

ABERDEEN CITY COUNCIL

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COMMITTEE	Corporate Policy and Performance
DATE	5 December 2013
DIRECTOR	Angela Scott
TITLE OF REPORT	Sickness Absence Update
REPORT NUMBER:	CG/13/128

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1. PURPOSE OF REPORT

This report updates the Committee on Sickness Absence rates across the Council.

2. RECOMMENDATION(S)

It is recommended that the Committee:

- i) Notes the Council sickness rates outlined in Appendix 2.

3. FINANCIAL IMPLICATIONS

The main financial implications arising from sickness absence are when alternative resources are required for cover purposes. This is normally in the form of overtime and agency/relief/supply cover.

4. OTHER IMPLICATIONS

N/A

5. BACKGROUND/MAIN ISSUES

**5.1 Analysis of the Sickness Statistics**

During the Winter, Spring and early Summer months there was an increase in the overall rate of sickness across the Council. However, in August the Council transferred over 750 employees to Bon Accord Care, which had the effect of reducing the Council's absence figures i.e. for September, overall sickness fell and was maintained at an average of 11.5 days (4.4%) per employee up to and including October, 2013

Over the past 12 months the ratio of days lost to long term sickness compared with the days lost to short term sickness has been analysed to see if any trends were identifiable. From the analysis detailed at Appendix 1, it can be seen that there is little change in the proportion of long term sickness when viewed against short-term sickness.

In terms of the management of sickness absence cases, over the previous 12 months from 31 October 2013, there were 14 dismissals under the Maximising Attendance Procedure. In addition, 20 employees were retired due to ill-health. At the time of writing this report, 32 employees had progressed to stage 3 (i.e. the final stage) of the short term sickness procedure within the Maximising Attendance Policy.

## **5.2 Sickness Absence Improvement Plans**

### **i) First Day Sickness Reporting – Triage**

As reported to the Committee previously, one new strategy which will be trialled relates to a 'triage approach'. This involves a trained occupational health nurse supplementing the actions of line managers by providing immediate support, advice and, where appropriate, 'challenge' to an employee who reports sick.

It is proposed to trial this approach in selected parts of the Council to assess its suitability for wider application.

### **ii) YourHR – Sickness Absence Module**

The YourHR portal, which is the in-house digitalisation of many HR processes, is planned to improve the speed at which absence data is reported and analysed. The current largely paper based system requires a self-certificate to be completed by an employee on their return to work. If this is not done, the sickness absence remains open until sickness records are checked. The new system will allow sickness to be 'closed off' by direct input into the system immediately and avoid sickness remaining open in the system until paper copies have arrived in the HR Service and are input into the payroll system.

The YourHR Sickness Absence module went live within the Facilities Management Section of Enterprise, Planning and Infrastructure in late October 2013. The plan is to work with all Directorates to roll the module out over the next 6-12 months.

### **iii) Transfer of employees to Bon Accord Care Ltd**

The Council's sickness absence statistics have reduced by virtue of the recent transfer of Older People and Rehabilitation services to the Arms Length Company – Bon Accord Care Ltd. (The services concerned had one of the highest levels of sickness absence in the Council).

### **vi) Maximising Attendance Review of Procedure**

It is almost three years since the current Maximising Attendance Policy was implemented. The policy has served the Council well and since its introduction it is possible to see an overall reduction in the average number of days sickness taken by employees. A recent review of the policy, which included input by managers and trade unions, has concluded that some amendments are required. For example, the management of long term sickness will be converted to a four stage process (as for short-term sickness.)

The proposed changes are still subject to consultation and are likely to be reported to Committee's next meeting, for approval.

vi) Preventative Measures

Officers continue to regard prevention as the most effective means of managing sickness absence. This includes providing training, advice and support to employees whose work is particularly physically demanding (e.g. toolbox talks by a trained Physiotherapist).

We have also increased our investment in health screening where the Occupational Health Adviser screens employees on body mass index, cholesterol levels and blood pressure. Where there is any cause for concern the employee concerned is advised to refer themselves to their GP for further investigation and treatment. The Council also offers influenza injections to high risk groups during Autumn.

v) Long Term Sickness

The traditional focus on managing sickness absence is to deal firmly but fairly with short-term persistent absence. However, long term sickness absence can have greater impact. As can be seen in Appendix 1, almost two thirds of the total number of days are down to long term sickness. Long term sickness is defined in the Maximising Attendance Policy as absence over 4 weeks (28 calendar days). In such cases there is normally an underlying medical reason for the absence and where these are not related to the working situation there is normally little that can be done to speed recovery.

However, officers are looking to introduce an arrangement (with the support of the trade unions) where employees who may not be fit to do their substantive job are assessed for their capability to perform other duties. Advances in technology and the increased possibility for some employees to work productively at home are increasing the possibility of this short term redeployment option.

It is appreciated that not all long term sickness cases will be suitable for this approach but, in all cases, it is critical that the line manager concerned keeps in touch with their absent employees.

6. IMPACT

Sickness absence statistics are regularly reported to CMT as well as part of the Service Committees performance report.

In managing sickness cases consideration is taken in respect of all protected characteristics, especially in cases of disability where reasonable adjustments are considered.

7. BACKGROUND PAPERS

None

8. REPORT AUTHOR DETAILS

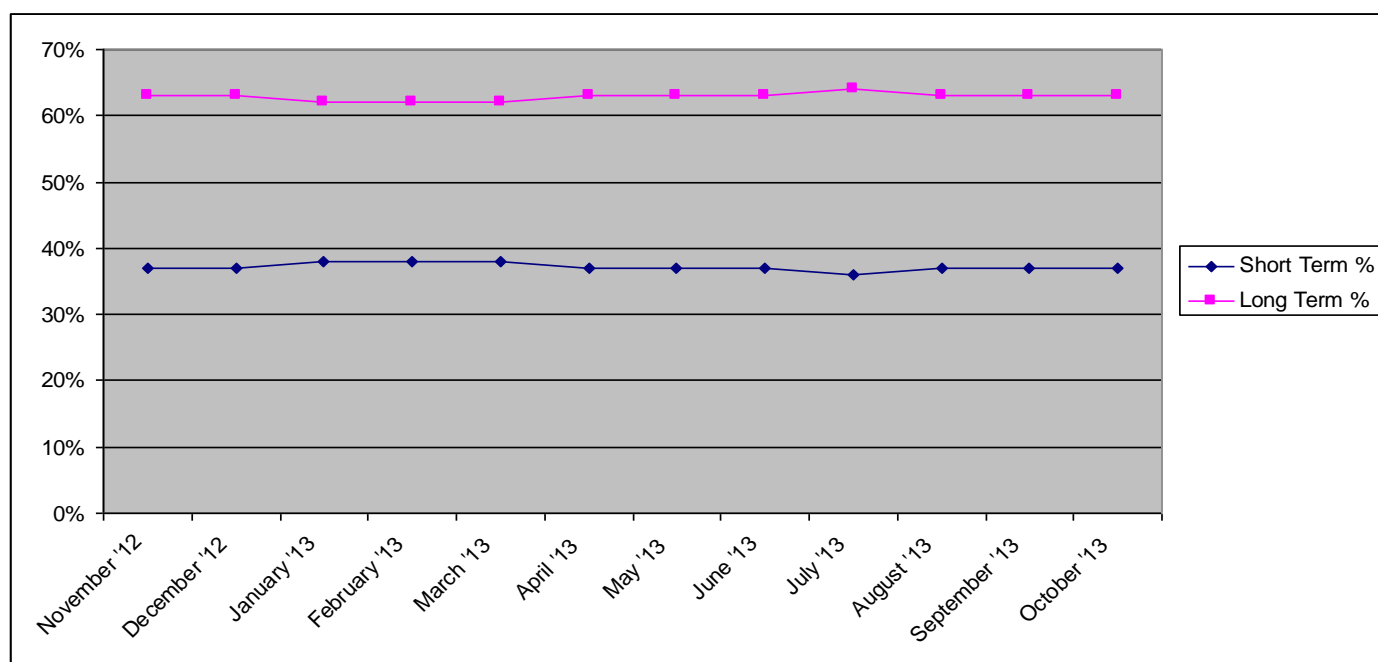
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## Appendix 1

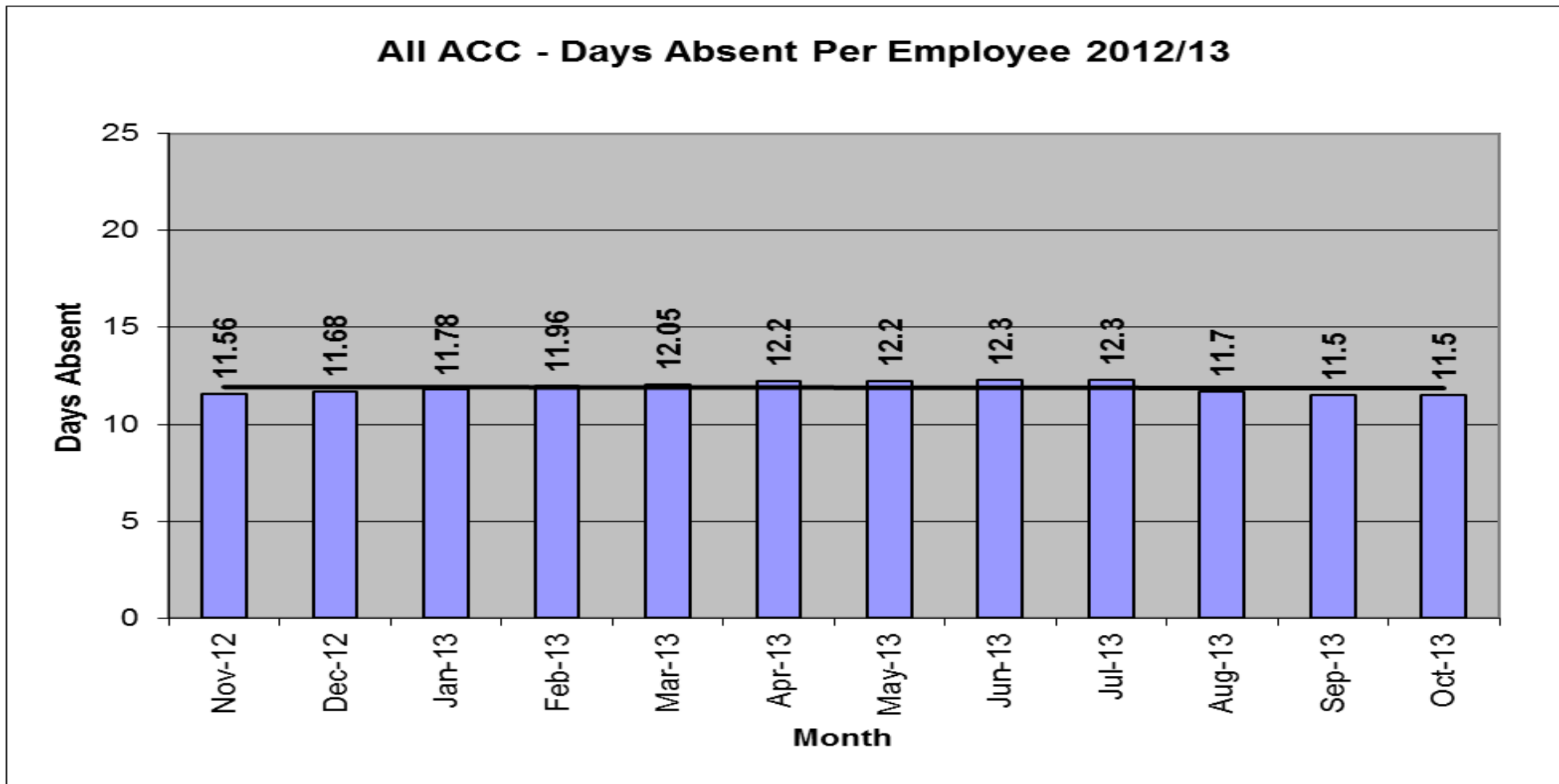
### Breakdown of Long Term v's Short Term Sickness Absence



Month	Short Term Days	Long Term Days	Total	Short Term %	Long Term %
November '12	24903	42852	67755	37%	63%
December '12	25260	42795	68055	37%	63%
January '13	26359	42688	69047	38%	62%
February '13	26577	43795	70372	38%	62%
March '13	26706	43704	70410	38%	62%
April '13	26961	45022	71983	37%	63%
May '13	26773	45314	72087	37%	63%
June '13	26741	45402	72143	37%	63%
July '13	26401	46012	72413	36%	64%
August '13	23032	39659	62691	37%	63%
September '13	23070	39524	62594	37%	63%
October '13	22995	39531	62526	37%	63%

**Statistics as at October 2013**

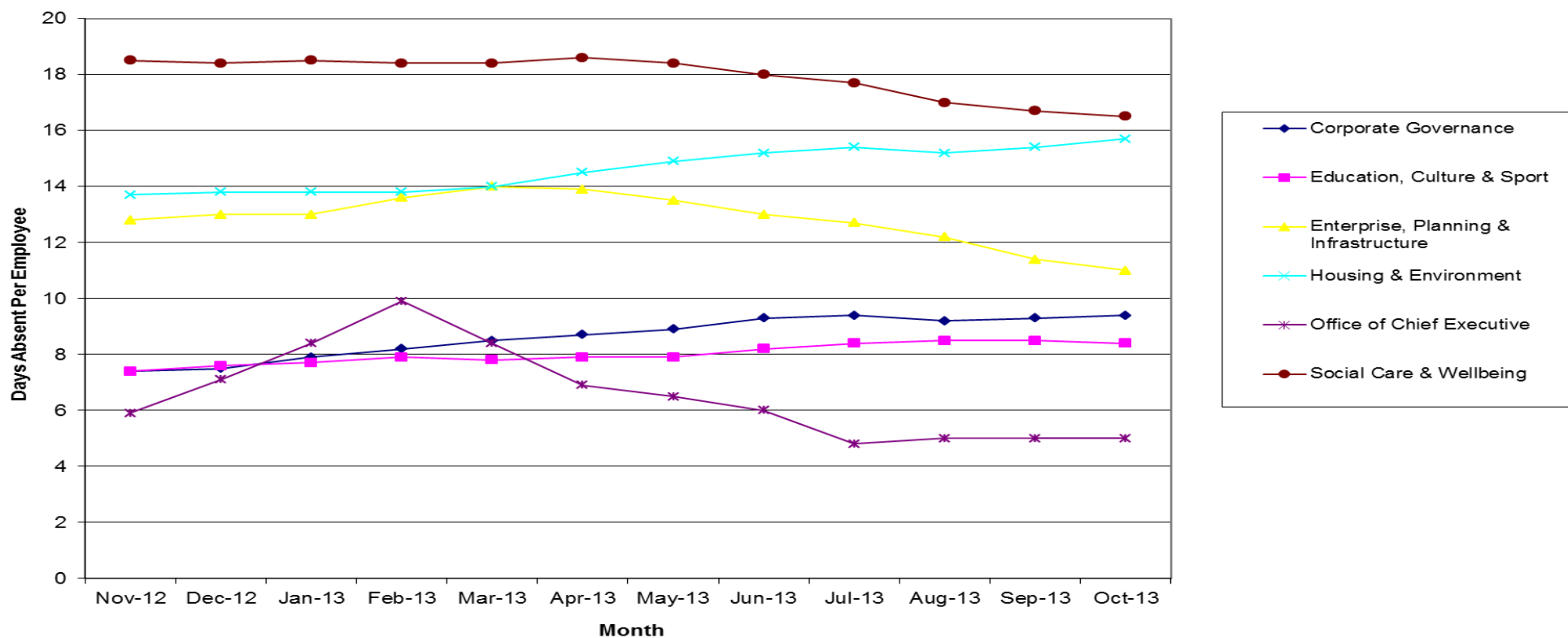
This graph represents the average days lost per employee per month across the Council over a rolling 12 month period.



## Appendix 2(b)

This graph represents the monthly trend of the average days lost per employee to sickness absence over the previous 12 months per month by directorate.

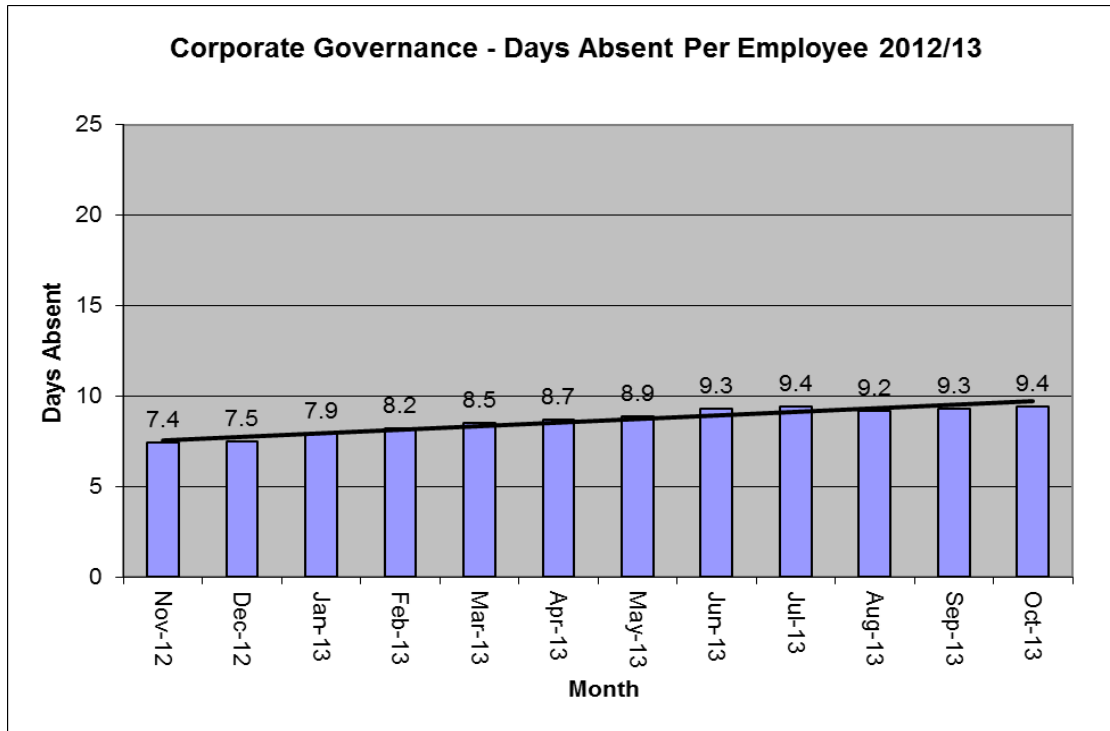
**ACC Days Absent Per Employee by Service**



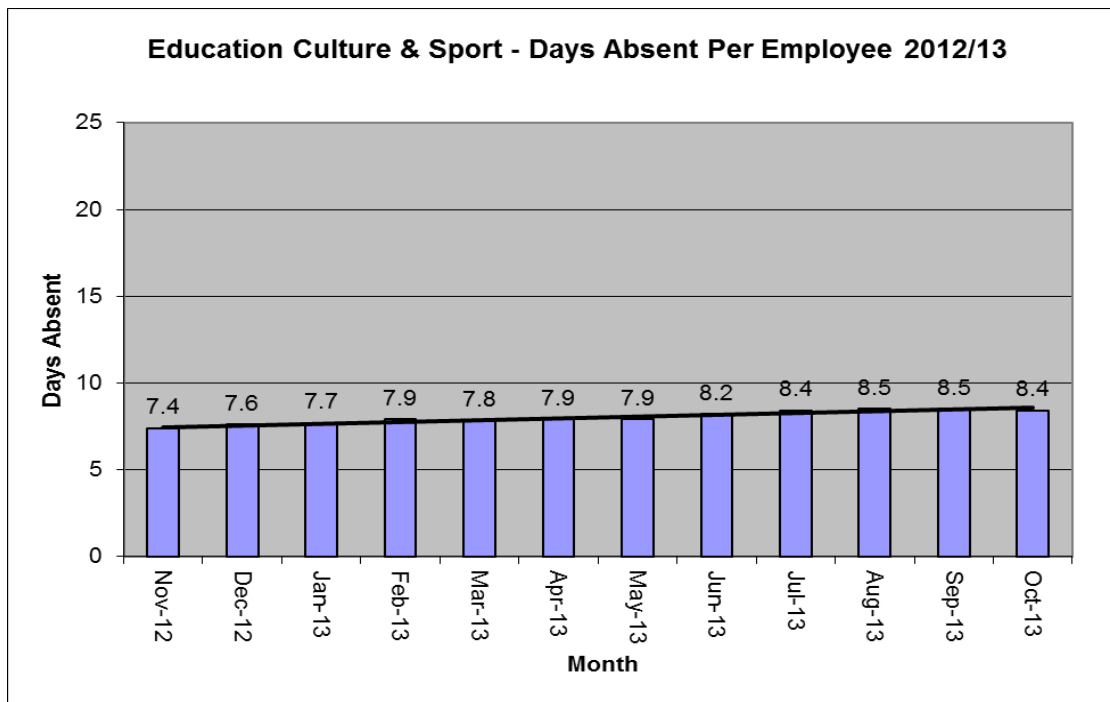
## Appendix 3

The following graphs indicate a service by service comparison for the last 12 calendar months.

### 3.1 Corporate Governance

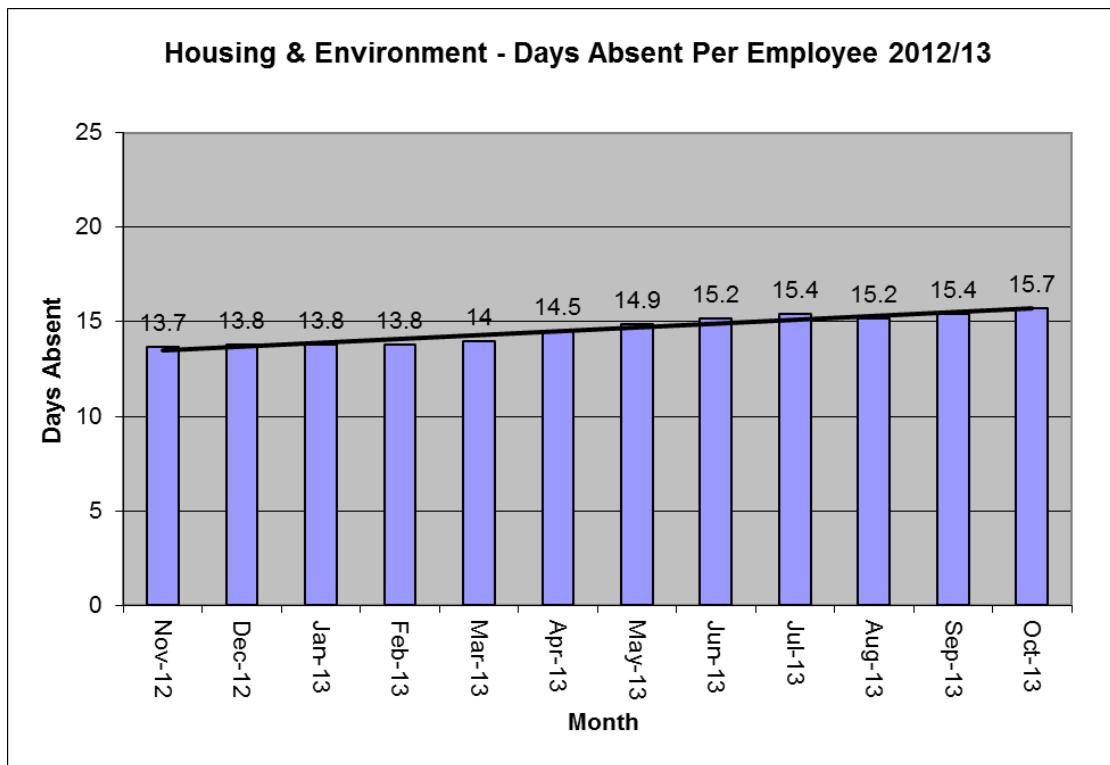


### 3.2 Education Culture & Sport

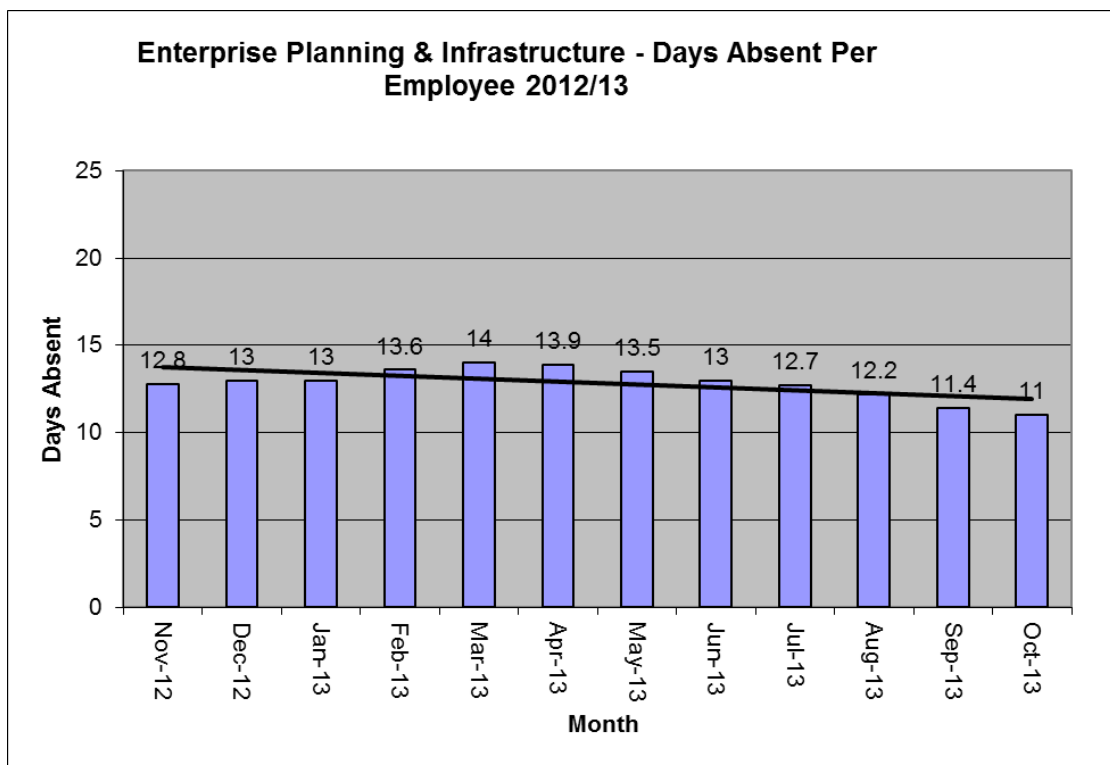




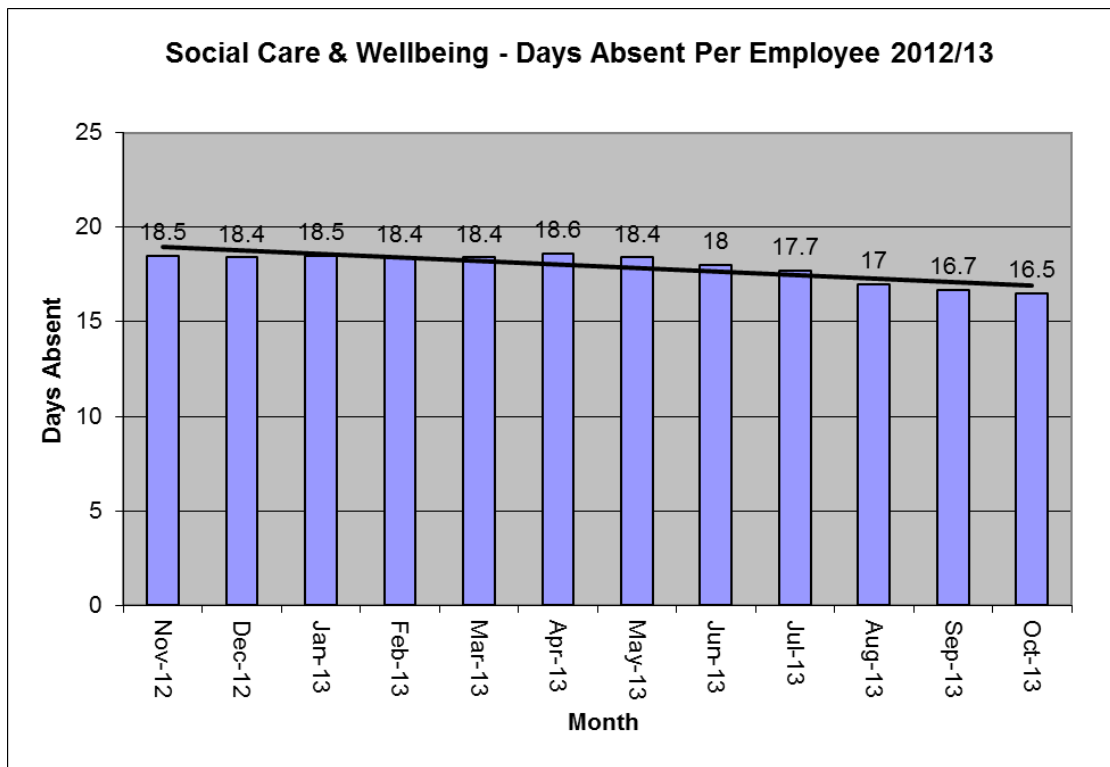
### 3.3 Housing & Environment



### 3.4 Enterprise, Planning & Infrastructure



### 3.5 Social Care & Wellbeing



### 3.6 Office of Chief Executive

