

Report to Business & Transformation Scrutiny Panel

Agenda Item:

A.4

Meeting Date: 30th May 2019

Portfolio: Finance, Governance and Resources

Key Decision: No

Within Policy and

Budget Framework

Yes

Public / Private Public

Title: SICKNESS ABSENCE REPORT 2018/19
Report of: Corporate Director of Finance and Resources

Report Number: RD 06/19

Purpose / Summary:

This report sets out the authority's sickness absence levels for the period April 2018 to March 2019 and other sickness absence information.

Recommendations:

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

Tracking

Executive:	Not applicable
Scrutiny: BTSP	30 May 2019
Council:	Not applicable

1. BACKGROUND

The Council has a well-recognised, robust attendance management procedure to manage instances of attendance which cause concern. Current sickness statistics are shown below, with the number of days lost per FTE equating to 10.3 in 2018/19 (9.3 2017/18).

2. 2018/19 SICKNESS ABSENCE

The table below shows the 10.3 days lost per FTE in 2018/19 split between long and short-term sickness (long term sickness is defined as any absence more than 4 working weeks):

	Days	Lost	Days Lo	st per FTE
Year	2017/18	2018/19	2017/18	2018/19
Long-	2,248 (58%)	2,769 (65%)	5.4 (58%)	6.7 (65%)
term				
Short-	1,627 (42%)	1,491 (35%)	3.9 (42%)	3.6 (35%)
term				
Total	3,875	4,260	9.3	10.3

The tables below provide sickness absence levels split by directorates

Directorate Sickness Absence Levels (new Council structures in place with effect from 1 October 2016 and 1 October 2018)

All Directorates (454 head count/396 Full-Time Equivalents (FTE) as at 31/3/19)				
Indicator	2015/16	2016/17	2017/18	2018/19
Working days lost due to sickness absence per FTE	8.6	7.4	9.3	10.3
Number of working days lost due to sickness absence	4046	3037	3875	4260
Proportion of sickness absence that is long term (four working weeks or more)	56%	48%	58%	65%

Community Services (169 head count/161 FTE)				
Indicator	2015/16	2016/17	2017/18	2018/19
Working days lost due to sickness absence per FTE			12.6	13.1
Number of working days lost due to sickness absence			2078	2139
Proportion of sickness absence that is long term (four working weeks or more)			69%	68%

Economic Development (38 head count/35 FTE)				
Indicator	2015/16	2016/17	2017/18	2018/19
Working days lost due to sickness absence per FTE			3.6	4.4
Number of working days lost due to sickness absence			128	157
Proportion of sickness absence that is long term (four working weeks or more)			0%	33%

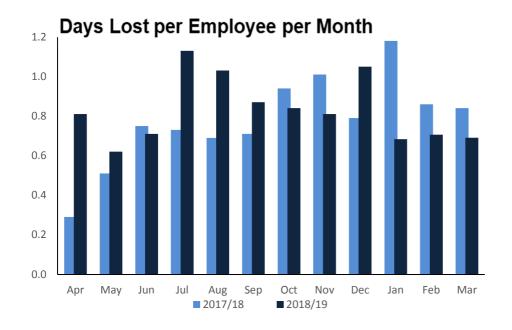
Governance and Regulatory Services (121 head count/97 FTE)				
Indicator	2015/16	2016/17	2017/18	2018/19
Working days lost due to sickness absence per FTE			8.6	11.1
Number of working days lost due to sickness absence			902	1165
Proportion of sickness absence that is long term (four working weeks or more)			59%	78%

Corporate Support and Finance and Resources directorates* (126 head count/102 FTE)				
Indicator	2015/16	2016/17	2017/18	2018/19
Working days lost due to sickness absence per FTE			6.8	7.8
Number of working days lost due to sickness absence			768	799
Proportion of sickness absence that is long term (four working weeks or more)			45%	44%

^{*}Corporate Support and Finance and Resources directorates restructures took effect from 1/10/18, therefore reporting on new directorates will therefore commence from 2019/20.

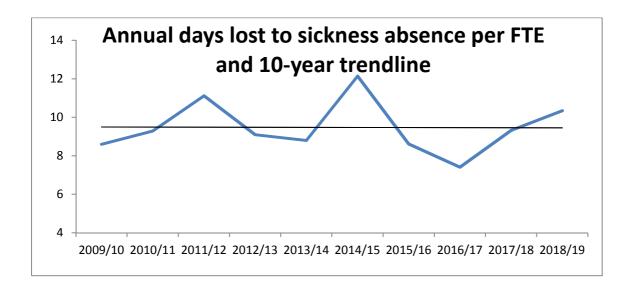
There has been an increase in overall days lost per employee when compared to the same period in the previous year. This has been mainly due to an increase in long-term absences. 54 instances (this relates to 51 employees) have been long-term (those cases where the absence is 4 working weeks or more) in 2018/19; seven more than the same period last year. 4 of the 54 instances remained open on 25 April 2019 and 21 of the 54 instances are due to 'Stress, depression, mental health, fatigue syndromes'.

The following graph compares the latest twelve months with those of the previous year. The trend of a year-on-year increase can be seen in this graph although in Quarter 4 significant improvements have been made and we hope that this will continue.



3. TRENDS

Authority-wide, compared to same period of 2017/18, 2018/19 levels of sickness have increased by 11%. The long-term trend can be seen in the graph below:



4. 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. 'Stress, depression, mental health, fatigue syndromes' currently represents the absence reason with the greatest days lost. 88% of these 1,245 lost days were from the 21 long term instances of absence.

FTE Days lost by reason and directorate	Comm. Services	Gov & Reg Services	Economic Dev't	Other*	Total
Back and neck problems	213	17	11	22	262 (6%)
Other musculo-skeletal problems	364	54	1	20	439 (10%)
Stress, depression, mental health, fatigue syndromes	<u>854</u>	138		<u>253</u>	1245 (29%)
Infections (incl. colds and flu)	160	113	49	151	473 (11%)
Neurological (incl. headaches and migraine)	23	9	5	34	70 (1.6%)
Genito-urinary / gynaecological	39	4		12	55 (1.3%)
Pregnancy related (not maternity leave)		1	1	0	2 (0.1%)
Stomach, liver, kidney & digestion (incl. gastroenteritis)	201	248	<u>77</u>	155	681 (16%)
Heart, blood pressure & circulation	74	53		0	127 (3%)
Chest & respiratory (incl. chest infections)	126	141	7	46	319 (7%)
Ear, eye, nose & mouth / dental (incl. sinusitis)	77	3	3	32	114 (3%)
Other	9	<u>385</u>	3	77	473 (11%)

^{*}Combination of Corporate Support and Finance and Resources Directorates – restructure occurred mid-year.

5. RETURN TO WORK INTERVIEWS (RTW)

In 2018/19, 98.3% of return to work interviews were conducted (2017/18: 99%). The time taken to complete the interviews and the proportion completed within five working days has also been included in the table below:

	Proportion of RTWs	Average time taken to complete RTW	Proportion of RTWs completed within 5
Directorate	conducted	(working days)	working days
Community Services	98.3%	4.3	83.5%
Corporate Support and			
Finance & Resources	98.8%	6.3	75.9%
Directorates			
Economic Development	100%	11.7	62.5%
Governance &	96.9%	6.3	67.4%
Regulatory Services	90.9%	0.3	07.470
All Directorates	98.3%	5.8	76.7%

6. KEY ACTIVITIES TO SUPPORT ATTENDANCE MANAGEMENT

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 since January 2019 to improve health and wellbeing and reduce sickness absence:

- EAP Employee Newsletters sent to staff February and March 2019 covering subjects such
 as: Reduce commuting woes, Signs of employee mental health, Preventing workplace
 negativity, Eating disorder week and World sleep day;
- EAP Employer Newsletters sent to managers February and March 2019 covering subjects such as: Time to talk day, Wear red for BHF, Employee fitness, Eating disorders and Helping keep staff happy and motivated;
- The EAP telephone and face-to-face services were used on 35 occasions by employees in 2018/19, with the main reason being mental health, with calls relating to the legal advice service increasing. In addition, 3 management referrals were made. The online service was also accessed nearly 400 times.
- Having already been awarded the Better Health at Work Bronze Award the Council are continuing to work towards the Silver Award;
- Bite Size course Brilliance at Resilience & Less Stress (13 attendees) February 2019;
- Masterclass Mindfulness (10 attendees) February 2019;
- Time to Talk Day (32 attendees) February 2019;
- Wellbeing Survey (162 responses) February 2019;
- Sleep Awareness sessions (15 attendees) March 2019;
- The Council also holds the Disability confident award which is due for renewal in June 2019.
- Lunchtime Learning Mindful craft classes, crochet and advanced crochet ongoing;
- Lunch time walks, Physio Pilates, Meditation, Yoga all ongoing;
- Counselling Service and Staff rest room continuation of service/offer to staff;
- Wellbeing pages on the intranet which include support for mental health, carers and general wellbeing – ongoing;

In addition to activities listed above, HR are working closely with line managers to ensure that Council policies are adhered to and being used effectively

7. PROPOSALS

None

8. RISKS

None

9. CONSULTATION

The report was reviewed by the Senior Management Team on 7 May 2019.

10. CONCLUSION AND REASONS FOR RECOMMENDATIONS

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

11. 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:

N/A

Note: in compliance with section 100d of the Local Government Act 1972 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.