Report to the Resources Select Committee

Date of meeting: 4 December 2018

Subject: Sickness Absence

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Committee Secretary: V Messenger (01992 564265)

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, 2018/2019; it includes the total number of days lost since 2016/2017, 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 no longer has sickness absence as a performance indicator and no target has been set this year.

During Q1, 5.4% of employees met the trigger levels or above, 24.5% had sickness absence but did not meet the triggers and 70.1% had no absence. During Q2, 5.2% of employees met the trigger levels or above, 22.6% had sickness absence but did not meet the trigger levels and 72.2% 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 and managers are expected to deal with employees who meet the triggers in accordance with the policy.

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 last 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.

2. In previous reports members were provided with average number of days per employee for the Council and by Directorate. Unfortunately for this report officers are unable to provide the average number of days lost per employee due to on-going development of the HR/Payroll system. In addition, as the Council is moving to a new structure average figures

by Directorate have also not been provided for this report. It is the intention to provide these figures for future reports.

3. The actual number of days lost due to sickness absence is provided below in table 1. The number of days has increased since 2016/2017, however slightly better on 2017/2018.

Quarter/Year	2016/17	2017/18	2018/19
Q1	984	1102	1191
Q2	865	1427	1132
Q3	1411	1460	
Q4	1163	1566	

Table 1

4. 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.

5. 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.

Long Term Absence 2014/2015 – 2018/2019

6. 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*
2018/2019	18	18			
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

Table 2
(*This figure has been used as there could be the same employee in more than one quarter)

7. The number of employees recording long term absence has remained the same at 18 for the last 4 quarters. This continues to be higher than the number in 2016/17. The reasons for long term absences during 2018/2019 are set out in table 3.

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	2	2		
Work related stress	0	2		
Depression/anxiety	3	4		
Cancer	3	3		
Other musculoskeletal	7	5		

Heart, circulatory	2	0		
Gastro	1	1		
Neurological	0	1		
Eye	0	1		
Pregnancy	0	1		

Table 3

8. There has been a rise in the number of mental health related long term cases i.e. no work related stress and depression/anxiety, however work related stress has decreased slightly. The number of long term cases due to other musculoskeletal has doubled compared with the same periods in 2017/2018.

9. All of the long term sickness employees, in Q1 had one continuous period of absence, with the exception of two employees who had 2 and 5 occasions. In Q2, 16 employees had one continuous period of absence and 2 employees had two occasions. Table 4 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	6	0	0	0	11	0	0
Q2	1	4	0	0	0	13	0	0
Q3	-	-	-	-	-	-	-	-
Q4	-	-	-	-	-	-	-	-

Table 4

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	9.3%	8.8%	81.9%
Q2	9.9%	8.9%	81.2%

Table 5

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. As a summary, compared to Q1 and Q2 of 2017/2018 there has been an;

- Increase in the number of days lost due to mental health reasons of 20%
- Decrease in the number of employees recording other musculoskeletal of 45%. However, the number of average days taken per employee increased by 78%

13. 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 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

14. Table 6 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 650 headcount)	Staff with no absence	Staff with 7 days or less	Staff with 8 days or more
1 – 2018/2019	70% (456)	24.5% (159)	5.4% (35)
2 – 2018/2019	72% (469)	22.6% (147)	5.2% (34)
3 - 2018/2019		-	-
4 - 2018/2019	-	-	-
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)

Table 6

Conclusion

15. The actual number of days taken in Q2 shows an improvement on the same quarter last year. Long term absence cases have remained the same for the last 4 quarters at 18 cases. There has been an increase in mental health issues, but not in work related stress where there has been a slight decrease in the number of days compared to the same period in 2017/2018.

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.