

SLOUGH BOROUGH COUNCIL

REPORT TO: Employment & Appeals Committee **DATE:** 7th April 2014
CONTACT OFFICER: Kevin Gordon, Assistant Director Professional Services
WARD(S): All

PART 1 FOR INFORMATION

REDUCING SICKNESS ABSENCE - PERFORMANCE UPDATE

1 Purpose of Report

To provide Members with an update on progress of reducing the Council's Sickness absence, and includes appendices with the latest performance figures and the Council's Overall Sickness Absence Balanced Scorecard.

2 Recommendation(s)/Proposed Action

That Committee Members note details of the report.

3 Supporting Information

Appendix 1 - graph showing sickness absence rates per month (expressed as Full Time Equivalent Days lost FTE) up to January 2014.

Appendix 1 shows that since our last report to Committee in January there has been no change in the data for the months of November and December which remained at 0.8 days and 0.7 days per FTE however there was a slight decrease from previous years in January 2014 at 0.8 days. For this period, the average of 0.76 fte absence is being reported, a small increase from the previous report although the previous data was over a 4 month period (July – October 2013).

The sick days per fte from 1st February 2013 to 31st January 2014 report **7.8 days** lost per fte in comparison with the same period for the previous year of 10.4 days per fte. We have further analysed this figure in relation to some national data that is available as stated below.

A survey carried out by South East Employers which compared Unitary, District / Borough and County Councils sickness information and reported that an average of **10.22 days** were lost per employee in Unitary Authorities compared to District / Borough Councils reporting 7.54 days and County Councils reporting 8.61 days

A Labour Market report (covering all sectors) carried out by the Office for National Statistics in February 2014 reported that the average number of days lost per worker was **4.4 days** in 2013. This report stated there had been a significant reduction in sickness over the past 20 years which found that in 1993 the number of working days lost per worker was approx 7.2 days, although it is recognised that employment has increased significantly over this period and may have an impact on the data.

In conclusion, the Slough sickness days lost per fte has improved and is better than its comparators. However, it is still above the National average.

The sickness absence balanced scorecard has continued to be reported at CMT and DMT's to monitor the progress of sickness absence in service areas. It also enables managers to report on absence and ensure relevant action is being taken, in accordance with the absence policy. This process is being continually reviewed with our partners Arvato to ensure the data is reported in a timely fashion and supports the managers to implement the policy. Some further changes to the balanced scorecard have been proposed and will be effective in January's Scorecard.

Appendix 2 provides a summary of the balanced scorecards by Directorate over the last year.

The data which is used to produce the balanced scorecard figure is three fold;

- Compliance of the sickness policy – are managers applying the policy?
- OH referrals and attendance – are managers referring staff and are staff attending appointments?
- Sickness Absence Training – are managers equipped to implement the sickness policy with staff?

All managers and supervisors who manage staff are required to attend the Sickness Absence Training. Whilst the majority of managers are now trained across all directorates there is still a constant need to run training as new managers join the organisation, and further training courses have been scheduled into the summer.

In order to support managers with absence management, Occupational Health is a vital component to ensure that relevant medical advice is sought. Employees' attendance at Occupational Health appointments is improving and data shows that the percentage of staff who did not attend appointments have decreased in the 6 month period to January 2014 as follows:

Aug	2.5%
Sept.	0%
October	0%

November	0%
December	4.8%*
January	0%

**please note this is for only 2 employees.*

This is monitored in regular contract meetings with the provider to ensure employee attendance is maintained. In addition the policy states that if employees do not attend without an exceptional reason then their pay is reverted to Statutory Sick Pay (if they are still off sick) or they receive a Management Instruction (if they are back at work). This process has been actioned in some cases.

The 3 most common reasons given for sickness absence for the period April 2013 to February 2014 for each directorate are as follows:

	Sick Reason	Total Days
Chief Executive	Stress	116
	Not Stated	61.5
	Infections	44

Customer & Community	Stress	361
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Ser	Other Infections	353 279
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Regeneration Hsg & Res	Infections	191.5
	Skeletal, breaks/sprains	188
	Chest/Resp./Asthma	187

Wellbeing	Skeletal, breaks/sprains	995
	Stress	843
	Back Problems	701.5

Mental health problems such as stress, depression and anxiety contributed to a significant number of days of work lost in 3 out of the 4 directorates. Infections such as coughs, colds, chest infections are typically shorter term absence however account for a significant number of days lost across the authority. Wellbeing has a high number of skeletal and back problems which are typical with the type of work this directorate supports (e.g. care staff).

It has been noted that the sickness reason 'not stated' was felt to be unacceptable category. We are investigating the removal of this category and will be able to update the Committee in a future meeting of the outcome. However, in the meantime we will be encouraging both employees and managers to challenge this if stated on Sickness Forms as part of the return to work interviews and to ensure that the correct sickness categorisation is used.

With regard to 'Hospital or GP appointments' our Leave Policy does allow employees to agree if they would take this time as annual leave, flexi or sickness. In certain circumstances staff can agree to make the time up. Any appointments are discussed with managers prior to arrangement so that the necessary agreements can be made and if appropriate cover can be arranged.

4. Appendices

Appendix 1 - Graph showing sickness absence rates per month

Appendix 2 - Summary of the balanced scorecards by Directorate over the last year.