Name of Committee:	**Cabinet**
Date of Meeting:	**07/06/2021**
Relevant Scrutiny Committee:	Corporate Performance and Resources
Report Title:	**Q4 Sickness Absence Report 2020/2021**
Purpose of Report:	To update Members of the Cabinet on the sickness absence statistics for the 12-month period from 1 April 2020 to 31 March 2021
Report Owner:	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 12-month period 1st April 2020 to 31st March 2021 as part of the agreed performance management arrangements.

- There has been a significant decrease in absence levels for the whole of 2020/2021 compared with the same 12 month period for the previous financial year. The absence rates are set out in paragraph 4.1 and show a decrease from 10.51 days lost per FTE (April 2019 to March 2020) to 8.59 days lost per FTE (April 2020 to March 2021). The annual target figure (April 2020 to March 2021) was set as 9.20 days lost per FTE.

1. Recommendations

1.1 That the report and the twelve-month (April 2020 to March 2021) 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 for 2020/2021, a 9-month report (April to December 2020) was also 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 March 2021, including corporate and school employees. It also includes details of sickness absence figures for the previous year; 1st April 2019 to 31st March 2020.

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 March 2021 are set out in the table below with comparative data for the same period in 2019/2020.

	April 2019 to March 2020.	April 2020 to March 2021.
Total days/shifts lost (per FTE)	10.51	8.59
Target	9.20	9.20
Total number of FTE days/shifts lost	37330	30437

4.2 The total days/shifts lost per FTE for the period April 2020 to March 2021 indicate a decrease in absence levels of almost 2 FTE days lost compared to same period of 2019/20.

4.3 As referenced in previous Cabinet reports on attendance and sickness absence, the CIPD "Health and Well-being at Work" April 2021 includes data on a wide range of absence and wellbeing information. It is worth noting that information is based on 55% private sector data, therefore needs to be treated with some caution, however, it does contain some useful comparisons between Private, Public and Not-for-profit sectors.

4.4 Data from the Office for National statistics (ONS), also states that absence rates are at its lowest level since records began, again showing the impact of covid reporting over the past 12 months. This is especially the case for organisations where a large proportion of the workforce had been furloughed.

4.5 The ONS data states that local government lost 4.7 days per person and 3.1 days in the private sector.

4.6 Sickness absences also increases with the size of the organisation, with the following data based on all organisation groups.

< 25 employees	3.0 FTE days lost
25-49 employees	3.6 FTE days lost
50-499 employees	4.3 FTE days lost
500 + employees	4.5 FTE days lost

4.7 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	122 (3.4%)	746 (2.5%)	6.11
25-34	663 (18.6%)	3440 (11.3%)	5.19
35-49	1381 (38.8%)	10529 (34.6%)	7.62
50-64	1319 (37.0%)	14435 (47.4%)	10.94
65 and over	78 (2.2%)	1287 (4.2%)	16.50

Sickness absence by Directorate

4.8 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 2019 to March 2020	April 2020 to March 2021	
	Total days / shifts lost per FTE (total days lost in brackets)	Total days / shifts lost per FTE (total days lost in brackets)	2021 Q4 Target
Environment & Housing	13.83 (9088)	11.93 (7873)	11.18
Learning and Skills	12.17 (3015)	8.16 (1696)	9.47
Resources	6.99 (2846)	6.29 (2603)	5.90
Social Services	15.36 (8580)	13.66 (7980)	13.29
Corporate Total - excluding Schools	12.58 (23529)	10.80 (20151)	10.36
Schools	8.22 (13801)	6.13 (10286)	8.00
Totals - including Schools	10.51 (37330)	8.59 (30437)	9.20

4.9 Overall, there has been a decrease in absence levels across all directorates, compared with the performance in the same period in 2019/2020.

4.10 In relation to the target figures, Environment and Housing and Resources are all above their target figure. Learning and Skills and Schools are under the quarterly target figure and Social Services and the Corporate total is within 5% of the annual target figures for April 2020 to March 2021.

4.11 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

4.12 The reasons for sickness absence across the authority (including in Schools) over the period April 2020 to March 2021 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	Short Term Days	Long Term Days	Total Days Lost	%
1	Stress Non-Work Related	598.38	7408.97	8007.35	26.3%
2	Other Musculoskeletal	622.30	4143.33	4765.63	15.7%
3	Stress Work Related	207.56	3587.81	3795.37	12.5%
4	Viral Infection	1633.62	1165.15	2798.77	9.2%
5	Operations and Recovery	249.32	2266.07	2515.39	8.3%
6	Pandemic	622.38	1294.41	1916.79	6.3%
7	Headache, Migraine etc	366.22	939.68	1305.90	4.3%
8	Stomach Ailments	563.50	721.08	1284.58	4.2%
9	Back Problems	281.95	860.19	1142.14	3.8%
10	Undisclosed	184.77	742.04	926.81	3.0%
11	Heart Problems	33.29	549.47	582.76	1.9%
12	Pregnancy Related	176.05	387.03	563.08	1.8%
13	Chest Problems	200.73	200.11	400.84	1.3%
14	Genito-Urinary Problems	73.45	246.70	320.15	1.1%
15	RTA / Whiplash	37.61	55.18	92.79	0.3%
	Grand Total	5870.00	24567.22	30437.22	100.0%
	% Absence	19%	81%	100%	

4.13 In reference to the length of absence, members will note from the above table that 81% of all absence for April 2020 to March 2021 are categorised as long term (i.e. over 4 weeks in duration), compared with 19% short term absence.

This is a change from the same period in 2019/2020, where 70% of absences were categorised as long-term absence and 30% as short term.

4.14 Stress (non-work related) continues to be the most common reason for sickness absence at 26.3%. This is followed by Other Musculoskeletal (15.7%) and Stress (work related) (12.5%). For 2019/2020, Stress (non-work related) was also the most common reason for sickness absence but at a lower 22% of all absences. 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.

4.15 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 or sickness triggers. Following this period, if the employee is unable to work due to sickness, this will be classed as absence and follow the Council's Managing Attendance at Work policy. In Q2, Pandemic absences were at number 11 in the above reasons list. For Q3 and Q4, Pandemic is at number 6.

4.16 As stated, it was agreed that absence from work relating to self-isolation measures for Covid-19 would not be counted as sickness or be attributed to any sickness triggers within the policy. In addition, staff may be working from home currently where sickness may not be reported, especially the case for the short-term absences. This is also reportedly known as "presenteeism". Presenteeism is where a member of staff is attending work, rather than taking a type of leave or sickness absence.

4.17 As reported by the Chartered Institute of Personnel and Development (CIPD), the COVID-19 crisis has led to rapidly changing working patterns including new forms of remote working, flexible working and social distancing. Many workers combine work and caring responsibilities even more than before.

4.18 Although only 8.59 days were lost per employee due to recorded sickness absence, there is a potential that more non-productive days are lost due to presenteeism. A survey by RAND Europe suggest as much as 30 days are lost per person per year due to presenteeism.

4.19 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. The lower rates of short-term absence could also be related to the increase in staff working from home.

4.20 Long term absence levels are also lower in comparison to previous years. It should be noted that the Covid-19 situation may impact on the return of staff to the workplace from long term sickness. It also worth noting that there has been a reduction in the absence reason related to operations and recovery. This is not

surprising due to the number of operations postponed due to the pandemic. The Council will need to monitor staff with absences linked to operations that will now take place during 2021/22, although due to the backlog it could extend into 2022/23 and beyond.

4.21 The Council considers it very important that staff are given the support during these difficult 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. Support is also provided to staff that have continued to work in the front line, especially in our Waste, Social Care and Schools.

4.22 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, and also private care home providers in the Vale. The requests were processed 7 days a week, with the Human Resources team undertaking a rota from 8am to 8pm Monday-Sunday. Due to the reduction in covid cases, the rota will be moved to a Mon-Friday service during the early part of 2021/22.

4.23 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.

4.24 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.

4.25 The use of the Counselling service has seen an increase in usage compared to previous years. Although staff themselves may not have been affected from a work perspective, the pandemic has had an impact across all areas of an individual's life, where members of their family have been unwell or have lost jobs or been furloughed. Therefore, the impact has become much wider.

4.26 Tables with the five most common absence reasons for each Directorate are set out below for the period April 2020 to March 2021. Data includes the FTE days lost and percentage of absence in each of the reasons.

	Environment and Housing Services				
	Reasons	Short Term	Long Term	Total	%
1	Stress Non-Work Related	57.43	1926.17	1983.60	25.2%
2	Other Musculoskeletal	226.21	1104.57	1330.78	16.9%
3	Stress Work Related	58.34	1109.00	1167.34	14.8%
4	Viral Infection	341.75	287.74	629.49	8.0%
5	Operations and Recovery	69.39	489.93	559.32	7.1%
	Grand Total	1343.83	6528.85	7872.68	100%
	Overall %	17.1%	82.9%	100%	

	Learning and Skills				
	Reasons	Short Term	Long Term	Total	%
1	Stress Non-Work Related	40.52	382.36	422.88	24.9%
2	Other Musculoskeletal	15.19	347.41	362.60	21.4%
3	Pandemic	16.68	239.09	255.77	15.1%
4	Operations and Recovery	0.00	152.70	152.70	9.0%
5	Heart Problems	0.00	107.00	107.00	6.3%
	Grand Total	171.40	1524.51	1695.91	100%
	Overall %	10.1%	89.9%	100%	

	Resources				
	Reasons	Short Term	Long Term	Total	%
1	Stress Non-Work Related	105.50	826.79	932.29	35.8%
2	Stress Work Related	29.19	406.00	435.19	16.7%
3	Operations and Recovery	12.49	352.89	365.38	14.0%
4	Other Musculoskeletal	51.54	141.00	192.54	7.4%
5	Viral Infection	149.20	4.00	153.20	5.9%
	Grand Total	596.86	2006.12	2602.98	100%
	Overall %	22.9%	77.1%	100%	

	Social Services				
	Reasons	Short Term	Long Term	Total	%
1	Stress Non-Work Related	185.74	2042.62	2228.36	27.9%
2	Other Musculoskeletal	197.61	1432.01	1629.62	20.4%
3	Stress Work Related	63.00	1031.13	1094.13	13.7%
4	Operations and Recovery	54.42	639.69	694.11	8.7%
5	Pandemic	93.46	417.68	511.14	6.4%
	Grand Total	1347.78	6631.87	7979.65	100%
	Overall %	16.9%	83.1%	100%	

	Schools				
	Reasons	Short Term	Long Term	Total	%
1	Stress Non-Work Related	209.19	2231.03	2440.22	23.7%
2	Viral Infection	815.54	637.67	1453.21	14.1%
3	Other Musculoskeletal	131.75	1118.34	1250.09	12.2%
4	Stress Work Related	57.03	1041.68	1098.71	10.7%
5	Pandemic	429.79	580.42	1010.21	9.8%
	Grand Total	2410.13	7875.87	10286.00	100%
	Overall %	23.4%	76.6%	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.

4.27 The top three reasons for Long-term absence between April 2020 to March 2021 and a comparison with the same period in 2019/2020 are set out below;

	Absence Reason	April 2019 to March 2020
1	Stress Non-Work Related	28.1%
2	Other Musculoskeletal	20.4%
3	Operations and Recovery	16.4%

	Absence Reason	April 2020 to March 2021
1	Stress Non-Work Related	30.2%
2	Other Musculoskeletal	16.9%
3	Stress Work Related	14.6%

An absence reason under the category for 'Stress' now occupies two of the top three reasons for long term absence. In April 2019 to March 2020, Stress (work related) absences was number four in the list at 11.6%. Absences under the Pandemic reason for April 2020 to March 2021, is at number six in the list for long term absences at 5.3%.

4.28 The top three reasons for Short-term absence for April 2020 to March 2021 and a comparison with the same period in 2019/2020 are set out below;

	Absence reason	April 2019 to March 2020
1	Viral Infection	41.6%
2	Stomach Ailments	12.6%
3	Stress Non-Work Related	9.6%

	Absence reason	April 2020 to March 2021
1	Viral Infection	27.8%
2	Pandemic	10.6%
3	Other Musculoskeletal	10.6%

For April 2020 to March 2021, Viral infection remains the highest reason for short term absence, albeit at a much lower rate (27.8% compared to 41.6%) During 2020/21, the number of absences against the Pandemic reason has increased and this is now the second highest absence reason overall for short term absences.

Performance Management

4.29 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

4.30 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.

4.31 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

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

- Due to the shortage of Flu vaccinations across Wales, it was offered initially to all Schools during Oct–Dec 2020, with any spare vaccines being offered to other front-line workers in Social Services and Environment and Housing Services. A total of just over 1500 flu vaccinations were delivered.

- 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 2021/2022.

- 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.

- 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.

- The Council now has nearly 40 trained (via Time to Change Wales) mental health champions whose primary role involves:

  o Promoting health campaigns e.g. World Mental Health Day.

  o Encouraging colleagues to participate in the Council's wellbeing initiatives / challenges.

  o Involvement in events and collaborative working with other Champions across the Council and other organisations.

  o Role modelling and promoting a healthy culture within the workplace.

  o Organising activities which will now take place online, such as online Yoga classes.

  o Signposting colleagues to relevant services.

Summary

4.33 The management of sickness absence continues to be a high priority for the Council and an important 'Corporate Health' indicator. The annual Q4 figure of 8.59 days lost is under the target figure of 9.20 days and also significantly lower than the previous year 2019/20 figure of 10.51 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.