Report to the Resources Select Committee

Date of meeting: **14 December 2015**

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 Q1 and Q2, 2015/2016; 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 2015/2016 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.

During Q1, 4.3% of employees met the trigger levels or above, 22.1% had sickness absence but did not meet the triggers and 73.6% had no absence. During Q2, 4% of employees met the trigger levels or above, 24.2% had sickness absence but did not meet the trigger levels and 71.8% 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 make decisions regarding actions to improve them.

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 2015 show that the average number of days taken as sickness absence across all sectors is 8.3 days. In public services the figure is 9.3 days and 7.4 days in the private sector. In

local government the figure is an average of 8 days. Last year the Council's outturn figure was 9.2 days. Q1 and Q2 figures for this year are indicating that the Council will again be above the average of 8 days. The report concludes that public sector absence has increased by almost a day.

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 – 2015/2016

4.   The KPI target for sickness absence remained at 7 days for 2015/16. The target has been exceeded in both quarters this year and it is unlikely the Council will meet the target. However, there are slight reductions on last year figures in both quarters.

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

	Q1	Q2	Q3	Q4	Outturn	Target
2015/2016	2.02	1.86				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
2011/2012	1.86	1.64	1.87	2.21	7.58	7.75

Table 1

Directorate Figures 2015/2016

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 both quarters, Resources was below this figure for Q1.

Directorate	Ave FTE	Average Number of Days Absence 2015/2016				Total Ave No of Days 2015/15
		Q1	Q2	Q3	Q4	
Communities	212.05	2.56	2.06			
Governance	88.78	0.92	0.99			
Neighbourhoods	117.9	2.28	2.03			
Resources	148.76	1.67	2.0			

Table 2

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

Long Term Absence 2013/2014 – 2015/2016

8.   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**
2015/2016	12	14		
2014/2015	15	16	21	19
2013/2014	10	8	11	8

Table 3

9.   There was a significant increase in long term absence during 2014/2015 compared to the previous year. The number of long term absences has decreased slightly in both quarters during this financial year but there has been a slight increase in number from Q1 to Q2. The reasons for long term absences during Q1 & Q2 are set out in table 4.

Reason for long term absence	**Number of employees Q1**	**Number of employees Q2**
Depression not stress	3	3
Non work related stress	1	1
Work related stress	0	1
Musculoskeletal (including back problems)	4	5
Gastro	2	1
Heart	2	2
Cancer	0	1

Table 4

10.   The 2015 CIPD report stated that a number of organisations (not just in the public sector) reported they had seen an increase in stress related absence and mental health problems. It shows that minor illness accounts for most short term absence whereby acute conditions such as stress, musculoskeletal, mental health and back pain are most common reasons for long term absences. The Council reflects these findings as table 4 shows.

11.   All of the employees in both quarters had one continuous period of absence, with the exception of one employee in Q2. At the end of Q1 there where a number of employees still absent from work however, this has improved during Q2 whereby only 2 employees were absent going into Q3. Table 5 provides further detail on these employees.

2015/16 Quarter	**Resigned**	**Return to work**	**Warning**	**Dismissed**	**Redundancy**	**Still Absent**	**Ill-Health Retirement**	**Phased Return**	**Deceased**
Q1	0	2	0	0	0	6	1	3	0
Q2	2	5	0	1	1	2	0	3	0

Table 5

12.   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, 47% of lost time for Q1 was due to long term absence, 20% of time lost met the trigger level (and above to 19 days) and 33% due to short term absence. In Q2 these figures

were 36% due to long term absence, 20% was above the trigger level and below 19 days and 43% due to short term absence.

Reasons for Absence

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

14.   The largest increase in the number of days taken from Q1 to Q2 was for work and non-work related stress, heart/circulation problems, and respiratory problems.

15.   The reasons with the largest increases in the number of employees over this period were for back problems and eye, ear, nose throat issues.

16.   The largest increase in the average number of days per employee was for work related stress, heart, also cancer issues. The largest decrease was for non-work related stress.

Numbers of Absent Staff

17.   Table 6 shows that there were fairly consistent numbers of staff who had no absence and those that had absence over the course of Q1 and Q2. Over two thirds of staff had no absence but there has been an increase in sickness absence compared to 2013/14.

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			
4 – 2015/2016			
Quarter (Based on 670 headcount)	Staff with no absence	Staff with 7 days or less	Staff with 8 days or more
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)

Table 6

Mental Health Issues

18.   During 2014/2015 there was a significant increase in the number of days taken due to mental health issues. At the Council they are recorded under depression, non-work related stress and work related stress. The additional number of days taken for these reasons was 563.2, an increase of 93.3%. This was as a comparison to 2013/2014. For the first 2 quarters of this year there has been a (pro rata) reduction in the number of days taken for these reasons and a reduction in the number of employees recording work related stress (8 employees in 2014/2015 to 2 in 2015/2016)

19.   So far 2015/2016 has seen a reduction in days lost to mental health issues. At the half way point in the year only 42% of the days lost in 2014/2015 have been lost in 2015/2016 (i.e 1042.7 days in 2014/2015 to 436.4 days in 2015/2016).

20.   The types of issues that HR are made aware of when dealing with depression and non-work related stress include; bereavement, workplace change, (working) relationships with colleagues and family issues. In cases of work related stress they tend to be workplace change and (working) relationships with colleagues. The type, volume and nature of work are very rarely stated, if at all, as reasons for work related stress.

21.   The length of time an employee is absent from work due to one of these reasons varies and is not only medium or long-term periods it can be as little as a day.

22. Of those employees in Q1 who recorded depression, non-work or work related stress;

- 3 left the Council
- 4 returned to work
- 1 employee remains absent
- 1 returned to work and is absent again

23. Of those employees in Q2 who recorded depression, non-work or work related stress;

- 3 left the Council
- 6 returned to work
- 1 employee remains absent
- 1 returned to work and is absent again

24.   Please note that 5 employees appear in both quarters and have been included in paragraphs 23 and 24 (including the employee currently absent).

25.   It is worth noting that according to Mind (the mental health charity) in some instances staff report that they are absent due to musculoskeletal problems rather than mental health reasons. Individuals can experience back and other musculoskeletal pain when suffering from mental health issues. As table 4 shows this was the reason with the highest number of employees off on long term absence. In all cases it seems that there were no underlying mental health issues for those recording this reason as sickness absence.

Conclusion

26.   The number of days taken due to mental health issues had 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. However, there has been an improvement in these figures as that this year the number of days lost to mental health issues shows a 16.3% reduction on 2014/2015. (This assumes that the 1042.7 days were lost evenly throughout the year so the comparative half year figure would be 521.35, which has reduced by 84.95 days or 16.3%).

Actions

27.   An action within the Key Performance Indicator Improvement Plan 2015/16 stated that HR will arrange workshops for managers on mental health issues. The first 4 of a number of workshops have been arranged for the 15 and 17 December. It is mandatory for all managers to attend.

28.   The Council is working with Rethink (a mental health charity) and VineHR to arrange these sessions.

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.

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.

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

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

The Council provides training for managers on managing absence and is currently arranging workshops to assist managers when dealing with mental health issues.