

# Resources Overview and Scrutiny Panel

Agenda  
Item:

**A.7**

Meeting Date: 6 December 2016  
Portfolio: Finance, Governance and Resources  
Key Decision: No  
Within Policy and Budget Framework: No  
Public / Private: Public

Title: 2016/17 SICKNESS ABSENCE QUARTER 2  
Report of: Chief Executive  
Report Number: CE 14/16

## Purpose / Summary:

This report sets out the authority's sickness absence levels for the period April 2016 to September 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 6 December 2016
Council:	N/A

## **1. BACKGROUND**

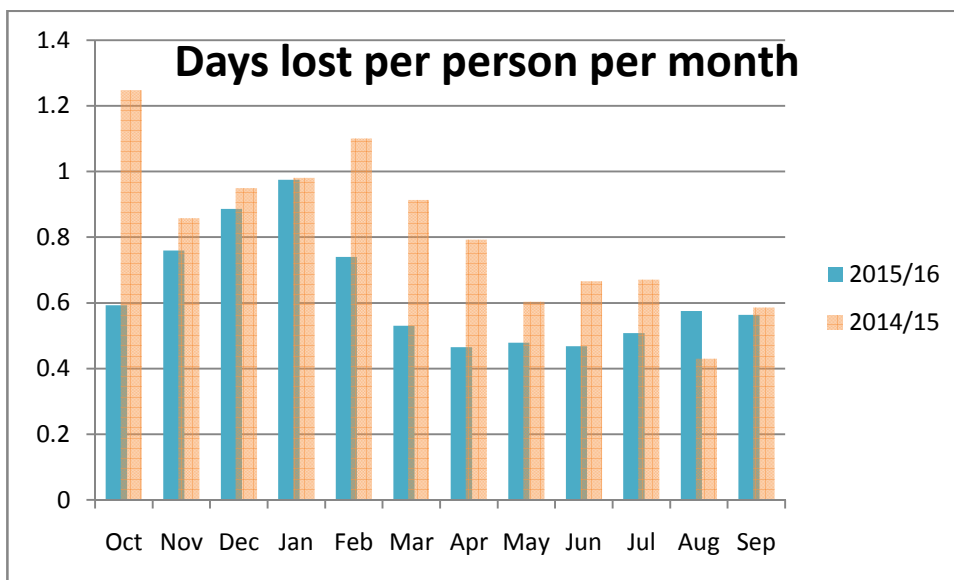
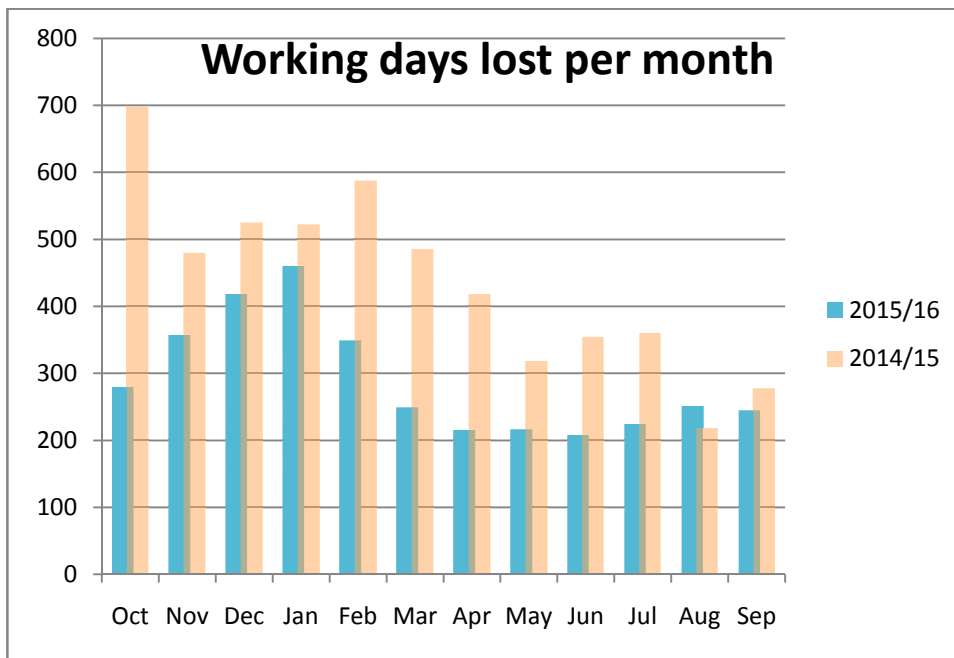
2015/16 levels of sickness absence decreased by approximately 30% to 8.6 days lost per FTE employee compared to the previous year. The percentage of sickness which was long-term also decreased as managers ensured the support for their staff was available and accessible. It was noted that spikes in absenteeism will become more prevalent as the organisation's workforce shrinks.

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

**2.1** The table in Appendix 1 towards the end of the report provides sickness absence levels split by directorate in 2016/17. Compared to the first half of last year, 2016/17 levels have decreased by nearly 15% to 3.4 days lost per FTE employee. Over the last four years Q1 and Q2 have accounted for on average 46% of the total annual days lost. If 2016/17 follows a similar pattern then we can expect a figure of around 7.3 days lost per FTE by the end of the year.

Half of the 'directorates' have experienced a drop in sickness absence and the percentage of long term sickness (over 28 consecutive days) has also reduced. There have been 21 employees absent long term compared to 28 in first half of 2015/16. 15 of the 21 employees have now returned to work.

**2.2** The following two graphs compares the months of 2015/16 with those of 2014/15. The first graph provides the number of days lost per month and the second graph the number of days lost per person per month. Eleven out of twelve months of 2015/16 have experienced an improvement on the equivalent month in 2014/15. As the organisation reduces its employee numbers it would be expected that the numbers of days lost to absenteeism also reduces – as shown in the first graph. What is more pleasing is the second graph which shows that the average number of days lost per employee is also consistently falling across the year.



**2.3** The reasons for sickness absence are shown in the table overleaf. The table shows the days lost due to each reason for the sickness absence and is split by directorate. 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. Despite this, the actual number of days lost to this reason has reduced by over half over the last two years. In the same period of 2014/15 626 days were lost to ‘Stress, depression, mental health, fatigue syndromes.’ This equates to 1.1 days lost per employee in 2014/15 compared to 0.65 days in 2016/17 – a significant improvement.

Looking at data available for other industries shows that the Authority is being relatively successful in managing ‘Stress, depression, mental health, fatigue syndromes’ related sickness absence. Staff working in hospitals in the NHS for example, have experienced a 37%<sup>1</sup> rise in stress related in absences in three years.

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

*“The figures have increased slightly from the last quarter, but compares well to last year’s figures. Long term sickness decreased significantly in September as intervention action continues to take place and remains a vast improvement on last year.*

*‘Stress, depression, mental health, fatigue syndromes’ is the highest reason for absence at 22% but the following actions have taken place to provide appropriate support: the organisation ‘Mind’ attended Management Briefing, mental health first aid courses and access to counselling and wellbeing support.*

*The second highest reason for absence is ‘back and neck’ which accounts for 20%. The Council continue to provide access to ‘physio’ and other appropriate support. ‘Stomach’ issues are the third reason at 15%.*

*HR Advisors continue to follow up on reasons of ‘Other’ for clarity and this reason has dropped from 14% to 8%.”*

<b>Days lost by reason and directorate</b>	<b>CE &amp; DCE Teams</b>	<b>ED</b>	<b>Gov</b>	<b>LE</b>	<b>Res</b>	<b>Total</b>
01 Back and neck problems	1	1	5	254	8	269
02 Other musculo-skeletal problems	10	25	4	97	4	140
03 Stress, depression, mental health, fatigue syndromes	18	26	5	92	145	286
04 Infections (incl. colds and flu)	35	31	4	20	32	121
05 Neurological (incl. headaches and migraine)	4	3	7	12	10	36
06 Genito-urinary / gynaecological	3	11		20	10	44
07 Pregnancy related (not maternity leave)						
08 Stomach, liver, kidney & digestion (incl. gastroenteritis)	10	27	6	90	67	200
09 Heart, blood pressure & circulation				1	1	2
10 Chest & respiratory (incl. chest infections)	1		1	30	5	37
11 Ear, eye, nose & mouth / dental (incl. sinusitis)	14	5	6	31	17	72
12 Other	33	4		69	3	108

<sup>1</sup> Figures obtained from 100 hospital trusts in England by FOI.

### 3. Return to Work Interviews

So far in 2016/17, all return to work interviews have been completed. 100% were also completed in 2015/16. Consideration is currently being given in developing a more meaningful measure around how quickly the interviews are completed.

<b>Directorate</b>	<b>% of RTW conducted</b>
Chief Executive's and Deputy Chief Executive's Teams	100
Economic Development	100
Governance	100
Local Environment	100
Resources	100
<b>All Directorates</b>	<b>100</b>

## **5. PROPOSALS**

The authority continues to monitor sickness absence levels.

## **6. CONSULTATION**

The initial report was reviewed by Senior Management Team.

## **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 A: Sickness Absence by Directorate.

### 1. All Directorates (431 head count/376 Full-Time Equivalents (FTE))

PI Name	2013/14	2014/15	2015/16	2016/17 to end Q2	2016/17 Forecast
Working days lost due to sickness absence per FTE	8.8	12.1	8.6	3.4	7.3
Number of working days lost due to sickness absence	4913	6268	4046	1357	2932
Proportion of sickness absence that is long term (over 28 days)	54%	62%	56%	46%	-

### 2. Economic Development (60 head count/54 FTE)

PI Name	2013/14	2014/15	2015/16	2016/17 to end Q2	2016/17 Forecast
Working days lost due to sickness absence per FTE	4.1	7.6	7.4	2.2	4.8
Number of working days lost due to sickness absence	346	565	559	132	285
Proportion of sickness absence that is long term (over 28 days)	39%	47%	46%	19%	-

### 3. Governance (52 head count/37 FTE)

PI Name	2013/14	2014/15	2015/16	2016/17 to end Q2	2016/17 Forecast
Working days lost due to sickness absence per FTE	2.8	7.4	9.1	1.0	2.2
Number of working days lost due to sickness absence	83	383	601	56	121
Proportion of sickness absence that is long term (over 28 days)	47%	62%	75%	0%	-

#### 4. Local Environment (160 head count/155 FTE)

PI Name	2013/14	2014/15	2015/16	2016/17 to end Q2	2016/17 Forecast
Working days lost due to sickness absence per FTE	12.2	15.2	9.4	4.5	9.7
Number of working days lost due to sickness absence	2109	2377	1405	713	1540
Proportion of sickness absence that is long term (over 28 days)	67%	70%	51%	56%	-

#### 5. Resources (104 head count/86 FTE)

PI Name	2013/14	2014/15	2015/16	2016/17 to end Q2	2016/17 Forecast
Working days lost due to sickness absence per FTE	5.9	14.3	7.0	3.4	7.3
Number of working days lost due to sickness absence	1267	2720	933	309	668
Proportion of sickness absence that is long term (over 28 days)	47%	63%	49%	52%	-

#### 6. Chief Executive's & Deputy Chief Executive's Teams (DCE Team added from December 2013) (55 head count/44 FTE)

PI Name	2013/14	2014/15	2015/16	2016/17 to end Q2	2016/17 Forecast
Working days lost due to sickness absence per FTE	3.7	4.4	12.2	3	6.5
Number of working days lost due to sickness absence	212	224	547	148	320
Proportion of sickness absence that is long term (over 28 days)	40%	62%	78%	25%	-