

Business & Transformation Scrutiny Panel

Agenda
Item:
A.6

Meeting Date: 5 December 2017
Portfolio: Finance, Governance and Resources
Key Decision: No
Within Policy and Budget Framework: No
Public / Private: Public

Title: 2017/18 SICKNESS ABSENCE QUARTER 2
Report of: Chief Executive
Report Number: CE 16/17

Purpose / Summary:

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

Recommendations:

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

Tracking

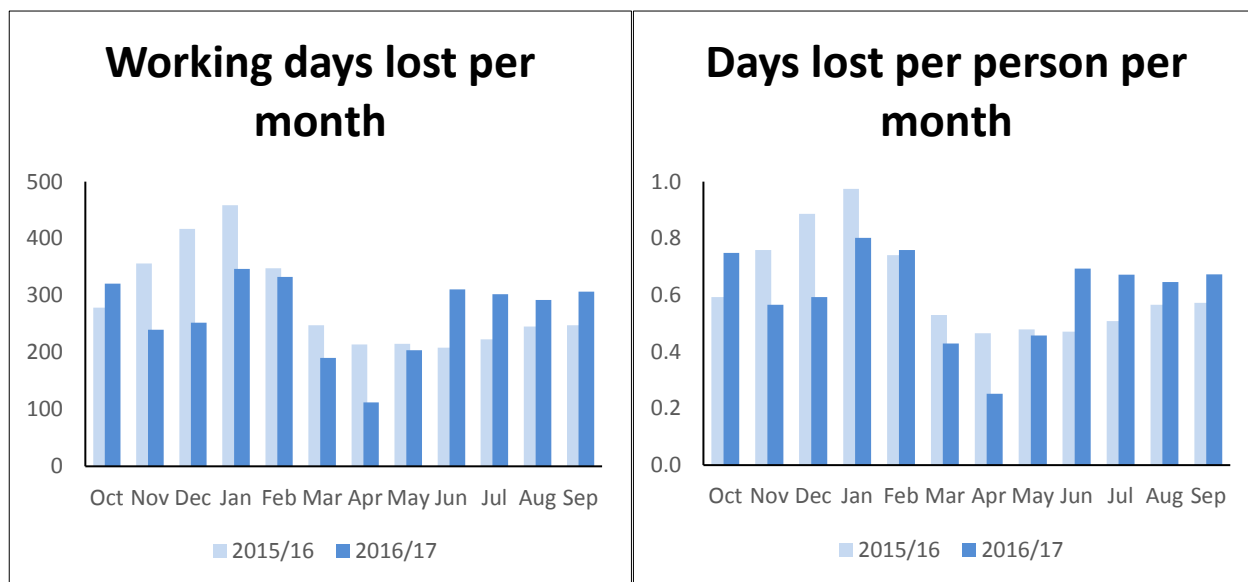
Executive:	N/A
Overview and Scrutiny:	BTSP 5 December 2017
Council:	N/A

1. BACKGROUND

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 last 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.

2. 2017/18 Performance

The table in Appendix 1 towards the end of the report provides sickness absence levels split by the new directorates. Authority-wide, compared to Quarter 2 of 2016/17, 2017/18 levels have increased by nearly 9% to 3.7 days lost per FTE employee. The last four consecutive months have been higher than the corresponding months last year. This has been mainly due to an increase in long-term absences. 24 employees have been absent long-term (absent over 28 days or more) this year; three more than last year. Three of the 24 absences remain open. 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.



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. "Other musculo-skeletal problems" is now the highest reason and was second last year. "Stress, depression, mental health, fatigue syndromes" was the highest factor in 2015/16, second in 2016/17 and third in the first six months of this year.

Days lost by reason and directorate	Comm. Servs	CS & Res	Gov & Reg Servs	ED	Total
01 Back and neck problems	115	7	20		141
02 Other musculo-skeletal problems	265	49	7	21	342
03 Stress, depression, mental health, fatigue syndromes	199	57	31	4	291
04 Infections (incl. colds and flu)	93	30	16	10	149
05 Neurological (incl. headaches and migraine)	4	12	8	2	26
06 Genito-urinary / gynaecological	6	9			15
07 Pregnancy related (not maternity leave)			2		2
08 Stomach, liver, kidney & digestion (incl. gastroenteritis)	163	66	59	7	294
09 Heart, blood pressure & circulation	7		2	7	16
10 Chest & respiratory (incl. chest infections)	2	7	3	3	15
11 Ear, eye, nose & mouth / dental (incl. sinusitis)	75	13	8	2	97
12 Other	2	1	137		140

Comment from HR Advisory Services Team Leader

There has been a significant increase in the number of working days lost from the first two quarters last year to this year. The number of working days lost last year being 1356 and currently now 1526. Average working days lost has increased from 3.4 this period last year to 3.7 currently. During the first two quarters of this year there has been 24 long-term absence cases (those cases absent over 28 days or more). All absences are being actively managed by line managers with advice and support from the HR Advisory Service and Occupational Health Service. Of the 24 long term absence cases during this period 21 cases have been resolved.

The remaining open long-term absences are genuine cases with serious and complex health issues where staff are receiving treatment or awaiting surgical procedures. It is envisaged that these cases will hopefully be able to return to work following treatment or surgery, however where this is not the case, and at the appropriate time, other options to resolve the absence will be discussed with employees.

The short-term absence for this period (absences less than 28 days) shows 602 working days lost over 202 separate episodes. Persistent short-term absence is being managed in line with the Council's Attendance Management Policy and short-term sickness absence triggers.

The top 4 reasons for sickness absence are Back and Neck, Other Musculo-skeletal, Stress & Depression and Infections.

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. Since April 2017 the following initiatives to improve health and wellbeing and reduce sickness absence have been scheduled:

- Mental Health Awareness Week – May 17
- Lunch time learning on mindfulness and motivation - June 17
- Wellbeing survey and advertising for additional Health Advocates – June 17
- Lunch time learning – realising and releasing stress and anxiety – September 17
- Wellbeing box with payslips – September 17
- Blood pressure checks – September 17
- Flu injections – October 17
- Time to Change – Mental Health
- Lunch time learning – Health mind and healthy body – December 17
- Yoga classes – October, November, December 17

In addition to the above, and considering the recent increase in absence levels, I plan to review the current Attendance Management Policy; particularly around sickness absence triggers and how we use the information to manage cases. This review will be conducted in consultation with colleagues.

Melanie Milne
HR Advisory Services Manager

4.0 Return to Work Interviews (RTW)

Up to end of Quarter 2 of 2017/18, 99% of return to work interviews had been 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%	4.9	77%
Corporate Support & Resources	97%	3.7	84%
Economic Development	100%	8.2	67%
Governance & Regulatory Services	100%	4.4	90%
All Directorates	99%	4.8	81%

5. PROPOSALS

The authority continues to monitor sickness absence levels.

6. CONSULTATION

The initial report was reviewed by Senior Management Team on 7/11/17.

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 to End Quarter 2 2017/18

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

All Directorates (458 head count/399 Full-Time Equivalents (FTE))					
Indicator	2014/15	2015/16	2016/17	2017/18 Q2	2017/18 End of Year Prediction
Working days lost due to sickness absence per FTE	12.1	8.6	7.4	3.7	7.9
Number of working days lost due to sickness absence	6268	4046	3037	1526	3276
Proportion of sickness absence that is long term (over 28 days)	62%	56%	48%	59%	-

Community Services (179 head count/171 FTE)					
Indicator	2014/15	2015/16	Oct 2016 – Mar 2017	2017/18 Q2	2017/18 End of Year Prediction
Working days lost due to sickness absence per FTE			4.8	5.5	11.8
Number of working days lost due to sickness absence			761	929	1995
Proportion of sickness absence that is long term (over 28 days)			54%	70%	-

Corporate Support and Resources (129 head count/106 FTE)					
Indicator	2014/15	2015/16	Oct 2016 – Mar 2017	2017/18 Q2	2017/18 End of Year Prediction
Working days lost due to sickness absence per FTE			4.4	2.2	4.7
Number of working days lost due to sickness absence			493	250	537
Proportion of sickness absence that is long term (over 28 days)			47%	47%	-

Economic Development (40 head count/37 FTE)					
Indicator	2014/15	2015/16	Oct 2016 – Mar 2017	2017/18 Q2	2017/18 End of Year Prediction
Working days lost due to sickness absence per FTE			2.1	1.5	3.2
Number of working days lost due to sickness absence			72	56	120
Proportion of sickness absence that is long term (over 28 days)			0%	0%	-

Governance and Regulatory Services (110 head count/86 FTE)					
Indicator	2014/15	2015/16	Oct 2016 – Mar 2017	2017/18 Q2	2017/18 End of Year Prediction
Working days lost due to sickness absence per FTE			3.9	2.7	5.8
Number of working days lost due to sickness absence			359	292	627
Proportion of sickness absence that is long term (over 28 days)			46%	37%	-