

**Decision maker:** Employment Committee  
**Subject:** Sickness, Wellbeing and Occupational Health Report  
**Date of decision:** 8<sup>th</sup> June 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**

To provide an overall analysis of sickness absence within each service (excluding schools, internal agency and all casuals) and to inform Members of Occupational Health initiatives being undertaken.

**2. Recommendations**

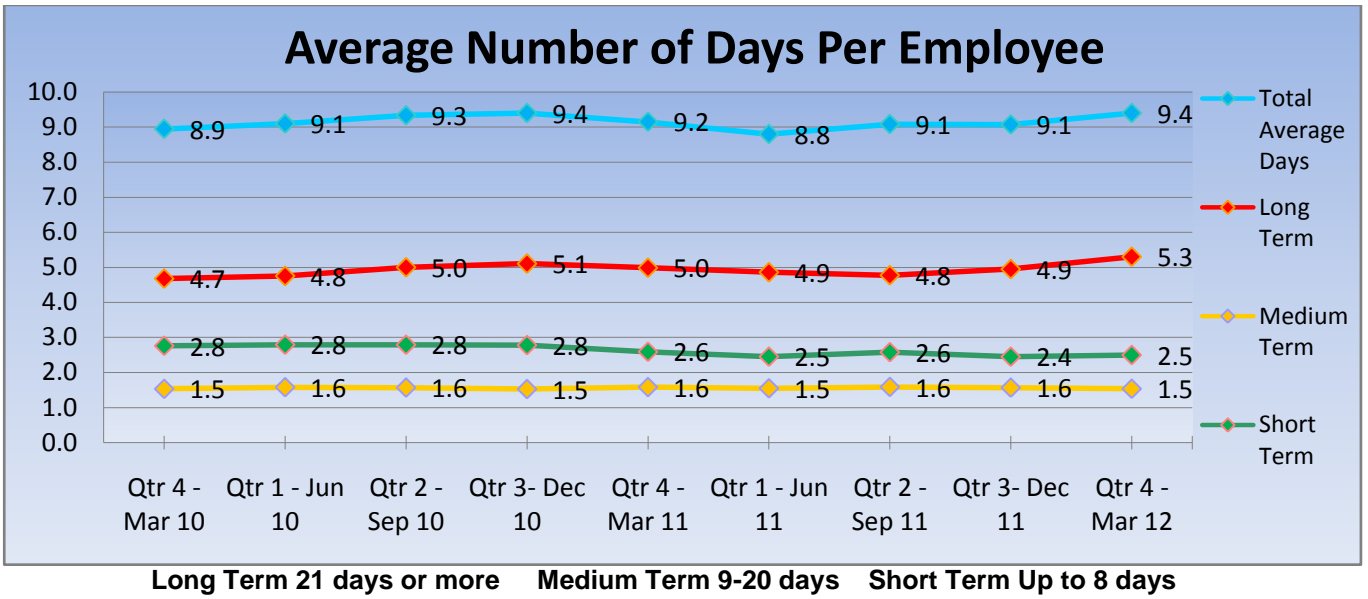
It is recommended that:

2.1 The sickness absence figures continue to be reviewed on a regular basis

2.2 The Occupational Health Service and Employee Engagement teams continue to work on initiatives supporting employee wellbeing to reduce overall sickness absence levels.

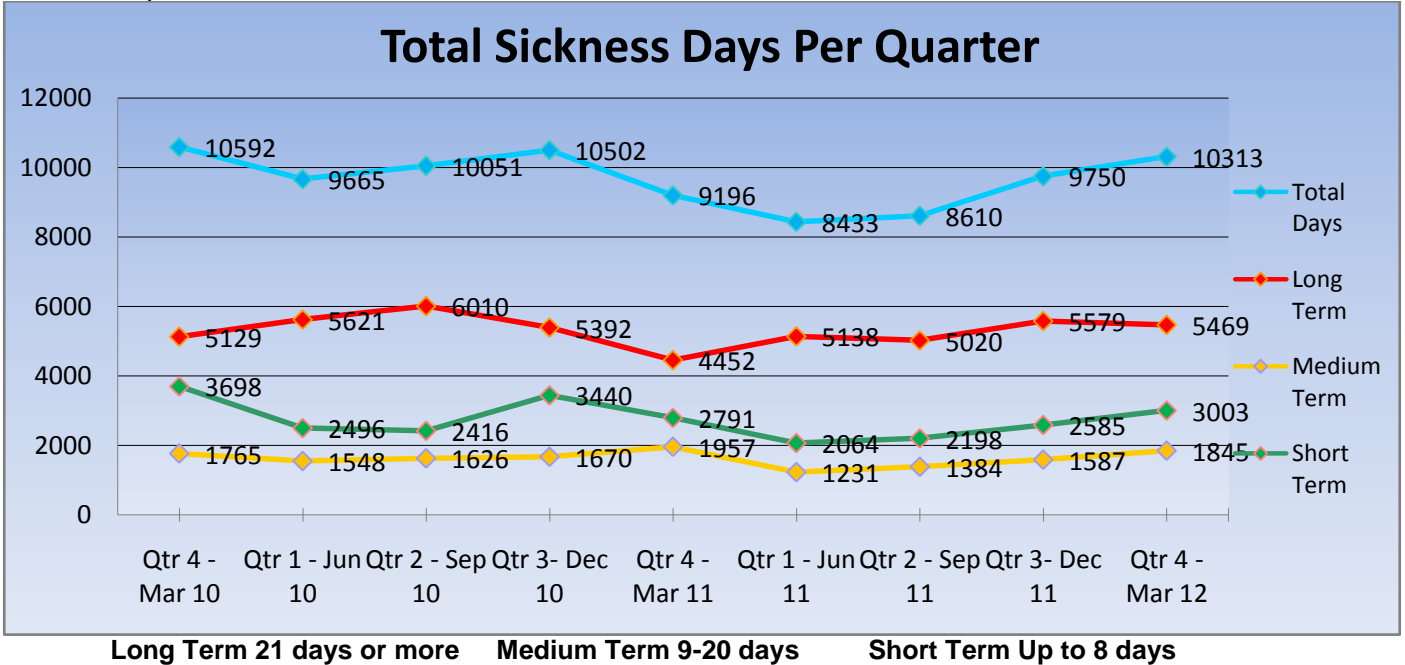
**3. Average number of sickness absence days per employee Quarter 4 (1 January to 31 March 2012)**

3.1 The current sickness absence data is showing that there has been an increase in the average number of sickness days per employee from 9.1 days in the previous quarter to 9.4 days in this quarter. This average is an increase from the previous comparable quarter at 9.2 days in Q4 2011.



**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 4 from 9750 days in the previous quarter to 10313, an increase of 563 days. This is also an 1117 days increase to the comparable quarter in 2011 .



**5. Sickness Scorecard - Sickness absence broken down into service Quarter 4 – (scorecard key overleaf)**

	Headcount	Total Days Lost - In Quarter				Average Days - Rolling Year				Long Term	% 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	%
Adults Social Care	825	2578	1523	384	671	11.2	6.8	1.8	2.6	64	4.8%	2.8%	0.7%	1.3%	Other Musculoskeletal	535	20.7%
Asset Management	113	61	3	9	49	7.9	5.1	1.0	1.9	1	0.8%	0.0%	0.1%	0.7%	Virus (inc colds, coughs and influenza)	34	56.7%
Audit & Performance Improvement	35	28	0	9	19	6.3	3.7	0.7	1.9	0	1.3%	0.0%	0.4%	0.8%	Virus (inc colds, coughs and influenza)	14	49.0%
Children's Social Care	399	1130	638	146	346	9.5	5.6	1.4	2.5	20	4.4%	2.5%	0.6%	1.3%	Virus (inc colds, coughs and influenza)	340	30.1%
Community Housing & Regeneration	163	454	334	24	96	6.9	4.4	0.6	1.9	9	4.3%	3.2%	0.2%	0.9%	Stress anxiety, and mental health	222	48.8%
Community Safety	153	356	178	93	86	10.7	5.9	2.1	2.7	6	3.6%	1.8%	0.9%	0.9%	Stomach, Liver, Kidney, digestion	103	28.8%
Culture	236	168	23	49	97	3.4	1.4	0.6	1.5	2	1.1%	0.1%	0.3%	0.6%	Virus (inc colds, coughs and influenza)	54	32.0%
Customer and Democratic Service	107	301	122	112	68	6.2	2.7	1.9	1.6	5	4.3%	1.8%	1.6%	1.0%	Virus (inc colds, coughs and influenza)	92	30.6%
Education	260	350	161	41	147	4.7	0.6	0.2	1.7	10	2.1%	1.0%	0.2%	0.9%	Stress anxiety, and mental health	95	27.1%
Financial Services	192	439	234	67	137	7.7	4.5	1.1	2.1	8	3.5%	1.9%	0.5%	1.1%	Stress anxiety, and mental health	138	31.4%
Housing Management	569	1985	1017	419	548	13.1	7.4	2.3	3.5	35	5.4%	2.7%	1.1%	1.5%	Other Musculoskeletal	506	25.4%
Human Resources	99	168	82	26	61	5.9	2.4	1.4	2.1	4	2.6%	1.3%	0.4%	0.9%	Other Musculoskeletal	44	25.9%
Information Solutions	123	295	102	62	131	8.7	3.9	1.6	3.2	3	3.7%	1.3%	0.8%	1.6%	Virus (inc colds, coughs and influenza)	164	55.4%
Legal Licensing and Registrars	50	236	161	39	36	18.3	15.5	1.0	1.8	4	7.3%	5.0%	1.2%	1.1%	Stress anxiety, and mental health	85	36.0%
Planning Services	43	40	0	15	26	5.9	2.0	1.1	2.7	1	1.4%	0.0%	0.5%	0.9%	Virus (inc colds, coughs and influenza)	14	34.5%
Port	92	396	242	55	99	10.9	6.4	1.7	2.8	6	6.6%	4.0%	0.9%	1.7%	Heart blood circulation	116	29.3%
Revenues & Benefits	171	709	369	128	212	11.1	5.0	1.9	4.3	7	6.4%	3.3%	1.2%	1.9%	Stomach, Liver, Kidney, digestion	342	48.2%
Transport and Street Management	300	608	280	161	168	8.6	5.4	1.4	1.9	18	3.1%	1.4%	0.8%	0.9%	Virus (inc colds, coughs and influenza)	177	29.1%
<b>PCC Total (Excluding Schools)</b>	<b>3930</b>	<b>10302</b>	<b>5469</b>	<b>1839</b>	<b>2997</b>	<b>9.4</b>	<b>5.3</b>	<b>1.5</b>	<b>2.5</b>	<b>203</b>	<b>4.0%</b>	<b>2.1%</b>	<b>0.7%</b>	<b>1.2%</b>	<b>Virus (inc colds, coughs and influenza)</b>	<b>2217</b>	<b>21.52%</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.
<b>Long Term Sickness incidences</b>	This identifies the number of sickness incidences that contribute to the total number of days lost to long term sickness absence within that quarter. (Exempt part of report)

## 6. Sickness Scorecard Summary

- 6.1 The top reason for sickness across PCC was Virus including colds, coughs and influenza losing 2217 days.
- 6.2 PCC current percentage of working time lost due to sickness absence is 4% which is 0.2% higher than quarter 3 and is 0.7% higher than the last comparable quarter 4 2011.
- 6.3 The area where the highest percentage of sickness lost was Legal, Licensing and Registrars losing 7.3% of working time to sickness absence. The lowest was Asset Management currently at losing 0.8% of working time to sickness absence.

## 7. Occupational Health Service

A comprehensive review of the Occupational Health service has been undertaken. The initial findings of this review are outlined below and these will be monitored weekly to see if the service improves and fulfils the customer need.

## 7.1 Processes and Procedures

A review was undertaken during April 2012 into all the processes and customer need in Occupational Health. The basis for this review were the lessons learned during various intervention reviews across the Authority.

## 7.2 Lessons Learnt from Occupational Health Review

It was clear from the outset that the Occupational Health workload was high however most of the referrals were delivered by the Physician rather than an Occupational Health Advisor. This culminated in delays in the appointment process and in eventually closing records.

Managers were unclear when to refer a member of staff to the Occupational Health Service and there was still an issue in waiting for 21 days to elapse before referral which mirrored the long term absence measure for absence statistics. It was also apparent that managers were unclear on what outcomes they wanted from the process.

## 7.3 Changes to Occupational Health Service

- 7.3.1 A new Access database has been developed that captures every part of the Occupational Health process from end to end. This will give key performance measures and highlight to managers what outcomes are being sought from the process. Once key performance indicators have been established they will be monitored.
- 7.3.2 Referrals are now split with high level cases that might result in ill health dismissal or ill health retirement being seen by the Occupational Health Physician. Low level cases will be seen in triage and appointments made with an Occupational Health Advisor. Cases will be escalated to the Occupational Health Physician if needed.
- 7.3.3 Managers will be given briefings at Directorate Management Teams to understand when they can refer and the possible outcomes from Occupational Health. There are no trigger points in absence and referral to Occupational Health can be made if required on the first day of absence.
- 7.3.4 Human Resources are part of the process in advising the managers when it is appropriate to refer and when there is a need to deal with a management issue i.e. performance issues.
- 7.3.5 The Occupational Health administrator was replaced with a co-ordinator who will be the main focal point for sign posting which part of the service is best suited to deal with the individual case.
- 7.3.6 Customer feedback will be taken on each case which will provide useful information to develop the service further and to adjust requirements to customer need.
- 7.3.7 The Occupational Health Service will work in partnership with Wellbeing initiatives to increase the impact on the corporate sickness absence levels

## 7.4 Occupational Health Referral Activity Quarter 4

Occupational Health received 84 referrals of which 73 have been closed from an OH perspective. The top three services being Adult Social Care (22), Schools (18), and Children and Young People (14) with the majority as a result of stress and musculoskeletal disorders.

There will be an update on the Wellbeing initiatives delivered to the next Employment Committee.

**8. Available Comparable Sickness Absence Data – Local**

There is still no clear data received from surrounding Authorities. The initiatives from the decisions from the last Employment Committee report outlined below will be incorporated when the local data has been received to give a more comprehensive update.

- A Health Analysts 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. This will incorporate the Joint Strategic Needs Assessment for Portsmouth.

**9. Equality Impact Assessment (EIA)**

This report has undergone an effective Equality Impact Assessment

**10. 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

**11. Head of Finance’s comments**

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

**15th May 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: