

# **Report to the Resources Select Committee**

**Date of meeting: 12 July 2016**

**Subject:** Sickness Absence

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**Committee Secretary:** Adrian Henry (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, 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 2015/2016 was an average of 7.99 days per employee. This is an improvement of 1.21 days compared to 2014/2015.

During Q3, 3.7% of employees met the trigger levels or above, 27.9% had sickness absence but did not meet the triggers and 68.4% had no absence. During Q4, 4% of employees met the trigger levels or above, 35% 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 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 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. The Council's outturn figure of 7.99 days is just below the local government average and 0.5 above the private sector.

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 outturn figure shows the Council has exceeded this target however there has been a significant improvement on last year's outturn of 9.20 days.

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

	Q1	Q2	Q3	Q4	Outturn	Target
<b>2015/2016</b>	2.02	1.86	1.69	2.42	7.99	7
<b>2014/2015</b>	2.03	2.18	2.30	2.69	9.20	7
<b>2013/2014</b>	1.69	1.36	1.78	2.18	7.01	7.25
<b>2012/2013</b>	1.6	1.78	1.83	1.78	6.99	7.5
<b>2011/2012</b>	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 Communities were above the target average of 1.75 days in Q3. In Q4 Governance and Resources were below the target average of 2.05 days.

Directorate	Ave FTE	Average Number of Days Absence 2015/2016				Total Ave No of Days 2015/16
		Q1	Q2	Q3	Q4	
<b>Communities</b>	212.05	2.56	2.06	2.36	2.56	<b>9.54</b>
<b>Governance</b>	88.78	0.92	0.99	1.05	0.93	<b>3.89</b>
<b>Neighbourhoods</b>	117.9	2.28	2.03	1.36	3.85	<b>9.52</b>
<b>Resources</b>	148.76	1.67	2.0	1.42	1.97	<b>7.06</b>

Table 2

### Long Term Absence 2013/2014 – 2015/2016

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*
<b>2015/2016</b>	12	14	7	17	12.5
<b>2014/2015</b>	15	16	21	19	17.75
<b>2013/2014</b>	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 was a decrease in the number of long term absence cases during 2015/2016 compared to the previous year. In Q3 this decrease was substantial, half the previous quarter's figure and only a third of the figure for Q3 last year. The reasons for long term absences during 2015/2016 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
Depression not stress	3	3	0	3
Non work related stress	1	1	2	1
Work related stress	0	1	2	0
Musculoskeletal (including back problems)	4	5	1	3
Gastro	2	1	2	1
Heart	2	2	0	0
Cancer	0	1	0	0
Other musculoskeletal	0	0	0	6
Genitourinary; menstrual problems etc	0	0	0	2
Chest, respiratory	0	0	0	1

Table 4

9. There was a significant increase in the number long term sickness for other musculoskeletal problems in Q4 which included surgery or fractured/broken bones. None were due to an accident/injury at work.

10. All of the employees in both quarters had one continuous period of absence, with the exception of one employee in Q4 who had 4 occasions. At the end of Q3 there was only 1 employee who remained absent from work. Table 5 provides further detail on the outcome of individual long term cases.

2015/16 Quarter	Resigned	Return to work	Warning	Dismissed	Redundancy	Still Absent	Ill-Health Retirement	Phased Return/Redeploy
Q1	0	2	0	0	0	6	1	3
Q2	2	5	0	1	1	2	0	3
Q3	1	5	0	0	0	1	0	0
Q4	1	12	0	0	0	0	1	3

Table 5

11. 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
Q3	24.9%	18.1%	57%
Q4	40.7%	18.5%	40.8%

### 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. The largest increase in the number of days taken from Q2 to Q3 was for gastro illnesses, infections and work related stress. The largest increase in the number of days from Q3 to Q4 was for infections and other musculoskeletal problems. The increase in infections between the two quarters is probably unsurprising due to the time of year and the nature of the other musculoskeletal problems is stated in paragraph 10 above.

14. The absence reasons with the largest increases in the number of employees over Q3 - Q4 was for infections, work related stress and genitourinary/menstrual problems.

15. The largest increase in the average number of days per employee over Q3 - Q4 was for other musculoskeletal problems.

16. The largest decrease in the average number of days over Q3 – Q4 was for work and non-work related stress.

### Numbers of Absent Staff

17. Table 6 shows that there were relatively consistent numbers of staff who had no absence and those that had absence over Q1 to Q4. Over two thirds of staff had no absence

and there has been an improvement in sickness absence compared to 2014/15.

<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 – 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)
<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)

Table 6

### Update on Key Performance Action Plan 2015/2016

18. As the Committee is aware an annual improvement plan is agreed for each Key Performance Indicator. The Plan for 'RES001- average days lost to sickness absence' 2015/16 is shown below along with progress to date:

<b>Improvement Action</b>	<b>Target Dates</b>	<b>Key Measures / Milestones</b>	<b>Progress</b>
The Assistant Director (HR) to carry out further analysis on the increase in the number of days taken for mental health issues.	December 2015	A report is submitted to Management Board	Completed. Report submitted to Resources Select Committee 14 December 2015
HR will arrange mandatory workshops for managers to ensure that the Council's Managing Absence Policy is applied consistently and timely across the authority.	December 2015	Managers become proactive when managing absence.	Outstanding
HR will arrange workshops for managers on mental health issues.	December 2015	Managers are confident when dealing with mental health issues of their staff	Completed. Council worked with VineHR to commission Rethink (a mental health charity) to provide manager workshops across Essex.
HR will work with Directors to produce the most useful	September 2015	Directors/Assistant Directors/Managers receive regular timely	Weekly automated emails are sent to managers for those

management information regarding sickness absence		information from HR.	employees who have met one or both trigger levels.  Work is ongoing to provide reports to Directors and Assistant Directors.
The Assistant Director (HR) to meet with the Council's Occupational Health provider regarding the information provided to managers by their doctors.	June 2015	Meeting took place 24 June 2015	Completed
An article on the Council's sickness absence position will be published in District Lines.	August 2015	Staff are informed of the Council's absence figures.	Article written due to be included in the next edition of District Lines.

Table 7

## Conclusion

19. The last report submitted to the Committee in December 2015 stated that the number of days taken due to mental health issues had increased significantly from 2013 to 2015. This situation has improved and the figures did reduce throughout 2015/2016 as shown by the table below. There was a decrease of the number of days lost by 29% during 2015/2016 compared with 2014/2015.

Year	Number of Days Lost to Mental Health Issues			
	Work Related Stress	Non-Work Related Stress	Depression; Anxiety etc	Total
<b>2014/2015</b>	387.8	274.3	504.9	1167
<b>2015/2016</b>	178.6	117.9	530.9	827.4

Table 8

20. Unfortunately in Q4 was a significant rise in the number of long term cases specifically in relation to other musculoskeletal problems. As previously stated the reasons behind this were for surgery and broken bones, none attributable to an accident/injury at work. Five of the 6 cases have returned to work and 1 has left the Council.

21. Overall the number of long term cases decreased last year by 29.6%; however the total number is still higher than in 2013/2014.

## Actions

22. For completeness, the current Performance Indicator action plan includes:

Improvement Action	Target Dates	Key Measures/Milestones
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.
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.

### 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 has arranged mandatory training via workshops to assist managers when dealing with mental health issues.