

Agenda Item No:



Report to Overview and Scrutiny Committee

Sickness Absence 2017/18

The Overview and Scrutiny Committee is asked:

Consider the information provided in this report and advise officers:

1. If the committee would wish to receive a further update in a year's time
 2. If any further information is required
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Date of O&S meeting: 26 June 2018

Chair of O&S Committee: Cllr Chilton

Relevant Portfolio(s): Cllr Alan Pickering – Portfolio Holder Human Resources and Customer Services

Summary: This report provides annual information on sickness absenteeism for 2017/18

Exempt from Publication: **NO**

Background Papers: **none**

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Sickness Absence 2017/18:

Introduction and Background

1. This report provides members with sickness absence figures for the financial year 2017/18
2. Data is presented in the following sections in order to provide more in-depth information to Members for their review; number of day's sickness absence per employee, comparison with previous year, chronological comparison information, service comparisons, national and sector comparison information, review of sickness absence reasons, well-being focus.
3. The reported figures for Ashford Borough Council employees have been obtained from all sickness absences recorded on the iTrent Payroll and HR system.
4. The figures are presented as the average number of working days lost to sickness per FTE (full time equivalent) employee averaged during the reported period.
5. The council's level of annual sickness absence is compared with previously reported figures, nationally reported figures and with some of our neighbouring authorities.

Sickness Absence 2017/18

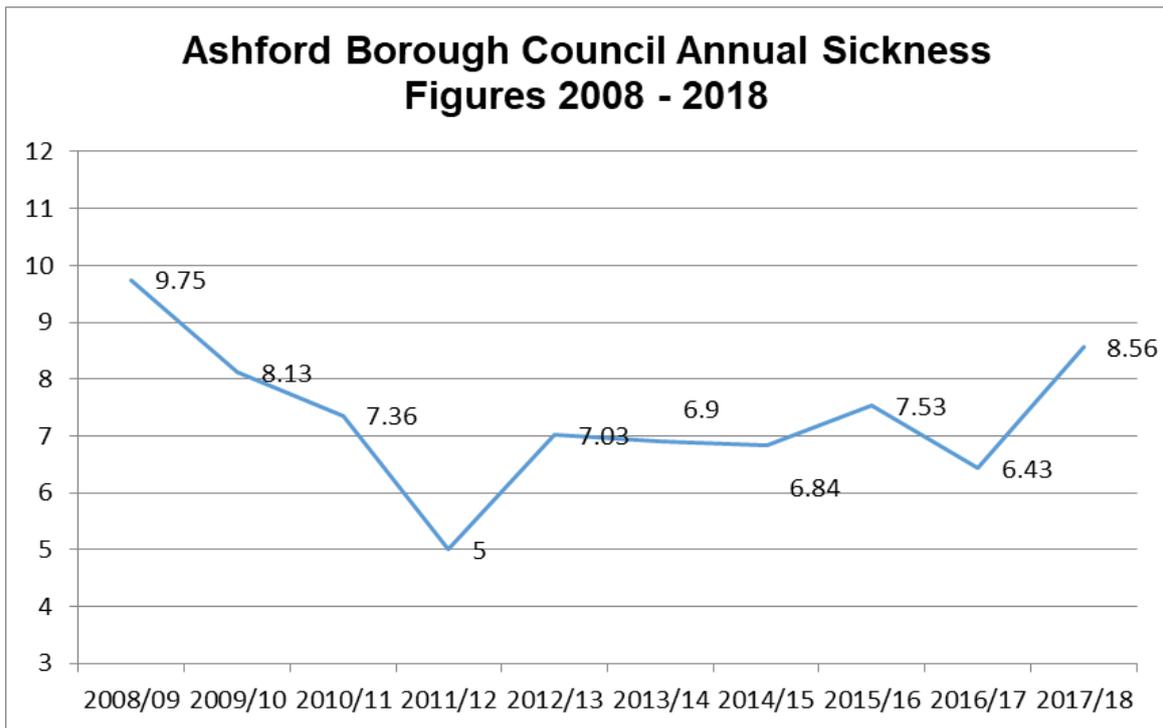
6. A total of 3,495 days (averaged)ⁱ were lost to sickness absence across the 12 month period from 1st April 2017 to 31st March 2018. Based on the average number of 408.07 FTEⁱⁱ (full time equivalent) employees across the 12 month period, the total amount of working days 3,495 days lost due to sickness equals 8.56 days per FTE.
7. 319 employees incurred sickness absence periods during the period 2017/2018. A total of 136 employees 29% (average headcount)ⁱⁱⁱ of employees did not incur any periods of sickness absence during the 12 month period. This figure remains broadly constant when compared to last year's figure of 32%, a third of employees with 100% attendance.
8. Of the 3,495 days lost due to sickness absence within the period 55% of this absence is categorised as short term absence, namely absence lasting up to 4 weeks / 20 days. Therefore 45% of absenteeism is categorised as long-term and, in this period lasted up to 217 days.
9. The report deals with issues relating to long term sickness absence and short term sickness absences separately as the nature of these two types of sickness absence, and the way in which they are supported, differs significantly. It is therefore useful to consider the average days lost in each category.
 - Average days lost due to short term sickness absence equals 4.71 days per FTE.
 - Average days lost due to long term sickness absence equals 3.85 days per FTE.

Comparison With Last Year

10. Last year a total of 2,525.27 days (averaged) were lost to sickness absence across the 12 month period from 1st April 2016 to 31st March 2017; there has been an increase of 969.73 days this year. There has also been an increase in the average number of employee, last year we reported an average FTE (full time equivalent) of 392.15 and this figure has increased by 15.92 FTE.
11. The total amount of working days lost due to sickness for 2017/2018 equates to 8.56 days per FTE; this figure has increased by 2.13 days from the previous year.
12. The number of employees incurring sickness absence remains broadly constant when compared with the previous year. In 2016/2017 300 employees incurred sickness absence periods whereas this figure is now 319 employees. Last year, based on average headcount, 32% of employees did not incur any periods of sickness absence during the 12 month period; this years figure is 29%. Therefore a similar number of employees are taking more time off work due to sickness absence.
13. This year 55% of absence is categorised as short term absence and 45% of absence is categorised as long term. Last year 27% of sickness absence was short term and 73% was due to long term sickness absence. Within the long term category the longest sickness absence period was 91 days whereas this year the figure is 217 days. Long term sickness absence was reported in cases relating to 27 employees previously this figure was 12. The figures indicate two separate threads;
 - employees have experienced more short term absence than previously
 - a greater number of employees are taking long term absence over a longer period.
14. The reason for the increase in short sickness absence is thought to be well managed and attributable to more focused management, increased awareness of mental ill health and increased HR resources.
15. The increase in long term sickness absence has been well managed and 24 of the 27 employees have either returned to work or left the employment of the council.

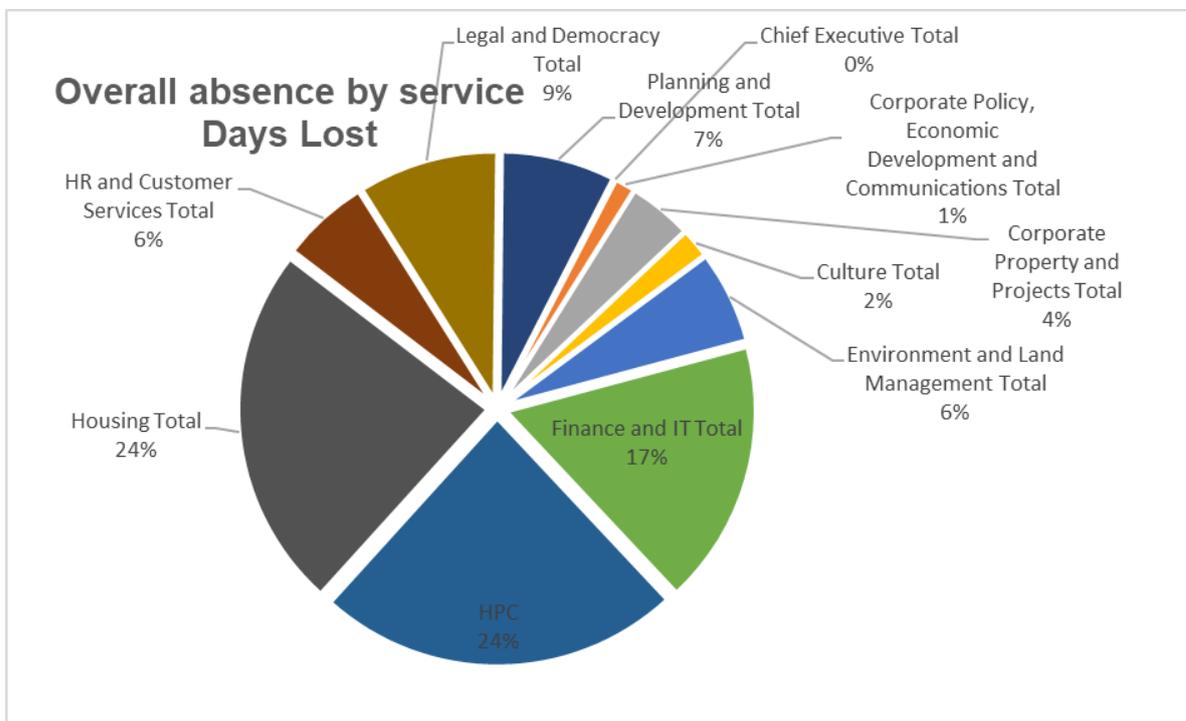
Chronological Comparison Information

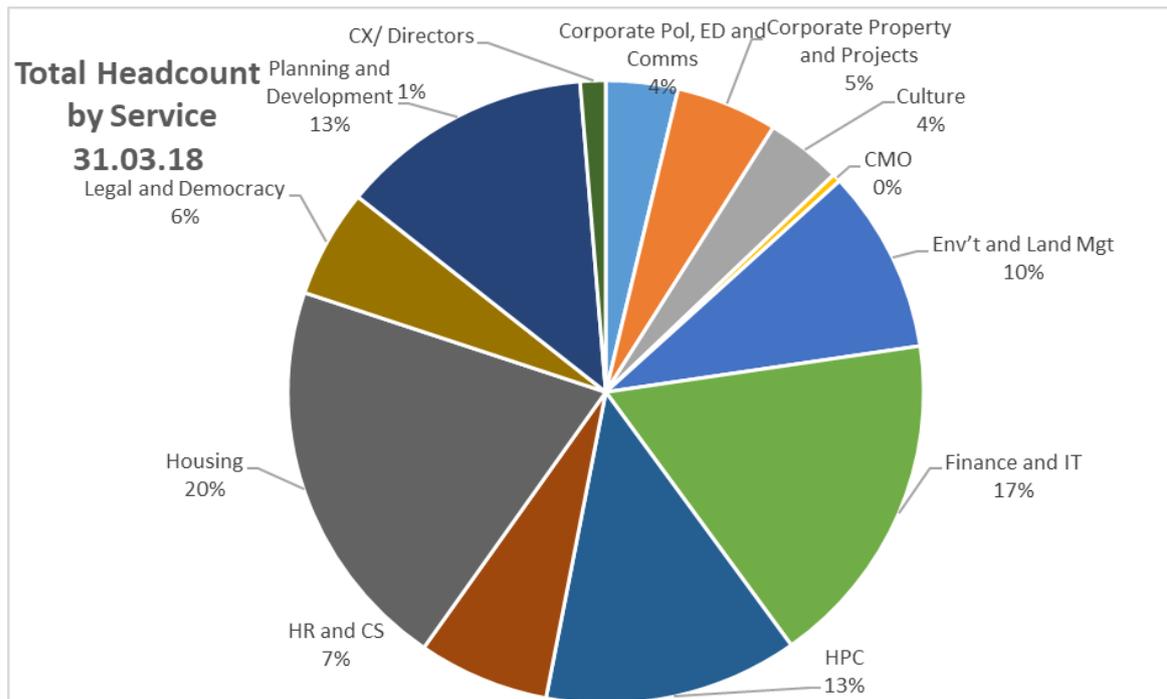
16. The chart featured below shows the number of day's sickness absence per employee (FTE) for each financial year since 2008/2009. The figures demonstrate that sickness absence levels have remained within a constant range in recent years although this year's figure is notably higher at 8.56 days FTE than the previous year.



Service Comparison

17. The charts below show how absence is distributed amongst services with Days Lost by Service area being displayed against Total Headcount at 31st March 2018.





18. There is clear overall correlation between these two charts indicating that absence is distributed evenly across the organisation rather than being disproportionately prevalent in one particular area. The only minor exception to this is in the Health, Parking and Community Safety Service where overall figures are inflated owing to a small number of long-term absences.

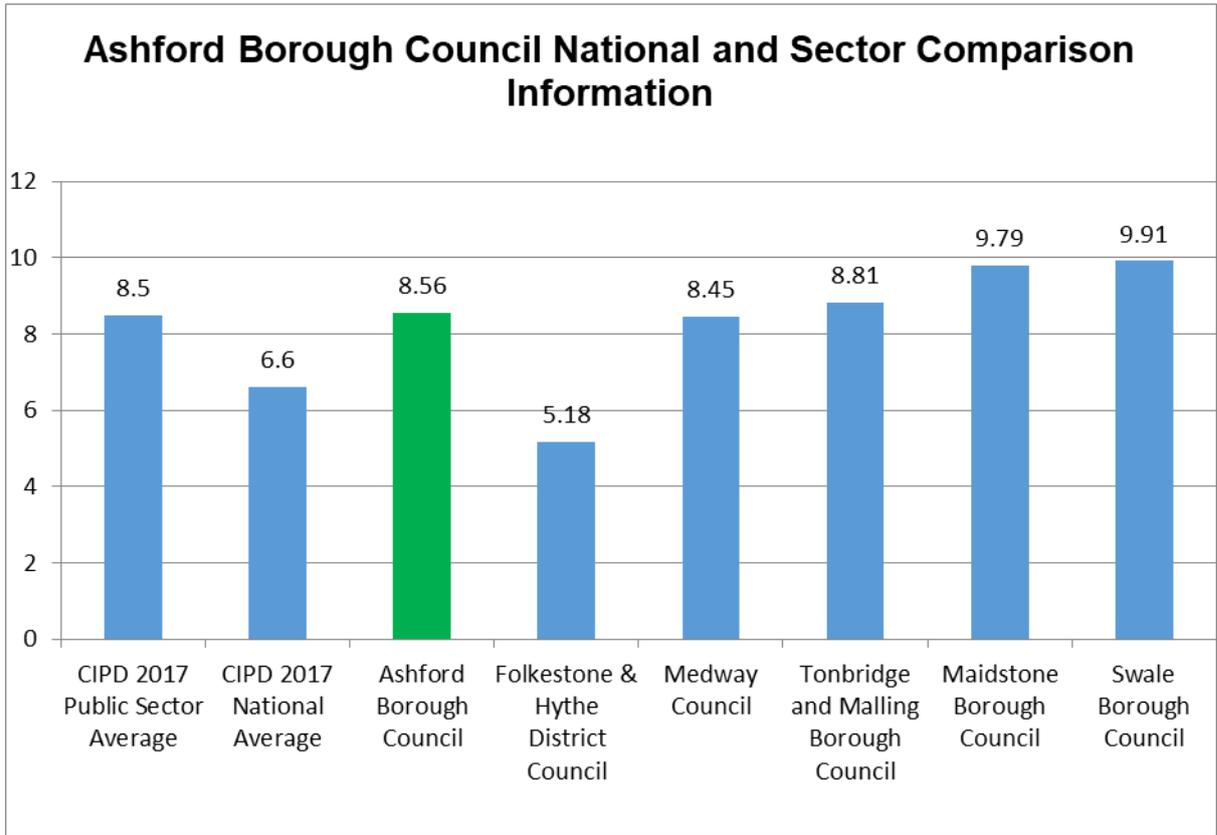
National Comparison Information and Sector Comparison Information

19. The 2017 Health and Wellbeing at Work Survey (was the Absence Management survey) produced by the Chartered Institute of Personnel and Development (CIPD) reported on national absence trends across sectors. The survey reported a national average sickness absence rate of 6.6 days per employee (FTE).

20. The CIPD Health and Wellbeing at Work Survey reported an average sickness rate for the public sector of 8.5 days per employee (FTE); this is a static figure from the previous year.

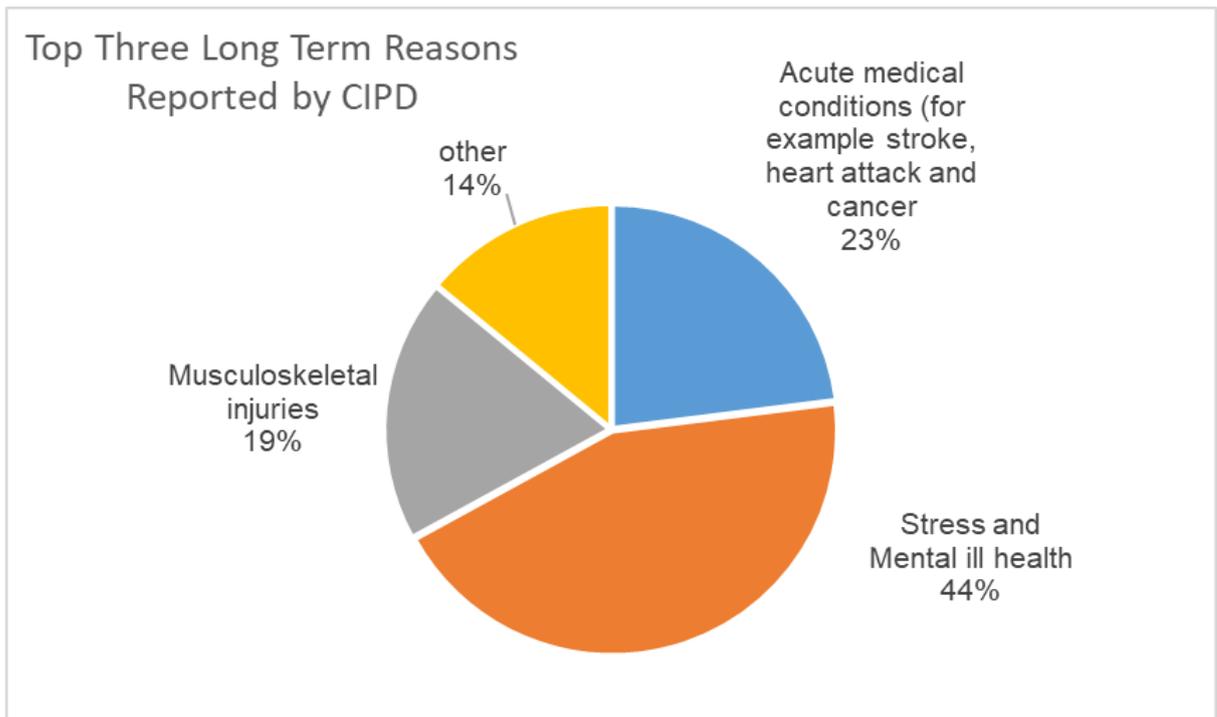
21. The chart below shows how the council compares with the afore mentioned national averages.

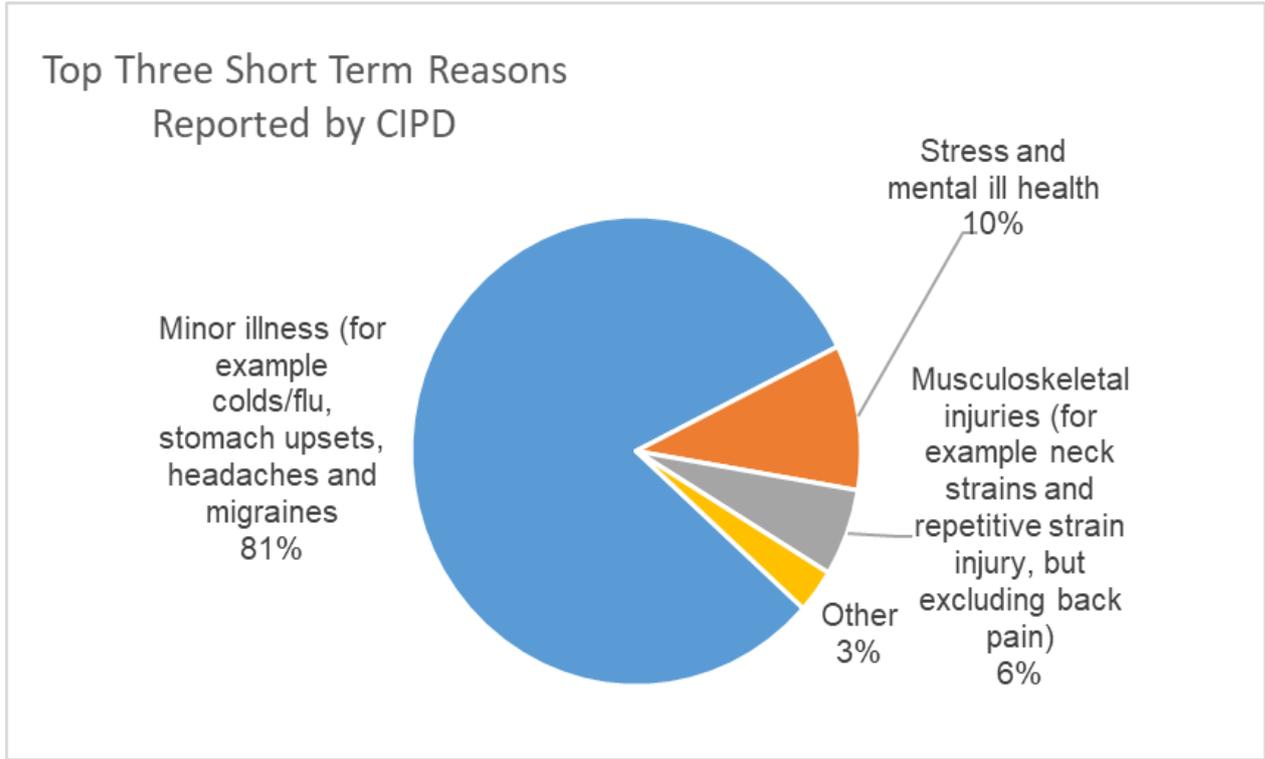
22. Additionally, the chart below shows how the council compares with reported sickness levels of some of our neighbouring local authorities, according to data reported within the Kent HR Network.



Review of sickness absence by reason

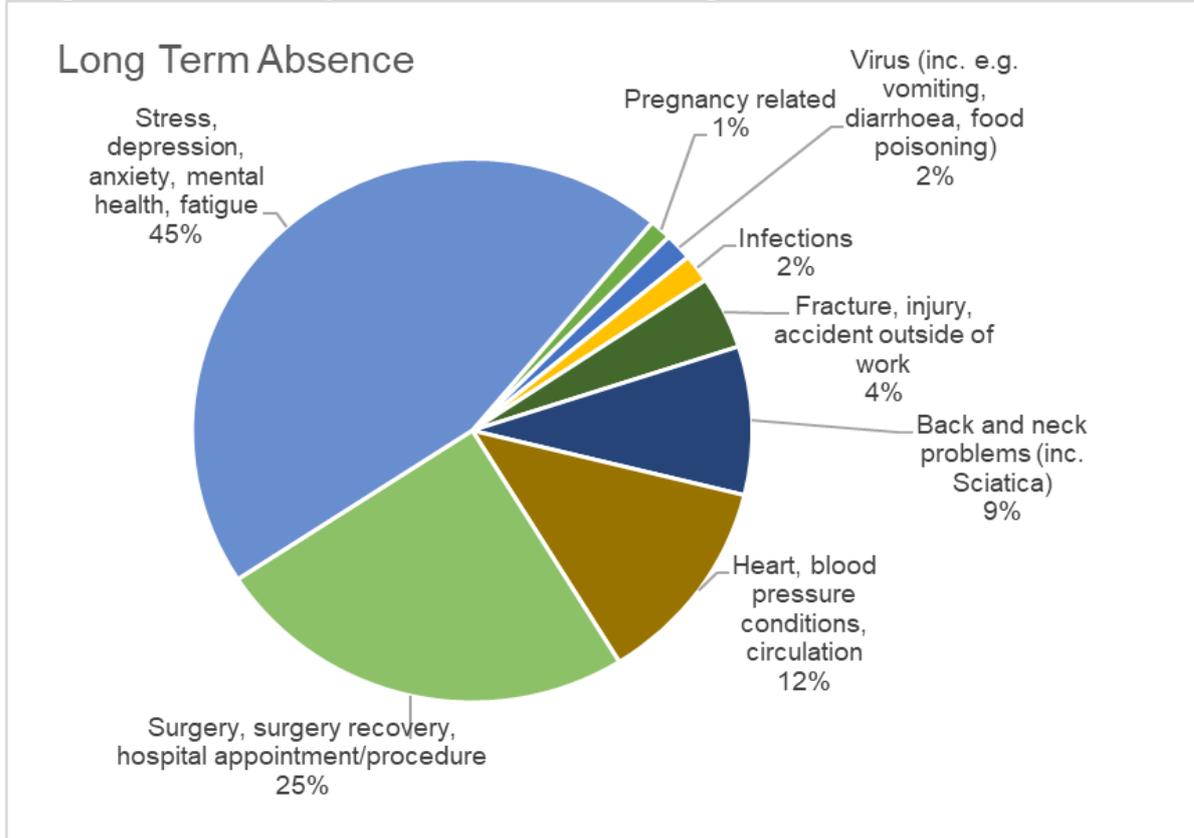
23. The CIPD Health and Wellbeing at Work survey reported on the most prevalent reasons for both long term sickness absence and short term sickness absence (up to four weeks).





24. The two charts below detail the reasons^{iv} for our long term and short term sickness absence and as mentioned below the absence reasons follow national trends. Further details on absence reasons are featured in Appendix One and Two.

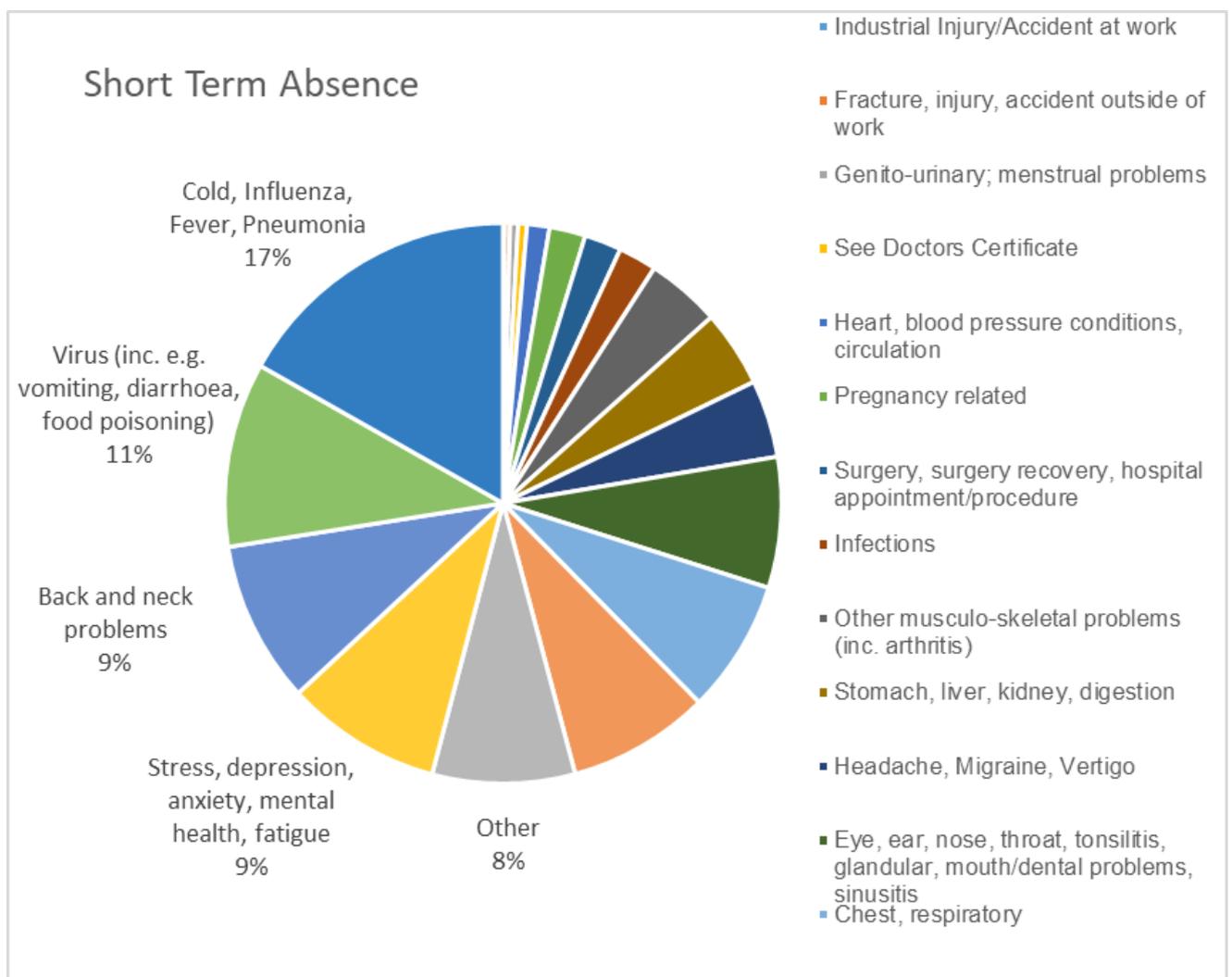
25. Long Term Absence By Reason – Ashford Borough Council



26. Comparison with National trends - long term.

- CIPD trends indicate that 44% of long term absence is caused by stress and mental ill health; 45% of long terms absence in the council is attributable to stress, depression, anxiety, mental health and fatigue.
- 23% of long term absence according to the CIPD is due to acute medical conditions such as cancer, stroke, heart conditions. Surgery, surgical recovery, hospital appointments/procedures make up 25% of long term sickness absence within the council; we know from detailed case knowledge of these instances that the surgery experienced by these employees was related to cancer.

27. Short Term Absence By Reason



28. Comparison with National trends - short term.

- The CIPD report that 81% of short term absence is caused by a wide range of minor ailments such as cold, flus, stomach upsets and headaches. This trend is reflected on the council's data with cold, Influenza, Fever and Pneumonia, together with Virus

(inc vomiting and diarrhoea) making up 28% of our short term absenteeism. Other minor ailments can be viewed in Appendix One.

- Mental ill health makes up 10% of short term absence within the council and this figure is represented in the CIPD's figures (9%). Similarly back and neck problems and make up 9% of reported short term absence by the CIPD and the council.

Well-Being Focus

29. The increase in mental ill health (including stress) as the major cause of sickness absence is recognised as a national trend and this trend is mirrored within the council.

30. The council utilises support from an occupational health provider to provide medical opinion and an employee assistance programme to provide online, telephone and face to face counselling.

31. In addition, to the supportive health provider mechanisms in place to assist employees who suffering from mental ill health; a number of proactive well being initiatives are offered to council employees in recognition of this nationwide health trend.

32. This year initiatives have included:

- Regular articles on wellbeing within monthly staff communications.
- Workplace Wellbeing Week to focus on proactive wellbeing for employees.
- Raising awareness of the counselling services provided by Health Assured
- Raising awareness of lifestyle benefits offered by CSSC & Reward-Gateway
- Wellbeing Symposium

33. This year initiatives have been in addition to the overall support provided to employees and managers in the area of sickness absence, an overview of these is provided in Appendix Three.

Conclusion

34. Sickness absence levels have increased for the council but it should be noted that they reflect overall national trends both in terms of absence levels and absence reasons.

35. A summary of the figures within this report are summarised below

Description	2017-2018	2016-2017
Number of days (averaged) lost due to sickness absence across the 12 month period from 1 st April to 31 st March	2,525.27	969.73
Total amount of working days lost due to sickness within the year FTE	8.56	6.43

Number of employees incurring sickness absence	319	300
% of employees taking no time off work due to sickness absence	32%	29%
% of short term and long term absence	55% and 45%	27% and 73%
Number of cases of long term sickness absence	27	12

36. Although the levels of sickness absence have increased by 2.13 days per FTE for 2017/18. Sickness absences are actively managed via HR assistance, supportive health provider mechanisms and proactive well being initiatives.

37. Sickness absence will continue to be well managed in the future through the planned review of the Sickness Policy and the incorporation of the core and enhanced standards detailed within the *Stevenson / Farmer Review of Mental health and employers - Thriving at Work*.

Portfolio Holder Comments

38. To be provided at the Committee.

Contact and Email

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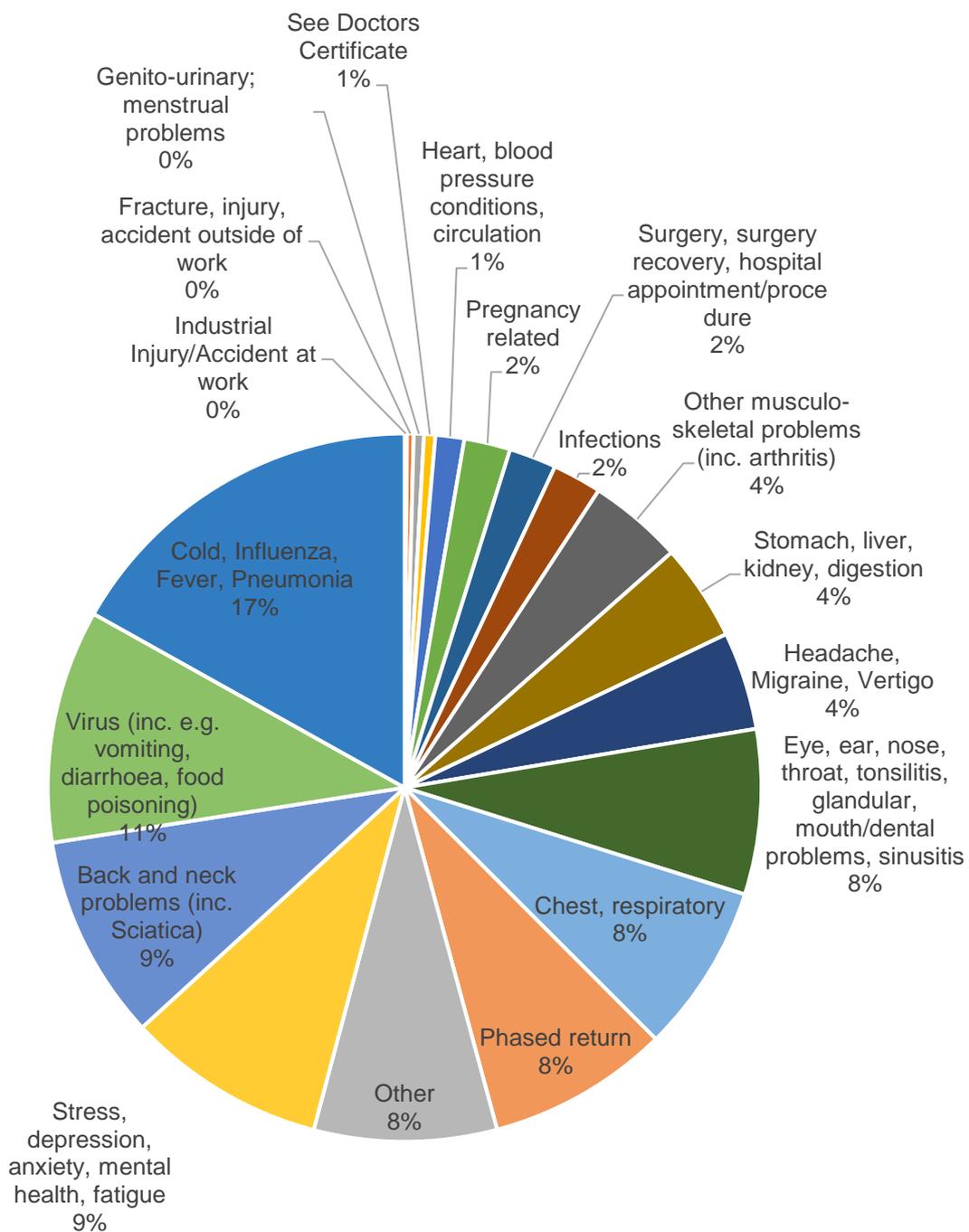
ⁱ A total of 3,495 days were lost to sickness absence across the 12 month period from 1st April 2017 to 31st March 2018 - based on 25,862.32 hours lost / 7.4 average working day.

ⁱⁱ Average number of FTE employees is annualised by taking the number of FTE employees at the beginning and end of the review period / 2.

ⁱⁱⁱ Average headcount for the review period rather than FTE equals 455.5 employees

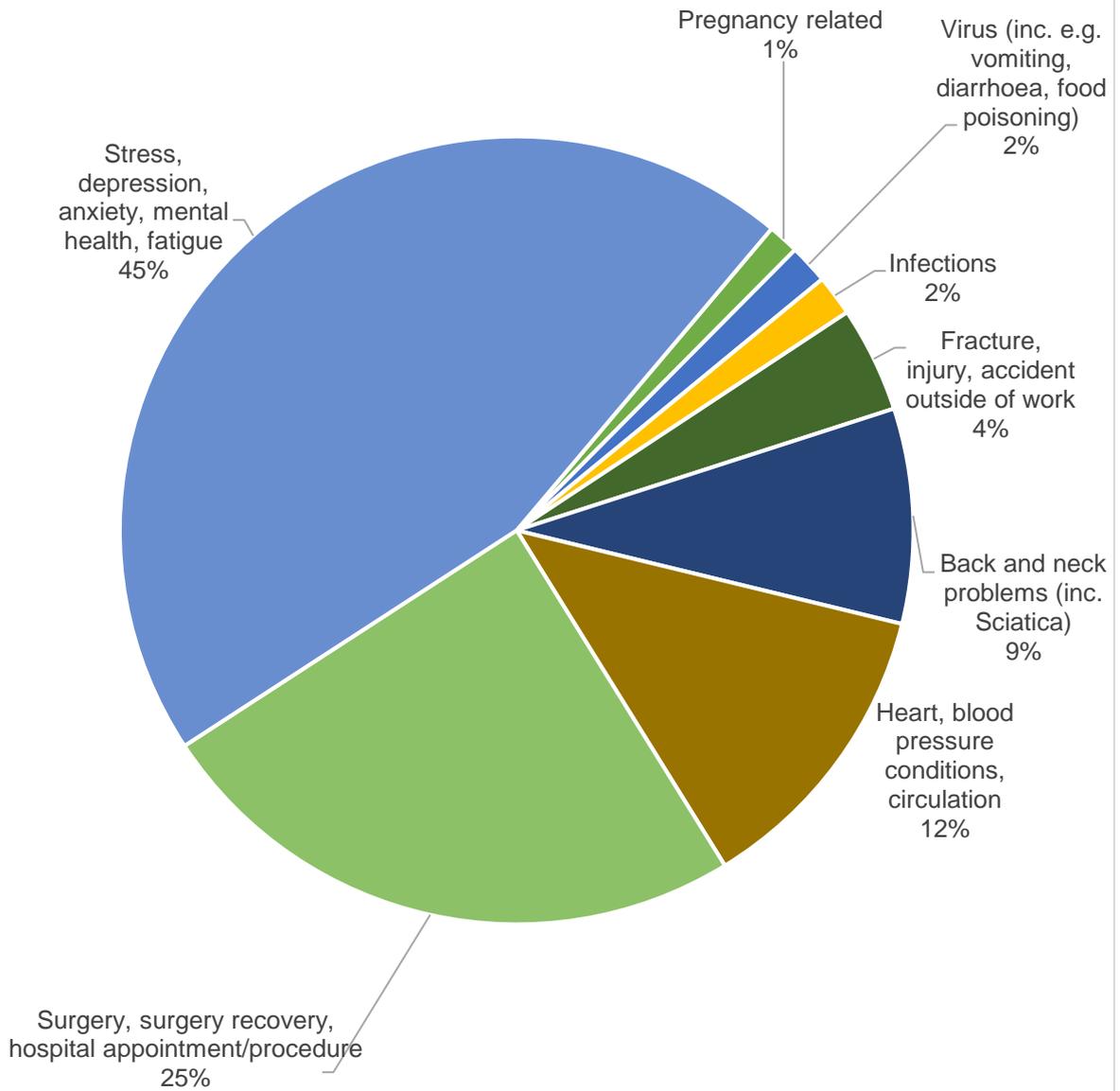
APPENDIX ONE

Short Term Absence



APPENDIX TWO

Long Term Absence



Sickness Absence 2017/18**Summary of support processes for managing sickness absence at Ashford Borough Council**26th June 2018

The following summary is provided to the Overview and Scrutiny Committee of the processes in place to support employees and managers with regard to sickness absence.

- Pre-commencement health questionnaire, aimed at understanding any health concerns the employee has after offer of employment and focusing on any reasonable adjustments that are specifically required.
- Clear guidelines for employees, issued as part of their induction, regarding absence reporting procedures.
- Established return to work process following sickness absence, which consists of a Return to Work Interview between employee and manager to discuss the absence including;
 - a focus on the seriousness and frequency of the absence,
 - ensuring that the employee is well enough to return,
 - consideration of a phased return, light duties, alternative duties, reduced hours,
 - discussion on alternative support available such as medical signposting,
 - requirement for an occupational health referral,
 - discussion of overall sickness record.
- Regular reporting from HR Officers to proactively flag with managers when employee absence levels are higher than expected.
- Access to occupational health practitioners in the event of long term sickness absence.
- Access to Health Assured, an employee assistance programme which provides employees with a 24 telephone helpline for counselling and information services.
- Access to up to eight face to face counselling sessions, per employee, per issue.
- Access to Active Care a proactive occupational health support service provided by Health Assured to employees in the first two weeks of absence (where that absence is due to mental ill health).
- Ability to refer employees proactively to a counsellor via Health Assured.
- Provision of specific support to employees diagnosed with a serious or terminal illness.
- Regular articles on health and wellbeing within monthly staff communications.
- Workplace Wellbeing Week focused on proactive wellbeing for employee's activities including NHS health checks, nutrition workshops, financial wellbeing, etc.
- Provision of health and wellbeing benefits offered by CSSC.
- Provision of lifestyle benefits offered by Reward-Gateway.
- Raising awareness of the counselling services provided by Health Assured.
- Training for employees and managers on recognising mental ill health in the workplace and improving personal resilience.
- Provision of sickness pay subject to length of service and the conditions contained within the Conditions of Service.