

EMPLOYMENT COMMITTEE

30 JUNE 2016

SICKNESS ABSENCE

REPORT OF THE DIRECTOR OF CORPORATE RESOURCES

Purpose of Report

1. The purpose of this report is to provide the Employment Committee with an update on the Council's overall position on sickness absence at the end of 2015/16.

Policy Framework and Previous Decisions

2. On 4 February 2016 the Committee considered the end of November 2015 sickness absence position.

Absence Data

Department	2014/15	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4
Days per FTE	End of Year				End of Year
Chief Executive's	5.55	6.01	6.11	6.05	6.99
Environment and Transport	8.23	7.66	7.63	8.14	8.80
Children and Families Services	10.37	9.31	9.42	9.83	10.06
Corporate Resources	7.86	7.86	7.13	7.19	6.95
Adults and Communities	12.24	11.98	11.90	11.33	11.31
Public Health	9.14	7.48	5.28	4.50	7.84
Total	9.83	9.39	9.32	9.16	9.32
ESPO	12.07	12.25	12.03	11.69	10.88
EMSS	6.65	6.76	7.52	7.03	6.69

3. The corporate sickness absence level has reduced by 0.51 days per FTE by the end of 2015/16. Further work is required to achieve the corporate target of 7.5 days per FTE.

4. At the end of 2015/16 Chief Executive's, Corporate Resources and EMSS have sickness absence levels under the corporate target of 7.5 days per FTE.
5. Children and Family Services, Adults and Communities, Public Health and ESPO have all made an improvement in their attendance levels during 2015/16.

Reasons for Absence

Reasons	Q3 2015/16	Q4 2015/16
% days lost year to date		
Back and neck problems	5.30	5.50
Other musculo-skeletal	6.43	6.66
Stress/depression, mental health	7.57	7.36
Viral infection	27.59	30.14
Neurological	5.82	6.08
Genito-Urinary/Gynaecological	3.36	3.43
Pregnancy Related	2.11	1.93
Stomach, liver, kidney, digestion	18.36	18.44
Heart, blood pressure, circulation	0.94	0.93
Chest, respiratory	4.63	4.68
Eye, ear, nose and mouth/dental	4.64	4.78
Other	5.96	2.85
Nothing stated	7.29	7.22

6. The table above details the percentage of days lost at the end of Quarter 3 and 4 2015/16. The two highest reasons for absence continue to be viral infections and stomach problems.
7. The percentage of days lost recorded as 'other' continues to reduce. This is following a decision to remove the option to record new absences under this reason category from September 2015. Absence data is presented in a 'year to date' format and therefore requires at least a year for the impact of such a change to be fully realised.

Short and Long Term Absence Split

	Q3 2015/16		Q4 2015/16	
Department	Long term	Short term	Long term	Short term
Chief Executive's	48.76%	51.24%	33.72%	66.28%
Environment and Transport	58.80%	41.20%	55.68%	44.32%
Children and Families Services	59.90%	40.10%	53.23%	46.77%
Corporate Resources	58.89%	41.11%	50.37%	49.63%
Adults and Communities	61.49%	38.51%	56.61%	43.39%
Public Health	61.06%	38.94%	74.27%	25.73%

Note: Long term is categorised as over 4 week continuous absence.

8. The balance of days lost due to absence across the departments is predominately a 50/50 split. This does fluctuate and it can be shown that the departments with a greater percentage of long term absence are those with higher levels of absence.
9. As work continues to improve levels of the attendance across the Council, it is anticipated that the percentage of days lost due to long term absence will reduce and will be in the minority.

Specific Information Requested

10. The Committee requested details of the number of absent individuals whose absence has lasted longer than 6 months, as at the end of April 2016.

Department	Number of employees who have been absent for more than 6 months
Chief Executive's	0
Environment and Transport	2
Children and Families Services	0
Corporate Resources	4
Adults and Communities	9
Public Health	0
ESPO	1

EMSS	0
Total	16

11. The Committee also requested details of how the level of reported viral infections the Council compared with other county councils. At the end of Quarter 4 2015/16 the Council reported that 30.14% of days lost was due to viral infections. Data from 8 other county councils indicated lower rates, these were; 29.00%, 22.90%, 13.90%, 13.27%, 11.20%, 11.00%, 9.93% and 2.60%.
12. The Committee requested details of the Council's flu vaccination programme. Staff who provide personal care are offered the opportunity to obtain a flu vaccination and reclaim the cost via their expenses. Flu vaccinations for staff are voluntary. During 2015/16 Autumn/Winter, we are aware of 117 individuals who received a flu vaccination funded by the Council. If the Council was to offer flu vaccinations at an average cost of £10 each; and in the unlikely event that all employees (6,552 staff) took up this offer, the cost would approximately £65,000. We will consider options which could include setting a sum of money aside for piloting the offer of vaccinations in a department which has a high level of viral infections.

Attendance Management Action Plan

13. Since the last meeting of the Committee, the following actions have taken place:-
- (i). An audit of occupational health reports has been completed which identified that their use as an attendance management tool would benefit from review;
 - (ii). Focus groups were held for managers to provide their feedback on the attendance management process. This identified opportunities for HR policy development and the necessity for managers to understand their role;
 - (iii). An amendment to the Smarter Working guidance was agreed to support managers to enable individuals to avoid short term absence by working in a different way or at a different time where it is appropriate to the delivery of their role.

Future actions & activities

14. Having undertaken a range of activities to improve level of attendance there is still a requirement to make significant reductions in the level of sickness absence across the Council. The following actions and activities are being considered by officers:-
- (i). Review of the Attendance Management Policy to separate the approach to long and short term sickness;
 - (ii). Exploration of an absence reporting triage service;
 - (iii). Further developments of infection control activities;

- (iv). Review of occupational health referrals as a tool within the attendance management process;
- (v). A 'myth busting' communications plan;
- (vi). Exploration of the links between pay, attendance and performance;
- (vii). Strengthening the requirement to maintain good attendance to pass probation;
- (viii). Reporting the cost of sickness in addition to days lost due to sickness.

Recommendations

The Committee is asked to note the contents of this report.

Background Papers

None.

Officer to Contact

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Equality and Human Rights Implications

15. The attendance management policy has been subject to an Equality and Human Rights Impact Assessment, and this was published in 2014. There are no equalities and human rights issues arising directly from this report.

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