

ABERDEEN CITY COUNCIL

COMMITTEE	Finance Policy and Resources Committee
DATE	6 May 2014
DIRECTOR	Angela Scott
TITLE OF REPORT	Sickness Absence Update and Revised Maximising Attendance Policy
REPORT NUMBER:	CG/14/047
CHECKLIST RECEIVED:	Yes

1. PURPOSE OF REPORT

This report updates Committee on sickness absence performance across the organisation. It also seeks approval for a different way of reporting sickness absence.

2. RECOMMENDATION(S)

It is recommended that Committee:

- i) Notes the recent improvement in sickness absence across the Council and the breakdown of sickness absence by Directorate as detailed in Appendix 1
- ii) Approves the revised method of calculating and reporting sickness absence statistics for internal purposes as detailed in paragraph 5.2.
- iii) Approves the revised Maximising Attendance Policy as detailed in Appendix 3.

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

Not applicable

5. BACKGROUND/MAIN ISSUES

5.1 **Analysis of the Sickness Statistics**

It is pleasing to report a reduction in the average days lost to sickness per employee from 11.55 days in October 2013, to 11.21 days in February 2014

on the SPI calculation. The overall rate can be viewed in Appendix 1(a) with a breakdown of this rate by Directorate shown at Appendix 1(c)

The main reason for this reduction is work done on long term sickness cases during the year with the number of days lost due to long term sickness showing a healthy reduction. Furthermore, during the winter months of November to February, most employers normally see a slight rise in sickness absence due to the colder weather resulting in more colds and flu like symptoms. However, it is pleasing to report that short term sickness figures have also reduced during this period.

Between 1 March 2013 and 28 February 2014 there have been 20 employees retired due to ill-health and 20 dismissals under the Maximising Attendance Policy. In addition, at the time as drafting this report a further 8 cases were at stage 3 (the final stage before dismissal) of the Maximising Attendance Policy.

Appendix 1(b) shows the split between long term and short term sickness, with long term sickness being defined as one period of sickness over 28 days (4 weeks.) There was a significant drop in days lost for both long term and short term sickness in August 2013. This was due to the moving of staff to Bon Accord Care. However, since this time, over the following 6 months, there continues to be a steady drop in the number of long term sickness days lost as well as for short term sickness.

5.2 Revised calculation and reporting of Sickness Data

The calculation of sickness statistics has been subject to much debate but the Council has always been resolute to adopt a true position and report the statistics whether they were good or otherwise. It has consistently used the Audit Scotland guidance on the Statutory Performance Indicator as the basis of calculating and reporting its sickness rates. The current method of producing the SPI is based on a single calculation of historic data performed on the 15th April of each year, for the period 1st April – 31st March. That calculation seeks to establish the numerator (days lost) and the denominator (full time equivalent posts (commonly referred to as fte)).

The numerator is all days lost to sickness for the 12 month period. This includes sickness for leavers, as well as all current employees.

The denominator equates to all fte employed throughout the 12 month period. A full-time person employed for the entire period would equate to 1 fte. A full-time person who was employed from April – July would equate to 0.33 fte. All of the proportions of each individual fte are added up to obtain an annual total.

This provides a distorted picture of sickness absence, as when staff are managed out of the organisation the historic sickness of the employee will remain in the statistics for up to a year. For example, if someone went off sick on 1st April 2012 and left in January 2013, the calculation would still be including a rolling proportion of their absence until January 2014.

The proposed alternative method of calculation is one which we believe other Councils operate and seeks to establish a much more realistic picture of days lost by changing the single annual calculation to a regular monthly calculation.

Each month an 'indicative monthly report' would be produced for each of the previous 12 months and the reports would be averaged.

The numerator under the proposed method will be calculated on all days lost for the 12 month period for current employees. This means that days lost to leavers managed out of the organisation will not be counted from the month immediately following the date they leave, but their absences will have been captured in the monthly reports prior to them leaving.

This proposed revision will address the issue that we know locally as 'sickness legacy' within the statistics. The sickness legacy refers to the situation where, due to the rolling calculation, which includes leavers, the sickness absence rate can take up to 12 months to be free from someone who had significant sickness and left the organisation at the end of it.

The Director of Corporate Governance wrote to Audit Scotland earlier this year regarding this proposal but was advised that "Audit Scotland no longer collects data in relation to SPI's. This follows the Accounts Commission decision set out in the SPI Direction and follows work taken forward by SOLACE and the Improvement Service to compile the Local Government Benchmark Framework (LGBF)".

It is proposed that the Council moves to the revised method of calculation for its own internal reporting purposes. It will continue for a period of time to continue to calculate this as it has done (under the SPI arrangements) and seek to work with SOLACE and the Improvement Service to demonstrate the new method of calculation is consistent with the LGBF requirements. If we are unable to agree this revised method of calculation of sickness data we will produce what is required for the LGBF but continue to report internally, including to Committee, on the proposed revised method calculation.

5.3 Sickness Absence Improvement Plans

5.3.1. Introduction of YourHR Absence Management Module

The HR&OD Service has been developing the YourHR portal and has recently launched the absence Management module. This module provides for the reporting and recording of sickness on-line. It has been introduced into Corporate Governance, Enterprise, Planning & Infrastructure and Housing & Environment. Plans are in place for this to be rolled out to Social Care & Well-being over the next two months and to be introduced into Education, Culture & Sport during the summer. This facility will improve the speed and accuracy of sickness absence information.

The second phase of the absence management module will be introduced once the reporting and recording is embedded in the organisation. It is planned that this will include the automatic reporting to managers of employees who have hit absence trigger levels and the notification of meetings to be held under the Maximising Attendance policy.

5.3.2 Continued 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 also offered staff in high risk occupations influenza jabs at the beginning of winter.

5.3.3 Long Term Sickness

In the report to last Committee it was identified long term sickness accounts for almost two thirds of the total number of days lost. Long term sickness is defined in the Maximising Attendance Policy as absence over 4 weeks (28 calendar days).

Officers are discussing with the trade unions a process where employees who may not be fit to do their substantive job, are assessed as capability to perform other duties other than their substantive role. This temporary work allocation arrangement will need the agreement of the employee and management and if approved by the Occupational Health Adviser will be piloted shortly. 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.

5.4 Revisions to the Maximising Attendance Policy

The Maximising Attendance Policy was approved and implemented back in 2010 and has been an important part of the reduction in sickness absence since this time. Good practice suggests all policies should be reviewed every three years and following this review it is proposed that some amendments to the policy be proposed. These amendments have been developed from the outcomes of focus groups, consultation with managers and consultation with the trade unions.

The proposed changes to the policy have been fully consulted and agreed with the trade unions.

Detailed at Appendix 2 is the proposed revised Maximising Attendance Policy and detailed below is a summary of the main changes within the policy:

- i. It has been made clearer in the procedure covering short term sickness absence that a review period requires to be undertaken after the issue of a final caution (with this carried out at Stage 3), in order to monitor an employee's absence record before a Capability or Conduct Assessment Meeting takes place.
- ii. A framework for both the short and long term sickness absence procedures remains in the policy document, but with all the detail of the procedures removed and moved to the guidance notes.

- iii. A new procedure for long term sickness absence cases has been introduced comprising 4 stages – Stage 1 Initial Contact Discussion, Stage 2 Review of Progress, Stage 3 Capability Assessment Meeting and Stage 4 Appeal. The timeframes in the process are suggested rather than prescribed, with it being the manager’s decision on when a case moves from Stage 2 to Stage 3, with each case treated on its merits.
- iv. There will now be provision in the policy and the guidance notes to address sickness absence cases that straddle the long and short term procedures, so that all cases are appropriately addressed, with none left unmanaged.
- v. The title of Stage 3 has been changed to Capability or Conduct Assessment Meeting (rather than ‘Hearing’) in both the short and long term procedures, to mirror the terminology used in the earlier stages of the processes.
- vi. The wording of the policy has been reviewed with the aspiration that it is less punitive and more supportive for employees who suffer from periods of ill-health.

6. IMPACT

An Equality and Human Rights Impact Assessment has been undertaken on the revised provisions to the Maximising attendance Policy and these are largely neutral.

7. MANAGEMENT OF RISK

If sickness absence is not appropriately managed this has the potential for incurring significant cost for the Council. This report shows an improving picture on the management of sickness absence which indicates appropriate action is being taken and the risk is being appropriately managed.

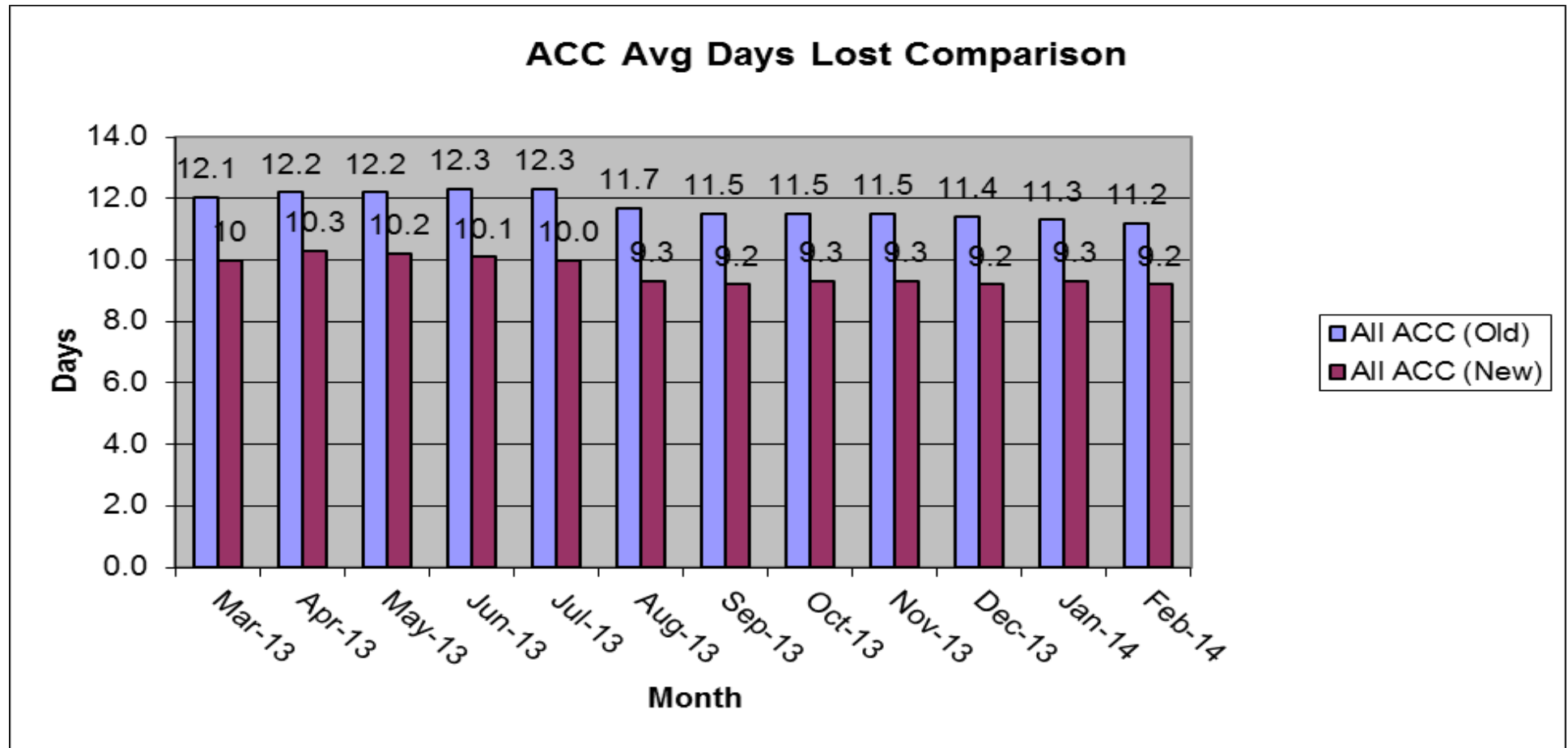
8. BACKGROUND PAPERS

None

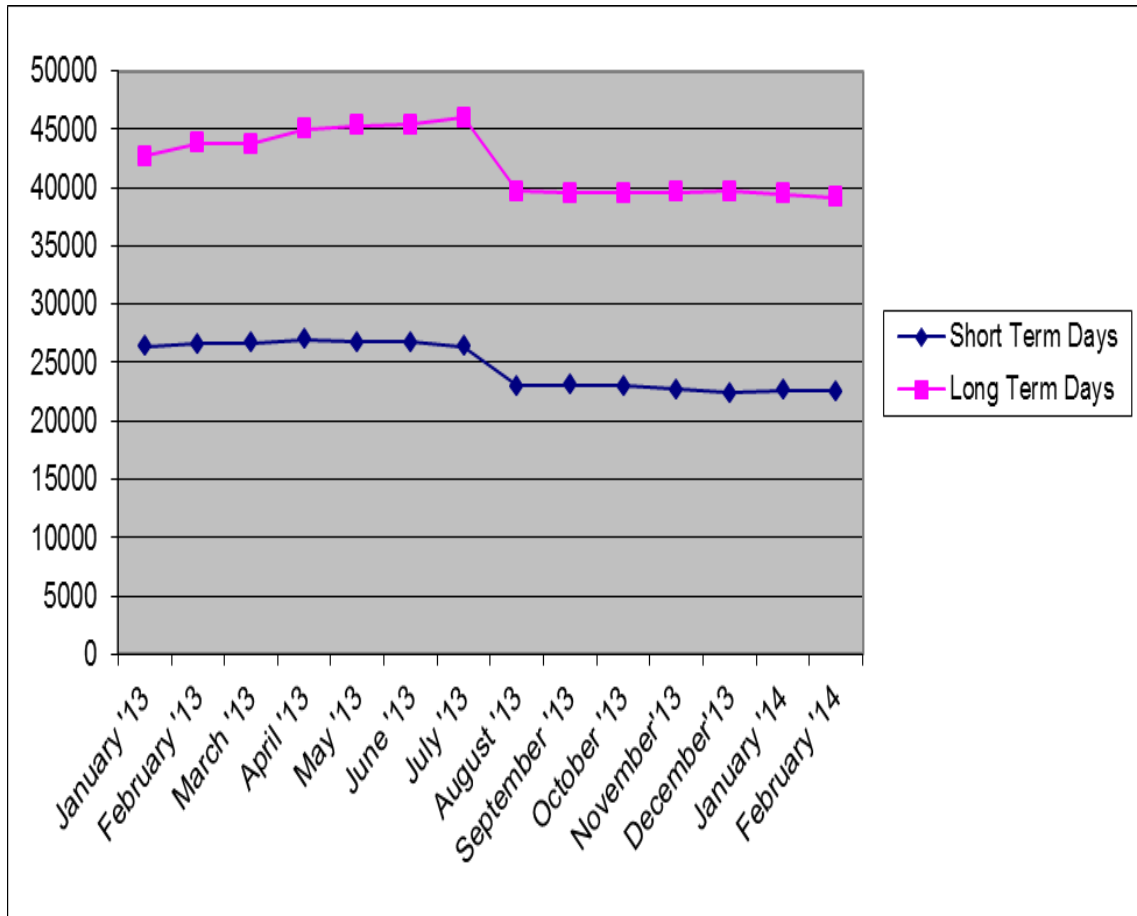
9. REPORT AUTHOR DETAILS

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Sickness Rate for Previous 12 month period (old and new method of calculation)

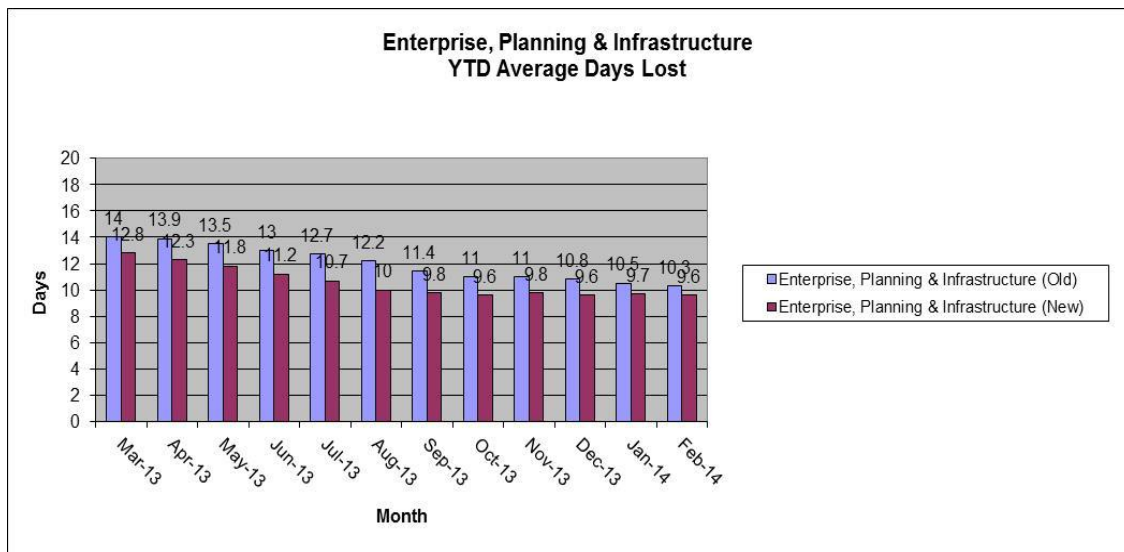
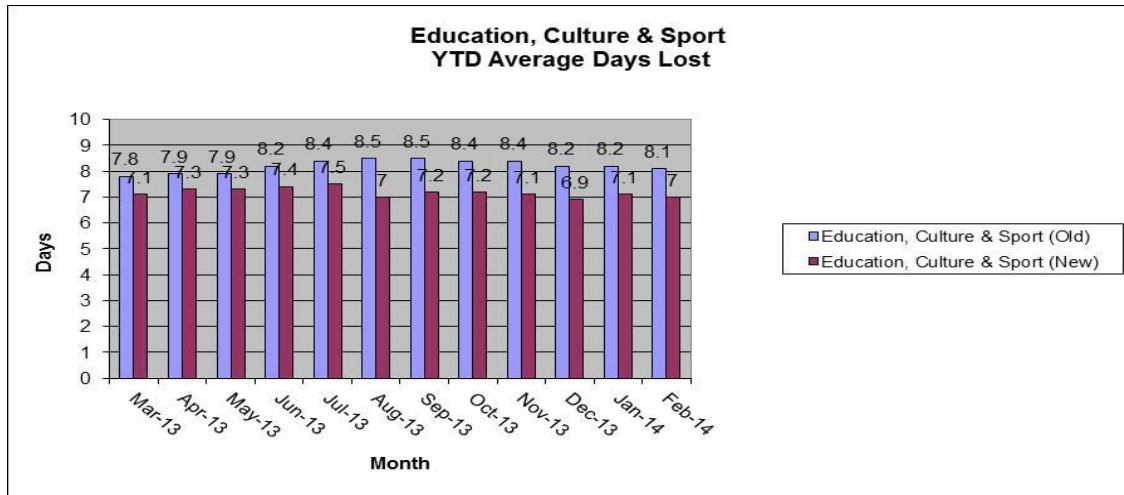
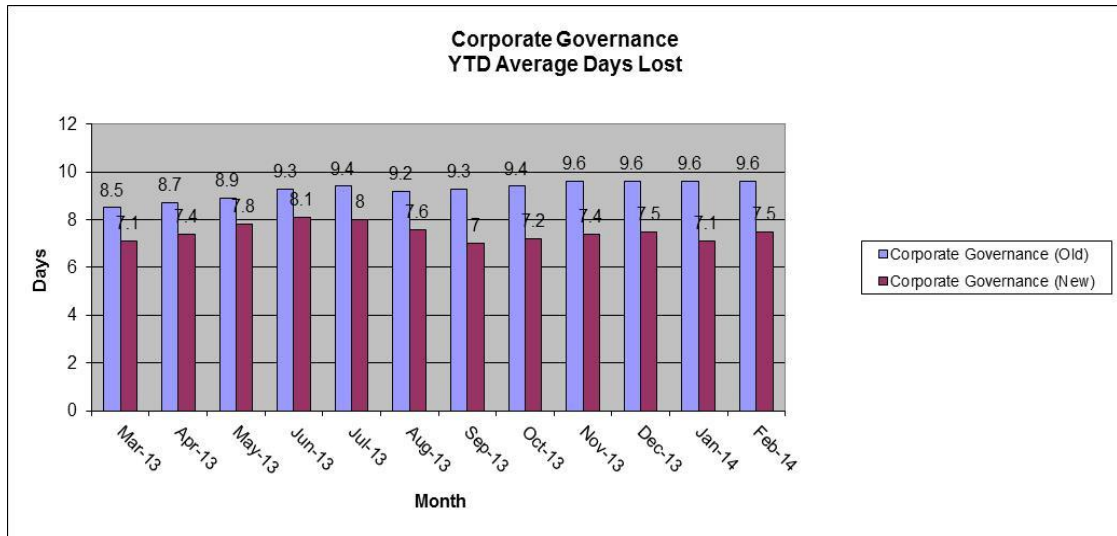


Long Term v's Short Term Sickness

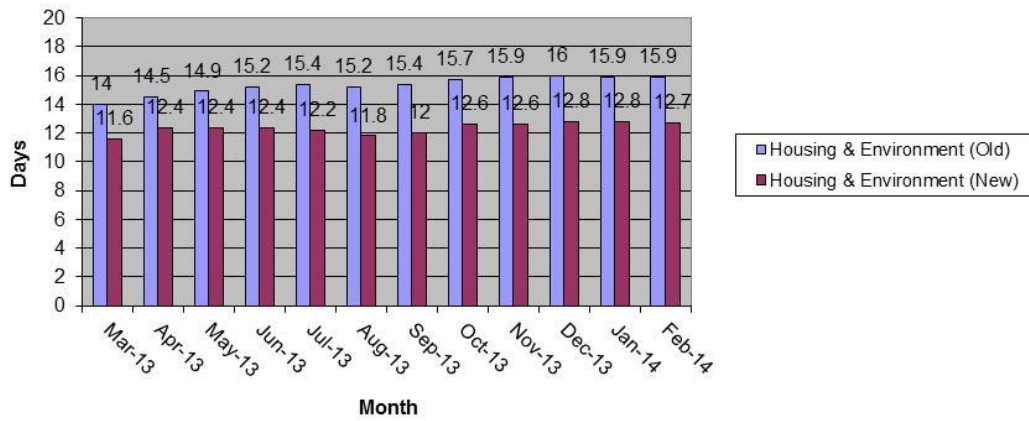


Month	Short Term Days	Long Term Days	Total	Short Term %	Long Term %
November '12	24903	42852	67755	37%	63%
December '12	25260	42795	68055	37%	63%
January '13	26359	42688	69047	38%	62%
February '13	26577	43795	70372	38%	62%
March '13	26706	43704	70410	38%	62%
April '13	26961	45022	71983	37%	63%
May '13	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%
November '13	22703	39618	62321	36%	64%
December '13	22361	39644	62005	36%	64%
January '14	22611	39447	62058	36%	64%
February '14	22510	39160	61670	37%	63%

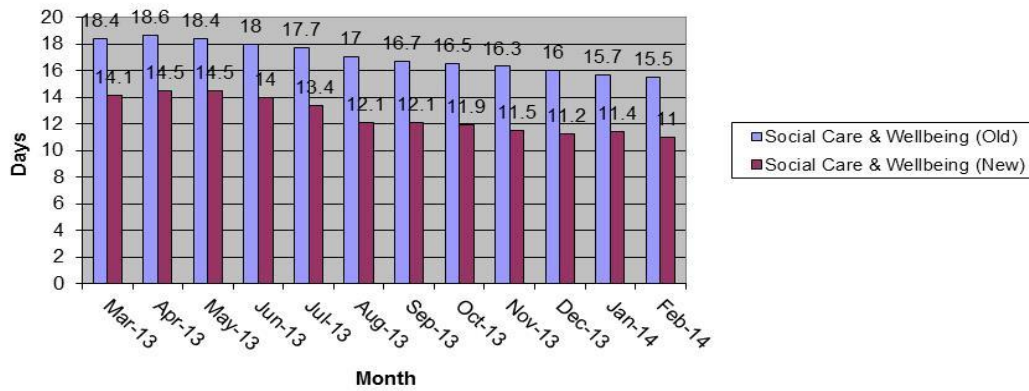
Sickness Rates per Directorate



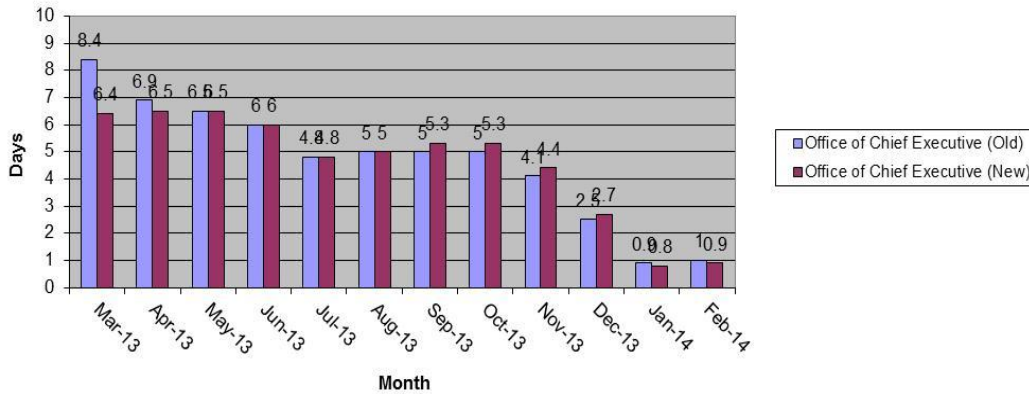
Housing & Environment YTD Average Days Lost

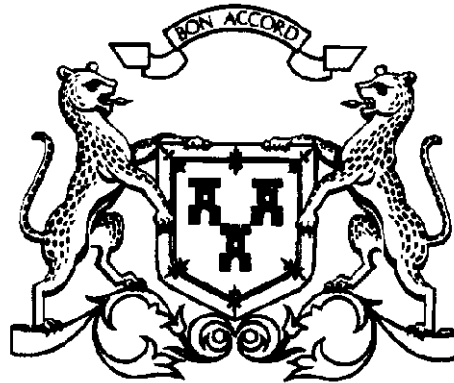


Social Care and Wellbeing YTD Average Days Lost



Office of Chief Executive YTD Average Days Lost





ABERDEEN CITY COUNCIL

**10.7 MAXIMISING
ATTENDANCE POLICY**

POLICY

Revised March 2014

Contents

1. POLICY

1.1 Policy statement

- **The importance of effective attendance management**

1.2 Scope

1.3 Core Principles

1.4 Policy Provisions

- **Short duration Sickness Absence Trigger Levels**
- **Long term Sickness Absence**
- **Overall Unacceptable Sickness Record**
- **Employee AIDE – (Absences involving domestic emergencies)**

1.5 Absence Prevention and the promotion of well-being

2. PROCEDURAL PROVISIONS

2.1 Dealing with short –term absence

2.2. Dealing with long-term sickness absence

3. REVIEW OF THE POLICY

1. *POLICY*

1.1 Policy statement

We are committed to maximising attendance at work. This policy seeks to ensure that this is achieved and encourages reliable attendance from all employees. It intends to convey to employees that we are concerned about their wellbeing, that management wishes to maximise attendance at work by providing all reasonable support to an employee and to remove or reduce any work-related factors that may discourage reliable attendance.

We recognise that employees become sick and, as a consequence, may require time off from work to get better. We will provide all reasonable support to employees with the aim of assisting their timely and sustainable return to work following a period of sickness.

The importance of effective attendance management

All employees have a contractual duty to attend work. Any absence has a financial and operational impact on the provision of services and customer service. When an employee is unable to attend work, managers are responsible for identifying, understanding and taking appropriate action in relation to the reason(s) for absence.

- Positive and immediate management of attendance issues indicates to employees that this issue is important to the Council. A relaxed attitude to absence notification, recording and monitoring and/or lack of effective management can send an incorrect message to employees that a certain level of non-attendance is acceptable.
- Managers will be provided with all the required support in applying this policy and will be held accountable for its implementation.

1.2 *SCOPE*

This policy applies to **all employees** of the Council. It does not apply to any casual or agency worker where a contract of employment does not exist.

1.3 CORE PRINCIPLES

Employees are paid and contracted to attend work. Ultimately, the responsibility for regular and reliable attendance rests with each individual employee.

The responsibility for **Maximising Attendance** rests with Line/Service Managers and will be supported by Human Resources who will provide advice and guidance.

Attendance issues will be dealt with promptly in accordance with the provisions of this and related policies.

All reasonable support will be given to employees who are absent with the aim of assisting a timely and sustainable return to work.

Employees will be offered the opportunity to be accompanied by a trade union representative or work colleague of their choice at each stage of the formal procedure. The employee will not be permitted to be accompanied by a legal practitioner, partner or spouse.

Throughout the procedure, special allowance should be made for those employees whose first language is not English or who have difficulty expressing themselves.

The Council will always recognise its statutory obligations and comply with all relevant legislation and Council policy, including our responsibilities in relation to Health and Safety and the Equality Act.

Where requested, every employee will comply with any reasonable request to attend medical appointments with the Council's Occupational Health provider.

Employees are permitted to request a manager of the same gender to consider matters under the formal stages of this procedure, where the medical reason is of a gender specific and/or intimate nature and this will be granted where practical.

1.4 POLICY PROVISIONS

This policy covers issues relating to sickness absence and domestic crises.

Sickness Absence

In managing sickness absence (which can be subdivided into short-term and long-term sickness) it is necessary, in all cases, to have the appropriate immediate response by the manager. This is outlined in the procedure and guidance notes which support this policy.

The policy differentiates the management approach required to manage periods of short-term and long term sickness absence.

Short Term Sickness Absence Trigger Levels

In order to manage short term sickness there are trigger levels that, if met, require a formal management response (i.e. commencement of Stage 1 of the short term sickness absence procedure). **The table below shows the trigger levels at which the procedure must be applied.** For the sake of clarity the formal procedure will be applied if either of the trigger levels is met (i.e. lost number of working days **or** number of separate occasions).

Absence over a rolling reference period of:	Total Working Days lost to sickness absence	Number of separate occasions
12 months	10 days	3 occasions
24 months	15 days	5 occasions

The procedure may also be applied where an employee's sickness record, viewed over a period of time, indicates the employee is managing their sickness around the trigger levels.

Where an employee meets a trigger or the manager is required to apply the formal procedure, it is for the manager to use their judgement to determine whether referral to the Council's occupational health adviser, is appropriate. This is **NOT** automatic.

Long Term Sickness Absence

Long term sickness absence is where the employee has been absent from work for a continuous period that exceeds four calendar weeks from the first day of sickness.

The number of days lost due to long term sickness absence will not be taken into account when looking at the above short term trigger levels.

Overall Unacceptable Sickness Record

There will be circumstances where an employee has a mixture of long-term and short-term sickness that will inhibit the sickness record from being effectively managed under the above provisions. This is normally where cumulatively (both short-term and long-term) the overall level of sickness absence the employee has had is considered by the manager to be at an unacceptable level. In such cases the matter will be dealt with in accordance with the procedural guidance notes which accompany this policy. In all such cases the manager should seek advice from the Human Resources Service.

‘Employee AIDE’ (i.e. Absences Involving Domestic Emergencies)

Employee AIDE is a provision which recognises that, on occasion, employees may experience unexpected family, personal or domestic problems and may need to take time off work to deal with such emergencies. Employees facing these problems may not have the opportunity to give sufficient notice to take annual or flexi leave so may report that they are sick. Employee AIDE aims to provide an option rather than the employee reporting in sick, when they are not, to avoid being penalised for taking such time off work.

1.5 ABSENCE PREVENTION AND PROMOTION OF WELL-BEING

Absence prevention is vitally important and this starts with the recruitment process, ensuring new employees are medically fit to carry out the duties of the post. This will include undertaking preferred candidate health checks for specific posts and requesting/checking absence details from employer references in a manner that takes account of all legal implications.

The Council also seeks to promote a working environment which encourages healthy working lives and personal well-being.

2. PROCEDURAL PROVISIONS

The procedural provisions are detailed below and outline the different processes to be followed in dealing with short term and long term absence cases.

"Return to work discussion"

On the employee's return to work, their manager is required to contact/meet with them to enquire, in a supportive manner, about their absence and confirm their fitness to return to work. The manager should make a note of each return to work discussion.

This informal stage is viewed as good management practice and should take place following each period of sickness absence.

2.1 Dealing with Short Term Absence

The procedure consists of four stages. At each stage, except the appeal stage, a monitoring period for improvement will be set by the manager conducting the meeting.

Stage 1: Attendance Review Meeting

Stage 2: Attendance Improvement Meeting

Stage 3: Capability OR Conduct Assessment

Stage 4: Appeal

Where an employee's attendance has sufficiently improved they return to normal monitoring. Should their improvement in attendance fail to be sustained for a reasonable period of time due to sickness absence following their exit from the procedure, they will normally revert to the same stage of the procedure from which they last left.

Consideration of Short Term Sickness Issues

Where short-term persistent sickness is due to an underlying medical condition this will require advice from the Council's occupational health adviser and will be viewed as a **capability** issue. Where the reasons given for absence appear to have **no** underlying medical condition, the matter should be viewed (initially at least) as an issue of **conduct**.

- **UNDERLYING MEDICAL CONDITION (CAPABILITY)**

This route will normally be applied where there is an underlying medical condition, identified by the Council's occupational health adviser. The approach will be supportive with the employee being responsible for improving their sickness absence record. The manager will make all reasonable efforts to support the employee to improve their sickness absence record.

- **NO UNDERLYING MEDICAL CONDITION (CONDUCT)**

This route will normally be applied where there is **NO** apparent underlying medical condition. The approach will be focussed on the employee being responsible for improving their sickness absence record.

Should an issue initially be determined as one of conduct but, at a subsequent point, it appears that there is an underlying medical condition that contributes to their absence record, the manager should refer the employee to the Council's occupational health adviser.

Where the required improvement in the employee's attendance has not been realised despite all reasonable support, and where an employee has progressed through the procedure to Stage 3 – Capability **OR** Conduct Assessment, a decision on whether to dismiss the employee, or not, will need to be made following careful consideration of all facts.

2.2 Dealing with Long Term Absence

The procedure for dealing with long term sickness comprises four formal stages with the aim to manage the employee back to work in early course, where possible.

Stage 1: Initial Contact Discussion

Stage 2: Review of Progress

Stage 3: Capability Assessment

Stage 4: Appeal

Consideration of Long Term Sickness Absence

Long term sickness absence is where an employee has been off on sick leave for a continuous period that exceeds 4 calendar weeks from the first day of sickness. Referral to the Council's occupational health adviser will be made in all long-term cases at the appropriate juncture. Where an employee refuses to attend occupational health without reasonable explanation or where

circumstances have existed that have resulted in it not being possible to obtain an occupational health report, the manager will have to decide how to progress the case without access to the required medical information.

Where a sustainable return to work has not been realised despite all reasonable support and where an employee has progressed through the procedure to Stage 3 – Capability Assessment, a decision on whether to dismiss the employee, or not, will need to be made following careful consideration of all facts.

3 - : REVIEW OF THE POLICY

The Human Resources and Organisational Development Service will review this policy every 3 years. It will, nevertheless, be subject to continual review and amendment in light of experience of its operation, employment best practice and statutory requirements. Changes will only be made following normal consultation arrangements.