

COMMITTEE	Finance, Policy and Resources
DATE	15 September 2015
ACTING DIRECTOR	Angela Scott
TITLE OF REPORT	Sickness Absence Update
REPORT NUMBER	CG/15/099
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 path.

2. RECOMMENDATION(S)

The Committee is requested to:

1. Note the sickness rates over the past 12 months
2. 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

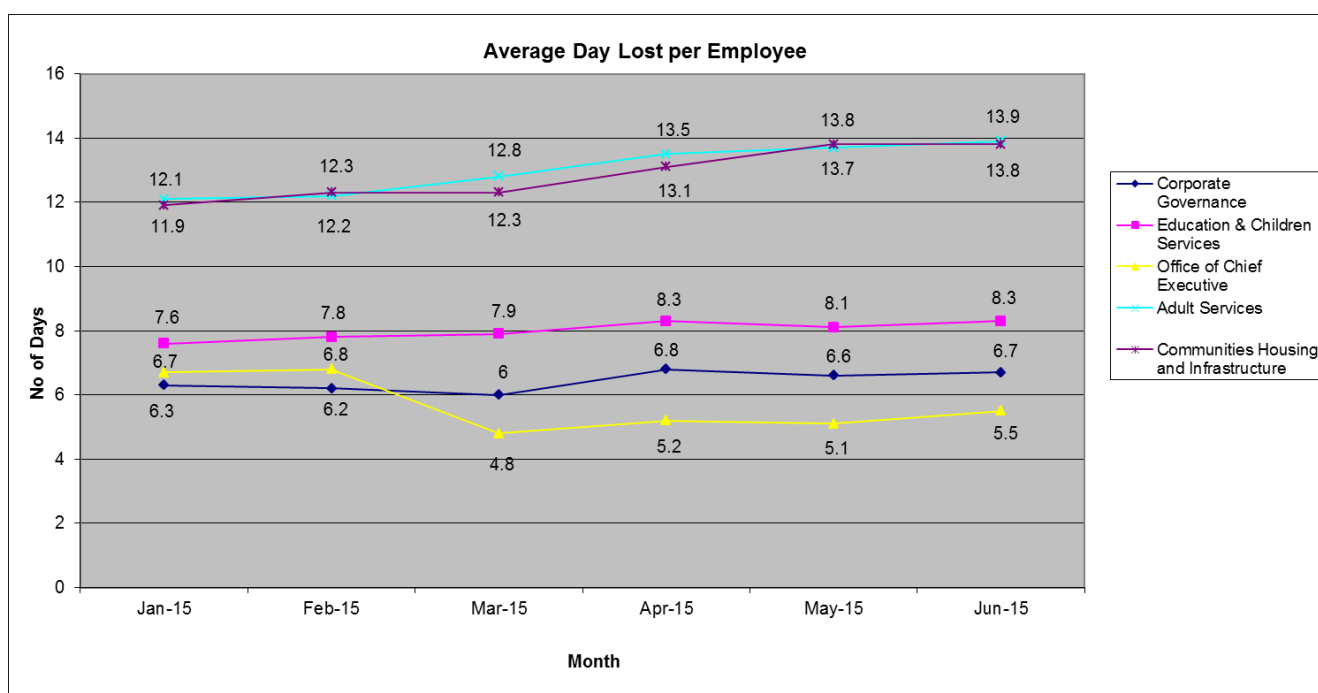
5. BACKGROUND

5.1 The sickness absence levels have increased by 0.1 average days per employee and now are 10.4 average days lost per employee. The reason for the increase is a rise in the number of employees being off work long term (i.e. over 28 calendar days).

5.2 The chart shown below details the breakdown of sickness across the new directorate structure. This shows that the Office of the Chief Executive is the Directorate with the lowest sickness rate closely followed by Corporate

Governance. However the sickness rates for Communities, Housing & Infrastructure and Adult Health & Social Care are the highest.

Current Sickness rates in the New Directorate structure - June 2015



5.3 The reason for the increase in sickness absence is mainly attributed to a rise in the number of days lost to long term sickness and the number of employees off long term. Through analysing this it shows that the organisation needs to improve how it deals with long term sickness. Also we need to review the existing preventative measures to avoid employees going off long term in the first place. Section 6 of this report identifies how we are going to address these identified issues.

No of Long Term Cases				
Service		April	May	June
Adult Services		14	18	16
Corporate Governance		8	11	10
CH&I		60	82	90
E&CS		74	60	95
Office of Chief Executive		0	0	1
Total		156	171	212

No of Long Term Cases			
Reasons for Absence	April	May	June
Cardiovascular	7	10	11

Dermatological	1	2	1
Endocrine	1	1	2
Gastrointestinal	14	25	28
Gynaecological	5	4	2
Industrial Injury / Accident	2	2	2
Malignancy	8	8	9
Musculoskeletal	34	37	45
Neurological	4	5	7
Other	34	23	42
Psychological	40	45	49
Respiratory	3	6	11
Urological	1	1	1
Viral	2	2	2
Total	156	171	212

5.6 Sickness absence continues to be managed and evidence of this is between 1 March 15 and 11 August 15 there have been

- 5 Ill Health Retirements
- 5 Capability – Maximising Attendance dismissals (long term Sickness)
- 1 Conduct – Maximising Attendance dismissal (short term sickness)

6. Proposed Improvement to Sickness Absence Rates

6.1 Return to Work Plans (Long Term Sickness Cases)

A return to work plan should be developed with co-operation of all parties involved including Line/Service Management, the employee, trade union representative (where appropriate), Occupational Health advice, GP advice and tailored to the specific needs of the employee. It is best to develop a return to work plan around 4 weeks (28 calendar days) into the absence.

A plan might include the employee's stated objectives, a time period to meet the objectives, information about reasonable adjustments and working arrangements, a suggested date of the employee's return to work and dates when the plan shall be reviewed.

6.2 Management of short term sickness absence

Whilst the focus has been on the increase in long term sickness, there also has been increase in short term sickness. 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 arranged and held
- contact should maintained with those off on long term sick

6.3 Preventative Measures

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 can be seen in the earlier table the main reasons of sickness across the Council are:

- Musculoskeletal
- Psychological
- Gastrointestinal
- Cardiovascular
- Respiratory

Of these, by some way, the two highest reasons of sickness absence within the Council are musculoskeletal and psychological. Over 50% of the long term absences are caused by musculoskeletal or psychological absences with the majority of these absences being in Communities, Housing and Infrastructure and Education and Children's Services.

Further analysis has shown that 94% of all musculoskeletal absences in the Council are within two Services :- Communities, Housing and Infrastructure and Education and Children's Services.

Specific action plans to deal with both of these areas have been developed and will be finalised by the 11th September 2015. Once finalised, the action plans will be implemented across the Council particularly in the areas identified with high levels of these types of absences.

6.4 Other options being developed to assist with the reduction of sickness absence levels are:

- Officers are looking to work more closely with our New Occupational Health Provider to proactively manage sickness absence. The Occupational Health Contract was terminated with the previous provider in May 2015 with interim measure put in place to cover emergency cases until the new contract commenced on the 3rd August 2015.

The new Occupational Health contract is based on telephone consultations which allows a quicker turnaround of the information required to proactively managed sickness absence.

- Officers are also working with trade unions to develop a scheme which will identify employees who are off long term sick to do their substantive role but fit to undertake alternative duties until they are fully fit to return.
- HR Business Partner's will continue to work with their Directorate on a monthly basis to ensure long term sickness is being actively managed with the aim of reducing absence levels.
- The plan to reintroduce 'Support and Challenge meetings' across the organisation is currently being prepared. 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 to learn from good practice by looking at areas where absence is low.
- The absence management module within YourHR will be used proactively to identify absences in relation to the two main causes of sickness i.e. musculoskeletal and psychological, and highlight measures such as physiotherapy and the "Time for Talking" Counselling Service which are available for employees.
- The Council is part of a Local Government Benchmarking Forum with other Scottish Local Authorities looking at absence levels. The forum will be meeting on a regular basis and seeks to learn from best practice in other Local Authorities. Lessons learned from this exercise will be developed and implemented as appropriate.

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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