

Report to the Finance and Performance Management Scrutiny Panel



SCRUTINY



Date of meeting: 16 July 2014

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 and Q4, 2013/2014; 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 2013/2014 is an average of 7.25 days per employee.
3. The Council outturn figure for Q3 (2013/14) is 1.78 days against a target of 1.89 days and Q4 (2013/14) is 2.18 days against a target of 1.85. The overall outturn figure of 7.01 days was below the target of 7.25 for the year. Figures for each Directorate are set out in paragraph 11 of the report.
4. During Q3, 3.7% of staff met the trigger levels or above, 30.5 % had sickness absence but did not meet the triggers and 65.8% had no absence. During Q4, 5.8% of staff met the trigger levels or above, 28.4% had sickness absence but did not meet the trigger levels and 65.8% 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 Chartered Institute of Personnel and Development (CIPD) for 2013 show that the average number of days taken as sickness absence across all sectors was 7.6. In public services it was 8.7 days and 7.2 days in the private sector. In local government the figure is an average of 9 days. The Council is currently below these figures.
7. 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.
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 – 2013/2014

9. The KPI target for sickness absence was amended to 7.25 days for 2013/14. The Q3 figure of 1.78 days was slightly below the target for this period of 1.89 days. The Q4 figure of 2.18 days was above the target for the period of 1.85 days. However, the overall outturn figure of 7.01 days was below the target of 7.25 for the year.
10. The cumulative total for Q3-Q4 is 3.96 days (0.22 days above the target for this period).

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	1.78	6.99	7.5
2013/2014	1.69	1.36	1.78	2.18	7.01	7.25

Table 1

Directorate Figures 2012/2013 – 2013/2014

11. Table 2 shows the average number of days lost per employee in each Directorate. The target figure for Q3 was 1.89 days and in Q4 1.85 days. Two Directorates were above the target in Q3 and 4 Directorates were above the target figures in Q4.

Directorate	Ave FTE	Average Number of Days Absence 2012/2013				Total Ave No of Days 2012/13	Average Number of Days Absence 2013/2014				Total Ave No of Days 2013/14
		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4	
Office of CE	19.54	0.18	0.16	1.76	2.71	4.81	0.05	0.31	1.18	2.14	3.68

Office of DCE	42.46	1.85	1.98	0.67	0.99	5.49	0.65	0.93	1.0	1.06	3.64
Corporate Support Services	70.46	1.35	1.52	1.81	1.62	6.3	1.85	2.80	3.38	2.30	10.33
Environment & Street Scene	97.42	1.86	1.89	1.25	1.63	6.63	2.21	1.10	1.82	1.31	6.44
Finance & ICT	112.64	1.37	1.28	1.65	1.52	5.82	1.86	1.40	2.17	3.62	9.05
Housing	178.57	1.49	2.16	2.62	2.44	8.71	2.08	1.41	1.43	2.34	7.26
Planning	58.5	2.43	2.10	1.64	0.96	7.13	0.41	0.51	0.79	1.07	2.78

Table 2

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

Long Term Absence 2013/2014

13. For this purpose long term absence has been defined as 4 weeks or over. During Q3 a total of 11 employees had 4 weeks or more absence in Q4 this decreased to 8. All of the employees in both quarters had one continuous period of absence.

Table 3 provides further detail on these employees.

2013/14 Quarter	Resigned	Returned to work	Dismissed	Proposed Return date	Still Absent	Ill-Health Retirement	Redundancy
Q1	0	9	0	0	1	0	0
Q2	0	3	0	1	4	0	0
Q3	1	8	1	0	1	0	0
Q4	0	7	0	4	4	0	0

Table 3

14. 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, 32.7% of lost time for Q3 was due to long term absence, 29.23 % of time lost met the trigger level (and above to 19 days) and 38.07% due to short term absence. In Q4 these figures were 36.17% due to long term absence, 30% was above the trigger level and below 19 days and 33.83% due to short term absence.

Reasons for Absence

15. Table 4 shows the reasons for absence.

Reason	Number of Days Q1 2013/2014	Number of Days Q2 2013/2014	Number of Days Q3 2013/2014	Number of Days Q4 2013/2014
Other musculo-skeletal problems; includes neck, legs or feet and arms or hands. Also include joint problems such as arthritis.	275.85 (1)	229.18 (1)	266.3 (2)	193.9 (3)
Infections, including viral infections such as influenza,	167.96	106.63	279.4	292.6

Reason	Number of Days Q1 2013/2014	Number of Days Q2 2013/2014	Number of Days Q3 2013/2014	Number of Days Q4 2013/2014
cold, cough and throat infections	(2)	(3)	(1)	(1)
Stomach, liver, kidney, digestion; include diarrhoea, vomiting and other gastro illnesses	90.95 (3)	125.17 (2)	183.7 (3)	195 (2)
Back problems	88.69 (4)	37.61 (8)	35 (8)	51.9 (7)
Non Work related stress	75.03 (5)	22.67 (12)	5.5 (15)	39.7 (9)
Genito-urinary; menstrual problems	72.51 (6)	39.26 (7)	21 (10)	12.9 (14)
Depression, anxiety, mental health and fatigue. Includes mental illnesses such as anxiety and nervous debility/disorder (does not include stress)	71.58 (7)	29.85 (11)	46.7 (6)	99 (5)
Eye, ear, nose and mouth, dental; sinusitis	58.78 (8)	46.28 (5)	52.8 (4)	65 (6)
Chest, respiratory; including asthma, bronchitis, hay fever and chest infections	19.26 (9)	46.63 (4)	41.6 (7)	29.9 (11)
Work related stress	11.75 (10)	40 (6)	23 (9)	139 (4)
Neurological; headaches and migraines	9.03 (11)	37.24 (8)	19 (11)	38.4 (10)
Pregnancy Related	3 (12)	30 (10)	18 (12)	27 (12)
Endocrine conditions i.e. diabetes, thyroid conditions (New category)	0.5 (13)	14.06 (14)	50.7 (5)	7.3 (15)
Cancer, including all types of cancer and related treatments	0 (14)	0 (16)	7 (13)	50 (8)
Heart, blood pressure, circulation	0 (15)	26.83 (12)	3 (16)	23.5 (13)

Reason	Number of Days Q1 2013/2014	Number of Days Q2 2013/2014	Number of Days Q3 2013/2014	Number of Days Q4 2013/2014
RTA	0 (16)	7.71 (15)	4.8 (14)	3 (16)

Table 4

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

16. The most frequent recorded reasons for absence fluctuate between infections, stomach complaints and 'other' musculo –skeletal problems.

17. In Q4 there was an increase in absence relating to depression and work related stress, not only from Q3 but across the whole year. The increase in work related stress is primarily 2 cases which are being dealt with by managers. The increase in depression is also primarily 2 cases. One employee has in fact returned to work and the other is being managed sensitively due to the individual circumstances.

Numbers of Absent Staff

18. Table 5 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 2013/2014	74.6% (500)	20.9% (140)	4.5% (30)
2 2013/2014	73.3% (491)	22.8% (153)	3.9% (26)
3 2013/2014	65.8% (441)	30.5% (204)	3.7% (25)
4 2013/2014	65.8% (441)	28.4% (190)	5.8% (39)
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	67.6% (453)	28.4% (190)	4% (27)

Table 5

19. The number of staff recording sickness short term absence decreased in Q4 from Q3 during this period, whilst the number of staff meeting the trigger level or above increased in Q4.

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