

THE VALE OF GLAMORGAN COUNCIL

CORPORATE PERFORMANCE AND RESOURCES SCRUTINY COMMITTEE:
14TH DECEMBER, 2022

REFERENCE FROM CABINET: 17TH NOVEMBER, 2022

“C130 Q2 SICKNESS ABSENCE REPORT 2022/2023 (EL/PR) (SCRUTINY – CORPORATE PERFORMANCE AND RESOURCES) –

The Leader presented the report the purpose of which was to update Cabinet on the sickness absence statistics for the 6-month period from 1st April, 2022 to 30th September, 2022

The report set out the sickness absence figures for the 6-month period 1st April, 2022 to 30th September, 2022 as part of the agreed performance management arrangements.

The previous year (2021/2022) saw low levels of absence, this was due to the Covid pandemic. Absence rates now seemed to be increasing year on year.

The absence rates were set out in paragraph 4.1 and showed an increase from 3.40 days lost per FTE (April 2020 to September 2020) to 4.95 days lost per FTE (April 2021 to September 2021) and 5.87 days lost per FTE (April 2022 to September 2022). The annual target figure (April 2022 to September 2022) was set as 4.15 days lost per FTE.

The Leader referred to two amendments to the report due to formatting errors. On page 3 of the report, paragraph 4.6 contained duplicated figures for both 2020 and 2021 columns which should have read as below:-

	2020 *		2021 *		2022	
Month	Number of Absences	Days Lost	Number of Absences	Days Lost	Number of Absences	Days Lost
April	197	2063	432	2983	504	3317
May	182	1947	470	3241	555	3635
June	205	1942	465	3146	495	3631
July	197	1933	388	3006	709	4389
August	184	1791	233	2703	303	3254
September	368	2311	390	2860	480	3792

* Reported at Q2

Number of Absences = Number of Absent Employees in each individual month (i.e. an absence 15th April to 2nd June will be reported in April / May / June respectively)

Days Lost = this is the total days lost in each individual month

Also, on page 4, paragraph 4.10 of the report there were erroneous number ones at the end of the reported figures for Musculoskeletal and Stress Work for 2021, which should have read 2677 and 2047 respectively.

This was a matter for Executive decision.

Cabinet, having considered the report and all the issues and implications contained therein and including the typographical amendments to paragraphs 4.6 and 4.10 to the report

RESOLVED –

- (1) T H A T the report and the six-month (April 2022 to September 2022) sickness absence figures provided in Appendix A be noted.
- (2) T H A T the amended report be referred to Corporate Performance and Resources Scrutiny Committee for consideration, with any comments referred back to Cabinet for further consideration.

Reasons for decisions

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

Attached as Appendix – Report to Cabinet: 17th November, 2022

Name of Committee:	Cabinet
Date of Meeting:	17/11/2022
Relevant Scrutiny Committee:	Corporate Performance and Resources
Report Title:	Q2 Sickness Absence Report 2022/2023
Purpose of Report:	To update Cabinet on the sickness absence statistics for the 6-month period from 1st April, 2022 to 30th September, 2022
Report Owner:	Report of the Executive Leader and Cabinet Member for Performance and Resources
Responsible Officer:	Rob Thomas – Chief Executive
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> <ul style="list-style-type: none"> • The report sets out the sickness absence figures for the 6-month period 1st April, 2022 to 30th September, 2022 as part of the agreed performance management arrangements. • The previous year (2021/2022) saw low levels of absence, this was due to the Covid pandemic. Absence rates now seem to be increasing year on year. • The absence rates are set out in paragraph 4.1 and show an increase from 3.40 days lost per FTE (April 2020 to September 2020) to 4.95 days lost per FTE (April 2021 to September 2021) and 5.87 days lost per FTE (April 2022 to September 2022). The annual target figure (April 2022 to September 2022) was set as 4.15 days lost per FTE. 	

1. Recommendations

- 1.1 That the report and the six-month (April 2022 to September 2022) sickness absence figures provided in Appendix A be noted.
- 1.2 That the report be referred to Corporate Performance and Resources Scrutiny Committee 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.
- 3.2 This report sets out the sickness absence information for the period 1st April, 2022 to 30th September, 2022, including corporate and school employees. It also includes details of sickness absence figures for previous years for comparison.
- 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)] for 1st April, 2022 to 30th September, 2022 are set out in the table below with comparative data for the same period in 2020/2021 and 2021/2022.

Total days / shifts lost per FTE (total days lost)	April to September			Target 2022 Q2
	2020	2021	2022	
Environment & Housing	6.08 (4031)	6.05 (4041)	7.11 (4790)	5.29
Learning and Skills	2.55 (518)	4.05 (818)	3.81 (791)	4.05
MD and Resources	3.02 (1243)	4.66 (1947)	5.31 (1735)	2.23

Place	1.13 (86)	0.53 (91)	0.86 (74)	2.23
Social Services	5.67 (3287)	8.47 (5074)	9.71 (6131)	6.76
Corporate Total - excluding Schools	4.89 (9078)	6.30 (11879)	7.02 (13522)	4.83
Schools	1.74 (2909)	3.48 (6059)	4.65 (8491)	3.37
Total Absence	3.40 (11987)	4.95 (17939)	5.87 (22013)	4.15

- 4.2** A more detailed breakdown of absence in each Service area is included within Appendix A.
- 4.3** The total days/shifts lost per FTE for the period April 2022 to September 2022 indicate an increase in absence levels compared to same period in 2021. In addition, this is higher than performance in 2010.
- 4.4** It should be noted that this is expected due to the removal of restrictions within Wales in relation to Covid-19.
- 4.5** All directorates are above their target figures except for Learning and Skills in relation to days lost per FTE.
- 4.6** The following table shows a breakdown of each month in Quarter 2 for 2020 / 2021 / 2022. The figures for July / August / September show higher days lost in 2022 compared to 2020 and 2021. This is a trend that will need to be reduced for the remaining year.

	2020 *		2021 *		2022	
Month	Number of Absences	Days Lost	Number of Absences	Days Lost	Number of Absences	Days Lost
April	197	2063	432	2983	504	3317
May	182	1947	470	3241	555	3635
June	205	1942	465	3146	495	3631
July	197	1933	388	3006	709	4389
August	184	1791	233	2703	303	3254
September	368	2311	390	2860	480	3792
* Reported at Q2						

Number of Absences = Number of Absent Employees in each individual month (i.e. an absence 15th April to 2nd June will be reported in April / May / June respectively)

Days Lost = this is the total days lost in each individual month

4.7 The reasons for sickness absence across the authority (including in Schools) over the period April 2022 to September 2022 are listed in the below table compared to 2020 and 2021. The figures include both the total FTE days lost and percentages.

4.8 Stress (non-work related) continues to be the most common reason for sickness absence at 25%. This is followed by Other Musculoskeletal (12%) and Stress (work related) (11%). For 2020 and 2021, Stress (non-work related) was also the most common reason for sickness absence. Viral infection is the highest reason for short term absence (29%). Stress (non-work related) continues to be the most common long term reason for sickness absence (31%). The Pandemic moved to 6th place in 2022 (10%) from 8th place in 2021 (4%).

4.9 In reference to the length of absence, members will note from the below table that 76% of all absence are categorised as long term (i.e. over 4 weeks in duration), compared with 24% short term absence.

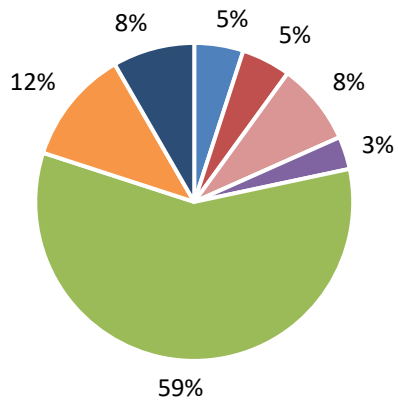
4.10 Note that the percentages are added up separately for the short-term, long term and total absences. Due to the fact that short-term absence is 24% of absence, the total of short-term and long term won't add up to the total percentage figure. This is also the case for the Directorate tables on the following pages.

Days Lost (%)	Short Term			Long Term			Total Absence		
	2020	2021	2022	2020	2021	2022	2020	2021	2022
Absence Reason									
Stress Non Work	289 15%	447 13%	445 9%	2926 29%	4777 33%	5155 31%	3216 27%	5224 29%	5600 25%
Musculo-skeletal	287 15%	377 11%	328 6%	1863 19%	2677 %	2235 13%	2150 18%	3054 17%	2563 12%
Stress Work	120 6%	107 3%	118 2%	1751 18%	2047 %	2309 14%	1872 16%	2155 12%	2427 11%
Operations / Recovery	86 4%	145 4%	182 4%	916 9%	1531 11%	2222 13%	1003 8%	1676 9%	2404 9%

Viral Infection	507 25%	1086 31%	1494 29%	554 6%	263 2%	809 5%	1062 9%	1349 8%	2303 10%
Pandemic	1 0%	259 7%	1251 24%	192 2%	454 3%	894 5%	193 2%	713 4%	2145 10%
Stomach Ailments	225 11%	407 12%	572 11%	425 4%	324 2%	553 3%	650 5%	731 4%	1125 5%
Back Problems	99 5%	183 5%	173 3%	262 3%	621 4%	785 5%	361 3%	804 4%	958 4%
Headache / Migraine	126 6%	231 7%	191 4%	514 5%	387 3%	510 3%	640 5%	618 3%	702 3%
Heart Problems	7 1%	44 1%	11 0%	198 2%	499 3%	511 3%	205 2%	544 3%	522 2%
Chest Problems	124 6%	75 2%	185 4%	99 1%	128 1%	216 1%	223 2%	203 1%	401 2%
Genito-Urinary	24 1%	45 1%	46 1%	93 1%	116 1%	188 1%	117 1%	160 1%	234 1%
Pregnancy Related	51 3%	61 2%	113 2%	48 0%	254 2%	77 0%	99 1%	315 2%	189 1%
Undisclosed	26 1%	34 1%	28 1%	120 1%	253 2%	82 0%	146 1%	287 2%	344 2%
RTA / Whiplash	25 1%	32 0%	34 1%	25 0%	74 0%	65 0%	50 0%	106 1%	99 0%
% of overall absence (Total Days)	1999 17%	3535 20%	5186 24%	9988 83%	14405 80%	16827 76%	11987	17939	22013

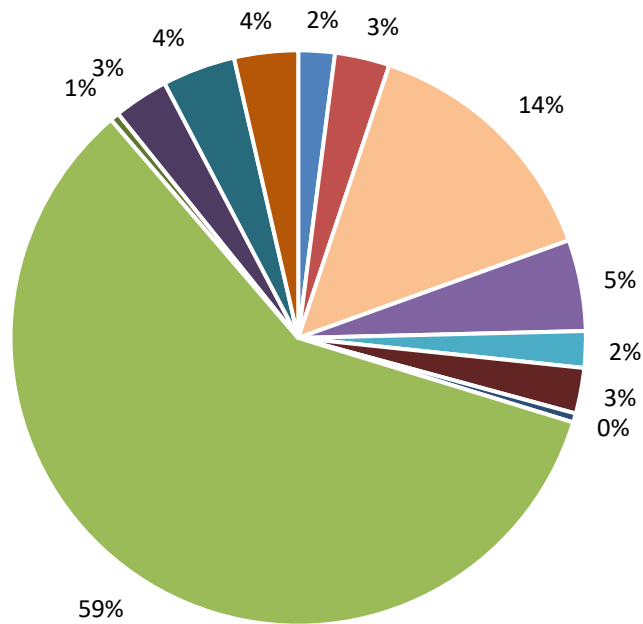
4.11 The following graphs show the breakdown of Stress Work Related and Stress Non Work Related descriptions for the Council from April 2022 - September 2022.

Description Breakdown - Stress Work Related



- Anxiety
- Anxiety and depression
- Personal and Work Stress
- Stressed due to caseload
- Stressed due to work - other
- Stress due to ill health/health concern
- Stressed due to grievance/disciplinary

Description Breakdown - Stress Non Work Related



- Anxiety
- Anxiety and depression
- Bereavement
- Family/Personal Reasons
- Mental Health Stress
- Personal and Work Stress
- Acute reaction to stress
- Stress/Personal Reasons
- Stress due to caring responsibilities
- Depression
- Family illness
- Ongoing Illness/Health Scare

4.12 Tables with the five most common absence reasons for each Directorate are set out below for the period April 2022 to September 2022. Data includes the FTE days lost and percentage of absence in each of the reasons.

Environment and Housing - Top 5 Reasons - April 2022 to September 2022

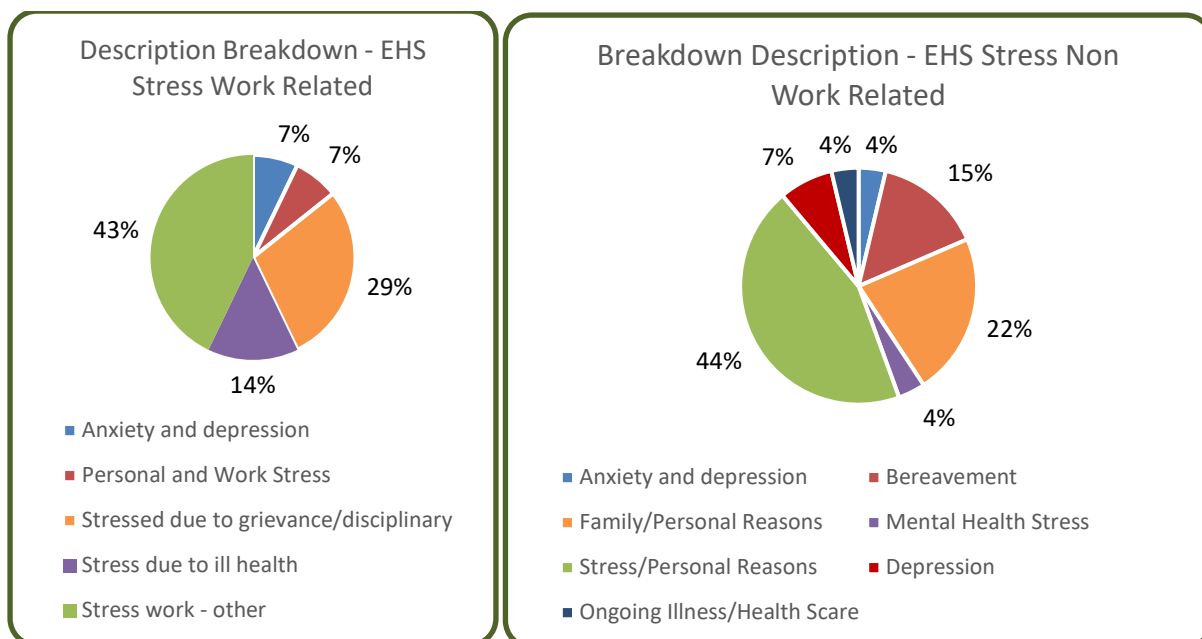
4.13 The Top 5 reasons for Environment and Housing show that Stress - Non Work Related has become the highest reported reason for absence in Q2 for 2022 (28%). It can be noted that this is based on an increase in long term sickness related to this absence type. A decrease has been seen in Musculoskeletal absences since 2020 from 26% down to 20% of absences. Stress Work Related has shown an increase since 2020 similar to Stress Non Work Related.

Environment and Housing - Top 5 Reasons - April 2022 to September 2022

4.14 The Top 5 reasons for Environment and Housing show that Stress - Non Work Related has become the highest reported reason for absence in Q2 for 2022 (28%). It can be noted that this is based on an increase in long term sickness related to this absence type. A decrease has been seen in Musculoskeletal absences since 2020 from 26% down to 20% of absences. Stress Work Related has shown an increase since 2020 similar to Stress Non Work Related.

Days Lost (%)	Short Term			Long Term			Total Absence		
	2020	2021	2022	2020	2021	2022	2020	2021	2022
EHS - Top 5 Absence									
Stress Non Work Related	145 22%	122 15%	29 7%	495 15%	873 27%	957 31%	640 16%	995 25%	986 28%
Stress Work Related	77 12%	40 5%	27 7%	603 18%	601 19%	775 25%	680 17%	641 16%	803 23%
Musculo-skeletal	31 5%	51 6%	114 27%	1029 30%	678 21%	604 19%	1060 26%	730 18%	717 20%
Operations and Recovery	33 5%	83 10%	29 7%	168 5%	265 8%	658 21%	201 5%	348 9%	687 19%
Pandemic	0 0%	33 4%	221 53%	0 0%	37 1%	122 4%	0 0%	70 2%	343 10%

4.15 The following graphs show the breakdown of Stress Work Related and Stress Non Work Related descriptions for Environment & Housing from April 2022- Sep 2022.

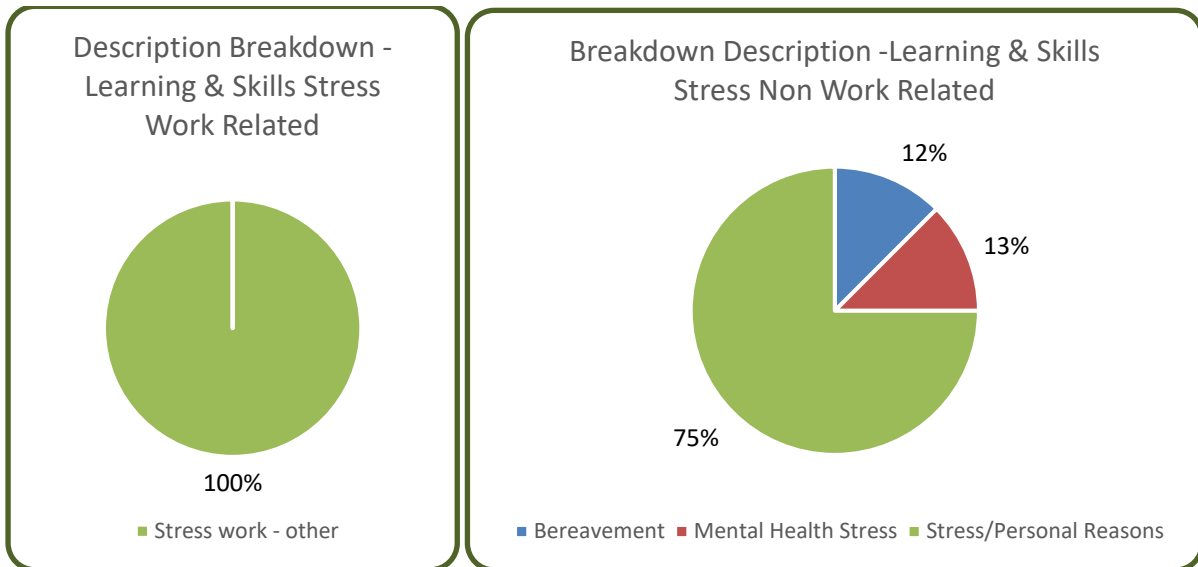


Learning and Skills - Top 5 Reasons - April 2022 to September 2022

4.16 The Top 5 reasons for Learning and Skills show an increase in absence for Stress Non Work Related of over 23% since 2021 for long term cases, but it has shown a decline in short term absences since 2020. Headache and migraine and the Pandemic have seen a steady increase year on year since 2020. Sickness within Learning and Skills has declined since 2020 which may be linked to the implementation of Big Fresh Catering Company Ltd.

Days Lost (%)	Short Term			Long Term			Total Absence		
	2020	2021	2022	2020	2021	2022	2020	2021	2022
LS - Top 5 Absence									
Stress Non Work Related	15 26%	11 12%	14 9%	122 27%	160 22%	292 55%	137 27%	172 21%	306 44%
Headache / Migraine	1 1%	1 1%	4 3%	0 0%	42 6%	125 24%	1 0%	42 5%	129 19%
Pandemic	0 0%	6 6%	81 50%	0 0%	61 9%	20 4%	0 0%	68 8%	101 15%
Heart Problems	0 0%	0 0%	0 0%	107 23%	0 0%	85 16%	107 21%	0 0%	85 12%
Viral Infections	31 52%	24 25%	64 39%	8 2%	0 0%	4 1%	39 8%	24 3%	68 10%

4.17 The following graphs show the breakdown of Stress Work Related and Stress Non Work Related descriptions for Learning & Skills from April 2022 - September 2022.

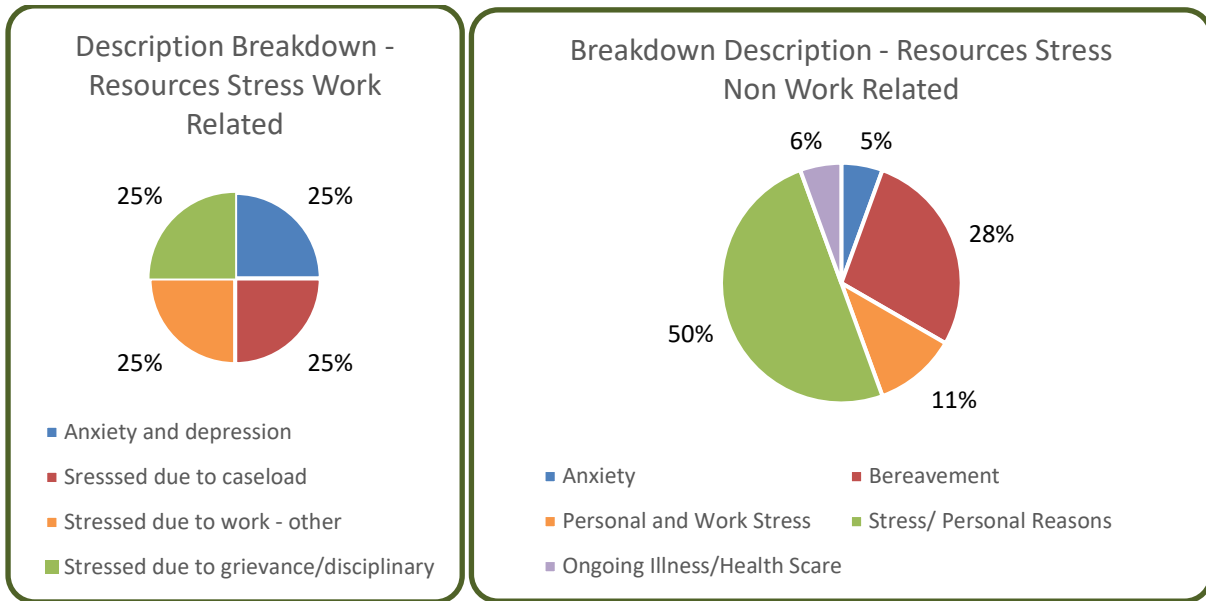


MD and Resources - Top 5 Reasons - April 2022 to September 2022

4.18 The Top 5 reasons for Resources shows Stress Non-Work Related as the highest contributor to absence, which has increased by 13% since 2020 and 2021. Stress Work Related has shown a marked decrease since 2020 (22%), 2021 (18%) to 2022 (8%), which is very encouraging. Stomach Ailments and the Pandemic have seen significant increases since 2021 - Stomach Ailments from 1% to 19% and the Pandemic from 3% to 11% but this may be related to individual cases.

Days Lost (%)	Short Term			Long Term			Total Absence		
	2020	2021	2022	2020	2021	2022	2020	2021	2022
RES - Top 5 Absence									
Stress Non Work Related	61 17%	47 20%	33 20%	324 36%	557 33%	593 47%	384 31%	604 31%	626 44%
Stomach Ailments	43 12%	15 6%	28 16%	38 4%	0 0%	240 19%	81 7%	15 1%	268 19%
Operations and Recovery	15 4%	16 7%	24 14%	110 12%	412 24%	235 19%	124 10%	428 22%	259 18%
Pandemic	0 0%	27 11%	71 42%	36 4%	0 0%	80 6%	36 3%	27 1%	152 11%
Stress Work Related	32 9%	31 7%	2 7%	247 28%	327 19%	104 8%	279 22%	358 18%	116 8%

4.19 The following graphs show the breakdown of Stress Work Related and Stress Non Work Related descriptions for Resources from April 2022 - September 2022.

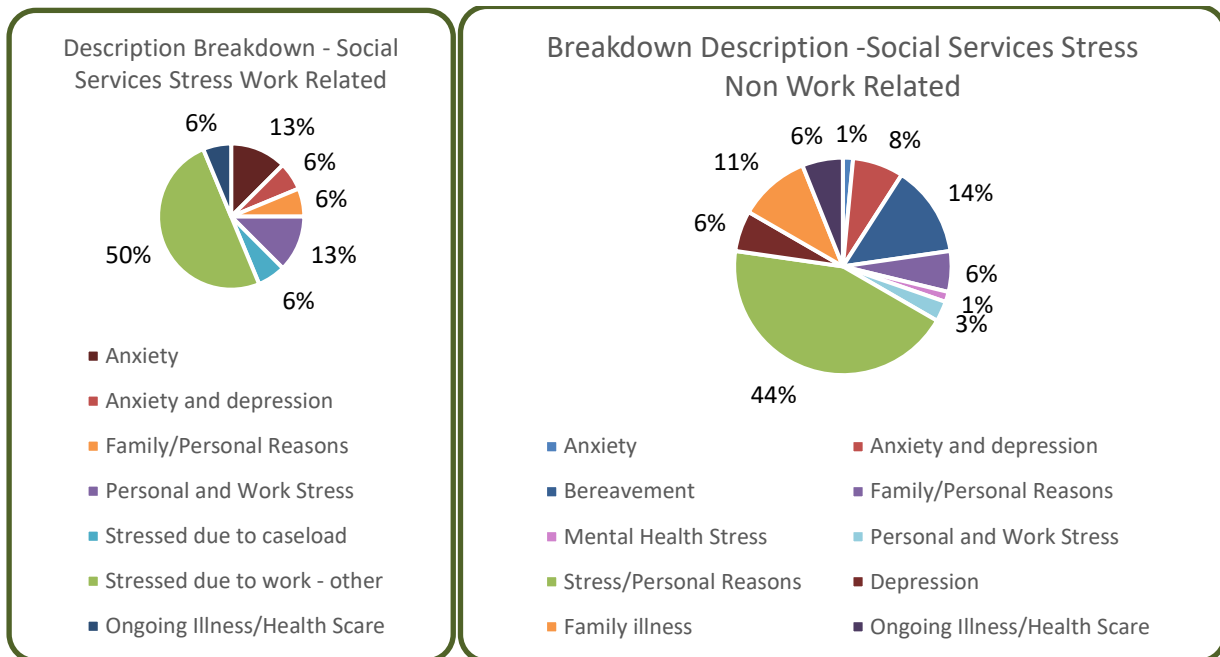


Social Services - Top 5 Reasons - April 2022 to September 2022

4.20 The Top 5 reasons for Social Services shows Stress Non Work Related as the highest contributor to absence and has seen a marked increase since 2020. Musculoskeletal has decreased since 2020 from 23% to 17% in 2022. Pandemic has increased from 5% in 2020 & 2021 to 12% in 2022. Operations and Recovery has shown a small increase since 2020. Stress Work Related has moved from the top 5 sicknesses which is encouraging.

Days Lost (%)	Short Term			Long Term			Total Absence		
	2020	2021	2022	2020	2021	2022	2020	2021	2022
SS - Top 5 Absence									
Stress Non Work Related	98 19%	100 13%	154 18%	916 33%	1597 37%	1945 49%	1015 31%	1697 33%	2098 43%
Musculo-skeletal	89 17%	109 14%	59 7%	664 24%	944 22%	787 20%	753 23%	1053 21%	846 17%
Viral Infection	80 15%	233 30%	357 43%	60 2%	79 2%	413 10%	140 4%	312 6%	771 16%
Pandemic	0 0%	36 5%	249 30%	156 6%	210 5%	350 9%	156 5%	246 5%	599 12%
Operations and Recovery	14 3%	21 3%	16 2%	236 9%	450 10%	512 13%	250 8%	471 9%	529 11%

4.21 The following graphs show the breakdown of Stress Work Related and Stress Non Work Related descriptions for Social Services from April 2022 - September 2022.



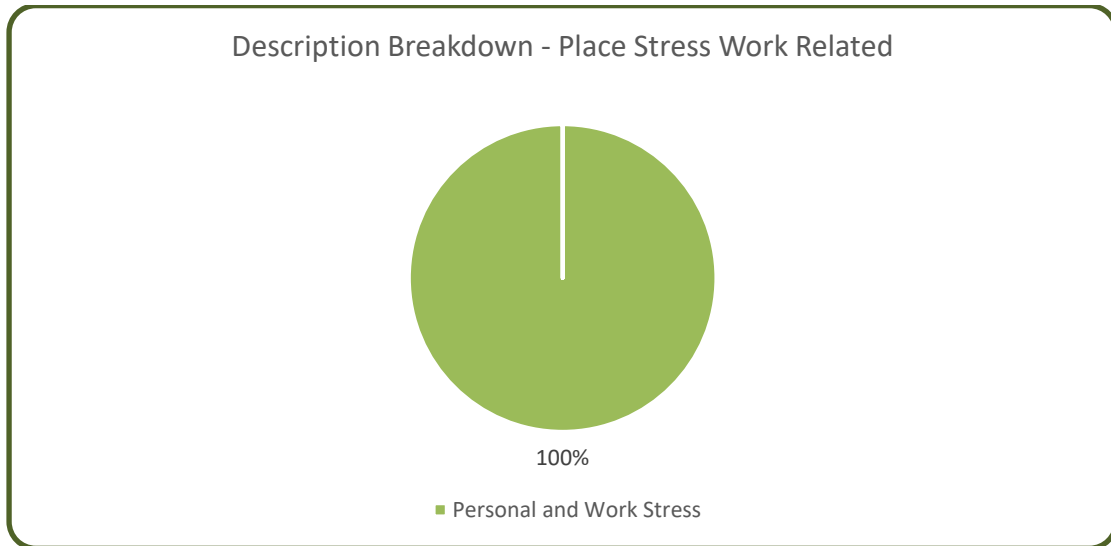
Place - Top 5 Reasons - April 2022 to September 2022

4.22 The Directorate of Place was newly formed in 2022 and therefore no comparative data is available for 2020 and 2021. The Top 5 reasons for Places shows Stress Work Related as the highest contributor to absence in 2022 at 55% and the highest long term absence at 100%. Viral Infection is the highest short term absence at 69%.

Days Lost (%)	Short Term			Long Term			Total Absence		
	2020	2021	2022	2020	2021	2022	2020	2021	2022
SCH - Top 5 Absence									
Stress Work Related	0 0%	0 0%	0 0%	0 0%	0 0%	41 100%	0 0%	0 0%	41 55%
Viral Infection	0 0%	0 0%	23 69%	0 0%	0 0%	0 0%	0 0%	0 0%	23 31%
Pandemic	0 0%	0 0%	6 19%	0 0%	0 0%	0 0%	0 0%	0 0%	6 9%
Stomach Ailments	0 0%	0 0%	3 9%	0 0%	0 0%	0 0%	0 0%	0 0%	3 4%

Headache / Migraine	0 0%	0 0%	1 3%	0 0%	0 0%	0 0%	0 0%	0 0%	1 1%
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4.23 The following graphs show the breakdown of Stress Work Related. No instances of Stress Non Work Related descriptions for Place from April 2022 - September 2022.



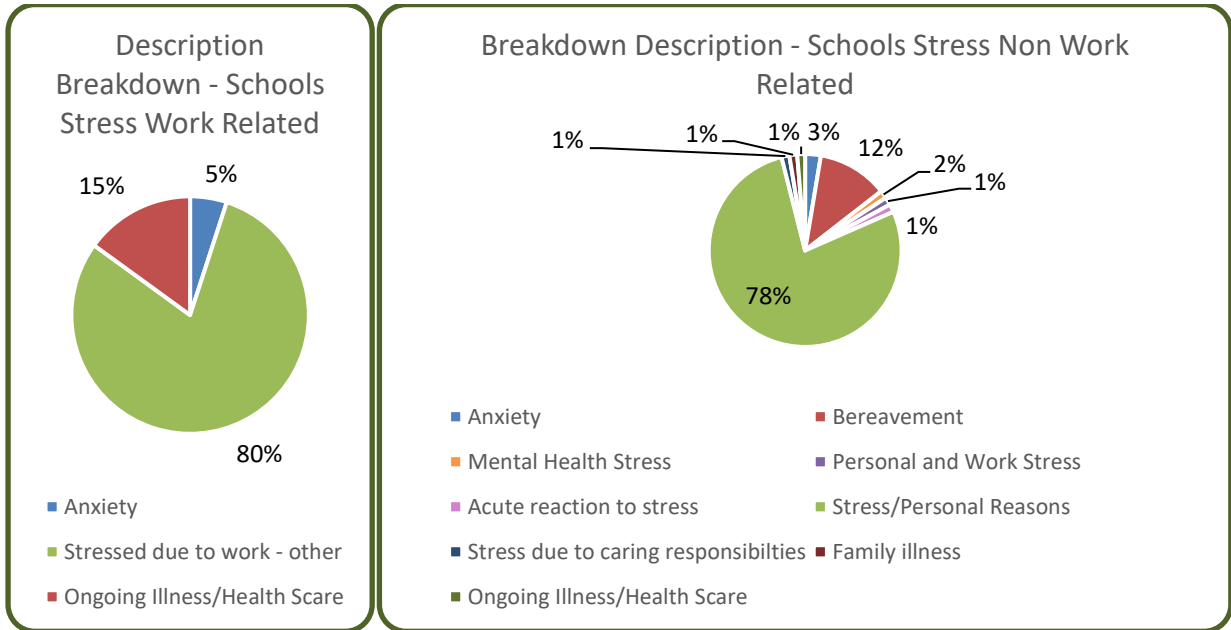
4.24 Schools - Top 5 Reasons - April 2022 to September 2022

The Top 5 reasons for Schools shows Stress Non Work Related as the highest contributor to absence in 2022 (29%) and increased since 2020 (21%), but decreased from 2021 (33%). Musculoskeletal has dropped from the top 5, but the Pandemic has now increased year on year since 2020 from 0% to 17% in 2022, similar to Operations and Recovery which has increased since 2020 (7%) to 2022 (17%). Viral Infections is still the highest short term absences at 43%.

Days Lost (%)	Short Term			Long Term			Total Absence		
	2020	2021	2022	2020	2021	2022	2020	2021	2022
SCH - Top 5 Absence									
Stress Non Work	84 20%	237 14%	215 12%	535 21%	1785 40%	1369 37%	619 21%	2022 33%	1584 29%
Viral Infection	161 39%	557 34%	754 43%	282 11%	122 3%	327 9%	443 15%	680 11%	1081 20%
Stress Work Related	8 2%	27 2%	54 3%	498 20%	617 14%	898 24%	505 17%	644 11%	952 17%
Pandemic	1 0%	157 10%	622 35%	0 0%	145 3%	323 9%	1 0%	303 5%	944 17%

Operations & Recovery	11 3%	55 3%	113 6%	180 7%	303 7%	816 22%	191 7%	358 6%	929 17%
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4.25 The following graphs show the breakdown of Stress Work Related. No instances of Stress Non Work Related descriptions for Schools from April 2022 - Sep 2022.



4.26 It is also noted that sickness rates generally increase with age. The following showing a comparison related to age groups across the Council and Schools.

Age Group	FTE number	FTE Sickness Days Lost	Days lost per person (FTE days lost / FTE)
16-24	153	535	3.49
25-34	706	2444	3.46
35-49	1435	7096	4.94
50-64	1377	11168	8.11
65 and over	79	770	9.75

Impact of Covid-19 Pandemic

4.27 Although Covid-19 restrictions are now lifted, the overall absence rates compared to previous years has started to rise.

4.28 A number of initiatives have been introduced by the Council to manage the key drivers in tackling presenteeism, such as – improving digital applications/access, lifestyle and wellbeing programmes and managing the use of annual leave. Line managers are always instrumental in looking after employee health and wellbeing. New ways of working may make presenteeism and its underlying conditions harder to spot and deal with. Further details on Presenteeism within the Council can be found in sections 4.37 – 4.40. The lower rates of short-term absence could also be related to the increase in staff working from home.

- 4.29** The Council considers it very important that staff are given the support they require and we are working with colleagues within Health & Safety, Occupational Health and Organisational Development & Learning to support our staff who are working from home. Support is also provided to staff that have continued to work on the front line, especially in our Waste, Social Care and Schools.
- 4.30** 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 absences within target. A new HRBP dashboard has been created to assist with the monitoring of absences within services.
- 4.31** 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.

Employee Assistance Programme

- 4.32** Employee utilisation of the Counselling service continues to increase with the challenges faced post pandemic. The impact of recent years continue to affect employee wellbeing, especially where some employees are managing Long Covid Symptoms.
- 4.33** The Care First Employee Assistance Programme continues to be available to all employees within the Council and is promoted via Staff net. A review of this service is being undertaken to explore the value of the provision and the services which other providers are able to deliver, taking into consideration cost effectiveness and value for money.
- 4.34** 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 'Welcome to the Vale' induction programme which has continued to take place remotely.

Positive Health Promotion

- 4.35** Work is continuing to develop positive health support as follows:
- Flu vaccinations are also currently being delivered, both Corporately and in Schools/Residential Settings during October and November 2022. Approximately 2000 vaccinations will be administered during Q3.

- A new Occupational Health booking system is currently being procured, and the contract should be signed during Q4, 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 from January 2023.
- The Occupational Health Department is intending to offer Wellbeing/Health Screening to all employees (subject to other work commitments). This includes height, weight, BMI, Blood Pressure, Cholesterol and Blood Sugar Tests. Appointments, when available, can be made via iDev and if employees do not have access to iDev their Manager can book an appointment on their behalf. Alternatively, employees can contact the OH Department directly to book an appointment. This service has temporarily been suspended as a result of the Pandemic, but it is hopeful it will begin again shortly.
- 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. This has continued during the last 6 months with activities promoted to staff. It is important that these activities continue for the foreseeable future and become part of the general wellbeing support for employees across the Council
- 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. These continue to be reviewed as working from home is still recommended guidance from the Welsh Government
- A new Volunteering Policy has been developed and is in the process of being reviewed by the Strategic Leadership Team. This will allow staff to have one day off per year to support volunteering activities within the Vale of Glamorgan Council area
- A recent CIPD survey stated that 58% of organisations do not have any form of menopause support for their employees.
- The Occupational Health Team have been holding Menopause Café's for all staff to come and have an informal discussion about the effects of the menopause. These sessions have been very well received for the staff that have attended, and further promotion will continue.

4.36 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.

Performance Management

4.37 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 quarter and any required action is taken. The main performance management elements of the management of sickness absence is set out below:

- 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.
- 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 management of sickness absence continues to be a high priority for the Council and an important ‘Corporate Health’ indicator.

Presenteeism

4.38 National Standards

Over the last few years The CIPD survey has found the vast majority of respondents have observed people coming into work when unwell (‘presenteeism’). This year, due to the considerable increase in homeworking during the COVID-19 pandemic, CIPD have asked respondents about ‘presenteeism’ among employees working at home as well as among those in the workplace. CIPD findings show that ‘presenteeism’ remains common regardless of where people work. Just 16% of respondents had not observed any form of ‘presenteeism’.

The overwhelming majority of respondents (84%) have observed ‘presenteeism’, both in the workplace (75%) and while working at home (77%), over the past 12 months.



4.39 Presenteeism in the Vale of Glamorgan Council

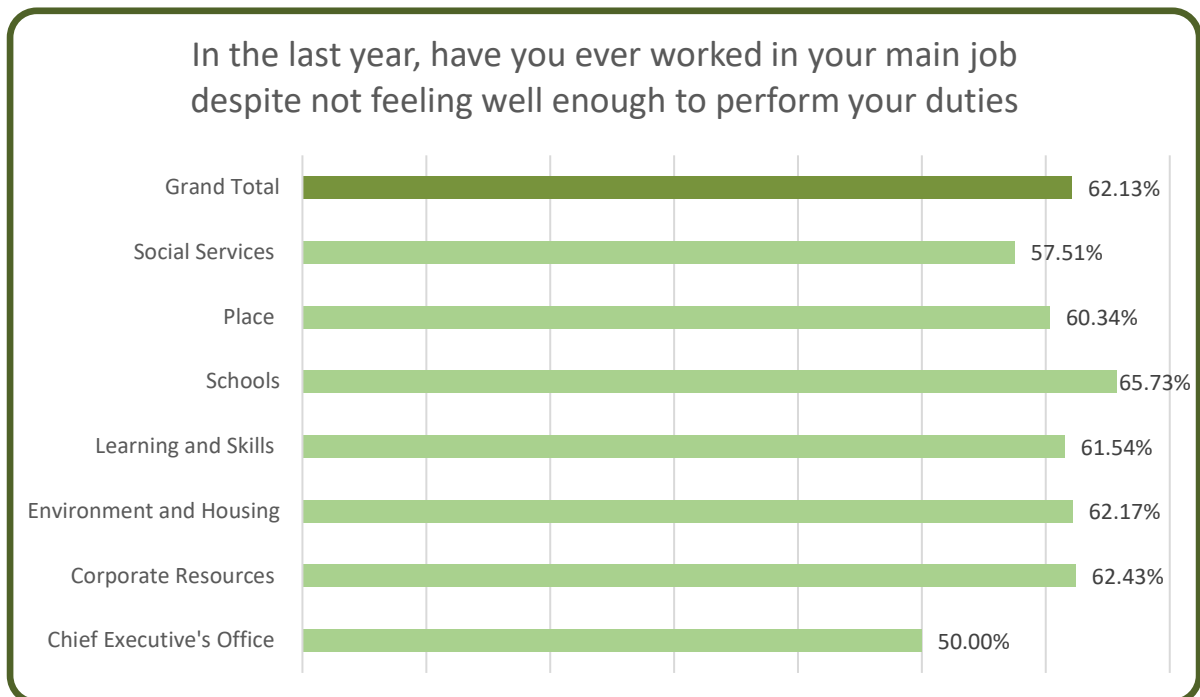
Data has been collated following the recent Staff Survey focusing on presenteeism. The following results were identified from the 1574 responses received.

As you can see, the Vale of Glamorgan Council is operating below the National standards currently at 75% among employees in the workplace and 77% among employees who work at home, with 61% among Vale employees in the workplace and 62% among Vale employees who work from home.



4.40 Presenteeism Summary Data by Directorate

The breakdown of the survey results by Directorate and Service are detailed below:



Out of the 1574 survey responses 62.13% of council staff have worked in their main jobs despite not feeling well enough to perform their duties.

School based staff have the highest rate of presenteeism within the business at 65.73%. The Chief Executive's Office have the lowest rate of presenteeism at 50%.

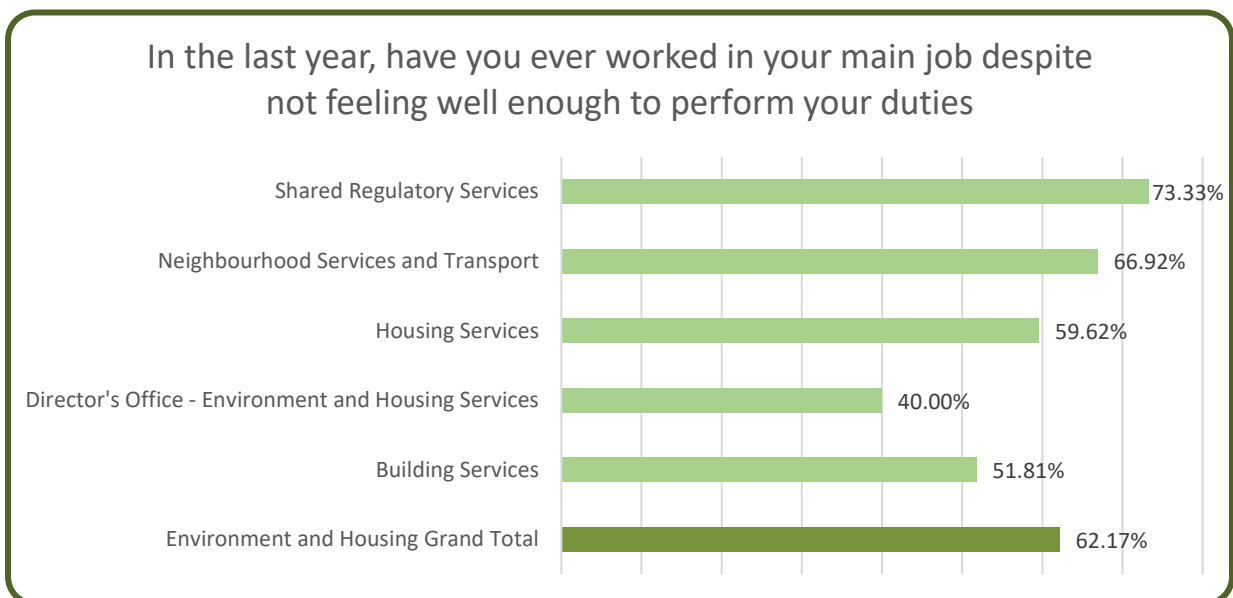
If yes, how many time in the last year

Directorate	1 – 3 days	4 – 7 days	7 days +	Grand Total
Chief Executive’s Office	0	1	2	3
Corporate Resources	41	35	42	118
Environment and Housing	84	71	80	235
Learning and Skills	45	30	29	104
Schools	105	93	105	303
Place	19	9	7	35
Social Services	67	45	68	180
Grand Total	361	284	333	978

Out of the 978 staff that responded yes; 361 worked for 1-3 days; 284 worked 4-7 days and 333 worked more than 7 days while sick.

4.41 Presenteeism Breakdown by Service

Directorate for Environment & Housing

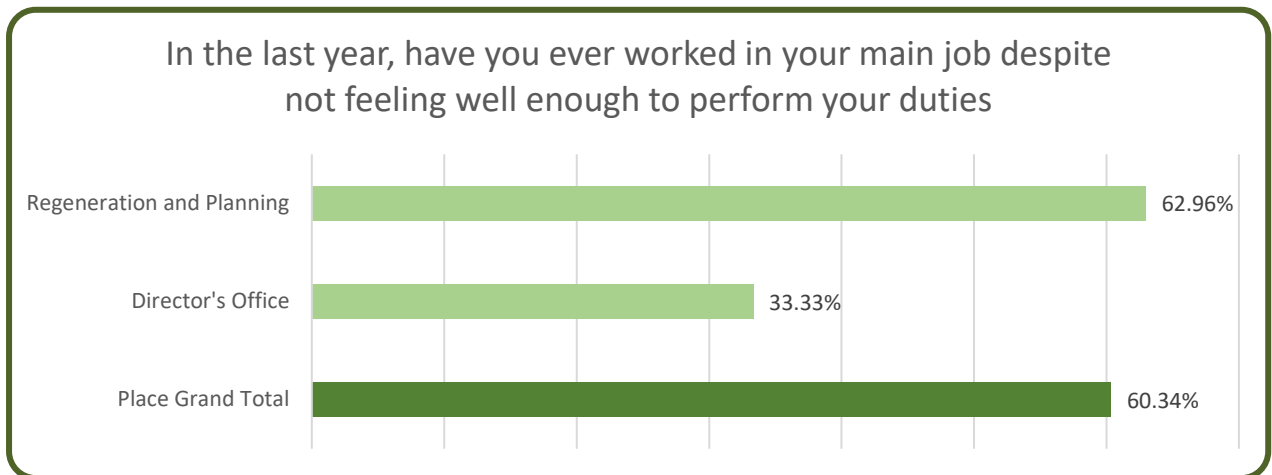


Out of the 378 survey responses 62.17% of Environment & Housing staff have worked in their main jobs despite not feeling well enough to perform their duties.

Shared Regulatory Service Staff have the highest rate of presenteeism within the Directorate at 73.33%. The Directors Office have the lowest rate of presenteeism at 40%.

Out of the 235 staff in EHS that responded yes; 84 worked for 1-3 days; 71 worked 4-7 days and 80 worked more than 7 days while sick.

Directorate of Place

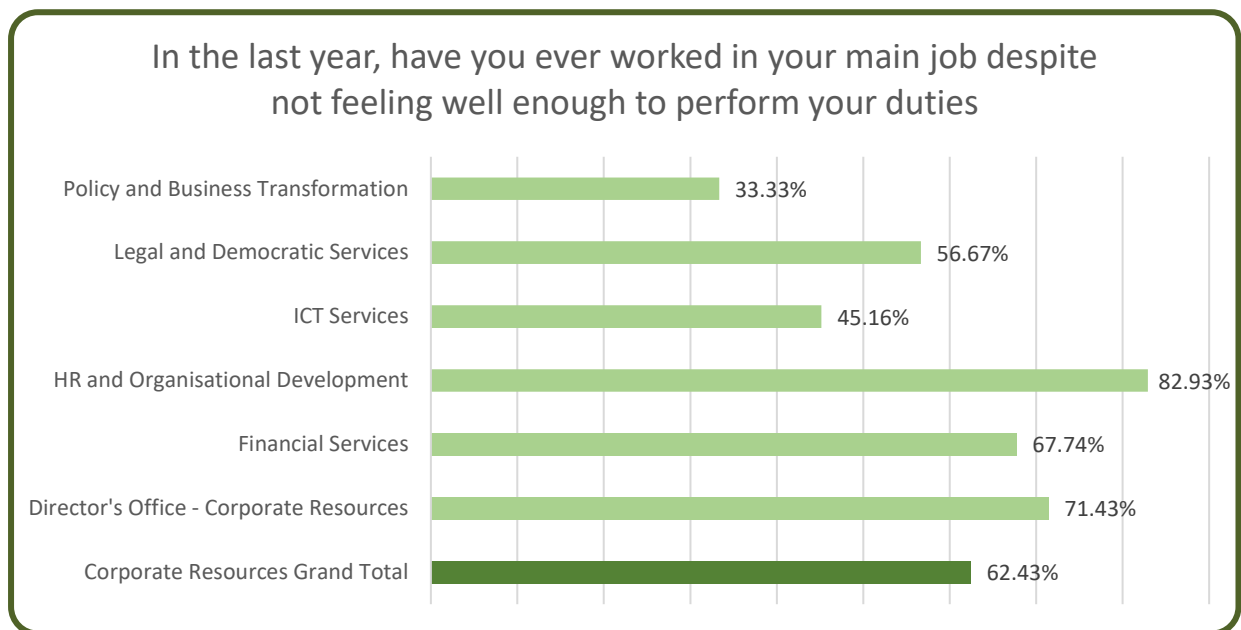


Out of the 58 survey responses 60.34% of Place staff have worked in their main jobs despite not feeling well enough to perform their duties.

Regeneration & Planning staff have the highest rate of presenteeism within the Directorate at 62.96%. The Directors Offices have the lowest rate of presenteeism at 33.33%.

Out of the 35 staff in Place that responded yes; 19 worked for 1-3 days; 9 worked 4-7 days and 7 worked more than 7 days while sick.

Directorate of Resources

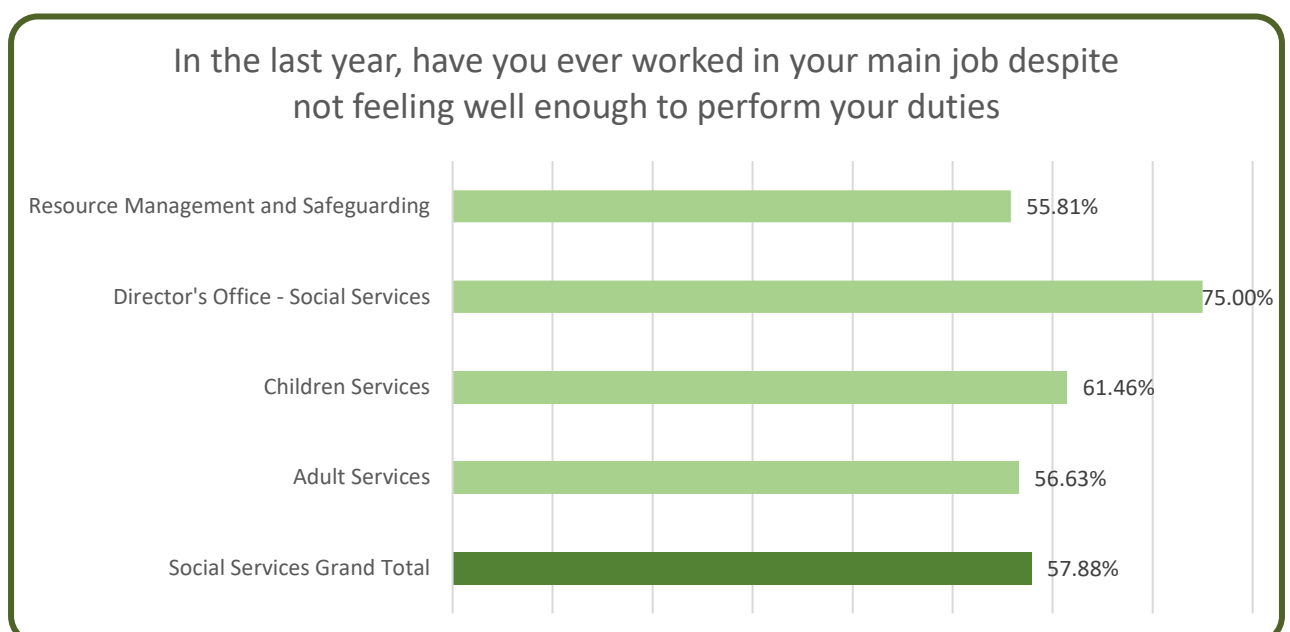


Out of the 189 survey responses 62.43% of Resources staff have worked in their main jobs despite not feeling well enough to perform their duties.

HR & OD Staff have the highest rate of presenteeism within the Directorate, and within the Council at 82.93%. Policy & Business Transformation have the lowest rate of presenteeism at 33.33%.

Out of the 118 staff in Resources that responded yes; 41 worked for 1-3 days; 35 worked 4-7 days and 42 worked more than 7 days while sick.

Social Services

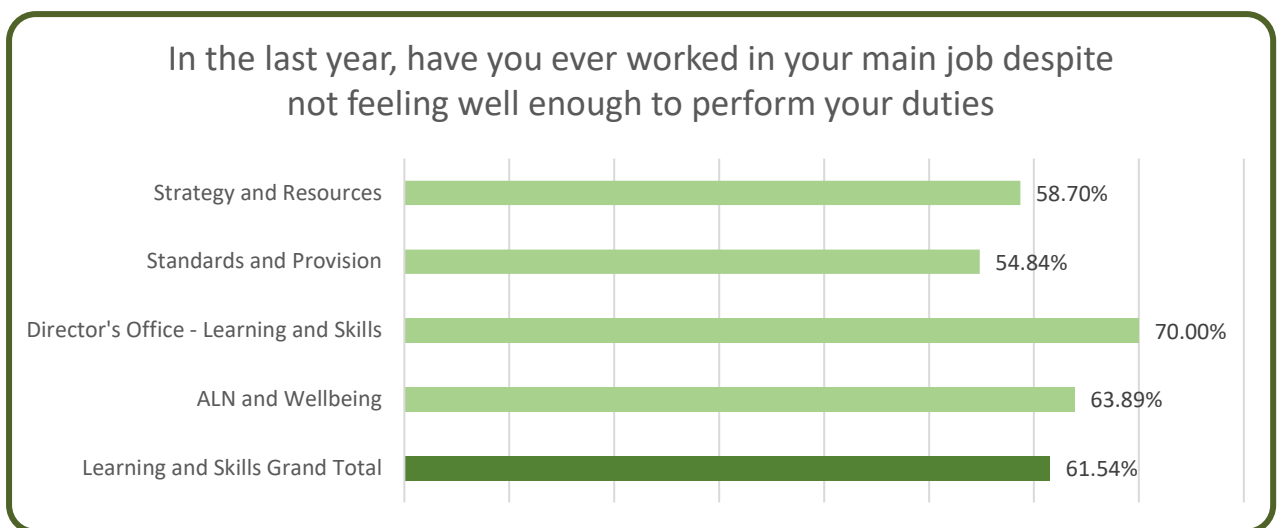


Out of the 311 survey responses 57.81% of Social Services staff have worked in their main jobs despite not feeling well enough to perform their duties.

The Directors Offices staff have the highest rate of presenteeism within the Directorate at 75.00%. Resource Management and Safeguarding have the lowest rate of presenteeism at 55.81%.

Out of the 180 staff in Social Services that responded Yes; 67 worked for 1-3 days; 45 worked 4-7 days and 68 worked more than 7 days while sick.

Learning & Skills

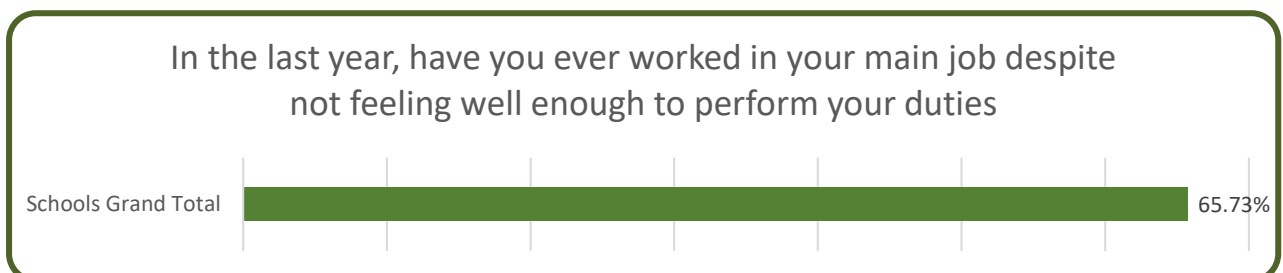


Out of the 169 survey responses 61.54% of Learning & Skills (Excluding Schools) staff have worked in their main jobs despite not feeling well enough to perform their duties.

The Directors Office staff have the highest rate of presenteeism within the Directorate at 70.00%. Standards and Provisions have the lowest rate of presenteeism at 33.33%.

Out of the 104 staff in L&S that responded yes; 45 worked for 1-3 days; 30 worked 4-7 days and 29 worked more than 7 days while sick.

Learning & Skills – Schools



Out of the 461 survey responses 65.73% of School staff have worked in their main jobs despite not feeling well enough to perform their duties. These are the highest levels per Directorate.

Out of the 303 staff in Schools that responded yes; 105 worked for 1-3 days; 93 worked 4-7 days and 105 worked more than 7 days while sick.

Next Steps

Send around general communication to all employees and re-issue relevant policies and procedures to Managers and ask to discuss the process with staff during 1-2-1,s and Team Meetings. HR Business Partners to discuss during DMT and sickness meetings.

*** Please Note: the staff survey will be undertaken bi-annually, and therefore, this data will be presented bi-annually during the Quarter 2 report.**

4.41 All Wales Comparative Sickness Data 2020/21

Local Authority	FTE days lost per person
Gwynedd	6.3
Denbigshire	6.5
Isle of Anglesey	6.8
Pembrokeshire	7.1
Powys	7.7
Carmarthenshire	7.7
Newport	7.7
Ceredigion	7.9
Conwy	8.0
Neath Port Talbot	8.1
Torfaen	8.4
Vale of Glamorgan	8.6
Cardiff	8.6
Wrexham	8.8
Bridgend	9.2
Swansea	9.3
Merthyr Tydfil	9.6
Caerphilly	10.0
Monmouthshire	11.0
Blaenau Gwent	11.7
Flintshire	-
Rhondda Cynon Taf	-
Wales Average	8.4

Note: Data for 2021/22 will be added to the next report

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. Climate Change and Nature Implications

6.1 Human activity is cited as the main cause of climate change, but organisations also contribute significantly, with businesses contributing 17% of the greenhouse gas emissions in the UK in 2019. Organisations emit greenhouse gases through their energy and resource use, transport and travel, waste management and supply chain.

6.2 HR practitioners are in a unique position due to their connections across their organisations, through their roles and the requirement to engage with all levels, disciplines and sectors. Every employee will have contact with aspects of HR throughout their employment through to the point at which they leave.

6.3 HR practitioners have the potential to play a significant leadership role in implementing all aspects of environmental sustainability through policies and procedures relating to.

- recruitment and selection
- performance management

- learning and development
- leadership and engagement.

6.4 The values of the Council include environmental sustainability, the culture of the organisation is formed when these values are put into action. For HR practitioners, this means the integration of environmental sustainability throughout all of our policies, procedures and practices, and then clearly articulating this to all stakeholders.

7. Resources and Legal Considerations

Financial

7.1 The need to continue to maintain reasonable levels of absence will be important as the Council responds to ongoing financial pressures.

Employment

7.2 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)

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

8. Background Papers

None.

Appendix A - Sickness Absence Breakdown by Service Area (2022/23)

Period 01-APRIL-2022 to 30-SEP-2022

							COMPARISON	
Directorate	Service	Average FTE	Short Term Days Lost per FTE	Long Term Days Lost per FTE	22/23 Days Lost per FTE	21/22 Annual Target	20/21 Days Lost Per FTE	19/20 Days Lost Per FTE
Environment & Housing Services	Building Services	146.68	1.74	4.08	5.82	12.50	6.72	6.78
	Director's Office - EHS	34.35	0.31	4.16	4.47	5.90	1.20	4.26
	Housing Services	66.75	1.27	3.34	4.61	9.00	4.11	9.56
	Neighbourhood Services and Transport	259.48	1.42	7.94	9.37	14.50	8.33	7.08
	Shared Regulatory Services	166.09	1.40	4.89	6.29	7.50	3.76	3.03
Environment & Housing Services Totals		673.34	1.41	5.70	7.11	11.18	6.05	6.08
Learning & Skills	Additional Learning Needs and Wellbeing	52.05	0.82	2.09	2.92	9.00	4.08	2.41
	Director's Office - L&S	10.34	0.33	0.00	0.33	5.90	0.26	1.81
	Standards and Provision	58.99	1.41	5.73	7.14	11.50	7.66	3.14
	Strategy, Community Learning and Resources	86.17	0.82	1.68	2.49	9.00	1.87	2.27
Learning & Skills Totals		207.55	0.96	2.85	3.81	9.47	4.05	2.55
Resources	Director's Office - RES	21.50	0.09	0.00	0.09	5.90	6.18	3.29
	Financial Services	108.24	0.78	6.51	7.29	5.90	6.55	4.89
	Human Resources Service	45.86	0.52	7.66	8.18	5.90	7.77	2.91
	ICT Services	43.57	0.94	0.00	0.94	5.90	0.24	1.03
	Legal and Democratic Services	49.24	0.65	2.47	3.12	5.90	4.74	1.25
	Policy and Business Transformation	58.11	2.49	3.95	6.43	5.90	8.15	5.16
Resources Totals		326.53	1.00	4.31	5.31	5.90	5.81	3.52
Place	Directors Office - Place	0.50	0.00	0.00	0.00	0.00	0.00	0.00
	Regeneration and Planning	86.54	0.39	0.47	0.86	5.90	0.53	1.13
Place Totals		87.04	0.38	0.47	0.86	5.90	0.53	1.13
Social Services	Adult Services	226.73	2.29	10.28	12.57	15.00	10.25	7.39
	Children and Young People Services	220.53	1.25	7.00	8.25	12.00	5.25	2.61
	Director's Office - SS	12.00	1.67	3.50	5.17	5.90	0.00	0.00
	Resource Management and Safeguarding	172.32	2.03	6.09	8.12	13.00	10.39	7.46
Social Services Totals		631.57	1.84	7.86	9.71	13.29	8.47	5.67
Corporate Total - Excluding Schools		1926.03	1.39	5.63	7.02	10.36	6.30	4.89
Schools		1824.54	1.37	3.28	4.65	8.00	3.48	1.74
Total Including Schools		3750.57	1.38	4.49	5.87	9.20	4.95	3.40