# Sickness Absence Update

It should be noted that we have provided absence figures jointly for Bromsgrove and Redditch councils in the main. This is because most services are shared and therefore all information relating to absence will be of interest and relevant to both councils. It is therefore intended to provide information relating to all employees of both councils on the Dashboard going forward.

Current sickness figures

The graph below show the days lost for RBC & BDC by service area between April 2015 and March 2016. The data shows that the average days lost were 8.02 days per fte.

Joint 2015-16														
Service Area	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	total	
Business Transformation	21.97	25.67	19.07	22.00	4.19	7.44	12.20	40.76	47.71	38.76	36.30	17.85	293.92	
Community Services	119.32	100.42	87.81	136.58	129.42	158.67	107.07	81.55	89.76	64.89	82.93	61.77	1220.19	
Customer Services	96.65	66.47	82.53	70.92	49.17	51.15	75.68	90.27	21.05	37.23	58.21	37.43	736.76	
Environmental	132.06	162.44	184.14	222.58	96.10	125.82	163.68	137.74	107.88	127.10	65.10	161.59	1686.23	
Legal, Equalities & Democratic	0.62	0.08	0.50	0.62	17.36	22.64	19.22	11.16	0.00	0.00	8.82	0.00	81.02	
Planning & Regeneration	5.58	19.10	9.95	3.10	1.86	21.27	25.17	23.95	2.35	2.48	19.40	0.62	134.83	
Chief Executives Unit	22.63	0.00	0.00	1.24	0.00	1.24	0.00	16.30	19.12	3.00	1.86	1.16	66.55	
WRS	40.92	20.46	20.21	19.22	1.24	4.38	28.52	9.92	8.90	15.99	11.34	4.71	185.81	
Housing Services	166.36	153.88	193.59	204.24	189.85	194.93	223.70	228.10	178.55	283.87	226.59	185.25	2428.91	
Leisure & Cultural	64.19	58.97	44.26	36.44	49.91	26.64	34.47	12.33	0.62	21.58	16.00	3.50	368.91	
Finance	8.11	1.86	9.65	2.48	0.00	0.62	0.00	14.26	3.39	1.26	27.28	17.93	86.84	
total FTE	872.38	879.81	932.44	928.09	926.78	951.57	917.36	893.25	902.34	897.72	919.3	886.62	7289.97	8.020019
												908.9717		

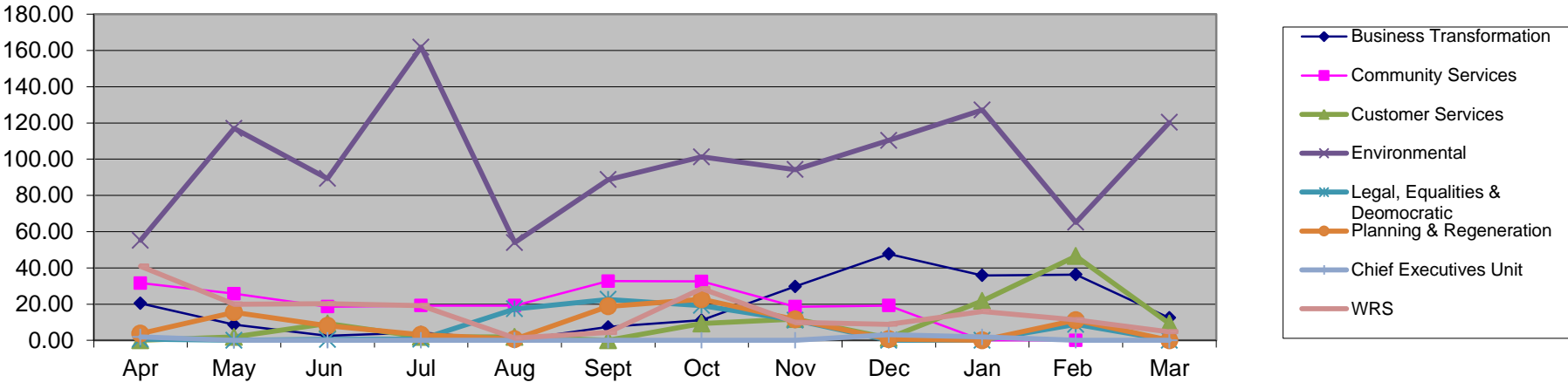## Joint: Monthly comparison of days per FTElost in service areas
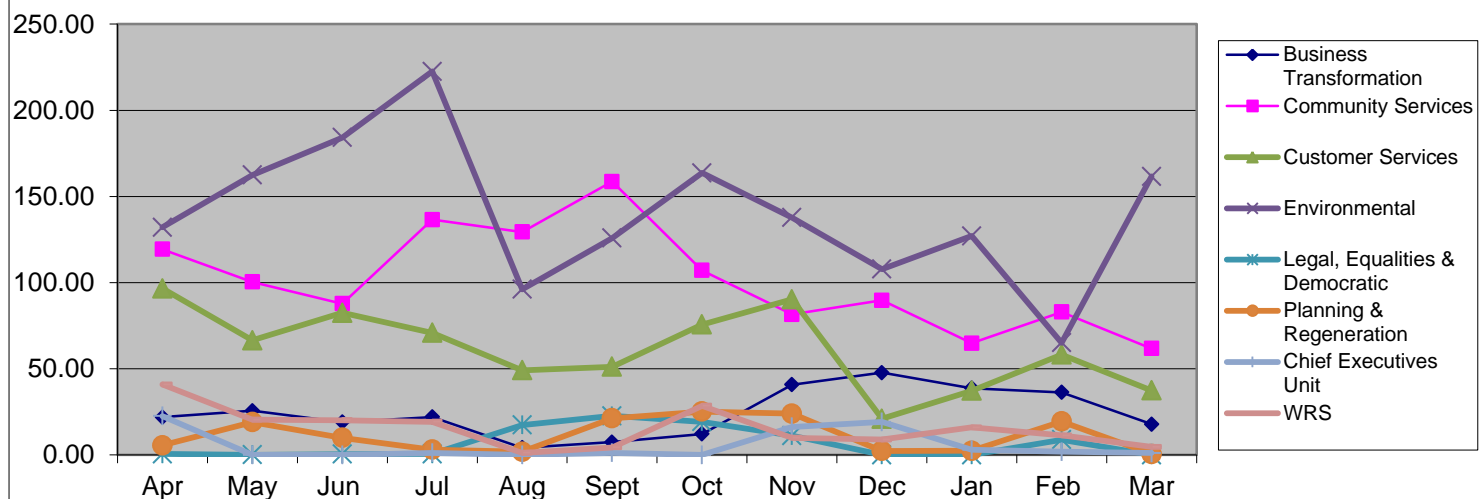
The graph below shows the average days lost were 5.33 per FTE for Bromsgrove District Council.

Service Area	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	total	
Business Transformation	20.46	8.68	2.48	4.34	0.00	7.44	11.16	29.76	47.71	35.89	36.30	12.40	216.62	
Community Services	31.62	25.79	18.60	19.22	19.22	32.68	32.51	18.60	19.22	0.00	0.00	0.00	217.46	
Customer Services	0.00	1.86	9.30	1.86	1.86	0.00	9.30	11.78	1.24	21.75	46.50	9.30	114.75	
Environmental	55.18	116.96	89.28	161.82	53.94	88.66	101.26	94.24	110.36	127.10	65.10	120.28	1184.18	
Legal, Equalities & Democratic	0.62	0.00	0.50	0.62	17.36	22.64	19.22	11.16	0.00	0.00	8.82	0.00	80.94	
Planning & Regeneration	3.72	15.50	8.04	3.10	0.62	18.79	22.69	11.55	0.62	0.00	11.16	0.00	95.79	
Chief Executives Unit	1.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.10	1.86	0.00	0.00	6.82	
WRS	40.92	20.02	20.21	19.22	1.24	4.36	28.52	9.92	8.90	15.99	11.34	4.71	185.35	
Total FTE	336.70	331.12	404.75	360.78	344.94	364.54	402.30	433.86	440.89	440.64	436.64	430.54	2101.91	5.335135

393.975

BDC Monthly comparison of days per FTE lost in service areas

Legend:
- Business Transformation
- Community Services
- Customer Services
- Environmental
- Legal, Equalities & Deomocratic
- Planning & Regeneration
- Chief Executives Unit
- WRS

The graph below shows combined RBC & BDC sickness absence broken down for short term and long term (long term is defined as 28 days plus). There has been a decrease in short term absence between January and March 2016 with long term absence remaining broadly similar.

Both Authorities - Sickness Absence

Legend:
- Short Term Absence
- Long Term Absence
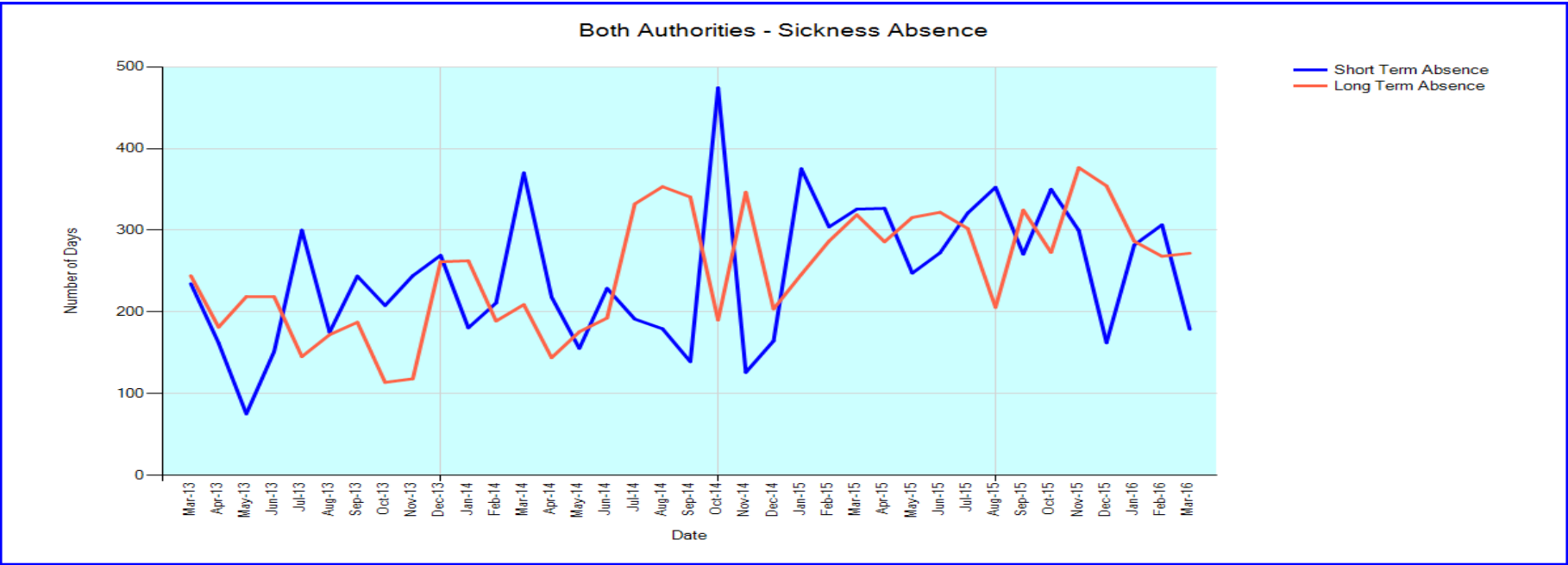
## Reasons for Absence (January to March 2016)

The table below shows the main types of absence that is reported, and gives a breakdown during the period January to March 2016.

The data shows that February saw a significant increase in Back/Neck absence, which reduced slightly in March; absence relating to Stress, Depression, Anxiety showed a significant increase in February but a reduction in March; musculo-skeletal, Stomach etc, Heart / Blood pressure absence and ENT all saw a slight increase each month, however Infection and Chest/Respiratory both saw a decrease in the number of absences during March.

Absence reasons - 4th quarter					
Jan to March 2016					
Reason	**Jan-16**	**Feb-16**	change from previous month	**Mar-16**	change from previous month
Back and Neck Problems	3.72	46.97	increase	38.44	decrease
Other Musculo-Skeletal	44.1	54.88	increase	63.86	increase
Stress, Depression, Anxiety	44.65	143.09	increase	56.82	decrease
Infection (inc headache)	44.59	40.02	decrease	23.12	decrease
Genito-urinary	0	0	same	0	same
Pregnancy related	0	0	same	0	same
Stomach, liver, kidney	9	3.72	decrease	8.47	increase
Heart, blood pressure	0	0	same	4.36	increase
Chest & Respiratory	2.97	7.75	increase	3.54	decrease
Eye, ear, nose, Throat	0	25.48	increase	35.26	increase
Other	41	179.7	increase	102.85	decrease

The table below shows stress related absence between January and March 2016. From this table it is evident that there has been consistent absence during the period January to march 2016 in Housing Services.   This may be in some part related to uncertainty at work, as it is widely known that a service review is imminent. The Council is working hard to support employees with a stress related illness, either of a personal or work related nature, through their Time to Talk and other initiatives such as "Phone a Friend". In addition, the Council has invested in a more comprehensive Employee Support Programme, which offers a confidential advice and counselling service to support all employees and their families with any concerns they may have, whether it be personal or work related.

Stress, Depression & Anxiety (Jan to March 2016):
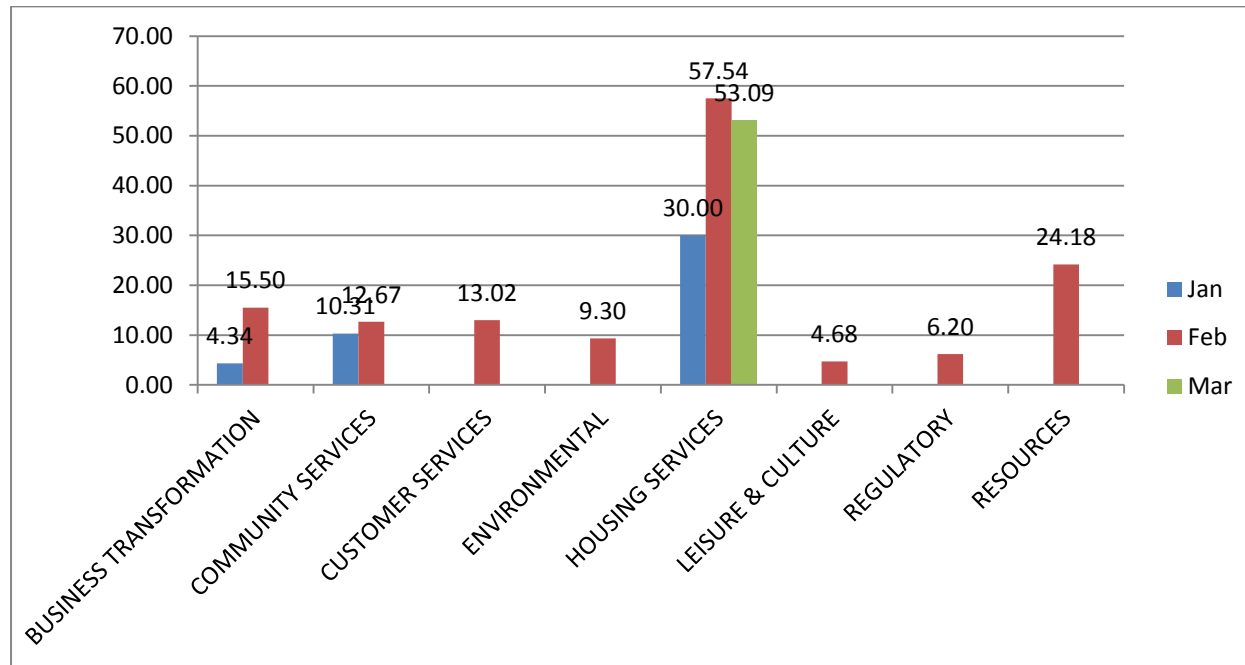
Development with sickness absence recording

Over a period of time we have reviewed the sickness data to identify how it can be used effectively to support the organisation. It was identified that a core problem is the lack of real time recording which means that the data we hold may not be accurate. As a result a trial has been undertaken in a number of services where they have been directly inputting sickness absence into the HR/Payroll system as it occurs. The benefits of the trial have been;

- Real time data
- Managers have access to electronic sickness absence data to help manage and understand their services
- Reduced administrative processes

The trial will be further extended, building on what we have learnt so far. Guidance and training will be given to mangers to use the HR/Payroll system. HR Officers will be working very closely with managers to implement the changes and to assist managers to analyse data.

Sickness absence will be combined with other data sets to further explore trends and issues. We are currently working to ensure that all relevant sickness data will be available on the Dashboard over the forthcoming weeks.