

## **SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Employment & Appeals Committee  
**DATE:** 21<sup>st</sup> January 2016  
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**WARD(S):** All

### **PART 1** **FOR INFORMATION**

#### **SICKNESS ABSENCE PERFORMANCE UPDATE**

##### **1 Purpose of Report**

To provide members with an update on progress of 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 is composed of three elements; Policy Compliance; Training Attendance and Occupational Health referrals and attendance. An outline of the performance of each element is given below:

###### **Policy Compliance**

This element of the performance scorecard equates to 50% weighting of the overall management score. The breakdown for the quarter in this area is shown below.

<b>July 2015</b>	<b>August 2015</b>	<b>September 2015</b>
22.3	21.9	21.7

Ongoing support and advice is being provided to directorates by OD&HR to ensure compliance with the policy.

###### **Training Attendance**

This factor of the performance scorecard equates to 25% weighting of the overall management score. The breakdown for the quarter in this area is shown below.

<b>July 2015</b>	<b>August 2015</b>	<b>September 2015</b>
24.3	24.3	24.3

Although these figures have remained the same over the last quarter, it needs to be acknowledged that this will never be 25% due to managers leaving and joining the organisation. The current information states that the Wellbeing directorate is the only area that still needs to train managers however we are currently updating the 'managers list' and this will therefore highlight a true picture of managers that still require training on sickness absence. We therefore envisage this figure will decrease slightly as we will be organising future training. We are currently looking at devising an E-Learning Package as for all managers and supervisors which will make the training more accessible and easier to complete.

**Occupational Health Referrals and Attendance**

This factor of the performance scorecard equates to 25% weighting of the overall management score. The breakdown for the quarter in this area is shown below.

<b>July 2015</b>	<b>August 2015</b>	<b>September 2015</b>
23.9	23.9	23.8

This element considers whether managers are undertaking Occupational Health referrals when the employees hit the 'trigger' point as outlined in the policy. The data is positive and has been consistent for this period and demonstrates that managers are engaging with our Occupational Health team and ensuring that employees are supported by our medical advisors during their absence.

A breakdown for the individual 3 components that make up the scorecard (by Directorate) is attached as Appendix 1.

**Overall Management Score**

Considering all of the above information the total management scores for the last quarter (July – September 2015) are presented below;

<b>July 2015</b>	<b>August 2015</b>	<b>September 2015</b>
70.5	70.0	69.8

The above summary indicates that the overall SBC performance score has decreased slightly over the last 3 months. Work is therefore ongoing to improve performance.

The breakdown of the overall management score is attached as Appendix 2.

**Sick Days Lost Per FTE**

Appendix 3 shows the graph of sickness absence rates per month (expressed as Sick Days lost per FTE) up to September 2015. Since the last report to Committee sickness days lost across the quarter has fluctuated between 0.7 and 0.6 and has decreased compared to the previous year. 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.

## Sickness Targets

From the Directorate Scorecards, 3 out of the 4 Directorates have met their target. The table below gives the comparative data for the Council as a whole and each directorate.

Directorate	Actual Number of Days	Target for Directorate
SBC	8.4	8.1
Chief Executives	3.3	8.1
Customer and Communities	7.7	8.1
Regeneration, Housing and Resources	9.4	8.1
Wellbeing	9.4	9.4

As the table states RHR has the highest number of actual days lost per FTE and work is being undertaken to reduce this figure with additional support to managers to manage sickness absence swiftly.

Further work has also been undertaken to analyse the reasons for sickness and which areas are a cause for concern, so that we can identify specific interventions which could be implemented to improve this for the future.

Appendix 4 identifies the directorate sickness targets and the division split.

## Sickness Reasons

The most common reasons given for sickness absence for the period 1<sup>st</sup> July 15 – 30<sup>th</sup> September 15 for the Council are shown in the table below. However, notwithstanding the reasons for the absence it is important that all sickness absence is managed proactively.

Reasons	Total Days	% of total days lost (*)
Not Stated	346.5	18.3%
Skeletal, breaks/sprains	303	16%
Stress	295	15.5%

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

**Not Stated:** Further work is being undertaken with managers and Avarto to reduce the 'not stated' recording.

**Skeletal, Breaks and Sprains:** The total number of days lost for this reason has slightly increased from 265.5 days in the previous quarter. Whilst it is recognised that some of these absences are unavoidable, robust management of the absence remains a necessity.

**Stress:** OD&HR have been working with the Council's 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. Specific training for managers to support them in managing mental health

problems is being considered by the Employee Wellbeing Project Board and the OD/HR team.