

THE VALE OF GLAMORGAN COUNCIL

CABINET: 8<sup>TH</sup> SEPTEMBER, 2022

REFERENCE FROM CORPORATE PERFORMANCE AND RESOURCES  
SCRUTINY COMMITTEE: 16<sup>TH</sup> JUNE, 2022

“73 Q4 SICKNESS ABSENCE REPORT 2021/2022 (REF) –

Cabinet, on 9<sup>th</sup> June, 2022, had referred the report to Corporate Performance and Resources Scrutiny Committee for consideration, with any comments to be referred back to Cabinet for further consideration. The Operational Manager Employee Services explained to the Committee that this was a six-monthly report that kept Cabinet and Scrutiny informed of the Council's position in relation to sickness levels and also the support that it provided its employees and managers.

Key points from the report were as follows:

- The absence rates were set out in the report and showed an increase from 8.59 days lost per FTE (April 2020 to March 2021) to 11.35 days lost per FTE (April 2021 to March 2022). The annual target figure (April 2021 to March 2022) was set as 9.20 days lost per FTE.
- The above absence rates, although fairly high, were still relatively positive in light of the ongoing issues around COVID-19, with the target figure kept the same for the last three years due to the Pandemic.
- The Operational Manager highlighted schools within the Vale (which made up 50% of the Council's workforce), which meant that their level of absence could have a significant impact on the overall Council rates of absence, as could be seen when looking at rates of absence due to the Pandemic.
- Stress (non-work related) continued to be the most common reason for sickness absence at 24.34%.
- Recent sickness absence data was compared against previous years, particularly against 2019/20 which was the last period before the effects of COVID-19 were felt.
- In terms of long term / short term absences, long term absences was approximately 75% of all sickness absence versus almost 25%; normally the average rate for these absences was approximately 70 / 30 % respectively. The current figures for longer term absences were nevertheless lower than 2020/21 which had been around 81% and therefore were heading back in the right direction of travel.
- The Operational Manager referred to the top five reasons of absence for each of the Council's Directorates (April 2021 to March 2022), outlining some of the unique issues or causes of these due to the nature of the various directorates, such as age, the nature of their work, etc.

- The report also referred to the impact of COVID-19 and the Operational Manager explained the work that had been done to support staff due to this, such as the move to 'hybrid' and home working, as well as looking at the challenges around 'presenteeism' (i.e., where people working at home / hybrid had continued to work despite being sick with COVID-19 etc. as they were working from home and not travelling to work or in the office with others) in order to ensure that staff did not feel they should work (from home) despite being unwell and maintaining a work / life balance. As part of this the Council was undertaking a staff wellbeing survey in order to get more data on how staff had been working, including 'presenteeism' and how this can be addressed in order to look after staff.
- The Employee Assistance Programme was also outlined, which offered services from counselling through to debt management and the need to review this now, as well as health promotion among staff, offering flu vaccinations to employees and the work undertaken by the Council's Occupational Health Team.
- Finally, on the performance management elements of the management of sickness absence, a considerable amount of data was provided to managers, the Senior Leadership Team, as well as to Cabinet and Scrutiny as well as working closely with trade unions and individual colleagues in terms of managing cases of absences, getting their support and getting staff back to work as quickly and as reasonably as possible.
- As had been raised by Scrutiny previously, Human Resources (HR) would be looking to provide comparative data on sickness absence with other Welsh Local Authorities in the near future; however, this was caveated with the inherent differences between such authorities, i.e. around service provision with some authorities outsourcing key services, whereas the Vale had kept many of theirs 'in-house' which included services that traditionally had higher rates of sickness due to being outdoors or a higher level of physical or mentally / emotionally demanding work.

Following the presentation of the report, the subsequent comments and questions were raised by the Committee and others:

- The Chair wished to raise the 35% increase in sickness absence and was there any evaluation of the data which showed the effectiveness of the Employee Assistance Programme and the initiatives to tackle presenteeism. It was explained that the staff survey should help to provide more 'quantifiable' data around presenteeism (i.e. identifying instances where staff had worked while sick), as at present this was based on anecdotal information only. Regarding the Employee Assistance Programme, there was a mix of both positive feedback and responses where staff have had less than positive experiences in getting support. In addition, access to such services had changed so it was important to review these services and ensure better services and that it complemented the work being undertaken by the Council's Health and Safety Team.
- Councillor Haines stated that on the sickness data provided, it did not show the percentage of the staff working at home who were reporting as sick, and asked if this data could be provided in future reports in order to see the impact on productivity, etc. He also referred to the anecdotal information provided regarding instances of presenteeism, which he felt was insufficient and stressed the importance of gathering data in as rigorous and effective way as possible,

stating that the staff survey could potentially provide 'skewed' data only. It was important for HR to look at a more 'standardised' model of data collection, as seen in industry, with the suggestion that external bodies such as Cardiff University could assist the Council with improving and standardising data collection, etc.

- Councillor Loveluck-Edwards asked about the following:
  - The levels of absence around Social Services and Environment and Housing and whether there was any correlation between staffing levels, recruitment and retention as being an issue. The Operational Manager stated that he would look to build into future sickness absence reports staffing levels and recruitment / retention in those and other services, and to look at the Council's recruitment and attraction strategy, as there appeared to be a wider issue around vacancies and recruitment / retention through many service areas, where previously this had only been seen within more specialist occupations such as social workers and in ICT services. Difficulties in recruiting new staff therefore would put more pressure on existing staff which could impact sickness absence.
  - Regarding the work being done around the 'Menopause Café', what steps were being taken to encourage local management to have those types of discussions in order that female staff were able or feel confident to openly site perimenopause or menopause as a condition for their reason for their work absence. This was something that could be looked at in more detail and could be incorporated into future reporting.
  - On non-work related stress, would it be possible to drill down into the details and establish if there was any specific issues, i.e. around gender relating to the significant levels of absence attached to this, whilst respecting individuals' privacy. It was explained that the categories for sickness absence were driven by Welsh Government, whereby they only looked at the higher level of 'stress' related sickness absence only, with the Vale actually splitting this category down further into work – and non work – related stress. It was suggested that a further 'drilling down' into this data could be done, but not at the level where individuals or teams could be easily identified.
- Councillor Wood referred to the long-term absence table in the report, which seemed to indicate a large increase in stress related sickness absence, with other categories of sickness absence seeing much less increases or none at all. This could be explained by the pressures caused due to the pandemic, increases in staff head count, etc but this still remained a significant increase. It was confirmed to the Councillor that long term absence was measured as four weeks continuous absence. He added that there needed to be an additional 'drilling down' into long term, stress related sickness absence (but with the need to respect individuals' privacy, etc.) in order to look at potential ideas to help reduce stress related absences, which had become a significant sickness issue for the Council. Furthermore, the statistics on long term absences should look at those people who were sick for longer than four weeks. The Operational Manager agreed with the Councillor's comments and referred to the work undertaken with managers to help manage their absences and the more detailed sickness absence data shared with the various management teams and health and safety committees to help address such issues. In terms of longer-term sickness

absence, data could be provided going forward, by directorate and other categories, looking at 4-, 8- and 12-week periods.

- The Vice-Chair added that a large part of the increase in stress related absences seemed to be linked to schools; he also highlighted two particular points of concern which were listed in the report, which was a large increase in the last two years of work-related stress within Environment and Housing and in work and non-work related stress in Social Services. He asked if there could be an additional report covering these specific areas of increase and concern. The Operational Manager agreed that extra reporting around stress related absences for the services outlined would be undertaken and also referred to the work that the Council had undertaken to help alleviate such pressures such as the additional payments, via WG, to staff i.e. in social care.
- The Leader also addressed the Committee, stating that this was an area she cared passionately about and not to forget that behind the report and the statistics were people, who were unwell and had worked tirelessly such as social care workers with Musculoskeletal issues due to the need to lift and move vulnerable and elderly people, or staff working in refuse and recycling. There was also the mental health aspect which risked being 'lumped in' with stress related absence, in a way that other ailments or reasons for absence were not and so there was a need to where possible to drill down into the reasons behind stress related absences, whether they are work or home related, etc, in order to have both qualitative and quantitative data. The Leader also referred to the Employee Assistance Programme which could offer assistance to staff whose work / life balance had been impacted and were suffering from home or work-related stress.
- The Head of Human Resources and Organisational Development wished to add that the extensive work undertaken by frontline staff, to support the most vulnerable and all residents in the Vale during the Pandemic had meant greater stress and anxiety which had impacted sickness absence. There was now a risk of this being exacerbated by cost-of-living pressures. The Council would continue to offer support to staff via medical, psychiatric and other professionals' interventions, as well as offering peer to peer support, wellbeing, resilience, physical fitness, mental health, financial support and similar sessions. Also, when looking at staff feedback and statistics via the surveys undertaken, these were overall positive in terms of the programmes offered to employees, how satisfied they were with their role, how supported they felt by their line manager and how trusted they felt to do their role. It was important that all the Council's managers continued to give those supportive messages to staff. More detailed data would be provided to the Committee on sickness absence, minus any personal data.
- The Cabinet Member for Neighbourhood and Building Services also addressed the Committee, addressing the hard physical work undertaken by staff within his portfolio during the Pandemic period and the subsequent impact on absence, as well as events in the personal lives of staff. The Cabinet Member also stated that he would keep a close eye on and discuss any increase in sickness absence within his remit with the relevant Director in order to address this and to utilise the Employee Assistance Programme.

Scrutiny Committee subsequently

RECOMMENDED – T H A T the Committee’s views and recommendations be referred to Cabinet for their consideration and approval, namely:

- A report be produced for Cabinet and for the Committee on the breakdown of sickness absence by staff working at home and those working in office and frontline environments.
- A report be produced for Cabinet and for the Committee on any potential correlation between the areas where the Council has skill shortages with the issues of recruitment and retention as well as significant levels of sickness absence.
- A report be produced for Cabinet and for the Committee on the link between sickness absence and perimenopause and menopause for female staff, as well as looking at the means of enabling staff to cite these as reasons for sickness absence, such as on return-to-work forms.
- A report be produced for Cabinet and for the Committee looking at specifically the longer-term instances of sickness absence and the numbers of persons affected, broken down by sector, reason for absence, etc.

#### Reason for recommendation

For Cabinet to consider the comments and recommendations of the Scrutiny Committee in order to ensure a continued focus on the management of sickness absence throughout all services of the Council and to enable the Committee to make recommendations to Cabinet, as appropriate.”