

**Meeting date:** 2 December 2020  
**Report to:** Resources and Delivering Value Scrutiny Board  
**Subject/report title:** Sickness Absence  
**Report from:** Director of Resources and Deputy Chief Executive  
**Report author/lead contact officer:** Adrian Cattell (Head of Human Resources)  
[acattell@solihull.gov.uk](mailto:acattell@solihull.gov.uk) Tel: 0121 704 6038



---

**Wards affected:**

All Wards |  Bickenhill |  Blythe |  Castle Bromwich |  Chelmsley Wood |  
 Dorridge/Hockley Heath |  Elmdon |  Kingshurst/Fordbridge |  Knowle |  
 Lyndon |  Meriden |  Olton |  Shirley East |  Shirley South |  
 Shirley West |  Silhill |  Smith's Wood |  St Alphege

**Public/private report:** Public

---

**1. Purpose of Report**

1.1 To provide the Board with detail of the Council's performance in relation to the management of employee sickness absence and details of current and proposed interventions to reduce levels.

**2. Decision(s) recommended**

2.1 The Board is asked to note the contents of this report and endorse the actions identified.

**3. Matters for Consideration**

3.1 Previous reports to the Board had highlighted concerns over increasing levels of sickness absence and in particular in Adult Care and Support. A range of actions have therefore been ongoing with the aim of reducing sickness absence levels.

3.2 As reported to the Board previously, Sickness absence levels across the Council peaked at a high of 11.75 days per full time equivalent (FTE) employee for the 12 months ending 31 August 2018. Since then has been a steady reduction in sickness levels with the last reported figure to this Board being 9.91 days per FTE for the 12 months ending 30 June 2020.

3.3 For the year ending 30 September 2020 the level of sickness has fallen further to 9.42 days per FTE. The total number of days lost for the same period was 17,074. For the year ending 31 March 2020 the total number of days lost was 22,134. This represents a 23% reduction in sickness absence. The sickness absence trend from October 2016

to September 2020 is shown in the appendix to this report on page 2.

- 3.4 Following a review of sickness absence by the Corporate Leadership Team, it was agreed to set a target of no more than 9 days per FTE for the year ending 31 March 2021.
- 3.5 For the 12 months ending 30 September 2020 sickness levels were again highest in Adult Care and Support at 14.92 days per FTE. This level is a significant improvement from a reported high of 17.38 days. The second highest Directorate for the same period is Childrens Services at 11.14. The remaining three Directorates are all below the target with Economy and Infrastructure 7.69 days, Public Health 4.47 days and Resources 6.96 days (see page 1 of the appendix).
- 3.6 Mental health related absence remains the single biggest cause of absence at 35%, which is an 1.7% increase compared to the year ending March 2020. There has however been a reduction of 273 days compared to the level for the year ending 31 March 2020. Compared to the year ending 30 September 2018 the reduction in days lost to mental health related absence is 1,063 days (13%). There has also been a reduction in back and muscular skeletal absences of 972 days (43%).
- 3.7 32.5% of the reported mental health absence is purely for personal reasons. The two Directorates with the highest level of mental health absence are Adult Care and Support (46.4%) and Children's Services 39.3% of total absence.
- 3.8 Further analysis of mental health absence reveals that personal related stress accounts for 11.5% of total sickness. As an individual category therefore this is the single highest reason for sickness absence (see page 5 of the appendix).
- 3.9 Short term absence accounts for an average of 3.17 and long term 6.25 days per FTE. This represents a reduction in both categories from the 3.6 and 6.27 days for the year ending 30 September 2019.
- 3.10 The monthly sickness rate for September 2020 was 0.72 days per FTE (0.96 in September 2019). This rate however, is showing a slight increase from the figures reported between May and August of this year all of which were in the range 0.55 to 0.6 days per FTE (see page 6 of the appendix).
- 3.11 A significant amount of sickness recorded for the 12 months ending 30 September 2020 relates to individuals who no longer work for the Council. If leavers are excluded the sickness for the same period is 8.03 days per FTE. This means that 15.7% of the total sickness figure relates to leavers.
- 3.12 Since the start of the Pandemic and up to the 30 September 2020, Covid-19 has resulted in sickness absence totalling 972 days which is 5% of the total sickness absence.
- 3.13 Since March 2020, where the job role allows, employees have been working from home and this seems to have been a factor in the reduction in sickness absence.
- 3.14 A survey of all employees has recently been conducted to find out how staff are feeling and working during the pandemic, as well as how working may look in the future. There were 1,730 responses and over 9,000 sets of individual comments. All of the

feedback has enabled the Wider Corporate Leadership Team to start considering the recovery phase and inform the way we might reset the organisation to retain the positive benefits from this different way of working.

- 3.15 Key highlights from the employee survey report were:
  - 3.15.1 95% of employee survey respondents have enjoyed working from home. Key evidence from the survey confirms that the majority have a better work-life balance, feel more productive, and have better connections with family due to time saved not travelling. Many also highlighted values that correlate to the Council Plan, such as a reduction in carbon emissions, people looking after their own wellbeing much more than before Covid restrictions were put into place, eating healthier and exercising much more regularly.
  - 3.15.2 Many have never tried home working before and confirmed that working from home for a good proportion of their working week would enable them to maintain a healthier lifestyle and therefore improve their overall wellbeing, a factor that will always contribute to more motivated and productive employees and reduced sickness absence and associated workforce costs.
- 3.16 The Board has previously been made aware on a range of actions that were in place to support employees and reduce absence levels.
- 3.17 A key component of the Employee Journey Programme is to continue to implement actions to improve staff health and wellbeing.
- 3.18 As reported at the Board meeting on 17 April 2019, the Council agreed to sign up to the West Midlands Combined Authority THRIVE Commitment to Wellbeing. The THRIVE framework is being used as the Council's Wellbeing Action Plan. The actions in the plan consist of health and wellbeing approaches in respect of prevention, self-management, as well as targeted support. It was anticipated that putting the Commitment into practice would deliver real improvements in workforce health and wellbeing.
- 3.19 In October 2020 SMBC became the first Local Authority to achieve the WMCA Thrive at Work accreditation at Bronze Level. We were able to demonstrate that we have in place the basic building blocks of a robust Workplace Wellbeing framework and Action Plan. This included demonstrating senior-level commitment, oversight through a Wellbeing Committee, Wellbeing Policies and Practices, data and the intelligence gathered through Employee Surveys and Pulse Surveys informs our Strategy and Action Plan.
- 3.20 Our Employee Survey 2020 results echoed previous wellbeing themes such as mental health, sleep, isolation/stress/worry, sedentary behaviours, menopause, work/life balance. We have built our Workplace Wellbeing Strategy and Action Plan around these themes. They are monitored and flexed to meet the ongoing and changing needs of our workforce. This has been particularly important during the pandemic.

3.21 We have aligned our **Workplace Wellbeing Priorities 2020/2021** with our Council priorities:

#### **Thrive Silver Accreditation**

- Review the **WMCA Thrive silver accreditation criteria** with a view to entering for accreditation

#### **Mental Health Awareness Network**

- Develop a **mental health and wellbeing employee network**: This involves bringing together and training Local Wellbeing Leads who will focus on having conversations about mental health with colleagues in order to reduce the stigma surrounding mental health, as well as encourage employees to self-care and to know where to access further help and support.

#### **Managing stress, anxiety/worry**

- Develop, trial, evaluate and launch the **wellbeing well-doing toolkit** for staff. This toolkit has been developed to meet the needs of our staff, and focuses on stress and anxiety /worry management skills. Launch is imminent.

#### **Mental Health support for Managers**

- Develop and deliver/evaluate a **line manager's mental health awareness** session centred around the knowledge and tools to enable managers to support the wellbeing of their staff.
- Develop a **wellbeing coaching/mentoring offer for managers** who wish to be supported in having wellbeing conversations with their staff
- Enable managers to facilitate wellbeing conversations locally by **providing communication, guides and advice.**

#### **Wellbeing activities**

- The delivery of **interactive webinars** to enable employees to improve sleep, manage menopause symptoms, manage work-life balance and other pertinent wellbeing behaviours.
- Develop with Public Health a **Move More Advocate Network**, where local Move More Advocates will encourage peers to reduce sedentary behaviours and increase physical activity during working hours and to take regular breaks
- Encourage **Team challenges** and Team activities to build and sustain team resilience.

#### **Communicate widely about wellbeing issues**

- Develop a **12 month communication and engagement plan for wellbeing activity** that includes pulse surveys, newsletters, national campaigns, incentives based upon our employee evidence
- Produce a monthly **Wellbeing Matters** online magazine which showcases local teams and individual wellbeing stories
- Review the **Healthy Council Intranet pages**, ensuring a blended approach is made available with appropriate signposting, tools, videos and information (to be reviewed every 4 months)

- Review the **Organisational Development Wellbeing Intranet** pages to ensure that provides an overview of the wellbeing strategy and signposts to relevant areas (every 6 months)
- Ensure that **wellbeing activity is linked to learning and development wellbeing** offer and that this is communicated to our employees

### Social Value

- We are supporting Atkins and other organisations who have made a commitment to improving wellbeing, both to internal employees and to local SMEs as part of their contract requirements with SMBC, through offering to quality assure the content of their webinars and resources.

## 4. What options have been considered and what is the evidence telling us about them?

4.1 N/A

## 5. Reasons for recommending preferred option

5.1 N/A

## 6. Implications and Considerations

6.1 State how the proposals in this report contribute to the priorities in the [Council Plan](#):

Priority:	Contribution:
Economy: 1. Revitalising our towns and local centres. 2. UK Central (UKC) and maximising the opportunities of HS2. 3. Increase the supply of housing, especially affordable and social housing.	N/A
Environment: 4. Enhance Solihull's natural environment. 5. Improve Solihull's air quality. 6. Reduce Solihull's net carbon emissions.	N/A
People and Communities: 7. Take action to improve life chances in our most disadvantaged communities. 8. Enable communities to thrive. 9. Sustainable, quality, affordable provision for adults & children with complex needs.	N/A

## 6.2 Consultation and Scrutiny:

6.2.1 Report to Resources and Delivering Value Scrutiny Board 2/12/20.

## 6.3 Financial implications:

6.3.1 The programme of work in the Employee Journey will have a beneficial impact on employee performance, service quality and cost, helping the Council to deliver on its commitment and costs. Reductions in sickness absence will result in reduced costs to the Council.

## 6.4 Legal implications:

6.4.1 N/A

## 6.5 Risk implications:

6.5.1 Failure to appropriately manage and support staff can leave the Council open to legal challenge, particularly with regard to mental health and disability related matters. The actions identified in the Employee Journey Programme and how the Council manages sickness absence, are key to improving individual, team and service performance without which the Council may not deliver on its key priorities.

## 6.6 Equality implications:

6.6.1 Due regard to equality is embedded in the Sickness Absence Policy and guidance on managing sickness absence. The regular review of sickness absence data provides an insight into the reasons, trends and rates of absence where additional support may be required to prevent and reduce absenteeism.

## **7. List of appendices referred to**

7.1 Appendix – Sickness Absence Statistics

## **8. Background papers used to compile this report**

8.1 N/A

## **9. List of other relevant documents**

9.1 N/A