#### SICKNESS ABSENCE – QUARTER 1 2017/18

#### SUMMARY

In May 2017 it was reported to SMT that sickness absence had increased to 8.8 days lost per FTE for the year 2016/17 compared to 8.3 days per FTE in 2015/16 and 7.8 days per FTE 2014/15. SMT agreed to increase the corporate target for sickness absence in 2017/18 to a target of 8.0 days lost per FTE, to reflect the increase in absence in recent years and to an updated Employee Health & Wellbeing action plan for 2016/17.

The corporate absence for Q1 is 1.8 days lost per FTE and it is positive to note a reduction in sickness absence in Q1 when compared against previous years.

#### **BACKGROUND**

- Following concern around the increase in sickness absence in both 2015/16 and 2016/17, SMT agreed an Employee Health & Wellbeing action plan, a more flexible and supportive Leave Policy and a revised corporate target for sickness absence of 8 days lost per FTE for 2017/18.
- 2. Attached at Appendix 1 is the dashboard providing an overview of the quarter 1 (Q1) corporate sickness absence information detailing:
  - Days lost per FTE, total Days lost and Number of Occurrences
  - Main reasons corporately for sickness absence
  - Length of sickness categorised into Short Term (7 calendar days or under), Medium Term (8-28 Calendar days), and Long Term (over 28 calendar days/4 weeks)
  - Teams across the Council with the Highest Days Lost.
- 3. A comparison of the corporate Q1 sickness absence information against Q1 2016/17, 2015/16 and 2014/15 is detailed below:

	Q1 2017/18	Q1 2016/17	Q1 2015/16	Q1 2014/15
Average FTE	2,446.5	2,550.3	2,574.5	2,556.7
Days Lost	4,308.6	5,574.7	5,307.3	4,330.6
Occurrences	568	700	678	580
Days Lost Per FTE	1.8	2.2	2.1	1.7
<b>Annual Corporate Target Days</b>	8.0	7.8	7.6	7.8
Lost Per FTE	0.0		7.0	7.0
Annual Actual Days Lost Per		8.8	8.3	7.8
FTE		0.0	0.5	7.0

There has been a significant reduction (22.7%) in the number of days lost due to sickness absence in Q1 2017/18 compared to 2016/17. There has also been a reduction in the number of occasions of sickness absence in Q1 2017/18 (568) compared with both 2016/17 (700) and Q1 2015/16 (678). If sickness absence continues at this level, we will be on track to be within our corporate target of 8 days lost per FTE.

#### **Sickness Absence by Service Area**

4. An overview of sickness absence by service area for 2017/18 is outlined in Appendix 2 along with comparisons against 2016/17. It should be noted that due to significant changes to the

organisation structures and staff movement arising from the Senior Management Restructure which took place in January 2016, comparisons with Q1 sickness absence prior to 2016/17 is not possible by service area:

Service Area Name	Q1 2017/18 Days lost per FTE	Q1 2016/17 Days Lost Per FTE
Administration, Democratic & Electoral Services	2.6	1.8
Adults & Health	2.2	3.0
Children's Services	1.9	2.3
Community Services	1.7	2.2
Culture, Leisure & Events	1.9	1.7
Economic Growth & Development	1.8	2.1
Finance & Business Services	1.2	1.1
HR, Legal & Communications	1.6	1.3
Transformation Team	0.9	4.9
Xentrall Shared Services	0.5	2.1
Corporate Total	1.8	2.2

Adults & Health, Children's Services and Community Services have previously had high levels of sickness absence, but in Q1 have demonstrated an improvement with a reduction in the number of occasions and days lost compared to 2016/17.

There has however, been an increase in sickness absence within Administration, Democratic & Electoral Services and Culture, Leisure & Events.

Within Administration, Democratic & Electoral Services 5 out of the 11 occurrences of sickness absence were long term absences over 4 weeks and account for 152.5 working days lost (93% of sickness absence within directorate). 2 of these long term absences have continued into Q2.

There were 10 occurrences of long term absence out of 61 within Culture, Leisure & Events which accounted for 237.8 working days lost. This accounts for 63% of absence within the directorate. There has been an increase in the number of occurrences of absence across the directorate from 49 in 2016/17 to 61 in 2017.18 with 9 employees having two occurrences or more within the Q1 period. Regular meetings are taking place with the Director, Service Managers and Human Resources to discuss sickness absence cases, and HR will continue to support managers with attendance concerns where appropriate.

#### **Reasons for Sickness Absence**

5. The table below shows the reasons for sickness absence across the Council

Sickness Reason	Q1 17/18		Q1 16/	<b>'17</b>
	Occurrences	Days Lost	Occurrences	Days Lost
Stress/Depres/M Health/Fatigue	94	1,458.7	93	1,583.4
Back/Neck/Musculo-Skeletal	97	912.2	145	1,542.9
Infections/Stomach/Chest	219	697.4	287	969.1
Operations/Hospital treatment	37	595.6	31	418.0
Pregnancy Related	13	172.1	6	36.6
Neurological	40	162.6	49	268.0
Eye/Ear/Nose/Mouth/Dental	37	122.9	51	210.0
Heart/Bloodpressure/Circulation	10	114.9	16	393.3

Genito-urinary/Gynaecological	15	61.9	11	134.5
Sickness Other	6	10.4	11	18.9
Total	568	4,308.97	700	5,574.7

- 6. Absence due to "stress/depression/mental health/fatigue" continues to attribute to the highest number of days lost with a total of 1,458.7 days lost per FTE in 2017/18 and accounts for approximately 34% of sickness absence. Although the number of days lost has reduced compared to 2016/17, the number of occurrences remains the same, at 94 occurrences compared to 93 in 2016/17. In 2017/18 this equates to an average number of 15.5 days lost per occurrence.
- 7. Back/Neck/Musculo-Skeletal remains the second highest number of days lost for sickness absence with a total of 911.3 days lost per FTE, which accounts for approximately 21% of sickness absence. This has reduced considerably when compared to 1,542.9 days lost in Q1 2016/17. With a total of 96 occurrences in Q1 2017/18, this provides an average number of 9.5 days lost per occurrence.
- 8. The highest number of occurrences of sickness absence is due to Infections, with a total of 219 occurrences. The average number of days lost per occurrence is 3 days. Occupational Health & Public Health are currently working on an infection control campaign to assist in a reduction of sickness absence due to infections. We will be looking to deliver a flu vaccination programme to employees in October/November 2017 to frontline staff within Children's & Adults Services, and consideration is also be given to extending this programme to other areas of the workforce where absence has been high due to flu symptoms in 2016/17.

## **Occupational Health Services**

- 9. With effect from 1 April 2015, the Council's Occupational Health Service has been provided by an in-house Occupational Health Advisor, Michelle King, with support from an external Occupational Health Physician from BHSF Occupational Health Ltd. They provide support and advice on the health and wellbeing of employees through, pre-employment medicals, medical referrals and health surveillance in the workplace.
- 10. During Q1, a total of 57 employees were seen by Occupational Health.
- 11. If a manager wishes to refer an employee to Occupational Health for advice to either help maintain attendance at work or to support a long term absence / return to work the Human Resources Team should be contacted in the first instance.

## **Insight – Counselling Service**

- 12. The Insight Wellbeing at Work Programme commenced on 01 April 2016 and provides the following services to Employees:
  - Access to Insight's Wellbeing Portal
  - 24 hour telephone counselling helpline
  - Courses of sessional telephone counselling (up to 6 sessions)
  - Legal and Financial advice (excluding advice on employment law)
  - Up to six sessions of face to face counselling
  - Management advisory service.

The table below provides a summary of programme activity for new cases opened during the Q1 period compared to Q1 in 2016/17

	Q1 2017/18	Q1 2016/17
Total Number accessing wellbeing services	21	33
Breakdown of Support Provided		
Ad-hoc Counselling Support from Helpline	8	6
Legal & Financial Advice	1	0
Telephone Counsellor Referral	5	5
Face to Face Counsellor Referral	4	17
Email Enquiry	3	5
Primary Presenting Issues		
Personal Issues	19	27
Work Related Issues	1	3
Legal & Financial Advice	1	0
Requesting information about service	0	3
Attendance Status at point of initial contact		
At Work	15	25
Absent from work	6	8

Stress/depression/mental health/fatigue remains the highest reason in terms of total days lost for sickness absence. There has been a reduction in the number of occasions of absence in Q1 2017/18 compared to Q1 2016/17 which correlates with the reduction in people accessing this service.

## **Body2Fit – Physiotherapy Services**

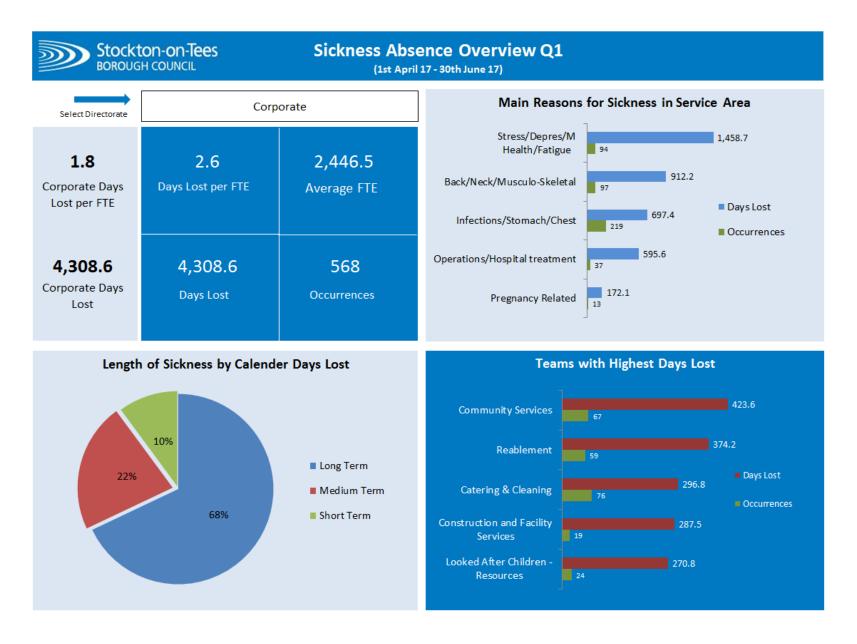
- 13. Body2Fit provide the following free services to employees on behalf of Stockton on Tees Borough Council:
  - Up to 5 Physiotherapy sessions
  - Workplace assessment, and
  - an initial Podiatry assessment.

The table below outlines the number of referrals received during Q1 compared against Q1 2016/17 and how many employees were absent from work at the time of the initial referral.

	Q1 20		Q1 2016/17			
	No. Referrals	No. absent from work	No. Referrals	No. absent from work		
Physiotherapy	48	4	34	4		
Workplace Assessment	27	N/A	31	N/A		
Podiatry	1	0	4	0		

Of the 48 referrals received for physiotherapy, only 4 employees were absent from work at the time of referral. It is positive to note that employees are using this service proactively and accessing support before an injury impacts on their ability to attend work.

# Appendix 1 - Corporate Dashboard



	Q1 2017/18			Q1 2016/17				
Service Area Name	Average FTE	Occurences	Days Lost	Days Lost Per FTE	Average FTE	Occurences	Days Lost	Days Lost Per FTE
Administration, Democratic & Electoral Services *	64.3	11	164.5	2.6	66.8	11	121.0	1.8
Adults & Health	443.5	130	997.6	2.2	450.5	169	1,344.0	3.0
- Adults Service	391.1	115	839.8	2.1	398.5	154	1,163.9	2.9
- Public Health	48.6	13	155.8	3.2	48.0	12	170.2	3.5
Children's Services	520.0	96	995.7	1.9	537.1	125	1,248.9	2.3
- Safeguarding & Looked After Children	206.0	37	386.6	1.9	201.3	42	563.0	2.8
- Early Help, Partnership & Planning	203.9	40	410.6	2.0	218.1	58	493.3	2.3
- Schools & SEN	99.8	19	198.5	2.0	109.7	24	189.6	1.7
Community Services	598.8	163	1,009.9	1.7	619.3	194	1,351.6	2.2
Culture, Leisure & Events	201.2	61	379.5	1.9	205.9	49	345.7	1.7
Economic Growth & Development	174.3	35	312.9	1.8	217.8	67	447.8	2.1
Finance & Business Services	220.2	41	259.3	1.2	222.9	37	252.1	1.1
HR, Legal & Communications	67.4	11	108.3	1.6	68.2	11	92.0	1.3
Transformation Team *	11.2	1	9.7	0.9	13.5	2	65.7	4.9
Xentrall Shared Services	145.7	19	71.1	0.5	148.3	35	305.8	2.1
Total	2446.5	568	4,308.6	1.8	2550.3	700	5,574.7	2.2

<sup>\*</sup> Administration, Democratic & Electoral Services includes Chief Executive & PA and Deputy Chief Executive & PA.

	Q1 17/18	Q1 16/17	Q1 15/16	Q1 14/15
Average FTE	2446.5	2,550.3	2,574.5	2,556.7
Days Lost	4309	5,574.7	5,307.3	4,330.6
Occurrences	570	700	678	580
Days Lost Per FTE	1.8	2.2	2.1	1.7
Average Days Lost per Occurrence	7.6	8.0	7.8	7.5
Q4 Days Lost Per FTE		8.6	8.3	7.8

Sickness Reason	0	1 17/18	Q1 16/17	
Sickless Neason	Occurrences	Days Lost	Occurrences	Days Lost
Stress/Depres/M Health/Fatigue	94	1458.67	93	1,583.4
Back/Neck/Musculo-Skeletal	97	912.16	145	1,542.9
Infections/Stomach/Chest	219	697.43	287	969.1
Operations/Hospital treatment	37	595.56	31	418.0
Pregnancy Related	13	172.07	6	36.6
Neurological	40	162.62	49	268.0
Eye/Ear/Nose/Mouth/Dental	37	122.88	51	210.0
Heart/Bloodpressure/Circulatio	10	114.94	16	393.3
Genito-urinary/Gynaecological	15	61.87	11	134.5
Sickness Other	6	10.42	11	18.9
Total	568	4,308.6	700	5,574.7