

**Decision maker:** Employment Committee  
**Subject:** Sickness Scorecard for Members  
**Date of decision:** 4th October 2011  
**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

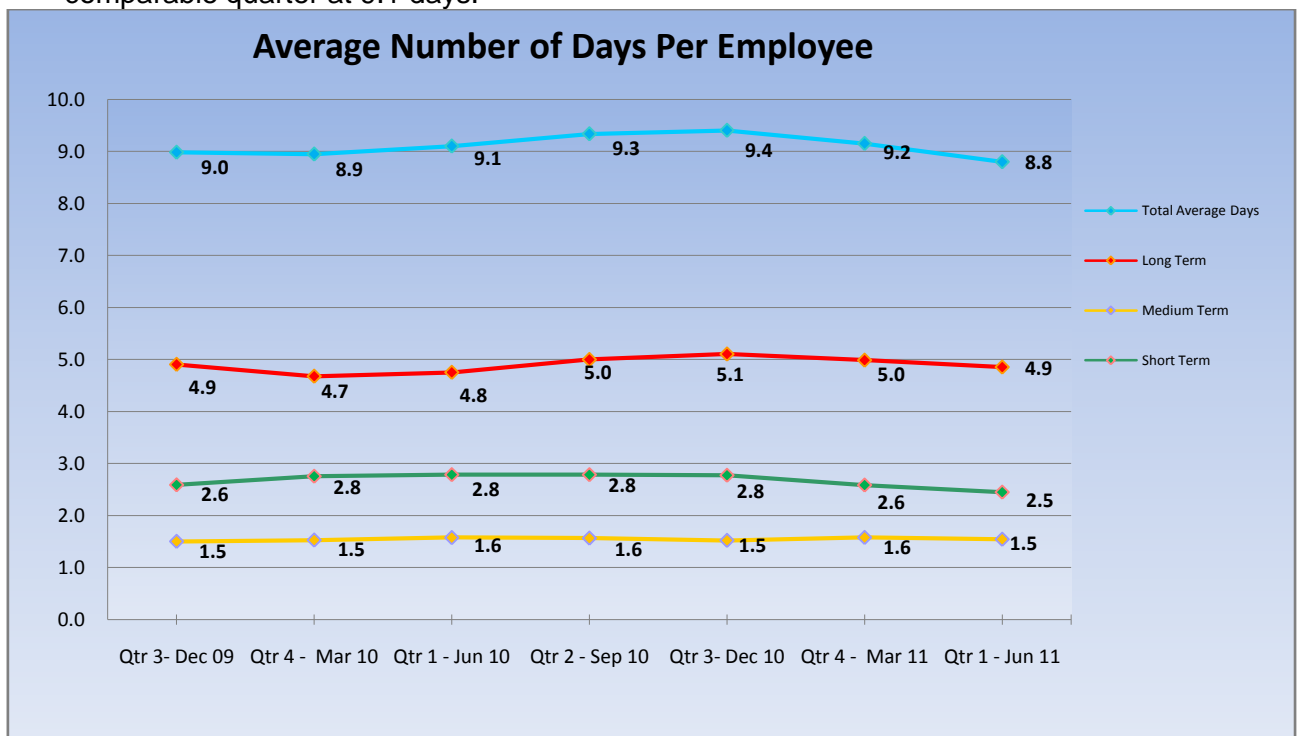
This report is designed to provide an overall analysis of sickness absence within each service and Portsmouth City Council overall. This report excludes schools, internal agency and all casuals.

### 2. Recommendations

It is recommended that:  
 The sickness absence figures continue to be reviewed on a regular basis

### 3. Average number of sickness absence days per employee

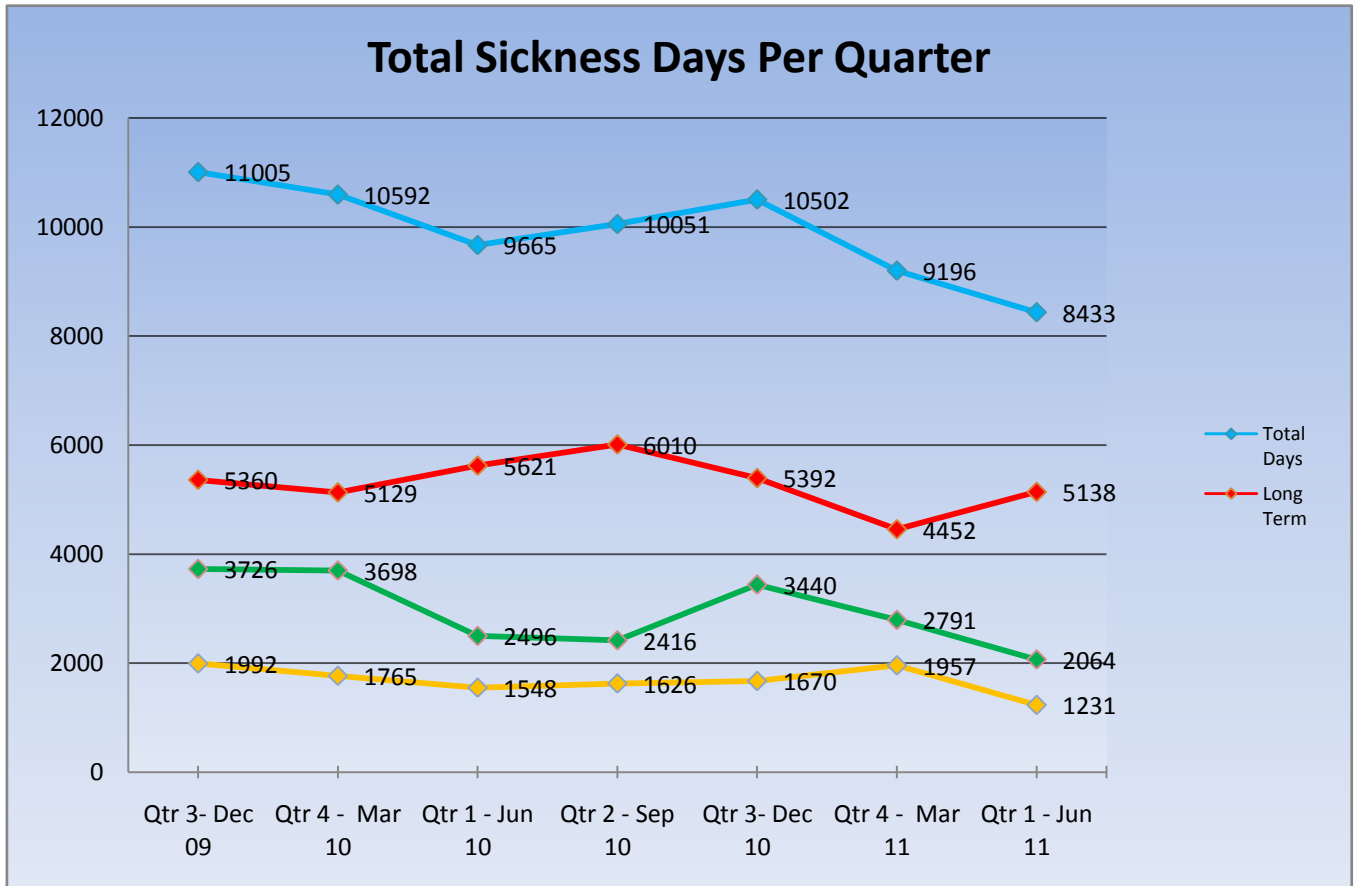
3.1 The current sickness absence data is showing that there has been a downward turn in the average number of sickness days per employee from 9.2 days in the previous quarter to 8.8 days a decrease of 0.4 days. This average is a decrease from the previous comparable quarter at 9.1 days.



**Long Term 21 days or more    Medium Term 9-20 days    Short Term Up to 8 days**

### 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 a downward turn in the number of sickness days taken in quarter 1 from 9196 days in the previous quarter to 8433 a decrease of 763 days. This is also 1232 days less than the comparable quarter in 2010 .



**Long Term 21 days or more    Medium Term 9-20 days    Short Term Up to 8 days**

**5. Sickness Scorecard - Sickness absence broken down into service Quarter 1**

	Headcount	Total Days Lost - In Quarter				Average Days - Rolling Year				% of working days lost				Top Reason for Sickness
		Days	Long	Medium	Short	Days	Long	Medium	Short	Days	Long Term	Medium Term	Short Term	Reason
Adults Social Care	888	1834	1053	310	471	10.1	5.7	1.8	2.7	3.1%	1.8%	0.5%	0.8%	Psychological - stress, anxiety and depression
Asset Management	123	312	200	58	54	8.3	4.2	1.8	2.3	3.8%	2.5%	0.7%	0.7%	Psychological - stress, anxiety and depression
Audit and Performance Improvement	40	94	79	0	15	4.6	2.8	0.1	1.6	3.6%	3.0%	0.0%	0.6%	Cancer and tumours
Children's Social Care	407	945	632	133	180	9.3	5.5	1.3	2.4	3.5%	2.4%	0.5%	0.7%	Psychological - stress, anxiety and depression
Community Housing & Regeneration	196	249	142	53	54	5.2	2.7	1.1	1.4	1.9%	1.1%	0.4%	0.4%	Psychological - stress, anxiety and depression
Community Safety	166	563	386	91	87	12.6	7.5	2.0	3.0	5.1%	3.5%	0.8%	0.8%	Psychological - stress, anxiety and depression
Culture	268	251	133	26	91	4.2	1.9	0.8	1.5	1.4%	0.8%	0.1%	0.5%	Psychological - stress, anxiety and depression
Customer and Democratic Service	148	56	0	37	19	3.9	1.2	0.8	1.8	0.6%	0.0%	0.4%	0.2%	Respiratory Problems (inc chest and asthma)
Education	298	258	92	72	94	6.4	3.4	1.0	2.3	1.3%	0.5%	0.4%	0.5%	Psychological - stress, anxiety and depression
Financial Services	187	227	153	29	45	8.1	4.8	1.4	2.0	1.8%	1.2%	0.2%	0.4%	Psychological - stress, anxiety and depression
Housing Management	555	1614	953	192	469	13.7	6.8	2.8	4.1	4.4%	2.6%	0.5%	1.3%	Psychological - stress, anxiety and depression
Human Resources	104	192	85	60	47	7.3	3.8	1.2	2.3	2.8%	1.2%	0.9%	0.7%	Psychological - stress, anxiety and depression
Information Solutions	120	267	161	31	75	6.7	3.1	0.8	2.7	3.4%	2.0%	0.4%	0.9%	Gastrointestinal (inc stomach and bowel)
Legal Licensing and Registrars	48	192	183	0	9	12.4	10.0	1.1	1.4	6.1%	5.8%	0.0%	0.3%	Psychological - stress, anxiety and depression
Planning Services	43	85	38	18	29	7.7	4.1	1.0	2.6	3.0%	1.3%	0.6%	1.0%	Gastrointestinal (inc stomach and bowel)
Port	93	242	179	9	55	11.7	8.7	0.8	2.1	3.9%	2.9%	0.1%	0.9%	Heart Disorders
Revenues & Benefits	177	368	151	66	151	10.8	5.0	2.0	3.8	3.2%	1.3%	0.6%	1.3%	Neurology/Nervous system (inc headache, migraine and epilepsy)
Transport and Street Management	316	682	520	45	117	8.4	5.7	0.8	1.9	3.3%	2.5%	0.2%	0.6%	Musculoskeletal (Lower limb)
<b>PCC Total (Excluding Schools)</b>	<b>4177</b>	<b>8431</b>	<b>5140</b>	<b>1231</b>	<b>2062</b>	<b>8.8</b>	<b>4.9</b>	<b>1.5</b>	<b>2.4</b>	<b>3.0%</b>	<b>1.9%</b>	<b>0.4%</b>	<b>0.7%</b>	<b>Psychological - stress, anxiety and depression</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>% 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 Psychological – Stress, Anxiety and Depression losing 2565 days.
- 6.2 PCC current percentage of working time lost due to sickness absence is 3.0% which is 0.2% lower than quarter 4 but is 0.3% lower than the last comparable quarter 1.
- 6.3 The area where the highest percentage of sickness lost was Legal, Licensing and Registrars losing 6.1% of working time to sickness absence. The lowest was Customer, Community & Democratic Services currently at losing 0.6% of working time to sickness absence.
- 6.4 Due to recent organisational changes Environment & Public Protection and Health Improvement Development Service have been subsumed into various services therefore a number of services headcount may appear higher. This may also reflect in an increased sickness rate from the previous quarter.

## **7. Review of Services with lowest sick absence**

- 7.1 The three lowest absence rates were in Customer, Community & Democratic Services; Culture and Financial Services.
- 7.2 Customer, Community and Democratic Services sickness absent rate is 0.6%. This has been achieved by :-
- Monthly absence reports being useful for the Head of Service to analyse data.
  - Greater understanding of impact in the service and on colleagues if not at work.
  - Development of a more committed and engaged workforce; embedded through the culture of the service.
- 7.3 Culture sickness absent rate is 1.4% and was reduced by the conclusion of several Long Term sickness cases.
- 7.4 Financial Services sickness absent rate is 1.8%. This has been achieved by:-
- Absence rates being part of the service review redundancy criteria and high absenteeism scored high.
  - Managers using the Absence policy more robustly. Using Return to Work interviews and when employees telephone in sick they must speak to their manager.
  - Leading by example.

## **8. Occupational Health Intervention on Stress Related Absence**

- 8.1 PCC already has in place a number of procedures and initiatives to address the issue of stress. These include:
- Use of the Stress Risk Assessment incorporated within the Stress at Work Policy
  - Employee Assistance Programme
  - Referral to the Occupational Health Department
  - Return to Work Interviews
  - A range of Training Courses to assist both Managers & affected individuals in dealing with Stress related issue.
- 8.2 Occupational Health is working closely with Employee Engagement Senior Management in order to further develop Wellbeing initiatives at PCC. The following actions are planned and developing:
- Wellbeing Awareness Day planned for the 26<sup>th</sup> January 2012 for all PCC employees. An Occupational Health, Learning and Development (L&D) co-ordinated event with an objective to address the issue of stress /pressure in the workplace. This event will also include a Lifestyle Change initiative and is based around 3 key areas:

**Information:** providing employees the opportunities to learn more about health and wellbeing. Communicating and promoting relevant training courses already available to employees on managing their wellbeing, time management, assertiveness training available within MLE and face to face courses within L&D.

**Personal Wellbeing:** promoting the use of onsite therapies including massage, reflexology. Raise awareness of EAP services available for all staff – Right Core Care will attend the event. Smoking Cessation – Pompey Quit attending in order to promote their weekly Clinic available on site.

**Special Events:** Health checks will be available heart health, weight management and lifestyle initiatives.

- 8.3 A specific training day for HR provided by the Occupational Health Physicians took place on the 19<sup>th</sup> July 2011. This was a piloted interactive training day with tailored group work on requested key areas including the management of mental health and musculoskeletal disorders in the workplace. As a result of positive feedback occupational health plan to introduce this training to Line Managers within their Service Areas. We are meeting with the Senior Management Team from Adult Social Care on the 2<sup>nd</sup> November in order to take this forward.
- 8.4 Communication channels being developed within occupational health include intranet bulletins, the employee magazine –Link and on site posters. These activities are currently being implemented and co-ordinated through on site working groups with a vision to complete by December 2011.

## 9. Available Comparable Data – Local

Authority	Average Number of Days Per Employee Lost to Sickness Absence
Gosport	9.8
Havant	9.5
Southampton	10.16
Portsmouth	8.8
<b>Average</b>	<b>9.6</b>

- 9.1 This table reveals that the average number of days over the four authorities is 9.6 days per employee. Portsmouth is currently below the average.

## 10. Equality Impact Assessment (EIA)

This report has undergone an effective Equality Impact Assessment

## 11. 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

## 12. Head of Finance's comments

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

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Signed by:

**Appendices:** None

**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: