Corporate Performance and Resources Scrutiny Committee

People Management: Sickness Absence Monitoring Report – Half year 2022/23

13th December 2022

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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 2022/23 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 2022/23. 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 2022/23 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.

The current economic crisis and post covid pandemic recovery is causing concern and is likely to be reflected in increased demand upon health and well being services. This is supported by anecdotal evidence from staff who are experiencing greater anxiety.

From a corporate perspective People Management has focused its energies to date during 2022/23 supporting in the following areas:

a. Attendance management during covid
   For all concerned the covid recovery period continues to be a challenging period and the focus now is on supporting employees who are managing long covid. The Authority 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 by long covid are low and the Authority 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. Cumulative data for Q2 2022/23 for long covid, ie. Sickness absence of over 4 weeks in duration, totals 632.61 FTE days for the first six months and was accrued by 22 individuals. In this respect we work closely with our occupational health colleagues to advise on reasonable adjustments to support any employee experiencing long covid to return to work and maintain positive attendance.

Health & Wellbeing Team Update

a. Health & Wellbeing Support.

The team continues to listen, adapt, respond, and react 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:

- Continuation of organising e-chats on a corporate level including chats on Mental Health First Aiders and LGBTQIA+.
- Input into the 'New Starter Induction' pilot with L&D, focusing on the health and wellbeing of new starters within the authority.
- Delivery of Mental Health & Wellbeing support to Communities and Environment duty managers course alongside Health & Safety.
- 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.
- Inputted into the new Business Plan format to ensure the Health and Wellbeing implications are considered for each new project.
- Ongoing updates and development of our intranet pages to ensure appropriate advice, information and resources are provided and up to date.
- Ongoing review of a communication plan with the Media & Marketing department to ensure that all resources/ information provided are reaching all employees across the authority in a timely and concise manner.
- Continuation of the Corporate Health & Wellbeing Group Structure including a Corporate Strategic Health & Wellbeing Group, Departmental Groups, Schools Group and Champions Groups.
- 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.
- Continual review of employee and departmental feedback to find key themes for promotions.
- Topic-specific articles produced and communicated via the intranet's latest news bulletin and weekly staff news emails.
- Attendance and presentations delivered at various meetings/workshops from DMT's to team level to promote relevant health and wellbeing support and resources available.

Below you will find a comprehensive breakdown of specific priorities, activities and interventions taken.

Corporate Health & Wellbeing Groups

- Environment H&W group have agreed some quick wins and meet regularly.
- We have reviewed the 'Wellbeing Hour' in terms of feedback and its use and fed this back to the interim directors and the Place & Sustainability team.
- Communities have held another 2 Health, Safety & Wellbeing Group meetings, discussions have included reporting back the 'Best Endeavours' being produced following a report taken to DMT around back-to-back meetings and meetings out of core hours (lead by the Champions). The best endeavours have now been distributed to staff within Communities.
- Corporate Services H&W group have agreed some "quick wins" actions from the survey results and DMT have agreed.
- 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 formed, and the first meetings have been held. The first were to agree the terms of reference, as well as meeting free periods.
- Schools group is being developed to continue discussing Staff Wellbeing.
- The team are currently in discussions with IT about pop ups encouraging breaks through the day, taking lunch time, avoiding back-to-back meetings, and so on.

Health & Wellbeing Champions

- Continuation of Health & Wellbeing Champion recruitment; 155 in total consisting of more than 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.
- The launch of the Health &Wellbeing Champion buddy system in which experienced Champions can guide newer Champions through the role and mentor them.
- Fortnightly 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 & Support

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 and team meetings.
- A focus on mental health in our newsletters and articles, including e-chats and guest speakers, when possible, to continue to raise awareness, reduce stigma and discuss mental health signs and symptoms.
- Recently we have had e-chats on:
  - LGBTQIA+

- o Mental Health First Aid e-chat
- o Becoming a Mental Health First Aider (MHFA)
- Collaboratively working with the provider of our Mental Health First Aid course (Ajuda) to ensure it is tailored to Carmarthenshire County Council employees.
- A further 12 delegates were trained and qualified to become a MHFA in September 2022, this course was focused on managers only.
- There are currently 70 qualified MHFA across all departments within the Authority.
- Ongoing coordination and promotion of our Mental Health First Aider training, a course is booked for December 2022.
- To support the long-term roll out of MHFA and embed the recruitment within the authority, research has been undertaken in to training a member of the authority in becoming a MHFA qualified course provider, and the implications of training in-house (e.g., job retention, cost, out-selling)
- We have been in discussions with the Education department to roll out the MHFA into schools, this will be piloted initially with the corporate MHF Aiders.
- We then hope to roll the MHFA course out across all Carmarthenshire schools, targeting specific schools by analysing absence data.
- We have developed a Teams channel network in which we can have regular contact and updates, as well as any training available for our Mental Health first aiders network to ensure they are supported and equipped to deliver high quality support and signposting.
- From the Teams channel the MHFA can feed into their departments and teams any relevant information and updates.
- We have monthly networking meetings via Teams to update and support the MHFA, with the aim to create fortnightly drop-in sessions, if there is a need. This avenue of support is currently working well, and we will look to develop a support group/buddy system where required.
- To support the MHFA further, we have a dedicated and established area of the intranet to refer to regarding support and signposting including various websites and physical amenities within Carmarthenshire.
- To further promote the MHFA, and ensure they are being utilised within the authority the intranet page has been updated with the name and contact details of each qualified MHFA.
- Again, to promote and utilise the MHFA we have discussed with the communication department using a 'case study' in the weekly newsletter to highlight the role of a MHFA.
- MHFA are using conversation guidance and a newly developed contact form to gain feedback of how they are being utilised thus far has been designed, which departments are needing support for the MH, with the plan to create targeted sessions for these groups.
- Updating HWB with any useful resources to support Mental Health and Wellbeing within schools.
- To date 310 staff have attended Mental Health Awareness courses and 152 Managers/ Head teachers have received Positive Mental health in the workplace training.
- 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 has been reviewed by the Mental Health and Wellbeing Coordinator, to ensure we are providing the most appropriate/ supportive and up to date information for all staff. This will go live in due course.

- Attendance at various departmental meetings to promote relevant mental health and wellbeing support and resources, sending quickparts emails as follow ups.
- Ongoing promotion of Personal Resilience e-learning module.
- The daily self-care calendar has been added to the intranet page to encourage and support daily tasks is ongoing.
- Promoting Viva Insights on Microsoft teams to colleagues, MHFA, Health and Wellbeing champions and colleagues.
- Ongoing promotion of relevant mental health awareness raising days, events and promotions.
- Creation of Quick Parts email to ensure all staff have up-to-date, relevant information on Mental Health and wellbeing in the workplace.

Better Ways of Working:
- Interior design pilot
    - Took report to Strategic Working Group and the four principles were agreed
    - 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 Spillman Street, as part of the sustainable travel pilot

Targeted

Environment
- Priority actions agreed and started
- Place and Sustainability
    - Working with the HOS and H&W reps to undertake further actions and determine new priority actions.
    - Wellbeing Hour feedback analysed and presented to directors.
- Environment are developing drop-in physiotherapy sessions for depot staff, with the hope for onward referral and early intervention to support sickness absence, where required.

Communities
- Home Care
    - Set up sessions in the new year at times that would work for the staff's shift patterns
    - Looking to set up a monthly wellbeing focused meeting with Management Team.
    - Virgin Go pilot has finished. Regular communication with the teams has been established to monitor progress. Update to be delivered to Home Care managers on the success of the pilot.
    - Wellbeing sessions have been organised for 'Yellow' and 'Blue' shifts covering a range of topics such as Nutrition, Sleep and Menopause.
- Business Support
    - Actions drafted following H&W survey. Priority actions determined including a wellbeing 'away day' planned for October.
- 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.
- Homes and Safer Communities
  - Undertook a Health & Wellbeing Survey and Analysed, presented to HOS.
  - Staff Forum has been established and organised for July 2022 with the H&W team inputting advice.
  - New surveys to monitor progress are being planned for the Autumn 2022.
  - Monitoring the progress of Homes and Safer Communities Action Plan.

Corporate Services
- Health & Wellbeing Survey undertaken and analysed; actions agreed at DMT.
- Discussions about supporting staff with difficult conversations and calls.
- New Coordinator has been introduced to the health and wellbeing group who is reviewing actions and will take new actions and initiatives forward.

Education and Children's Services.
- Planning of Education Conference for October in which Health and Wellbeing will give an update and workshop on wellbeing.
- The next Education and Children's Services Wellbeing group meeting has been established and a wellbeing action plan has been drafted.
- The results of the Wellbeing Survey have been analysed and presented to Steffan Smith to establish a Wellbeing group.
- Louise Qaurtermass from Residential Children's Services is in the processes of establishing a Wellbeing Group for each home.

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.
- Ongoing planning of the Wellbeing Conference for school staff.
- Wellbeing support has been presented to Headteachers at different conferences.
- Wellbeing focus group set up to input into the support developed for HTs Wellbeing
- Ongoing development of Internal Headteacher Peer Support Network created.
- 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.
- The Headteacher Wellbeing Charter has been drafted and has been presented at the Headteacher's meeting for review. Further work is being carried out on the project.
- 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 term. 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.
- A plan is being developed with the help of the Education Department to roll out the MHFA's in schools.

- A new staff wellbeing focus group is in the processes of being established. This group will be an off shoot of the Strategic Focus Group which will focus specifically on school staff wellbeing.
- As part of the All-School Approach to Emotional and Mental Wellbeing, a staff wellbeing survey has been sent out to the pilot schools in the summer term to determine any areas of concern to do with staff wellbeing and to develop a wellbeing toolkit. The results from this survey have been presented to Kelly Davies and a staff wellbeing toolkit will be created from the data.

b. 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 in Spring 2020 but due to the covid emergency the launch was delayed. In September 2021, the revised policy was formerly 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 of 1 April 2022, there are currently 86 participating primary schools compared to 60 original entrants in 2017/18, 78 during 2018/19, 87 during 2019/20, 89 during 2021/22.

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.

Table 1: Departmental performance ranking Q2 2022/23

Performance indicates that all departments have met their 2022/23 Q2 target.

Department	Average Employee FTE Head-count	Short Term Lost FTE Days	Long Term Lost FTE Days	Total Lost FTE Days	FTE Days Lost by Average Employee FTE Headcount	Rank-ing	2021-22 Q2 Performance		22-23 Target. Targets remain unchanged from 2017-18. (Q2 =whole year target /4 & seasonally adjusted)		
									Target	Q2 Target	On Target ?
Chief Executives	431.5	539.2	765.1	1304.3	3	1	2.7	0.3	6.9	2.8	No
Corporate Services	197.6	446.9	330.8	777.7	3.9	2	1.3	2.6	6.3	2.9	No
Education & Children	3291.8	6562.5	7915.3	14477.8	4.4	3	3.8	0.6	9	3.7	No
Environment	833.1	1816.9	3383.6	5200.5	6.2	4	5.5	0.7	11.2	4.6	No
Communities	1522.9	3952.9	6135.8	10088.7	6.6	5	6.2	0.4	11.6	4.8	No
Authority Total	6277.1	13318.4	18530.6	31849	**5.07**		4.43	0.6	9.63	4	No

Q2 2021/22	**6187**	**11309.6**	**16115.4**	**27425**	**4.43**
Difference		**2008.8**	**2415.2**	**4424**	**0.6**
		17.80%	15.00%	16.10%	

Coronavirus absences - Sickness	6,277.10	3,332.3	627.6	3,959.9	**0.63**
Sickness excluding Coronavirus Sickness	6,277.10	9,986.1	17,903.0	27,889.1	**4.44**

PI excluding Coronavirus Sickness

The Q2 figure for the whole Authority of 5.07 is above the 2021/22 Q2 result of 4.43 There has been an increase of 0.6 FTE days lost by average employee FTE headcount. Covid sickness absence accounts for 0.63 FTE days lost.

Following the launch of the Sickness Absence policy in 2015 and targeted interventions there was a marked reduction in 2014/15. 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 (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 Q2 2022/23 figures shows a continuing upward trend in line with trends nationally. The Absence Team continues to be proactive in supporting managers and teams with absence recording, and absence management.

The table below compares the performance of CCCs primary, secondary, and special schools between Q2 2021/22 and 2022/23.

Division	2021-22 Q2 FTE days lost by avg FTE	2022/23 Q2					Difference (YR ON YR 21/22 TO 22/23
		Employee FTE	Short Term Lost FTE Days	Long Term Lost FTE Days	Total Lost FTE Days	FTE Days lost by Employee FTE	
Secondary Schools	3.2	1072.0	2139.0	2262.6	4401.6	4.1	0.9
Primary Schools	3.4	1284.9	2466.4	2321.2	4787.6	3.7	0.4
Special Schools	4.4	62.3	249.7	339.6	589.3	9.5	5.1

When departmental performance is compared to that of the previous year (Table 1) the level of sickness absence has increased in all Departments

Quarter 2	Year

Department	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Corporate Services	3.2	3.4	3.2	3.1	1.9	1.3	3.9
Chief Executives	3.6	3.1	3.6	3.8	3.0	2.7	3.0
Education & Children	4.1	4.0	3.6	3.8	2.7	3.8	4.4
Environment	5.5	5.8	5.3	5.3	3.4	5.5	6.2
Communities	5.5	5.3	5.3	6.5	5.3	6.2	6.6
Authority Total	**4.55**	**4.47**	**4.2**	**4.62**	**3.37**	**4.43**	**5.07**
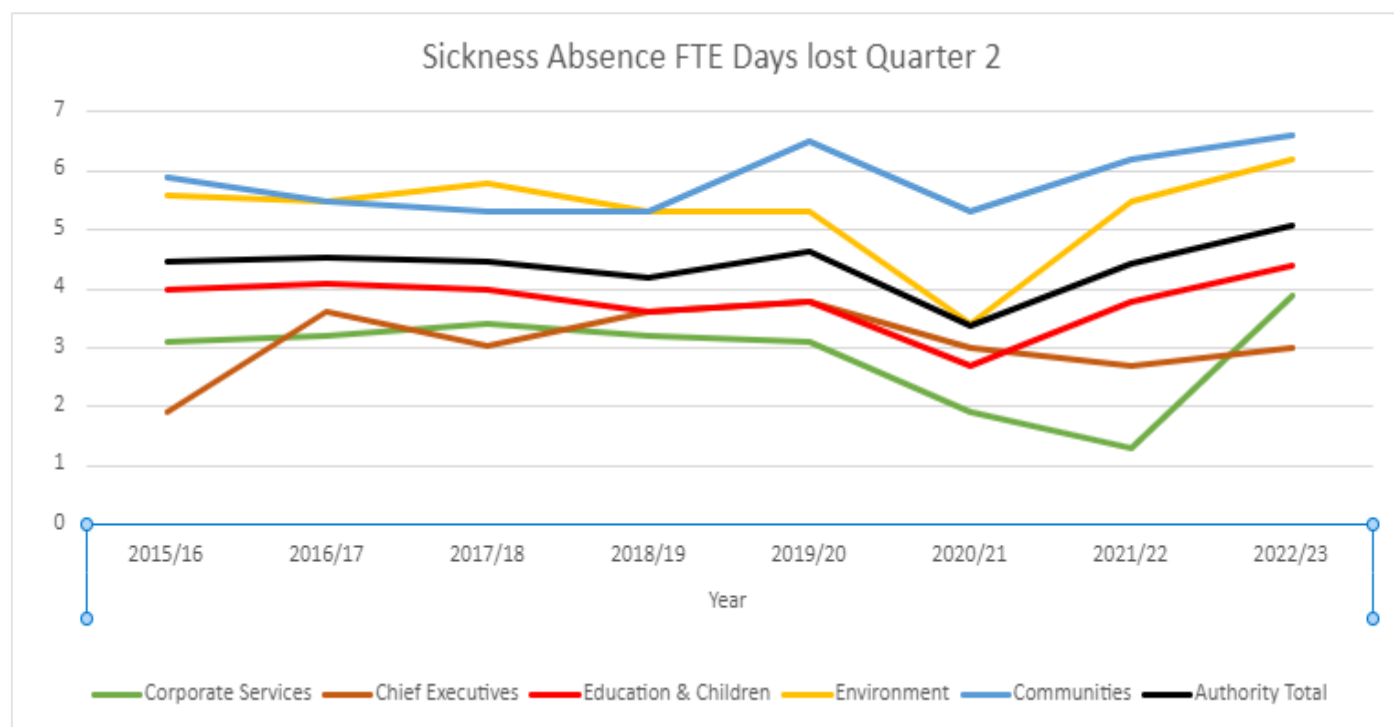
The service areas with the greatest variance (decrease - /increase +) compared to Q2 2021/22 are:

Department	Division	Difference
Environment	Property**	-2.8
Environment	Place & Sustainability	-2.1
Education & Children	Curriculum & Wellbeing	-2.0
Education & Children	Access to Education	2.0
Communities	Leisure	2.1
Chief Executives	Media and Marketing	2.1
Corporate Services	Finance	2.4
Communities	Integrated Services	2.5
Corporate Services	Revenues and Financial Compliance	2.9
Environment	Business Support & Performance	2.9
Chief Executives	Electoral and Civil Registration Service	3.6
Education & Children	Special Schools	5.1

* Service areas listed above are those with over 50 FTE

** Division has been subject to restructuring resulting in some staff transferred to Communities department (HP&SP where sickness absence levels have increased)

The table below illustrates the cost of occupational sick pay for Q1 to Q2 cumulatively in each year since 2020/21. 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)				% Change compared to 2021/22
Quarters 1 and 2	Year			
Department	2020/21	2021/22	2022/23	
Corporate Services	43,049	23,452	80,714	244.16%
Chief Executives	115,889	121,175	158,002	30.39%
Education & Children*	867,574	1,485,594	1,701,219	14.51%
Environment	278,715	395,998	413,515	4.42%
Communities	725,914	1,052,950	1,018,664**	-3.26%
Authority Total	2,031,141	3,079,170	3,372,114	9.51%

Including schools

*** OSP payments have decreased year on year in Communities despite the increased level of sickness absence due to the impact of recruitment, particularly in Home Care service. There is a high proportion of employees with less than 1 year service which impacts on OSP/SSP entitlements for sickness absence.*

Fig.1

Number of Employees seen at the Occupational Health Centre			
Department	Number of Employees Attended Q2 Cumulative		
	2020/21	2021/22	2022/23
Chief Executives	27	38	32
Communities	238	333	334
Corporate Services	29	8	16
Environment	164	339	303
Education & Children	240	261	308
External	122	196	210
Total	**820**	**1175**	**1203**

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 46.7% increase in the total number of employees seen at the Centre in Q2 2022/2023 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. That, along with the increase in appointments due to increase in attendance management and delays on services in the NHS.

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			
	Number of Appointments Q2 Cumulative		
Department	**2020/21**	**2021/22**	**2022/23**
Chief Executives	107	109	86
Communities	649	705	604
Corporate Services	95	23	36
Environment	267	458	953
Education & Children	848	819	446
External	147	273	322
Total	**2108**	**2387**	**2447**

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 16.0% increase in the total number of appointments to the Occupational Health Centre during cumulative period Q1 – Q2 2020/21 compared to 2022/2023.

Refer to CBT referrals and NHS waiting list length. It is recognised that NHS is overwhelmed and we are in part picking up fall out from this situation.

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. 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.

Fig. 3

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 2020/21						
	Appointment Reason					
Department	**OHA**	**OHP**	**All WSS Appts** (205 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**

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** (272 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**

Fig.5

Breakdown: Total Number of Appointments Attended the Occupational Health Centre Q2 Cumulative 2022/23						
Department	**Appointment Reason**					
	OHA (Including Case Conference)	**OHP/OHC** (Including Case Conference and Reviews following HS)	**Wellbeing Support Service** (312 Employees)	**Health Surveillance** (Including New employments Screening)	***Other**	**Total**
Chief Executives	5	12	69	0	0	86

Communities	140	82	330	52	0	604
Corporate Services	5	5	25	1	0	36
Education & Children	124	57	760	12	0	953
Environment	49	53	130	214	0	446
External	92	66	133	27	4	322
Total	**415**	**275**	**1447**	**306**	**4**	**2447**

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

As can be seen from the above charts, most appointment types have increased on the previous year. Although the overall total Wellbeing Support service appointments have only increased slightly on the previous period, when broken down into the number of employees supported, this has increased by 14.7% 2021/22 compared to 2022/2023 and compared to 2020/2021 this shows a 52.1% increase in employees supported. The data shows that employees are now requiring less appointments before discharge (4.6 sessions) in comparison to the previous period (5.3 sessions).

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 (September 2022)

Department	OHA %	OHP %	Wellbeing Support Service (Initial Assessment) %	Health Surveillance %	Total %
Chief Executives (432)	1.1%	2.8%	16%	0%	**19.9%**
Communities (1523)	9.1%	5.3%	21.7%	3.4%	**39.5%**
Corporate Services (198)	2.5%	2.5%	12.6%	0.5%	**18.1%**
Education & Children (3292)	3.8%	1.7%	23%	0.4%	**28.9%**
Environment (833)	5.9%	6.3%	15.6%	25.7%	**53.5%**

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 26.4% 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

2022/2023 – 3175

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	2020/2021	2021/2022	2022/2023
Chief Executives	6	2	6
Communities	54	80	82

Corporate Services	3	2	4
Education & Children	45	57	87
Environment	10	68	77
External	9	18	40
Grand Total	**127 (5.5%)**	**227 (8.6%)**	**296 (9.3%)**

Charged non-attendances decreased significantly during the first stage of the pandemic, this likely being due to furloughed/ shielding staff, as well as the stay-at-home message. There has been a decrease in charged non-attendances on the previous period, 17% decrease. The change compared to the main pandemic year, where we have seen individuals having usual commitments and resume has impacted on attendance. However, we know, particularly from looking at the figures above that much of the increase is due to staff shortages in the Environment department, meaning that services are unable to release employees for their annual Health Surveillance appointments. We continue to work closely with the Environment department to find solutions to reduce these instances, as well as ensuring all new employees are checked and cleared efficiently to support the high-volume of recruitment currently in progress.

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:

	2020/21 EOY	2021/22 Q2	2021/22 EOY	2022/23 Q2
Ill Health Capability	30	15	33	18
Ill Health Capability – Tier 1	17	16	28	12
Ill Health Capability – Tier 2	2	1	1	-

Ill Health Capability – Tier 3	5	2	4	2
Medical reasons			3	
Resignation - Health Reasons	3	1	1	1
Total	57	35	70	33

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

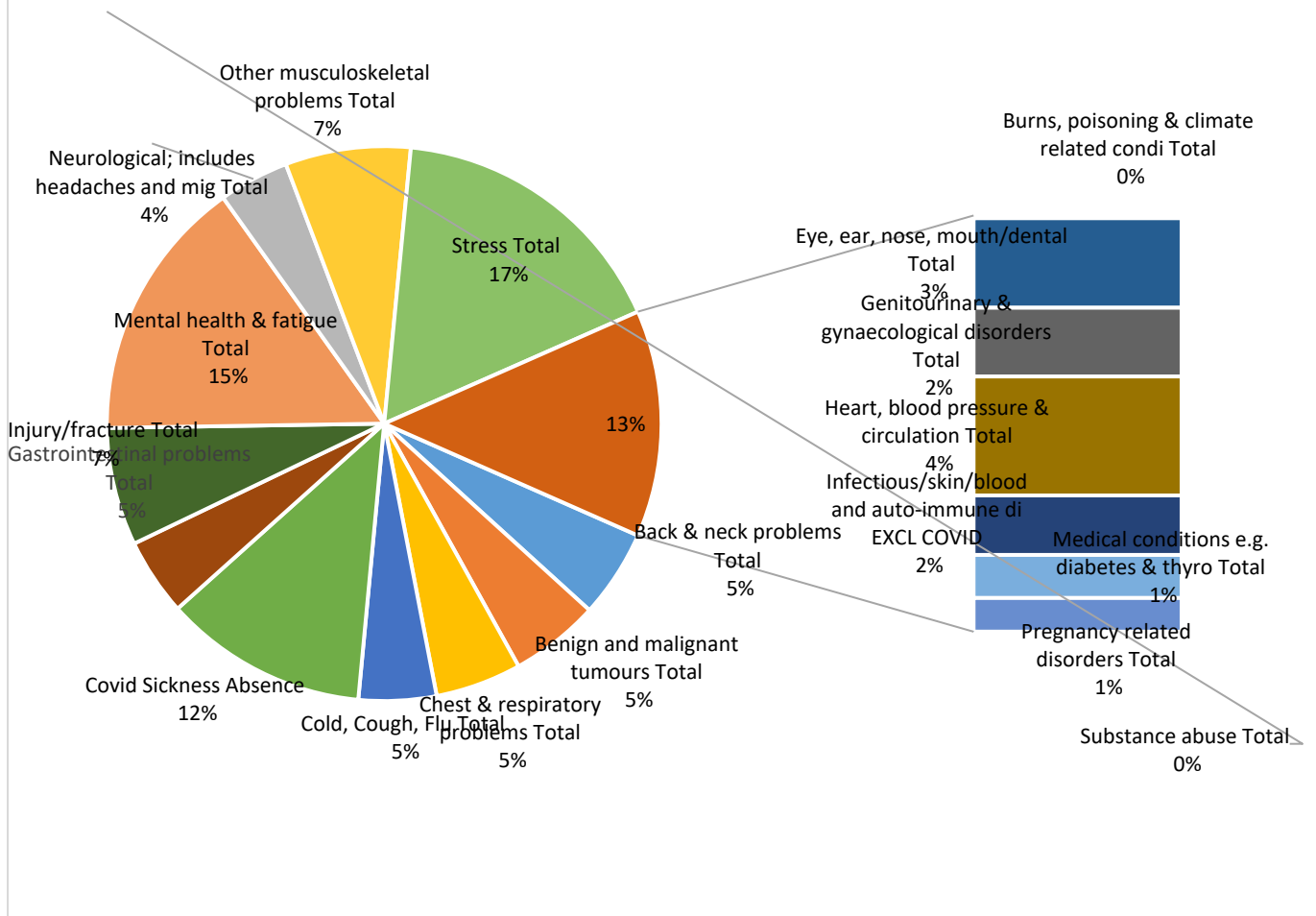Table 8: Causes of absence – half year cumulative Q2 EOY 2022/23

Stress is the most common cause of absence within the authority (17%) followed by mental health and fatigue (15%). 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 April 2022 focusing on the public sector has found that more organisations include mental health and stress related absences amongst the most common reason for short- and long-term absence. The report's findings show that stress continues to be one of the main causes of short- and long-term absence.

Workloads remain by far the most common cause of stress at work, as in previous years. In some organisations the COVID-19 pandemic will have significantly increased workloads, both directly (for example, due to additional operational demands and health and safety procedures) and indirectly (for example, due to higher than usual levels of absence affecting staffing levels).

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.

Authority Total FTE Days Lost Q2 2022/23

Other musculoskeletal problems Total
7%

Neurological; includes headaches and mig Total
4%

Mental health & fatigue Total
15%

Injury/fracture Total
7%

Gastrointestinal problems Total
5%

Covid Sickness Absence
12%

Cold, Cough, Flu Total
5%

Chest & respiratory problems Total
5%

Stress Total
17%

13%

Back & neck problems Total
5%

Benign and malignant tumours Total
5%

Burns, poisoning & climate related condi Total
0%

Eye, ear, nose, mouth/dental Total
3%

Genitourinary & gynaecological disorders Total
2%

Heart, blood pressure & circulation Total
4%

Infectious/skin/blood and auto-immune di EXCL COVID
2%

Medical conditions e.g. diabetes & thyro Total
1%

Pregnancy related disorders Total
1%

Substance abuse Total
0%

The percentages displayed below relate to the sub categories to the stress and mental health absence codes combined which accounts for 32% of all authority sickness absence. Of the 32% of sickness absence, stress constitutes 52%. (Stress is 17% of all sickness absence).
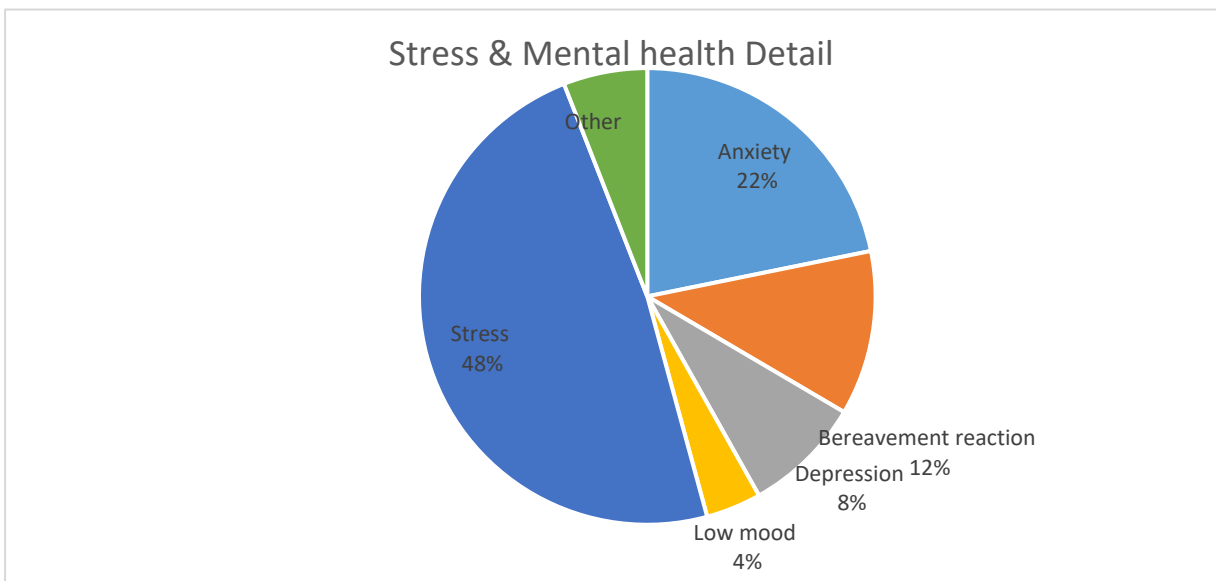
Stress & Mental health Detail

Other

Anxiety
22%

Stress
48%

Bereavement reaction
12%

Depression
8%

Low mood
4%

The Authority directly employs approximately 8120 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 <u>contracted outside of the authority</u> 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 2021/22 at the time of writing this report is yet to be published.

Full details from all Welsh authorities for **2020/21** is provided below:

Local Authority	All staff					Quartile
	Number of working days lost to sickness absence per employee					
	2016-17	2017-18	2018-19	2019-20	2020-21	
Gwynedd	9	8.7	9.5	9.8	6.3	1
Denbighshire	8.7	8.4	8.3	8.1	6.5	
Isle of Anglesey	9.8	10	10.3	8.8	6.8	
Pembrokeshire	10.5	10.2	9.3	8.9	7.1	
Powys	9	9.7	9.1	9.3	7.7	
Newport	9.8	10.1	10.1	9.5	7.7	
Carmarthenshire	10.8	10.1	9.8	10.7	7.7	
Ceredigion	10.4	13.6	10.9	11.4	7.9	2
Conwy	11.3	9.7	10.1	12	8	
Neath Port Talbot	9.9	9.5	9.8	12.1	8.1	
Wales	**10.3**	**10.4**	**10.5**	**11.2**	**8.4**	
Torfaen	10.8	11.1	11.2	11.5	8.4	
The Vale of Glamorgan	8.8	10.1	9.1	10.5	8.6	3
Cardiff	10.8	11.3	11.5	11.8	8.6	
Wrexham	11.3	10.9	11.5	12.2	8.8	
Bridgend	10.7	10.8	11.9	11.9	9.2	
Swansea	9.7	10.8	11	13.1	9.3	4
Merthyr Tydfil	5.5	7.8	8.7	9.4	9.6	
Caerphilly	12.2	12.3	11.3	12	10	
Monmouthshire	11.5	10.9	11.5	12.2	11	
Blaenau Gwent	12.5	11.2	12.7	13.9	11.7	
Flintshire	9.8	8.9	10.5	11	-	
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 2021 to March 2022 and calculated by dividing the total number of sickness absence days by the total number of available days for each organization.

	Apr Jun 2021	Jul Sept 2021	Oct-Dec 2021	2021	Jan Mar 2022
	%	%	%	%	%
All Wales	5.5	6.7	7.3	6.3	7.2

Betsi Cadwaladr University LHB	5.3	6.2	7.0	6.0	6.9
Powys Teaching LHB	5.2	5.4	5.6	5.3	6.3
Hywel Dda University LHB	5.0	6.0	6.6	5.7	6.7
Swansea Bay University LHB	6.3	7.8	8.5	7.3	8.6
Cwm Taf Morgannwg University LHB	6.5	7.8	8.1	7.2	7.9
Aneurin Bevan University LHB	5.3	6.5	7.2	6.1	7.1
Cardiff & Vale University LHB	5.8	7.0	7.5	6.6	7.4
Public Health Wales NHS Trust	3.6	4.2	5.0	4.1	4.5
Velindre NHS Trust	3.8	5.7	6.6	4.3	6.5
Welsh Ambulance Services NHS Trust	8.1	10.6	11.7	9.7	11.7
Health Education and Improvement Wales	2.4	1.9	2.6	2.2	2.2
Digital Health and Care Wales	1.7	2.1	3.3	2.4	3.4
NHS Wales Shared Services Partnership	2.5	2.9	3.4	2.9	3.6

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 2021 was published in 2022 and approximately 149 employers participated from all industry sectors. 2022 data is pending publication and will be reported in 2022/23 EOY report once published.

The research finds that coronavirus continued to impact sickness absence rates in 2021, particularly in organisations where working from home is not an option. Sickness absence rates climbed to their highest levels since 2009 for the 2021 calendar year.

The average sickness absence rate stands at 3.2%, up from 2.5% in 2020 and 2.9% in 2019.These rates translate to an average of 7.3 days - up from 5.7 days in 2020 and 6.5 in 2019.

The survey presents the interquartile range, which focuses on the middle 50% of findings and excludes the lowest and highest figures. The interquartile range for 2021 stood between 1.7% and 4.7%, an indication of the level of volatility among organisations depending on their function and ability to facilitate homeworking. When the absence rate is measured as the number of days' absence per employee, the interquartile range for 2021 is 4.3 days to 10.5 days. These compare with interquartile ranges from five to 5.7 days in 2020 and between 3.6- and eight-days' absence in 2019.

Absence rates by sector and organisation size 2021, number of days' absence per employee per annum

	Lower quartile	Median	Upper quartile	Average
Broad economic sector				
All	4.3	6.9	10.5	7.3
Private-sector services	3.0	5.7	10.5	6.7
Manufacturing and production	5.8	7.3	10.0	7.6
Public sector	6.4	8.2	11.6	10.0
Workforce size				
1-99 employees	2.0	3.1	5.9	4.3
100-249 employees	4.3	6.6	9.0	6.7
250-499 employees	5.3	7.5	11.4	8.6
500-999 employees	7.2	8.0	8.2	7.9
1,000+ employees	7.5	10.5	12.9	11.0
n=102 organisations. Source: XpertHR.				