

Name of Committee:	<b>Cabinet</b>
Date of Meeting:	<b>08/03/2021</b>
Relevant Scrutiny Committee:	Corporate Performance and Resources
Report Title:	<b>Q3 Sickness Absence Report 2020/2021</b>
Purpose of Report:	To update Members of the Cabinet on the sickness absence statistics for the 9-month period from 1 April 2020 to 31 December 2020
Report Owner:	Report of the Executive Leader and Cabinet Member for Performance and Resources
Responsible Officer:	Rob Thomas - Manging 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

**Executive Summary:**

- The report sets out the sickness absence figures for the 9-month period 1st April 2020 to 31st December 2020 as part of the agreed performance management arrangements.
- There has been a significant decrease in absence levels during the first nine months of 2020/2021 compared with the same period for the previous financial year. The absence rates are set out in paragraph 4.1 and show a decrease from 7.62 days lost per FTE (April to December 2019) to 6.12 days lost per FTE (April to December 2020). The target for quarter three (April to December 2020) was set as 6.68 days lost per FTE.
- There continues to be a review of absence cases which takes place on a monthly basis, 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.
- To continue to support our teams whilst they undertake their duties supporting those most vulnerable in the community, the Council has and will continue to roll out a comprehensive package of wellbeing support. This has been rolled out since November 2020 with the focus on physical, mental and financial wellbeing and in addition to the support currently available via Care First and Occupational Health.
- Our Health and Safety Teams are also working with the Organisational Development Team to roll out ergonomic risk assessments to all those employees working from home to ensure they have the appropriate equipment available.

- 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 annual target for the Vale of Glamorgan Council is set as 9.2 days lost per FTE.
- The performance management approach to absence management will continue throughout 2020/21 with further updates provided to Cabinet and Scrutiny as required.

## **1. Recommendation**

- 1.1** That the report and the nine-month (Quarter 1, 2 and 3 of 2020/21) sickness absence figures provided in Appendix A be noted.
- 1.2** That the report be referred to Scrutiny Committee (Corporate Performance & Resources) for consideration, with any comments referred back to Cabinet for further consideration.

## **2. Reasons for Recommendations**

- 2.1** To bring matters to the attention of Members of the Cabinet in line with corporate objectives.
- 2.2** 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.

## **3. Background**

- 3.1** The levels of sickness absence within the Council are reported to Cabinet every six months, however, a 9 month report was recommended by Scrutiny to keep track of the sickness rates during the current covid pandemic period.
- 3.2** This report sets out the sickness absence information for the period 1st April 2020 to 31st December 2020, including corporate and school employees. It also includes details of sickness absence figures for the previous year; 1st April 2019 to 31st December 2019.
- 3.3** This report acknowledges the work and commitment of all managers, employees and trade union colleagues in relation to the continual management of sickness absence.

## **4. Key Issues for Consideration**

- 4.1** The overall sickness absence rates [i.e. working time lost per Full Time Equivalent (FTE)] over the period 1st April 2020 to 31st December 2020 are set out in the table below with comparative data for the same period in 2019.

	April to December 2019	April to December 2020
Total days/shifts lost (per FTE)	7.62	6.12
Target	6.38	6.68
Total number of FTE days/shifts lost	27343	21626

- 4.2** The total days/shifts lost per FTE for the period April 2020 to December 2020 indicate a decrease in absence levels of over 1 FTE days lost.
- 4.3** As referenced in the previous Cabinet report on attendance and sickness absence, the latest CIPD survey on absence management, now re-branded “Health and Well-being at Work” March 2020, states that the average number of days lost in Public Administration is 8.0 sickness days per employee. This is a change on the previous survey where local government was specifically.
- 4.4** It also identifies that Public Education absence rate averages 5.5 days lost per person.
- 4.5** As a comparison the average number of days lost in the Private Sector is 4.3, with Manufacturing and Production recorded as 6.3.
- 4.6** Sickness absences also increases with the size of the organisation, with the following data based on all organisation groups.

1-49 employees	2.7 FTE days lost
50-249 employees	4.5 FTE days lost
250-999 employees	6.0 FTE days lost
1000-4999 employees	7.7 FTE days lost
5000 + employees	9.2 FTE days lost

#### Sickness absence by Directorate

- 4.7** 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 December 2019	April to December 2020	
	Total days / shifts lost per FTE (total days lost in brackets)	Total days / shifts lost per FTE (total days lost in brackets)	2020 Q3 Target
Environment & Housing	10.25 (6790)	9.37 (6204)	8.29
Learning and Skills	8.40 (2438)	4.45 (918)	6.54
Resources	4.66 (1903)	4.89 (2008)	3.93
Social Services	11.92 (6528)	9.21 (5359)	10.31
Corporate Total - excluding Schools	9.25 (17658)	7.79 (14490)	7.62
Schools	5.77 (9685)	4.26 (7137)	5.62
Totals - including Schools	7.62 (27343)	6.12 (21626)	6.68

- 4.8** Overall there has been a decrease in absence levels across all directorates, except for Resources compared with the performance in the same period in 2019/2020.
- 4.9** In relation to the target figures, Environment and Housing, Resources and the Corporate Figure (excluding Schools) are all above their target figure. Learning and Skills, Social Services and Schools are under the quarterly target figure for April to December 2020.
- 4.10** The performance management approach to absence will continue in 2020/2021 alongside the range of measures as set out in paragraph 5.1

#### Reason for absence

- 4.11** The reasons for sickness absence across the authority (including in Schools) over the period April to December 2020 are listed below. The figures include both the total FTE days lost and percentages as requested by Scrutiny Committee. Stress Related absence is now recorded as non-work and work related.

	Absence Reason	Long Term Days	Short Term Days	Total Days Lost	%
1	Stress Non-Work Related	5254.52	483.08	5737.60	26.5%
2	Other Musculoskeletal	3085.17	480.94	3566.11	16.5%
3	Stress Work Related	2681.60	149.57	2831.17	13.1%
4	Viral Infection	931.00	1199.71	2130.71	9.9%
5	Operations and Recovery	1523.84	146.78	1670.62	7.7%
6	Pandemic	504.53	653.68	1158.21	5.4%
7	Headache, Migraine etc	792.28	248.10	1040.38	4.8%
8	Stomach Ailments	573.46	440.21	1013.67	4.7%
9	Back Problems	602.29	200.49	802.78	3.7%
10	Heart Problems	386.07	17.17	403.24	1.9%
11	Undisclosed	307.00	70.67	377.67	1.7%
12	Pregnancy Related	248.23	119.05	367.28	1.7%
13	Chest Problems	120.21	140.16	260.37	1.2%
14	Genito-Urinary Problems	138.70	59.53	198.23	0.9%
15	RTA / Whiplash	25.00	36.35	61.35	0.3%
	<b>Grand Total</b>	<b>17173.90</b>	<b>4452.49</b>	<b>21626.39</b>	<b>100.0%</b>
	<b>% Absence</b>	<b>79%</b>	<b>21%</b>	<b>100%</b>	

**4.12** In reference to the length of absence, members will note from the above table that 79% of all absence for April to December 2020 was categorised as long term (i.e. over 4 weeks in duration), compared with 21% short term absence. This is a change from the previous quarter at Q2 where long term was 83% and short term 17%. The Q3 data also shows an increase in the long-term absence percentage, although this is actually related to a significant reduction in short-term absences in comparison to the same period in 2019 where 70% of all absence was categorised as long term, compared with 30% short term.

**4.13** Stress (non-work related) continues to be the most common reason for sickness absence at 26.5%. This is followed by Other Musculoskeletal (16.5%) and Stress

(work related) (13.1%). These percentages for Stress are a slight reduction compared to Q2. Recording Stress as two separate reasons provides us with more specific data and 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.

- 4.14** It is considered that the ongoing Covid-19 global pandemic has played a large part in the overall lower absence levels so far in 2020. Where an employee has experienced Covid symptoms / positive test, they are able to undertake a ten-day self-isolation period (leave of absence) which does not count towards absence. Following this period, if the employee is unable to work due to sickness, this will be classed as absence and follow the Managing Attendance at Work policy. In Q2, Pandemic absences were at number 11 in the above reasons list. For Q3, Pandemic is at number 6 so the absences due to the Pandemic are increasing. This may well be the reason that specifically short-term absence has fallen based on previous years' data.
- 4.15** "Presenteeism" as identified in the CIPD report has been observed in 89% of organisations with 25% reporting an increase. With more staff working from home since the pandemic started in March 2020, the level of presenteeism is likely to increase further, however, this is difficult to measure and quantify. The Council considers it very important that staff are given the support during these challenging times and we are working with colleagues within Health & Safety, Occupational Health and Organisational Development & Learning to support our staff who are working from home.
- 4.16** As part of the ongoing support to the Council and Schools, a small team within the Human Resources function receive requests for Covid testing, which are then sent to the NHS Clinical Testing Unit (CTU). This has enabled potential Covid cases to be processed quickly, and also enables tests to be held locally. Tests are available for all staff, pupils and staff family members. The requests are processed 7 days a week, with the Human Resources team undertaking a rota from 8am to 8pm Monday-Sunday.
- 4.17** The Human Resources Business Partnership team continues 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.
- 4.18** 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 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.

**4.19** Tables with the five most common absence reasons for each Directorate are set out below for the period April to December 2020. Data includes the FTE days lost and percentage of absence in each of the reasons.

Environment and Housing Services					
	Reasons	Long term	Short Term	Total	%
1	Stress Non-Work Related	1581.69	69.67	1651.36	26.6%
2	Other Musculoskeletal	829.21	166.04	995.25	16.0%
3	Stress Work Related	912.00	43.34	955.34	15.4%
4	Viral Infection	245.74	250.22	495.96	8.0%
5	Operations and Recovery	441.12	48.39	489.51	7.9%
	<b>Grand Total</b>	<b>5218.46</b>	<b>985.91</b>	<b>6204.37</b>	<b>100%</b>
	Overall %	84.1%	15.9%	100%	

Learning and Skills					
	Reasons	Long term	Short Term	Total	%
1	Other Musculoskeletal	283.41	4.24	287.65	31.3%
2	Stress Non-Work Related	174.98	51.51	226.49	24.7%
3	Operations and Recovery	120.90	0.00	120.90	13.2%
4	Heart Problems	107.00	0.00	107.00	11.7%
5	Viral Infection	21.96	45.50	67.46	7.3%
	<b>Grand Total</b>	<b>760.52</b>	<b>157.31</b>	<b>917.83</b>	<b>100%</b>
	Overall %	82.9%	17.1%	100%	

Resources					
	Reasons	Long term	Short Term	Total	%
1	Stress Non-Work Related	685.52	78.50	764.02	38.0%
2	Stress Work Related	401.00	20.00	421.00	21.0%
3	Operations and Recovery	200.11	10.46	210.57	10.5%
4	Other Musculoskeletal	110.00	35.54	145.54	7.2%
5	Viral Infection	4.00	124.11	128.11	6.4%
	<b>Grand Total</b>	<b>1580.07</b>	<b>428.04</b>	<b>2008.11</b>	<b>100%</b>
	Overall %	78.7%	21.3%	100%	

Social Services					
	Reasons	Long term	Short Term	Total	%
1	Stress Non-Work Related	1331.83	155.84	1487.67	27.8%
2	Other Musculoskeletal	1056.93	159.15	1216.08	22.7%
3	Stress Work Related	601.65	47.54	649.19	12.1%
4	Operations and Recovery	386.47	24.88	411.35	7.7%
5	Pandemic	283.70	32.70	316.40	5.9%
	<b>Grand Total</b>	<b>4385.54</b>	<b>973.87</b>	<b>5359.41</b>	<b>100%</b>
	Overall %	81.8%	18.2%	100%	

Schools					
	Reasons	Long term	Short Term	Total	%
1	Stress Non-Work Related	1480.50	127.56	1608.06	22.5%
2	Viral Infection	539.98	603.83	1143.81	16.0%
3	Other Musculoskeletal	805.62	115.97	921.59	12.9%
4	Stress Work Related	766.95	38.69	805.64	11.3%
5	Pandemic	159.61	543.98	703.59	9.9%
	<b>Grand Total</b>	<b>5229.31</b>	<b>1907.36</b>	<b>7136.67</b>	<b>100%</b>
	Overall %	73.3%	26.7%	100%	

Absence due to non-work related stress as shown in the above tables is the most common reason for absence in all five Directorates

**4.20** The top three reasons for Long-term absence for April to December 2020 and a comparison with the same period in 2019 are set out below;

	Absence Reason	April to December 2019
1	Stress Non-Work Related	29.4%
2	Other Musculoskeletal	19.8%
3	Operations and Recovery	17.4%

	Absence Reason	April to December 2020
1	Stress Non-Work Related	30.6%
2	Other Musculoskeletal	18.0%
3	Stress Work Related	15.6%

For April to December 2020 a stress reason now occupies two of the top three reasons for long term absence. In April to December 2019, Stress Work Related absence was fourth in the list of reasons at 10.1%. This has increased for 2020. Pandemic absence is ninth in the absence reason list for long term.

**4.21** The top three reasons for Short-term absence for April to December 2020 and a comparison with the same period in 2019 are set out below;



	Absence reason	April to December 2019
1	Viral Infection	38.5%
2	Stomach Ailments	13.6%
3	Stress Non-Work Related	10.1%

	Absence reason	April to September 2020
1	Viral Infection	26.9%
2	Pandemic	14.7%
3	Stress Non-Work Related	10.8%

For April to December 2020, viral infection remains the highest reason for short term absence. In quarter 2 for 2020/2021, Stress non-work related was the second highest reason for short term absence at 14.5%. For quarter 3, the number of absences against the Pandemic reason has increased and this is now the second highest absence reason for April to December 2020.

## Performance Management

**4.22** 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 the Council's Strategic Leadership Team 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 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 Human Resources Employee Services.
- Long-term 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 Attendance and Wellbeing Policy is currently underway

#### Employee Assistance Programme

- 4.23** The Care First Employee Assistance Programme remains available to all employees and continues to be publicised within the workplace. The Human Resources Service is undertaking a review of the Care First Employee Assistance Programme and are looking at other providers to ensure the Council is getting a valued service for its staff.
- 4.24** 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 which has continued to take place remotely.

#### Positive Health Promotion

- 4.25** Work is continuing to develop positive health support as follows:
- Flu vaccinations were offered to all employees during Sept–Dec 2019 and a total of approx. 1,600 vaccinations were administered to employees. The 2020/21 sessions have already commenced, and data will be provided in the end of year sickness report. Currently the team have prioritised all critical business functions and have completed teams within social care, waste and our most vulnerable schools.
  - Further support for the Occupational Health Team is currently being considered to strengthen the support to staff during the pandemic
  - A new Occupational Health booking system is currently being procured, which will enable administration time of the nurses and doctors to be reduced, and thereby increasing the number of appointments. Implementation for the new system will take place during Q4
  - The Occupational Health service offers 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. This has temporarily been suspended since the start of the pandemic, but it will resume in the near future.
  - An extended Wellbeing package was rolled out to all employees across the Council from November 2020 focusing on physical, mental and financial wellbeing. This includes online virtual fitness sessions, yoga and stretching in addition to sessions on mindfulness, resilience and coping at times of change.

- Promoting the completion of ergonomic risk assessments for all those moved to working from home. Ensuring the provision of appropriate resources to work safely and minimise musculoskeletal issues.
- 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 which will now take place online, such as online Yoga classes.
  - Signposting colleagues to relevant services.

#### Summary

**4.26** The management of sickness absence continues to be a high priority for the Council and an important ‘Corporate Health’ indicator. The quarter three figure of 6.12 days lost is under the target figure of 6.68 days and also lower than the 7.62 at this stage from the previous year. The annual target figure for 2020/2021 has been set at 9.2 days lost per FTE. The continued hard work and support from the Strategic Leadership Team, Human Resources, Managers and Trade Unions will be important to keep track of absence levels within the Council

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

#### **5.1** 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

#### **5.2** Prevention

The management of sickness absence together with wellbeing initiatives will help support service delivery including the meeting of corporate / service objectives

#### **5.3** 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.

**5.4 Collaboration**

A key factor in managing sickness absence is the support from Corporate Management Team, Managers, HR, Occupational Health and Trade Unions.

**5.5 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.

## **6. Resources and Legal Considerations**

### **Financial**

- 6.1** The need to continue to maintain reasonable levels of absence will be important as the Council responds to ongoing financial pressures, especially during the current pandemic.

### **Employment**

- 6.2** The incidence of high levels of absence has significant resource implications and places constraints on the continued delivery of high-quality service provision.

### **Legal (Including Equalities)**

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

## **7. Background Papers**

None.

## Appendix A - Sickness Absence Breakdown Service Area (20/21)

Period - 01-APR-2020 to 31-DECEMBER-2020

Directorate	Service	Average FTE	Short Term Days Lost per FTE	Long Term Days Lost per FTE	20-21 Days Lost per FTE	20/21 Annual Target	19-20 Days Lost Per FTE
Environment & Housing Services	Building Services	152.67	1.67	9.15	10.82	12.50	16.10
	Director's Office - EHS	32.15	0.48	6.03	6.52	5.90	6.88
	Housing Services	65.00	1.12	13.28	14.41	9.00	13.68
	Neighbourhood Services and Transport	241.60	1.72	8.60	10.32	14.50	15.93
	Shared Regulatory Services	170.61	1.34	4.02	5.35	7.50	10.23
<b>Environment &amp; Housing Services Totals</b>		<b>662.03</b>	<b>1.49</b>	<b>7.88</b>	<b>9.37</b>	<b>11.18</b>	<b>13.83</b>
Learning & Skills	Additional Learning Needs and Wellbeing	46.89	1.22	2.93	4.15	9.00	9.58
	Director's Office - L&S	12.68	1.14	1.81	2.96	5.90	10.04
	Standards and Provision	66.42	0.44	5.66	6.10	11.50	13.91
	Strategy, Community Learning and Resources	79.96	0.71	2.80	3.51	9.00	12.29
<b>Learning &amp; Skills Totals</b>		<b>205.94</b>	<b>0.76</b>	<b>3.69</b>	<b>4.45</b>	<b>9.47</b>	<b>12.17</b>
Resources	Director's Office - RES	21.00	0.57	3.86	4.43	5.90	0.24
	Financial Services	116.12	1.21	6.76	7.97	5.90	7.84
	Human Resources Service	40.08	0.05	2.92	2.97	5.90	5.98
	ICT Services	42.08	0.55	0.48	1.02	5.90	5.76
	Legal and Democratic Services	50.24	0.69	2.17	2.85	5.90	9.94
	Policy and Business Transformation	54.74	3.50	7.00	10.49	5.90	12.59
	Regeneration and Planning	86.18	0.28	0.99	1.28	5.90	3.83
<b>Resources Totals</b>		<b>410.44</b>	<b>1.04</b>	<b>3.85</b>	<b>4.89</b>	<b>5.90</b>	<b>6.99</b>
Social Services	Adult Services	218.10	1.86	9.93	11.80	15.00	18.08
	Children and Young People Services	192.77	1.40	3.25	4.66	12.00	11.41
	Director's Office - SS	11.00	1.09	8.36	9.45	5.90	5.55
	Resource Management and Safeguarding	159.69	1.78	9.40	11.18	13.00	17.27
<b>Social Services Totals</b>		<b>581.57</b>	<b>1.67</b>	<b>7.54</b>	<b>9.21</b>	<b>13.29</b>	<b>15.36</b>
<b>Corporate Total - Excluding Schools</b>		<b>1859.98</b>	<b>1.37</b>	<b>6.42</b>	<b>7.79</b>	<b>10.36</b>	<b>12.58</b>
<b>Schools</b>		<b>1675.87</b>	<b>1.14</b>	<b>3.12</b>	<b>4.26</b>	<b>8.00</b>	<b>8.22</b>
<b>Total Including Schools</b>		<b>3535.85</b>	<b>1.26</b>	<b>4.86</b>	<b>6.12</b>	<b>9.20</b>	<b>10.51</b>