

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

REPORT OF: Mike Barker, Acting Chief Executive

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 29 February 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 29 February to keep the matter under scrutiny and this is the nineteenth 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 November 2015 to 31 October 2016.

The previous figure reported to OSC for average sickness days per FTE was 10.25 days' absence for the period 1 January 2015 to 31 December 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 November 2015 to

31 October 2016 was 8.83 days' absence including schools, and 9.81 days' absence excluding 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 25.5% which is a slight increase since the last report (24%) and it remains the largest cause of sickness absence. Post-op recovery/hospital treatment makes up 16% which is a slight reduction from the last report (19%), and other musculo-skeletal conditions now account for 12% which again is a reduction (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 2.58 days' per FTE excluding schools for the 12 month period 1 November 2015 to 31 October 2016. This was previously reported as 2.73 days' per FTE excluding schools for the 12 month period 1 January 2015 to 31 December 2015.
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
January 2015 to December 2015	10.25	9.3

9. The actual figure at the end of October 2016 was 8.83 days' lost per FTE including schools which indicates that absence levels are falling.

What has happened since the last report?

10. Since the last report we have:

- Continued to support employees suffering from work related and other stressors through sickness absence and counselling referrals.
- Delivered a pilot course (4 x 1 hour sessions) on 'Mindfulness'. This was 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, which was delivered by Danny Halpin our lead counsellor, was fully attended and feedback was positive. The course gave employees practical tools to help them manage their symptoms more effectively in the workplace.
- Continued to support employees suffering from musculo-skeletal problems through the physiotherapy service. Early intervention ensures employees remain at work or return to work sooner when absent.
- Developed a Workplace Contact scheme aimed at providing initial support and guidance to employees experiencing issues with mental health.
- Continued 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.
- Commissioned and organised a number of courses relating to mental health and the management of stress:
 - 3 x Stressbusters courses delivered by the TUC
 - 2 x Mental Health First Aid delivered by the TUC
 - 4 x Mental Health in the Workplace for Managers courses delivered by Tyneside MIND
 - 2 x A Life worth Living courses delivered by Washington MIND
 - 2 x Understanding Self Harm courses delivered by Washington MIND
 - 3 x Managers role in Managing Stress briefings delivered by the Corporate health and Safety team, Occupational health Manager and Workforce Development
 - 1 x Emotional health and Well-Being Intervention session delivered by the Live Well Gateshead Hub.
- Continued to commission and monitor a Health and Safety E-Learning portal which has allowed 122 Council employees to complete modules on Stress Management (Employees) or Stress Management (Employers).
- Recently submitted our application for retention of the Better Health at Work award. Campaigns this year have included:
 - Alcohol Awareness
 - British Heart Foundation National Red Wear Day
 - No Smoking Day
 - Nutrition and Hydration
 - Stress and Mental Health

- Physical Activity
- Oral Health
- Cancer
- Sexual Health
- Stay Well this Winter
- Weight Management

What will we do next?

- As part of a new strategy to tackle sickness absence, led by the new Senior Occupational Health Adviser we will:
 - Increase Occupational Health time by maximising the appointments and employee through-put with effective case management led by the Senior Occupational Health Adviser. All sickness absence management referrals will be directed to the Senior Occupational Health Adviser. She will arrange appointments with the relevant managers, HR Advisers, and Occupational Health Physicians and ensure that an agreed plan is put in place with the aim of reducing sickness absence.
 - Offer proactive care by increasing the NHS health check clinics to tackle middle-aged health issues such as Type II diabetes.
 - Assist managers to help employees to return to work after planned surgery by introducing pre-surgery referrals to establish a return to work plan.
- We will roll out Sickness Absence Management training for all managers to ensure they understand their responsibilities under the Council's Sickness Absence Policy and are applying the policy to best effect in relation to managing absence from day one. Training will cover all aspects of managing absence including offering adaptive duties where appropriate, staying in regular contact with absent employees, and ensuring early referral to Occupational Health; in particular, for stress and musculoskeletal issues.
- Workforce Development will continue to work in partnership with the Corporate Health and Safety team, Occupational Health and Public Health to commission and promote a workforce development programme that gives employees and managers the skills and knowledge to recognise and manage stress and related mental health conditions.

Recommendation

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

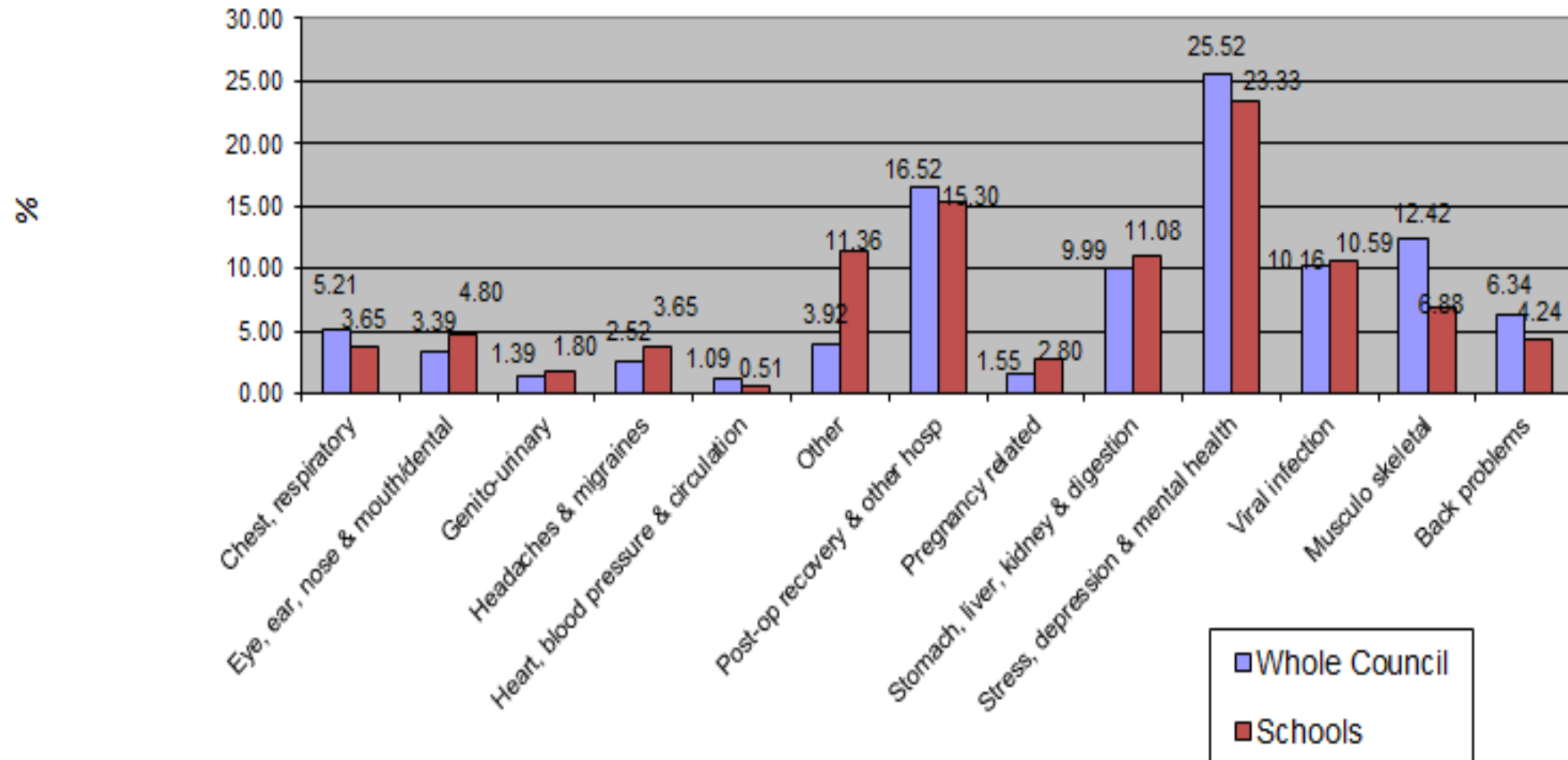
- Whether the Committee is satisfied that the actions necessary to reduce the sickness absence levels of employees are in place.
- Whether the Committee is satisfied with the scope of the data that is included in the reporting of sickness absence management.

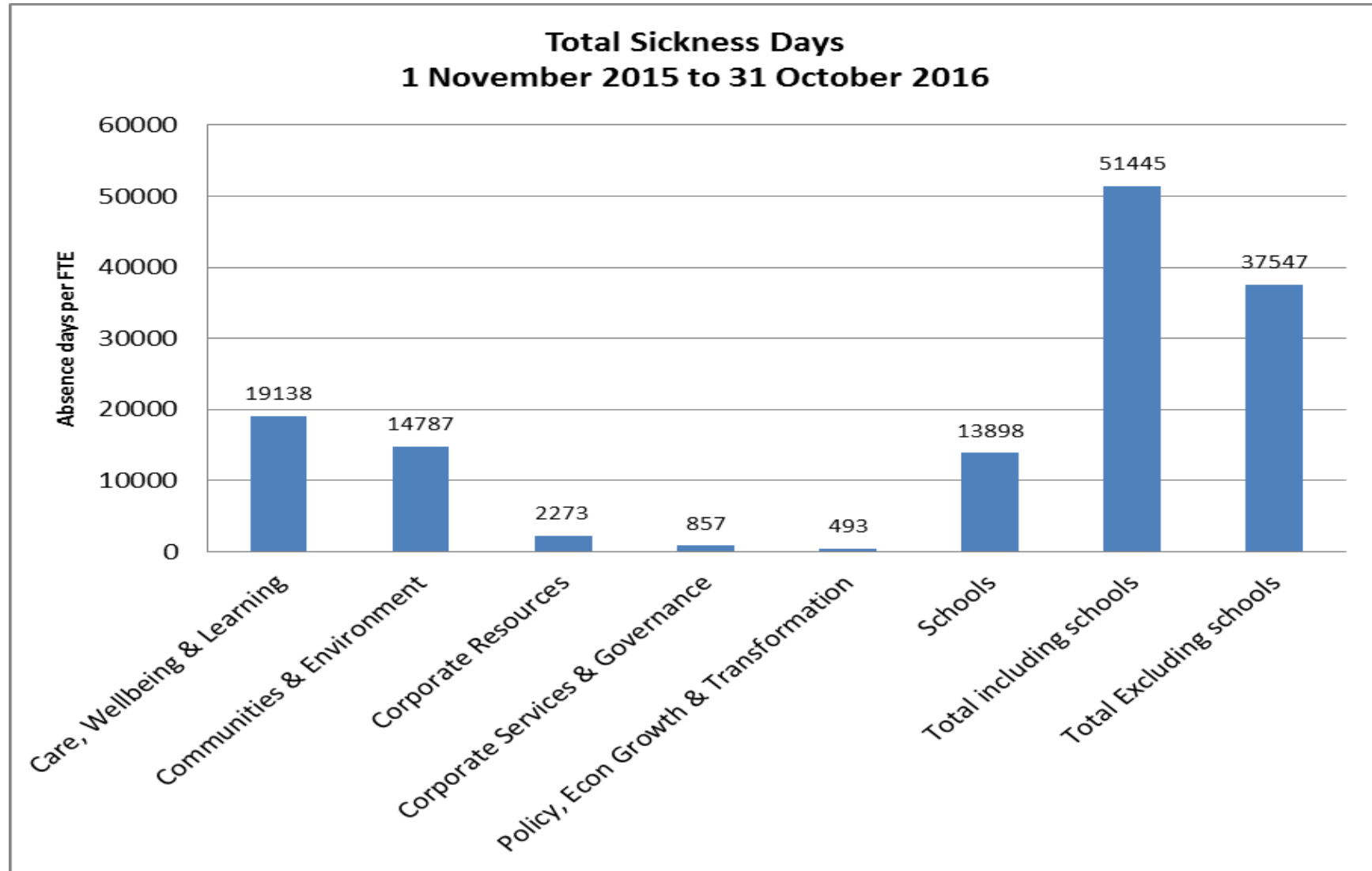
- Whether sickness absence continues to be reported separately or as part of the regular assessment of performance and delivery report.

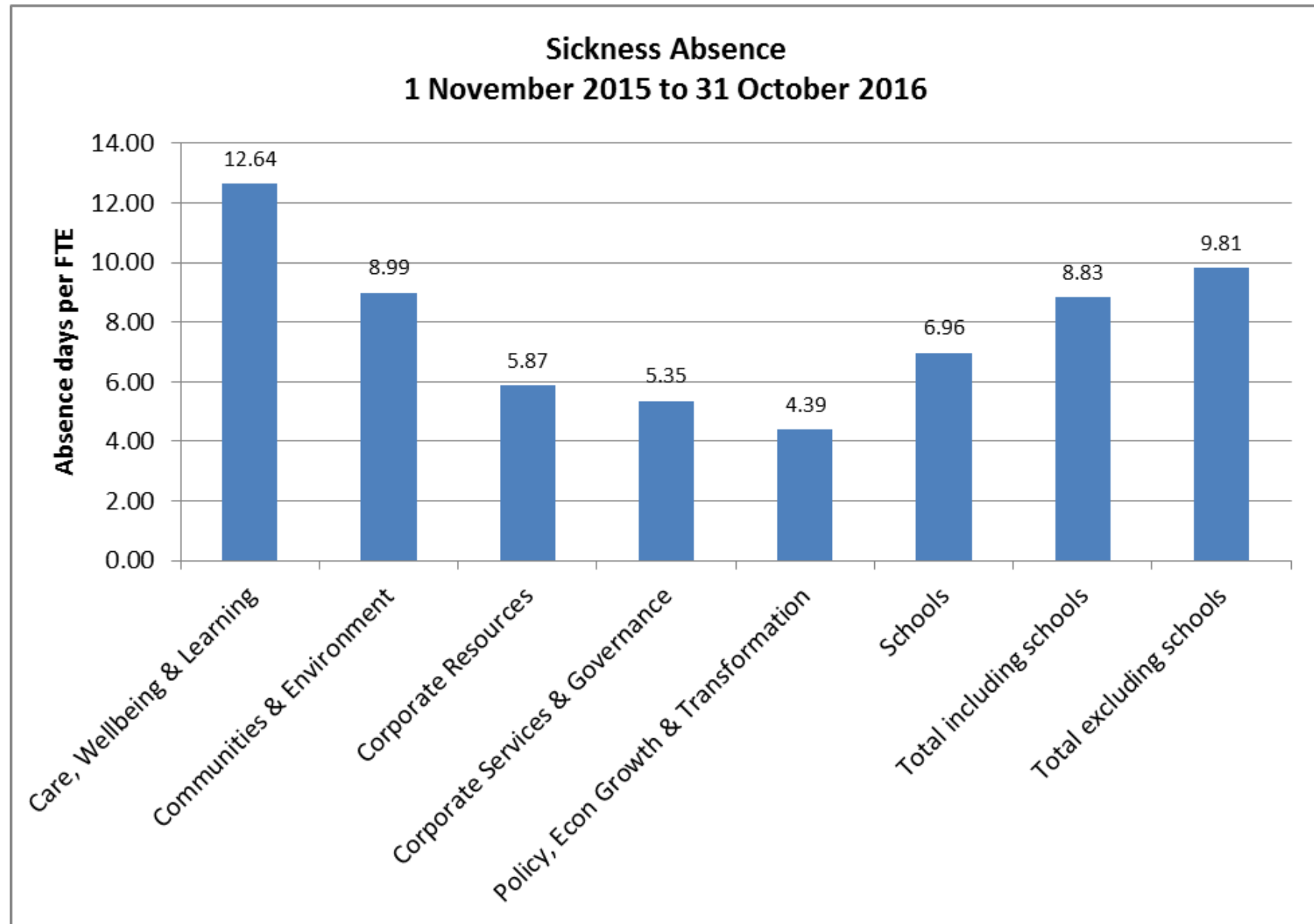
Contact: Deborah Hill

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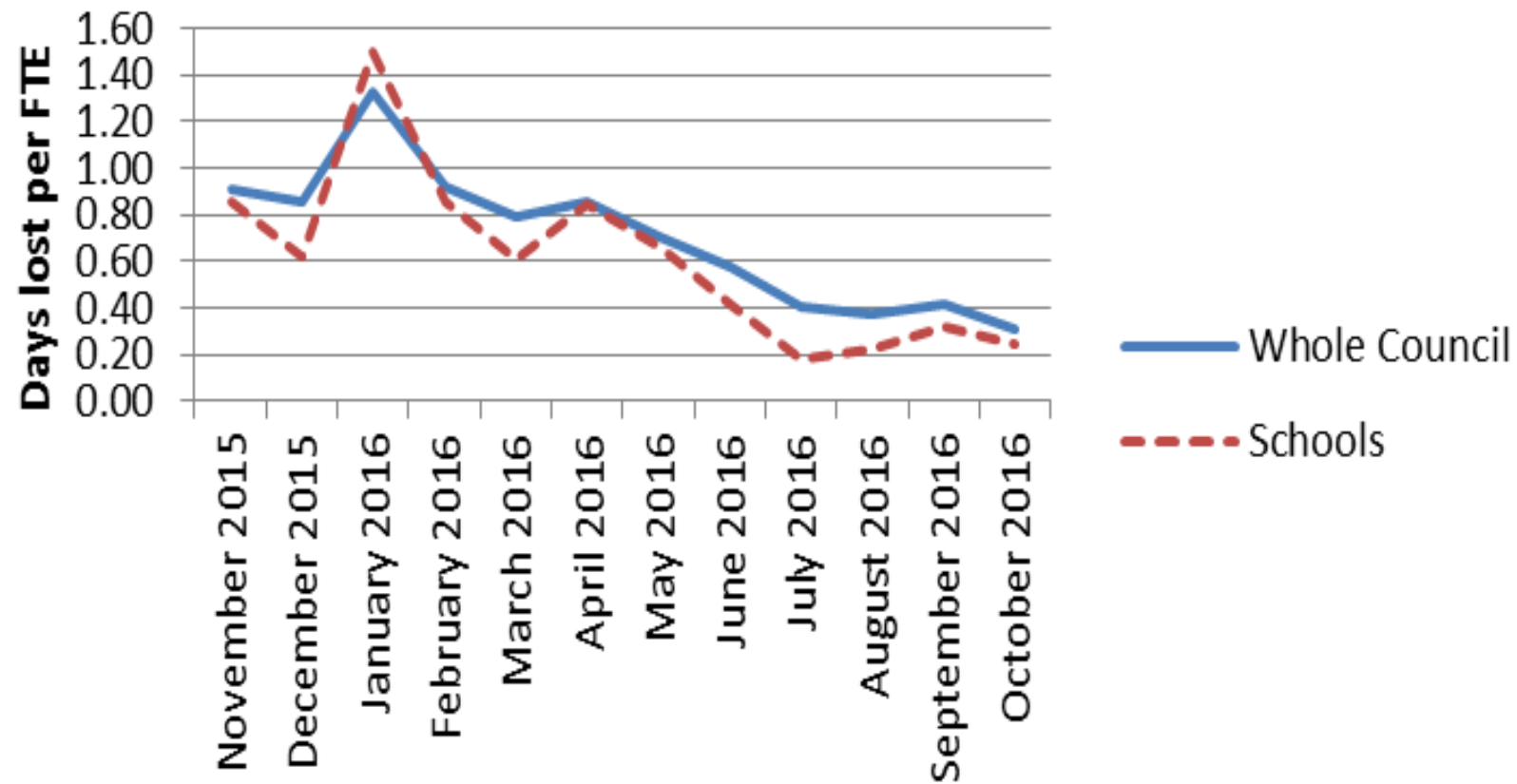
Causes of Sickness Absence
1 November 2015 to 31 October 2016

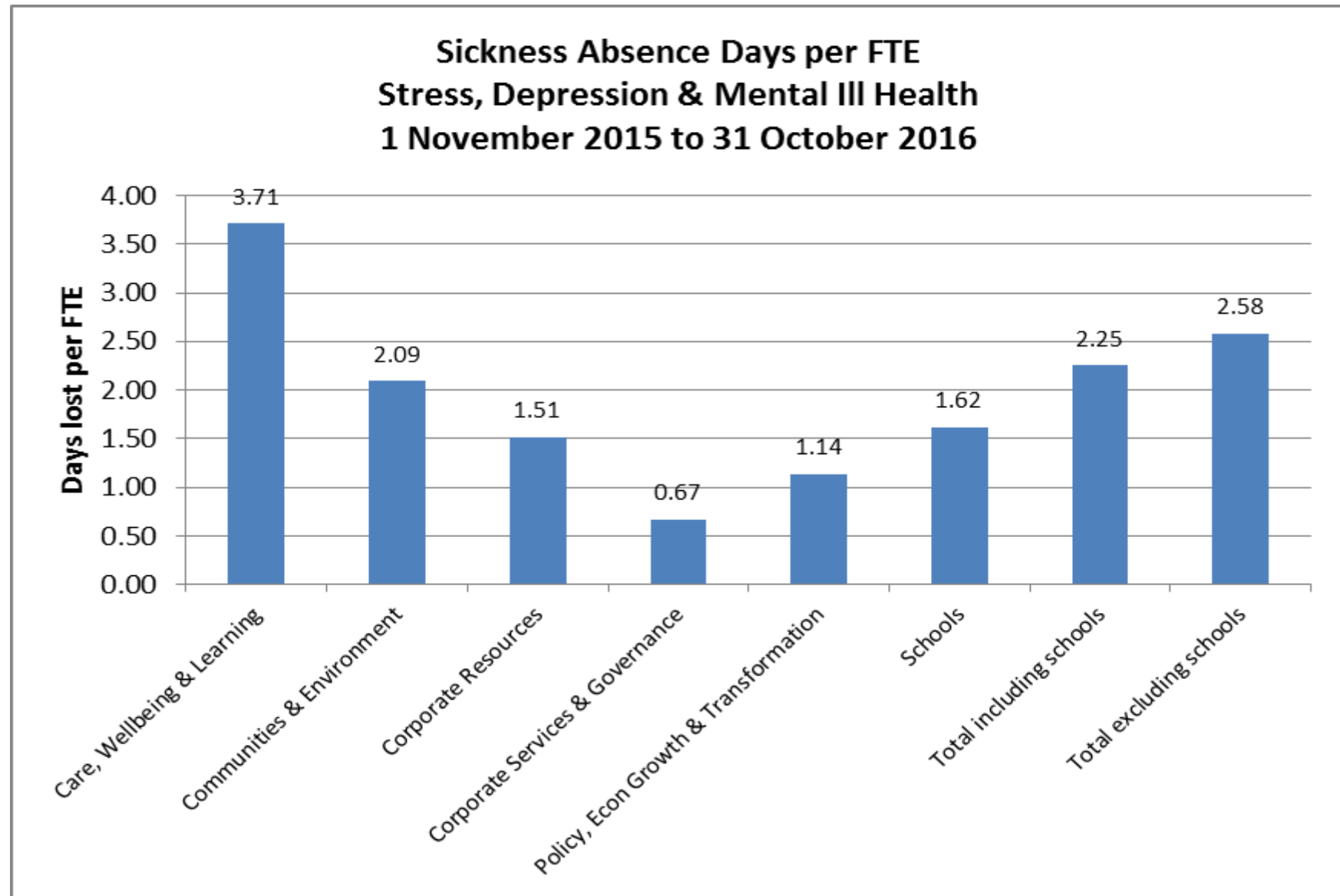






Sickness Absence 1 November 2015 to 31 October 2016





**Sickness absence days per FTE
Stress, Depression & Mental Ill Health
Care, Wellbeing & Learning
1 November 2015 to 31 October 2016**

