP AND BOTTOM 10**  
The 10 best areas and 10 worst areas for completing RTWIs.



## Glossary

- RTW = Return To Work date
- Reminded = The number of times we have contact a manager to inform them that their return to work interview has not been completed
- Outstanding = This means that the return to work interview has not been completed