TITLE OF REPORT: Review of Absence in the Council – Monitoring Report

REPORT OF: Mike Barker, Strategic Director Corporate Services & Governance

SUMMARY

The purpose of this report is to update the Overview and Scrutiny Committee on actions taken since the last monitoring report which was considered on 28 November 2016.

Background

1. Cabinet asked the former Corporate Vitality Overview and Scrutiny Committee to carry out a review of absence in the Council, and between February and July 2005, the Committee undertook a review of the strategies, systems and procedures the Council is employing to reduce sickness absence levels within its workforce.

2. A number of recommendations were identified to be included in an Attendance Management Action Plan for the Council to inform its ongoing efforts to reduce sickness absence. Councillors agreed at the meeting on 28 November to keep the matter under scrutiny and this is the twentieth update on progress since the Committee considered the final report arising from the review.

Statistical Information

3. At a previous meeting, councillors requested that future reports include annual graphs to illustrate any monthly and seasonal trends in sickness absence. The attached appendices contain information relating to:

   - The causes of sickness absence
   - Sickness absence total days lost
   - Percentage of sickness absence due to stress

   The statistics quoted in this report relate to the period 1 June 2016 to 31 May 2017.

4. The previous figure reported to OSC for average sickness days per FTE was 9.81 days' absence excluding schools and 8.83 days' absence including schools for the period 1 November 2015 to 31 October 2016. This figure is calculated based on the former BVPI formula, which the Council has retained as a key performance indicator, and only takes into account permanent employees including those in

schools. The same calculation for the period 1 June 2016 to 31 May 2017 was 9.51 days' absence excluding schools, and 8.12 days' absence including schools.

Sickness Absence Causes – Appendix 1

5. This appendix shows the causes of sickness absence in percentage terms for the Council. Across the Council as a whole, stress/depression and mental ill health now accounts for 24.14% which is a slight reduction since the last report (25.5%); however, it remains the largest cause of sickness absence. Post–op recovery/hospital treatment makes up 18.04% which is a slight increase from the last report (16%), and other musculo-skeletal conditions still accounts for 12% of all absence. These three categories remain the largest causes of sickness absence.

Sickness Absence Days Lost – Appendices 2, 3 & 4

6. Appendix 2 shows the total number of sick days lost per group/service. Appendix 3 shows the average sick days lost per FTE per group. Appendix 4 shows the overall trend in sickness absence.

Sickness Absence Days Lost Due to Stress – Appendix 5 & 6

7. Stress, depression and mental ill health issues remain the largest cause of absence. The average for the whole Council is now 2.53 days' per FTE excluding schools for the 12 month period 1 June 2016 to 31 May 2017. This was previously reported as 2.58 days' per FTE excluding schools for the 12 month period 1 November 2015 to 31 October 2016.

Short-term and Long-term Sickness Absence by Service Group – Appendix 7

8. This chart is a new addition and shows the split between short-term and long-term sickness absence by service group.

9. The Council's year end sickness absence figures for the last 5 years based on the former BVPI formula (including schools) were:

	Actual days per employee per year	Target days per employee per year
November 2010 to October 2011	10.32	10.55
November 2011 to October 2012	8.55	10.15
November 2012 to October 2013	9.03	10.00
November 2013 to October 2014	9.30	8.25
July 2014 to June 2015	10.16	8.1
January 2015 to December 2015	10.25	9.3
November 2015 to October 2016	8.83	8.0*

*From April 2016 a new 5 year target was established of 8.0 days per employee per year.

10. The actual figure at the end of May 2017 was 8.12 days' lost per FTE including schools which indicates that absence levels are falling.

What has happened since the last report?

11. Since the last report we have:
    - Started the roll-out of mandatory sickness absence management training for all managers within the Council. This training is one of five modules of mandatory training and briefing sessions for all managers to enable them to deal with workforce issues more effectively.
    - Piloted a "Taking Control of Stress" course in partnership with Talking Therapies services aimed at employees suffering from Work related Stress. Five consecutive sessions have been planned commencing in June, and will be attended by 15 employees. A full review of the course will take place after the pilot.
    - Recruited 8 workplace contacts who can provide initial support and guidance to employees experiencing issues with mental health.
    - Worked in partnership with Public Health and other organisations to commission and organise a number of courses relating to mental health and the management of stress:
        - 3 x Mental Health First Aid delivered by the TUC
        - 3 x Mental Health First Aid light courses were delivered by the TUC
        - 2 x Mental Health in the Workplace for Managers courses delivered by Tyneside MIND
        - 4 x A Life worth Living courses delivered by Washington MIND
        - 3 x Understanding Self Harm courses delivered by Washington MIND
        - 2 x Managers role in Managing Stress briefings delivered by the Corporate health and Safety team, Occupational health Manager and Workforce Development.
    - Attended a regional Connect 5 train the trainer (emotional wellbeing brief interventions) programme hosted in April. Two Workforce Development Advisers from Gateshead Council attended the event. The focus of Connect 5 training is to enable people to feel more confident and skilled to work collaboratively with individual adults to help improve their mental wellbeing. The Connect 5 training is based on a cognitive behavioural therapy (CBT) approach which can help people to recognise and change some of the unhelpful patterns of thinking or behaviour that are behind their difficulties, so people can then improve the way they feel on a daily basis. Level 1 training provides a half day awareness of this approach whilst the Level 2 and Level 3 courses are full day sessions which will help facilitate more detailed interventions.
    - Continued to commission and monitor a Health and Safety E-Learning portal which has allowed a further 83 Council employees to complete modules on Stress Management (Employees) or Stress Management (Employers) since 1st November 2016. This brings the total number of employees accessing the portal to approximately 200.

What will we do next?

- Continue the roll-out of sickness absence management training for all managers. This will take approximately six months to complete.
- Commence the roll-out of Connect 5 training from July 2017. This will initially be delivered to managers and employees within Adult Social Care - Provider Services who are in a client-facing role, but it will eventually be made available to all managers and employees across the Council, and therefore will help managers to support employees in the workplace.
- Undertake a review of the Council's health surveillance programme to ensure that the appropriate measures and monitoring are in place to protect the health of our at risk employees.
- Continue to train employees in mental health first aid. This will ensure additional workplace contacts are available to signpost employees to enable them to get the right level of support.

Recommendation

The views of the Overview and Scrutiny Committee are sought on:

- Whether the Committee is satisfied that the actions necessary to reduce the sickness absence levels of employees are in place.
- Whether the Committee is satisfied with the scope of the data that is included in the reporting of sickness absence management.

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Causes of Sickness Absence
1 June 2016 to 31 May 2017

Category	Whole Council	Schools
Chest, respiratory	5.24	4.86
Eye, ear, nose & mouth/dental	3.24	3.65
Genito-urinary	1.30	0.76
Headaches & migraines	2.87	5.27
Heart, blood pressure & circulation	1.54	0.57
Other	0.59	2.64
Post-op recovery & other hosp	18.04	14.67
Pregnancy related	1.60	3.31
Stomach, liver, kidney & digestion	8.79	13.28
Stress, depression & mental health	24.14	15.51
Viral infection	12.44	18.18
Musculo skeletal	12.11	9.78
Back problems	7.25	5.44

Total Sickness Days
1 June 2016 to 31 May 2017

Category	Absence days per FTE
Care, Wellbeing & Learning	19203
Communities & Environment	11806
Corporate Resources	1596
Corporate Services & Governance	769
Policy, Economic Growth & Transformation	476
Schools	9822
Total including schools	43672
Total Excluding schools	33850

Sickness Absence
1 June 2016 to 31 May 2017

Sickness Absence
1 June 2016 to 31 May 2017

**Sickness Absence Days per FTE
Stress, Depression & Mental Ill Health
1 June 2016 to 31 May 2017**

Days lost per FTE

Category	Days lost per FTE
Care, Wellbeing & Learning	4.02
Communities & Environment	1.80
Corporate Resources	0.44
Corporate Services & Governance	1.78
Policy, Economic Growth & Transformation	1.25
Schools	0.83
Total including schools	1.96
Total excluding schools	2.53

**Sickness absence days per FTE
Stress, Depression & Mental Ill Health
Care, Wellbeing & Learning
1 June 2016 to 31 May 2017**

Short Term/Long Term Sickness
1 June 2016 to 31 May 2017