

# **Report to the Resources Select Committee**

**Date of meeting: 6 December 2016**

**Subject:** Sickness Absence

**Officer contact for further information:** Paula Maginnis  
(01992 564536)

**Committee Secretary:** Adrian Henry (01992 564246)

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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 Q1 and Q2, 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 2.98 days, which is below the target of 3.64 days.

During Q1, 4.9% of employees met the trigger levels or above, 14.5% had sickness absence but did not meet the triggers and 80.6% had no absence. During Q2, 4.5% of employees met the trigger levels or above, 10.8% had sickness absence but did not meet the trigger levels and 84.7% 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 well against the national figures, both in terms of the 2015/16 outturn figure (7.99 days) and the continuing improvement into Q1 and Q2 of this 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 2012/2013 – 2016/2017**

4. The KPI target for sickness absence has remained at 7.5 days for 2016/17. The Council, so far this year, is below target for both quarters.
5. Table 1 below shows the absence figures for each quarter since 2012/2013.

	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Outturn</b>	<b>Target</b>
<b>2016/2017</b>	1.5	1.48	-	-	-	7.5
<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

Table 1

#### **Directorate Figures 2016/2017**

6. Table 2 shows the average number of days lost per employee in each Directorate. Only Neighbourhoods were above the target average of 1.90 days in Q1. In Q2 Communities were marginally above the target average of 1.74 days.

<b>Directorate</b>	<b>Ave FTE</b>	<b>Average Number of Days Absence 2016/2017</b>				<b>Total Ave No of Days 2016/17</b>
		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	
<b>Communities</b>	215.43	1.3	1.8	-	-	-
<b>Governance</b>	92.67	0.9	1.0	-	-	-
<b>Neighbourhoods</b>	144.72	2.8	0.9	-	-	-
<b>Resources</b>	150.75	1	1.2	-	-	-

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 there was the following number of employees on long term absence:

	Q1	Q2	Q3	Q4	Total Average*
<b>2016/2017</b>	8	8	-	-	
<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 will be used as there could be the same employee in more than one quarter)

8. There continues to be a decrease in the number of long term absence cases during 2016/2017 since 2014/2015. In Q2 (2016/17) this decrease was substantial, nearly by half compared to 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
Non work related stress	1	1	-	-
Heart	2	1	-	-
Cancer	0	1	-	-
Other musculoskeletal	3	3	-	-
Genitourinary; menstrual problems etc	1	2	-	-
Gastro	1	0	-	-

Table 4

9. All of the long term sickness employees, in both quarters, had one continuous period of absence, with the exception of one employee in Q1 who had 4 occasions and another who had 2. 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
<b>Q1</b>	0	4	0	0	0	3	0	1
<b>Q2</b>	0	3	0	0	0	3	0	2
<b>Q3</b>	-	-	-	-	-	-	-	-
<b>Q4</b>	-	-	-	-	-	-	-	-

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%

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 Quarters 1 and 2 in 2015/16 the largest increases of the number of days taken are for other musculoskeletal problems, infections and genitourinary/menstrual problems. The largest decreases can be seen with gastro illnesses, back and heart conditions.
13. The absence reasons with the largest increases in the number of days between Q1 – Q2 was for heart, non-work related stress and genitourinary/menstrual problems.
14. The largest decrease in the average number of days per employee over Q1 – Q2 was for other musculoskeletal problems and back problems.

### 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 Q1/Q2. Over two thirds of staff had no absence which has been quite consistent over a number of years.

<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 – 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	-	-	-
4 – 2016/2017	-	-	-
<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)

Table 7

### Age

16. At the last Resources Select Committee members requested further information regarding sickness absence and the Council's age profile. Below is a table showing the total number of staff, numbers of those recorded as sick and the number of days taken for Q1 and Q2 within age bandings.

<b>Age Banding</b>	<b>16-24</b>	<b>25-34</b>	<b>35-44</b>	<b>45-54</b>	<b>55-64</b>	<b>65+</b>
<b>Total number of employees</b>	38	85	99	214	206	28
<b>Number of employees absent</b>	16	36	43	73	76	10
<b>Total number of days taken</b>	40	155	260	452	724	74
<b>Average number of days</b>	2.5	4.3	6	6.2	9.5	7.4

Table 8

17. The age banding with the highest absence is 55 – 64 which also has the highest average number of days taken.

#### **Performance Indicator 2016/17 - Action Plan**

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

<b>Improvement Action</b>	<b>Target Dates</b>	<b>Key Measures/Milestones</b>	<b>Comments</b>
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.

#### **Conclusion**

19. There has been a steady improvement in the quarterly figures which has continued from the last reporting year. It seems that the high outturn figure recorded in 2014/15 of 9.2 days was a one off and improvement has been steady in subsequent years. In addition the number of mental health issues recorded in 2014/15 has reduced significantly. Last year saw an increase in the number of musculoskeletal cases which has improved but continues to be the reason for the highest number of days taken.

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

21. The age band 55 – 64 records the highest number of days absent and has the highest average number of days taken. This is followed by the age bracket 65 and above.

#### **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.