Policy & Resources Scrutiny Committee

People Management: Sickness Absence Monitoring Report – Full Year 2020/21

Date: 21st July 2021

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People Management

Sickness Absence Performance Monitoring Report

Full year 2020/21

1. Introduction

The Authority's Performance Indicator (PI) for sickness absence measures the number of working days lost due to sickness absence per full time equivalent (FTE) headcount per annum. The target set by Corporate Management Team for improvement for 2020/21 was maintained at 9.63 FTE.

In June 2017 departmental targets were also agreed to support a reduction in sickness absence and these targets will continue during 2021/22 as the last year is unrepresentative of normal sickness absence patterns. Both the corporate and departmental targets are monitored half yearly via Corporate Management Team (CMT) and quarterly via Departmental Management Teams (DMT). The targets were calculated by reference to the average Full Time Equivalent (FTE) headcount figure and End of Year (EOY) results over the preceding 3 years less 5%.

2. What has changed during 2020/21 to date

It is the responsibility of all DMTs to maintain a high profile on attendance management, monitor performance on a quarterly basis, to set clear expectations of all its managers to manage sickness absence proactively and to foster a healthy working environment that encourages improved attendance from all employees.

From a corporate perspective People Management has focused its energies to date during 2020/21 supporting in the following areas:

a. Attendance management during covid

For all concerned the covid emergency continues to be a challenging period. Since the UK government's announcement that a national lockdown was to commence on 23rd March 2020 the Authority has taken a different approach to the management of attendance where sickness absence is covid related.

A temporary covid sickness absence guide was developed to ensure that managers can support employees affected by covid in a supportive manner and without detriment. If sickness absence is covid related, eg, having to self-isolate due to being symptomatic or diagnosed, this period of absence is discounted when looking at the individual level of sickness that may instigate the formal sickness absence process. Managers are still expected to keep in touch with employees and to undertake supportive 'Return to Work' discussions and Employee Support Meetings.

All covid related absences are recorded via My View and reported at each Gold and Silver Tactical Command Groups and to Welsh Government.

b. Health & wellbeing support during covid

The team reacted swiftly in response to Covid to ensure there was adequate Health and Wellbeing resources and support available:

- Development of the "Looking after your Wellbeing" intranet page with advice and guidance to support staff in relation to Covid such as working at home tips during Covid, keeping active, nutrition and managers guidance;
- Development of a temporary Employee Wellbeing Advice and Support Centre (EWASC) where employees could self-refer for any psychological concerns / signposting;
- Review of employee and departmental feedback to find key themes for promotions, initiatives and e-discussion to support staff with various concerns such as loneliness and burnout throughout the pandemic;
- Development of new health and wellbeing intranet pages including information on stress, mental health and emotional wellbeing, back & joint pain and lifestyle advice;
- Over 30 topic-specific articles produced and communicated via the intranet's latest news bulletin and weekly staff news emails; topics have included the importance of maintaining a routine, keeping connected whilst homeworking, COVID-related anxiety, mental health support and resources and combatting loneliness;
- Virtual and drop in events/e-chats on various health and wellbeing topics such as musculoskeletal disorders, kindness, keeping connected with an average of 20 staff attending;
- Creation of a Corporate Health & Wellbeing Group Structure including a Corporate Strategic Health & Wellbeing Group, Departmental Groups, Schools Group and Champions Groups;
- Development of Alcohol and Substance misuse e-learning module;
- Attendance and presentations delivered at various meetings/workshops from DMT's to team level to promote relevant health and wellbeing support and resources. This

is included H&S Leadership Board, Heads of Service, Adult Social Care, Environment People Manager's plus many more

- Presentations delivered at external events including Time to Change, Social Care Wales, Education Support Partnership Conference.
- Development of surveys and feedback forms to pilot in departments targeted areas;
- Supporting the network of over 60 health and wellbeing champions corporately and the recruitment of at least one champion in each school;
- Attendance at Men's Health training to become a Men's Health Champion, with key aspects focusing on men's mental health which will be offered to the champions as training and area of interest;
- Development of Health and Wellbeing contact form to ensure staff and managers have an interactive way to contact the team for advice and resources;
- Development of Managers Toolkit for Employee Wellbeing and Individual Talking Toolkit;
- Virtual Health & Wellbeing Fayre held virtual on the 30th Nov – 4th Dec 2020; 15 sessions were run for staff on various health topics including a mental health anti-stigma talk from a Time to Change Wales Champion, Actif Anywhere taster sessions from the Actif team and a mindfulness minute/taster session. In total, 109 staff attended. Due to its success a further Fayre is currently being arranged for July 2021.
- Managers Wellbeing Week (attended by around 90 managers) including motivation, personal resilience and training on the managers toolkit and talking toolkit;
- Health-related staff challenges to maintain morale and motivation including a virtual Staff Active Challenge, step into Christmas (290 staff participating) and Step into Spring (365 staff participating)
- Over 20 guidance documents/information produced including bring your own device wellbeing advice, virtual meeting best practice, return to work wellbeing support

Below we show a breakdown of some of the specific priorities, activities and interventions that we have undertaken during this time.

c. <u>Corporate Health & Wellbeing project</u>

The Health and Wellbeing Project now has full corporate support across the authority with all 5 departments contributing towards funding 2 Health and Wellbeing Coordinators.

The Health and Wellbeing project's overall aim is to improve the health and wellbeing of employees by ensuring they have access to appropriate health and

wellbeing resources and advice in order to be proactive, improve their own health and wellbeing and support the overall reduction in sickness absence. A selection of interventions trialled whilst also looking at employees working environment and how these contribute to an improvement in the overall culture of the department and our organisation towards health and wellbeing.

Below we show a breakdown of some of the other specific priorities, activities, and interventions that we have undertaken during this time:

I. Corporate Health & Wellbeing Groups

- A new Health & Wellbeing framework and groups has been approved to create a more holistic approach towards supporting the health and wellbeing of employees and to support the overall reduction of sickness absence across the authority.
- A communications plan has been produced in line with the new Health and Wellbeing Group structure.
- The Corporate Strategic H&W Group has been formed and terms of reference and outline of approach have been created.
- Corporate Services H&W group has been formed and first meeting held. Agreed Terms of Reference and it has been agreed a H&W survey will be undertaken in the department.
- Environment H&W group formed and two meetings held. Environment Health & Well-being survey sent out end of March
- Communities agreed to have hold the H&W group as part of the H&S group. Have held one meeting to agree terms of reference.
- Chief Executives have been briefed on the Health & Wellbeing Framework and are in discussions regarding most appropriate staff members to form the departmental health and wellbeing group.
- Education H&W group formed and two meetings have been held. The first was to agree the terms of reference.
- Schools group is being developed from an existing Headteacher focus group, which will evolve to cover the departmental group remit. This will commence after May half-term

II. Health & Wellbeing Champions

- Continuation of Health & Wellbeing Champion recruitment; now in excess of 60 Champions throughout the authority

- Microsoft Teams group created for regular and convenient communication with Champions
- Regular virtual meetings run to keep Champions up to date with the latest support and resources, events, promotions and activities etc. Sharing of good practice and ideas, discussion of wellbeing concerns.
- Time to Change Champions training delivered to 13 Champions in January 2021
- Training for new Champions organised and will be delivered in June 2021
- Refresher/update training for all Champions organised and will be delivered in June 2021

III. Mental Health Awareness and Support

To support managers in managing staff attendance, mental health awareness development has continued for managers and employees to supplement the existing e-learning modules. This includes corporate and grant funding for the following:

- The provision of a Health and Wellbeing Coordinator (Mental Health)
- Review of our Management of Mental Health policy to support managers and staff
- Development and roll out of Managing Mental Health in the Workplace training for people managers remotely
- Development and roll out of Mental Health Awareness training for all corporate staff working remotely
- Development and organisation of Managing Mental Health in the Workplace training for Head Teachers and wider school leadership staff remotely
- Drop-in sessions for Head Teachers to promote the support and resources available, particularly within the areas of stress and mental health
- Review of external mental health resources, e-learning, webinars, guidance etc. to ensure staff are appropriately signposted
- Attendance at various departmental meetings to promote relevant health and wellbeing support and resources
- Development of Personal Resilience e-learning module
- Key speakers in Time to Change Wales conference on initiatives implemented to support Mental Health in the workforce
- Key speakers in Social Care Wales conference on supporting mental health and wellbeing
- Time to Change Wales Employee Champion training delivered to a group of existing Health and Wellbeing Champions

- Implementation and rollout of Mental Health First Aid programme ongoing with a view to launch June 2021
- Development of new mental health support and resources intranet page
- Ongoing promotion of relevant mental health awareness raising days, events and promotions

IV.   Environment Department

- Attendance at various meetings with DMT team as well as present at two People Manager's events
- H&W survey sent out to all Environment staff end of March

Planning Division
- Ongoing work with Planning Division to ascertain current wellbeing of staff and support work ongoing.
- Completed health and well-being survey for planning
- Action table devised in conjunction with head of service and champions
- BMT approval acquired, and all managers have taken it to their teams

Property Division
- Discussions ongoing with cleaning following high stress sickness on how we can support staff
- Following a recent staff survey, discussions with Property Maintenance ongoing about the number of staff with fair wellbeing
- Environment are continuing their yoga sessions virtually for staff.

V.   Communities Department

- Contributed into the Domiciliary & Residential Care Sickness report. Provided a report on wellbeing options.

Domiciliary Care Service
- Working with Domiciliary Care to undertake a wellbeing assessment which links to the above, the appraisal trial and follows on from the pilot project. Survey analysed. Have met with project group and we have drawn up some draft actions which has been presented to supervisors and seniors. Meeting again early April to firm up actions.

Business Support Unit

- Working with Business Support to make assessment of current wellbeing level. Survey has been sent out and is currently being analysed. Survey analysed and results taken to managers who are putting suggestions for actions. Meeting booked for after Easter to start drafting actions.

  <u>Residential Care Service</u>
- Working with Residential Care to look at their staff wellbeing. A H&W survey has been sent out and analysed. Care homes have been sent their individual homes responses for action. Action plan to be developed.
- Provided a suite of options to support staff *(group wellbeing support service sessions to care homes and options for 1:1 support, frontline support leaflet)*
- Working with Adult Social Care to see how we can support their staff. Looking at a peer-to-peer support network.

VI. Corporate Services

- Attended manager wellbeing workshops
- Wellbeing actions agreed, progress currently being made to achieve these
- Corporate Services H&W group has been formed and first meeting held. Agreed terms of Reference and decided on H&W survey for department.

VII. Schools

The Health and Wellbeing Champions scheme has commenced in schools, over 70 schools have nominated a Health and Wellbeing Champion, with larger schools nominating multiple Champions, taking the total number to 85 across Carmarthenshire schools.

- Co-production of 'Welcome Back Pack' to support schools' staff in June 2020 following the closure of schools.
- More targeted approach on supporting Head Teachers' wellbeing
- Half-termly drop-in sessions delivered to promote resources and support available
- Half termly drop-in sessions for HTs on the theme of their Wellbeing
- Wellbeing focus group set up to input into the support developed for HTs Wellbeing
- Internal Headteacher Peer Support Network created – 35 Headteachers are partaking in weekly sessions
- Chair of Governors received training specifically on supporting HT's wellbeing

- Mental Health training for all leadership staff
- Ongoing partnership with Education Support Charity to promote and support staff wellbeing across all Carmarthenshire schools.
- Key Speaker at recent UCAC welsh union conference

d. <u>Review of the Sickness Absence Policy and Procedures</u>

The Sickness Absence Policy has been reviewed and consulted with our recognised trades union representatives and departmental management teams. This was formally adopted via Executive Board Member in Spring 2020 but due to the covid emergency is yet to be formally launched. At the time of writing this report a new e-learning module was being piloted with a view of full launch of learning and revised policy by end May 2021.

e. <u>Skills and Workforce Hub use of Covid absence live feed data</u>

As a direct result of the COVID-19 pandemic, we quickly diverted resources to ensure that the UK and Welsh government legislation and guidance was quickly interpreted and disseminated to all our managers and head teachers.

We ensured that all our staff were informed and updated in respect of the changing guidelines that affected them in their workplace. We designed, developed, and introduced a Skills and Workforce Hub that was informed by live sickness absence data that allowed us the ability to flex our existing workforce and direct their skills to where they were most needed.

Overall, over 900 of our staff were effectively deployed to key service critical areas so that we could support and protect the most vulnerable in our communities. The Covid live feed tracking absence data using Power BI that was developed to help us respond to the pandemic underpinned our ability to deploy our staff and played a critical role in such. Moving forward, this will assist us in improving the way we manage and monitoring our sickness absence corporately.

f. <u>Resourcelink Reporting Service (RRS) and other reporting developments</u>

Development work for the reporting tool within Resourcelink known as RRS is continuing. This tool provides the facility for all users to run reports direct from My View (our online employee system). The reports are available to Managers on demand. Attendance management information is an essential part of the suite of reports that are available via this system. These reports were therefore been

prioritised for inclusion. Pilot tests have been undertaken along with a soft launch of the tool to all managers and schools in May 2020. Limited training has been provided to specific managers on a demand led basis and a more formal training programme is currently underway. Initial feedback from Managers has been encouraging and it will provide a valuable additional source for sickness absence data to supplement our performance management information.

g. <u>Management of Stress and Mental Health for People managers</u>

The continued roll out of the Management of Stress and Mental Health in person briefings linking in with Sickness Absence and Management of Stress and Mental Health policies is currently on hold. Managers in Information Technology & Corporate Policy, Regeneration and delivery within Environment have been undertaken.

As mentioned above, the development and roll out of Management of Mental Health Training for people managers remotely has been set up.

Since staff have been working remotely, 12 online mental health training sessions have been delivered remotely. These have included 8 Managing Mental Health in the Workplace sessions – 4 for corporate People Managers and 4 for Head Teachers – and 4 Mental Health Awareness and Resilience sessions for corporate staff. In total, 105 staff have attended and benefited from this training. Moving forward, an additional 12 sessions have been confirmed which will benefit a further 32 Head Teachers, 32 People Managers and 56 staff.

Prior to March 2020, 7 Mental Health Awareness courses and 9 Managing Mental Health in the Workplace courses were delivered for all staff and People Managers, respectively. In total, 84 staff and 72 People Managers benefited from this training.

h. <u>Schools' Staff Absence Scheme (SSAS)</u>

Due to the UK government's decision to commence a national lockdown in response to the covid emergency all schools in Carmarthenshire closed on 23rd March 2020. As a result, the SSAS was suspended until schools re-opened in September 2020. Therefore, no premium was sought from participating primary schools from 1st April and 31st August 2020.

Several school hubs were opened across the county to support vulnerable and key worker children staffed by feeder cluster schools. Where there was insufficient staff

to cover the hubs due to sickness and internal cover could not be sourced from the relevant cluster schools the SSAS used its discretion to pay the daily rate to cover agency support. This was funded from the schemes' financial reserves.

On 1 September 2020 the scheme re-opened and premium applied pro rata until 31 March 2021. There are currently 87 participating primary schools compared to 60 original entrants in 2017/18 and 78 during 2018/19.

The level of financial cover has been increased following consultation with participating schools, as follows:

- The daily rate for teachers has increased from £120 to £160 per day;
- The maternity lump sum for teachers has increased from £3000 to £4000;
- The daily rate for teaching assistants, support staff has increase from £50 to £70 per day
- The maternity lump sum for teaching assistants, support staff has increased from £1500 to £2000

The scheme is in a healthy financial position due to the sustained level of school membership. As a consequence, the Authority has been able to use £150k of scheme reserves to reduce premiums on a pro rata basis to participating schools for 2021/22 financial year.

i. Performance management information

Maintained the provision of improved performance management information, benchmarking and ranking data, and summaries of main reasons for absence at an authority, departmental, divisional and team level, all school, primary, secondary and special school level to inform CMT, DMTs, BMT's and Governing Bodies to enable improved performance monitoring and action planning.

HR Business Partners continue to discuss performance management information at Departmental Management Teams, Primary and Secondary Head Teachers' meetings and offer support and advice on appropriate actions for improvement.

3. **Has this made a difference?**

3.1. Table 1: Departmental performance ranking Q4 2020/21

Performance indicates that all departments have met their 2020/21 Q4 target.

The Q4 figure for the whole Authority of 7.71 is below the 2019/20 Q4 result of 10.74. There has been a reduction of 3 FTE days lost by average employee FTE headcount. Covid sickness absence accounts for 0.62 FTE days lost.

Other covid related absence is split into two categories:

1) staff that are absent from the workplace due to a covid related reason, e.g. self-isolation required, are fit to work and able to continue working from home; and

2) staff that are absent from the workplace due to a covid related reason and are not able to undertake their work from home, e.g. care worker (see Table 1).

Department	Average Employee FTE Headcount	Short Term Lost FTE Days	Long Term Lost FTE Days	Total Lost FTE Days	FTE Days Lost by Average Employee FTE Head count	Rank-ing	2020-21 Q4 Performance		21-22 Target. Targets remain unchanged from 2020-21.	
									Target	On Target?
Corporate Services	203.0	275.40	458.30	733.7	3.6	1	6.9	-3.3	7.0	Yes
Chief Executives	416.0	915.7	1579.8	2495.5	6.0	2	8.3	-2.3	6.9	Yes
Education & Children	3203.1	6534.30	14402.90	20937.2	6.5	3	9.6	-3.1	9.0	Yes
Environment	912.8	2321.80	5331.40	7653.2	8.4	4	11.1	-2.7	11.2	Yes
Communities	1399.8	4563.40	10885.50	15448.9	11.0	5	14.5	-3.5	11.6	Yes
Authority	**6134.6**	**14610.6**	**32657.9**	**47268.5**	**7.71**		10.74	-3.0	9.63	Yes

Q4 2019/20	**6086.8**	**26942.4**	**38406.8**	**65349.2**	**10.74**
Difference		**-12331.8**	**-5748.9**	**-18080.7**	**-3.0**
		-45.8%	**-15.0%**	**-27.7%**	

Coronavirus absences – Sickness	6134.6	2461.1	1343.7	3804.8	**0.62**	
Sickness excluding Coronavirus Sickness	6134.6	12149.5	31314.2	43463.7	**7.09**	PI excluding Coronavirus Sickness

Coronavirus absences - Other Absences (NOT SICKNESS) **Homeworking**	6134.6	15284.41	45156.98	60441.40	**9.85**
Coronavirus absences - Other Absences (NOT SICKNESS) **Non Homeworking**	6134.6	5877.51	15502.86	21380.38	**3.49**

Total Coronavirus absences - Other Absences (NOT SICKNESS)	6134.6	2,161.9	60659.8	81821.8	**13.34**	This includes both homeworking and non homeworking
All Coronavirus absences	6134.6	23623.0	62003.5	85626.6	**13.96**	

3.2. Table 2: Average number of days lost per FTE – whole Authority

Following the launch of the Sickness Absence policy in 2015 and targeted interventions there was a marked reduction in 2014/15 (not shown on graph). Since then, the trend line indicates an annual increase in 2015/16 and 2016/17 but a slight decrease in 2017/18. The Q4 2018/19 was the best level achieved since 2014/15. However, the 2019/20 result indicated an upward trend compared to the last 3 reporting years. In stark contrast Q4 2020/21 shows a significant decrease in absence levels. The cause of this may be attributed to the impact of the Coronavirus pandemic – school closures and working from home has contributed to the decrease in short term sickness absence levels (a decrease of 46% compared to the same time last year). The levels of other covid absences and the proportion of which were homeworking should also be considered when analysing this data.

Average Number of days lost per FTE EOY
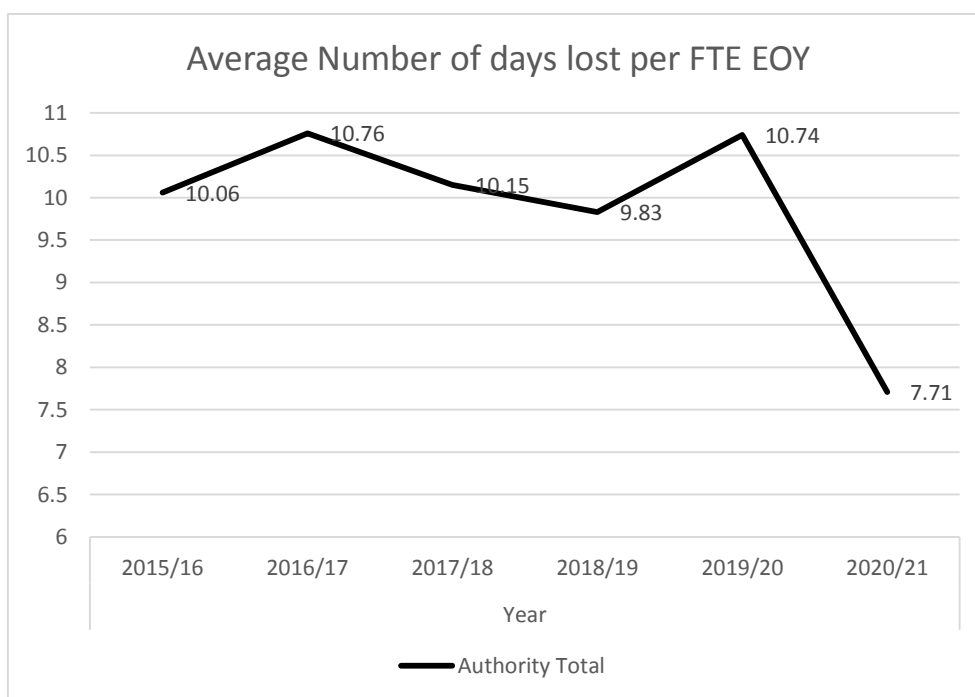
3.3. Table 3: Impact of targeted interventions to support schools in managing sickness absence

The table below compares the performance of CCCs primary, secondary and special schools between Q4 2018/19, 2019/20 and 2020/21. Schools closed during the national lockdown on 23rd March and re-opened at the start of the September 2020 term. During the closure the County opened cluster school hubs to support vulnerable and key worker children and continued with remote learning for all other pupils. Staff were deployed from the catchment schools to support the school hubs. As you can see there was a significant reduction in sickness absence reporting compared to the previous two reporting years. The People Management Division continue to support schools during 2020/21.

Division	2018-19 Q4 FTE days lost by avg FTE	2019-20 Q4 FTE days lost by avg FTE	2020/21 Q4					Difference (YR ON YR 19/20 TO 20/21)
			Employee FTE	Short Term Lost FTE Days	Long Term Lost FTE Days	Total Lost FTE Days	FTE Days lost by Employee FTE	
Secondary Schools	8.0	9.3	1026.1	2066.50	4070.40	6136.9	6.0	-3.3
Primary Schools	8.6	8.9	1265.3	2408.10	4780.80	7188.9	5.7	-3.2
Special Schools	12.8	14.3	89.9	245.30	487.40	732.7	8.1	-6.2

3.4. Table 4: Departmental Analysis

When departmental performance is compared to that of the previous year (Table 1) the level of sickness absence has reduced in all Departments.
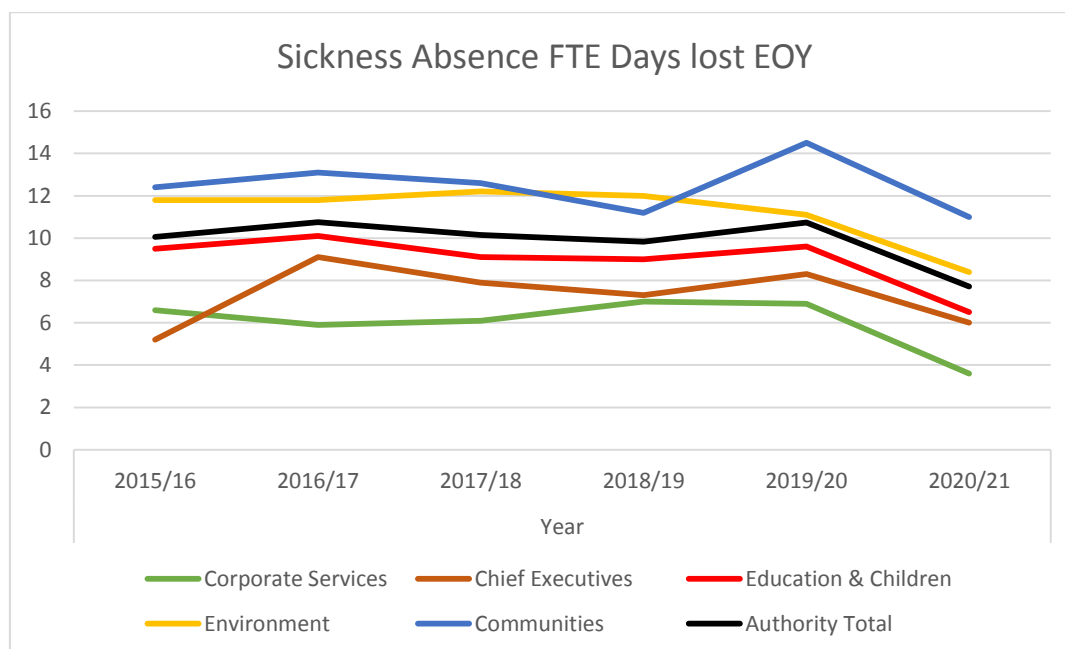
The service areas with the greatest variance (decrease - /increase +) compared to 2019/20 are:

Department	Division	Difference
Environment	Business Support & Performance	-10.2
Communities	Integrated Services	-7.2
Education & Children	Special Schools	-6.1
Communities	Leisure	-4.6
Chief Executives	Media and Marketing	-4.0
Chief Executives	ICT & Corporate Policy	-3.8
Chief Executives	People Management	-3.8
Environment	Planning	-3.8
Communities	Homes & Safer Communities	0.4
Communities	Commissioning	4.9

* Service areas listed above are those with over 50 FTE

3.5. Table 5: Cost of Absence

The table below illustrates the cost of occupational sick pay in each year since 2018/19. This <u>excludes</u> additional costs that may be incurred by divisions in particular those delivering e.g. Overtime costs, agency costs; other replacement costs.

Occupational Sick Payments (OSP)			
Quarters Cumulative Q1-4	Year		
Department	2018/19	2019/20	2020/21
Corporate Services	120,238	124,840	81,372
Chief Executives	340,706	357,667	246,545
Education & Children*	3,295,891	3,620,032	2,268,088
Environment	918,167	883,701	721,544
Communities	1,508,618	1,924,922	1,537,197
Authority Total	6,183,619	6,911,162	4,854,746

Including schools

3.6. Table 6: Occupational Health Appointment Data Q4

Fig.1

Number of Employees seen at the Occupational Health Centre			
Department	Number of Employees Attended Q4 Cumulative		
	2018/19	2019/20	2020/21
Chief Executives	138	92	57
Communities	741	689	558
Corporate Services	44	53	38
Environment	748	678	553
Education & Children	1001	749	490
External	472	668	439
Total	**2396**	**2930**	**2135**

The table above indicates the number of employees being referred and supported by the Occupational Health Centre. Each employee will attend at least one appointment with either the Occupational Health Advisor or Physician. Depending on the recommendations made, a proportion will be offered a further referral for an Initial Assessment to the Wellbeing Support Service and supported using a range of interventions and strategies which may include: CBT / CBT informed approach, counselling/active listening, coping skills and problem solving. If they are accepted to the service, they are then offered up to a further 6 sessions (these further sessions/appointments are not included in the table below above).

The totals include Statutory Health Surveillance appointments to the nurse.

As can be illustrated by the data above (Fig.1) there has been a 27% decrease in the total number of employees seen at the Centre in Q4 cumulative 2020/21 compared to 2019/20. This is largely due to the restrictions in place due to the COVID 19 Pandemic.

Fig.2

Number of Appointments Attended at the Occupational Health Centre			
	Number of Appointments Q4 Cumulative		
Department	2018/19	2019/20	2020/21
Chief Executives	263	245	211
Communities	1201	1374	1326
Corporate Services	59	123	114
Environment	1641	1825	1746
Education & Children	940	999	698
External	431	673	443
Total	**4535**	**5239**	**4538**

The above illustrates the total number of attended appointments within the period set out above. As can be seen from Fig. 2. Occupational Health attended appointments (20/21) have decreased by 13% on the previous year (19/20). This is likely due to a culmination of factors attributed to the Coronavirus pandemic such as redeployment/ furlough/ shielding/ home working etc.

The Occupational Health Centre has continued to run all clinics remotely however, for a short period some of our services, like Health Surveillance, were paused. This is likely to be the overarching reason for the reduction in appointments within the Environment

and Communities departments. Only following HSE guidance did this service resume in a limited capacity, on a remote basis.

Our face-to-face Health Surveillance tests resumed in December 2021. Since this time, we have continued to follow the strict risk assessment and safe working practice in place, to protect the health of all employees required to visit the centre.

As mentioned, the decrease noted above can be attributed to the restrictions placed on our services due to the COVID 19 Pandemic. However, based on the 15.5% increase noted in the 2019/2020, and the consistent increases we have seen in the years prior we are expecting referrals/ appointments will steadily increase as all services resume and restrictions are relaxed.

Appointments Attended – Reason breakdown:

Figures 3, 4 and 5 below show a breakdown of the reasons by number of employees that have attended the Occupational Health Centre.

The tables below provide a breakdown of total number of Appointments attended at the Occupational Health Centre for Q4 cumulative over the last 3 years.

Although the total number of appointments have decreased across Occupational Health services this year. The referrals to the Wellbeing Support Service have stayed consistent with only a 1.8% decrease on the previous year. Throughout the pandemic we have seen consistently high instances of Stress, Mental Health and Fatigue being noted on appointment outcomes and we forecast that this is likely to continue to rise in an upwards fashion due to the unprecedented and difficult year experienced by our staff.

Fig. 3

Breakdown: Total Number of Appointments Attended the Occupational Health Centre **Q4 Cumulative** **2018/19**						
	Appointment Reason					
Department	**OHA**	**OHP**	**All WSS Appts**	**H/S**	***Other**	**Totals**
Chief Executives	46	29	180	1	7	**263**
Communities	255	136	747	24	39	**1201**
Corporate Services	14	8	29	0	8	**59**
Environment	115	109	194	493	29	**940**
Education & Children	244	107	1255	3	32	**1641**

External	112	95	101	98	25	**431**
Total	**786**	**484**	**2506**	**619**	**140**	**4535**

Fig.4

Breakdown: Total Number of Appointments Attended the Occupational Health Centre **Q2 Cumulative** **2019/20**						
	Appointment Reason					
Department	**OHA**	**OHP**	**All WSS Appts**	**H/S**	***Other**	**Totals**
Chief Executives	30	18	188	0	10	**246**
Communities	284	144	856	53	37	**1974**
Corporate Services	21	11	85	0	5	**122**
Environment	96	91	307	493	11	**998**
Education & Children	258	121	1401	19	25	**1824**
External	259	112	139	135	28	**673**
Total	**948**	**497**	**2976**	**700**	**116**	**5237**

Fig.5

Breakdown: Total Number of Appointments Attended the Occupational Health Centre **Q4 Cumulative** **2020/21**						
	Appointment Reason					
Department	**OHA**	**OHP**	**All WSS Appts**	**H/S**	***Othe r**	**Totals**
Chief Executives	20	8	181	0	2	**211**
Communities	225	133	911	44	13	**1326**
Corporate Services	16	8	85	0	5	**114**
Environment	100	40	244	309	5	**698**

Education & Children	219	95	1401	20	11	**1746**
External	154	101	100	82	6	**443**
Total	**734**	**385**	**2922**	**451**	**43**	4538

Other Appointments include: Chair Assessments and Ill Health Retirement Appointments with the pensions doctor.

All WSS *refers to both initial assessments and all follow up appointments.*

Percentage of employees who have attended Occupational Health in Q4 Cumulative

Following the request from P&R scrutiny committee the following table below shows the percentage breakdown of employees that have attended the Occupational Health Centre per department.

Department (Headcount based on October 2020)	OHA %	OHP %	Wellbeing Support Service (Initial Assessment) %	Health Surveillance %	Other %	Total %
Chief Executives (409.8)	4.88	1.9	6.34	0	0.4	**7.18**
Communities (1387.7)	16.21	9.5	10.30	3.1	0.9	**29.71**
Corporate Services (202.1)	7.9	3.9	4.94	0	2.4	**14.2**
Environment (900.2)	11.1	4.44	4.11	33.98	0.5	**50.02**
Education & Children (3184.2)	6.8	3	6.50	0.6	0.3	**10.7**

As shown in the above table the Environment department have the highest number of employees who attend Occupational Health, this is due to their mandatory Health Surveillance which employees are required to undertake based on risk assessment. This number is reduced due to the health surveillance programme being paused. Without

Health Surveillance, the Environment department have 16.04% of employees accessing our services for sickness absence reasons and support.

3.7. Table 7: Number of employees dismissed on the grounds of capability (health)

Valuing our employees by supporting good health and wellbeing is one of the authority's core values. There is much research to demonstrate that attendance at work contributes to positive health and wellbeing.   The authority aims to support its employees by providing a safe and healthy workplace and promoting a culture where regular attendance can be expected of all. Absence from work is unlikely to be a positive experience for the absent employee(s) or their colleagues, so the authority actively manages and supports those employees who experience ill health during their employment in line with its Sickness Absence Management policy.

However, there are occasions where an employee cannot be supported back to work to his/her substantive role or redeployed into suitable alternative employment due to the nature of the illness or condition and in such circumstances an employee will be dismissed on the grounds of capability (health). Table 7 below details the number of employees that have been dismissed on the grounds of capability (health) over the last three years:

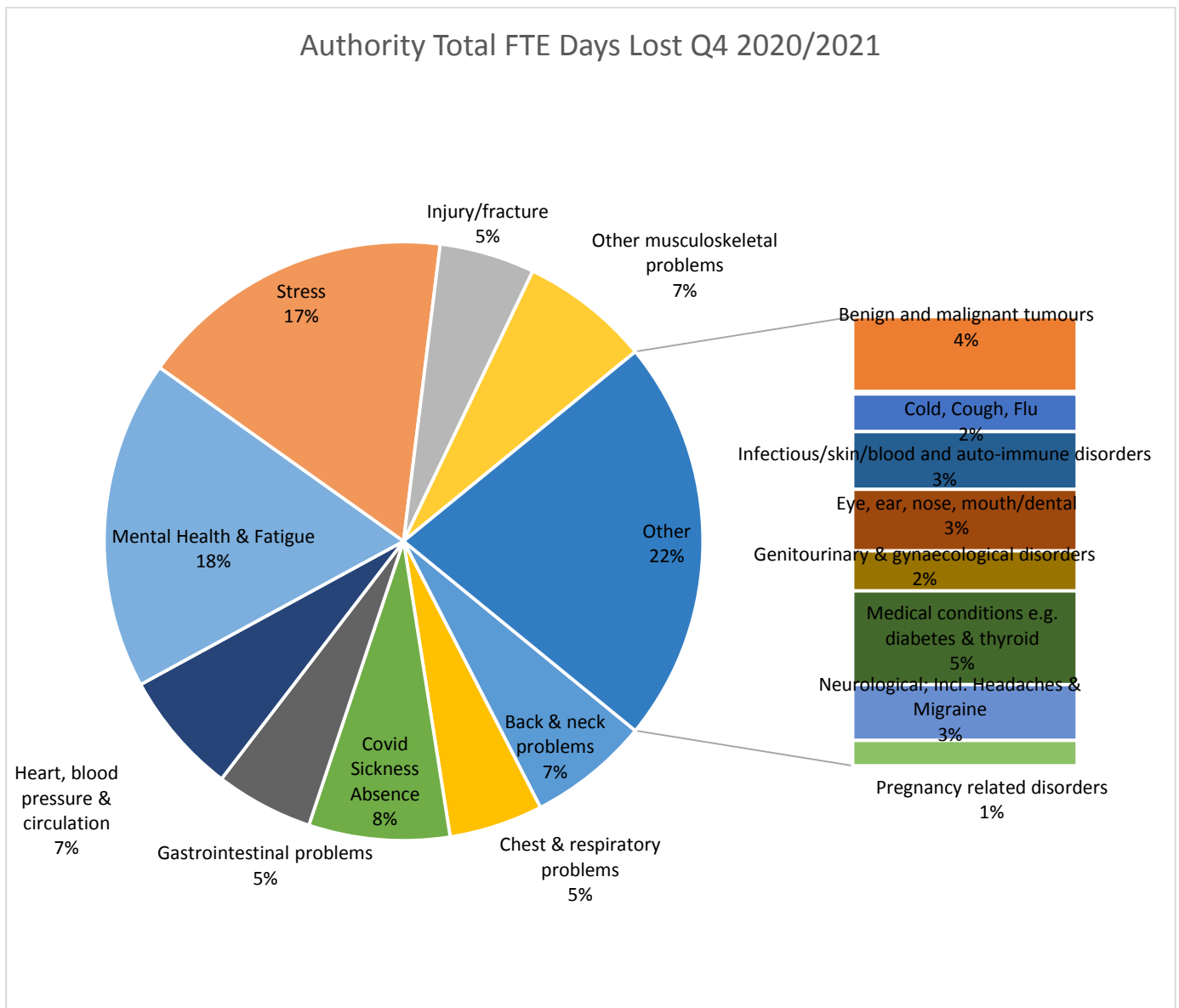|	2018/19 EOY	2019/20 EOY	2020/21 EOY
Ill Health Capability	52	42	52
Ill Health Capability – Tier 1	9	20	1
Ill Health Capability – Tier 2	1	-	-
Ill Health Capability – Tier 3	1	1	1
Resignation – Health Reasons	-	-	3
Total	63	63	57

3.8. Table 8: Causes of absence – half year cumulative Q4 EOY 2020/21

Stress is the most common cause of absence within the authority (17%) followed by mental health and fatigue (18%). Other reasons for absence are as detailed within the pie chart below and will vary from one reporting period due to seasonal variations.
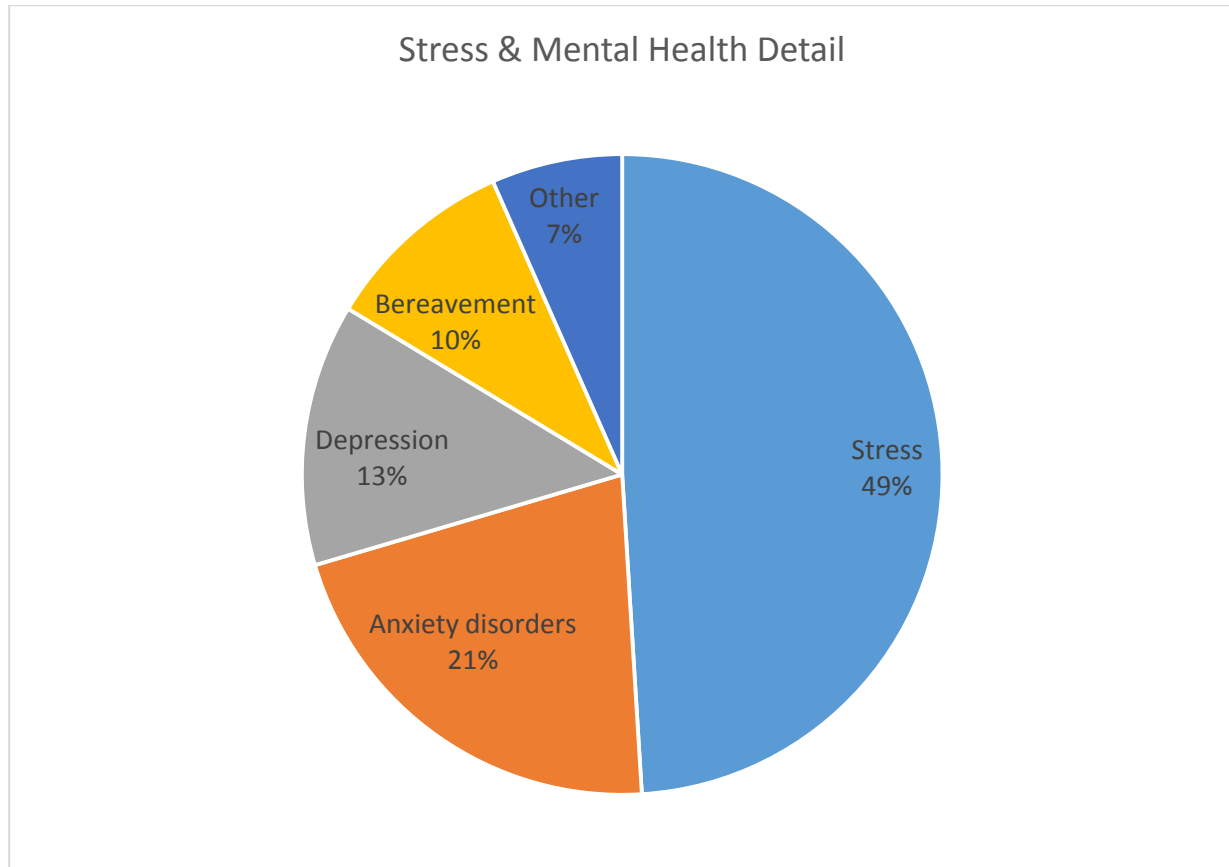
The CIPD Health & Wellbeing at Work report published in May 2019 focusing on the public sector has found that more organisations include mental health amongst the most common reason for short- and long-term absence. Over half of respondents confirmed that reported mental health conditions had increased. A fifth of respondents confirmed that stress and mental health is the primary cause of long-term absence and a third include stress in the top three causes of absence.

Whilst stress and mental health are the main causes of absence within CCC and an area of significant concern, the level of absence for this reason is comparable with other public sector organisations including health, education and civil service.

During 2020/21 the absence codes have been rationalised to aid clearer reporting and to reflect updated society of occupational medicine codes.

Authority Total FTE Days Lost Q4 2020/2021

- Injury/fracture 5%
- Other musculoskeletal problems 7%
- Stress 17%
- Benign and malignant tumours 4%
- Cold, Cough, Flu 2%
- Infectious/skin/blood and auto-immune disorders 3%
- Eye, ear, nose, mouth/dental 3%
- Genitourinary & gynaecological disorders 2%
- Medical conditions e.g. diabetes & thyroid 5%
- Neurological; incl. Headaches & Migraine 3%
- Other 22%
- Mental Health & Fatigue 18%
- Heart, blood pressure & circulation 7%
- Gastrointestinal problems 5%
- Covid Sickness Absence 8%
- Back & neck problems 7%
- Chest & respiratory problems 5%
- Pregnancy related disorders 1%

The percentages displayed below relate to the sub categories to the stress and mental health & fatigue absence codes combined which accounts for 35% of all authority sickness absence. Of the 35% of sickness absence, stress constitutes 49%. (Stress is 17% of all sickness absence).

Stress & Mental Health Detail

- Other 7%
- Bereavement 10%
- Depression 13%
- Anxiety disorders 21%
- Stress 49%

3.9. Table 9: Comparative sickness absence performance indicator

The Authority directly employs approximately 7,700 employees in a range of occupations including catering, cleaning, residential / domiciliary care, refuse and leisure services. In many of the local authorities listed below these services are contracted outside of the authority and therefore not included in the respective calculations. It should be noted that, according to benchmarking figures, these occupations generally have higher sickness absence rates either due to the physical nature of the work or being more susceptible to illness due to interaction with service users/customers.

It should also be noted that the actual make up of local government reported sickness figures can also vary considerably i.e. first 3 days removed, long term sickness removed; Carmarthenshire County Council include both.

The 2019/20 sickness absence figure for Wales is 11.2 days/shifts lost per FTE due to sickness absence with LA data ranging between 8.1 and 13.9. Carmarthenshire EOY 2019/20 result was 10.7.

NHS Wales benchmarking data

Below is benchmarking data relating to 11 NHS organisations in Wales shown as a percentage. Data is extracted from the NHS Electronic Staff Record. Sickness absence rates by quarter for the period 2020 (calendar year) and calculated by dividing the total number of sickness absence days by the total number of available days for each organisation.

- 4% is equivalent to 9 FTE days lost.
- 5% is equivalent to 11.25 FTE days lost.
- 6% is equivalent to 13.5 FTE days lost.
- 7% is equivalent to 15.75 days lost.

	Jan- Mar 2020	Apr - Jun 2020	Jul - Sep 2020	Oct-Dec 2020	2020
	%	%	%	%	%
All Wales	6.0	6.5	5.1	6.4	6.0
Betsi Cadwaladr University LHB	5.5	6.2	4.9	5.4	5.5
Powys Teaching LHB	5.1	4.9	4.4	5.1	4.9
Hywel Dda University LHB	5.5	5.4	4.6	5.5	5.2
Swansea Bay University LHB	6.8	8.4	6.2	8.3	7.4
Cwm Taf Morgannwg University LHB	6.6	7.5	5.6	8.5	7.0
Aneurin Bevan University LHB	6.5	6.5	5.1	6.2	6.1
Cardiff & Vale University LHB	5.8	7.0	5.1	6.0	6.0
Public Health Wales NHS Trust	4.6	3.0	2.6	3.6	3.5
Velindre NHS Trust	4.7	3.7	3.1	3.5	3.7
Welsh Ambulance Services NHS Trust	7.1	6.5	5.9	8.4	7.0
Health Education and Improvement Wales	2.8	1.3	1.2	2.7	2.0

Benchmarking with English Unitary Authorities 2018/19 (This is the latest data available)

Sickness absence FTE days per employee - Rationale:

This indicator is collected through the Local Government Workforce Survey conducted in England between June and September each year. The question is: 'Please complete the following table and provide the sickness absence rate for the current financial year?';

- The sickness absence calculation includes all staff (including school-based support staff), but <u>excludes</u> teachers. The performance indicator reported by the 22 authorities within Wales in the earlier table <u>includes</u> teachers.
- The average number of days lost per FTE published for 2018/19 was 10.1 per employee. 2019/20 figures are not yet published.
- This compares to 9.7 in 2016/17 and 9.6 in 2017/18 illustrating declining performance in England over the last three years.

3.10.   Table 10: Sector comparisons by percentage working time lost v FTE days lost

XpertHR is a reference tool for HR professionals with information on compliance, legislation, best practice and benchmarking. It undertakes annual benchmarking exercises on sickness absence rates and costs, and focuses on absence figures according to industry, organisation size and sector.

The latest survey results conducted in 2019 was published in 2020 and approximately 146 employers participated from all industry sectors. 2020 data is pending publication and will be reported in 2020/21 EOY report once published.

Among the survey respondents that provided data on absence rates, the national average absence rate stood at 2.9% of working time in 2019, equivalent to 6.5 days per employee.

When broken down by sector survey respondents, the national average for the public sector stood at 3.3% of working time in 2019, equivalent to 7.5 days per employee and private sector stood at 2.9% of working time in 2019, equivalent to 6.6 days per employee.

In terms of Carmarthenshire, our Q2 2020/21 figure of 3.37 FTE days lost per employee as a percentage of working time lost is 1.