

Carlisle City Council Report to People Panel

| Report details | |
|-----------------------------|-----------------------------------|
| Meeting Date: | 9 th June 2022 |
| Portfolio: | Finance, Governance and Resources |
| Key Decision: | No |
| Policy and Budget Framework | Yes |
| Public / Private | Public |
| | |

Title:SICKNESS ABSENCE REPORT END OF YEAR 2021/22Report of:The Deputy Chief ExecutiveReport Number:CS 21/22

Purpose / Summary:

This report sets out the authority's sickness absence levels for the period 1st April 2021 to 31st March 2022 and outlines other sickness absence information.

Recommendations:

Consider and comment on the information on sickness absence provided in the report.

Tracking

| Executive: | Not applicable |
|--------------|---------------------------|
| Scrutiny: PP | 9 th June 2022 |
| Council: | Not applicable |

1. BACKGROUND

- 1.1 The report provides a year end overview of sickness absence for Carlisle City Council for the period of 1 April 2021 to 31 March 2022.
- 1.2 During 2021-22 a new Improving Attendance Policy was developed as part of a Member led Task and Finish Group and was formally adopted by the Employment Panel on 14 September 2021. The policy is intended to support managers and employees with improving attendance at work and it is anticipated that the benefits of the revised policy will start to be realised early during the next financial year 2022-23.
- 1.3 For 2021-22 the number of days lost per FTE equates to 12 days. This is close to the pre Covid figure of 12.1 days for 2019/2020. The 2020/2021 figure was 8.5 days.

2. 2021/22 SICKNESS ABSENCE

2.1 The tables below show the 12 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):

| 2021/22 | Days Lost | Days Lost per FTE | |
|------------|-------------|-------------------|--|
| Long-term | 3,821 (76%) | 9.1 (76%) | |
| Short-term | 1,208 (24%) | 2.9 (24%) | |
| Total | 5,029 | 12 | |

2.2 The table below provides absence levels split by directorates.

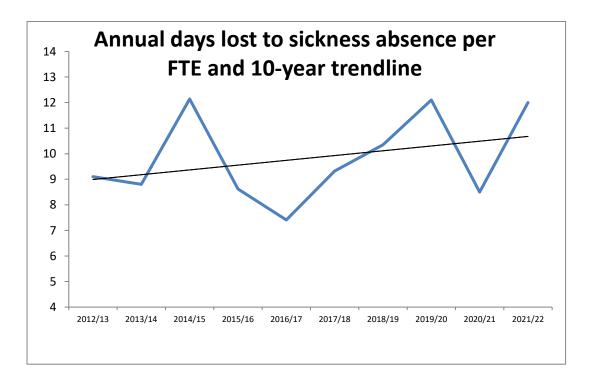
| Directorate | Headcount | Days lost | Days Lost per FTE | Proportion Long-term |
|-------------------------------------|-----------|-----------|----------------------|-------------------------|
| Community Services | 183 | 2,972 | 17.3 | 77% |
| Corporate Support | 34 | 139 | 4.3 | 14% |
| Economic Development | 40 | 122 | 3.3 | 33% |
| Finance & Resources | 74 | 552 | 8.8 | 73% |
| Governance & Regulatory Services | 134 | 1,245 | 10.2 | 86% |

- 2.3 For 2021/22, there is a 41% increase in overall days lost per employee, when compared to the previous year however the number of days lost is comparable with the most recent year not affected by covid which was 12.1 days in 2019/20.
- 2.4 67 different employees were absent long-term (those cases where the absence is 4 working weeks or more) throughout the year five more than the previous year. 6 long-

term cases remained open as of 23 May 2022 (10 less than at end of Quarter 3). Of these 6 cases 3 may meet the eligibility criteria for III Health Retirement and those applications are currently being processed.

3. TRENDS

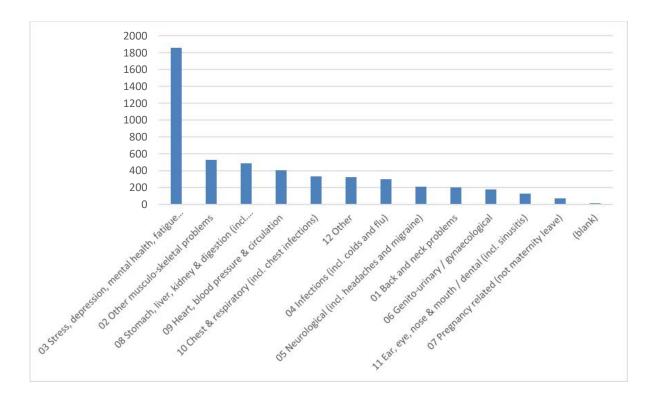
- 3.1 The previous report showed the trend for both long-term and short-term absences with short term sickness absence tending to remain quite static with the exception of the covid affected period, where short term sickness absence reduced. There continues to be a clear correlation between long term sickness absence and the overall performance of the council in relation to absence. Overall performance improvement in this area is likely to be achieved through proactive management of long-term sickness absence through regular supportive discussion and early engagement with our occupational health provider, as set out in the new improving attendance policy.
- 3.2 In the last quarterly report it was predicted that the end of year position would be around 13 days lost per FTE. Over the course of the last quarter the HR Advisers have been working closely with managers to oversee absences and the number of employees absent is steadily declining. This has resulted in the end of year position being an improvement on the prediction.



3.3 Based on current trends it is anticipated that the Council will continue to see a definite and clear improvement in the absence rates for the next financial year.

4. SICKNESS ABSENCE REASONS

4.1 The reasons for sickness absence in 2021/22 are shown in the chart below. The chart shows the hours lost by category of sickness absence. In 2021/22 'Stress, depression, mental health, fatigue syndromes' represents the absence reason with the greatest days lost (1,853 FTE days). The level of absence categorised as stress, depression and mental health remained relatively static however this type of absence still accounts for over a third of all days lost during 2021/22.



5. MENTAL HEALTH AND WELLBEING

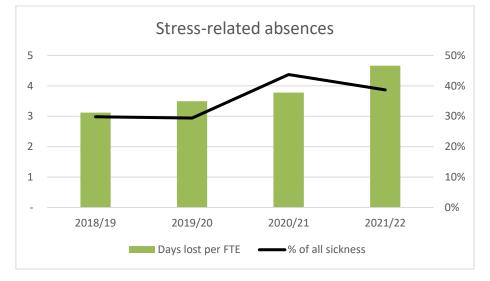
5.1 At the last meeting of the Business Transformation Scrutiny Panel in February 2022 it was requested that alongside monitoring information this report provide a focus on mental health and provide details and outcomes from the wellbeing programme.

5.1.1 National Picture

According to the HSE (2020): "...in 2019/20 work-related stress, depression or anxiety accounted for 51% of all work-related ill health and 55% of all days lost due to work-related ill-health. Over recent years the rate of self-reported work-related stress, anxiety or depression has increased with the latest year 2019/20 significantly higher than the previous year. Evidence suggest this is not related to COVID-19 however, there is no clear trend in the rate of working days lost per worker for workrelated stress, anxiety or depression." The report further states that: "...absence related to stress, depression or anxiety is more prevalent in public service industries, such as education; health and social care; and public administration and defence. By occupation, professional occupations that are common across public service industries (such as healthcare workers; teaching professionals and public service professionals) show higher levels of stress as compared to all jobs."

5.1.2 Local Picture

The graph below shows days lost per full-time equivalent each year due to stress depression and mental health along with the percentage of total absence it accounts for in that year. There has been a dramatic increase in the percentage of absence relating to this category but the percentage increase is mainly as a result of the reduction in other absence categories which s as a result of covid lockdown. However, the graph does demonstrate a steady year on year increase in absence in this category and efforts as outlined above will continue in order to ensure early intervention and support to colleagues.



- 5.1.2.1 The statistics around absence due to stress, depression and anxiety are of concern and we continue to monitor the national guidance on what interventions may best support affected colleagues. The Council has robust interventions in place to support positive mental health including a comprehensive wellbeing programme and quick and easy access to counselling services through the Council's employee assistance provider. Further over the last 3 months increased focus has been given to ensuring that those off with stress, depression and mental health are identified at Day 1 (or at the earliest opportunity) and offered access to immediate interventions such as referral to Active Care (contact from the counselling service within 24 hours of referral). More information on the wellbeing programme is provided later in this report. Health and wellbeing of colleagues is also a key consideration for the local government reorganisation programme.
- 5.1.2.2 The shift in focus by the council on improving attendance, including support from members through the task and finish group to draft a new approach to managing sickness absence appears to be generating positive improvements in attendance. The improvement should become evident in the results for the first quarter of 2022/23. There is already discernible improvement as highlighted in section 2.4 of this report. Further of the 6 employees highlighted in section 2.4 none of the absence falls into the category of absence due to 'stress, depression or mental health'. All are absent due to physical health issues.
- 5.1.2.3 At the time the request was made for more detailed information on absence relating to mental health it was explained that an analysis of historic data around short term absence may not be good investment of time given the work which has gone in to improving the policy and processes which the council has adopted. Therefore to assist with highlighting the current picture, a snapshot of short term absence was taken covering the four weeks prior to the writing of this report. During this 4 week period there have been 25 employees recorded as absent due to sickness. 5 of these absences were recorded as related to stress, depression or mental health. The records indicate that none of these absences is directly work related and 4 have since returned to work.

5.1.2.4 As highlighted earlier in the report (section 3.3 and 5.1.2.2) it is anticipated that the Council will continue to see a definite and clear improvement in the absence rates for the next financial year.

6. WELLBEING

- 6.1 The Head of Workforce Development produces a Corporate Wellbeing report twice a year which is reviewed by the senior management team and shared with trade union colleagues. The latest report was shared with scrutiny panel members in March 2022 (dated November 2021). There were a number of highlights including the fact that the Council attained the Gold Better Health at Work Award at the end of last year and further has recently achieved the Better Health at Work Continuous Excellence Award. This was a great achievement considering the impact of the pandemic on normal ways of working and life. (Many organisations postponed assessments due to lack of delivered activity and resources.)
- 6.2 Further in order to ensure continued support was available for employees during the pandemic many interventions to promote wellbeing were delivered virtually. There are a range of support mechanisms to promote Wellbeing including:
 - Weekly wellbeing and learning newsletters
 - Regular emails on Wellbeing campaigns
 - Virtual Wellbeing Day
 - Virtual Time to Talk events
 - Catch up calls with employees who were struggling to cope
 - Promotion of one- to- one calls between managers and team members
 - Information posted out to employee home addresses
 - Men's health information posted out to employee home addresses
 - Promotion of the Employee Assistance Programme
 - Weekly virtual meditation session
 - Virtual wellbeing related events including menopause, financial wellbeing, mental health, dementia awareness and more. Recorded links shared with wider workforce
 - 2 Pulse surveys

- Wellbeing activity cards posted to all staff
- 6.3 The Council has an Employee Assistance Programme (EAP) and the annualised utilisation of the service is 13.9% (October 2020 to September 2021), calculated as counselling and advice calls against employee headcount of 460. Counselling calls account for 82.8% of all calls. Separation and divorce were the highest reason for counselling followed by anxiety. The online portal received a total of 295 hits within the reporting period.

7. RETURN TO WORK INTERVIEWS (RTW)

- 7.1 Carrying out a return-to-work interview continues to be one of the most effective ways to manage attendance and reduce absence.
- 7.2 In 2021/22, 95% of return-to-work interviews were conducted (2020/21: 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 | 94% | 4.7 | 78% |
| Corporate Support | 94% | 6.4 | 61% |
| Economic Development | 100% | 5.5 | 65% |
| Finance & Resources | 94% | 5.9 | 72% |
| Governance & Regulatory Services | 99% | 5.6 | 74% |
| All Directorates | 95% | 5.2 | 74% |

8. PROPOSALS

None

9. RISKS

None

10. CONSULTATION

N/A

11. CONCLUSION AND REASONS FOR RECOMMENDATIONS

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

12. CONTRIBUTION TO THE CARLISLE PLAN PRIORITIES

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

Contact Officers: Gary Oliver, Bibian McRoy

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 raises no explicit equality issues.

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

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