

ANGUS COUNCIL

SCRUTINY AND AUDIT COMMITTEE – 21 JUNE 2016

SICKNESS ABSENCE JANUARY– MARCH 2016

REPORT BY SHARON FAULKNER, HEAD OF HR, IT AND ORGANISATIONAL DEVELOPMENT

**ABSTRACT**

This report advises of the level of sickness absence within the council for the period 1 January – 31 March 2016.

**1. RECOMMENDATION**

The committee considers the terms of this report.

**2. ALIGNMENT TO THE COUNCIL PLAN**

This report contributes to the achievement of the following priority contained within the Council Plan:

**Transformational Change**

- review our workforce to ensure it is led and managed effectively, is the right size and shape, is motivated and has the skills, knowledge and tools needed.

**3. BACKGROUND**

**3.1** As part of the council's performance management arrangements information on sickness absence levels for directorates and for the council as a whole are reported to this committee on a quarterly basis. This report gives details for the fourth quarter of 2015/16, 1 January – 31 March 2016.

**3.2** The figures given in the section below are on a 'whole' council basis. However, [Appendix 1](#), gives a breakdown of figures by directorate.

**4. CURRENT POSITION**

**4.1** The figures in brackets relate to the same period last financial year.

***Percentage of days lost against available working days***

Local Government Employees	5.83	(5.71)
Teachers	3.92	(3.85)
Total	5.34	(5.25)

A breakdown of these figures for each directorate is shown at [Appendix 1](#).

***Average days lost per employee***

Local Government Employees	3.94	(2.90)
Teachers	1.97	(2.00)
Total	3.31	(2.68)

## **4.2 Comment**

For all council employees there was a 1.71% increase in the percentage of working days lost, when compared with the corresponding quarter in 2014/15. Both local government and teachers' absence increased by 2.10% and 1.81% respectively.

Human Resources Advisers continue to support managers to address their responsibilities for staff who are absent from work. This is through direct one-to-one support, training and coaching.

Future support for the management of absence will include implementing a Day 1 reporting procedure via the council's occupational health provider where employees will report their absence directly to a health professional, who can provide immediate help and guidance to facilitate the earliest possible return to work.

Human Resources will also discuss with directorates any needs for information to support the management of absence, to ensure managers are clear about their responsibilities and to ensure appropriate monitoring of absence levels is in place. In addition a concentrated piece of work is being undertaken with services in relation to long term absence cases.

The annual report to the next meeting of the Scrutiny and Audit Committee will include the Local Government Benchmarking Framework (LGBF) indicators and trend information for sickness absence.

## **4.3 Breakdown of absence figures**

Absences of one day accounted for 5% of total days lost, absences of two to five days, 20%, absences of six to 20 days, 23% and absences of more than 20 days, 52%.

A directorate comparison of the respective periods of absence is shown in [Appendix 2](#).

Of the incidences of absence, 30% were one day absences, 46% two to five days, 14% six to 20 days and 10% more than 20 days.

## **4.4 Cost of Sickness Absence**

In the fourth quarter, January-March 2016, the direct cost of employees' sickness absence – ie the cost of sick pay, was £1,134,592.

This figure comprises payments of statutory sick pay (SSP) at £184,497 and occupational sick pay (OSP) at £950,095.

## **4.5 Reasons for Sickness Absence**

In the fourth quarter January-March 2016, the top five reasons for sickness absence were stress related, stomach issues, back, lower limb and colds/flu. Fuller information on reasons for absence is given at [Appendix 3](#).

As a matter of priority the council strives to reduce stress-related absence and to support employees suffering from such conditions through its various absence management measures and the introduction of additional employee well-being support including the introduction of Mentally Healthy Workplace training and Resilience training and access to confidential counselling services.

## **4.6 Ill health retirements**

During the period 2 employees were retired on the grounds of ill health.

## **5. FINANCIAL IMPLICATIONS**

There are no direct financial implications associated with the terms of this report.

## 6. CONSULTATION

The Chief Executive, Strategic Director – Resources, Head of Corporate Improvement & Finance, Head of Legal & Democratic Services, Strategic Director – Children and Learning and the Strategic Director – Communities have been consulted on the terms of this report.

**NOTE:** No background papers, as detailed by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information) were relied on to a material extent in preparing the above report.

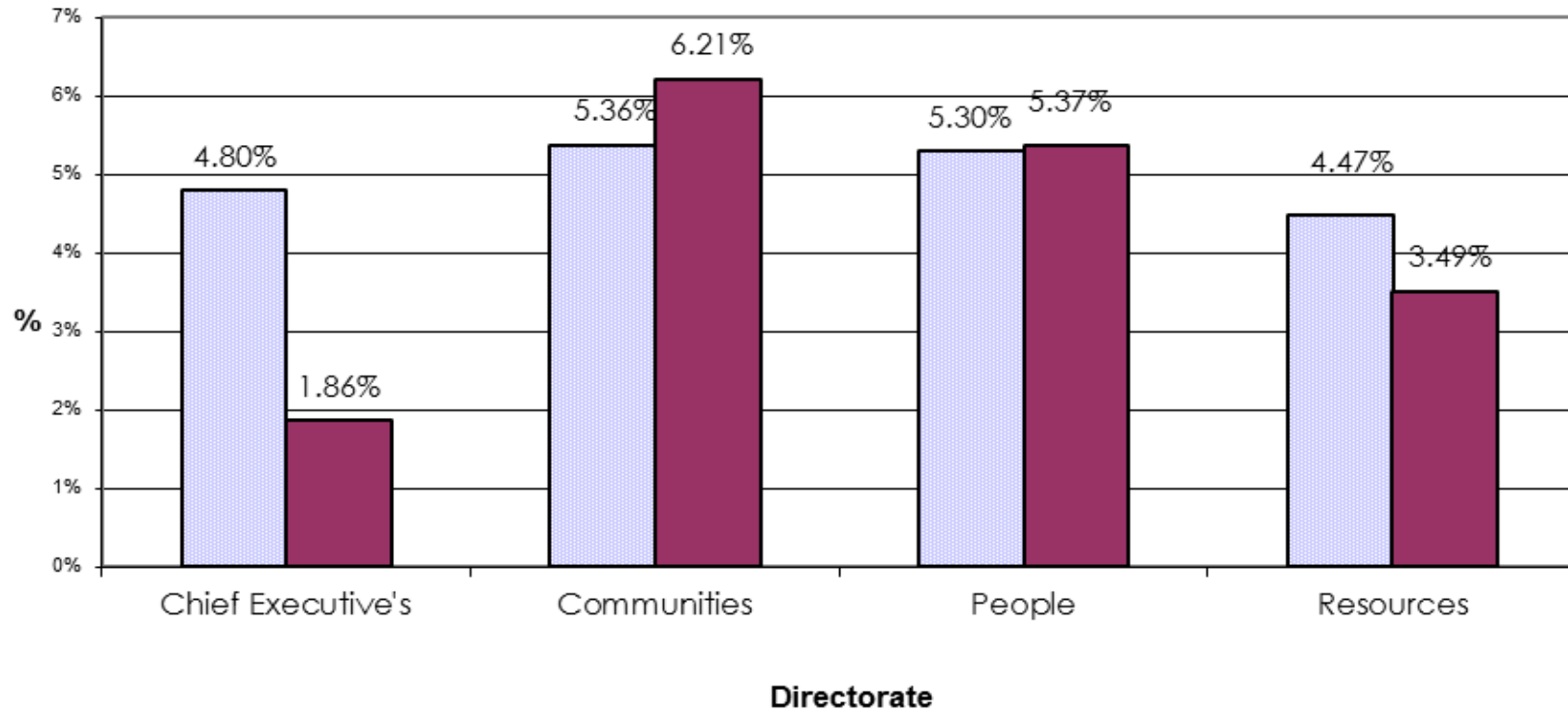
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List of Appendices:

- Appendix 1: Directorate Absence: Percentage of Days Lost per Available Working Days
- Appendix 2: Directorate Comparison: Periods of Absence – January–March 2015
- Appendix 3: Reasons for Sickness Absence

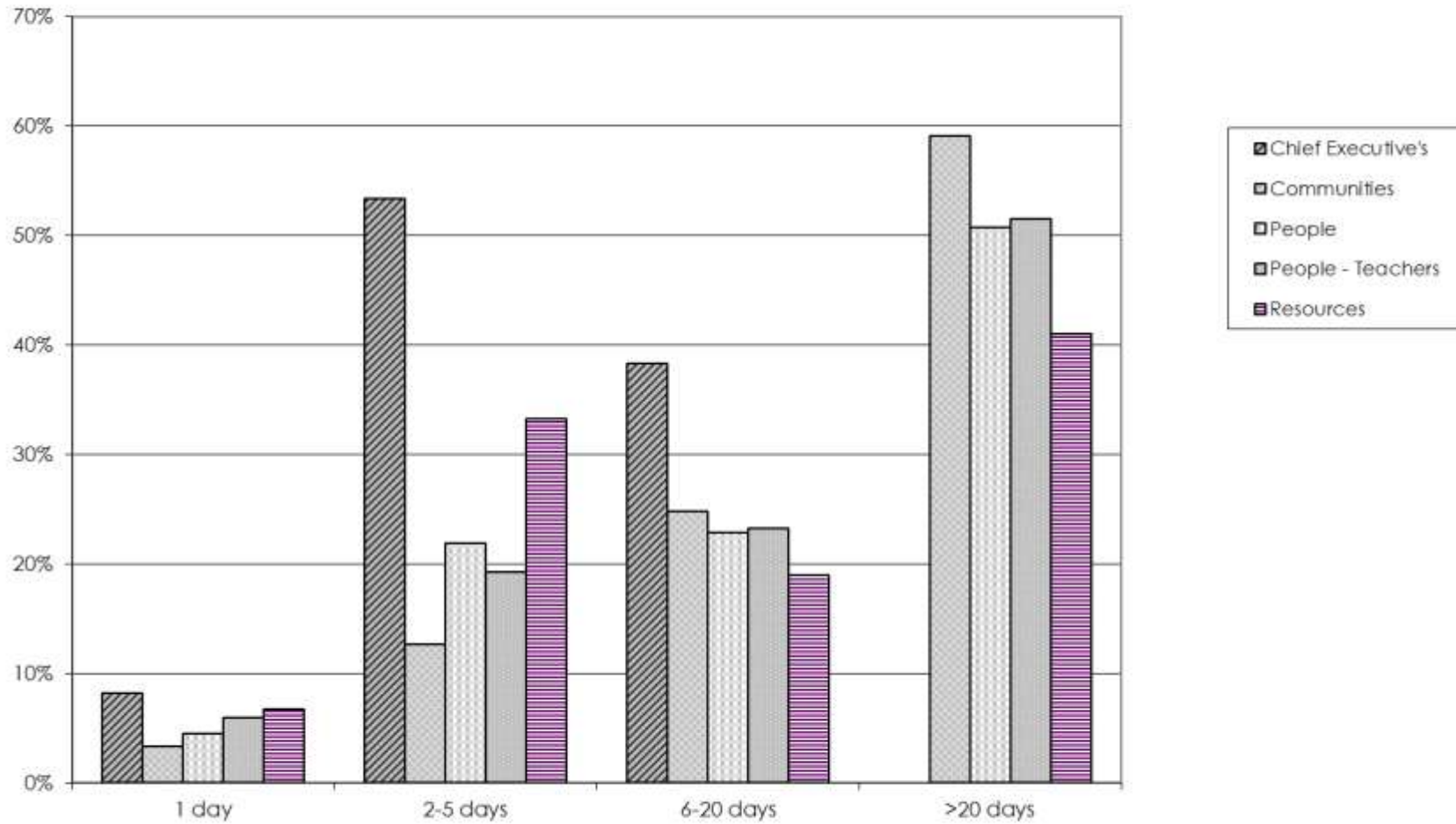
**ANGUS COUNCIL**  
 DIRECTORATE ABSENCE  
 PERCENTAGE OF DAYS LOST PER AVAILABLE WORKING DAYS

■ Jan-Mar 2014/15  
 ■ Jan-Mar 2015/16



Appendix 1

### Directorate Comparison - Periods of Absence January to March 2016



**REASONS FOR SICKNESS ABSENCE**

**January – March 2016**

<b>Reason</b>	<b>%</b>
Stress Related	21.38
Colds/Flu	10.58
Stomach	9.50
Lower Limb	7.09
Respiratory/Circulatory/Heart	6.40
Back	6.02
Ear/Nose/Throat	3.42
Upper Body	3.11
Upper Limb	2.28
Headache	1.72
Eye/Face	1.69
Other Medical Reasons	26.81