

Report to the Resources Select Committee

Date of meeting: 19 December 2017

Subject: Sickness Absence

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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 Q1 and Q2, 2017/2018; 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 RES001 for 2017/2018 is an average of 7.25 days per employee. The current outturn figure for the two quarters is an average of 3.39 days, which is slightly above the target of 3.22 days.

During Q1, 4.3 % of employees met the trigger levels or above, 27.9% had sickness absence but did not meet the triggers and 67.8% had no absence. During Q2, 5.2% of employees met the trigger levels or above, 27% had sickness absence but did not meet the trigger levels and 67.8% 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 discuss the Council's absence figures and suggest proposals to improve them.

Other Options for Action

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

Report:

Introduction

1. The latest figures published by the Chartered Institute of Personnel and Development (CIPD) for 2016 show that the average number of days taken as sickness absence across all sectors is 6.3 days (2 days less than 2015). In public services the figure is 8.5 days and 5.2 days in private sector services. In local government the figure is an average of 9.9 days.

Currently, the Council is performing well against the national figures, both in terms of the 2016/17 outturn figure (6.71 days) and the continuing improvement into Q1 of this year.

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 2013/2014 – 2017/2018

4. The KPI target for sickness absence has been reduced to 7.25 days for 2017/18. The Council is below target for Q1 and slightly above in Q2 (by 0.17 days).
5. Table 1 below shows the absence figures for each quarter since 2013/2014.

	Q1	Q2	Q3	Q4	Outturn	Target
2017/2018	1.27	2.12	-	-	-	7.25
2016/2017	1.5	1.48	2.06	1.67	6.71	7.5
2015/2016	2.02	1.86	1.69	2.42	7.99	7
2014/2015	2.03	2.18	2.30	2.69	9.20	7
2013/2014	1.69	1.36	1.78	2.18	7.01	7.25

Table 1

Directorate Figures 2017/2018

6. Table 2 shows the average number of days lost per employee in each Directorate.

Directorate	Ave FTE	Average Number of Days Absence 2017/2018				Total Ave No of Days 2017/18
		Q1	Q2	Q3	Q4	
Communities	224.6	1.6	3	-	-	-
Governance	93.4	1.9	1.65	-	-	-
Neighbourhoods	145.1	0.68	0.75	-	-	-
Resources	147.57	0.78	2.05	-	-	-

Table 2

Long Term Absence 2013/2014 – 2017/2018

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

	Q1	Q2	Q3	Q4	Total Average*
2017/2018	12	20	-	-	
2016/2017	8	8	10	10	10.75
2015/2016	12	14	7	17	12.5
2014/2015	15	16	21	19	17.75
2013/2014	10	8	11	8	9.25

Table 3

(*This figure has been used as there could be the same employee in more than one quarter)

8. There has been a slight increase in the number of long term absence from Q4 of last year to Q1 of this. However, there has been a significant rise in long term cases in Q2, the highest it has been in this 5 year period. The reasons for long term absences during 2017/2018 are set out in table 4.

Reason for long term absence	No of employees Q1	No of employees Q2	No of employees Q3	No of employees Q4
Non work related stress	0	1	-	-
Work related stress	1	3		
Depression/anxiety	1	3		
Cancer	2	4		
Other musculoskeletal	3	3		
Heart, circulatory	2	2		
Back	1	2		
Gastro	0	1		
Neurological	0	1		
Ear, Nose & Throat	1	0		
Eye	1	0		

Table 4

9. There has been a significant rise in the number of mental health related long term cases. This could be an indication of the amount and type of change that is being experienced across the Council at this time. The number of long term cases due to Cancer has also increased.
10. All of the long term sickness employees, in Q1 had one continuous period of absence, with the exception of one employee who had 3 occasions and two others who had 2. In Q2, 17 employees had one continuous period of absence and 3 employees had two occasions. Table 5 provides further detail on the outcome of individual long term cases.

2017/18 Quarter	Resigned	Return to work	Warning	Dismissed	Redundancy	Still Absent	Ill-Health Retirement	Phased Return/Redeploy
Q1	1	5	0	0	0	5	0	1
Q2	2	10	0	0	0	8	0	0
Q3	-	-	-	-	-	-	-	-
Q4	-	-	-	-	-	-	-	-

Table 5

11. Of those who recorded absence, the breakdown of days lost to long term absence, those who met the trigger level and those below the trigger level are as follows;

Quarter	Long Term	Met Trigger	Under Trigger
Q1	5.6%	7.8%	86.6%
Q2	9.3%	6.9%	83.8%

Table 6

Reasons for Absence

12. Appendix 1 shows the reasons for absence, including the number of days lost and number of employees for each reason in each quarter.

13. As a summary, compared to Q1 and Q2 of 2016/2017 there has been an;

- Increase in mental health reasons of 28%
- Increase of back problems of 41%
- Increase in other musculoskeletal of 22%
- Increase of incidents of cancer of 100%

14. The Council has invested in a training programme to equip managers to deal with mental health issues and it continues to provide resilience training and access to Mindful Employer for employees, along with counselling services at Occupational Health. HR Officers continue to work with managers to ensure that long term cases are managed sensitively and in a timely way.

Numbers of Absent Staff

15. Table 7 shows that there were relatively consistent numbers of staff who had no absence and those that had absence during Q1/Q2. Over two thirds of staff had no absence which has been quite consistent over a number of years, however, the actual number of employees (not recording sickness absence) has reduced in this current period compared to the same quarters last year.

Quarter (Based on 670 headcount)	Staff with no absence	Staff with 7 days or less	Staff with 8 days or more
1 – 2017/2018	67.8% (454)	27.9% (187)	4.3% (29)
2 – 2017/2018	67.8% (454)	27% (181)	5.2% (35)
3 - 2017/2018	-	-	-
4 - 2017/2018	-	-	-
Quarter (Based on 670 headcount)	Staff with no absence	Staff with 7 days or less	Staff with 8 days or more
1 – 2016/2017	75.4% (505)	19.8% (133)	4.8% (32)
2 – 2016/2017	73.7% (494)	22.2% (149)	4.1% (27)
3 – 2016/2017	64% (429)	33.4% (224)	2.6% (17)
4 – 2016/2017	65% (437)	30% (202)	5% (31)

Table 7

Conclusion

16. Q1 continued to show an improvement in the quarterly figures which followed the improvements in the last reporting year. However, Q2 has seen an increase in the number of long term cases with increases in mental health related cases and employees dealing with cancer. Compared to Q1 and Q2 of last year to the same quarters of this year there has been an increase in the number of staff reporting sick of 21%.

17. The increase in the number of mental health cases could be linked to the Council's Transformation Programme which has caused uncertainty for some staff. Detailed in para

14 are the interventions the Council has put in place to support both managers and staff.

Resource implications:

N/A

Legal and Governance Implications

N/A

Safer, Cleaner and Greener Implications

N/A

Consultation Undertaken

N/A

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.