

Sickness Absence 1 April 2020 to 30 June 2020

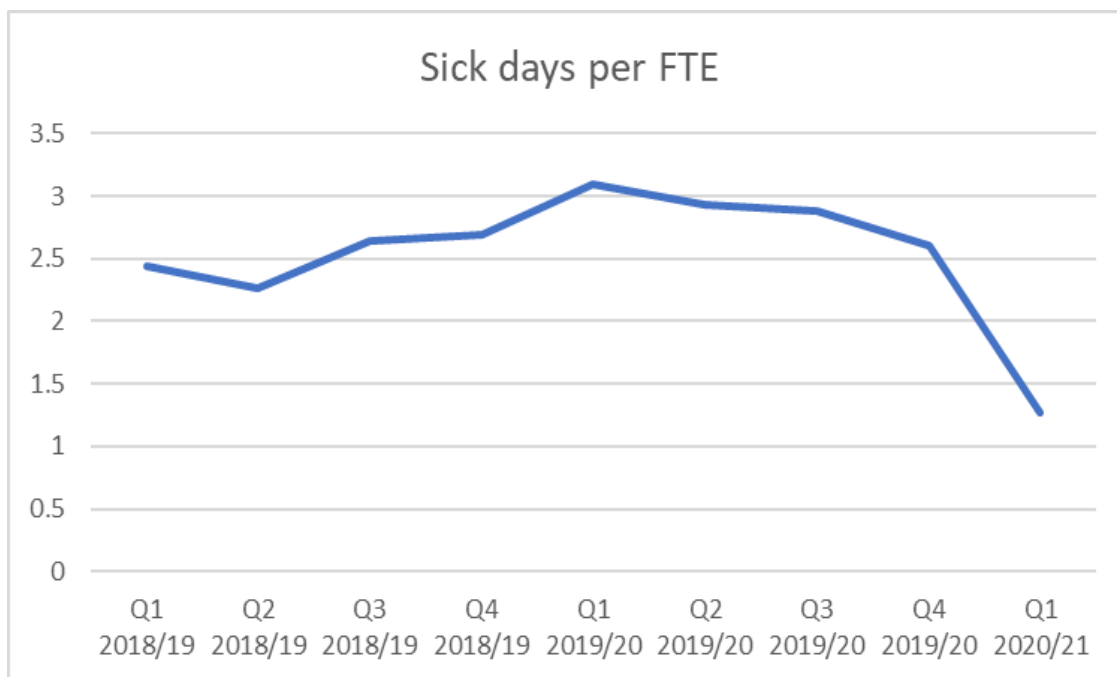
Purpose

1. The purpose of this report is to provide high-level information on sickness absence for the period 1st April 2020 to 30st June 2020 and is a quarterly performance monitoring report.

This is not a key decision because it is for information only.

2. **Summary**

Our BVPI figure is 1.27 days per FTE (based on 555 FTE), which is a 144.09% decrease compared to last year's Q1 figure (3.1 days based on 533.72 FTE). This quarter's performance has shown a 50.83% decrease on the previous quarter's figure (Q4 2019-20) in the number of sick days.

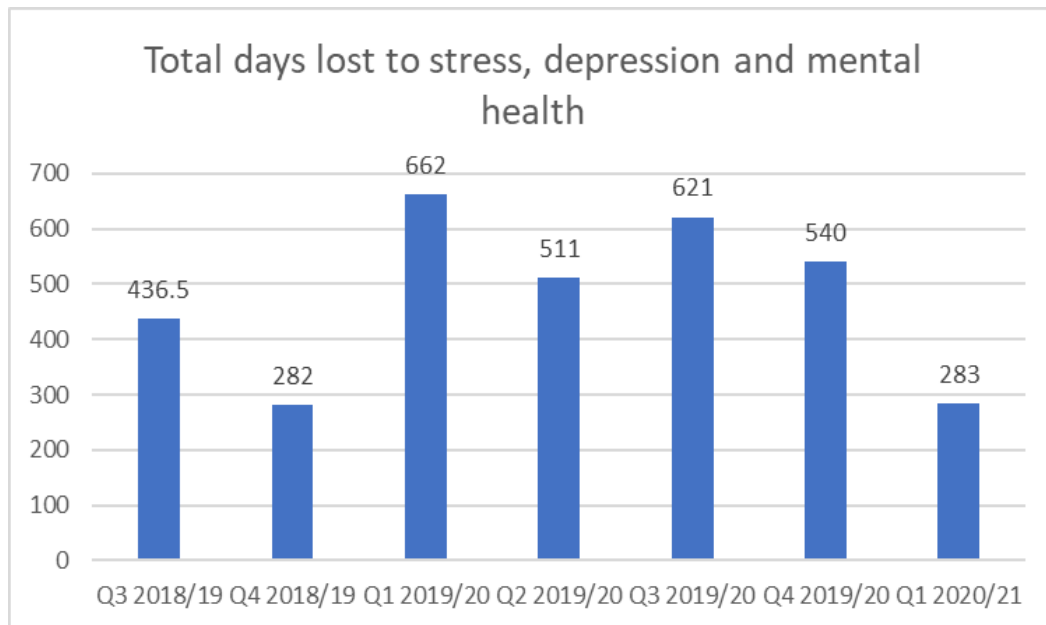


Within this quarter 66 employees have had absences due to sickness, meaning 507 employees have not had any absences within this period.

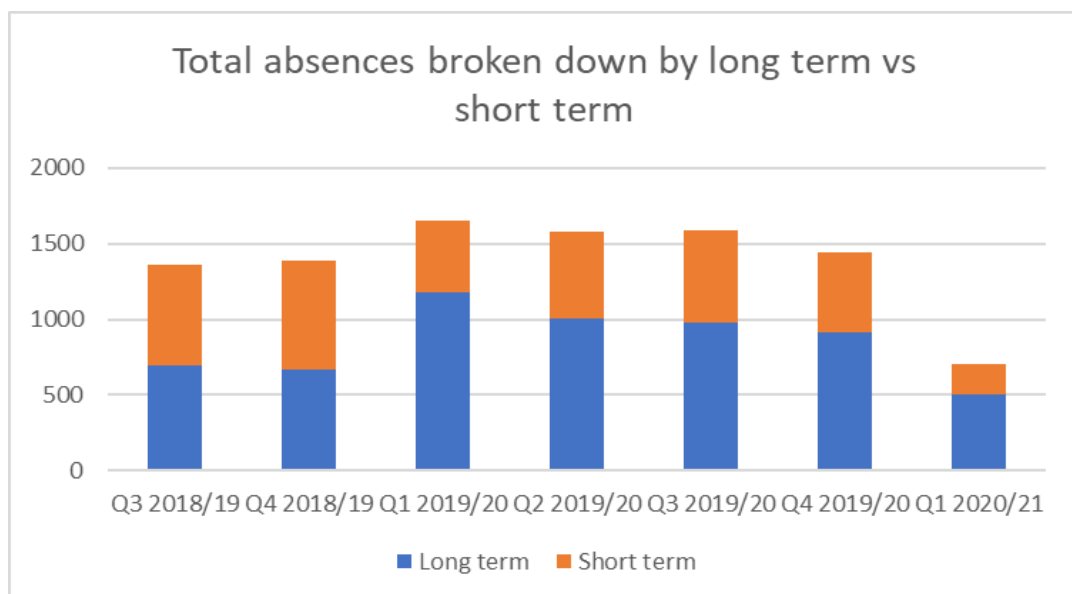
The total days lost in Q1 for SSWS account for 53.3% of total days' absences (377 days), a decrease from 640 days in Q4.

In terms of the reasons behind absences, the three highest categories for absence are stress, depression & mental health (283), Other muscular-skeletal (184), and Headaches & Migraines (56) which accounted for 74% of total absence for this quarter.

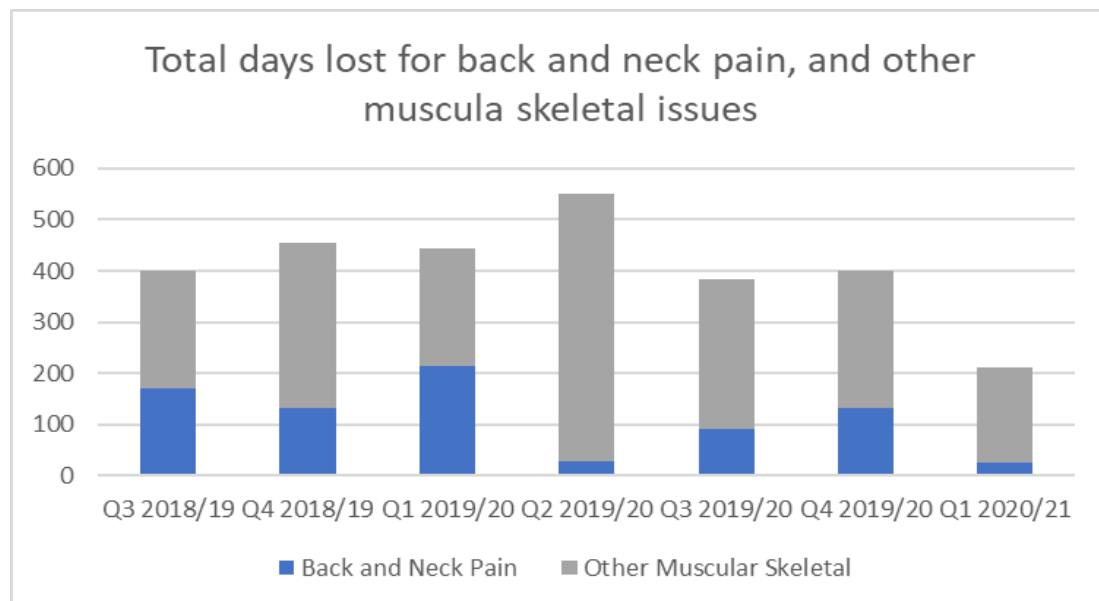
The chart below shows the number of days absence attributed to stress/depression & mental health.



Looking at the breakdown in terms of long-term absences, there were 12 employees with long term absences within the quarter, and they accounted for 487 days.



The chart below shows the number of day's absence attributed to Back and Neck Pain, and Other Muscular-Skeletal over that last year.



During Q1, the HR team have been working alongside managers, introducing a new way of working/new tools to try to assist managers in proactively managing long term absence.

We have also been supporting employees during the change to working practices following the Covid-19 outbreak, and have been especially focussing on supporting our employees mental health through offering regular wellbeing sessions, circulating useful information, and promoting access to support services such as counselling or the Mental Health First Aid team.

Our absence figures have decreased dramatically since the beginning of lockdown; this is expected, as fewer people will be passing viruses or engaging in activities which might cause them injury, but may also be an indication that staff are continuing to work while unwell (presenteeism). HR have been working with managers to ensure that staff do still notify us when they are ill, and reminding staff of the processes. Any absences related to coronavirus, including those unable to work due to isolation or shielding, have not been recorded as sickness.

The level of absences for Stress/depression and Mental Health has decreased in this quarter but still accounts for a significant proportion of our overall absences. This has been particularly influenced by several long term cases, which HR are supporting on.

The number of new referrals to our Counselling service has decreased slightly compared to Q4 (9 new referrals compared to 14 in Q4). Please note that this does not include the number of employees who have accessed this service in this quarter using the generic referral code provided to GCSWS and GCSPS staff. This also doesn't include any staff who have accessed counselling through our new Employee Assistance Programme, which we have been promoting to our employees.

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