

**Bolsover District Council****Safety Committee****9<sup>th</sup> February 2015**

Sickness Absence/Occupational Health Statistics – October 2014 to December 2014

**Report of the Assistant Director Human Resources**

This report is public.

**Purpose of the Report**

- To provide Sickness Absence/Occupational Health Statistics for October to December 2014 for information and consideration.

**1 Report Details****1. Sickness Absence/Occupational Health Referral Statistics - October to December 2014**

- 1.1 The sickness absence outturn for the second quarter of 2014 (October to December) is shown below, with comparisons for the same period during 2013:-

<b>October to December 2013</b>	<b>October to December 2014</b>
2.21 days per FTE	2.75 days per FTE

The target for October to December 2014 was 2.12 days per FTE. A breakdown of these figures by Department, and by long term/short term sickness absence, is attached for information.

The overall sickness figure for the quarter is higher than the same quarter of last year. See appendices 1 and 2 for further detail.

- 1.2 The outcome of occupational health referrals for the second quarter of 2014, with comparisons for 2013 shown below:

<b>Status</b>	<b>October to December 2013</b>	<b>October to December 2014</b>
Rehabilitated	5	2

Continuing	5	5
Ill Health	0	0
<b>TOTAL</b>	<b>10</b>	<b>5</b>

1.3 The top three causes of sickness absence for October to December 2014 and for the same period last year are as follows:

October to December 2013		October to December 2014	
Cause	Days Lost	Cause	Days Lost
Musc/Skeletal	202.5	Musc/Skeletal	267
Stress	142.5	Stress	235
Infection	139	Urinary/Gynlgcl	108
<b>TOTAL</b>	<b>484</b>	<b>TOTAL</b>	<b>610</b>

1.4 A breakdown of the reasons for all long term sickness absence is as follows:

Reasons for Long Term Sickness Absence October to December 2014		
Reason for Absence	No. of Employees Citing this Reason October to December 2013	No. of Employees Citing this Reason October to December 2014
Chest Infection	0	1
Back/Neck	3	0
Muscular/Skeletal	3	1
Stress/Depression	2	3
Urinary/Gynaecological	0	2
Neurological	0	2
Ear/Nose/Mouth	1	1
<b>TOTAL</b>	<b>9</b>	<b>10</b>

1.5 There have been 3 employees who have attended routine health surveillance appointments held during October to December 2014. When appointments take place they cover topics such as:

- Hand Arm Vibration,
- Blood Tests and
- Hepatitis B Immunisation to 'at risk' groups.
- Suitability for Recruitment

There have been 3 employees undergoing counselling during this period.

## **ISSUES FOR CONSIDERATION**

The report is for monitoring purposes only and there are no specific issues for consideration.

### **2 Conclusions and Reasons for Recommendation**

N/A

### **3 Consultation and Equality Impact**

3.1 Sickness absence data is considered at the UECC and quarterly performance review meetings.

### **4 Alternative Options and Reasons for Rejection**

N/A

### **5 Implications**

N/A

#### **5.1 Finance and Risk Implications**

N/A

#### **5.2 Legal Implications including Data Protection**

N/A

#### **5.3 Human Resources Implications**

Contained in the report

### **6 Recommendations**

6.1 For the Committee to note the report.

### **7 Decision Information**

<b>Is the decision a Key Decision?</b> (A Key Decision is one which results in income or expenditure to the Council of £50,000 or more or which has a significant impact on	No
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two or more District wards)	
<b>District Wards Affected</b>	
<b>Links to Corporate Plan priorities or Policy Framework</b>	

## 8 Document Information

Appendix No	Title
N/A	
<b>Background Papers</b> (These are unpublished works which have been relied on to a material extent when preparing the report. They must be listed in the section below. If the report is going to Cabinet (NEDDC) or Executive (BDC) you must provide copies of the background papers)	
Report Author	Contact Number
Peter Wilmot	2425

Report Reference –