

Meeting of:	Cabinet
Date of Meeting:	Monday, 18 November 2019
Relevant Scrutiny Committee:	Corporate Performance and Resources
Report Title:	Q2 Sickness Absence Report 2019/2020
Purpose of Report:	To update Members of the Cabinet on the sickness absence statistics for the 6-month period from 1 April 2019 to 30 September 2019
Report Owner:	Report of the Leader
Responsible Officer:	Rob Thomas, Managing Director
Elected Member and Officer Consultation:	The overall sickness absence figures are reported quarterly through the Corporate Performance Indicators
Policy Framework:	This is a matter for Executive decision by the Cabinet
<p>Executive Summary:</p> <p>The report sets out the sickness absence figures for the 6-month period 1st April 2019 to 30th September 2019 as part of the agreed performance management arrangements.</p> <p>There has been a significant increase in absence levels during the first half of 2019/2020 compared with the same period for the previous financial year. The absence rates are set out in paragraph 4.1 and show an increase from 3.71 days lost per FTE (April to September 2018) to 4.74 days lost per FTE (April to September 2019). The target for quarter two (April to September 2019) was set as 3.71 days lost per FTE.</p> <p>An analysis of the figures in each directorate is set out in paragraph 2.7 of the report and an analysis of the reasons for absence is set out in paragraphs 2.13 to 2.25.</p> <p>The increase in absence levels is largely due to the increase in long term absence rates together with an increase in absences within Schools. With Schools having almost 50% of the workforce any increase in this area are likely to cause an increase council wide.</p> <p>There continues to be scrutiny of absence cases which takes place on a monthly basis between the HR Business Partnership and Occupational Health teams, particularly reviewing staff with absences over 4 weeks and those who have regular absences to provide early intervention and support. Absence is discussed at Directorate Management Teams as part of their service-based action plans.</p>	

Figures for the comparison for the rest of the Welsh authorities will not be available until later in the year, but these will be shared when available. The Vale of Glamorgan Council's current annual forecast for 2019/2020 is 11.66 days lost per FTE. This is a significant increase on absence levels for the Council over the past few years. For 2018/2019 the Council's absence figure was 9.12 days lost per FTE as a comparison.

The Council continues to support its staff through a number of initiatives listed in paragraphs 2.27 to 2.29.

The performance management approach to absence management will continue throughout 2019/20 with further updates provided to Cabinet and Scrutiny as required.

Recommendations

- 1.** That the report and the yearly sickness absence figures provided in Appendix A be noted.
- 2.** That Members note progress in relation to the Care First Employee Assistance Programme as attached in Appendix B.
- 3.** That the report be referred to Scrutiny Committee (Corporate Performance & Resources) for consideration, with any comments referred back to Cabinet for further consideration.

Reasons for 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 Employee Assistance Programme.
- 3.** To enable the Scrutiny Committee to maintain a continued focus on the management of sickness absence throughout all services of the Council and to make recommendations to Cabinet, as appropriate.

1. Background

- 1.1** The levels of sickness absence within the Council are reported to Cabinet every six months.
- 1.2** This report sets out the sickness absence information for the period 1st April 2019 to 30th September 2019, including corporate and school employees. It also includes details of sickness absence figures for the previous year; 1st April 2018 to 30th September 2018.
- 1.3** This report acknowledges the work and commitment of all managers, employees and trade union colleagues in relation to the continual management of sickness absence.

2. Key Issues for Consideration

- 2.1** The overall sickness absence rates [i.e. working time lost per Full Time Equivalent (FTE)] over the period 1st April 2019 to 30th September 2019 are set out in the table below with comparative data for the same period in 2018.

	April to September 2018	April to September 2019
Total days/shifts lost (per FTE)	3.71	4.74
Target	4.08	3.71
Total number of FTE days/shifts lost	13623	16950

- 2.2** The total days/shifts lost per FTE for the period April 2019 to September 2019 indicate an increase in absence levels of over 1 FTE days lost.
- 2.3** The following table provides information on the FTE days lost per person based on Q2 and Q4 figures since 2014/15.

	Q2 (Apr-Sept)	Q4 (Oct-Mar)
2014/15	4.35	9.44
2015/16	4.28	9.56
2016/17	3.76	8.80
2017/18	4.45	10.14
2018/19	3.71	9.12
2019/20	4.74	

- 2.4** As referenced in the last Cabinet report, the latest CIPD survey on absence management, now re-branded “Health and Well-being at Work” April 2019, states that the average number of days lost in local government is 9.8 sickness days per employee.
- 2.5** As a comparison the average number of days lost in the Public Sector is 8.4 days per person and private sector is 4.4 days.
- 2.6** Sickness absences also increases with the size of the organisation, with the following data based on all organisation groups.

1-49 employees	3.2 FTE days lost
50-249 employees	4.4 FTE days lost
250-999 employees	6.3 FTE days lost
1000-4999 employees	7.7 FTE days lost

5000 + employees	8.6 FTE days lost
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Sickness absence by Directorate

2.7 The following shows a summary of absence levels within each Directorate. A more detailed breakdown of absence in each Service area is included within Appendix A. Note figures may not add up due to rounding.

	April to September 2018	April to September 2019	2019 Q2 Target
	Total days / shifts lost per FTE (total days lost in brackets)	Total days / shifts lost per FTE (total days lost in brackets)	
Environment & Housing	5.03 (3314)	6.54 (4329)	4.65
Learning and Skills	4.37 (1196)	5.21 (1503)	4.42
MD and Resources	2.73 (1098)	2.64 (1073)	2.83
Social Services	5.90 (3133)	7.81 (4255)	5.92
Totals - excluding Schools	4.68 (8740)	5.87 (11161)	4.56
Schools	2.71 (4882)	3.46 (5789)	2.87
Totals - including Schools	3.71 (13623)	4.74 (16950)	3.74

- 2.8** Overall there has been an increase in absence levels across all corporate directorates compared with the performance in the same period in 2018/2019 except for MD and Resources which has seen a reduction from 2.73 to 2.64 FTE days lost per person.
- 2.9** In relation to the target figures, Environment and Housing, Learning and Skills and Social Services are all above their target figure. The MD and Resources directorate is under the quarterly target figure for April to September 2019. Target figures will be reviewed for 2019/20.
- 2.10** Sickness absence recorded in schools has also seen an increase in absence levels during this period compared to 2018/2019.
- 2.11** The overall increase in absence levels is disappointing given the range of positive measures that have been put in place and particularly the increased scrutiny of absence across all directorates and by the Council's Corporate Management Team.

2.12 The performance management approach to absence will continue in 2019/20 alongside the range of measures as set out in paragraph 2.26.

Reason for Absence

2.13 The reasons for sickness absence across the authority (including in Schools) over the period April to September 2019 are listed below. The figures include both the total FTE days lost and percentage as requested by Scrutiny Committee during the 2018 reporting period. Also note that Stress Related absence is now recorded as non-work and work related

Absence Reason	Long Term	Short Term	Total Days	%
Stress Non-Work Related	3505.61	494.90	4000.51	23.6%
Other Musculoskeletal	2587.90	504.60	3092.50	18.2%
Operations and Recovery	2154.97	379.04	2534.01	15.0%
Viral Infection	880.47	1439.63	2320.10	13.7%
Stress Work Related	1220.96	126.41	1347.37	7.9%
Stomach Ailments	553.93	625.58	1179.51	7.0%
Back Problems	344.97	189.55	534.52	3.2%
Headache, Migraine etc	188.03	240.81	428.84	2.5%
Heart Problems	361.92	26.05	387.97	2.3%
Chest Problems	154.45	144.46	298.91	1.8%
Pregnancy Related	166.00	99.19	265.19	1.6%
Genito-Urinary Problems	169.88	68.91	238.79	1.4%

Undisclosed	167.34	55.75	223.09	1.3%
RTA / Whiplash	43.17	42.13	85.30	0.5%
Not Recorded	0.00	13.00	13.00	0.1%
Grand Total	12499.60	4450.01	16949.61	100%
% Absence	74%	26%	100%	

- 2.14** In reference to the length of absence, members will note from the above table that 74% of all absence for April to September 2019 was categorised as long term (i.e. over 4 weeks in duration), compared with 26% short term absence. This shows an increase in long term absence in comparison to the same period in 2018 where 71% of all absence was categorised as long term, compared with 29% short term.
- 2.15** The HR Business Partnership team continue to work closely with Occupational Health and Managers on an individual case management basis and the prompt action of Managers is prioritised to keep absence within target.
- 2.16** The Occupational Health Team run an appointment system for free health screening for staff every Thursday. The session enables staff to receive a basic set of health measurements including weight, height, BMI, blood pressure, blood sugar levels and cholesterol in a safe and confidential environment. Appointments can be made via iDev or by ringing the Occupational Health Service.
- 2.17** Overall stress continues to be the most common reason for sickness absence, although this is common within the Public Sector and Local Government. Stress in the Council has reduced from 29.2% in 2017/18 to 28.8% in 2018/19. It can be seen however that the recording of stress absence is now split into non-work and work related stress. Now that we have 12 months of data, further analysis will take place during 2019/20. This will assist with understanding the reasons for the absence as well as looking at ways to assist the health and welfare of employees and inform Occupational Health and the Employee Counselling service to achieve this objective.
- 2.18** 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 offered training and support in completing stress risk assessments. A revised Mental Health & Wellbeing Policy which incorporates detailed advice and guidance as well as the responsibilities of managers, Occupational Health and staff in recognising and dealing with stress. The policy also provides clear expectations in responding to issues of stress and associated mental health issues. The policy was launched in January 2019 and since then nearly 40 employees have received training to become Mental Health Champions. The role of the Mental Health Champion is to promote health campaigns, encourage colleagues to participate in the Council's wellbeing

initiatives, involvement in events and collaborate work and sign posting colleagues to relevant services.

2.19 The Council's Employee Assistance Programme (Care First) continues to be promoted throughout the Council. Further information on this initiative is set out in paragraphs 2.27 to 2.28 of this report and in Appendix B.

	Environment and Housing Services	MD and Resources	Learning and Skills	Social Services	Schools
1	Stress Non-Work Related 1186 (27.4%)	Stress Non-Work Related 305 (28.4%)	Stress Non-Work Related 540 (35.9%)	Other Musculoskeletal 1172 (27.5%)	Stress Non-Work Related 1495 (25.8%)
2	Other Musculoskeletal 751 (17.3%)	Operations and Recovery 264 (24.6%)	Operations and Recovery 276 (18.4%)	Operations and Recovery 788 (18.5%)	Viral Infection 1069 (18.5%)
3	Viral Infection 523 (12.1%)	Viral Infection 194 (18.1%)	Stress Work Related 182 (12.1%)	Stress Non-Work Related 474 (11.1%)	Other Musculoskeletal 960 (16.6%)
4	Stomach Ailments 473 (10.9%)	Stomach Ailments 88 (8.2%)	Other Musculoskeletal 177 (11.8%)	Viral Infection 394 (9.3%)	Stress Work Related 368 (6.4%)
5	Stress Work Related 456 (10.6%)	Stress Work Related 65 (6.1%)	Viral Infection 141 (9.4%)	Stress Work Related 273 (6.4%)	Stomach Ailments 337 (5.8%)

2.20 A table with the five most common absence reasons for each Directorate is set out above for the period April to September 2019. Data includes the FTE days lost and percentage of absence in each of the reasons.

Absence due to non-work related stress as shown in the above table is the most common reason for absence in 4 out of the 5 Directorates. Further analysis of this will be undertaken in order to determine the reason for the high levels of non-work related stress.

2.21 The top three reasons for Long-term absence for April to September 2019 and a comparison with the same period in 2018 are set out below;

	Absence Reason	April to September 2018	April to September 2019
1	Stress	Total = 37.7% Stress 24.6% Non Work 9.1% Work Related 4.0%	Total = 37.8% Non Work 28.0% Work Related 9.8%
2	Other Musculoskeletal	16.0%	20.7%
3	Operations & Recovery	17.3%	17.2%

2.22 For April-September 2018, stress was beginning to be recorded as work and non-work related, although the full reporting did not take place until April 2019.

2.23 Members will also note that Other Musculoskeletal absence is now the second most common reason for long-term absence.

2.24 The top three reasons for Short-term absence for April to September 2019 and a comparison with the same period in 2018 are set out below;

	Absence reason	April to September 2018	April to September 2019
1	Viral Infection	27.2%	32.4%
2	Stomach Ailments	14.5%	14.1%
3	Other Musculoskeletal	16.1%	11.3%

2.25 Members will note that Stomach Ailments now account for the second most common reason for short-term absence.

Performance Management

2.26 The main performance management elements of the management of sickness absence is 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 a service based action plan.
- 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 HR Employee Services.
- Long-term sickness absence cases continue to be dealt with on an individual case management basis. Human Resource Business Partners work closely with managers to maintain communication with employees, along with Occupational Health, to support employees' wellbeing and their return to work.
- The Human Resources Service 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.
- A review of the current Attendance and Wellbeing Policy is currently underway.

Employee Assistance Programme

2.27 The Care First Employee Assistance Programme remains available to all employees and continues to be publicised within the workplace Quarterly reports have been received on a scheduled basis and an update of the service is shown in Appendix B.

2.28 The service continues to be promoted through staff circulars on Staffnet, via Occupational Health and as part of the promotion of the Staff Charter. This service is also promoted as part of the new 'Welcome to the Vale' induction programme and as a key feature of corporate health fairs and manager briefing sessions

Positive Health Promotion

2.29 Work is continuing to develop positive health support as follows;

- Flu vaccinations have been offered to all employees during Sept–Dec 2018 and a total of 1,566 vaccinations have been administered to employees. The 2019 sessions have already commenced, and data will be provided in the end of year sickness report.
- A new OH Nurse was appointed in January 2019.
- The OH service is now offering health screening to all employees every Thursday (subject to other work commitments). This includes: height, weight, BMI, Blood Pressure, Cholesterol and Blood Sugar Tests. Appointments can be made via iDev and if employees do not have access to iDev their manager can book one on their behalf or they can contact OH direct to make the appointment for them.
- The Council has also chosen to install a further two Public Access Defibrillators at the Civic and Docks offices in January 2019. The Alps and Court Road depots both had defibrillators installed in March 2018. Over 80 employees have been trained in the use of the defibrillators, and although training is non-essential it was seen as good practice to offer the training.
- The council now has nearly 40 trained (via Time to Change Wales) mental health champions whose primary role involves.
 - Promoting health campaigns e.g. World Mental Health Day;
 - Encouraging colleagues to participate in the Council’s wellbeing initiatives / challenges;
 - Involvement in events and collaborative working with other Champions across the Council and other organisations;
 - Role modelling and promoting a healthy culture within the workplace;
 - Organising activities e.g. lunch-time walks, Yoga sessions, book club, hobby group etc;
 - Signposting colleagues to relevant services;

Summary

2.30 The management of sickness absence continues to be a high priority for the Council and an important ‘Corporate Health’ indicator. The 6 monthly, half year figure of 4.74 days lost is under the target figure of 3.74 days and also higher

than the 3.71 at this stage from the previous year. The annual target figure for 2019/2020 has been set at 9.2 days lost per FTE. The continued hard work and support from Corporate Management Team, HR, Managers and Trade Unions will be important to reduce the current high levels of absence

3. How do proposals evidence the Five Ways of Working and contribute to our Well-being Objectives?

- 3.1 Long-Term** - Sickness reporting is reportable as part of the Public Accountability Measures (PAM's) which has been developed by the WLGA led task and finish group. It demonstrates how authorities are contributing to the well-being goals. Sickness has been identified as contributing to a Prosperous Wales and Healthier Wales. Reporting accurate data will help the Council account for future trends and the need to undertake regular reviews of the policies that impact on sickness rates.
- 3.2 Prevention** - The management of sickness absence together with wellbeing initiatives will help support service delivery including the meeting of corporate / service objectives.
- 3.3 Integration** - The management of absence identifies a range of issues that affect all areas of the Council's workforce. The objectives aim to identify what can be achieved when absence is managed effectively.
- 3.4 Collaboration** - A key factor in managing sickness absence is the support from Corporate Management Team, Managers, HR, Occupational Health and Trade Unions.
- 3.5 Involvement** - Regular reporting and management of absence ensures that we are open and transparent in relation to our approach to sickness absence. Any changes to the Attendance and Wellbeing Policy will be subject to the usual consultation process with Cabinet, Scrutiny, Managers and Trade Unions

4. Resources and Legal Considerations

Financial and Employment

- 4.1** 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 further Reshaping Services Programmes

Legal (Including Equalities)

- 4.2** All legal implications including the Equality Act, Human Rights Act and General Data Protection Regulations have been considered within the implementation of policy provisions

5. Background Papers

Appendix A - Breakdown of absence by Service Area (Q2 2019/20)

Appendix B - The Care First Employee Assistance Programme Report Q2 2019/20

Appendix A - Sickness Absence Breakdown Service Area (19/20)

Period - 01-APR-2019 to 30-SEPTEMBER-2019

Directorate	Service	Average FTE	Short Term Days Lost per FTE	Long Term Days Lost per FTE	19-20 Days Lost per FTE	19/20 Annual Target	18-19 Days Lost Per FTE	2018/19 Annual Target
Environment and Housing Services	Building Services	157.74	1.94	6.39	8.34	12.50	13.16	12.00
	Director's Office - EHS	32.25	1.30	0.19	1.49	5.90	5.87	6.00
	Housing Services	65.75	1.75	5.01	6.76	9.00	9.86	8.50
	Neighbourhood Services and Transport	236.53	1.81	6.46	8.27	14.50	16.43	14.00
	Shared Regulatory Services	169.42	0.92	2.41	3.33	7.50	7.55	7.50
Environment & Housing Services Totals		661.68	1.58	4.96	6.54	11.18	12.09	10.80
Learning & Skills	Additional Learning Needs and Wellbeing	37.22	0.70	2.72	3.42	9.00	7.13	9.50
	Director's Office - L&S	11.69	0.26	2.74	2.99	5.90	1.08	6.00
	Standards and Provision	74.62	0.75	4.47	5.22	11.50	12.41	11.00
	Strategy, Community Learning and Resources	164.76	0.78	5.00	5.77	9.00	9.22	9.00
Learning & Skills Totals		288.28	0.74	4.47	5.21	9.47	9.37	9.20
MD & Resources	Director's Office - RES	21.30	0.00	0.00	0.00	5.90	3.11	6.00
	Financial Services	113.60	1.64	0.37	2.01	5.90	4.48	6.00
	Human Resources Service	41.81	1.28	1.05	2.33	5.90	3.18	6.00
	ICT Services	42.08	1.69	1.02	2.71	5.90	11.00	6.00
	Legal and Democratic Services	48.16	0.60	3.79	4.39	5.90	5.58	6.00
	Policy and Business Transformation	48.34	1.60	4.36	5.96	5.90	7.57	6.00
	Regeneration and Planning	90.78	0.79	0.69	1.48	5.90	5.33	6.00
MD & Resources Totals		406.06	1.20	1.44	2.64	5.90	5.69	6.00
Social Services	Adult Services	206.44	1.67	7.57	9.24	15.00	15.55	13.50
	Children and Young People Services	185.52	1.28	4.61	5.89	12.00	11.28	12.50
	Director's Office - SS	11.00	0.18	0.00	0.18	5.90	3.62	6.00
	Resource Management and Safeguarding	141.88	1.94	6.90	8.83	13.00	13.17	10.00
Social Services Totals		544.85	1.57	6.24	7.81	13.29	13.25	12.80
Corporate Total - Excluding Schools		1900.87	1.37	4.50	5.87	10.36	10.63	10.10
Schools		1673.63	1.10	2.36	3.46	8.00	7.55	8.50
Total Including Schools		3574.50	1.24	3.50	4.74	9.20	9.12	9.30

EOY FORECAST BASED ON Q2 FIGURE:

11.66

Appendix B – Care First Employee Assistance Programme Q1 2019-2020

1. The Care First Employee Assistance Programme remains available to all employees and continues to be publicised within the workplace since its launch in June 2016.
2. Quarterly reports have been received on a scheduled basis and an update of the service is shown below.
 - Care First EAP continues to be promoted throughout the Council; employees can self-refer or referred by their line manager / Occupational Health.
 - The comparison of figures between year 1 and year 2 highlight a drop-in use of the service
 - The most recent quarterly report for June'19 - Aug'19 indicates a drop in the number of contacts despite the ongoing promotion of the service. The Council will work with Care First to address this.
 - There were 24 new users of the service this quarter.

SERVICE	TOTAL 17/18	TOTAL 18/19	QUARTER 1 1/06/19 - 31/08/19
Total No. of contacts	308	260	51
* to 24/7 telephone counselling line	133	114	25
* for telephone information	8	11	7
* face-to-face counselling	165	129	14
* on-line counselling	2	6	5
No. of new clients	93	77	24
Male	22	15	7
Female	71	62	17
No. personal issues	90	61	11
No. work-related issues	41	21	6
Management support	1	0	0
Information Specialist	6	6	8
Lifestyle home / work	42/43	40/18	9/11
Total Zest registered users	58	75	figures n/a
On-line CBT Service	1	0	0