

Report to the Finance and Performance Management Scrutiny Panel



SCRUTINY



Date of meeting: 12 March 2013

Subject: Sickness Absence

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Committee Secretary: Adrian Hendry (01992 564246)

Recommendations/Decisions Required:

That the Panel notes the report on sickness absence.

Executive Summary

1. This report provides information on the Council's absence figures for Q3, 2012/2013; it includes absence figures by Directorate, the number of employees who have met the trigger level, those who have more than 4 weeks absence and reasons for absence.
2. The Council's target for sickness absence under KPI10 for 2012/2013 is an average of 7.5 days per employee.
3. The Council figure for Q3 is 1.83 days against a target of 1.85 days. Figures for each Directorate are set out in paragraph 11 of the report.
4. During Q3 4.2% of staff met the trigger levels or above, 28.3% had sickness absence but did not meet the triggers and 67.5% had no absence.
5. Currently, under the Council's Managing Absence Policy there are trigger levels for initiating management action in cases of excessive sickness absence. These are:
 - (i) during any 'rolling' twelve-month period an employee has had 5 or more separate occasions of absence; or
 - (ii) during any 'rolling' twelve-month period an employee has had at least 8 working days of any combination of un/self certificated, or medically certificated absences.

Reasons for Proposed Decision

To enable members make decisions regarding actions to continue to improve the Council's absence figures

Other Options for Action

For future reports the Panel may wish to include other information or receive no report.

Report:

Introduction

6. The latest figures published by the Industrial Relations Service (for 2011) show that the average number of days taken as sickness absence in public services was 7.6 days compared to 8.5 days in the not-for-profit sector, 5 days in the finance sector and 6.3 days in the construction sector.

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- (i) during any 'rolling' twelve-month period an employee has had 5 or more separate occasions of absence; or
 - (ii) during any 'rolling' twelve-month period an employee has had at least 8 working days of any combination of un/self certificated, or medically certificated absences.
8. In addition to the above a manager should consider referring an employee to Occupational Health when an employee has been absent from work for at least one month if there is no estimate when they will be fit to return, or if this is unlikely to be within a reasonable period.

Quarterly Figures 2010/2011 – 2011/2012

9. The KPI target for sickness absence has been amended to 7.5 days for 2012/13. The Q3 figure of 1.83 days is slightly below the target for this period of 1.85 days.
10. The cumulative total for Q1-Q3 is 5.21 days.

Table 1 below shows the absence figures for each quarter since 2010/2011.

	Q1	Q2	Q3	Q4	Outturn	Target
2010/2011	1.88	1.81	2.15	2.01	7.85	8
2011/2012	1.86	1.64	1.87	2.21	7.58	7.75
2012/2013	1.6	1.78	1.83			7.5

Table 1

Directorate Figures 2011/2012 – 2012/2013

11. Table 2 shows the average number of days lost per employee in each Directorate. The target figure for Q3 is an average of 1.85 days. In Q3 one Directorate was above this target.

Directorate	Ave FTE	Average Number of Days Absence 2011/2012				Total Ave No of Days 2011/12	Average Number of Days Absence 2012/2013				Total Ave No of Days 2012/13
		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4	
Office of CE	20.9	1.39	1.93	2.34	1.43	7.09	0.18	0.16	1.76		
Office of DCE	47	2.08	2.12	1.71	1.92	7.83	1.85	1.98	0.67		
Corporate Support Services	69.7	2.12	1.08	1.13	1.78	6.11	1.35	1.52	1.81		
Environment & Street Scene	113	1.25	1.75	1.53	2.17	6.7	1.86	1.89	1.25		
Finance & ICT	115.6	1.72	1.79	2.71	2.76	8.98	1.37	1.28	1.65		
Housing	183.8	1.83	1.52	1.94	2.16	7.45	1.49	2.16	2.62		
Planning	68.2	2.75	1.75	1.60	2.41	8.51	2.43	2.10	1.64		

Table 2

12. This table is represented by a graph which can be found at appendix 1.

13. Table 3 shows that over half of the sickness absence recorded in Housing was due to long term absence, as opposed as a quarter of the absence in Q2.

Duration	Q1	Q2	Q3
4 weeks or more	47.5%	24.4%	54.2%
8 – 19 days	28.1%	28.1%	27.3%
7 days or below	24.4%	47.5%	18.5%

Table 3

14. There were 8 Housing employees who recorded long term absence. Five have returned to work, 2 remain absent and 1 will retire on ill-health grounds.

Long Term Absence 2012/2013

15. For this purpose long term absence has been defined as 4 weeks or over. During Q3 a total of 14 employees had 4 weeks or more absence. Eleven employees had one continuous period of absence and 1 employee had two, three and four periods of absence.

Table 4 provides further detail on these employees.

2012/13 Quarter	Resigned	Returned to work	Dismissed	Proposed Return date	Still Absent	Ill-Health Retirement	Redundancy
Q3	0	71.5% (10)	0	0	21.4% (3)	7.1% (1)	0

Table 4

16. At appendix 2 there is a graph which sets out a breakdown of days lost to long term absence, those who met the trigger level and those below the trigger level. This graph shows that overall, 41.6% of lost time for Q3 was due to long term absence, 33.4% of time lost met the trigger level (and above to 19 days) and 25% due to short term absence.

Reasons for Absence

17. Table 5 shows the reasons for absence.

Reason	Number of Days Q1	Number of Days Q2	Number of Days Q3	Number of Days Q4
	2012/2013	2012/2013	2012/2013	2012/2013
Other musculo-skeletal problems; includes neck, legs or feet and arms or hands. Also include joint problems such as arthritis.	256 (1)	261.69 (1)	290.4 (1)	
Infections, including viral infections such as influenza, cold, cough and throat infections	166.6 (2)	147.14 (2)	285.7 (2)	
Stomach, liver, kidney, digestion; include diarrhoea, vomiting and other gastro illnesses	141.3 (3)	144.09 (3)	246.4 (3)	

Reason	Number of Days Q1	Number of Days Q2	Number of Days Q3	Number of Days Q4
	2012/2013	2012/2013	2012/2013	2012/2013
Genito-urinary; menstrual problems	37.3 (7)	27.15 (10)	47.3 (4)	
Non Work related stress	20 (9)	102 (4)	38.5 (5)	
Back problems	62.6 (5)	61.06 (6)	32.1 (6)	
Eye, ear, nose and mouth, dental; sinusitis	10.38 (12)	34.54 (9)	27.2 (7)	
Neurological; headaches and migraines	21 (8)	18.31 (12)	19 (8)	
Heart, blood pressure, circulation	60.4 (6)	9 (13)	18 (9)	
Chest, respiratory; including asthma, bronchitis, hay fever and chest infections	14.7 (11)	45 (8)	15.8 (10)	
Cancer, including all types of cancer and related treatments	105.10 (4)	86.90 (5)	7.2 (11)	
Depression, anxiety, mental health and fatigue. Includes mental illnesses such as anxiety and nervous debility/disorder (does not include stress)	0 (16)	19.09 (11)	7 (12)	
Endocrine conditions i.e. diabetes, thyroid conditions (New category)	0 (14)	3.54 (13)	4.1 (13)	
RTA	0 (15)	5 (14)	2.8 (14)	
Pregnancy Related	1 (16)	1 (16)	0 (15)	
Work related stress	15 (10)	55 (7)	0 (16)	

Table 5

(The number in brackets denotes the ranking according to number of days).

Numbers of Absent Staff

18. Table 6 shows that there were fairly consistent numbers of staff who had no absence and those that had absence over the course of last year which has continued into this year. Approximately two-thirds of staff had no absence.

Quarter	Staff with no absence	Staff with 7 days or less	Staff with 8 days or more
1 2012/2013	74.6% (500)	21.5% (144)	3.9% (26)
2 2012/2013	74.5% (499)	21.6% (145)	3.9% (26)
3 2012/2013	67.5% (452)	28.3% (190)	4.2% (28)
4 2012/2013			
1 2011/2012	71.2% (475)	23.7% (158)	5.1% (34)

Quarter		Staff with no absence	Staff with 7 days or less	Staff with 8 days or more
2	2011/2012	73.3% (489)	22.8% (152)	3.9% (26)
3	2011/2012	66.6% (444)	29.5% (197)	3.9% (26)
4	2011/2012	65.8% (439)	28.3% (189)	5.9% (39)

Table 6

19. The number of staff recording sickness absence increased in Q3 from Q2, however the figure is slightly less than the number in Q3 2011/2012.

Resource implications:

N/A

Legal and Governance Implications

N/A

Safer, Cleaner and Greener Implications

N/A

Consultation Undertaken

None

Background Papers

N/A

Risk Management

Failure to manage sickness absence results in loss productivity and if it is significantly high could adversely affect the reputation of the authority.

Equality and Diversity

Did the initial assessment of the proposals contained in this report for relevance to the Council's general equality duties, reveal any potentially adverse equality implications?

No

Where equality implications were identified through the initial assessment process, has a formal Equality Impact Assessment been undertaken?

N/A

What equality implications were identified through the Equality Impact Assessment process?

N/A