

Policy & Resources Scrutiny Committee

People Management: Sickness Absence Monitoring Report – Half year 2021/22



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People Management

Sickness Absence Performance Monitoring Report

Half year 2021/22

Introduction

The Authority's Performance Indicator (PI) for sickness absence measures the number of working days lost due to sickness absence per full time equivalent (FTE) headcount per annum. The target set by Corporate Management Team for improvement for 2021/22 is 9.63 FTE.

In June 2017 departmental targets were also agreed to support a reduction in sickness absence and these targets have been maintained for 2021/22. Both the corporate and departmental targets are monitored half yearly via Corporate Management Team (CMT) and quarterly via Departmental Management Teams (DMT). The targets were calculated by reference to the average Full Time Equivalent (FTE) headcount figure and End of Year (EOY) results over the preceding 3 years less 5%.

What has changed during 2021/22 to date?

It is the responsibility of all DMTs to maintain a high profile on attendance management, monitor performance on a quarterly basis, to set clear expectations of all its managers to manage sickness absence proactively and to foster a healthy working environment that encourages improved attendance from all employees.

From a corporate perspective People Management has focused its energies to date during 2021/22 supporting in the following areas:

a. Attendance management during covid

For all concerned the covid recovery period continues to be a challenging period. Whilst the temporary covid sickness absence guide referenced in previous reports continues to be in operation and the focus is now on supporting employees who are managing long covid.

A joint long covid protocol has been agreed between the WLGA Executive Board and the trades unions of the Joint Council for Wales and is intended to cover all staff employed by local authorities in Wales under National Joint Council for Local Government Services.

Both employers and trades unions recognise the impact that long-covid has on employees. This is a new and debilitating condition to which remedies and treatment is still emerging and therefore, the full extent of its implications is not fully understood.

Currently, the numbers of staff affected are low and the employers and trades unions wish to support those individuals as best they can whilst further research is undertaken and there is a fuller understanding of the condition and how it is best managed medically and consistently with other conditions.

This interim protocol provides the basis for a consistent approach to manage those individuals diagnosed with long-covid and is consistent with other parts of the public service in Wales. It should provide reassurance and confidence that the issues of long-

covid and being managed in a sympathetic and supportive way and is wholly consistent with the approach advocated by ACAS.

Key elements

- There will be a temporary suspension of some elements of the sickness absence scheme for staff medically diagnosed as having long-covid.
 - The absence will still be regarded as sickness absence and should be recorded as such but the usual monitoring purposes which can lead to disciplinary action or dismissal will be suspended during the term of this protocol.
 - Manager/Supervisor contact and engagement with individuals will continue for supportive purposes.
 - Referral to Occupational Health Services will continue as a recognised route for support, advice and any therapies that the employer is able to offer, including psychological and emotional support that accompanies the physical ailments.

- Staff diagnosed with long-covid who can work, subject to medical advice, should have robust risk assessments undertaken and access to reasonable adjustments to support their ability to work.

- Consistent with practices in the (Welsh) NHS sector, local authorities will ensure that any employee who is on long term-sick with a diagnosis of long-covid will remain on full pay (regardless of their service) for the term of this protocol, at which point the position will be reviewed.

This interim protocol will be in place for a 6-month period to take effect from 16 July 2021 until 16th January 2022. It will be reviewed periodically in the light of emerging information and advice and only amended by joint agreement.

This interim protocol provides a period in which those staff diagnosed with long-covid can feel reassured and supported during a difficult and uncertain time. It will also provide the opportunity to further understand the size and scope of the issue, benefit from improving understanding of the condition and how best employers and trades unions can manage this issue in a consistent and sustainable way.

a. Health & wellbeing support during covid

The team continues to listen, adapt and respond to the constant and ever-changing nature of the pandemic. Reacting swiftly to ensure employees and managers alike are provided with the most up to date, supportive and appropriate information and resources to help them look after their own wellbeing.

Below is an overview of the work provided at a corporate level:

- Submitted a bid for grant funding from the Welsh government which has been awarded. Funding will be utilised to appoint a Health and Wellbeing Assistant (6 months). This individual will assist in the provision of targeted wellbeing interventions and support for our social care colleagues, in conjunction with the Health and Wellbeing team.
- Inputted into the development of the corporate induction e-learning module.
- Inputted into the new Business Plan format to ensure the Health and Wellbeing implications are considered for each new project.
- Ongoing Health and Wellbeing input and advice provided on the “**Better ways of working**” project to ensure employees health and wellbeing are at the core of all project plans.
- Ongoing updates and development of our intranet pages to ensure appropriate advice, information and resources are provided
- Ongoing review of communications with the Media & Marketing department to ensure that all resources/ information provided are reaching all employees across the authority.
- Virtual and drop in events/e-chats on various health and wellbeing topics such as Time to change – My Mental Health Story, Stress, Menopause etc... with an average of 20- 30 staff in attendance.
- Continuation of the Corporate Health & Wellbeing Group Structure including a Corporate Strategic Health & Wellbeing Group, Departmental Groups, Schools Group and Champions Groups.
- Attendance and presentations delivered at various meetings/workshops from DMT’s to team level to promote relevant health and wellbeing support and resources. This is included H&S Leadership Board, Heads of Service, Adult Social Care, Environment People Manager’s plus many more
- Continuing to support and raise the profile of the network of over 70 health and wellbeing champions corporately and the recruitment of at least one champion in each school.
- Ongoing support to all employees via the Health and Wellbeing contact form to ensure staff and managers have an interactive way to contact the team for advice and resources.
- Virtual Health & Wellbeing Fayre held virtual on the 29th of June – 16th July 2021; 15 sessions were run for staff on various health topics including “My Mental Health Story” delivered by our Health and Wellbeing Champions, Actif Anywhere taster sessions from the Actif team, mindfulness minute/taster session, Making Things Better, craft session, delivered by some of our very skilled makers within the authority. In total, 146 staff attended.
- Continual review of employee and departmental feedback to find key themes for promotions
- Over 26 topic-specific articles produced and communicated via the intranet’s latest news bulletin and weekly staff news emails

Below we show a breakdown of some of the specific priorities, activities and interventions that we have undertaken during this time.

Corporate Health & Wellbeing Groups

- Environment H&W group has met 3 times, discussing the H&W Survey results and determining key actions which have been agreed by the Director and presented at the

People Managers event. These will be presented to staff as 'You said, we did'. Some actions are already underway.

- Communities have held 3 Health, Safety & Wellbeing Group meetings, discussions have included issues around back-to-back meetings and meetings out of core hours.
- Corporate Services have met twice, with the main topic being agreeing and designing a Corporate Services H&W Survey.
- Chief Executives have been briefed on the Health & Wellbeing Framework and are in discussions regarding most appropriate staff members to form the departmental health and wellbeing group.
- Education H&W group were formed, and meetings have been held. Terms of reference have been agreed. The group mutually agreed the benefits of meeting free periods particularly due to home working and increased screen time, following this, an options paper was taken to DMT where it was identified that a corporate approach to this was required.
- Schools group was developed from an existing Headteacher focus group, which will evolve to cover the departmental group remit.
- All corporate outcomes are fed up to the Strategic Corporate Health and Wellbeing group where solutions are formulated. The team are currently in discussions with IT with regard to pop ups encouraging breaks through the day, taking lunch time, avoiding back-to-back meetings etc.

Health & Wellbeing Champions

- Continuation of Health & Wellbeing Champion recruitment; now in excess of 70 Champions throughout the authority and a network of School H&W Champions (85) Microsoft Teams group created for regular and convenient communication with Champions
- Regular monthly virtual meetings run to keep Champions up to date with the latest support and resources, events, promotions and activities etc. Sharing of good practice and ideas, discussion of wellbeing concerns.
- Training for new Champions organised and delivered in October 2021
- Refresher/update training for all Champions organised and will be delivered in November 2021
- The launch of the Health & Wellbeing Champion buddy system in which experienced Champions can guide newer Champions through the role and mentor them.
- New twice monthly drop-in sessions for Champions to discuss ideas and share good practice.
- Ongoing development of our Health and Wellbeing Champions intranet pages.
- An online Bitesize training for Champions is being developed with Learning and Development for Champions in both schools and the authority.

Mental Health Awareness and Support

Due to COVID 19 the corporate funding was extended for the post of Health and Wellbeing Coordinator (Mental Health) to ensure we were able to continue providing robust and resilient support. Particularly in light of the current and ongoing situation which has had a detrimental impact on mental health and wellbeing.

Below outlines the work and support the team have provided in relation to the mental health and wellbeing of staff:

- Continuing to raise the profile of mental health and reduce the mental health stigma across the Authority through articles, e-chats, anti-stigma talks, attendance at senior meetings etc...
- Collaborative work with the provider of our Mental health first aid course to ensure it is tailored to Carmarthenshire County Council employees.
- Ongoing coordination and promotion of our Mental Health first Aider training.
- Within Q1/Q2 we have trained 30 MHFAs across all departments within the Authority, with further courses arranged for later in the year.
- To date 310 staff have attended Mental Health Awareness courses and 152 Managers/ Head teachers have received Positive Mental health in the workplace training. These courses are currently under review and we will look to roll further sessions out to staff into the new year.
- We hope to roll the programme out across all Carmarthenshire schools in the new year
- Development of support, update training and drop-in sessions for our Mental Health first aiders network to ensure they are supported and equipped to deliver high quality support.
- Review of our Management of Mental Health policy to support managers and staff
- Drop-in sessions for Head Teachers to promote the support and resources available, particularly within the areas of stress and mental health
- Continuous review of external mental health resources, e-learning, webinars, guidance etc. to ensure staff are appropriately signposted
- The Mental Health in the Workplace eLearning module is currently under review in order to ensure we are providing the most appropriate/ supportive and up to date information for all staff.
- Attendance at various departmental meetings to promote relevant Mental health and wellbeing support and resources
- Ongoing promotion of Personal Resilience e-learning module
- Time to Change Wales Employee Champion training delivered to a group of existing Health and Wellbeing Champions
- Continuous review of mental health support and resources intranet pages
- Ongoing promotion of relevant mental health awareness raising days, events and promotions

Better Ways of Working:

- Fed into format for discussions with HoS
- Fed into managers template for discussions with their staff to include a wellbeing checklist
- Interior design pilot
 - Researched and put together a report on interior design in offices and wellbeing
 - Feeding into the design pilot areas with regards to wellbeing – Ty Elwyn & Eastgate
- Sustainable Travel pilot
 - Working in conjunction with Property in relation to staff wellbeing facilities (toilets and showers) for Spilman Street, as part of the sustainable travel pilot

Targeted

Environment

- H&W survey analysed, and results presented to the H&W Group and all Heads of Service. Priority actions developed with H&W group for the department as a whole, which were presented to managers at the People Managers Conference.
- Planning
 - Working with the HOS and H&W reps to undertake further actions and determine new priority actions.
- Environment are continuing their yoga sessions virtually for staff.

Communities

- Dom Care
 - Working with Dom Care to support staff. Wellbeing leaflet and business card created for digital distribution.
- Business Support
 - Actions drafted following H&W survey. Priority actions determined including a wellbeing 'away day' (virtual) which is planned for Nov/Dec
- Residential Care
 - Wellbeing leaflet and business card produced and distributed to staff
 - Met with catering staff to discuss their wellbeing
- Adult Social Care
 - Planning facilitated support sessions before Christmas and peer to peer support network after
 - Action plan for social care staff being developed for the additional support and interventions up until March 22.

Corporate Services

- Corporate Services Health & Wellbeing Group agreed to release a Health & Wellbeing Survey which is currently with staff to be completed.

Schools

- The Health and Wellbeing Champions scheme has commenced in schools, Over 70 schools have nominated a Health and Wellbeing Champion, with larger schools nominating multiple Champions, taking the total number to 85 across Carmarthenshire schools.
- Bitesize training is being developed for Schools Champions.
- Wellbeing focus group set up to input into the support developed for HTs Wellbeing
- Ongoing development of Internal Headteacher Peer Support Network created – 35 Headteachers are partaking in weekly sessions-
- Chair of Governors received training specifically on supporting HT's wellbeing
- A document containing an overview of all the support available for Headteachers has been drafted and will be sent out to Headteacher's in November 2021.
- Wellbeing sessions for Headteachers are being coordinated and will launch in the new year.
- The Headteacher Wellbeing Charter has been drafted and will be presented at the next Headteacher's meeting for review.
- A targeted approach to Health and Wellbeing in schools is being established.

- Coaching opportunities available from Learning and Development is being offered to Headteacher's as well as 1:1 supervision.
- The partnership with Education Support will be launched in the new year. This includes the support available from ESP as well as the launch of the Health and Wellbeing Champions in schools and Mental Health First Aiders.

b. Review of the Sickness Absence Policy and Procedures

The Sickness Absence Policy has been reviewed and consulted in conjunction with a wide range of people managers, our recognised trades union representatives and departmental management teams. This was formally adopted via Executive Board Member in Spring 2020 but due to the covid emergency the launch was delayed. In September 2021 the revised policy was formally launched supported by learning and development modules for people managers and refreshed resources on the Authority's [intranet](#).

c. Resourcelink Reporting Service (RRS) and other reporting developments

This tool provides the facility for all users to run reports direct from My View (our online employee system). The reports are available to Managers on demand. Attendance management information is an essential part of the suite of reports that are available via this system. It provides a valuable additional source for sickness absence data to supplement our performance management information.

A "live feed" has also been developed. This provides a snapshot of all absences for the current day and is updated on an hourly basis. Access has so far been limited to key officers and Heads of Service and should provide an additional useful source of management information.

d. Schools' Staff Absence Scheme (SSAS)

As at 1 April 2021 there are currently 89 participating primary schools compared to 60 original entrants in 2017/18, 78 during 2018/19, 87 during 2019/20.

The level of financial cover has been increased following consultation with participating schools, as follows:

- The daily rate for teachers has increased from £120 to £160 per day;
- The maternity lump sum for teachers has increased from £3000 to £4000;
- The daily rate for teaching assistants, support staff has increase from £50 to £70 per day
- The maternity lump sum for teaching assistants, support staff has increased from £1500 to £2000

e. Performance management information

Maintained the provision of improved performance management information, benchmarking and ranking data, and summaries of main reasons for absence at an authority, departmental, divisional and team level, all school, primary, secondary and special school level to inform CMT, DMTs, BMT's and Governing Bodies to enable improved performance monitoring and action planning.

HR Business Partners continue to discuss performance management information at Departmental Management Teams, Primary and Secondary Head Teachers' meetings and offer support and advice on appropriate actions for improvement.

f. Vaccination Tactical Group

This group consists of key Heads of Service, Senior Managers and Strategic Advisors. It defines internal policy and guidance for the Coronavirus vaccine roll out and the flu vaccine rollout. Following latest WG guidance, the group positively communicates and advises on key messages.

During the initial period of the pandemic, staff that had been furloughed were redeployed to the mass vaccine centres to support the logistics.

Has this made a difference?

Table 1: Departmental performance ranking Q2 2021/22

Performance indicates that all departments have met their 2021/22 Q2 target.

The Q2 figure for the whole Authority of 4.43 is above the 2020/21 Q2 result of 3.37 but below Q2 2019/20 result of 4.62. There has been an increase of 1.1 FTE days lost by average employee FTE headcount. Covid sickness absence accounts for 0.13 FTE days lost.

Other covid related absence is split into two categories: 1) staff that are absent from the workplace due to a covid related reason, e.g. self-isolation required, are fit to work and able to continue working from home and 2) staff that are absent from the workplace due to a covid related reason and are not able to undertake their work from home, e.g. care worker (see Table 1).

Department	Average Employee FTE Headcount	Short Term Lost FTE Days	Long Term Lost FTE Days	Total Lost FTE Days	FTE Days Lost by Average Employee FTE Headcount	Ranking	2020/21 Q2 Performance		20-21 Target. Targets remain unchanged from 2017-18. (Q2 =whole year target /4 & seasonally adjusted)		
Corporate Services	200.6	215.9	42.0	257.9	1.3	1	1.9	-0.6	6.3	2.9	Yes
Education & Children	416.6	551.5	579.9	1131.4	2.7	2	3	-0.3	6.9	2.8	Yes
Chief Executives	3224.1	5695.6	6467.1	12162.7	3.8	3	2.7	1.1	9.0	3.7	Yes
Environment	913.4	1736.3	3266.0	5002.3	5.5	4	3.4	2.1	11.2	4.6	No
Communities	1432.3	3110.3	5760.4	8870.7	6.2	5	5.3	0.9	11.6	4.8	No
Authority Total	6187.0	11309.6	16115.4	27425.0	4.43		3.37	1.1	9.63	4.00	No

Q2 2021/22	6084.1	5570.2	14931.3	20501.5	3.37
Difference		5739.4	1184.1	6923.5	1.1
		103.0%	7.9%	33.8%	

Coronavirus absences - Sickness	6,187.0	454.6	320.3	774.9	0.13
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Sickness excluding Coronavirus Sickness	6,187.0	10,855.0	15,795.1	26,650.1	4.31	PI excluding Coronavirus Sickness
Coronavirus absences - Other Absences (NOT SICKNESS) Homeworking	6,187.0	1,415.92	136.10	1,552.02	0.25	
Coronavirus absences - Other Absences (NOT SICKNESS) Non-Homeworking	6,187.0	1,125.72	9.51	1,135.23	0.18	
Total Coronavirus absences - Other Absences (NOT SICKNESS)	6,187.0	2,541.6	145.6	2,687.2	0.43	This includes both homeworking and non-homeworking
All Coronavirus absences	6,187.0	2,996.2	465.9	3,462.1	0.56	

Table 2: Average number of days lost per FTE – whole Authority

Following the launch of the Sickness Absence policy in 2015 and targeted interventions there was a marked reduction in 2014/15 (not shown on graph). Since then, the trend line indicates an annual increase in 2015/16 and 2016/17 but a slight decrease in 2017/18. The Q2 2018/19 was the best level achieved since 2014/15. However, the 2019/20 result indicated an upward trend compared to the last 3 reporting years. In stark contrast Q2 2020/21 showed a significant decrease in absence levels. The cause of this may be attributed to the impact of the Coronavirus pandemic – school closures and working from home has contributed to the decrease in short term sickness absence levels (a decrease of 46% compared to the same time last year). The 2021/22 Q2 figure indicates a return to pre covid levels, the level of short-term sickness has increased in particular (an increase of 103% compared to the same time as last year). The cessation of the covid shielding measures will have impacted on this figure. The Absence Team has been proactive in supporting managers and teams with absence recording. The levels of other covid absences and the proportion of which were homeworking is possible should also be considered when analysing this data.

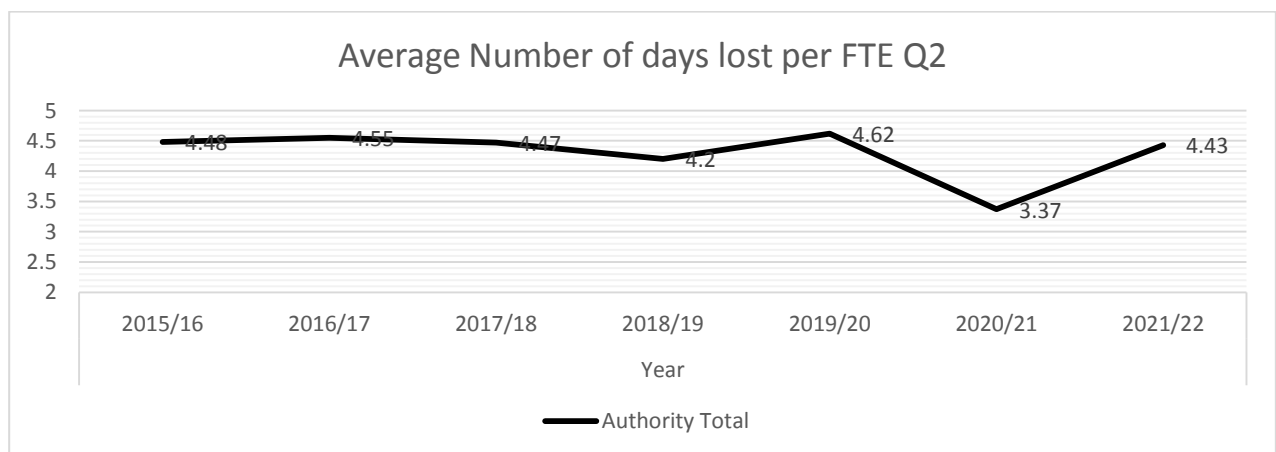


Table 3: Impact of targeted interventions to support schools in managing sickness absence

The table below compares the performance of CCCs primary, secondary and special schools between Q2 2019/20, 2020/21 and 2021/22. Schools closed during the national lockdown on 23rd March and re-opened at the start of the September 2020 term. During the closure the

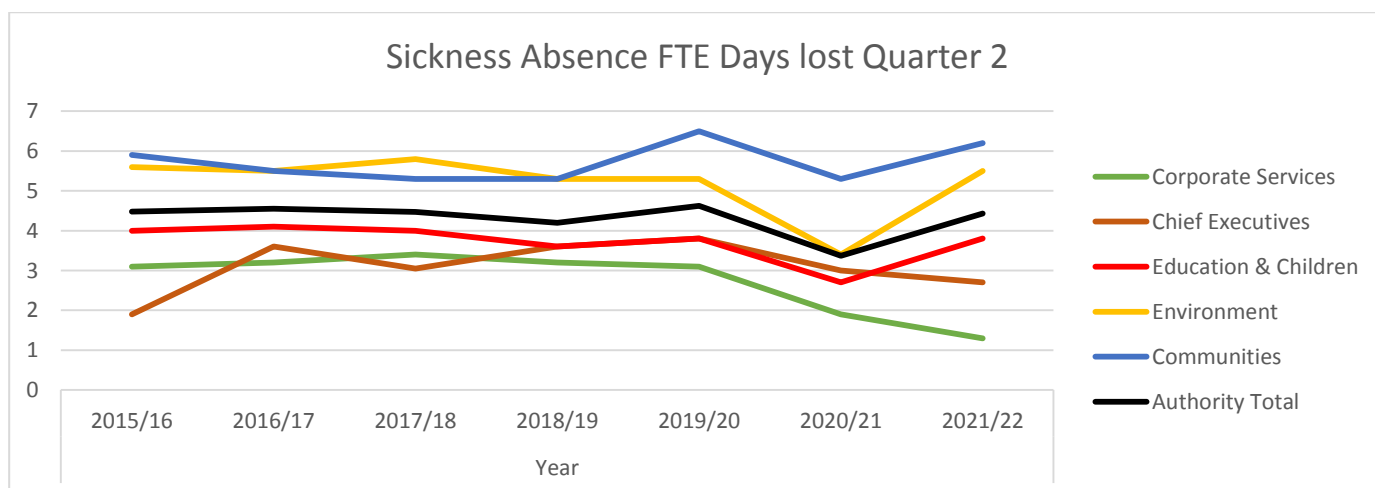
County opened cluster school hubs to support vulnerable and key worker children and continued with remote learning for all other pupils. Staff were deployed from the catchment schools to support the school hubs. The People Management Division continue to support schools during 2020/21.

Division	2019-20 Q2 FTE days lost by avg FTE	2020-21 Q2 FTE days lost by avg FTE	2020/21 Q2					Difference (YR ON YR 20/21 TO 21/21)
			Employee FTE	Short Term Lost FTE Days	Long Term Lost FTE Days	Total Lost FTE Days	FTE Days lost by Employee FTE	
Secondary Schools	3.8	2.3	1038.7	1789.50	1565.60	3355.1	3.2	0.9
Primary Schools	3.5	2.5	1264.7	1957.80	2311.20	4269.0	3.4	0.9
Special Schools	5.5	3.0	88.3	267.90	117.40	385.3	4.4	1.3

Table 4: Departmental Analysis

When departmental performance is compared to that of the previous year (Table 1) the level of sickness absence has reduced in 2 Departments and increased in 3, the most significant increase being in the Environment department

Quarter 2	Year						
Department	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Corporate Services	3.1	3.2	3.4	3.2	3.1	1.9	1.3
Chief Executives	1.9	3.6	3.1	3.6	3.8	3.0	2.7
Education & Children	4.0	4.1	4.0	3.6	3.8	2.7	3.8
Environment	5.6	5.5	5.8	5.3	5.3	3.4	5.5
Communities	5.9	5.5	5.3	5.3	6.5	5.3	6.2
Authority Total	4.48	4.55	4.47	4.2	4.62	3.37	4.43



The service areas with the greatest variance (decrease - /increase +) compared to Q2 2020/21 are:

Department	Division	Difference
Chief Executives	Media and Marketing	-2.8
Corporate Services	Revenues and Financial Compliance	-2.4
Education & Children	Curriculum & Wellbeing	3.3
Environment	Business Support & Performance	3.9
Education & Children	Access to Education	4.8
Communities	Commissioning	4.8

* Service areas listed above are those with over 50 FTE

Table 5: Cost of Absence

The table below illustrates the cost of occupational sick pay for Q1 to Q2 cumulatively in each year since 2019/20. This excludes additional costs that may be incurred by divisions in particular those delivering e.g., Overtime costs, agency costs, other replacement costs.

Occupational Sick Payments (OSP)			
Quarters 1 and 2	Year		
Department	2019/20	2020/21	2021/22
Corporate Services	48,816	43,049	23,452
Chief Executives	159,309	115,889	115,634
Education & Children*	1,443,728	867,574	1,429,034
Environment	424,793	278,715	447,670
Communities	862,485	725,914	977,791
Authority Total	2,939,131	2,031,141	2,993,582

* Including schools

Table 6: Occupational Health Appointment Data

Fig.1

Number of Employees seen at the Occupational Health Centre			
Department	Number of Employees Attended Q2 Cumulative		
	2019/20	2020/21	2021/22
Chief Executives	46	27	38
Communities	305	238	333
Corporate Services	26	29	8
Environment	389	164	339
Education & Children	281	240	261
External	281	122	196
Total	1325	820	1175

The table above indicates the number of employees being referred and supported by the Occupational Health Centre. Each employee will attend at least one appointment with either the Occupational Health Advisor or Physician. Depending on the recommendations made, a proportion will be offered a further referral for an Initial Assessment to the Wellbeing Support Service and supported using a range of interventions and strategies which may include: CBT / CBT informed approach, counselling/active listening, coping skills and problem solving. If they are accepted to the service, they are then offered up to a further 6 sessions (these further sessions/appointments are not included in the table below above).

The totals include Statutory Health Surveillance appointments to the nurse.

As can be illustrated by the data above (Fig.1) there has been a 43.2% increase in the total number of employees seen at the Centre in Q2 2021/22 compared to Q2 2020/21. This is likely due to the restrictions that were in placed on the service due to the COVID 19 Pandemic being lifted to allow Face to face medicals to resume following Gold command sign off on 01.12.2020.

During the period between April 2021 and October 2021 Occupational Health has provided appointments to 14.7 % of employees based on the Full time Equivalent headcount (October 2021).

New Employment Questionnaire screens and Night Worker Questionnaire screens by the nurse are not included in the totals. Teachers' pension administration by the practitioners are also not included.

Fig.2

Number of Appointments Attended at the Occupational Health Centre			
Department	Number of Appointments Q2 Cumulative		
	2019/20	2020/21	2021/22
Chief Executives	127	107	109
Communities	615	649	705
Corporate Services	71	95	23
Environment	546	267	458
Education & Children	768	848	819
External	359	147	273
Total	2486	2108	2387

The table above indicates the total number of Appointments attended at the Occupational Health Centre. These further sessions referenced above **are** included in the table above (Fig.2).

The totals include Statutory Health Surveillance appointments to the nurse.

As can be illustrated by the data above (Fig.2) there has been a 13.2% increase in the total number of appointments to the Occupational Health Centre during cumulative period Q1 – Q2 2021/2022 compared to 2020/21.

These increased numbers are a positive sign and likely due to the resumption of services across the authority. A large proportion of the increase is also likely due to our Health Surveillance programme, which restarted face to face mandatory medicals in December 2020. Following risk assessment, this Service recently resumed in its entirety (Excluding the Physical Aspect of Spirometry testing) which has seen a further increase in attendance.

In comparison to 2019/2020 (Pre Covid) appointments are down 4% (Approx). However, based on knowledge of previous years we are optimistic that the number of appointments at the Occupational Health Centre will increase further, in line with the support required by the authorities' employees.

Appointments Attended – Reason breakdown:

Figures 3, 4 and 5 below show a breakdown of the reasons by number of employees that have attended the Employee Wellbeing Centre.

Fig. 3

The tables below show the breakdown of total number of Appointments attended at the Occupational Health Centre for Q2 cumulative over the last 3 years.

The total number of appointments are gradually increasing, which is likely due to further ease in restrictions since August 2021. Since that time, we have been able to reintroduce Health Surveillance in its entirety (excluding the physical aspect of Spirometry), which has increased engagement with management and in turn attendance.

Breakdown: Total Number of Appointments Attended the Occupational Health Centre						
Q2 Cumulative						
2019/20						
Department	Appointment Reason					
	OHA	OHP	All WSS Appts <small>(274 Individual Employees)</small>	H/S	*Other	Totals
Chief Executives	21	9	92	0	5	127
Communities	136	62	387	7	23	615
Corporate Services	11	5	53	0	2	71
Environment	53	49	180	258	6	546
Education & Children	111	54	590	0	13	768
External	121	60	92	69	17	359
Total	453	239	1394	334	66	2486

OHA – Occupational health Advisor

OHP – Occupational Health Physician

WSS – Wellbeing Support Services (mental health)

H/S – Health Surveillance (statutory medicals)

Other – e.g. Chair Assessments, Ill Health Retirement Appointments with the pensions doctor, Case Conference

Fig.4

Breakdown: Total Number of Appointments Attended the Occupational Health Centre						
Q2 Cumulative						
2021/22						
Department	Appointment Reason					
	OHA	OHP	All WSS Appts (205 Individual Employees)	H/S	*Other	Totals
Chief Executives	9	2	94	0	2	107
Communities	96	65	475	0	13	649
Corporate Services	11	4	76	0	4	95
Environment	55	20	121	68	3	267
Education & Children	108	40	689	0	11	848
External	67	34	34	2	5	147
Total	346	165	1489	70	38	2108

Fig.5

Breakdown: Total Number of Appointments Attended the Occupational Health Centre						
Q2 Cumulative						
2021/22						
Department	Appointment Reason					
	OHA	OHP	All WSS Appts (272 Individual Employees)	H/S	*Other	Totals
Chief Executives	13	12	83	0	1	109
Communities	143	85	457	12	8	705
Corporate Services	3	1	19	0	0	23

Environment	50	30	147	231	0	458
Education & Children	118	38	645	1	17	819
External	71	89	75	26	12	273
Total	398	255	1426	270	38	2387

**These appointments include: Chair Assessments, Ill Health Retirement Appointments with the pensions doctor, Case Conference*

As can be seen from the above charts, all appointment types have increased on the previous year excluding our Wellbeing Support Service Appointments which have decreased by 4.2%. Although the overall total has decreased on the previous period, when broken down into the number of employees supported by the Wellbeing Support service, this has increased by 32.7%, which is an indication that employees are requiring fewer sessions of support

OH are closely monitoring referrals to the service and the projected impact on the service, in line with the pressure on primary care and other NHS services. We are already seeing an increase in GPs referring back to OH for mental health support for our employees, as waiting lists are high via primary care. We are also monitoring waiting time for NHS treatment and operations for employees, which will impact on their fitness to work and attendance.

Percentage of employees who have attended Occupational Health in Q1-Q2

Following the request from P&R scrutiny committee the following table below shows the percentage breakdown of employees that have attended the Occupational Health Centre per department.

Percentages are based on overall headcount (October 2021)

Department	OHA %	OHP %	Wellbeing Support Service (Initial Assessment) %	Health Surveillance %	Other %	Total %
Chief Executives (413.42)	3.1	2.9	2.9	0	0.2	9.1
Communities (1443)	9.9	5.8	7.4	0.8	0.6	24.5
Corporate Services (199)	1.5	0.06	2.0	0	0	3.56
Environment (906)	5.5	3.3	3.2	25.5	0	37.5
Education & Children (3243)	3.6	1.2	3.4	0.03	0.5	8.73

As shown in the above table the Environment department have the highest number of employees who attend Occupational Health, this is due to their mandatory Health Surveillance which employees are required to undertake based on risk assessment.

Without Health Surveillance, the Environment department have 12% of employees accessing our services for sickness absence reasons and support.

Charged non-attendances

Below are the annual totals for Q2 cumulative which include all attended appointments, charged cancellations and Did Not Attends (DNAs).

2019/2021 – 2758

2020/2021 – 2274

2021/2022 – 2614

Following the request from P&R scrutiny committee the following table below shows the breakdown of charged non-attendances per department, and the percentage in relation to the total number of appointments.

Department	2019/2020	2020/2021	2021/2022
Chief Executives	10	6	2

Communities	79	54	80
Corporate Services	5	3	2
Education & Children	84	45	57
Environment	36	10	68
External	39	9	18
Grand Total	253 (9.17%)	127 (5.5%)	227 (8.6%)

Charged non-attendances decreased significantly during the first stage of the pandemic by 49% (Approx.) this being likely due to furloughed/ shielding staff, as well as the stay-at-home message. With restrictions easing and the appointments increasing we have seen an increase in the most recent period by 78%. Although significantly higher, this remains lower than Q2 2019/2020.

Examples of reasons for non-attendance – Staff shortages leading to non-attendances in Health Surveillance appointments, Individuals accepting appointments when they are not in confidential spaces or when safety is compromised (In company of others/ whilst driving).

A message has been sent to all people managers to ensure that individuals understand the importance of accepting calls only when appropriate to do so.

Table 7: Number of employees dismissed on the grounds of capability (health)

Valuing our employees by supporting good health and wellbeing is one of the authority's core values. There is much research to demonstrate that attendance at work contributes to positive health and wellbeing. The authority aims to support its employees by providing a safe and healthy workplace and promoting a culture where regular attendance can be expected of all. Absence from work is unlikely to be a positive experience for the absent employee(s) or their colleagues, so the authority actively manages and supports those employees who experience ill health during their employment in line with its Sickness Absence Management policy.

However, there are occasions where an employee cannot be supported back to work to his/her substantive role or redeployed into suitable alternative employment due to the nature of the illness or condition and in such circumstances an employee will be dismissed on the grounds of capability (health). Table 7 below details the number of employees that have been dismissed on the grounds of capability (health) over the last three years:

	2019/20 EOY	2020/21 EOY	2021/22 Q2
Ill Health Capability	42	52	32
Ill Health Capability – Tier 1	20	1	1
Ill Health Capability – Tier 2	-	-	-
Ill Health Capability – Tier 3	1	1	-
Resignation – Health Reasons		3	1
Total	63	57	34

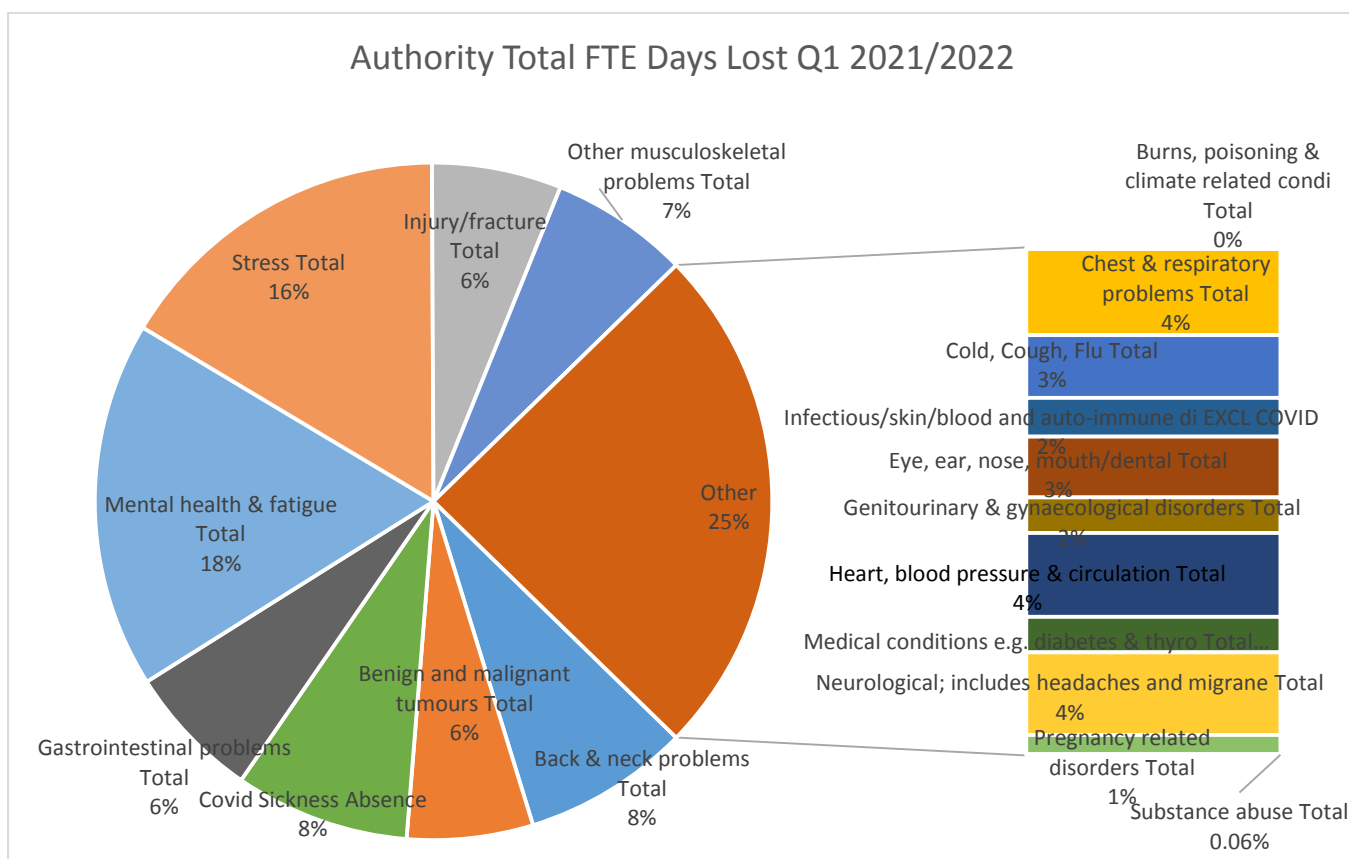
Quarter 2 figure indicates that end of year figure will be on a par with previous years (Q2 2020/21 was 30).

Table 8: Causes of absence – half year cumulative Q2 EOY 2021/22

Mental health Stress is the most common cause of absence within the authority (18%) followed by stress (16%). Other reasons for absence are as detailed within the pie chart below and will vary from one reporting period due to seasonal variations.

The CIPD Health & Wellbeing at Work report published in May 2019 (latest available) focusing on the public sector has found that more organisations include mental health amongst the most common reason for short- and long-term absence. Over half of respondents confirmed that reported mental health conditions had increased. A fifth of respondents confirmed that stress and mental health is the primary cause of long-term absence and a third include stress in the top three causes of absence.

Whilst stress and mental health are the main causes of absence within CCC and an area of significant concern, the level of absence for this reason is comparable with other public sector organisations including health, education and civil service.



The percentages displayed below relate to the sub categories to the stress and mental health absence codes combined which accounts for 36% of all authority sickness absence. Of the 34% of sickness absence, stress constitutes 48%. (Stress is 16% of all sickness absence).

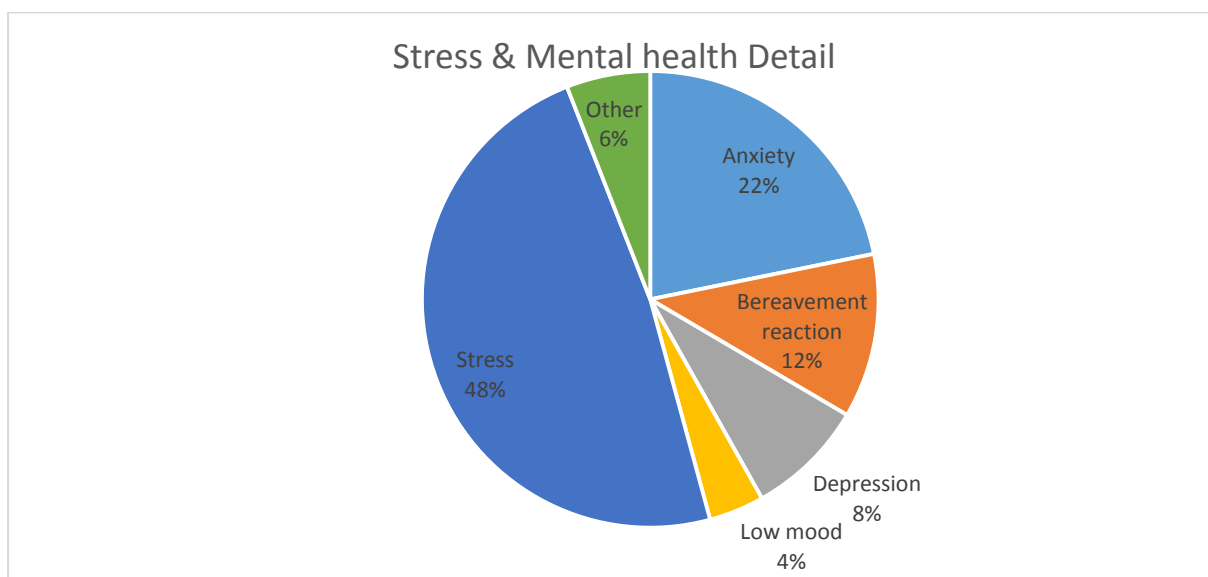


Table 9: Comparative sickness absence performance indicator

The Authority directly employs approximately 7,950 employees in a range of occupations including catering, cleaning, residential / domiciliary care, refuse and leisure services. In many of the local authorities listed below these services are contracted outside of the authority and therefore not included in the respective calculations. It should be noted that, according to benchmarking figures, these occupations generally have higher sickness absence rates either due to the physical nature of the work or being more susceptible to illness due to interaction with service users/customers.

It should also be noted that the actual make up of local government reported sickness figures can also vary considerably i.e. first 3 days removed, long term sickness removed; Carmarthenshire County Council include both.

All Wales Comparative benchmarking data for 2020/21 at the time of writing this report is yet to be published. There is a provisional publication date of December 2021.

The provisional sickness absence figure for Wales is 11.1 days/shifts lost per FTE due to sickness absence with LA data ranging between 6.3 and 11.7. Carmarthenshire EOY 2020/21 result was 7.71.

Full details from all Welsh authorities for **2019/20** is provided below:

Local Authority	All staff					Quartile
	Number of working days lost to sickness absence per employee					
	2015-16	2016-17	2017-18	2018-19	2019-20	
Denbighshire	8.5	8.7	8.4	8.3	8.1	1
Isle of Anglesey	12	9.8	10	10.3	8.8	
Pembrokeshire	-	10.5	10.2	9.3	8.9	
Powys	10.6	9	9.7	9.1	9.3	
Merthyr Tydfil	6.6	5.5	7.8	8.7	9.4	
Newport	10.1	9.8	10.1	10.1	9.5	2
Gwynedd	8.4	9	8.7	9.5	9.8	
The Vale of Glamorgan	9.6	8.8	10.1	9.1	10.5	
Carmarthenshire	10.1	10.8	10.1	9.8	10.7	
Flintshire	10.5	9.8	8.9	10.5	11	

Wales	10.2	10.3	10.4	10.5	11.2	
Ceredigion	-	10.4	13.6	10.9	11.4	3
Torfaen	10.1	10.8	11.1	11.2	11.5	
Cardiff	9.6	10.8	11.3	11.5	11.8	
Bridgend	10.7	10.7	10.8	11.9	11.9	
Conwy	10.3	11.3	9.7	10.1	12	
Caerphilly	11.7	12.2	12.3	11.3	12	
Neath Port Talbot	9.7	9.9	9.5	9.8	12.1	4
Wrexham	11.9	11.3	10.9	11.5	12.2	
Monmouthshire	11.6	11.5	10.9	11.5	12.2	
Swansea	10.2	9.7	10.8	11	13.1	
Blaenau Gwent	11.3	12.5	11.2	12.7	13.9	
Rhondda Cynon Taf	-	-	-	-	-	

NHS Wales benchmarking data

Below is benchmarking data relating to 11 NHS organisations in Wales shown as a percentage. Data is extracted from the NHS Electronic Staff Record. Sickness absence rates by quarter for the period April 2020 to March 2021 and calculated by dividing the total number of sickness absence days by the total number of available days for each organization.

	Apr - Jun 2020	Jul - sep 2020	Oct- Dec2020	2020	Jan-Mar 2021
	%	%	%	%	%
All Wales	6.5	5.1	6.4	6.0	5.7
Betsi Cadwaladr University LHB	6.2	4.9	5.4	5.5	5.5
Powys Teaching LHB	4.9	4.4	5.1	4.9	4.8
Hywel Dda University LHB	5.4	4.6	5.5	5.2	5.3
Swansea Bay University LHB	8.4	6.2	8.3	7.4	6.6
Cwm Taf Morgannwg University LHB	7.5	5.6	8.5	7.0	6.3
Aneurin Bevan University LHB	6.5	5.1	6.2	6.1	5.5
Cardiff & Vale University LHB	7.0	5.1	6.0	6.0	5.9
Public Health Wales NHS Trust	3.0	2.6	3.6	3.5	3.5
Velindre NHS Trust	3.7	3.1	3.5	3.7	3.2
Welsh Ambulance Services NHS Trust	6.5	5.9	8.4	7.0	8.4
Health Education and Improvement Wales	1.3	1.2	2.7	2.0	1.8

[Table 10: Sector comparisons by percentage working time lost v FTE days lost](#)

XpertHR is a reference tool for HR professionals with information on compliance, legislation, best practice and benchmarking. It undertakes annual benchmarking exercises on sickness absence rates and costs, and focuses on absence figures according to industry, organisation size and sector.

The latest survey results conducted in 2019 was published in 2020 and approximately 146 employers participated from all industry sectors. 2020 data is pending publication and will be reported in 2021/22 EOY report once published.

Among the survey respondents that provided data on absence rates, the national average absence rate stood at 2.9% of working time in 2019, equivalent to 6.5 days per employee.

When broken down by sector survey respondents, the national average for the public sector stood at 3.3% of working time in 2019, equivalent to 7.5 days per employee and private sector stood at 2.9% of working time in 2019, equivalent to 6.6 days per employee.

In terms of Carmarthenshire, our Q2 2020/21 figure of 3.37 FTE days lost per employee as a percentage of working time lost is 3.14%. The Q2 2021/22 figure of 4.42 FTE days lost per employee equates to 4.06% as a percentage of working time lost.

