

Resources Overview and Scrutiny Panel

Agenda
Item:

A.5

Meeting Date: 13 June 2017
Portfolio: Finance, Governance and Resources
Key Decision: No
Within Policy and Budget Framework: No
Public / Private: Public

Title: 2016/17 SICKNESS ABSENCE END OF YEAR
Report of: Chief Executive
Report Number: CE 06/17

Purpose / Summary:

This report sets out the authority's sickness absence levels for the period April 2016 to March 2017 and other sickness absence information.

Recommendations:

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

Tracking

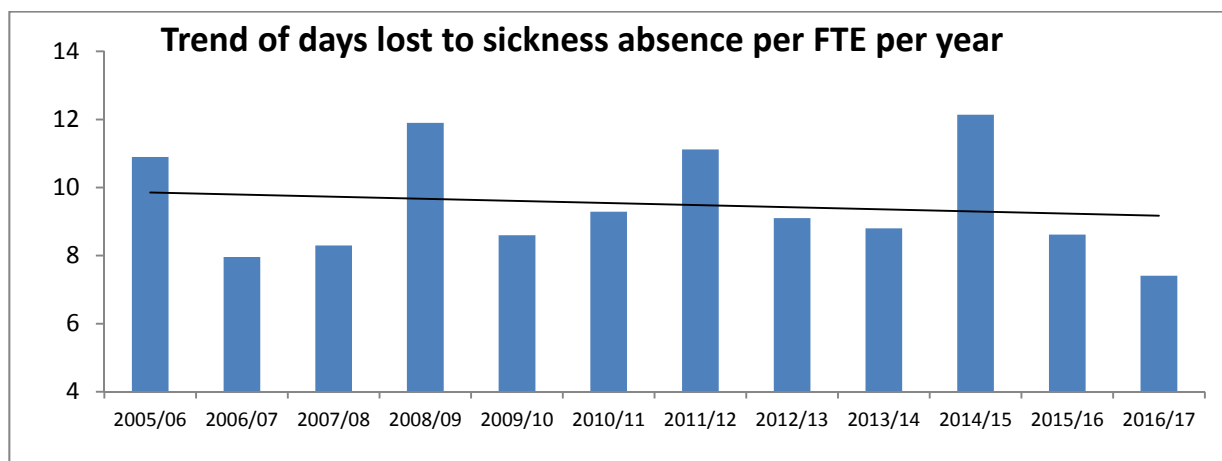
Executive:	N/A
Overview and Scrutiny:	Resources 13 June 2017
Council:	N/A

1. BACKGROUND

2015/16 levels of sickness absence decreased by approximately 29% to 8.6 days lost per Full Time Equivalent (FTE) employee compared to 2014/15. The percentage of sickness which was long-term also decreased as Human Resources (HR) worked with managers to ensure the support for their staff was available and accessible.

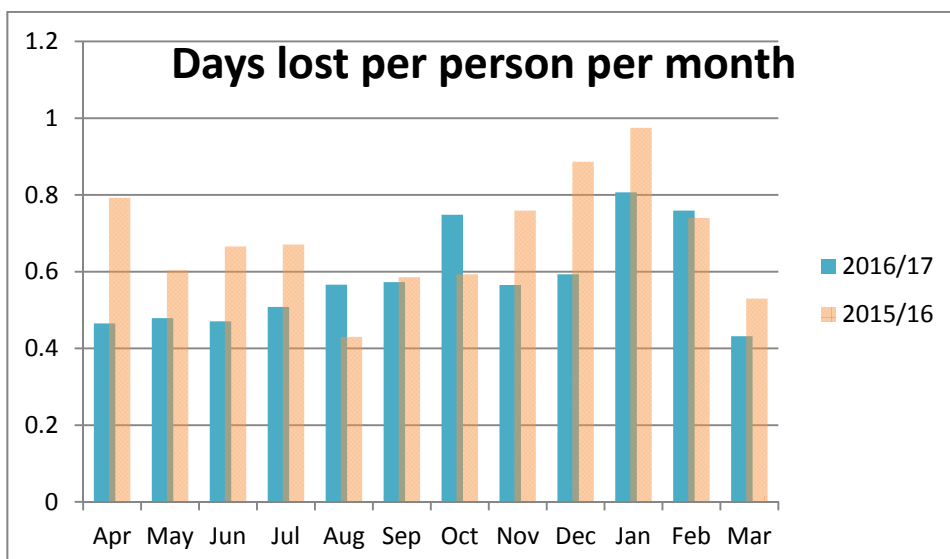
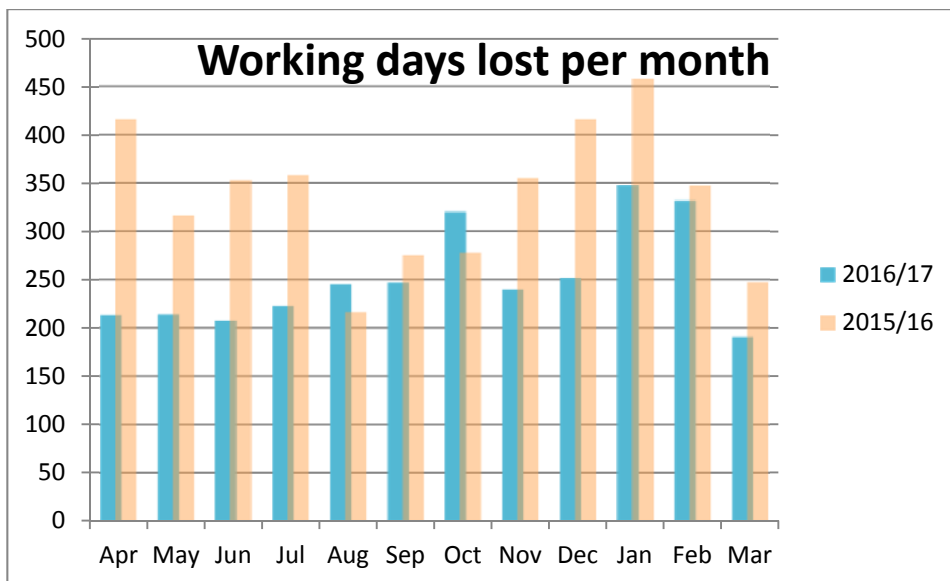
2. 2016/17 Performance

The table in Appendix 1 towards the end of the report provides sickness absence levels split by the new directorates in the last six months of 2016/17. The new structure took effect from 1 October 2016 so it is not yet possible to carry out any directorate level analysis. However, Authority-wide, compared to 2015/16, 2016/17 levels have decreased by 14% to 7.4 days lost per FTE employee. This is the City Council's lowest level of sickness absence for over twelve years. The blue bars in the graph below show how absenteeism has fluctuated but the black line shows how we're experiencing an improving trend.



The number of 'long-term' absences has also fallen. Forty employees were absent for over twenty-eight days in 2016/17 compared to sixty in the previous year.

The following two graphs compare the months of 2015/16 with those of 2016/17. The first graph provides the number of days lost per month and the second graph the number of days lost per person per month. As the organisation shrinks 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 shows a year-on-year improvement in nine out of the twelve months.



Sickness Absence Reasons

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. This is the last report that will include the 'old' directorates. The reason "Stress, depression, mental health, fatigue syndromes" was the biggest contributor to sickness absence in 2015/16 and was a close second to "Stomach, liver, kidney & digestion (incl. gastroenteritis)" in 2016/17.

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	53	43	15	1	1	7	250	8	378
02 Other musculo-skeletal problems	202	119	52	25	14	7	95	4	517
03 Stress, depression, mental health, fatigue syndromes	83	32	73	54	19	5	94	145	505
04 Infections (incl. colds and flu)	76	72	57	66	43	10	20	27	369
05 Neurological (incl. headaches and migraine)	14	33	17	6	4	13	12	11	110
06 Genito-urinary / gynaecological	4		21	11	6		20	10	71
07 Pregnancy related (not maternity leave)	1		6						7
08 Stomach, liver, kidney & digestion (incl. gastroenteritis)	194	67	71	32	10	7	89	68	537
09 Heart, blood pressure & circulation	39			2			1	1	43
10 Chest & respiratory (incl. chest infections)	47	34	21	8	2	1	30	5	148
11 Ear, eye, nose & mouth / dental (incl. sinusitis)	8	8	4	5	14	6	30	20	95
12 Other	42	85	23	4	35		69	3	260

Comment from HR Advisory Services Team Leader

The end of year report confirms the ongoing reduction in sickness absence. The 2016/17 figure of 7.4 working days lost per FTE compares well to that of the 2015/16 figure of 8.6 and much improved to that of the 2014/15 figure which was 12.1.

Long term absence as a proportion of total days lost has also reduced from 62% for 2014/15 and 56% for 2015/16 to 48% and continues to drop. As of 25th April 2017 no individual is classed as being on long term absence.

The absence reason has finally seen a reduction in stress related absences and this year stomach related conditions has been the main reason for absence. The top three reasons are: stomach, muscular-skeletal and stress related absences. The reduction in stress related conditions coincides with an improved awareness of the conditions and the introduction of intervention and wellbeing initiatives.

<u>Absence reason</u>	<u>Year 2014/15</u>	<u>Year 2015/16</u>	<u>Year 2016/17</u>
08 Stomach	14.8%	13.4%	17.9%
02 Muscular-skeletal	15.7%	14.3%	17.4%
03 Stress/Depression	19.8%	19.3%	16.9%

4.0 Return to Work Interviews

In 2016/17, 100% of return to work interviews (RTW) were completed. 100% were also completed in 2015/16. The time taken to complete the interviews and the proportion completed within five working days has also been included in the table below.

Directorate	% of RTW conducted	Average time taken to complete RTW (working days)	Proportion of RTW completed within 5 working days
Community Services	100	5.8	82%
Corporate Support & Resources	100	4.7	80%
Economic Development	100	6.6	71%
Governance & Regulatory Services	100	4.7	80%
All Directorates	100	5.4	79%

5. PROPOSALS

The authority continues to monitor sickness absence levels.

6. CONSULTATION

The initial report was reviewed by Senior Management Team on 9/5/17.

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: Directorate Sickness Absence Levels 2016/17 (New Council structure in place with effect from 1 October 2016)**1. All Directorates (448 head count/392 Full-Time Equivalents (FTE))**

Indicator	2013/14	2014/15	2015/16	2016/17
Working days lost due to sickness absence per FTE	8.8	12.1	8.6	7.4
Number of working days lost due to sickness absence	4913	6268	4046	3037
Proportion of sickness absence that is long term (over 28 days)	54%	62%	56%	48%

2. Economic Development (37 head count/34 FTE)

Indicator	2013/14	2014/15	2015/16	2016/17 Oct – Mar 2017
Working days lost due to sickness absence per FTE	-	-	-	2.1
Number of working days lost due to sickness absence	-	-	-	72
Proportion of sickness absence that is long term (over 28 days)	-	-	-	0%

3. Governance and Regulatory Services (105 head count/84 FTE)

Indicator	2013/14	2014/15	2015/16	2016/17 Oct – Mar 2017
Working days lost due to sickness absence per FTE	-	-	-	3.9
Number of working days lost due to sickness absence	-	-	-	359
Proportion of sickness absence that is long term (over 28 days)	-	-	-	46%

4. Community Services (173 head count/166 FTE)

Indicator	2013/14	2014/15	2015/16	2016/17 Oct – Mar 2017
Working days lost due to sickness absence per FTE	-	-	-	4.8
Number of working days lost due to sickness absence	-	-	-	761
Proportion of sickness absence that is long term (over 28 days)	-	-	-	54%

5. Corporate Support and Resources (133 head count/108 FTE)

Indicator	2013/14	2014/15	2015/16	2016/17 Oct – Mar 2017
Working days lost due to sickness absence per FTE	-	-	-	4.4
Number of working days lost due to sickness absence	-	-	-	493
Proportion of sickness absence that is long term (over 28 days)	-	-	-	47%