

## **SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Employment & Appeals Committee  
**DATE:** 20<sup>th</sup> October 2014  
**CONTACT OFFICER:** Kevin Gordon, Assistant Director Professional Services  
**WARD(S):** All

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

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

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

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

##### **2 Recommendation(s)/Proposed Action**

The report is submitted to the Employment and Appeals Committee for information only.

##### **3 Supporting Information**

Sick days for the year 1<sup>st</sup> August 2013 to 31<sup>st</sup> July 2014 were 8.6 days per fte in comparison with the same period for the previous year of 8.4 days per fte. This figure is above the target of 6.8 days which the Council was hoping to achieve by September 2014.

Slough's sickness days lost per fte continues to be better than the Unitary Authorities benchmark of 10.22 days lost per fte. Although, is still above the national average of 4.4 days (which includes private, voluntary and public sector organisations).

The sickness absence balanced scorecard has continued 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. Additional support to help manage sickness levels in the Wellbeing Directorate is being provided by the HR team, led by the Directorate Senior Management team.

Appendix 1 – shows the graph of sickness absence rates per month (expressed as Full Time Equivalent Days lost FTE) up to July 2014. Since the last report to Committee in June there has been an increase in days lost May (+0.3 days), a reduction in June (-0.1 days) and remaining the same for July with a figure of 0.7 sick days per FTE.

Appendix 2 provides a summary of the balanced scorecards by Directorate over the last year up to July 2014.

The overall management score for the Council is 64.6 therefore this indicates that as a Council we are beginning to positively 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. 97.9% of managers and supervisors have attended the Sickness Absence Training.

From the Directorate Scorecards there is evidence that individual directorates are managing sickness absence in their service areas with 2 out of the 4 Directorates meeting the target of 6.8 days. The table below gives the comparative data for each directorate.

Directorate	Actual Number of Days
Chief Executives	5.9
Customer and Communities	6.5
Resources, Housing and Regeneration	6.9
Wellbeing	11.1

It is recognised that the Wellbeing Directorate, which has the largest workforce, is showing the greatest number of days lost. This is not unusual as it is recognised that the sickness absence rate will be higher in this directorate due to the nature of the work undertaken i.e. front line support to vulnerable clients. Therefore we have undertaken a benchmarking exercise to ascertain if a different target needed to set. Benchmark data has indicated that social care services are prone to higher levels of sickness and therefore a revised target is being set for Wellbeing.

Occupational Health is a vital component to ensure relevant medical advice is sought in a timely manner. The data below identifies the number of staff that did not attend (DNA) their appointments. The number of staff not attending appointment has reduced from 8 to 6 in this quarter.

Month	%	Number	Management Action
May	3.5% *	2 DNA's	1 person left so no further action and 1 SSP
June	5%*	2 DNA's	1 formal action via disciplinary procedure for consecutive DNA's. 1 Management Instruction
July	4.4%*	2 DNA's	2 Management Instruction

\* NB: DNA's are calculated based on the number of booked appointments.

The most common reasons given for sickness absence for the period 1<sup>st</sup> March 2014 to 31<sup>st</sup> August 2014 for the Council is as follows:

	Sick Reason	Total Days	% of Days Lost
<b>Council</b>	<b>Skeletal, breaks/sprains</b>	890	21%
	<b>Stress</b>	781	18%
	<b>Other</b>	710.5	17%
	<b>Infections</b>	136.5	3%
	<b>Total Days lost</b>	<b>4244</b>	

Skeletal, breaks and sprains is the highest reason for absence and the Wellbeing Directorate has the highest number of skeletal and back problems which are common within occupational groups working in this directorate (e.g. care staff). To tackle this, additional physiotherapy support is to be provided to this staff group.

Mental health problems such as stress, depression and anxiety contributed to a significant number of days of work lost. In addition to the publicity of the Employee Counselling service (Optum), work is being developed as part of the Employee Wellbeing Project to identify initiatives via our Community Mental Health team to identify mechanisms for staff to cope with stress and assistance for managers to address mental health problems.

The category 'other' contributes to a significant number of days lost, however 'other' could be defined in any of the other sickness categories. Further work is being undertaken to ensure managers investigate the reason for absence with their staff to ensure that sickness is recorded correctly. This will then give a true reflection of the Council's sickness days lost.

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.