

SLOUGH BOROUGH COUNCIL

REPORT TO: Employment & Appeals Committee
DATE: 6th April 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.

October 2015	November 2015	December 2015
24.1	27.4	25.9

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.

October 2015	November 2015	December 2015
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 work is being undertaken to maintain the 'managers list' and this will therefore highlight a true picture of managers that still require training on sickness absence. We are looking at devising an E-Learning Package 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.

October 2015	November 2015	December 2015
23.6	23.8	23.6

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 (October – December 2015) are presented below;

October 2015	November 2015	December 2015
72.0	75.5	73.7

The above summary indicates that the overall SBC performance score has fluctuated 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 December 2015. Since the last report to Committee sickness days lost across the quarter has fluctuated between 0.8 and 0.7 and has decreased slightly 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, 2 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	8.3	8.1
Chief Executives	3.2	8.1
Customer and Communities	7.2	8.1
Regeneration, Housing and Resources	8.8	8.1
Wellbeing	9.7	9.4

As the table states Wellbeing has the highest number of actual days lost per FTE. This is closely followed by RHR, although there has been a reduction since the last report following work to reduce this figure by providing 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.

Number of Days Sick and Long Term Sickness

Further work has been undertaken to produce data on the number of days sickness broken down by persistent short term and 20+ days plus those staff on long term sickness. This table identifies that 29.3% of our workforce has taken 0-5 days of sickness in the last 6 months and this would be managed informally as they have not hit any of the trigger points. With regard to long term sickness there are still 8 employees currently on long term sickness as at 31st December 2015 and managers are proactively managing these cases through the formal sickness process.

Appendix 5 presents this data for each Directorate and Division.

Sickness Reasons

The most common reasons given for sickness absence for the period 1st October 15 – 31st December 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	CE	RHR	CCS	WB	Total	% of days lost
Not Stated	0	179	37.5	125	341.5	21
Infections	26	41	56	148.5	271.5	16
Stress	0	108	73	101	282	17

(*) 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.

Infections: This is not unusual given the fact that this quarter was in the winter months therefore flu like symptoms and infections increase during this period.

Stress: OD&HR are currently developing the Corporate Learning and Development Programme for 2016/2017 and are looking at what support can be provided to managers to manage stress and mental health related sickness. All employees also have access to the Employee Assistance Programme, which is a free and confidential 24 hour service.