

4BARNESLEY METROPOLITAN COUNCIL

Report of the Service Director – Human Resources & Business Support

Sickness Absence – 2017/18

1. Purpose of Report

1.1. To advise of BMBC's position in relation to sickness absence for the financial year 2017/18. The report also provides a comparison and summary for the whole financial year 2017/18.

2. Background

2.1. The Council's performance target for sickness absence for 2017/18 was 6.00 days per employee per year.

3. Overall Position for 2017/18

3.1. The following tables provide data for the financial year 2016/17 and 2017/18.

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

2017/18

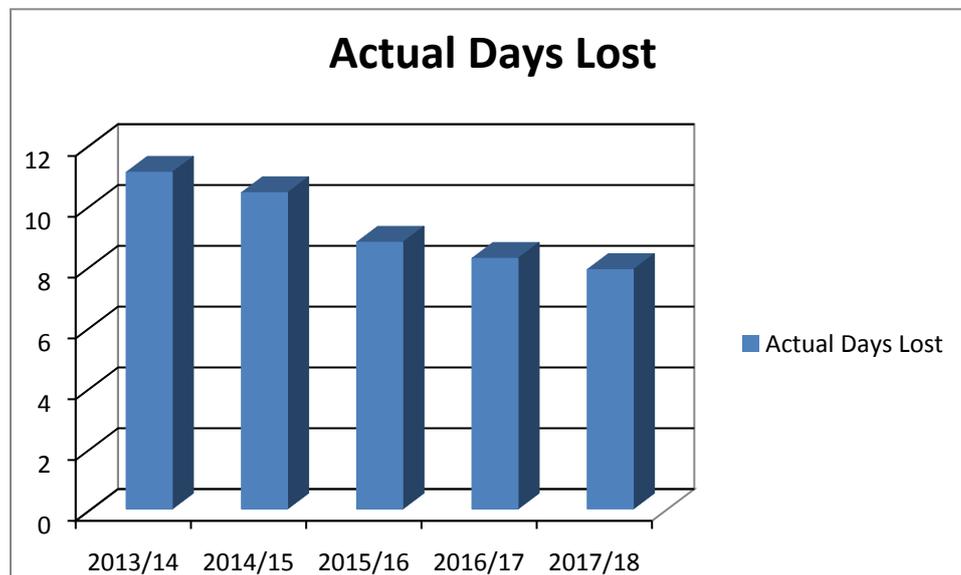
Directorate	DAYS LOST Q1	DAYS LOST Q2	DAYS LOST Q3	DAYS LOST Q4	TOTAL DAYS LOST FOR 2017/18
Communities and Information Services	1.53	1.41	2.44	2.07	7.45
People	1.90	1.50	2.02	2.49	7.90
Place	1.92	2.31	2.08	2.26	8.58
Public Health	2.28	3.34	2.74	4.28	12.64
Core *	1.47	1.50	1.37	1.92	6.26
Total days lost per employee	1.76	1.78	2.03	2.30	7.87

*Assets, Business Improvements & Communications, Corporate Health Safety and Emergency Resilience, Elections and Land Registers, Finance, Governance and Member Support, Human Resources and Business Support, Legal Services and Policy, Governance and Democratic Services.

3.2. The absence level identified above shows a total days lost per employee of 7.87 days, this is an improvement on the overall days lost for 2015/16 (8.77 days) and 2016/17 (8.24 days). On average, public sector employees had 8.5 days of absence over the previous year according to a

recent CIPD survey into Health and Wellbeing with absence rates considerably higher in the public sector than in private sector services (5.6 days per employee).

- 3.3. The Council's current absence level of 7.87 days is below the public sector average however; there is still a need to significantly improve the management of sickness absence to achieve the Council's future performance indicator target of 6 days per employee for the period 2018/19. The chart below shows that there is a steady improvement in overall sickness absence year on year.



- 3.4 Across the Council the total number of days lost in 2017/18 was 22,916.78. With the Council's average salary being £20,456 p.a. the estimated cost of sickness to the Council is therefore £1,739,359 (this cost does not include the cost of cover for front line positions). The main reasons for absence during 2017/18 are due to mental health issues including stress, anxiety and depression (7165.46 total days). This is still particularly high within Place – Economic Regeneration (2212.5 days) and Communities – former BU7 (1043 days) and People BU1 (1015) days. The other key reason is musculoskeletal including back pain (5317.33 days) which is highest within Place – Environment and Transport (2351 days) and Communities former BU 7 (886 days). The days lost within the Council from minor ailments e.g. Cough, cold and influenza is (4150.94 days) per employee with January being significantly higher across the Council than any other month due to the Australia influenza.

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:

- Concerns regarding addressing both short and long term sickness absence where Managers feel absences are genuine and are then delaying dealing with them or placing on sanctions.
- Delays in response to trigger reports in some areas, therefore the Wellbeing Advisor's unable to support the management of both long and short term sickness absence and provide advice on a consistent application of the Managing Attendance Policy.
- A delay in absence recording – either recording on SAP of the start and ending of an absence. Absence not input in a timely manner can result in either under or overpayment of statutory sick pay or the employees do not appear on the trigger report when they should and no action is taken. Resulting in inconsistency across the council.

4.4. Across the Council early intervention is assisting in bringing employees back to work earlier from long term sickness e.g. meetings carried out at 4 weeks absence and early referrals made to OHU, considering temporary alternative working options:- working from home, adjusted duties.

5. Wellbeing Initiatives

5.1. In relation to mental health the following have taken place during 2017/18 with further courses planned over the coming months:

- two Stretch and Strain courses – approximately 120 employee
- four Mindfulness courses -68 employees
- three Managing Mental health in the Workplace (for Managers) – 50 managers
- four Mental Health Awareness course (for employees) – 80 employees

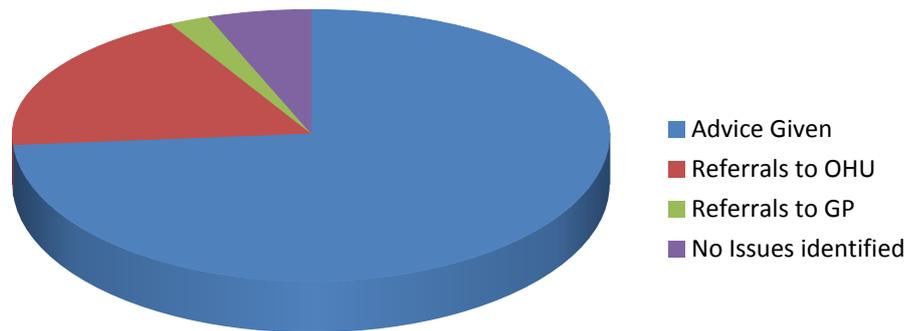
5.2. A further report and action plan to support mental wellbeing has been produced following the Thriving at Work and CIPD Health and Wellbeing at Work Reports. The Wellbeing Team is implementing a Mental Health strategy and action plan including shadowing national initiatives, looking at impact of presentism, e-learning course and face to face training to raise awareness.

5.3. There is also workplace counselling available to employees of which 236 employees attended during the last financial year.

5.4. There have also been a number of workstation assessments undertaken to support predominantly desk based employees alongside 3 Back Care sessions in order to support and prevent some of the musculoskeletal issues experienced by employees.

5.5. 122 employees (96 Female/26 Male) have had a Know Your Number Assessment from across the Council with the following outcomes:

Results of KYN Assessments



5.6. Alongside these initiatives a number of POD Courses and self-help information is available on the Well@Work website.

6. Work Place Health Champions

6.1 The Workplace Health Champions continue to meet to look at wellbeing initiatives to support issues within the workplace. At a recent meeting of Workplace Champions it was suggested that this should be a standard item on team meeting agendas and sought SMT support to encourage this. This will provide an avenue for employees to discuss wellbeing issues, promoting / encouraging the initiatives the Council are putting in place and bringing any concerns from the 'shop floor' that may be able to be addressed.

6.2. Champions continue to meet regularly to promote wellbeing initiatives. Some initiatives they have brought in over the past 12 months and continue to run are:-

Zumba (Monday evening, Town Hall)
Legs, Bums and Tums (Tuesday evening Town Hall)
Promote the Boundary Run (June)
Walk to Run (Thursday at One Stop Shop)
Fast Walking Group (Wednesday evening, One Stop Shop)
Pilates continues on Monday and Wednesday evenings at Gateway and Westgate.

7. Recommendations

7.1 This report is presented for information

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