
SICKNESS ABSENCE 1 APRIL 2021 TO 30 JUNE 2021

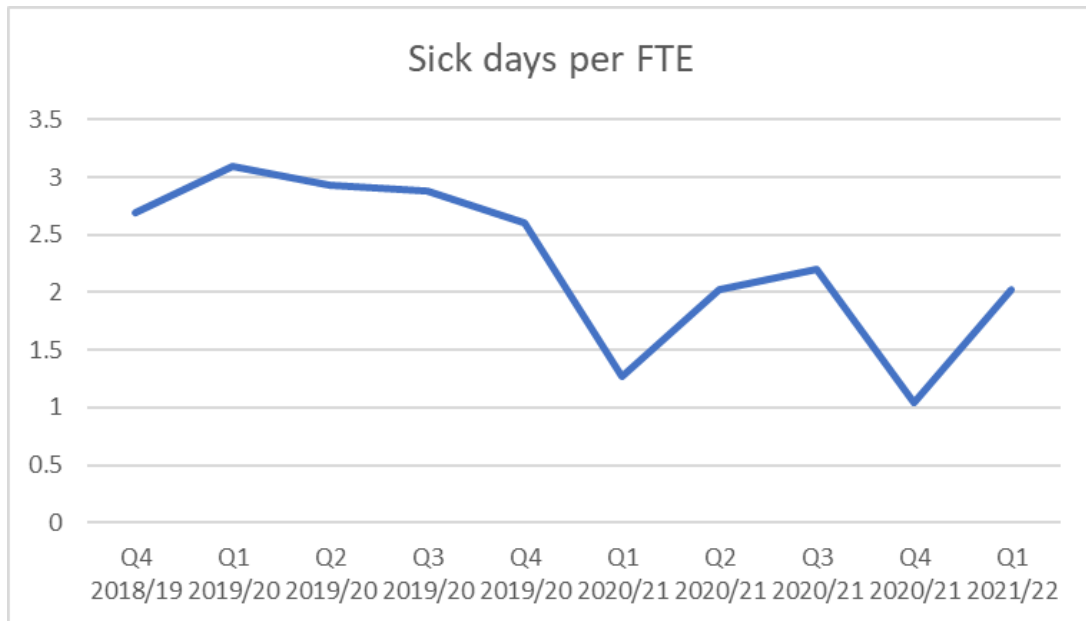
Purpose

1. The purpose of this report is to provide high-level information on sickness absence for the period 1st April 2021 to 30th June 2021 and is a quarterly performance monitoring report.

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

Summary

2. We have now successfully implemented our new HR/Payroll management system, which has increased our trend identification and reporting capabilities. This report has been created using our new sickness analytics package, which is why the reports do not look the same as previous reports. As part of this, we have also increased the number of options for absence reasons, which will better allow us to track changes and implement targeted supports. In particular, we have split the category that was previously 'stress, depression, and mental health' into three categories;
 - (a) Stress Anxiety Depression (Personal)
 - (b) Stress Anxiety Depression (Work)
 - (c) Stress Anxiety Depression (Work and Personal)
3. While this will help us to better identify the causes of stress-related absence, it does mean that our reports are showing a decrease of 178 days attributed to 'stress/depression and mental health' because that category is not being used anymore; there is actually only a decrease of 65.5 days.
4. Our BVPI figure is 2.03 days per FTE (based on 584.7 FTE), which is 48.77% increase compared to Q4 figure (1.04 days per 602.13 FTE). This is also a 37.44% increase compared to Q1 2020-21 (1.27 days per 555 FTE).



Our absence figures have been steadily increasing since January 2021, and are now at the highest they have been in the last 12 month period (Appendix C – Trend Analysis by Structure). In Q1 2021-22 our days lost for absence was 1186.5, which is an increase of 491 days.

There have been increases in absences in most categories, with the most significant increases being in musculoskeletal (208 days), other musculoskeletal (96.5 days), and back and neck problems (68 days). For more details please see appendix B – Absence Analysis by Reason.

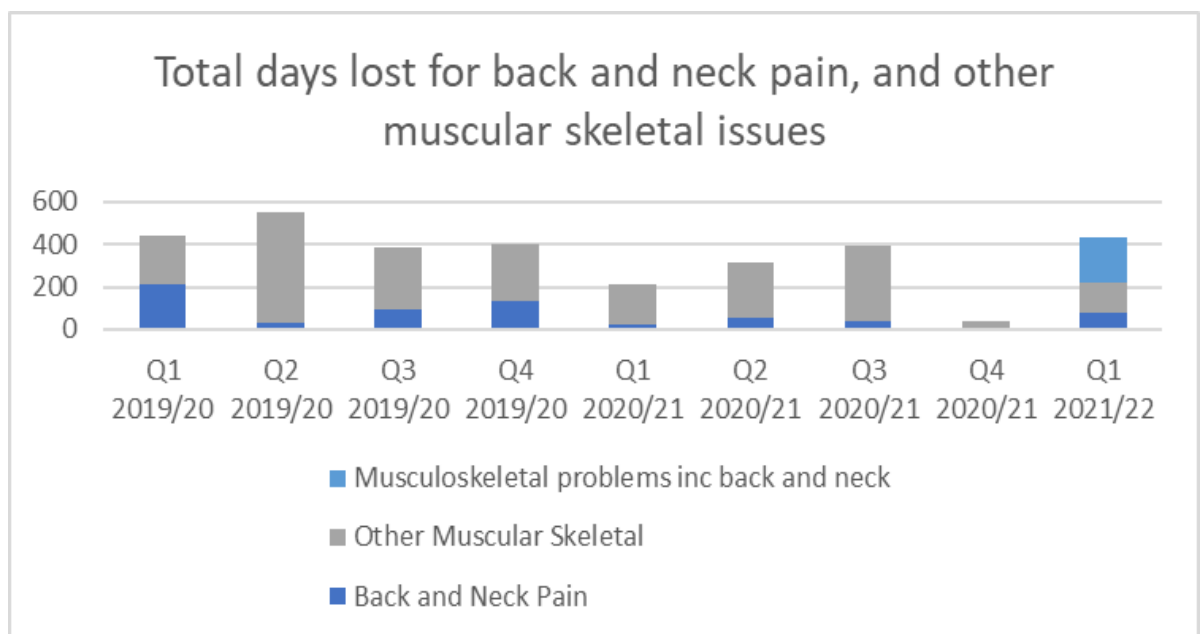
Within this Quarter, 132 employees have had absences due to sickness, meaning 524 employees have not had any absences within this period.

The total days lost in Q1 for SSWS account for 67% of total day's absences (794 days from a total of 1186.5 days). This is a significant increase from Q4 2020-21 (355 days from a total of 695.5 days).

The chart below shows the number of days absence attributed to stress/depression & mental health over the past two years, with the new differentiation between causes of stress, depression, and mental health reflected in the last column.



The chart below shows the number of day's absence attributed to Back and Neck Pain, Other Muscular-Skeletal, and Musculoskeletal problems incl. back and neck over that last year. Please note that we are looking to change the system to remove one of these reasons as there is a clear overlap.



Summary of isolation and days lost to Covid by department

Department	Number of employees self isolating - in work	Number of employees self isolating unable to work	Working days lost to Covid isolation
Affordable Homes			
Sheltered Housing			
Chief Executive Team			
Finance, Policy & Performance			
Business & Customer Services			
HR			
Facilities			
Democratic Services & Elections			
Revenues & Benefits			
Health & Environment (ex. GCSWS)			
GCSWS	1	4	13
GCSPS			
Total			

The table above shows working days lost to Covid isolation. All employees who reported their isolation were from the GCSWS at the Depot – 13 days. These employees would have been self-isolating at home (not necessarily physically unwell). The 13 days were not recorded as part of the sickness absence, unless, for those who were firstly able to work from home and then secondly they were too unwell to work from home – this would have been very few cases). It is likely that other staff were isolating but were able to work from home and so did not report it to HR.

Unfortunately we are not currently able to provide the usual breakdown between long term and short term sickness absence, but we are continuing to work on developing the reports, and are hopeful this information can be reported on again in the future.

During Q1, the HR team have been continuing to work alongside managers, introducing a new way of working/new tools to try to assist managers in proactively

managing long term absence. Virtual welfare visits are carried out with all long-term sickness cases.

During Q1 the HR team have also delivered some managerial masterclasses titled 'Managing Stress' and 'Managing Sickness'. These are targeted at managers, and focus on our policies, procedures, and the tools and supports available, including our stress audit tool, counselling service, our Mental Health First Aid team, and our Occupational Health provider. We have also continued to provide regular guided meditation sessions, which are now once a fortnight and are available to all staff to either attend live or to access the recordings at any point via Insite – we have over 45 sessions recorded now.

We have also continued to advertise our Employee Assistance Programme (EAP) to all staff and managers, through Insite posts and inclusion on the new monthly HR newsletter. In this quarter we also offered employees the choice of Telephone Counselling (provided through EAP) or Video Counselling (provided by Evolve). There has been some uptake of the Video Counselling, where staff felt uncomfortable having telephone-only sessions.

With respect to muscular skeletal absences HR have been encouraging all staff to undertake a DSE assessment on their home set up and sending out wellbeing tips about regular breaks and additional equipment. As of 1st July 2021, **379** employees have used the DSE training/assessment tool, **11** employees are yet to complete the assessment and **120** employees have not yet started.

We have also been promoting our new Employee Assistance Programme (Vivup) which includes free confidential counselling for all staff, as well as access to additional resources such as CBT guides. During Q1 2 employees accessed the CBT resources (-12 vs Q1), 3 employees had telephone assessments (+1), and 12 telephone counselling sessions took place (-4).

Report Author: Chloe Whitehead – HR Advisor