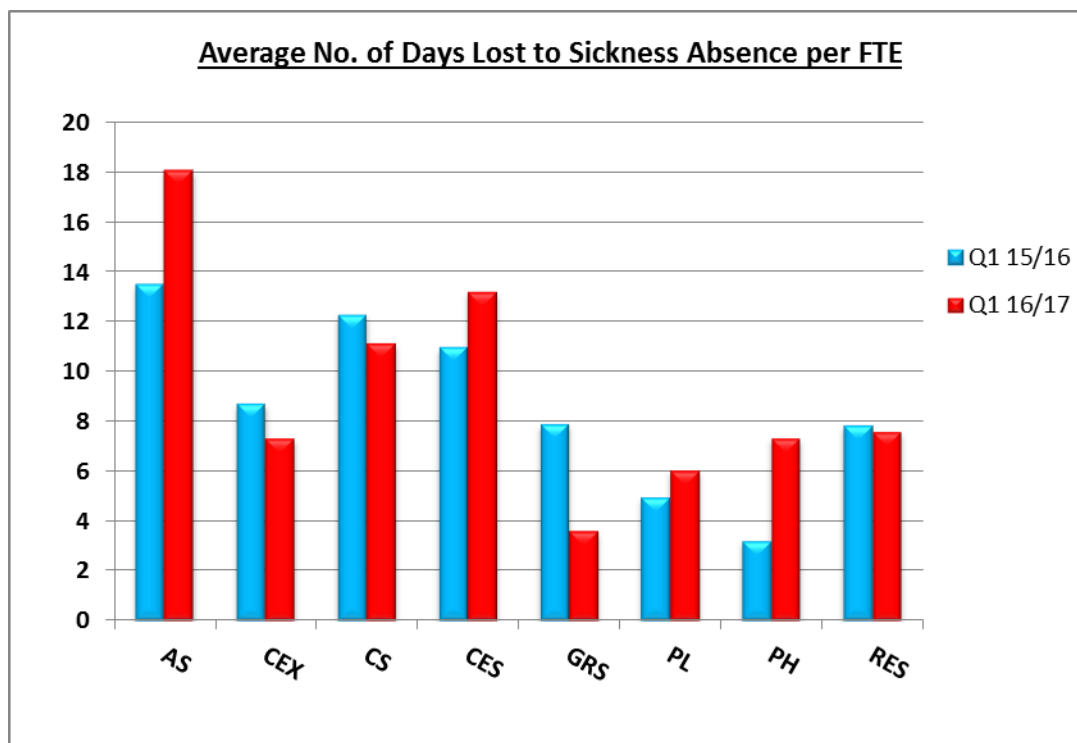


LEADER OF THE COUNCIL

Indicator Description	Better to be?
Average number of working days lost due to sickness absence per FTE	Low

2014/15	2015/16	2016/17				
		Q1	Q2	Q3	Q4	Target
10.37 days	11.32 days	11.34 days				10 days



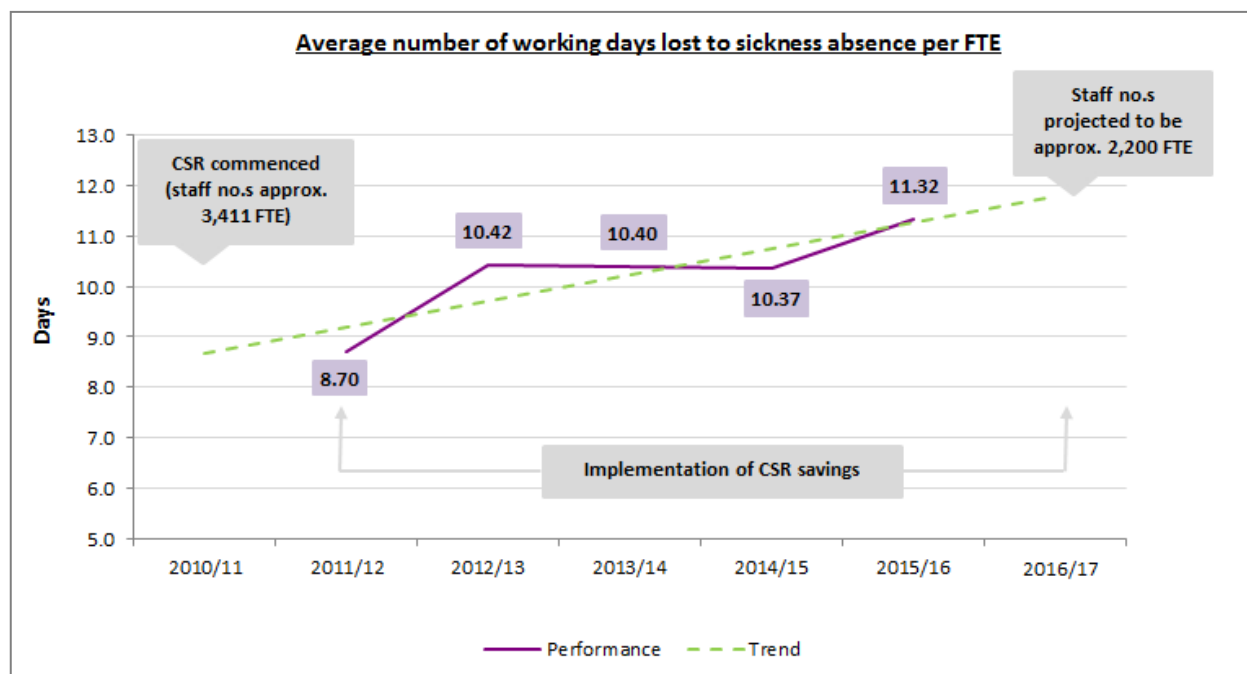
Commentary:

The average number of working days lost to sickness absence is currently 11.34 days per full time employee. Stress, depression and anxiety remain the most common cause at 21.83%, closely followed by other musculo-skeletal problems (excluding neck and back pain) at 19.65%. During the period 1 July 2015 – 30 June 2016, 53.69% of sickness absence was short-term and 46.31% was long-term.

There is a range of support available for employees and managers to help manage attendance; however there is an issue with compliance with corporate policies and procedures by line managers. In order to address this, a Leadership Charter has been created which will be linked to the IPA process and contains a pledge around delivering on promises and compliance.

There is also a whole host of ongoing work to improve employee health and wellbeing, including regular health events, the Myzone workplace challenge, training for coping with pressure and stress management, and access to advice and support for specific health issues such as stopping smoking, reducing alcohol consumption and cancer awareness.

Appendix 10(b) - Exception Reports (Q1 2016/17)



The graph above shows the average number of working days lost to sickness absence per FTE over the last 5 years as well as projected performance for 2016/17. The Comprehensive Spending Review commenced in 2010 which has resulted in the Council having to make considerable budget reductions over the last 5 years. There appears to be a correlation between the decrease in staff numbers as a result of compulsory and voluntary redundancy and the increase in sickness absence.

The main cause of sickness absence in 2011/12 was other musculo-skeletal problems (excluding neck and back pain). However, from 2012/13 onwards this was superseded by stress, depression and anxiety as the most common cause of sickness absence, presumably because there is increasing pressure on existing resources to continue to deliver services.

The table below looks at the most common reason for sickness absence for each department in 2015/16. Unfortunately it is not possible to compare the reasons for sickness absence over the last 5 years for each department due to multiple changes to the structure of the organisation during this time.

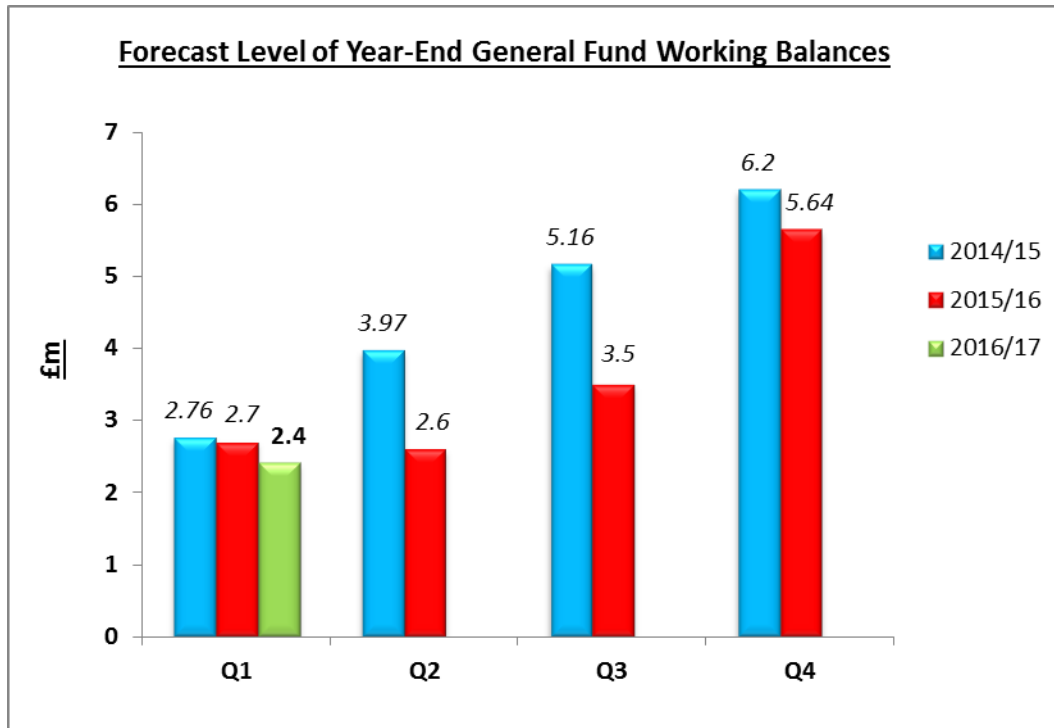
Department	Main Cause	% of Total Absence
Adult Services	Stress, depression and anxiety	36.89%
Chief Executive's	Chest and respiratory	65.2%
Children's Services	Stress, depression and anxiety	31.04%
Community & Environmental Services	Other musculo-skeletal problems	29.58%
Deputy Chief Exec's	Other	23.17%
Governance & Regulatory Services	Infections	27.85%
Places	Infections	21.6%
Public Health	Injury resulting from accident outside work	56.47%
Resources	Other musculo-skeletal problems	28.82%

As this indicator is reported as a 12 month rolling average it is not possible to link changes in performance on a quarterly basis to action taken by the Council or environmental factors. The Committee may like to consider receiving quarterly sickness absence data from 2017/18 instead of the current sickness absence indicator.

Appendix 10(b) - Exception Reports (Q1 2016/17)

Indicator Description	Better to be?
Forecast level of year-end General Fund working balances	High

2014/15	2015/16	2016/17				Target
		Q1	Q2	Q3	Q4	
£6.2m	£5.64m	£2.4m				> or equal to £6m



Commentary:

Further information on this indicator can be found in the Month 3 2016/17 Financial Performance Monitoring Report which will be considered by the Executive on 12 September 2016.