

NORTH LINCOLNSHIRE COUNCIL

AUDIT COMMITTEE

SICKNESS ABSENCE

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To inform the Audit Committee of 2020/2021 sickness absence levels including the year-end position.

2. BACKGROUND INFORMATION

- 2.1 In July 2020, the Audit Committee received a report on sickness absence during 2019/20 and agreed that there was sufficient 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 2020/21 year-end position.

Analysis of 2020/21 sickness absence

- 2.3 The average number of working days lost due to sickness absence in 2020/21 was 7.77 days. This indicates a 16.8% decrease (1.63 days) in overall sickness absence levels compared to 2019/20.

Length	2016/17	2017/18	2018/19	2019/20	2020/21
Up to 7 days	2.12	2.22	2.00	2.17	1.19
8-20 days	1.08	1.27	1.12	1.20	1.11
20-60 days	2.27	2.41	2.33	2.70	2.29
60+ days	3.89	4.05	4.06	3.33	3.18
Total	9.36	9.95	9.51	9.40	7.77

- 2.4 Table 2 shows the number of FTE days lost due to short term (up to 20 days) and long term (over 20 days) for 2019/20 and 2020/21. During 2020/21, there has been a fall in the number of days lost due to short and long term absence:

Table 2: Number of FTE days lost due to sickness absence			
Category	2019/20	2020/21	Trend
Short term (<= 20 days)	12,956	8,890	↓ 31%
Long term (> 20 days)	23,199	21,181	↓ 9%
Total	36,154	30,071	↓ 17%

2.5 The number of periods of absence has fallen significantly compared to last year as shown in the table below:

Table 3: Periods of sickness absence			
Category	2019/20	2020/21	Trend
Short term (<= 20 days)	5,840	3,191	↓ 45%
Long term (> 20 days)	709	627	↓ 12%
Total	6,549	3,818	↓ 42%

2.6 On average, a period of absence lasted for 7.9 days in 2020/21 which is longer than in 2019/20 (5.5 days). This indicates that although the number/periods of absence reduced, the average length of a period of absence increased. A breakdown by short and long-term absence is provided below:

- Average duration of a period of short-term absence increased to 2.8 days compared to 2.2 days during 2019/20.
- Average duration of a period of long-term absence increased to 33.78 days compared to 32.72 days during 2019/20.

Long-term sickness continues to impact significantly on overall sickness levels and accounts for 70% of all absence.

2.7 61% of the workforce did not have any periods of sickness absence during 2020/21 – this is higher than levels of zero absence in 2019/20, which was 43%. At the end of 2020/21, 88% 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 2021.

2.8 Table 4 overleaf sets out the most common reasons for sickness absence during 2020/21:

Table 4: Reasons for sickness absence								
Short term absence			Long term absence			All absence		
1	Infectious disease (COVID-19)	24%	1	Stress & depression	41%	1	Stress & depression	33%
2	Stress & depression	14%	2	Other Musculo-skeletal	18%	2	Other Musculo-skeletal	16%
3	Stomach & digestion	13%	3	Stomach & digestion	6%	3	Infectious disease (COVID-19)	11%

2.9 Stress and depression and musculo-skeletal problems are amongst the most common reasons for absence, which mirrors national trends.

2.10 Sickness absence recorded as COVID-19 related is due to either illness as a result of COVID-19 symptoms or cases of confirmed coronavirus. This accounts for 11% (3,323) of all days lost due to sickness absence during 2020/21 and 13% (480) of all periods of sickness absence. A further 689 days (2%) were lost due to absence related to post-COVID-19 recovery.

2.11 The overall reduction in sickness absence reflects the impact of COVID-19 in terms of staff in self-isolation and shielding (authorised absence), workplace closures during lockdowns, and a large proportion of the workforce working from home throughout 2020/21. We saw an increase in sickness absence as employees returned to the workplace where facilities re-opened. Continued remote working is having a positive impact on levels of sickness absence but needs to be considered against the increased potential for presenteeism in terms of the general health and wellbeing of the workforce, which are being addressed through wellbeing assessments.

2.12 The key activities that have taken place are outlined below and seek to provide assurance that the council has continued to take action to keep the workforce safe and well during the pandemic to support good levels of attendance and reducing sickness absence:

- **COVID-19 FAQs:** Workplace guidance regularly updated throughout the pandemic to reflect government and LGA guidance and communicated to the workforce to ensure safety and accurate and timely reporting of COVID-19 related sickness absence.
- **COVID-19 notification reporting:** Mechanisms for reporting and monitoring self-isolation and confirmed COVID-19 cases alongside contact tracing protocols to reduce transmission of the virus to other employees within the workplace and prevent wider outbreaks. This forms the basis of workforce resilience reporting to SLT.

- **COVID-19 Secure sign off:** Triple sign off process introduced to ensure that council buildings comply with COVID-19 secure guidelines including building operational procedures, use of PPE and safe working practices.
- **Vulnerable Employee Risk Assessment:** Bespoke risk assessment and guidance for employees who may be at greater risk of illness with occupational health support and advice provided where required.
- **Wellbeing Assessment:** 3,000 wellbeing assessments completed – this is a focused conversation between employee and manager to review their mental and physical wellbeing and identify any support required. A further round of wellbeing assessments are currently taking place to review the wellbeing and needs of all employees as part of the council's Easing of Restrictions roadmap.
- **Be Yourself at Work (BYAW) staff networks:** Staff networks have continued to develop and meet virtually throughout 2020/21. This includes black and minority ethnic staff employees, LGBT+ employees, young employees, disabled employees, veteran employees and Menopause Mates. 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.
- **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. The service has continued to operate remotely throughout the pandemic and provided 1202 telephone/online counselling sessions during 2020/2021.
- **Occupational Health (OH) provision:** People Asset Management (PAM), our external OH provider, support the council to manage attendance through OH referrals and specialist advice and support. PAM are currently delivering OH clinics remotely through telephone consultations with additional COVID-19 risk assessment provision accessed as required. Telephone assessments have been undertaken where appropriate for health surveillance monitoring.
- **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. HR have worked particularly closely with services to provide advice and support on managing COVID-19 related sickness absence and supporting vulnerable employees at greater risk within the workplace.

- **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. Work is currently ongoing to develop reporting from the new HR and payroll system.

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