

Wellbeing report for Overview and Scrutiny Committee 22nd March 2021

Introduction

A report was presented to the Committee in 2019, and it was requested that a further report be presented to show how the organisation was continuing to address sickness absence and promote positive health and wellbeing. This report highlights the continued emphasis on dealing with short term and long-term absence and supporting a positive health and wellbeing culture.

Sickness absence data

Previously sickness absences data was reported to Department on a monthly basis on an excel spreadsheet. This has now been automated using Power BI, giving Senior Managers access to a dashboard which enables them to view information in detail for example, by cost and sickness category allowing them to filter by workgroups or absences reason, which provides much richer information.

The dashboard also has a date range facility allowing for easy comparators from one period to another. It is user friendly and easily identifies key trends around teams with the highest number of absences or a specific absence reason. Absences that are a cause for concern are highlighted with HR updates extracted directly from the HR and Payroll system, resulting in far less manual intervention.

The Current highest reason for absence is due to stress/acute stress reaction/anxiety (19 absences with a start date between 1/1/21 and 10/2/21) compared to the same period last year, where the highest reason for absence were both Infection (26) and Nausea/Vomiting (26). Stress/Acute Stress Reaction/Anxiety was previously the 4th highest absence reason reported.

There are currently 50 employees absent from work with COVID and we have a total of 93 employees absent either with confirmed COVID or are isolating, shielding etc.

COVID19 impact on sickness data

Since the beginning of the pandemic:

- 171 employees have tested positive for COVID (COVID confirmed not working) where they either cannot work from home because they are too unwell, or the nature of their role means they cannot work from home.
- 407 members of staff have isolated and have been absent from work due to either personal symptoms, household symptoms or government advice (where they have had to isolate following contact from track and trace or isolate before an operation, following overseas travel etc).
- We have 95 shielding employees who are unable to work from home due to the nature of their role.

Two new absence reasons have been added to our self-service system to capture employees who are absent due to the after effects of COVID: Long COVID and recovery from COVID. We have had 25 entries of this type where employees have experienced the after effects of COVID that have prevented them from being able to return to work, however this is only a recent addition and

previously managers did not have this reporting option. It is expected that the number of employees with this type of absence will increase.

Where employees are able to continue undertaking most of their duties working from home, this is recorded as discretionary paid leave, to accurately capture this information. Since the beginning of the pandemic:

- 36 employees have had a positive COVID result and have continued to work from home
- 189 employees have isolated (either due to personal symptoms, household symptoms or following government advice) and continued to work from home.
- 28 employees have been shielding and working from home

Employee Wellbeing

A wellbeing group has been established including HR, Leisure Health & Wellbeing, Public Health and Comms and Engagement to embed a proactive approach to wellbeing across the organisation. This group is co-ordinating a joint approach in supporting and improving the physical and mental wellbeing of employees. The key themes are mental health, helping and supporting employees to create and form healthy behaviours linked to physical health. Also continuing to create a wellbeing culture by focusing on work life balance, healthy work practices and influencing culture changes.

The top priorities currently being work on are:

- improved employee morale and engagement
- a healthier and more inclusive workforce and culture
- enhanced individual and organisational resilience
- lower sickness absence

To create a better employee wellbeing package, full workforce engagement is taking place to understand what the current issues are and gaps in support and response to the priorities.

Actions to date:

- Identified individuals and roles to work on the project group form across the organisation and established an employee wellbeing coordinator.
- Started to engage with employees and workplace champions about what they would like to see and where they feel support is lacking.
- Streamline the current support offer, proving details of how to access: Able Future, Me Learning, PAM Assist, Wellbeing Service etc.
- Update the staff intranet so it is more user friendly easier to navigate for employee support and consider other forms of communication for remote workers.
- Development of positive workforce messages including desktop backgrounds
- Weekly Team Talk articles

A 'staff in the spotlight' programme is being developed to highlight the work of employees and team throughout the pandemic.

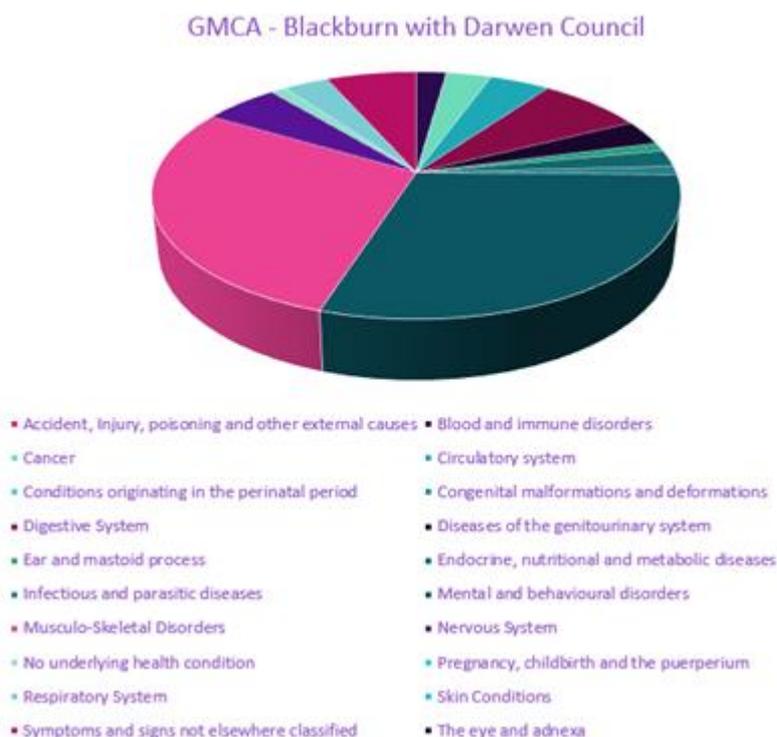
OH provision

Blackburn with Darwen BC currently uses Optima Health as procured through the AGMA contract for all employee cases referrals for Nurse lead, Doctor lead and Local Government Ill health's, enhanced by an in-house Occupational Health Nurse.

Since April 2020 (until the end of December 2020) – there have been 110 referrals made to Optima health. All referrals were carried out within 10 working days of a referral being made has been 100% each month from April- December 2020.. 100% of referrals had a report issued within the 3 day timescale between April- December 2020.

103 of these appointments have been with an OHA (nurse lead) and 7 have been with an OHP (Doctor lead).

The main reasons for referrals throughout April-December 2020 are related to mental health at 30% and musculoskeletal at 29%.



Other reasons for referrals:

Ill health retirement referrals for Blackburn with Darwen BC accounted for 41% of ill health referrals across the GMCA group. 63 referrals for ill health being made from April-December 2020.

The in-house OHU Nurse has been currently undertaking work on Health Surveillance. Tier 4 clinics have been carried out or are booked, appointment letters sent, follow up reports reviewed and any appropriate action taken – this is in conjunction with Line Managers and HR Consultant

Future Work for 2021

Improving the health surveillance programme and identifying all roles that require health surveillance and agreeing the frequency of reviews.

Under Health & Safety legislation in particular the HSE advise that *'health surveillance should be undertaken, according to guidance in the relevant regulations. This should be done periodically by a competent person'*.

Continuous Improvement, Proactive Work & Safety Critical Medicals

An emphasis on the proactive work similar to health surveillance will have the potential to reduce absence as we continue to take a proactive approach in assessing health for roles and introduce early intervention where required. This work could include:

- Look at introducing Safety Critical Medicals for roles that require higher risk activity – use of machinery, driving, work at height, waking watch, nightshift, long periods of lone working
- Vaccinations – including flu/Hep B/covid
- Additional health surveillance – i.e. spirometry testing for those exposed to dust
- Review of roles to ensure all appropriate health questionnaires are completed before employment and regularly afterwards

Health & safety accidents, incidents & near misses

Compared to 2019, there has been significantly less incidents reported in 2020, due to a high number of employees working from home, the closure of many of our public buildings and the reduction in services. In 2019 we had 767 incidents from the 1st January to 31st December, in 2020 there was 470 incidents.

The Health, Safety & Wellbeing Team review each reported incident and, where necessary, further information is requested from departments to ensure that appropriate measures are considered and have been put in place to reduce or eliminate the risk of reoccurrence.

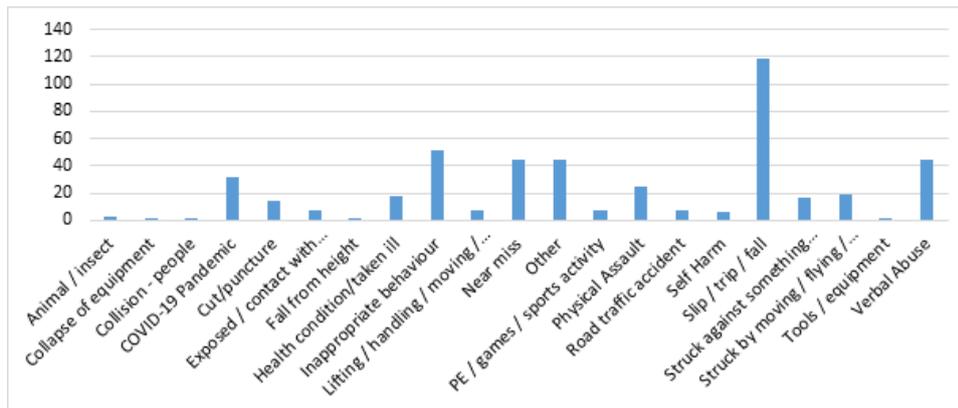
RIDDOR

There were a total of three reports made to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) last year, two were due to an 'over 7-day injury' and 1 being a 'specified injury' – all three where incidents involving employees.

Employee Covid Positive Cases

The team have also investigated every incident where an employee has tested positive for covid. The purpose of this is to discover where transmission may have occurred and if necessary put any additional measures in place. It has been really reassuring to see that so far we haven't seen any multiple cases within our teams, offices or buildings, which gives us confidence in the covid safe measures within our buildings and settings. These investigations have found no evidence that any of the positive cases have been transmitted through work.

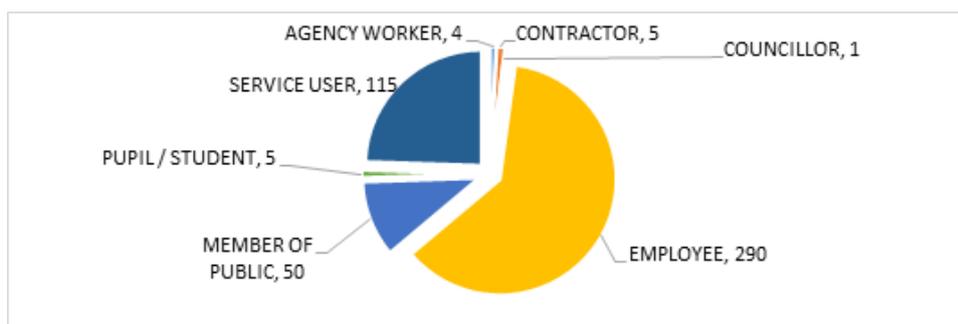
Incidents by Type



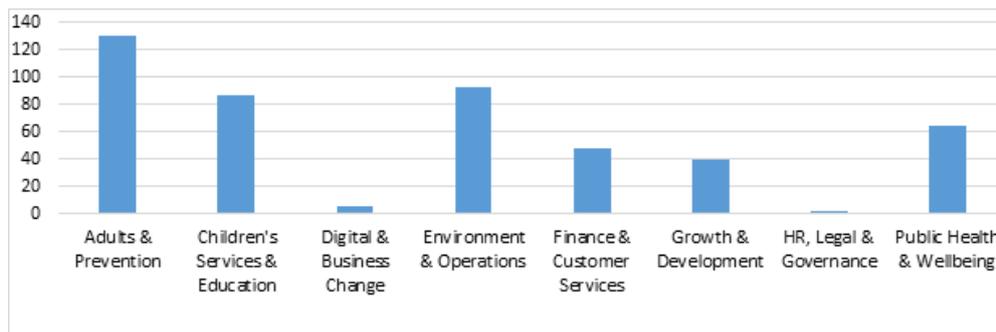
The highest type of incident was ‘slip/trip/fall’, this is always been the most common type and we have investigated ways to try and reduce the number, however predominantly these incidents involve service users or members of the public and with no clear trend or pattern it is difficult to put preventative measures in place.

‘Verbal abuse’, ‘inappropriate behaviour’ and ‘physical assault’ also are some of the highest incident types, this is not uncommon and follows patterns of previous years. There has been some reduction in these incidents, however due to the number of customer facing, frontline roles and some of the more complex customers and service users we support, these incidents do still occur. We of course ensure all appropriate action has been taken following these incidents and ensure where appropriate measures are put in place to prevent or reduce reoccurrence.

Category of person



Department



There have been incidents reported from all departments, but the highest number is from Adults and Prevention, Environment and Operations and Children's Service and Education (not including schools as this is reported separately). All of these services have essentially been 'business as usual' and include many frontline workers not able to work from home, hence the higher number of reports from those areas in comparison to office based employees, i.e. Finance, HR etc.

Health & Safety Support to Wellbeing

The main focus for the Council's Health and Safety Team over the past 12 months has been to ensure the safety and wellbeing of our employees whilst responding to the pandemic. To do this the team have ensured that all of our council buildings are covid secure, both for employees and visitors. This has resulted in 60 of our council buildings having a site visit carried out to assess and advice on appropriate measures required. This included all council owned buildings from office settings, i.e. Duke Street to our public buildings, like our leisure centres and children's centres. The team have also reviewed and advised on over 100 risk assessments both for buildings and services to ensure they meet the requirements set out in Government guidance and also have appropriate control measures in to keep people safe. Further monitoring follow up visits of our buildings are now taking place to ensure these settings are still 'covid secure' and are in line with updated guidance.

The team have also support on developing, reviewing and updating the 'People Risk Assessment', which has ensured that those employees at the highest risk from Covid-19 have robust measures put in place to protect them whilst in the workplace.

There has also been ongoing support in terms of DSE and workstations, an animation was produced, updated DSE assessments issued and reminders communicated about safe working from home in line with guidance. Individual support has been given to employees and managers where this has been required, included additional equipment being recommended, i.e. standing desks. To further support DSE training ELearning will also be mandatory for all DSE users.

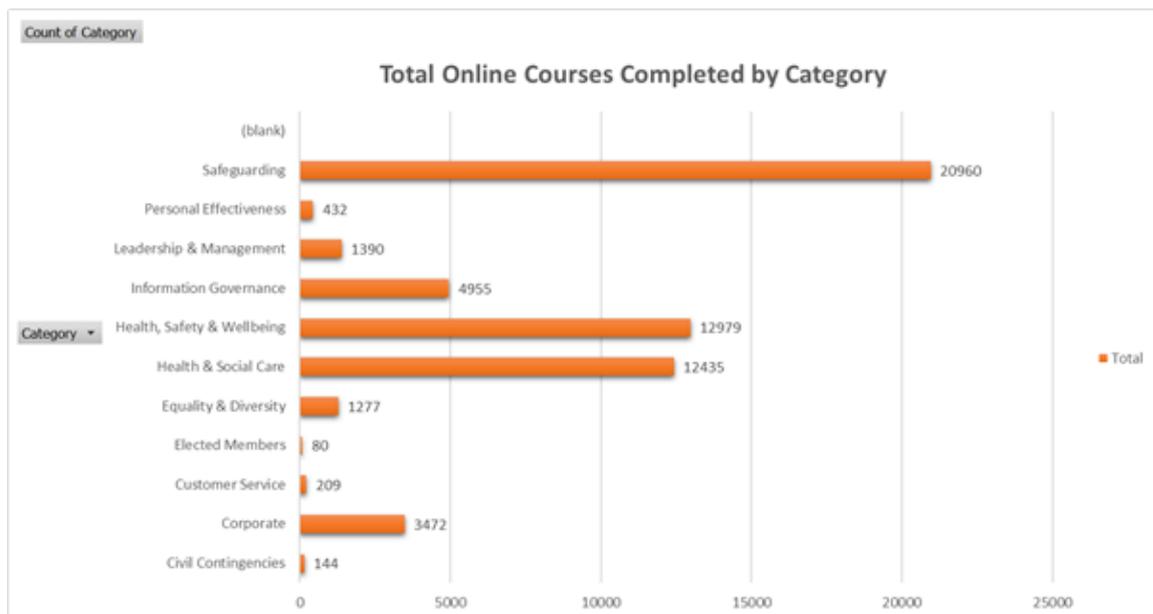
Training

Numerous studies have shown that learning is an essential aspect of wellbeing. In fact it is seen as being so important that "Keep Learning" is one of the steps outlined in the Five ways to wellbeing, along with "Connect", "Be Active", "Take Notice", and "Giving". Studies have shown that continued learning through life enhances self-esteem and increases life satisfaction, optimism and belief in our own abilities. Learning treatment packages have even been prescribed as part of supporting people with depression and anxiety.

Since Covid restrictions were implemented we have seen a huge increase in demand for accessing learning, especially online and virtual. The graph below reflects how demand for online learning in particular has increased, with the peak in demand broadly following the three national lockdowns.



The increase in online demand has been across a broad range of topics and subject areas:



Mental Health First Aid

Investment has been made by the HR team to upskill a HR Consultant to focus on delivering wellbeing development sessions aimed at supporting managers and employees within the council, across schools and other businesses across the borough. In particular this investment was focussed on upskilling to become qualified to deliver Mental Health First Aid training (MHFA). Prior to the Covid pandemic, MHFA training was delivered via face to face classroom based sessions. Since the Covid pandemic began, and subsequent restrictions, work has taken place to enable this training to be delivered via digital means. This has ensured that mental health support can still be given to individuals, key workers and managers across teams, departments, schools and businesses at a time when people are experiencing increasing mental health difficulties.

We are currently supporting schools by scheduling Adult MHFA training and inviting one member from the senior leadership team of each school in the borough to attend. The first course of this training has already begun, with all six scheduled courses fully booked. Planning has also begun to deliver Youth MHFA training to representatives of each school in the borough.