The Vale of Glamorgan Council

Cabinet Meeting: 28 November, 2016

Report of the Leader

Sickness Absence Report - April 2016 to September 2016

Purpose of the Report

1. To update Members of the Cabinet on the sickness absence information for the half year period 1st April 2016 to 30th September 2016.

Recommendations

1. That the report and the half yearly sickness absence figures provided in Appendix A and Appendix B be noted.

2. That the action plan as attached in Appendix C be noted.

3. That the report be referred to Scrutiny Committee (Corporate Performance & Resources) for consideration.

Reasons for the Recommendations

1. To bring matters to the attention of Members of the Cabinet in line with corporate objectives.

2. To inform Members of the Cabinet of the progress in relation to the agreed management of attendance action plan.

3. To enable the Scrutiny Committee to maintain a continued focus on the management of sickness absence throughout all services of the Council.

Background

4. The levels of sickness absence within the Council are reported to Cabinet every six months. An action plan was approved by Cabinet on 27th July 2015 to address the issue of sickness absence and the slight increase in levels in previous years.

5. This report sets out the sickness absence information for the period 1st April 2016 to 30th September 2016, including corporate and schools employees. It also includes details of sickness absence figures for the period 1st April 2015 to 30th September 2015 for comparative purposes.

6.   The report acknowledges the work and commitment of all managers and employees in relation to the continual management of sickness absence.

Relevant Issues and Options

7.   The overall sickness absence rates [i.e. working time lost per Full Time Equivalent (FTE)] over the period April to September are set out in the table below with comparative data for the same period in 2014 and 2015.

	April - Sept 2014	April - Sept 2015	April - Sept 2016	Target (half-year)
Average days/shifts lost (per FTE)	4.35	4.12	3.76	4.45

8.   The average days/shifts lost per FTE for the period April to September 2016 indicate a reduction in the half-year absence figures (as compared with 2015) from 4.12 to 3.76 days per FTE. This represents a reduction of 0.36 of a day lost per FTE.

9.   The sickness absence levels for the half-year to September 2016 are also below the target of 4.45 days/shifts per FTE (an overall reduction of 0.69 of a day per FTE.

Sickness absence by Directorate

10.   A summary of the absence within each Directorate is set out below. A breakdown of absence in each Service area is included within Appendix A.

Directorate	April to Sept 2015 Average days / shifts lost per FTE	April to Sept 2016 Average days / shifts lost per FTE	Half Yearly target
Social Services	6.62	5.51	5.80
Environment & Housing	5.81	4.48	5.85
Resources	2.69	2.19	2.90
Learning and Skills	4.59	3.51	4.15
Totals - excluding Schools	5.13	4.10	4.45
Schools	3.02	3.40	3.95
Totals - including Schools	4.12	3.76	4.45

11.   A further analysis of comparative monthly absence data is set out in Appendix B.

12.   Corporately, the above table shows a reduction in sickness absence of over 1 day per FTE for the first six months of 2016/17. This is an improvement on previous reports where corporately there had been a pattern of increasing sickness absence.

13.   Members will note that the improvement in absence levels is replicated across all corporate directorates and, in each case the absence levels are below target. Sickness absence recorded in schools has slightly increased during this period compared to the same period in 2015. It will be important to monitor this situation over the remaining months of 2016/17 and to work with headteachers to seek to reduce the pattern of increased absence.

14. It is encouraging to note that the performance management measures implemented over the last year have helped to curb the increase in absence levels. It is important, however, to ensure that the focus on absence is sustained particularly during the winter months.

15. Members will note the action plan that is attached in Appendix C. This contains arrangements to address sickness absence within each Directorate, including service specific considerations and moreover it provides a position update on each of the identified actions/activities.

Reasons for absence

16. The most common reasons for sickness absence in the Council (including in Schools) over the period April to September 2016 are listed below, alongside a comparison with the previous period (April to September 2015):

	Absence reason	April to Sept 2015	April to Sept 2016
1	Stress	31.7%	24.1%
2	Operations and Recovery	16.9%	21.4%
3	Viral Infection	14.0%	12.8%
4	Musculoskeletal Disorders	14.0%	11.3%

17. Members will note that 69% of all absence is categorised as long term (i.e. over 4 weeks in duration) compared with 31% short term/intermittent absence. A directorate based analysis of this is set out in Appendix A.

18. Stress continues to be the most common reason for sickness absence in the Council. However, it can be seen that the levels of sickness absence relating to stress has reduced from 31.7% to 24.1%. Members will be aware that in all cases of stress or anxiety, employees are automatically referred to occupational health for advice, offered counselling support and managers are supported in completing stress risk assessments.

19. Stress awareness training has continued to be provided to all service areas during April to September 2016. 26 managers and 30 employees have attended such courses during this period.

20. Feedback from the first quarterly report from Care First (the provider of the Council's Employee Assistance Programme) has been received and is referenced in paragraph 28 and 29 of this report.

21. A set of tool-kits / guidance notes are currently being developed to help managers to respond to the "top four" reasons for absence (i.e. stress, operations/recovery, viral infections and muscular skeletal disorders). Work has already been undertaken in relation to the Stress and Muscular Skeletal Disorders guidance / tool kit and this information will be promoted through StaffNet when finalised.

22. There has been increase in contact from managers in relation to Occupational Health appointments which is encouraging. This will hopefully assist in identifying common trends / themes which will inform the development of tool-kits /guidance notes as per paragraph 21.

23. A Directorate breakdown of the most common reasons for sickness absence as identified in paragraph 16 is set out below:

	Social Services		Environment and Housing Services		Resources		Learning and Skills		Schools	
Stress	1	21.3%	2	21.7%	3	18.9%	1	31.8%	1	26.2%
Operations and Recovery	3	15.8%	1	27.9%	1	23.5%	3	17.2%	2	21.3%
Viral Infection	4	10.5%	3	12.9%	2	23.0%	2	24.3%	4	10.4%
Musculoskeletal Disorders	2	16.7%	4	11.5%	6	3.7%	8	2.9%	3	11.0%

24. The top two reasons for long-term absence as set out below mirror that for for overall sickness absence (set out in paragraph 16). Stress remains the main reason for long-term absences, followed by Operations and Recovery and Musculoskeletal Disorders, as outlined below:

	Absence reason	April to Sept 2015	April to Sept 2016
1	Stress	39.7%	28.9%
2	Operations and Recovery	20.5%	26.3%
3	Musculoskeletal Disorders	15.7%	11.4%

25. Viral infections remain the main reason recorded for short-term intermittent absences, followed by Stress and Stomach Ailments, as outlined below:

	Absence reason	April to Sept 2015	April to Sept 2016
1	Viral Infection	32.2%	29.1%
2	Stress	13.0%	12.3%
3	Stomach Ailments	11.9%	12.0%

Performance Management

26. An action plan for improving the management of attendance was approved by Cabinet on 27th July 2015. The momentum behind this action plan has been maintained over the first six months of this financial year and an update on actions within the plan are set out in Appendix C.

27. The main elements of the action plan focus on a range of performance management measures as set out below:

- A full report containing the breakdown of sickness absence levels per FTE across all Directorates and services continues to be reviewed by CMT each month and any required action is taken.

- All Directorates continue to review absence levels within Directorate Management Teams on a monthly basis and in accordance with service based action plans.

- The focus on absence has, over the last year been based on the scrutiny of priority absence reports within each directorate and service area. This has been helpful in focusing attention and support on particular absence cases.

- Managers and Supervisors continue to receive sickness flagging reports on a monthly basis from TransAct.

- Long-term sickness absence cases continue to be dealt with on an individual case management basis. Personnel Officers work closely with managers to maintain communication with employees, along with Occupational Health, to support employees' wellbeing and facilitate their early, but safe return to work.

- The Head of Human Resources continues to hold a dedicated review of the top 50 on-going long term absence management cases from across the Council on a monthly basis.

Employee Assistance Programme

28. The Care First Employee Assistance Programme is now fully operational having been launched on 1st June 2016. The first quarterly report has been received covering the period 1st June 2016 to 31st August 2016 and an update of the service is set out below:

- During the first three months of the new Care First contract some 62 contacts had been made of which 39 had been to the 24/7 telephone counselling line, 5 were to the team of telephone information specialists and 18 contacts had resulted in face to face counselling. The feedback from those employees who have accessed the service has been very encouraging.

- The usage of the Care First Lifestyle site has been relatively disappointing with only 11 unique page views from employees looking at information relating to finances, relationships and parenthood. This is an area of the service which will need ongoing promotion as it is seen as a valuable aspect of the service.

- The Care First ZEST site which provides fitness and health advice is showing good early usage with 43 registered users to date.

29. Work will continue over the coming months to promote the service through Staffnet and other communication mechanisms.

Positive Health Promotion

30. Work is continuing to develop positive health support mechanisms in line with the action plan (Appendix C). A summary of developments is as follows:

- Flu vaccinations have been offered to all employees during October/November. A full report on the uptake of this programme will be included in the 2016/17 full sickness absence report at the end of the financial year.

- Positive health events are being scheduled by Occupational Health. This will include a number of health fairs taking place between January and March 2017.

- As indicated earlier in this report, a set of tool-kits / guidance notes are being developed in relation to stress, operations/recovery, viral infections and musculoskeletal disorders to assist managers in responding to the top reasons for absence. This information will hopefully be made available to managers and employees through Staffnet.

Revised Managing Attendance at Work Policy

31. The new Managing Attendance at Work Policy was implemented on 1st October 2016 following a period of consultation and negotiation with the Council's trade union representatives and approved by Cabinet on the 23rd May 2016.

32. Members of Cabinet will be aware of the importance of the new policy in reinforcing the responsibilities of all managers in the management of attendance, in emphasising the need to support employees who are unable to attend work but also to underline the need for both early intervention and performance management.

33. A significant feature of the new policy is the setting out of a differential approach for the management of long term/chronic absence and short term intermittent absence. This approach responds to the recent increase in long term absence and the specific management approaches for dealing with such absence.

34. Briefing sessions on the new Management of Attendance Policy commenced in July 2016 and continued through to October 2016. To date, approximately 250 managers have attended these training sessions.

35. The briefing sessions have reinforced the importance of the new Welcome Back to Work meeting and given managers necessary guidance on managing long term absence but also on how the new triggers work in relation to short term absence.

36. It will be important to ensure that the new policy is implemented effectively so that future absence is reviewed in line with the new triggers and long term absence is managed through structured review meetings.

Wider Engagement Strategy

37. The new Staff Charter was launched in September 2016 following endorsement by both staff and the trade unions The Charter sets out the mutual expectations of staff and managers in a "reshaped" working environment. Progress continues to be made in delivering the 15 action points/commitments.

38. Members will clearly appreciate the importance of the Staff Charter (and related staff engagement initiatives) in relation to the impact on attendance and contribution levels of employees across all services.

39. Over 300 managers/supervisors attended Staff Charter briefing sessions during the first two weeks of September in order to ensure an understanding of the principles behind the Charter and to help in the delivery of its expectations.

40. These sessions provided an opportunity to discuss the many activities linked to the Charter, such as the new appraisal scheme (#itsaboutme), the emerging new management competency framework and the refinement of communication methods to support the overall strategy of employee engagement.

41. Members will be aware that an employee engagement survey was conducted during September/October alongside the implementation of the Staff Charter. The results of the survey will provide very useful "baseline" information about staff engagement and the obvious links with employee attendance. The results will also help shape the design of engagement initiatives over coming years and ultimately help measure the success of the Staff Charter.

42.   A full report on the outcomes of the employee engagement survey will be presented to Cabinet and Corporate Resources and Performance Scrutiny Committee in January 2017.

Absence in wider comparison

43.   Information from the Local Government Data Unit has been compiled for the financial year 2015/16 to be able to compare with other authorities within Wales. This information shows that the Vale of Glamorgan Council had the fourth lowest overall sickness absence per FTE across Wales (9.6 days sickness absence per FTE). This was below the overall sickness absence across Wales which was 10.2 days sickness absence per FTE.

44.   Research from the latest XpertHR survey on absence indicated the average number of days lost in local government in the public sector in 2015/16 was 9.0 sickness days per employee. This is not too dissimilar to our performance during 2015/16. The latest CIPD survey on absence management suggested that the average number of days lost in local government is 10.5 sickness days per employee.

Resource Implications (Financial and Employment)

45.   The incidence of high levels of absence has significant resource implications and places constraints on the continued delivery of high quality service provision. The need to continue to maintain reasonable levels of absence will be important as the Council responds to ongoing financial pressures and the implementation of the Reshaping Services Programme.

Sustainability and Climate Change Implications

46.   There are no sustainability or climate change implications directly arising from the content of this report.

Legal Implications (to Include Human Rights Implications)

47.   All legal implications including the Human Rights Act and Data Protection Act will have been considered within the implementation of policy provisions.

Crime and Disorder Implications

48.   There are no crime and disorder implications directly arising from the content of this report.

Equal Opportunities Implications (to include Welsh Language issues)

49.   In progressing the Attendance Policy the Council will remain compliant with its obligations under the Equality Act.

Corporate/Service Objectives

50.   The Council will be unable to deliver corporate objectives without keeping absence levels to a minimum.

Policy Framework and Budget

51.   This is a matter for Executive decision.

Consultation (including Ward Member Consultation)

52.   The overall sickness absence figures are reported quarterly through the Corporate Performance Indicators.

Relevant Scrutiny Committee

53.   Corporate Performance & Resources

Background Papers

Appendix A - Breakdown of Directorate absence by Services (April - September 2016)
Appendix B - Monitoring of Directorate Sickness Absence
Appendix C - Management of attendance action plan (Updated November 2016)

Contact Officer

Adrian Unsworth - Operational Manager Human Resources

Officers Consulted

Corporate Management Team

Responsible Officer

Rob Thomas, Managing Director