

Agenda item:	
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**Title of meeting:** Employment Committee

**Date of meeting:** 10<sup>th</sup> March 2014

**Subject**: Sickness Absence - Quarterly Report

**Report by:** Jon Bell - Head of HR, Legal & Performance

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 a positive 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.

# 3. Background

- 3.1 In the period from 01 May 2013 to 31 January 2014 the level of sickness absence has decreased from 9.94 to 8.65 average days per person per year. This is against a corporate target of an average 8 days per person per year.
- 3.2. Absence levels by Services for the period 31 January 2013 to 01 February 2014 compared to figures prepared in May 2013 are attached in Appendix 1.
- **3.3** There has been no change to the Managing Absence Policy.
- 3.4 Significant effort has been undertaken to improve the way sickness absence data is collated and reported. Encouraging correct input and the closure of open absence cases has increased the accuracy of source data. HR have introduced and been providing consistent sickness absence data from one source since April 2013.
- There are five services that have been consistently above an average 8 days per employee; The Port, Children Social Care, Housing and Property Services, Adults Social care, Revenues and Benefits.



- 3.6 Examples of support provided by HR on activities being implemented across Services in order to maximise attendance include:
  - a) Developing new strategies with Head of Service to target areas of poor attendance
  - b) Communicating with staff that the management of sickness absence is on the agenda
  - c) Developing documents in relation to key stages for managers in relation to absence management, i.e. encouraging more focused conversations during return to work interviews
  - d) Continuing to offer Managers workshops with HR regarding absence management. These workshops detail the support available and practical skills to manage attendance levels
  - e) Encouraging Managers to analyse absence data monthly and identify trends across the service and providing managers with the information they need in order to support the process;
    - Number of occasions and reasons for absences
    - The reasons for absences in ranking order
    - The names of the teams in ranking order based on those with the most occasions of absence to the least
    - Whether any of the absences are related to capability/conduct or reorganisation
    - The average number of days absence for the rolling year for the Service compared to the whole of Council compared to the last quarter
  - f) Managers have attended sessions with Occupational Health to understand the new offer and identify ways to work together effectively. Further training for managers regarding the referral process is to be arranged and supported by HR.
  - g) HR has agreed to review the top 10 absence cases across Services and identify any learning and share this with senior management teams.

### **3.7** General Action

Significant work around the development of a Well-Being strategy and collaborative working with Public Health will establish a more proactive approach to absence management should in the fullness of time see an improvement in sickness levels. A working group has already started this development work and will attempt to join up absence strategies and good practice being used across services.

#### 3.8 Flu vaccinations

During October and November 2013, Flu vaccinations were offered to all Portsmouth City Council Employees, either at Queen Alexander Hospital or through a voucher scheme. The cost of this initiative was funded by Public Health.

The uptake for the whole council was just over 11%, including schools. It is likely that others received a vaccination through another route, i.e. own GP.



#### 3.9 Health Checks

Working jointly with Public Health, 100 Health Checks will be offered to staff and are due to be conducted in March/April 2014. These checks have initially been offered to staff in The Port, Housing and Property Services, Adults Social Care, Revenues and Benefits.

# 4. 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.

# 5. Equality impact assessment (EIA)

A preliminary Equality Impact Assessment has been completed. In general, the management of sickness absence works within the framework of the Equality Act 2010.

# 6. Legal implications

There are no immediate legal implications arising from this report.

#### 7. 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 data

# 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



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