Name of Committee:	Cabinet
Date of Meeting:	**17/06/2019**
Relevant Scrutiny Committee:	Corporate Performance and Resources
Report Title:	Sickness Absence Report 2018/19
Purpose of Report:	To update Members of the Cabinet on the sickness absence statistics for the 12 month period from 1 April 2018 to 31 March 2019
Report Owner:	**Report of the Leader**
Responsible Officer:	**Rob Thomas, Managing Director**
Elected member and Officer Consultation:	The overall sickness absence figures are reported quarterly through the Corporate Performance Indicators
Policy Framework:	This report is a matter for Executive decision by the Cabinet

Executive Summary

The report sets out the sickness absence figures for the 12 month period 1st April 2018 to 31st March 2019 as part of the agreed performance management arrangements.

As can be seen, there has been a significant decrease in absence levels during 2018/19 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 10.1 days lost per FTE to 9.1 days over the period. The target for the year was set as 9.3 FTE days lost.

An analysis of the figures in each directorate is set out in paragraph 4.4 of the report and an analysis of the reasons for absence is set out in paragraphs 4.10 to 4.19.

The decrease in absence levels is largely due to the improved management of the long term sickness cases. There has also been an increase in the level of scrutiny of absence cases which now takes place on a monthly basis between the HR Business Partnership and Occupational Health teams, particularly reviewing staff with absences over 4 weeks and those who have regular absences to provide early intervention and support. Absence is discussed at Directorate Management Teams as part of their service based action plans.

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. It is however anticipated that with an end of year figure of 9.1 this should put the Council in a favourable position, and an improvement on 2017/18 where the Council was in tenth position.

Even though there has been an improvement, there cannot be any room for complacency in relation to the management of sickness absence. The Council continues to support its staff through a number of initiatives listed in paragraphs 5.2 to 5.4

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

1. Recommendation

1.1 That the report and the yearly sickness absence figures provided in Appendix A be noted.

1.2 That Members note progress in relation to the Care First Employee Assistance Programme as attached in Appendix B.

1.3 That the report be referred to Scrutiny Committee (Corporate Performance & Resources) for consideration, with any comments referred back to Cabinet for further consideration.

2. Reason for Recommendations

2.1 To bring matters to the attention of Members of the Cabinet in line with corporate objectives

2.2 To inform Members of the Cabinet of the progress in relation to the Employee Assistance Programme.

2.3 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

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 2018 to 31st March 2019, including corporate and schools employees. It also includes details of sickness absence figures for the period 1st April 2017 to 31st March 2018.

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 2018/19 period are set out in the table below with comparative data for the same period in 2017/18

	2017/18	2018/19
Total days/shifts lost (per FTE)	10.14 (Target 8.9)	9.12 (Target 9.3)
Total FTE days/shifts lost	37,513	33,707

4.2 The total days/shifts lost per FTE for the period April 2018 to March 2018 indicate a decrease in absence levels by 1 FTE days lost which is a reduction of 9.9% on the previous year.

4.3 The latest CIPD survey on absence management, now re-branded "Health and Well-being at Work" April 2019, states that the average number of days lost in local government is 9.8 sickness days per employee.

Sickness absence by Directorate

4.4 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.

Directorate	2017/18	2018/19	
	Total days / shifts lost per FTE (total days lost in brackets)	Total days / shifts lost per FTE (total days lost in brackets)	Annual Target 2018/19
Environment & Housing	11.57 (7,772)	12.09 (8,013)	10.80
MD and Resources	8.69 (3,626)	5.69 (2,325)	6.00
Learning and Skills	10.15 (2,827)	9.37 (2,613)	9.20
Social Services	14.81 (7,767)	13.25 (7,103)	12.80
Totals - excluding Schools	11.62 (21,984)	10.63 (20,052)	10.10
Schools	8.59 (15,517)	7.55 (13,662)	8.50
Totals - including Schools	**10.14 (37,502)**	**9.12 (33,707)**	**9.30**

4.5   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 Environment & Housing which has seen an increase of 0.52 FTE days lost per person.

4.6   In relation to the target figures, Environment and Housing, Learning and Skills and Social Services are all above their target figure. The Resources directorate is under the target figure for 2018/19. Target figures will be reviewed for 2019/20.

4.7   Sickness absence recorded in schools has seen a large decrease in absence levels during this period compared to 2017/2018.

4.8   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.

4.9   The performance management approach to absence will continue into 2019/20 alongside the range of measures as set out in paragraph 5.1.

Reason for absence

4.10 The reasons for sickness absence across the authority (including in Schools) over the period 2018/19 are listed below. The figures include both the total FTE days lost and percentage as requested by Scrutiny Committee during the Q2 reporting period. Also note that Stress Related absence is now recorded as non-work and work related.

Absence Reason	Long Term Sick	Short Term Sick	Grand Total	%
Stress Non Work Related	6199.41	1095.47	7294.88	21.6%
Viral Infection	1891.49	4268.80	6160.29	18.3%
Other Musculoskeletal	4382.04	1264.13	5646.17	16.8%
Operations and Recovery	4007.18	790.74	4797.92	14.2%
Stomach Ailments	1045.22	1499.90	2545.12	7.6%
Stress Work Related	2258.73	154.79	2413.52	7.2%
Back Problems	1026.39	562.89	1589.28	4.7%
Chest Problems	524.97	535.13	1060.10	3.1%
Headache, Migraine, etc	229.64	381.06	610.70	1.8%
Pregnancy Related	341.92	198.06	539.98	1.6%
Heart Problems	355.81	68.33	424.14	1.3%
Genito-Urinary Problems	126.86	197.40	324.26	1.0%
Undisclosed	207.69	66.30	273.99	0.8%
RTA/Whiplash	0.00	15.87	15.87	0.0%
Swine Flu	0.00	11.00	11.00	0.0%
Grand Total	**22597.35**	**11109.87**	**33707.22**	**100%**
% Absence	**67%**	**33%**	**100%**	

4.11 In reference to the length of absence, members will note from the above table that 67% of all absence for 2018/19 was categorised as long term (i.e. over 4 weeks in duration) compared with 33% short term absence. This shows a decrease in comparison to last year where 69% of all absence was categorised as long term compared with 31% short term. The management and reduction in long term absence has helped the overall reduction in absence.

4.12 The HR Business Partnership team continue to work closely with Occupational Health and Managers on an individual case management basis and the prompt action of Managers is prioritised to keep absence within target.

4.13 The Occupational Health Team have recently launched an appointment system for free health screening for staff every Thursday. The session enables staff to receive a basic set of health measurements including

weight, height, BMI, blood pressure, blood sugar levels and cholesterol in a safe and confidential environment.

4.14 Overall stress continues to be the most common reason for sickness absence, although this is common within the Public Sector and Local Government. Stress in the Council has reduced from 29.2% in 2017/18 to 28.8% in 2018/19. It can be seen however that the recording of stress absence is now split into non-work and work related stress. Now that we have 12 months of data, further analysis will take place during 2019/20. This will assist with understanding the reasons for the absence as well as looking at ways to assist the health and welfare of employees and inform Occupational Health and the Employee Counselling service to achieve this objective.

4.15 Members will be aware that in all cases of stress or anxiety, employees are automatically referred to occupational health for advice, offered counselling support and managers are offered training and support in completing stress risk assessments. A revised Mental Health & Wellbeing Policy which incorporates detailed advice and guidance as well as the responsibilities of managers, Occupational Health and staff in recognising and dealing with stress. The policy also provides clear expectations in responding to issues of stress and associated mental health issues. The policy was launched in January 2019, with over 30 Mental Health Champion Volunteers being selected from the Directorates. The role of the Mental Health Champion will be 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. Training will be provided to staff who have volunteered to act as Mental Health Champions.

4.16 The Council's Employee Assistance Programme (Care First) continues to be promoted throughout the Council. Further information on this initiative is set out in paragraphs 5.2 to 5.3 of this report and in Appendix B

4.17 A table with the five most common absence reasons for each Directorate is set out below for 2018/19. Data includes the FTE days lost and percentage of absence in each of the reasons.

Environment and Housing Services	Learning & Skills	Resources	Social Services	Schools
Other Musculoskeletal 1539 (19%)	Viral Infection 706 (27%)	Viral Infection 540 (23%)	Stress Non Work Related 1752 (25%)	Stress Non Work Related 3097 (23%)
Stress Non Work Related 1525 (19%)	Operations and Recovery 435 (17%)	Stress Non Work Related 497 (21%)	Other Musculoskeletal 1475 (21%)	Viral Infection 2781 (20%)
Viral Infection 1080 (13%)	Stress Non Work Related 425 (16%)	Operations and Recovery 385 (17%)	Viral Infection 1053 (15%)	Operations and Recovery 2270 (17%)
Operations and Recovery 1004 (13%)	Other Musculoskeletal 336 (13%)	Other Musculoskeletal 300 (13%)	Operations and Recovery 703 (10%)	Other Musculoskeletal 1997 (15%)
Back Problems 806 (10%)	Stress Work Related 243 (9%)	Stomach Ailments 139 (6%)	Stomach Ailments 499 (7%)	Stomach Ailments 1066 (8%)

4.18 For **long-term** absences, the top three reasons are set out in the following table:

	Absence reason	2017/18	2018/19
1	Stress	37.8%	37.4% (Work 10% and Non-work 27.4%)
3	Other Musculoskeletal	12.1%	19.4%
2	Operations and Recovery	20.9%	17.7%

4.19 For **short-term** absence the main reason recorded is outlined as follows:

	Absence reason	2017/18	2018/19
1	Viral Infection	43.8%	38.4%
2	Stomach Ailments	11.8%	13.5%
3	Stress	10.2%	11.3% (Work 1.4% and Non-work 9.9%)

Performance Management

5.1   The main performance management elements of the management of sickness absence is set out below:-

- A full report containing the breakdown of sickness absence levels per FTE across all Directorates and services continues to be reviewed by CMT each month and any required action is taken.

- All Directorates continue to review absence levels within Directorate Management Teams on a monthly basis and in accordance with a service based action plan.

- The focus on absence has, over the last year been based on the scrutiny of priority absence reports within each directorate and service area. This has been helpful in focusing attention and support on particular absence cases.

- Managers and Supervisors continue to receive sickness flagging reports on a monthly basis from HR Employee Services.

- Long-term sickness absence cases continue to be dealt with on an individual case management basis. Human Resource Business Partners work closely with managers to maintain communication with employees, along with Occupational Health, to support employees' wellbeing and their return to work.

- The Human Resources Service continues to hold a dedicated review of the top 50 on-going long term absence management cases from across the Council on a monthly basis.

Employee Assistance Programme

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

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

Positive Health Promotion

5.4   Work is continuing to develop positive health support as follows:

- Flu vaccinations have been offered to all employees during Sept–Dec 2018 and a total of 1,566 vaccinations have been administered to employees.

- A new OH Nurse was appointed in January 2019.

- The OH service is now offering health screening to all employees every Thursday (subject to other work commitments). This includes: height, weight, BMI, Blood Pressure, Cholesterol and Blood Sugar Tests. Appointments can be made via iDev and if employees to not have access to iDev their manager can book one on their behalf or they can contact OH direct to make the appointment for them.

- The Council had also chosen to install a further two Public Access Defibrillators at the Civic and Docks offices in January 2019. The Alps and Court Road depots both had defibrillators installed in March 2018. Over 80 employees have been trained in the use of the defibrillators, and although training is non-essential it was seen as good practice to offer the training.

Summary

5.5   The management of sickness absence continues to be a high priority for the Council and an important 'Corporate Health' indicator. The annual figure of 9.1 days lost is under the target figure of 9.3 days and importantly far lower than the 10.14 from the previous year. The target figure for 2019/2020 has been set at 9.2 days lost per FTE. The continued hard work and support from Corporate Management Team, HR, Managers and Trade Unions will be important to maintain the Council's positive absence management record.

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

6.1   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.

6.2   Prevention

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

6.3   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.

6.4   Collaboration

This is a key factor in managing sickness absence is the support from Corporate Management Team, Managers, HR, Occupational Health and Trade Unions should keep sickness rates low.

6.5 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.

7. Resources and Legal Considerations

Financial & Employment

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

Legal (Including Equalities)

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

8. Background Papers

Appendix A - Breakdown of absence by Service Areas (2018/19)

Appendix B – The Care First Employee Assistance Programme Report

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

Appendix A

Period - 01-APR-2018 to 31-MAR-2019

Directorate	Service	Average FTE	Short term days/shifts lost per FTE	Long term days/shifts lost per FTE	Total days/ shifts lost per FTE	Annual Target	17-18 Days Lost Per FTE
Environment and Housing Services	Building Services	164.50	3.90	9.26	13.16	12.00	12.49
	Director's Office - ENV & HOU	32.67	1.37	4.50	5.87	6.00	7.69
	Housing Services	66.75	3.03	6.83	9.86	8.50	9.89
	Neighbourhood Services and Transport	223.76	3.15	13.27	16.43	14.00	15.75
	Shared Regulatory Services	175.13	2.36	5.20	7.55	7.50	6.89
Environment & Housing Services Totals		**662.81**	**3.03**	**9.06**	**12.09**	**10.80**	**11.57**
Learning & Skills	Achievement for All	38.61	2.53	4.60	7.13	9.50	11.46
	Director's Office - L&S	10.90	1.08	0.00	1.08	6.00	4.02
	Standards and Provision	66.25	2.76	9.65	12.41	N/a	N/a
	Strategy, Community Learning and Resources	163.11	2.88	6.34	9.22	9.00	9.68
Learning & Skills Totals		**278.86**	**2.73**	**6.64**	**9.37**	**9.20**	**10.15**
	Director's Office - RES	21.84	1.74	1.37	3.11	6.00	3.35
	Financial Services	106.78	2.48	1.99	4.48	6.00	7.82
	Human Resources Service	41.61	2.65	0.53	3.18	6.00	3.78
	ICT Services	42.00	2.90	8.10	11.00	6.00	9.23
	Legal and Democratic Services	46.00	2.19	3.38	5.58	6.00	2.25
	Performance & Development Services	55.20	3.28	4.29	7.57	6.00	12.96
	Regeneration and Planning	95.20	2.56	2.77	5.33	6.00	9.87
MD & Resources Totals		**408.63**	**2.60**	**3.09**	**5.69**	**6.00**	**8.69**
Social Services	Adult Services	204.72	4.53	11.03	15.55	13.50	15.79
	Children and Young People Services	180.32	3.08	8.20	11.28	12.50	13.35
	Director's Office - SS	10.50	1.52	2.10	3.62	6.00	6.35
	Resource Management and Safeguarding	140.51	4.73	8.44	13.17	10.00	15.76
Social Services Totals		**536.06**	**4.03**	**9.22**	**13.25**	**12.80**	**14.81**
Corporate Total - Excluding Schools		**1886.36**	**3.18**	**7.45**	**10.63**	**10.10**	**11.62**
Schools		**1809.50**	**2.83**	**4.72**	**7.55**	**8.50**	**8.59**
Total Including Schools		**3695.85**	**3.01**	**6.11**	**9.12**	**9.30**	**10.14**

Employee Assistance Programme

1. The Care First Employee Assistance Programme remains available to all employees and continues to be publicised within the workplace since its launch in June 2016.

2. Quarterly reports have been received on a scheduled basis and an update of the service is shown below.

    -   Care First EAP continues to be promoted throughout the Council

    -   The most recent quarterly report for Dec'18-Feb'19 indicates a drop in the number of contacts despite the ongoing promotion of the service. The Council will work with Care First to address this.

    -   There were 24 new users of the service this quarter.

SERVICE	TOTAL 17/18		QUARTER 1 1/06/18 - 31/08/18	QUARTER 2 1/09/18 - 30/11/18	QUARTER 3 1/12/18 - 28/02/19
No. of contacts	308		59	100	65
* to 24/7 telephone counselling line	133		20	45	31
* for telephone information	8		3	1	4
* face-to-face counselling	165		35	53	26
* on-line counselling	2		1	1	4
No. of new clients	93		13	28	24
Male	22		4	6	3
Female	71		9	22	21
No. personal issues	90		10	24	16
No. work-related issues	41		9	7	4
Management support	1		0	0	0
Information Specialist	6		4	1	0
Lifestyle home / work	42/43		19/6	5/8	9/1
Total Zest registered users	58		59	75	figs n/a
On-line CBT Service	1		0	0	0

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