



Report of the Director of Corporate Services

Governance and Audit Committee – 25 October 2023

Absence Management Audit Report Update

Purpose:	To provide an update on the Absence Management audit report for the above period
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For Information	

1. Introduction

- 1.1 As a result of the first internal audit on Absence Management carried out in 2020, an assurance level of moderate was given. A further audit is being carried out as at October 2023 but the outcome will not be known prior to Governance and Audit Committee meeting to discuss the latest assurance level.
- 1.2 An action plan was developed to address the issues identified and appropriate implementation steps put in place.
- 1.3 This action plan identified High Risk and Medium Risk actions and as previously reported to the committee in September 2022, all recommendations have been implemented.
- 1.4 The Committee discussed the following items as areas for future consideration and this report seeks to respond to the discussion topics:
 - Sickness data relating to the current financial year, the potential financial implications if the figures remained high until the end of the financial year and how Directorates would have to absorb the costs from budgets.

- Remit of Management of Absence Advisors and training provision provided.
- Assurances that frontline managers were aware of the Council's policies and procedures.
- Management of Absence Advisors working across all Directorates.
- Provision of additional details including reasons in relation to sickness within the Social Services Directorate.
- The impact of training, support and Occupational Health in driving down the overall figures.

1.5 In addition, the Chair requested an evaluation of the effectiveness of the occupational health provision.

2. Sickness data

2.1 The table below shows the historic trend in terms of the Council's outturn in relation to the Key Performance Indicator for the number of sickness days per FTE over the course of the year.

Year	2010/11	2011/12	2012/13	2013/14	2014/15
Ave FTE Days Lost	12.55	11.55	11.32	8.79	9.56
Year	2015/16	2016/17	2017/18	2018/19	2019/20
Ave FTE Days Lost	11.82	12.61	11.98	12.97	11.85
Year	2020/21	2021/22	2022/23		
Ave FTE Days Lost	9.23	12.66	12.28		

2.2 The long term trend for sickness absence days per FTE shows that absence in the Council is a generally static position and has only met the 10 day target three times in the last 13 years.

2.4 Excluding schools, the percentage share of absence across directorates is as follows:

Directorate	2018/19	2019/20	2020/21	2021/22	2022/23
Finance				2.09	2.78
Corporate Services	6.26	5.09	4.06	4.86	4.61
Education	11.83	17.82	14.81	11.77	12.58
Social Services	38.58	35.92	45.43	39.75	38.04
Place	43.33	41.17	35.7	41.53	41.99
Total	100	100	100	100	100

2.5 It is perhaps to be expected that given the type of work carried out in Social Services and Place that the greater share of absence would fall in these directorates. As with the overall number of days lost, the percentage share by directorate is generally stable.

- 2.6 Our workforce demographics show that 47% of employees are over the age of 50 and 59% are female. Only 9% of our workforce are under the age of 30. According to the Department for Work and Pensions/Department of Health and Social Care’s 2019 report into long term absence employees aged 55-64 are three times as likely to have a long term absence than those employees under 25.¹ The report also highlights that those working in the caring, leisure or service sectors are more likely than any other sector to have long term sickness absence. This information demonstrates the ongoing likelihood of absence that the Council has given that our workforce demographics show the extent of our ageing workforce and female dominated job groups in the sectors with the highest likelihood of employees needing to take long term sickness absence.
- 2.7 With the increased prevalence of agile and hybrid working there are new considerations with sickness absence. Whilst there could be a masking of illness due to less physical observation, there are also instances where attending a work location would not be possible whilst managing an illness or health condition and employees would be required to report as sick, carrying out no work. Being able to work in an agile way could lead to increased attendance at work. There are anecdotal pieces of evidence in relation to this but no numerical data to support a finding. This is an area of future exploration to better understand the full impact of agile working on sickness absence.
- 2.8 The breakdown of long and short term absence over the last 5 years is shown in the table below and demonstrates that the impact of long term absence is considerably greater than short term based on the number of days lost to each scenario. 70% of all absence in the Council is long term, defined as an absence lasting more than 28 calendar days.

Short and long term	Long	Short	Total	% long	% short
2018/19	57382	22054	79437	72	28
2019/20	63008	23568	86576	72	28
2020/21	58796	15604	74400	79	21
2021/22	71756	29877	101633	70	30
2022/23	64918	28101	93019	70	30

- 2.9 The top 5 reasons for absence for each of the last 5 years are shown below as a percentage of all absence. These collective 9 reasons for absence account for over half of all staff absence. Despite Covid appearing as a new reason for absence in 2020, stress has remained the top reason for absence each year.

¹ [Health in the workplace: patterns of sickness absence, employer support and employment retention \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

Top 5 reasons per year	2018/19	2019/20	2020/21	2021/22	2022/23
Stress	25.01	20.59	36.39	28.5	26.28
Covid			10.03	15.63	11.73
Hospitalisation	9.45	7.18	5.48	7.51	6.29
Lower limb		4.27		5.99	4.23
Back	5.33	4.32	4.99		
Stomach complaints	5.22			3.64	
Personal	5.21				
Chest infections			4.2		4.02
Upper limb		4.26			
Total	50.22	40.62	61.09	61.27	52.55

3 Further progress as of October 2023

- 3.1 CMT commissioned an internal review into the effectiveness and value for money of the Council's sickness absence management and occupational health arrangements and to make recommendations for improvement. This review concluded in October 2023 and has been presented to CMT for discussion. Any decisions taken will focus areas of work on improvements in absence management for the coming year.
- 3.2 The review focused on the policy approach, impact of short term trigger breaches where disciplinary sanctions are applied on the basis of attendance levels, long term absence interventions and the existing occupational health service, along with the effectiveness of the Management of Absence Advisors in supporting directorates to improve levels of attendance.
- 3.3 Alternatives to consider were included for CMT discussion and a decision is expected shortly on the areas of focus for future improvement. These alternatives include focusing on wellness in work and retaining staff before they need to take sickness absence, identifying stress as the top strategic priority to address and refocusing the work that Management of Attendance Advisors provide to encourage greater cultural change in supporting wellness rather than delivering policy compliance.
- 3.4 In addition to the absence and occupational health review work continues in other areas to address management of absence. An Oracle Fusion manager dashboard remains in development with the aim to provide information for all managers with absence management responsibility on the following:-
- Staff absent due to sickness and number of days lost
 - Return to Work interviews outstanding
 - Record of Action meetings outstanding

This information will also be available to the next manager in the hierarchy, providing additional data and information to improve absence management across the authority.

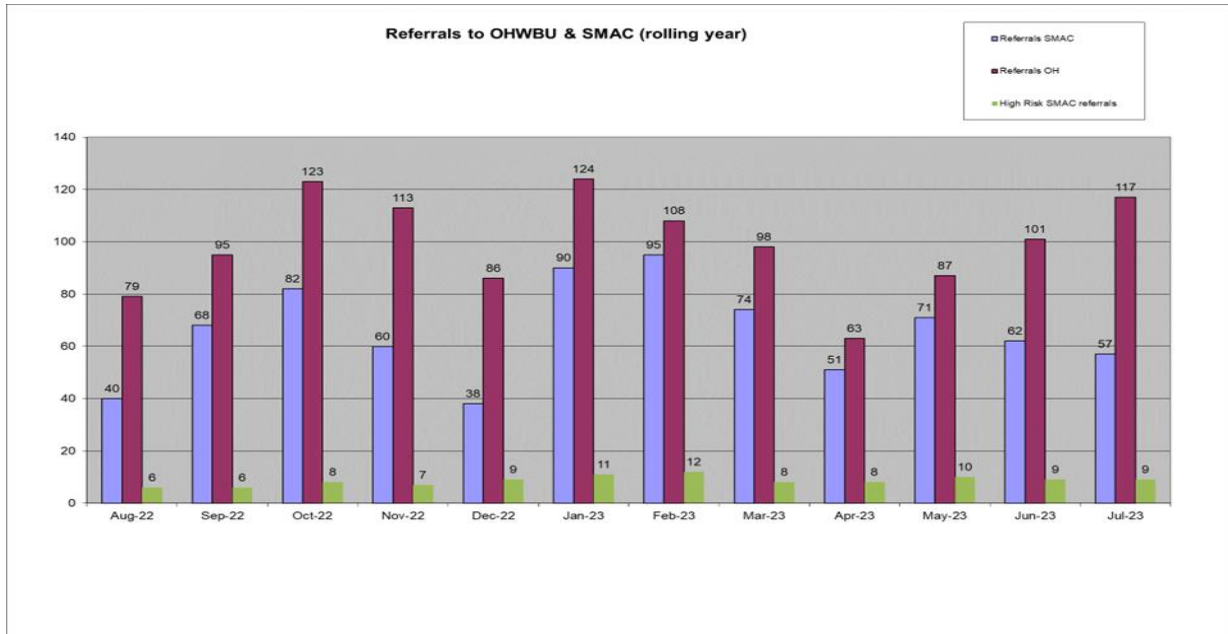
- 3.5 The monthly reminders to managers have had a positive impact in terms of queries and requests for additional training.
- 3.6 The Learning Module in Fusion is now complete having launched in July 2023 and will provide an additional tool to further improve compliance in completing mandatory sickness management training.
- 3.7 There is continued improvement in terms of completing Return to Work and Record of Action meetings.
- 3.8 Management of Absence Advisors have continued to work in the Education, Place and Social Services Directorates to support managers in ensuring compliance with our sickness absence policy and to identify proactive ways in managing and reducing sickness.

This has included;

- Support to progress current long term sickness cases of over 6 months and address cases which are progressing into 6 months and over.
- Early interventions in sickness cases to support managers and employees in progressing cases as appropriate.
- Strengthening links with occupational health by arranging review meetings with the OH team to assist managers by discussing next step plans at an earlier stage.
- Provision of additional dedicated clinics for Social Services staff, to minimise the waiting times between referrals and appointments.
- Manager training, guidance and upskilling.
- Support with manager compliance

4. Occupational Health Support

- 4.1 Occupational health services continue to be provided with a combination of in-house and outsourced support. On average there are 100 referrals received by the department each month and circa 85 of these referrals will be given an appointment with an advisor for further exploration. The resulting 15 will be signposted to other avenues where triaging determines that a medical opinion is not the most appropriate route.
- 4.2 There were 788 referrals to SMAC over the last 12 months- an average of 66 referrals per month. The target wait time for access to stress management and counselling is 10 weeks (unless triaged as high risk) and the current average wait is 5 weeks with employees able to access support via Helping Hands while waiting.
- 4.3 The number of occupational health referrals for the July 2022-2023 period are illustrated below;



4.3 In addition, the service offers a range of proactive interventions such as stress risk assessment training, Supporting Employee Wellbeing Training, Mental Health First Aid, Health Fairs, suicide awareness training sessions, Therapy Garden, Health Promotion Newsletters, the LGBTQ+ café, menopause café, and a bereavement support group.

4.4 As per the absence management review, the occupational health service review has generated options for CMT to consider implementing in order to improve the impact that OH services can have on long term sickness absence.

4.5 The recommendations for consideration include the potential for an Employee Assistance Programme (EAP) to be introduced to support urgent requirements for in-the-moment crises, removing automatic referrals at 28 days absence and promoting earlier intervention and a wider review of the current delivery model. Further updates can be provided to the Committee as this work develops.

5. Integrated Assessment Implications

5.1 The Council is subject to the Equality Act (Public Sector Equality Duty and the socio-economic duty), the Well-being of Future Generations (Wales) Act 2015 and the Welsh Language (Wales) Measure, and must in the exercise of their functions, have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Acts.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

- Deliver better outcomes for those people who experience socio-economic disadvantage
 - Consider opportunities for people to use the Welsh language
 - Treat the Welsh language no less favourably than English.
 - Ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs.
- 5.2. The Well-being of Future Generations (Wales) Act 2005 mandates that public bodies in Wales must carry out sustainable development. Sustainable development means the process of improving the economic, social, environmental and cultural well-being of Wales by taking action, in accordance with the sustainable development principle, aimed at achieving the 'well-being goals'.
- 5.3. Our Integrated Impact Assessment (IIA) process ensures we have paid due regard to the above. It also takes into account other key issues and priorities, such as poverty and social exclusion, community cohesion, carers, the United Nations Convention on the Rights of the Child (UNCRC) and Welsh language.
- 5.4 There is no direct cumulative impact on people and /or communities other than to ensure that services are supported through provision of suitable resources, with appropriate governance, in line with Council policy. There are no implications identified through the Integrated Impact Assessment (IIA) process. Should there be any policy changes as a result of the CMT review these would be subject to an IIA assessment to identify any impact on people or groups.

6. Financial Implications

- 6.1 There are no financial implications other than those set out in the body of the report.

7. Legal Implications

- 7.1 There are no legal implications other than those set out in the body of the report.

Background Papers: None.

Appendices: Appendix A - Impact Assessment Report