

# **Report to the Resources Select Committee**

**Date of meeting: 14 July 2015**

**Subject:** Sickness Absence

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**Committee Secretary:** Adrian Hendry (01992564246)

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## **Recommendations/Decisions Required:**

**That the Committee notes the report on sickness absence.**

## **Executive Summary**

This report provides information on the Council's absence figures for Q3 and Q4, 2014/2015; it includes absence figures by Directorate, the number of employees who have met the trigger level, those who have more than 4 weeks absence and the reasons for absence.

The Council's target for sickness absence under KPI10 for 2014/2015 was an average of 7 days per employee. The outturn figure for 2014/2015 was an average of 9.20 days per employee. At 9.20 days the Council was above target for the first time in 4 years.

The Council outturn figure for Q3 (2014/15) was 2.30 days against a target of 1.77 days and Q4 (2014/15) was 2.69 days against a target of 2.18. Figures for each Directorate are set out in paragraph 6 of the report.

During Q3, 6.6% of staff met the trigger levels or above, 30.4% had sickness absence but did not meet the triggers and 63% had no absence. During Q4, 6.6% of staff met the trigger levels or above, 32.4% had sickness absence but did not meet the trigger levels and 61% had no absence.

Currently, under the Council's Managing Absence Policy there are trigger levels for initiating management action in cases of excessive sickness absence. These are:

- (i) during any 'rolling' twelve-month period an employee has had 5 or more separate occasions of absence; or
- (ii) during any 'rolling' twelve-month period an employee has had at least 8 working days of any combination of un/self certificated, or medically certificated absences.

## **Reasons for Proposed Decision**

To enable members to make decisions regarding actions to continue to improve the Council's absence figures.

## **Other Options for Action**

For future reports the Committee may wish to include other information or receive no report to future meetings.

## **Report:**

## **Introduction**

1. The latest figures published by the Chartered Institute of Personnel and Development (CIPD) for 2014 show that the average number of days taken as sickness absence across all sectors was 7.4. In public services it was 8.2 days and 6.6 days in the private sector. In local government the figure is an average of 8 days. The Council is currently above these figures.

2. Under the Council's Managing Absence Policy there are trigger levels for initiating management action in cases of excessive sickness absence. These are:

- (i) during any 'rolling' twelve-month period an employee has had 5 or more separate occasions of absence; or
- (ii) during any 'rolling' twelve-month period an employee has had at least 8 working days of any combination of un/self certificated, or medically certificated absences.

3. In addition to the above a manager should consider referring an employee to Occupational Health when an employee has been absent from work for at least one month if there is no estimate when they will be fit to return, or if this is unlikely to be within a reasonable period.

### Quarterly Figures 2011/2012 – 2014/2015

4. The KPI target for sickness absence was amended to 7 days for 2014/15. The target was exceeded in each quarter. The cumulative total for the year is 9.20 days which is 2.2 days above the target for the year.

5. Table 1 below shows the absence figures for each quarter since 2011/2012.

	Q1	Q2	Q3	Q4	Outturn	Target
<b>2011/2012</b>	1.86	1.64	1.87	2.21	7.58	7.75
<b>2012/2013</b>	1.6	1.78	1.83	1.78	6.99	7.5
<b>2013/2014</b>	1.69	1.36	1.78	2.18	7.01	7.25
<b>2014/2015</b>	2.03	2.18	2.30	2.69	9.20	7

Table 1

### Directorate Figures 2014/2015 - New Structure

6. Table 2 shows the average number of days lost per employee in each Directorate. Only Governance was below the target average of 1.75 days per quarter in 3 of the 4 quarters.

Directorate	Ave FTE	Average Number of Days Absence 2014/2015				Total Ave No of Days 2014/15
		Q1	Q2	Q3	Q4	
<b>Communities</b>	215.7	2	1.72	2.22	2.94	<b>8.88</b>
<b>Governance</b>	97	1.02	2.63	1.24	1.78	<b>6.67</b>
<b>Neighbourhoods</b>	113.6	2.43	1.74	3.02	3.49	<b>10.68</b>
<b>Resources</b>	158.8	2.43	2.86	2.1	2.25	<b>9.64</b>

Table 2

7. This table is represented by a graph which can be found at appendix 1.

## Long Term Absence 2014/2015

8. For this purpose long term absence has been defined as 4 weeks or over. During the year there was the following number of staff on long term absence as follows:

	Q1	Q2	Q3	Q4
<b>2014/2015</b>	15	16	21	19
<b>2013/2014</b>	10	8	11	8

Table 3

9. Compared with the figures for long term absence 2013/2014 there has been a significant increase in long term absence cases. The predominate reason for long term absences during Q3 & Q4 has been for reasons of other musculo-skeletal problems which includes time off for operations and recuperation time. Other reasons include, depression, and both work and non-work related stress.

10. Comparing Q3 2013/2014 to Q3 2014/2015 the number of staff taking long term absence increased by 91% (i.e. 11 to 21 employees). The number of days taken as long term absence during these two quarters increased by 72.5% (i.e. 423.1 to 730.1 days).

11. Comparing Q4 2013/2014 to Q4 2014/2015 the number of staff taking long term absence increased by 137% (i.e. 8 to 19 employees). The number of days taken as long term absence during these two quarters increased by 29% (i.e. 545.5 to 704.2 days).

12. All of the employees in both quarters had one continuous period of absence, with the exception of two employees in Q3 and one employee in Q4. In Q4 a significant number of staff on long term absence returned to work. Table 4 provides further detail on these employees.

2014/15 Quarter	Resigned	Return to work	Formal Hearing	Dismissed	Proposed Return date	Still Absent	Ill-Health Retirement	Phased Return	Deceased
<b>Q1</b>	0	7	1	0	0	7	0	0	0
<b>Q2</b>	1	8	0	0	0	7	0	0	0
<b>Q3</b>	0	9	0	0	0	9	0	2	1
<b>Q4</b>	1	13	0	0	1	4	0	0	0

Table 4

13. At appendix 2 there is a graph which sets out a breakdown of days lost to long term absence, those who met the trigger level and those below the trigger level. This graph shows that overall, 30.73% of lost time for Q3 was due to long term absence, 26.62 % of time lost met the trigger level (and above to 19 days) and 42.64% due to short term absence. In Q4 these figures were 38.13% due to long term absence, 19.78% was above the trigger level and below 19 days and 42.091% due to short term absence.

### Reasons for Absence

14. Appendix 3 shows the reasons for absence, including the number of days lost and number of employees for each reason.

15. The largest increase in the number of days taken in Q3 and Q4 was for other musculo-skeletal problems, infections, work related stress and back problems.

16. The reasons with the largest increases in the number of employees over this period was

for other musculo-skeletal problems and infections.

17. The largest increase in the average number of days per employee was for other musculo-skeletal problems and work related stress. The largest decrease was for cancer related issues.

18. Whilst the number of days taken relating to gastro illnesses was high throughout the year, the number of staff rose in Q3 and Q4. There was an increase in the number of staff recording absences as infections and the number of days recorded in Q3 and Q4. As these quarters cover the winter months the rise in these areas is perhaps unsurprising.

19. There was a significant increase in the number of days taken and number of staff recording other musculo problems in Q3. The number of days taken was similar in Q4. The number of employees recording back problems as an issue significantly reduced in Q3, with the number of days taken slightly less than Q2 which means there was a significant increase in the average number of days taken per employee.

20. The number of days taken for depression has decreased in Q3 and Q4, compared with Q2 the number of employees recording depression remained similar. There was a significant increase in the number of days taken in Q4 for work related stress with a slight increase in the number of employees. There was an increase also in Q4 for non-work related stress.

21. Appendix 4 shows that the number of days recorded for mental health issues (i.e. depression, work and non-work related stress) increased by 93.3% from 2013/2014 to 2014/15. This represents an increase of an additional 563.2 days.

### Numbers of Absent Staff

22. Table 5 shows that there were fairly consistent numbers of staff who had no absence and those that had absence over the course of last year upto Q3 of 2014/15 where there has been a significant rise in the number of staff sickness absence approximately two-thirds of staff had no absence. However, there has been an increase in the number of staff recording sickness absence in both quarters.

<b>Quarter</b> (Based on 670 headcount)	<b>Staff with no absence</b>	<b>Staff with 7 days or less</b>	<b>Staff with 8 days or more</b>
1 - 2014/2015	73% (486)	22% (150)	5% (34)
2 - 2014/2015	71% (475)	23% (155)	6% (40)
3 - 2014/2015	63% (423)	30.4% (203)	6.6% (44)
4 - 2014/2015	61%(409)	32.4%(217)	6.6%(44)
<b>Quarter</b> (Based on 670 headcount)	<b>Staff with no absence</b>	<b>Staff with 7 days or less</b>	<b>Staff with 8 days or more</b>
1 - 2013/2014	74.6% (500)	20.9% (140)	4.5% (30)
2 - 2013/2014	73.3% (491)	22.8% (153)	3.9% (26)
3 - 2013/2014	65.8% (441)	30.5% (204)	3.7% (25)
4 - 2013/2014	65.8% (441)	28.4% (190)	5.8% (39)

Table 5

### Conclusion

23. Sickness absence in 2014/15 has seen a significant rise in the average number of days per employee from 7.01 in 2013/14 to 9.20 in 2014/15. This increase means that this is the first time in 4 years that the Council has not met its target. Anecdotally this is a pattern reflected in other District Councils across the County.

24. The number of long term cases has increased significantly compared to 2013/14. In addition, the number of staff recording 7 days or less has also increased during Q3 and Q4.

25. The Council does have an aging workforce which may account for the increase in the number of days taken for other musculo-skeletal problems (this period does include staff absence for operations and recuperation time).

26. There was an increase of flu and the Norovirus within the general population before and after the Christmas period. This could account for the increase in the number of days taken and number of staff off for infections and gastric problems during Q3 and Q4.

27. The number of days taken due to mental health issues has increased significantly from 2013 to 2015. This may be due to internal factors such as change within the authority, there has been a number of directorate/team reorganisations or that mental health issues have lost some of its stigma and staff are more comfortable recording their absence correctly. Staff may also have concerns and worries about family finances, potential redundancies and caring responsibilities which could affect their mental health.

### **Actions**

28. The report was discussed in detail by the Council's Management Board which agreed the actions set out below. These will be taken forward in the Key Performance Indicator Improvement Plan 2015/16.

29. Management Board agreed that;

- 29.1 The Assistant Director (HR) to carry out further analysis on the increase in the number of days taken for mental health issues.
- 29.2 HR will arrange mandatory workshops for managers to ensure that the Council's Managing Absence Policy is applied consistently and timely across the authority. In addition, managers will be encouraged to become proactive when managing absence.
- 29.3 HR will arrange workshops for managers on mental health issues.
- 29.4 HR will work with Directors to produce the most useful management information regarding sickness absence
- 29.5 The Assistant Director (HR) to meet with the Council's Occupational Health provider regarding the information provided to managers by their doctors.

30. In addition to the above an article on the Council's sickness absence position will be published in District Lines.

### **Resource implications:**

N/A

### **Legal and Governance Implications**

N/A

### **Safer, Cleaner and Greener Implications**

N/A

### **Consultation Undertaken**

None

### **Background Papers**

N/A

### **Risk Management**

Failure to manage sickness absence results in loss productivity and if it is significantly high could adversely affect the reputation of the authority.

**Due Regard Record:**

This page shows **which groups of people are affected** by the subject of this report. It sets out **how they are affected** and how any **unlawful discrimination** they experience can be eliminated. It also includes information about how **access to the service(s)** subject to this report can be improved for the different groups of people; and how they can be assisted to **understand each other better** as a result of the subject of this report.

S149 Equality Act 2010 requires that due regard must be paid to this information when considering the subject of this report.

The Council's Managing Absence and Medical Health/Incapacity Policies offer advice and guidance to managers when they are managing absence cases on reasonable adjustments.

Before any action is taken the Council seeks advice from its Occupational Health provider.