

Committee: **Executive Committee**

Date of meeting: **13th January 2021**

Report Subject: **Sickness Absence Performance**

Portfolio Holder: **Councillor Nigel Daniels Leader/Executive Member Corporate Services**

Report Submitted by: **Andrea J Prosser
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Reporting Pathway								
Directorate Management Team	Corporate Leadership Team	Portfolio Holder / Chair	Audit Committee	Democratic Services Committee	Scrutiny Committee	Executive Committee	Council	Other (please state)
30.09.20	01.10.20	17.12.20			11.12.20	13.01.21		

1. Purpose of the Report

- 1.1 The purpose of this report is to provide Elected Members the opportunity to scrutinise and challenge the sickness absence performance for 2019/20, the continued actions to support improvement in attendance and recognise the positive attendance of the majority of the workforce.

2. Scope and Background

- 2.1 Staff attendance is critical in delivering services and the Council's priorities and is a key performance indicator reflected in the quarterly Finance and Performance report. Whilst sickness levels remain high, it is important to note that the majority of employees have little or no sickness absence and attend work regularly.

- 2.2 Improving attendance does remain a key priority and is identified as a key risk for the Council as it is acknowledged that high levels of sickness absence will have a detrimental impact on the ability of the Council to deliver services effectively. Therefore, the need to reduce the impact and cost of sickness absence has been identified as a corporate priority.

2.3 Performance Information 2019/20

- 2.3.1 The overall year end outturn figure for the Council of 13.91 days per full time equivalent (FTE) employee (13.48 days excluding Covid 19 sickness) sees an increase from the previous year's outturn of 12.66 days and exceeds the target set of 11 days.
- 2.3.2 The total days lost represents a loss in productivity equating to 135 extra employees being available to work for the full year. The calculation applied is based on 220 working days per year per FTE employee.

- 2.3.3 Over the last five years the Council has had sustained absence levels with three of the last five years exceeding 12 days sickness absence per FTE employee and the outturn for 2019/20 exceeding the previous four years. Appendix 1 sets out the trend over the current and previous years.
- 2.3.4 The absence pattern is further illustrated at Appendix 2 (Table 1 and 2) which details the rank order of days lost and the highest three months of absence and the lowest month of absence within the reporting period.
- 2.3.5 It is recognised that typically when comparing different organisations that absence is normally more heavily weighted towards short term with a 70/30 split between short and long term. 69.19% of all absences in the Council are more than 4 weeks and are classed as long term. The Council is almost meeting its total FTE days lost target in long term absence alone. Table 3 at Appendix 2 details the breakdown of short and long term absence by directorate.
- 2.3.6 In managing long term absence, the Health and Safety Executive (HSE) report *that 'if you have been off work for six months you have an 80 per cent chance of being off for five years'*. Effective management to facilitate a return to work sooner or to expedite a termination where a fair process has been followed and a return to work is not foreseeable significantly impacts in reducing sickness absence.
- 2.3.7 In line with the Attendance Management Policy where an employee's absence exceeds the absence triggers identified in the policy an Absence Review Meeting is held. These reviews are an essential way of managing sickness absence, maintaining contact and reinforcing the level of expectation in relation to attendance at work. Table 4 at Appendix 2 details the number of formal warnings, dismissals and ill health retirements during 2019/ 20 and the previous two years.
- 2.3.8 The Office of National Statistics (ONS) latest published data quantifies that more than a quarter (27.2%) of all days lost through sickness absence in the UK were attributed to minor illness such as coughs and colds This was followed by musculoskeletal problems at 19.7%. After "other" conditions, mental health conditions were the next most common reason, accounting for 12.4%.
- There are more individual classifications (789) of gastro-intestinal absences which includes vomiting and diarrhea than any other form of absence but the main cause of **total days lost** in the authority is related to mental health (stress personal, stress at work, anxiety and depression). Stress at work accounts for 27% of the total days lost to Psychiatric / Mental Health.
- 2.3.9 The table at Appendix 3 sets out the sickness absence categories for 2019/20. The table is ranked by calendar days lost during the period and includes absences that commenced prior to the reporting year that remained open during the year. The table also provides the detail breakdown of the number of absences and employees against each sickness absence category.

2.4 External Benchmarking

- 2.4.1 The publication of the all Wales comparative data for 2019/20 has been delayed and is not yet available. Set out in Appendix 4 is the comparative data for the previous two years. In 2018/19 the Council reported the highest days lost of all reporting councils moving from the fourth highest reporting in 2017/18.
- 2.4.2 Blaenau Gwent reported lower quartile results for two consecutive years’.
- 2.4.3 The best performing Local Authority reported 8.3 days with a year on year reduction and was only one of two authorities to deliver a result that was less than 9 days.

2.5 Historical Measures to Improve Attendance

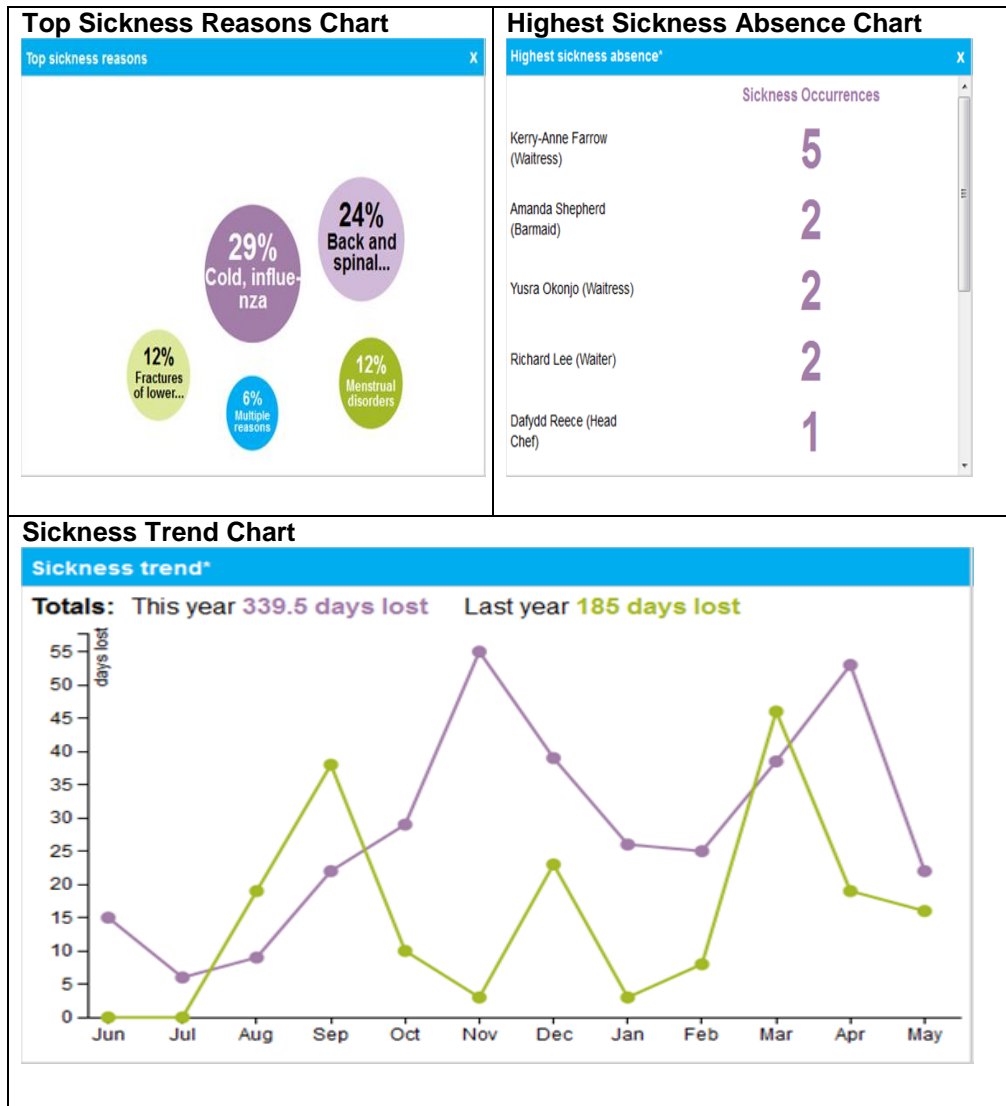
- 2.5.1 The Council has, over many years, introduced a range of initiatives to assist in the effective management of attendance. Detailed below, are some of the key aspects of the Council’s improvement programme:
- An Attendance Management Policy that defines the expectations for attendance and sets out guidance on the management of sickness absence.
 - Training/briefing sessions for front line managers on the management of attendance.
 - A policy and practical toolkit for managers in managing stress related issues with an immediate referral to the Occupational Health Service for stress related absences.
 - A fundamental review of the management of sickness absence by an Elected Member Task and Finish Working Group.
 - An extensive range of flexible working arrangements which are more than comparable to other Local Authorities in Wales.
 - A guide signposting managers and employees to sources of practical advice to improve support for staff experiencing stress or dealing with mental health issues.
 - Regular discussion and learning nationally and regionally.
 - A review of the top 20 trigger cases for both the Council and Schools.
 - The Corporate Leadership Team reviewing sickness absence data for 2018/19 and setting out key managerial actions:
 - Target setting per service and seasonally
 - Hold focussed sessions quarterly to review sickness absence – on agenda for team meetings.
 - Hold managers to account for managing sickness – end to end.
 - Objective for managers as part of annual performance coaching and regular 121s.
 - Ensure managers are using ITrent effectively and timely.
 - Application of the Managing Attendance Policy ‘to the letter’
 - Managers recognising good attendance.
 - Push ownership to the individual.

2.6 Ongoing Measures to support improvements in attendance

2.6.1 HR/Payroll System (iTrent)

Managerial self-service is an enabler in managing sickness absence, the manager can record and view sickness absence directly in iTrent. Further enhancements have been rolled out to managers including:

- Availability of absence management information reports for Managers to extract data from within iTrent.
- Scheduled reports published to Managers on the 1st of each Month, if a Manager has had sickness in their team.
- Removal of manual reporting of sickness statistics which are now extracted from the data inputted by managers into iTrent.
- Introduction of a Manager Dashboard for sickness absence which provides quick and easy-to-view absence data for a service as set out below:



2.6.2 Continued Actions for Managers

- Target setting per service and seasonally
- Hold focussed sessions quarterly to review sickness absence – on agenda for team meetings.
- Hold managers to account for managing sickness – end to end.
- Objective for managers as part of annual performance coaching and regular 121s.
- Ensure managers are using ITrent effectively and timely.
- Application of the Managing Attendance Policy ‘to the letter’
- Managers recognising good attendance.
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2.6.3 Performance information

Quarterly sickness absence outturn figures are provided to senior management and reported into Corporate Overview Scrutiny Committee as part of the performance management framework and an annual performance report is presented to Corporate Overview Scrutiny Committee by the Organisational Development Service.

Corporate Overview Scrutiny Committee agreed that each Directorate is to report sickness data into their respective Scrutiny Committee as part of the forward work programme. The first two quarters of 2019/20 were reported to the relevant Scrutiny Committees and Executive during the earlier part of this year prior to the lockdown.

Workforce profiles providing service workforce data and management information to help managers to plan and lead service performance and improvement are issued to directorates and all Schools. The Corporate Leadership Team considers a corporate workforce profile for the Council and Schools.

To support the analysis and action planning for sickness, the Organisational Development Service also attends Directorate Management Teams and there are annual focussed sessions held within schools with each Headteacher.

2.6.4 Performance Targets

Sickness absence targets were set by the Corporate Leadership Team for a three year period – 11 days for 2019/20, 10.5 days for 2020/21 and 10 days for 2021/22. These targets are set based on an analysis of previous performance and recognising the need for the targets to be realistic but also challenging.

In addition Service Managers have been requested to set targets for their respective service areas for 2020/21.

2.6.5 **Attendance Management Policy**

The Policy remains a key aspect of the Authority's commitment to improving performance and the policy sets out a modern, strategic approach to the management of attendance. Following the most recent review the Task and Finish Group confirmed that the policy framework remained fit for purpose, albeit there was some scope to simplify and make better use of managerial guidance. This work has commenced and is running alongside developments within iTrent where manual processes can be automated.

2.6.6 **Training**

In addition to the development of managerial guidance, a reviewed line management training session has been developed utilising case studies. The Corporate Leadership Team has approved that this training becomes mandatory for all managers as part of a Leadership Development Programme.

The Council working in partnership with the Trade Unions and other partners is developing a proactive approach to raising awareness in relation to mental health in the workplace. Training for a number of managers and staff has initially been rolled out which will equip them with the skills to support in managing mental health issues and staff will benefit from increased awareness of how they can support employees with mental health.

In addition to the above training there is a plan to introduce Mental Health Champions. These Champions are employees in the workplace who offer assistance and signposting for colleagues who are or may be experiencing mental health issues. The expectations are that they are volunteers who are trained to identify, assist and direct colleagues to further support if and when required.

2.6.7 **Wellbeing**

Employee wellbeing is intrinsically linked to levels of attendance. Wellbeing is more than an avoidance of becoming physically sick. It represents a broader concept that includes physical, mental and social health.

The Organisation Development Strategy which is under review will include a strategic focus on wellbeing. An externally facilitated workshop on developing a 'Healthy Organisation' was held in August 2019 with senior management representation from each directorate and there were plans to run a Healthy Organisation Workshop for CLT in July 2020 – this has been postponed as a result of the response to the Covid-19 emergency.

An Employee Assistance Programme (EAP) for employees has been reintroduced which provides a range of services including counselling, advice and information, ranging from practical and emotional issues such as wellbeing, family matters, relationships and debt management. The service is available 24 hours a day, 7 days a week, 365 days a year and is accessible by phone or online.

In addition, a number of workshops and drop-in sessions were held as part of Wellbeing in Work month in March of this year. The aim of which was to increase awareness of mental health and other wellbeing issues and to

signpost the support and resources available to help employees deal with such issues. The drop-in sessions involved advice and support from organisations such as the National Exercise Referral Service, The Library Service, Aneurin Bevan UHB Wellbeing Service, Weightwatchers, etc. There were also workshops and activities on the following topics; Influencing Skills, Unconscious Bias, Nutrition, Mindfulness, Digital Communities, Personality Dynamics, Confidence Building. Some sessions had to be cancelled due to the lockdown.

Other initiatives implemented to support employee wellbeing include:

- A retendered Occupational Health Service – working in partnership with the Council to support attendance management and wellbeing.
- A weekly wellbeing bulletin introduced and issued to all staff.
- Signposting and encouragement of employees to self-access the flu immunisation

2.6.8 Flexible working and special leave

The Council continues to offers an extensive range of flexible working and special leave provisions which compare favourably with other Local Authorities. These policies provide a range of support for employees which could support a reduction in sickness absence. Managers play a key role in promoting these policies to employees.

3. Options for Recommendation

3.1 CLT in consideration of the performance information and the proportion of sickness absence that is attributed to long term absences will undertake, through Directorate Management Teams, a review of the Top 20 long term absence cases to understand what this is telling us and what are the barriers/challenges in dealing with these cases. This exercise will also take account of the data available for 2020/21 to understand the impact of the Covid-19 emergency. The first quarter outturn figure of 2.49 days (2.21 days excluding Covid-19 related absence) has demonstrated an overall reduction in the level of sickness absence from 3.05 days during the same period in 2019/20.

3.2 Option 1

That Members having considered the sickness absence performance information and the ongoing actions to support improved attendance within the Council identify any further areas for improvement in order to drive forward performance improvement.

3.3 Option 2

That Members endorse the report and the ongoing actions to support improvement in attendance.

4. Evidence of how does this topic supports the achievement of the Corporate Plan / Statutory Responsibilities / Blaenau Gwent Well-being Plan

4.1 **Impact on Budget** (short and long term impact)

There are direct and indirect costs of sickness absence which are a key driver in the Council's approach to effectively improve attendance at work.

4.2 **Risk including Mitigating Actions**

The underperformance in relation to the high levels of sickness absence does present a significant risk in terms of the impact on front line service delivery and continuity through lost time and staffing changes. In addition, the financial implications associated with sickness absence directly impact on the Council's budget. Mitigating actions are detailed within the report.

4.3 **Legal**

There are no legal implications arising from this report.

4.4 **Human Resources**

The staffing implications are detailed within the content of the report.

5. **Supporting Evidence**

5.1 **Performance Information and Data**

The detailed performance evidence is detailed in the body of the report as well as the actions taken to address the level of underperformance.

5.2 **Expected outcome for the public**

Information included within the report will provide opportunity for the public to scrutinise the Council's performance and provide accountability across the Council.

5.3 **Involvement** (consultation, engagement, participation)

Trade Union Comments

The Trade Unions believe it is everyone's interest to reduce sickness absence levels to an acceptable level and will continue to work positively with the Council to achieve this. High sickness levels have a significant impact on staff who have to undertake a greater compressed workload for absentees resulting in those helpful staff reporting sick themselves with stress and anxiety.

In previous scrutiny meetings The Trade Unions have stated there needs to be a consistency in approach by managers in addressing absenteeism in staff's one to one meetings. The Trade Unions call upon the Council to ensure that the current sickness and absenteeism policies and procedures are being followed by all managers, and to address the small percentage of sickness absenteeism.

5.4 **Thinking for the Long term** (forward planning)

Options detailed in this report contribute directly to enabling the workforce for the future.

5.5 **Preventative focus**

The review of the Organisational Development Strategy will focus on prevention.

5.6 **Collaboration / partnership working**

There are regular discussions with the national Human Resources Directors Network and regionally in terms of good practice or emerging practice in reducing sickness absence.

5.7 **Integration** (across service areas)

NA

5.8 **EQIA**

The review of sickness absence performance was carried out and included all employees of the Council.

6. Monitoring Arrangements

6.1 Sickness absence statistics are reported to the Corporate Leadership Team (CLT) and Scrutiny Committee on a quarterly basis and an annual performance report is presented to Corporate Overview Scrutiny Committee. Biannual workforce profiles are discussed with Managers and Headteachers.

7. Background Documents /Electronic Links

Appendices 1 – 4

Council – Sickness Days Lost Per Full Time Equivalent Employee

Council - Days Lost per FTE				
2015/16	2016/17	2017/18	2018/19	2019/20
11.39	12.49	11.23	12.66	13.91

Directorate - Days Lost per FTE						
Directorate (Historical)	2015/16	2016/17	2017/18	Directorate	2018/19	2019/20
Resources	4.83	5.46	7.38	Corporate Services	8.29	8.81 ↑
Corporate Services & Strategy	7.07	11.08	6.65			
Education	14.94	8.19	6.11	Education	6.94	8.07 ↑
Education School based (Teachers)	13.65	11.82	9.07	Education School based (Teachers)	12.20	11.57 ↓
Education School based (excluding Teachers)	11.29	9.77	9.71	Education School based (excluding Teachers)	10.64	13.98 ↑
Environment	10.35	18.67	19.19	Regeneration and Community Services	11.21	16.15 ↑
Social Services	12.59	14.45	13.60	Social Services	18.19	17.81 ↓

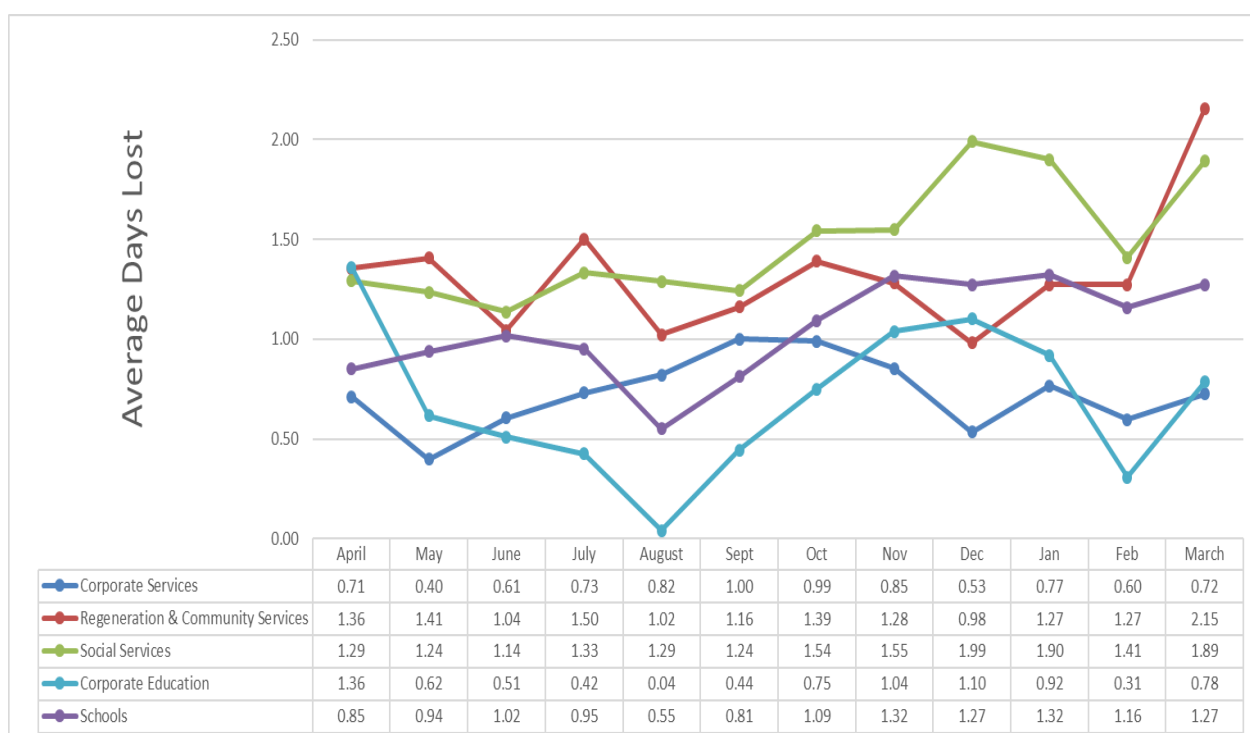


Table 1 - Rank order of FTE days lost per month

Rank	Month	Total FTE days lost	% of total days lost
12th	March	3210.40	10.84%
11th	January	2923.16	9.87%
10th	November	2783.18	9.40%
9th	December	2730.16	9.22%
8th	October	2655.28	8.97%
7th	February	2465.45	8.32%
6th	July	2372.94	8.01%
5th	April	2239.15	7.56%
4th	May	2186.82	7.38%
3rd	September	2147.33	7.25%
2nd	June	2104.10	7.10%
1st	August	1798.35	6.07%

Table 2 – Rank order by Directorate

Directorate	Bottom 3 months (i.e. highest absence)			Best month (lowest)
	12th	11th	10th	1st
Corporate Services	September	October	November	May
Regeneration & Community Services	March	July	October	December
Social Services	December	January	March	June
Education	April	December	November	August
Schools	January	November	December	August

Table 3 - Short and long term sickness absence by Directorate.

Directorate	Short Term %	Long Term %
Corporate Services	37.97	62.03
Regeneration & Community Services	29.75	70.25
Social Services	26.74	73.26
Education	45.05	54.95
Schools	32.51	67.49
BGCBC	30.81	69.19

Table 4 - Number of formal warnings, dismissals and ill health retirements

	2017/18	2018/19	2019/20
Number of formal warnings issued	11	28	22
Dismissals	17	12	6
Number of ill health retirements	7	9	8

Sickness Absence Reasons

Rank	Category	Calendar Days	Number of Absences	Number of Employees
1	Psychiatric / Mental Health	22792	444	371
2	Musculo-skeletal & Injuries	15232	392	348
3	Cancer, malignancy	3387	48	45
4	Gastro-intestinal	3300	789	658
5	Cardiovascular	3283	48	40
6	Gynaecological, obstetric, pregnancy related	3159	138	114
7	Respiratory	1967	156	129
8	Infectious diseases	1933	387	343
9	Neurological	1573	164	145
10	COVID19	1455	166	155
11	Ear Nose and Throat	1212	160	141
12	Dermatological	880	36	29
13	Haematological	616	5	5
14	Genito-urinary	608	52	49
15	Debility	418	27	22
16	Ophthalmological	337	33	29
17	Endocrine / Metabolic	244	7	6
18	Dental	67	23	23

All Wales Comparative Data

Local Authority	FY 2018-19	FY 2017-18	Movement Year on Year
Blaenau Gwent	12.7	11.2	1.5 ↑
Bridgend	11.9	10.8	1.1 ↑
Wrexham	11.5	10.9	0.6 ↑
Cardiff	11.5	11.3	0.2 ↓
Monmouthshire	11.5	10.9	0.6 ↑
Caerphilly	11.3	12.3	1.0 ↑
Torfaen	11.2	11.1	0.1 ↓
Swansea	11	10.8	0.2 ↓
Ceredigion	10.9	13.6	2.7 ↓
Flintshire	10.5	8.9	1.6 ↑
Isle of Anglesey	10.3	10	0.3 ↑
Conwy	10.1	9.7	0.4 ↑
Newport	10.1	10.1	→
Carmarthenshire	9.8	10.1	0.3 ↓
Neath Port Talbot	9.8	9.5	0.3 ↑
Gwynedd	9.5	8.7	0.8 ↑
Pembrokeshire	9.3	10.2	0.9 ↓
Powys	9.1	9.7	0.6 ↓
The Vale of Glamorgan	9.1	10.1	1.0 ↓
Merthyr Tydfil	8.7	7.8	0.9 ↑
Denbighshire	8.3	8.4	0.1 ↓