

	AGENDA ITEM 5
	CSC/15/13
Committee:	Corporate Scrutiny Committee
Date:	26th November 2013
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REPORT TITLE: The Management of Sickness Absence.

Introduction

Last year the Committee reviewed performance on the management of sickness absence and asked for an update to be presented after twelve months. The purpose of this report is to present an update on rates of sickness absence in comparison to ECC targets and to external benchmarks.

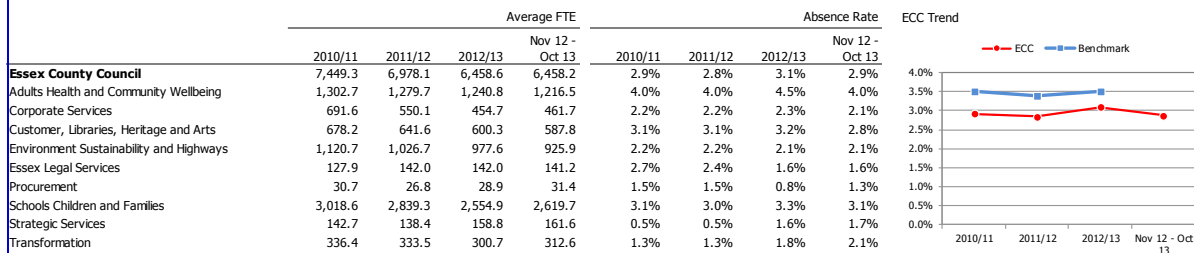
Absence Rates

The schedule on the following page presents data on sickness absence over the past 4 years.

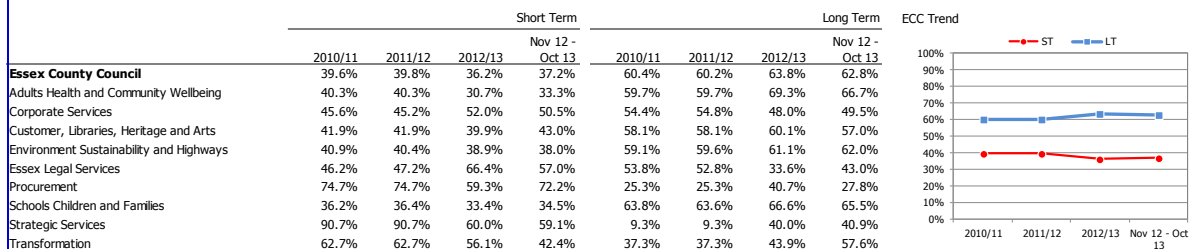
ECC's absence levels, in the last 4 years, have not increased beyond 3.1% and for the year to date are currently running below the ECC target of 3%. Our absence levels have remained below the County Council benchmark and the public services benchmark reported in the 2013 CIPD absence survey. Our social care directorates, Adults (currently 4.0%) and SCF (currently 3.1%), continue to have the highest absence levels, however the same can be said of similar directorates in other county councils.

Sickness Absence April 2010 to October 2013

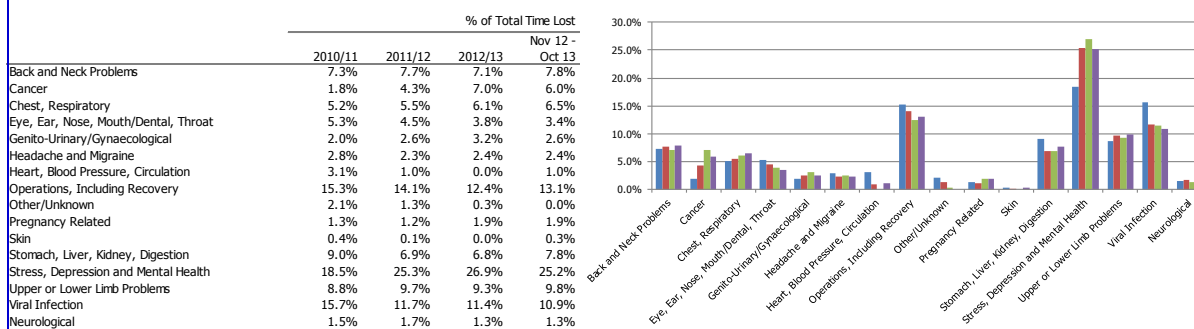
Absence Rates



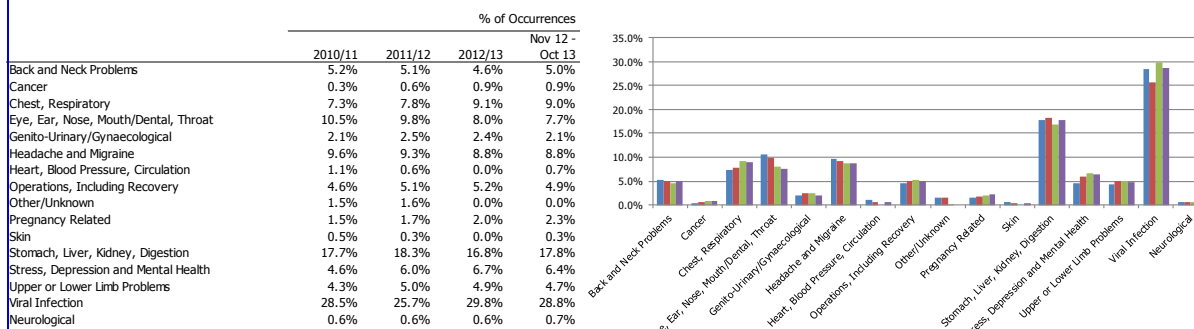
Total Time Lost - Short and Long Term Split



Reasons for Absence - Percentage of Total Time Lost



Reasons for Absence - Percentage of Total Occurrences



Short and Long Term Absence

The percentage of total time lost to long term absence has increased from 60.4% to 62.8% between now and 2010/11. As Oct 13 1.1% of the workforce had an active long term absence (currently off sick) – 96 employees.

Reasons for Absence

The top 3 reasons for total time lost have remained static throughout the last 4 years, Stress, Depression and Mental Health, Operation Including Recovery ,and Viral Infection. Stress increased from 2010/11 to 2011/12 but has remained stable for the last 3 years, in fact showing a slight decrease in the most recent 12 months.

Currently the top 3 causes for absence are Viral Infection (28.8%), Stomach, Liver Kidney or Digestion (17.8%) and Headache and Migraines (8.8%).

Conclusion

The evidence indicates that the measures put in place to manage sickness absence as part of our approach to employee wellbeing have enabled managers to sustain effective performance in this area. The stable rates of stress related absence are also an indication of the effectiveness of our people and change programme to support managers and employees through change.

The challenge going forward will be to sustain our focus on absence management and strive for further improvement.