Report to Finance & Resources Select Committee

Date:	30th November 2023
Reference number:	
Title:	**Update on Buckinghamshire Council (BC) Absence Management**
Cabinet Member(s):	Cllr John Chilver and Cllr Tim Butcher
Contact officer:	Sarah Murphy Brookman
Ward(s) affected:	**None specific.**
Recommendations:	**To note: plans in place to manage employee absence, attendance, and wellbeing in line with Buckinghamshire Council policy and good practice.**
Reason for recommendation:	Not applicable

1. Executive summary

1.1 Following the deep dive report presented to F&RSC in April this report provides an update to the committee on employee absence and the impact of the work on wellbeing.

2. Data Update

2.1 A deep dive report was presented to the committee on sickness absence trends in the council in April alongside some of the actions being taken to reduce absence levels.

2.2 As a recap, data at the end of August 2022 showed the Council's sickness absence rate which peaked at 9.78 days per FTE. Since August 2022, our absence rates have decreased in January 2023 when our rate was 9.12 days per FTE against our internal target of 9.0 days per FTE.

2.3 Following the discussion at F&R select committee the internal target has been revised and set at 8.5 days. In September 2023 the Sickness days lost per FTE had fallen to 8.75 days.

2.4   During September 4068 or 92.8% had no absence from the workplace

2.5   The most recent detailed analysis on a Directorate-by-Directorate basis which was presented to CMT reflecting September data is set out below.

Workforce sickness absence

Buckinghamshire Council – Sickness Days Lost per FTE is calculated on a **12-month** basis up to the last day of the previous month.
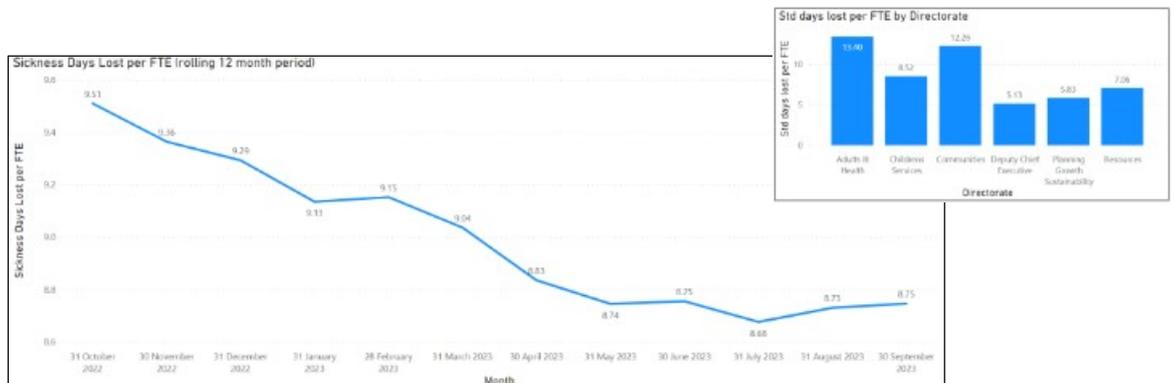
Sickness Days lost per FTE (rolling 12 month) Directorates	31 Oct 2022	30 Nov 2022	31 Dec 2022	31 Jan 2022	28 Feb 2023	31 Mar 2023	30 Apr 2023	31 May 2023	30 Jun 2023	31 Jul 2023	31 Aug 2023	31 Sep 2023
BC All	**9.51**	**9.36**	**9.29**	**9.13**	**9.15**	**9.04**	**8.83**	**8.74**	**8.75**	**8.68**	**8.73**	**8.75**
Adults & Health	14.05	14.25	14.03	14.02	14.19	14.32	13.97	13.62	13.53	13.58	13.52	13.40
Children's	10.00	9.62	9.48	9.36	9.11	8.91	8.64	8.66	8.52	8.46	8.65	8.52
Communities	14.38	14.10	14.04	13.23	13.33	12.86	12.27	11.96	12.35	12.03	11.90	12.26
DCE	4.41	4.26	4.11	4.29	4.28	4.45	4.55	4.50	4.73	4.78	4.97	5.13
PGS	7.17	7.26	7.32	7.58	7.37	6.97	6.72	6.70	6.53	6.15	6.01	5.83
Resources	6.86	6.63	6.60	6.62	6.88	6.82	6.85	6.84	6.85	6.86	7.05	7.06

The target is 8.50 days per FTE

2.6   Adults, Children's PGS and Communities have seen falls in their levels of absence – Resources and DCE- remain broadly stable- and in the context of current national data – which is outlined later in this paper perform, on a par with private sector benchmarks.

2.7   At an organisational level COVID, colds and flu remain the main cause of short-term absence, the biggest underlying cause of long-term absence remains Mental Health.

2.8   **National picture Update**

2.9   **The Office for National Statistics** (ONS) announced on 26 July 2023 that long-term sickness-related job inactivity in the UK hit a new high. In Q1 2023, 36% of working-age individuals reported having at least one long-term health condition, an increase from 31% in 2019 and 29% in 2016. People reporting one or more health conditions grew from 8.5 million (21%) in 2016 to 10.6 million (25%) in 2023. Over 2.5 million are

now economically inactive due to long-term sickness, up by 400,000 since the onset of COVID-19.

2.10   **The Chartered Institute of Personnel and Development (CIPD)** in their Health and Wellbeing Report published in September 2023 report that the average level of employee absence rose to 7.8 days per employee, or 3.4% of working time lost. This is the highest level reported for over a decade This also marks a considerable increase (two days per employee) compared with the low levels of pre-pandemic absence reported in 2020 (5.8 days from data collected in October/November 2019). While there remains considerable variation between organisations, over a quarter (27%) report an average absence level of 10 days or more – nearly twice as many as in 2020.

2.11   We have undertaken benchmarking exercise with a number of other local authorities of comparable headcount size. Sickness absence in that group ranges form 11.73-days per FTE to 8.73. Buckinghamshire is the lowest level of the sample group.

2.12   As in previous years, average absence levels are considerably higher in the public sector (10.6 days per employee) than in other sectors, particularly private sector services (5.8 days), although the upsurge in average levels of absence is observed across all sectors.


Figure 25: Average number of days lost per employee per year, by sector (5% trimmed mean)

Legend:
- Public services
- Non-profit sector
- Private sector services
- Private sector manufacturing and production
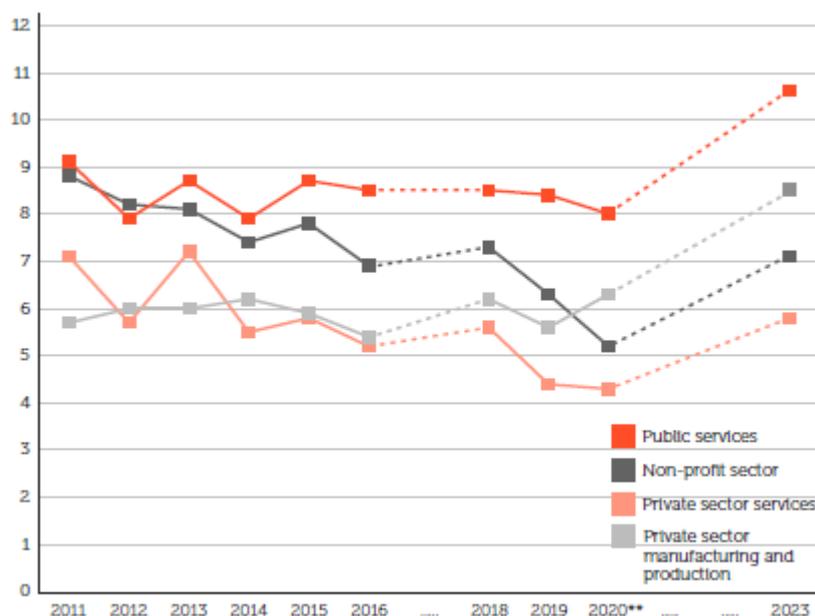
* 5% trimmed mean.
** Data collected in October/November 2019 before the COVID-19 pandemic in the UK.
Base: 290 (2023); 365 (2020); 446 (2019); 443 (2018); 736 (2016); 396 (2015); 342 (2014); 393 (2013); 498 (2012); 403 (2011).

2.13   **Short and Long-term Absence**

2.14   As reported last time the council collects information on both long- and short-term sickness absence.

2.15 The following tables set out the short- and long-term absence for the month of September. Short term absence is defined period of absence of less than 28 occurrences, long term as greater than 28 days. The tables compare the data from the previous month and show the top 3 reasons for each directorate. The first table is for short term absence the second for long term.

2.16 We have identified that managing short term absence well is vital to avoid these turning into long term and more complex cases in many instances.

2.17 Most indicators show downward movement. Where the red indicators are showing-HR is working actively with managers on the cases in question. Corporate Directors review these in their management meetings.

Short term absence snapshot as at 30 September 2023

Directorate	Total employees August 2023	Total employees September 2023	Movement indicator	Reason 1	Calendar days lost	Reason 2	Calendar days lost	Reason 3	Calendar days lost
Buckinghamshire Council	380	236	▼144	Stomach,Bowel,Organs	222	Stomach,Bowel,Organs	35	Surgery Related abs.	32
Adults & Health	79	49	▼30	Stomach,Bowel,Organs	56	Viral Infection	45	Migraine / Headache	40
Childrens Services	75	39	▼36	Stomach,Bowel,Organs	46	Migraine / Headache	37	Neurological illness	25
Communities	71	56	▼15	Stomach,Bowel,Organs	85	Surgery Related abs.	57	Oth Reasons for Abs.	43
Deputy Chief Executive	28	19	▼9	Gynaecological	24	Stomach,Bowel,Organs	11	Eye,Ear,Nose, Dental	11
Planning Growth Sustainability	46	28	▼18	Stomach,Bowel,Organs	35	Critical Illness	27	Surgery Related abs.	15
Resources	81	45	▼36	Viral Infection	27	Stomach,Bowel,Organs	24	Surgery Related abs.	17

Absences covering month of September 2023

Long term absence snapshot as at 30 September 2023

Directorate	Total employees August 2023	Total employees September 2023	Movement indicator	Reason 1	Calendar days lost	Reason 2	Calendar days lost	Reason 3	Calendar days lost
Buckinghamshire Council	84	83	▼1	Mental Health	3102	Mental Health	429	Surgery Related abs.	532
Adults & Health	17	16	▼1	Mental Health	836	Surgery Related abs.	171	Stomach,Bowel,Organs	91
Childrens Services	24	20	▼4	Mental Health	1201	Menopausal	269	Heart,Blood Pressure	110
Communities	19	24	▲5	Muscular Skeletal	664	Mental Health	429	Surgery Related abs.	283
Deputy Chief Executive	2	4	▲2	Mental Health	274				
Planning Growth Sustainability	9	8	▼1	Mental Health	417	Cold/Flu/Covid	200	Surgery Related abs.	134
Resources	13	11	▼2	Mental Health	374	Pregnancy related	124	Surgery Related abs.	115

Absences covering month of September 2023

2.18 **Summary**

2.19 In the deep dive that was presented to FRSC In April, a range of activities were set out to in an action plan tackle the rise in sickness absence at both a corporate and directorate level. Updates to this are in bold below and are showing a demonstrable change and improvement in both short- and long-term absence. The actions listed below are now being embedded as BAU and will continue to be monitored.

Topic	Action	By whom	Timescale

Review of sickness absence cases	HR Consultants, in liaison with HRBPs, to work with managers to review all sickness cases hitting triggers and agree an action plan. **Achieved. Now embedded as BAU and being managed in Directorates**	HRBPs, HR Consultants, Managers	All cases reviewed by end of Q1 30 June 2023
Prevention	Using the health and wellbeing action plan and resources to support health and wellbeing plus manager training – help employees and managers to spot signs early and for both to take measures to avoid ill health and maintain good health – includes taking breaks during the day making use of the staff networks and understanding own health needs. Continue to offer the training and workshops for managers throughout the year. **Ongoing and will be continued focus in the winter months- see below**	OD and Learning and HR advisory	In place now Training plan in place for next year
Early Intervention of sickness absence cases	Work with TP Health our new OH provider to develop and embed an early intervention approach to sickness absence creating a culture whereby health matters impacting work are discussed at an early stage before triggers are hit, with any adjustments being made as appropriate, and then proactively reviewing sickness absences where triggers have been hit. **Delivered, now embedded and ongoing**	HR to develop approach/ guide. Occupational health to provide specialist support. Managers to embed	By end of May 23
Tailored approach in Directorates focusing on interventions for top reasons for absence	HRBPs to work with service managers to develop tailored approach based on data and understanding of the needs of services (ie difference between front line and back office workers, muscular skeletal versus mental health patterns of absence) Continue to promote resources available to support mental health and muscular skeletal cases.	HRBPs/Service Managers	Plans in place by end of May 23, continue to be under monthly review

	Embedded in Directorate Management Teams- absence data presented monthly		

2.20 The data suggests that these actions are now impacting on our absence levels- but that vigilance and continued management attention is necessary to continue to deliver reductions during the months.

2.21 During September 4068 or 92.8% had no absence from the workplace. 236 staff were absent with short term sickness, 83 with long term sickness

2.22 During the winter months the focus will continue to concentrate on a prevention-first culture – which is the best method for mitigating long-term absence. This approach also helps to provide a more detailed understanding of what's going on, reduces the number of health blind spots and enables a targeted response to any patterns of absence. In practice this means

   a) Continued upskilling of mangers to give them the confidence to intervene on attendance issues at the earliest stage- embedding consistent wellbeing conversations as part of our coaching for performance framework.

   b) Return to work conversations taking part after every absence- ensuring the opportunity for identifying underlying issues is taken as soon as possible.

   c) Regular workshops and HR surgeries on our Health and attendance policy and practical upskilling -for managers

   d) Referral to OH provision offered for all mental Health absences.

2.23 CMT and Directorate Management teams will continue to monitor absence monthly supported by HR.

3.   Other options considered.

3.1   Risks and potential impact of not addressing sickness absence will impact on productivity, performance, wellbeing, engagement, and retention.

4.   Legal and financial implications

4.1   Budget for this work is part of existing HR&OD operating costs. There are no other direct legal or financial implications.

4a   Director of Legal & Democratic Services comment

 4.2   The Director has seen and approved the report.

4b   Section 151 Officer comment

 4.3   Fine with this. No direct financial implications.

5.   Corporate implications

      a)   Property - none

      b)   HR - none

      c)   Climate change - none

      d)   Sustainability - none

      e)   Equality – an EQIA was completed as part of unitary planning on this topic.

      f)   Data – no DPIA required.

      g)   Value for money – this work will add value by improving employee health and wellbeing and reducing turnover costs; also, by improving health and wellbeing benefits – impacting on improved productivity/motivation and reduced absence.

6.   Local councillors & community boards consultation & views

6.1   Not applicable

7.   Communication, engagement & further consultation

7.1   Ongoing internal management and employee communications are in place to support this continued work.

8.   Next steps and review

8.1   Given the National and Local conditions work in this area will continue on an

ongoing basis and be reported to CMT monthly.