

Agenda item:

Title of meeting: Employment Committee

Date of meeting: 15 March 2016

Subject: Sickness Absence - Quarterly Report

Report by: Jon Bell - Director of HR, Legal and Procurement

Wards affected: N/A

Key decision: No

Full Council decision: No

1. Purpose of report

The purpose of this quarterly report is to update and inform Employment Committee on actions being taken that have an effect on the levels of sickness absence across Services.

2. Recommendations

- **To continue to monitor sickness absence, on a quarterly basis, and to ensure appropriate management action is taken to address absenteeism.**
- **To continue to offer a range of interventions around the three main reasons for sickness absence to assist employees to manage their attendance at work.**

3. Background

- 3.1** The Chartered Institute of Personnel and Development (CIPD) survey 2015 states that the average sickness absence rate for the public sector is 8.7 days per person per year. This compares with 5.8 days per person per year in the private sector and 7.8 days per person per year in the voluntary sector. All figures show an increase on 2014 survey findings.
- 3.2** The annual survey from the Health and Social Care Information Centre (HSCIC) indicates that the NHS Sickness Absence rates have risen from 14.8 average days per person per year in 2013-14 to 15.5 average days per person per year in 2014-15.
- 3.3** In the period since the last quarterly update in December 2015 the level of sickness absence has decreased from 8.40 to 8.33 average days per person per year. This is against the new corporate target of an average 7 days per person per year. Members will note the improving trend since April 2015.

3.4 Absence levels by Directorates for the period from 01 February 2015 to 31 January 2016 are attached in Appendix 1.

3.5 Of the 14 Directorates, seven (excluding schools) are over the corporate target of an average 7 days per person per year. Four Directorates are over an average 10 days per person per year. This is unchanged from the previous quarter.

4 Health and Well-Being

4.1 Reasons for Sickness absence

A table of reasons for absence over the last two years is included in Appendix 2. The analysis of the data indicates that the main reasons for absence have adjusted, with the three main reasons; musculoskeletal; anxiety, stress and psychological and colds, flu and virus, accounting for 57.28% of absences in the last 12 months. This compares to 54.05% in the period 01 February 2014 to 31 January 2015. The main contributor to this change is due to the amount of sickness absence apportioned to musculoskeletal.

4.2 Flu vaccinations

The 2015 Flu Vaccination campaign ended on 29 February 2016. A table of uptake levels by Directorate is attached in Appendix 3. The initial indication is that 786 members of staff took advantage of the free vaccination via a clinic, from their GP, by using a voucher at a participating pharmacy or supermarket, or via Occupational Health daily drop-in sessions at QA Hospital. This equated to an uptake of 20.7%. This compares to a 22.7% uptake during the 2014 Flu Vaccination campaign.

Public Health has advised that the fall in uptake of vaccinations reflects the national picture where uptake rates are lower in all 'target sectors', apart from pregnant women, due to the press coverage last year about poor vaccine effectiveness.

4.3 Employee Assistance Programme (EAP)

Following a tender process, Right Management has been reappointed by the Council as provider of its Employee Assistance Programme from 01 January 2016. Available 24 hours per day, 365 days a year, the service provides free and confidential access to information, advice and support. This includes assistance to employees with concerns on life events, such as work/career, housing, relationships, children, money, health and wellbeing, legal rights and retirement.

5. Reasons for recommendations

The continued monitoring of sickness absence and the identification of good management practices is an important part of maximising attendance, which will in turn increase productivity, improve engagement and build resilience.

6. Equality impact assessment (EIA)

A preliminary Equality Impact Assessment has been completed.

7. Legal implications

There are no immediate legal implications arising from this report.

8. Finance comments

There is no significant cashable saving resulting from the reduction in sickness absence. However there will be an improvement in productivity in terms of total days worked.

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Signed by:

Appendices:

Appendix 1: Sickness Absence by Directorate 31 January 2016

Appendix 2: Summary of reasons for absence over the last two years

Appendix 3: Analysis of uptake of Flu Vaccinations in 2015 by Directorate

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:

Title of document	Location
CIPD Absence Management survey 2015	CIPD website
Health and Social Care Information Centre - Absence statistics	HSCIC website

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

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Signed by: