



<b>Report to:</b>	Employment and Staffing Committee Friday 14 <sup>th</sup> January 2022
<b>Lead Cabinet Member:</b>	Councillor Neil Gough
<b>Lead Officer:</b>	Jeff Mambery

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## Sickness Absence Q2 2021-22

### Executive Summary

1. The Sickness Absence rate (BVPI) has reduced in comparison to Q1 2021-22 and Q2 2020-21. The top 3 reasons for absence were: Musculoskeletal, Stress, Anxiety and Depression, and Other Musculoskeletal. All Service Areas, except for GCSWS, saw an increase in absence this quarter. Sickness days lost to Covid-19 increased in this Quarter; there is a lot of absence, particularly at the Depot, where employees are either self-isolating or asymptomatic. This is not recorded as Sickness absence (however we have included calculations in the Report as to the exact number of days lost.) Support is provided to employees in different ways, (e.g. through the EAP) and we have included data relating to this.

### Key Decision

2. No.

### Recommendations

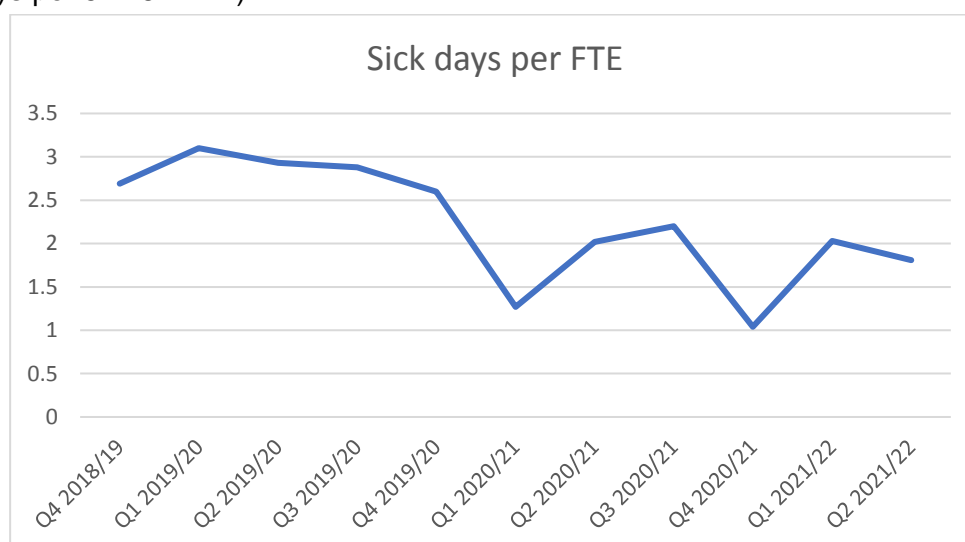
3. It is recommended that the Employment and Staffing Committee note this report.

### Reasons for Recommendations

4. This information report forms part of the Employment and Staffing Committee framework for monitoring the Council's staffing resource.

## Details

5. 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.
6. 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.
7. Our BVPI figure is 1.82 days per FTE (based on 606.68 FTE), which is a decrease on Q1 figure. (2.03 days per 584.7 FTE). This is also a decrease compared to Q2 2020-21 (2.02 days per 571.82 FTE).

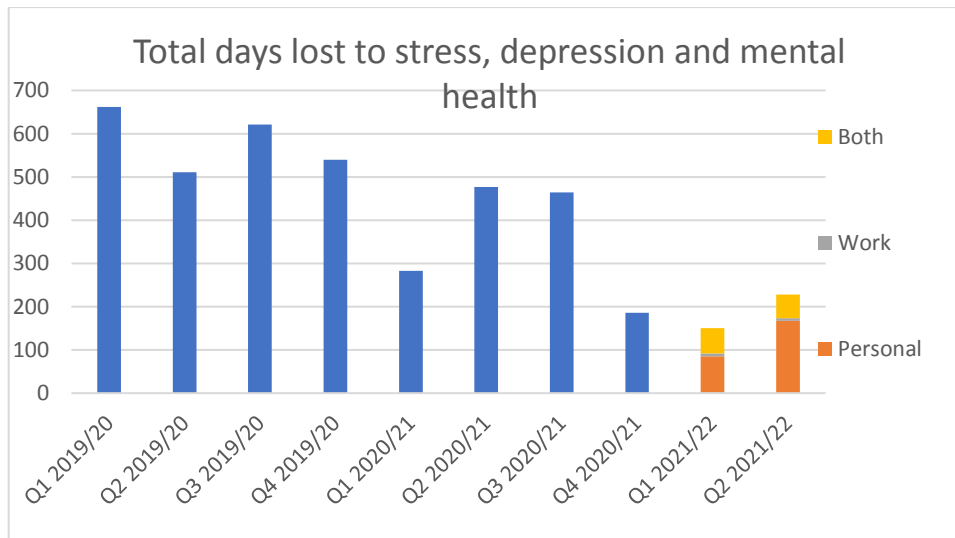


8. iTrent Reporting Data includes data that is a % days lost of availability.<sup>1</sup> These figures are included in the Excel Data included with this Report (see tabs A and B). This shows a small reduction in days lost of availability in Q2 (2.9%) compared to Q1 (3.08%).
9. Our absence figures have decreased slightly this quarter. (Appendix C – Trend Analysis by Structure). Note that this tab shows the individual monthly figures. In Q2 2021-22 the number of days lost for absence was 1103, which is a decrease of 26 days.
10. Looking at “Absence Analysis by Reason”, there has been a significant increase in MSK, Infections, Covid-19 and Other. There have been significant decreases in Stress/depression, Other MSK and Eye ear nose & mouth.
11. The increase in Infections and Covid-19 can be partly explained by the fact that last year we were in lockdown/under some restrictions, and therefore there were fewer opportunities for social contacts outside the household.
12. When looking at Days Lost Working Cost, all Service Areas increased, with the exception of Shared Waste and Environment, who saw a reduction of £24,818 vs Q1.
13. There have been increases in absences in some categories: MSK and Other MSK absences combined have seen an overall increase of 52 days, and Stress/Depression (personal) show an increase of 82.5 days.

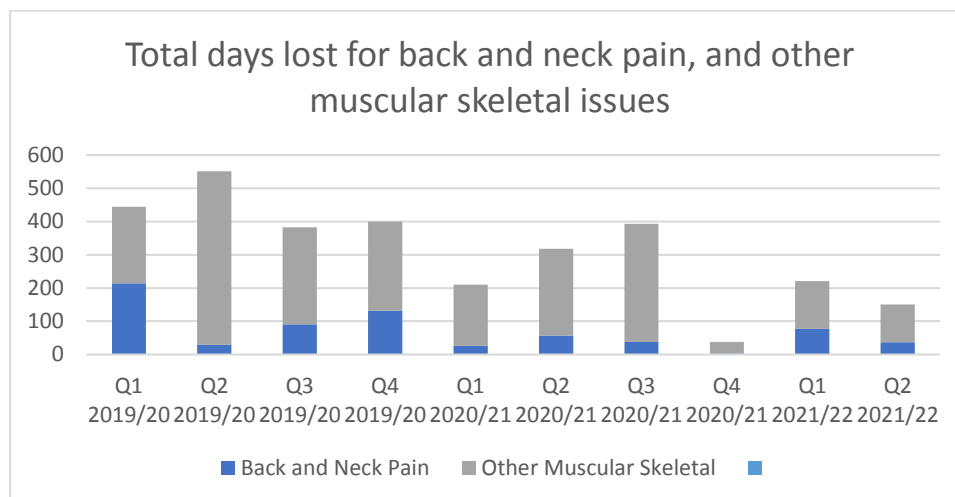
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<sup>1</sup> Days lost as a percentage of the assumed available days

14. For more details please see appendix B – Absence Analysis by Reason.
15. Within this Quarter, 166 employees have had absences due to sickness (compared to 132 in Q1), meaning 485 employees have not had any absences within this period.
16. The total days lost in Q2 for Shared Waste & Environment account for 45.15% of total days absences (498 out of 1103). This is a decrease from 67% (794 out of 1186.5).
17. 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 2021-22 columns.

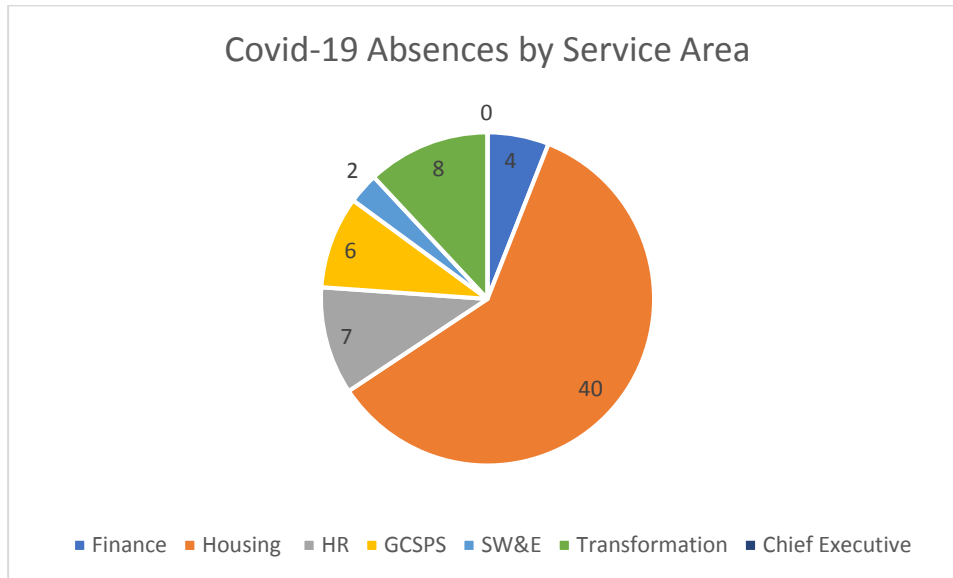


18. The chart below shows the number of day's absence attributed to Back and Neck Pain, Other Muscular-Skeletal, and Musculoskeletal problems incl. back and neck over that last year.



## 19. Covid-19 Absences

This chart shows the number of days' absence, at Service Area Level.



Note – there were 0 days of sickness absence due to Covid for GCSWS, and only 2 days for Shared Waste & Environment.

73 days were lost at the Depot in this Quarter due to isolation or asymptomatic cases; these are not recorded as sickness absences: 58 days were due to employees isolating, either awaiting tests or prior to have scheduled operations and also includes employees who were close contacts (not vaccinated). 15 days were positive PCR cases but no symptoms.

20. 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.

21. During Q2, 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.

22. During the year, the HR team have also delivered some managerial masterclasses titled 'Managing Stress' and 'Managing Absence'. 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 run "Wellness Action Plan" sessions, which employees or managers can attend to find out more about and create their own Wellness Action Plan. None of the manager sessions ran in Q2 due to low demand. We will be reviewing how we promote these sessions in future (although it is worth noting that they have run in Q3).

23. 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.

24. 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.

25. With respect to muscular skeletal absences HR/Health and Safety 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 1<sup>st</sup> October 2021, analysing the number of employees who have used the DSE training/assessment tool: 377 have

completed it, 12 employees are yet to complete the assessment and 125 employees have not yet started. There has been minimal progress since Q1, there is currently a 73% completion rate. The Corporate H&S Advisor will be sending out reminder emails in January.

26. We have also been promoting our new Employee Assistance Programme (through Vivup) which includes free confidential counselling for all staff, as well as access to additional resources such as CBT guides. During Q2 6 employees accessed the CBT resources (vs 2 in Q1), 15 calls were made to the Helpline (vs 9 in Q1), there were 5 telephone assessments (vs 3 in Q1), with 4 new employees accessing Counselling. There was a total of 21 Counselling sessions (compared to 12 in Q1).
27. We also offer Video Counselling through Evolve; there were 4 new employees accessing Counselling in this way (vs 3 in Q1). This provider offers Video Counselling, compared to the telephone-only sessions offered through Vivup.
28. In relation to Managing Absence, there were 35 new HR cases that started in Q2; note this only reflects new cases. There were another 30 cases that predated Q2. The reasons for these cases on our Log include:
- an Informal Trigger has been met,
  - a Formal meeting is due
  - a Long-Term absence trigger has been met
  - absence due to Stress/Depression: a HR Advisor/BP is involved with every case, to ensure a Stress Tool and other supportive measures are put in place

## **Options**

29. This report is for information only.

## **Implications**

30. There are no significant implications.

## **Staffing**

31. The staffing implications are considered as part of this report.

## **Equality and Diversity**

32. All Sickness Absence is managed under the Attendance Management Policy, to ensure it is applied in a fair and consistent manner. Reasonable Adjustments are considered for all employees in accordance with the Equality Act (2010). The Attendance Management Policy is currently under review, and an EQIA is in progress.

## **Health & Wellbeing**

33. We use an external Occupational Health Provider as needed. We offer an Employee Assistance Programme (EAP), referred to earlier in this document. This provides employees with support including Counselling and CBT workbooks. DSE assessment information is included in this report.

## **Alignment with Council Priority Areas**

### **A modern and caring Council**

34. Through the Attendance Management Policy, the Council aims to ensure that employees maintain good health and that sickness absence is minimised by offering a safe working environment coupled with flexible working practices, family friendly policies and the positive promotion of employee wellbeing.

## **Appendices**

Appendix A: Sickness Absence Data Q2 2021-22

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