

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 26 June 2017, and to consider actions moving forward.

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 and progressed but Councillors agreed at the meeting on 26 June to keep the matter under scrutiny and this is the twenty-first update on progress since the Committee considered the final report arising from the review.

Statistical Information

3. As in previous reports, and as requested by the Committee, this report contains information relating to:
 - The causes of sickness absence
 - Sickness absence total days lost
 - A focus on data relating to sickness absence due to stress, and absence by age profile.

The statistics quoted in this report relate to the period 1 April 2017 to 31 March 2018.

4. The previous figure reported to OSC for average sickness days per FTE was 9.51 days' absence, excluding schools, for the period 1 June 2016 to 31 May 2017. However, a system error has been identified which double counted staff numbers where there were moves from one part of the Council to another during re-organisation exercises. Unfortunately, this resulted in under reporting of the figure.

The correct figure should have been reported as 12 days' absence per FTE. The issue within the IT system has now been resolved.

- Average sickness days per FTE for the period 1 April 2017 to 31 March 2018 is 12.75. Broken down into quarters average sickness days per FTE are as follows:

Quarter	Average sick days per quarter, per FTE
April 2017 to June 2017	3.36
July 2017 to September 2017	3.43
October 2017 to December 2017	3.50
January 2018 to March 2018	2.39

Sickness Absence Causes – Appendix 1

- Appendix 1 shows the causes of sickness absence in percentage terms for the Council. Across the Council as a whole stress/depression and mental ill health accounts for just over 30% of all sickness and remains the largest cause of sickness absence. Post-op recovery/hospital treatment makes up 18.5%, and other musculo-skeletal conditions account for 14% of all sickness. These three categories remain the largest causes of sickness absence.

Sickness Absence Days Lost – Appendices 2 - 4

- The table below shows the total number of sick days lost per Group and the average sick days lost per FTE per Group.

Group	Total days lost	Days per FTE within the Group
Care, Wellbeing and Learning	20638.55	16.77
Communities and Environment	10518.46	9.26
Corporate Resources	8248.39	12.16
Corporate Services and Governance	1336.99	9.21
Office of the Chief Executive	372.83	9.49

- Appendix 2 shows the split between the number of days lost for short-term and long-term sickness absence by Group. Appendix 3 is a comparison of sickness absence over the last three years in the main categories of sickness. This shows that absences relating to stress, depression and mental ill health are increasing but levels of absence are decreasing in the other categories.
- Appendix 4 is the average sickness days per FTE by age band. The information in this appendix needs to be considered in conjunction with the table below which provides context in relation to the number of staff within each age group and the number of days absence. The data shows **the probability** of sickness absence rising as employees get older.

Age	FTE average within the age band	Total sickness absence days	FTE Days lost
19 and under	58.92	272.88	4.631422018
20-24	87.48	665.84	7.611489403
25-29	154.80	1163.96	7.519048027
30-34	268.96	2701.41	10.04393633
35-39	344.90	3023.46	8.766188335
40-44	333.27	3903.37	11.71234979
45-49	514.02	6913.97	13.45090121
50-54	688.82	8878.97	12.89013188
55-59	519.08	8837.58	17.02553229
60-64	224.45	4245.78	18.91611359
65-69	26.26	571.82	21.7754247
70+	3.58	67.63	18.87117458

Sickness Absence Days Lost Due to Stress – Appendices 5 - 6

10. Stress, depression and mental ill health issues remain the largest cause of absence. The average for the whole Council is 4.15 days per FTE for the 12-month period 1 April 2017 to 31 March 2018 as shown at Appendix 5. Appendix 6 shows the absence days per FTE due to stress, depression and mental ill-health specifically for the services within Care, Wellbeing and Learning.

Regional Data

11. Information has been sought in relation to sickness absence rates in neighbouring authorities. Responses range from 9.71 to 11.33 average sick days per FTE. However, it is difficult to compare data where services have been contracted into and out of authorities, and there is no recognised universal methodology for calculating average sickness days per FTE. Councils which have contracted out staff who carry out predominantly manual work will tend to have lower sickness absence levels. Clearly the nature of the work undertaken tends to result in increased levels of sickness.

Sickness Absence in the public sector

11. The Chartered Institute for Personnel and Development (CIPD) Health and Wellbeing at Work Report 2017 found that on average, public sector employees had 8.5 days of absence for 2017, showing no change from the findings in the 2016 survey. Absence rates remain considerably higher in the public sector than in private sector services (5.6 days per employee), manufacturing and production (6.2 days per employee) or the non-profit sector (7.3 days per employee).
12. Stress ranks top among public sector organisations' top three causes of long-term absence (71% compared with 45% of private sector services) with workload/volume of work, management style and restructuring/organisational change cited as the three main causes of stress.

13. The proportion of public sector organisations including mental ill health among their top causes of absence has also increased. While this increase has also been observed in the private and non-profit sector, absence due to mental ill health (as well as stress) remains more common in the public sector. Two-thirds (67%) of public sector organisations have reported an increase in the number of reported common mental health conditions in their organisation over the last year (compared with 51% of the private sector).

What has happened since the last report?

14. The Chief Executive and Corporate Management Team take sickness absence very seriously and regularly monitor absence levels, and ensure their teams are robustly managing sickness absence. They monitor absence related data to ensure managers are responsible, and accountable, for the management of sickness absence in their respective areas. HR Advice provides comprehensive sickness absence data to management teams on a monthly basis to enable effective and timely case management of both short-term and long-term absence.
15. HR Advice have continued the roll-out of mandatory sickness absence management training for all managers within the Council. Over 400 (out of approximately 500) managers have attended the training which gives them with the knowledge, tools and confidence to manage attendance.
16. As part of the Council's achievement of the North East Better Health at Work Award (NEBHAWA) in January 2018, all employees were invited to take part in a Health Needs Assessment survey. The outcomes of the survey are being used to focus on health initiatives around the priorities identified. These include: losing weight; reducing stress levels; increasing physical activity; improving sleep; getting a better work-life balance and reducing back pain. An employee health and wellbeing workshop took place on 8 May to discuss priorities in more detail; explore ideas for health initiatives; use the skills, knowledge and experience of the workforce to input into healthy workplace activities; and, to co-ordinate activity across the Council. Following the workshop, task and finish groups are being established to research, develop and implement employee health initiatives.
17. In October 2017 the Council signed the Time to Change pledge, a national campaign that aims to improve attitudes and behaviour towards people suffering with mental health problems, which remains the largest cause of sickness absence within the Council. A key part of this is to encourage workplaces to think about the mental health of their employees and ensure anyone with a mental health problem feels supported and able to talk about their concerns. Senior management are committed to fulfilling the pledge and a number of initiatives have been put in place in relation to the seven key areas as set out in Appendix 7.
18. Work has also taken place to increase employee engagement through a number of workshops relating to various issues e.g. employee recognition, and the corporate Employee Forum. Although there is no direct link to levels of sickness absence, there is a correlation between levels of employee engagement and the overall performance and effectiveness of the workforce, as identified by the government

led Employee Engagement Taskforce 2012¹. This research also suggests that high levels of employee engagement can have a significant positive impact on lowering levels of sickness absence.

19. The Council is also participating in a joint project with UNISON to tackle work-related stress. The objective is to reduce work-related stress, to improve wellbeing, and to reduce levels of stress-related sickness absence. As part of the project, surveys have been carried out using the Health and Safety Executive management standards survey tool in:

- Adult Social Care
- Social Work Children & Families
- Commissioning & QA
- Early Help
- Provider Services
- Care Call

Surveys are being carried out this month for:

- Learning & Schools
- Public Health

The key areas of concern raised to date include demands placed on employees, manager's support, role, and organisational change. Action plans are in the process of being drafted and these will be monitored to ensure agreed action is taken within appropriate timescales.

20. During 2017-18 there have been 218 referrals to the Council's counselling service. The types of referrals can be broken down as follows:

Work related Stress	Difficult working relationships	Personal issues	Health	Bereavement	Total
62	31	95	9	21	218
28%	14%	44%	4%	10%	100%

Of the 218 referrals approximately two thirds were still at work at the point of referral. Of those absent from work on referral, 80% returned to their jobs before the end of the six sessions of counselling.

What will we do next?

21. HR Advice will conclude the roll-out of sickness absence management training. Training will be available on an on-going basis for newly appointed managers.

¹ [Engage for Success – Nailing the Evidence - Employee Engagement Task Force. Research conducted in conjunction with University of Bath School of Management.](#)

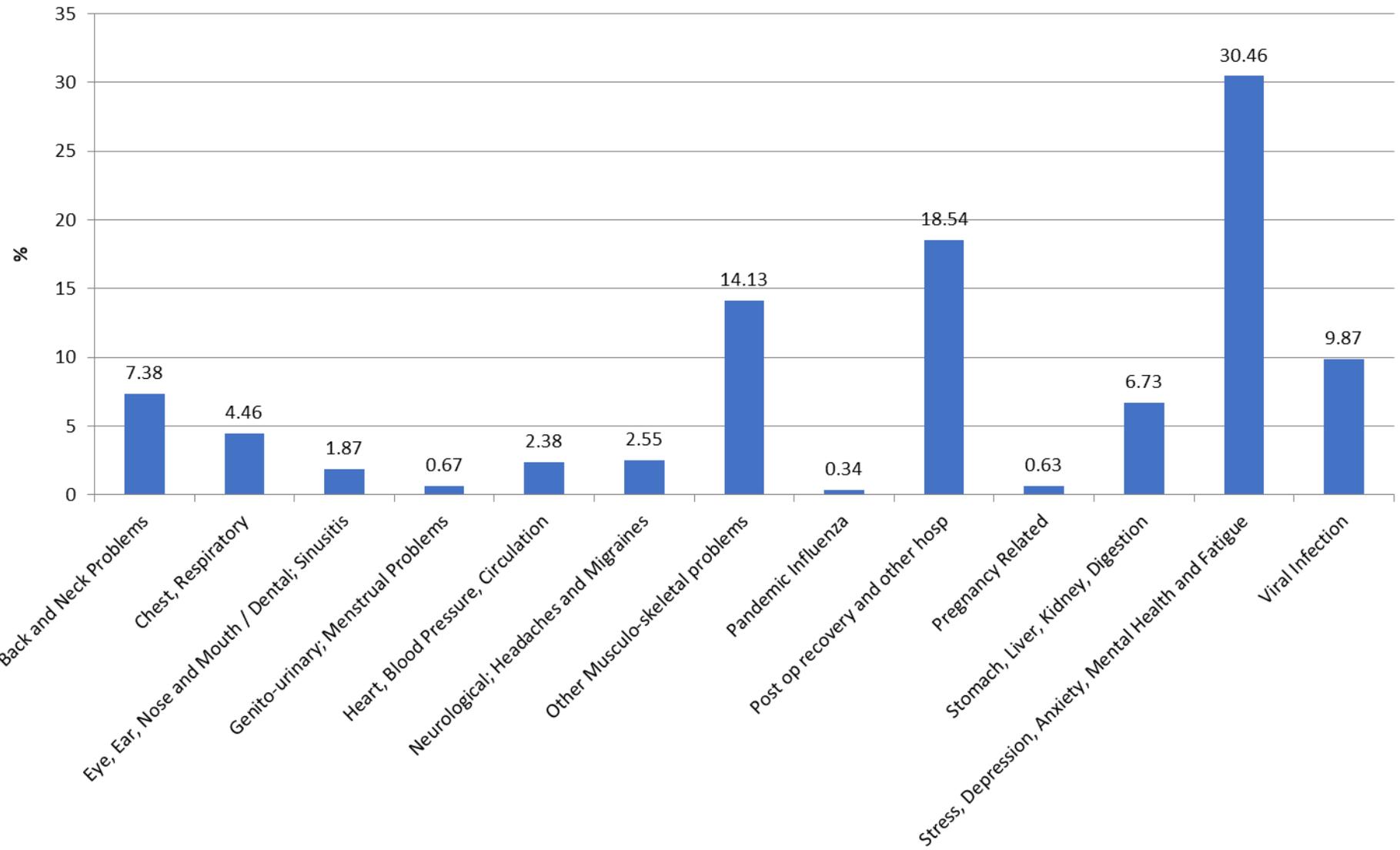
22. HR Advice will continue to provide data to services and provide advice and support in order that managers can take appropriate action to address sickness absence effectively. The Council's Sickness Policy and Procedure is available for reference using this link: [sickness policy](#)
23. As part of the North East Better Health at Work Award, three task and finish groups have been established to develop and take forward wellbeing initiatives around the priority areas as identified by employees in the health needs assessment.
24. The Council will continue to implement the action plan in relation to the Time to Change Pledge to reduce the stigma around mental health issues and enable employees to access appropriate support, hopefully before they feel a need to take sick leave.
25. The Council will continue the joint project with UNISON aimed at tackling work related stress to ensure that action plans are developed, implemented and monitored.
26. A Council wide Employee Survey will be undertaken over the summer to measure how employees feel about the Council as an employer and a place to work, and to understand the wellbeing of our employees both in and outside of work. Corporate and service-led action plans should be developed to address key issues identified in the survey. It will be important demonstrate to employees that the Council is working toward addressing issues, and the results of the survey will be reported to OSC as part of the 6-month corporate performance report.
27. The Council, working closely with the trade unions, will explore options to support an ageing workforce, particularly in relation to former manual job roles.
28. HR Advice will work in conjunction with Leisure Services and Occupational Health to explore the potential introduction of a medical referral service to the Council's Leisure Services. This would be on the basis that, where Occupational Health identify that an employee may benefit from an exercise programme, they may be offered an introductory 12 weeks free, or discounted, GO membership to access Leisure facilities.

Recommendation

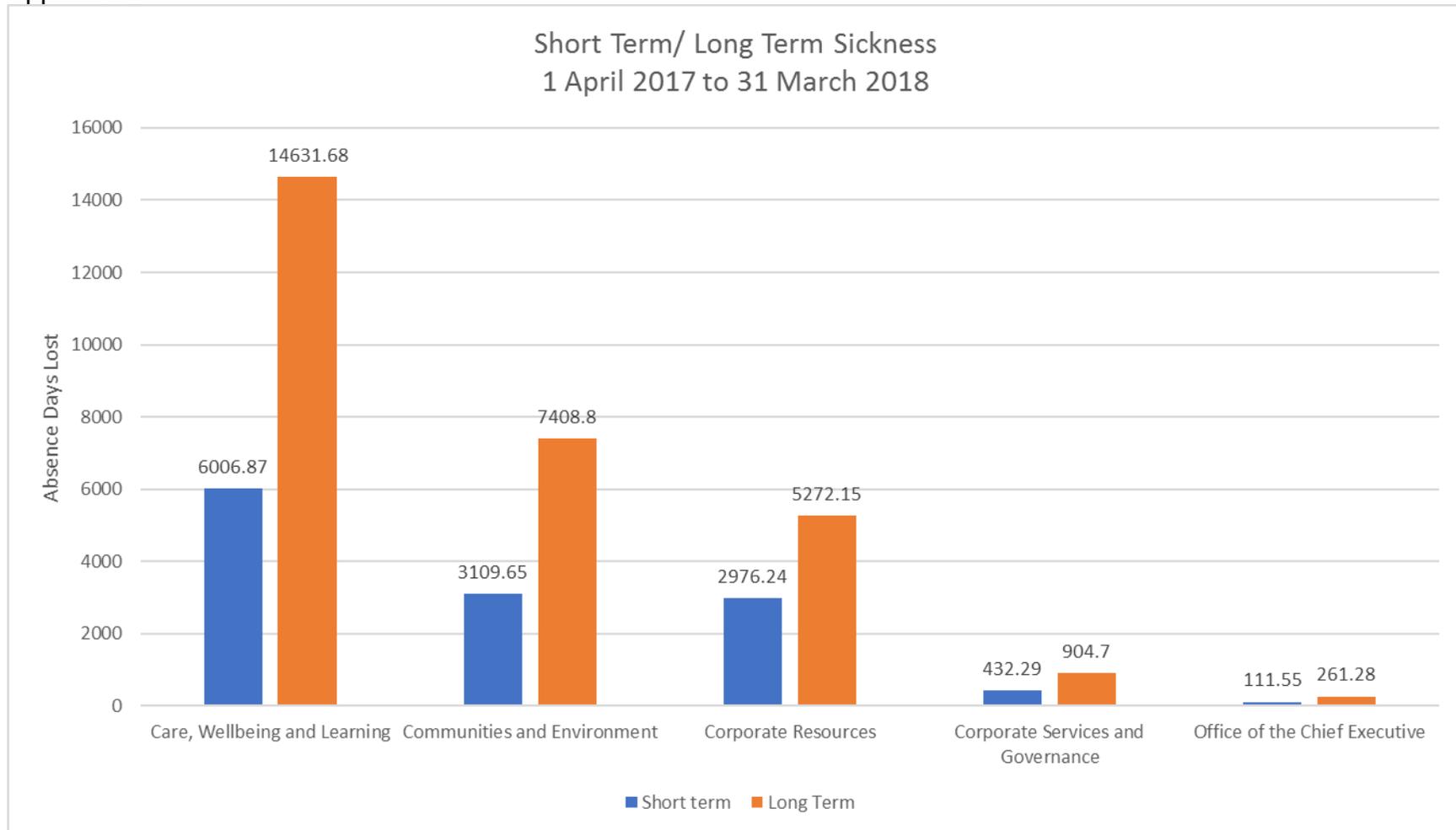
29. The views of the Overview and Scrutiny Committee are sought on:
 - i) Whether the Committee is satisfied that the actions necessary to reduce the sickness absence levels of employees are in place.
 - ii) Whether the Committee is satisfied with the scope of the data that is included in the reporting of sickness absence management.

Contact: Janice Barclay - Service Director, HR and Workforce Development.
Ext. 2101

Causes of Sickness Absence 1 April 2017 to 31 March 2018

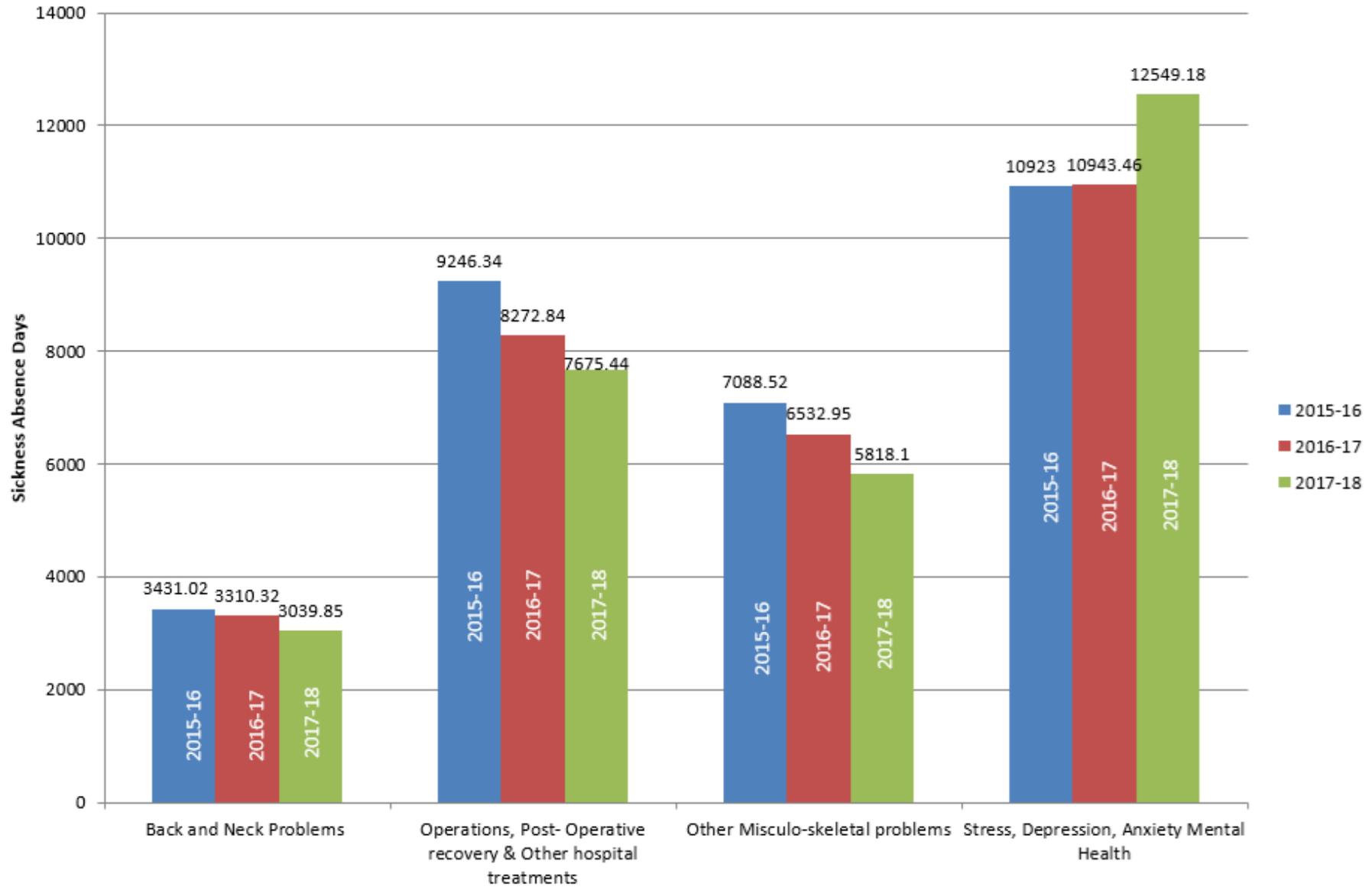


Appendix 2

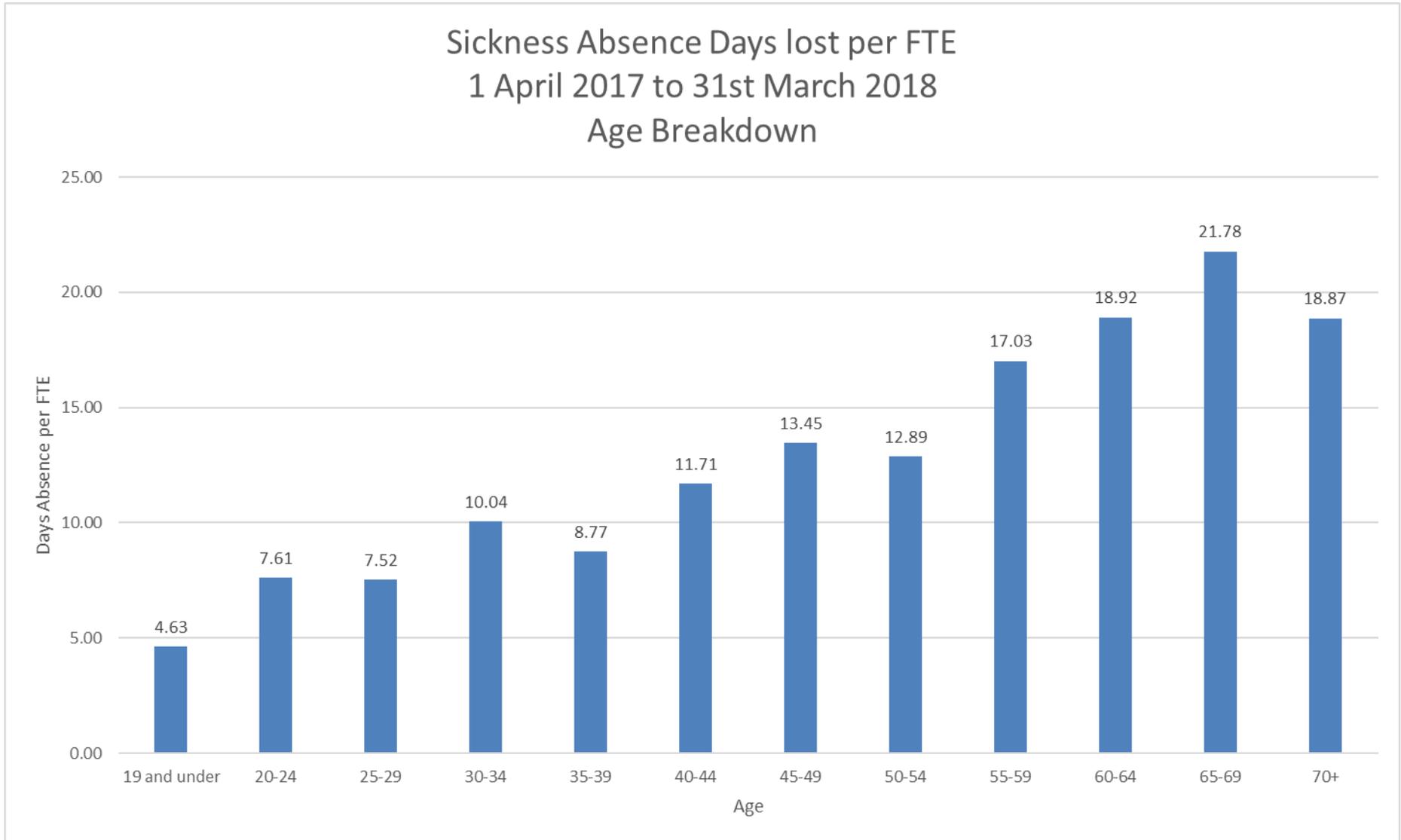


Appendix 3

Sickness Comparison

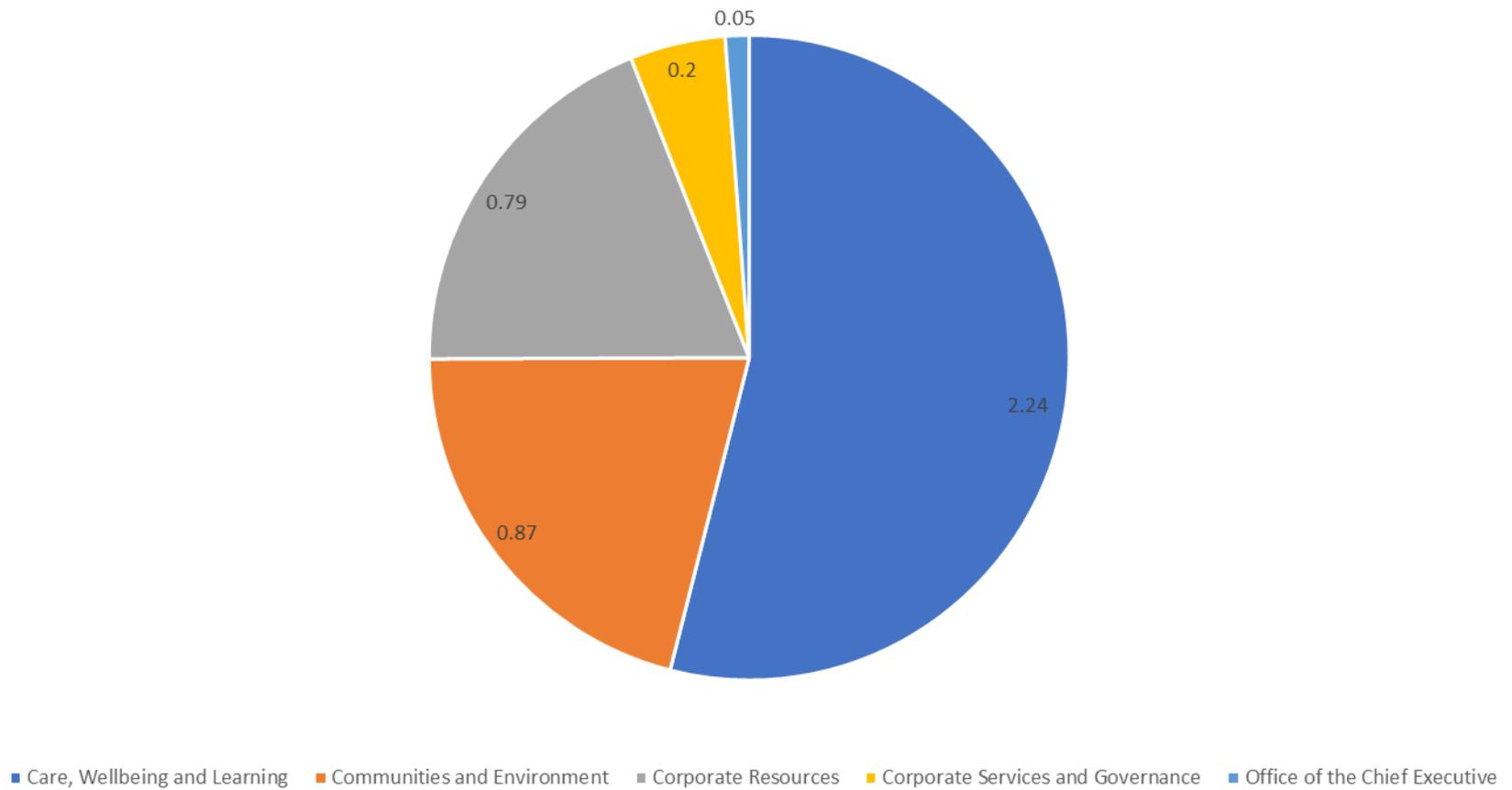


Appendix 4

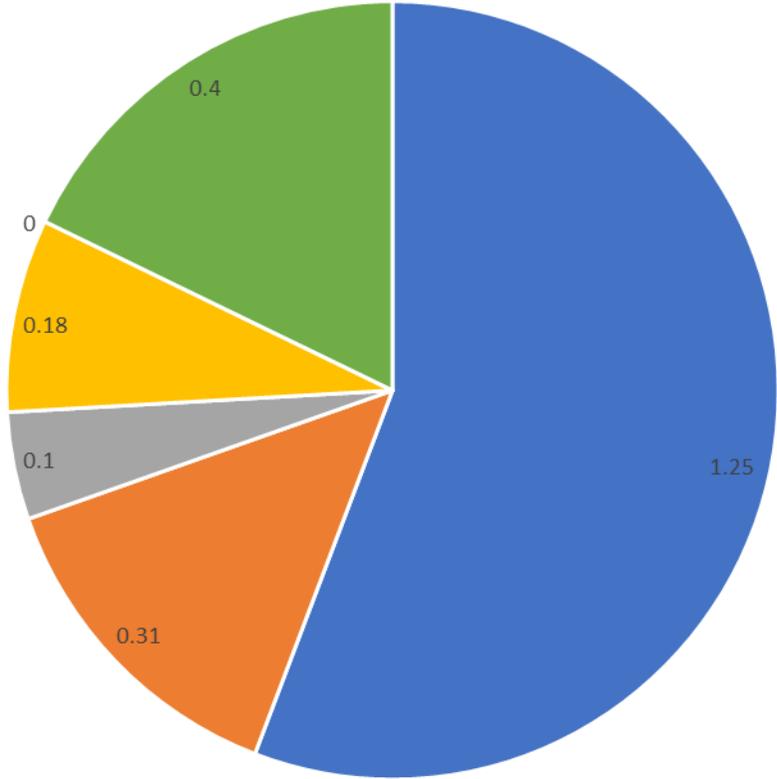


Appendix 5

Sickness Absence days lost per FTE
Stress, Depression & Mental Ill Health
1 April 2017 to 31 March 2018
4.15 FTE days lost per FTE



Sickness Absence days lost per FTE
Stress, Depression & Mental Ill Health
1 April 2017 to 31 March 2018
Care, Wellbeing and Learning



■ Adult Social Care and Independent Living ■ Early help ■ Health and Social Care ■ Learning and Schools ■ Public Health ■ Social Work- Children and Families

The following sets out the seven key areas of the Time to Change Pledge and actions to address these:

- **Demonstrating senior level buy-in**
The pledge board behind reception in the Civic Centre has been signed by the Leader, Councillor Gannon and the Chief Executive, Sheila Ramsey outlining their support and commitment to tackle mental health in the workplace.
- **Demonstrating accountability and recruiting Employee Champions**
There have been 13 Mental Health First Aiders recruited to date who offer the opportunity for staff to discuss areas of concern with them. There are also approximately 25 Health Advocates who can also support people. Their contact details are available on the intranet <https://intranet.gateshead.gov.uk/article/3157/Mental-health-first-aiders> and <https://intranet.gateshead.gov.uk/article/1733/Health-Advocates>
- **Raising awareness about mental health**
There are a range of events and resources available throughout the year which aim to raise awareness of mental health and offer support to any employee who feels they will benefit from involvement. The Council also engaged with Northumberland and Tyneside MIND and others to provide courses for employees during Mental Health Awareness Week in May.
- **Updating and implementing policies to address mental health problems in the workplace.**
A full suite of policies and guidance for employees and managers on mental wellbeing is available on the intranet <https://intranet.gateshead.gov.uk/article/1735/Mental-wellbeing>
- **Asking our employees to share their personal experiences of mental health problems.**
We have had employees who have shared just how much mental health affects them <https://intranet.gateshead.gov.uk/article/6798/Time-to-Talk-Day-an-employee-s-story>
- **Equipping line managers to have conversations about mental health.** The Workforce Plan includes training courses for managers (Manager's Role in Managing Stress and Managing Mental Health in the Workplace) to equip them with the knowledge on how to spot issues and how to support employees who are affected by mental ill-health in the workplace.
- **Providing information about mental health and signposting to support services.**
There is a wide range of resources available to employees on mental health issues available through the intranet and also links to advice and support services through the 'Our Gateshead' community website <https://www.ourgateshead.org/mental-health> or <https://www.ourgateshead.org/healthandwellbeing>