

ABERDEEN CITY COUNCIL

COMMITTEE	Finance, Policy and Resources
DATE	23 April 2015
ACTING DIRECTOR	Ewan Sutherland
TITLE OF REPORT	Sickness Absence Update
REPORT NUMBER	CG/15//44
CHECKLIST COMPLETED	Yes

1. PURPOSE OF REPORT

The report outlines the current sickness rates across the Council and outlines a range of measures to get the figures moving on a downward trend.

2. RECOMMENDATION(S)

The Committee is requested to:

1. Note the sickness rates over the past 12 months
2. Note the reporting of sickness rates in the current Directorate model
3. Endorse the proposed improvement measures for reducing sickness absence across the Council.

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

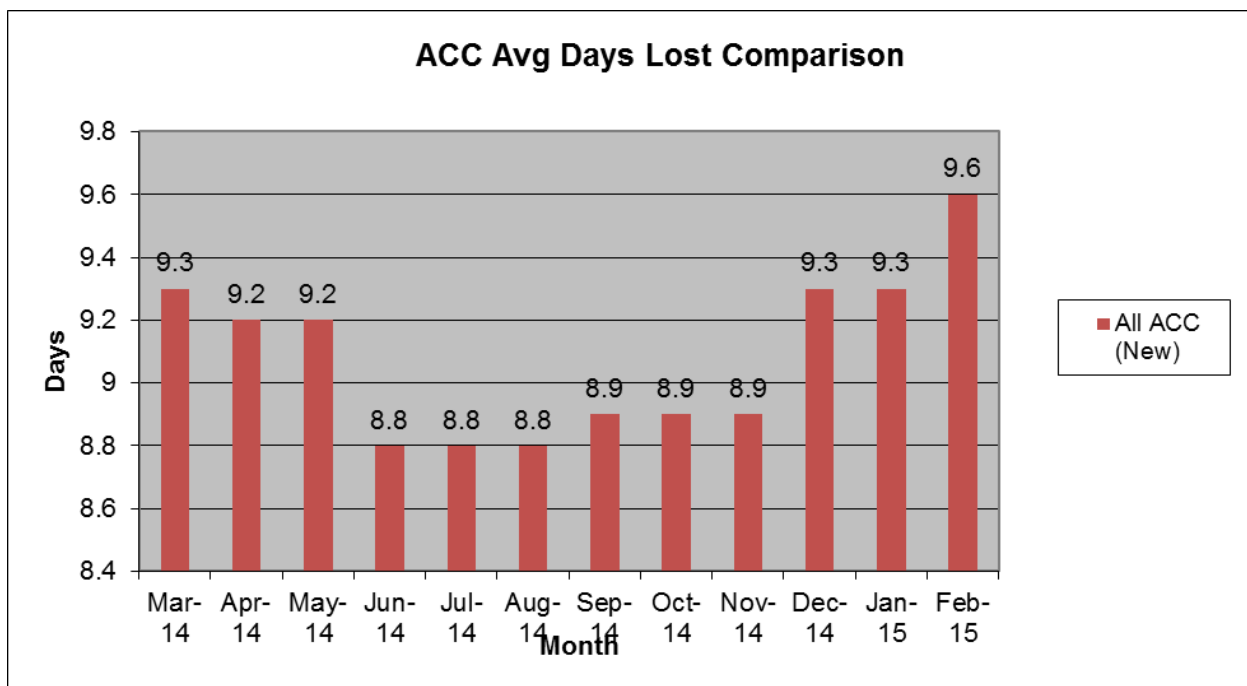
5. BACKGROUND

- 5.1 The long term trend of Sickness Absence within the organisation is relatively stagnant taking out the seasonal variations. This report outlines historical absence information and provides absence rate information within the new organisational structure. It looks outlines measures on how absence can be managed more closely by the organisation the aim of getting the sickness absence figures moving on a downward trend.

5.2 In the table below it can be seen that over the past 12 months the sickness rates are showing higher sickness rates in the colder, darker winter months and less sickness in the warmer summer months where daylight is longer. This is not an unusual trend and can be expected. February is the shortest month for most organisations it represents the month with the highest sickness rate.

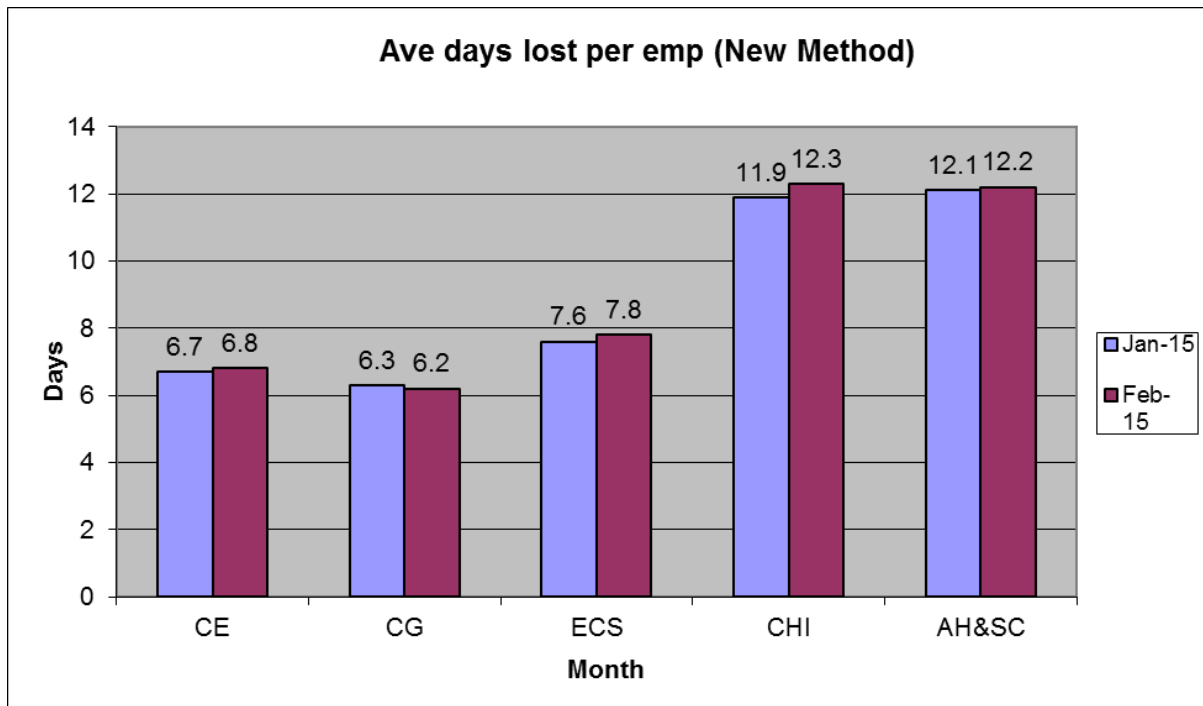
Committee will see there was an increase in the rate of sickness in February 2015, from an analysis of the data this is largely due to an increase in short term illnesses such as respiratory infections, colds and influenza.

Sickness Rates over the past 12 months



5.3 The chart shown below details the breakdown of sickness across the new directorate structure. This shows that Corporate Governance is the Directorate with the lowest sickness rate closely followed by the Office of the Chief Executive. However the sickness rates for Communities, Housing & Infrastructure and Adult Health & Social Care are the highest.

Current Sickness rates in the New Directorate structure - February 2015



5.4 At the time of writing the report, the Health, Safety & Wellbeing Manager has been in touch with all Directors to agree an improvement target for each Directorate sickness rate and this will be reported in the next sickness absence update report.

6. Proposed Improvement to Sickness Absence Rates

6.1 In order to manage sickness effectively managers must apply the Maximising Attendance policy. This policy was reviewed and updated less than 12 months ago following an extensive consultation exercise and it is based on best practice to effectively manage sickness. Line Managers need to ensure that

- return to work meetings are held with employees as soon as possible on their return from a period of absence
- first stage review meetings when employees hit sickness triggers should be arranged and held
- contact should be maintained with those off on long term sick

6.2 An improvement measure which requires to be implemented is for Business Support Managers in Directorates to report regularly to the Senior Management Team on sickness absence performance. This must include exception reporting of areas of the service where the maximising attendance policy is not being consistently applied. Sickness absence information for Directorates should also be reported back to Service Health and Safety Committees on a regular basis.

6.3 In addition to the existing approach to prevent sickness absence including flu jabs, health assessments, smoking cessation assistance programmes, tool

box talks etc. We are seeking to go more on the 'front foot' in preventing sickness by looking at training staff and giving staff more and more information on to assist them to lead a healthier lifestyle.

As the main reasons of sickness across the Council are:

- Musculo-skeletal
- Psychological
- Gastrointestinal
- Colds, flu and respiratory infections

Of these, by some way, the two highest reasons of sickness absence within the Council are musculoskeletal and psychological. Specific action plans to deal with both of these areas are being developed and finalised. Once finalised, these action plans will be implemented across the Council particularly in areas where there is a prevalence of these types of absence.

6.4 Other options being actively considered are:

- Officers are looking to work more closely with our Occupational Health Provider to proactively develop and implement a 'return to work plan' for staff who have been on long term sickness.
- Officers are also identifying the potential of a scheme to allocate staff who are off long term sick but fit to undertake alternative duties until they are fully fit to return to their substantive role.
- For HR Business Partner's to work with their Directorate on a monthly basis to ensure long term sickness is being actively managed.
- Reintroduce 'Support and Challenge meetings' across the organisation. These meetings will focus on areas where sickness is both high and low and will allow challenge on areas where absence is high and provide the opportunity from good practice by looking at areas where absence is low.
- The absence management module within YourHR can be used proactively to identify absences in relation to the two main causes, musculoskeletal and psychological, and highlight measures such as physiotherapy and the "Time for Talking" Counselling Service which are available for employees.

7. IMPACT

The impact of not managing sickness effectively is the negative effect this could have on the Council's ability to deliver services.

8. MANAGEMENT OF RISK

If sickness absence is not appropriately managed this has the potential for incurring significant cost and reputational damage for the Council.

9. BACKGROUND PAPERS

None

10. REPORT AUTHOR DETAILS

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