

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

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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 7 September 2015.

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 7 September 2015 to keep the matter under scrutiny and this is the eighteenth 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 January 2015 to 31 December 2015.

Although there was a general downward trend in sickness absence from 2005, the data indicates that since 2013 the level of sickness absence has been rising. The previous figure reported to OSC for average sickness days per FTE was 10.16 days absence for the period 1 July 2014 to 30 June 2015. 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 January 2015 to 31 December 2015 was 10.25 days absence.

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% which is a slight increase since the last report and it remains the largest cause of sickness absence. Post-op recovery/hospital treatment makes up 19% and other musculo-skeletal conditions account for 16%. 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 2.73 days per FTE excluding schools for the 12 month period 1 January 2015 to 31 December 2015. This was previously reported as 1.9 days per FTE including schools for the 12 month period November 2013 to October 2014.
8. 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

9. The actual figure at the end of December 2015 was 10.25 days lost per FTE including schools which indicates that absence levels are continuing to rise.

What has happened since the last report?

10. As documented in previous reports the level of sickness absence remains high, particularly due to stress/depression and mental ill health. Since the last report we have:

- Continued to support employees suffering from stress at work and other stressors through sickness absence and counselling referrals.
- Delivered two 'Managing Stress Positively' courses for managers in the Council Chamber. These were delivered by Danny Halpin our lead counsellor. The courses looked at stress related sickness absence; costs; impact of change; good management; intervention and prevention and the importance of tackling issues before it led to sickness absence. They were reasonably well attended and feedback was positive.
- Revised and updated the corporate guidance on stress. This was done to incorporate specific corporate responsibilities, reflect the introduction of the new template risk assessment form and give precise information for managers.
- Developed a new template risk assessment form to be used by managers. Training is being arranged to assist managers in dealing with stress and other mental health issues.
- Completed the Stress Toolkit which is now available on the intranet. This includes information and guidance on managing and dealing with workplace stress and promoting positive mental health. The toolkit provides guidance for employees, guidance for managers, general information about stress and health and safety executive guidance.
- Delivered learning on stress management organised by Workforce Development as follows:
 - 3 Stress-Busters courses delivered with 31 people attending
 - 32 employees completed a Stress Management for Employees module on e-learning
 - 19 employees completed a Stress Management for Managers module on e-learning
- Facilitated five Stress Focus Groups (Assessment and Personalisation, Care Call, Provider Services Managers, Providers Services staff and Housing Services Managers).
- Completed a range of health campaigns as part of the Better Health at Work Award including cancer awareness; heart health; Stoptober, Stroke Awareness, Movember (Men's Health Awareness Campaign), Dry January and 'Wear it, Beat it' (British Heart Foundation).
- Recruited Health Advocates from the majority of services who can assist with promoting initiatives, and signposting both employees and residents to information and support about health and wellbeing.

What will we do next?

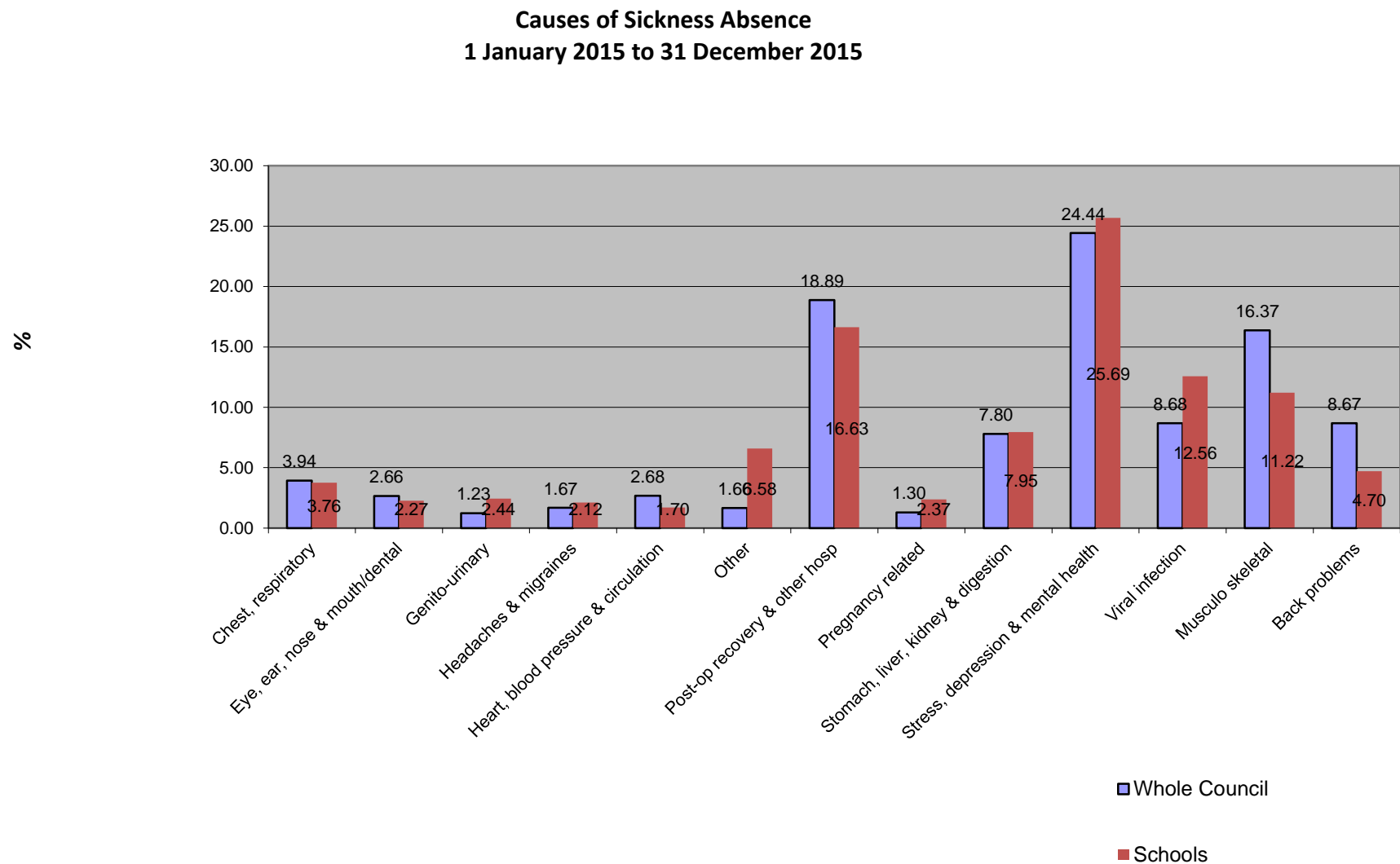
11. A pilot course (4 x 1 hour sessions) is to be offered to employees at work suffering from stress; employees absent from work suffering from stress; employees returning to work following absence and employees who know they are prone to suffer from stress, anxiety and depression. The course will give employees the tools to help them manage their symptoms more effectively in the workplace.
12. Training for employees in mental health first aid is continuing to be rolled out. This will ensure additional workplace contacts are available to signpost employees to enable them to get the right level of support. The recently appointed Senior Occupational Health Adviser will support the Mental Health First Aiders in their role.
13. Dr Abbas, the Council's senior Occupational Health Adviser will be leading a workshop involving Service Directors to look at options and initiatives around prevention which could have a positive impact in terms of reducing sickness absence levels and generally improving health and wellbeing across the workforce.
14. Work is ongoing to implement the Workforce Plan to ensure that managers have the necessary skills and fully understand the requirements of the absence management policy and procedure. Training will also be provided on managing capability and performance which are often interlinked with attendance issues.
15. The Council's new HR & Payroll system (iTrent) will be operational by March 2016. This will provide managers with ready access to absence management data and information to assist them in managing attendance.

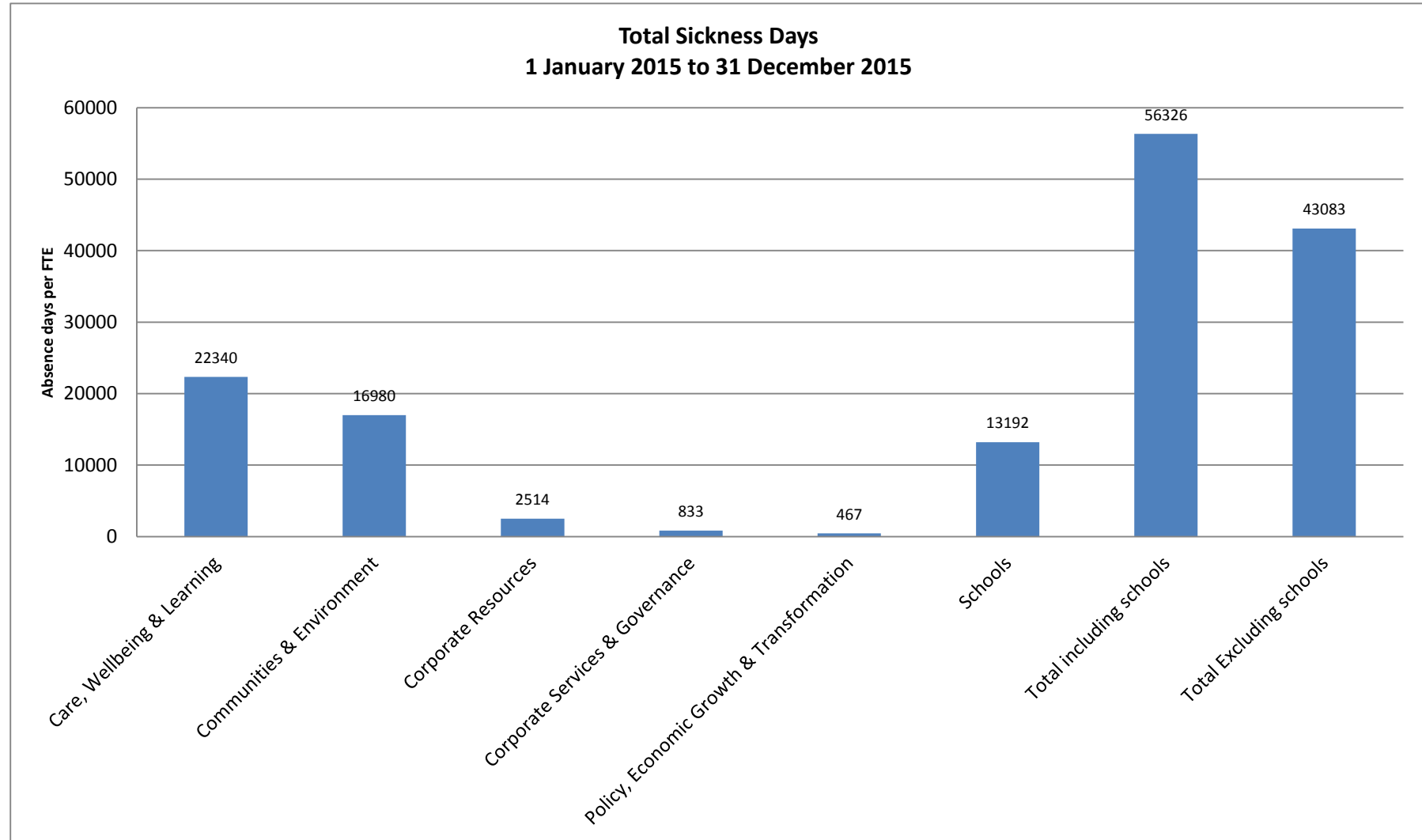
Recommendation

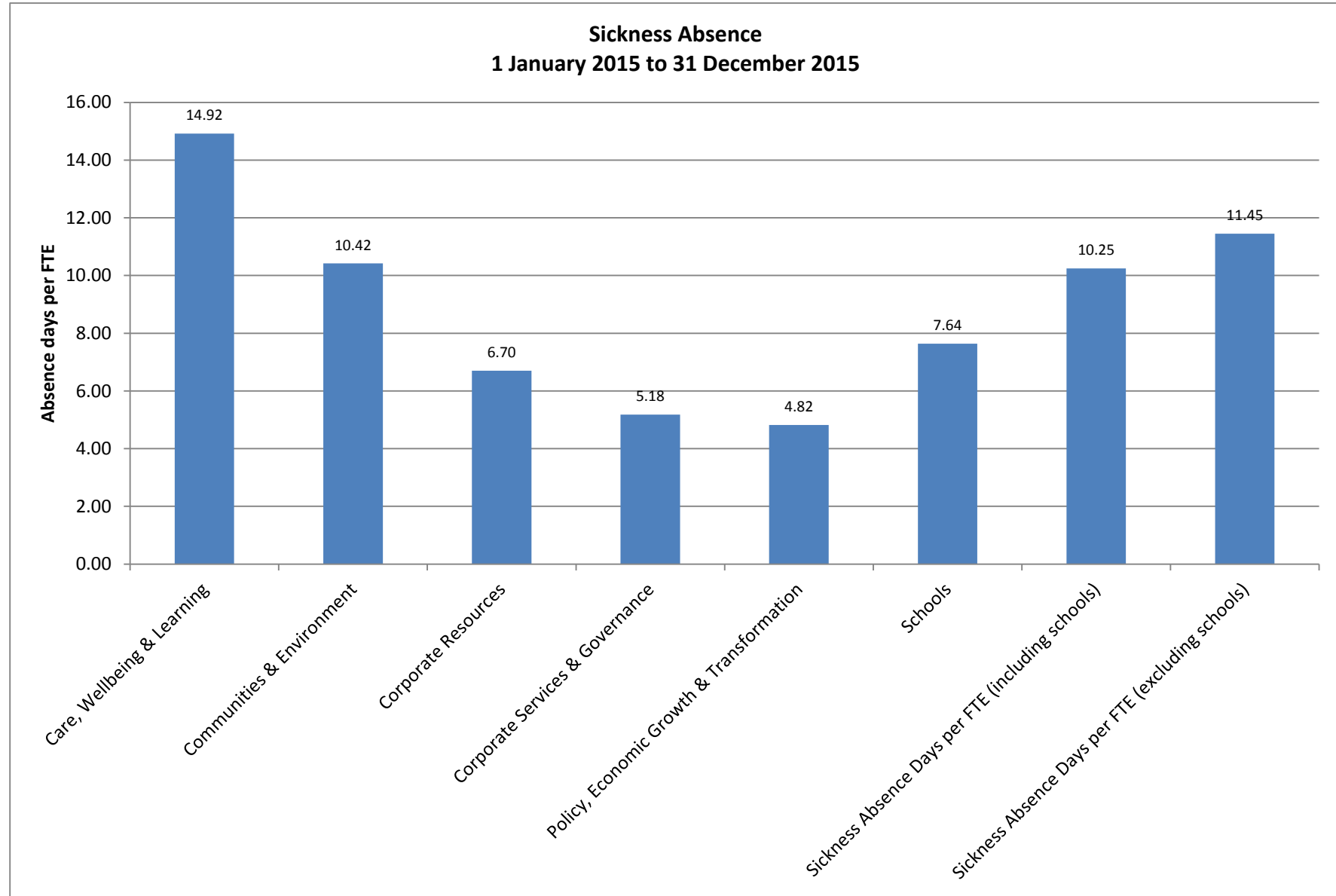
The views of the Overview and Scrutiny Committee are sought on:

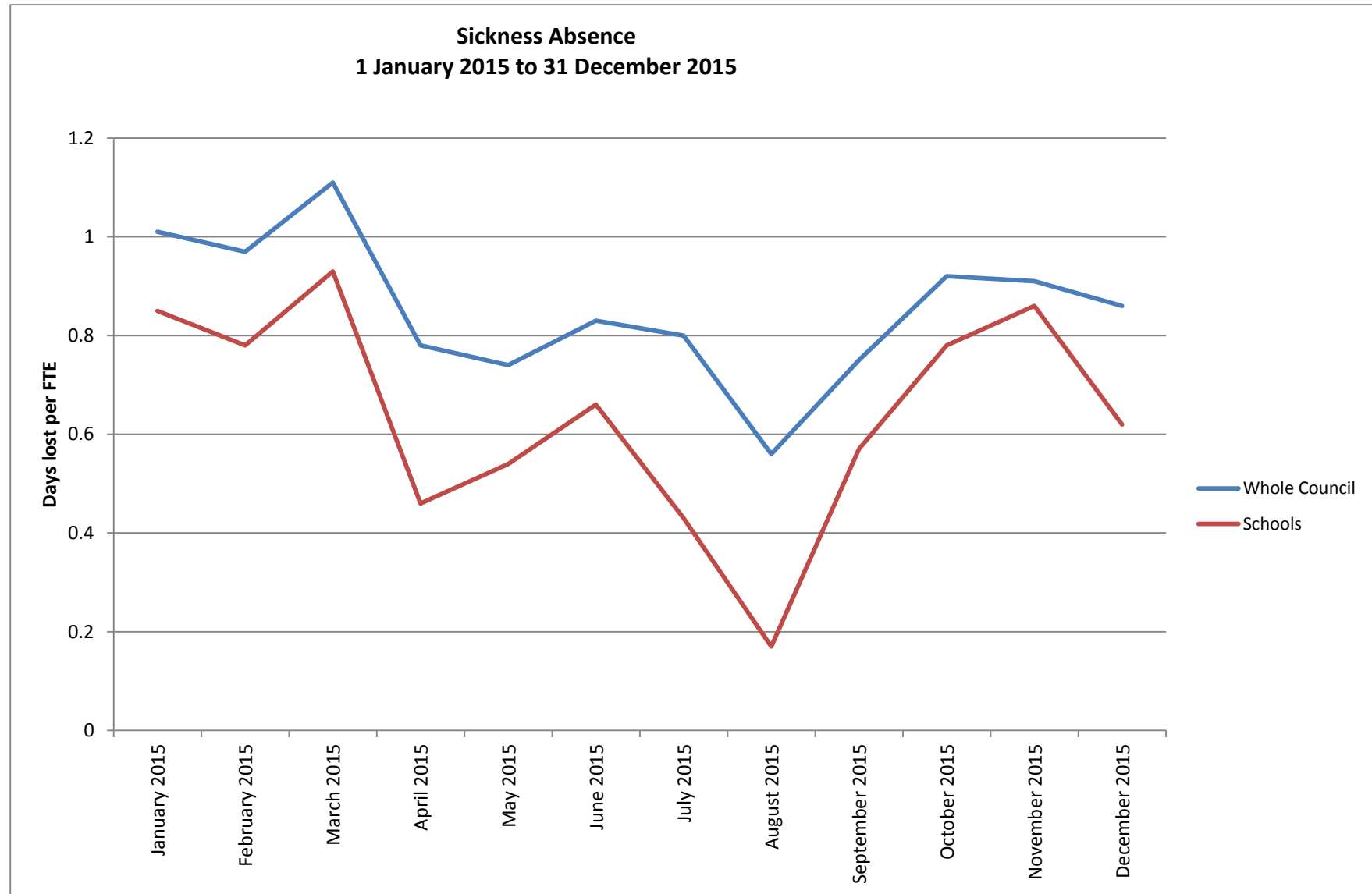
- Whether the Committee is satisfied that the actions necessary to reduce the sickness absence levels of employees are in place.

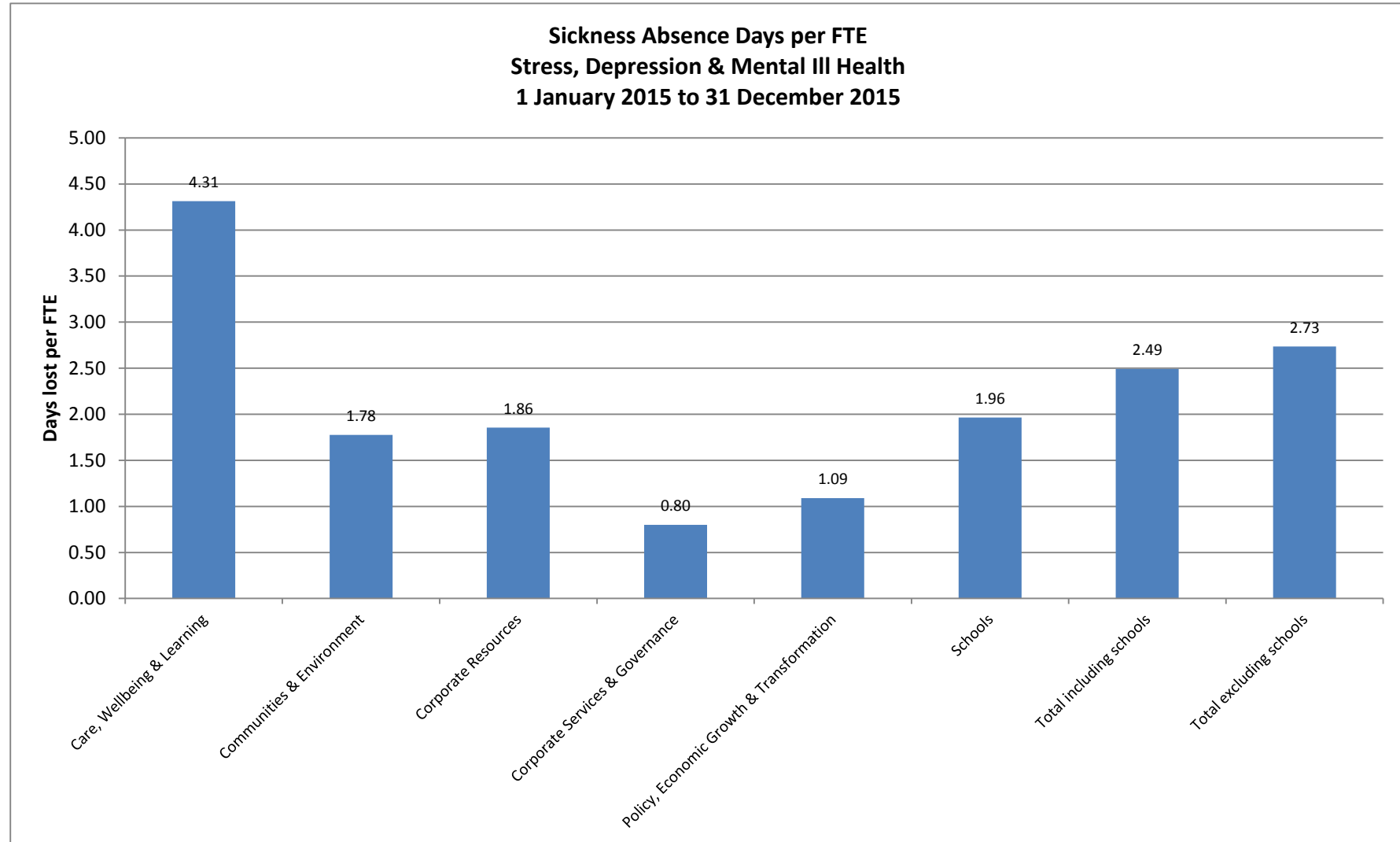
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**Sickness absence days per FTE
Stress, Depression & Mental Ill Health
Care, Wellbeing & Learning
1 January 2015 to 31st December 2015**

