

Report to Business & Transformation Scrutiny Panel

Agenda Item:

A.5

Meeting Date: 3rd June 2021
 Portfolio: Finance, Governance and Resources
 Key Decision: No
 Within Policy and Budget Framework: Yes
 Public / Private: Public

Title: SICKNESS ABSENCE REPORT 2020/21
 Report of: The Deputy Chief Executive
 Report Number: CS 24-21

Purpose / Summary:

This report sets out the authority's sickness absence levels for the period April 2020 to March 2021 and other sickness absence information.

Recommendations:

- 1) Scrutinise and comment on the information on sickness absence provided in the report.

Tracking

Executive:	Not applicable
Scrutiny: BTSP	3 rd June 2021
Council:	Not applicable

1. BACKGROUND

Business and Transformation Scrutiny Panel met on 13th February 2020 and during a discussion on the Sickness Absence Report, it was resolved that a Task and Finish Group would be established to assist the HR Manager in reviewing the Attendance Management Policy which would enable Managers to more effectively manage absence.

A new Improving Attendance Policy has been drafted as part of the work of this group. The draft Improving Attendance Policy, developed as part of a Member led Task and Finish group, has been through a consultation process with staff and managers. The Task and Finish Group plan to meet again in May 2021 to review the consultation feedback and to consider any final amendments to the policy draft. The policy draft is intended to support managers and employees with improving attendance at work.

Current sickness statistics are shown below, with the number of days lost per FTE equating to 8.5 (2019/20 12.1).

2. 2020/21 SICKNESS ABSENCE

The tables below show the 8.5 days lost per FTE split between long and short-term sickness (long term sickness is defined as any absence more than 4 consecutive working weeks):

2020/21	Days Lost	Days Lost per FTE
Long-term	2,973 (79%)	6.7 (79%)
Short-term	797 (21%)	1.8 (21%)
Total	3,770	8.5

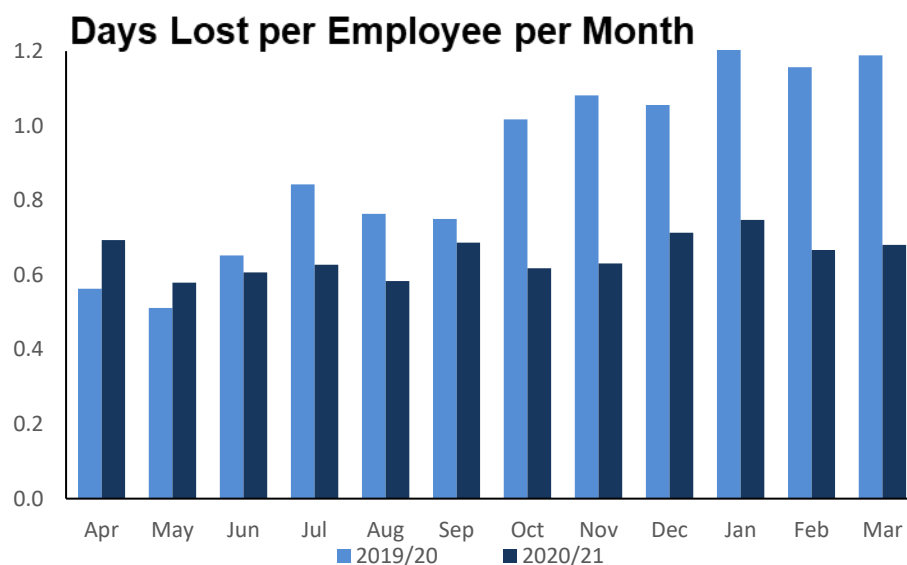
The tables below provide absence levels split by directorates for 2020/21 and previous whole years. New staffing structures were in place with effect from 1 October 2016 and 1 October 2018.

All Directorates (470 head count/411 Full-Time Equivalents (FTE) as at 31/03/21)				
Indicator	2017/18	2018/19	2019/20	2020/21
Working days lost due to sickness absence per FTE	9.3	10.4	12.1	8.5
Number of working days lost due to sickness absence	3,875	4,260	5,065	3,770
Proportion of sickness absence that is long term (four working weeks or more)	58%	65%	69%	79%
Community Services (189 head count/178 FTE)				
Indicator	2017/18	2018/19	2019/20	2020/21
Working days lost due to sickness absence per FTE	12.6	13.1	12.8	11
Number of working days lost due to sickness absence	2,078	2,139	2,116	1,939
Proportion of sickness absence that is long term (four working weeks or more)	69%	68%	64%	77%
Economic Development (38 head count/36 FTE)				
Indicator	2017/18	2018/19	2019/20	2020/21
Working days lost due to sickness absence per FTE	3.6	4.4	5.4	3.4
Number of working days lost due to sickness absence	128	157	200	127
Proportion of sickness absence that is long term (four working weeks or more)	0%	33%	37%	93%
Governance and Regulatory Services (135 head count/110 FTE)				
Indicator	2017/18	2018/19	2019/20	2020/21
Working days lost due to sickness absence per FTE	8.6	11.3	11.7	8
Number of working days lost due to sickness absence	902	1,165	1,308	1,033
Proportion of sickness absence that is long term (four working weeks or more)	59%	78%	77%	85%
Corporate Support* (34 head count/27 FTE)				
Indicator	2017/18	2018/19	2019/20	2020/21
Working days lost due to sickness absence per FTE			11.3	9.6
Number of working days lost due to sickness absence			795	520
Proportion of sickness absence that is long term (four working weeks or more)			65%	74%
Finance and Resources* (74 head count/60 FTE)				
Indicator	2017/18	2018/19	2019/20	2020/21
Working days lost due to sickness absence per FTE			19	3.2
Number of working days lost due to sickness absence			647	152
Proportion of sickness absence that is long term (four working weeks or more)			82%	45%

*Corporate Support and Finance and Resources directorates restructures took effect from 1st October 2018, therefore reporting on new directorates has commenced from 2019/20.

In 2020/21, there was a 30% reduction in overall days lost per employee when compared to the same period in the previous year. 56 employees have been absent long-term (those cases where the absence is 4 working weeks or more) throughout the year; only 6 less than the previous year. 11 long-term cases remained open as at 20th April 2021 and 27 of the instances were due to 'Stress, depression, mental health, fatigue syndromes'.

The following graph compares the last twelve months with those of the previous year. The last ten consecutive months has seen a reduction in days lost compared to the same months of the previous year. Much of this reduction can be attributed to a decline in short-term sickness cases.



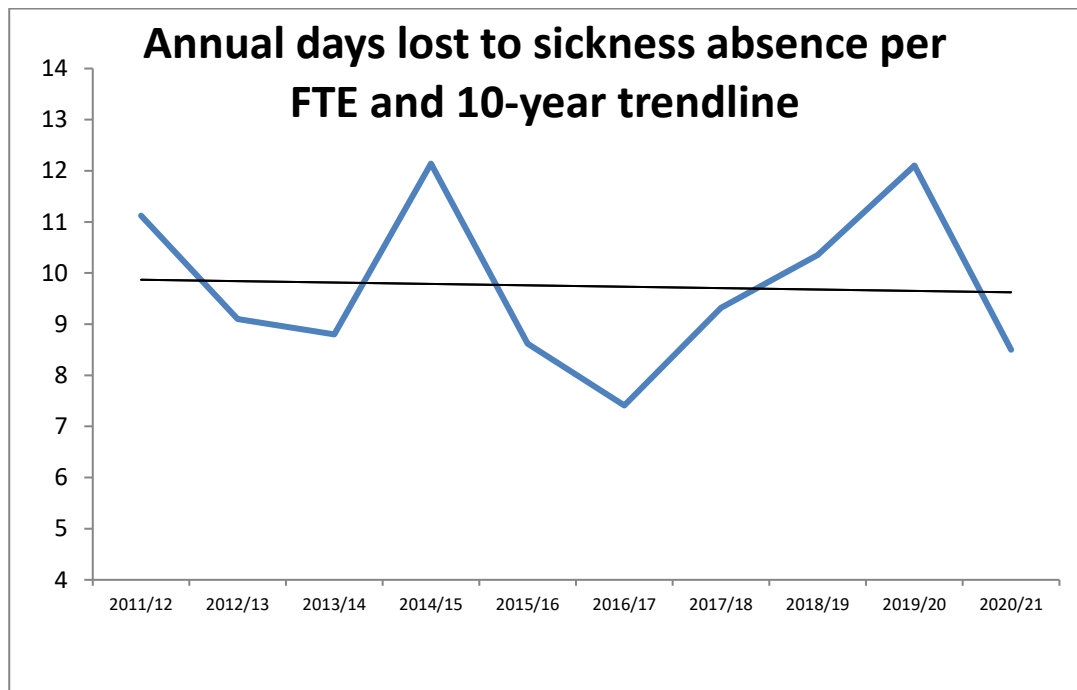
Impact of Covid-19

The direct impact of the pandemic on absenteeism has been monitored since the first national restrictions were announced early last year. The majority of staff have been able to work from home or have been redeployed into other roles. However, in the minority of cases staff have been unable to work. Reasons for this include: childcare, self-isolation, shielding, the service was temporarily halted and staff unable to be redeployed and actual Covid-19 sickness absence. The total number of working days lost to these reasons amounts to 275 days across 150 employees.

3. TRENDS

As stated above, Authority-wide, compared to 2019/20, 2020/21 levels of sickness have decreased by 30%. The long-term trend can be seen in the graph below. The medium to long term direct and indirect impacts of the Covid-19 pandemic on the Authority's sickness absence level are difficult to predict. However, absences will continue to be proactively managed and the absence data monitored for any emerging issues.

The black line is the long-term trendline.



4. SICKNESS ABSENCE REASONS

The reasons for sickness absence in 2020/21 are shown in the table below. The table shows the FTE days lost due to each reason for the sickness absence and is split by directorate. 'Stress, depression, mental health, fatigue syndromes' currently represents the absence reason with the greatest days lost (1,578 days). 85% of these lost days were from 27 long term absentees. 5 of these cases were still open at the time of writing.

FTE Days lost by reason and directorate	Comm. Services	Corporate Support	Economic Dev't	Financial Services	Gov & Reg Services	<i>Total</i>
Back and neck problems	41	1	3	10	3	58 (2%)
Other musculo-skeletal problems	641		75	25	88	829 (22%)
Stress, depression, mental health, fatigue syndromes	800	162		53	564	1,578 (42%)
Infections (incl. colds and flu)	30.5	38		10	24	102 (3%)
Neurological (incl. headaches and migraine)	22	12		2	61	97 (3%)
Genito-urinary / gynaecological	6	22	43			71 (2%)
Pregnancy related (not maternity leave)			2		25	27 (1%)-
Stomach, liver, kidney & digestion (incl. gastroenteritis)	128	76	4	1	28	236 (6%)
Heart, blood pressure & circulation	86	66				152 (4%)
Chest & respiratory (incl. chest infections)	171			27	10	208 (6%)
Ear, eye, nose & mouth / dental (incl. sinusitis)	9	5		5		19 (1%)
Other	6	138		20	230	394 (10%)

5. RETURN TO WORK INTERVIEWS (RTW)

Research shows that carrying out a return to work interview is one of the most effective ways to manage attendance and reduce absence. There are many benefits to conducting return to work interviews. These can include:

- Making sure employees really are well enough to go back to work
- Updating employees on news that has occurred in their absence
- Identifying whether any workplace adjustments might be required

Up to the end of March 2021, 97% of return to work interviews has been conducted (2019/20: 97%). The number of working days between the employees returning to work and interviews being conducted and the proportion completed within five working days has also been included in the table below:

Directorate	Proportion of RTWs conducted	Average time taken to complete RTW (working days)	Proportion of RTWs completed within 5 working days
Community Services	97%	5.4	84%
Corporate Support	100%	8.9	53%
Economic Development	67%	3.5	75%
Finance & Resources	100%	6.9	71%
Governance & Regulatory Services	98%	6.2	75%
All Directorates	97%	6.1	76%

6. KEY ACTIVITIES TO SUPPORT ATTENDANCE MANAGEMENT

HR, Organisational Development (OD), Health & Safety and Occupational Health all continue to work closely to proactively manage sickness absence cases, attendance at work and health surveillance and promotion.

In February 2021 the Council achieved the Better Health at Work Gold Award. The OD team and Health Advocates had to come up with new ways of delivering wellbeing initiatives due to the pandemic.

Stress related reasons remain the most common for sickness absence at 42% (last financial year was 29%). Although it cannot be inferred that the pandemic is the sole contributor to this, the HR team have observed increased anxiety and personal stressors amongst staff throughout the pandemic. Managers and colleagues are consistently encouraged to check in with each other through virtual Teams meetings and are frequently reminded about the resources available through the Council's support channels e.g. Employee Assistance Programme, Occupational Health, Physio etc.

The draft Improving Attendance Policy, developed as part of a Member led Task and Finish group, has been through a consultation process with staff and managers. The Task and Finish Group plan to meet again in May 2021 to review the consultation feedback and to consider any amendments to the policy draft. The policy draft is intended to support managers and employees with improving attendance at work.

The Council's Occupational Health (OH) provider continue to meet with HR and Health & Safety monthly to review the OH service and how best they can continue to support the Council and the management of sickness absence. Occupational Health will also participate in the training of the new Improving Attendance Policy.

In addition, the following initiatives were arranged from April 2020 to March 2021 to improve health and wellbeing and reduce sickness absence:

- Flu vaccinations offered to staff;
- Workplace surveys – sent to all staff;
- A Virtual Health and Wellbeing Day was arranged in July 2020. Numerous presentations/activities - Science of Wellbeing, Stress and Resilience, Men's Health, Mood Food, Virtual Waistline Check, Meditation and Sleep;
- Mental Health Awareness Week – help and links organised by OD;
- Mental Fitness & Resilience Resources provided by North West Employers – organised by OD;
- Stress Awareness Day - Advice emailed to staff - November 2020;

- Virtual Mood Monday Chat – organised by Aaron Linden (Health Advocate);
- Virtual Workshop – Bio-Resilience During Winter Months - December 2020;
- Virtual Session - Working safely from home to reduce Musculo Skeletal stresses and strains on the body – December 2020;
- Women's Health – Virtual Chat – organised by OD;
- Men's Health Week – Virtual Presentations and Chat – organised by OD and an internal Health Advocate;
- Virtual Session - Drug, Alcohol and Sexual Health Awareness - December 2020;
- Webinar provided by Health Assured covering Loneliness and Social Connection - January 2021;
- Virtual Sessions – Coping Skills for Anxiety at Work – January and March 2021;
- Importance of Nutrition and Physical Wellbeing Webinar - February 2021;
- Virtual 'Talking Thursday' sessions, which take place on the last Thursday of each month, Chief Executive and Corporate Director of Economic Development have already given their experiences of working through the pandemic - ongoing;
- Wellbeing pages on the intranet - which include support for mental health, carers and general wellbeing – ongoing;
- Wellbeing newsletters emailed to staff – ongoing;
- Employee Assistance Programme - Employee / Employer Monthly Newsletters sent to staff and managers – ongoing.

7. PROPOSALS

None

8. RISKS

None

9. CONSULTATION

The report was reviewed by the Senior Management Team in May 2021.

10. CONCLUSION AND REASONS FOR RECOMMENDATIONS

The Panel are asked to scrutinise and comment on the sickness absence information with a view to driving continuous improvement.

11. CONTRIBUTION TO THE CARLISLE PLAN PRIORITIES

Monitoring sickness absence to help ensure the staff resources available to deliver the Carlisle Plan are maximised.

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**Appendices
attached to report:**

Note: in compliance with section 100d of the Local Government Act 1972 the report has been prepared in part from the following papers:

- **None**

CORPORATE IMPLICATIONS:

LEGAL - This report raises no explicit legal issues.

FINANCE – This report raises no explicit financial issues

EQUALITY – This report highlights the positive interventions taken around mental health in the workplace. This work demonstrates our commitment to the Public Sector Equality Duty and is consistent with the Equality Policy and Action Plan.

INFORMATION GOVERNANCE – This report raises no explicit issues relating to Information Governance.

PROPERTY SERVICES - This report raises no explicit issues relating to Property Services