

Report to Business & Transformation Scrutiny Panel

Agenda
Item:

A.4

Meeting Date: 3rd September 2020
Portfolio: Finance, Governance and Resources
Key Decision: No
Within Policy and Budget Framework: Yes
Public / Private: Public

Title: SICKNESS ABSENCE REPORT 2019/20 & Q1 2020/21
Report of: Corporate Director of Finance and Resources
Report Number: RD.24/20

Purpose / Summary:

This report sets out the authority's sickness absence levels for the period April 2019 to June 2020 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 September 2020
Council:	Not applicable

1. BACKGROUND

The Council has an Attendance Management Policy which was written and implemented in 2004 (with changes incorporated since that date) and it has already been recognised that a fundamental review of said policy is required which will benefit from clearer, more transparent trigger points. 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. The aims of the Task and Finish Group are to:

- Review existing policy, seek advice from HR team on strengths and challenges of existing policy
- Research examples of good practice
- Develop recommendations to share with Business and Transformation Scrutiny Panel (BTSP)

Current sickness statistics are shown below, with the number of days lost per FTE equating to 12.1 in 2019/20 (10.4 2018/19) and 2.1 in the first Quarter of 2020/21 (2.0 2019/20).

2. 2019/20 and 2020/21 SICKNESS ABSENCE

The tables below show the 12.1 (2019/20) and 2.1 (Q1 2020/21) 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):

2019/20	Days Lost	Days Lost per FTE
Long-term	3,483 (69%)	8.3 (69%)
Short-term	1,582 (31%)	3.8 (31%)
Total	5,065	12.1

To end Q1 2020/21	Days Lost	Days Lost per FTE
Long-term	741 (80%)	1.7 (80%)
Short-term	181 (20%)	0.4 (20%)
Total	922	2.1

The tables below provide absence levels split by directorates for 2019/20 and previous years. New staffing structures were in place with effect from 1 October 2016 and 1 October 2018.

All Directorates (478 head count/415 Full-Time Equivalents (FTE) as at 31/03/20)				
Indicator	2016/17	2017/18	2018/19	2019/20
Working days lost due to sickness absence per FTE	7.4	9.3	10.4	12.1
Number of working days lost due to sickness absence	3,037	3,875	4,260	5,065
Proportion of sickness absence that is long term (four working weeks or more)	48%	58%	65%	69%

Community Services (179 head count/170 FTE)				
Indicator	2015/16	2017/18	2018/19	2019/20
Working days lost due to sickness absence per FTE		12.6	13.1	12.8
Number of working days lost due to sickness absence		2,078	2,139	2,116
Proportion of sickness absence that is long term (four working weeks or more)		69%	68%	64%

Economic Development (42 head count/39 FTE)				
Indicator	2015/16	2017/18	2018/19	2019/20
Working days lost due to sickness absence per FTE		3.6	4.4	5.4
Number of working days lost due to sickness absence		128	157	200
Proportion of sickness absence that is long term (four working weeks or more)		0%	33%	37%

Governance and Regulatory Services (132 head count/106 FTE)				
Indicator	2015/16	2017/18	2018/19	2019/20
Working days lost due to sickness absence per FTE		8.6	11.3	11.7
Number of working days lost due to sickness absence		902	1,165	1,308
Proportion of sickness absence that is long term (four working weeks or more)		59%	78%	77%

Corporate Support* (81 head count/66 FTE)				
Indicator	2015/16	2017/18	2018/19	2019/20
Working days lost due to sickness absence per FTE				11.3
Number of working days lost due to sickness absence				795
Proportion of sickness absence that is long term (four working weeks or more)				65%

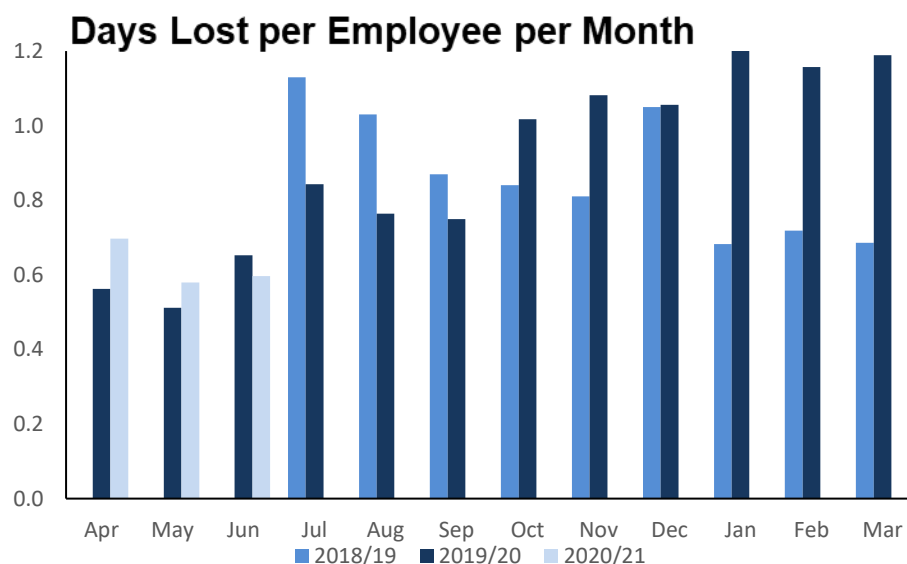
Finance and Resources* (44 head count/34 FTE)				
Indicator	2015/16	2017/18	2018/19	2019/20
Working days lost due to sickness absence per FTE				19
Number of working days lost due to sickness absence				647
Proportion of sickness absence that is long term (four working weeks or more)				82%

*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 2019/20 there was a 16% increase in overall days lost per employee when compared to the previous year. 62 employees were absent long-term (those cases where the absence is 4 working weeks or more) throughout the year; 9 more than the previous year. 5 of the 62 instances remained open as at 27th July 2020 and 29 of the instances were due to 'Stress, depression, mental health, fatigue syndromes'.

In Quarter 1 of 2020/21 there were 26 employees absent long-term. Only 8 of these instances began this year i.e. since 1st April. 2.1 days per FTE were lost in this quarter. The first quarter of the year usually accounts for approximately one-fifth of the annual days lost. This would mean 10.5 days per FTE will be lost in 2020/21 if this pattern continues.

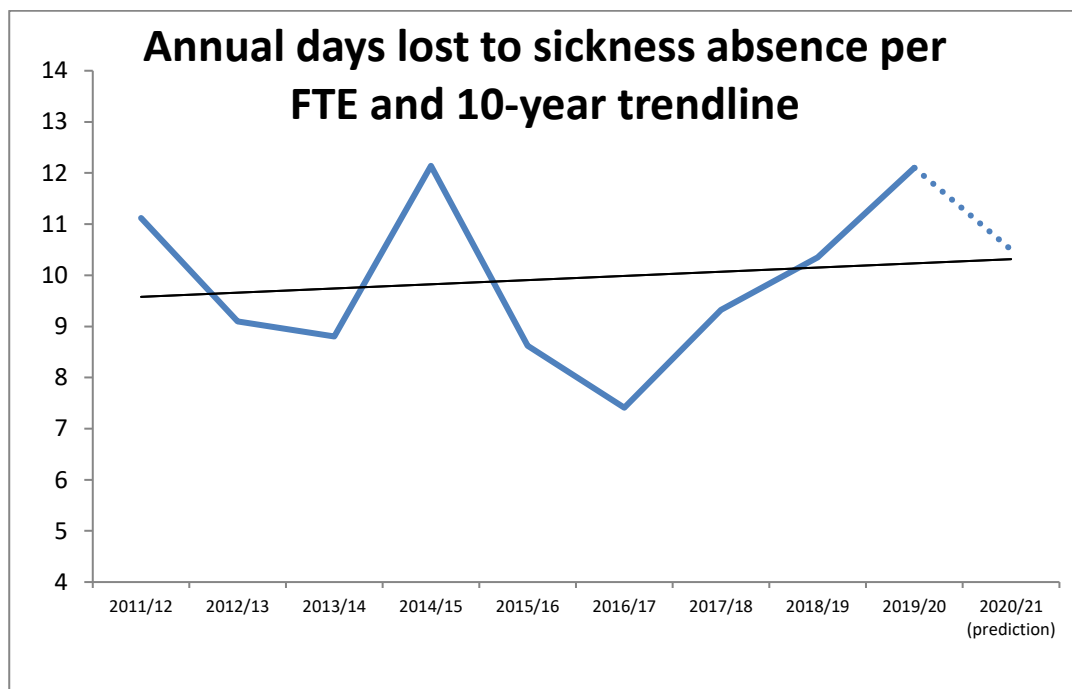
The following graph compares the latest twelve months with those of the previous year. Quarters 3 and 4 (October 2019 to March 2020) has seen a significant increase from the same period last year. This goes against the trend of the improvements seen in the months previous to October. The increase was mainly due to an increase in 'Stress, depression, mental health, fatigue syndromes' cases but it is also worth noting that days lost to 'Infections (incl. colds and flu)' increased by 33% compared to the same six months of 2018/19. The latest quarter (April to June 2020) is more on par with the same period last year.



3. TRENDS

Authority-wide, compared to 2018/19, 2019/20 levels of sickness have increased by 16%. The long-term trend based on a forecast for 2020/21 can be seen in the graph below. The first quarter of 2020/21 has been similar to 2018/19 but 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 2019/20 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 (1,469 days). 85% of these 1,469 lost days were from 29 long term absentees. 4 of these 29 cases from 2019/20 were still open ended as at 27th July 2020.

FTE Days lost by reason and directorate	Comm. Services	Corporate Support	Economic Dev't	Financial Services	Gov & Reg Services	Total
Back and neck problems	94	58		139	14	304 (6%)
Other musculo-skeletal problems	434	58	61	89	139	781 (15%)
Stress, depression, mental health, fatigue syndromes	823	151	7	123	365	1,469 (29%)
Infections (incl. colds and flu)	133	107	31	24	153	449 (9%)
Neurological (incl. headaches and migraine)	14	22	3	18	11	66 (1%)
Genito-urinary / gynaecological	30	7	34	2		73 (1%)
Pregnancy related (not maternity leave)						-
Stomach, liver, kidney & digestion (incl. gastroenteritis)	312	186	41	11	125	675 (13%)
Heart, blood pressure & circulation	31	145			127	303 (6%)
Chest & respiratory (incl. chest infections)	192	1	7	5	48	253 (5%)
Ear, eye, nose & mouth / dental (incl. sinusitis)	40	53	13	4	13	122 (2%)
Other	14	10	3	233	314	573 (11%)

'Stress, depression, mental health, fatigue syndromes' has continued to be the greatest contributor to sickness in the first quarter of 2020/21.

The top 4 reasons for sickness absence for **1 April 2020 to 30 June 2020** are:

Reason	Percentage
Stress, depression, mental health, fatigue syndromes	46%
Other musculo-skeletal problems	19%
Other	10%
Chest and Respiratory (incl. chest infections)	7%

5. RETURN TO WORK INTERVIEWS (RTW)

Up to the end of 2019/20, 97.4% of return to work interviews were conducted (2018/19: 97.4%). The time taken to complete the interviews 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	98%	4.4	82%
Corporate Support	97%	4.7	82%
Economic Development	100%	5.5	68%
Finance & Resources	96%	5.8	72%
Governance & Regulatory Services	95%	6.0	68%
All Directorates	97.4%	5.0	77%

Up to the end of Quarter 1 2020/21, 96.8% of return to work interviews have been conducted. 77% of these were completed within five working days.

6. KEY ACTIVITIES TO SUPPORT ATTENDANCE MANAGEMENT

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

The Council's Occupational Health provider changed on 1st June 2020 and it is hoped that as they are Carlisle based it will help with more timely management and good working relationships.

The Task and Finish Group, to review the Attendance Management Policy, has been established, formed by Members working alongside HR. Meetings were held in June, July and August 2020. In the August meeting draft flowcharts of the management of sickness absence were discussed. Following agreement of the flowcharts, a new policy will be drafted. Discussions and input have been very positive, and HR are thankful to Members for their input.

It is anticipated that the revised policy will have much clearer triggers and more definitive processes for managing absences which will not only allow Managers to be more effective

in managing absences (both long and short term) and respective trigger points but will also facilitate closer working arrangements between HR and Managers.

In December 2019 the Council were awarded the Better Health at Work – Silver Award and are now working towards achieving the Gold Award.

It is worth noting that March 2020 saw the Covid-19 Pandemic affect the ways of working and most of the Council staff, where they are able, continue to work remotely. All activity has been moved to a virtual and/or electronic basis.

The following initiatives were arranged from April 2020 to June 2020 to improve health and wellbeing and reduce sickness absence:

- A Virtual Health and Wellbeing Day was arranged for 9 July 2020. Numerous presentations/activities - Science of Wellbeing, Stress and Resilience, Men's Health, Mood Food, 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;
- Virtual Mood Monday Chat – organised by Aaron Linden;
- Men's Health Week – Virtual Presentations – organised by OD;
- Men's Health Week – Virtual Chart – organised by Jack Dilley (Governance & Regulatory Services);
- Virtual Training Session – Coping Skills for Anxiety at Work (to run July 2020);
- Wellbeing pages on the intranet - which include support for mental health, carers and general wellbeing – ongoing;
- Wellbeing newsletters emailed to staff – ongoing;
- EAP - Employee / Employer Monthly Newsletters sent to staff and managers – ongoing.

The following initiatives were also arranged in April 2019 to March 2020 to improve health and wellbeing of staff:

- Re-think your drink – scratch card sent to all staff in May to rate their alcohol intake;
- Mental Health Awareness Week – links emailed to staff to EAP webinars – May;
- Walking Event – Carlisle 10k in Ten Day Event – June;
- Healthy meals - Eating 5-a day sessions arranged by Health Advocates – June;
- Menopause Drop In – June and October;
- Cholesterol Checks – June;
- Big Lunch – June;
- First Aid Room and Breast Feeding Room set up on 1st Floor of the Civic Centre – June;
- Outdoor gym sessions – September;
- Carlisle City Council Football Tournament held in September;
- Migraine Awareness Week – email sent to staff in September;

- Bio resilience training – October;
- Health and Wellbeing session – Digestive Conditions – October;
- Flu vaccinations for staff – November;
- Physio – Neck and Back care - lunchtime learning – November;
- Deskercise booklet emailed to staff – November;
- Alcohol Awareness campaign – Free Mocktails – December;
- Health and Wellbeing Survey sent to staff – February;
- Time to Talk Event held in February;
- Wellbeing, support for mental health and support for those working remotely information sent to staff during March;
- Lunchtime Learning – Mindful craft classes, crochet and advanced crochet - ongoing;
- Lunchtime walks – ongoing;
- Physio Pilates – ongoing;
- Meditation – ongoing;
- Yoga early morning and evening sessions;
- Counselling service – ongoing;
- Wellbeing pages on the intranet - which include support for mental health, carers and general wellbeing – ongoing;
- Staff rest room – ongoing;
- Free Fruit Tuesday – ongoing;
- EAP - 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 August 2020.

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