

SLOUGH BOROUGH COUNCIL

REPORT TO: Employment & Appeals Committee

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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 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:

3.1 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.

April 2015	May 2015	June 2015
26.9	24	21.2

3.2 This demonstrates a considerable decrease in compliance across the authority. In particular there are some divisions who are not completing the tracker sheets, which are sent out on a monthly basis to the service co-ordinators and therefore the scorecards are not an accurate representation of what managers are doing to manage the employees absent from work. Efforts have been made to support the larger divisions (e.g. Wellbeing and Housing) to complete the trackers to ensure that the information represented in the scorecards is accurate; however this is still a cause for concern. This is unfortunate as we are aware that employee's sickness is being managed via the Sickness process but this is not being reflected in the data coming back from the directorates trackers. Further work is being undertaken to highlight the importance of completion of the trackers sheets and timely submission to improve the overall score.

4. **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.

April 2015	May 2015	June 2015
24.3	24.3	24.3

- 4.1 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 in the next quarter and will be organising future training dates to accommodate this need.

5. **Occupational Health Referrals and Attendance**

- 5.1 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.

April 2015	May 2015	June 2015
24.6	24.4	24.2

- 5.2 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.
- 5.3 Unfortunately Occupational Health DNA's have increased to 4 for the last 3 months due to non compliance of the policy by the employees, which have been dealt with by a management instruction to prevent a recurrence. This is disappointing as this is the highest it has been for some time and we have measures in place to ensure appointments are not missed. We will be monitoring this over the next quarter and expect an improvement.
- 5.4 A breakdown for the individual 3 components that make up the scorecard (by Directorate) is attached as Appendix 1.

6. **Overall Management Score**

- 6.1 Considering all of the above information the total management scores for the last quarter (April – June 2015) are presented below;

April 2015	May 2015	June 2015
75.7	72.7	69.7

- 6.2 The above summary indicates that the overall SBC performance score has decreased over the last 3 months. The main contributory factor to the decreased score is due to the non compliance of policy by managers, as outlined above. To improve the Councils management score, compliance with the sickness absence policy is necessary.
- 6.3 The breakdown of the overall management score is attached as Appendix 2.

7. Sick Days Lost Per FTE

- 7.1 Appendix 3 shows the graph of sickness absence rates per month (expressed as Sick Days lost per FTE) up to June 2015. Since the last report to Committee sickness days lost across the quarter has remained at 0.6 and have 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.

8. Sickness Targets

- 8.1 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	8.7	8.1
Chief Executives	2.6	8.1
Customer and Communities	7.0	8.1
Regeneration, Housing and Resources	10.4	8.1
Wellbeing	9.4	9.4

- 8.2 It had been acknowledged that due to the nature of work undertaken within the Wellbeing Directorate (i.e. front line support to vulnerable clients), extensive work has been undertaken with this directorate to improve their overall performance score however a revised target was also set at 9.4 days per FTE to reflect the fact that this directorate will have the largest number of sickness days lost. As a result of these efforts, Wellbeing has achieved the target of 9.4 days for the first time.
- 8.3 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 is being 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.

9. Sickness Reasons

- 9.1 The most common reasons given for sickness absence for the period 1st April 15 – 30th June 15 for the Council are as follows:

Sickness Reason	Total Days	% of total days lost (*)
Not Stated	458	22%
Skeletal, breaks/sprains	265.5	13%
Infections	256.5	12%

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

- 9.2 **Not Stated:** This accounts for nearly a quarter of our total days lost. As an Authority this reason is difficult to manage or monitor in terms of supporting employees. Managers are reminded to ensure that employees provide a reason for absence on their self certificates against one of the recognised codes and these needs to be challenged further as part of the return to work plan and at recording stage. Work is currently being undertaken with the departmental co-ordinators and Avarto to reduce the 'not stated' recording.

- 9.3 **Skeletal, Breaks and Sprains:** As previously reported the extra physiotherapy and back care clinics that had been provided for the Wellbeing Directorate were popular, although staff found it difficult to complete the full 4 week session due to the office cover requirements of the service they work in. The data demonstrates that the total number of days lost for this reason has reduced from 416.5 days in the previous quarter, it is still showing as one of the top 3 most common reasons for absence and further measures need to be identified to reduce this further.
- 9.4 **Infections:** 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. As previously reported Slough offer flu vaccinations to those staff that work with vulnerable clients however the take up of this measure was low last year. The Council is looking to implement a Smoke Free Council in April 2016 and it is recognised that people that smoke are more likely to suffer with chest or respiratory absences therefore this may reduce this figure if staff choose to give up smoking. However, as a whole the Council needs to continue to review this and consider ways to manage these absences in a timely fashion so that it does not impact on the performance of the authority.
- 9.5 Finally, information was requested at the last meeting in June for details of the Councils Occupational Health contract to be reported. We can confirm that the current OH contract is with OHWorks Ltd and was awarded for a fixed term of 3 years commencing July 2012 to July 2015; this has recently been extended until July 2016.
- 9.6 This contract is paid on an annual basic as a fixed price, which also has a risk and reward provision whereby an additional payment is made if the target is met for that year. Over the length of the contract, OH Works Ltd has met their target which was to reduce sickness levels by 2 days over the full 3 year term.