



Agenda item:

Title of meeting:	Employment Committee
Date of meeting:	29 November 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.**
- **Note the findings from the Health and Wellbeing Survey and instruct Officers to continue to develop actions to improve the management of sickness absence and the promotion of employee wellbeing.**

3. Background

- 3.1 In the period since the last update in June 2016 the level of sickness absence has increased from 8.42 to 8.46 average days per person per year. This is against the 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 4.72 to 4.82 average days per person per year. Short term absence has seen a reduction from 2.38 to 2.29 average days per person per year over the same period.
- 3.3 Absence levels by Directorates for the period from 01 November 2015 to 31 October 2016 are attached in Appendix 1.



- 3.4 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 reduced from three to two in the last quarter.
- 3.5 A table of reasons for absence over the last four 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 52.07% of absences in the last 12 months. This compares to 54.25% in the period 01 November 2014 to 31 October 2015. The main contributor to this change is due to the amount of sickness absence apportioned to colds, flu and virus.
- 3.6 Members should continue to note that, for statistical reasons, the Council's declining headcount is having a slightly 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.
- 3.7 At the last meeting members requested that the Director of Children's Services and Director of Adult Services, be invited to attend this meeting to answer questions from members about the sickness absence in their Directorates.
- 3.8 The recently reported Chartered Institute of Personnel and Development (CIPD) survey 2016 states that the average sickness absence rate for the public sector is 8.5 days per person per year. This compares with 5.2 days per person per year in the private sector and 6.9 days per person per year in the voluntary/non-profit sector. The report states that the main cause of long-term absence is 'stress, acute medical conditions and mental ill health'. The inclusion of mental health reflects the increased reporting of stress related absence in organisations with a long hours' culture. However, the report notes that organisations with a stronger focus on employee well-being are less likely to report mental health problems amongst employees

4.0 Health and Wellbeing

4.1 Health and Wellbeing survey

Members previously requested that attempts should be made to understand the views of staff members who had experienced periods of sickness absence, in particular whether they had felt well-supported and whether more could have been done to prevent or reduce their absence.

In response to this request, a Health and Wellbeing Survey has been carried out, in conjunction with Public Health, and a summary of the findings is attached at Appendix 3. The survey has proved particularly helpful in identifying where



awareness of services such as EAP is low and in better understanding where further training for managers may be necessary. However, it must be noted that the number of responses was relatively low in relation to the overall size of the organisation and so must be taken in that context.

4.2 **Flu vaccinations**

Public Health has communicated to staff the availability of a free vaccination at pre-bookable flu clinics in the Central Library, drop-in flu clinics at QA Hospital or at local participating pharmacies or supermarkets via a voucher. The provision of clinics and vouchers has been available since the end of October 2016.

4.3 **Employee Assistance Programme (EAP)**

Right Management provides the council's Employee Assistance Programme. Members are reminded that the service is available 24 hours per day, 365 days a year, and provides free and confidential access to information, advice and support.

Right Management has reported on activity during the period July to September 2016. The statistical snapshot for the time frame indicated that the EAP Helpline responded to and supported 19 calls which resulted in 8 employees being referred for structured session based counselling. These levels of calls are a reduction on the previous quarter.

From the 68 visits to the EAP website there were 97 downloads of information and 81 viewings of guide material. These levels of website support represent an increase in online activity on the previous quarter.

Members will note that one of the findings from the Health and Wellbeing Survey was that staff awareness of the EAP is very low. To address this HR are working with Corporate Communications to rebrand the EAP offer.

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 October 2016

Appendix 2: Summary of reasons for absence

Appendix 3: Health and Wellbeing Survey 2016 - summary of findings

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
Portsmouth City Council, Health and Wellbeing Survey, 2016	Available from HR department
CIPD Absence Management Report 2016	https://www.cipd.co.uk/knowledge/fundamentals/relations/absence/absence-management-surveys

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

Signed by: