

Agenda item:

Title of meeting: Employment Committee

Date of meeting: 14 June 2016

Subject: Sickness Absence - Quarterly Report

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

Wards affected: N/A

Key decision: No

Full Council decision: No

1. Purpose of report

The purpose of this report is to update Employment Committee about levels of sickness absence across the council and actions being taken to manage absence.

2. Recommendations

Members are recommended to:

- **Continue to monitor sickness absence, and ensure appropriate management action is taken to address absenteeism.**
- **Approve the continuation of the flu jabs vaccination campaign, co-ordinated by Public Health, for a further year, to encourage the uptake of vaccinations, especially where Directorates have contact with NHS defined risk groups or have particularly low uptake in 2015. The cost of vaccinations to be covered by Directorates.**

3. Background

- 3.1 In the period since the last update in March 2016 the level of sickness absence has increased from 8.33 to 8.42 average days per person per year. This is against the new corporate target of an average 7 days per person per year.
- 3.2 Analysis of data indicates that since the last report there has been a slight increase in the amount of long term absence from 4.51 to 4.72 average days per person per year. Short term absence has been stable at 2.38 average days per person per year over the same period.

- 3.3 Absence levels by Directorates for the period from 01 June 2015 to 31 May 2016 are attached in Appendix 1.
- 3.3 Of the 14 Directorates, eight (excluding schools) are over the corporate target of an average 7 days per person per year. The number of Directorates that are over an average 10 days per person per year has decreased from four to three in the last quarter.
- 3.4 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 remained the same, with the three main reasons; musculoskeletal; anxiety, stress and psychological and colds, flu and virus, accounting for 57.47% of absences in the last 12 months. This compares to 55.27% in the period 01 June 2014 to 31 May 2015. The main contributor to this change is due to the amount of sickness absence apportioned to musculoskeletal conditions.
- 3.5 Members should note that, for statistical reasons, the Council's declining headcount is having a distorting effect on the average sickness days per employee. This is because the absence is calculated over a rolling 12 month period. Therefore, the absence of departed employees remains "in the system" for up to a year after the employees leave. This effect is relatively neutral during periods when the headcount remains stable, but becomes more pronounced during periods of continual headcount reduction.

4.0 Future Actions

- 4.1 Overall, it is fair to say that, following a period during which absence levels were successfully and substantially reduced, levels have now bottomed-out, with relatively small changes now reported from month to month. The approaches that have been successful so far are continuing to be pursued, namely:
- timely and proportionate action by managers
 - proactive and robust support from HR
 - the use of flexible working arrangements
 - programmes, campaigns and interventions to improve employee wellbeing
 - targeted support to address particular absences, e.g. back-care advice, resilience training for managers, 'flu jabs

By continuing with these approaches (and, where necessary, re-invigorating them) it is likely that further incremental reductions in absence will be possible. In particular, it is proposed that HR further increases the support provided to managers in managing absence, and ensures that there is adequate accountability where absence is not being managed effectively.

In addition, a scheduled health and wellbeing survey will provide feedback from staff about the Council's existing wellbeing support and help to inform the support and interventions that will be effective in future. Employees who have been absent recently will be especially encouraged to participate in the survey to

provide a better understanding of the adequacy of support provided to staff to ensure that their return to work is as speedy as possible.

4.2 Flu vaccinations

Public Health advice has indicated that over time, protection from the injected 'flu vaccine gradually decreases and 'flu strains often change. Therefore, new 'flu vaccines are produced each year which is why people are advised to have the 'flu jab every year.

The Public Health team carried out a survey of staff in January 2016 to gauge how employees have or have not responded to the previous offer of free 'flu vaccinations.

It is recommended that the Council continues with the offer of free 'flu vaccinations in 2016 to improve on the uptake of 'flu jabs in previous years; 15.4% in 2013, 21.8% in 2014 and 21.4% last year. Advice from the Public Health team suggests the take-up of 'flu vaccinations should be nearer to 40% for an organisation such as the Council.

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.

A range of marketing provisions to increase awareness of the services the programme are being undertaken. The key figures (see figure 1 below) from the quarter 01 January 2016 to 31 March 2016 indicates an increase in usage compared to the same period last year, although overall usage remains relatively low.

Figure 1. EAP usage April 2016 compared to April 2015

Counselling	appointment face to face	Counselling EAP Enquiry	Emotional support / Telephone counselling	referred to session Based Counselling	Did not attend	online usage visits to the site	downloads	guide viewings	onward referrals GP's	onward referrals NHS's
Apr-15	8	2	9	4	0	7	6	10	2	0
Apr-16	11	2	14	3	0	30	39	53	1	1

4.4 Occupational Health

The Council's current provider of Occupational Health services is Portsmouth Hospital NHS Trust located at the Queen Alexandra Hospital in Cosham. The contract is due to end on 18th July 2016. A tender process has commenced and the new supplier will be announced during June 2016.

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.

.....
Signed by:

Appendices:

Appendix 1: Sickness Absence by Directorate 31 May 2016

Appendix 2: Summary of reasons for absence

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
NHS Choices - The Flu Jab	http://www.nhs.uk/conditions/vaccinations/pages/flu-influenza-vaccine.aspx

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

.....
Signed by: