



Report to:	Employment and Staffing Committee 09 June 2022
Lead Cabinet Member:	John Williams
Lead Officer:	Jeff Membery

Sickness Absence Q4 2021-22

Executive Summary

1. The Sickness Absence rate (BVPI) has decreased in comparison to Q3 2021-22 (2.76) but increased in comparison to Q4 2020-21 (1.04). The top 3 reasons for absence were: Covid-19 (263), Other (216.5) and other MSK (175). Stress, Anxiety and Depression accounted for 181 days absence. Nearly all Service Areas (except Housing), saw a decrease in absence this quarter. Sickness days lost to Covid-19 decreased in this Quarter; there is a lot of absence, particular 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

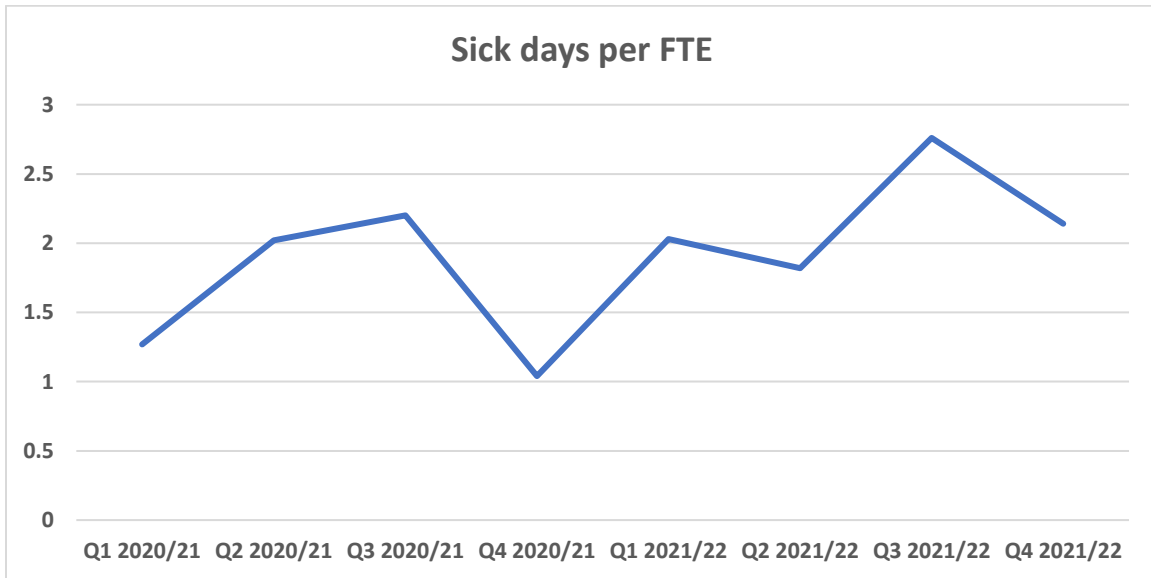
4. This information report forms part of the Employment and Staffing Committee framework for monitoring the Council's staffing resource.

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.

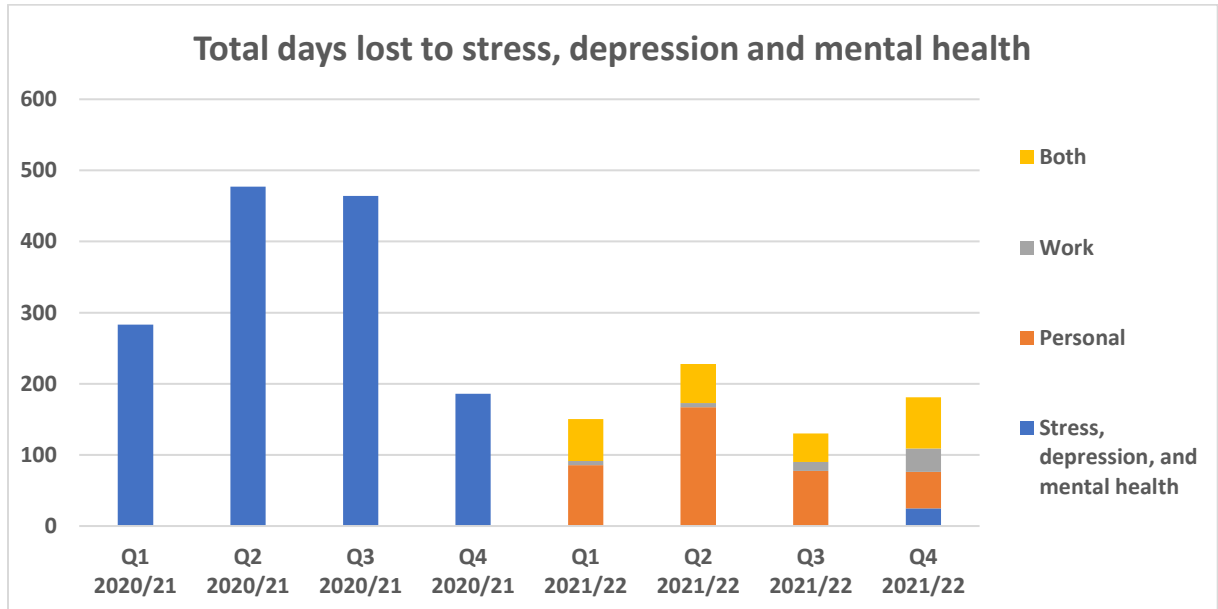
- Our BVPI figure is 2.14 days per FTE (based on a headcount of 676), which is a decrease on Q3 figure. (2.76). This is also an increase compared to Q4 2020-21 (1.04).



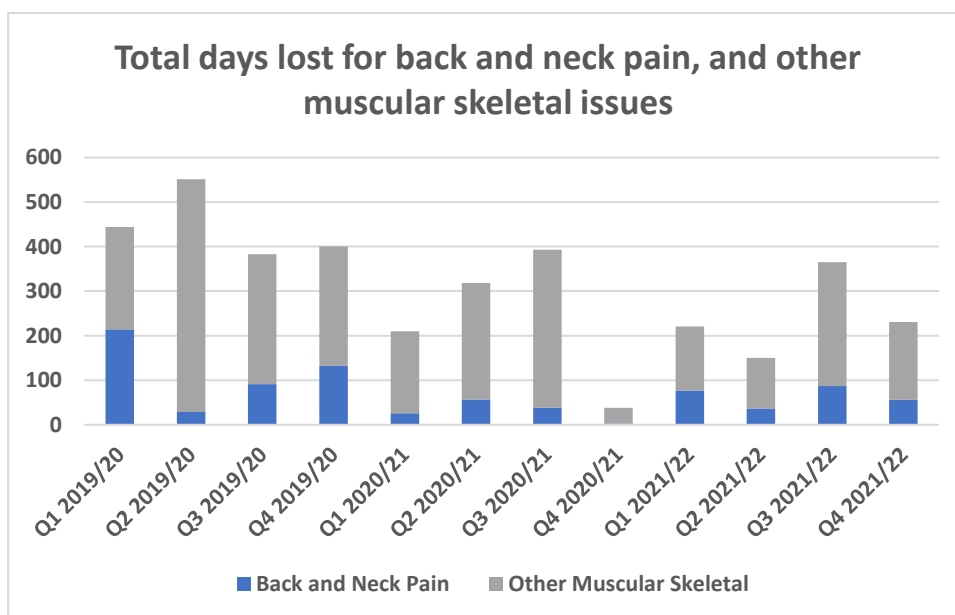
- Our absence figures have decreased this quarter. In Q4 2021-22 the number of days lost for absence was 1320.5 compared to 1647.5 days lost in Q3, which is a decrease of 327 days.
- We changed the Absence Types in relation to MSK absences; previously absences were logged as MSK including Back and neck, and other MSK. We have changed this to Back and Neck Problem and Other MSK.
- Looking at “Absence Analysis by Reason”, there has been a significant increase in Neurological: Headaches and Migraines and Stress Anxiety and Depression (Work and Personal). There have been decreases in Covid-19 , Infections (inc. Cold and Flu), Other MSK and Stomach Liver Kidney and Digestion and in Chest Respiratory absences.
- Neurological: Headaches and Migraines have seen an overall decrease of 70.5 days, and Stress/Depression (Personal, Work, Work and Personal) combined show an increase of 77.5 days.
- For more details please see Appendix – Absence Analysis by Reason
- Within this Quarter, 168 employees have had absences due to sickness (compared to 233 in Q3), meaning 508 employees have not had any absences within this period.
- The total days lost in Q4 for Shared Waste & Environment account for 46.44% of total days absences (616 out of 1320.5). This is a slight increase from 45.78% in Q3 (605 out of 1321.5).
- 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.

Taking into account data provided later in this report, in relation to our EAP and Counselling provision, more employees have accessed Telephone or Video Counselling, and downloaded CBT workbooks. This may have led to more employees remaining in the workplace, by seeking support at an earlier time, than has been the case in previous Quarters.

15.

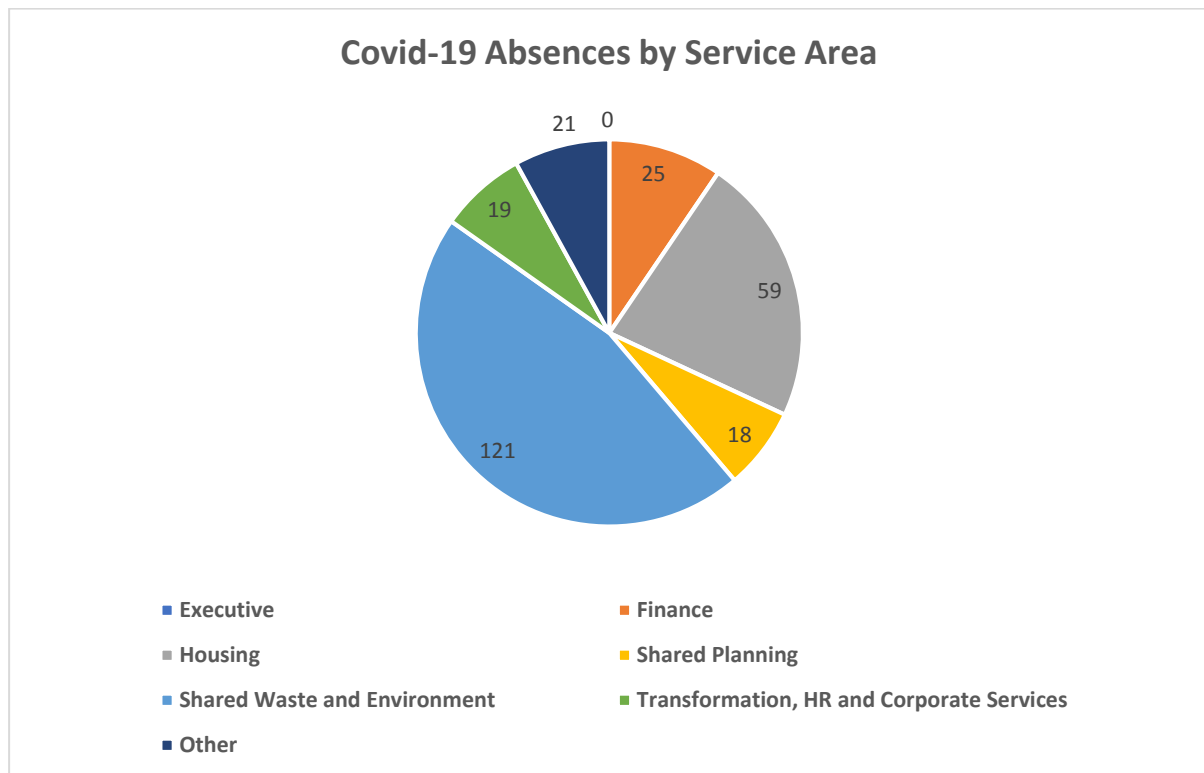


16. The chart below shows the number of day's absence attributed to Back and Neck Pain, Other Muscular-Skeletal, and Musculoskeletal problems incl. back and neck over that last year.



17. Covid-19 Absences

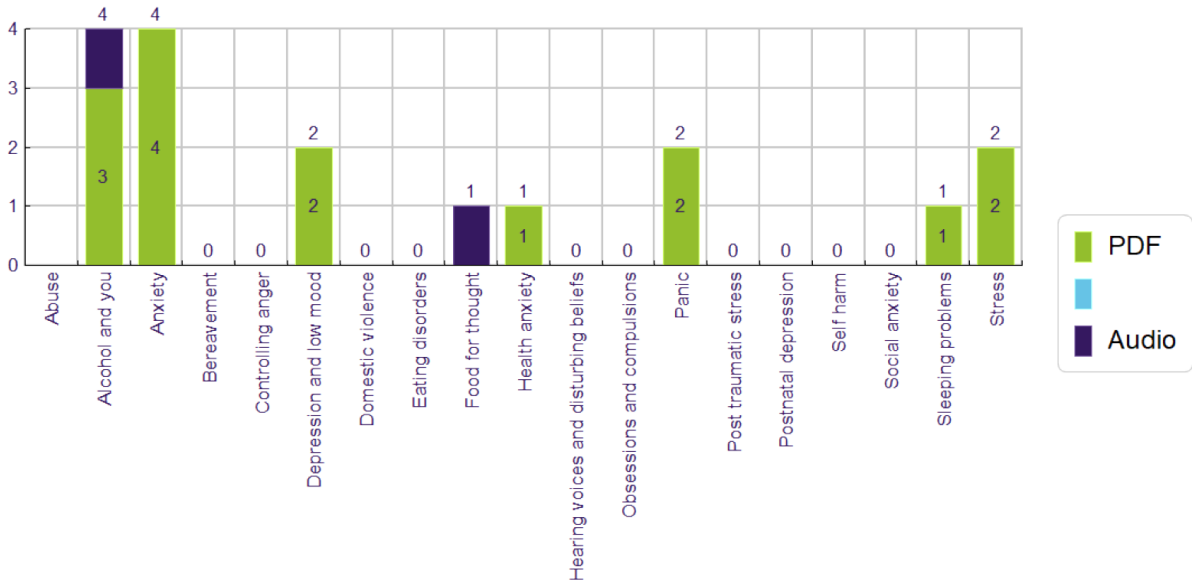
This chart shows the number of days' absence, at Service Area Level.



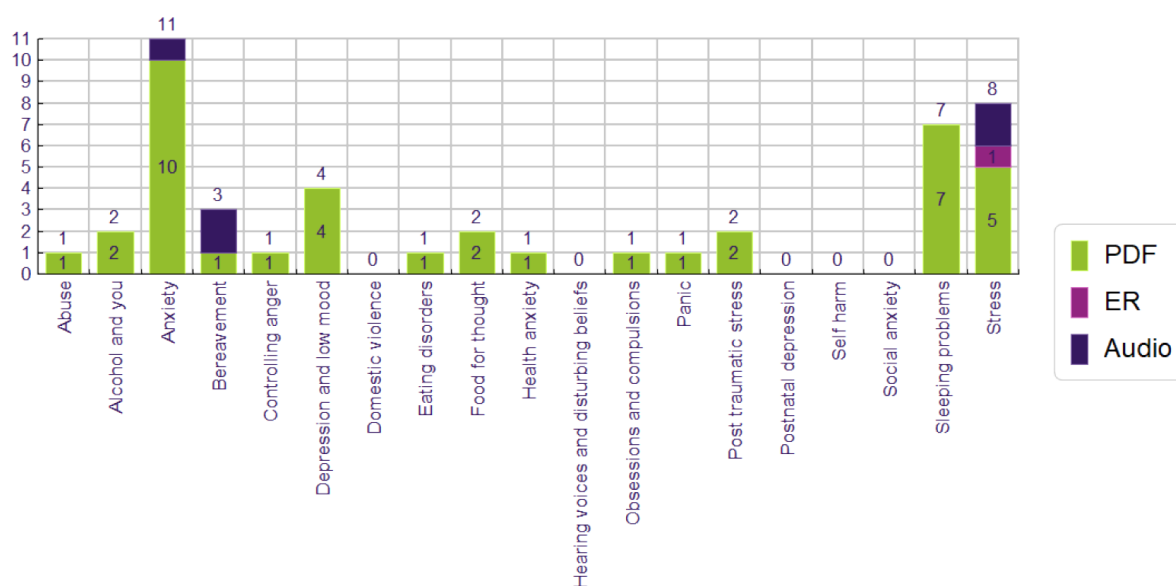
18. 138 days were lost at the Depot in this Quarter due to isolation or asymptomatic cases (compared to 102); these are not recorded as sickness absences. Going forward we will no longer be providing this information. Unfortunately, we are not currently able to provide the usual breakdown between long 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.
19. During Q4, 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.
20. 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.
21. 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.
22. 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.

- 23. 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.
- 24. 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 31st March 2022, analysing the number of employees who have used the DSE training/assessment tool: 404 have completed it, 119 employees are yet to complete the assessment. There has been minimal progress since Q3, there is currently a 77% completion rate.
- 25. 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. The HR Team ran a campaign entitled the HR Elves - 12 Days Of Christmas. These were a series of short email topics about specific benefits, highlighting different areas of support across the Council. We received positive feedback from employees about this campaign. This included highlight the benefits provided through Vivup, including the EAP and CBT resources. Looking at the graphs below, it is clear that there has been a significant decrease in various CBT workbooks accessed in Q4, compared to Q3.

**South Cambridgeshire District Council
Self Help Downloads**



South Cambridgeshire District Council Self Help Downloads Previous Period



26. During Q4 17 employees accessed the CBT resources (vs 36 in Q3), 26 calls were made to the Helpline (vs 21 in Q3), there were 7 telephone assessments (vs 4 in Q3), with 5 employees accessing Counselling for the first time. There was a total of 26 Counselling sessions (compared to 24 in Q3).
27. We also offer Video Counselling through Evolve; there were 4 employees accessing Counselling in this way (vs 9 in Q3). This provider offers Video Counselling, compared to the telephone-only sessions offered through Vivup.
28. In relation to Managing Absence, there were 30 new HR cases that started in Q4 (compared to 29 in Q3); note this only reflects new cases. 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

Unable to include Appendix A: Sickness Absence Data for Q4 2021-22 due to issues with running the relevant reports.

Report Author:

Clare Lomer-Hill – HR Advisor
Telephone: (01954) 713464