

NORTH LINCOLNSHIRE COUNCIL

AUDIT COMMITTEE

SICKNESS ABSENCE

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To inform the Audit Committee of 2019/2020 sickness absence levels including the year-end position.

2. BACKGROUND INFORMATION

- 2.1 In July 2019, the Audit Committee received a report on sickness absence during 2018/19 and agreed that there was continuing assurance that the risk to capacity due to sickness absence was being managed through adequate controls.
- 2.2 The Committee requested a further report on sickness absence be submitted detailing the 2019/20 year-end position.

Analysis of 2019/20 sickness absence

- 2.3 The average number of working days lost due to sickness absence in 2019/20 is 9.40 days. This indicates a 3.5% decrease (0.11 days) in overall sickness absence levels compared to 2018/19.

Table 1: Average number of days lost per Full Time Equivalent (FTE) employee

Length	2015/16	2016/17	2017/18	2018/19	2019/20
Up to 7 days	2.00	2.12	2.22	2.00	2.17
8-20 days	1.02	1.08	1.27	1.12	1.20
20-60 days	2.16	2.27	2.41	2.33	2.70
60+ days	3.38	3.89	4.05	4.06	3.33
Total	8.56	9.36	9.95	9.51	9.40

- 2.4 In considering the above, it should be noted that 42% of the workforce did not have any periods of sickness absence during 2019/20 – this is lower than levels of zero absence in 2018/19, which was 47%.

At the end of 2019/20, 80% of council employees met attendance targets as set out in the council's Managing Attendance policy – this means that they were not meeting or exceeding trigger points based on absence in the 6 months preceding March 2020.

- 2.5 Table 2 shows the number of FTE days lost due to short term (up to 20 days) and long term (over 20 days) for 2018/19 and 2019/20. During 2019/20, there has been a rise in the number of days lost due to short term absence and a fall in the number of days lost due to long term absence:

Table 2: Number of FTE days lost due to sickness absence			
Category	2018/19	2019/20	Trend
Short term (<= 20 days)	12,307	12,956	↑ 5.3%
Long term (> 20 days)	25,154	23,199	↓ 7.8%
Total	37,461	36,154	↓ 3.5%

- 2.6 The number of periods of absence has increased compared to last year as shown in the table below:

Table 3: Periods of sickness absence			
Category	2018/19	2019/20	Trend
Short term (<= 20 days)	5,600	5,840	↑ 4.3%
Long term (> 20 days)	707	709	↑ 0.3%
Total	6,307	6,549	↑ 3.8%

- 2.7 On average, a period of absence lasted for 5.5 days in 2019/20 which is slightly shorter than in 2018/19 (5.9 days). A breakdown by short and long term absence is provided below:

- Average duration of a period of short term absence remained the same at 2.2 days during 2019/20
- Average duration of a period of long term absence has decreased from 35.58 days (2018/19) to 32.72 days (2019/20)

Long term sickness impacts significantly on overall sickness levels and accounts for 64% of all absence.

- 2.8 Table 4 below sets out the most common reasons for sickness absence during 2019/20. The predominance of stress and depression and musculo-skeletal problems are amongst the most common reasons for absence, which mirrors national trends and remain priority areas for targeted action within the council.

Table 4: Reasons for sickness absence

Short term absence		Long term absence		All absence	
1	Infections 20.1%	1	Stress & depression 39.8%	1	Stress & depression, mental health 30.1%
2	Stomach & digestion 18.3%	2	Musculo skeletal 22.4%	2	Musculo skeletal 18.1%
3	Stress & depression 12.6%	3	Stomach & digestion 5.8%	3	Stomach & digestion 10.3%

2.9 The following activities are taking place to support good levels of attendance and achieve a reduction in sickness absence:

- **Organisational Development (OD) Plan/People Plan:** The council's OD and People Plans have included workforce wellbeing as a priority area for 2019/20. This has involved taking a strength-based approach to wellbeing by running initiatives across the council to support and encourage employees to improve their mental and physical health, including a wellbeing calendar with an area of focus for activities, advice and support each month for example, employee health checks and 10,000 steps initiative.
- **Health champions:** More employees have been identified as health champions on a voluntary basis and have been trained to support/signpost employees on physical and mental health issues. NLC now has 119 Active Health Champions, continuous development of quarterly meetings and workshops has also provided opportunities for feedback and the tailoring of additional training opportunities to meet workplace need. This has strengthened the network of health champions and enabled more employees to become engaged in the council's wellbeing agenda and initiatives to have a positive impact on attendance.
- **Be Yourself at Work (BYAW) conversations:** One of our wellbeing focuses over the past year is the BYAW Employee Conversations and development of BYAW Staff Networks. In 2019 we held 16 BYAW employee conversations with seven themes – BAME Employees, Disability, Faith, LGBT+ Employees, Menopause, Older Employees and Young Employees. This is enabling the council to better understand the different experiences of our workforce and promote an inclusive approach to well-being which will have a positive impact on reducing sickness absence levels.
- **Targeted support:** HR business partners continue to provide support to services to identify 'hotspots', take action to address high levels of sickness absence and provide support for managing long term, complex cases.

- **Counselling & Welfare Service:** The in house counselling and welfare service provides employees with access to British Association for Counselling and Psychotherapy (BACP) approved counsellors on a self-referral basis. HR business partners and the council's OH provider work with the service to signpost employees where they may benefit from additional support to remain in work or return to work after a period of absence.
- **Occupational Health (OH) provision:** The council is supported by People Asset Management (PAM), our external OH provider, to manage attendance through weekly on-site OH clinics, case conferences to support the resolution of complex, long term cases and workplace assessments – all of which are focused on facilitating proactive OH advice. Additional OH clinics are provided for health surveillance monitoring.
- **Monitoring and reporting:** Ongoing monitoring and reporting of sickness absence levels via the workforce reporting schedule including monthly 'trigger reports' for managers highlighting those employees who are approaching or have exceeded trigger points. Sickness absence is reported both to the council's Assurance Group and the Council Quarterly Review (QR) as part of the shared performance dataset.

COVID-19

2.91 The end of the 2019/20 year saw the start of the COVID-19 pandemic and in order to provide initial assurance that the council has acted quickly to ensure the safety of its workforce, there are some key dates and actions that were taken in relation to sickness absence:

- 12 February 2020 - NJC Circular, Novel Coronavirus, confirmed the provision set out in the 'Green Book' sickness scheme. This advises that where an employee is required to self-isolate or placed in quarantine and is prevented from attending work, because of contact with infectious disease that they are entitled to receive normal pay and the period of absence will not be reckoned against the employee's entitlements under this scheme.
- 10 March 2020 - Human Resources published Frequently Asked Questions (FAQs) and a detailed flowchart to enable both employees and managers to make informed and safe decisions about their current working arrangements, this guidance continues to be regularly updated as government guidance changes.

- 10 March 2020 - Reporting mechanisms put in place for the workforce to report absence due to suspected or confirmed COVID-19. Regular reporting in place of this data to SLT for COVID-19 related absence for workforce resilience purposes.
- 23 March 2020 - Government enforced a national lockdown leading to closure of council buildings to the public and the workforce, other than essential services. Working from home guidance was issued to the workforce and included in the FAQs.
- All guidance has continued to be updated at very regular intervals and communicated to the workforce to ensure safety but also accurate and timely reporting of any sickness absence.
- For quarter four of 2019/20 there was no significant increase in absence categorised as 'chest/respiratory' or general 'infections'. Therefore the impact of COVID-19 sickness absence in 2019/20 was negligible and will obviously be visible from 2020/21.
- Further information on the impact of COVID-19 will be reported in the 2020/21 year Audit Committee Sickness Absence report.

3. OPTIONS FOR CONSIDERATION

- 3.1 The Audit Committee is asked to consider the council's year-end position and determine whether they have sufficient assurance that adequate controls are in place to manage the risk to capacity from levels of sickness absence.

4. ANALYSIS OF OPTIONS

- 4.1 Accept the report as assurance that the risk to capacity due to sickness absence is being managed through adequate controls.
- 4.2 Ask for further information/progress reports of the controls in place to manage sickness absence.

5. FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)

- 5.1 Sickness absence is costly to the council in terms of lost productivity and the need to provide backfill cover for some frontline positions.

6. OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)

6.1 We want the same outcomes for our workforce as for we do for North Lincolnshire residents, that they are safe and well, as set out in our Council Plan priority of keeping people safe and well.

7. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

7.1 An Integrated Impact Assessment is not required.

8. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

8.1 Sickness absence is reported to all parties on an ongoing basis.

8.2 There are no conflicts of interests to declare.

9. RECOMMENDATIONS

9.1 That the Audit Committee determines whether there is a continuing assurance that the risk to capacity due to sickness absence is being managed through adequate controls.

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Background Papers used in the preparation of this report – None