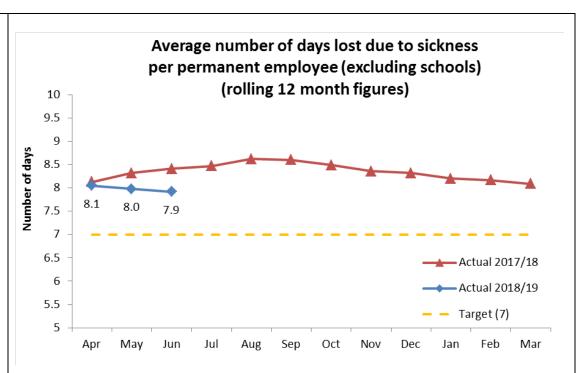
ORGANISATIONAL HEALTH INDICATORS

Average number of days lost due to sickness per permanent employee (excluding schools) (rolling 12 month figures)



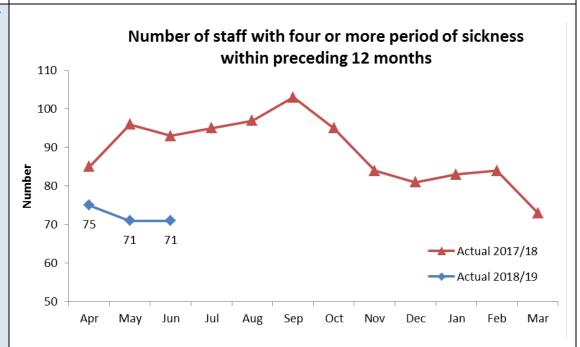
As can be seen from the data above, sickness absence levels during 2017/18 steadily increased against the overall end of year target, despite continued focus on absence reporting and monitoring. After reaching a peak of 8.6 average working days lost in August 2017 (which equated to a loss of productivity equivalent to that of approximately 39 full time posts), a gradual reduction returned with the outturn figure at year end being 8.1 against a target of 7. However, in comparison to national benchmarking data, including that from the Chartered Institute of Personnel Development (CIPD) which reports an average of 8.5 working days lost within the public sector, the council was below this national reported figure. It is estimated that as a result of the gradual reduction in sickness absence since April 2018, the equivalent lost productivity to sickness absence has decreased by 15.6% (in other words, 6.5 full time posts) for the period ending June 2018.

The root causes for absence can be difficult to ascertain, largely because of the complex nature of the factors that can affect wellbeing and the degree to which an individual might have personal resilience when faced with one or more of those factors. Some of these might include lifestyle; health; workplace and culture. Data analysis of sickness absence did not highlight any particular factors that may be affecting absence levels although it was clear that there was a variance in absence levels between directorates, with front facing services more prone to higher levels of absence. Infections were the cause of the highest level of occurrence of absence and stress/mental ill health continuing to be the root of the highest number of working days lost in absence.

Following a period of investigative work to secure greater understanding of issues faced by services, an attendance and wellbeing strategy has been put in place to address the issues highlighted of a need to undertake proactive prevention that aims to avoid illness occurring; proactive management by building the skills and confidence of managers in dealing with attendance concerns and proactive wellbeing in raising awareness of mental ill-health and

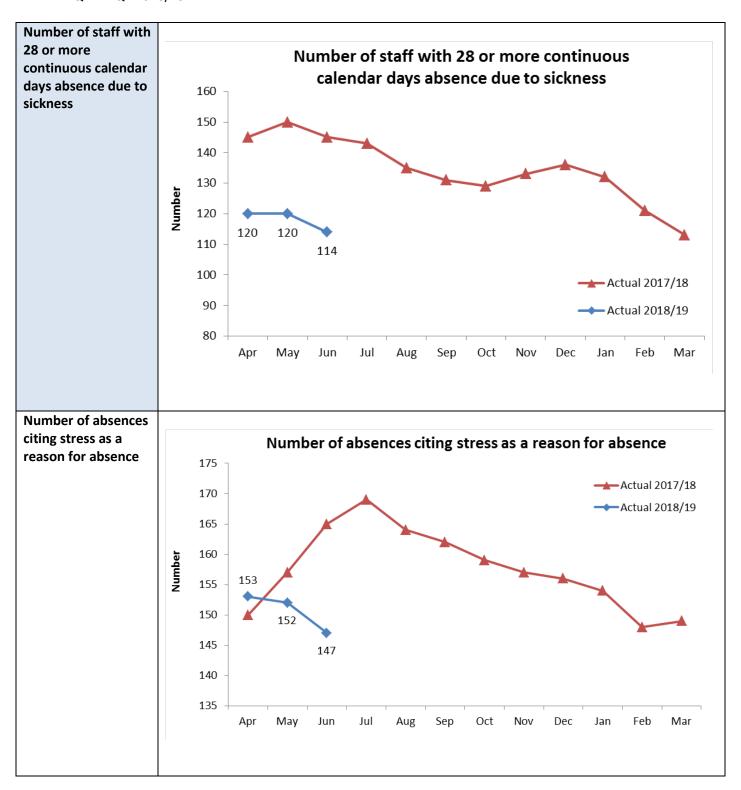
the support that is available to promote and manage good health. Actions and activities for the current year include improved reporting arrangements for managers to receive data analysis on service absence; absence being a standard item on service board agendas; targeted training for managers; use of the Remploy scheme to support staff experiencing mental health problems; training in resilience; the training of mental health first aiders and the continued operation of the mental health group in which to provide targeted support of staff experiencing mental ill health. As can be seen from the graphs above and below, that sickness absence levels are now beginning to fall in all aspects of monitoring.

No. of staff with 4 or more period of sickness within preceding 12 months

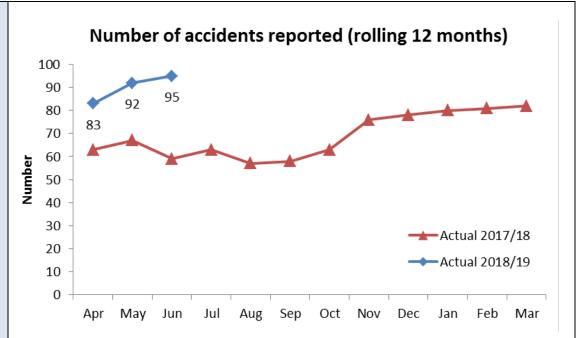


Number of staff with 14 or calendar days sickness within the preceding 12 months





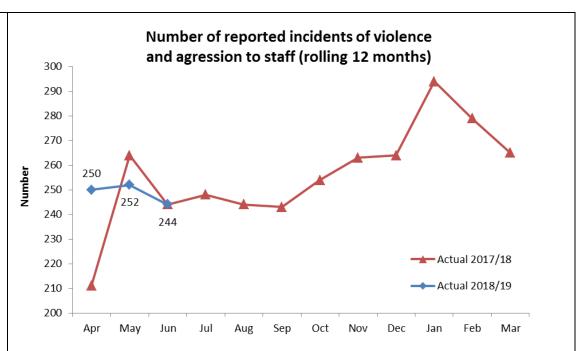
Number of accidents reported (rolling 12 months)



Following investigative work through health and safety auditing, it was considered that there is under-reporting of accidents across many of the council service areas (as distinct from accidents that are required for the purposes of Reporting of Injuries, Diseases or Dangerous Occurrence Regulations (RIDDOR) of which there were two in this reporting period. Through the council's health and safety board and its health and safety liaison officer network, services have been alerted to the accident reporting system and requirements for reporting has been undertaken. It is of no surprise therefore that there has been an increase in reporting from the normal pattern in the first quarter. The main cause of accidents are contusions (bruises) followed by slips, trips and falls, laceration and abrasion (scraping). Health and safety advisors participate in directorate service boards to provide accident data and analysis reporting as well as to afford advice and guidance on areas of concern and which require improvement.

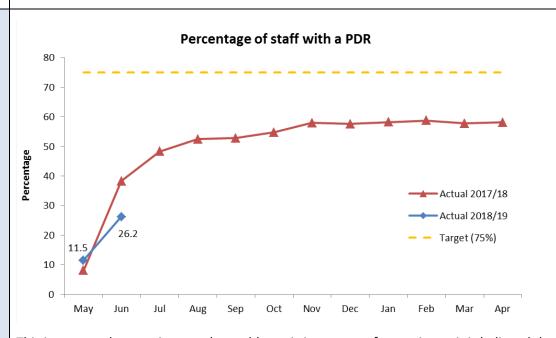
With the increased use of pool cars in recent years, incidents involving vehicles is a matter that is now under regular monitoring. A driving policy has been developed to provide clear expectations in respect of safe driving in council and personal vehicles whilst on council business. The facilities management team have also introduced safe driver assessment and training.

Number of reported incidents of violence and aggression to staff (rolling 12 months)



As can be seen from the chart above, incidents of violence and aggression overall remain at the same levels although a slight decline in recent months. The majority of incidents reported fall within maintained schools, children's services, adult social care, civil enforcment and reception areas. Continued monitoring takes place of all incidents and remedial action taken where appropriate to provide additional protection and support to staff who are subject to incidents.

Percentage of staff with a Personal Development Review (PDR)



This is an area that continues to be problematic in respect of reporting as it is believed that many service areas do not utilise the council's business system SAP for the recording of completed records although report that personal development reviews have been undertaken and are in written form. The Staff Survey from 2017 found that 75% of respondents had had a PDR, and there is no further evidence to suggest that the non-completion of PDR's is systemic. A refresh of the council's personal development review system is currently being undertaken with a re-launch and campaign planned in readiness for the next scheduled round of reviews.