

## **SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Employment & Appeals Committee  
**DATE:** 22<sup>nd</sup> January 2015  
**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 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. Additional support to help manage sickness levels in the Wellbeing Directorate has been provided by the HR team, led by the Directorate Senior Management team. This has resulted in an increase in the Wellbeing Management Score from 61.3 in August to 74.4 in October 2014 in the right direction.

Appendix 1 – shows the graph of sickness absence rates per month (expressed as Full Time Equivalent Days lost FTE) up to October 2014. Since the last report to Committee in October there has been an increase in days lost in August (+0.2 days) and September (+0.1 days) and remaining the same for October at 0.8 sick days per FTE. There is no identifiable explanation for this increase.

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

Currently the overall management score for the Council is 74.9 which is a significant improvement from the last report in October which reported a score of 64.6. This indicates that as a Council we are positively managing sickness absence.

To improve the Council's 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% 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 has improved over the last 3 months from 39.2% in August to 58.3% in October which indicates that

managers are effectively managing sickness in their areas although this could be developed further.

97.9% of managers and supervisors have attended the Sickness Absence Training.

From the Directorate Scorecards, 1 out of the 4 Directorates have met the target of 6.8 days. The table below gives the comparative data for each directorate.

Directorate	Actual Number of Days
Chief Executives	5.3
Customer and Communities	7.0
Resources, Housing and Regeneration	8.3
Wellbeing	10.5

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 following a benchmarking exercise which has indicated that social care services are prone to higher levels of recorded sickness, a revised target of 9.4 days lost has been set for March 2015 for the Wellbeing directorate.

Occupational Health is a vital component to ensure relevant medical advice is sought in a timely manner. 61.9% 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. However from these referrals there were some staff that did not attend (DNA) their appointment, as shown below. The number of staff not attending appointment has reduced from 6 to 4 in this quarter.

Month	%	Number	Management Action
August	5.76%	3	2 were by same person subsequently dismissed, 1 – no information re action taken received from management
September	1.78%	1	Management Instruction
October	0%	0	N/A

\* 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> May 2014 to 31<sup>st</sup> October 2014 for the Council is as follows:

Sick Reason	Total Days	% of Days Lost
Skeletal, breaks/sprains	994	22%
Stress	865.5	19%
Other	657	14%
Infections	485.5	11%
<b>Total Days lost</b>	<b>4595</b>	

Skeletal, breaks and sprains is the highest reason for absence for the Council. 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 prevent this reason additional physiotherapy support has been arranged through our Occupational Health service for this group of staff. Early intervention and a team approach will help to manage aches and pains and prevent exacerbation of musculoskeletal disorders, as well as sickness absence. Therefore the Council

has organised back care clinics which includes a mix of Pilates, Yoga and Functional Exercises focusing on the neck and back to promote back care, flexibility and core stability.

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 Councils 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.