

REPORT TO: Corporate Policy and Performance Board

DATE: 3 September 2013

REPORTING OFFICER: Strategic Director – Policy & Resources

PORTFOLIO: Resources

SUBJECT: Sickness Absence – 1st Quarter 2013/2014

WARDS: Borough-wide

1.0 PURPOSE OF THE REPORT

- 1.1 To provide a report to the Board on the number of working days lost in the 1st quarter 2013/14.
- 1.2 To report on comparative data from 1st quarter 2012/2013.

2.0 RECOMMENDED: That the content of the report be noted.

3.0 SUPPORTING INFORMATION - SICKNESS DATA

- 3.1 The breakdown for the 1st quarter of 2013/14 for each directorate is set out below;

Directorates	Total number of staff	FTE	Total no. days lost 1 st quarter (April–June)
Policy & Resources	754	666	1423
Communities	1172	813	3432
Children & Enterprise non schools	618	484	2019
Primary Schools	1235	905	2303
Secondary Schools	649	564	1090

- 3.2 The cumulative number of working days lost due to sickness absence, per employee, at the end of the 1st quarter of 2013/14 is 2.63 has increased as compared to 2.22 days per employee for the same period 2012/13.
- 3.3 Number of periods of absence by range of days

	1 day	2-7 days	8 -14 days	15+ days	Total no. of periods of absence	Total days lost
Policy & Resources	66	110	25	38	239	1423
Communities	80	172	67	105	424	3432
Children & Enterprise (non schools)	32	90	36	63	221	2019
Primary schools	141	162	60	54	417	2303
Secondary schools	80	79	32	21	212	1090

3.4 Long term sickness absence is included in the overall calculation of working days lost for each directorate. Managers across all directorates are continuing to actively monitor employee absence with the support of the Employee Welfare Advisers.

3.5 The table below shows the top seven reasons for sickness absence lost in the 1st quarter 2013/14.

Absence reason	Days lost 1 st qtr 2013/14
Cancer	725
Work related stress	579
Depression	1094
Infections, to include colds and flu	858
Other musculo-skeletal problems	1180
Personal stress	1219
Stomach, liver, kidney & digestion; to include gastroenteritis	1231

3.6 OBSERVATIONS ON THE DATA

The number of days lost due to Depression has increased slightly since the last quarter with days lost due to personal stress reducing due to the resolution of a number of long term sickness cases. Absence due to infections to colds and chest & respiratory infections substantially decreased this quarter as compared with the last quarter which was to

be expected as absence for these two reasons is always higher in the winter months. Welfare Advisers continue to work with managers to support all employees who are off long term sick especially those who are absent with depression/stress to enable a successful return to work.

3.7 COMPARISONS OF DATA – 1st quarter 2013/2014 and 2012/13

3.8 The number of occasions of absences for each of the range of days have decreased as compared to the same quarter 2012/13.

Periods of absence by range of days

1st quarter	1 day	2-7 days	8-14 days	15+ days	Total no occasions
2012/13	641	694	198	292	1825
2013/14	399	613	220	281	1513

3.9 The table below gives a few examples of categories where there have been reductions/increases in the number of days lost in the 1st quarter 2012/13 and 2013/14.

Absence reason	1st qtr 2013/14 days lost	1 st qtr 2012/13 days lost
Heart, blood pressure & circulation	333.50	177.50
Back and neck problems	349	775.50
Personal stress	1219.50	1451
Stomach, liver, kidney & digestion	1231	1387.50
Other musculo skeletal	1180	946

3.10 There is a slight increase in the overall number of days lost in the 1st quarter 2013/14 as compared to the same quarter 2012/13. Having looked at the data it appears that absence levels across Communities and Children & Enterprise have increased however there does not appear to be any particular reason behind the increase.

3.11 Although the number of days lost through absence in the Communities Directorate has reduced since the last quarter 2012/13 the absence for the same period in the Childrens Directorate has increased slightly. Regular HR surgeries will continue to take place in the Childrens Directorate to provide on going support to managers in resolving some of the long term sickness cases. With regard to the Communities Directorate the Employee Welfare Adviser has been working closely with a number of managers to address a number of cases and is now looking at setting up more formal review meetings in order to progress absence cases.

3.12 Employee Welfare Advisers continue to support managers across the directorates and schools in managing staff attendance.

4.0 POLICY IMPLICATIONS

4.1 As we continue to monitor sickness absence across the Council it is envisaged that the Sickness Absence Policy will continue to be reviewed to ensure absence is managed effectively.

5.0 OTHER IMPLICATIONS

N/A

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children and Young People in Halton**

6.2 **Employment, Learning, and Skills in Halton**

6.3 **A Healthy Halton**

6.4 **A Safer Halton**

6.5 **Halton's Urban Renewal**

7.0 RISK ANALYSIS

7.1 Failure to monitor absence levels and trends may lead to increased levels of ill health and appropriate support may not be given to employees. This may lead to challenge through Tribunal for disability discrimination or insurance claims.

8.0 EQUALITY AND DIVERSITY ISSUES

It is important that all employees are treated equally and fairly with regard to their sickness absences.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

There are no background papers under the meaning of the Act.