

Absence Data Published by the Cabinet Office, October 2008

Results

This is the fourth quarterly report providing a brief commentary on the Cabinet Office sick absence results for the 12 month period ending 30 June 2008.

Cabinet Office Sick Absence Headlines				
Average Working Days Lost	Total Days Lost	% Lost to Long-term		
4.8	6783	55.7%		
Analysis of Key Reasons for Absence				
Proportion lost to				
Total Days Lost	Unknown & Ill defined	Mental Disorders	Musculo-skeletal	Respiratory System
6783	12.6%	17.3%	0.10%	11.8%

Analysis of Average Working Days Lost						
Departmental Data			Sickness Absence Days and Average Working Days Lost			
Department Size Classification	Total No of Staff	Total No of Staff Years	Total Days Lost	Average Working Days Lost Per Staff Year	Weighted Average Working Days Lost Per Staff Year	Average Working Days Lost Per Person
Medium	1688	1405.5	6783	4.8	Not Calculated	4.0

The Cabinet Office continues to place an emphasis on reducing absences recorded as either unknown or ill defined. In conjunction with this, improvements to the reporting process were introduced in February 2008, affording greater precision:

- Under this new, more accurate, system there continues to be a decrease in the numbers of **unknown illnesses**, which have fallen by 11 days (to a total of 102 days) in this quarter.
- Analysis of **ill-defined absences** has identified that the majority relate to operations, staff working part-time on medical grounds and hospital appointments rather than to vague descriptions. The small increase in ill-defined sickness absence may be an indication of better recording and success in our strategy of managing people back to work. From next quarter ill-defined absences will be removed from the analysis of key absence reasons.

Mental Disorders have reduced by 2.1%. **Musculoskeletal absences** remain stable and **Respiratory System related absences** have reduced by just over 1%.

It is notable that in all areas subject to close monitoring (except for the 'ill-defined absence' category) absences are continuing to fall.

A health and wellbeing initiative (with an in-house news special edition and a series of Healthy living seminars to be held over the next 6 months) was launched by the Cabinet Office during this period. This is intended to give all staff the ability to manage their wellbeing and is expected to have a positive ongoing effect on these statistics. Issues surrounding how to measure these effects are currently being discussed.

An analysis of long-term absence began in August. It is currently indicating that all long-term cases are being managed by managers, supported by HR in line with our absence management policies.

The data for the 12 months ending 30 September 2008 will be published in January 2009.

HR Directorate
October 2008