

## Report to Corporate Overview and Scrutiny Committee



Date of Meeting	24 <sup>th</sup> March 2020
Portfolio	Cabinet Member for Resources
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### Health Related Absence Q1 & Q2 2019/2020

#### Executive Summary

1. The report provides first and second quarter health related absence figures to Members of the Corporate Overview and Scrutiny Committee.

The first quarter health related absence figures (April – June 2019) indicate that the overall level for the Council was 2.10 days per FTE, and 2.11 days per FTE in the second quarter (July - September 2019).

The total days lost for April – September 2019 was 4.17 days per FTE, compared to 4.51 days lost in the same period in 2018/19.

#### Recommendation

2. It is recommended that Members of the Corporate Overview and Scrutiny Committee note the first and second quarter positions for the Council for 2019/20.

#### Reason for Recommendation

3. To provide Members of the Corporate Overview and Scrutiny Committee with an update of the health related absence data.

#### Key Points for Consideration

4. The first quarter health related absence figures indicate that the overall level for the Authority was 2.10 days per FTE (a reduction of 0.12 from the same quarter in 2018/19), of which 1.34 days (64%) were due to long term sickness absence, which was again a reduction of 0.11 days from the same period last year where 1.45 (65%) days were lost due to long term absence.

Short term absence has seen a slight decrease from the previous year as 0.76 days (36%) were lost this year, compared to 0.77 (35%) days last year.

The second quarter health related absence figures show a slight increase compared to the same period last year, in that 2.11 days were lost per FTE, an increase of 0.04 days from the same period in 2018/19 (2.07 days lost).

Long term absence has reduced in the second quarter with 1.38 days (65%) of the total days lost (a reduction of 0.08 days compared to 2018/19). Short term absence has therefore increased with 0.74 days (35%) lost to short term absence (an increase of 0.13 days compared to 2018/19).

Overall, when compared to the first half of 2018/19, the position has improved by 0.34 days, with the total days lost at 4.17 days per FTE for this year, compared to 4.51 days last year.

Table 1 show the first and second quarter absence data per Directorate.

Directorate	Quarter 1 absence data (April – June 2019)				Quarter 2 absence data (July – September 2019)			
	Days lost to long term absence	Days lost to short term absence	Total Days lost	Days lost per FTE	Days lost to long term absence	Days lost to short term absence	Total Days lost	Days lost per FTE
<b>Executive</b>	0.00	0.00	0.00	<b>0.00</b>	0.00	0.00	0.00	<b>0.00</b>
<b>Adult Care Service</b>	564.10	228.50	792.60	<b>2.33</b>	387.34	313.78	701.12	<b>2.05</b>
<b>Public Health</b>	27.00	4.00	31.00	<b>1.63</b>	45.00	12.00	57.00	<b>2.83</b>
<b>Children's Services</b>	710.54	470.06	1180.60	<b>1.79</b>	877.12	502.91	1380.03	<b>2.03</b>
<b>Economy</b>	36.38	33.98	70.36	<b>0.85</b>	31.00	28.54	59.54	<b>0.76</b>
<b>Neighbourhoods</b>	1420.23	816.85	2237.08	<b>2.47</b>	1650.74	720.79	2371.53	<b>2.60</b>
<b>Resources</b>	264.55	170.79	435.34	<b>1.75</b>	163.68	112.48	276.16	<b>1.08</b>
<b>Total</b>	<b>3022.80</b>	<b>1724.18</b>	<b>4746.98</b>	<b>2.10</b>	<b>3154.88</b>	<b>1690.50</b>	<b>4845.38</b>	<b>2.11</b>

<b>Schools</b>	4517.80	2368.89	6886.69	<b>2.01</b>	3127.97	1627.56	4755.53	<b>1.37</b>
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**TABLE 1**

Table 2 below shows the absence data from April to September 19 cumulatively.

Quarter 1 and 2 absence data (April – September 2019)					
Directorate	Days lost to long term absence	Days lost to short term absence	Total Days lost	FTE's	Days lost per FTE
<b>Executive</b>	0.00	0.00	0.00	2.89	<b>0.00</b>
<b>Adult Care Service</b>	927.19	552.51	1479.70	342.39	<b>4.32</b>

<b>Public Health</b>	72.00	16.00	88.00	20.17	<b>4.36</b>
<b>Children's Services</b>	1647.12	907.79	2554.91	678.50	<b>3.77</b>
<b>Economy</b>	67.38	39.78	107.16	78.50	<b>1.37</b>
<b>Neighbourhoods</b>	3148.54	1488.44	4636.98	913.27	<b>5.08</b>
<b>Resources</b>	428.23	259.19	687.42	255.73	<b>2.69</b>
<b>Total</b>	<b>6290.46</b>	<b>3263.71</b>	<b>9554.17</b>	<b>2291.46</b>	<b>4.17</b>

<b>Schools</b>	7563.29	4009.81	11573.10	3479.74	<b>3.33</b>
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**TABLE 2**

Based upon an analysis of the data as at the end of quarter 2, long term absence accounted for the majority of absences. *Stress/depression*, was the top reason for long term absence, with *Operative/post operative* and *Other muscular skeletal problems* being the other 2 top reasons. This is similar to the top reasons for the same period in 2018/19, however *Back and neck problems* was also one of the main reasons for absence.

Short term absence accounted for 34% of absences, with *Stress/depress* being the top reason for short term absence, and *Colds/viral infections* and *Gastric, stomach, kidney, liver* accounting for the other 2 top reasons. These were the same top 3 reasons for absence in the same period in 2018/19.

This report notes absence for the Council has reduced compared to the same period last year. Each Directorate is continuing to monitor and manage absence to meet the challenging targets set for the year. As at the end of quarter two, the number of days lost per FTE is 4.17 against a half year target of 4.23 (annual target is 8.45 days per FTE).

The HR Service continues to provide strategic advice and support to Services in the development of action plans targeted at the needs of each Directorate. The HR Service also continues to provide training and support to managers across the Authority on effective absence management, whilst also providing support to staff.

### **Alternatives Considered**

As this is part of the Council's performance management process, there are no other alternatives.

### **Costs and Budget Summary**

- Any financial implications arising from sickness absence are reported by Directorates through the Revenue Finance Updates reports presented to Cabinet on a quarterly basis.

### **Risk and Policy Implications**

6. Significant health related absence will impact on the Council's capacity to deliver its corporate objectives, therefore effective management of health related absence is a whole organisation responsibility.

<b>Consultation</b>
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7. In compiling this report, Directors and Assistant Directors have been advised on performance relating to their service areas. Trade Unions have also been provided with information.

<b>Background Papers</b>	<b>Place of Inspection</b>
8. N/A	N/A

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