

POLICY REVIEW & PERFORMANCE  
SCRUTINY COMMITTEE

4 March 2014

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**ATTENDANCE & WELLBEING POLICY IMPLEMENTATION**

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**Reason for this Report**

1. To present the Committee with an opportunity to consider the implementation of the Council's Attendance and Wellbeing Policy.<sup>1</sup>

**Background**

2. The Attendance and Wellbeing Policy was approved by the Cabinet in April 2013 and implemented from 1 July 2013. It applies to all employees of the Council, irrespective of status and/or grade, except those employed directly by Schools. There is a separate policy for schools based on this policy that has been commended to school governing bodies. That separate version takes into account the role of school governors with any dismissal that takes place in a school.
2. The Policy replaced the Council's Sickness Absence Policy and included an updated Special Leave Scheme, the Council's Critical Illness Policy and a section on how the Council would address the health and wellbeing of its employees. The Policy also provided guidance on mental health issues and reasonable adjustments under equality law.
3. This Committee has a long-standing interest in the Council's management of staff sickness levels, having undertaken an inquiry into the subject in 2011. The Committee therefore considered a draft consultation version of the Policy at its 28 November 2012 meeting.

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<sup>1</sup> Available on the Council's website at  
[http://www.cardiff.gov.uk/content.asp?nav=2872%2C3250%2C4875&id=&parent\\_directory\\_id=2865&xtonly=&language=&\\$state=calendarmeeting&\\$committeeID=12950&\\$meetingdate=11/04/2013](http://www.cardiff.gov.uk/content.asp?nav=2872%2C3250%2C4875&id=&parent_directory_id=2865&xtonly=&language=&$state=calendarmeeting&$committeeID=12950&$meetingdate=11/04/2013)

4. Members of the Committee made a number of comments about the draft proposals and a copy of the Chair's letter and the Cabinet Member's response is attached at **Appendix A.**
  
5. At the time the draft Policy was presented to the Committee, the consultation proposals included the withdrawal of pay for the first three days of sickness absence, a recommendation that the Committee unanimously opposed. This proposal was withdrawn prior to the Policy being presented to the Cabinet for approval. Other changes made following consultation, and after this Committee considered the draft proposals, were
  - the introduction of a central sickness team in HR People Services to manage cases of more than four weeks duration and those related to stress;
  - a proposal to make advice & benefits surgeries available to staff going into either half or nil sick pay during long-term sickness absence; and
  - minor changes to the trigger stages presented to the Committee, following discussion with Trade Union colleagues.
  
6. The final version of the Attendance and Wellbeing Policy approved by the Cabinet made the following changes in relation to the management of short-term sickness: putting in place implications for managers who do not properly manage sickness absence; an Informal Support Stage (triggered by 2 absences in 6 months); the reduction of the number of formal stages from 4 (5 trigger points) to 3 (3 trigger points); a reduction in the number of absences required to hit triggers; and the addition of number of days and not just number of instances to hit triggers (at Stages 2 & 3).
  
7. In terms of long-term sickness absence, the Policy made the following changes: bringing forward contact visits from 4 weeks to 2 weeks, case conferences from 6 and 9 months to 3 and 6 months respectively and an extension of the current arrangement with University Hospital of Wales for further three years of Mental Health partnership arrangement.

## Issues

8. When the Committee agreed its work programme for this year, Members decided to receive an update on the success of the implementation of the Policy at an appropriate point in the committee calendar. In order to aid this, Human Resources has provided a pack of monitoring information, which is attached at **Appendix B**. **NB** - although data for the first three quarters of 2013/14 is provided, the Policy was only implemented on 1 July 2013 (i.e. at the start of quarter 1).

9. **Appendix B** comprises:

- Briefing note – updated sickness position at Quarter 3 2013/14;
- A breakdown of sickness absence by service area to quarter 3 of 2013/14, and including a forecast for the rest of the financial year;
- Councilwide long- and short-term sickness absence from 2006/07 to 2012/13, which also gives a breakdown of Full Time Equivalent days lost due to industrial accident;
- Long-term sickness cases by length at 21 February 2014;
- A breakdown of sickness absence by reason (as defined by the Welsh Government) for the first three quarters of 2013/14;
- A breakdown of the number of cases of sickness absence detailing where Return to Work interviews or trigger points have been missed by managers;
- Data comparing Cardiff Council's sickness absence levels to those of local authorities across Wales.

## Way Forward

10. Philip Lenz, Chief Human Resources Officer; and Lynne David, Operational Manager, Human Resources, will be in attendance to answer any questions Members may have.

## Legal Implications

11. The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters there are no direct legal implications.

However, legal implications may arise if and when the matters under review are implemented with or without any modifications. Any report with recommendations for decision that goes to the Cabinet/Council will set out any legal implications arising from those recommendations. All decision taken by or on behalf of the Council must (a) be within the legal powers of the Council; (b) comply with any procedural requirements imposed by law; (c) be within the powers of the body or person exercising powers on behalf of the Council; (d) be undertaken in accordance with the procedural requirements imposed by the Council e.g. Scrutiny Procedure Rules; (e) be taken having regard to the Council's fiduciary duty to its taxpayers; and (he) be reasonable and proper in all the circumstances.

### **Financial Implications**

12. The Scrutiny Committee is empowered to enquire, consider, review and recommend but not to make policy decisions. As the recommendations in this report are to consider and review matters there are no direct financial implications at this stage in relation to any of the work programme. However, financial implications may arise if and when the matters under review are implemented with or without any modifications. Any report with recommendations for decision that goes to Cabinet/Council will set out any financial implications arising from those recommendations.

### **RECOMMENDATIONS**

1. The Committee is recommended to:
  - i. Note the information contained in these papers and presented at the meeting;  
and
  - ii. Consider whether it wishes to make any comments to the Cabinet.

### **MARIE ROSENTHAL**

County Clerk and Monitoring Officer  
26 February 2014

My Ref: T:-Scrutiny/PRAP/Com Papers/Correspondence

Date: 29 November 2012

Councillor Russell Goodway  
Cabinet Member, Finance, Business & Local Economy  
Cardiff Council, County Hall  
Cardiff. CF10 4UW



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Neuadd y Sir  
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Dear Councillor Goodway,

## **POLICY REVIEW AND PERFORMANCE SCRUTINY COMMITTEE 28<sup>th</sup> NOVEMBER – DRAFT ATTENDANCE & WELLBEING POLICY**

Thank you for attending the Policy Review and Performance Scrutiny Committee on the 28 November 2012 to aid its scrutiny of the draft Attendance & Wellbeing Policy. The Committee welcomed your comments regarding the value which the Leader and the Cabinet places on engaging fully with Scrutiny in the development of Council policies, in particular where these affect Council staff. Members welcomed that you were attending the meeting very much to listen to their views. I have set out below the Committee's concerns and observations for consideration as you prepare for the Cabinet meeting on 6<sup>th</sup> December.

Firstly, the Committee has asked me to make clear Members' unanimous opposition to the proposal to withdraw pay for the first three days of any sickness absence. Members feel that such a course would unfairly penalise genuinely ill staff and in particular would affect our lowest-paid officers. Members remain unconvinced by the evidence available to support the implementation of such a suggestion. They noted that only a very small number of English local authorities have put this in place and that no supporting data was provided to prove that this had resulted in lower levels of sickness absence. Furthermore, while the Committee notes that some private sector organisations have followed such a policy, Members would question whether this is necessarily an example which the Council would wish to emulate.

The Committee noted your statement that you did not feel it would have been appropriate to remove the option of non-payment from the proposals prior to their consideration by Scrutiny and that there was support for this course from some officers. However, as the Managing Attendance inquiry recommended that the *option* to remove sick pay for the first three days should be available for line managers where other measures had not been successful, and only on the authority of the Chief Executive, Members would like clarification as to how this was developed into a proposal for removal of payment in all cases.

Members were also concerned that Council employees may have become aware of this proposal via media reports following the publication of committee papers and the accompanying draft policy, feeling that this would have caused great concern among members of staff. The Committee would ask you and officers to ensure that in future there is a sensitive communication plan in place around proposals of a similar nature, making it clear to staff when matters are still under consultation rather than firm Cabinet intentions.



The Committee welcomed that regard had been made to the September 2011 'Managing Attendance' task and finish report of the Policy Review and Performance Scrutiny Committee report. Rather than comment on each specific element of the current draft policy under consultation, the Committee wishes to highlight the following areas:


- Members would like to commend the more positive approaches contained within the draft Policy, particularly in terms of earlier referral to the Occupational Health Service; the increase in preventative initiatives; and work around mental health issues. The Committee would in particular like to lend its support to the comment from Trade Union colleagues that the Employee Counselling Service should be extended if possible, and would hope that this will be considered as part of the Cabinet's budget proposals.
- Members welcomed your openness to communicating our recommendations to the Cabinet in terms of future targets for the reduction of sickness absence levels. We would therefore wish to endorse the recommendation of the Managing Attendance inquiry that a target of 9 days should be set for 2013/14 and a target of 8.5 days for 2014/15. We hope to see this reflected in the draft Corporate Plan when we consider it in February.
- The Committee also noted the query from Trade Union colleagues as to whether the draft Policy had undergone Equality Impact Assessment. The Committee would be interested to receive the results of any Assessment undertaken, so that Members can monitor any differential impact.
- The Committee notes that the Corporate Chief Officer for Shared Services feels there is sufficient capacity to bring forward case conferences as outlined in the draft Policy and will keep a watching brief on this aspect.
- The Committee wish to monitor the effectiveness and implementation of the training which is available for line managers on the sickness absence policy.
- The Committee requests further information regarding the Mutual Fund, once headteacher conferences have taken place in January 2013.
- Members asked that the sickness figures clearly identify absence which is due to industrial injury.
- Members asked that the current commitment to the critical illness policy be maintained and fully implemented.
- Members asked for flexibility and discretion to be applied in the implementation of the policy if particular circumstances merited it.
- Members asked for an explanation of why the overall sickness absence levels seemed to have remained static despite long term absences reducing.
- One member of the Committee was not convinced by the evidence base which is available in terms of comparative sickness data, across other local

authorities and similar employment sectors, and wished this concern to be voiced.

- The Committee wishes to closely observe the implementation of the Policy and will look to schedule this into its work programme for 2013/14. Members will pay particular attention to the effectiveness of any changes in triggers/stages at this juncture.

I would be grateful if you would ensure that the Committee's comments are considered prior to the presentation of the draft Attendance & Wellbeing Policy by the Cabinet on 6<sup>th</sup> December, in particular the Committee's recommendation that non-payment for the first three days of sickness absence should be removed from the proposals.

Yours sincerely,



**COUNCILLOR ELIZABETH CLARK  
CHAIR, POLICY REVIEW AND PERFORMANCE SCRUTINY COMMITTEE**

cc Philip Lenz, Corporate Chief Officer (Shared)  
Lynne David, Centre of Expertise Manager,  
Sarah Maunder, Operational Manager, HR People Services  
Ken Daniels, GMB.  
Angie Shiels, GMB  
Lynn Landeg, Unison  
Jackie Parsons, Unison  
Mike Formosa, Unite  
Anna Freeman, Director of Employment, WLGA  
Jo Watkins, Cabinet Office Manager  
Members of the Policy Review and Performance Scrutiny Committee





**County Councillor Russell Goodway**  
**Cabinet Member for Finance, Business & Local Economy**

My Ref: CM23518  
Your Ref: T: Scrutiny/PRAP/Com Papers/  
Correspondence

4 February 2013

Councillor Elizabeth Clark  
Chair Policy Review & Performance Scrutiny  
Cardiff County Council  
County Hall  
**CARDIFF** CF10 4UW

**POLICY REVIEW & PERFORMANCE SCRUTINY COMMITTEE: 28 NOVEMBER 2012**  
**DRAFT ATTENDANCE & WELLBEING POLICY**

Thank you for inviting us to attend the Policy Review and Performance Scrutiny Committee on 28 November 2012. As PRAP is a key stakeholder group, it is important that their views are sought and having considered your letter of 29 November, please see my comments below. You will be aware that in order to reflect on the consultation comments received, I initially deferred consideration of the Attendance and Wellbeing Policy to January's Cabinet and it will now be presented to Cabinet on 14 February 2013. It is my intention to attach to the covering report your letter of 29 November and my response to it.

**1. Clarification as to how non payment for 3 days became a proposal for removal of payment in all cases.**

In the Scrutiny Report R5 was 'where managers consider the sickness absence policy is failing to have an impact or being abused, they should be able to seek authority from the Chief Executive to apply flexibility to take action to ensure targets are met..... such action could include..... (c) implementation of no pay for the first three days of sickness...'

Whilst parts of R5 were agreed, the specific recommendation (c) was not accepted in the Executive Report of 16<sup>th</sup> February 2012. The current review of the policy was initially considered by a small working group comprising representatives from Service Areas and Schools and during the meetings some managers raised concerns that this recommendation had not gone forward at that time. Some had previous experience of the "non payment for sickness" approach being introduced some years ago as part of CCT/ Efficiency changes in pockets within the Council, e.g. the cleaning function and this had proven to be effective as that time. There were also concerns that high levels of sickness absence were not only an issue for cost of agency cover but also additional workload of the employees who are in work and an increase in the workload of managers to stay on top of proactively managing sickness.

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**Please Reply To:**

**Cabinet Support Office, Room 529, County Hall, Cardiff CF10 4UW**  
**Tel (029) 2087 2479**

The proposal (c) under Scrutiny R5 to have non payment for 3 days only in certain cases could have led to inequalities and inconsistencies in approach which have been a criticism of management in dealing with absence cases. This change also would have meant either a collective agreement or dismissal and reengagement of staff the same as a blanket removal if applied to all staff.

**2. Endorse recommendation for target of 9 days absence for 2013/14 and 8.5 days for 2014/15.**

We have always acknowledged the importance of setting challenging targets for the Council and managers in relation to tackling sickness absence. At the time the Executive responded to Scrutiny's recommendations in early 2012, it was acknowledged that the targets of 9 and the 8.5 days were very challenging and were significantly below current and previous levels of sickness. Our outturn for 2011/12 was 11.49 days against a target of 10.88 days. Whilst our stretching target for 2012/13 is 10 days per employee, based on quarter 1 and 2 data (with typically the worst winter months to come), the forecast is that the Council could achieve a projected outturn of 12.18 days per employee. Once agreed by Cabinet, the proposed changes to the policy would not take effect until 1<sup>st</sup> April 2013.

Consequently, based on sickness levels to date, it is difficult at this point to endorse that a target of 9 days in 2013/14 is either realistic or achievable. Therefore, whilst the request of Scrutiny to take on board these objectives has been considered it is recommended to recalibrate the targets based on the current information. The recommended targets are 10 days for 2013/14 and 9 days for 2014/15. This will enable the changes to the policy to be implemented.

**3. Results of any Equality Impact Assessment**

As confirmed at the Scrutiny meeting last week, a draft EIA has been undertaken but would need to be reviewed once a final version of the updated policy has been agreed. This EIA once finalised will be published on the CIS as per requirements and can be sent to members.

**4. Committee wish to monitor effectiveness and implementation of training for line managers on sickness absence.**

It is proposed to roll out mandatory modular e-learning for managers. We propose to track which managers have accessed this and will be able to provide information about numbers being trained. In terms of monitoring the effectiveness then we would hope to see a reduction in for example the number of return to work interviews and trigger point interviews missed and a subsequent decrease in the Council's overall sickness absence rate. This information can be made available to Scrutiny in line with the Quarterly Performance Reports

**5. Further information regarding Mutual Fund once head teacher conferences have taken place in January 2013.**

Further information will be available on the agreed changes to the Mutual Fund following the decisions taken at head teacher conferences in early 2013.

*/cont...*

**6. Sickness figures to clearly identify absence which is due to industrial injury.**

	<b>2011/12</b>	<b>2/13 (Q2)</b>
Total FTE days lost	137,662	60,612
<b>FTE days lost per person</b>	<b>11.49</b>	<b>5.15</b>
FTE days lost to Industrial Injury	1,751	826
Revised FTE days lost per person	11.34	5.08
Forecast for 2012/13		12.01

Further information has been provided to breakdown the sickness figures into industrial accidents. In the new DigiGov process for inputting absence it has to be categorised as: normal sickness; industrial accidents; occupational ill health; and Equality Act related absences and therefore in future further information on the breakdown of absences will be available.

**7. Critical illness policy to be maintained and fully implemented.**

The Critical Illness Policy is to be fully maintained whilst being incorporated into the overall Attendance and Wellbeing Policy. A separate note on this has been prepared - See Appendix 1.

**8. Flexibility and discretion to be applied in the implementation of the policy if particular circumstances merited it.**

Within both the existing and revised policy there is clear flexibility to deal with cases of absence that are related to disability, both in the short and long term absence processes. There is also the discounting of pregnancy related absences for short term triggers. Whilst we fully support these flexibilities, criticisms from trade unions and managers have been made regarding inconsistency in application across service areas. Consequently, the flexibilities in the revised policy are set within the context of a clearer framework which will aid both transparency of action and consistency of approach.

**9. An explanation of why the overall sickness absence levels seemed to have remained static despite long term absences reducing.**

Calculating the overall sickness levels takes into account a number of factors. The last 2 years has shown the overall FTE days lost as remaining fairly static. However, the actual total sickness days lost in the Council reduced by just over 4,000 days, but the Council's staff figure also reduced by 400 making the overall sickness figure similar to the previous year.

It is difficult to look at one aspect of the sickness in isolation as the figures are affected by long and short term sickness and the numbers of staff which all impact the end of year figure. This is especially the case as in recent years the staff reductions have happened in the last quarter results.

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## **10. Concern about evidence based comparisons on sickness absence**

Whilst we understand the challenges of comparing both within local government and across sectors and the variables therein, all Welsh Council's are required to report annually to the Welsh Local Government Association on their sickness levels. We endeavour to undertake comparisons with other organisations and sectors where and as best we can in order that we have some indication of our comparative performance. There are limited reports available which have broken down absence by service types within Local Government but we access these where possible. One such report was undertaken by the HSE into waste and recycling services. Also the public sector summary of the Absence Management Survey 2012 undertaken by the CIPD.

I trust that you find this response useful.

Enc: Appendix 1 - Briefing on Critical Illness

COPY

## **Appendix 1**

### **Briefing on Critical Illness**

The Council currently has in place a Critical Illness Policy which is being incorporated into the proposed Attendance and Wellbeing Policy.

#### Definition

The policy broadly defines critical illness as 'a life limiting and/ or life threatening condition as diagnosed by a GP and/ or professional health specialist that may or may not require a course of treatment'. An employee with a critical illness would be covered by the disability provisions of the Equality Act and therefore we have an obligation to make reasonable adjustments.

#### Guidance on Critical Illness

A key principle is that advice from OH should be sought at the earliest opportunity. This is to look at the support that can be provided to the individual and any reasonable adjustments that may be necessary. Some examples of the reasonable adjustments are changes to the physical work environment, allowing flexible working and relaxing of triggers for short term absence. Where an employee is undergoing treatment there is also paid leave under the special leave scheme for any medical appointments that they have.

Suggestions for managers in terms of supporting employees with critical illness include:

- Reduced and/ or more flexible working arrangements
- Temporarily reassigning duties to others, if feasible
- Encouraging employee to take short breaks every now and again to rest
- Allowing home working, if feasible
- Agreeing phased return to work
- Link in with Access to Work for additional support
- Consider refresher training and ensure regular review meetings after long periods of absence

Both the process for short term and long term absence make reference to reasonable adjustments. Therefore, an employee with a critical illness would have this applied to them whether they remain in work and suffer higher instances of short term absence or they are absent on a long term basis.

Where an employee is on long term absence due to a critical illness the options available to them would be discussed with them by HR People Services and OH. This discussion would take place at least before the end of their occupational sick pay. In most cases the employee can be considered for ill health retirement. However, there are instances where it is beneficial for the employee to remain in service and we would support this.

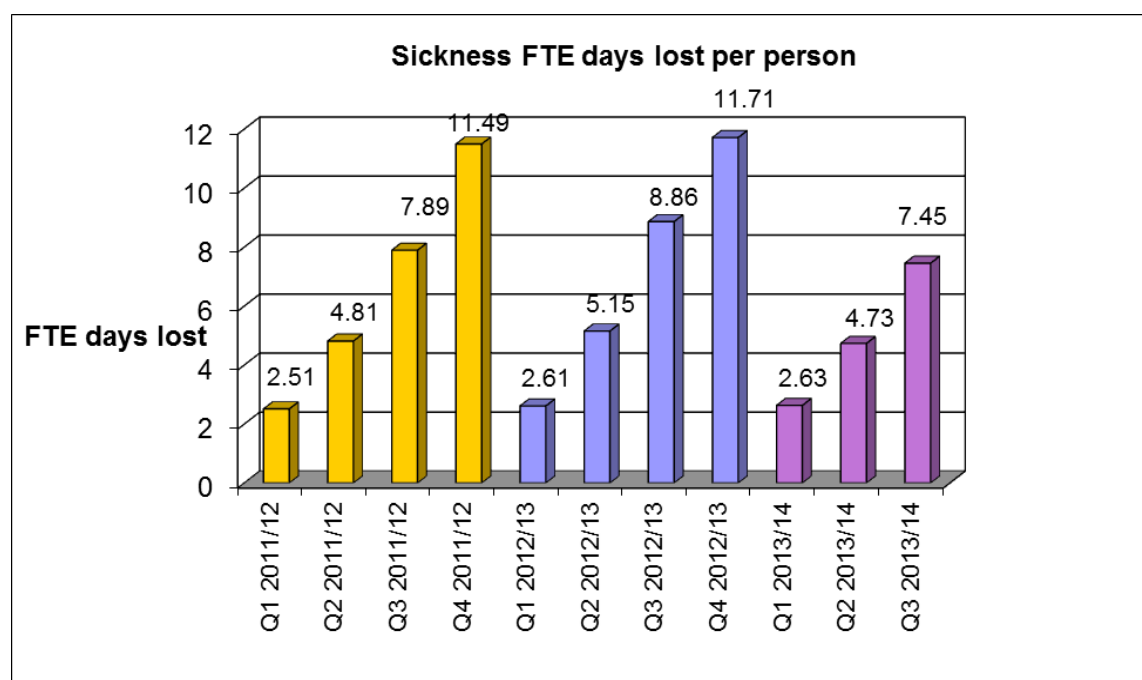
#### Statistics

From **31<sup>st</sup> March 2011 to 18<sup>th</sup> October 2012** we have had 113 dismissals on the basis of either short term or long term absence. The category of critical illness is not recorded on the system but by looking at the reasons for absence there appears to be 6 absences which could be covered by this: 2 absences for Cancer; 1 for Chemotherapy; 1 for Stroke; 1 for Heart Disorder and; 1 for Angina. Although these show in the statistics for dismissal these were all granted ill health retirement.

This information does not back up the assertion by the trade unions that we are dismissing employees with a critical illness.



## Briefing Note : Updated Sickness Position Quarter 3 :



The Q3 results have shown a further decrease in absence based on the previous 2 years data. It is worth noting that the Q3 result of 7.45 FTE days lost is the lowest recorded Q3 figure since records began in 2005.

Q1 showed an increase over the previous two years. Following the introduction of the new Attendance and Wellbeing Policy from 1 July 2013, Q2 and Q3 results have indicated reductions over similar quarters for previous years.

Information on staff sickness continues to be provided to all Directorates and all Schools on a monthly basis, which highlights any missed return to work interviews, missed triggers, long term absences and performance against agreed targets. The improved monitoring enabled by the provision of this data could be a contributory factor to the reductions being highlighted.

The absence team in HR People Services responsible for managing Long Term absences has also had an impact of processing Long term cases and supporting managers in a timely way.

Based on Q3 data the forecast for 2013/14 is approximately **10.4 FTE** days lost per person. The target is **10 FTE** days.

The final data for 2013/14 will be available mid April 2014..Wales Audit Office spent some time at the end of 2013 in HRPS and met with a range of Directorate managers to understand in operational terms how sickness absence is recorded and managed. Their observations are anticipated next month.

## Sickness Absence FTE days lost per person - Target per Service Area 2013/14

2013/14 Target						2013/14 Cumulative Data			2013/14 Forecast
Directorate	Service Area/Division	Staff FTE No.	FTE Target Days lost per Service Area	FTE target	Average Staff FTE No. Q3	FTE Days lost per person (Q1)	FTE Days lost per person (Q2)	FTE Days lost per person (Q3)	Based on Q3 data
	Snr Mgt (CEX, CD & CD Support)	6	20	3.33	6	0.33	0.33	0.33	0.47
Operations	Sports Leisure and Culture	768	9121	11.88	755	3.21	6.27	10.28	14.40
	Environment	742	15774	21.26	735	4.96	9.87	14.41	20.17
	Strat Pln High & Traff & Trn	420	2200	5.24	415	1.80	3.34	6.00	8.40
	Comm Hsg & Customer Serv	1029	10525	10.23	1044	2.54	4.97	7.48	10.47
	Childrens Services	398	5974	15.01	388	4.02	8.24	13.00	18.20
	Health and Social Care	807	13557	16.80	766	3.17	6.62	10.37	14.51
	Education & LL - Non-Schools	1095	12952	11.83	1100	2.81	4.93	7.88	11.03
	Education & LL - Schools	5459	39075	7.16	5441	2.18	3.45	5.58	7.81
	<b>Total Operations</b>	<b>10718</b>	<b>109178</b>	<b>10.19</b>	<b>10642</b>	<b>2.67</b>	<b>4.80</b>	<b>7.58</b>	<b>10.61</b>
Resources	<b>Total Resources*</b>	<b>867</b>	<b>7445</b>	<b>8.59</b>	<b>863</b>	<b>2.33</b>	<b>4.20</b>	<b>6.66</b>	<b>9.33</b>
	Democratic Services	65	326	5.02	67	1.99	2.73	3.13	4.39
	Economic Development	95	445	4.68	94	1.92	3.78	5.07	7.10
	Cabinet Office	25	350	14.00	26	1.72	3.38	4.17	5.84
	<b>GRAND TOTAL</b>	<b>11776</b>	<b>117764</b>	<b>10.00</b>	<b>11698</b>	<b>2.63</b>	<b>4.73</b>	<b>7.45</b>	<b>10.43</b>
<b>2013/14 Forecast</b>						<b>11.85</b>	<b>10.89</b>	<b>10.43</b>	
	Council (Non-Schools)	<b>6317</b>	<b>78689</b>	<b>12.46</b>	<b>6257</b>	<b>3.03</b>	<b>5.85</b>	<b>9.00</b>	<b>12.59</b>
	Schools	<b>5459</b>	<b>39075</b>	<b>7.16</b>	<b>5441</b>	<b>2.18</b>	<b>3.45</b>	<b>5.58</b>	<b>7.81</b>

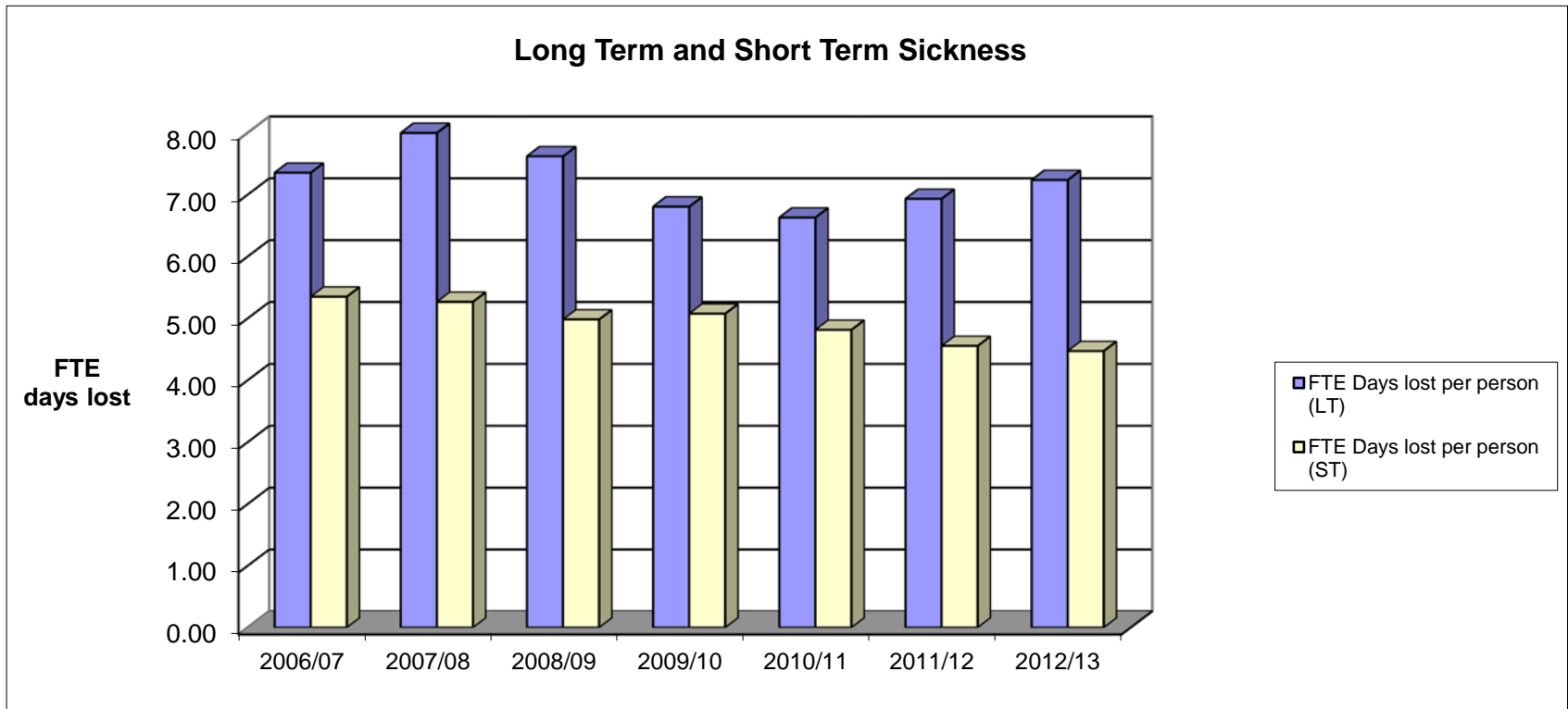
### Note:

\* Resources includes Finance, HR, Legal, CTS/FM, ICT, Resources Prog and Improvement & Info Mgt



**Council Wide Sickness Data from 2006/7 - Long term and Short term**

Result Date	No. of FTE staff	Long Term FTE Days Lost	FTE Days lost per person (LT)	Short term FTE Days Lost	FTE Days lost per person (ST)	Total FTE days lost	Total FTE days lost per person	Industrial Accident FTE days lost
2006/07	12,057	88,666	7.35	64,514	5.35	153,180	12.70	1,986
2007/08	12,326	98,579	8.00	64,930	5.27	163,509	13.27	2,277
2008/09	12,667	96,520	7.62	63,119	4.98	159,639	12.60	3,396
2009/10	12,786	87,017	6.81	64,911	5.08	151,928	11.88	3,460
2010/11	12,399	82,199	6.63	59,703	4.82	141,902	11.45	1,731
2011/12	11,985	83,077	6.93	54,585	4.55	137,662	11.49	1,751
2012/13	11,790	85,317	7.24	52,726	4.47	138,043	11.71	1,776



### Long Term Sickness Cases by Length (as at 21 February 2014)

Row Labels	a) 4 wks - 3 mths	b) 3 - 6 mths	c) 6 - 12 mths	d) 12 mths plus	Grand Total
CABINET OFFICE					0
CHILDREN SERVICES	7	3	5	2	17
COMMUNITIES HOUSING & CUSTOMER SERVICES	13	6	3		22
DEMOCRATIC SERVICES	1				1
ECONOMIC DEVELOPMENT					0
EDUCATION - SCHOOL POSTS	91	50	13	11	165
EDUCATION & LIFELONG LEARNING	33	18	5	1	57
ENVIRONMENT	22	6	2	1	31
FINANCE	2	2			4
HEALTH & SOCIAL CARE	18	6	3		27
HR PEOPLE SERVICES		1			1
LEGAL SERVICES	1	1			2
RESOURCES - CTS & FM	6	4	2		12
RESOURCES - ICT		1			1
RESOURCES - PROGRAMME					0
SPORT LEISURE & CULTURE	8	5	1	3	17
STRATEGIC PLANNING HIGHWAYS TRAFFIC&TRAN	5	2	2	1	10
<b>Grand Total</b>	<b>207</b>	<b>105</b>	<b>36</b>	<b>19</b>	<b>367</b>

**Sickness Absence by Reason - April 2013 - Dec 2013**

Sickness Categories	Short Term FTE Days Lost	Long Term FTE Days Lost	Total FTE Days Lost	Industrial Accident FTE Days lost
. BACKPROB	2,090.54	3,928.33	6,018.87	508.61
. CHEST RESP	2,850.97	1,988.73	4,839.71	
. EYE EAR NOSE	3,286.10	1,335.18	4,621.28	21.33
. GEN-URINARY	599.80	1,006.25	1,606.05	
. HEART B.P.	489.95	2,352.68	2,842.62	
. INFECTION	5,136.92	2,665.98	7,802.90	
. MUSCSKEL	2,980.93	11,390.64	14,371.57	1,222.11
. NEURO	1,144.37	1,549.68	2,694.05	
. NOT GIVEN		49.00	49.00	
. OTHER*	6,286.06	14,191.93	20,478.00	113.73
. PREGNANCY	704.82	871.50	1,576.32	
. STOMACH ETC	4,775.80	2,508.24	7,284.04	
. STRESS	2,265.18	13,518.65	15,783.83	2.00
<b>TOTAL</b>	<b>32,611.45</b>	<b>57,356.79</b>	<b>89,968.24</b>	<b>1,867.78</b>

Note:

Sickness Categories based on WG definitions which are reported on an annual basis

\* Sickness category of "Other" includes the following absence reasons:-

- Allergy
- Bites
- Cuts
- Diabetes
- Electrical Injury
- Inflammation
- Psoriasis
- Rash
- Repetative strain Injury
- Skin problems
- Sun burn
- Cancer
- Post OP recovery

If Industrial Accident is not reported then Council sickness would reduce by approx. 2%, or equivalent of 0.2 FTE days lost.

## Return to Work and Trigger information - January 2014

Row Labels	No. of Closed Sickness Cases	RTW		Triggers		
		No. of Missed RTW	% completed	No. of Triggers Hit	No. of Missed Triggers	% completed
CABINET OFFICE	1	0	100%	1	0	100%
CHILDREN SERVICES	33	2	94%	8	2	75%
COMMUNITIES HOUSING & CUSTOMER SERVICES	107	3	97%	35	5	86%
DEMOCRATIC SERVICES	4	0	100%	0	0	100%
ECONOMIC DEVELOPMENT	7	2	71%	0	0	100%
EDUCATION - SCHOOL POSTS	702	347	51%	273	202	26%
EDUCATION & LIFELONG LEARNING	138	4	97%	41	2	95%
ENVIRONMENT	74	3	96%	23	0	100%
FINANCE	23	0	100%	6	1	83%
HEALTH & SOCIAL CARE	111	2	98%	44	5	89%
HR PEOPLE SERVICES	9	0	100%	3	0	100%
LEGAL SERVICES	3	0	100%	0	0	100%
RESOURCES - CTS & FM	18	1	94%	4	1	75%
RESOURCES - ICT	3	0	100%	2	0	100%
RESOURCES - RESOURCES PROG	3	0	100%	0	0	100%
SPORT LEISURE & CULTURE	90	6	93%	28	5	82%
STRATEGIC PLANNING HIGHWAYS TRAFFIC&TRAN	35	4	89%	6	1	83%
<b>Grand Total</b>	<b>1361</b>	<b>374</b>	<b>73%</b>	<b>474</b>	<b>224</b>	<b>53%</b>

# Sickness Data

	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13
<b>Target (actual days)</b>	11.88	12.61	11.98	11.29	10.88	10.00
<b>Achieved (actual days)</b>	13.27	12.60	11.88	11.45	11.49	11.71
<b>FTE Staff No.</b>	12,326	12,667	12,786	12,399	11,985	11,790
<b>Total Days sickness</b>	163,509	159,639	151,928	141,902	137,662	138,043
<b>Cost of Absence</b>	£15.6m	£15.7m	£16.0m	£15.1m	£17.1m	£18.2m

CIPD Annual Sickness Survey	2008	2009	2010	2011	2012	2013
<b>Days lost per emp. (All sectors)</b>	8.0	7.4	7.7	7.7	6.8	7.6
<b>Days lost per emp. (public sector)</b>	9.8	9.7	9.6	9.1	7.9	8.7

Welsh Local Authorities Status	2008/9	2009/10	2010/11	2011/12	2012/13
<b>Best Performer (days lost)</b>	Wrexham & Monmouthshire (8.9)	Vale of Glamorgan (8.3)	Torfaen & Neath Port Talbot (8.5)	Vale of Glamorgan (8.2)	Merthyr Tydfil (6.1)
<b>Worst Performer (days lost)</b>	Caerphilly (13.5)	Monmouthshire & Swansea (13.0)	Monmouthshire (13.2)	Anglesey (13.8)	Anglesey and Monmouthshire (11.9)
<b>Cardiff's Position (days lost)</b>	15 <sup>th</sup> (12.6)	18 <sup>th</sup> (11.9)	18 <sup>th</sup> (11.4)	16 <sup>th</sup> (11.5)	18 <sup>th</sup> (11.7)

# Welsh Authority Sickness Levels

CHR/002: The number of working days/shifts per full-time equivalent (FTE) local authority employee lost due to sickness absence							
Year	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
Wales	11.3	11.6	11.5	10.9	10.3	10.4	10.2
Isle of Anglesey	-	-	-	-	-	13.8	11.9
Gwynedd	10.3	9.9	9.9	10	8.7	8.3	8.5
Conwy	12.7	10.3	10.7	11.1	10.9	10	10.2
Denbighshire	10	11.6	12.5	10.9	9.2	9.2	9
Flintshire	10.5	10.7	-	10.8	10.4	10.5	11
Wrexham	10.6	9.3	8.9	9.8	9.4	-	9.9
Powys	-	-	-	8.9	8.5	8.6	9.1
Ceredigion	11.9	11.6	10.6	9.4	10.2	-	-
Pembrokeshire	10.5	10.2	10.7	10.7	9.4	10.3	11.7
Carmarthenshire	10.6	12.6	11.7	11.1	11	10	10.8
Swansea	-	-	12.8	13	12.5	12.1	11.4
Neath Port Talbot	12.5	11.8	11.8	11.3	9.5	10.1	9.6
Bridgend	10.6	14.8	-	11.5	9.9	9.4	10.5
The Vale of Glamorgan	12.7	-	11.2	8.3	8.5	8.2	7.8
<b>Cardiff</b>	<b>12.7</b>	<b>13.3</b>	<b>12.6</b>	<b>11.9</b>	<b>11.4</b>	<b>11.5</b>	<b>11.7</b>
Rhondda Cynon Taf	-	-	-	-	-	-	8.3
Merthyr Tydfil	9.6	9.6	11.4	8.5	9.4	10	6.1
Caerphilly	-	11.2	13.5	11.8	11.2	10.2	10.6
Blaenau Gwent	12.8	13.3	11.9	10.2	9.6	9.9	9
Torfaen	12.5	13.4	11.4	10.3	9.7	10.5	11.6
Monmouthshire	8.8	8.6	8.9	13	13.2	13.3	11.9
Newport	11.2	-	10.1	11	10	10.4	9.3