

People Select Committee

Scrutiny Review of Sickness Absence

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(DRAFT) Final Report
November 2017

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People Select Committee
Stockton-on-Tees Borough Council
Municipal Buildings
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Contents

Select Committee - Membership.....	4
Acknowledgements.....	4
Contact Officer.....	4
Foreword.....	5
Original Brief.....	6
1.0 Executive Summary.....	8
2.0 Introduction.....	11
3.0 Background.....	12
4.0 Findings & Recommendations.....	14
5.0 Conclusion.....	33
Appendix 1 (SBC Leave Policy - Paid / Unpaid Leave Guidance).....	34
Appendix 2 (Sickness Absence by Reason & Location - 2016-2017).....	42
Appendix 3 (Employee Health & Wellbeing Action Plan - 2017-2018).....	45
Appendix 4 (Better Health at Work Award - Focus Group Feedback).....	50
Appendix 5 (HIVE Summary Report).....	58
Appendix 6 (Tees Valley Attendance Management Comparisons).....	62

Select Committee - Membership

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Acknowledgements

The Committee would like to thank the following people for contributing to its work:

- Beccy Brown (Director of HR, Legal and Communications) - Stockton-on-Tees Borough Council (SBC)
- Jill Douglas (HR and Legal Services Manager) - SBC
- Liz Purdy (HR Team Manager) - SBC
- Joe McNaughton (HR Technical Support Officer) - SBC
- Derek Macdonald (Health and Safety Manager) - SBC
- Michelle King (Occupational Health Advisor) - SBC
- Adam Jest (Wellbeing Client Services Manager) - Insight Healthcare
- Rob White (Consultant Physiotherapist / Director) - Body 2 Fit Ltd
- Dee Carty-Burland (HR Manager) - Tees Active Ltd
- Carrie Pearson-Loughlin (Branch Secretary - Stockton-on-Tees) - Unison
- Mike Routledge (Regional Officer) - Unite
- All SBC staff who took part in the Better Health at Work Award Focus Groups in June 2017 and those who responded to the HIVE micro-survey question in July 2017.

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Foreword

TBC



Cllr Mrs Jean O'Donnell
Chair
People Select Committee



Cllr Eileen Johnson
Vice-Chair
People Select Committee

Original Brief

Which of our strategic corporate objectives does this topic address?

The review supports the following Council policy principles:

- Promoting equality of opportunity through targeted intervention (in relation to tackling health inequalities, meeting the skills gap and improving access to job opportunities).
- Creating economic prosperity across the Borough (in relation to the number of people able to work)

The review will also contribute to the following Council Plan 2017-2020 key objectives:

Our Council

- Continue to improve the efficiency and effectiveness of our services.
- Continue to attract, develop and support diverse, capable and resilient employees.

What are the main issues and overall aim of this review?

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) resulted in 11.5% of the total days lost.

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.

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.

The aim of this review is to contribute towards a reduction in sickness absence by:

- 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

In addition, a new SBC Attendance Management Policy is being drafted in 2016-2017 – the review has an opportunity to shape this policy.

The Committee will undertake the following key lines of enquiry:

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?

Provide an initial view as to how this review could lead to efficiencies, improvements and/or transformation:

Effective sickness absence management should ensure that employees are supported to improve their individual wellbeing. Reducing sickness absence increases the efficiency of the Local Authority, and improves its ability to provide local services – it will improve the ability of the Council to undertake all aspects of its role in improving the social, economic and environmental wellbeing of the Borough.

1.0 Executive Summary

- 1.1 This report outlines the findings and recommendations following the People Select Committee's scrutiny review of Sickness Absence.
- 1.2 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) resulted in 11.5% of the total days lost.
- 1.3 A Workforce Survey 2015-2016 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 2014-2015, 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.
- 1.4 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 - the target for 2016-2017 (7.6 days average per FTE) was not met, with the confirmed absence level being 8.8 days per FTE. The increase in sickness absence, areas and reasons for sickness absence reflect similar trends in the other Tees Valley Local Authorities.
- 1.5 The main focus for this review was to contribute towards a reduction in sickness absence by analysing current performance, understanding the underlying reasons for such absence, reviewing the measures taken to reduce sickness absence and their effectiveness, and considering suggestions for improvement. In addition, a new SBC Attendance Management Policy was being drafted which this review had an opportunity to shape.
- 1.6 The Committee found that the Council's *Leave Policy* includes a range of options for staff to use to assist in reducing sickness absence, but it is evident that the guidance around paid / unpaid leave is not being used as effectively as it could be in some instances. Increased awareness amongst managers and staff of the tools available to avoid sickness absence is required.
- 1.7 The Council collects extensive data which identifies those directorates and locations where sickness absence (including the reasons for absence) is an issue. A targeted, pro-active approach to address specific types of absence within service areas should be considered, which can link into the Smarter Working In Stockton (SWIS) initiative.
- 1.8 The levels of staff absence due to 'stress / depression / mental health / fatigue' is concerning, though it is acknowledged that this is reflective of a rising trend in mental health issues nationally. Whilst the Council have been pro-active in promoting the Insight Healthcare (Counselling) service to staff, the provision of mental health awareness training for managers would be beneficial in further identifying and addressing problems/concerns.

- 1.9 Early intervention in order to prevent the escalation of issues is critical. Against a backdrop of increasing pressure on staff resources (over the last six-and-a-half years, the headcount has reduced by 1,170 (27.5%) from 4,260 as at the 31st March 2011 to 3,090 as at the 30th September 2017), positive working relationships are essential in enabling employees to raise concerns with their line manager. Managers themselves need to ensure they are approachable and sensitive to any changes in team/individual behaviour, and should ensure regular dialogue with staff to address health and wellbeing issues early.
- 1.10 The Council should continue to pursue ways of working that allow further flexibility for staff and their achievement for an appropriate work / life balance. The findings of this review should therefore be considered as part of the Council's Smarter Working In Stockton (SWIS) initiative.
- 1.11 The Committee endorse the proposal to update all policies and procedures relating to work / life balance and attendance at work into one new policy (*Work / Life Balance & Attendance*), and welcome the emphasis on employee health and wellbeing as a means of reducing sickness absence.

Recommendations

The Committee recommend that:

- 1. all steps should be taken to ensure staff are clearly aware of the wide range of support that the Council makes available for them to access.**
- 2. given that it already meets the criteria, the Council signs up to the TUCs *Dying to Work* campaign which proposes that Employers sign a voluntary charter to provide additional protection from dismissal for any person with a terminal diagnosis because of their condition.**
- 3. a targeted approach to the top locations for each sickness type, including premises assessments for staff health and wellbeing (linked to SWIS review into working environments), is adopted.**
- 4. the Committee endorses the Council's bid for the Better Health at Work Award Continuing Excellence accreditation.**
- 5. developments are pursued around Display Screen Equipment (DSE) use to reduce workstation discomfort, including pop-up warnings reminding staff to take a break from their computer and workplace workouts.**
- 6. management training in mental health awareness to aid early intervention is made available.**
- 7. smarter ways of working are fully explored to enable greater flexibility for staff and create appropriate work/life balances.**
- 8. the Council encourages staff to take up the new in-house flu vaccination offered through Occupational Health.**

Recommendations (continued)

9. regular team meetings and individual 1:1s (incorporating employee health and wellbeing considerations) are scheduled for staff across the Council so that any pressure points can be identified early and addressed.
10. Cabinet endorses the new draft SBC *Work/Life Balance and Attendance* policy proposals, and the emphasis on promoting the health and wellbeing of the workforce.

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2.0 Introduction

- 2.1 This report outlines the findings and recommendations following the People Select Committee's scrutiny review of Sickness Absence.
- 2.2 The main focus for this review was to contribute towards a reduction in sickness absence by analysing current performance, understanding the underlying reasons for such absence, reviewing the measures taken to reduce sickness absence and their effectiveness, and considering suggestions for improvement. In addition, a new SBC Attendance Management Policy was being drafted which this review had an opportunity to shape.
- 2.3 The Committee was keen to understand the key causes of, and the differences between service areas / departments in relation to, sickness absence. Preventative measures were to be examined, as well as the current support services available for staff, the effectiveness of such services, and employee awareness of these options.
- 2.4 The Committee considered evidence from a number of stakeholders, principally the Council's HR, Legal and Communications department. Other key contributors included the Council's Health and Safety Unit, employee support services Insight Healthcare, Body 2 Fit and the in-house Occupational Health Team, and Tees Active Ltd. Trade Union representatives also provided a staff perspective on the issue of sickness absence, including the Council's current policies.
- 2.5 In addition, Committee Members also considered feedback from Better Health at Work Award Focus Groups that took place in June 2017, as well as responses to a question that was put to staff in July 2017 via the Council's HIVE micro-survey platform which asked *'are there any factors within your workplace environment that may be increasing the risk of staff becoming absent due to sickness?'*

3.0 Background

- 3.1 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) resulted in 11.5% of the total days lost.
- 3.2 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.
- 3.3 A Workforce Survey 2015-2016 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 2014-2015, 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.
- 3.4 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.
- 3.5 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.
- 3.6 Via Vita Health Ltd, a dynamic company that assesses occupational health requirements and creates tailor-made packages to cater for the needs of organisations and individuals, advocate a threefold approach to reducing absenteeism:
- 1) Prevention (proactively supporting wellbeing and promoting workforce health)
 - Health promotion in the workforce
 - Workload and culture
 - Health screening / health checks
 - Management training
 - HR policy
 - 2) Absence Management
 - Robust and visible absence management policy and procedure

- Monitor absence trends and enforce policy
 - Record absence accurately with as much detail as possible
 - Management training
 - Employee training
- 3) Treatment (reactive measures that aim to get employees back into work as quickly and efficiently as possible)
- Occupational Health providers
 - Occupational Physiotherapy
 - Employee Assistance Programme (EAP)
 - Health Care Benefits / Cash Plans
 - Managed, phased back-to-work policy and guidance for managers

By looking at absence holistically through this threefold approach, absenteeism within an organisation is more likely to reduce, leading to benefits both financially and operationally. To truly develop a culture of health and wellbeing that inherently reduces absenteeism, an inclusive approach is needed, with activity that appeals to the diverse needs of the workforce and considers physical health, mental health and lifestyle factors. Organisations need to ask themselves whether employee wellbeing is viewed as 'nice to have', or fundamental to the way its business operates.

4.0 Findings & Recommendations

Policies

Attendance Management Policy & Procedure

4.1 The Council's *Attendance Management Policy and Procedure* outlines the procedures employee's follow when reporting their sickness absence, and the procedures to be followed by a manager.

- Day 1: Employee telephones line manager. Agrees frequency of contact during absence. Manager enters sickness absence into HR Online.
- Day 8: Fit note required from GP outlining reasons and duration of sickness absence.
- Day 28 (4 weeks / 1 month): 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).

4.2 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:

Length of Service	Full Pay	Half Pay
During 1 st Year	1 month (after 4 months service)	2 months
During 2 nd Year	2 months	2 months
During 3 rd Year	4 months	4 months
During 4 th & 5 th year	5 months	5 month
Over 5 years	6 months	6 months

4.3 When there are concerns regarding an employee's overall attendance record or when an employee is absent from work long-term (over 4 weeks), Attendance Review meetings should be arranged by the manager. The Council's triggers for attendance management are as follows:

- Two absences of any duration within a 3-month period.
- Seven working days in a rolling year.
- Long-term absence of 4 weeks or more.
- Absence that cause concern.

4.4 Directors and Assistant Directors receive their own 2016-2017 Sickness Absence Overview report for their service areas to assist in managing sickness absence against the above triggers.

- 4.5 During 2016-2017 (1st April 2016 - 31st March 2017), the following outcomes have occurred for Attendance Management cases which HR have actively been involved in:

Action	No. of Employees
Dismissal with Notice	22
Settlement to End Employment	2
Resignation	11
Final Written Warning	1
First Written Warning	13
Management Guidance	2
Redeployment	1
Return to work with Support / Monitoring	189

- 4.6 Attendance Management briefing sessions have taken place during 2016-2017 within Learning & Skills, Customer Services, Schools & SEN, Economic Growth & Development, Revenues & Benefits and Reablement Services.
- 4.7 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.

Leave Policy

- 4.8 The new policy came into effect on the 1st July 2016, and managers are being encouraged to consider this as a supportive tool for employees, where appropriate, to assist in reducing sickness absence.
- 4.9 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.
- 4.10 In certain areas of the Council, employees also have the benefit of the Flexi-time Scheme where hours of work are not set. Employees can accrue flexi-time which can be taken as a flexi-day, can shorten the working day to support emergencies, or can be used 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.
- 4.11 The *Leave Policy* also gives guidance around paid/unpaid time off work to support bereavement leave, carers leave and emergency leave to support dependents (see Appendix 1). 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 (instead of 8.8).
- 4.12 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-

2018 to create awareness amongst managers and employees of the options with regards to this matter.

The Committee recommend that:

1. **all steps should be taken to ensure staff are clearly aware of the wide range of support that the Council makes available for them to access.**

- 4.13 Paid leave can also be given for medical procedures and cancer screening, for the period of hospital admission/testing, and a reasonable recovery period. Longer periods of recovery would fall within the scope of sickness absence (i.e. hysterectomy, bowel operation).

Performance

2016-2017

- 4.14 The Council's sickness absence level for 2016-2017 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:

	2016/17	2015/16	2014/15	2013/14
Average FTE	2,504.8	2,567.6	2,588	2,647
Days Lost	21,977.6	21,319.2	20,255.5	22,157.7
Occurrences	2,706	2,574	2,641	2,520
Annual Corporate Target Days Lost (Per FTE)	7.6	7.6	7.8	7.3
Annual Actual Days Lost (Per FTE)	8.8	8.3	7.8	8.4

- 4.15 Indicative 2016-2017 figures were provided by the Tees-Valley Local Authorities below:

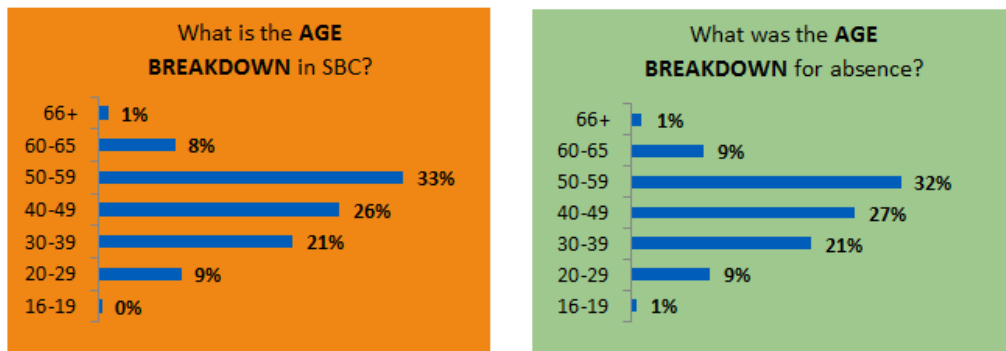
Local Authority	Days lost per FTE
Stockton-on-Tees Borough Council	8.8
Middlesbrough Council	9.25
Darlington Borough Council	9.7
Hartlepool Borough Council	10.6
Redcar & Cleveland Borough Council	*7.4

* 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.

- 4.16 As at the 31st March 2017, the Council employed 3,183 employees. 1,699 employees have had at least one occasion of sickness absence within 2016-2017, which equates to approximately 52% of the workforce.

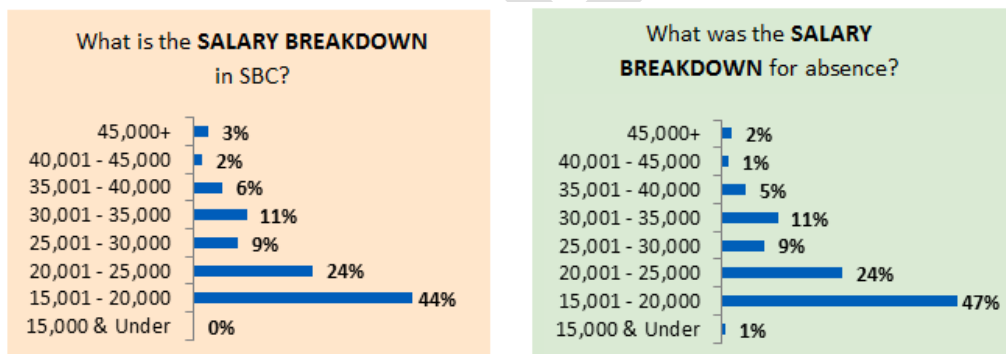
- 4.17 The gender split of the SBC workforce is 71% female, 29% male. Sickness absence information shows however that absence is slightly higher among female workers (75%) than males (25%) when compared to the Council's workforce profile.

4.18 The age profile of the SBC workforce is consistent with sickness absence amongst the same age groups:



(note - percentages are rounded up or down, hence 0% for 16-19)

4.19 As seen below, the percentage of employees who are absent from work is broadly consistent with the workforce profile by grade within the Council. It was noted that lower-paid roles can often be less flexible, with greater restrictions around alternative ways of working (e.g. unable to work from home, have to work set hours, etc.).



(note - percentages are rounded up or down, hence 0% for 15,000 & Under)

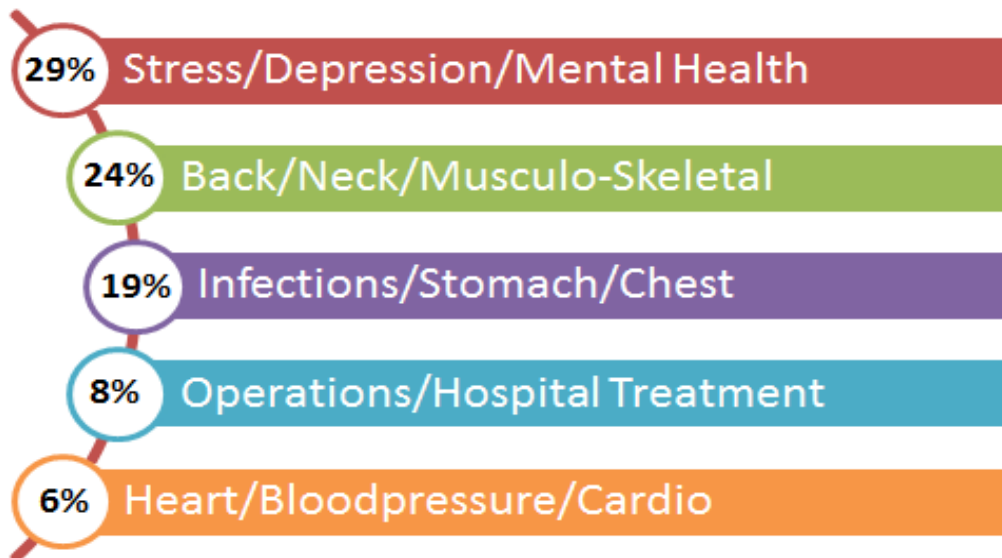
4.20 Of the 21,977 working days of absence, 71% were connected to occurrences of absence where the duration was long-term (29 calendar days or more), 19% were linked to medium-term absence (between 8-28 calendar days), and 10% were linked to short-term absence (up to 7 calendar days).

4.21 The majority of the 2,706 occurrences of absence were of short-term duration (up to 7 calendar days) - 72%.

4.22 85 employees were absent on long-term sickness and went into half-pay during 2016-2017. 22 of these employees returned within a week of going into half-pay.

4.23 The majority of short-term absence where the employee is only absent for one day occurs on a Monday (33%). This may be understandable if an employee becomes sick over the preceding weekend.

4.24 Reasons for sickness absence were highlighted as follows:



- 4.25 Unsurprisingly, the number of occurrences due to physical wellbeing is highest in service areas where the workforce is predominately manual - Community Services and Adult Services. This may be due to a lack of alternative duties available to support attendance at work, lack of flexibility around working hours due to rota's and cover requirements, or the physical demands of the roles.
- 4.26 Serious illness (cancer and heart attack/stroke) accounted for 5.2% of FTE days lost in 2016-2017 - it is uncertain if this is the exact picture, as absences marked 'Operational/Treatment' may include elements of serious illness which are unidentifiable. There may be a need to streamline the number of categories of recording sickness absence.
- 4.27 The TUCs *Dying to Work* campaign was noted - this proposes that employers sign a voluntary charter to provide additional protection from dismissal for any person with a terminal diagnosis because of their condition. Members supported this campaign, and also raised the issue of support for staff and their families who have a relation with a terminal illness - it was noted that the Council's *Leave Policy* allows managers to authorise paid leave in certain circumstances, and that the HR department are able to signpost staff to other organisations for additional support.

The Committee recommend that:

2. **given that it already meets the criteria, the Council signs up to the TUCs *Dying to Work* campaign which proposes that Employers sign a voluntary charter to provide additional protection from dismissal for any person with a terminal diagnosis because of their condition.**

- 4.28 An overview of sickness absence by service area is outlined below, along with the number and percentage of employees who had at least one occasion of sickness absence within 2016-2017:

Service Area Name	Average FTE	Occurrences	Days Lost	Days Lost Per FTE	No. of Staff Absent	% Staff Absent
Administration, Democratic & Electoral Services	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%

- 4.29 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.
- 4.30 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 2).

The Committee recommend that:

- 3. a targeted approach to the top locations for each sickness type, including premises assessments for staff health and wellbeing (linked to SWIS review into working environments), is adopted.**

2017-2018 (Q1)

- 4.31 Following concern around the increase in sickness absence in both 2015-2016 and 2016-2017, the Council's Senior 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 2017-2018.

- 4.32 The corporate absence for Q1 2017-2018 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 2017-2018 compared to Q1 2016-2017, with a reduction in the number of occasions of sickness absence in Q1 2017-2018 (568) compared with both Q1 2016-2017 (700) and Q1 2015-2016 (678).
- 4.33 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 2016-2017.
- 4.34 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 2016-2017. The highest number of occurrences of sickness absence is due to infections.

Employee Support

- 4.35 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:
- The 2016 procurement of Counselling Services & Physiotherapy Services.
 - The introduction of the Mindfulness Programme.
 - Improved communication of Employee Benefits.
- 4.36 The *Employee Health & Wellbeing Action Plan* (see Appendix 3) has been drawn up to address the main areas of concern, to reduce sickness absence and to improve overall health and wellbeing of employees.
- 4.37 The cost of the Council's Occupational Health provision, including Counselling and Physiotherapy Services, is approximately £95,000 per annum.

Occupational Health

- 4.38 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.
- 4.39 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 undertakes health promotion activities aimed at improving people's working lives through health promotion and lifestyle advice.
- 4.40 The highest number of appointments in 2016-2017 (127) came from Community Services staff - this could be attributed to the physical nature of that direc-

torate, and is being addressed by looking at the use of equipment, proactive referrals to Occupational Health, and through Body 2 Fit services.

- 4.41 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.

Insight Healthcare (Counselling Service)

- 4.42 The new Insight Wellbeing at Work Programme began on the 1st April 2016, and provides the following services to employees:

- 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 six sessions)
- Legal and financial advice (excluding advice on employment law)
- Management advisory / support service

- 4.43 Service usage for 2016-2017 is detailed below:

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%

The majority (77%) of employees accessing Insight services during 2016-2017 were still at work and not absent.

- 4.44 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. Indeed, 30% of users felt that, without counselling, they would have been off sick at some point in the near future.

- 4.45 The Committee drew attention to the number of staff who are absent from work due to stress / depression / mental health and the numbers accessing Insight services, and questioned what had been / was being done to increase

uptake. Insight Healthcare continue to raise awareness of the support they offer, and it was noted that the take-up rate by SBC staff is already higher than average. Information regarding mental health campaigns is also forwarded for inclusion on department notice boards and the Council's intranet (internal website) pages.

Members also highlighted the ongoing stigma attached to mental illness, and the continuing perception that such issues are still not given as much credence as physical illness. In addition, inappropriate comments made towards or around individuals who are experiencing mental health problems may put them off approaching services.

- 4.46 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. It was thus felt that a cost-benefit analysis would be required if there is a desire to expand access to Insight services in the future.

Body 2 Fit

- 4.47 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 (after the five sessions, individuals have to go to the NHS for continued treatment), workplace assessments, an initial Podiatry assessment, and discounts on additional treatments and holistic therapies.

2016-2017	No. of Referrals	No. absent work
Physiotherapy	147	19
Workplace Assessment	95	n/a
Podiatry	14	1

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.

- 4.48 Urgent and acute cases are highlighted, prioritised and often assessed within 24 hours of referral, whilst routine cases are seen within four days, 98% of the time. This has resulted in maintaining more staff at work or returning them to work as soon as possible.
- 4.49 Body 2 Fit have 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. In addition, the following list details proposed service introductions that can help to further reduce the incidences recorded:

- **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 on the benefits of following the basics in life.
 - **Podiatry Clinics** - occasional clinics offering drop-in advice on foot mechanics and appropriate footwear and footcare.
- 4.50 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.
- 4.51 During discussions around the issue of dubious sickness absence, Body 2 Fit noted that they have experienced some cases where a referral for their services had been received, but there was no reason why the individual should not have been at work - in such instances, this is fed back to the Council. Members were informed that the Council do have a category for sickness which gives reason for concern, and that this is regularly examined. Indeed, in one case, a pattern for sickness emerged which resulted in that person's dismissal.

Mindfulness Training

- 4.52 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 '*Mindfulness courses should be made widely available for SBC employees*'.
- 4.53 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. The Committee also asked how the Council could encourage increased take-up of this training offer. It was noted that the course is time-consuming, and requires a big commitment on the part of the individual - HR will liaise with the provider to see if there are alternative delivery options.

Better Health at Work

- 4.54 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 Committee recommend that:

- 4. the Committee endorses the Council's bid for the Better Health at Work Award Continuing Excellence accreditation.**

- 4.55 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.

Other Benefits

4.56 The Council offers employees a number of other benefits, including:

- 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

4.57 An Employee Benefit Booklet was developed in 2016, detailing the support available to employees and how to access the services - this is provided as part of the staff induction process.

4.58 The Council's intranet pages provide employees with a range of communication around matters concerning the Council, including Shaping a Brighter Future (SBF), Employee Support, HR Policies & Procedures and the Council's weekly news bulletin Keeping You In Touch (KYIT).

4.59 On a quarterly basis, a KYIT article shows levels of sickness absence within the Council - individual service- area articles will also be developed, which will be shared with Directors to give them the option to cascade to their own staff.

4.60 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.

4.61 For the Employee Survey 2016, 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:



This organisation takes a genuine interest in the wellbeing of employees



My immediate manager/supervisor treats me with respect as an individual



How much do we feel valued, trusted and supported



4.62 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 for all to see. 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:

'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.'

The following response was provided:

'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!'

4.63 In 2016, the SBF Culture Workstream developed and rolled out a statement of the Council's culture:



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.

This is a place where...

- 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



Health & Safety

- 4.64 The statutory duties for occupational health and safety are detailed in the *General Duties* 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.
- 4.65 Stockton-on-Tees Borough Council's Health and Safety Policy 2017, articulates these duties stating the organisation's:
- 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.

- 4.66 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.
- 4.67 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.

- 4.68 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

- 4.69 Members received information around training uptake for Health and 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.
- 4.70 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 and Safety Unit do not actively monitor training - this is a responsibility delegated to managers under the corporate health and safety policy.
- 4.71 The frequency of refresher training varies, with the general exception of First Aid training which should not exceed a period of three years. For other topics, refresher training should be provided at 'regular intervals' [HSE HSG 65].
- 4.72 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.

The Committee recommend that:

- 5. developments are pursued around Display Screen Equipment (DSE) use to reduce workstation discomfort, including pop-up warnings reminding staff to take a break from their computer and workplace workouts.**

- 4.73 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.
- 4.74 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.

Employee Feedback

Trade Unions

- 4.75 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.
- 4.76 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.
- 4.77 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.

The Committee recommend that:

- 6. management training in mental health awareness to aid early intervention is made available.**

- 4.78 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.

North East Better Health at Work Award - Focus Groups (June 2017)

- 4.79 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 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 4 for results).
- 4.80 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.

- 4.81 In response to some of the issues raised, the Committee was informed that Pilates classes after Christmas 2017 are being considered, as well as a new back care programme for SBC staff. HR is also 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.
- 4.82 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.

HIVE Survey (July 2017)

- 4.83 As part of this review, a question was set for SBC staff via the HIVE micro-survey platform in July 2017 - *'are there any factors within your workplace environment that may be increasing the risk of staff becoming absent due to sickness?'* 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 5.
- 4.84 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.
- 4.85 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.

The Committee recommend that:

- 7. smarter ways of working are fully explored to enable greater flexibility for staff and create appropriate work/life balances.**

- 4.86 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, and it is hoped that an in-house programme will lead to increased uptake. Infection control issues could also be considered via a SBC Setting the Standard (StS) session.

The Committee recommend that:

- 8. the Council encourages staff to take up the new in-house flu vaccination offered through Occupational Health.**

- 4.87 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 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.
- 4.88 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

- 4.89 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 6). 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.
- 4.90 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).
- 4.91 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 '*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*' - hence more and more organisations are waking up to the strategic and commercial benefits of promoting health and wellbeing to their workforce.
- 4.92 Sickness absence has been reduced from 14 days per FTE in 2004-2005 to around 6 days per FTE currently, and the starting point for Tees Active Ltd was 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 can access Tees Active Ltd facilities.
- 4.93 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.

The Committee recommend that:

- 9. regular team meetings and individual 1:1s (incorporating employee health and wellbeing considerations) are scheduled for staff across the Council so that any pressure points can be identified early and addressed.**

- 4.94 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.
- 4.95 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.
- 4.96 Members questioned whether flexibility was required in relation to sickness absence triggers, particularly as staff 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.
- 4.97 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.
- 4.98 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.
- 4.99 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.

Future Policy Developments

- 4.100 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 - '*Work / Life Balance & Attendance*'. This new policy will replace the Council's current:
- 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:

- 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 views expressed in 'Bright Ideas' and 'Ask Neil' on holidays and sick leave.
- 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.

The Committee recommend that:

- 10. Cabinet endorses the new draft SBC *Work/Life Balance and Attendance* policy proposals, and the emphasis on promoting the health and wellbeing of the workforce.**

5.0 Conclusion

- 5.1 Whilst the 2016-2017 sickness absence level (8.8 days per FTE) exceeded the corporate target (7.6 days per FTE), this should be put into context when compared to other Tees Valley Local Authorities and Local Government trends. As per the policy of Redcar & Cleveland Borough Council, all pregnancy-related sickness absence should not be included in these figures.
- 5.2 The Council's *Leave Policy* includes a range of options for staff to use to assist in reducing sickness absence, but it is evident that the guidance around paid / unpaid leave is not being used as effectively as it could be in some instances. Increased awareness amongst managers and staff of the tools available to avoid sickness absence is required.
- 5.3 The Council collects extensive data which identifies those directorates and locations where sickness absence (including the reasons for absence) is an issue. A targeted, pro-active approach to address specific types of absence within service areas should be considered, which can link into the Smarter Working In Stockton (SWIS) initiative.
- 5.4 The levels of staff absence due to 'stress / depression / mental health / fatigue' is concerning, though it is acknowledged that this is reflective of a rising trend in mental health issues nationally. Whilst the Council have been proactive in promoting the Insight Healthcare (Counselling) service to staff, the provision of mental health awareness training for managers would be beneficial in further identifying and addressing problems/concerns.
- 5.5 Early intervention in order to prevent the escalation of issues is critical. Against a backdrop of increasing pressure on staff resources (over the last six-and-a-half years, the headcount has reduced by 1,170 (27.5%) from 4,260 as at the 31st March 2011 to 3,090 as at the 30th September 2017), positive working relationships are essential in enabling employees to raise concerns with their line manager. Managers themselves need to ensure they are approachable and sensitive to any changes in team/individual behaviour, and should ensure regular dialogue with staff to address health and wellbeing issues early.
- 5.6 Concerns were raised around infection control, particularly the impact on health and wellbeing of open-plan offices. Future office accommodation planning should consider the views highlighted through this review.
- 5.7 Issues in relation to working conditions (including heating and lighting) were highlighted. Although the ability to make adjustments in some buildings may be restricted, an assessment of premises could identify some achievable health and wellbeing improvements.
- 5.8 The Council should continue to pursue ways of working that allow further flexibility for staff and their achievement for an appropriate work / life balance. The findings of this review should therefore be considered as part of the Council's Smarter Working In Stockton (SWIS) initiative.
- 5.9 The Committee endorse the proposal to update all policies and procedures relating to work / life balance and attendance at work into one new policy (*Work / Life Balance & Attendance*), and welcome the emphasis on employee health and wellbeing as a means of reducing cases of sickness absence.

APPENDIX 1: SBC Leave Policy - Paid / Unpaid Leave Guidance

This Guidance is indicative of the periods of paid or unpaid leave that can be made available and where specific periods of paid or unpaid leave of absence are detailed it should be noted that managers do have the discretion to approve further paid/unpaid leave depending on the particular circumstances.

Advice must be sought from HR for any paid leave of absence exceeding 1 week or unpaid leave of absence exceeding 2 weeks.

REASON	ENTITLEMENT	PAID/UNPAID
ADDITIONAL ANNUAL LEAVE PURCHASE SCHEME		
<p>This scheme is in addition to any other leave arrangements and provides the opportunity to buy an agreed amount of additional annual leave days, with deduction in pay spread usually over a maximum of 12 months.</p> <p>The Additional Annual Leave Purchase Scheme can be accessed from the Policies section of the intranet</p>	Usually between 3 - 10 days per holiday year (pro-rata)	UNPAID (reduction in pay spread usually over 12 months)
ADOPTION LEAVE		
<p>Employees are entitled to 26 weeks ordinary adoption leave, plus an extra 26 weeks additional adoption leave, making 52 weeks in total.</p> <p>Further details can be found in the Becoming a Parent Policy which can be accessed from the Policies section of the intranet</p>	<p>Up to 6 wks at 90% of an employee's average earnings plus 33 weeks SAP which may include 12 weeks half pay followed by 13 weeks</p>	<p>PAID</p> <p>UNPAID</p>
ADOPTION SUPPORT LEAVE		
<p>Granted to any employee nominated by the child's adopter to provide support at or around the time of placement.</p> <p>Further details can be found in the Becoming a Parent Policy which can be accessed from the Policies section of the intranet</p>	Up to 2 weeks	PAID
ANTENATAL CARE		
<p>i.e. medical examination, midwife appointments, relaxation classes and parent craft classes for the pregnant mother only.</p> <p>Partners accompanying pregnant mother is unpaid</p>	<p>Discretionary - reasonable amount</p> <p>Discretionary - reasonable amount</p>	<p>PAID</p> <p>UNPAID</p>

APPENDIX 1: SBC Leave Policy - Paid / Unpaid Leave Guidance

REASON	ENTITLEMENT	PAID/UNPAID
BANK HOLIDAYS		
Where an employee is required as part of their normal working week to work on a bank holiday, time off will be allowed at a later date as follows:		
Where time worked is less than 4 hours or less than half the working shift (where the shift exceeds 7.5 hours)	Half day (pro rata)	PAID
Where time worked is more than 4 hours or more than half the working shift where the shift exceeds 7.5 hours	Full day (pro rata)	PAID
Bank holiday adjustments for part time employees should be managed through their flexi time sheet, and be taken no later than the next flexi period subject to operational service requirements.		
BEREAVEMENT		
It is acknowledged that bereavement can affect individuals differently and can depend on the nature of the relationship with the deceased. Requests should therefore be dealt with sympathetically, based on individual circumstances, taking into account the relationship between the employee and the deceased.		
The following leave of absence can be granted:		
In the case of immediate family	Up to 2 weeks	PAID
Extended family and close friends	1 day	PAID
BLOOD DONORS		
Employees will be granted paid leave subject to each appointment not exceeding three hours and having been agreed in advance with their line manager.	Discretionary – reasonable amount	PAID
CARERS LEAVE		
Leave to care for critically ill dependents. Evidence that the employee is the nominated primary carer may be needed.	Discretionary – reasonable amount (usually up to 20 working days per annum)	PAID

APPENDIX 1: SBC Leave Policy - Paid / Unpaid Leave Guidance

REASON	ENTITLEMENT	PAID/UNPAID
DISABILITY LEAVE		
<p>Where an employee has a disability or the employee has responsibility for a disabled dependent the following time off work is advised for::</p> <ul style="list-style-type: none"> • appointments and treatment • rehabilitation following treatment <p>Evidence of the appointment and any rehabilitation period may be required.</p>	Discretionary - Reasonable amount	PAID
ELECTIONS		
Leave for employees who serve on elections administered by Stockton Borough Council during their normal working time and subject to the approval of their Service Manager/Assistant Director/Director prior to registering with the Electoral Officer.	As required	PAID
COSMETIC SURGERY, DENTISTRY OR SIMILAR PROCEDURES		
This is treatment that is <i>not considered to be medically necessary</i> , for example face-lifts, laser eye treatment and teeth whitening.	Discretionary – reasonable amount	UNPAID
EMERGENCY LEAVE FOR DEPENDENTS		
<p>In exceptional circumstances employees will be given time off work to deal with emergency situations involving a 'dependent'- i.e. unforeseen admission to hospital.</p> <p>Employees are encouraged to use annual leave and/or flexi leave for some or all of the leave required however in exceptional circumstances some paid leave or unpaid leave may also be provided for ongoing arrangements.</p>	<p>Immediate response</p> <p>Followed by reasonable amount - discretionary</p>	<p>PAID</p> <p>UNPAID/PAID</p>
FERTILITY TREATMENT (In Vitro Fertilisation)		
For treatment and recovery	Discretionary - Reasonable amount	PAID
FLEXI LEAVE		
<p>Where the flexitime scheme is operational employees must have requests for flexi leave approved in the same way as annual leave with approval being subject to service requirements</p> <p>For further details please refer to the Flexitime Scheme available on the Policies Section of the Intranet</p>	<p>Two full days Or 4 half days per settlement period subject to a maximum of 13 full time equivalent days</p>	PAID

APPENDIX 1: SBC Leave Policy - Paid / Unpaid Leave Guidance

REASON	ENTITLEMENT	PAID/UNPAID
FOSTERING		
<p>Fostering leave is available to employees who apply to foster with Stockton Borough Council.</p> <p>Pre and post approval training.</p> <p>Where an employee is an approved long term foster carer for the Council and they have been matched with a specific child the principles of Parental Leave will be applied. Evidence of long term foster care of a child will be required which can be obtained from the Child Placement Team in CESC.</p>	<p>5 days (pro rata)</p> <p>18 weeks (in blocks of not less than one week other than for a disabled child AND no more than 4 weeks leave in a 12 month period in respect of any individual child)</p>	<p>PAID</p> <p>UNPAID</p>
GRADUATION		
Employee's own graduation (when the course is sponsored by the Council, otherwise employees are expected to take annual or unpaid leave).	1 day	PAID
HEARINGS / APPEALS (disciplinary, grievance, etc)		
Accompanying an employee at a hearing / appeal within SBC.	As required	PAID (where employee is at work)
INTERVIEWS		
Paid leave to be granted to employees attending interviews (excluding travelling time) within local government service only.	As required	PAID
JURY SERVICE		
<p>Where an employee is called up for jury service they are required to provide a copy of the court summons before paid time off will be approved.</p> <p>The employee must also submit a claim to the court for loss of earnings. They will be paid whilst on jury service at their normal rate of pay, subject to the deduction of any monies received from the court in respect of loss of earnings.</p>	As required	PAID (less court allowance)

APPENDIX 1: SBC Leave Policy - Paid / Unpaid Leave Guidance

REASON	ENTITLEMENT	PAID/UNPAID
MATERNITY LEAVE		
<p>All women are entitled to 26 weeks ordinary maternity leave, plus an extra 26 weeks additional maternity leave, making 52 weeks in total.</p> <p>Further details can be found in the Becoming a Parent Policy which can be accessed from the Policies section of the intranet</p>	<p>Up to 6 wks at 90% of an employee's average earnings plus 33 weeks SMP which may include 12 weeks half pay followed by 13 weeks</p>	<p>PAID</p> <p>UNPAID</p>
MATERNITY SUPPORT LEAVE		
<p>Granted to any employee nominated by the mother to provide support at or around the time of the birth, this does not need to be a husband or partner but can be a relative or friend and should be taken within 1 month of the birth.</p> <p>Further details can be found in the Becoming a Parent Policy which can be accessed from the Policies section of the intranet</p>	<p>Up to 2 weeks which must be taken in one block</p>	<p>PAID</p>
MEDICAL / DENTAL APPOINTMENTS		
<p>Employees are expected to attend appointments outside of normal working hours or utilise the flexitime scheme, where possible, to attend for example doctors, dentists, physiotherapy, counselling, hospital etc.</p> <p>In certain circumstances paid leave may be appropriate particularly where the employee is attending counselling or physiotherapy services provided by the Council.</p>	<p>Discretionary – reasonable amount</p>	<p>UNPAID/PAID</p>
MEDICAL PROCEDURE/OPERATION		
<p>Where an employee is required to undergo a medical procedure/operation in hospital or equivalent (not a doctor's appointment at a surgery), which is NOT cosmetic surgery or dentistry</p>	<p>Period of admission to hospital and a reasonable period for recommended recovery time. Longer recovery periods are more appropriately covered by a fit note and recorded as sickness absence.</p>	<p>PAID</p>
MEDICAL SCREENING FOR CANCER		
<p>Where the appointment cannot be made outside of an employee's normal working hours.</p>	<p>Duration time of the appointment</p>	<p>PAID</p>

APPENDIX 1: SBC Leave Policy - Paid / Unpaid Leave Guidance

REASON	ENTITLEMENT	PAID/UNPAID
PARENTAL LEAVE		
<p>Leave entitlement per child up until the child's 18th birthday. For an adopted child under the age of 18, 5 years from the date of adoption or until the child's 18th birthday whichever is the sooner.</p> <p>For a disabled child, the employee can take up to 18 weeks until their 18th birthday.</p> <p>To qualify for parental leave, employees must have completed at least one year's continuous service with the Council. The Council may postpone a period of parental leave, other than where it has been requested immediately after childbirth or adoption, by up to 6 months where there are business reasons.</p> <p>Please note 21 days notice is required for the request.</p> <p>Further details can be found in the Becoming a Parent Policy which can be accessed from the Policies section of the intranet</p>	<p>18 weeks (in blocks of not less than one week other than for a disabled child AND no more than 4 weeks leave in a 12 month period in respect of any individual child)</p>	UNPAID
PATERNITY LEAVE		
<p>For paid leave the employee must have been continuously employed for at least 26 weeks up to the "qualifying week" (i.e. 15th week prior to the expected week of childbirth) and notification of their intention to take paternity leave must also be 15 weeks before the date the baby is due to be born on. In the case of adoption no later than 7 days after notification of the match.</p> <p>Paternity leave must be taken within 8 weeks of the birth/adoption.</p> <p>Legislation also allows qualifying parents to transfer up to six months of the mothers (or adopters) leave and payment to the father or partner.</p> <p>Further details can be found in the Becoming a Parent Policy which can be accessed from the Policies section of the intranet</p>	<p>Up to 2 weeks which must be taken in one block</p>	PAID
POST ENTRY TRAINING (for learning supported by the Council)		
<p>Revision Leave – taken within 4 weeks preceding the exam and time allowed to sit exam.</p>	<p>Discretionary – usually 1 day for revision per exam and duration of examination</p>	PAID

APPENDIX 1: SBC Leave Policy - Paid / Unpaid Leave Guidance

REASON	ENTITLEMENT	PAID/UNPAID
PUBLIC DUTIES		
Employees who wish to undertake public duties should discuss the situation with their manager. Prior to approval of dates, written notification seeking approval from their manager should be provided. This should be provided as far in advance as possible.	Discretionary - reasonable amount	PAID
REDUNDANCY (following issue of notice of dismissal)		
To look for new employment or arrange training for future employment.	Discretionary - Reasonable amount	PAID
RELIGIOUS REQUESTS		
Requests for time off on religious grounds will be considered in line with service needs.	Discretionary - Reasonable amount	UNPAID
RELOCATION		
As part of an agreed recruitment package and in accordance with the criteria for relocation.	Up to 2 days	PAID
RESERVE FORCES		
Training dates must be notified to the line manager as soon as possible and approval will be subject to the needs of the service but will not be unreasonably refused.	Discretionary – reasonable amount (usually up to 2 weeks)	PAID
If employees are required to undertake military service overseas they should contact their line manager.		UNPAID
RETAINED SERVICE		
Employees who meet the retained service requirements will be granted time off work, subject to service requirements, with pay in addition to any other fees received. In most instances these will be in response to emergency situations and time off will not be unreasonably refused.	Discretionary - reasonable amount (usually up to 2 weeks pro rata).	PAID
SHARED PARENTAL LEAVE		
Employees can share up to 50 weeks Maternity or Adoption leave arrangements with their partner or the father of the child. Employees can be given time off from work at the same time as the partner/father, and the time can be taken in three separate blocks.	Up to 37 weeks statutory Shared Parental Pay and may be entitled to up to 12 weeks ½ pay in addition.	PAID
Further details can be found in the Becoming a Parent Policy which can be accessed from the Policies section of the intranet	followed by up to 13 weeks	UNPAID

APPENDIX 1: SBC Leave Policy - Paid / Unpaid Leave Guidance

REASON	ENTITLEMENT	PAID/UNPAID
SPECIAL GUARDIANSHIP		
When Placement is made under a Special Guardianship Order	Up to 2 weeks Followed by Reasonable Amount	PAID UNPAID
TRADE UNION REPRESENTATIVES		
Conferences Leave shall be granted to delegates attending the annual conference of recognised Trade Unions subject to the demands of the service. The Director of Service will give approval after consultation with HR and leave will not be unreasonably withheld. 1 Union representative per 1000 members will be permitted to attend.	One conference per year	PAID
Facility Time Reasonable paid time off work will be given to represent members on negotiations, disciplinary, grievance, capability, reviews and redundancies and similar trade union activities. Advice on what is considered to be 'reasonable' can be sought from HR.	Reasonable amount subject to demands of the service	PAID
VOLUNTARY SERVICE OVERSEAS		
The Council will consider applications for Voluntary Service Overseas.	Discretionary - reasonable amount subject to service requirements	UNPAID
VOLUNTEERING		
The Council encourages its employees to volunteer in the wider community in their own time but in some circumstances it may be appropriate to provide unpaid leave.	Discretionary - reasonable amount subject to service requirements	UNPAID
WEATHER		
On occasions where weather conditions prevent employees getting to work and all reasonable attempts to get to work have failed any absence should be unpaid.	As required	UNPAID
WITNESSES		
If employees are required to attend court as a witness, paid time off will be approved where a copy of the court summons is provided.	As required	PAID (Subject to the deduction of any loss of earnings received from the court)
Where employees attend Court through their own choice, such as to support a relative or friend.		UNPAID

APPENDIX 2: Sickness Absence by Reason & Location – 2016-2017

Location	Number of Occasions (minimum 10)	Days lost per FTE
MUNICIPAL BUILDINGS	278	2,048.7
SCHOOLS	239	748.7
BAYHEATH HOUSE	235	1,763.4
QUEENSWAY HOUSE	166	1,427.4
KINGSWAY HOUSE	163	1,156.4
ALLENSWAY DAY CENTRE	161	1,306.0
COWPEN DEPOT	147	2,037.8
16 CHURCH ROAD	147	1,478.4
1 SEDGEFIELD WAY	116	527.7
TITHEBARN HOUSE	94	1,143.2
ROSEDALE ELDERLY PERSONS HOME	74	952.4
STIRLING HOUSE	69	877.5
YOUTH DIRECTION	64	788.9
TOWN HALL DBC	64	300.0
SECURITY & SURVEILLANCE CENTRE	49	464.9
IDEAL HOUSE	49	408.4
BILLINGHAM COMMUNITY CENTRE	42	398.1
WESSEX HOUSE	35	329.2
STOCKTON LIBRARY	33	120.7
HALCYON CENTRE	31	212.2
HARTBURN LODGE RESIDENTIAL HOME	26	162.3
YARM ROAD DEPOT	23	178.5
STREET LIGHTING	23	151.5
LUSTRUM VALE	22	108.8
70 NORTON ROAD	21	135.9
PRINCESS AVENUE CHILDRENS HOME	21	126.3
DURHAM TEES VALLEY BUSINESS CENTRE	21	57.2
TEES VALLEY MUSIC SERVICE	20	83.2
STOCKTON SIXTH FORM COLLEGE	19	166.3
PARKSIDE OFFICE	18	304.4
LANARK CLOSE	14	269.6
REDHILL CENTRE	14	91.7
VARIOUS	13	64.5
NIGHTINGALE HOUSE	11	180.4
PRESTON HALL	11	22.6
ARCHON	10	253.7
FOOTSTEPS	10	45.5
YARM LIBRARY	10	34.5
SUN RISE CHILDRENS CENTRE	10	24.2

APPENDIX 2: Sickness Absence by Reason & Location – 2016-2017

	Number of Occasions (minimum 10)	Days lost per FTE
Stress/Depres/M Health/Fatigue	273	6311.9
BAYHEATH HOUSE	26	577.3
ALLENSWAY DAY CENTRE	19	291.3
16 CHURCH ROAD	17	780.1
TITHEBARN HOUSE	16	357.8
KINGSWAY HOUSE	15	212.2
QUEENSWAY HOUSE	15	376.1
MUNICIPAL BUILDINGS	14	324.4
COWPEN DEPOT	13	440.8
SCHOOLS	13	112.6
Back/Neck/Musculo-Skeletal	397	5327.0
COWPEN DEPOT	45	850.5
SCHOOLS	38	262.7
MUNICIPAL BUILDINGS	30	554.8
ALLENSWAY DAY CENTRE	26	422.3
BAYHEATH HOUSE	23	321.1
1 SEDGEFIELD WAY	20	167.0
QUEENSWAY HOUSE	18	270.7
16 CHURCH ROAD	17	139.5
TITHEBARN HOUSE	14	489.9
STREET LIGHTING	13	118.0
STIRLING HOUSE	13	151.7
KINGSWAY HOUSE	13	179.5
IDEAL HOUSE	10	71.5
Infections/Stomach/Chest	1371	4121.5
MUNICIPAL BUILDINGS	160	472.8
BAYHEATH HOUSE	138	380.5
SCHOOLS	118	121.1
QUEENSWAY HOUSE	89	305.4
KINGSWAY HOUSE	88	241.8
16 CHURCH ROAD	78	285.7
ALLENSWAY DAY CENTRE	75	243.1
COWPEN DEPOT	65	269.0
1 SEDGEFIELD WAY	52	107.4
TITHEBARN HOUSE	42	147.4
ROSEDALE ELDERLY PERSONS HOME	40	170.2
TOWN HALL DBC	35	138.1
STIRLING HOUSE	31	245.5
YOUTH DIRECTION	29	81.1
SECURITY & SURVEILLANCE CENTRE	27	65.8
WESSEX HOUSE	21	52.3
IDEAL HOUSE	20	59.1
STOCKTON LIBRARY	20	27.1
HALCYON CENTRE	17	40.2
BILLINGHAM COMMUNITY CENTRE	13	21.7
DURHAM TEES VALLEY BUSINESS CENTRE	12	44.9
LUSTRUM VALE	12	25.8
YARM ROAD DEPOT	12	44.5

APPENDIX 2: Sickness Absence by Reason & Location – 2016-2017

	Number of Occasions (minimum 10)	Days lost per FTE
70 NORTON ROAD	11	39.2
STOCKTON SIXTH FORM COLLEGE	10	17.3
STREET LIGHTING	10	33.5
Neurological	186	1068.2
MUNICIPAL BUILDINGS	22	110.0
SCHOOLS	19	16.9
QUEENSWAY HOUSE	15	204.5
KINGSWAY HOUSE	13	21.7
BAYHEATH HOUSE	13	57.2
1 SEDGEFIELD WAY	12	34.6
ALLENSWAY DAY CENTRE	10	48.9

DRAFT

APPENDIX 3: Employee Health & Wellbeing Action Plan - 2017-2018

Aims:			
<ul style="list-style-type: none"> To improve employee health and reduce sickness absence across the Council To promote working relationships and environments that support the SBC Culture statement, encourage wellbeing and build resilience To focus on preventing and managing Mental Wellbeing and Physical Wellbeing absences To reduce long term absence from work. 			
Action	By When	Responsible	Progress
1. Absence Data and Analysis			
<p>a) To provide quarterly Sickness Absence information to SMT.</p> <p>HR will continue to provide the interactive dashboards to Directors on a quarterly basis, along with a report identifying Employees who meet the Council's triggers for attendance management in a rolling 12 month period.</p> <p>HR are also able to provide ad hoc information to Directors and Managers around sickness absence when required.</p>	Ongoing	HR	Reports are being produced quarterly for the Directors/Assistant Directors
<p>b) To provide quarterly information regarding Occupational Health referrals and information provided from the Counselling and Physiotherapy service on usage.</p> <p>HR will cross reference this information against sickness absence to identify trends and areas of concern. This will support targeted interventions and promote support services</p>	Following Q1 2017/18 (July 2017)	HR	Information is being included in the CMT reports. Initial information suggests that Physiotherapy and Counselling Services are primarily being accessed by employees who are at work, and not absent.

APPENDIX 3: Employee Health & Wellbeing Action Plan - 2017-2018

Action	By When	Responsible	Progress
<p>c) To proactively provide advice and assistance to help reduce sickness absence across the Council</p> <p>HR will identify on a quarterly basis all absences that meet the Council's triggers for attendance management in a rolling 12 month period and discuss cases with Managers.</p> <p>HR will identify on a quarterly basis all absences that are open after a 3 month period that have not had Advisory involvement. Contact will be made with managers to provide HR support.</p> <p>Identify trends in sickness absence within services and look at interventions / target support to manage any concerns.</p>	<p>Quarterly Ongoing</p> <p>Ongoing</p>	HR	HR contact managers on a quarterly basis to discuss Long term sickness cases or employee's with sickness absence that maybe a cause for concern/excess corporate triggers.
<p>d) To continue to benchmark the absence rates against our neighbouring authorities and national information</p>	End of 2017/18	HR	2016/17 Absence figures have been benchmarked against the 4 neighbouring authorities.
<p>e) To communicate sickness absence information with the wider workforce through KYIT, highlighting levels of absence across the Council and the Employee support available</p>	Following Q1 2017/18 (July 2017)		Draft communication document to be shared with SMT in July 2017

APPENDIX 3: Employee Health & Wellbeing Action Plan - 2017-2018

Action	By When	Responsible	Progress
2. Policy Review / Awareness			
a) The Attendance Management Policy will be reviewed in line with the new Culture Statement and to give managers more autonomy in managing sickness absence.	Draft by September 2017	HR	A scrutiny review of sickness absence will take place in 2017/18. In addition the Attendance Management Policy is to be reviewed with input from the SBF Culture Work Stream
b) A review of the following HR policies will take place in 2017/18 <ul style="list-style-type: none"> • Disciplinary • Grievance / Tackling Bulling & harassment • Equal Opportunities • Performance Management 	Ongoing	HR	
c) Promote further awareness of the options available within the Leave Policy to support Employees	July 2017	HR	
3. Training & Support			
a) To provide Attendance Management workshops for Managers. To become part of a mandatory Managers Induction process. Re-enforce managers' responsibility in identifying and addressing sickness absence, recording absence on HR Online, carrying out all Return to Work interviews, and addressing concerns in line with Council's policy.	Ongoing	HR	Attendance Management briefing sessions have taken place in 2016/17 within the following Services: <ul style="list-style-type: none"> • Learning & Skills • Customer Services • Schools & SEN • Economic Growth & Development • Reablement Services • Revenues & Benefits

APPENDIX 3: Employee Health & Wellbeing Action Plan - 2017-2018

Action	By When	Responsible	Progress
<p>b) To create a “Managers Toolkit” (accessible online) with easy to use guides and example letters for managers to use to support the new Attendance Management Process.</p> <p>Linking in with updated HR Policy</p>	2018	HR	Attendance Management Policy to be updated in 2017/18.
<p>c) Continue to review the Employee Support available to employees who are subject to Service Review</p> <p>Ensuring our Employees are supported before, during and following a service review to help build resilience and support organisational change</p>	Ongoing	HR	Discussions have taken with National Careers Service and Job Centre Plus, and a programme of Redundancy Support Briefing sessions have been planned as well as any bespoke sessions (i.e. interview skills) as required. Dealing with Change course has also been revised and dates are available during 2017.
<p>d) To explore the option of a Mental Health Awareness training course (e.g. Mental Health First Aid) as part of the Employee Development offer to employees.</p>	September 2017	HR	Consideration is still being given to this, in addition to the Mindfulness Programme which the Council has committed to.
4. Initiatives & Support			
<p>a) Continue to promote the Employee Health & Wellbeing Support Services available to employees</p> <p>Trigger related emails sent out to manager when absence is reported due to poor Mental Wellbeing and Physical Wellbeing</p>	May 2017	HR	

APPENDIX 3: Employee Health & Wellbeing Action Plan - 2017-2018

Action	By When	Responsible	Progress
<p>b) To organise and take part in promotional and proactive events to improve Employee Health & Wellbeing.</p>	Ongoing	HR/Public Health/Health Advocates	
<p>c) To continue to work towards the Continuing Excellent Better Health at Work accreditation and continue to assist in the roll out of health promotion programmes (e.g. flu vaccinations to employees) where funding is available</p> <ul style="list-style-type: none"> • Participate in a minimum of five local, regional or national health campaigns / events throughout the year • Promote Health topics to the wider community and to families of the workforce 	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	HR /Public Health/Health Advocates	<p>The Council achieved the Gold award accreditation in December 2016.</p> <p>Mental Health Awareness week – 8th May 2017</p>
<p>d) To consider initiatives to reduce sickness absence due to infections.</p> <p>Sickness absence due to infections increase each year in Q3 & Q4. Provide information / guidance to help reduce the spread of infections within the workplace to service areas</p>	September 2017	HR	

APPENDIX 4: Better Health at Work Award - Focus Group Feedback



North East
Better Health
at Work Award

Focus Groups – June 2017

As part of the work towards the Continuing Excellence level of the Better Health at Work Awards, our 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 workplace to provide support, promote self-care, aid early identification and early referral into commissioned services. The sessions gathered information on colleagues understanding of the referral process into mental health and physiotherapy services and identify any barriers for accessing support.

Employees were not specifically asked to comment on their own personal experiences, the questions asked were around observations from the workplace, understanding of processes and ideas regarding what more could be done.

Musculoskeletal Focus Groups

18 participants from across the Council took part in the musculoskeletal focus groups

General Overview:

- Positive feedback was received regarding the service provided by Body2Fit
- It was felt that there was generally minimal stigma to accessing services (e.g. Body2Fit or local NHS services) but 'fear and pride' (the descriptors used) may stop some from coming forward for support
- It was felt that there was a stigma regarding the impact on an employee's career/employment in roles where physical strength is perceived as critical. This may prevent people asking for help or leaving issues for longer before accessing support.
- It was felt that when support is accessed it tended to be reactive in nature not proactive.

Discussion points:

- Those with MSK issues might leave it too long before accessing support
- Work pressures leading to staff eating at their desks and not taking a lunch break could cause musculoskeletal issues
- A lack of DSE assessments are being undertaken/lack of awareness around DSE assessments including process and what happens afterwards
- Lack of awareness of the range of support Body2Fit can offer- misconception that it needs to be a work related MSK problem
- Colleagues are unsure about how bad something needs to be before help is accessed.
- Referral has to be signed off by the employees line manager and any equipment needed.
- Lack of consistency in office working environments - no standard desk set-up/equipment - some people have standing desks, some hot desking.

APPENDIX 4: Better Health at Work Award - Focus Group Feedback

- Is there a desk/chair maintenance improvement scheme? Some people have been using incorrect / second hand/ damaged equipment for some time

You Suggested...	We are / We will...
<p>DSE Training and Risk Assessment Programme</p> <p>Increase uptake of DSE</p> <p>Review the DSE process, with a view to making improvements</p> <p>Concern regarding DSE implications of SWIS (working at dining room tables, sofas, etc. for long periods of time)</p> <p>Introduction of break prompt for VDU users</p>	<p>We will be emailing Managers with advice and information on the DSE Training and Risk Assessment Programme – when they should be carried out, how they should be conducted and by who.</p> <p>We will continue to review our DSE process to ensure it is fit for purpose and improve its visibility on the Council's Intranet</p> <p>We will be launching a Smarter Working policy later this year which will take into considering DSE implications.</p> <p>We will explore options with ICT for VDU users to have an optional break prompt where appropriate – subject to ICT security and service needs</p>
<p>BODY2FIT</p> <p>Increase awareness of physiotherapy services for non-work related injuries, repetitive injuries with regards to maintenance/prevention</p> <p>Awareness raising about Body2fit service and what is on offer- using some examples of range of support</p> <p>Possible drop in sessions - although these would need to be correctly advertised as previous attendees thought they would be receiving a physio session rather than a short assessment/ advice session. Drop in sessions targeting harder to reach groups.</p> <p>Advice on posture- possible BHAWA Champion?</p>	<p>We will promote Body2Fit Services through KYIT, Health Advocates and emails to managers, with greater emphasis on when support can be accessed</p> <p>We will arrange the distribution of posters to Council buildings to promote services</p> <p>We are looking to hold further drop in session by Body2fit in 2017/18 and will look to target harder to reach groups.</p> <p>We will look to provide further information and advice on Posture which will be circulated via our Health Advocates/KYIT</p>

APPENDIX 4: Better Health at Work Award - Focus Group Feedback

You Suggested...	We are / We will...
<p>Workplace Assessments & the Working Environment</p> <p>Action following work place assessment from Body2fit?</p> <p>What is the desk replacement policy</p> <p>Research funding for standing desks from www.getBritainstanding.org</p>	<p>Following a Workplace Assessment, the Council receive a report from Body2fit which is shared with the Employee and their Line Manager. Where replacement chairs or equipment are recommended for purchase, the Line Manager should liaise with facilities management to ensure the appropriate support is provided.</p> <p>If an employee has a broken desk, they should contact facilities management to arrange for the desk to be fixed or replaced. We will ensure this information is communicated to managers.</p> <p>Standing desks are purchased for staff when recommended as part of a workplace assessment. We will promote some simple solutions to encourage staff to be more active and stand more at work, and will ask staff to take part in The On Your Feet Britain Challenge on 28 April 2018 to convert 'sitting time' to 'standing time'.</p>
<p>Communications</p> <p>Introduction of information app for remote workers- Can KYIT and employee benefits/Intranet be accessed via an app for mobile?</p> <p>Possible 15 mins per week for fixed hours staff to read KYIT (also for Mental Health)</p> <p>Consider Walking Meetings</p>	<p>The Council's Communications Team are currently looking at options to update our Intranet pages, and to make it accessible to remote / manual / mobile workers outside of work. Further information will provided when available.</p> <p>We support employee's taking time out to read KYIT and to keep abreast of what is going on across the Council</p> <p>We are happy to support "walking meetings" where appropriate. Where there are a large number of delegates in attendance, walking meetings may not be appropriate, but delegates could stand in meeting rooms to alleviate any discomfort.</p>

APPENDIX 4: Better Health at Work Award - Focus Group Feedback

You Suggested...	We are / We will...
<p>Activities</p> <p>Encouraging colleagues to be more active during working day</p> <p>Workforce running group/ lunchtime/ post work activity.</p> <p>Utilising sports development team more for employees</p> <p>Encourage visiting colleagues rather than email, to increase mobility/movement</p> <p>Possible yoga/Pilates classes</p>	<p>Health Walks have previously been arranged on lunchtimes and we actively encourage employees to arrange their own activities either within their teams / service areas / buildings</p> <p>We have set up a beginners running group for SBC Employees – starting 25 September at 5:30pm. We are aware of informal running groups / football teams that have been set up in some services.</p> <p>We will explore this option further and consider options for wider promotion/ participation</p> <p>We are happy to support colleagues visiting others within their buildings to increase mobility.</p> <p>We are exploring the option of Beginner Pilates/Yoga classes for staff and will provide further information as soon as it is available</p>

Mental Health Focus Groups

16 participants from across the Council took part in the Mental Health focus groups

General Overview:

- Negative image around Mental Health problems
- Suspicion that the confidential service isn't confidential. There is a fear it will end up on an employee record and have implications especially when under review
- Implications for career progression, impact on future opportunities if seeking support for a mental health condition.
- Generation/gender issues stopping some people from accessing help
- Perceived/experienced Fear, awkwardness & attitude towards mental health
- Seen as a sign of weakness

Discussion points:

- Individuals feeling that their issue is 'not bad enough' to access support services
- When and where services can be accessed - even though the flexi scheme would allow most colleagues to access during work time, feel uncomfortable in case colleagues find out.

APPENDIX 4: Better Health at Work Award - Focus Group Feedback

- Lack of awareness regarding options for support e.g. telephone, face to face, website with self help
- Language used in promotion of services - Labelling it as a 'counselling service' puts people off. Seeing it as a chance to talk to someone confidentially or a 'pep talk / sounding board' may help to bring more people forward.
- Suspicion regarding accessing services and notification to employer
- Reliance on managers to cascade information to staff – this is reliant on whether a manager is good/bad/indifferent, & what about the managers own mental health?
- Lack of anonymity if more than 6 sessions needed - need to be agreed if more than 6.
- Staff not willing to access services even when offered
- Difficulty in getting staff away from time pressure roles to attend support sessions
- Service not able to support some colleagues with bereavement despite asking for help

Management considerations:

- Relationships with line managers and colleagues were felt to be very important both to recognise when colleagues are struggling and to offer early support.
- Engagement of individual managers in events to promote MH awareness has been mixed
- Management style sometimes adds to anxiety- clashes of working styles
- Managements attitude to mental health can be mixed
- HR support seen as reactive, provision for proactive support not apparent
- Managers impact on camaraderie within an office environment

Smarter Working

- Impact on team dynamics- people out of the office more, relationships with colleagues lose some of the social aspect of work. Potential Isolation of staff
- Consistency across teams both in approach and consistency of delivery to members of the public
- Identification of poor mental health – reduced contact with colleagues and line manager may hinder identification of employee struggling
- Work life balance- employees working from home maybe more inclined to check emails etc. over weekend

Leave Policy

The current leave policy was discussed and attendees questioned on their awareness of the new policy. None of those attending were previously aware of the policy including those who had some management responsibility. Comments included:

- an appreciation the lack of definition of immediate family to reflect the diversity of family structures
- It was felt that there was a lack of consistency in the knowledge regarding the policy and the way it is being implemented by line managers
- A good relationship between line manager and employee is important for the leave policy to be used appropriately, i.e. understand family situation etc.
- Still seem to be urban myths around what leave is available for bereavement etc.

APPENDIX 4: Better Health at Work Award - Focus Group Feedback

- Quantify the cost of inappropriate sickness when raising awareness with line managers.

You Suggested...	We are / We will / We have...
<p>Insight Wellbeing Support Services</p> <p>Promote the service in a different way to encourage those who may be alienated by traditional counselling services e.g. Did you know?....Insights offer...</p> <p>Showing staff that the service is there 'for the right reasons' to help them not gather information against them</p> <p>Possible staff awareness raising sessions on what Insights offer- to remove barriers</p> <p>Insights link at the top of Job Bulletin</p> <p>Ensure when you search for 'stress' on the intranet Insights comes up</p>	<p>We will continue to promote Insight Wellbeing and look at alternative ways to increase engagement</p> <p>The Insight counselling service is completely confidential. No names are shared with the Council or any information which can identify an individual</p> <p>We will continue to promote Insight at any health promotion event in future and invite insight in to promote services.</p> <p>As the bulletin is also issued externally we are unable to accommodate this request.</p> <p>We have amended the intranet to ensure this is included in search results.</p>
<p>Management</p> <p>Training for existing managers- Mental Health First Aid or equivalent</p> <p>Health and wellbeing as an agenda item for team meetings</p> <p>Quantify the cost of sickness when raising awareness with line managers</p>	<p>We are exploring options for the delivery of Mental Health First Aid for Managers or an alternative training programme around Mental wellbeing.</p> <p>We have introduced Wellbeing as a discussion point on the 2017/18 appraisal document and would welcome managers having more regular discussions during 1-2-1s and team meetings.</p> <p>We are unable to accurately quantify the cost of sickness absence due to a number of factors such as whether or not sickness absence is covered via additional hours or agency work.</p> <p>We will however continue to provide sickness absence information to managers showing the working days lost within the service to raise awareness of the impact sickness has.</p>

APPENDIX 4: Better Health at Work Award - Focus Group Feedback

You Suggested...	We are / We will / We have...
<p>Encouraging line managers to have a proactive support to offering help early</p> <p>A lack of consistency in the knowledge regarding the Leave policy</p> <p>Educate on where leave policy could have been used</p>	<p>We are also introducing a KYIT article to show all employee's the levels of sickness absence within the workplace, including the reasons for sickness and working days lost</p> <p>We will continue to encourage managers to be proactive with employee wellbeing and ensure they are aware of the support services available to employees.</p> <p>We will continue to promote the leave policy to line manager and the support it can provide to employees.</p> <p>We are contacting managers when sickness absence is reported due to bereavement / family emergency / caring responsibilities to discuss whether or not alternative options can be considered in line with the policy.</p>
<p>Communication</p> <p>Specific button on the intranet page with Health and Wellbeing info</p> <p>Intranet banners</p> <p>Detail info of services on payslip?</p> <p>Linking good mental health with the workforce culture statement to get the message out that it is important- culture environment?</p>	<p>We have an Employee Benefits and Support button on the Intranet front page which provides access to a range of services to support wellbeing</p> <p>We are promoting Insight and other wellbeing support via the Council's Intranet banner</p> <p>We will explore the option of promoting wellbeing services via the payslip with Xentrall Shared Services</p> <p>We will look to link our culture and behaviours in any promotional material regarding Mental Wellbeing in future. We are valued, trusted and supported, We are heard. Although not specifically identified, we believe good mental health is intrinsically linked to our workforce culture and our behaviours state that we will "make time to listen to, support and involve others" and "Speak to each other with respect and understanding".</p>

APPENDIX 4: Better Health at Work Award - Focus Group Feedback

You Suggested...	We are / We will / We have...
<p>Breakfast club- allowing colleagues to come together to build supportive relationships</p> <p>Self-help section of intranet in relation to mental health to be amended to include:</p> <ul style="list-style-type: none"> - Physical activity - Coaching - Mentoring - 5 ways to wellbeing - Benefits of physical activity - Sharing info on other services e.g. NHS, IAPT services so employees have a choice <p>Text messages and KYIT for smart phones. Possibility of allowing staff to receive info on personal email for those who aren't office based.</p>	<p>We have previously promoted Coffee Mornings and Time to Talk sessions and will continue to promote further sessions in future</p> <p>We will be improving the information available via the intranet for employees in 2017 which will include information on other services available</p> <p>The Council's Communications Team are currently looking at options to update our Intranet pages, and to make it accessible to remote / manual / mobile workers outside of work. Further information will be provided when available.</p>
<p>Training</p> <p>Coaching and mentoring were mentioned as positive influences which although not specific support for mental health, have allowed for positive relationships to be built which allowed for early signs to anxiety or depression to be identified.</p> <p>Offer headway/mindfulness outside of working hours?</p>	<p>We will promote coaching and mentoring and highlight the positive impact they can have on an employees wellbeing.</p> <p>We will discuss with our trainers the possibility of offering Headway and Mindfulness outside of "Core" working hours.</p>



What's increasing the risk of sickness absence?

Are there any factors within your workplace environment that may be increasing the risk of staff becoming absent due to sickness.

Response Rates:

Directorate	Response
Administration, Democratic & Electoral Services	12
Adults & Health	39
Children's Services	47
Community Services	15
Culture, Leisure & Events	28
Economic Growth & Development	43
Finance & Business Services	35
HR, Legal & Communications	15
Xentrall Shared Services	9
Executive / Transformation	2
TOTAL	245

Key Themes:

Theme	Number of comments
Service Reviews / Workload pressures / reduced staffing numbers	121
Infection Control	50
Heating & Ventilation in Offices	21
Lighting / Natural Light	16
Office cleanliness	9
Workstations / Office desks / chairs	8
Kitchen facilities	6
Line Management / Communication	15
Sick Pay / Attendance Management Process	18
Counselling Service	3
PPE / Work Clothing	1

APPENDIX 5: HIVE Summary Report

SELECTION OF COMMENTS BY THEME:

Service Reviews / Workload Pressures

"Due to job cuts there are fewer staff to do the same amount of work. This is leading to stress which could result in a higher sickness absence. It is important management are realistic and that the same level of service cannot be kept up with significantly fewer staff."

"After going through a review we have lost just under half of our team. This is now putting more pressure on the remaining team with more workload been given to remaining staff, this can cause a lot of stress and anxiety."

"I'm delighted to say that we are a resilient and supportive team and despite the very real uncertainty, anxiety and pressure relating to our review, we have not seen any change in attendance. So, I'd like to report that a supportive and warm team atmosphere promotes attendance!"

Infection Control

"Poor hygiene can lead to a number of staff being hit with sickness bugs and colds."

"Staff coming into work full of cold, simply because they are too afraid to take time off, thus spreading the cold in an open office environment."

"I'm not sure whether the council should consider a forced sickness policy when an employee attends work with cold or flu, as it is inevitable that they will pass on their illness to at least some colleagues. Perhaps working from home arrangements can be put in place to prevent the spread."

"The drive to use open plan offices where as many staff as possible are seated together in one room leads to a greater chance of colds and viruses being passed between a large number of people. We recently moved into open plan offices and the following month experienced a much higher number of people having to take sick leave because they had caught an infectious complaint (in this case the flu so the number of sick days was substantial) from colleagues. Whilst the open plan environment saves money on accommodation productivity can suffer and service delivery can be impaired."

"I often feel that people come into work with the flu or bug which is then passed around the office making others sick. I feel we should utilise the mobile working when people are still wanting to work whilst poorly."

Heating & Ventilation

"Office temperatures don't help and vary greatly from sweltering heat to wearing gloves at the computer."

"Certain areas of some buildings are extremely cold in winter, which could lead to increased risk of colds and flu."

APPENDIX 5: HIVE Summary Report

"Large overheated open plan offices which are becoming a breeding ground for germs. Once one person gets a cold and comes to work it goes round the whole 40-50 people in the office who all become ill to various degrees. Smaller offices would limit the spread."

"The workplace heating system, especially in the winter! the heating was usually on around early morning (we think it is around 7am) to warm the place up and then not sure when it will be turned on and the next time when we know that the heating is turned on is around 4pm. the office is cold all the time during winter, especially the old building."

Lighting / Natural Light

"The lighting in the office is awful. They are far too bright and cause lots of headaches and migraines."

"We have no windows, therefore no natural light, no ventilation resulting in increased headaches and migraines"

Office cleanliness

"Unsure of what the policy is for cleaning telephone handsets and computer keyboards again these office items can spread germs."

"There is dust all over the windowsills and around the skirting boards and I get extremely sniffly in a dusty environment."

Workstations / Office Desks & chairs

"Shaped desks that are not conducive to comfort when working = back, neck, everything pain."

"In the department I work in we have an issue with back/neck/arm problems due to incorrect and broken chairs and not sitting at desk correctly which eventually people are having assessments but this takes ages to do. We are often as well swapping desks and locations which can affect this."

Kitchen facilities

"The lack of soap at the kitchen sink does not encourage people to wash their hands properly before eating, etc. as the only alternatives are washing up liquid (if available, and purchased by staff)."

"Nowhere quite to go to for a break and sit on a comfortable chair to relax for a short while. There is one small kitchen with a table of 6 chairs (for everyone), which often results in me not having a break and eating at my desk. Kitchen is like Piccadilly Circus - noisy and stressful."

APPENDIX 5: HIVE Summary Report

Line Management / Communication

“Make managers visibly accountable for improving sickness absence. Inflexible managers who do not support other alternatives to going sick. Lack of challenge when staff return to work.”

“Lack of communication between services, teams, management to staff and vice versa which makes it harder to do your job.”

Sick Pay / Attendance Management Policy

“Sickness monitoring procedures which often result in many members of staff coming into work with illness, resulting in further staff members being ill.”

“There’s no incentive not to be absent due to sickness. Would be nice to see a bonus for those of us who haven’t been off sick in a given year - at one time used to get a letter praising you for 100% attendance but even that must have stopped! You can’t help being ill but it seems that sickness records aren’t looked at when it comes to re-view/promotion opportunities so again it goes back to there’s no reason or incentive not to be absent.”

“Remove sick payment for first 3 days will significantly reduce short term absence.”

“I have always found that sickness in Local Authorities can be one of the highest and I believe this is due to the amount of sick pay entitlement. There will always be a minority of people who do take advantage of this.”

Counselling Service

“I personally don’t feel that our new counselling service is as good as previous provider having supported staff to access it and find that they speak once over the phone but then do not get offered additional support.”

PPE / Work Clothing

“We work out in the rain and after 4 hours the waterproofs are letting water through and then you go back put your stuff in dry room and it might not be on so the stuff is still wet and the water comes straight through”.

APPENDIX 6: Tees Valley Attendance Management Comparisons

	Stockton on Tees Council	Darlington Council	Hartlepool Council	Middlesbrough Council	Redcar/ Cleveland Council	Tees Active Ltd
Sickness Absence Level 2016/17	8.8 days lost per FTE	9.7 days lost per FTE	10.6 days lost per FTE	9.25 days lost per FTE	7.4 days lost per FTE	Unknown
Sick pay schemes	Local Government T&Cs Up to 6mths Full and 6mths half pay	Local Government T&Cs Up to 6mths Full and 6mths half pay	Local Government T&Cs Up to 6mths Full and 6mths half pay	Local Government T&Cs Up to 6mths Full and 6mths half pay	Local Government T&Cs Up to 6mths Full and 6mths half pay	Same as SBC. Up to 6mths Full and 6mths half pay
Trigger points - short term	2 absences of any duration in any three month period. 7 working days in a rolling year Absences that cause concern	2 absences of any duration in any three month period. 7 working days in a rolling year Absences that cause concern	5 independent periods of absence in 12 months Recurring patterns over more than 1 year or in 2 or more years 3 independent instances that cause concern 2 independent absences of any duration in the probation period	3 periods of absence within any rolling 3 month period 7 working days or more within any rolling 12 month period Or any other unacceptable patterns of absence	2 or more separate absences of any duration in any 3 month period 5 days in rolling 12 months Patterns of absence, i.e. being off each Friday/Monday etc.	<u>Stage 1</u> : 3 occasions or 8 days in rolling 12 months
Trigger points - long term	4 weeks or more	Where absence continues past 20 days	Absences or sick note coverage of more than 4 calendar weeks (either as one instance of long term absence or the cumulative effect of all absences)	over 4 weeks	21 Days	4 weeks or more

APPENDIX 6: Tees Valley Attendance Management Comparisons

	Stockton on Tees Council	Darlington Council	Hartlepool Council	Middlesbrough Council	Redcar/ Cleveland Council	Tees Active Ltd
Short Term Absence Review Meetings	Formal meeting once trigger point reached. Managers can take the whole attendance record into consideration and decide if a formal attendance meeting should be arranged.	Absence Review meeting once trigger points reached. Confirm arrangements in writing - 7 calendar days/5 working days notice.	Informal and formal interview guidance given in policy. Formal discussions require 3 days notice	Formal meeting	Formal meeting	In all instances where the employee's absence reaches a trigger point they should be invited in writing, giving at least 48 hours' notice to attend a formal attendance review
Short Term Absence Review - post-meeting monitoring period	3/6 months	Absence Improvement Plan (AIP) can be used and a monitoring period during which an improvement in absence levels is specified	Time limits for caution 12 months for 1st stage, 24 months for 2nd stage. Hearing for dismissal with 7 days notice	Can give 3 months, further meeting and 3 months - formal warning - final formal warning	Doesn't define monitoring periods in policy	Doesn't Specify - but if further 2 occasions or 6 days within 12 months of stage 1 Meeting, Employee receives First Written Caution
Initial absence reporting - short term absence	Employees should notify their managers by phone every day of absence for the first 7 days or until a Dr's note produced	Employees must telephone their line manager/supervisor/ designated contact point every day for the first 7 days of absence or until a Dr's note is produced	Absence Hotline available - Office workers to ring directly, then are re-directed to line manager to discuss cover arrangements. Non office based staff would ring line manager/supervisor who would then take details and then transfer to Hotline. Reporting required on 1st, 4th and then on 8th day of absence	To be reported personally by phone, not by email or text.	Detailed 7 day plan for daily reporting. Report personally or to deputy if line manager not immediately available	Notify nominated officer on first day preferably before start time. Manager to advise frequency of contact thereafter

APPENDIX 6: Tees Valley Attendance Management Comparisons

	Stockton on Tees Council	Darlington Council	Hartlepool Council	Middlesbrough Council	Redcar/ Cleveland Council	Tees Active Ltd
Long Term Absence Review Meeting (or 1st meeting after trigger point reached)	Informal meeting after 4 weeks	Absence Review meeting once trigger points reached. Confirm arrangements in writing - 7 calendar days/5 working days notice.	Informal and formal interview guidance given in policy. Formal discussions require 3 days notice	Informal welfare meeting after 4 weeks	Welfare Meeting after 21 days - with support from HR Advisor	first welfare meeting should take place after 4 weeks of consecutive absence, however can initiate a meeting sooner if considered appropriate
Action when there is no Return to Work date	Proceed to Case Review Hearing/redeployment/ill health retirement	Proceed to Case Review Hearing/redeployment	Outlines options for redeployment, reduction in hours or retirement and appendices give further detailed information	Convene a formal meeting to discuss, then formal meeting for consideration for redeploy/dismissal	Proceed to Case Review Hearing/ Redeployment/ Dismissal	Medical Advisor opinion sought. If no indication of a return to work within an acceptable period refer to Formal Capability Hearing to consider alternative employment, adjustments, continued employment
Disability Related Sick Leave (DRSL)	Policy refers to reasonable adjustments.	Para 126 -128 refer to EA2010 and 129-132 re Reasonable Adjustments, however, no mention of discounting DRSL included	Refers to DDA Disability related, also other categories such as accident at work and infectious or industrial disease. 7.3 refers to declared disability and Workstep scheme	Mentions EA 2010 but no mention of DRSL discounting. Disability Leave in leave policy for treatment, assessments or appointments etc.	Mentions EA 2010 but no mention of DRSL discounting	References that Managers distinguish between general sickness and disability-related sickness when monitoring and analysing attendance.
Pregnancy related sickness	Covered in the Becoming a Parent Policy	Para 138 gives guidance re risk assessment and states pregnancy related illness should not	Clarifies the need for pregnancy related illness and appointments to be recorded accurately	Not mentioned in policy	Para 18 gives advice re risk assessment, non pregnancy related illness whilst pregnant and signposts to HR	Not mentioned in policy

APPENDIX 6: Tees Valley Attendance Management Comparisons

	Stockton on Tees Council	Darlington Council	Hartlepool Council	Middlesbrough Council	Redcar/ Cleveland Council	Tees Active Ltd
		count towards an employee's total sickness record.			and the Maternity Provisions document on intranet	
Return to work (RTW) interviews	Policy refers to RTW being completed within a 'reasonable period'.	Ideally on the 1st day back at work or at least within 2 days of the RTW. I	Informal and formal interview guidance given in policy.	Recorded on form and meeting for RTW and triggers can be rolled together	Meet within 2 days unless impracticable or be conducted by nominate deputy.	After each period of sickness absence the line manager meets informally with the employee
Counselling available	Self referral to Insight for up to 6 sessions of face-to-face, telephone, email contact, and skype Counselling	External, free service which offers face-to-face counselling sessions	Not mentioned in policy	Initially up to six sessions of confidential, face to face sessions. (Alliance).	Counselling is available via the Staff Support Network which offers confidential counselling to all employees	Available
Physiotherapy available	Physio and Podiatry services are available. Through Body2Fit. Up to 5 sessions of physio. Workplace Assessments also available	Self referral for free sessions for back and neck pain, muscle or joint problems, postural problems and post surgery rehabilitation. Staff to make appointments in their own time, however reasonable time off with pay will be provided for employees to attend sessions if it is required	Not mentioned in policy	Services provided through Body2Fit - 6 sessions as part of standard package. (also pilot initiated for Back Care Programme - 2 cohorts of 6 sessions have commenced, one with 13 participants and the other with 14).	Back in Work Physiotherapy subject to authorisation form being completed and authorised by their line manager. Failure to attend may result in charge being made to the employee for the missed appointment	Available
MRI Scanning	No	No	No	Yes - via Alliance Medical at North Tees Hospital	No	Not mentioned in policy

APPENDIX 6: Tees Valley Attendance Management Comparisons

	Stockton on Tees Council	Darlington Council	Hartlepool Council	Middlesbrough Council	Redcar/ Cleveland Council	Tees Active Ltd
Health & Wellbeing services (Occ Health)	Internal Occ Health Service provides medical advice to managers and can provide a medical opinion on the case. Do not need to wait for trigger point for referral	External provider - Managers do not need to wait until an employee hits a trigger point for referral if there are concerns. An employee can also ask for a referral to be made for them either by their Manager or through HR	External Provider - Durham County Council Occ Health.	External Provider - Durham County Council Occ Health. Can be referred on Long term or short term triggers, after DSE assessment or any other health concerns	Yes - external provider Medacs	Available- External provider
Phased returns	In order to facilitate early return to work or on GP or Occ Health advice. Max of 4 weeks. If longer required, can use flexi or annual leave etc.	Should not normally exceed four weeks	Not mentioned in policy	Rehabilitation programme for phasing in of duties and hours over a 4 week period. This can be mutually agreed and confirmed in writing	Up to 4 weeks, exceptions to be agreed with Occ Health	Up to maximum of 4 weeks