Report to the Resources Select Committee

Date of meeting: 9 July 2018

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 Q3 and Q4, 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 4.74 days, which is above the target of 3.22 days.

During Q3, 6.3% of employees met the trigger levels or above, 28.2% had sickness absence but did not meet the triggers and 65.5% had no absence. During Q4, 7.2 % of employees met the trigger levels or above, 29.3 % had sickness absence but did not meet the trigger levels and 63.5 % 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 reasonably against the national figures, even though the Council's outturn figure for 2017/18 has increased compared to last 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 has met the target for Q3 and is above in Q4 (by 0.72 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	2.20	2.54	8.13	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. The Q3 target of 2.21 days was exceeded by 3 of the Directorates and in Q4 all exceeded the target of 1.82 days.

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	2.43	2.73	**9.76**
Governance	93.4	1.9	1.65	2.53	2.17	**8.25**
Neighbourhoods	145.1	0.68	0.75	0.9	2.61	**4.94**
Resources	147.57	0.78	2.05	2.18	2.15	**7.16**
Chief Executive				2.34	2.31	**4.65**

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 were the following number of employees on long term absence:

	Q1	Q2	Q3	Q4	Total Average*
2017/2018	12	20	18	18	17
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 significant increase in the number of long term absence in 2017/2018 compared to last year. This is in terms of both the number of days lost and the number of employees. 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	1	1
Work related stress	1	3	3	1
Depression/anxiety	1	3	2	2
Cancer	2	4	4	4
Other musculoskeletal	3	3	3	3
Heart, circulatory	2	2	1	1
Back	1	2	1	1
Gastro	0	1	0	0
Neurological	0	1	1	0
Ear, Nose & Throat	1	0	0	0
Eye	1	0		0
Genitourinary/menstrual problems etc	0	0	1	2
Chest		0	1	1
Cold	0	0		2

Table 4

9. The number of long term cases due to Cancer has remained the same during Q2 – Q4 and represents 21% of the number of staff with long term absence. This percentage figure is the same for Mental Health issues. The number of employees with musculoskeletal problems has also been consistently across all 4 quarters.

10. All of the long term sickness employees, in Q3 had one continuous period of absence. In Q4, 16 employees had one continuous period of absence, 1 employee had three occasions and 1 had four 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	2	4	0	0	0	12	0	0
Q4	2	11	0	0	0	5	0	0

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%
Q3	7.8%	10.4%	81.8%
Q4	7%	12.7%	80.3%

Table 6

12. Further to the discussions at the last Resources Select Committee further analysis of long term absences including age, years' service and grade has been provided. Overall in Q3, 28% of staff with service less than 5 years the same as employees with 26 years +, 44% where in the age bracket 46-55 and 61% where at grades 4 – 6. In Q4, 56% of long term absence is taken by employees with 5 years' service or less, they would more likely be in the age bracket 46–55 at 33% and in the grade range of 4 -6 at 61%. It should be noted that there are more staff situated at both the age and grade ranges.

Reasons for Absence

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

14. As a summary, compared to Q3 and Q4 of 2016/2017 there has been an;

- Increase in mental health reasons of 32% (an increase also occurred in the comparison of Q1 and Q2 of the same years)
- Increase in other musculoskeletal of 12% (an increase also occurred in the comparison of Q1 and Q2 of the same years)
- Increase of incidents of cancer of 79% (an increase also occurred in the comparison of Q1 and Q2 of the same years)
- Increase incidents of gastro illnesses of 40%

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 Q3/Q4. 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	65.5 (439)	28.2% (189)	6.3% (42)
4 - 2017/2018	63.5% (426)	29.3% (196)	7.2% (48)
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. The Council was 0.72 days over its target of 7.25 during 2017/2018. Q1 performance was reasonable but the rest of the year quarterly targets were met or exceeded. There were increases in infections compared with the other in year quarters and incidents of gastro illnesses increased by 40% compared with last year.

17. Further analysis of long term cases in Q3 and Q4 showed that the age and grade brackets that employee the greater number of employees have the most incidents of sickness absence (see para 12). Interestingly, employees with less than 5 years Council service seem to have long term absence. This information will be taken forward into the Pay and Benefit Review.

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 and service delivery.