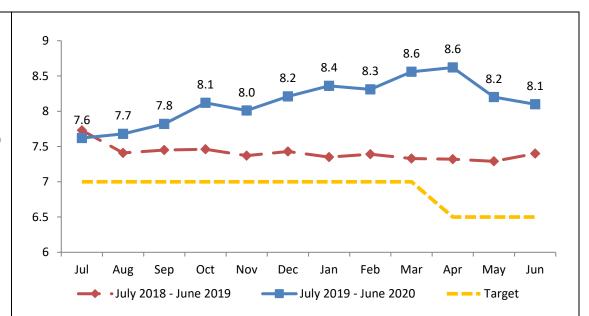
Appendix A11 2019/20 Q4 and 2020/21 Q1 – ORGANISATIONAL HEALTH INDICATORS

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



The outturn at the end of June 2020 of 8.1 follows an increasing trend in average absence since August 2018. Up until the end of April 2020 there was a strong upward trend where it peaked at 8.6 up from 7.32 in same period from the previous year (April 19). However, this was followed by a sharp decrease in May and June 2020 to 8.1. Absence remains consistently above the revised target of 6.5 days.

The most common cause of absence is infections accounting for 30 per cent of all absences. The most common cause for working days lost are those relating to mental ill health, accounting for 30 per cent of all working days lost. Of the working days lost to mental ill health 20 per cent has been specifically identified as work related.

The indicative cost of this absence (including an estimate of on-costs) is £1.7 million; this has increased over the last 12 months £1.6 million. The three directorates with the highest averages are; adult social care (ASC) & housing (13.1), children's services (7.9), and fire and rescue (7.9).

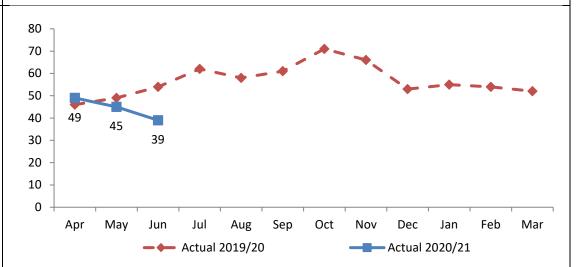
Significant steps have and continue to be taken by human resources (HR) and directorates to contain and reduce sickness absence;

- The Sickness Absence Strategy has been refreshed and an updated action plan is being sent to CMT for review.
- Absence reports are produced monthly for each director; directorates with the highest levels receive additional information to supplement the standard reports as well as attendance at Service Boards.
- Dashboard reports are issued to CMT for review monthly.
- Significant effort has been made to tackle mental ill health as detailed in the measure below. Work will continue on improving resilience of staff.
- Automatic notifications are now sent to managers when staff reach a long term or multiple absence trigger as detailed in the Attendance Management Policy

and Procedure. This includes an escalation up the hierarchy if the manager does not respond.

- Regular lunch and learn sessions are held with managers providing further opportunities to access support and to help to hone their people management skills and additional management development is available through the new online Learning Hub implemented by the learning and development team.
- The Occupational Health provision has been brought in house to further enhance the service with only complex cases being commissioned externally from the NHS.
- Temporary dedicated resource has been created in adult social care & housing to help manage sickness absence working closely with the ASC HR Advisor.
- A report has been commissioned by CMT from HR examining the trends and reasons behind mental ill health in greater detail.

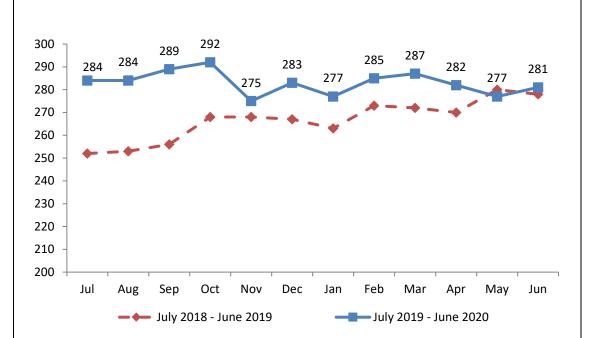
No. of staff with 4 or more period of sickness within preceding 12 months



This measure continues to follow a downward trend and has shown little variation up until April 20. However, the outturn from May and June 2020 saw a drop to the lowest levels since August 2018 (39).

HR continues to work closely with managers to tackle repeated absence. A significant amount of management information is being sent monthly to service boards, and managers receive automated email notifications when their employees reach this policy trigger. Other measures to manage sickness absence are described above in the average sickness comment.

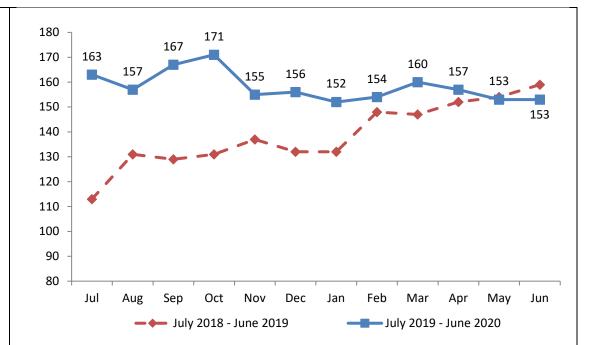
Number of staff with 14 or calendar days sickness within the preceding 12 months



Having shown an decreasing trend since March 2020, the number of staff with 14 or more calendar days sickness has once again started to show an increase in June and is now in line with the previous years' higher levels. This matches the increased number of staff with a long term sickness episode of 28 days or longer shown in the measure below, thus indicating that staff are off work due to sickness less frequently but when they are off work due to sickness, it is for a longer period of time. Further investigation is to be undertaken into this changing pattern of absence to determine whether there are any additional interventions that may assist in reducing the number of longer term absences.

Measures to manage sickness absence are described above in the average sickness comment.

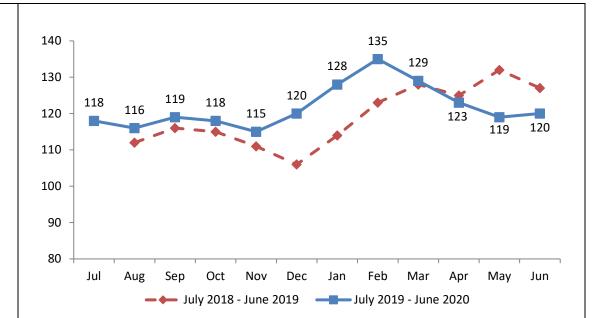
Number of staff with 28 or more continuous calendar days absence due to sickness



As can be seen from the graph above, there has been a marked change in absence trend in the last two reporting quarters. It is not unusual for there to be an increase in the length of absence during the winter months but this is an unexpected level of spike over this period. 49 per cent of long term absence is caused by absences relating to Stress/Depression/Mental Health, 18 per cent is caused by absences relating to Operations/Recovery/Treatment, and 10 per cent is caused by absences relating to Other Musculoskeletal. The council has a significant programme of support for staff experiencing mental ill health in place and for managers in recognising and managing mental ill health concerns in the workplace and will remain under review for effectiveness. Continued pro-active management of mental health related absence will also be undertaken.

The steps HR are taking to reduce overall absence are detailed in the average working days lost measure, and the specific steps we have taken to improve mental health are mentioned in the stress absence measure below. As with employees that reach the multiple absence policy trigger (4 or more absences), automated emails are sent out for long term absences to managers for action and escalated up the hierarchy as appropriate.

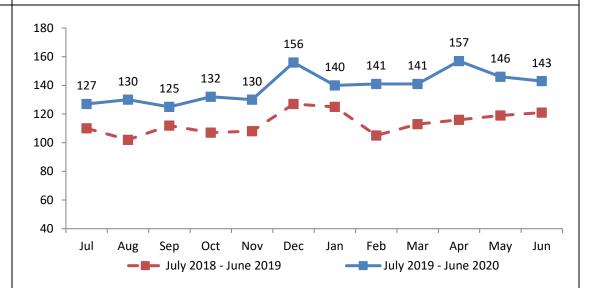
Number of absences citing stress as a reason for absence



Whilst the trend since August 2018 shows a gradual increase in the number of these absences, there isn't much variation. At its lowest point there were 106 employees absent and at it's maximum 135, and the average (mean) over that period is 120. The outturn for June 2020 was the same as the average (120).

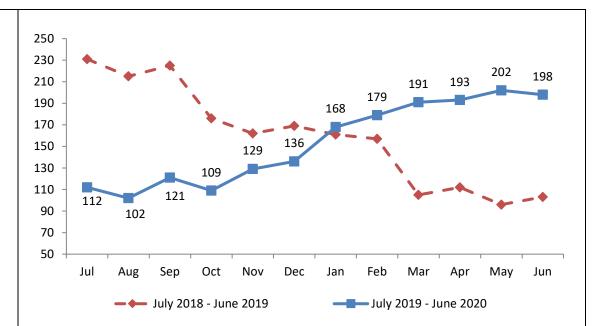
To support the work of the council in regards to mental health issues amongst staff and in accordance with "The Pledge" action plan we have trained a cohort of 85 mental health first aiders across the majority of council sites. We also have 22 mental health champions trained to carry out promotional and stigma reducing activities. There is also an Employee Assistance Scheme with a 24 hour helpline for staff as well as the mental health access to work scheme REMPLOY which now has bespoke Isle of Wight Council (IWC) access arrangements.

Number of accidents reported (rolling 12 months)



Whilst the number of reported accidents is higher than in the previous reporting year, this is considered to be directly related to the promotion undertaken to raise awareness of the importance of reporting accidents and incidents amongst staff and managers this year. It is considered that there has been under-reporting prior to these interventions.

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 have been rising steadily since October 2019, with a slight drop in June 2020. The majority of incidents reported fall within maintained schools, children's services, adult social care, civil enforcment and reception areas where incidents are more likely to occur due to the nature of the work. 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.