

Title of meeting: Employment Committee

Date of meeting: 21st September 2023

Subject: Sickness Absence – Bi-annual Report

Report by: Rochelle Williams - Assistant Director HR

Wards affected: N/A

Key decision: No

Full Council decision: No

1. Purpose of report

1.1. The purpose of this report is to update the Employment Committee about the levels and causes of sickness absence across the council and the actions being taken to improve attendance and promote employee health and wellbeing.


2. Recommendations



2.1. Members are recommended to:

- Note the change in absence levels across the organisation.
- Note the levels and causes of sickness absence across the council and by directorate.
- Note the changes in how Coronavirus absences are now being recorded.
- Note the activities and interventions undertaken to support attendance and improve health and wellbeing.
- Change the names of Musculoskeletal absences recorded in Fusion to Musculoskeletal - injury, fracture or operation and Musculoskeletal - back and neck

3. Background

3.1. Compared to the last sickness absence report presented in March 2023 overall absence levels are down by 5,383 working days. The detail behind this figure is set out below:

Sickness level type	January 2023 – average days per person	August 2023 – average days per person	Direction of travel
Overall sickness absence	11.10	9.89	

Long term absence	5.68	5.29	
Short term absence	3.32	2.76	

3.2. The areas that have seen the largest decreases in short term absence include:

Directorate	Jan-23	Aug-23	difference
Portsmouth international port	3.91	2.62	-1.29
Adult services	5.01	3.91	-1.10
Housing, neighbourhood and building services	3.94	3.1	-0.84
Finance and resources	2.53	2.04	-0.49
Regeneration	2.95	2.58	-0.37

3.3. The areas that have seen the largest decreases in long term absence include:

Directorate	Jan-23	Aug-23	difference
Regeneration	5.42	3.80	-1.62
Portsmouth international port	6.64	5.23	-1.41
Adult Services	8.65	7.68	-0.97
Culture leisure and regulatory services	3.84	3.11	-0.73
Housing, neighbourhood and building services	6.43	5.83	-0.60

3.4. In the period since the last report to the committee in March 2023 seven directorates have seen a decrease in overall absence levels and four directorates have seen an increase and they are Corporate Services, Executive, Finance and Resources and Public Health. However, it should be noted that overall absence levels in these directorates are low averaging 4.9 average days lost per person against the higher levels of 14.73 average days per person seen in Adult Social Care. Resources are being targeted proactively to the areas with the highest absence levels, leading to the overall decrease in absence being seen and reported here.

3.5. Absence levels by directorates for the rolling year are attached in Appendix 1.

4. Causes of sickness absence

4.1. Since the previous report psychological (stress, anxiety and depression) has continued to be ranked as the highest reason for sickness absence, despite it reducing by 2,246 working days. Virus is now ranked 2nd and Musculoskeletal (Lower Limb) continues to be ranked 3rd.

4.2. Although psychological (stress, anxiety and depression) reasons are ranked as the highest cause of sickness absence representing 16.93% of days lost, it is

important to note that this is non work related. Psychological reasons for absences that are work related are ranked lower and represent 4.41% of days lost.

- 4.3. Musculoskeletal absences are divided into three categories – lower limb, upper limb and back and neck; if these were collated, they would become the highest ranked reason for absence. All three categories of musculoskeletal absence continued to be ranked in the top ten reasons for absence.
- 4.4. Coronavirus is now ranked 5th and following conversations with colleagues in the NHS, Public health and other local authorities we updated our guidance on coronavirus for those working in high risk and low risk settings and took the decision that from the 1st of April 2023, Coronavirus absences would be recorded on Fusion in the same way as any other sickness absences and could be included in the management of absence levels.
- 4.5. This meant that staff who thought that they might have Coronavirus but are unable to demonstrate a positive test when reporting as sick, would have their absence recorded on the system as 'Respiratory Illness' or the appropriate reason depending on symptoms. Coronavirus is now only recorded as an absence reason if a positive test is provided by the employee.
- 4.6. Long-covid has continued to be recorded as a separate reason for absence and is currently ranked 14th.
- 4.7. In previous meetings members requested further information on absences listed as Blank and they relate to sickness absences that don't have an absence reason recorded against it. We are continuing to work with services to ensure that the appropriate information is added and this has resulted in it moving from 18th to 20th.
- 4.8. The full list of reasons for sickness absence for the last year is attached in Appendix 2.

5. Reasons by directorate and interventions to support attendance.

- 5.1. Appendix 3 shows details of the top 5 absence reasons per directorate. The following section provides more analysis on the absences within those areas:
- 5.2. **Musculoskeletal absences** - The directorates with the highest levels of absence due to combined Musculoskeletal reasons are Adult Services, Housing, Neighbourhood and Building Services and Childrens and Families. It's also important to note that these three directorates are also the largest in terms of size of workforce.

- 5.2.1 There are several factors that are leading to these absences and we know from the cases that we support, and as detailed in the previous employment committee report, that a large proportion are due to issues and injuries caused outside of the workplace and individuals requiring operations due to the biochemical and mechanical changes associated with aging.
- 5.2.2 To help us in being able to identify the causes of these absences more effectively and ensure we are efficiently utilising our resources, we would like to propose a change to the names of the musculoskeletal absence reasons from lower limb, upper limb and back and neck to Musculoskeletal - injury, fracture or operation and Musculoskeletal - back and neck.
- 5.2.3 Within Adult Services roles that involve moving and handling such as support workers and care assistants continue to have the highest levels, however the Rehabilitation and Reablement service has seen a reduction in Musculoskeletal sickness.
- 5.2.4 In Housing, Neighbourhood and Building Services roles that involve manual work such as Cleaners and Green and Clean operatives continue to have the highest absence levels, despite them both seeing a reduction in sickness since the last report.
- 5.2.5 Sickness levels in Childrens and families have overtaken Regeneration as the third highest directorate. This is mainly due to a small number of long-term absences which have resulted in ongoing Occupational health support.
- 5.2.6 Adult Services and Housing, Neighbourhood and Building Services are the directorates with the highest usage of the councils back care advisor and have the highest attendance on posture awareness courses. They are also the highest users of the councils Occupational Health service. Childrens and Families is the third highest user of the Occupational Health Service and fourth highest user of the back care advisor.
- 5.3. **Psychological - stress, anxiety and depression absences** - The directorates with the highest levels of absence due to psychological - stress, anxiety and depression reasons are Housing, Neighbourhood and Building Services, Childrens and Families and Adult Services. There have also been increases in Finance and Revenues, Public Health and the Executive directorates.
- 5.3.1 Within Housing, Neighbourhood and Building Services roles such as Green and Clean operatives, Youth Advisors and Housing officers have the highest levels.

- 5.3.2 Within Childrens and families the social worker role continues to have the highest levels of absence due to psychological reasons, even though it has seen a large reduction compared to the previous report. Team leaders and family support workers are ranked 2nd and 3rd.
- 5.3.3 Within Adult services Team assistants, care assistants and independent support assistants are now ranked as the highest roles, the Rehabilitation and Reablement Assistant role has seen a large decrease and has moved from being the highest ranked to 14th.
- 5.3.4 An example of supporting psychological absence reasons within Childrens and Families is when a member of the HR team contacted a manger as a result of one of their employees being highlighted in our new proactive absence management reports.
- 5.3.5 During this discussion with the manager, we found out that the employee was new to their service and we are able to provide the manager with more insight into the employees sickness levels, this prompted them to have a wellbeing check in with the individual to ensure all the appropriate support was in place and as a result they reviewed the staff members Wellbeing action plan and work allocations to support them in remaining at work.
- 5.3.6 To help support the mental health of employees within these directorates and across the council, Solent Mind have continued to deliver one-hour interactive wellbeing training sessions. Since the last employment committee three workshops have taken place with 63 staff members having attended at least one of the Building Resilience and Coping with Stress and Managing anxiety sessions.
- 5.3.7 All three service areas are the highest users of the councils Employee Assistance Programme and also benefit from the network of Wellbeing Champions which is covered in more detail in paragraph 6.5 and 6.6 below.
- 5.4. **Gastrointestinal and Virus** - Since the previous report there has been increases in sickness in relation to both of these absence reasons. Gastrointestinal has increased by a small amount in eight directorates with the largest rises in Childrens and Families and Finance and Revenues Virus has increased in five directorates with the highest rises in Adult Services, Childrens and Families and Corporate services.
- 5.5. Roles that have the highest absences due to Gastrointestinal and Virus reasons include Business Support in Childrens and families, Benefit Assessment Officers in Finance and Revenues, Care Assistants in Adult Services and IT Service Desk Analysts in Corporate services.

6. Council wide activities and interventions to support attendance.

- 6.1. To help support attendance and improve health and wellbeing, Human Resources has continued to build on their new proactive and data driven approach by revamping our absence briefing sessions and targeting managers in services with high levels of absence occurrences to attend them. The new workshops now have a more preventative focus, whilst also covering the essential information managers require when dealing with sickness absence. Since its launch in June 2023, we have delivered seven sessions with 97 managers and supervisors from those targeted areas attending to date.
- 6.2. The new managers' induction programme has continued to be well attended and positively received by managers since it launched in January 2023. The sessions have been attended by 105 different managers with comments including:
- *"I am so pleased you are doing this as it has been a struggle at times over the past 2 years since becoming a line manager. This has inspired me and I am looking forward to the next 2 workshops. "*
 - *"Thank you. I am new to PCC as well as new to management, so this has been so helpful. I have signed up for the other training sessions too."*
 - *"The course was great - I've done all three modules now and feel like I have a good idea where help and support can be found."*
- 6.3. These sessions are also available to existing managers who may benefit from a refresher and the session titles include:
- Setting the context for management within PCC,
 - HR policy and Process
 - Managing workforce health and wellbeing
- 6.4. Since the previous Employment Committee meeting in March, we have reviewed our Wellbeing Champion programme to ensure that those who volunteer for the role are still able to meet the role's objectives in supporting the health and wellbeing of their colleagues and that they have the appropriate training to do this. As a result, the number of volunteers has dropped slightly from 75 to 70, but we were also successful in securing funding to provide mental health first aid (MHFA) training to those that were interested.
- 6.5. We currently have 33 champions that have completed the MHFA training with more booked to attend future dates. Our next steps are to put together a promotional campaign, especially targeting those areas with highest absences due to psychological reasons to raise further awareness of the champion and mental health first aider role, so that employees can contact them if they need support for their emotional wellbeing.

6.6. Following feedback from employees we have expanded our number of staff networks and recently launched two new support groups. The Neurodiversity and the Perimenopause and Menopause groups meet on a monthly basis and provide staff with a mutual space in the workplace to discuss and offer support to peers that have a shared experience. To date 75 staff members have signed up to the Perimenopause and Menopause group and 17 for the Neurodiversity group. Comments from staff that have attended have included:

- *"I really found the meeting last week very helpful, nice to meet all of you and thank you for making me feel welcome."*
- *"This has been so helpful in making me feel less alone with peri. Thank you all for sharing your experiences."*
- *"I got transferred into a new team in 2021 where the majority are below 35, so I am the oldest by far, and certainly the only one going through perimenopause. Been feeling really isolated, but now after attending the group session, I don't feel so alone!!!"*

6.7. In the coming months both groups will also be helping to update the resources and support we have in place around those topics. This includes gaining feedback from the Perimenopause and menopause group on areas we are doing well and where we could be improving based on the Menstruation, menstrual health and menopause in the workplace guidance that was recently launched by the British Standards Institute. The Neurodiversity group continue to provide resources to include on our intranet pages and we will be consulting with them on a new Neurodiversity process that we are developing.

7. Wellbeing Campaigns and Lunchtime Learning

7.1. We have continued to promote monthly wellbeing campaigns across the council. These involve promoting information and support services, running events and activities and providing training opportunities on particular topics. Several topics are also aligned to the council's Health and Wellbeing Strategy aims, public health objectives and council priorities. The list of wellbeing campaigns that we have promoted since March 2023 have included:

- Stress awareness month
- Mental health awareness week
- Carers week
- Men's health week
- Pride month
- Armed forces day
- Cancer awareness days
- Cycle to work day

7.2. We will be continuing to run wellbeing campaigns throughout the year to meet our corporate priorities and focus on topics such as the perimenopause and

menopause, domestic abuse, stress awareness, mental health, physical activity, cancer awareness, neurodiversity and men's health.

7.3. The Lunchtime learning programme has continued to run on a monthly basis and the topics are normally linked to the above wellbeing campaigns. The sessions that have run since the previous absence report have included:

- CSSC: Enhancing Health, Wellbeing, and More
- HYYPA ADHD (part of the Neurodiversity and Autism series)
- BookBoon (various wellbeing topics)
- Yoga for anxiety
- Bowel cancer and Ovarian cancer awareness
- Independent visitors service

8. Reasons for recommendations

- 8.1. To continue to improve attendance through interventions focused on prevention of ill health and promotion of healthy lifestyles and wellbeing. To do this through monitoring sickness absence data, working with staff and managers to understand which interventions have the biggest impact on improving attendance levels, continuing to improve employee wellbeing, which in turn will increase productivity, improve employee engagement and build a more resilient workforce.
- 8.2. Changing the names of the musculoskeletal categories on Fusion would allow us to monitor and classify these types of absences more accurately, enabling Human resources to proactively support and target those that could be preventable and managed more effectively.

9. Integrated Impact Assessment

- 9.1. This report does not require an Equalities Impact Assessment as there are no proposed changes to PCC's services, policies, or procedures included within the recommendations.

10. Legal implications

- 10.1. There are no immediate legal implications arising from this report.

11. Finance comments

- 11.1. There is no significant cashable saving resulting from the reduction in sickness absence. However, there will be an improvement in productivity in terms of total days worked.

.....
Signed by:

Appendices:

Appendix 1: Sickness Absence

Appendix 2: Summary of reasons for absence

Appendix 3: Top 5 absence reasons per directorate

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location

The recommendation(s) set out above were approved/ approved as amended/ deferred/ rejected by on

.....

Signed by: