

Report to Budget and Corporate Scrutiny Management Board

27 July 2023

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| Subject: | Sickness Absence Outturn 2022-23 |
| Director: | Shokat Lal, Chief Executive |
| Contact Officer: | Assistant Director of HR and Organisational Development, Victoria Lee Victoria_Lee@sandwell.gov.uk |

1 Recommendations

- 1.1 That the Board considers and comments upon the employee sickness absence outturn for 2022-23

2 Reasons for Recommendations

- 2.1 Sickness absence is a key measure of organisational health, and has been increasing over the last two years, above levels seen prior to the pandemic.
- 2.2 The impact of sickness absence on individuals and teams, and ultimately on service delivery, can be significant.
- 2.3 It is important that we analyse reasons for sickness absence across our services, and put in place measures to address any issues highlighted through that analysis where possible and appropriate.

3 How does this deliver objectives of the Corporate Plan?

Employee attendance impacts on the council's ability to deliver against our Corporate Plan in every area where absence is pronounced. Absence management is a responsibility of every service. Supporting



and enabling policies, procedures, guidance, and health and wellbeing services sit within HR Services as a core element of One Council One Team.

4 Context and Key Issues

- 4.1 Sickness absence rates for the last financial year (2022-23) were 10.81 days per employee. This equates to 4.87% working days lost to sickness absence, compared to a national average¹ of 2.6% for the UK overall and 3.6% across the public sector.
- 4.2 Sickness absence rates were higher for every quarter in 2022-23 compared to the previous year; representing an overall increase of 0.5 days per person compared to 2021-22. The increase was evenly spread across the year.
- 4.3 Rates of absence have increased each year since 2018-19, with the exception of 2019-20 and 2020-21. The reduction in sickness absence for the years including the height of the pandemic are unsurprising and reflect temporary changes to roles and ways of working, as well as restrictions to social mixing and a corresponding reduction in usual seasonal illness patterns.
- 4.4 Most directorates saw a marginal increase in sickness absence between 2021-22 and 2022-23, though Borough Economy, Regeneration and Growth, and Finance saw reductions. Adult Social care and Housing had the most sickness absence, following the trend from the previous year.
- 4.5 Stress/depression/mental health is the main reason for sickness absence. It accounts for 29% of all absence and increased by 14% on the previous year. Infections (including colds and influenza) account for the second highest reason for sickness absence (21%). Muscular-skeletal related absence accounts for 17% of absence, and increased by 24.9% compared to the previous year.
- 4.6 Further analysis of stress/depression/mental health related absence demonstrates that this was due to more incidents compared to the previous year, rather than longer episodes of absence for those affected. 27% of this absence is reported as work-related, but most is not. It is not easy to separate contributing factors to someone's absence for reasons

¹ ONS data for 2022



related to mental health, with the possible exception of absence related to a bereavement (19% of absence for stress/depression/mental health). With regard to bereavement, the age profile of the workforce does increase the probability of this type of absence (elderly parents, even partners) – 51% of the workforce is aged over 50, with 15% aged over 60.

- 4.7 Women are more likely than men to have time off for reasons related to mental health. Ethnic minority employees are less likely to be off sick with reasons related to mental health, but have slightly more time off for these reasons. Looking at the age profile of the workforce there is little difference in the amount of time lost to mental ill health with the exception of the youngest and oldest employees. Mental health related sickness absence increases dramatically amongst the workforce group aged over 65. Stress-related sickness absence is highest for employees at higher grades/pay bands.
- 4.8 Detailed analysis of sickness data and relationship between this and job roles and other issues at service level is undertaken by Directorate Management Teams, with the support of HR Services through the provision of more detailed data.
- 4.9 The Board made reference to some specific areas of interest in respect of sickness absence:
- a) Lone working - Complementing the analysis of sickness absence data, Directorates receive quarterly Health and Safety reports, providing information on accidents and incidents; details of any regulatory interventions or health and safety audits undertaken during the period; health and safety learning report; and any other highlight issues related to health and safety. This includes a report on numbers of violent and aggressive incidents reported by employees. Most violent and aggressive incidents that do occur do not concern lone workers. Team managers are responsible for developing and implementing health and safety risk assessments for lone working where applicable (based upon the council's Lone working Safety Management Procedure). This should be reviewed after any incident. Our corporate Health and Safety audit programme will include review of these risk assessments.
 - b) Impact of organisation structures and change on sickness absence – Our corporate data does not demonstrate any immediate high-level



correlation between absence levels and organisation change at Directorate level. However, DMT's would be expected to follow up any sickness absence trends showing any potential correlation, through the detailed service-by-service long and short-term sickness absence data provided.

- c) Impact or correlation between different workstyles and sickness – We do not currently measure this and do not presently record workstyles (fixed worker, hybrid, homeworker etc.) in our HR system. However, Service level breakdown data does illustrate highest levels of absence exist generally amongst front-line services working directly in the community, with back-office desk-based services generally reporting lower levels of sickness absence. This is to be expected given the often more physically demanding nature of the work (e.g. lifting and handling); the increase in exposure to infection; and the limited ability to work remotely through minor illness such as coughs and colds.
- d) Learning and development: providing the tools and skills for people to do their jobs and avoid illness – We will be running our Employee Engagement Survey in September, including the following questions supporting analysis of this concern:
- The learning and development I have received is helping me to develop my career
 - I have received the job essential and business critical training and development identified by my manager (1 to 1 and or appraisals) to improve my skills in the last 12 months
 - I feel a personal responsibility to seek out ways to develop myself at work
 - During the appraisal process job essential and business critical training and development opportunities were agreed

4.10 HR are currently reviewing the council's sickness absence management (SAM) processes with particular attention being applied to directorate and service-level absence review process; discretion within the SAM policy; and SAM Policy, Guidance and Process (with focus on language, documentation, and the move to self-service with Oracle Fusion). Workshops have been carried out with colleagues within HR and managers across the council who frequently apply the SAM policy,



alongside ongoing discussions with our trade union representatives, in the updating of arrangements.

4.11 Our Occupational Health & Wellbeing service helps support and prevent sickness absence by offering a range of interventions and support to employees:

- First line advice from a registered nurse (occupational health advisor) available through our sickness referral service for proactive advice and guidance.
- Signposting to our confidential Employee Assistance & Counselling Service or a self-referral to our physiotherapist for MSD issues.
- Referral service with an occupational health advisor, physician or physiotherapist for a one to one consultation to provide individual tailored advice around an employee's mental or physical health; to help support employees back into work; providing advice on adjustments; support ongoing health issues; and helping in the management of sickness absence.

Through our employee wellbeing promotion we deliver initiatives in line with national campaigns in which both physical and mental needs are recognised. We provide confidential one to one sessions with a mental health professional (Talking Life); access to MHFA's, Wellbeing Champions; and Menstruation-2-Menopause Champions. We also provide Physiotherapist wellbeing sessions to promote postural stretching and exercises if working in the office or at home.

Statistics for 2022/23 include:

- Employee Assistance & Counselling Service usage was 9.73% against a benchmark average of is between 6% - 10%
- 87% take up for the Talking Life sessions
- 252 employees signed up to the Physiotherapist wellbeing sessions
- 120 physiotherapy self-referral appointments



5 Implications

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| Resources: | Sickness absence incurs direct and indirect costs to the council, including temporary staff cover costs, delays in service delivery, or postponement of service improvement activity. Absence impacts on colleagues required to cover all or parts of an absent employee's responsibilities. |
| Legal and Governance: | Increased pressure on statutory services suffering staff absence. We have legal and ethical responsibility to treat all staff fairly, including those suffering ill health, through adoption of proportionate sickness absence management policy. |
| Risk: | Service Directors and Assistant Directors receive regular reports on staff sickness and support from HR Services in the management of sickness absence. Sickness absence and Health and Safety reports are provided to Leadership Team and DMT's quarterly for discussion, consideration, and action where necessary. |
| Equality: | A review of sickness data against diversity characteristics has not identified any disproportionate issues or impacts, though there is a correlation between sickness absence and age. The Council has particular duties in relation to support of employees who have a disability. |
| Health and Wellbeing: | Sickness absence is fundamentally about the health and wellbeing of our workforce. We offer robust health and wellbeing support, including an in-house Occupational Health service, with physiotherapy provision, and a strong well-being offer, including access for all employees to an employee assistance programme, including counselling support. |
| Social Value: | N/A |
| Climate Change: | N/A |
| Corporate Parenting: | N/A |



6 Appendices

Appendix 1 - SMBC Sickness Absence Outturn 2022-23

Appendix 2 - Sickness Outturn 2022-23 Presentation

7. Background Papers

N/A

