

People Select Committee – Scrutiny Review of Sickness Absence (Summary of Evidence)

Theme	Evidence	Emerging Recommendation?
Scope of Review	<p>Main issues</p> <p>The aim of this review is to contribute towards a reduction in sickness absence by:</p> <ul style="list-style-type: none"> • analysing current performance • understanding the underlying reasons for such absence • reviewing the measures taken to reduce sickness absence and their effectiveness • considering suggestions for improvement <p>In addition, a new SBC Attendance Management Policy is being drafted in 2016-2017 – the review has an opportunity to shape this policy.</p> <p>Key Lines of Enquiry</p> <ul style="list-style-type: none"> • What are the key causes of sickness absence? • What are the differences between service areas/departments in relation to sickness absence? • How do different job roles (e.g. manual, shift, office) impact on sickness absence, including the ability of staff to access wellbeing messages/advice and manage their own work lives (e.g. flexible working), as well as managers responding to sickness (re-allocation of work/backfilling)? • Long-term sickness absence – consideration of the policies around such cases. • As a preventative measure, is appropriate training in place for staff, and are workplace assessments being carried out (for example)? • What services are offered by the Council to support staff who demonstrate higher levels of sickness absence, are staff aware of these services, and how effective are they? • Winter health preparation and the availability of vouchers for flu jabs – is this working and how is take-up monitored? • What can we learn from other organisations/sectors? 	
Background	<p>According to the Office for National Statistics, 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 (the lowest recorded since the series began in 1993, when it was at 7.2 days per worker, the highest level over the reference period). Minor illnesses (such as coughs and colds) were the most common reason for sickness absence in 2016, accounting for approximately 24.8% of the total days lost – this was followed by musculoskeletal problems (including back pain, neck and upper limb problems) at 22.4%. Mental health issues (including stress, depression, anxiety and serious conditions)</p>	

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	<p>resulted in 11.5% of the total days lost.</p> <p>The CIPD (Chartered Institute of Personnel and Development) recently carried out an Absence Management Survey to gain an understanding of the public sector’s approach to managing sickness absence. They reported that the average level of absence has decreased slightly in 2016 (Jan-Dec) when compared with 2015, dropping from 8.7 days lost per employee in 2015 to 8.5 days lost per employee in 2016. These figures are comparable with the Council’s 8.3 days lost per employee in 2015-2016.</p> <p>A Workforce Survey 2015/16 report published by the LGA reported that, on average across Single Tier Councils, 9.4 days were lost per FTE due to sickness absence. In 2014/15, the average reported across Single Tier Councils was 9.0 days per FTE. This suggests that sickness absence is increasing within Local Government as a whole.</p> <p>Sickness absence is an issue that can affect all sections of the workforce, and continues to be a challenge for Stockton-on-Tees Borough Council – initial analysis shows that the target for 2016-2017 (7.6 days average per FTE) may not be met. The increase in sickness absence, areas and reasons for sickness absence reflect similar trends in the other Tees Valley Local Authorities.</p> <p>Sickness absence can be very costly, in particular in service areas where backfilling is necessary either by additional temporary employees, casual workers or agency workers, and can impact on service delivery.</p>	
Policies	<p><i>Attendance Management Policy & Procedure</i></p> <ul style="list-style-type: none"> • The Council’s Attendance Management Policy outlines the procedures employee’s follow when reporting their sickness absence, and the procedures to be followed by a manager. <ul style="list-style-type: none"> ○ Day 1 - Employee telephones line manager. Agrees frequency of contact during absence. Manager enters sickness absence into HROnline. ○ Day 8 – Fit note required from GP outlining reasons and duration of sickness absence. ○ Day 28 (4 weeks/1month) - Manager organises Attendance Review Meeting with employee. Discuss reason for absence, appropriate support available, ability to return to work. ○ 3 months – HR contacts Manager to see if support required (if manager not requested support beforehand). • Employee Sick Pay is paid in accordance with the national scheme as detailed in our contracts of employment for the following periods of an employee’s full and half pay: 	

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	<ul style="list-style-type: none"> • Attendance Management briefing sessions have taken place during 2016/17 within Learning & Skills, Customer Services, Schools & SEN, Economic Growth & Development, Revenues & Benefits and Reablement Services. • Discussions took place around whether staff may be more reluctant to be off work if they were unpaid for the first day of sickness - it was felt that such an approach may encourage people to stay off longer than necessary to ensure they received sick pay, or come into work when ill and therefore be off again in the near future. The Council have made the decision to actively manage cases of consistent short-term absence. <p><i>Leave Policy</i></p> <ul style="list-style-type: none"> • The new policy came into effect on 1 July 2016 and managers are being encouraged to consider this as a supportive tool for Employees where appropriate to assist in reducing sickness absence. • Employees can purchase additional annual leave of up to 10 days a year, with the cost spread over a 12-month period - this can support time off work for personal circumstances or just be purchased for additional holiday. • In certain areas of the Council, employees also have the benefit of the Flexitime Scheme, where hours of work are not set, and employees can accrue flexi-time which can be taken as a Flexi-day or to shorten the working day to support emergencies or to use when employees are not feeling 100%. They can also go into a deficit of up to 10 hours, with the flexibility to work hours back at a later date. • The leave policy also gives guidance around paid/unpaid time off work to support Bereavement Leave, Carers leave and emergency leave to support dependents. There has been a total of 1,205 days sickness absence due to Bereavement and Family Illness. If all of this absence was removed from the corporate sickness absence figures, it would bring the Council's average days lost per FTE down to 8.3. • It is believed that the Short Term and Medium Term sickness due to Bereavement and Family Illness could have been covered in the majority of cases through paid leave of absence or other leave / flexible working arrangements available through the Leave Policy. Further work will be carried out in 2017/18 to create awareness amongst managers and employees of the options with regards to this matter. • Paid leave can also be given for Medical Procedures and cancer screening, for the period of hospital admission/testing and reasonable recover period. Longer periods of recovery would fall within the scope of sickness absence (i.e. hysterectomy, Bowel operation). 	
Performance	<p><i>2016-2017</i></p> <ul style="list-style-type: none"> • The Council's sickness absence level for 2016/17 was 8.8 days per FTE based on 21,977 working days lost, equating to approximately 100 full time employees having a year off work. Previous year comparisons are below: 	

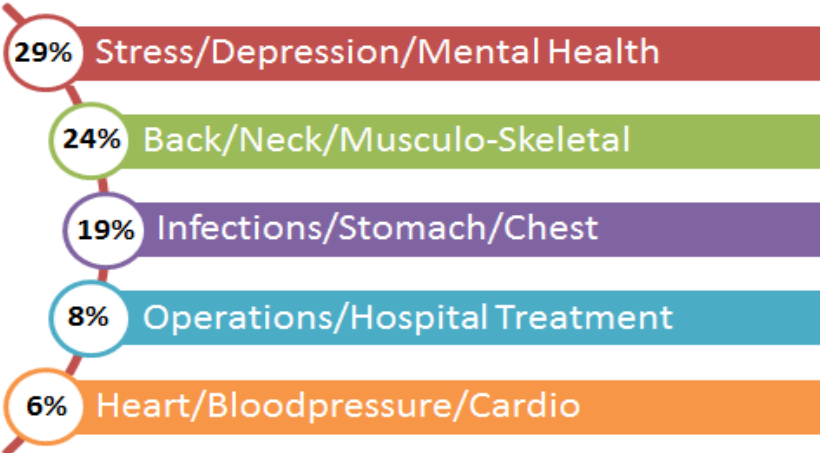
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	<ul style="list-style-type: none"> Indicative figures have been provided by the Tees-Valley Local Authorities (subject to confirmation) below: <table border="1"> <thead> <tr> <th>Local Authority</th> <th>Days lost per FTE</th> </tr> </thead> <tbody> <tr> <td>Stockton on Tees Borough Council</td> <td>8.8</td> </tr> <tr> <td>Middlesbrough Council</td> <td>9.25</td> </tr> <tr> <td>Darlington Borough Council</td> <td>9.7</td> </tr> <tr> <td>Hartlepool Borough Council</td> <td>10.6</td> </tr> <tr> <td>Redcar & Cleveland Borough Council</td> <td>*7.4</td> </tr> </tbody> </table> <p><i>* Redcar & Cleveland remove all pregnancy-related sickness absence, absence for bereavement leave under 20 working days and anyone on a temporary/fixed term contract with under 1 year service.</i></p> <ul style="list-style-type: none"> As at 31 March 2017 the Council employed 3,183 employees. 1,699 employees have had at least one occasion of sickness absence within 2016/17, which equates to approximately 52% of the workforce. The gender split of the SBC workforce is 71% female, 29% male. Sickness absence information shows however that absence is slightly higher among female workers (75%) than males (25%) when compared to our workforce profile. The age profile of the SBC workforce is consistent with sickness absence amongst the same age groups: 	Local Authority	Days lost per FTE	Stockton on Tees Borough Council	8.8	Middlesbrough Council	9.25	Darlington Borough Council	9.7	Hartlepool Borough Council	10.6	Redcar & Cleveland Borough Council	*7.4																			
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	<p>employees who have had at least one occasion of sickness absence within 2016/17:</p> <table border="1" data-bbox="392 303 1814 957"> <thead> <tr> <th>Service Area Name</th> <th>Average FTE</th> <th>Occurrences</th> <th>Days Lost</th> <th>Days Lost Per FTE</th> <th>No of Staff Absent</th> <th>% Staff Absence</th> </tr> </thead> <tbody> <tr> <td>Administration, Democratic & Electoral Serv.</td> <td>64.7</td> <td>51</td> <td>507.3</td> <td>7.8</td> <td>38</td> <td>51%</td> </tr> <tr> <td>Adults & Health</td> <td>445.6</td> <td>659</td> <td>6,303.9</td> <td>14.1</td> <td>352</td> <td>65%</td> </tr> <tr> <td>- Adults Service</td> <td>393.3</td> <td>601</td> <td>5,375.7</td> <td>13.7</td> <td>319</td> <td>65%</td> </tr> <tr> <td>- Public Health</td> <td>48.4</td> <td>53</td> <td>907.2</td> <td>18.7</td> <td>32</td> <td>60%</td> </tr> <tr> <td>Children's Services</td> <td>526.9</td> <td>465</td> <td>4,577.8</td> <td>8.7</td> <td>311</td> <td>49%</td> </tr> <tr> <td>- Safeguarding & Looked After Children</td> <td>200.6</td> <td>181</td> <td>1,986.6</td> <td>9.9</td> <td>118</td> <td>51%</td> </tr> <tr> <td>- Early Help, Partnership & Planning</td> <td>212.0</td> <td>193</td> <td>1,911.2</td> <td>9.0</td> <td>133</td> <td>50%</td> </tr> <tr> <td>- Schools & SEN</td> <td>105.2</td> <td>85</td> <td>667.6</td> <td>6.3</td> <td>56</td> <td>44%</td> </tr> <tr> <td>Community Services</td> <td>600.9</td> <td>699</td> <td>5,015.7</td> <td>8.3</td> <td>467</td> <td>48%</td> </tr> <tr> <td>Culture, Leisure & Events</td> <td>203.0</td> <td>232</td> <td>1,743.6</td> <td>8.6</td> <td>133</td> <td>52%</td> </tr> <tr> <td>Economic Growth & Development</td> <td>213.1</td> <td>204</td> <td>1,117.9</td> <td>5.2</td> <td>131</td> <td>51%</td> </tr> <tr> <td>Finance & Business Services</td> <td></td> <td>198</td> <td>1,325.5</td> <td>6.0</td> <td>139</td> <td>55%</td> </tr> <tr> <td>HR, Legal & Communications</td> <td>68.6</td> <td>39</td> <td>388.8</td> <td>5.7</td> <td>28</td> <td>36%</td> </tr> <tr> <td>Transformation Team</td> <td>14.7</td> <td>9</td> <td>107.7</td> <td>7.3</td> <td>6</td> <td>38%</td> </tr> <tr> <td>Xentrall Shared Services</td> <td>147.7</td> <td>150</td> <td>889.4</td> <td>6.0</td> <td>94</td> <td>59%</td> </tr> <tr> <td>TOTAL</td> <td>2,504.8</td> <td>2,706</td> <td>21,977.6</td> <td>8.8</td> <td>1,699</td> <td>52%</td> </tr> </tbody> </table> <ul data-bbox="336 997 1859 1300" style="list-style-type: none"> Adults & Health continues to experience a high level of sickness absence at 14.1 days lost per FTE, and overall the sickness within this area accounts for 28.5% of days lost due to sickness absence within the Council. In addition, sickness absence within Children's Services (8.7 days per FTE), Culture Leisure & Events (8.6 days per FTE) and Community Services (8.3 days per FTE) all remain above the corporate target level and are a cause for concern. Further work will be undertaken to establish whether any additional support can be offered to help reduce sickness absence, including looking at employee wellbeing services, the alternatives available within the Council's Leave Policy, and through smarter working. The top six locations for sickness absence were (in descending order) Municipal Buildings, Schools, Bayheath House, Queensway House, Kingsway House and Allensway Day Centre (see Appendix 1). <p data-bbox="336 1332 548 1364">2017-2018 (Q1)</p> <ul data-bbox="336 1372 1859 1404" style="list-style-type: none"> Following concern around the increase in sickness absence in both 2015/16 and 2016/17, the Council's Senior 	Service Area Name	Average FTE	Occurrences	Days Lost	Days Lost Per FTE	No of Staff Absent	% Staff Absence	Administration, Democratic & Electoral Serv.	64.7	51	507.3	7.8	38	51%	Adults & Health	445.6	659	6,303.9	14.1	352	65%	- Adults Service	393.3	601	5,375.7	13.7	319	65%	- Public Health	48.4	53	907.2	18.7	32	60%	Children's Services	526.9	465	4,577.8	8.7	311	49%	- Safeguarding & Looked After Children	200.6	181	1,986.6	9.9	118	51%	- Early Help, Partnership & Planning	212.0	193	1,911.2	9.0	133	50%	- Schools & SEN	105.2	85	667.6	6.3	56	44%	Community Services	600.9	699	5,015.7	8.3	467	48%	Culture, Leisure & Events	203.0	232	1,743.6	8.6	133	52%	Economic Growth & Development	213.1	204	1,117.9	5.2	131	51%	Finance & Business Services		198	1,325.5	6.0	139	55%	HR, Legal & Communications	68.6	39	388.8	5.7	28	36%	Transformation Team	14.7	9	107.7	7.3	6	38%	Xentrall Shared Services	147.7	150	889.4	6.0	94	59%	TOTAL	2,504.8	2,706	21,977.6	8.8	1,699	52%	
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	<p>Management Team (SMT) agreed an Employee Health & Wellbeing Action Plan, a more flexible and supportive Leave Policy, and a revised corporate target for sickness absence of 8 days lost per FTE for 2017/18.</p> <ul style="list-style-type: none"> • The corporate absence for Q1 2017/18 is 1.8 days lost per FTE, and it is positive to note a reduction in sickness absence in Q1 when compared against previous years. There has been a significant reduction (22.7%) in the number of days lost due to sickness absence in Q1 2017/18 compared to Q1 2016/17, with a reduction in the number of occasions of sickness absence in Q1 2017/18 (568) compared with both Q1 2016/17 (700) and Q1 2015/16 (678). • Adults & Health, Children’s Services and Community Services have previously had high levels of sickness absence, but in Q1 have demonstrated an improvement with a reduction in the number of occasions and days lost compared to 2016/17. • Absence due to 'stress/depression/mental health/fatigue' continues to attribute to the highest number of days lost (34%), with 'back/neck/musculoskeletal remaining the second highest number of days lost for sickness absence (21%) - the latter has reduced considerably from Q1 2016/17. The highest number of occurrences of sickness absence is due to infections. 	
Support	<ul style="list-style-type: none"> • The Employee Wellbeing & Retention workstream of the Council’s Shaping a Brighter Future Programme has reviewed the Council’s employee support, and made contributions and recommendations in respect of: <ul style="list-style-type: none"> ○ The 2016 procurement of Counselling Services & Physiotherapy Services. ○ The introduction of the Mindfulness Programme. ○ Improved communication of Employee Benefits. • The Employee Health & Wellbeing Action Plan (see Appendix 2) has been drawn up to address the main areas of concern, to reduce sickness absence and to improve overall health and wellbeing of employees. • The cost of the Council’s Occupational Health provision, including Counselling and Physiotherapy Services, is approximately £95,000 per annum. <p><i>Occupational Health</i></p> <ul style="list-style-type: none"> • From April 2015, the Council’s Occupational Health Service has been provided by an in-house Occupational Health Advisor, Michelle King, with support from an external Occupational Health Physician, Dr L Fawcett, from BHSF Occupational Health Ltd. By moving to an in-house Occupational Health Service which understands the pressures and priorities of the Council, its services and employees, SBC hope to proactively address health issues within the workforce, improve attendance at work, and build capacity and resilience. • The Occupational Health Team provides support and advice on the health and wellbeing of employees through pre-employment medicals, medical referrals and health surveillance in the workplace. • Occupational Health also undertake health promotion activities aimed at improving people’s working lives 	

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	<p>through health promotion and lifestyle advice.</p> <ul style="list-style-type: none"> The highest number of appointments in 2016-2017 (127) came from Community Services staff – this could be attributed to the physical nature of that directorate, and is being addressed by looking at the use of equipment, proactive referrals to Occupational Health, and through Body 2 Fit services. Proactive work planned for 2017-2018 includes blood pressure checks ('Know your Numbers' week) for staff, drop-in sessions, and support for the Better Health at Work programme. Alternative ways of increasing take-up of the flu vaccination programme will also be considered as part of improvements in infection control methods. <p><i>Insight Healthcare (Counselling Service)</i></p> <ul style="list-style-type: none"> The new Insight Wellbeing at Work Programme began on the 1st April 2016, and provides the following services to employees: <ul style="list-style-type: none"> Access to Insight's Wellbeing Portal 24-hour telephone counselling helpline (for personal, work-related or legal/financial issues) Courses of sessional telephone or face-to-face counselling (up to 6 sessions) Legal and financial advice (excluding advice on employment law) Management advisory/support service Service usage for 2016-2017 is detailed below: <table border="1" data-bbox="396 863 1335 1362"> <thead> <tr> <th rowspan="2">Programme Activity</th> <th colspan="2">This reporting period</th> </tr> <tr> <th>Number</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Total number of individuals eligible to use the service.</td> <td>3241</td> <td></td> </tr> <tr> <td colspan="3">New Cases</td> </tr> <tr> <td>Total number of individuals accessing the programme.</td> <td>117</td> <td></td> </tr> <tr> <td>As a % of total workforce (annualised for comparison).</td> <td></td> <td>3.6%</td> </tr> <tr> <td colspan="3">Primary Presenting Issues</td> </tr> <tr> <td>Personal Presenting Issues</td> <td>88</td> <td>75%</td> </tr> <tr> <td>Work Related Presenting Issues</td> <td>19</td> <td>16%</td> </tr> <tr> <td>Legal and Financial Issues</td> <td>3</td> <td>3%</td> </tr> <tr> <td>Information about the Service</td> <td>7</td> <td>6%</td> </tr> </tbody> </table>	Programme Activity	This reporting period		Number	%	Total number of individuals eligible to use the service.	3241		New Cases			Total number of individuals accessing the programme.	117		As a % of total workforce (annualised for comparison).		3.6%	Primary Presenting Issues			Personal Presenting Issues	88	75%	Work Related Presenting Issues	19	16%	Legal and Financial Issues	3	3%	Information about the Service	7	6%	
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	<ul style="list-style-type: none"> The majority of employees accessing Insight services are at work and not absent. Insight Healthcare reported very positive feedback from those using its service - high numbers of respondents felt counselling greatly helped them function at work, assisted those who were not at work in getting back to work, and enabled them in managing their difficulties. Due to the higher than anticipated uptake of their services by SBC staff in 2016-2017, Insight have indicated that if the contract is extended for a year in 2018-2019, the price would be likely to increase from the current rate. <p><i>Body 2 Fit (Physiotherapy Services)</i></p> <ul style="list-style-type: none"> Body 2 Fit have been contracted to provide Physiotherapy services to Council employees since 2008. They were awarded the current two-year contract in 2016, which has the option to extend for a further year up until the 31st March 2019. They provide up to five Physiotherapy sessions, workplace assessments, an initial Podiatry assessment, and discounts on addition treatments and holistic therapies. <table border="1" data-bbox="398 687 1487 855"> <thead> <tr> <th data-bbox="398 687 846 738">2016-2017</th> <th data-bbox="846 687 1146 738">No. of Referrals</th> <th data-bbox="1146 687 1487 738">No. absent work</th> </tr> </thead> <tbody> <tr> <td data-bbox="398 738 846 778">Physiotherapy</td> <td data-bbox="846 738 1146 778">147</td> <td data-bbox="1146 738 1487 778">19</td> </tr> <tr> <td data-bbox="398 778 846 818">Workplace Assessment</td> <td data-bbox="846 778 1146 818">95</td> <td data-bbox="1146 778 1487 818">N/A</td> </tr> <tr> <td data-bbox="398 818 846 855">Podiatry</td> <td data-bbox="846 818 1146 855">14</td> <td data-bbox="1146 818 1487 855">1</td> </tr> </tbody> </table> <ul style="list-style-type: none"> As shown above, Physiotherapy is being accessed in the main by employees who are at work (a proactive measure), and not as a supportive tool to aid recovery for those who are absent from work with back/neck/musculoskeletal (MSK) problems, despite this being the second highest reason for sickness absence. Urgent and acute cases are highlighted, prioritised and often assessed within 24 hours of referral, whilst routine cases are seen within 4 days, 98% of the time. This has resulted in maintaining more staff at work or returning them to work as soon as possible. Body 2 Fit have also successfully piloted a new ‘drop-in’ Physiotherapy service, predominantly assessment and advice driven, which can offer managers a more cost-effective way of providing a service to their employees, often preventing any potential MSK sickness absence. The following is a list of proposed service introductions that can help to further reduce the incidences recorded: <ul style="list-style-type: none"> Back 2 Fit – an educational workshop designed to empower the employee with the necessary knowledge and skills to self-manage their condition. Pilates / Yoga Classes – weekly in-house sessions allowing employees direct access to a beneficial class and breakaway time from their work. Breathing / Diet & Nutrition Workshops – bespoke standalone workshops designed to educate employees 	2016-2017	No. of Referrals	No. absent work	Physiotherapy	147	19	Workplace Assessment	95	N/A	Podiatry	14	1	
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	<p>on the benefits of following the basics in life.</p> <ul style="list-style-type: none"> ○ Podiatry Clinics – occasional clinics offering drop-in advice on foot mechanics and appropriate footwear and footcare. ● Trigger emails are sent to Managers when they submit a Day 1 reporting form for absence relating to either stress/depression/mental health/fatigue or back/neck/musculoskeletal issues to promote the services available through Insight Healthcare and Body 2 Fit respectively. <p><i>Mindfulness Programme</i></p> <ul style="list-style-type: none"> ● 29 employees took part in a nine-week Mindfulness-Based Cognitive Therapy (MBCT) course facilitated by Dr Paul Bernard (Consultant Psychiatrist, TEWV NHS Foundation Trust) in 2016-2017. Feedback from participants indicated very high satisfaction with the teaching, and very strong agreement with the statement '<i>Mindfulness courses should be made widely available for SBC employees</i>'. ● The Council has now committed to a total of 10 courses which will take place between 2017 and 2019, and Members felt it would be useful to monitor the impact of this training on those who attend. <p><i>Better Health at Work</i></p> <ul style="list-style-type: none"> ● The Council achieved the Better Health at Work Gold award in 2016, and it has been agreed to continue towards the Continuing Excellence accreditation. ● The Better Health at Work Advocates continue to disseminate information amongst their colleagues and arrange and support events linked to national campaigns, such as Mental Health Awareness Week. <p><i>Other Benefits</i></p> <ul style="list-style-type: none"> ● Tees Active Ltd – discount membership and fitness classes for SBC employees. ● Cycle2Work Scheme – salary-sacrifice scheme, enabling employees to purchase a bike, saving money on tax, NI and pension contributions. ● Childcare Vouchers – salary-sacrifice scheme to purchase childcare vouchers for nurseries, childminders, out-of-school care and holiday schemes for children up to age 15. ● Eye Tests - free eye test including digital retinal photography, upon purchase of complete glasses over £50. ● Cineworld – discounted cinema tickets. 	
Employee Engagement	<p><i>Communication</i></p> <ul style="list-style-type: none"> ● An Employee Benefit Booklet was developed in 2016, detailing the support available to employees and how to access the services. ● The Council's Intranet pages provide employees with a range of communication around matters concerning the 	

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	<p>Council, including Shaping a Brighter Future, Employee Support, HR Policies & Procedures and the Council’s weekly news bulleting Keeping You In Touch (KYIT).</p> <ul style="list-style-type: none"> On a quarterly basis, a KYIT article will show levels of sickness absence within the Council - individual service-area articles will also be developed, which will be shared with Director’s to give them the option to cascade to their own staff. <p><i>HIVE</i></p> <ul style="list-style-type: none"> Hive gives employees the opportunity to let the Council know what they think on a range of current issues, through weekly anonymous micro-surveys. By using Hive, an employee can share feedback, provide ideas and voice concerns, safe in the knowledge that the comments are completely anonymous. The results of the surveys are provided to employees each week. <p><i>Employee Survey 2016</i></p> <ul style="list-style-type: none"> The Council achieved a total response rate of 66%, which is comparable with a 67% response rate in 2014. In relation to Health & Wellbeing, a few key results were highlighted to share with Members around how SBC employees feel about work: <div style="display: flex; flex-wrap: wrap; justify-content: space-around;"> <div style="width: 30%; text-align: center;">  <p>61%</p> </div> <div style="width: 30%; text-align: center;"> <p>up 2%</p> <p>This organisation takes a genuine interest in the wellbeing of employees</p> </div> <div style="width: 30%; text-align: center;">  <p>82%</p> <p>My immediate manager/supervisor treats me with respect as an individual</p> </div> <div style="width: 30%; text-align: center;">  <p>7/10</p> <p>How much do we feel valued, trusted and supported</p> </div> <div style="width: 30%; text-align: center;">  <p>73%</p> <p>At work, someone other than my manager/supervisor seems to care about me as a person</p> </div> <div style="width: 30%; text-align: center;"> <p>No change</p>  <p>77%</p> <p>My immediate manager/supervisor seems to care about me as a person</p> </div> </div> <p><i>Ask Neil / Bright Ideas Scheme</i></p> <ul style="list-style-type: none"> Employees have the opportunity to ask Neil Schneider (SBC Chief Executive) questions about anything related to the Council, and also submit their own Bright Ideas which the Council responds to and places on the Intranet 	

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	<p>for all to see.</p> <ul style="list-style-type: none"> In January 2016, a question to 'Ask Neil' was submitted around absence management. This related to annual leave entitlement, and also rewarding staff who achieve 100% attendance with an extra day/half-day: <p><i>'Annual leave for full-time employees is 26 days per annum, rising to 31 days after 5 years' service... could staff not have an extra days holiday each year of continuous service until they reach 5 years? Also, staff who are not off sick at all in the year could be given an extra day/half-day as a thank you for holding the fort when others are off sick, and as an incentive to not be off sick for minor sniffles. etc.'</i></p> <p>The following response was provided:</p> <p><i>'All of our current leave arrangements were negotiated and agreed with the trade unions as part of our single status agreement, so any changes would need similar negotiation and agreement. I'm always keen to explore all suggestions and ideas so have asked our Wellbeing and Retention workstream of the Shaping a Brighter Future programme to consider your ideas alongside some others that have been suggested, and that they keep you informed of progress. Of course, the most important thank you is that we continually and sincerely keep saying it to staff who do such a sterling job!'</i></p> <p><i>SBF Workforce Culture</i></p> <ul style="list-style-type: none"> In 2016, the SBF Culture Workstream developed and rolled out a statement of the Council's culture: <div data-bbox="394 954 1003 1412" data-label="Image"> <p>We are an organisation where we all make a positive contribution at work for the whole council. Where we never lose sight of the fact we are here to serve the people of the borough.</p> </div> <div data-bbox="1066 954 1666 1412" data-label="Complex-Block"> <p>This is a place where...</p> <ul style="list-style-type: none"> • We are valued, trusted and supported • We are heard • We take responsibility for our own development • We work hard • We are not afraid to try something new • We belong <p> Stockton-on-Tees BOROUGH COUNCIL</p> </div>	

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Health & Safety	<ul style="list-style-type: none"> • The statutory duties for occupational health and safety are detailed in the <i>General Duties</i> of the Health and Safety at Work etc Act 1974 - principally, to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all its employees. • Stockton-on-Tees Borough Council's Health and Safety Policy 2017, articulates these duties stating the organisation's: <ol style="list-style-type: none"> 1) general statement of health and safety policy 2) organisational responsibilities - individual responsibility and accountability 3) organisational arrangements - how we make it happen • Complying with the Council's statutory obligations contributes to the prevention and mitigation of absences from work due to work activity. • The Council's Health and Safety Unit provides support to enable services to discharge their duties in the effective and efficient management of their operational health and safety risks. It does this by a variety of pro-active (programmed and bespoke training; auditing compliance of premises or service's safety management safeguards; resources include a range of risk assessment tools) and reactive (e.g. post-incident investigation; revised or newly emergent legislation; product recall) arrangements to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all employees. • 97% of health and safety audit inspections completed during 2016-2017 provided full or substantial assurance of the application of safety management safeguards. • Emerging themes from premise audits include lapses in refresher training or training needs identified following staff leaving, communicating winter gritting arrangements effectively, and reviewing COSHH data sheets to latest iteration. • The quality of office accommodation (heating/lighting) was debated, and whilst it was agreed that it was difficult to keep all staff within a location happy, extremes needed to be avoided. Offices are open to seasonal variances, and the Council may be losing money due to not being able to control office environments. Half-yearly (summer/winter) office checks were suggested. 	
Training	<ul style="list-style-type: none"> • Members received information around training uptake for Health & Safety corporate, bespoke and online (e-learning) courses. For 2016-2017, 49 health and safety training courses were delivered to 749 candidates, and in Q1 2017-2018, 14 health and safety training courses had been delivered to 141 candidates. • Members were pleased to see the provision of asbestos awareness training (online asbestos refresher training has been made available to the workforce, as well as other pertinent topics). With the exception of asbestos awareness, the Health & Safety Unit do not actively monitor training - this is a responsibility delegated to managers under the corporate health and safety policy. • The frequency of refresher training varies, with the general exception of First Aid training which should not 	

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	<p>exceed a period of three years. For other topics, refresher training should be provided at ‘regular intervals’ [HSE HSG 65].</p> <ul style="list-style-type: none"> • There had been 178 electronic Display Screen Equipment (DSE) assessments undertaken in 2016-2017, with a further 36 undertaken in Q1 2017-2018. Through these assessments, staff should be able to address any workstation discomfort - future developments may include a pop-up warning to tell DSE-users to get up, and workplace workouts via Body 2 Fit. • HR offer staff a ‘Dealing with Change’ course for anyone needing to develop strategies to cope with change and pressure in challenging times - 40 people attended this during 2016-2017, and 11 attended in Q1 2017-2018. • As identified within the Employee Health & Wellbeing Action Plan, HR will be exploring the option of a Mental Health Awareness training course (e.g. Mental Health First Aid) as part of the Employee Development offer to employees. This is in addition to the Mindfulness Programme which the Council has committed to. 	
<p>Employee Feedback</p>	<p><i>Trade Unions</i></p> <ul style="list-style-type: none"> • Trade Union representatives from Unison and Unite provided their views on sickness absence issues and SBCs attendance management procedures. Sickness policies are often seen as punitive (particularly in the private sector), but the Council has become more consistent in its approach over time. Staff praise the Counselling and Physiotherapy services offered, and are very positive about the work of the Occupational Health Nurse, part of a supportive and proactive service. • Challenges remain around long-term absence meetings which can be quite onerous for staff - this is being addressed within proposed changes to the new draft SBC attendance management policy. • Mental health issues are increasing, and first-line managers need to be trained in mental health awareness so that such issues are approached in an appropriate manner. Although the Council's current Counselling service offers a phone facility to aid early intervention, some staff will be reluctant to make a call, therefore 1:1 appointments are still vital in addressing problems/concerns. Members expressed concern regarding the increasing problems around mental health, and noted that if this trend continues, allied to further squeezes on finances and staff numbers, the ability to provide current services could be compromised. • Pregnancy (and any issues related to it) is not a sickness, and organisations need to exercise caution when citing trigger points here. It was noted that the Council disregards pregnancy-related absence when looking at overall sickness absence - this is made clearer in the new draft SBC attendance management policy. <p><i>North East Better Health at Work Award - Focus Groups (June 2017)</i></p> <ul style="list-style-type: none"> • As part of the work towards the Continuing Excellence level of the Better Health at Work Awards, SBC Health Advocates invited colleagues to attend focus group sessions to gather feedback on experiences around mental health and musculoskeletal issues. The sessions asked attendees to consider what more could be done in the 	

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	<p>workplace to provide support, promote self-care, aid early identification and early referral into commissioned services, and gathered information on colleagues' understanding of the referral process into mental health and Physiotherapy services, and identify any barriers for accessing support (see Appendix 3 for results).</p> <ul style="list-style-type: none"> • Focus Group participants felt that when services for musculoskeletal issues were accessed, it tended to be reactive in nature rather than proactive. However, as demonstrated through the statistics of those using Body 2 Fit, this is not what HR are observing, as a high majority of service-users are at work, not off sick. • Pilates classes after Christmas 2017 are being considered, as well as a new back care programme for SBC staff. • HR is still looking for a mental health trainer, as many providers are already at capacity. Members noted the mental health first aid course as a further option for consideration, though it was noted that one of the key deliverers of this training (MIND) was again at full capacity. HR have looked at train-the-trainer courses too, but these are also full - further options will be explored. • A good relationship between line manager and employee is important for the leave policy to be used appropriately (i.e. understand family situation) - HR will be looking to promote staff options in different ways. <p><i>HIVE Survey (July 2017)</i></p> <ul style="list-style-type: none"> • As part of this review, a question was set for SBC staff via the HIVE micro-survey platform in July 2017 - '<i>are there any factors within your workplace environment that may be increasing the risk of staff becoming absent due to sickness?</i>' The question had elicited a good response rate (245) for an open question such as this, and feedback had been collated into key themes, with selected comments seen in Appendix 4. • Some of the noted themes are around facilities management - though certain identified issues can be more easily addressed, others may need a level of capital investment and/or are not so quickly fixed. • Members were informed that the Council's SWIS (Smarter Working In Stockton) team were continuing to look into how SBC staff work, and how workplaces and working arrangements could be adapted to improve employee health, wellbeing and ultimately productivity - the results of this HIVE survey will be considered by the SWIS team. The SWIS team were also looking at the current maintenance programme for each Council building, and the potential investment required to address issues. • Members asked if infection control was part of staff inductions when individuals joined the Council. Although not explicitly covered at present, it was noted that a new infection control package (including an in-house flu vaccine for frontline staff within Children's & Adults Services) was about to be launched - only 74 of the 200 flu vouchers ordered were used last winter. Infection control issues could also be considered via a SBC Setting the Standard (StS) session. • Working-from-home was discussed, with Members noting that some staff may have a fear of how they are perceived if they are not at their office desk. As part of a flexible working practice, home-working was seen as a progressive way forward, as long as staff know what their targets/outcomes are, and technology can be put in 	

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	<p>place to enable this. It was acknowledged that home-working is easier in some services than others, but that it should be encouraged more where it can be used.</p> <ul style="list-style-type: none"> Members pointed to the increase in open-plan offices, which could be associated with greater potential for infection. An assessment of each workplace set-up may be required in the future to greater ascertain health and wellbeing benefits/costs. 	
Other Organisations (Public/Private)	<ul style="list-style-type: none"> Members were presented with data comparing attendance management policy information across all Tees Valley Local Authorities, as well as that of Tees Active Ltd (see Appendix 5). It was noted that each organisation listed had very similar policies, though Middlesbrough alone offer access to MRI scanning via Alliance Medical at North Tees Hospital, and Stockton-on-Tees was the only Council providing an internal Occupational Health service. The issue of trigger points were discussed, and Members were informed that an amendment to the current protocol has been made within Stockton's new draft attendance management policy so that formal meetings do not always have to be scheduled for short-term absences (greater emphasis on line managers to make a judgement call). Committee received a presentation from Tees Active Ltd, who emphasised that their focus was not so much around attendance management, but more on employee health and wellbeing - this was a continuous and evolving process. This approach is consistent with findings from the CIPD Absence Management Survey 2015, which states '<i>organisations that achieved their absence targets were significantly more likely to manage absence through promoting health and wellbeing than those that did not achieve their targets</i>' - hence more and more organisations are waking up to the strategic and commercial benefits of promoting health and wellbeing to their workforce. Sickness absence has been reduced from 14 days per FTE in 2004-2005 to around 6 days per FTE currently. The starting point for Tees Active Ltd is the prevention of ill-health. Staff are encouraged to become active/more active, health is promoted in order to build employee strength and resilience, and people are supported to remain at work rather than be off sick. Members were reminded that SBC staff have access to Tees Active Ltd facilities. Early intervention is critical in preventing absence, particularly in terms of mental health, and Tees Active Ltd managers have been trained in restorative relations to address any team/individual conflict within the workplace. Line managers are pivotal in bringing people management policies alive - they are the 'core enablers' in listening to staff and feeding issues up to senior management. Tees Active Ltd provided a two-day critical skills management course in 2015, and have run workshops for managers around people management and the communication of policies to staff. Managers are accountable for managing attendance. Opportunities for staff to develop/grow are important, as is promoting a positive culture and engaging people to be part of an organisation who will look after them and involve them in decision-making. Members questioned whether flexibility was required in relation to sickness absence triggers, particularly as staff 	

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	<p>were working with the general public which could bring greater exposure to germs/infection. Tees Active Ltd expects staff to know when they should or should not come to work, and line managers need to recognise if their staff should or should not be in the workplace if they are displaying any signs of sickness.</p> <ul style="list-style-type: none"> • Teesside University provide a small A5 sickness absence guide for staff, outlining individual responsibilities and the sickness absence process for both short and long-term episodes (also detailed via a flowchart). Tees Valley YMCA has produced a management guidance document for dealing with staff sickness absence. • TEWV NHS Foundation Trust employs two Employee Support Officers who support staff to return to work, provide listening support during difficult times (including personal and work-related issues), explore reasonable adjustments, work/life balance, signpost to relevant support within the Trust and from other services and provide access to self-help tools offering practical advice and signposting as well as more tailored support for staff where necessary. The Trust also organises 48-hour residential retreats at Sneaton Castle Centre in Whitby, where staff think about the purpose of their lives and how to make the most of every minute (participants also learn basic meditation techniques and have the opportunity for a one-to-one session with a 'listener'), and are piloting a new Employee Psychology Service (EPS) for those employees who may be experiencing significant episodes of work related stress, anxiety and/or depression. • Northumbria Healthcare NHS Foundation Trust previously set up a temporary redeployment pilot to encourage staff to return to work, who may be able to return to work for some duties, but not yet their substantive role. 	
<p>Future Developments</p>	<ul style="list-style-type: none"> • Taking on board Member comments during the course of this review, it is proposed to update all policies and procedures relating to work / life balance and attendance at work into one new policy – '<i>Work / Life Balance & Attendance at Work</i>'. This new policy will replace the Council's current: <ul style="list-style-type: none"> ○ Flexible Working Policy ○ Flexi-time Scheme ○ Additional Annual Leave / Purchase Scheme ○ Leave Policy ○ Sickness Absence Procedure ○ Attendance Management Policy & Procedure • The principles of the existing policies and procedures are generally felt to work well and therefore remain largely unchanged, but they have been updated in the new policy to make them easier to read, to streamline processes, and reflect the following two substantive changes: <ul style="list-style-type: none"> ➢ To limit the carry forward of holidays following a period of sickness to the balance of statutory holiday entitlement (up to 20 days), rather than statutory holiday entitlement and plus 5 days as now. It is often difficult for an employee to take accrued holiday plus their new holiday entitlement following a period of sick leave, and this can also put further pressure on service delivery. This is consistent with 	

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	<p>views expressed in Bright ideas and Ask Neil on holidays and sick leave.</p> <ul style="list-style-type: none"> ➤ To streamline the attendance management procedures to enable managers to give a sanction - management guidance or a warning - at a meeting with an employee rather than requiring a further meeting to be arranged to do this. Employees often find it stressful attending meetings and are often uncertain why, after meeting with the manager, they then need to attend a further meeting to be given a sanction. Note that where dismissal is a potential outcome of a meeting, then a Case Review Hearing will still need to be called and will be heard by an Assistant Director or Director. • It is felt these proposals better reflect the Council's Culture Statement whilst ensuring it still complies with its statutory obligations. 	