

NEATH PORT TALBOT COUNTY BOROUGH COUNCIL

POLICY AND RESOURCES SCRUTINY COMMITTEE

14th June 2017

Report of the Head of Human Resources – Sheenagh Rees

Matter for Information

Wards Affected: All Wards

SICKNESS ABSENCE MONITORING REPORT

1. Purpose of Report

- 1.1 The purpose of this report is to provide Members with information in relation to sickness absence to inform Member scrutiny of the management of sickness absence across the Council.

2. Summary

- 2.1 Absence rates rose slightly in 2016 / 2017 when compared with the previous year, from an average of 9.7 FTE sick days per employee, to 9.9 FTE sick days. The report provides Members with more detail in relation to absence rates in each service of the Council, provides a breakdown of short term and long term absence, the reasons for absence, as well as some new analysis of absence rates as they relate to the age of employees. The data presented in this report will raise questions for Members, so for example, where Members see fluctuations in sickness absence levels in particular services, they may want to take the opportunity to refer this to the relevant scrutiny committee for further investigation. The report also provides Members with the background to the Long term Sickness Absence Taskforce.

3. Monitoring Data

- 3.1 This report focuses on Quarter 4 sickness data for 2016 / 2017. The monitoring data is provided in Appendix 1.

- 3.2 **Table 1** provides Members with the average FTE sick days per employee, in each service for Quarter 4 in 2015 / 2016 and in 2016 / 2017 (15/16 is the left hand column, 16/17 is the right hand column).
- 3.3 **Table 2** provides an overview of the Council's average working days lost per FTE employee in Quarter 4 each year from 2009 / 2010 to 2016 / 2017.
- 3.4 **Table 3** provides Members with an overview of the Council's absence pattern and the ratio of days lost to short term and long term absence in Quarter 4 of 2015 / 2016 and 2016 / 2017.
- 3.5 **Table 4** provides Members with the split between short term and long term absence for each service by age groups as requested by Members at the last meeting of this committee.
- 3.6 **Table 5** provides Members with head count and full time equivalent figures for each service. This is provided to help Members understand how sickness data compares with the number of employees employed within each service. Members should note that these figures are subject to change, particularly where cross-directorate change takes place.
- 3.7 **Table 6** sets out the number of employees who were absent on 3 or more occasions in each service during Quarter 4 of 2016 / 2017, and **Table 7** sets out the number of full time equivalent working days lost by these employees (Members should refer to Table 5 when looking at this data for context).
- 3.8 **Table 8** sets out the number of employees absent for 28 consecutive days or more in each service during Quarter 4, **Table 9** sets out the number of full time equivalent working days lost by these employees.
- 3.9 **Table 10** provides Members with information in relation to why employees were absent from work during Quarter 4. Data is provided for 2015 / 2016 (left hand column) and 2016 / 2017 (right hand column). This information will help inform targeted strategies in relation to managing absence and promoting health and well-being.

- 3.10 To help Members understand how the reasons for absence relate to patterns of absence, **Table 11** then sets out the top ten reasons for short term absence in the quarter, and **Table 12**, sets out the top ten reasons for long term absence. Again, data in relation to 2015 / 2016 and 2016 / 2017 is provided.
- 3.11 **Table 13** illustrates the percentage of employees off work due to stress per age band.
- 3.12 **Table 14** provides data in relation to employees leaving employment as a result of ill health. In the first three quarters of 2015 / 2016, 30 employees left the Council's employment as a result of ill health. In the first three quarters of this year 33 employees have left the Council's employment.
- 3.13 Benchmarking data across local government in Wales is not available for 2016 / 2017 yet. It is published in September each year. For Members information, in 2015 / 2016, Neath Port Talbot County Borough Council ranked 6th in Wales in relation to FTE absence rates.
- 3.14 In February of this year, the Council, with the Joint Trade Unions, became a signatory to the Trade Union Congress' (TUC) 'Dying to Work' voluntary charter that sets out an agreed way in which employees will be supported, protected and guided throughout their employment, following a terminal diagnosis.
- 3.15 The charter states the following:
- *We recognise that terminal illness requires support and understanding and not additional and avoidable stress and worry.*
 - *Terminally ill workers will be secure in the knowledge that we will support them following their diagnosis and we recognise that, safe and reasonable work can help maintain dignity, offer a valuable distraction and can be therapeutic in itself.*
 - *We will provide our employees with the security of work, peace of mind and the right to choose the best course of*

action for themselves and their families which helps them through this challenging period with dignity and without undue financial loss.

- *We support the TUC's Dying to Work campaign so that all employees battling terminal illness have adequate employment protection and have their death in service benefits protected for the loved ones they leave behind.*

3.16 Finally, and sadly, Members are advised that during the quarter, 3 employees died in service following periods of ill health.

4. Sickness Taskforce - Background and Update

4.1 In September 2014, Members of this Committee endorsed the establishment of the Sickness Taskforce to undertake an examination of long term sickness absence [over 28 days] to understand what actions would be needed to reduce the incidences of absence and / or the length of absences with the aim of reducing the costs of absence.

4.2 The initial phase of the Taskforce Project was a **Research Phase**. The Taskforce plotted all current cases of long term absence within identified hot spot areas to establish barriers, constraints and consider employee patterns and behaviours. Research of best practice nationally and across industries led to the development of a good practice strategy, evidence based on the principles of early intervention. Research identified the positive impact of immediate intervention strategies that include maintaining informal contact during absence. This strategy was developed with the support and input of the trade unions. A trade union representative was seconded to the HR team for a period of 6 months to help with the development of the strategy.

4.3 The Early Intervention and Effective Communication Strategy combines the following:

- **Early intervention**
- **Effective communication**
- **Informal Return to Work Plan Meetings** with a clear focus on the return to work

- Additional HR resources utilised for **rigorous case management and manager prompting** at each key stage
- **Clear roles and responsibilities** – managers retain responsibility and accountability for managing absence
- **Personal manager briefings**
- **Stress risk assessments** to be carried out for every instance of identified work related stress (even where the employee is not absent)
- **How to Guides** on managing different aspects of long term absence
- **Occupational Health Referral Hotline** to ensure referrals are necessary and add value.

4.4 In February 2015, the Taskforce began a Pilot Phase, piloting the early intervention and effective communication strategy, initially within the Environment Directorate, and since then it has been rolled out across the rest of the Council. A separate Schools Project has been developed by the Director of Education, Leisure and Lifelong Learning, drawing on the work of the Sickness Taskforce. The Director of ELLL reports separately on this initiative at CYPE.

4.5 At the January meeting of this committee, Members were provided with data to determine whether or not the Sickness Taskforce is producing tangible cost benefits. The report concluded that since the introduction of the early intervention methodology, whilst the numbers of employees who are long term sick have increased, the length of absences has reduced. In Quarters 1 and 2 of 2014 / 2015 41% of those on long term absence were absent for more than 3 months or 65 working days. In 2015 / 2016 this reduced to 29%, and in 2016 / 2017, this reduced to 15%.

4.6 Latest health initiatives supported by the Taskforce, working with the Learning, Training and Development Team, are as follows:

- The Taskforce has attended management team meetings across the Council to refresh managers on the Maximising Attendance Policy and Procedure and Early Intervention and Effective Communication Strategy.

- Mindfulness Sessions have been trialled, in conjunction with Karen Fisher, WULF Project Manager from the Wales Union Learning Fund. Feedback from managers and employees has been positive and therefore further sessions will be organised for later this year.
- Ovarian Cancer awareness briefings held by Ovarian Cancer Action will be taking place over the next month.
- Discussions are taking place with Gofal, the mental health and wellbeing charity, exploring the opportunity for joint working in relation to Mental Health awareness.

5. Risk Management

Sickness absence must continue to be managed effectively or there is the risk that sickness rates will increase with associated loss of productivity and budgetary impact.

6. Financial Impact

The costs of sick pay in Quarter 4 2016 / 2017 will be confirmed at Committee.

7. Consultation

There is no requirement under the Constitution for external consultation on this item.

8. Equality Impact Assessment

There is no requirement for an Equality Impact Assessment in relation to this item.

9. Workforce Impacts

This report will be shared with recognised trade unions in respective consultative forums for discussion and consideration.

10. Legal Impacts

The management of absence must be fair and reasonable, and managers should ensure compliance with the Council's Maximising Attendance at Work and related policies.

11. Recommendation

It is RECOMMENDED that Members NOTE the sickness absence monitoring report and continue to receive further monitoring reports on a quarterly basis.

12. Appendices

Appendix 1 – Sickness absence Quarter 4 2016 / 2017
Monitoring Data

13. Background Papers

The Maximising Attendance Policy and Procedure.

14. Officer Contact

For further information on this report item, please contact Sheenagh Rees, Head of Human Resources on extension 3315 or e-mail s.rees5@npt.gov.uk

APPENDIX 1 – SICKNESS ABSENCE QUARTER 4 2016 / 2017 MONITORING DATA

TABLE 1

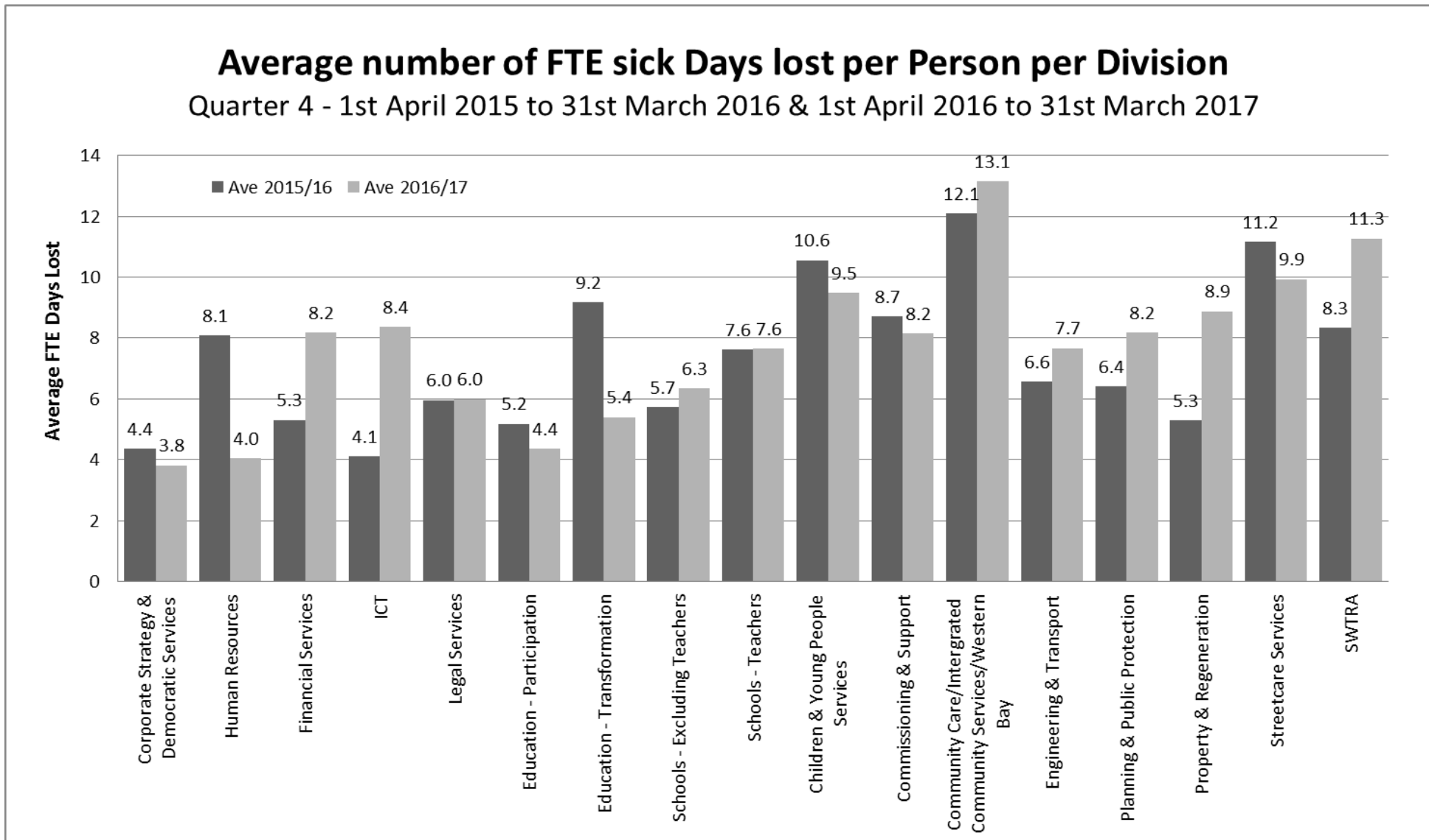


TABLE 2**Quarter 4 Average Sickness Rate**

Quarter 4 Overall Sickness (Including Teachers)	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
The number of working days/shifts per full time equivalent (FTE) local authority employee lost due to sickness absence.	11.3	9.59	10.07	9.65	9.19	9.4	9.7	9.9

**Ratio of short and long term sickness – number of FTE days lost
(Including teachers)**

QUARTER 4 Comparisons - 1st April 2015 to 31st March 2016 and 1st April 2016 to 31st March 2017

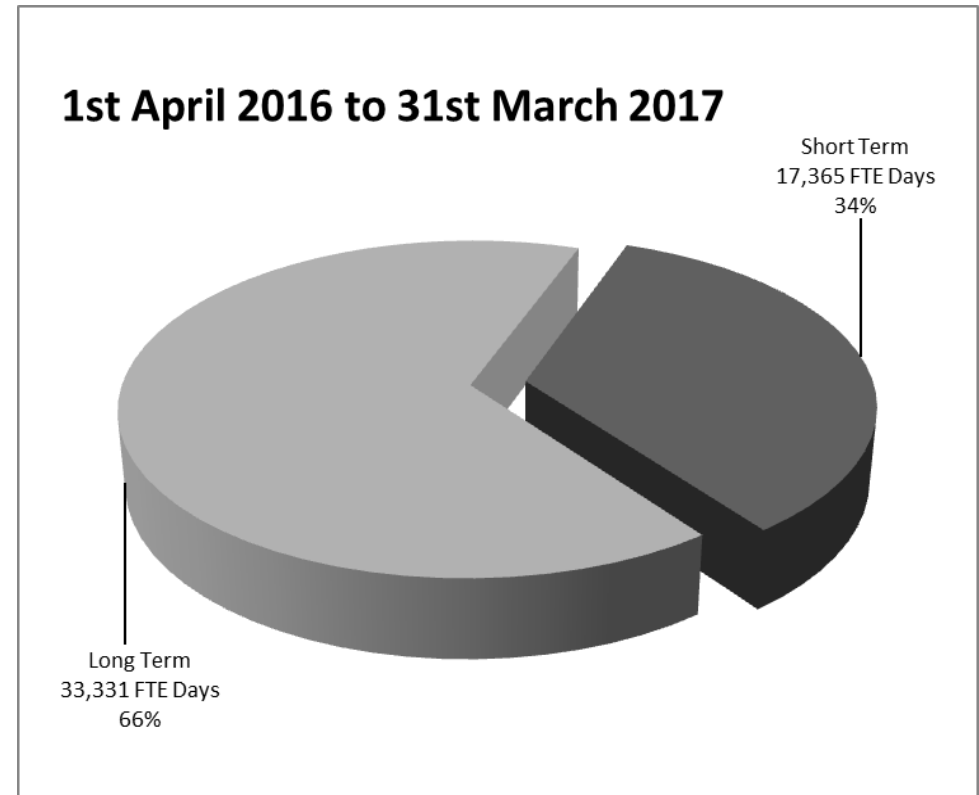
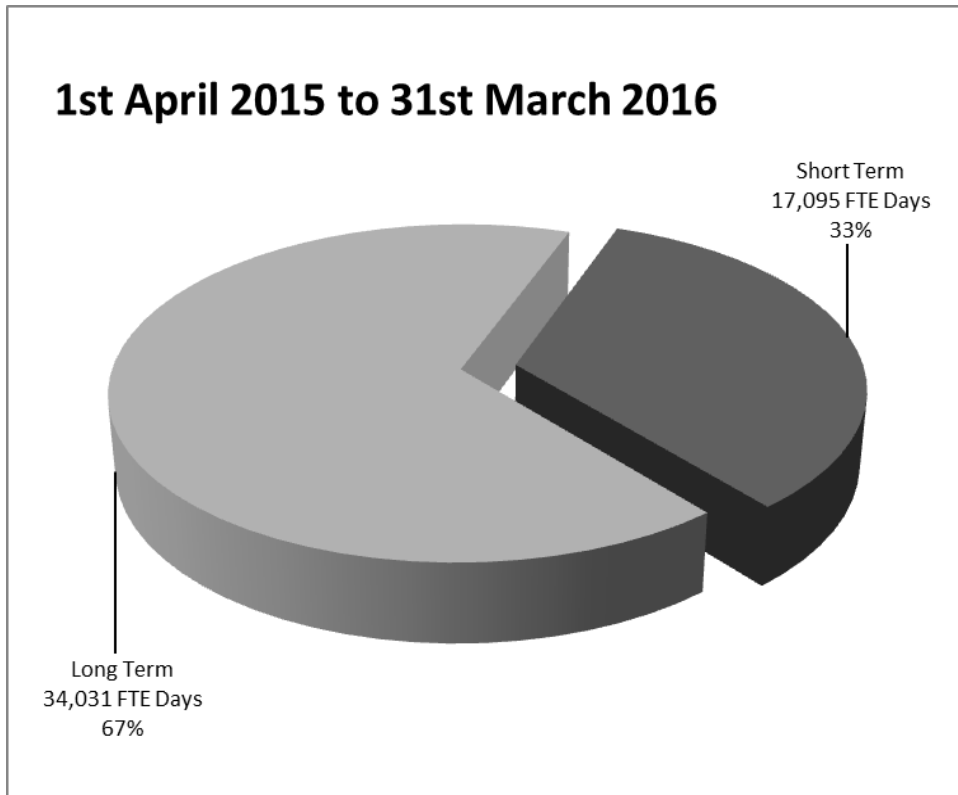


TABLE 4

Number of Employees Long Term/Short Term Sickness Comparison by Age Groups 1st April 2016 to 31st March 2017

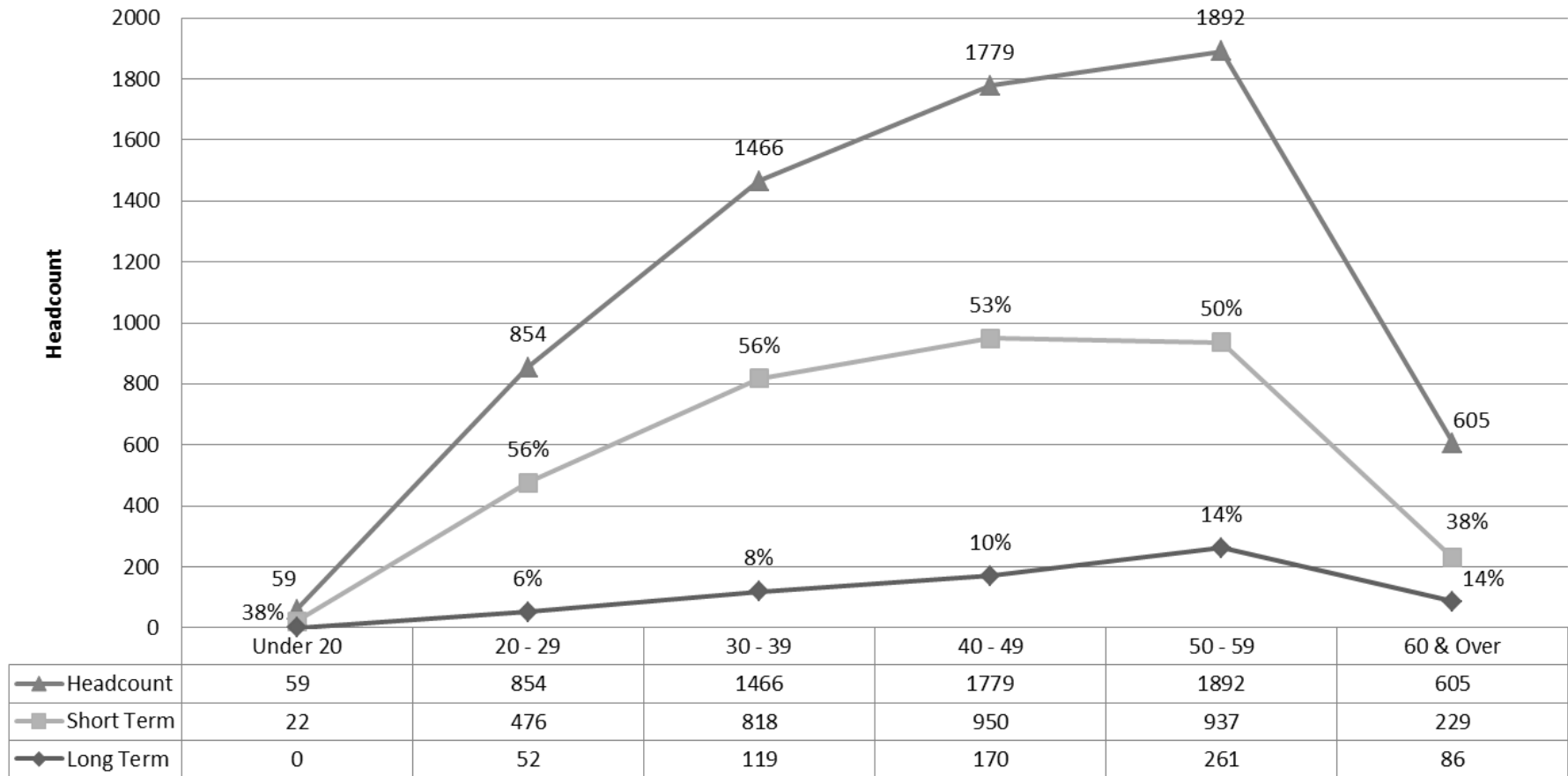


TABLE 5

Division	Headcount	FTE
Corporate Strategy & Democratic Services	80	74.0
Human Resources	79	69.7
Financial Services	173	156.5
ICT	99	96.4
Legal Services	89	65.3
Participation	1039	465.8
Transformation	123	101.0
Schools	1539	949.0
Schools-Teaching	1202	1112.0
Children & Young People Services	361	301.3
Commissioning & Support Services	185	173.1
Community Care Services/Integrated Community Services/ Western Bay	629	481.4
Engineering & Transport	161	120.6
Planning & Public Protection	94	87.9
Property & Regeneration	154	112.8
Streetcare Services	542	468.8
South Wales Trunk Road Agency	108	104.9
Total	6654	4940.6

TABLE 6

Number of Employees with three or more instances of sickness

(1st April 2015 to 31st March 2016 and 1st April 2016 to 31st March 2017)

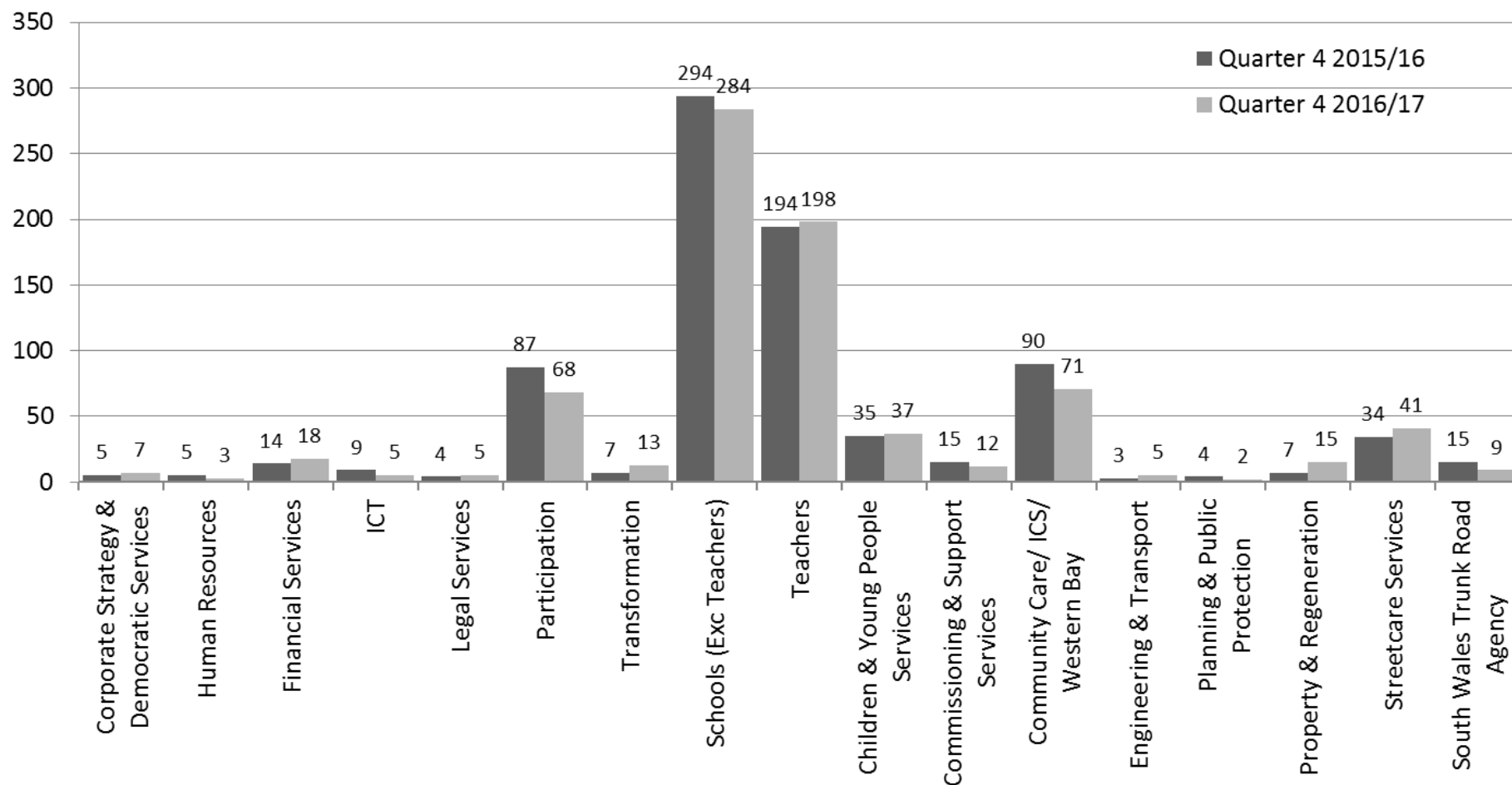


TABLE 7

Number of Full Time Equivalent Days Lost for Employees with three or more instances of sickness

(1st April 2015 to 31st March 2016 and 1st April 2016 to 31st March 2017)

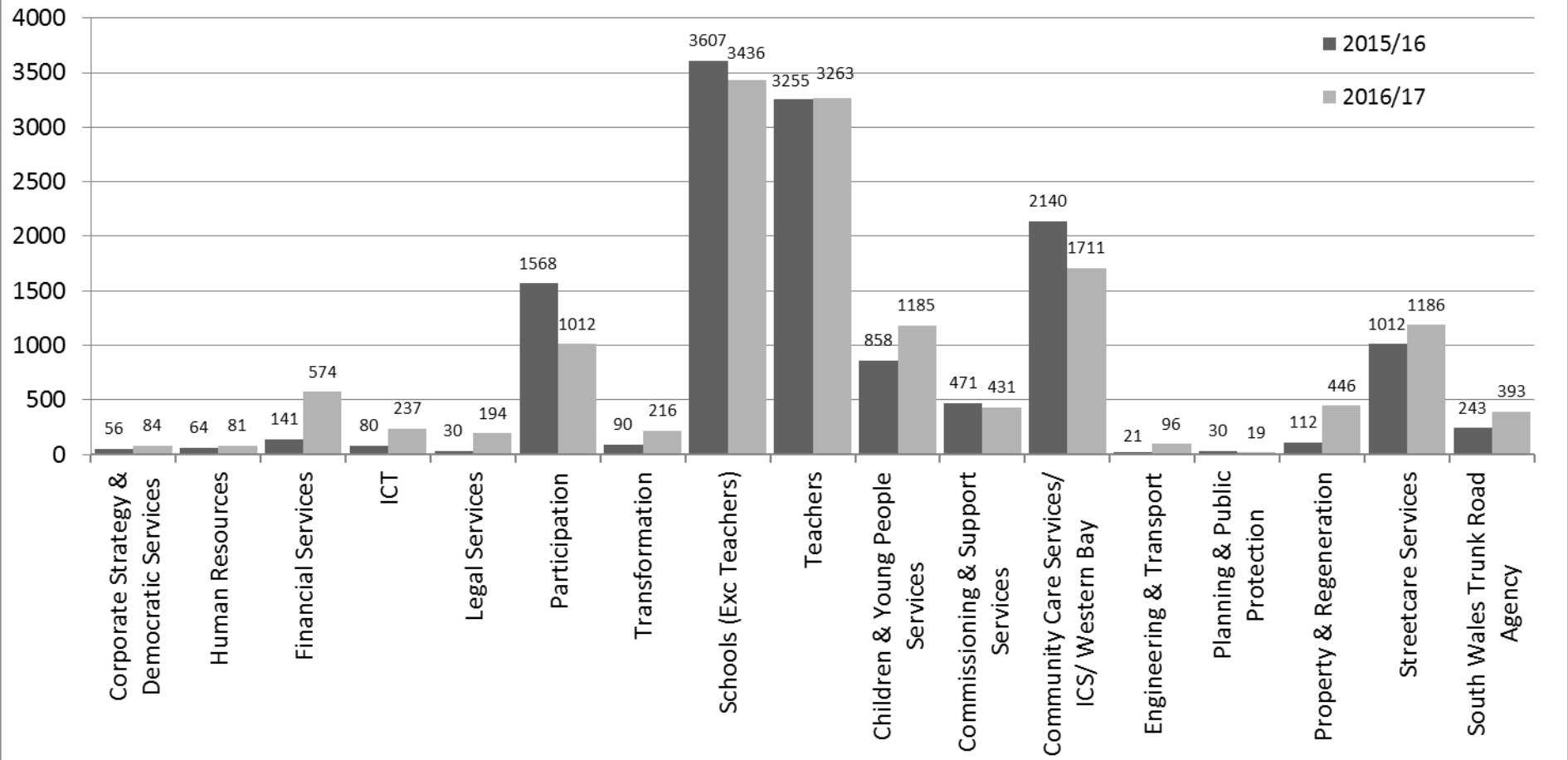


TABLE 8

Number of Employees consecutively sick for 28 Calendar Days or more
 (1st April 2015 to 31st March 2016 and 1st April 2016 to 31st March 2017)

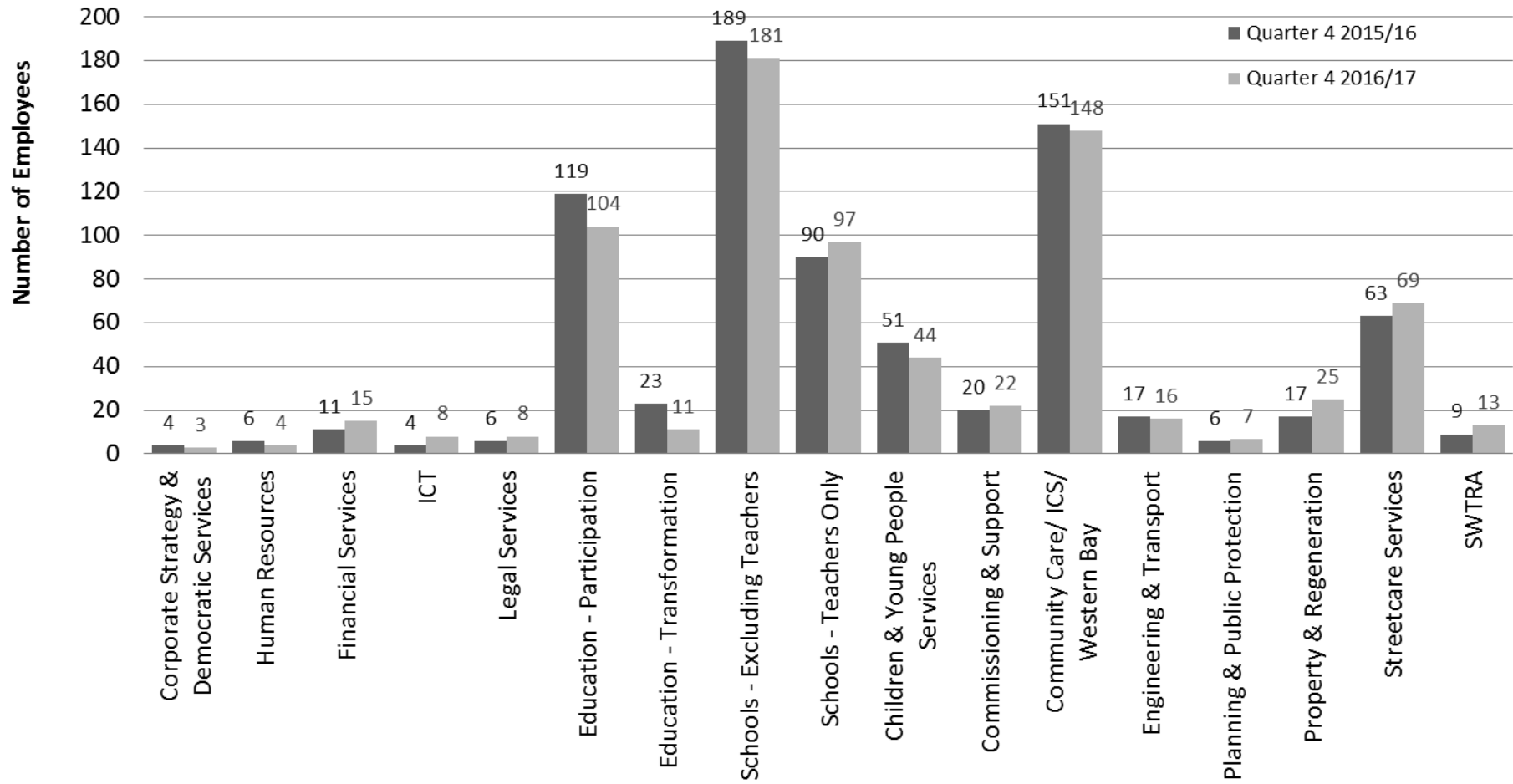


TABLE 9

Number of Full Time Equivalent Days lost for those employees who are consecutively sick for 28 Calendar Days or more

(1st April 2015 to 31st March 2016 and 1st April 2016 to 31st March 2017)

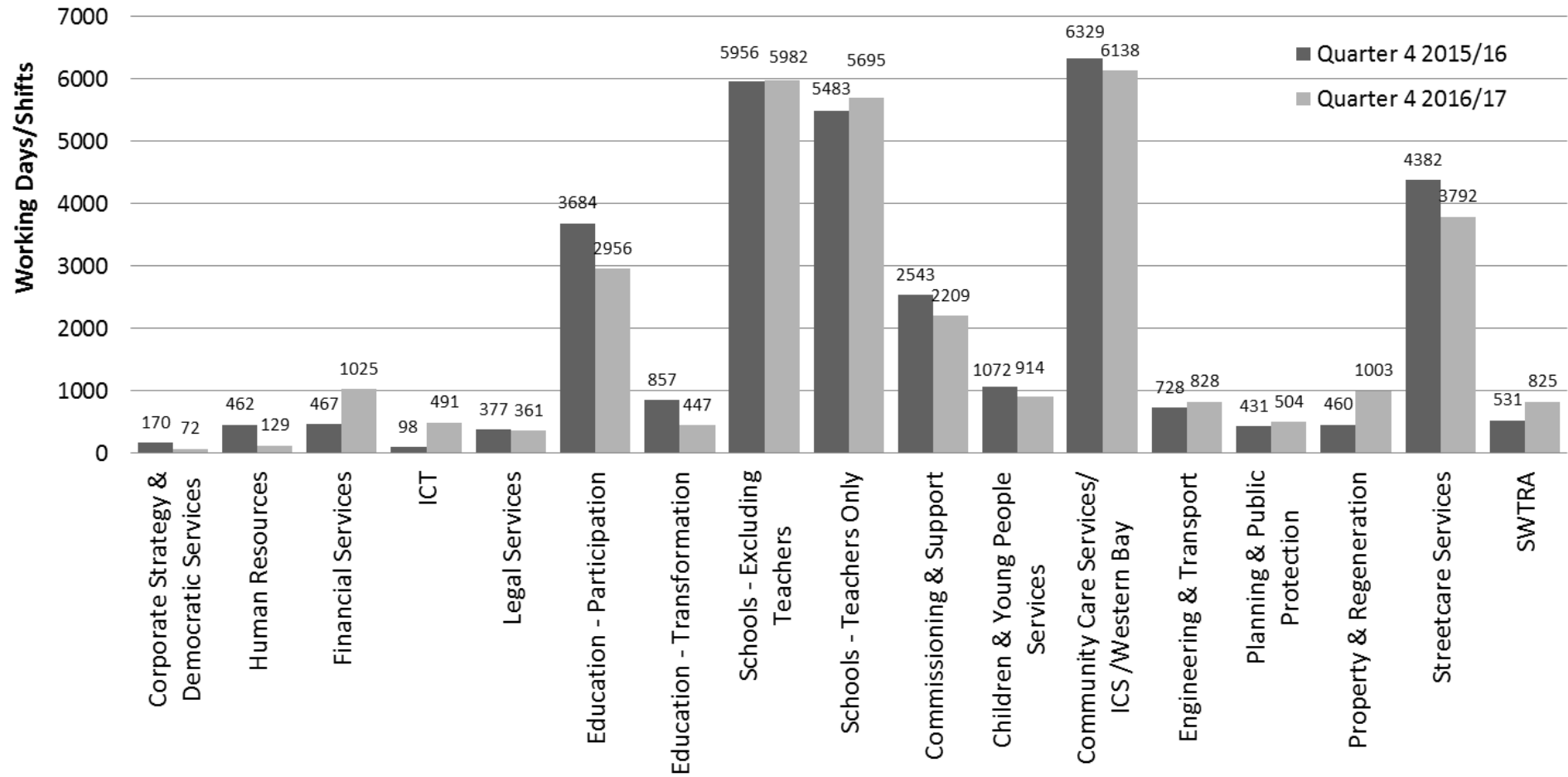


TABLE 10

Comparison of Number of FTE Days Lost and Reasons for Absence (Including Teachers)

(1st April 2015 to 31st March 2016 and 1st April 2016 to 31st March 2017)

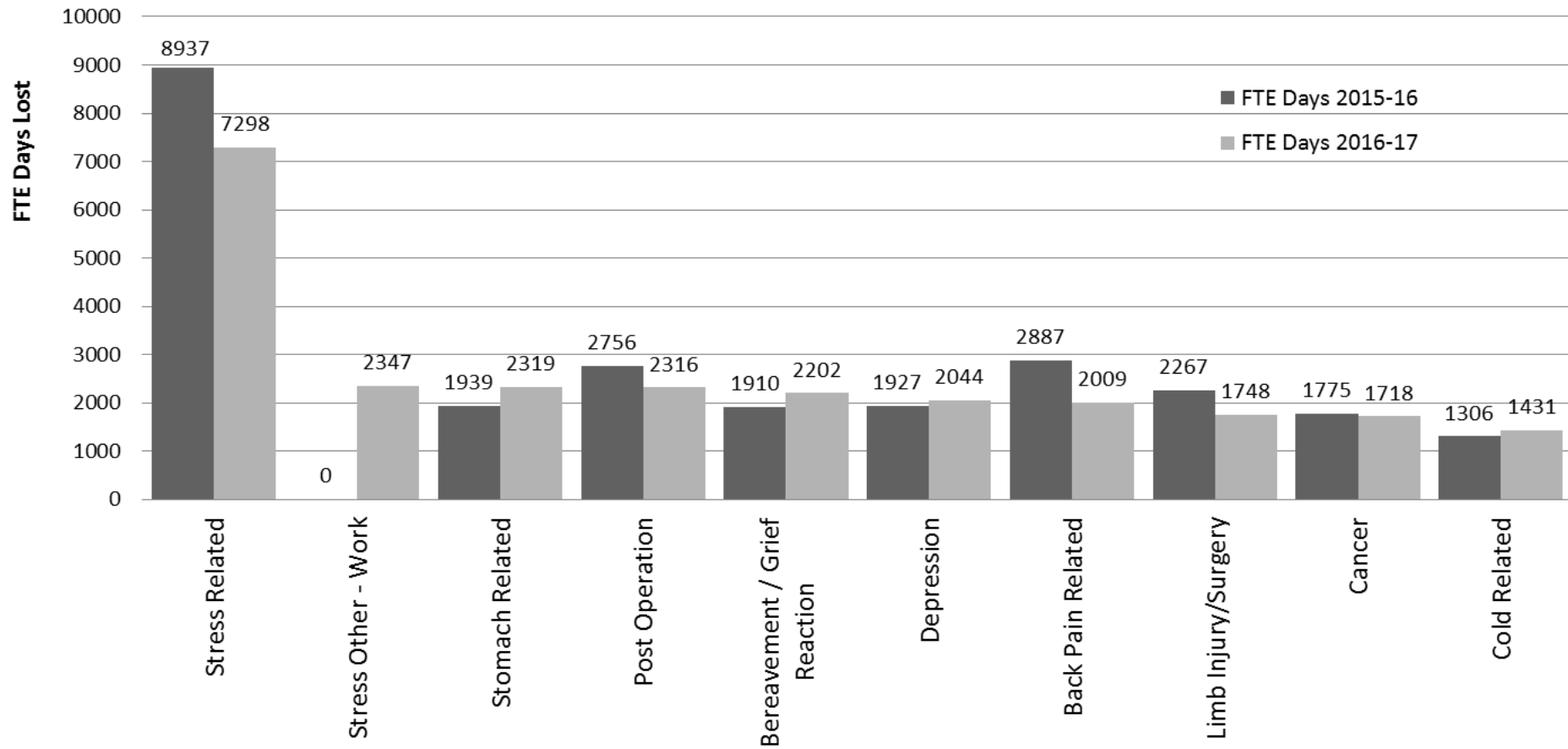


TABLE 11

**Comparison of FTE Days Lost for Short Term Sickness Absence
(Including Teachers)
(1st April 2016 to 31st March 2017)**

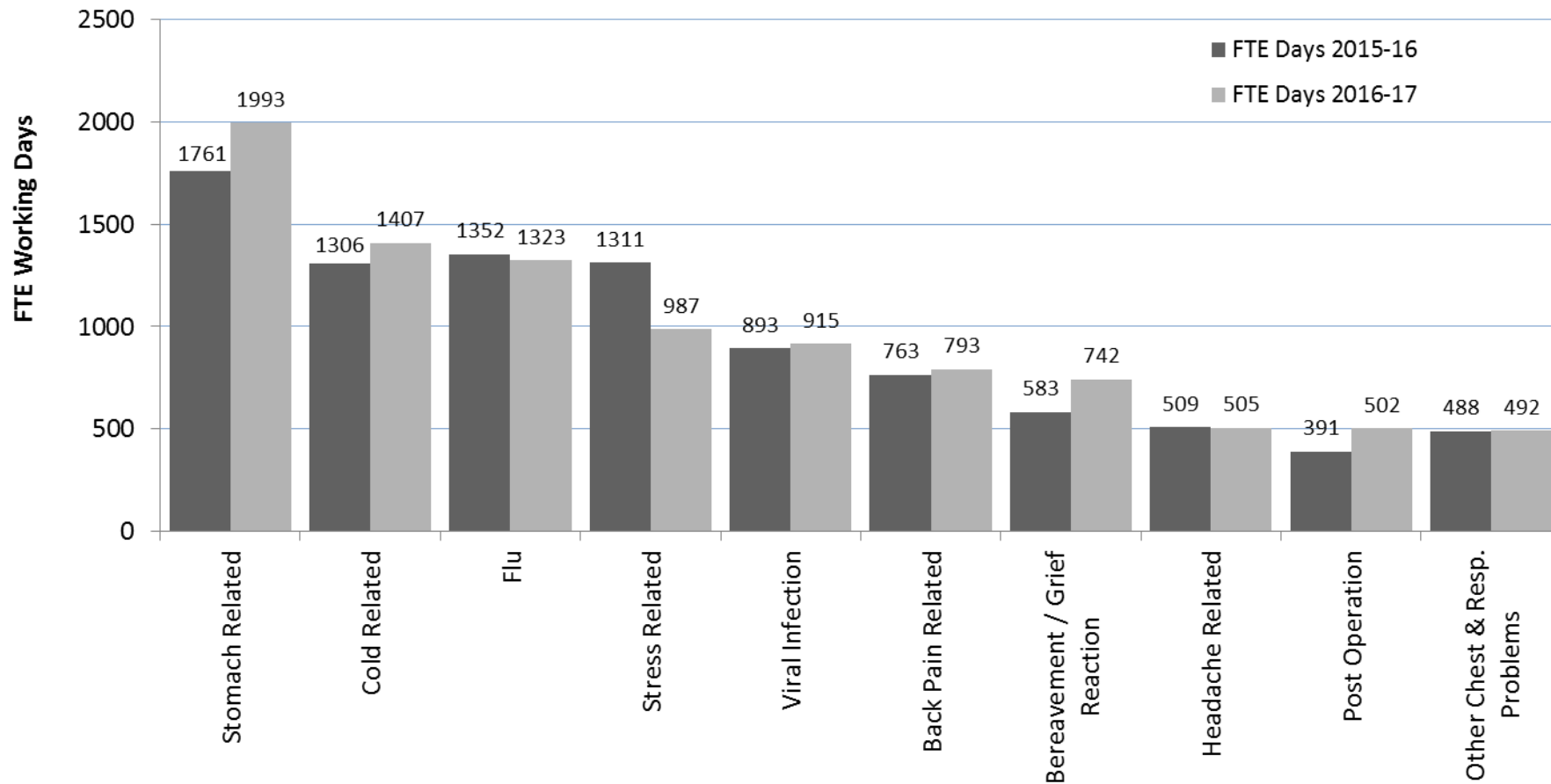


TABLE 12

**Comparison of FTE Days Lost for Long Term Sickness Absence
(Including Teachers)**

(1st April 2015 to 31st March 2016 and 1st April 2016 to 31st March 2017)

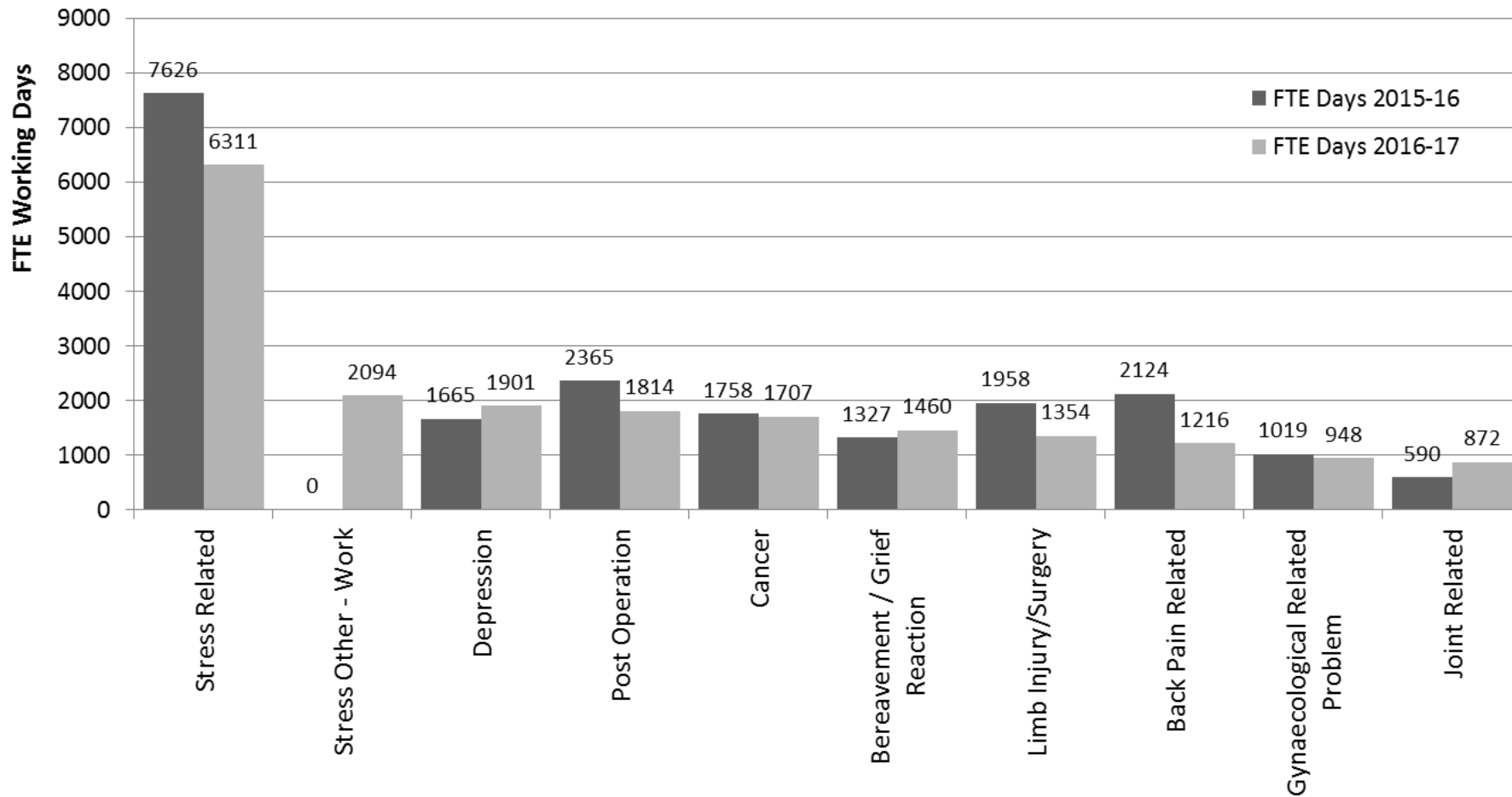


TABLE 13

Comparison of total headcount and number of employees absent due to stress per age band

Quarter 4 - 1st April 2016 to 31st March 2017

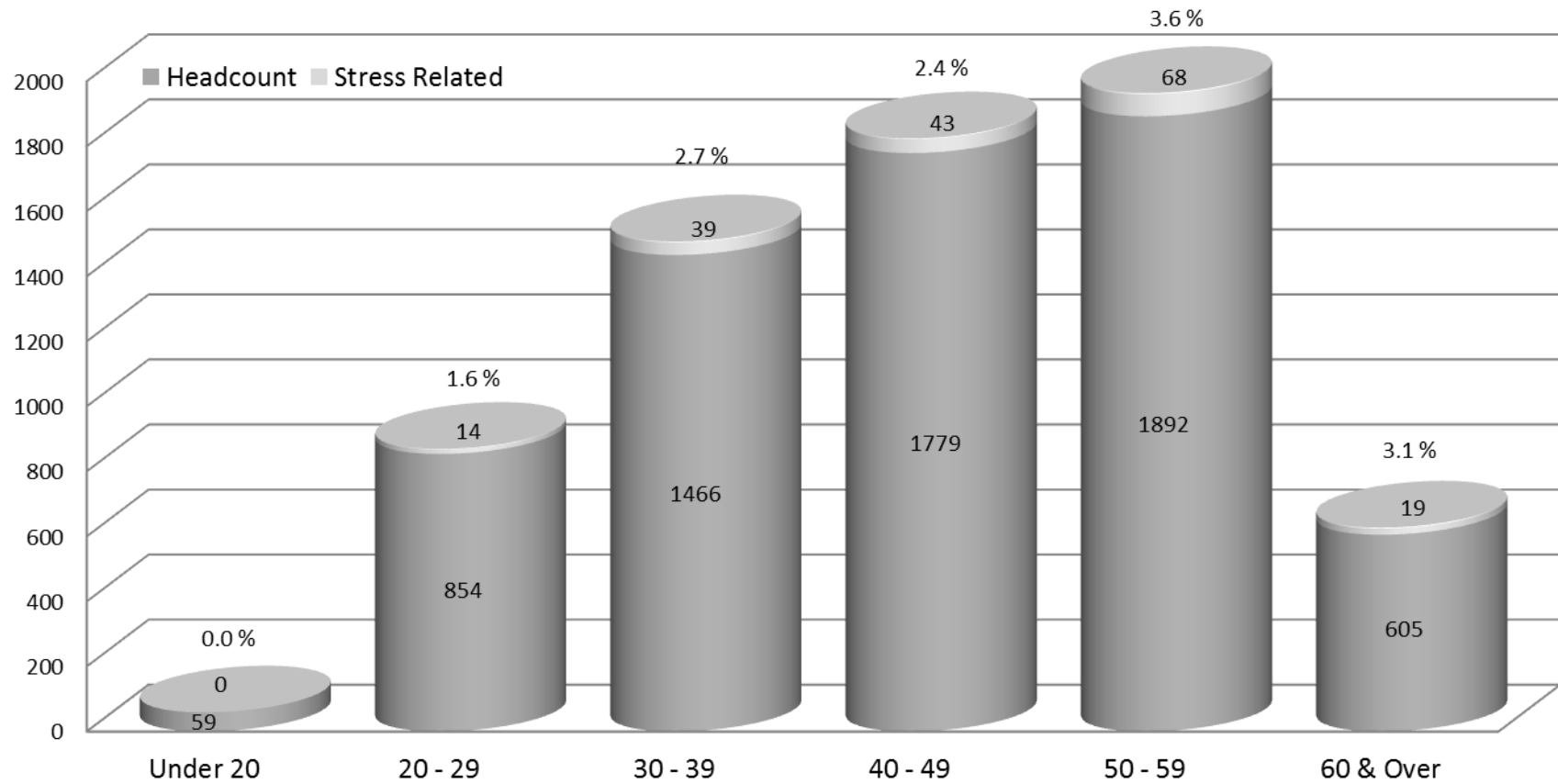


TABLE 14**Ill Health Leavers 1st April 2015 to 31st March 2016**

Directorate	Resignation (Health Reasons)	Ill Health Retirement Tier 1	Ill Health Retirement Tier 2	Ill Health Retirement Tier 3	Dismissal - Inability Attend Work On A Regular Basis
CHEX		1			
ELLL	3	5			3
SCHOOLS	3	1	1		4
SSHH		2	1	2	4
ENV		7			2
FCS		1			
Totals	6	17	2	2	13

Ill Health Leavers 1st April 2016 to 31st March 2017

Directorate	Resignation (Health Reasons)	Ill Health Retirement Tier 1	Ill Health Retirement Tier 2	Ill Health Retirement Tier 3	Dismissal - Inability Attend Work On A Regular Basis
CHEX					
ELLL	3	3			3
SCHOOLS	10	4			4
SSHH	3	5		1	5
	1	2			1
FCS	1				
Total	18	14	0	1	13