

Agenda item:

**Decision maker:** Employment Committee  
**Subject:** Sickness, Wellbeing and Occupational Health Report  
**Date of decision:** 1 March 2012  
**Report by:** Kay White - Head of Human Resources  
**Wards affected:** n/a  
**Key decision (over £250k):** n/a

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## 1. Purpose of report

This report is designed to provide an overall analysis of sickness absence within each service and the Wellbeing and Occupational Health Initiatives being undertaken. This report excludes schools, internal agency and all casuals.

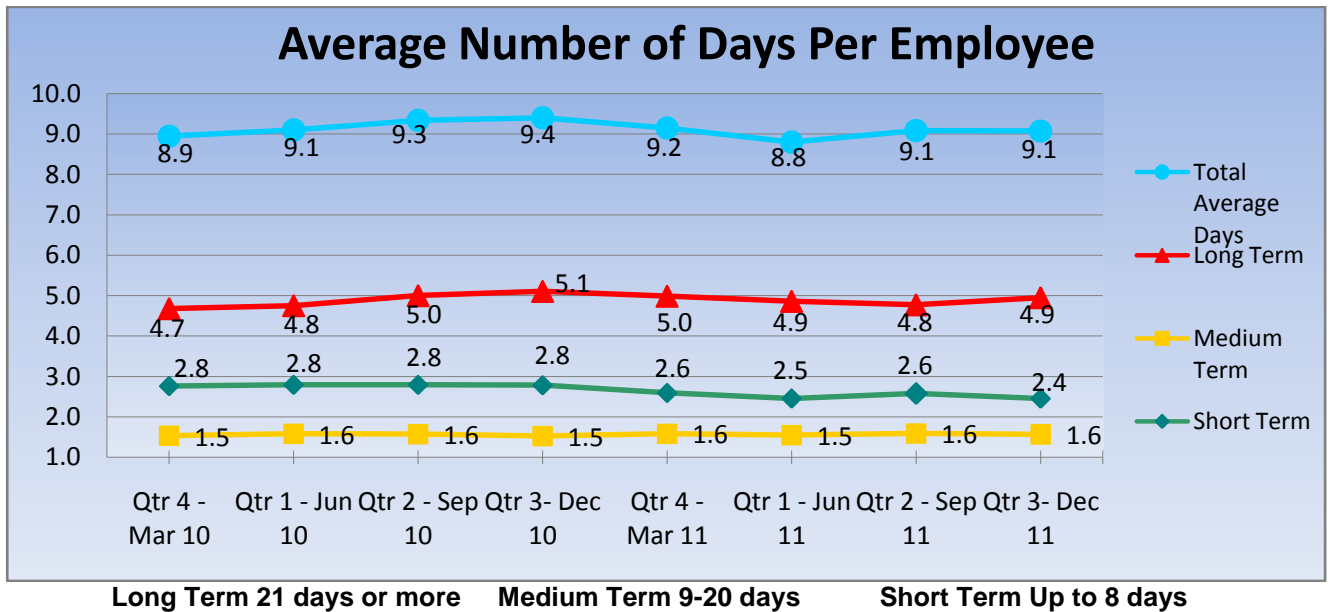
## 2. Recommendations

It is recommended that:

- 2.1 The sickness absence figures continue to be reviewed on a regular basis
- 2.2 The Occupational Health and Employee Engagement teams continue to work on initiatives supporting employee wellbeing.
- 2.3 The Wellbeing Week becomes an annual event supported by a range of initiatives throughout the year. All such initiatives will encourage a healthy and active lifestyle. Any costs will be funded from the existing Learning & Development budget.
- 2.4 Members advise on items (paragraph 10) to be included in future reports to employment committee.

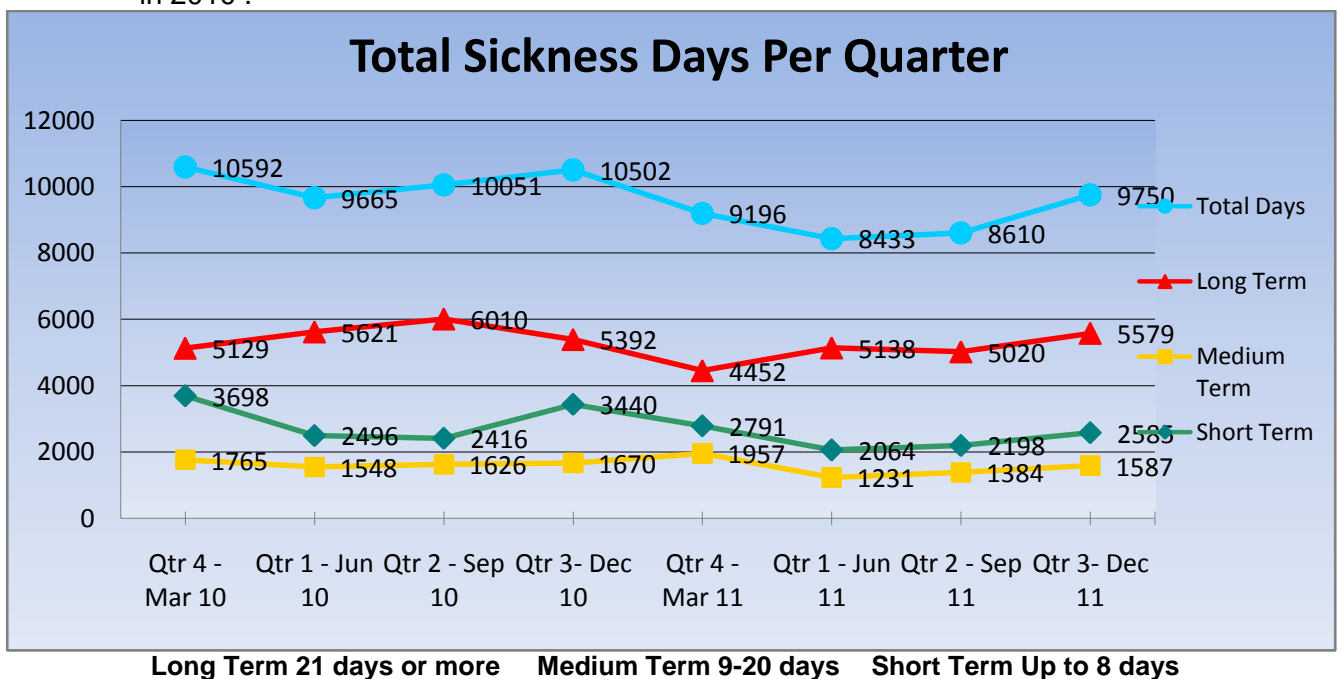
**3. Average number of sickness absence days per employee Quarter 3 (1 October to 31 December 2012)**

3.1 The current sickness absence data is showing that there has been no change in the average number of sickness days per employee from 9.1 days in the previous quarter to 9.1 days in this quarter. This average is a decrease from the previous comparable quarter at 9.3 days in Q3 2010.



**4. Total number of sickness absence days lost in the quarter (Excluding Schools)**

4.1 The current sickness absence data is showing that there has been an upward turn in the number of sickness days taken in quarter 3 from 8610 days in the previous quarter to 9750, an increase of 1140 days. This is also 752 days less than the comparable quarter in 2010.



**5. Sickness Scorecard - Sickness absence broken down into service Quarter 3 – (scorecard key overleaf)**

	Headcount	Total Days Lost - In Quarter				Average Days - Rolling Year				Long Term incidences	% of working days lost				Top Reason for Sickness		
		Days	Long	Medium	Short	Days	Long	Medium	Short		Days	Long Term	Medium Term	Short Term	Reason	Days	Days
Adults Social Care	810	2608	1643	423	542	10.6	6.3	1.9	2.4	64	5.0%	3.1%	0.8%	1.0%	Other Musculoskeletal	610	23.41%
Asset Management	115	341	251	28	63	9.2	5.7	1.4	2.1	8	4.6%	3.4%	0.4%	0.8%	Virus (inc colds, coughs and influenza)	174	51.08%
Audit and Performance Improvement	37	38	0	15	23	5.9	3.7	0.4	1.8	0	1.6%	0.0%	0.6%	1.0%	Stress anxiety, and mental health	15	38.41%
Children's Social Care	404	988	556	151	281	9.0	5.1	1.6	2.3	22	3.8%	2.1%	0.6%	1.1%	Virus (inc colds, coughs and influenza)	314	31.78%
Community Housing & Regeneration	164	239	146	12	81	6.1	3.7	0.7	1.6	7	2.2%	1.4%	0.1%	0.8%	Other	87	36.22%
Community Safety	149	357	159	82	116	11.0	5.9	2.2	3.0	5	3.7%	1.6%	0.8%	1.2%	Other Musculoskeletal	109	30.45%
Culture	244	167	37	51	79	3.6	1.4	0.6	1.5	4	1.1%	0.2%	0.3%	0.5%	Virus (inc colds, coughs and influenza)	54	32.27%
Customer and Democratic Service	107	202	118	23	60	4.5	1.9	0.9	1.7	6	2.9%	1.7%	0.3%	0.9%	Chest respiratory	77	38.34%
Education	257	336	160	62	114	4.9	2.3	0.2	0.8	6	2.0%	1.0%	0.4%	0.7%	Stress anxiety, and mental health	77	22.92%
Financial Services	190	510	334	65	110	7.5	4.3	1.2	2.0	13	4.1%	2.7%	0.5%	0.9%	Virus (inc colds, coughs and influenza)	127	24.87%
Housing Management	553	1839	1023	339	477	12.5	6.7	2.3	3.5	46	5.1%	2.8%	0.9%	1.3%	Other Musculoskeletal	451	24.50%
Human Resources	101	128	35	35	58	5.3	1.8	1.3	2.1	2	1.9%	0.5%	0.5%	0.9%	Virus (inc colds, coughs and influenza)	42	32.90%
Information Solutions	123	252	116	54	82	7.6	3.3	1.5	2.8	5	3.2%	1.5%	0.7%	1.0%	Virus (inc colds, coughs and influenza)	66	26.15%
Legal Licensing and Registrars	52	270	231	8	31	17.3	14.6	1.1	1.6	7	8.0%	6.8%	0.2%	0.9%	Stress anxiety, and mental health	119	43.92%
Planning Services	44	99	50	8	41	6.9	2.9	1.2	2.7	2	3.5%	1.7%	0.3%	1.4%	Stress anxiety, and mental health	51	51.57%
Port	91	151	62	35	55	9.3	5.9	1.1	2.4	2	2.6%	1.0%	0.6%	0.9%	Other Musculoskeletal	53	35.20%
Revenues & Benefits	172	456	187	57	212	9.6	4.2	1.6	3.9	8	4.1%	1.7%	0.5%	1.9%	Other Musculoskeletal	123	27.01%
Transport and Street Management	307	756	471	129	157	8.5	5.7	1.0	1.8	22	3.8%	2.4%	0.6%	0.8%	Virus (inc colds, coughs and influenza)	229	30.30%
<b>PCC Total (Excl Schools)</b>	<b>3920</b>	<b>9737</b>	<b>5579</b>	<b>1577</b>	<b>2582</b>	<b>9.1</b>	<b>4.9</b>	<b>1.6</b>	<b>2.4</b>	<b>229</b>	<b>3.8%</b>	<b>2.2%</b>	<b>0.6%</b>	<b>1.0%</b>	<b>Virus (inc colds, coughs and influenza)</b>	<b>2034</b>	<b>20.89%</b>

## Sickness Score Card Key

Column	Description
<b>Headcount</b>	The headcount of all employees and how this is distributed across the services.
<b>Total Days Lost</b>	The number of days taken within that service broken further down into long, medium and short term absences
<b>Average Days</b>	The average number of days per employee taken again broken down into each service area
<b>Long Term Incidences</b>	The number of incidences contributing to long term sickness absence. This maybe one or more members of staff or one member of staff on extended absence
<b>% of Working Days lost</b>	Out of the days that could have been worked the percentage to which was lost to sickness absence
<b>Top Reason for Sickness</b>	The top reason for sickness in each service it also calculates the percentage of sickness days lost due to this reason.

### 6. Sickness Scorecard Summary

- 6.1 The top reason for sickness across PCC was Virus including colds, coughs and influenza losing 2034 days.
- 6.2 PCC current percentage of working time lost due to sickness absence is 3.8% which is 0.5% higher than quarter 2 and is 0.1% lower than the last comparable quarter 3 2010.
- 6.3 The area where the highest percentage of sickness lost was Legal, Licensing and Registrars losing 8% of working time to sickness absence. The lowest was Culture currently at losing 1.1% of working time to sickness absence.
- 6.4 A new column entitled long term incidences has been added to the sickness scorecard. This identifies the number of sickness incidences that contribute to the total number of days lost to long term sickness absence within that quarter. A breakdown of these figures is attached at Appendix 1.

## **7. PCC Wellbeing Awareness Week**

Wellbeing Awareness Week was an HR initiative coordinated by the Occupational Health and Employee Engagement teams and ran from 23 - 27 January 2012. This served the dual purpose of raising individual wellbeing awareness for PCC staff and managers and increasing knowledge of stress and pressure both at home and work. The focus was on how to cope with these since stress and pressure are major factors in absence at PCC.

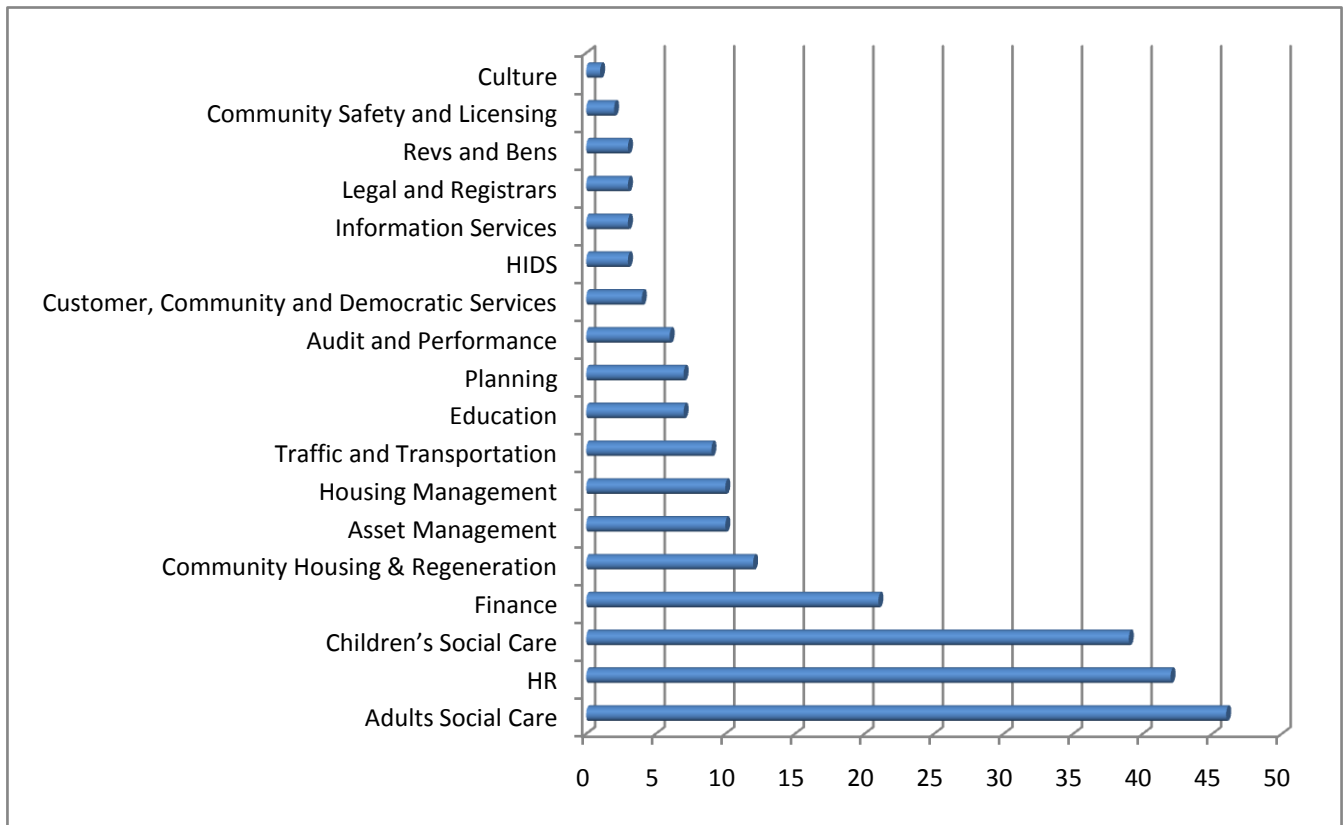
This was accomplished by:

- Providing employees with the opportunities to learn more about health and wellbeing initiatives. Communicating and promoting relevant PCC training courses already available to employees on managing their wellbeing.
- Promoting a sense of personal wellbeing by highlighting the availability of onsite therapies and taster sessions including massage, reflexology and personal fitness.
- Raising awareness of Employee Assistance Programme services available for all staff through Right Core Care including Counselling and Debt Advice
- Demonstrating guidance available from Smoking Cessation programme and Alcohol Intervention Team.
- Providing specific health checks and information on how to extend wellbeing into home life: Health checks were provided checking blood pressure, blood sugar, cholesterol and BMI.

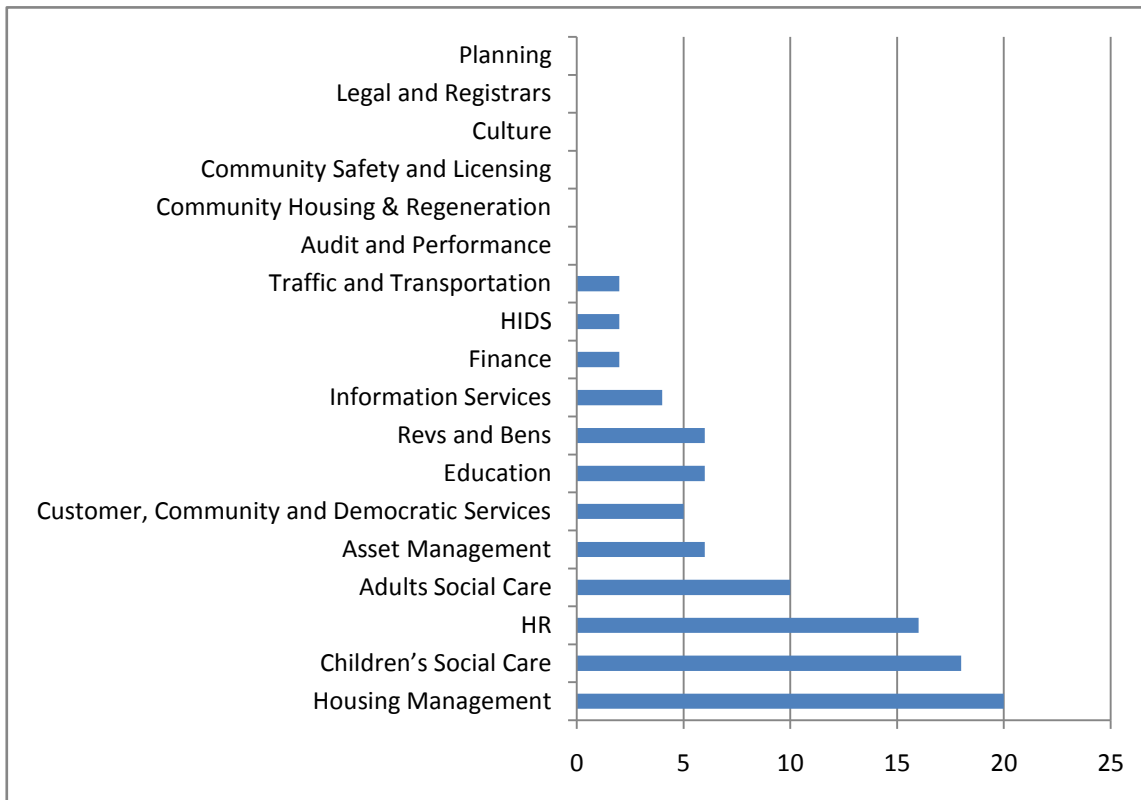
### 7.1 Attendance

The workshops, taster sessions and guest speaker talks were well attended. Many sessions were fully booked and of the 330 booking there was a 75% attendance rate. The main two reasons for non-attendance were: sickness and work commitments.

Staff from most services across the authority took part in the week of activities.



The nurse led health checks were also well attended. The 51 available time slots were fully booked and a waiting list of 73 people was created.



## 7.2 Outcomes

Forty nine people attended the health checks and staff were rated based on red, amber and green traffic light system. A red represented an immediate risk, amber was a lower risk and green represented healthy.

There were 10 red assessments and these attendees were referred to their GP for follow up – 6 referrals related to high cholesterol and 4 related to variant blood sugar levels.

Anyone with an amber warning was directed to the support and information being offered by the exhibitors.

Support, advice and guidance were available on the Wellbeing day. These were provided by:

- 2 doctors,
- Nutritionist
- NHS smoking cessation
- PCC's Alcohol Intervention Team
- Weight management advice from Weight Watchers and Slimming World
- Information on a healthy lifestyle from HIDS
- Debt Advice from PayPlan (partner of Right Core Care)
- Sports and gym provision available from Parkwood Leisure

### 7.3 Moving forward from the Wellbeing Week

Following the week of events two surveys were designed. The first survey was sent to attendees to determine what aspect of the week they found the most helpful and what workshops they would like to see offered throughout the year.

The initial results of the first survey are overwhelmingly positive. 95% of respondents would like to see the Wellbeing Week become an annual event. There is also interest in several topics being offered throughout the year. These topics include: mindfulness\*, slimming club at work, yoga, Neuro Linguistic Programming, stress management, Emotional Intelligence and conflict management.

\*Mindfulness is defined as “The state or quality of being mindful; attention; regard”. Mindfulness practice, inherited from the Buddhist tradition, is increasingly being employed in Western psychology to alleviate a variety of mental and physical conditions

In response to this feedback two new offerings have already been scheduled. The first offering is a pilot 4 week trial of mindfulness sessions held every Tuesday from 8:30 to 9:00. The second offering will be an on-site slimming class to be held during lunch times (at staff's own expense). Other offerings e.g. yoga will follow. All training is provided by in-house experts at no additional cost to the council.

Three additional health check days have also been arranged for March to clear the waiting list. The occupational health adviser has agreed to provide more detailed data (still anonymous) this will allow PCC to further understand issues affecting the workforce.

### 7.4 Learning and monitoring impact

Wellbeing is a key factor in employee engagement and both have a positive impact on staff absence.

A range of initiatives should now be introduced annually to maintain the awareness and importance of wellbeing and a healthy lifestyle.

These include:

- Back care support and guidance for both managers and staff
- Early morning sessions on both Mindfulness and Yoga for work
- Stress management, NLP Emotional intelligence 1 hour sessions for 6 week programme.
- Weight loss, nutrition and fitness activity, information and support
- Mental health awareness for self and family (including Dementia)

## **8. Occupational Health Team**

The Occupational Health Team is currently undertaking a review of processes and Procedures which are being informed by some specific interventions with services:

### 8.1 Adult Social Care

OH attended the Adult Social Care Senior Management/First Line Management Meeting on the 2<sup>nd</sup> November 2011 where the role of occupational health was explored and managers were able to raise any questions regarding the management of sickness absence in their particular areas. Discussion took place around the rationale for “phased returns” and their structure in the workplace. It was agreed that any recommendations are not fixed and it is a



management role to review progress with individuals on a weekly basis and alter the return to work programme accordingly.

### 8.2 OH Intervention – Housing

Occupational Health commenced an Intervention approach to working with Housing Management as requested by senior management. The intervention aims to identify if the OH process is meeting the needs of the business within the Housing Service. Individual case management has progressed to round table discussion with HR/Line Management and OH which has allowed for a greater understanding of the needs of the manager his team and the individual concerned. This approach expedited the decision making process and allowed cases to be progressed immediately with co-ordinated robust advice.

### 8.3 Occupational Health Referral Activity Quarter 3

Occupational Health received 91 referrals of which 73 have been closed from an OH perspective. The top three areas being Schools (26), Adult Social Care (17), and Transport and Street Management (13) the majority were as a result of stress and musculoskeletal disorders.

## **9. Available Comparable Sickness Absence Data – Local**

Available comparative absence figures as reported at the last Employment Committee are attached at Appendix 2

## **10. Topic Options for Future Reports**

Members are asked whether they would like any of the following as part of a future report:

- A Health Analyst's view of any correlation between the sickness absence levels and engagement levels of staff as observed through the Employee Opinion Survey and Pulse Survey results.
- Analysis of absence reason in relation to home or work e.g. is the musculoskeletal injury work related.
- A briefing on sickness absence and the working population from the perspective of a Portsmouth GP.

## **11. Equality Impact Assessment (EIA)**

This report has undergone an effective Equality Impact Assessment

## **12. Head of Legal, Licensing and Registrars comments**

The Head of Legal, Licensing and Registrars is satisfied that there are no immediate legal implications arising from this report

## **13. Head of Finance's comments**

There are no additional financial costs arising from the recommendations in this report.

22 February 2012

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Signed by: **Kay White**

**Background list of documents: Section 100D of the Local Government Act 1972**

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

<b>Title of document</b>	<b>Location</b>
Quarterly Sickness Absence Bulletin	HHR File

The recommendation(s) set out above were approved/ approved as amended/ deferred/

rejected by ..... on .....

Signed by: