

Report to Business & Transformation Scrutiny Panel

Agenda
Item:

A.5

Meeting Date: 31 May 2018
Portfolio: Finance, Governance and Resources
Key Decision: No
Within Policy and Budget Framework: Yes
Public / Private: Public

Title: SICKNESS ABSENCE REPORT 2017/18
Report of: Chief Executive
Report Number: CE.07/18

Purpose / Summary:

This report sets out the authority's sickness absence levels for the period April 2017 to March 2018 and other sickness absence information.

Recommendations:

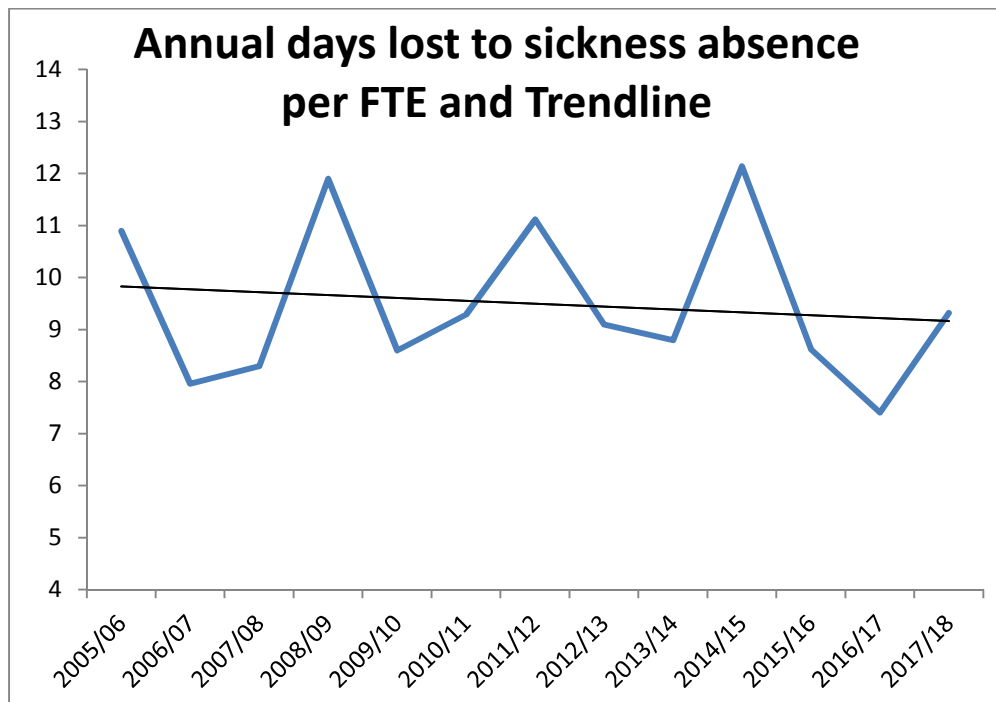
- 1) Consider and comment on the information on sickness absence provided in the report.

Tracking

Executive:	N/A
Scrutiny:	Business and Transformation 31/5/18
Council:	N/A

1.0 Background and Long-Term Trend

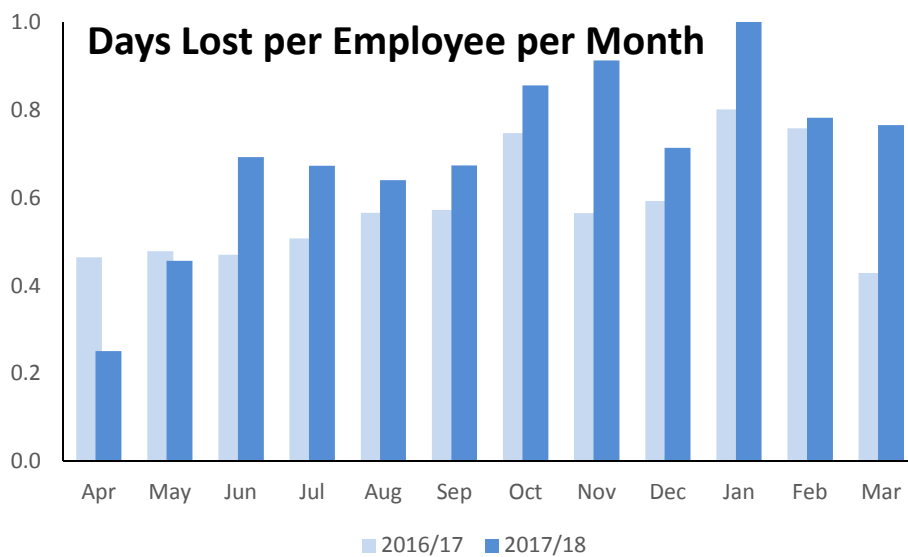
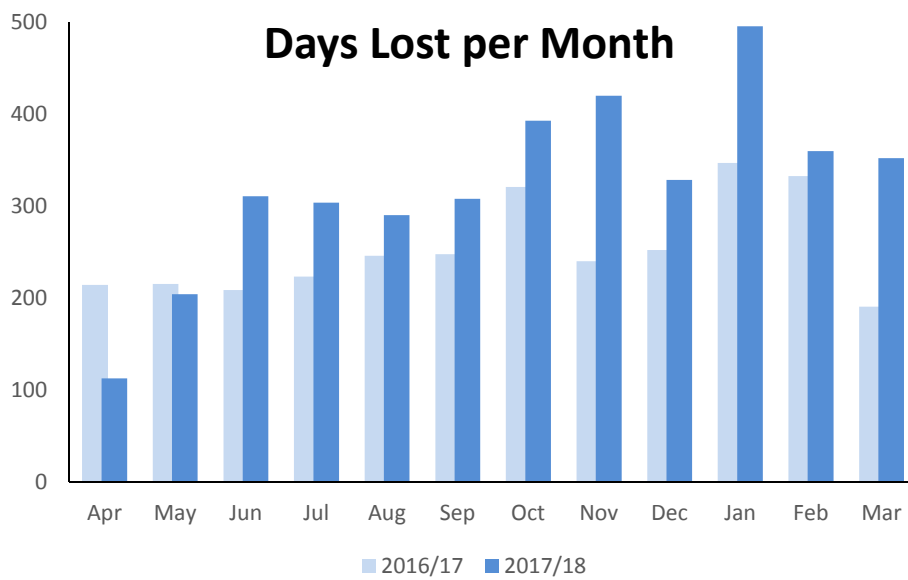
2016/17 levels of sickness absence decreased by approximately 14% to 7.4 days lost per FTE employee compared to 2015/16. 2015/16 also decreased by 29% so there has been an overall reduction of 39% over the previous two years. The percentage of sickness which was long-term also decreased as HR continued to work with managers to ensure the support for their staff was available and accessible. The graph below shows that the long-term trend line is that of reducing sickness absence.



2017/18 Sickness Absence

The table in Appendix 1 towards the end of the report provides sickness absence levels split by the new directorates. Authority-wide, compared to 2016/17, 2017/18 levels have increased by over 25% to 9.3 days lost per FTE employee. The last ten consecutive months have been higher than the corresponding months last year. This has been mainly due to an increase in long-term absences. 47 employees have been absent long-term (those cases where the absence is 28 consecutive days or more) this year; seven more than last year. Ten of the 47 absences remain open at the time of writing.

The following two graphs compare the months of 2016/17 with those of 2017/18. The first graph provides the number of days lost per month and the second graph the number of days lost per person per month. The trend of a year-on-year increase can be seen in these graphs.



Sickness Absence Reasons

The reasons for sickness absence are shown in the table below. The table shows the FTE days lost due to each reason for the sickness absence and is split by directorate. Stomach, liver, kidney & digestion (incl. gastroenteritis) currently represents the absence reason with the greatest days lost. "Stress, depression, mental health, fatigue syndromes" was the highest factor in 2015/16, second in 2016/17 and is second this year.

Days lost by reason and directorate	Comm. Servs	CS & Res	Gov & Reg Servs	ED	Total
01 Back and neck problems	305	22	29	3	359
02 Other musculo-skeletal problems	477	59	19	21	576
03 Stress, depression, mental health, fatigue syndromes	440	215	44	3	702
04 Infections (incl. colds and flu)	198	127	110	34	468
05 Neurological (incl. headaches and migraine)	36	16	9	5	66
06 Genito-urinary / gynaecological	21	14	1	0	36
07 Pregnancy related (not maternity leave)	0	3	2	0	5
08 Stomach, liver, kidney & digestion (incl. gastroenteritis)	280	171	240	14	705
09 Heart, blood pressure & circulation	81	0	8	7	97
10 Chest & respiratory (incl. chest infections)	1	59	27	28	117
11 Ear, eye, nose & mouth / dental (incl. sinusitis)	204	16	15	12	246
12 Other	40	41	250	0	331

Comment and Analysis from the Chief Finance Officer

The yearly report confirms an increase in absence: the 2017/18 figure of 9.3 working days lost per FTE, compared to that of the 2016/17 figure of 7.4.

The top 4 reasons for 2017/18 sickness absence are:

Reason	Percentage
Stomach, liver, kidney and digestion (incl gastroenteritis)	19.0%
Stress, Depression, Mental health, fatigue syndromes	19.0%
Other musculo-skeletal problems	15.5%
Infections (incl colds and flu)	12.6%

January's sickness absence was particularly high, with an increase in sickness to 495 working days lost, with the main reason being "Infections (incl colds and flu)", which equated to 25.5% of absences for this month.

HR, Organisational Development, Health & Safety and Occupational Health all continue to work closely to proactively manage all sickness absences cases, attendance at work and health surveillance and promotion. The following initiatives have been arranged to improve health and wellbeing and reduce sickness absence:

- Mental Health Awareness Week – May 2017
- Lunch time learning on mindfulness and motivation - June 2017
- Wellbeing survey and advertising for additional Health Advocates – June 2017
- Lunch time learning – realising and releasing stress and anxiety – September 2017
- Wellbeing box with payslips – September 2017
- Blood pressure checks – September 2017
- Flu injections – October 2017
- Health and Wellbeing Day – November 2017
- Time to Change – Mental Health – Recruitment of Time to Change Champions
- Lunch time learning – Healthy mind and healthy body – December 2017
- Yoga classes – Ongoing
- Meditation sessions – January to February 2018
- Pilates courses – March to May 2018
- Mini on-line health check – February 2018
- Mental Health Awareness Sessions for Managers – April and May 2018
- Back care for drivers – Taster session – March 2018
- Think Happy, inducing positive sense of self – March 2018
- Sleep Awareness – April 2018

Return to Work Interviews (RTW)

In 2017/18, 99% of return to work interviews were completed. 100% were completed in 2016/17. The time taken to complete the interviews and the proportion completed within five working days has also been included in the table below.

Directorate	Proportion of RTWs conducted	Average time taken to complete RTW (working days)	Proportion of RTWs completed within 5 working days
Community Services	99.6%	4.4	84.5%
Corporate Support & Resources	98.8%	4.7	83.7%
Economic Development	96.1%	5.2	70.6%
Governance & Regulatory Services	100%	4.2	79.6%
All Directorates	99.1%	4.5	82.1%

2. PROPOSALS

None

3. RISKS

None

4. CONSULTATION

The report was reviewed by the Senior Management Team on 8 May 2018.

5. CONCLUSION AND REASONS FOR RECOMMENDATIONS

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

6. 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 attached to report:

None

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**

CORPORATE IMPLICATIONS:

LEGAL - This report raises no explicit legal issues.

FINANCE – This report raises no explicit financial issues

EQUALITY – This report highlights the positive interventions taken around mental health in the workplace. This work demonstrates our commitment to the Public Sector Equality Duty and is consistent with the Equality Policy and Action Plan.

INFORMATION GOVERNANCE – This report raises no explicit issues relating to Information Governance.

Appendix 1: Directorate Sickness Absence Levels 2017/18

(New Council structure in place with effect from 1 October 2016)

All Directorates (459 head count/403 Full-Time Equivalents (FTE))				
Indicator	2014/15	2015/16	2016/17	2017/18
Working days lost due to sickness absence per FTE	12.1	8.6	7.4	9.3
Number of working days lost due to sickness absence	6268	4046	3037	3875
Proportion of sickness absence that is long term (over 28 days)	62%	56%	48%	58%

Community Services (172 head count/165 FTE)				
Indicator	2014/15	2015/16	2016/17	2017/18
Working days lost due to sickness absence per FTE				12.6
Number of working days lost due to sickness absence				2078
Proportion of sickness absence that is long term (over 28 days)				69%

Corporate Support and Resources (132 head count/108 FTE)				
Indicator	2014/15	2015/16	2016/17	2017/18
Working days lost due to sickness absence per FTE				6.8
Number of working days lost due to sickness absence				768
Proportion of sickness absence that is long term (over 28 days)				39%

Economic Development (39 head count/36 FTE)				
Indicator	2014/15	2015/16	2016/17	2017/18
Working days lost due to sickness absence per FTE				3.6
Number of working days lost due to sickness absence				128
Proportion of sickness absence that is long term (over 28 days)				0%

Governance and Regulatory Services (116 head count/94 FTE)				
Indicator	2014/15	2015/16	2016/17	2017/18
Working days lost due to sickness absence per FTE				8.6
Number of working days lost due to sickness absence				902
Proportion of sickness absence that is long term (over 28 days)				59%