

SLOUGH BOROUGH COUNCIL

REPORT TO: Employment & Appeals Committee
DATE: 24th March 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 a sustained improvement over the last 2 months with a performance management score of 73.1 in December.

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 69.2 in December. HR support is being provided to this directorate to remind managers of their duties in terms of policy compliance and completion of the sickness tracker sheets.

On the other end of the spectrum the Chief Executives directorate is the first to reach a performance score of 100 in December. Whilst it is recognised that this is the smallest directorate with the least sickness absence, it is an acknowledgement that management of sickness absence can be achieved in all aspects.

Appendix 1 – shows the graph of sickness absence rates per month (expressed as Sick Days lost per FTE) up to December 2014. Since the last report to Committee in January sickness days lost in November (0.8) and December (0.7) have remained the same as the previous year.

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

Currently the overall management score for the Council is 74.7 which is a slight decrease since the last report in January which reported a score of 74.9. 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% 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 decreased since the last report which reported 58.3% in October and is 53.5% in December 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.

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** which will be recorded on the January Scorecards.

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 each directorate.

| Directorate | Actual Number of Days |
|-------------------------------------|-----------------------|
| Chief Executives | 4.5 |
| Customer and Communities | 6.8 |
| Regeneration, Housing and Resources | 9.4 |
| Wellbeing | 10.1 |

As the data indicated 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. 43.8% 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 a reduction from the previous report however there was a delay in the return of the sickness trackers over the Christmas period which has had an impact on the performance scores for December. The number of staff not attending OH appointments has reduced from 4 in the last quarter to 0 in the last two months.

| Month | % | Number | Management Action |
|----------|----|--------|-------------------|
| November | 0% | 0 | N/A |
| December | 0% | 0 | N.A |

Skeletal, Breaks and Sprains: The extra physiotherapy and back care clinics that have been provided for the Wellbeing Directorate has been popular and staff are keen for this to continue. We will be reviewing the impact of these sessions once the final clinics have completed so that we can assess whether these should continue or be rolled out across the Council.

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. In addition the workshop will assist manager's address these issues with their staff. A taster workshop was attended in February and evaluation of this session is being undertaken to establish if we can tailor this for the Council.

Infections: Following the last report a request was made for information on the impact of the flu vaccinations against the sickness absence information. Managers are responsible for ensuring that arrangements are in place for the vaccination of their care workers who are in direct contact with patients and service users. This reduces the risk of transmission of infection to vulnerable clients who may have impaired immunity increasing their risk of flu. Last year Slough promoted flu vaccinations to all our staff that work with vulnerable clients via our Occupational Health contract and held 3 dates to enable workers to get their flu jab. Unfortunately we only had 28 employees attend to have the vaccination, however employees may have opted to have the vaccine at their own GP surgery or to not have at all as this is their choice. Accordingly, due to the small numbers of attendance, it is difficult to confirm that this measure had any impact on sickness absence in those service areas.