

The Vale of Glamorgan Council

Cabinet Meeting: 3 December, 2018

Report of the Leader

Sickness Absence Report - April 2018 to September 2018

Purpose of the Report

1. To update Members of the Cabinet on the sickness absence statistics for the 6 month period 1 April 2018 to 30 September 2018.

Recommendations

1. That the report and the half yearly sickness absence figures provided in Appendix A be noted.
2. That Members note progress in relation to the action plan 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 the Recommendations

1. To bring matters to the attention of Members of the Cabinet in line with corporate objectives.
2. To inform Members of the Cabinet of the progress in relation to the agreed management of attendance action plan.
3. To enable the Scrutiny Committee to maintain a continued focus on the management of sickness absence throughout all services of the Council and to make recommendations to Cabinet, as appropriate.

Background

2. The levels of sickness absence within the Council are reported to Cabinet every six months. The report is part of a wider performance monitoring framework and improvement plan as originally approved by Cabinet in July 2015.
3. This report sets out the sickness absence information for the period 1st April 2018 to 30th September 2018, including corporate and schools employees. It also includes

details of sickness absence figures for the period 1st April 2017 to 30th September 2017 and external data for comparative purposes.

- This report acknowledges the work and commitment of all managers, employees and trade union colleagues in relation to the continual management of sickness absence.

Relevant Issues and Options

- The overall sickness absence rates [i.e. working time lost per Full Time Equivalent (FTE)] over the period April 2018 to September 2018 are set out in the table below with comparative data for the same period in 2017.

	April 2017 - Sep 2017	April 2018 - Sep 2018
Total days/shifts lost (per FTE)	4.45	3.71

- The total days/shifts lost per FTE for the period April 2018 to September 2018 indicate a decrease in absence levels in comparison with 2017 (from 4.45 to 3.71 days).

Sickness absence by Directorate

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

Directorate	April 2017 to Sep 2017	April 2018 to Sep 2018	Q2 Target
	Total days / shifts lost per FTE	Total days / shifts lost per FTE	
Environment & Housing	5.09	5.03	4.75
MD and Resources	4.26	2.73	2.94
Learning and Skills	4.18	4.37	3.79
Social Services	6.50	5.90	5.62
Totals - excluding Schools	5.16	4.68	4.49
Schools	3.69	2.71	3.65
Totals - including Schools	4.45	3.71	4.08

- Overall there has been a decrease in absence levels across all corporate directorates compared with the performance in the same period in 2017/2018 except for Learning and Skills which has increased in the first half of 2018/19.
- In relation to the target figures, Environment and Housing, Learning and Skills and Social Services are all above their target figure. The Resources directorate has decreased since the previous year bringing the corporate total close to the target for 2018/2019.
- Sickness absence recorded in schools has seen a large decrease in absence levels during this period compared to 2017/2018.
- The overall decrease in absence levels is pleasing 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.

12. The performance management approach to absence will continue throughout the remainder of 2018/2019 alongside the range of measures as set out in paragraphs 27 to 42 of this report and the action plan as attached at Appendix B.
13. A full end of year review will be presented to Cabinet in June 2019

Reasons for absence

14. The reasons for sickness absence across the authority (including in Schools) over the period April 2018 to September 2018 are listed below, along with a comparison of the previous period (April 2017 to September 2017).

	Absence reason	April 2018 to September 2018	April 2017 to September 2017
1	Stress	30.4%	28.8%
2	Musculoskeletal Disorders	16.1%	11.9%
3	Operations and Recovery	14.8%	20.1%
4	Viral Infection	12.6%	11.1%
5	Stomach Ailments	8.6%	5.1%
6	Back Problems	5.7%	5.8%
7	Chest Problems	4.2%	2.7%
8	Heart Problems	2.5%	1.7%
9	Pregnancy Related	1.4%	1.5%
10	Headache, Migraine, etc	1.4%	5.5%
11	Undisclosed	1.1%	3.8%
12	Genito-Urinary Problems	1.1%	1.0%
13	RTA/Whiplash	0.1%	0.8%
14	Not Recorded	0.0%	0.2%

15. In reference to the length of absence, members will note from Appendix A that 71% of all absence in April 2018 to September 2018 was categorised as long term (i.e. over 4 weeks in duration) compared with 29% short term absence. This shows a decrease in comparison to last year where 74% of all absence was categorised as long term compared with 26% short term.
16. Stress continues to be the most common reason for sickness absence in the Council and it can be seen that the ratio of sickness absence relating to stress has increased from 28.8% to 30.4%.
17. Operations and Recovery which was the second highest reason in the previous year, has decreased from 20.1% to 14.8% has been replaced in rank order by Musculoskeletal Disorders, which has increased from 11.9% to 16.1%.
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 is anticipated to be launched in December 2018.

19. As well as the above, we have implemented arrangements to record stress absence more specifically by adding the option to record it as Work related or non-work related. This will assist with understanding the reason(s) 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. We plan to report further on this in future reports.
20. The Council's new Employee Assistance Programme (Care First) continues to be promoted throughout the Council. Further information on this initiative is set out in paragraphs 29 to 31 of this report.
21. A Directorate breakdown of the four most common absence reasons, as shown in the full list in paragraph 16, is set out below:

	Environment and Housing		Resources		Learning and Skills		Schools		Social Services	
Stress	1	29.4%	2	22.4%	1	33.8%	1	30.9%	1	36.4%
Musculoskeletal Disorders	2	19.3%	4	10.6%	7	6.6%	4	14.8%	2	20.2%
Operations & Recovery	4	9.7%	1	25.8%	2	21.2%	2	16.8%	3	10.6%
Viral Infection	7	8.1%	3	16.8%	3	19.0%	3	15.2%	4	9.5%

22. A table with the four most common absence reasons for each Directorate is set out below;

Environment & Housing			
	Top Absence reasons	April 2017 to September 2017	April 2018 to September 2018
1	Stress	17.3%	29.4%
2	Musculoskeletal Disorders	21.1%	19.3%
3	Stomach Ailments	4.6%	9.8%
4	Operations and Recovery	27.8%	9.7%

Resources			
	Top Absence reason	April 2017 to September 2017	April 2018 to September 2018
1	Operations and Recovery	14.8%	25.8%
2	Stress	47.9%	22.4%
3	Viral Infection	10.3%	16.8%
4	Musculoskeletal Disorders	4.9%	10.6%

Learning and Skills			
	Top Absence reason	April 2017 to September 2017	April 2018 to September 2018
1	Stress	20.5%	33.8%
2	Operations and Recovery	25.5%	21.2%
3	Viral Infection	10.0%	19.0%
4	Heart Problems	6.3%	8.8%

Schools			
	Top Absence reason	April 2017 to September 2017	April 2018 to September 2018
1	Stress	28.7%	30.9%
2	Operations and Recovery	19.8%	16.8%
3	Viral Infection	11.6%	15.2%
4	Musculoskeletal Disorders	9.7%	14.8%

Social Services			
	Top Absence reason	April 2017 to September 2017	April 2018 to September 2018
1	Stress	33.2%	36.4%
2	Musculoskeletal Disorders	10.2%	20.2%
3	Operations and Recovery	14.1%	10.6%
4	Viral Infection	12.0%	9.5%

23. The top three reasons for long-term absence mirror the **long term** absence from the previous year. Stress remains the main reason for long-term absences, followed by Operations and Recovery and Musculoskeletal Disorders. Details are set out in the table below:-

	Absence reason	April 2017 to September 2017	April 2018 to September 2018
1	Stress	34.2%	37.7%
2	Operations and Recovery	23.8%	17.3%
3	Musculoskeletal Disorders	11.8%	16.0%

24. Viral infections remain the main reason recorded for **short-term** absences, followed by Musculoskeletal Disorders and Stomach Ailments, as outlined below:

	Absence reason	April 2017 to September 2017	April 2018 to September 2018
1	Viral Infection	28.6%	27.2%
2	Musculoskeletal Disorders	12.1%	16.1%
3	Stomach Ailments	13.3%	14.5%

Performance Management

25. As indicated above, an action plan for improving the management of attendance was approved by Cabinet in 2015. The momentum behind this action plan has been maintained over the first six months of this financial year and an update on actions within the plan, are set out in Appendix B.
26. The main elements of the action plan focus on a range of performance management measures as set out below:
 - A full report containing the breakdown of sickness absence levels per FTE across all Directorates and services continues to be reviewed by CMT each month and any required action is taken.
 - All Directorates continue to review absence levels within Directorate Management Teams on a monthly basis and in accordance with 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 Operational Manager for Human Resources continues to hold a dedicated review of the top 50 on-going long term absence management cases from across the Council on a monthly basis.

Employee Assistance Programme

27. The Care First Employee Assistance Programme is fully operational. Information has been recorded on a Quarterly and annual basis since June 2016. A brief summary is shown below with a breakdown in detail of each of the past 12 months shown on Appendix D.
 - Care First EAP continues to be promoted throughout the Council.
 - Over the 2 years since the programme was launched, the number of contacts has increased from 246 to 308.
 - Face to Face counselling sessions have more than doubled from 79 in the first year to 165 in the second.
 - The use of the Lifestyle web pages in relation to work issues has increased from 7 hits in the first year to 43 in the second year.
28. There are still a number of areas where further promotion is needed and we are working with the Care First Contract Manager to improve this; particularly in respect of management support, lifestyle and on-line counselling provision.

29. The service continues to be promoted through staff circulars on Staffnet. This service also continues to be 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

30. Work is continuing to develop positive health support mechanisms in line with the action plan (Appendix B). A summary of developments is as follows:
- Flu vaccinations are currently being delivered (2018) and the take up has been even greater this year. A full report on the uptake of this programme will be included in the 2018/19 sickness absence report at the end of the financial year.
 - Positive health events have been planned for 2019/20 in both the Civic Offices and Alps Depot

Managing Attendance at Work Policy Update

31. The current Managing Attendance at Work Policy was implemented on 1st October 2016 following a period of consultation and negotiation with the Council's trade union representatives.
32. Members of Cabinet will be aware of the importance of the policy in reinforcing the responsibilities of all managers in the management of attendance, in emphasising the need to support employees who are unable to attend work but also to underline the need for both early intervention and performance management.
33. A significant feature of the policy is the setting out of a differential approach for the management of long term/chronic absence and short term intermittent absence. This approach responds to the recent increase in long term absence and the specific management approaches for dealing with such absence.
34. Training and support on the policy continues to be provided to all managers and that support will continue through the remainder of the financial year.
35. A review of the Policy (and compliance with it) took place with the recognised trade unions in December 2017 and the policy was amended to accommodate the agreed changes.

Wider Engagement Strategy

36. Members will be aware of the continuing engagement activity that is taking place as part of the Council's Staff Charter commitments. The Charter sets out the mutual expectations of staff and managers in a "reshaped" working environment.
37. Progress continues to be made in implementing the 15 supporting actions and commitments within the Staff Charter the majority of which have now been implemented.

38. Over the last six months a particular focus has been placed on development work in five work-stream areas all of which are sponsored by individual Chief Officers. Details are as set out below:-

	Work-stream	Sponsor
1	Skills Development	Head of Finance
2	Recognition	Managing Director
3	Communication	Head of Performance
4	Innovation	Director of Environment & Housing
5	Management Development	Head of Human Resources

39. The effectiveness of the staff engagement strategy will be measured as part of the current Staff Survey which was launched on the 1st October 2018 and which will end on the 9th November 2018. The results will be presented to Cabinet in January 2019.
40. Members will clearly appreciate the importance of the Staff Charter (and related staff engagement initiatives) in relation to the impact on attendance and contribution levels of employees across all services.

Absence in wider comparison

41. Information from the Welsh Local Government Association has been compiled for the financial year 2017/18 to be able to compare with other authorities within Wales.
42. Appendix C shows a breakdown of the total days lost per FTE for all Welsh authorities. For 2017/18, the Vale of Glamorgan Council dropped from third to tenth in the rank order based on absence rate across Wales. This was expected due to the increased absence levels reported in 2017/2018 (10.14 Days lost per FTE). This figure is still lower than the average absence rate across all reporting welsh local authorities, which was 10.4 days for 2017/18.

Resource Implications (Financial and Employment)

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

Sustainability and Climate Change Implications

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

Legal Implications (to Include Human Rights Implications)

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

Crime and Disorder Implications

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

Equal Opportunities Implications (to include Welsh Language issues)

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

Corporate/Service Objectives

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

Policy Framework and Budget

49. This report is a matter for Executive decision by the Cabinet.

Consultation (including Ward Member Consultation)

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

Relevant Scrutiny Committee

51. Corporate Performance & Resources

Background Papers

Appendix A - Breakdown of Absence by Services (April 2018 - September 2018)

Appendix B - Management of attendance action plan (Updated June 2017)

Appendix C – Welsh Local Authority Sickness Absence 2017-2018

Appendix D – Care First Employee Assistance Programme Report 2018

Contact Officer

Laithe Bonni - Operational Manager Human Resources

Officers Consulted

Corporate Management Team

Responsible Officer

Rob Thomas, Managing Director

Breakdown of Absence by Directorate & Service Area (18/19)

Appendix A

Period - 01-APR-2018 to 30-SEP-2018

Directorate	Service	Average FTE	Short term days/shifts lost per FTE	Long term days/shifts lost per FTE	Total days/shifts lost per FTE	Monthly Target	Annual Target
Environment and Housing Services	Building Services	166.25	1.91	3.11	5.01		12.00
	Director's Office - ENV & HOU	32.67	0.48	0.00	0.48		6.00
	Housing Services	65.25	1.62	4.46	6.08		8.50
	Neighbourhood Services and Transport	219.77	1.58	4.81	6.39		14.00
	Shared Regulatory Services	175.47	0.91	2.86	3.78		7.50
Environment & Housing Services Totals		659.42	1.44	3.59	5.03	4.75	10.80
Learning & Skills	Achievement for All	101.91	1.11	4.38	5.49		9.50
	Director's Office - L&S	11.40	0.18	0.00	0.18		6.00
	Strategy, Community Learning and Resources	160.74	0.97	2.98	3.95		9.00
Learning & Skills Totals		274.05	0.99	3.38	4.37	3.79	9.20
Managing Director and Resources	Democratic Services	18.18	0.00	2.86	2.86		6.00
	Director's Office - RES	20.55	0.15	0.00	0.15		6.00
	Financial Services	104.08	0.81	1.33	2.14		6.00
	Human Resources Service	40.45	0.59	0.54	1.14		6.00
	ICT Services	41.00	0.95	2.56	3.51		6.00
	Legal Services	27.82	0.65	0.79	1.44		6.00
	Performance & Development Services	56.07	1.37	2.81	4.18		6.00
	Regeneration and Planning	93.54	1.46	2.34	3.80		6.00
MD & Resources Totals		401.68	0.95	1.78	2.73	2.94	6.00
Social Services	Adult Services	298.07	1.47	5.46	6.93		13.50
	Children and Young People Services	175.85	1.24	4.08	5.32		12.50
	Director's Office - SS	10.50	1.14	0.00	1.14		6.00
	Resource Management and Safeguarding	47.06	0.94	1.58	2.52		10.00
Social Services Totals		531.48	1.34	4.56	5.90	5.62	12.80
Corporate Total - Excluding Schools		1866.63	1.24	3.44	4.68	4.49	10.10
Schools		1801.85	0.94	1.77	2.71	3.65	8.50
Total Including Schools		3668.48	1.09	2.62	3.71	4.08	9.30

MANAGEMENT OF ATTENDANCE – ACTION PLAN

ACTION		OWNER	TIMESCALES	PROGRESS
PERFORMANCE MANAGEMENT				
1	Monthly report to CMT re: comparative absence	HR	From 2015/16	COMPLETE AND ONGOING Monthly reports containing sickness absence figures in relation to pro rata targets continue to be considered by CMT each month. This is provided in the same format as contained within Appendix A.
2	Monthly report to DMT's re: comparative absence	HR	From 2015/16	COMPLETE AND ONGOING Monthly reports containing sickness absence figures and long-term 'Priority Sickness Absence Reports' are distributed to Directors and Heads of Services each month in advance of CMT.
3	Development of Directorate Action Plans	Service DMT	From Oct 15 From April 16 From April 17	COMPLETE AND ONGOING All Directorate Management Teams had developed service specific action plans with support from their HR Business Partner. Progress against these plans in DMT meetings on a monthly basis. Action plans are being reviewed in all Directorates for 2018/19
4	Six monthly report to Cabinet / Scrutiny Committee	HR	Ongoing	COMPLETE AND ONGOING The management of attendance and the levels of sickness absence continue to be reported to Cabinet and Scrutiny Committee (Corporate Performance & Resources) every six months.
5	Monthly sickness absence flagging reports	Employee Services	Monthly	COMPLETE AND ONGOING The sickness absence flagging reports continue to be sent to managers / supervisors on a monthly basis. These reports identify all sickness absences, the reason and duration of the absence and the stage of the management of attendance policy that has been triggered. HR Business Partners work with managers to use this information as a tool to identify any patterns of absence and trigger any necessary supportive action.

6	Casework review of priority absence cases (escalation of issues to Heads of Service)	Occ Health / HR	Monthly	COMPLETE AND ONGOING Dedicated casework reviews of the high priority cases of sickness absence are held each month and continue to be considered on a scheduled basis.
7	Incorporation of attendance levels as part of Chief Officer Appraisal Scheme	Directors	From April 16 From April 17	COMPLETE AND ONGOING Performance management arrangements are now embedded as a standard performance requirement for each Chief Officer.
8	Review absence targets	CMT	Oct 16	COMPLETE The revised targets for 2016/17 were based the unique service specific circumstances whilst maintaining the overall corporate target of 8.9 days lost per FTE. The targets were maintained for 2017/18 and are 9.30days.
9	Ensure absence monitoring in key corporate priority areas	HR	From Oct 15	COMPLETE AND ONGOING Performance management arrangements are reflected in all Directorate Action Plans and are monitored on a monthly basis through the 'Priority Sickness Absence Reports'.
OPERATIONAL IMPROVEMENTS				
10	Visit of Occupational Health Nurse Manager to Directorate DMT's	Occ Health / DMT's	Nov 15	COMPLETE The Occupational Health Nurse Manager and the Corporate Health and Safety Officer have visited each Directorate Management Team meeting. There has been increase in contact from managers in relation to Occupational Health appointments and the number of referrals increase from approx. 600 to 900. Visits and support arrangement have been repeated in 2018/19.
11	Development of tool-kits/guidance in relation to the management of: <ul style="list-style-type: none"> Stress-related absence Muscular skeletal disorders 	Occ Health	Nov 15 – Mar 16	COMPLETED A set of tool-kits / guidance notes have been developed to help managers respond to Stress and Muscular Skeletal Disorders

12	Annual review of Counselling Service	Occ Health	Mar 16 and ongoing	COMPLETE AND ONGOING The new Employee Assistance Programme (EAP), including a Counselling Service, provided by Care First was launched in June 2016 and has been further promoted since implementation.
13	Revive positive health initiatives (health fairs / promotions etc.)	Occ Health	2016/17 and ongoing	ONGOING A variety of health events continue to be run for National Event Days to promote positive health (including for example No Smoking Day, Stress Awareness Day. These include blood pressure sessions as well as a Health Fair and health screening.
14	Training to support new Attendance Policy	HR Business Partners	Oct 16 and ongoing	COMPLETE AND ONGOING Briefing on the new Managing Attendance at Work Policy took place prior to the launch of the new policy in October 2016. Such training has now been incorporated into the annual training menu.
15	Implementation of new Attendance Policy	HR Business Partners	April 16	COMPLETE The current Managing Attendance at Work policy was implemented on 1 st October 2016. This has been subsequently reviewed and changes implemented in Fin Yr 2017/18.
16	Explore insurance policies to support attendance/cover costs of absence	OM (Finance)	Nov 16	COMPLETE An options appraisal has been conducted to review the use of an insurance scheme to cover the cost of absence. Options included the possibility of insuring in-house (following the lines of the school staff sickness insurance scheme) or to go out to tender for quotes. This is being reviewed again in as part of the current savings targets for 2018/19 and 2019/20
17	Repeat of flu vaccination approach	Occ Health	October 2016 October 2017	COMPLETED AND ONGOING The Flu Vaccination campaign will take place throughout October until December 2018 and be held at various locations across the council with

				over 1300 vaccinations being available on “a first come first served” basis .
WIDER ENGAGEMENT STRATEGY				
18	Alignment of actions with outcomes from Engagement Strategy: <ul style="list-style-type: none"> • Communications strategy • Training and Development • Manager/Employee relations • Engagement/innovation 	HR	October 2016 and ongoing	COMPLETE AND ONGOING The new staff charter was launched in October 2016 alongside a range of engagement related workstreams. Progress in implementing the 15 commitments is ongoing and the third annual staff survey launched in October 2018
19	Review/streamlining of “conflict” policies with trade unions	HR	April 2016 And ongoing	TO BE PROGRESSED Work to streamline a range of policies are being progressed as part of the work programme of the new HR Business Partnership Team.

Welsh Local Authority Sickness Absence – Rank Order – 2017/2018

Rank Order	Authority	FTE days lost per person 2017/2018
1	-	7.8
2	-	8.4
3	-	8.7
4	-	8.9
5	-	9.5
6	-	9.7
7	-	9.7
8	-	10.0
9	-	10.1
10	Vale of Glamorgan	10.1
11	-	10.1
12	-	10.2
13	-	10.8
14	-	10.8
15	-	10.9
16	-	10.9
17	-	11.1
18	-	11.2
19	-	11.3
20	-	12.3
21	-	13.6
22	-	No Data
Wales Local Authority Average		10.4

Ref. CHR/002 - Sickness absence - average working days/shifts lost across the authority

Full List of rank order FTE days lost provided by Benchmarking Wales Hub

Employee Assistance Programme

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. Quarterly reports have been received on a scheduled basis and the Care First EAP continues to be promoted throughout the Council.

Summary

The table below shows the total numbers from each 12 month period for June 2016 to May 2017 and June 2017 to May 2018.

- Over the 2 years since the programme was launched, the number of contacts has increased from 246 to 308.
- Face to Face counselling sessions have more than doubled from 79 in the first year to 165 in the second.
- The use of the Lifestyle web pages in relation to work issues has increased from 7 hits in the first year to 43 in the second year.

SERVICE	Total Number 1 st June 2016 – 31 st May 2017	Total Number 1 st June 2017 – 31 st May 2018
Number of Contacts	246	308
* to 24/7 telephone counselling line	152	133
* for telephone information	15	8
* face-to-face counselling	79	165
* on-line counselling	0	2
No. of new clients	97	93
Male	26	22
Female	71	71
Number - Personal Issues	105	90
Number - Work-Related Issues	39	41
Management Support	1	1
Information Specialist	27	6
Lifestyle Home / Work	49 / 7	42 / 43
Total Number - Zest Registered Users	54	58
On-line CBT Service	0	1