

# Resources Overview and Scrutiny Panel

Agenda  
Item:

**A.6**

Meeting Date: 23 February 2017  
Portfolio: Finance, Governance and Resources  
Key Decision: No  
Within Policy and Budget Framework: No  
Public / Private: Public

Title: 2016/17 SICKNESS ABSENCE QUARTER 3  
Report of: Chief Executive  
Report Number: CE 02/17

## Purpose / Summary:

This report sets out the authority's sickness absence levels for the period April 2016 to December 2016 and other sickness absence information.

## Recommendations:

1. Consider and comment on the information on sickness absence provided in the report.

## Tracking

Executive:	N/A
Overview and Scrutiny:	Resources 23 February 2017
Council:	N/A

## **1. BACKGROUND**

2015/16 levels of sickness absence decreased by approximately 30% to 8.6 days lost per FTE employee compared to the previous year. The percentage of sickness which was long-term also decreased as managers ensured the support for their staff was available and accessible.

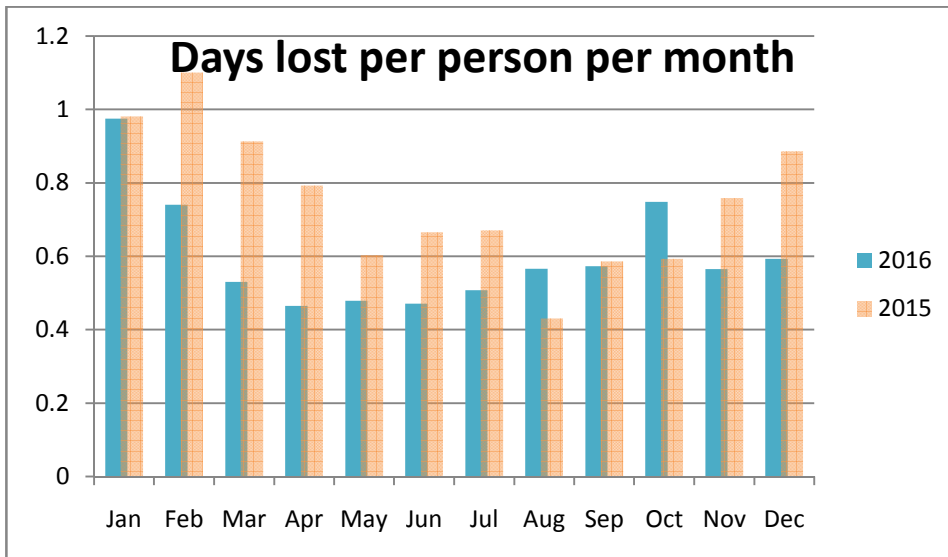
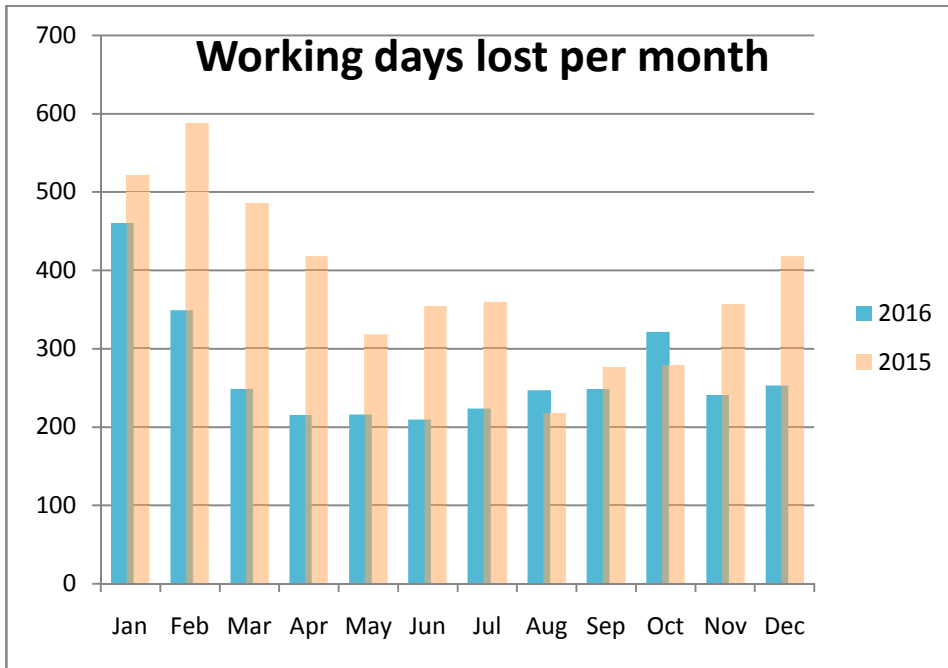
## **2. 2016/17 Performance**

**2.1** The table in Appendix 1 towards the end of the report provides sickness absence levels split by the new directorates in 2016/17. Compared to the first three quarters of last year, 2016/17 levels have decreased by nearly 13% to 5.4 days lost per FTE employee. If 2016/17 follows a similar pattern then we can expect a figure of around 7.2 days lost per FTE by the end of the year.

The new structure took effect from 1 October so it is not yet possible to carry out any directorate level analysis.

There have been 33 employees absent long term compared to 47 same period of 2015/16. 26 of those 33 employees have now returned to work.

**2.2** The following two graphs compares the months of 2015 with those of 2016. The first graph provides the number of days lost per month and the second graph the number of days lost per person per month. Ten of the months of 2016 have experienced an improvement on the equivalent month in 2015. As the organisation shrinks it would be expected that the numbers of days lost to absenteeism also reduces – as shown in the first graph. The second graph which shows that the average number of days lost per employee is also falling across the year with the exception of August and October.



**2.3**The reasons for sickness absence are shown in the table below. The table shows the days lost due to each reason for the sickness absence and is split by directorate. The 'old' directorates will be included until the end of the year. The reason "Stress, depression, mental health, fatigue syndromes" was the biggest contributor to sickness absence in 2015/16 and remains so in 2016/17 to date.

**2.4**Comment from HR Advisory Services Team Leader:

*"The figures are down on this time last year reflecting average days lost per employee at 5.4 compared to last year which was 6.2 and long term absence this year displaying at 46.5% compared to 57.8% last year. The quarter was affected by a peak in absence during October of a total of 321 days lost for the authority, this reduced and December was 252 total days lost.*

*Although 'stress-related absences' have reduced from last quarter (21.8% to 16.6%) it continues to be the main reason for absence. In December this was overtaken by 'musculo-skeletal' as the main reason for absence followed by 'infections'.*

*The Council continues to provide health assessments and quick referrals to occupational health and physiotherapy to address the impact of 'musculo-skeletal' conditions and as 'stress-related absences' remain a main contributor to absenteeism, work supporting staff wellbeing continues to be a priority."*

Days lost by reason and directorate	Comm. Servs	CS & Res	Gov& Reg Servs	ED	OLD CE & DCE Teams	OLD Gov	OLD LE	OLD Res	Total
01 Back and neck problems	32	1	15	1	1	5	254	8	317
02 Other musculo-skeletal problems	107	68	26	25	10	4	97	4	342
03 Stress, depression, mental health, fatigue syndromes	18	8	28	35	18	5	92	145	349
04 Infections (incl. colds and flu)	45	34	35	50	35	4	20	32	244
05 Neurological (incl. headaches and migraine)	4	23	2	4	4	7	12	10	68
06 Genito-urinary / gynaecological	0	0	5	11	3		20	10	49
07 Pregnancy related (not maternity leave)	0	0	6	0	0		0		6
08 Stomach, liver, kidney & digestion (incl. gastroenteritis)	79	39	15	27	10	6	86	67	329
09 Heart, blood pressure & circulation	35	0	0	2	0		1	1	39
10 Chest & respiratory (incl. chest infections)	14	11	3	8	1	1	30	5	73
11 Ear, eye, nose & mouth / dental (incl. sinusitis)	0	3	0	5	14	6	30	17	74
12 Other	42	62	0	4	33		71	3	215

### 3. Return to Work Interviews

So far in 2016/17, 98% of return to work interviews have been completed. 100% were completed in 2015/16. For the first time, the time taken to complete the interviews and the proportion completed within five working days has been included.

<b>Directorate</b>	<b>% of RTW conducted</b>	<b>Average time taken to complete RTW (working days)</b>	<b>Proportion of RTW completed within 5 working days</b>
Community Services	96.2%	6.6	81%
Corporate Support & Resources	96.3%	4.7	81%
Economic Development	100	5.5	77%
Governance& Regulatory Services	100	4.0	84%
<b>All Directorates</b>	<b>97.8%</b>	<b>4.9</b>	<b>81%</b>

## **5. PROPOSALS**

The authority continues to monitor sickness absence levels.

## **6. CONSULTATION**

The initial report was reviewed by Senior Management Team on 31/1/17.

## **7. CONCLUSION AND REASONS FOR RECOMMENDATIONS**

The Panel are asked to comment on the sickness absence information with a view to driving continuous improvement.

## **8. CONTRIBUTION TO THE CARLISLE PLAN PRIORITIES**

Monitoring sickness absence to help ensure the staff resources available to deliver the Carlisle Plan are maximised.

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**Appendices**                      **Appendix A: Sickness Absence by Directorate.**  
**attached to report:**

**Note: in compliance with section 100d of the Local Government (Access to Information) Act 1985 the report has been prepared in part from the following papers:**

- **None**

## Appendix 1: Sickness Absence by Directorate.

### 1. All Directorates(427 head count/374 Full-Time Equivalents (FTE))

PI Name	2013/14	2014/15	2015/16	2016/17 to end Q3	2016/17 Forecast
Working days lost due to sickness absence per FTE	8.8	12.1	8.6	5.4	7.2
Number of working days lost due to sickness absence	4913	6268	4046	2165	3933
Proportion of sickness absence that is long term (over 28 days)	54%	62%	56%	47%	-

### 2. Economic Development (36 head count/33 FTE)

PI Name	2013/14	2014/15	2015/16	2016/17 Oct – Dec 2016	2016/17 Forecast
Working days lost due to sickness absence per FTE	-	-	-	0.9	-
Number of working days lost due to sickness absence	-	-	-	30	-
Proportion of sickness absence that is long term (over 28 days)	-	-	-	0%	-

### 3. Governance and Regulatory Services (99 head count/80 FTE)

PI Name	2013/14	2014/15	2015/16	2016/17 Oct – Dec 2016	2016/17 Forecast
Working days lost due to sickness absence per FTE	-	-	-	1.7	-
Number of working days lost due to sickness absence	-	-	-	149	-
Proportion of sickness absence that is long term (over 28 days)	-	-	-	26%	-

<b>4. Community Services (161 head count/154 FTE)</b>					
<b>PI Name</b>	<b>2013/14</b>	<b>2014/15</b>	<b>2015/16</b>	<b>2016/17 Oct – Dec 2016</b>	<b>2016/17 Forecast</b>
Working days lost due to sickness absence per FTE	-	-	-	2.5	-
Number of working days lost due to sickness absence	-	-	-	372	-
Proportion of sickness absence that is long term (over 28 days)	-	-	-	49%	-

<b>5. Corporate Support and Resources (131 head count/106 FTE)</b>					
<b>PI Name</b>	<b>2013/14</b>	<b>2014/15</b>	<b>2015/16</b>	<b>2016/17 to end Q2</b>	<b>2016/17 Forecast</b>
Working days lost due to sickness absence per FTE	-	-	-	2.4	-
Number of working days lost due to sickness absence	-	-	-	262	-
Proportion of sickness absence that is long term (over 28 days)	-	-	-	50%	-