Chichester District Council

OVERVIEW AND SCRUTINY COMMITTEE   **19 June 2018**

Sickness Levels within Chichester District Council

1.   Contacts

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2.   Recommendation

2.1   That the Overview and Scrutiny Committee reviews the current position regarding sickness absence within Chichester District Council and the proposed actions as set out in paras 5.1 to 5.5 of the agenda report.

3.   Background

3.1   Method of calculation and existing reporting arrangements

The Council calculates sickness absence in line with the Local Government Association method which is "by dividing the total number of days of absence by the total number of FTE employees" during the period concerned. These figures include staff members who have left, which can be slightly misleading as a staff member with high sickness levels that has left will still appear in the comparative stats for the following year. However, the methodology does provide some consistency in benchmarking. The latest figures are recorded on the Pentana performance management system and reported to SLT each month with a breakdown by team. The reports also break down the figures further to show short-term and long-term sickness absence (long-term is defined as 20 days or more).

Over the last couple of years, sickness levels have become an issue for CDC. The table below shows the total average number of days recorded as sick for each year since 2011/12. It should be noted that the figure has been as high as and even slightly higher than the current levels within the last 10 years, however the recent trend is a concern and requires some further action.

Year	Total average days sick	Short term sickness average	Long term sickness average
11-12	6.45	Not recorded	Not recorded
12-13	7.12	Not recorded	Not recorded
13-14	6.71	3.15	3.56
14-15	8.25	3.89	4.36
15-16	7.42	2.92	4.5
16-17	9.24	2.67	6.57
17-18	9.44	3.26	6.18

Average Sick Days
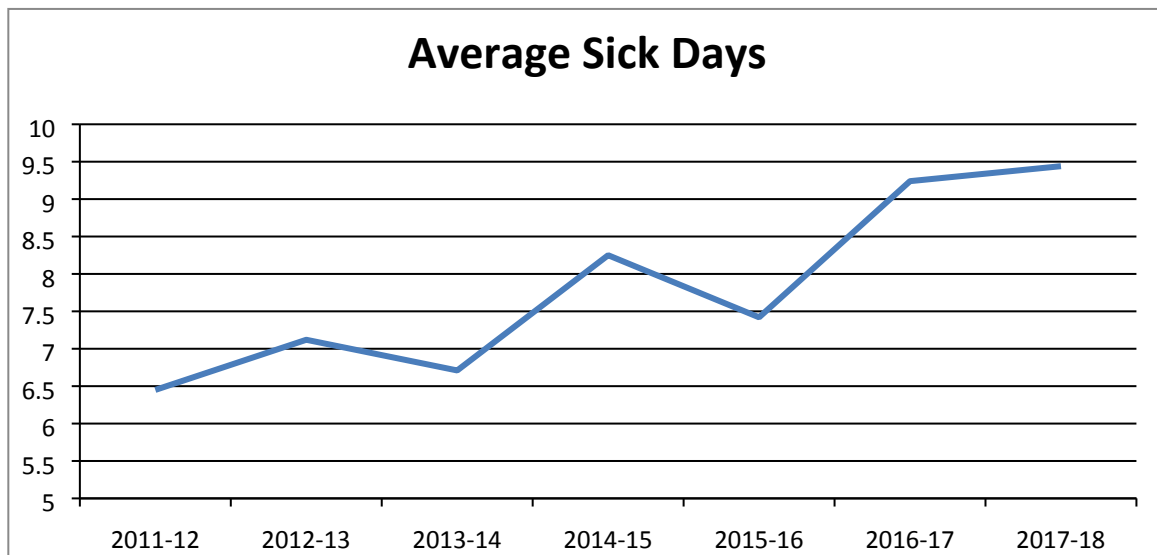
3.2   How do we compare?

3.2.1 Benchmarking
The national benchmarking for local government, which is compiled as part of the Local Government Workforce Survey, conducted by the LGA, has not yet been released for 2016-17. Therefore, the latest national figures are from 2015-16 and not relevant. Officers have done some local benchmarking with other West Sussex Districts and Boroughs and note that, over the last couple of years, we have gone from being one of the better performing councils to one of the worst.

Latest figures:

Authority	Average sick days per FTE	Year ending
Horsham	6.39 (2.48 short term and 3.91 long term)	December 17
Adur-Worthing	6.59	March 17
Arun	9.59	March 17
Chichester	9.44	March 18
Mid Sussex	8.36	March 17
Crawley	4.22	March 18

It should be noted that other councils are not always keen to share their information in this area and that there is no validation that a consistent method of calculation is used.

3.2.2 Office for National Statistics (ONS) 2016 report

It was reported that an estimated 137.3 million working days were lost due to sickness or injury in the UK in 2016. This is equivalent to 4.3 days per worker.

These figures include both private and public sector workers, and unlike the majority of private sector employers (but in line with other local authorities and the wider public sector), CDC has a supportive sick pay scheme. The ONS report states: There are a number of factors to consider when examining the differences between the public and private sectors, including:

- there are differences in the types of jobs between the 2 sectors and some jobs have higher likelihoods of sickness than others
- workers in the private sector are more likely to not be paid for a spell of sickness than those in the public sector
- the analysis only counts someone as sick if they work fewer hours than they are contracted for, it would exclude someone who makes up lost hours at a later point in the week; it may be possible that individuals in smaller workforces are under more pressure to make up any lost hours and these workforces are more prominent in the private sector, however, no data is collected on hours made up following sick absence

Employees have a higher rate of sickness absence than self-employed workers, although the rates have generally fallen for both groups and the gap has narrowed over the 1993 to 2016 period. In 2016, sickness absence rates for employees and the self-employed stood at 2.1% and 1.4% respectively.

3.3   Existing policies and sickness management

3.3.1 We already have a comprehensive Absence Management Policy, expectations around notification and certification of sickness and a template for absence management interviews (set out in appendices 1-3).

3.3.2 We have reviewed our policies against those of other councils and the content of our policies are along the same lines with the trigger points for actions at similar levels.

3.3.3 It should be noted that we are already actively managing sickness and several staff are dismissed or leave before dismissal each year due to being managed through these policies (7 in 2017/18 and 8 in 2016/17).

3.3.4 Over the last few years the Management Team have been closely following the sickness figures and ensuring that the existing policy is followed appropriately and that individual cases are proactively managed.

3.3.5 Being part of the National Joint Council (NJC) pay system means that there is not much flexibility concerning sick pay for staff based in East Pallant House. Being part of NJC means if you have 5 years' service then you may receive up to 6 months full pay then 6 months half pay. The depot (which is outside of the NJC scheme) does have more localised control and already has a less generous scheme (half pay for the first week). The Council is contractually able to terminate employment due to sickness absence before the expiration of these maximum sick pay periods and this

is also supported by section 3.11 of the Absence Management Policy.

3.4   Causes and potential contributing factors

3.4.1 Long term sickness
Recently published Chartered Institute of Personnel and Development survey findings stated that mental health related absence had increased nationally and the reported increase in the public sector was higher than in the private sector.

In CDC, long term sickness has risen in the last two years and one of the key factors causing this is an increase in the amount of sickness that is categorised as 'STRESS, DEPRESSION, ANXIETY, MENTAL HEALTH AND FATIGUE'. No further detail than this is recorded on Trent (the HR System).

The table below shows the total number of sick days taken categorised as stress, depression, anxiety, mental health and fatigue, alongside the percentage of total sick days represented by sickness in this category.

Year	Number of sick days taken as "stress"	% sick days taken due to "stress"
11-12	507.5	14.34%
12-13	570.6	14.57%
13-14	439.5	11.48%
14-15	723.5	16.41%
15-16	973.4	23.98%
16-17	1196.0	24.94%
17-18	1452.7	30.73%

Analysis has shown that some services are more likely to have staff suffering from mental health related illnesses than others (including the Depot, Housing, Parking Services and Planning) but we are a small enough organisation for a small number of individual cases of long term sickness to have a significant effect on the figures regardless of department. Several cases have recently been dealt with and so the figures may well reduce but the overall increase in number of days and proportion of stress-related sick days as a percentage of total sick days is of concern.

Understanding the root cause of these mental health related absence levels is not straight forward as there is no central recording of underlying cause. Whilst there may be a natural assumption that work would be a major factor, especially as we have an ongoing expectation to produce more for less as our revenue budgets have shrunk, we have looked at a number of indicators to see if this is actually the case.

One indicator we have is the annual appraisal question; *"Do you have any work related stress issues that you would like to raise that are affecting your work or wellbeing?"* The number of staff answering yes has actually declined:

2009	58		**2014**	42
2010	94		**2015**	41
2011	45		**2016**	19
2012	37		**2017**	18
2013	26			

The Management Team have also recently looked into each of the individual cases of stress. Work is very rarely the root cause and there are usually external factors as the main trigger.

This is also supported by an analysis of the user statistics from our Employee Assistance Programme. This service is procured by the council and provides a 24 hour confidential helpline for employees to access qualified experienced counsellors to talk through any pressures resulting from either work or home life. In the last year, of the 34 calls made to the service by CDC employees, only one of those calls was categorised as talking about work; the rest were all external factors.

In 2017 we undertook a comprehensive staff survey, including a section on stress and work/life balance. For each of the five comparable questions asked in this section, the results had improved in every case when compared to the 2014 staff survey.

Whilst work may not be the primary cause of stress absence, it can often be a contributing factor. A stressful work environment may affect a staff member's ability to cope with external factors, therefore creating stress. As an employer we have a duty to support our staff and appropriate action to help can not only improve the wellbeing of our staff but reduce the number of days being lost through absence each year.

3.4.2 Westgate
In May 2016 Westgate Leisure transferred to Everyone Active and their staff stopped being part of our figures for sickness reporting. Since Westgate Leisure had always had low sickness levels (an average usually between 2 and 4 days per year), their removal had the effect of increasing our average sickness figures. These lower sickness rates at Westgate Leisure could be attributable to the staff tending to be younger and healthier due to the nature of their work. It is also worth noting that Westgate Leisure operated a separate, less generous, sickness scheme that did not pay staff in full for time that they were off sick.

On the day that the 55 Westgate Leisure FTEs were no longer employed by CDC, our average sickness levels would have increased significantly (by over half a day) even if all other levels of sickness had remained the same.

3.4.3 Chichester Contract Services
Unlike many local authorities who outsource the function, CDC has continued to provide a depot service in house. The depot has always had higher than average levels of sickness (often around twice the CDC average), and this remains the case despite them having a less generous sickness scheme. The higher level is typical for a depot and a cause is likely to be the nature of the work.

3.4.4 Reporting of sickness absence
Three years ago CDC changed how sickness is reported. Previously, if a staff member had been off sick, on their return to work, they were required to fill in a paper form, giving the reason for sickness and hand it to their manager. The Manager then signed the form and passed it to HR to process. This process made the staff member specify information about the nature of their illness and initiated a face to face interaction. The form also prompted the manager to review the employee's sickness record and conduct and document a "10 day interview" if the employee had

accumulated either 10 days absence, or 5 occurrences in the preceding year. Under the online recording process, the manager now sets up the absence on Trent giving a broad category of illness and no face to face interaction is facilitated. However, it should be noted that Managers are expected to carry out a back to work interview with the staff member after each occurrence of sickness.

4   Outcomes to be achieved

4.1   It is recognised that sickness is at a level that is unacceptable and that our existing approach needs to be reviewed to ensure that we take a supported but robust approach to reducing the number of absences.

4.2   Each day lost to sickness risks affecting the level of service provided to the public and increases the burden on those staff who are working (potentially making the problem even worse). It is in the interests of both the council and its residents that productivity lost due to sickness is minimised.

4.3   The issue of managing sickness and the employer helping to improve the wellbeing of its workforce is not straight forward. It is recognised that improvements may come from a wide range of approaches and that improvements in results are likely to be gradual.

5   Proposal

5.1   To re-write the Absence Management Policy, ensuring that it is pulls together all of the relevant information on the expected processes and responsibilities for each party (specifically the employee, the manager and HR) in a clear and explicit format. The review of the policy should also include revisiting how the trigger points for the phases of absence management work, including the level that triggers an informal interview as well as a specific trigger that leads to the next formal stage. The policy should include a requirement for every manager to document a face to face interaction following every sickness absence. The expectations set out in the Notification and Certification extract should also be part of this single main policy.

5.2   The newly written policy should ensure that all parties are clear of the steps in place and the processes that should always be followed. The outcome of each stage of the process allows for flexibility but the following of the process in most cases should not. The HR team will then be able to take a stronger role in ensuring that there are no exceptions to the process unless express agreement by the Strategic Leadership Team is given.

5.3   The Stress Impact Assessment is to be re-written. When it was first developed, the document was based on the Health and Safety Executive best practice, which included a scoring system for documenting levels of stress. Best practice has changed over time and new guidance from the charity MIND has been produced that includes wellbeing action plans. Officers are also considering a new self-assessment form. It is recommended that an anonymous high level stress at work e-survey is conducted to gauge the extent of and understand a bit more about the problem. Once this survey has been completed and the results analysed, the self-assessment forms and action plan guidance should be implemented as soon as possible and will form part of a package of support for staff.

5.4 There are already a range of work place wellbeing activities provided for staff (Mindfulness, Choir and running club to name a few) but these are generally of an opt-in nature. Sometimes those who may be in need of some training are not the ones that might opt in. There is corporate encouragement of staff to take part in these programmes and an additional 30 minutes of working time a week is credited to staff who take part in any of the activities. The Council has also provided stress awareness training and specific courses aimed at staff dealing with front line services. In addition, compulsory training for managers on recognising behaviours relating to stress, (in terms of management behaviour and the behaviours of the individuals within the teams) is recommended. This should create a consistent response from management that is delivered in a way that seeks to improve the situation wherever possible.

5.5 There is an ongoing role for SLT to ensure that policies are being consistently followed, to look at trends within teams across the council and to consider whether proactive intervention is required where levels are high. There needs to be an understanding of whether workloads within teams and for individual roles are unmanageable or whether there are issues of capability or resilience. In some roles more should be done to test resilience within the recruitment process. The number of sick days per team is at Appendix 4, the reasons behind these figures and associated actions required will be monitored by SLT on an ongoing basis.

6   Alternatives Considered

6.1 A full review of the council's approach to managing sickness, the statistics behind the headline figures, the causes and the various recommended actions has been undertaken. This has included learning from others and best practice research. Consideration has been given to a wide range of options when pulling together the list of proposals.

7   Resource and Legal Implications

7.1 A budget for the training of Managers is to be included in the 18/19 corporate training budget.

7.2 No further budget implications however it should be noted that reducing sickness levels will ease the resource requirements and potential overburdening on those working across the council.

8   Consultation

8.1 JECP is to receive this report at their June meeting. They will also be consulted on any proposed changes in policies and procedures at future meetings.

9   Community Impact and Corporate Risks

9.1 Not addressing the current levels of sickness or seeing them deteriorate further may impact negatively on service levels. It also has the potential to create unrealistic pressure on those staff members who are at work covering for lost time.

10   Other Implications

Are there any implications for the following? If you tick "Yes", list your impact assessment as a background paper in paragraph 13 and explain any major risks in paragraph 9	Yes	No
	Yes	No
Crime and Disorder		No
Climate Change and Biodiversity		No
Human Rights and Equality Impact: All new policies and procedures will ensure that we are compliant with the Equality Act. This includes ensuring that we are taking disabilities and pregnancy and maternity into account appropriately when managing sickness.	Yes	
Safeguarding and Early Help		No
General Data Protection Regulations (GDPR) We have reviewed our reporting mechanisms on individual cases of sickness to ensure that the sensitive data is used appropriately as set out in the new regulations.	Yes	

11   Appendices

Appendix 1 – Existing Absence Management Policy
Appendix 2 – Intranet extract on absence notification and sickness certification
Appendix 3 – Absence management interview form
Appendix 4 – Average number of days sickness per team 2017/18

12   Background Papers

None