

# **Report to the Finance and Performance Management Scrutiny Panel**



## SCRUTINY



**Date of meeting: 11 November 2014**

**Subject:** Sickness Absence

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**Committee Secretary:** Adrian Hendry (01992 564246)

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### **Recommendations/Decisions Required:**

**That the Panel notes the report on sickness absence.**

### **Executive Summary**

This report provides information on the Council's absence figures for Q1 and Q2, 2014/2015; 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 the reasons for absence.

The Council's target for sickness absence under KPI10 for 2014/2015 is an average of 7 days per employee.

The Council outturn figure for Q1 (2014/15) was 2.03 days against a target of 1.69 days and Q2 (2014/15) was 2.18 days against a target of 1.36. Figures for each Directorate are set out in paragraph 7 of the report.

During Q1, 5% of staff met the trigger levels or above, 22% had sickness absence but did not meet the triggers and 73% had no absence. During Q2, 6% of staff met the trigger levels or above, 23% had sickness absence but did not meet the trigger levels and 71% had no absence.

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 to 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 to future meetings.

### **Report:**

#### **Introduction**

1. 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.

2. 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.
3. 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 2011/2012 – 2014/2015

4. The KPI target for sickness absence was amended to 7 days for 2014/15. The Q1 figure of 2.03 days was above the target for this period of 1.69 days. The Q2 figure of 2.18 days was above the target for the period of 1.36 days.
5. The cumulative total for Q1-Q2 is 4.21 days which is 1.16 days above the target for this period of 3.05 days.
6. Table 1 below shows the absence figures for each quarter since 2011/2012.

	Q1	Q2	Q3	Q4	Outturn	Target
<b>2011/2012</b>	1.86	1.64	1.87	2.21	7.58	7.75
<b>2012/2013</b>	1.6	1.78	1.83	1.78	6.99	7.5
<b>2013/2014</b>	1.69	1.36	1.78	2.18	7.01	7.25
<b>2014/2015</b>	2.03	2.18				

Table 1

### Directorate Figures 2014/2015 - New Structure

7. Table 2 shows the average number of days lost per employee in each Directorate. The target figure for Q1 was 1.69 days and in Q2 1.36 days. In Q1 only Governance was below the target figure. In Q2 no Directorate was below the target number of days.

Directorate	Ave FTE	Average Number of Days Absence 2014/2015				Total Ave No of Days 2014/15
		Q1	Q2	Q3	Q4	
<b>Communities</b>	215.7	2	1.72			
<b>Governance</b>	97	1.02	2.63			
<b>Neighbourhoods</b>	113.6	2.43	1.74			
<b>Resources</b>	158.8	2.43	2.86			

Table 2

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

### Long Term Absence 2014/2015

9. For this purpose long term absence has been defined as 4 weeks or over. During Q1 a total of 15 employees had 4 weeks or more absence in Q2 this increased to 16. All of the employees in both quarters had one continuous period of absence, with the exception of two employees in Q2. Table 3 provides further detail on these employees.

2014/15 Quarter	Resigned	Return to work	Formal Hearing	Dismissed	Proposed Return date	Still Absent	Ill-Health Retirement	Redundancy
Q1	0	7	1	0	0	7	0	0
Q2	1	8	0	0	0	7	0	0
Q3								
Q4								

Table 3

10. Comparing Q3 2013/2014 to Q2 in 2014/2015 the number of staff taking long term absence increased by 45% (i.e. 11 to 16 employees). Over this period the number of days taken as long term absence increased by 55%.

11. 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 Q1 was due to long term absence, 33.2 % of time lost met the trigger level (and above to 19 days) and 25.6% due to short term absence. In Q2 these figures were 42.2% due to long term absence, 30.7% was above the trigger level and below 19 days and 27.1% due to short term absence.

### Reasons for Absence

12. Appendix 3 shows the reasons for absence, including the number of days lost and number of employees for each reason.

13. The largest increase in the number of days taken between Q1 and Q2 was for non-work related stress and for depression, an increase of 254% and 144% respectively. The largest decrease over this period was for pregnancy related reasons.

14. The reason with the largest increase in the number of employees was depression at 40%. The largest decreases were for neurological and chest/respiratory reasons, a fall of 83% and 64% respectively.

15. The largest increase in the average number of days per employee was for non-work related stress and genitourinary/menstrual problems with increases of 429% and 117%. The largest decreases were for neurological also work related stress, falls of 71% and 59% respectively.

### Non Work Related Stress

16. Seven employees recorded non work related stress during Qtrs 1 & 2. Only one of these employees remains absent from work (as at 22 October 2014).

17. In Q1 the total number of days recorded as non-work related stress was 29.2 days, of which

62% was short term absence  
38% was medium term absence

There was no long term absence

18. A total of 6 employees were absent for this reason in Q1.

19. In Q2 the total number of days recorded as non-work related stress was 103.4 days, of which:

5% was short term absence  
There was no medium term absence  
95% long term absence

20. A total of 4 employees were absent for this reason in Q2, all were also absent in Q1.

### Depression

21. The number of employees recording depression during Qtrs 1 & 2 was 9. Only one of these employees remains absent from work (as at 22 October 2014) who is likely to return on a phased basis week commencing 3 November 2014.

22. In Q1 the total number of days recorded as depression was 79 days, of which;

1% was short term absence  
23% was medium term absence  
76% was long term absence

23. A total of 5 employees were absent for this reason in Q1.

24. In Q2 the total number of days recorded as depression was 192.5, of which;

4% was short term absence  
8% was medium term absence  
88% was long term absence

25. A total of 6 employees were absent for this reason in Q2, two of these were also absent in Q1.

### Numbers of Absent Staff

26. 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. However, there has been an increase in the number of staff recording sickness absence in both quarters.

Quarter (Based on 670 headcount)	Staff with no absence	Staff with 7 days or less	Staff with 8 days or more
1 - 2014/2015	73% (486)	22% (150)	5% (34)
2 - 2014/2015	71% (475)	23% (155)	6% (40)
3 - 2014/2015			
4 - 2014/2015			
Quarter (Based on 670 headcount)	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)

Table 5

## **Actions**

27. HR has recently started to provide Directors with information regarding those employees who have met either or both trigger levels on a monthly rather than quarterly basis. The reports include information on whether managers are dealing with the case, if the employee has been referred to Occupational Health, whether an evaluation meeting has taken place or formal action is being undertaken. Directors should discuss these reports with their Assistant Directors to ensure appropriate action is being taken in a timely way.
28. Further analysis of Q1 and Q2 figures along with this report has been provided to Directors to enable them to take appropriate action. HR will also inform staff that sickness absence has increased through District Lines.
29. The Council does offer staff confidential counselling support via the Council's Occupational Health provider. Also, as part of the Corporate Training Programme, staff can access stress awareness courses. This support will be highlighted in the District Lines article stated above.

## **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