

SLOUGH BOROUGH COUNCIL

REPORT TO: Employment & Appeals Committee **DATE:** 23rd June 2015

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PART 1 **FOR INFORMATION**

SICKNESS ABSENCE PERFORMANCE UPDATE

1 Purpose of Report

To provide members with an update on progress of reducing the Council's Sickness absence. The report includes supporting appendices which show the latest performance figures and the Council's Overall Sickness Absence Balanced Scorecard.

2 Recommendation(s)/Proposed Action

The report is submitted for information only.

3 Supporting Information

The sickness absence balanced scorecard continues to be reported at management team meetings to monitor sickness absence in service areas. It highlights to senior management where relevant action is being taken or not, in accordance with the sickness absence policy. A breakdown of the overall management scores are attached as Appendix 1.

The summary indicates that the overall SBC performance score has fluctuated over the last 3 months however has remained in the 70s. The breakdown for the separate directorates is as follows:

The Wellbeing Directorate has retained a sustained improvement over the last quarter with a performance management score of 74.5 in March 2015. This is felt to be due to the additional support provided by the HR team to assist managers in managing the sickness absence in their areas. This support has been maintained by the Directorate Senior Management team.

Regeneration, Housing and Resources have had a fluctuating score over the last 6 months and is currently reporting as the lowest performing directorate with a performance management score of 60.6 in March, this is a further reduction since the last report in March which reported a score of 69.2. HR support has been provided to this directorate to remind managers of their duties in terms of policy compliance and completion of the sickness tracker sheets. This is now a regular agenda item on the Senior Management meetings and is a key improvement target.

On the other end of the spectrum both the Chief Executives and Customer and Community Services directorate are maintaining high performance scores in the 80's. Within CCS this score could be further improved by managers making Occupational Health referrals when required as this is currently at 60%. With regard to the Chief Executives directorate, it is recognised that this is the smallest directorate with the least sickness absence; however it is evidence that management of sickness absence can be achieved.

Appendix 2 – shows the graph of sickness absence rates per month (expressed as Sick Days lost per FTE) up to March 2015. Since the last report to Committee sickness days lost in January (0.8) and February (0.8) have remained the same as the previous year. However there has been an increase in March to 0.7 (+0.2). In addition the Sick Days per FTE have been provided for each directorate and then broken down by Division at the end of each scorecard.

In addition, Appendix 2 provides a summary of the balanced scorecards by Directorate over the last 6 months up to March 2015.

Currently the overall management score for the Council is 73.4 which is a slight decrease since the last report in March which reported a score of 74.7. This indicates that as a Council we are maintaining a positive approach to managing sickness absence.

To improve the Councils management score, compliance with the sickness absence policy is necessary. In particular managers undertaking formal meetings with employees when they hit trigger points and progressing through the different stages of the policy. 12.9% of our workforce has met the 6 day trigger period over the last six months, and from the data provided by managers the scorecard indicates if these staff are being managed through the formal process. This score has slightly increased since the last report which reported 53.5% in December and is 54.7% in March which indicates that managers are managing sickness in their areas although this could be developed further.

97.9% of managers and supervisors have attended the Sickness Absence Training however further training is being arranged to ensure any new managers are working to the policy.

It has been acknowledged that due to the nature of the work undertaken within the Wellbeing Directorate i.e. front line support to vulnerable clients, that they will present the largest number of sickness days lost. To recognise this a revised target of 9.4 days has been agreed. Therefore in order to represent a true target for the whole Council, the overall target has been recalculated and amended to **8.1 days**.

From the Directorate Scorecards, 2 out of the 4 Directorates have met the new target of 8.1 days. The table below gives the comparative data for the Council as a whole and each directorate.

Directorate	Actual Number of Days
SBC	9.1
Chief Executives	3.6
Customer and Communities	6.5
Regeneration, Housing and Resources	10.5
Wellbeing	10.3

As the data indicates the Wellbeing figures are still above the 9.4 day target however this has reduced since the last report.

As already stated RHR have a high number of actual days and work is being undertaken to reduce this figure with additional support to managers to manage sickness absence swiftly.

Occupational Health is a vital component to ensure relevant medical advice is sought in a timely manner. 50% of staff that had hit the sickness absence trigger had been referred to Occupational Health to enable the manager to support the employee with their sickness. This is an increase from the previous report in March. Unfortunately Occupational Health DNA's have increased to 2 for the last 3 months which have been dealt with either by a management instruction or paid at SSP rate to prevent a recurrence.

The most common reasons given for sickness absence for the period 1st January 15 – 31st March 15 for the Council are as follows:

Sickness Reason	Total Days	% of total days lost (*)
Skeletal, breaks/sprains	416.5	19%
Infections	391	17%
Stress	371.5	17%

(*) please note that % is calculated against the total days lost for the Council during this period

Skeletal, Breaks and Sprains: The extra physiotherapy and back care clinics that have been provided for the Wellbeing Directorate for the last 3 months have been popular. The back care clinics had 13 members of staff attend however of these 13 only 7 of them completed the full 4 week session. Initial feedback has suggested that the reason for this is that most of these employees are coming from residential or day centre facilities and they struggled with the fact that the day of the classes was different for each week (e.g. Wednesday or Thursday) and therefore it is difficult to arrange cover. Occupational Health did not formally evaluate the classes however have agreed to undertake formal evaluation with all staff involved in the back care clinics so that we can ascertain whether a business case is required for these sessions to continue. Unfortunately as these classes were over the period February – June we have not yet been able to analyse the sickness information to establish if this has improved the sickness performance in these areas however will review again for next quarter. The physiotherapy sessions have also been well attended and continue to be beneficial although Occupational Health need to review how many sessions they will provide as this should only be a support measure for a period of time not indefinitely.

Stress: The Council has been working with our Community Mental Health team to identify a Stress Workshop to assist employees cope with mental health problems, such as stress, depression and anxiety. These sessions can be attended by any Slough resident and the workshops have been publicised on our internal website to raise awareness of this support. Further work needs to be developed on providing specific training to managers to support them manage mental health problems and this is being considered by the Employee Wellbeing Project Board.

Infections: Currently infections such as coughs, colds, chest infections are typically shorter term absence however account for a high number of days lost across the authority. As previously reported Slough offer flu vaccinations to those staff that work with vulnerable clients however the take up of this measure was low last year. The Council needs to continue to review this and consider ways to manage these absences in a timely fashion so that it does not impact on the performance of the authority.