THE VALE OF GLAMORGAN COUNCIL

CORPORATE PERFORMANCE AND RESOURCES SCRUTINY COMMITTEE: 21 SEPTEMBER 2017

REFERENCE FROM CABINET: 31 JULY 2017

C47   SICKNESS ABSENCE REPORT - APRIL 2016 TO MARCH 2017 (L) (SCRUTINY COMMITTEE - CORPORATE PERFORMANCE AND RESOURCES) -

Cabinet was updated on the sickness absence statistics for the full year period 1 April, 2016 to 31 March, 2017.

The levels of sickness absence within the Council were reported to Cabinet every six months. The report was part of a wider performance monitoring framework and improvement plan as approved by Cabinet in July 2015. The report set out the sickness absence information for the period 1 April, 2016 to 31 March, 2017 including corporate and schools employees. It also included details of sickness absence figures for the period 1 April, 2015 to 31 March, 2016 and external data for comparative purposes.

The report acknowledged the work and commitment of all managers, employees and trade union colleagues in relation to the continual management of sickness absence. The overall sickness absence rates [i.e. working time lost per Full Time Equivalent (FTE) over the period April 2016 to March 2017 were set out in the table below with comparative data for the same period in 2014 and 2015.

	April 2014 - Mar 2015	April 2015 - Mar 2016	April 2016 - Mar 2017	Annual Target
Total days/shifts lost (per FTE)	9.44	9.56	8.80	8.90

The total days/shifts lost per FTE for the period April 2016 to March 2017 indicated a reduction on the full year absence figures in comparison with 2016 (from 9.56 to 8.80 days lost per FTE which represented an overall reduction of 0.76 of a day lost per FTE). The sickness absence levels for the full year were

also below the annual target of 8.90 days/shifts per FTE (an overall reduction of 0.10 days lost per FTE).

A summary of absence levels within each Directorate was set out below. A breakdown of absence in each Service area was included within Appendix A attached to the report.

Directorate	April 2015 to Mar 2016	April 2016 to Mar 2017	
	Total days / shifts lost per FTE	Total days / shifts lost per FTE	Annual Target
Social Services	13.57	11.32	11.60
Environment & Housing	12.16	9.98	11.70
MD and Resources	5.80	6.45	5.80
Learning and Skills	10.04	8.15	8.30
Totals - excluding Schools	10.79	9.27	8.90
Schools	8.26	8.29	7.90
Totals - including Schools	9.56	8.80	8.90

Th

ere had been an improvement in absence levels across the majority of corporate directorates against last year's performance and the annual target. Sickness absence recorded in schools had remained relatively static during this period compared to the same period in 2015-2016.

It was encouraging to note that the performance management measures implemented had helped in the overall management of sickness absence and to curb the increase in levels as experienced in 2015/16. The action plan was attached at Appendix B to the report. This contained arrangements to address sickness absence within each Directorate, including service specific considerations and moreover it provided a position update on each the identified actions/activities.

The most common reasons for sickness absence in the Council (including in Schools) over the period April 2016 to March 2017 were listed below, along with a comparison of the previous period (April 2015 to March 2016):

Absence reason	April 2015 to	April 2016 to

		March 2016	March 2017
1	Stress	29.0%	23.1%
2	Operations and Recovery	16.2%	18.4%
3	Viral Infection	15.9%	17.0%
4	Musculoskeletal Disorders	11.9%	10.3%

Stress continued to be the most common reason for sickness absence in the Council. However, the ratio of sickness absence related to stress had reduced from 29.0% to 23.1%. In all cases of stress or anxiety, employees were automatically referred to occupational health for advice, offered counselling support and managers were offered support in completing stress risk assessments.

Feedback from the latest quarterly report from the Care First Employee Assistance Programme had been received and was referenced in paragraphs 24, 25 and 26 of the report.

This was a matter for Executive decision

Cabinet, having considered the report and all the issues and implications contained therein

RESOLVED –

(1)   T H A T the report and the full yearly sickness absence figures provided in Appendix A as attached to the report be noted.

(2)   T H A T the progress in relation to the action plan as attached at Appendix B to the report be noted.

(3)   T H A T the report be referred to Scrutiny Committee (Corporate Performance & Resources) for consideration.

Reasons for decisions

(1)   To note the yearly sickness absence figures.

(2)   To note the progress in relation to the agreed management of attendance action plan.

(3)   To enable the Scrutiny Committee (Corporate Performance & Resources) to maintain a continued focus on the management of sickness absence throughout all services of the Council.

Attached as Appendix – Report to Cabinet – 31 July 2017

The Vale of Glamorgan Council

Cabinet Meeting: 31 July, 2017

Report of the Leader

Sickness Absence Report - April 2016 to March 2017

Purpose of the Report

1.   To update Members of the Cabinet on the sickness absence statistics for the full year period 1st April 2016 to 31st March 2017.

Recommendations

1.   That the report and the full 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.

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.

Background

4.   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 approved by Cabinet in July 2015.

5.   This report sets out the sickness absence information for the period 1st April 2016 to 31st March 2017, including corporate and schools employees. It also includes details of sickness absence figures for the period 1st April 2015 to 31st March 2016 and external data for comparative purposes.

6.   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

7.   The overall sickness absence rates [i.e. working time lost per Full Time Equivalent (FTE)] over the period April 2016 to March 2017 are set out in the table below with comparative data for the same period in 2014 and 2015.

	April 2014 - Mar 2015	April 2015 - Mar 2016	April 2016 - Mar 2017	Annual Target
Total days/shifts lost (per FTE)	9.44	9.56	8.80	8.90

8.   The total days/shifts lost per FTE for the period April 2016 to March 2017 indicate a reduction on the full year absence figures in comparison with 2016 (from 9.56 to 8.80 days lost per FTE which represents an overall reduction of 0.76 of a day lost per FTE).

9.   The sickness absence levels for the full year are also below the annual target of 8.90 days/shifts per FTE (an overall reduction of 0.10 days lost per FTE).

Sickness absence by Directorate

10.   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 2015 to Mar 2016 Total days / shifts lost per FTE	April 2016 to Mar 2017 Total days / shifts lost per FTE	Annual Target
Social Services	13.57	11.32	11.60
Environment & Housing	12.16	9.98	11.70
MD and Resources	5.80	6.45	5.80
Learning and Skills	10.04	8.15	8.30
Totals - excluding Schools	10.79	9.27	8.90
Schools	8.26	8.29	7.90
Totals - including Schools	9.56	8.80	8.90

11.   Members will note that there has been an improvement in absence levels across the majority of corporate directorates against last year's performance and the annual target. Sickness absence recorded in schools has remained relatively static during this period compared to the same period in 2015-2016.

12.   It is encouraging to note that the performance management measures implemented have in the overall management of sickness absence and helped to curb the increase in levels as experienced in 2015/16.

13.   Members will note the action plan that is attached in Appendix B. This contains arrangements to address sickness absence within each Directorate, including service

specific considerations and moreover it provides a position update on each the identified actions/activities.

Reasons for absence

14. The most common reasons for sickness absence in the Council (including in Schools) over the period April 2016 to March 2017 are listed below, along with a comparison of the previous period (April 2015 to March 2016):

	Absence reason	April 2015 to March 2016	April 2016 to March 2017
1	Stress	29.0%	23.1%
2	Operations and Recovery	16.2%	18.4%
3	Viral Infection	15.9%	17.0%
4	Musculoskeletal Disorders	11.9%	10.3%

15. Members will note that 66% of all absence is categorised as long term (i.e. over 4 weeks in duration) compared with 34% short term/intermittent absence. A directorate based analysis of this is set out in Appendix A.

16. Stress continues to be the most common reason for sickness absence in the Council. However, it can be seen that the ratio of sickness absence relating to stress has reduced from 29.0% to 23.1%. 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 support in completing stress risk assessments.

17. Feedback from the latest quarterly report from the Care First Employee Assistance Programme has been received and is referenced in paragraph 24, 25 and 26 of this report.

18. A set of tool-kits / guidance notes are currently being developed to help managers to respond to the "top four" reasons for absence (i.e. stress, operations/recovery, viral infections and muscular skeletal disorders). The first of these, in terms of stress management, has been published as is on Staffnet.

19. A Directorate breakdown of the most common absence reasons as identified in paragraph 16 is set out below:

	Social Services		Environment and Housing Services		Resources		Learning and Skills		Schools	
Stress	1	23.3%	2	22.2%	1	27.6%	3	18.3%	1	23.4%
Operations and Recovery	2	16.5%	1	22.3%	3	17.9%	1	23.8%	3	16.6%
Viral Infection	3	14.9%	3	16.0%	2	21.1%	2	18.8%	2	17.3%
Musculoskeletal Disorders	4	14.4%	4	13.6%	7	2.4%	4	6.8%	4	9.1%

20. The top two reasons for long-term absence as set out below mirror that for overall sickness absence (set out in paragraph 16). Stress remains the main reason for long-

term absences, followed by Operations and Recovery and Musculoskeletal Disorders, as outlined below:

	Absence reason	April 2015 to March 2016	April 2016 to March 2017
1	Stress	37.4%	30.4%
2	Operations and Recovery	20.7%	23.6%
3	Musculoskeletal Disorders	13.6%	11.3%

21. Viral infections remain the main reason recorded for short-term intermittent absences, followed by Stress and Stomach Ailments, as outlined below:

	Absence reason	April 2015 to March 2016	April 2016 to March 2017
1	Viral Infection	36.7%	40.2%
2	Stomach Ailments	10.9%	12.4%
3	Stress	11.4%	8.94%

Performance Management

22. As indicated above an action plan for improving the management of attendance was approved by Cabinet on 27th July 2015. The momentum behind this action plan has been maintained over the last financial year and an update on actions within the plan is set out in Appendix B.

23. 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 the Employee Services Centre.

- Long-term sickness absence cases continue to be dealt with on an individual case management basis. HR 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 Head of 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

24. The Care First Employee Assistance Programme (EAP) is now fully operational having been launched on 1st June 2016. Quarterly reports have been received and an update of the service is set out below:

25. The benefits of the EAP continue to be promoted throughout the Council. A summary of usage over the first four quarters of the year are as set in the table below:-

Service	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Number of contacts	62	77	61	46
24/7 telephone counselling service	39	41	36	31
Telephone Information Specialists	5	9	5	1
Face to face counselling	18	27	20	14

26. Further promotion of the facility is on-going and will continue, particularly in respect of management support, lifestyle and on-line counselling provision. Care First have and will continue to send monthly updates to the Council on a variety of topics which are available to all staff.

Positive Health Promotion

27. Work is continuing to develop positive health support mechanisms in line with the action plan as set out in Appendix B. A summary of developments is as follows:

- Flu vaccinations were offered to all employees during October/November 2016. Take up continues to be encouraging across all service areas.

- Positive health events are being scheduled by Occupational Health. This will include a number of health fairs from October 2017 onwards.

- In responding to the top reasons for absence a stress management toolkit has been developed and is available on Staffnet. Guidance on the management of absence relating to operations/recovery, viral infections and musculoskeletal disorders is available from the Occupational Health Service.

Revised Managing Attendance at Work Policy

28. The new 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 and approved by Cabinet on the 23rd May 2016.

29. Members of Cabinet will be aware of the importance of the new 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.

30. A significant feature of the new 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.

31. Briefing sessions on the new Management of Attendance Policy commenced in July 2016 and continued through to October 2016. The briefing sessions reinforced the importance of the new Welcome Back to Work meeting, the revised approach to dealing with both short and long term absence and the need for regular monitoring and performance management.

32. Training on the new Policy has now been subsumed within the overall Corporate Training and Development Programme. It will be a continuing priority to ensure that the new policy is implemented on a consistent basis across all service areas.

Wider Engagement Strategy

33. The new Staff Charter was launched in September 2016 following endorsement by both staff and the trade unions. As members will recall, the Charter sets out the mutual expectations of staff and managers in a "reshaped" working environment. Progress continues to be made in delivering the 15 action points/commitments.

34. Over 300 managers/supervisors attended Staff Charter briefing sessions during the first two weeks of September 2016 in order to ensure an understanding of the principles behind the Charter and to help in the delivery of its expectations.

35. Progress continues to be made in implementing the 15 supporting actions and commitments within the Staff Charter. To date some 7 out of the 15 commitments have been delivered with a further 8 making good progress.

36. Over the last three months a particular focus has been placed on development work in five particular workstream areas. Each workstream is sponsored by a Chief Officer representative as set out below:-

	Workstream	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

37. 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

38. Information from the Welsh Local Government Association has been received for the financial year 2015/16 to be able to compare with other authorities within Wales. This information shows that the Vale of Glamorgan Council had the third highest attendance levels per FTE across Wales. The average absence rate across the 19 reporting welsh local authorities was 10.19 days for 2016/17.

39. Research from the latest XpertHR survey on absence indicated the average number of days lost in local government in the public sector in 2015/16 was 9.0 sickness days per employee. The latest CIPD survey on absence management suggested that

the average number of days lost in local government is 10.5 sickness days per employee.

Resource Implications (Financial and Employment)

40. 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

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

Legal Implications (to Include Human Rights Implications)

42. 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

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

Equal Opportunities Implications (to include Welsh Language issues)

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

Corporate/Service Objectives

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

Policy Framework and Budget

46. This is a matter for Executive decision by the Cabinet.

Consultation (including Ward Member Consultation)

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

Relevant Scrutiny Committee

48. Corporate Performance & Resources

Background Papers

Appendix A - Breakdown of Directorate absence by Services (April - March 2017)
Appendix B - Management of Attendance Action Plan (Updated June 2017)

Contact Officer

Adrian Unsworth - Operational Manager Human Resources

Officers Consulted

Corporate Management Team

Responsible Officer

Rob Thomas, Managing Director

Breakdown of Directorate absence by Services   **01/04/2016 to 31/03/2017**

Directorate	Service /Department	Average FTE	Short term days/shifts lost per FTE	Long term days/shifts lost per FTE	Total days/ shifts lost per FTE	Annual target
Social Services	Adult Services	291.13	4.38	7.79	12.17	
	Children and Young People Services	181.46	2.85	7.39	10.24	
	Resource Management and Safeguarding including Director's Office	53.37	4.74	5.60	10.34	
Social Services Totals		**525.96**	**3.89**	**7.43**	**11.32**	**11.60**
Environment and Housing Services	Building Services	171.24	3.15	10.30	13.45	
	Director's Office	33.30	2.55	4.17	6.72	
	Housing Services	63.62	2.99	2.67	5.66	
	Shared Regulatory Services	170.26	1.95	3.44	5.39	
	Visible Services and Transport	243.46	3.20	9.11	12.31	
Environment and Housing Services Totals		**681.88**	**2.83**	**7.15**	**9.98**	**11.70**
Managing Director and Resources	Democratic Services	20.18	1.85	6.44	8.29	
	Financial Services including Director's Office	132.15	2.41	3.12	5.53	
	Human Resources	45.19	2.00	5.51	7.51	
	ICT	41.80	2.87	1.00	3.87	
	Legal Services	28.73	1.58	0.21	1.79	
	Performance & Development Services	67.21	3.75	8.24	11.99	
	Regeneration and Planning	99.87	1.77	3.75	5.52	
MD and Resources Totals		**435.13**	**2.39**	**4.06**	**6.45**	**5.80**
Learning & Skills	Achievement for All	116.15	2.70	5.16	7.86	
	Strategy, Community Learning and Resources incl. Director's Office	168.64	2.51	5.84	8.36	
Learning & Skills Totals		**284.79**	**2.59**	**5.56**	**8.15**	**8.30**
Total Excluding Schools		**1927.76**	**2.98**	**6.29**	**9.27**	**8.90**
Schools		**1825.33**	**2.99**	**5.30**	**8.29**	**7.90**
Total Including Schools		**3753.09**	**2.99**	**5.81**	**8.80**	**8.90**

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 Personnel Officer. Progress against these plans in DMT meetings on a monthly basis. Action plans are being reviewed in al Directorates for 2017/18
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	TransAct	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. Personnel Officers 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 have been maintained for 2017/18.
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 visited each Directorate Management Team meeting. There has been increase in contact from managers in relation to Occupational Health appointments. These will be repeated in 2017/18.
11	Development of tool-kits/guidance in relation to the management of: - Stress-related absence - Operations/Recovery - Viral infections - Muscular skeletal disorders	Occ Health	Nov 15 – Mar 16	**PROGRESSING** A set of tool-kits / guidance notes are being developed to help managers to respond to the "top four" reasons for absence (i.e. stress, operations/recovery, viral infections and muscular skeletal disorders). Stress and Muscular Skeletal Disorders have been developed.

12	Annual review of Counselling Service	Occ Health	Mar 16	**COMPLETE** The new Employee Assistance Programme (EAP), including a Counselling Service, provided by Care First was launched in June 2016.
13	Revive positive health initiatives (health fairs / promotions etc.)	Occ Health	Jan 16 – Mar 16	**ONGOING** A variety of health events are being planned for National Event Days to promote positive health (including for example No Smoking Day, Stress Awareness Day, blood pressure sessions etc as well as a Health Fair and health screening). Annual Flu inoculation programme took place during in the Autumn of 2016 and will be repeated in 2017.
14	Training to support new Attendance Policy	HR	June 2016	**COMPLETE** Briefing on the new Managing Attendance at Work Policy took place from June to October 2016. Such training has now been incorporated into the annual training menu.
15	Implementation of new Attendance Policy	HR	April 16	**COMPLETE** The new Managing Attendance at Work policy was implemented on 1st October 2016.
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 will be reviewed again in 2017.
17	Repeat of flu vaccination approach	Occ Health	October 2016	**ONGOING** The Flu Vaccination campaign took place during October/December 2016 at various locations across the council including schools. This will be repeated in 2017.

WIDER ENGAGEMENT STRATEGY				
18	Alignment of actions with outcomes from Engagement Strategy: • Communications strategy • Training and Development • Manager/Employee relations • Engagement/innovation	HR	Sept 2016	**COMPLETE AND ONGOING** The new staff charter was launched in September 2016 alongside a range of engagement related workstreams. Progress in implementing the 15 commitments is ongoing.
19	Review/streamlining of "conflict" policies with trade unions	HR	April 2016	**TO BE PROGRESSED** Work to streamline a range of policies will now be progressed as part of the work programme of the new HR Business Partnership Team