

AGENDA MANAGEMENT SHEET

Report Title:	Employee Wellbeing - Update Report
Name of Committee:	Communities and Resources Scrutiny Committee
Date of Meeting:	5 September 2019
Contact Officer:	Suzanne Turner, Human Resources Manager, 01788 533570 or suzanne.turner@rugby.gov.uk
Summary:	Employee Wellbeing and Sickness Absence Management has a high profile within the Council. We aim to: provide employee wellbeing initiatives to improve the health of the workforce; manage absence in line with best practice; monitor and report on absence levels.
Financial Implications:	Cost of sickness absence for 2018/19 was estimated at £550,397. Poorly managed long-term sickness cases could lead to compensation payments at an Employment Tribunal.
Risk Management Implications:	If employees are absent, this puts pressure on remaining colleagues. Continued absence can affect service delivery and achieving corporate priorities.
Environmental Implications:	None
Legal Implications:	Poorly managed absence cases could be challenged at an Employment Tribunal.
Equality and Diversity:	Employees are defined as disabled under the Equality Act 2010 if they have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their ability to do normal daily activities. If a sickness lasts for more than 12 months then this will likely be regarded as a disability.

Communities and Resources Scrutiny Committee

5 September 2019

Employee Wellbeing - Update Report

Public Report of the Head of Corporate Resources and CFO

Summary

This report provides a progress report following the Brooke Overview and Scrutiny Committee held on 7 February 2019.

1. Introduction

At the Brooke Overview and Scrutiny Committee held on 7 February 2019, the following information was requested as a progress report in six months time:

- A detailed breakdown of sickness figures for manual and non-manual roles, which includes: number of employees; the type of sickness for each age bracket; causes of long-term and short-term sickness; percentage of stress-related absence
- Comparison with private sector organisations including some of the Council's contractors, ESPO and Daventry Norse
- What does the Council do to support elected members?

At the Communities and Resources Overview and Scrutiny Committee in June 2019, the following was also requested:

- Analysis of musculoskeletal absences by type and by manual/non-manual roles

Background information about how employee wellbeing is managed at the Council, is found in the paper submitted to the Brooke Overview and Scrutiny Committee held on 7 February 2019, which will be included in the papers for the meeting.

2. Sickness Absence Statistics 2018/19

The sickness absence statistics for 2018/19 are attached in Appendix 1.

Key points to note from this are as follows.

Our levels of sickness absence remained high at 12.0 days average per employee.

Sickness absence for employees in manual roles is much higher at 23.3 days average. The highest rate of absence is within our Works Service Unit for Long Term Absence.

There were 14 employees on long-term absence as at the end of March 2019. Of these 2 have left the organisation on ill health retirement and 9 have already returned to work. We are actively considering continued employment for 2 cases. The final employee was due back to work in July but has further medical complications and is being referred again to our occupational health advisor. Appendix 1 provides details of these long-term cases.

Of the 14 long term cases, 1 resulted from an injury at work. This injury was sustained when stepping out of vehicle onto a stone. Further details on the long-term cases can be provided at the meeting.

Return to work interviews (RTWI) were completed for 87% of absences. Appendix 1 provides further details.

	Number	%
RTWI completed	474	87.1%
RTWI not completed	64	11.8%
RTWI not completed but discussion with employees re a phased RTW	2	0.4%
RTWI not completed but discussion with employees re Occupational Health Report	2	0.4%
Moved straight to formal Sickness Consultation Interview (SCI) without a RTWI	2	0.4%
	544	

Of the 64 RTWIs not completed, the majority were for absences of less than one week:

Length of Absence	Number
1 week or less	52
1 week – 1 month	11
36 days	1

Further detail will be circulated at the meeting of these 12 absences of more than 1 week. Detail will be provided on the sickness reason and actions taken before the employee returned to work.

HR and Payroll proactively chase up outstanding return to work interviews and we are pleased with this high completion rate. We will continue to manage this to aim for 100% completion.

When employees hit a sickness absence trigger, our policy requires them to have a Sickness Consultation Interview (SCI). Appendix 1 provides further details. There is management discretion to not progress to a SCI and HR would advise that cases are not progressed to a SCI if a verbal warning (at the previous RTWI) was not given. Examples of where managers may use their discretion in not progressing to a SCI

could where an employee has had more than one occasion of sickness in a short time frame and these could be classed as one sickness and therefore one occasion, or where an employee has met the 8 days trigger due to a sensitive/serious condition and it has been deemed that the SCI is not the right way forward. This decision is made in conjunction with HR. In 43% of cases where a sickness trigger is hit, a SCI is held. 9 warnings were given at SCIs. HR have been piloting a new RTWI form with our manual employees to make it clearer to managers to give a verbal warning if sickness triggers are nearly hit. This form will be introduced across the Council.

Our top reasons for absence are musculoskeletal and stress/mental health. This is consistent with reasons for absence in neighbouring councils. As set out in our paper to you in February, we have carried out much work to improve mental health in the workplace.

Appendix 2 shows an analysis of reasons for absence by age of our employees. This is taken from a 12-month period July 2018 – June 2019. The top 3 reasons for absence are: Musculoskeletal, Mental Health and Hospital Treatment and Recovery. Absence rates increase for the 55 -65 age group and then again for the 65+ age group. These figures are influenced by long-term absences. There were 6 employees absent for 3 months + in the 55-65 age group and 1 (out of 5) in the 65+ age group.

Musculoskeletal absences are highest in the 65+ age group but this is due to 1 employee on long-term absence. The 55-65 age group are high at over 5 days average lost for musculoskeletal absences. This is covered in further detail in section 5.

Mental health absences were highest in the 55-65 age group at over 5 days average lost per employee.

Hospital treatment and recovery absences were highest in the 55-65 age group at over 4 days average lost per employee.

The 35-45 age group were highest for Respiratory and ENT absences.

3. Benchmarking Sickness Absence

Committee asked at the meeting in February, for further benchmark sickness information. This should include:

- Other local councils with a workforce that is more similar to our own ie with a manual workforce.
- Private Sector organisations such as Daventry Norse, ESPO and our Contractors who provide manual services to the Council.

The HR team have not got the capacity to carry out this piece of work. The work has been commissioned to West Midlands Employers. The findings from that consultancy review are scheduled to be feedback to our Senior Management Team

on 5 September 2019. Feedback will be circulated to the Communities and Resources Overview and Scrutiny Committee at the meeting on 5 September 2019.

The consultancy brief also included any learning to better manage sickness absence that the Council may be able to adopt.

4. Supporting Elected Members

In addition to the support outlined at the meeting in February, the Council is able to offer the services of its Mental Health First Aiders to elected members. Further information will be sent out to councillors. The annual training and development programme for Members is reviewed each year. Appropriate training/awareness sessions on topics such as emotional resilience and improving mental health can be included in the programme if Members wish.

Any elected member who has specific health needs/requirements in order to carry out their role as a councillor can discuss these with either the Legal, Democratic and Elections Manager or the Democratic Services Team Leader in confidence and appropriate support will be made available.

5. Analysis of Musculoskeletal Absences

The analysis of musculoskeletal absences during 2018/19 is attached in appendix 3.

Key points to note are as follows:

Most days lost are due to Back/Shoulder disorder or pain. This is higher amongst our employees in manual roles, however there were still almost 600 days lost for our non-manual roles.

Of our staff in manual roles, those in the Works Services Unit are much more likely to have musculoskeletal absences. One possible reason for this could be that our Property Repairs Operatives carry out a more diverse range of physical activities and have more control over when/how they carry them out.

The most common types of musculoskeletal problems faced by our non-manual employees are: joint pain, hand/arm injury and back pain. Often these employees can continue to work at a keyboard, but the hand/arm injuries would preclude even that work. Display Screen Equipment (DSE) risk assessments are carried out for all DSE users every 3 years, or where there is a change in workstation.

The vast majority of our musculoskeletal absences are not caused by accidents at work. Further information on this has been requested from our Health and Safety team and we will present this to the meeting. Where there are accidents at work then reportable occurrences are notified through RIDDOR. Where employees are absent from work due to musculoskeletal reasons then an early referral is made to our occupational health advisors. If an accident at work had not been picked up

beforehand, then the occupational health report will provide confirmation of whether the injury was sustained through carrying out their duties at work.

When employees return to work following an absence for a musculoskeletal condition, there is a discussion with the employee about any limitations on their physical abilities. Note is taken of occupational health advice or other medical advice received.

Risk assessments are in place covering all of the Council's activities. Where there is an accident at work, these are reviewed and updated accordingly. Particular measures are often put into place for employees returning to work following a sickness absence due to a musculoskeletal condition. For example, an employee may not be required to carry out part of their role which involves lifting heavy items.

Manual handling training is given to all employees on joining the Council. A health and safety induction video is used for all new employees and agency workers at Works Services Unit. This includes manual handling training. Regular refresher manual handling training is provided to employees carrying out manual tasks, by our in-house health and safety team.

Data will be provided at the meeting as to how many of the musculoskeletal sicknesses resulted from an accident at work.

6. Internal Audit on Absence Management

An internal audit was carried out in early March 2019. This gave a Substantial level of assurance that the absence management policy was being applied consistently across the organisation. It was considered the outcomes expected from the appointment of the occupational health service provider, Team Prevent, were being achieved for both sickness absence and recruitment. The current level of overall risk exposure was assessed as being Medium.

The audit identified a number of strengths and weaknesses with the current approach, these include:

- The absence management policy is clear and understandable however, it does not reflect the current process used by managers and HR when an employee hits a sickness trigger.
- The current sickness notification process is cumbersome and could potentially be improved by allowing managers to input information directly into iTrent (our HR and Payroll system)
- The wellbeing events held by the council have not been well attended and some are not value for money.
- Monthly 1:1s between managers and HR Business Partners is working extremely well and all parties felt that this is time well spent.
- The Occupational Health service reports are received in a timely manner and generally support managers and employees in returning or staying in work, however sometimes recommendations are not suitable.
- The sickness absence triggers may benefit from review.

7. Update on Improving Employee Wellbeing

There remains a strong desire within RBC management to reduce our sickness absence rates.

Our new Human Resources Business Partnering model continues with monthly meetings with all managers and Heads of Service to discuss their employee issues. This includes a review of the sickness cases within their teams. As confirmed by the internal audit, these meetings are valued by our managers.

We have taken legal advice on managing long-term sickness cases through to dismissal stage, at an earlier point where it is clear that the employee will not be fit to return to work within a reasonable timeframe.

We have launched an Employee Recognition Scheme (Praise). The first review of the entries will be in the autumn.

Following a procurement process, Washington House have been appointed as our new occupational health advisors. We continue to hold monthly clinics at the Town Hall and now have flexibility to offer home-based assessments. The post-clinic feedback from our first clinic has proved very beneficial.

We continue to offer Counselling appointments (41 people accessed counselling in 2018/19) to improve employees mental wellbeing.

In 2018/19, we paid for 13 medical interventions to help employees return to work earlier. This is mainly physiotherapy but did include paying a scan to be carried out privately thus moving on this employee's care through the NHS potentially by 13 weeks earlier.

Our Mental Health First Aiders were launched in April 2019, with a drop-in session for employees to meet them and learn about the new service.

Name of Meeting: Communities and Resources Scrutiny Committee

Date of Meeting: 5 September 2019

Subject Matter: Employee Wellbeing - Update Report

Originating Department: Corporate Resources

DO ANY BACKGROUND PAPERS APPLY **YES** **NO**

LIST OF BACKGROUND PAPERS

Doc No	Title of Document and Hyperlink
1	Brooke Overview and Scrutiny Committee 7 February 2019 Agenda Item 5 – Light-touch Review of Employee Wellbeing https://www.rugby.gov.uk/meetings/meeting/884/brooke_overview_and_scrutiny_committee

Analysis of Musculoskeletal Absences in 2018/19

Type of Absence	No of Days Lost	No of Emp'ees	WSU		Property Repairs		Non-Manual Roles	
			No of Days Lost	No of Emp'ees	No of Days Lost	No of Emp'ees	No of Days Lost	No of Emp'ees
Back/Shoulder disorder	353.5	5	255.5	3	98	2	0	0
Back pain	348.5	32	191	12	48	5	109.5	15
Ankle/Foot Injury	228.5	20	189	10	6.5	1	33	9
Hand/Arm Injury	182.5	9	35	3	5	1	142.5	5
Joint pain	158	2	2	1	0	0	156	1
Broken bone	155	2	155	2	0	0	0	0
Knee injury	155	12	145	7	2	1	8	4
Leg pain/injury	90	5	1	1	15	1	74	3
Back Injury	70	3	3	1	0	0	67	2
Sciatica	68	2	65	1	0	0	3	1
Neck pain	12	4	5	1	6	2	1	1
Arthritis	4	1	4	1	0	0	0	0
Fall/trip	4	2	0	0	0	0	4	2
Grand Total	1829	99	1050.5	43	180.5	13	598	43

Absence Reasons By Age Range July 2018 - June 2019

Broad Absence Reason	Age Ranges						Grand Total	Average No of Days Lost per employee
	18-25	25-35	35-45	45-55	55-65	65 +		
Musculoskeletal	106	393.5	196.5	541.5	601	203	2041.5	4.1
Mental Health	63	325	256.5	469	551.5	2	1667	3.3
Hospital Treatment & Recovery	31	222.5	75	81	528		937.5	1.9
Respiratory	4	15	173	128.5	75.5		396	0.8
Infection or Virus	13	28	59.5	44	72		216.5	0.4
Sickness & Diarrhoea	22	60	26.5	75	19.5		203	0.4
Colds and Flu	7	42.5	34.5	55	59.5		198.5	0.4
Heart disorder				65.5	128		193.5	0.4
ENT	9.5	13.5	103.5	56	8		190.5	0.4
Phased Return to Work		5.5	18	17	87		127.5	0.3
Gastrological	5.5	12.5	36	26.5	16.5		97	0.2
Industrial injury		10		77			87	0.2
Diabetes				6	33		39	0.1
Swelling			7	1	30		38	0.1
Gynaecological problems			13	8			21	0.0
Urological & Kidneys	4	2	2	10	2		20	0.0
Vertigo and Dizziness		1.5		3	9		13.5	0.0
Allergy/allergic reaction	5	1		5			11	0.0
Skin disorder				11			11	0.0
Dental		3	1	0.5	5		9.5	0.0
Burns		9					9	0.0
Menopausal Symptoms				7			7	0.0
Blood Disorder	1			2.5			3.5	0.0
RTA			2		0.5		2.5	0.0
Cysts					2		2	0.0
Epilepsy				2			2	0.0
Grand Total	271	1144.5	1004	1692	2228	205	6544.5	13.1
Headcount	33	89	108	152	112	5	499	
Average Number of Days Lost	8.2	12.9	9.3	11.1	19.9	41.0	13.1	
No of Absences of 3 months +	0	1	1	2	6	1	11	
% of age group with 3 months + absenc	0%	1%	1%	1%	5%	20%	2%	

Specific Absence Reason	Age Ranges						Grand Total
	18-25	25-35	35-45	45-55	55-65	65 +	
Abdominal pain			1.5	1	1		3.5
Allergy/allergic reaction	5	1		5			11
Ankle/Foot Injury		95.5	145	36	3		279.5
Anxiety	24	44	44	37	37		186
Arthritis					3		3
Asthma	1				1		2
Back Injury	3		2		3		8
Back pain	3	219	13	87	63.5		385.5
Back/Shoulder disorder	96			68	259	160	583
Bereavement			32	50	16		98
Blood Disorder				2.5			2.5
Blood pressure	1						1
Bowel disorder				3	3		6
Breathing problems			129	0.5			129.5
Broken bone				19.5	150		169.5
Bronchitis				14			14
Burns		9					9
Chest infection	3	15	27	98	32.5		175.5
Chest pains			17	16	14		47
Chicken Pox/Shingles/Measles/Mumps					17		17
Cold	7	24.5	30	46	41.5		149
Cough		7	1.5		1		9.5
Cysts					2		2
Dental problems		0					0
Depression		218	6	46			270
Diabetes				6	33		39
Dizziness		1.5		1			2.5
Ear infection		5.5	54	25.5	3		88
Epilepsy				2			2
Eye infection			12		2		14
Fall/trip			1		1		2
Fatigue/Exhaustion	3	3	6	5			17
Fever / High Temperature	13	18	20	28	12.5		91.5
Flu		11	3	9	17		40

Specific Absence Reason	Age Ranges						Grand Total
	18-25	25-35	35-45	45-55	55-65	65 +	
Food poisoning		2			2		4
Gastroenteritis		2	13				15
Gout				9			9
Gynaecological problems			13	8			21
Hand/Arm Injury		15	12.5	51	76		154.5
Headache	1	3	18	5	1		28
Heart disorder				65.5	128		193.5
Hospital treatment/tests		40.5	7	5.5	173		226
Industrial injury		10		77			87
Infection				3	13.5		16.5
Joint pain			4	117			121
Kidney infection/disorder			2	2			4
Knee injury	4	63		30	38	38	173
Leg pain/injury		1	15	45			61
Low Mood		14	22	36			72
Medication - Change/Reaction			1				1
Menopausal Symptoms				7			7
Migraine	4.5	3	21.5	4.5	4		37.5
Nausea		6		3	2		11
Neck pain			1	14	4.5	5	24.5
Operation	13	122	30	70	106		341
Personal reasons			18				18
Phased Return		5.5	18	17	87		127.5
Pneumonia					28		28
Post operative recovery		45	2	2	102		151
RTA			2		0.5		2.5
Sciatica			3	65			68
Sickness/diarrhoea	22	54	26.5	72	17.5		192
Sinusitis			9				9
Skin disorder				11			11
Stomach pains/upset	5.5	8.5	21.5	22.5	10.5		68.5
Stress	17	19	84.5	248	91.5		460
Stress - work related	19	27	44	47	407	2	546
Surgical procedure	18	15	35	3.5	147		218.5

Specific Absence Reason	Age Ranges						Grand Total
	18-25	25-35	35-45	45-55	55-65	65 +	
Swelling			7	1	30		38
Throat infection		2	1	7			10
Tonsillitis	4			14			18
Toothache		3	1	0.5	5		9.5
Urinary infection	4	2		8	2		16
Vertigo				2	9		11
Viral Infection		10	27.5	13	27		77.5
Grand Total	271	1144.5	1004	1692	2228	205	6544.5
Headcount	33	89	108	152	112	5	499
Average Number of Days Lost	8.2	12.9	9.3	11.1	19.9	41.0	13.1
No of Absences of 3 months +	0	1	1	2	6	1	11
% of age group with 3 months + absenc	0%	1%	1%	1%	5%	20%	2%

RUGBY BOROUGH COUNCIL SICKNESS ABSENCE SUMMARY

1 April 2018 - 31 March 2019

Number of Days Lost	Short Term	Long Term	All Absence	Non-Manual Employees	Manual Employees
SMT & Executive Director's Office	62.5	0.0	62.5	62.5	0
Communities and Homes	570.5	741.0	1311.5	1311.5	0
Corporate Resources	520.0	647.5	1167.5	512	655.5
Environment and Public Realm	905.5	2158.5	3064.0	647.5	2416.5
Growth and Investment	200.5	146.0	346.5	346.5	0
Whole Council	2259.0	3693.0	5952.0	2880	3072

Average Number of Days Lost per Employee	Short Term	Long Term All Absence		Non-Manual Employees	Manual Employees
SMT & Executive Director's Office	3.1	0.0	3.1	3.1	0
Communities and Homes	4.2	5.5	9.7	9.7	0
Corporate Resources	4.9	6.1	11.1	7.1	19.9
Environment and Public Realm	5.6	13.4	19.0	10.4	24.4
Growth and Investment	2.7	2.0	4.7	4.7	0.0
Whole Council	4.6	7.4	12.0	7.9	23.3

Analysis of Manual Employees Sickness Days Lost	Short term	Long Term	All Sickness
Corporate Resources	315.0	340.5	655.5
Environment and Public Realm	681.0	1735.5	2416.5

Analysis of Manual Employees Average no of Days Lost	Short term	Long Term	All Sickness
Corporate Resources	9.5	10.3	19.9
Environment and Public Realm	6.9	17.5	24.4

March 2019

Long Term Sickness Cases	Number	Manual	Non Manual	Male	Female
SMT & Executive Director's Office	0	0	0	0	0
Communities and Homes	2	0	2	0	2
Corporate Resources	3	3	0	3	0
Environment and Public Realm	9	7	2	8	1
Growth and Investment	0	0	0	0	0
TOTAL	14	10	4	11	3

Long Term Sickness Cases	Number
Illness/Operation/Tests/Recovery	5
Stress/Mental Health	3
Musculo-Skeletal	6
TOTAL	14

Consultation Interviews

Return to Work Interviews (RTWI)	Absences requiring RTWI	RTWI Done	No RTWI	% Completed
SMT & Executive Director's Office	17	17	0	100%
Communities and Homes	146	127	19	87%
Corporate Resources	124	109	15	88%
Environment and Public Realm	202	164	38	81%
Growth and Investment	57	57	0	100%
TOTAL	546	474	72	87%

Employees Hitting 4 Occs trigger	Emp'ees Hitting 3 Occs trigger	SCI Held	SCI Not Held	SCI with Verbal Warning	SCI with a formal warning
26	18	19 (43%)	25 (57%)	7	2

Occupational Health Referrals	No of Referrals	No of Employees	Long Term Cases	Short Term Cases	No Absence
SMT & Executive Director's Office	0	0	0	0	0
Communities and Homes	15	11	7	7	1
Corporate Resources	9	9	5	4	0
Environment and Public Realm	39	29	18	18	3
Growth and Investment	2	2	0	2	0
TOTAL	65	51	30	31	4

Reasons for Absence - Top 3 Reasons

All Absences	No of Lost Days	Long Term	No of Lost Days	Short Term	No of Lost Days
Musculoskeletal	1829	Musculoskeletal	1427	Stress/mental health	454
Stress/mental health	1515	Stress/mental health	1062	Musculoskeletal	398
Operations, Recovery and Treatments	736	Ops, Rec'y & T'ments	574	Respiratory	143.5

Reason for Absence	No of Days Lost	No of Emp'ees
Stress - work related	561.5	18
Stress	359	20
Back/Shoulder disorder	353.5	5
Back pain	348.5	32
Depression	300	8
Heart disorder	238	3
Operation	238	11
Ankle/Foot Injury	228.5	20
Surgical procedure	222	12
Sickness/diarrhoea	200	102
Anxiety	185	18
Hand/Arm Injury	182.5	9
Chest infection	176.5	25
Hospital treatment/tests	169	9
Joint pain	158	2
Broken bone	155	2
Knee injury	155	12
Cold	145	67
Breathing problems	107	1
Post operative recovery	107	6
Ear infection	104	11
Low Mood	94	5
Leg pain/injury	90	5
Bereavement	83	10
Phased Return	79.5	82
Fever / High Temperature	74.5	39
Back Injury	70	3
Stomach pains/upset	68.5	40
Sciatica	68	2

Reason for Absence	No of Days Lost	No of Emp'ees
Viral Infection	50	18
Migraine	45.5	31
Tonsillitis	42.5	8
Diabetes	38	3
Stroke	30	1
Flu	29	9
Pneumonia	28	1
Chest pains	26	4
Gout	25	2
Industrial injury	20	2
Vertigo	19	4
Infection	16.5	4
Toothache	15.5	7
Fatigue/Exhaustion	15	8
Bronchitis	14	1
Gastroenteritis	13	2
Throat infection	13	5
Headache	12	9
Nausea	12	6
Neck pain	12	4
Urinary infection	12	6
Bowel disorder	11	4
Skin disorder	11	1
Allergy/allergic reaction	10	4
Gynaecological problems	10	4
Swelling	10	5
Burns	9	1
Sinusitis	9	2
Food poisoning	8	5

Reason for Absence	No of Days Lost	No of Emp'ees
Chicken Pox/Shingles/Measles/Mumps	7	1
Eye infection	7	3
Menopausal Symptoms	7	1
Personal reasons	6	1
Abdominal pain	5.5	4
Arthritis	4	1
Dental problems	4	1
Fall/trip	4	2
Blood Disorder	2.5	2
Cough	2.5	2
Dizziness	2.5	3
RTA	2.5	2
Asthma	2	2
Cysts	2	1
Epilepsy	2	1
Kidney infection/disorder	2	1
Blood pressure	1	1
Medication - Change/Reaction	1	1
Pregnancy Related Illness	1	1
Grand Total	5952	783