



## **POLICY AND RESOURCES SCRUTINY COMMITTEE – 14TH NOVEMBER 2017**

**SUBJECT: SICKNESS ABSENCE WITHIN THE COUNCIL**

**REPORT BY: ACTING DIRECTOR OF CORPORATE SERVICES**

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### **1. PURPOSE OF REPORT**

- 1.1 The purpose of the report is to provide Policy and Resources Scrutiny Committee with an update of the position with regard to sickness absence within the Council.

### **2. SUMMARY**

- 2.1 The report provides an overview of levels of absence within the Council for the previous 2 years and also actions taken to improve these.

### **3. LINKS TO STRATEGY**

- 3.1 The recommendations set out in this report contribute to the following Well-being goals within the Well-being of Future Generations Act (Wales) 2015 in that the effective control of sickness absence should reduce the levels of sickness in line with the Council's Managing Sickness Absence Procedure:

- *A healthier Wales*
- *A more equal Wales*

- 3.2 This should assist the provision of effective services that are value for money, by a workforce that is fit for purpose, feels valued and supported, whilst increasing the commitment and morale of staff.

### **4. THE REPORT**

- 4.1 Members will recall that a request was made at the Scrutiny Committee held on 6 June 2017, to bring a report back to the Committee regarding sickness absence across the Authority.

- 4.2 The Council's Managing Sickness Absence Procedure provides a structured framework to allow Managers to effectively manage sickness absence. The Procedure has also been adopted by all Schools. The purpose of the Procedure is to:

- Maximise employee attendance at work.
- Support employees in returning to work in a timely manner.
- Have a clear and agreed process for managing the sickness absence of all the Council's employees, which is applicable to all.

4.3 The Managing Attendance Team was established in October 2010 to support Managers to manage absence effectively and consistently across the Authority.

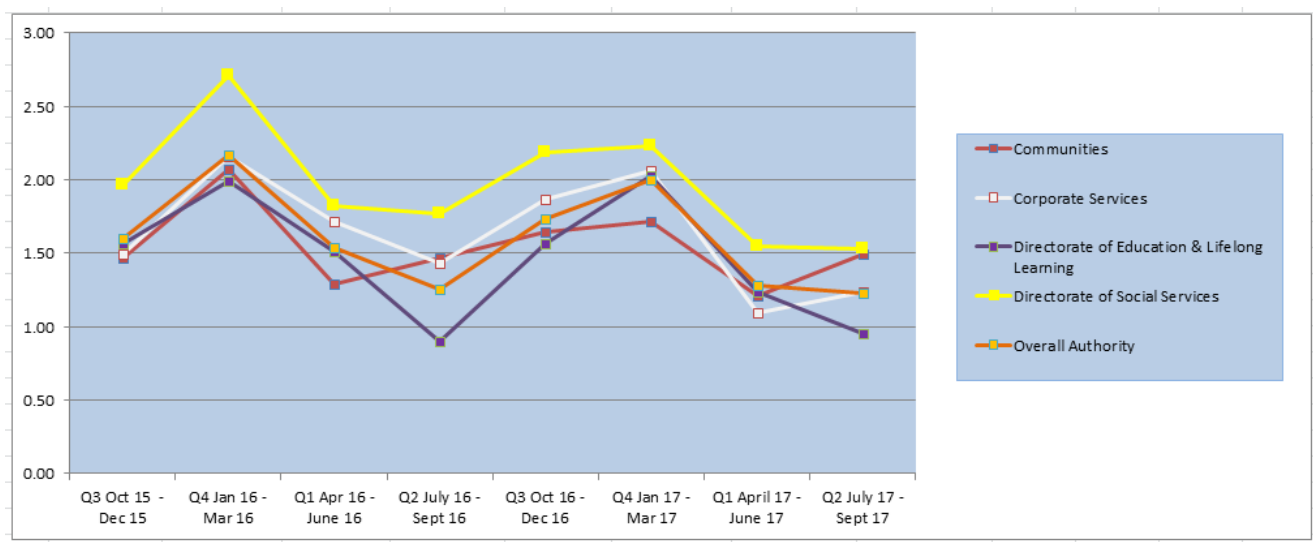
4.4 The tables below provide Members with the overall absence levels per quarter during the previous 2 years.

Directorate	Oct – Dec 2015			Jan – March 2016			April – June 2016			July – Sept 2016		
	% Sick ST	% Sick LT	Total Abs %	% Sick ST	% Sick LT	Total Abs %	% Sick ST	% Sick LT	Total Abs %	% Sick ST	% Sick LT	Total Abs %
<b>Communities</b>	1.47	3.00	4.46	2.07	3.38	5.45	1.29	3.67	4.96	1.46	3.46	4.92
<b>Corporate Services</b>	1.50	3.37	4.86	2.16	2.13	4.28	1.72	3.62	5.34	1.43	3.73	5.17
<b>Education &amp; Lifelong Learning</b>	1.57	2.49	4.06	1.99	2.79	4.78	1.51	2.99	4.50	0.90	1.76	2.66
<b>Social Services</b>	1.96	4.59	6.55	2.71	4.20	6.91	1.82	4.19	6.02	1.77	3.75	5.54
<b>Total</b>	<b>1.60</b>	<b>3.08</b>	<b>4.68</b>	<b>2.17</b>	<b>3.16</b>	<b>5.33</b>	<b>1.54</b>	<b>3.44</b>	<b>4.99</b>	<b>1.25</b>	<b>2.72</b>	<b>3.98</b>

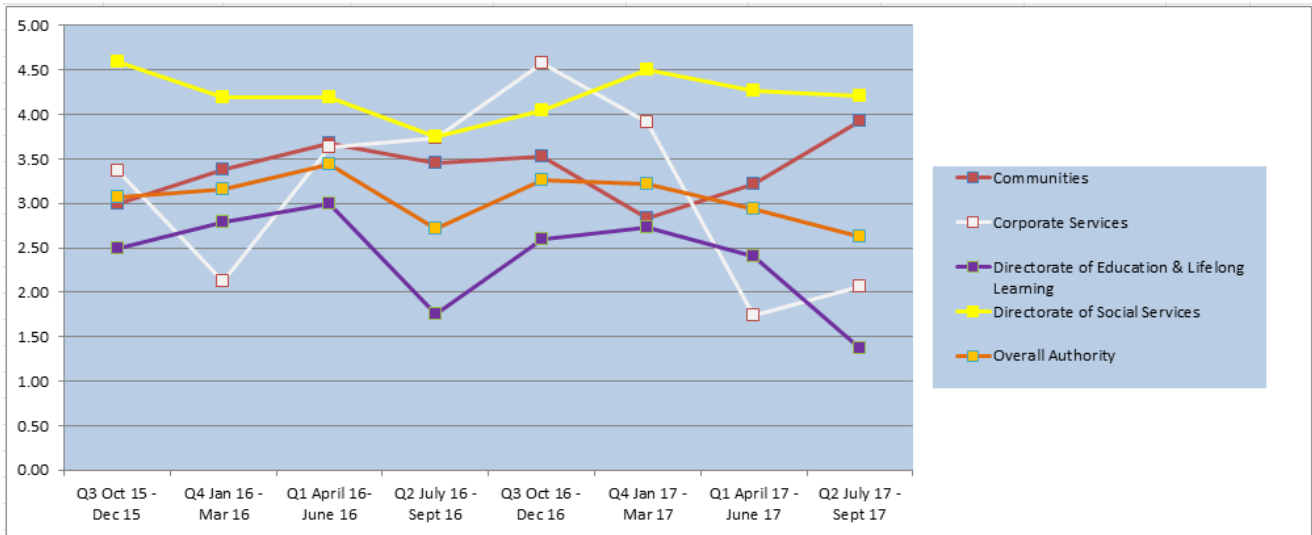
Directorate	Oct – Dec 2016			Jan – March 2017			April – June 2017			July – Sept 2017		
	% Sick ST	% Sick LT	Total Abs %	% Sick ST	% Sick LT	Total Abs %	% Sick ST	% Sick LT	Total Abs %	% Sick ST	% Sick LT	Total Abs %
<b>Communities</b>	1.65	3.53	5.17	1.72	2.83	4.55	1.21	3.22	4.42	1.50	3.92	5.42
<b>Corporate Services</b>	1.87	4.58	6.45	2.06	3.91	5.97	1.09	1.75	2.84	1.24	2.07	3.31
<b>Education &amp; Lifelong Learning</b>	1.56	2.59	4.15	2.02	2.73	4.75	1.24	2.40	3.64	0.95	1.37	2.32
<b>Social Services</b>	2.18	4.05	6.26	2.23	4.50	6.76	1.55	4.27	5.82	1.53	4.21	5.74
<b>Total</b>	<b>1.73</b>	<b>3.26</b>	<b>5.00</b>	<b>2.00</b>	<b>3.22</b>	<b>5.23</b>	<b>1.28</b>	<b>2.94</b>	<b>4.23</b>	<b>1.23</b>	<b>2.63</b>	<b>3.86</b>

4.5 The information in the tables at 4.4 are provided for Members in the graphs below.

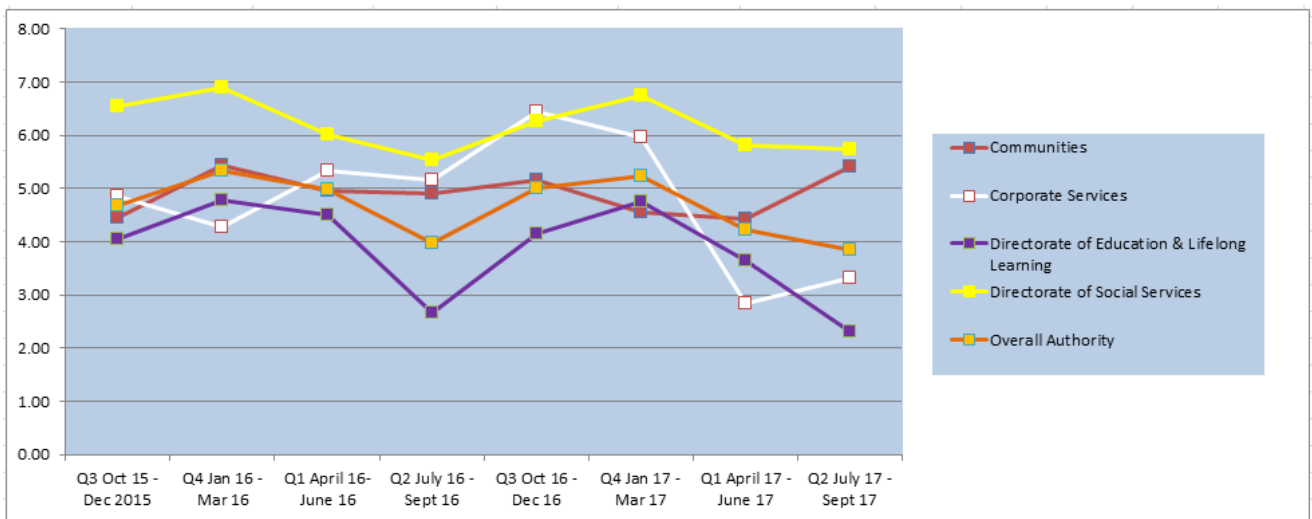
Short term % absence levels October 2015 to September 2017



### Long term % absence levels October 2015 to September 2017



### Overall % absence levels October 2015 to September 2017



### Long term absences

- 4.6 The Procedure determines that long term absences are those in excess of 20 working days, pro rata'd for part time employees i.e. 4 weeks.
- 4.7 The tables below provide Members with details of the numbers of long term absences i.e. more than 20 working days / 4 weeks, per Directorate per quarter during the previous 2 years.

Directorate	4 – 8 weeks				9 – 12 weeks				13 – 18 weeks				19 weeks +			
	Q3 2015 / 16	Q4 2015 / 16	Q1 2016 / 17	Q2 2016 / 17	Q3 2015 / 16	Q4 2015 / 16	Q1 2016 / 17	Q2 2016 / 17	Q3 2015 / 16	Q4 2015 / 16	Q1 2016 / 17	Q2 2016 / 17	Q3 2015 / 16	Q4 2015 / 16	Q1 2016 / 17	Q2 2016 / 17
<b>Communities</b>	38	47	35	45	18	27	31	20	22	22	17	21	17	23	26	25
<b>Corporate Services</b>	25	12	14	6	22	4	5	8	9	7	7	7	13	5	6	11
<b>Education &amp; Lifelong Learning</b>	74	93	65	47	36	42	43	27	42	38	32	23	28	50	56	53
<b>Social Services</b>	48	53	67	62	23	28	22	25	17	32	23	26	26	40	32	29
<b>Total</b>	<b>185</b>	<b>198</b>	<b>177</b>	<b>159</b>	<b>98</b>	<b>101</b>	<b>97</b>	<b>74</b>	<b>87</b>	<b>96</b>	<b>77</b>	<b>76</b>	<b>92</b>	<b>116</b>	<b>116</b>	<b>114</b>

Directorate	4 – 8 weeks				9 – 12 weeks				13 – 18 weeks				19 weeks +			
	Q3 2016 / 17	Q4 2016 / 17	Q1 2017 / 18	Q2 2017 / 18	Q3 2016 / 17	Q4 2016 / 17	Q1 2017 / 18	Q2 2017 / 18	Q3 2016 / 17	Q4 2016 / 17	Q1 2017 / 18	Q2 2017 / 18	Q3 2016 / 17	Q4 2016 / 17	Q1 2017 / 18	Q2 2017 / 18
<b>Communities</b>	48	50	47	43	25	19	26	31	23	13	20	20	22	26	17	28
<b>Corporate Services</b>	7	9	5	5	12	9	5	6	7	4	4	6	9	14	4	1
<b>Education &amp; Lifelong Learning</b>	94	92	69	31	39	37	29	22	31	29	40	25	32	50	47	44
<b>Social Services</b>	57	76	55	51	26	24	28	20	27	21	31	33	32	43	31	33
<b>Total</b>	<b>198</b>	<b>216</b>	<b>171</b>	<b>130</b>	<b>99</b>	<b>86</b>	<b>87</b>	<b>77</b>	<b>86</b>	<b>66</b>	<b>86</b>	<b>78</b>	<b>92</b>	<b>129</b>	<b>98</b>	<b>101</b>

### Short term absences

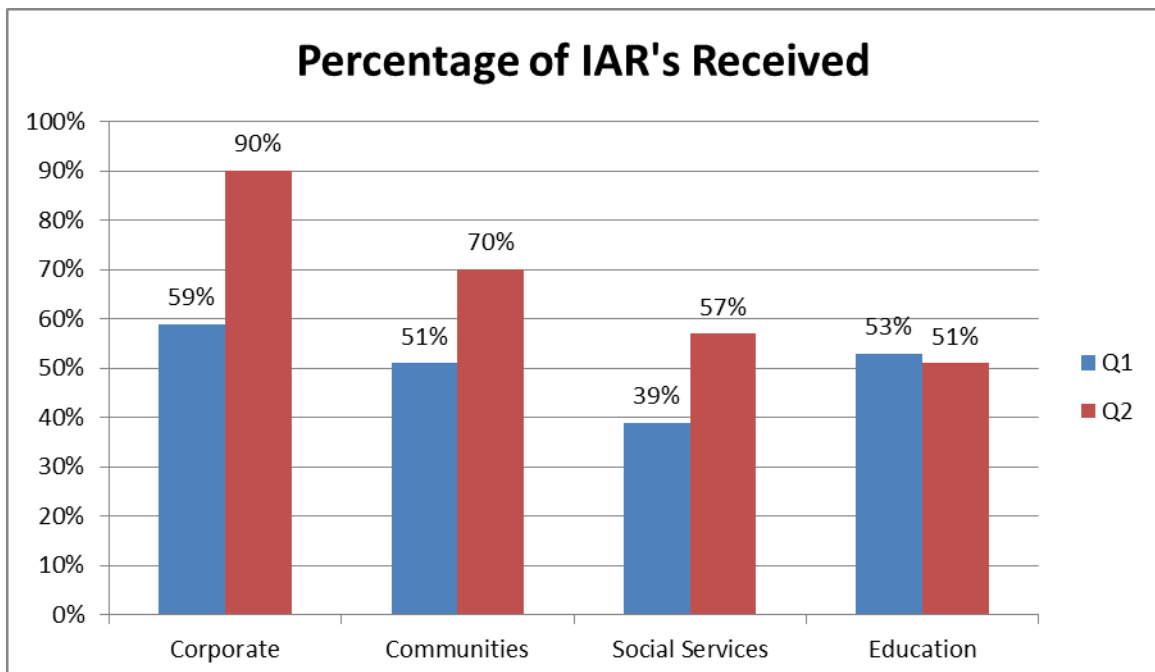
- 4.8 The Council's Managing Sickness Absence Procedure provides guidance to effectively manage short term absences consistently, whilst taking account of the reasons for absence. Return to work interviews form a key part of this process as it gives the Manager the opportunity to determine if there are any underlying issues affecting the employee's attendance at work and offer support where appropriate.
- 4.9 The Procedure determines that an Informal Absence Review (IAR) should be undertaken in a rolling twelve month period following either:
- three periods of sickness absence (the total number of days must be a minimum of four days for the trigger to take effect).
- or
- two periods of sickness totalling ten working days or more.
- or
- patterns of absence, which give cause for concern.
- These trigger points are pro rata'd for part time employees and patterns of absence can include both short and long term absences.
- 4.10 Following work undertaken by HR, which determined that less than 20% of IARs were being undertaken, CMT agreed to fund an additional HR Assistant for a period of 12 months to focus on the completion of appropriate IARs by Managers.
- 4.11 The work commenced in April 2017 and the table below provides data relating to sickness absences closed between the period 1 April 2017 to 30 June 2017 (Q1) and 1st July 2017 to 30th September 2017 (Q2) for comparison purposes.

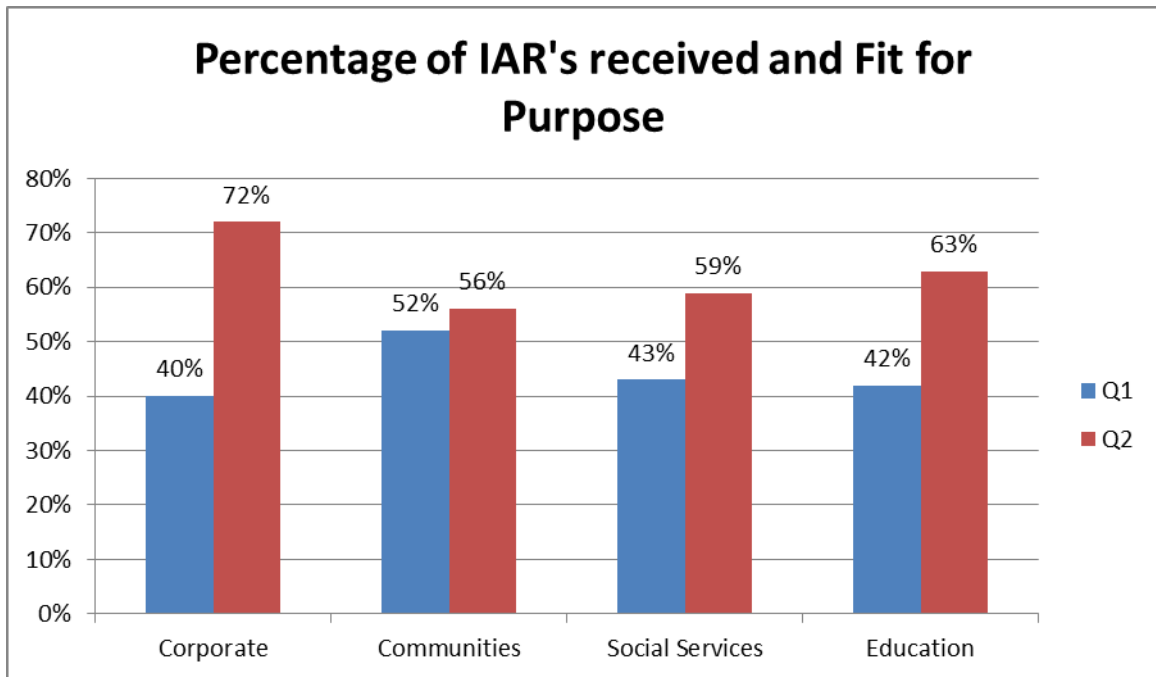
Directorate	Total number of closed absences and triggers met		Number of employees that should have received an IAR		Number of IAR's received by HR		Number of IAR's fit for purpose		Number of staff who have had an IAR in the past 12 months and should have progressed to formal stages		Number of formal hearings held	
	Q1 2017 / 18	Q2 2017 / 18	Q1 2017 / 18	Q2 2017 / 18	Q1 2017 / 18	Q2 2017 / 18	Q1 2017 / 18	Q2 2017 / 18	Q1 2017 / 18	Q2 2017 / 18	Q1 2017 / 18	Q2 2017 / 18
<b>Communities</b>	84	87	70	71	36	50	19 (4)	28 (14)	14	16	2	1
<b>Corporate Services</b>	21	34	17	20	10	18	4	13 (9)	4	14	1	0
<b>Education &amp; Lifelong Learning</b>	59	47	45	37	24	19	10 (5)	12 (9)	14	10	1	0
<b>Social Services</b>	106	126	95	110	37	63	16 (7)	37 (21)	11	16	0	0
<b>Total</b>	<b>270</b>	<b>294</b>	<b>227</b>	<b>238</b>	<b>107</b>	<b>150</b>	<b>49 (16)</b>	<b>90 (53)</b>	<b>43</b>	<b>56</b>	<b>4</b>	<b>1</b>

N.B. The above table does not include Schools in the Education & Lifelong Learning data.

4.12 Of the IARs detailed above that were fit for purpose, it should be noted that the numbers in brackets were returned to the Manager at least once as they were not initially fit for purpose.

4.13 The information in the table at 4.11 is provided for Members in the graphs below





4.14 Members can see from the information provided that the situation relating to IARs has improved during the second quarter and this position will hopefully continue to improve with the continued work undertaken by the additional HR Assistant referred to in 4.9.

#### Overall absence levels

4.15 Members will be aware that the reported days lost per FTE (full time equivalent) for 2015 / 16 was 11.7 and this increased to 12.2 for 2016 / 17.

4.16 The tables at Appendix A detail the number of employees per Directorate that have reported sick for the number of days stated per quarter during the previous 2 years.

4.17 The tables at Appendix B provide the details in 4.16 as a percentage of employees per Directorate. Members will note that in Q4 for each year, 68% of employees had no sickness absences and in each of the other 6 quarters this was over 70% of staff, with Q2 in each year reporting as over 80%. This is however likely to be due to the Summer holiday period.

4.18 The table below provides the top ten reasons for absence across the Authority, as generalised categories, for the periods October 2015 – September 2016 and October 2016 – September 2017.

Top 10 Reasons of Absence for the Authority	Ranking	
	Oct 15 – Sept 16	Oct 16 – Sept 17
Stress; depression; anxiety; neurasthenia; mental health; fatigue	1	1
Other musculo-skeletal problems	2	2
Stomach; liver; kidney and digestion inc. gastroenteritis	3	3
Infections inc. colds & flu	4	4
Back and neck problems	5	5
Neurological including headaches & migraines	6	8
Injury	7	6
Chest and respiratory inc. chest infections	8	7
Work related stress	9	10
Heart, blood pressure and circulation	10	N/A
Eye; ear; nose & mouth/dental to inc. sinusitis	N/A	9

4.19 The tables below provide the top ten reasons for absence per Directorate as generalised categories, for the periods October 2015 – September 2016 and October 2016 – September 2017.

<b>Top 10 Reasons of Absence for the Directorate of Communities</b>	<b>Ranking</b>	
	<b>Oct 15 – Sept 16</b>	<b>Oct 16 – Sept 17</b>
Other musculo-skeletal problems	1	1
Stress; depression; anxiety; neurasthenia; mental health; fatigue	2	2
Stomach; liver; kidney and digestion inc. gastroenteritus	3	3
Injury	4	6
Back and neck problems	5	4
Infections inc. colds & flu	6	5
Neurological including headaches & migraines	7	9
Work related stress	8	7
Heart, blood pressure and circulation	9	NA
Chest and respiratory inc. chest infections	10	8
Eye; ear; nose & mouth/dental to inc. sinnusitis	NA	10

<b>Top 10 Reasons of Absence for the Corporate Services</b>	<b>Ranking</b>	
	<b>Oct 15 – Sept 16</b>	<b>Oct 16 – Sept 17</b>
Stress; depression; anxiety; neurasthenia; mental health; fatigue	1	1
Stomach; liver; kidney and digestion inc. gastroenteritus	2	2
Infections inc. colds & flu	3	4
Back and neck problems	4	5
Other musculo-skeletal problems	5	3
Cancer	6	NA
Eye; ear; nose & mouth/dental to inc. sinnusitis	7	10
Neurological including headaches & migraines	8	9
Injury	9	NA
Heart, blood pressure and circulation	10	NA
Work related stress	NA	6
Genito-urinary inc. menstrual problems	NA	7
Chest and respiratory inc. chest infections	NA	8

<b>Top 10 Reasons of Absence for the Directorate of Education and Lifelong Learning</b>	<b>Ranking</b>	
	<b>Oct 15 – Sept 16</b>	<b>Oct 16 – Sept 17</b>
Stress; depression; anxiety; neurasthenia; mental health; fatigue	1	1
Other musculo-skeletal problems	2	3
Stomach; liver; kidney and digestion inc. gastroenteritus	3	2
Infections inc. colds & flu	4	4
Neurological including headaches & migraines	5	6
Back and neck problems	6	5
Chest and respiratory inc. chest infections	7	7
Work related stress	8	8
Eye; ear; nose & mouth/dental to inc. sinnusitis	9	10
Injury	10	9

<b>Top 10 Reasons of Absence for the Directorate of Social Services</b>	<b>Ranking</b>	
	<b>Oct 15 – Sept 16</b>	<b>Oct 16 – Sept 17</b>
Stress; depression; anxiety; neurasthenia; mental health; fatigue	1	1
Other musculo-skeletal problems	2	2
Stomach; liver; kidney and digestion inc. gastroenteritis	3	3
Infections inc. colds & flu	4	4
Injury	5	6
Back and neck problems	6	5
Genito-urinary inc. menstrual problems	7	10
Heart, blood pressure and circulation	8	NA
Pregnancy Related Illness	9	NA
Chest and respiratory inc. chest infections	10	7
Neurological including headaches & migraines	NA	8
Eye; ear; nose & mouth/dental to inc. sinusitis	NA	9

- 4.20 To support the management of sickness absence, the Council has its own Occupational Health Unit, with Nurse, Occupational Health Physician, Physiotherapist expertise provided. The latter are via contracted services. The appointments provided by each to support the management of sickness absence are detailed in the tables below for the periods October 2015 – September 2016 and October 2016 – September 2017.

#### **Occupational Health Physician**

<b>Type of appointment</b>	<b>Oct 15 – Sept 16</b>	<b>Oct 16 – Sept 17</b>
Initial	289	358
Follow-up	209	168
Case Conference	5	2
Ill Health Retirement	11	8
<b>Total</b>	<b>514</b>	<b>536</b>

An independent Occupational Health Physician is also used to undertake assessments for Ill Health Retirement if the Doctor contracted to the Council has already seen the employee.

#### **Physiotherapist**

<b>Type of appointment</b>	<b>Oct 15 – Sept 16</b>	<b>Oct 16 – Sept 17</b>
Initial	192	225
Follow-up	275	391
<b>Total</b>	<b>467</b>	<b>616</b>

#### **Nurse**

<b>Type of appointment</b>	<b>Oct 15 – Sept 16</b>	<b>Oct 16 – Sept 17</b>
Initial	17	NA
Review	10	NA
<b>Total</b>	<b>27</b>	<b>NA</b>

The Nurse appointment figures are low because it was agreed in December 2015 that all sickness absence cases should be seen by the Occupational Health Physician. This position is currently being reviewed again.

- 4.21 The Council provides a confidential counselling service via Care First that can be accessed by all employees.



- 4.22 As a result of concerns regarding increasing sickness absence levels during mid 2016 / 17, the following activity has taken place:
- i) E-mail from Cllr Colin Gordon, Cabinet Member for Corporate Services, dated 24 July 2017 to all members of the Leadership Team (attached at Appendix C)
  - ii) Sickness absence is a regular agenda item on Leadership and Management Network meetings
  - iii) Sickness absence is a regular agenda item on SMTs and HR attend to support the discussions
  - iv) Additional training is being provided by HR and is being tailored to suit service area needs
  - v) Daily advice, guidance and support continues to be provided by HR to Managers
  - vi) E-mail reminders have been built in to the Council's HR / Payroll system (iTrent) to remind Managers what they need to do when absences are opened and closed
  - vii) Reminders (up to 3) are sent to Managers by HR requesting the completion of Informal Absence Reviews
  - viii) Extra sessions have been put in place to reduce the backlog of appointments for the Occupational Health Physician and the Physiotherapist.
- 4.23 Sickness absence will continue to be monitored by Corporate Management Team, HR and the Cabinet Member for Corporate Services with the aim of reducing sickness absence levels.

## **5. WELL-BEING OF FUTURE GENERATIONS**

- 5.1 Having considered the five ways of working, they will not be affected by the contents of this report.

## **6. EQUALITIES IMPLICATIONS**

- 6.1 The Managing Sickness Absence Procedure was assessed in 2012 and takes Equalities related issues into account when dealing with sickness issues. This was done in order to ensure that any individual falling under one or more of the protected characteristics or wider issues covered by the Council's Strategic Equality Plan, is not adversely affected by that procedure.

## **7. FINANCIAL IMPLICATIONS**

- 7.1 There are direct financial implications for sickness absence where replacement labour is required to cover lost time by the absent employee. This clearly does not happen with all periods of absence.
- 7.2 Where no replacement cover is being provided there may be no direct financial costs, however there may be hidden costs in terms of the delivery of the service or the impact on other members of staff.

## **8. PERSONNEL IMPLICATIONS**

- 8.1 The regular monitoring and review of the long term and short term absences will continue to be a core responsibility of HR with managers to reduce absence levels in their service areas.
- 8.2 Managers have been and will continue to be provided with support from HR to manage attendance within their service areas, and also any employee relations issues that may arise.

## **9. CONSULTATIONS**

9.1 There are no consultation responses that have not been reflected in this report.

## **10. RECOMMENDATIONS**

10.1 Policy and Resources Scrutiny Members are asked to note the sickness absence information contained within this report.

## **11. REASONS FOR THE RECOMMENDATIONS**

11.1 The recommendations are designed to inform Scrutiny Members of levels of sickness absence within the Authority during the previous 2 years and what is being done in an attempt to reduce these.

## **12. STATUTORY POWER**

12.1 The Equality Act 2010.  
Employment Relations Act 2004.

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Consultees: Corporate Management Team  
Cllr Colin Gordon, Cabinet Member for Corporate Services  
Stephen Harris, Acting Head of Corporate Finance and S151 Officer  
Geraldine Burns, Acting HR Manager  
Liz Rees, Principal HR Officer

### Appendices:

- A Number of employees per Directorate that have reported sick for the number of days stated per quarter during the previous 2 years
- B Percentage of employees per Directorate that have reported sick for the number of days stated per quarter during the previous 2 years
- C E-mail from Cllr Colin Gordon, Cabinet Member for Corporate Services, dated 24 July 2017 to all members of the Leadership Team

## Appendix A

### Number of employees per Directorate that have reported sick for the number of days stated per quarter October 2015 (Q3) to September 2016 (Q2)

Number of Employees																				
Directorate	0 days				1 – 5 days				6 – 11 days				12-19 days				20+ days			
	Q3 2015 / 16	Q4 2015 / 16	Q1 2016 / 17	Q2 2016 / 17	Q3 2015 / 16	Q4 2015 / 16	Q1 2016/ 17	Q2 2016 / 17	Q3 2015 / 16	Q4 2015 / 16	Q1 2016 / 17	Q2 2016 / 17	Q3 2015 / 16	Q4 2015 / 16	Q1 2016 / 17	Q2 2016 / 17	Q3 2015 / 16	Q4 2015 / 16	Q1 2016 / 17	Q2 2016 / 17
<b>Communities</b>	1436	1347	1484	1497	222	274	180	189	44	76	45	55	39	56	33	40	95	96	95	94
<b>Corporate Services</b>	815	390	412	405	170	112	66	77	27	25	16	10	29	9	13	12	54	24	29	28
<b>Education &amp; Lifelong Learning</b>	3012	2798	3146	3582	808	908	607	401	103	178	110	84	72	66	76	66	159	183	184	95
<b>Social Services</b>	956	1267	1418	1473	257	380	287	250	48	122	72	77	37	59	57	47	91	115	105	100
<b>Total</b>	<b>6032</b>	<b>5571</b>	<b>6207</b>	<b>6669</b>	<b>1427</b>	<b>1616</b>	<b>1119</b>	<b>899</b>	<b>220</b>	<b>400</b>	<b>239</b>	<b>220</b>	<b>176</b>	<b>188</b>	<b>178</b>	<b>163</b>	<b>395</b>	<b>414</b>	<b>402</b>	<b>312</b>

### Number of employees per Directorate that have reported sick for the number of days stated per quarter October 2016 (Q3) to September 2017 (Q2)

Number of Employees																				
Directorate	0 days absence				1 – 5 days absence				6 – 11 days absence				12-19 days absence				20+ days absence			
	Q3 2016 / 17	Q4 2016 / 17	Q1 2017 / 18	Q2 2017 / 18	Q3 2016 / 17	Q4 2016 / 17	Q1 2017 / 18	Q2 2017 / 18	Q3 2016 / 17	Q4 2016 / 17	Q1 2017 / 18	Q2 2017 / 18	Q3 2016 / 17	Q4 2016 / 17	Q1 2017 / 18	Q2 2017 / 18	Q3 2016 / 17	Q4 2016 / 17	Q1 2017 / 18	Q2 2017 / 18
<b>Communities</b>	1415	1418	1542	1540	248	252	175	173	46	79	49	59	50	29	35	39	102	93	92	113
<b>Corporate Services</b>	363	372	437	411	94	86	42	65	18	16	14	11	14	16	9	7	31	32	14	15
<b>Education &amp; Lifelong Learning</b>	2863	2681	3062	3448	786	932	597	438	124	150	93	65	62	85	64	63	170	180	152	82
<b>Social Services</b>	1331	1331	1544	1574	351	385	244	266	74	90	68	54	51	52	51	46	118	135	102	109
<b>Total</b>	<b>5724</b>	<b>5518</b>	<b>6281</b>	<b>6622</b>	<b>1427</b>	<b>1601</b>	<b>1035</b>	<b>917</b>	<b>262</b>	<b>333</b>	<b>214</b>	<b>188</b>	<b>177</b>	<b>179</b>	<b>146</b>	<b>143</b>	<b>410</b>	<b>428</b>	<b>359</b>	<b>314</b>

## Appendix B

**% of employees per Directorate that have reported sick for the number of days stated per quarter October 2015 (Q3) to September 2016 (Q2)**

<b>% of Employees</b>																				
<b>Directorate</b>	<b>0 days</b>				<b>1 – 5 days</b>				<b>6 – 11 days</b>				<b>12-19 days</b>				<b>20+ days</b>			
	<b>Q3 2015 / 16</b>	<b>Q4 2015 / 16</b>	<b>Q1 2016 / 17</b>	<b>Q2 2016 / 17</b>	<b>Q3 2015 / 16</b>	<b>Q4 2015 / 16</b>	<b>Q1 2016 / 17</b>	<b>Q2 2016 / 17</b>	<b>Q3 2015 / 16</b>	<b>Q4 2015 / 16</b>	<b>Q1 2016 / 17</b>	<b>Q2 2016 / 17</b>	<b>Q3 2015 / 16</b>	<b>Q4 2015 / 16</b>	<b>Q1 2016 / 17</b>	<b>Q2 2016 / 17</b>	<b>Q3 2015 / 16</b>	<b>Q4 2015 / 16</b>	<b>Q1 2016 / 17</b>	<b>Q2 2016 / 17</b>
<b>Communities</b>	78.21	72.85	80.78	79.84	12.09	14.82	9.80	10.09	2.40	4.11	2.45	2.93	2.12	3.03	1.80	2.13	5.18	5.19	5.17	5.01
<b>Corporate Services</b>	74.43	69.64	76.86	76.13	15.53	20.00	12.31	14.47	2.47	4.46	2.99	1.88	2.64	1.61	2.43	2.26	4.93	4.29	5.41	5.26
<b>Education &amp; Lifelong Learning</b>	72.51	67.70	76.30	84.72	19.45	21.97	14.72	9.48	2.48	4.31	2.67	1.99	1.73	1.59	1.84	1.56	3.83	4.43	4.47	2.25
<b>Social Services</b>	68.83	65.21	73.14	75.65	18.50	19.56	14.80	12.84	3.45	6.27	3.71	3.95	2.66	3.03	2.94	2.42	6.56	5.93	5.41	5.14
<b>Total</b>	<b>73.12</b>	<b>68.03</b>	<b>76.21</b>	<b>80.71</b>	<b>17.29</b>	<b>19.73</b>	<b>13.73</b>	<b>10.88</b>	<b>2.67</b>	<b>4.88</b>	<b>2.93</b>	<b>2.66</b>	<b>2.13</b>	<b>2.30</b>	<b>2.19</b>	<b>1.97</b>	<b>4.79</b>	<b>5.06</b>	<b>4.94</b>	<b>3.78</b>

**% of employees per Directorate that have reported sick for the number of days stated per quarter October 2016 (Q3) to September 2017 (Q2)**

<b>% of Employees</b>																				
<b>Directorate</b>	<b>0 days absence</b>				<b>1 – 5 days absence</b>				<b>6 – 11 days absence</b>				<b>12-19 days absence</b>				<b>20+ days absence</b>			
	<b>Q3 2016 / 17</b>	<b>Q4 2016 / 17</b>	<b>Q1 2017 / 18</b>	<b>Q2 2017 / 18</b>	<b>Q3 2016 / 17</b>	<b>Q4 2016 / 17</b>	<b>Q1 2017 / 18</b>	<b>Q2 2017 / 18</b>	<b>Q3 2016 / 17</b>	<b>Q4 2016 / 17</b>	<b>Q1 2017 / 18</b>	<b>Q2 2017 / 18</b>	<b>Q3 2016 / 17</b>	<b>Q4 2016 / 17</b>	<b>Q1 2017 / 18</b>	<b>Q2 2017 / 18</b>	<b>Q3 2016 / 17</b>	<b>Q4 2016 / 17</b>	<b>Q1 2017 / 18</b>	<b>Q2 2017 / 18</b>
<b>Communities</b>	76.03	75.79	81.46	80.04	13.33	13.47	9.24	8.99	2.47	4.22	2.59	3.07	2.68	1.55	1.85	2.03	5.49	4.97	4.86	5.87
<b>Corporate Services</b>	69.81	71.26	84.69	80.75	18.08	16.48	8.14	12.77	3.46	3.06	2.71	2.16	2.96	3.06	1.75	1.38	5.96	6.14	2.71	2.94
<b>Education &amp; Lifelong Learning</b>	71.84	66.56	77.16	84.18	19.63	23.14	15.04	10.69	3.09	3.72	2.35	1.59	1.55	2.11	1.61	1.54	4.24	4.47	3.84	2.00
<b>Social Services</b>	69.14	66.78	76.85	76.82	18.23	19.32	12.15	12.98	3.85	4.52	3.38	2.64	2.65	2.61	2.54	2.24	6.13	6.77	5.08	5.32
<b>Total</b>	<b>71.55</b>	<b>68.47</b>	<b>78.17</b>	<b>80.91</b>	<b>17.84</b>	<b>19.87</b>	<b>12.88</b>	<b>11.20</b>	<b>3.28</b>	<b>4.13</b>	<b>2.66</b>	<b>2.30</b>	<b>2.21</b>	<b>2.22</b>	<b>1.82</b>	<b>1.75</b>	<b>5.12</b>	<b>5.31</b>	<b>4.47</b>	<b>3.84</b>

## Appendix C

**E-mail from Cllr Colin Gordon, Cabinet Member for Corporate Services, dated 24 July 2017  
9.27 am to all members of the Leadership Team**

Dear Leadership Team,

As you are aware, I am now the Cabinet Member for Corporate Services. As an introduction to my portfolio, I have been meeting with the Heads of Service and I have received a great deal of information from them.

I have been particularly concerned by the information that I have received regarding sickness absence levels across the Authority. These concerns are also shared by the Leader. Consequently, I have made it clear to Nicole Scammell and Lynne Donovan that reducing sickness absence levels is a priority for the Leader and I and we will be seeking regular updates from them.

I felt it was important, therefore, that I personally advise you, as the Leadership Team of the Council, of our concerns. We fully endorse supporting employees that are absent due to sickness, but this must be in accordance with the Council's Managing Sickness Absence Procedure. The role of all managers is essential within this Procedure, as managing sickness absence is the responsibility of Managers, in a timely manner, with support from HR. I will be seeking confirmation that Managers at all levels are undertaking their duties and responsibilities and my regular reviews with Lynne about sickness absence will include Managers' compliance with this Procedure.

I am aware that Corporate Management Team receive regular reports regarding sickness absence and are monitoring the situation. I am also aware that you are provided with regular information regarding absence levels within your service areas. I would expect this to be discussed at team meetings and in one to one meetings with your managers as appropriate. It may also be timely for you to remind line managers within your service of their responsibilities when managing people.

The Council has excellent terms and conditions for employees and it is important that we all acknowledge this. However, it is also essential that Managers follow procedures and seek advice where appropriate, to protect these terms and conditions.

I have met with the Trade Unions to discuss my concerns and they have committed their support to reducing sickness absence levels. I am looking for the same commitment from you all within the Leadership Team, which I am sure you will also seek from your managers. I am happy to attend your SMT meetings with Lynne, if you feel that would be of benefit.

If you have any queries with any part of the Managing Sickness Absence Procedure or need any advice with regard to specific situations with your members of staff, please do not hesitate to contact the Managing Attendance Team.

Regards

**Cllr Colin Gordon  
Cabinet Member for Corporate Services**