



Subject:	End of Year Absence Rates 2018/19
Date:	21 June 2019
Reporting Officers:	John Tully, Director City and Organisational Strategy
Contact Officer:	Catherine Christy, HR Manager

Restricted Reports	
Is this report restricted?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Yes, when will the report become unrestricted?	
After Committee Decision	<input type="checkbox"/>
After Council Decision	<input type="checkbox"/>
Some time in the future	<input type="checkbox"/>
Never	<input type="checkbox"/>

Call-in	
Is the decision eligible for Call-in?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

1.0	Purpose of Report or Summary of Main Issues
1.1	<p>This report;</p> <ul style="list-style-type: none">• Provides sickness absence data for the financial year 2018/2019, (April 2018 to March 2019);• Compares this year's performance to the same period last year, (April 2017 to March 2018);• Provides a quarterly comparison of days lost per full time equivalent (April 2015 to March 2019)• Provides information on :<ul style="list-style-type: none">○ Disability related absence for 2018/19○ Stress related absence for 2018/19○ Musculo-skeletal related absence for 2018/19

	<ul style="list-style-type: none"> Proposes a corporate target for the reduction in sickness absence.
2.0	Recommendations
2.1	<p>The committee is asked to</p> <ul style="list-style-type: none"> note the contents of this report and agree the proposed corporate target set out in paragraph 3.7
3.0	Main report
3.1	<p>Absence rates</p> <p>At the end of March 2019, the average number of day's sickness absence per full time employee was 13.71 days. We did not meet our target to reduce sickness absence to 10 days. However, the rate did not increase on last years (13.72) rate, rather there was a marginal reduction. There was an increase in the number of staff with no absence this year, 38.75% compared to 37.04% last year. Long term absence increased this year with 67.44% of absence classified as long term absence compared to 64.20% for the same time last year. Table 1 in Appendix 1 provides more detail.</p>
3.2	<p>The number of days lost per full time equivalent was slightly less in quarter four (3.47 days) when compared to quarter three (3.55 days). The quarterly comparison chart (see Appendix 2) shows a significant improvement in the quarter four absence rate this year when compared to the same period last year (3.92 days).</p>
3.3	<p>Disability Related Absence – 1 April 2018 to 31 March 2019</p> <p>Approximately 28% of absence is recorded as disability related and in these instances management has a legal obligation to consider making reasonable adjustments in such cases. This could include extending trigger points or not issuing warnings at all. Employees who reported absence with depression / anxiety (24.24%), cancer (9.72%), osteoarthritis (9.11%) and heart failure (7.97%) accounted for over half of all disability related absence days.</p> <p>Appendix 3 highlights the top ten disability related absence reasons. These ten reasons accounted for approximately 72% of the total days lost due to disability related absence.</p>

<p>3.4</p>	<p>Stress related absence</p> <p>There has been a significant reduction in stress related absence in the Council, a decrease of over 15%.</p> <p>In summary, the main reasons for stress related absence in the council in 18/19 were:</p> <ul style="list-style-type: none">- underlying mental health conditions (mainly depression and anxiety);- bereavement;- family caring/sickness reasons (such as a sick partner or child);- personal / relationship issues.- work issues (relationships and workload);- <p>These five reasons account for over 83% of the total days lost due to stress related absence.</p>
<p>3.5</p>	<p>Musculo-skeletal related absence</p> <p>Musculo-skeletal type absence has superseded stress related absence as the main reason for absence within the council. Approximately 83% of musculo-skeletal absence is attributable to staff working in frontline operation services. However, most of this was personal as only 14% of musculo-skeletal absence was recorded as work related.</p> <p>Approximately 59% of all musculo-skeletal absence was attributed to underlying medical conditions which included arthritis, chronic back pain, prolapsed discs and tendonitis.</p>
<p>3.6</p>	<p>Summary:</p> <p>While at the mid-year review, an end of year figure of 15 days was predicted, the average days lost per employee was 13.71, very slightly reduced when compared to last year (13.72 days).</p> <p>In August 2018, a series of initiatives was introduced in an effort to reduce sickness absence levels. Activity included:</p>

- a training programme for all managers with responsibility for managing absence (a total of 474 managers attended this training)
- the development of a shorter, more user-friendly guidance document for managers to complement the training and a wider communications plan around attendance management was developed and implemented at all levels of the organisation

Various programmes for employees that assist with absence management continue to be delivered including:

- Positive Mental Health and Emotional Wellbeing training;
- Stress Awareness for Managers;
- Dementia Awareness training;
- Managing Difficult Conversations training.

And over the last two years the Council won two Health and Wellbeing awards for our best practice health and wellbeing initiatives and activity.

Going forward, the following activity is planned to address the current high levels of absence

- Training for managers on leading, managing and sustaining change and a programme for employees to support them in dealing effectively with change is planned for the coming year.
- A 'buddy scheme' is being set up to offer support for staff who have been affected by cancer or other chronic illnesses.
- A 'Mental Health First Aid' Training pilot was recently held and consideration will be given to rolling this out further in the organisation.

The new People Strategy, currently under development, will also identify other related areas where improvement is required, for example analysis around the impact of our aging workforce on our absence levels and how this needs to be considered in terms of workforce planning. The increasing levels of increasing musculo skeletal absence also needs consideration and how it can be addressed via our health and wellbeing activity.

3.7	<p>Recommendations</p> <p>Corporate Target</p> <p>In recent years, a corporate target of 10 days has been set and this figure remains as the target for the Council's absence rates. It has been recognised, however, that this target is difficult for larger departments to achieve in one step in the course of a single year.</p> <p>In order to recognise the significant efforts being made to reduce absence levels and achievements in some areas, and taking account of the significant organisational change ongoing, it is proposed that departments continue to work towards a target of 10 days, to be achieved by the end of the current Council term, i.e. by the end of March 2023. It is hoped that a more achievable target for all departments i.e., one based on an annual percentage reduction might provide more of a realistic incentive for departments to strive towards and can be applied across the board down to service or section level. A proposed reduction of 7.59%* would mean the following targets for each year until 2023.</p> <table data-bbox="279 996 518 1198"> <tr> <td>19/20</td> <td>12.67</td> </tr> <tr> <td>20/21</td> <td>11.71</td> </tr> <tr> <td>21/22</td> <td>10.82</td> </tr> <tr> <td>22/23</td> <td>10</td> </tr> </table> <p>*A review of the target each year is required as it is based on a percentage reduction of the previous year.</p>	19/20	12.67	20/21	11.71	21/22	10.82	22/23	10
19/20	12.67								
20/21	11.71								
21/22	10.82								
22/23	10								
	Finance & Resource Implications								
3.8	<p>Directors are asked to ensure that:</p> <ul style="list-style-type: none"> Resources are in place for appropriate monitoring and review at department level. 								
	Equality and Good Relations Implications								
3.9	<p>Approximately 28% of absence is recorded as disability related. The use of discretion and reasonable adjustments is considered in such cases.</p>								
4.0	Appendices – Documents Attached								
	<p>Appendix 1 – Table 1 Historical absence rates (2017/18 to present)</p> <p>Appendix 2 - Quarterly comparison of days lost per FTE (Q1 15/16 to Q4 18/19)</p>								

	Appendix 3 – Total days off due to disability related absence (April to March 18/19)
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