
REPORT TO:	FINANCE AND MANAGEMENT COMMITTEE (SPECIAL)	AGENDA ITEM: 9
DATE OF MEETING:	25th JULY 2019	CATEGORY: OPEN
REPORT FROM:	STRATEGIC DIRECTOR (CORPORATE RESOURCES)	
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SUBJECT:	ANNUAL REPORT ON SICKNESS ABSENCE	REF:
WARD(S) AFFECTED:	ALL	TERMS OF REFERENCE: FM05

1.0 Recommendations

- 1.1 To approve the planned actions detailed in section 4 of this report to improve attendance levels across the Council.
- 1.2 That the Committee receives quarterly updates on the levels of absence in line with the corporate performance framework and any actions taken to ensure that attendance levels show continued and sustained improvement.
- 1.3 That the Improving Attendance Working Group continues to meet to ensure that planned activities are implemented and other initiatives to improve the health and wellbeing of the workforce are progressed.

2.0 Purpose of the report

- 2.1 To provide information on the working days lost due to sickness absence from 1st April 2018 – 31st March 2019.
- 2.2 To provide an overview of the work completed over the past year to improve levels of attendance and the actions planned for the coming year.

3.0 Detail

- 3.1 The number of working days lost to sickness absence for the year 2018/19 was 3,395.50 days or on average, 11.38 days per person. This is a decrease from 3408 days (or 0.3%) and 11.63 days (or 2%) from the previous year.

Trends

- 3.2 The outturn figure for 2018/19 of 11.38 days per person is the second highest since 2013/2014 where the number was 12.28 days per person. During the years in between the absence rates fluctuated between just under 10 days to a low figure of just under 8 days in the year ending March 31, 2016.
- 3.3 The outturn figures for the past 5 years are shown below;

Year ending March 31	2019	2018	2017	2016	2015
Number of working days lost	3,395.50	3,408	2,613	2,002	2,535
Number of days per person (average)	11.38	11.63	9.91	7.95	9.99

Types of Absence

- 3.4 A categorised list of reasons are available to be used when recording absence due to ill health. The table below shows the top four reasons for absence over the past year excluding the category, 'Other*'. Appendix A shows a breakdown of all absences.

Top 4 reasons of absence during 2018/19;

Reason for absence 2018/19	Number of working days lost	Reason for absence 2017/18	Number of working days lost
Broken Limb/ Back pain/Musculoskeletal**	1001 (29%)	Anxiety/Depression/Stress and work related stress	906 (27%)
Anxiety/Depression/Stress and work related stress**	797 (23%)	Surgery Hospital Procedure	545 (16%)
Surgery Hospital Procedure	490 (14%)	Broken Limb/Back pain/ Musculoskeletal	499 (14%)
Chemotherapy/ Radiotherapy	152 (8%)	Chemotherapy/ Radiotherapy	268 (8%)

* 'Other' – is used when there is no category available for the type of illness being reported and/or the employee requests that the reason is not listed due to personal and/or sensitive reasons. Managers are advised not to use 'Other' wherever possible.

**These are separate categories and grouped together to show absences related to mental health issues.

- 3.5 The top two reasons for absence remained fairly consistent over the past few years and mirror trends of absence reasons nationally. In relation to mental health, a number of national initiatives and high profile campaigns have been used to break down stigmas and raise awareness of the health problems associated with mental health. Research from groups such as Mind¹ and the Mental Health Foundation² estimate that one in six adults have a common mental health problem each week, absence due to mental health cost employers £33-£44 billion each year and 300,000 people lose their jobs each year due to their mental health.
- 3.6 The increase in the number of employees with musculoskeletal absences are down to planned surgical operations with long periods of recovery time and other employees who have had conditions that have taken extended periods to be diagnosed and then for treatment to have any real impact on their ability to return to work.

Long-term/Short-term absences

- 3.7 The Council identifies a long-term absence as an employee being unable to attend work for 15 consecutive working days. During 2018/19, the split of absences due to long term against short-term is;

Term of absence	Number of working days lost – 18/19	Number of working days lost – 17/18
Long term	2043 (60%)	2,226 (65%)
Short term	1352.50 (40%)	1,182 (35%)

Long-term absences

- 3.8 In 2018/19, long-term absence contributed nearly 2/3rds towards the annual number of working days lost although this term of absence is down 5% when compared to the previous year. The number of days lost to short-term absence has risen by 170.50 days (14%) from last year. The number of employees on long term absence and the average number of working days lost is shown in the table below;

Long term absence	Number of employees	Average period of absence per employee
2018/19	37	55 working days
2017/18	37	60 working days
2016/17	29	53 working days

¹ Mind is a leading healthy charity in the UK and supports employers and employees to address and raise awareness of mental health

² Mental Health Foundation publication – Fundamental facts about mental health 2016

- 3.9 The number of employees off work due to a long-term absence is the same as the previous year and is primarily linked to serious medical conditions or planned surgeries that have a long period of rehabilitation. All cases are managed in line with the Attendance Management Procedure and actions taken that include a referral to Occupational Health to gain a medical opinion on the condition and ability to return to work. On occasions, due to employees having a terminal illness, the Council has taken action to continue offering support at these most difficult of times through consideration of welfare facilities for the employee and family as well as payments made under the Occupational Sick Pay Scheme.
- 3.10 Last year, the Council also signed up to the Dying to Work Charter which makes a number of commitments to support employees with the terminal illness. This includes not terminating their employment owing to their terminal prognosis and enables time for both parties to determine the most appropriate course of action to support the employee and their family during the most difficult time.

Short-term absence

- 3.11 These relate to any period of absence up to 15 consecutive working days. Typically there relate to more minor health conditions such as colds/flu and chest/respiratory being the reason for the employee being unable to attend work. The total number of short-term absences during the year is shown below;

Short term absence	Number of employees	Average period of absence
2018/19	341	3.9 working days
2017/18	359	3.3 working days
2016/17	309	3.4 working days

- 3.11 The average number of days lost to short-term absence has shown an increase of over half a day although the number of occurrences has dropped by 18 over the year. It is showing that even with minor ailments employees are nearly having a full week of absence from work. Employees can self-certify themselves from work for up to seven days before they are required to produce a medical certificate.
- 3.12 The Council uses trigger points to manage employees who have repeated periods of short-term absence during the year. Proposals have been made to change these triggers and in particular to have them monitored over a shorter period of time so earlier interventions are taken to support employees. The triggers currently used are;

- Eight or more working days absence in a rolling 12-month period OR
 - Four or more separate occasions of absence in a 12-month rolling period OR
 - An unacceptable pattern of absence. Examples of this are: Friday or Monday absences: absences regularly occurring on a particular day/week: absences occurring before or after annual leave or school holidays or public holidays.
 - A manager may use discretion to review trigger points if an absence relates to a recognised disability (as defined by the Equality Act 2010) after obtaining advice from Human Resources and Occupational Health.
- 3.13 When a trigger point is activated, an employee is invited to a meeting to discuss the causes of their absences and any support/actions needed to improve attendance are determined. If this does not realise a sustained improvement in attendance then a second review meeting is held where the manager can recommend that the employment is terminated on the grounds of capability due to ill-health.

National/Regional levels of absence

- 3.14 Whilst appropriate consideration has to be given to the reliability of national surveys and the basis for calculating sickness absence, it is a useful indicator on any trends in the economy.
- 3.15 Across Derbyshire authorities the average is currently 9.65 days per employee (2018/19 figures excluding Derby City). The Council's figure places it at the higher end of authorities in Derbyshire.
- 3.16 The Chartered Institute of Personnel and Development (CIPD) undertake a national survey³ each year and have recently published the following outcomes (April 2019);
- 5.9 days – average level of employee absence
 9.6 days – average level of employee absence (public sector only)⁴
 Increase rise in 'presenteeism' as harmful to employees health and wellbeing
 Mental health and musculoskeletal absences cited as top two reasons
- 3.17 The Local Government Association (LGA) has launched a new data hub named LG inform that provides a range of metrics covering council services and for sickness absence at the end of March 2108 shows;
- 8.0 days – average level of employee absence in all Shire and Districts (53 respondents)
 9.6 days – average level of employee absence (Shire and districts in East Midlands – eight respondents)

³ CIPD – Health and Wellbeing at Work April 2019

⁴ 36 respondents only

- 3.18 East Midlands Councils complete an annual survey on sickness absence across authorities in the East Midlands. In the year ending March 2018 it showed (27 respondents);

10.2 days up from 9.94 days – average level of employee absence (Shire and Districts)

4.0 **Action to improve attendance**

- 4.1 As noted in the report last year, an internal working group of employer and employee representatives, led by the Strategic Director (Service Delivery), has met on a regular basis to consider a range of measures to address the current levels of absence. The focus for the group has been stated as 'Improving Attendance' rather than managing absence to ensure that a rounded view of actions is taken. A particular focus has been on raising awareness of mental health conditions alongside a range of other initiatives to promote health and wellbeing in the workplace. An overview of the actions completed have included;

- Providing training for managers and staff in mental health awareness
- Training six employees as Mental Health First Aiders to provide support for staff to discuss issues that maybe affecting their mental health
- Establishing a dedicated health and wellbeing site on the Council's intranet and providing information on healthier lifestyles, mental health and groups that can offer professional support for a range of health conditions
- Establishing a coaching network for managers to develop their skills and gaining additional support when dealing with employment issues
- Promoting the national Five Ways to Wellbeing initiative leading to a number of interventions such as the providing advice on healthy lifestyles, Body MOTs, physical activities for staff to experience in break periods such as walking clubs
- Assigning dedicated case officers from Human Resources to provide support for managers who are working with employees in line with the Attendance Management Procedure
- Training in attendance management and stress awareness for managers and employees.
- Promoting wellbeing activities such as the National Time to Talk event for mental health, alcohol abuse and Dementia Friends initiative
- Reviewing all long-term absence cases with action taken in line with the Attendance Management Procedure. Putting in place the appropriate actions to support the employee or further considering their continued employment.
- Providing monthly absence reports for the Strategic Directors
- Completing a full review of the current Attendance Management Procedure with final changes to be determined by the Joint Consultative Committee.

- Providing Suicide Awareness training to three of the MHFA with another course scheduled for September 2019.
- Supporting two employees in line with the Dying to Work Charter

4.2 This range of interventions will be continued throughout the current year and built upon with the following;

- A revised Attendance Management Procedure will be introduced with training and information provided to managers and staff
- Occupational Health services provision will be reviewed to increase clinic time and availability of other health services
- Flexible working opportunities offered by the Council will be developed and promoted
- An increased range of wellbeing activities will be made available for all employees
- Case studies to demonstrate the impact and outcomes of the actions taken by employees will be communicated.

4.3 Reviewing employment practices and wellbeing initiatives, as detailed above, is now seen by many organisations as the more effective way to engage with employees, aid motivation and improve attendance at work.

4.4 The impact of the above will be monitored to assess the impact and an early positive indicator is the 12% reduction in absences related to mental health conditions such as Anxiety/Depression/Stress and work related stress.

4.5 Whilst there has been a minor improvement with the overall levels of attendance, the number of days being lost remains a concern. Not only does it mean that employees are not able to attend work due to health conditions, the impact is much wider on team members and the pressure this then adds on to them to deliver services for the community. The Council's Leadership Team continues to support work across the Council to address this issue that includes making changes to the Attendance Management Procedure to ensure that any health issues are duly considered with earlier interventions and actions as appropriate.

5.0 Financial Implications

5.1 The cost of absence manifests itself in a potential loss of productivity. Whilst employees are still paid during a period of absence (although this can reduce in periods of longer absence) an additional cost can be incurred in order to cover the duties of absent colleagues.

5.2 Although periods of short-term absence are usually covered at no additional cost, in some service areas, for example Refuse Collection, the Council has to employ external agency staff to ensure that the crews are sufficiently resourced. This is budgeted within the cost of the Service.

6.0 Corporate Implications

Employment Implications

- 6.1 As noted in the report.

Legal Implications

- 6.2 No one piece of legislation deals exclusively with absence management. However, numerous pieces of legislation have to be considered such as the Equality Act 2010 (especially the disability discriminations provisions); Employment Act 2008 and Employment Tribunals (Constitution and Rules of Procedure) (Amendment) Regulations 2008 and the Working Time Regulations 1998.

Corporate Plan Implications

- 6.3 Having a skilled and engaged workforce is critical to deliver high quality, customer focused services for the community that makes South Derbyshire a better place to live, work and visit. Having effective arrangement to manage employee attendance therefore underpins and contributes across all themes and outcomes of the Corporate Plan.

Risk Implications

- 6.4 Transparent and clear arrangements to manage employees that include providing support and assistance when health problems arise promote earlier interventions and solutions to be determined when employees are unable to attend work and/or maintain satisfactory levels of attendance. This reduces the risk of extended periods of absence and the impact this has on colleagues, services and the financial resources of the Council.

7.0 Community Implications

- 7.1 The Council has a responsibility to deliver a range of services for the Community. Ensuring that adequate resources are in place to maintain such services at the required standards demands service areas to utilise their resources in the most effective manner. Having appropriate employment practices and procedures in place, coupled with timely and appropriate management action when staff are absence from work due to ill health, will ensure that services are delivered and the workforce is suitably engaged and employed.

8.0 Background Papers

- 8.1 Monthly absence reports

APPENDIX 1

Sickness Reason	Days	%
Accident/Broken Limbs	169	4.98%
Anxiety	41	1.21%
Back Pain	371	10.93%
Chemo/Radiotherapy	152	4.48%
Chest/Respiratory	139	4.09%
Cold/Flu	124	3.65%
Dental	14	0.41%
Depression	224	6.60%
Digestive	8	0.24%
Ear/Nose/Throat	14	0.41%
Food Poisoning	1	0.03%
Gynaecological	27	0.80%
Hayfever/Allergy	1	0.03%
Head Injury	5	0.15%
Headache	8	0.24%
Heart/Blood/Circulation	27.5	0.81%
Infection	70	2.06%
Migraine	12	0.35%
Muscular/Skeletal	461	13.58%
Optical	89	2.62%
Other	267	7.86%
Pregnancy related	7	0.21%
Sickness / Diarrhoea	107	3.15%
Stress	487	14.34%
Surgery/Hospital Procedure	490	14.43%
Virus	35	1.03%
Work related stress	45	1.33%
Grand Total	3395.5	100.00%



