

Meeting date: 2 December 2021

Report to: Resources and Delivering Value Scrutiny Board

Subject/report title: Sickness Absence

Report from: Director of Resources and Deputy Chief Executive

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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
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Public/private report: Public

Exempt by virtue of paragraph:

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 particularly 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 there has been a steady reduction in

sickness levels with the last reported figure to this Board being 9.42 days per FTE for the 12 month's ending 30 September 2020.

- 3.3 For the year ending 30 September 2021 the level of sickness has fallen further to 8.26 days per FTE. The total number of days lost for the same period was 17,559. For the year ending 31 March 2020 the total number of days lost was 22,134. This represents a 20.7% reduction in sickness absence. The sickness absence trend from October 2017 to September 2021 is shown on page 2 of Appendix 1 to this report.
- 3.4 It should be noted however, that for the year ending July 2021 the sickness absence rate had fallen to a low of 7.87 days per FTE. There are now signs of a small upward trend in the level of absence.
- 3.5 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.
- 3.6 For the 12 months ending 30 September 2021 sickness levels were again highest in Adult Care and Support at 15.13 (14.92) days per FTE. This level is a significant improvement from a reported high of 17.38 days. The remaining four Directorates are all below the target with Children's Services being 7.67 (11.14) days, Economy and Infrastructure 6.8 (7.69) days, Public Health 1.64 (4.47) days and Resources 6.46 (6.96) days (see page 1 of the appendix). The figures in brackets relate to the year ending 30 September 2020.
- 3.7 Mental health related absence remains the single biggest cause of absence at 35.14%, which is a 3.15% decrease compared to the year ending September 2020. There has also been a reduction of 1287 days compared to the level for the year ending 31 March 2020. The highest number of days lost due to mental health absence is in Adult Care and Support (2075 days) but the highest proportion is in Children's Services (41.7%). 11.2% of all sickness absence is due to personal stress. This is the second highest reason for absence in the year ending 30 September 2021. The highest reason for absence was Covid-19 at 11.4%. In most years colds and flu appear as the third or fourth highest reason for absence. The absence reason tables on Appendix 1, page 3 show that for the year ending September 2021 such absence has been negligible. It is however almost certain that there will be a significant level of absence for this reason in the coming months.
- 3.8 Short term absence accounts for an average of 2.98 and long term 5.27 days per FTE. This represents a reduction in both categories from the 3.17 and 6.25 days for the year ending 30 September 2020.
- 3.9 The monthly sickness rate for September 2021 was 0.83 days per FTE (0.72 in September 2020). This rate however, is showing a slight increase from the figures reported earlier in the year and is the highest monthly figure in the last year (see page 6 of appendix 1).
- 3.10 A significant amount of sickness recorded for the 12 months ending 30 September 2021 relates to individuals who no longer work for the Council. If leavers are excluded the sickness for the same period is 7.26 days per FTE. This means that 11.87% of the total sickness figure relates to leavers.

3.11 In line with the Council priority of promoting employee wellbeing, the Sickness Absence Management Policy, supporting guidance and redeployment guidelines have been reviewed and updated. These were presented to Governance Committee and approved on 16 November 2021.

3.12 The key changes to the Sickness Absence Management Policy included:

- A strengthened wellbeing focus. Examples of changes include a refocused stage 3 meeting for an ill health retirement/terminal illness case; pregnancy wellbeing meetings; more details on phased returns and highlighting the need for early referrals to Occupational Health, the Employee Assistance Programme and the Physiotherapy Clinic.
- That long term effects of Covid-19 will need to be considered, including that absences due to Covid-19 should be disregarded from trigger points.
- Alignment within the policy of the new wellbeing action plans that have been recently introduced in place of stress risk assessments and link to the Council's new Statement of Intent for Wellbeing.
- More clarity on moving through the formal stages of the procedure.
- Removal of the word 'targets' and more detail added to support the need for reviews to check attendance is sustained on return to work or if short-term absences improve.
- That discretion can be used by the line manager at all stages where appropriate and gives examples, such as with Stage 2 long-term absences if the employee returns to work and then has minimal short-term absences. The application of discretion should be made in consultation with the HR Advisor to ensure consistency across the Council.
- Amended wording to clarify a measurable timeframe in which a half day and full day is recorded when an employee leaves work during the day due to illness.
- Scope for the option of virtual meetings to be held under the policy to reflect new hybrid working principles being introduced.
- A new section is added to state that any damages received from a third party by the employee should be reimbursed to the Council for the sick pay element only.
- More clarity on advice for time off and travel expenses, when attending Occupational Health / Employee Assistance Programme and the Physiotherapy Clinic appointments.
- A new section is added on domestic abuse, how to deal with absences related to this and links to the Council's Domestic Abuse policy/support. Reference to menopause and links to policy also added.

Wellbeing

3.13 Wellbeing is now one of our Council Plan priorities, and remains one of the most important employee focussed priorities particularly given the current context; Covid, increased demand for services, workforce capacity and the potential impact on physical and mental employee wellbeing.

3.14 Our 2021/22 wellbeing priorities include:

- Develop our offer as an inclusive employer of choice
- Develop an enhanced wellbeing development offer
- Provide the environment and culture to support smarter ways of working

- Develop our managers to confidently address the wellbeing of their teams
- Equip our staff to deal healthily with the demands of their work

3.15 We are developing and deploying a range of approaches that support the achievement of our wellbeing priorities and these are being supported and governed by a newly formed Smarter Ways of Working and Wellbeing Board.

Thrive

3.16 SMBC was the first Local Authority in the West Midlands to achieve the West Midlands Combined Authority (WMCA) Thrive Bronze award for wellbeing in October 2020. We are currently discussing the commencement of Silver accreditation with the WMCA. The framework focusses on The Enablers of Health, Mental Health, Muscular-skeletal, Lifestyles and External Risks to Health.

Pulse Surveys

3.17 Following the full staff survey in June 2020, follow up pulse surveys have been issued during 2021. In July 2021, the pulse survey included questions about wellbeing and contained three statements (there were 1087 respondents):

- My manager regularly asks about my individual wellbeing or 'how I am' (78% strongly agreed or agreed)
- I would feel comfortable talking to my line manager if I felt that I was experiencing wellbeing or mental health difficulties (76% strongly agreed or agreed)
- My manager provides or signposts me to support for my wellbeing or mental health difficulties when I need it (58% strongly agreed or agreed)

3.18 Results and qualitative data from the pulse survey have and still inform our wellbeing priorities. Workforce Champion Groups have been established for every Directorate and pulse survey results are discussed and feedback obtained at these forums.

Smarter Ways of Working

3.19 Over the next month, our Workforce Champion Groups will also be asked about what life is like for them at work at the moment. What's working well, what smarter ways of working practices are happening for them locally and what could be improved upon. The feedback from the forums will be presented to the Smarter Ways of Working and Wellbeing Board in January 2022.

New Approach to Stress Risk Assessments

3.20 Wellbeing activity during 2020/21 highlighted our organisational aim of supporting wellbeing through proactive, preventative approaches and as part of the Corporate Health and Safety Action Plan, it was decided that the use of Stress Risk Assessments would be reviewed.

3.21 We wanted to use language, tools and approaches that were more positive, proactive and preventative in nature. Appendix 2 shows the **SMBC Wellbeing Approach document** that outlines our new approach which has been successfully launched.

The approach includes our **Statement of Intent** which replaces the current Organisational Stress Risk Assessment, a mandatory requirement for Team Wellbeing Action Plans to be completed, optional Individual Wellbeing Action Plans, both of which have been designed upon the principles of the MIND Wellbeing Action Plans and the Health and Safety Executive stress management standards. Appendix 3 shows an example.

- 3.22 Full communication, engagement, training and development, and intranet page information and tools development has taken place to support this approach. The Statement of Intent also replaces our Wellbeing Policy.

Local Wellbeing Leads

- 3.23 During 2021, 13 Local Wellbeing Leads were recruited from the workforce following a selection process. The Leads have received full training in the areas of Mental Health First Aid, Coaching Skills, Psychological First Aid and Pause-space. Their role is to support and sign-post employees who may want to discuss wellbeing and would prefer to speak with a colleague initially. The Leads deliver team sessions locally, promote wellbeing locally or at Directorate Wellbeing events. They receive professional supervision, training in new tools or approaches and have a dedicated intranet page with their own personal bio's explaining why they are so passionate about wellbeing through their own lived experiences.

Good Day at Work

- 3.24 In October 2021, The Smarter Ways of Working and Wellbeing Board agreed to the investment in a pilot project using the Robertson Cooper wellbeing framework that would enable us to take the wellbeing approach to a deeper level locally. The framework provides an evidence base via local surveys and data to measure job engagement and psychological wellbeing based upon the factors that contribute to our employees having a 'Good Day At Work.' The project scope will be finalised during December 2021 and it is envisaged that the framework will be deployed in a targeted way following key stakeholder engagement.

Employee Development

- 3.25 We have revised the content of the mandatory Mental Health First Aid England Mental Health Awareness for Line Managers to ensure that it is tailored for the needs of SMBC. We have also embedded wellbeing into development subjects such as coaching so that managers are supported to have good wellbeing coaching conversations.
- 3.26 Our new approach to stress risk assessments has been embedded within our Sickness Absence Management and Resilience offer and based upon the principles of Robertson Cooper's 'Good Day At Work', we will review our wellbeing development offer for all.

Wellbeing Employer of Choice

- 3.27 As well as undertaking Thrive Silver Accreditation, we are also planning to engage with a group of recent new starters to understand what they know and what they think about our wellbeing offer.
- 3.28 We also plan to bring a group of employees together to understand what our values mean to them and to bring them to life with real examples of how they being demonstrated with each other and with our service users.
- 3.29 We have also invited colleagues to a discussion about forming both a Carers and a Menopause organisational network. A high percentage of our workforce advised that they are carers during our 2021 surveys and a high percentage of our workforce will be affected directly or indirectly by stages of the menopause.

Wellbeing Events, Communication and Engagement

- 3.30 We have an ongoing communication and engagement plan which includes a monthly 'Your Wellbeing Matters' newsletter and resources, the ever evolving Healthy Council Intranet pages and tools such as Yammer and MS Teams forums.
- 3.31 We have agreed a **Winter Wellbeing Event** for January 2022, a virtual event that will bring expert speakers together with our own Local Wellbeing Leads and Organisational Wellbeing Lead to deliver sessions in the areas of wellbeing throughout winter, stress, energy management, financial health, nutrition, sleep, work-life balance, virtual physio, yoga, mindfulness and the wheel of life (coaching).

Social Value

- 3.32 An external organisation, Atkins, have approached us to deliver a mental health awareness session as part of their social value commitment; we will also be exploring how we can support social value through our wellbeing offer as part of Thrive Silver accreditation and beyond.

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:	N/A

Priority:	Contribution:
1. Revitalising our towns and local centres. 2. Deliver UK Central (UKC) and maximise the opportunities of HS2. 3. Increase the supply, quality and energy efficiency of housing, especially affordable and social housing.	
Environment: 4. Enhance Solihull's natural and physical 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 and health outcomes in our most disadvantaged communities. 8. Enable communities to thrive. 9. Sustainable, quality care and support for adults & children with complex needs.	N/A
10. Promote employee wellbeing	The Council's approach to promoting wellbeing are detailed in this report and appendix 2.

6.2 Consultation and Scrutiny:

6.2.1 Please see sections 3.17-3.19.

6.3 Financial implications:

6.3.1 The programme of work detailed in this report 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 on 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 1 – Sickness Absence Statistics

7.2 Appendix 2 – SMBC Wellbeing Approach

7.3 Appendix 3 – Team Wellbeing Action Plan

8. Background papers used to compile this report

8.1 N/A

9. List of other relevant documents

9.1 N/A