



PARTNERSHIP AND RESOURCES POLICY DEVELOPMENT AND SCRUTINY PANEL

SICKNESS ABSENCE (1 APRIL 2018 – 31 DECEMBER 2018)

REPORT BY HEAD OF CORPORATE SERVICES

A. PURPOSE OF REPORT

To report on sickness absence levels in the council over the 9 month period 1 April 2018 to 31 December 2018 together with a brief commentary on the application of the new Policy and Procedure on Supporting Attendance at Work which became effective from 1 September 2018.

B. RECOMMENDATION

That the Panel notes the content of the report.

C. SUMMARY OF IMPLICATIONS

I Council Values	Focusing on our customers' needs
	Being honest, open and accountable
	Providing equality of opportunities
	Developing employees
	Making best use of our resources
	Working in partnership
II Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)	Council policy seeks to strike a balance between effective management of sickness absence and the promotion of a healthy workforce taking into account the council's obligations under Equality legislation.
III Implications for Scheme of Delegations to Officers	None
IV Impact on performance and performance Indicators	The sickness absence SPI for 2018/19 at the start of the first Quarter of the year was at its highest for the past 3 years. However Quarters 2 and 3 have shown a considerable reduction with sickness rates at a lower level than the same periods in 2017/18.

V	Relevance to Single Outcome Agreement	National Outcome 15: Our Public Services are high quality, continually improving and responsive to local people's needs. Reduced sickness absence levels increase the efficiency and productivity of the council.
VI	Resources - (Financial, Staffing and Property)	Sickness absence is managed within service budgets.
VII	Consideration at PDSP	None
VIII	Other consultations	None

D. TERMS OF REPORT

D.1 BACKGROUND

The Council Executive on 26 June 2018 approved a Policy and Procedure for Supporting Attendance at Work that replaced the former Policy and Procedure on Managing Sickness Absence with effect from 1 September 2018.

This report covers the 9-month period from 1 April 2018 to 31 December 2018 inclusive of the 5 month period of 1 April 2018 to 31 August 2018 when the former policy was in operation.

D.2 SICKNESS ABSENCE RATES

Standard Performance Indicator – Council Wide

The sickness absence Standard Performance Indicator (SPI) for the full council for the period 1 April 2018 to 31 December 2018 (2018/19) is set out at Appendix 1 of this report together with the SPI performance indicators for the full years (2015/16, 2016/17 and 2017/18).

The SPI for December 2018 is 5.18%, which is marginally lower than at the same point in 2017 (5.48%). A total of 4,978 employees were absent from work for the previous rolling 12 months.

Standard Performance Indicators – Services

The sickness absence SPI for each service area (figures for teaching and non-teaching staff shown separately), for the period 1 April 2018 to 31 December 2018 is set out at Appendix 2.

Of the seven council service areas (Education Service is counted as one service although the chart reflects teaching and non-teaching figures separately), four reported sickness absence rates above the council target of 3.6% (Housing Customer & Building Services, Operational Services, Planning, Economic Development & Regeneration and Social Policy).

Chief Executive, Finance & Property (3.48%) Corporate Services (2.27%) and Education Services (3.35%) are the services reporting below the Council target of 3.6%.

A history of the last 3 years SPI data for each service is attached at Appendix 3.

Long-Term/Continuous Absence (1 April 2018 – 31 December 2018)

Of the days lost due to sickness absence during this period, a significant proportion of those absences are attributable to long term absence. Provision 4.9.2 of the previous council Policy and Procedure on Managing Sickness Absence, defines a period of continuous (long-term absence) as; 'a period of absence in excess of 4 weeks'. In the Supporting Attendance at Work Policy, this is referred to as continuous absence as in paragraph 5.7.

A further breakdown of days lost for the four services with rates above the council sickness absence target indicates the following:

- Of the total number of 14,919 days lost in Housing, Customer & Building Services, 11,168 (74.86%) is attributable to long-term/continuous absence and were accounted for by 264 employees.
- Of the total number of 30,188 days lost in Operational Services, 24,250 (80.33%) is attributable to long-term/continuous absence and were accounted for by 347 employees.
- Of the total number of 1,188 days lost in Planning, Economic Development & Regeneration 826 (69.53%) is attributable to long-term absence and were accounted by 17 employees.
- Of the total number of 21,122 days lost in Social Policy 15,755 (74.59%) is attributable to long-term/continuous absence and were accounted for by 220 employees.

The average percentage days lost due to long term absence across the four services was 77.13%. The average percentage of sick days lost due to long term absence across the council as a whole was 72.63%. The average length of long-term absence during the period was 74 days with the longest absence lasting 260 days.

Disregarded Absences (1 April 2018 – 31 August 2018)

From 1 April 2018 to 31 August 2018, of all days lost to sickness absences, 17.47% were disregarded under the disregard provision as part of the previous sickness absence management policy; however, these days lost still count towards the sickness absence SPI. A total of 104 employees' absences were disregarded. From 1 September 2018 disregarded absences are no longer available.

The three most common reasons for disregarded absences in the quarter are Surgery (45.17%), Mental & Behavioural (14.27%) and Accidents & Injuries (10.01%).

The average length of a disregarded absence was 20 days, with the longest period of absence lasting 104 days.

Analysis of Categories of Absence (1 April 2018 – 31 December 2018)

The most common reason for long-term/continuous absence across the council during the period fell within the category of Mental and Behavioural (29,553 days). This category constituted 33.26% of all long term absence and 29.79% of all absences for the period (long/continuous and short/intermittent).

The next four most common categories of long term absence across the authority were:

- Musculoskeletal (15,162 days) constituting 16.69% of all long-term absence and 15.29% of all absence
- Surgery (12,005 days) constituting 13.30% of long-term absence and 12.10% of all absences.
- Gastrointestinal (8,631 days) constituting 5.35% of all long-term absence and 17.59% of all absences.
- Accidents, Injuries and Poison (8,198 days) constituting 7.90% of all long-term absence and 8.26% of all absence.

D.3 MANAGEMENT OF SICKNESS ABSENCE

i) Sickness Absence Case Management

The absence management team within HR Services has continued to work closely with managers across the council, providing advice and guidance on the monitoring and management of sickness. Table 1 below shows the number of employees at each stage of the Policy & Procedure as at 31 December 2018, compared to the previously reported positions.

Table 1

	Counselling/ Informal Review Meeting	Stage 1	Stage 2	Total
Total at 31 December 2018	450	456	308	1214
Total at 31 December 2017	492	515	227	1234
Total at 31 December 2016	674	428	243	1345

A breakdown of live cases as at 30 September 2018 is set out in Table 2.

Table 2

	Counselling/ Informal Review Meeting	Stage 1	Stage 2	Total
Cases on going from 30 September 2018	255	371	300	926
New cases since 30 September 2018	195	85	8	288
Total	450	456	308	1214

ii) Other Support Initiatives

Occupational Health Contract

The Occupational Health contract is currently out for re-tender with a closing date of 11 February 2019. A decision on the successful bidder will be made in March 2019 and the outcome reported to the panel in the next quarterly report.

HR Adviser Input – Management Meetings

During Quarter 3 (2018/19), three of nine service areas in receipt of targeted input and support from Human Resources reported reductions in sickness absence levels. Since April 2018, three functional areas have reduced their absences overall and five are reporting a lower SPI% for the same period in 2017.

Customer and Community Services in particular are operating at 5.46% in December 2018 and while this is still above the council target of 3.6%, it represents a reduction of 4.05% since December 2017 at which time the reported figure was 9.51%.

Employee Assistance Programme

A telephone based counselling service (Help EAP) has now been live since 1 November 2018. Statistics for the first two-month's operation show that 48 calls were handled resulting in 4 employees receiving mental health assessment. A further 2 employees were referred on for structured telephone counselling sessions.

HR Advisers will continue to promote the use of this service and the trade unions have also been asked to promote these services to their members.

Employee Wellbeing

An Employee Wellbeing initiative is currently being developed that focuses on amalgamating the various strands of support mechanisms available locally and nationally for ease of access for both employees and line managers.

The term "wellbeing" covers various aspects of the way people feel about their lives, including their jobs and their relationships with the people around them. These support mechanisms do not solely focus on issues within the workplace but extend to other general areas in which employees may require support in relation to mental, physical, financial, and environmental wellbeing.

This initiative will supplement existing support measures being promoted through the council's Healthy Working Lives Working Group, the Advice Shop Services and Human Resources. Further information will be provided as the initiative is develops.

D.4 SUPPORTING ATTENDANCE AT WORK (1 September 2018 – 31 December 2018)

The Supporting Attendance at Work Policy was approved by the Council Executive on 26 June 2018 and became effective from 1 September 2018.

Since its introduction, 53 requests for management discretion have been discussed with Human Resources, 42 (79%) of which have resulted in discretion being applied to suspend application of the trigger level for a limited period taking into account the circumstances of the individual case.

The general categories for discretion requests are broken down as follows:

Main Category	Discretion Applied	Discretion Not Applied
Assault	3	0
Bereavement	6	0
Industrial Injury	7	1
Medical Treatment	6	6
Personal Difficulties	2	2
Surgery	14	0
Trauma	4	2
Total	42	11

Although provision exists within the policy for employees to request that decisions not to exercise discretion are reviewed by a more senior manager, no such requests have been received to date. Applying a positive interpretation of this position would infer that individuals feel that they are being treated fairly under the new policy.

E. CONCLUSION

As indicated earlier in this report in relation to SPI reporting, while council sickness absence rates are lower than they were for the corresponding period in 2017/18, a longer reference period will be required to assess whether the new Policy for Supporting Attendance at Work has a positive impact on reversing the upward trend in corporate sickness absence rates experienced over recent years.

F. BACKGROUND REFERENCES

- Policy & Procedure on Managing Sickness Absence
- Policy & Procedure for Supporting Attendance at Work

Appendices/Attachments: 3

1. Sickness Absence SPI% History – Full Council
2. Sickness Absence SPI% all services – 2018/19
3. Sickness Absence SPI% History - Services

Contact Person: Fraser Mackenzie, HR Manager – Policy & Advice (01506 281422)

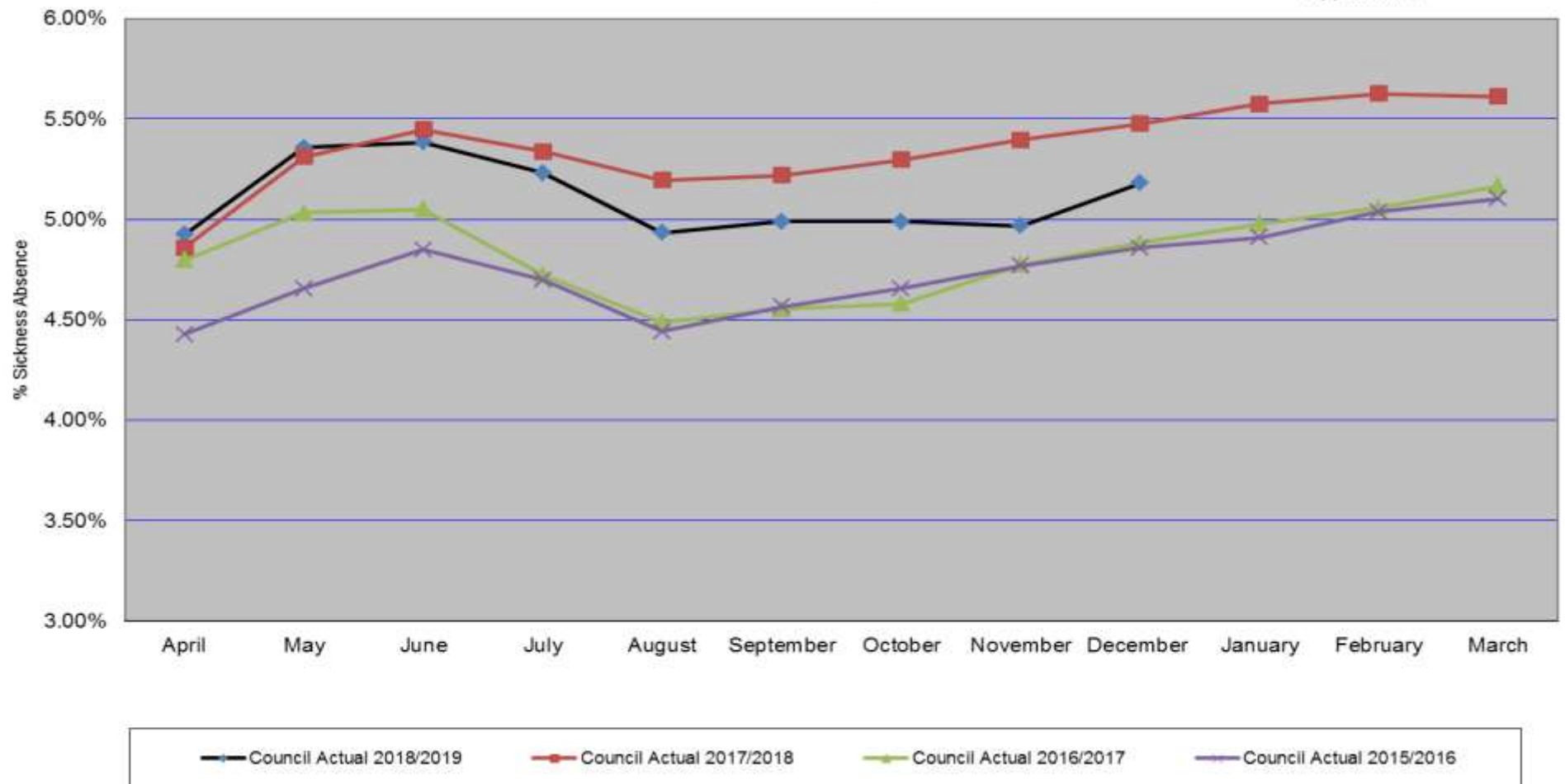
Julie Whitelaw

Head of Corporate Services

Date: 1 February 2019

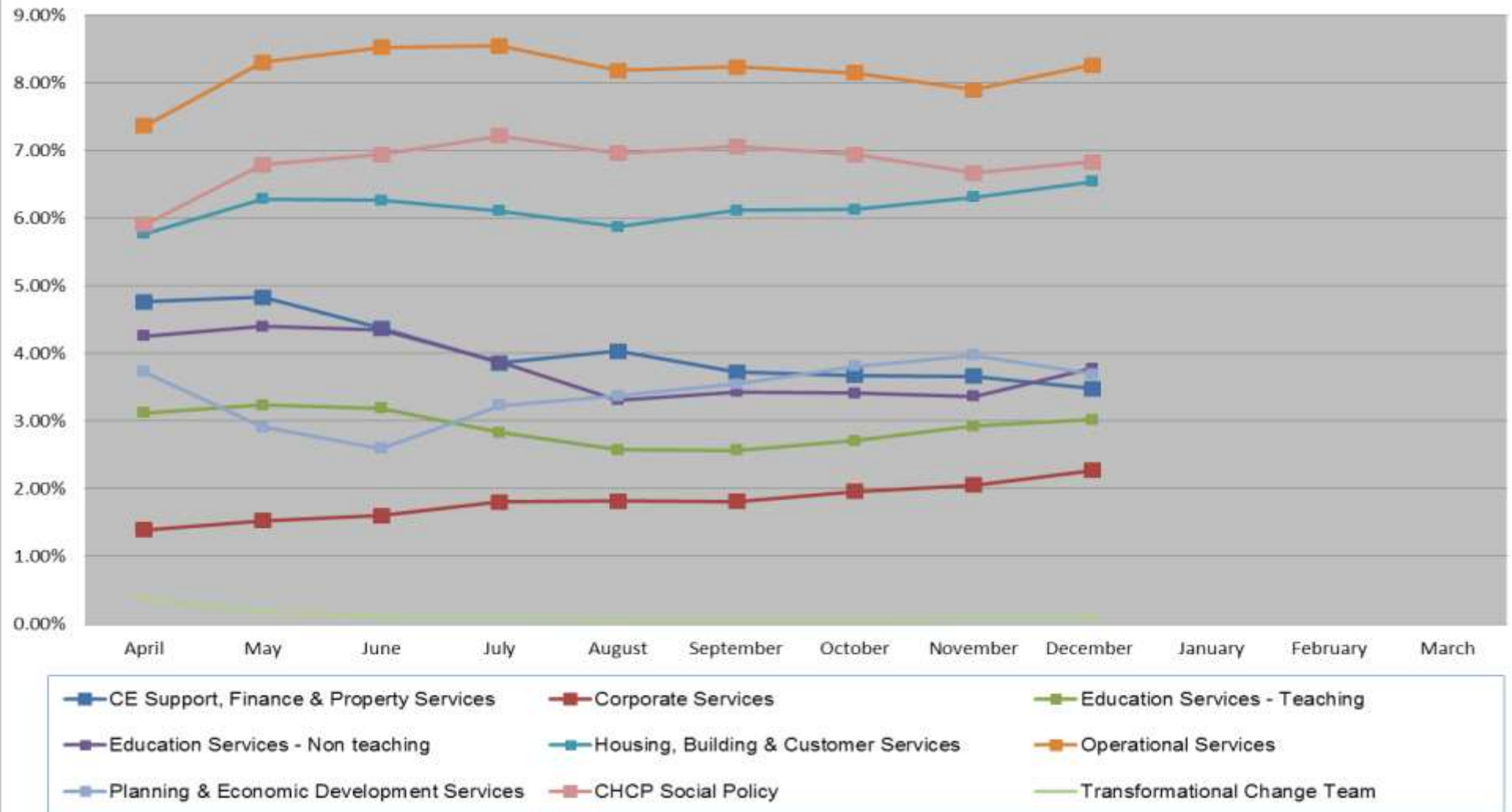
Sickness Absence SPI% History Full Council

Appendix 1



Sickness Absence SPI% all Services - 2018/19
(Education Split)

Appendix 2



Services SPI % History - 2016/17 to date

Appendix 3

■ 2018/19 ■ 2017/18 ■ 2016/17

