

SICKNESS ABSENCE HALF YEAR REPORT – (2018)Report of the Deputy Chief Executive**1.0 Purpose of the Report**

- 1.1 This report highlights the Councils (excluding schools) sickness absence performance at the half year point, (1 April to 30 September 2018).

2.0 Recommendations

CRMG is asked to note the report and comment on:

- 2.1 The half year outturn of 4.78 days per FTE which indicates the year end out-turn figure may be higher than the Council target of 9.5 days.

3.0 Half-Year position

- 3.1 The average number of full time equivalent days lost per employee, across the Council, as a result of sickness between 1 April and 30 September 2018 is 4.78 FTE days. This is higher than the figure at the half year point in 2017 which was 4.17 days. This indicates the year end out-turn figure may be higher than the target set by the Council of 9.5 days. Details of how the absence is profiled throughout 2018 and compared to 2016 and 2017 is shown in Appendix 1.
- 3.2 The Directorate position can be summarised as follows:

	Long Term (Days lost)	%	Short Term (Days lost)	%	Grand Total (Days lost)	%
CSS	1895.55	45.52%	2268.8	54.48%	4164.35	35.06%
People	3193.57	48.34%	3412.83	51.66%	6606.4	55.61%
Place	260.50	23.50%	847.84	76.50%	1108.34	9.33%
Total	5349.62	45.03%	6529.47	54.97%	11879.09	100.00%

Table 1: Half Year Position

- 3.3 It should be noted the headcount of the Council workforce is 2779 employees but for the purposes of the sickness calculations the FTE figure 2388.99 is used. Table 2 below provides details of how long employee's periods of sickness absence were between the 1 April and 30 September 2018:

Sickness % by number of days 01/04/18 - 30/09/18

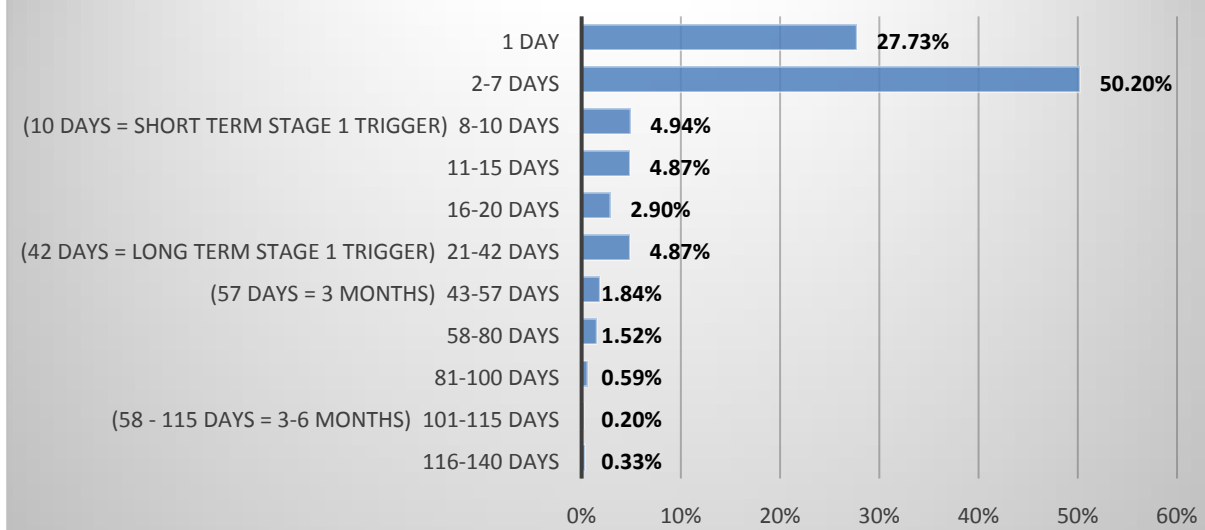


Table 2: Percentages of occurrences by duration

- 3.4 As the table above demonstrates 97.36% of sickness absence instances last less than 3 months. Only a further 2.31% extend from 3 to 6 months (which is the point at which occupational sick pay reduces to 50% for longer serving employees). The majority of individual sickness instances are self-certified and last between 1 to 7 days accounting for 77.93% of instances and 15.60% of time lost.

Absence Reasons Half Year

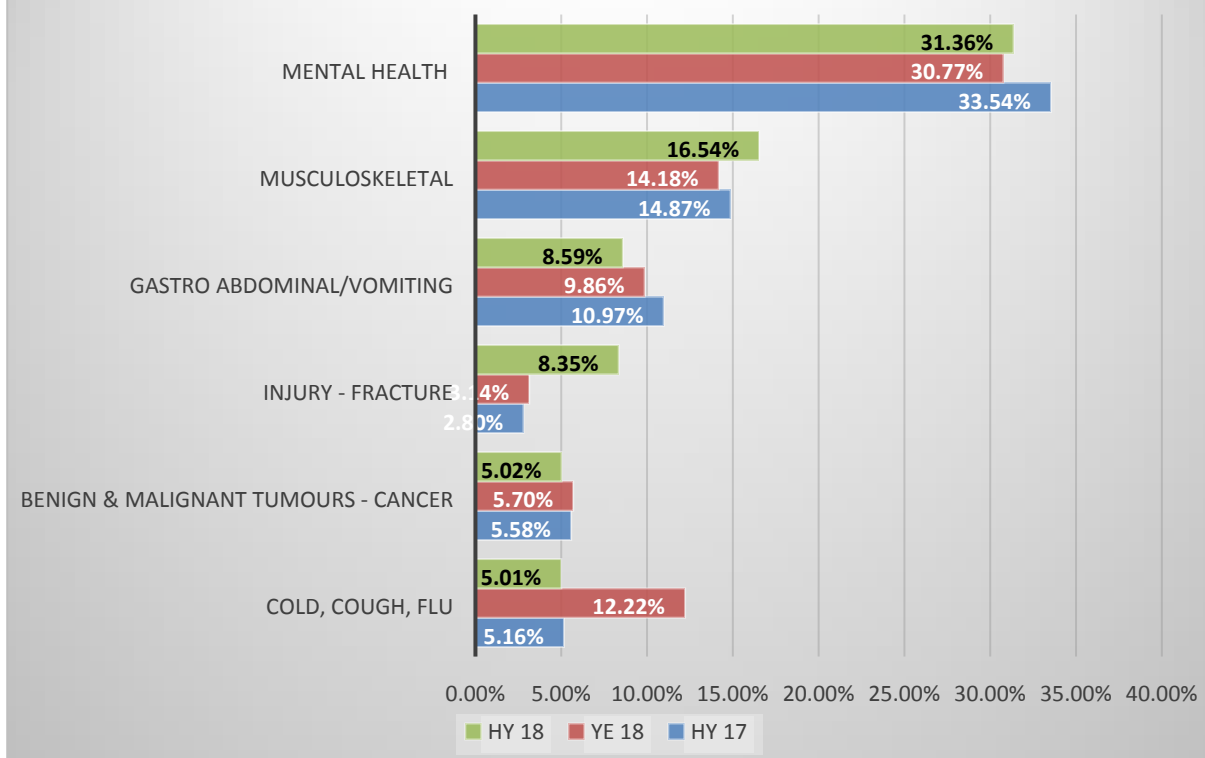


Table 3: Percentage of sickness absence by type

- 3.5 The top two reasons for sickness absence in Stockport continue to be mental health reasons (stress, depression, anxiety) and musculoskeletal reasons as demonstrated in the table above. Mental health reasons account for 31.36% of the total absence, this is a small increase of 0.59% from the year-end figure. Musculoskeletal absence accounts for 16.54% of the total absence which is higher by 2.36% compared to the year-end figure.
- 3.6 There has been a significant increase in fracture injuries between April and September 18 (over 5%). However it should be noted that these are not work related (industrial) injuries.
- 3.7 To help us better understand and analyse the reason for absences relating to mental health subcategories were added to the sickness absence reason for anxiety, stress, depression, other psychiatric illness. From January 2017 employees/managers have been able to select the specific reason contributing to their absence. Anxiety, stress, depression, other psychiatric illness which accounts for 31.36% of overall absence. Since the year-end figures “work related” has decreased by 0.42%, “personal” has increased by 3.13%, “both” has decreased by 3.13% and “bereavement” has increased by 0.73%. The half year data is summarised below:

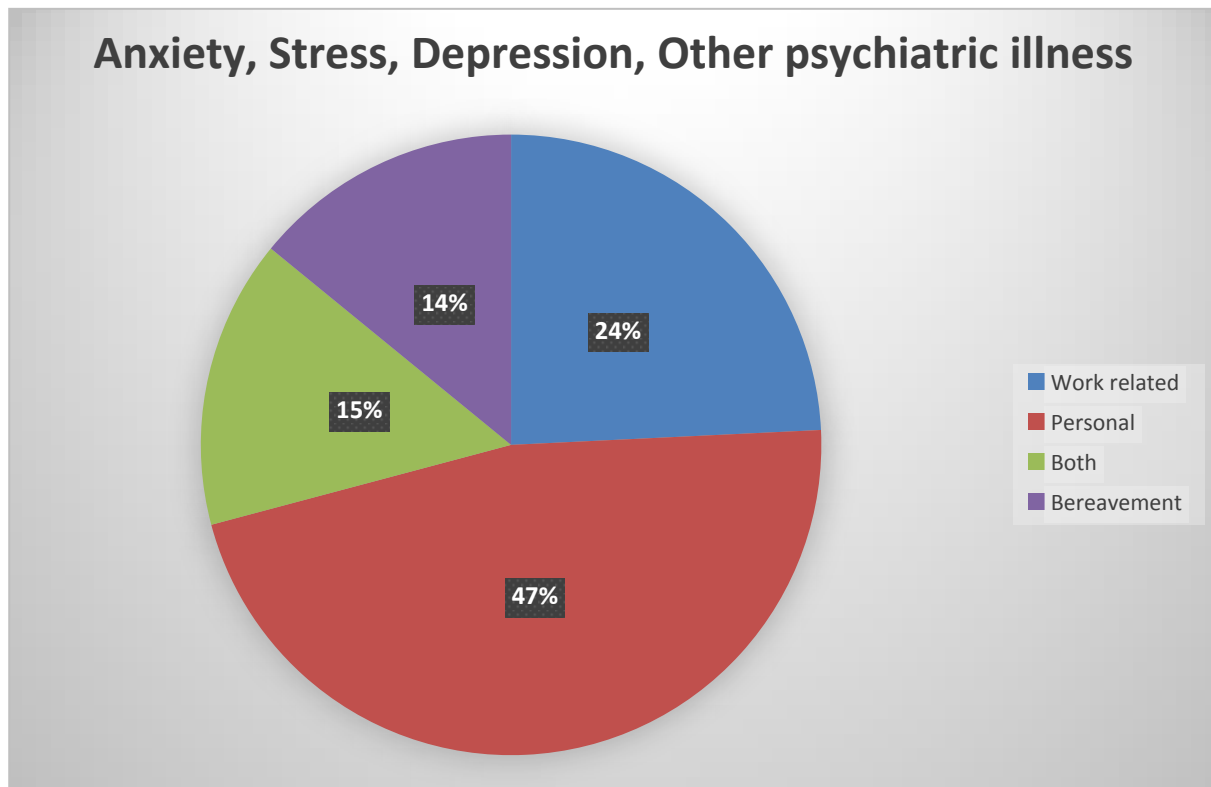


Table 4: Breakdown of stress-related illness by type

- 3.8 The online reporting allows managers to capture whether or not a period of sickness absence was disability related, enabling improved data in this area. At the

half-year point 6.78% of employees have been absent with a disability related illness which is up by 62% from year end, however it should be noted, this new approach was only rolled out to the whole Council in January 2018 which means the year end figure was only for quarter 4 and is not representative of a full year figure.

- 3.9 This data is used to inform activity undertaken by both the Council's Workforce Development Team and Health, Safety and Wellbeing Team. There continues to be a strong focus on employee wellbeing and resources from the POD Team have been allocated to progress work in this area. A review of the Councils 'Live Well Work Well' framework has been undertaken and will be reported in the Health Safety and Wellbeing report to CLT.

4.0 Comparison and benchmarking

- 4.1 The half year comparative sickness data from AGMA is currently being collated through the AGMA data group, however the data is not yet available and will be shared at a later date.

Action being taken to address absence management

5.0 Occupational Health Provision

- 5.1 Stockport has three wellbeing contracts for Physiotherapy, Counselling and Occupational Health services. The total number of referrals across all three services can be summarised as follows:

Service	HY 17 Referrals	HY 18 Referrals	Primary reason for referral
OH	236	286	Stress / Anxiety / Depression
Counselling	106	87	Mental Health
Physiotherapy	102	100	Musculoskeletal – lower back

- 5.2 The main reason for referral to the Physio service continues to be lower back problems. A fast track physio referral was implemented in February 2017 for employees who are suffering from a musculoskeletal condition (the second highest cause of absence), whether or not they remain in work. 14 fast track referrals were received from April to September 18 compared to 30 for the same period 2017. A reminder about the fast track referral is on automated email from i-Trent when a manager selects absence for a musculoskeletal condition, further communication will be published to the workforce to ensure they are aware of the availability of the Physio fast track service (and the Counselling service).
- 5.3 The Occupational Health contact was procured in collaboration with other AGMA Councils. The current contract will end on 31/03/19 and work is underway on re-tendering this collaborative contract.

6.0 Wellbeing at Work

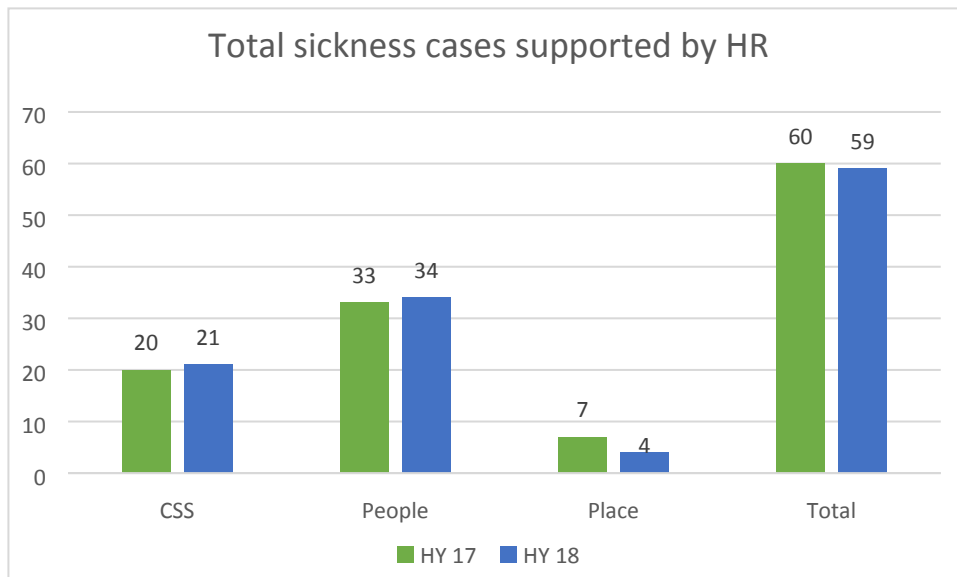
- 6.1 The Wellbeing Steering Group continues to ensure the Council's Wellbeing Framework called 'Live Well Work Well' is active and brought to life.
- 6.2 A number of the actions arising out of the Live Well Work Well Framework have also been progressed since the last report with a range of activities taking place across the Council. Further details will be included in the Health, Safety and Wellbeing report.
- 6.3 A task and finish group involving colleagues from Economy Work and Skills, Public Health and POD has been established in order to develop and implement an approach to improving the Mental Health offer to employees. This includes the potential use of mental health first aiders. A proposal will be developed in quarter 3.
- 6.4 Public Health have once again funded free flu jabs for front line workers in the Council. Three drop in vaccination sessions have organised for 16 October, 5 November and 3 December 2018. Any vaccines available following these sessions they will then be offered to the rest of the Council workforce.

7.0 Sickness Absence Training

- 7.1 Managers are required to complete mandatory sickness absence training. The training consists of a short e learning module which has been refreshed and is more relevant, followed by a 2-hour face-to-face training session. We continue to monitor this and can confirm that all existing managers have now completed this training. New managers undertake sickness absence training as part of their entry-level management development training and compliance will continue to be monitored.
- 7.2 The e learning module has been updated to ensure that it continues to deliver an interactive session which will engage managers. The updated e learning module was rolled out in quarters 3 & 4. In 2017/18 the feedback is that 94% of users felt that the course has exceeded or fulfilled their expectations.

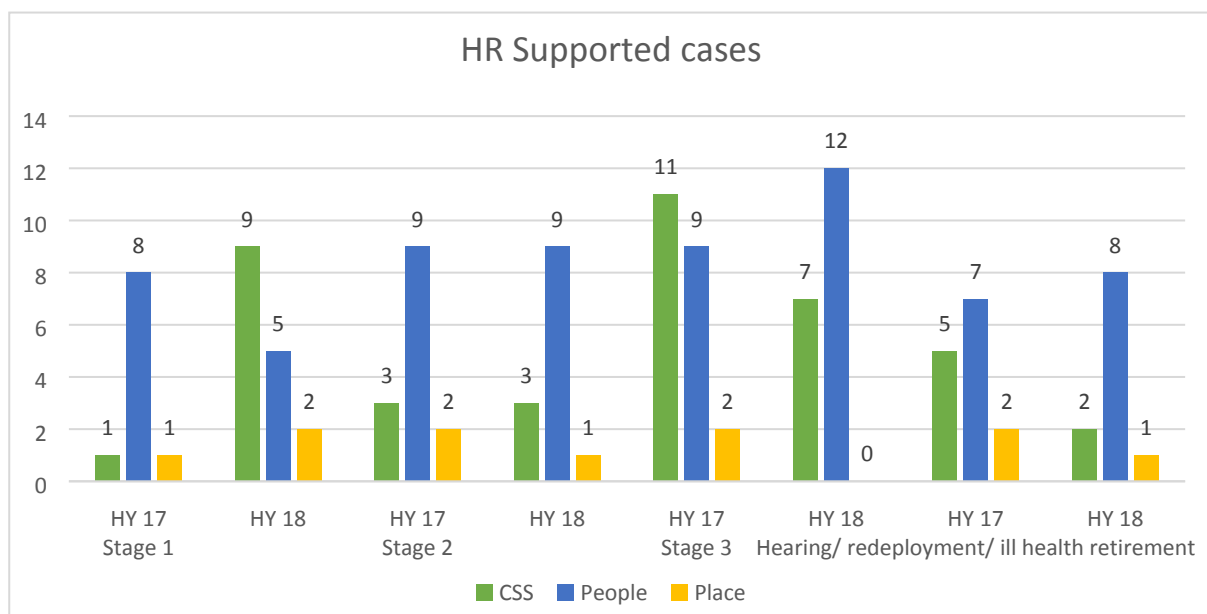
8.0 HR Case Work

- 8.1 HR continues to provide general advice to managers on all aspects of sickness absence, physiotherapy and counselling services. Managers are therefore able to access advice on how to deal with what can often be very sensitive matters. In line with the sickness policy the HR team also offers support to managers by attending meetings handled at Stage 2 and above of the absence procedure. However, in addition there has been a 60% increase from half year 17 of managers requesting support at stage 1 of the process. This is largely because of a number of these employees are also being managed in parallel processes with other HR policies such as the capability and grievance procedures.
- 8.2 The chart below shows the number of sickness cases in each directorate being supported by HR.



8.3 The total cases being supported by HR is further broken down by the sickness absence stages within the policy; illustrated in the chart below and compared against the half-year 17 figures. The majority of cases being dealt with by HR is supporting managers with stage 3 sickness meetings. In relation to stage 3 and 4 hearings, redeployment and ill health retirement cases the table below also shows that compared to the half year 17 there is a 21% decrease in cases.

8.4 The number of cases being supported by HR are down from year end (144 cases) yet sickness absence is higher. As sickness absence has increased compared to the half year 17 we would expect the number of cases being supported by HR to be higher if managers are managing sickness absence in line with the policy.



9.0 Targeted support from HR

- 9.1 The service with the highest sickness absence per FTE at year end 17/18 was Information, Advice and Guidance service (IAG) in CSS. The year-end sickness figure was 21.63 days per FTE. HR have offered some targeted support to service areas with high levels of absence. This is with the aim of changing the culture within the service regarding the management of sickness absence.
- 9.2 HR have attended team meetings to highlight the impact of sickness absence on the service and to inform employees of the support available to them and produce sickness graphs on a monthly basis to assist managers to monitor sickness. HR are working with the management team and with individual managers to improve the management of absence. The service has changed its approach to reporting sickness, all employees must phone the service manager to report sickness absence and it is not acceptable to leave a message. Following this support attendance has improved. The data shows that the monthly sickness absence has decreased from 9.30% in April to 6.41% in September. HR have been working with managers to ensure that sickness is managed promptly and in accordance with the sickness absence policy and procedure and 95.5% of return to work interview details have been updated in i-Trent which indicates that managers are managing sickness absence.
- 9.3 At the half year point sickness absence in IAG is an average of 8.97 days per FTE which indicates the year end out-turn figure is on track to be lower than the 2018 year-end figure.
- 9.4 HR have also been working with Disability Provider Services and the REaCH Service within Adult Social Care to develop the data and to help service managers to understand the data provided. HR have regularly attended management meetings, trained managers in the use of i-Trent and emphasised the importance of inputting sickness absence into i-Trent and managing it in line with the policy.
- 9.5 Managers and Team Leaders in Disability Provider Services were prompted by HR when a sickness absence case needed action, i.e. if an occupational health referral was due to be submitted, or if a meeting needed to be scheduled. Managers were offered support at all stages of the process. The year-end sickness absence figure was 20.95 days per FTE, the half year figure is 10.33 days per FTE. The service has been encouraged to change the sickness reporting procedure and to implement it as per the policy as this would help to lower sickness absence as this approach has been successful in IAG. The speed that cases are being dealt with has improved, managers are now arranging formal meetings promptly when triggers have been met so employees are receiving support quicker.
- 9.6 Managers in REaCH have had support to ensure that their team's sickness absence is up to date and accurate in i-Trent and that they are confident in using i-Trent and running reports. The year-end sickness absence figure was 14.05 days per FTE, the half year figure is 6.74 days per FTE.

10.0 Sickness Policy

- 10.1 The sickness absence policy and procedure is in the process of being reviewed. To inform potential changes to the policy POD has reviewed policies from other AGMA

Councils and incorporated best practice. The revised draft policy will be consulted upon in the new-year.

11.0 Conclusion

- 11.1 This is the first time sickness absence has increased at the half year point for three years. There does not appear to be one particular reason for this increase i.e. one Directorate being responsible for the increase, a particular type of absence increasing or a spike in absence within a particular month. This is more of a general increase in absence levels month by month across the whole Council. There is a slight decrease in the usage of the Counselling Service and the physio fast track service.
- 11.2 In quarters 3 & 4 POD will organise communications to the workforce to ensure employees (and managers) are aware of these services. It is proposed this is done through another Connect “special edition” focussed on Wellbeing and Sickness.
- 11.3 Whilst the sickness levels have increased the number of sickness absence cases supported by the HR Team has decreased at the half year point, this seems contradictory. HR will continue to monitor this level of activity and CLT have been asked to ensure managers are encouraged to actively manage sickness absence in line with the Council policy.
- 11.4 HR will continue with the targeted intervention work described above to support services with higher than average sickness absence levels and will increase/expand this support to other Service Areas in quarters 3 and 4.
- 11.5 Sickness absence must continue to be a priority for the Council. As an employer we are taking a two-pronged approach focusing on both application of the Council’s Policy when staff are off sick and taking a proactive approach to wellbeing when people are in work.

12.0 Recommendations

CRMG is asked to note the report and comment on:

- 12.1 The half year outturn of 4.78 days per FTE which indicates the year end out-turn figure may be higher than the Council target of 9.5 days.

Background papers

There are none.

Anyone wishing to inspect background papers or wishing to discuss the report should contact Greg McNair, Service Manager – HR Central Services, on telephone number 0161 218 1427 or by email to greg.mcnair@stockport.gov.uk

Appendix 1 - Cumulative sickness days per FTE

