

BARNSELY METROPOLITAN BOROUGH COUNCIL

Report of the Service Director – Human Resources & Business Support

Sickness Absence - 2016/17

1. Purpose of Report

- 1.1 To advise of BMBC's position in relation to sickness absence for the financial year 2016/17. The report also provides a comparison and summary for the whole financial year 2016/17 with the previous financial year 2015/16.

2. Background

- 2.1 The Council's performance target for 2016/17 for sickness absence was 7.00 days per employee per year.

3. Overall Position for 2016/17

- 3.1 The following tables provide data for the financial years 2015/16 and 2016/17.

2015/16

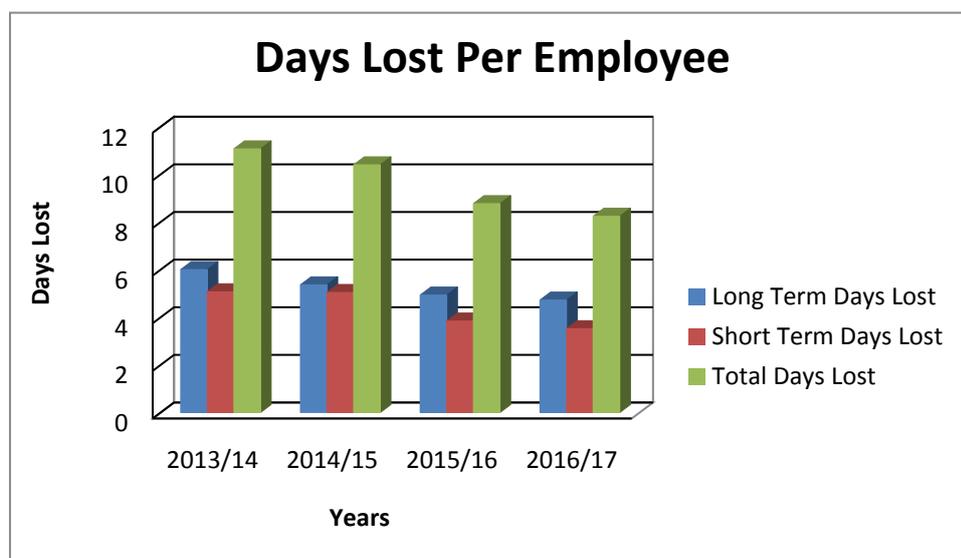
Directorate	TOTAL DAYS LOST Q1	TOTAL DAYS LOST Q2	TOTAL DAYS LOST Q3	TOTAL DAYS LOST Q4	TOTAL DAYS 2015/16
Communities	1.65	1.78	2.67	2.33	8.43
People	2.31	2.88	2.62	2.53	10.34
Place	2.17	2.49	2.54	2.76	9.96
Public Health	4.20	0.18	1.55	3.91	9.84
HR, Performance & Communications	0.78	1.16	1.52	1.33	4.79
Finance, Property and Information Services	1.17	1.64	1.67	1.9	6.38
Legal and Governance	0.09	0.85	1.24	0.48	2.66
Total per employee per year					8.77

2016/17

Directorate	TOTAL DAYS LOST Q1	TOTAL DAYS LOST Q2	TOTAL DAYS LOST Q3	TOTAL DAYS LOST Q4	TOTAL FOR 2016/17
Communities	1.98	2.06	2.81	2.58	9.43
People	2.06	2.16	2.20	2.11	8.53
Place	2.26	2.42	1.87	2.36	8.91
Public Health	5.72	4.19	4.56*	4.70*	19.17
HR, Performance & Coms	1.24	1.09	2.10	2.05	6.48
Finance, Assets & IS	1.18	0.80	1.15	1.5	4.63
Legal and Governance	0.10	1.13	2.07	1.47	4.77
Total per employee for:	Quarter 1 is 1.89 days	Quarter 2 is 1.93 days	Quarter 3 is 2.14 days	Quarter 4 is 2.28 days	8.24 days

**Includes employees 0-19 Service TUPE transferred to the Council in October 2016. Public Health's figures for quarter 4 would be 0.03 days per employee without the 0-19 service included. This would have reduced the total days lost across the Council to 8.04 days per employee.*

3.2. The absence level identified above shows a total days lost per employee of 8.24 days, this is an improvement on the overall days lost for 2014/15 (10.40 days) and 2015/16 (8.77 days). It is still above the Council's performance indicator of 7 days but is a step towards reducing sickness absence levels across the Council. There is a need to improve the management of sickness absence to achieve the Council's future performance indicator target of 6 days per employee for the period 2017/18. The chart below shows that there is a steady improvement in both long and short term sickness absence year on year. However the Council's absence rate is still above the national average as published by the Office for National Statistics which identified that the number of days lost due to sickness in the UK during 2016 was 4.3 days, the lowest level since 1993. Comparative data across the Yorkshire Region for Local Authorities for 2016/17 identifies North Yorkshire County Council as having the lowest figure at 6.36 days compared to Sheffield who has the highest figure of 12.16 days. Rotherham had 10.97 days lost and Doncaster 9.9 days lost.



3.3. Across the Council the key reason for absence during 2016/17 is due to mental health issues including stress, anxiety and depression (6470.5 total days). This is particularly high within Place - BU 4 (1002 days) and Communities - BU 7 (1,496 days). The other key reason is musculoskeletal including back pain (5445 days) which is highest within Place – BU 6 (1835 days) and Communities – BU 7 (935 days). The days lost within the Council from minor ailments e.g. Cough, cold and influenza is 3506 days per employee. Nationally during 2016 minor illnesses (such as coughs and colds) were the most common reason for sickness absence. This was followed by musculoskeletal problems (including back pain, neck and upper limb problems) followed by mental health issues (including stress, depression, anxiety and serious conditions). This is a reverse of the Council's current absence reasons.

4. Managing Sickness Absence

- 4.1. The Council's Human Resource Service – Wellbeing and Targeted Intervention Team provide advice and support to managers in respect of managing attendance. This service includes provision of Occupational Health and Counselling services.
- 4.2. There are many examples of good practice where Directorates and Services are proactively addressing sickness absence these include:

- Senior Management commitment to addressing levels of absence and supporting interventions.
- Managers seeking advice and support on a regular basis when dealing with long term and short term sickness.
- Managers are now actively managing persistent intermittent sickness cases and early intervention for long term sickness cases e.g. Absence review meeting being held at 4 weeks absence followed by a referral to OHU.
- Pro-active and early intervention support for employees.
- Greater take up of the Wellbeing Health checks.
- Absence Review Meetings being carried out across the majority of services and Managers are involving the Wellbeing Advisor particularly where employees are found unfit for their substantive post. Ensuring a more consistent approach to absence management across Directorates.
- Managers are continuing to work with each other across teams to enable employees to return to work on lighter duties for a short period of time to aide a speedier return to work.
- Managers working closely with Wellbeing Advisors to address issues of concern.
- Pro-active management of sickness including issuing formal sanctions.
- Seeking advice from Targeted Intervention Advisor on individual cases.
- Managers have sought advice from BMBC Counsellor in order to address stress in the workplace.

4.3. There remains areas where the implementation of the Managing Attendance Policy requires improvement these are in relation to:

- Some delays holding long term sickness meetings and referrals to OHU, HR working with the Service to address.
- Poor quality OHU referrals which lead to lack of management input into the OHU outcomes, the Wellbeing Advisor is meeting Managers within the Service to address this issue along with the creation of a bitesize training course.

5. Wellbeing Initiatives

5.1. In relation to mental health a number of Stretch and Strain courses have been arranged for during 2017/18 along with 2 Stress Awareness Courses held during April 17. There is also workplace counselling available alongside a number of BOLD Courses and self-help information on the Well@Work website. The Workplace Health Champions are also working on a number of initiatives to increase physical activity which is shown to improve mental wellbeing including walk to run sessions, stretch and tone classes and healthy eating groups. The Workplace Health Champions have also received Dementia Friends training and will be offered the opportunity to attend Suicide Prevention sessions in the coming months. Other activities initiatives include:

- Wellbeing clinics are continuing to be rolled out across the Council and 280 employees have taken up this offer since April 2016. The recent Human Resources Survey identified that employees attending the clinics found the information and support useful.
- A number of Wellbeing Champions have received Dementia Friends training and Suicide Prevention training will be arranged shortly.
- In respect of Musculoskeletal, access to physiotherapy and work place station assessments are undertaken.

- The HR Wellbeing Team will be reviewing the overall issues identified including the key reasons for absence with a view to producing an action plan. This will address some of the issues and barriers with the aim of further reducing the levels of sickness absence.
- Working with Public Health Colleagues to roll out Mental Health First Aid and Mindfulness Training.

6. Recommendations

6.1. This report is presented for information.

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