Report to the Resources Select Committee

Date of meeting: 13 July 2017

Subject: Sickness Absence

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Committee Secretary: Adrian Henry (01992564246)

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, 2016/2017; 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 2016/2017 is an average of 7.5 days per employee. The current outturn figure for the two quarters is an average of 3.73 days, which is below the target of 3.86 days. The overall outturn figure for the year was an average of 6.71 days, which is 0.79 days lower than the target.

During Q3, 2.6% of employees met the trigger levels or above, 33.4% had sickness absence but did not meet the triggers and 64% had no absence. During Q4, 5% of employees met the trigger levels or above, 30% had sickness absence but did not meet the trigger levels and 65% 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. In 2016/17 the Council performed well against the national 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 2012/2013 – 2016/2017

4. The KPI target for sickness absence remained at 7.5 days for 2016/17. The Council was below target over both Q3 and Q4.

5. Table 1 below shows the absence figures for each quarter since 2012/2013.

	Q1	Q2	Q3	Q4	Outturn	Target
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
2012/2013	1.6	1.78	1.83	1.78	6.99	7.5

Table 1

Directorate Figures 2016/2017

6. Table 2 shows the average number of days lost per employee in each Directorate. All Directorates were above target in Q3 (1.6). Only Communities were above target in Q4 (2.26) the other Directorates were considerably lower.

Directorate	Ave FTE	Average Number of Days Absence 2016/2017				Total Ave No of Days 2016/17
		Q1	Q2	Q3	Q4	
Communities	215.43	1.3	1.8	2.52	2.43	**8.05**
Governance	92.67	0.9	1.0	1.77	1.34	**5.3**
Neighbourhoods	144.72	2.8	0.9	1.79	1.25	**6.74**
Resources	150.75	1	1.2	1.85	1.22	**5.27**

Table 2

Long Term Absence 2013/2014 – 2016/2017

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

	Q1	Q2	Q3	Q4	Total Average*
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 will be used as there could be the same employee in more than one quarter)

8. There continues to be a significant decrease in the number of long term absence cases since 2014/2015. During Q3 and Q4 of 2016/17 the numbers of staff taking long term sickness were less than those of the same quarter last year. The reasons for long term absences during 2016/2017 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	Total
Other musculoskeletal	3	3	2	3	**11**
Heart	2	1	1	1	**5**
Cancer	0	1	1	2	**4**
Depression	0	0	3	1	**4**
Eye, ear etc	0	0	2	1	**3**
Non work related stress	1	1	1	0	**3**
Genitourinary; menstrual problems etc	1	2	0	0	**3**
Infections	0	0	3	0	**3**
Work Related Stress	0	0	2	1	**3**
Gastro	1	0	0	0	**1**
Neurological	0	0	0	1	**1**
Back Problems	0	0	1	0	**1**

Table 4

9. All of the long term sickness employees, in both quarters, had one continuous period of absence. Table 5 provides further detail on the outcome of individual long term cases.

2016/17 Quarter	Resigned	Return to work	Warning	Dismissed	Redundancy	Still Absent	Ill-Health Retirement	Phased Return/ Redeploy
Q1	0	4	0	0	0	3	0	1
Q2	0	3	0	0	0	3	0	2
Q3	1	7	0	0	0	6	0	3
Q4	1	4	0	0	0	5	0	0

Table 5

10. 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	4.9%	14.5%	80.6%
Q2	4.5%	10.8%	84.7%
Q3	6.5%	8.8%	84.7%
Q4	4.3%	9%	86.7%

Table 6

Reasons for Absence

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

12. In comparison with Quarter 3 - 2015/16, the largest increases of the number of days taken are for other musculoskeletal problems, infections and heart problems. The largest decreases can be seen with genitourinary/menstrual problems and back conditions.

13. In comparison with Quarter 4 - 2015/16, the largest increases of the number of days taken are for cancer, neurological and eye/ear/nose and mouth problems. The largest decreases can be seen with other musculoskeletal problems, genitourinary/menstrual problems and depression.

14. The largest decrease in the average number of days per employee over Q3 – Q4 was for other musculoskeletal problems, infections, work related stress and depression.

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. The figures show that Quarters 3 and 4 have the highest numbers of staff recording sickness which corresponds with the winter and spring months.

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)
Quarter (Based on 670 headcount)	Staff with no absence	Staff with 7 days or less	Staff with 8 days or more
1 – 2015/2016	73.6% (493)	22.1% (148)	4.3% (29)
2 – 2015/2016	71.8% (481)	24.2% (162)	4% (27)
3 – 2015/2016	68.4% (458)	27.9% (187)	3.7% (25)
4 – 2015/2016	61% (409)	35% (234)	4% (27)

Table 7

Partner Figures

16. At the December meeting members asked for comparison figures from our partner organisations. Unfortunately they have not been provided. However figures from the CIPD report (as mentioned in paragraph 1) the following national figures are provided:

Sector	Average number of days
Leisure	5.1
Waste (Transport, distribution & storage)	7
Housing Repairs (construction)	4.9

Performance Indicator 2016/17 - Action Plan

17. The current Performance Indicator action plan includes a number of improvements, shown below along with progress.

Improvement Action	Target Dates	Key Measures/Milestones	Comments
HR to further develop and improve sickness information given to Directors, Assistant Directors and Managers.	31 March 2017	Increased awareness of sickness absence within Directorates and individual service areas. Employees meeting one or both trigger levels are managed in a timely and appropriate way.	Completed. HR Officers working closely with Assistant Directors and managers. Leadership Team reminded (Nov 16) of the importance of ensuring all sickness absence is recorded
An article on the Council's sickness absence position will be published in District Lines.	December 2016	Employees are informed of the Council's sickness absence figures.	Completed. Will provide information again at the end of Q4 - Completed

Conclusion

18. There has been an improvement in the outturn figures and better than that recorded in 2012/13. The Council compares favourably to the national figure of 6.3 average days per employee (CIPD Report).

19. The number of long term sickness cases continues to decrease.

20. Compared to the previous financial year 2016/17 saw increases in other musclo-skeletal, heart, neurological, infections and non-work related stress. There were decreases in gastro, depression and back problems.

21. The Action Plan for this quarter has been completed.

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.