

South Lakeland District Council
HUMAN RESOURCES COMMITTEE
10 September 2019
Annual Report on Employee Sickness Absence
1 April 2018 to 31 March 2019

Portfolio: Councillor Eric Morrell – Customer and Commercial Services and People Portfolio Holder

Report from: David Sykes - Director of Strategy, Innovation and Resources

Report Author: Charles Officer - Senior HR Advisor

Wards: N/A

Forward Plan: N/A

1.0 EXPECTED OUTCOME

1.1 This report provides details of employee sickness absence in the Council during the period 1 April 2018 to 31 March 2019 and proposes a target for 2019/20. The report has been shared with the Joint Consultative Panel who have endorsed it.

2.0 RECOMMENDATION

2.1 **It is recommended that**

- (1) **The Human Resources Committee note the report and actions to be taken moving forward.**
- (2) **The target for sickness absence for 2019/20 of 7.50 days to be approved.**

3.0 BACKGROUND AND PROPOSALS

3.1 Sickness Absence is measured and reported as “Days lost through sickness per Full-Time Equivalent (FTE) employee”, using the calculation conventions of the former National Performance Indicator BV12. This is a standard format, which allows realistic comparison with other organisations. It includes sickness absence attributable to employees who have left employment during the period under review, and fixed term employees. It does not include sickness absence attributable to casual staff or Members.

Sickness Absence Targets

3.2 During the period 1 April 2018 to 31 March 2019, the Council had an average full time equivalent (FTE) of 422.4. The Council lost **3852.4** working days through sickness absence, compared to **3049.4** in the previous year (**an increase of 20.8%, 803 days**). This is equivalent to **8.92** days per FTE employee per annum. This represents an increase of 1.61 days per FTE employee compared to last year (7.31) and an increase of 2.42 days over the target of 6.5 days per FTE employee agreed by the Human Resource Committee.

3.3 Of the total number of days lost, **2461.8** days were lost through long-term absence. (Long term absence is defined as any absence lasting for a period of four working weeks or more). This is equivalent to 63.9% of all sickness absence for the period under review. In the corresponding period in the previous year **1683.7** days were lost which was equivalent to 55.2% of all sickness absence.

In 2018/19 there were 41 incidences of long term absence which were supported by the HR team, which is the same as last year.

The average duration of a long-term absence was 62.38 days, compared to 41.1 days in the previous year.

3.4 For each directorate area the Long Term Sickness figures for 2018/19 are as follows:

Directorate Area	Total Days of Long Term Absence lost	Total number of Staff on long term sickness absence	Average number of days lost per employee
Neighbourhood Services	1272.72	24	69.21
Strategic Development	577.5	7	38.21
Performance and Information	282	3	82
Resources	329.6	7	54.69

3.5 Of the total number of days lost, **1390.6** days were lost through short-term absence. (Short term absence is defined as any absence lasting less than a period of four working weeks). This is equivalent to 36.1% of all sickness absence for the period under review. In the corresponding period in the previous year **1365.8** days were lost which was equivalent to 44.8% of all

sickness absence. In 2018/19 there were 404 incidences of short term absence. The average duration of a short-term absence was 2.94 days.

- 3.6 For each directorate area the Short Term Sickness figures for 2018/19 are as follows:

Directorate Area	Total Days of Short Term Absence lost	Total number of Staff on short term sickness absence	Average number of days lost per employee
Neighbourhood Services	829.04	232	3.67
Strategic Development	194.17	53	3.01
Performance and Information	145.34	45	3.19
Resources	210	72	2.92
Corporate Management	12	2	1.71

Pro-active Measurement and Actions

- 3.7 The Human Resources Service regularly measures days lost through sickness absence and reports are sent to Senior Management Team on a monthly basis. In addition, managers are supported in monitoring and reducing levels of absence in their service area. This report provides an annual overview, outlines progress achieved, and provides information about on-going work being undertaken to enable the Council to manage sickness absence effectively.
- 3.8 The increased level of pro-active support available to employees, for example, free confidential counselling, the introduction of an Employee Assistance Programme, occupational health provision, and the Pay Care Health cash plan will contribute to improving figures.

Categories for Absence

- 3.9 The reason for absence category is taken from the employee directly or fit note and consistently entered onto the HR system, iTrent.
- 3.10 The top reasons for absence through sickness, by percentage of days lost, are musculo-skeletal (1277 days, 33%, 59 cases), (e.g. joints, ligaments, muscles and structures to support limbs) followed by stress, depression, anxiety and fatigue (563 days, 14.62%). An analysis of the days actually lost, by reason for absence, is attached as Appendices 1 and 2.
- 3.11 Since the previous reporting year the Council has seen the biggest increase in Cardiovascular, heart, blood pressure, circulation (241%, 97 days in 2017/18 compared to 330 days in 2018/19) and infection, virus, allergy (170%, 57 days in 2017/18 compared to 154 days in 2018/19) and non-work related stress,

depression, anxiety, fatigue (90%, 296 days in 2017/18 compared to 563.14 days in 2018/19).

- 3.12 The biggest reduction since the previous reporting year has been in back and neck problems (66.55% decrease, 315 days in 2017/18 compared to 105 days in 2018/19), gynaecological problems (64.32% decrease, 229 days in 2017/18 compared to 81 days in 2018/19) and work related stress (55.64% decrease, 195 days in 2017/18 compared to 86.5 days in 2018/19).
- 3.14 Absence due to non-work related stress/depression has increased since last year. A total of 296 days was reported last year, however this increased to 563 days in 2018/19 (90% increase, 267 days).
- 3.15 Absence due to work related stress has decreased since last year. A total of 195 days was reported for last year compared to 86 days for this year (a reduction of 55.64%, 109 days).

The Council is continuing to manage stress related absences through the use of the stress assessment process, which includes:

- Wellbeing days that include suggestions on how to cope with stress, and general overall wellbeing.
- A counselling and Occupational Health service which staff can access.
- The introduction of an Employee Assistance Programme.
- Training for managers on stress and wellbeing issues which forms part of the Council's Annual Corporate Training Plan.
- The identification of Stress incidences on the first day of absence and appropriate support and prompt measures taken to deal with any issues leading to or causing stress absence.

Pro-Active Management of Sickness Absence

- 3.16 It is proposed to continue this pro-active management in sickness absence by continuing to set the challenging target for 2019/20 of **7.50** days per employee per annum.
- 3.17 A range of pro-active actions were introduced in the last financial year to help meet the proposed target and reduce absence further:-
- Revision of all sickness absence reason categories to align with national published data to assist benchmarking and more detailed absence for manager's reviews. In addition to this, more specific reasons have been introduced to capture work and non-work related musculoskeletal sickness absence. This will take effect in 2019/20. Initial insight into musculoskeletal sickness from 2017/18 shows a vast majority of non-work related absences.
 - Provision of seminars on work life balance, priority setting techniques, team working, well-being events and motivational sessions.
 - Two categories of stress have now been established to monitor workplace and personal stress to support employees and take actions that are appropriate and timely.

Further Actions and Activities

- 3.18 The following pro-active actions will continue, where appropriate, to assist managers in the management of sickness absence.

- The introduction of a Mental Wellbeing at Work policy to raise awareness of mental health and to support managers and employees with proactive measures in supporting each other with mental health conditions.
- The introduction of a Smart Working policy (working title) that allows all staff to be flexible in their work life balance.
- Providing training to equip managers with the necessary knowledge and skills to manage sickness absence. The use of policies and procedures such as “Attendance Management”, “Mental Health at Work” and “Smart Working”.
- Advising managers each time employees reach a sickness absence trigger point.
- The return to work interview is monitored by Human Resources and managers are advised where they are overdue.
- Absence reviews are conducted in line with the Attendance Management Policy with full support from Human Resources.
- The Council utilises professional Occupational Health advice in managing levels of absence, particularly long-term absence.
- A free confidential Counselling Service is available for all employees.
- A free confidential Employee Assistance Programme is available for all employees.
- The Council offers the opportunity for employees to join the Pay Care Health Cash Plan which allows for regular dental, optical check-ups, etc, which should contribute to reduced levels of sickness absence.

4.0 RESEARCH AND CONSULTATION

- 4.1 All data used in this report relating to South Lakeland District Council has originated from the Council’s iTrent Human Resources computerised system.
- 4.2 External benchmarking has also taken place to assess our performance against other relevant external organisations. The Council’s absence figure for 2018/19 of 8.92 days which is slightly higher than that recorded for the UK Public Sector in a xpertHR Survey which was recorded at 8.4 days. Appendix 3 of the report, provides the sickness absence figures between 2004/05 and 2018/19.
- 4.3 Absence comparison data has been produced by XpertHR and C.I.P.D nationally and has been provide below for comparison.

National Comparative Data	2018	2017	2016	2015	2014	2013
XpertHR National report on Absence-Public Sector	8.4 days	9.7days	9.8 days	9.08 days	8.2 days	9.1 days
XpertHR National report on Absence-Private Sector	4.4 days	5.6 days	6.5 days	7.8 days	6.6 days	8.8 days
SLDC	8.92 days	7.31 days	8.99 days	8.54 days	7.4 days	6.5 days

- 4.3 At the time of writing this report the sickness data for 2018/19 from North West Employers was unavailable. A verbal update will be provided if the information is available before the committee meets.

5.0 ALTERNATIVE OPTIONS

- 5.1 Not applicable – the report is provided for information.

6.0 LINKS TO COUNCIL PRIORITIES

- 6.1 The recognition of a highly skilled workforce is embedded into the council plan which shows how essential a motivated workforce is to providing excellent customer services. As part of our Customer Connect transition a reduction in employee absence will allow better continuity of services with a healthier workforce being a more productive workforce.

7.0 IMPLICATIONS

7.1 Financial and Resources

- 7.1.1 From the iTrent Human Resources computerised system it is calculated that the cost of sickness absence for the financial year was £313,900. This figure does not include on costs or the cost of cover, overtime or flexi-time being worked to cover absences.

- 7.1.2 The cost of absence in 2017/18 was £221,300. The increase in days from last year (803) has seen an increased cost of £92,600 calculated on the same salary basis as above.

7.2 Human Resources

- 7.2.1 The Council's Attendance Management Policy provides details of how employees will be managed during sickness absence. The access to staff of their absence records over the year will also help them become more aware of their absence from work and encourage greater Health and Wellbeing awareness.

7.3 Legal

There are no legal implications to this report.

7.4 Health, Social, Economic and Environmental

- 7.4.1 A sustainability impact assessment has not been carried out. It has no impact on the climate change.
- 7.4.2 This report does not have any registered significant environmental effects.

7.5 Equality and Diversity

7.5.1 There are no trends in the sickness absence analysis figures indicating any equality or diversity issues.

7.6 Risk

Not applicable – the report is provided for information purposes.

CONTACT OFFICERS

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APPENDICES ATTACHED TO THIS REPORT

Appendix No.	
1	Reason for absence by percentage of days lost – 1 April 2018 to 31 March 2019
2	Reason for sickness absence by percentage and number of incidents - 1 April 2018 to 31 March 2019
3	SLDC days lost through sickness absence per full-time equivalent (FTE) employee per annum - 2004/05 to 2018/19

BACKGROUND DOCUMENTS AVAILABLE

None

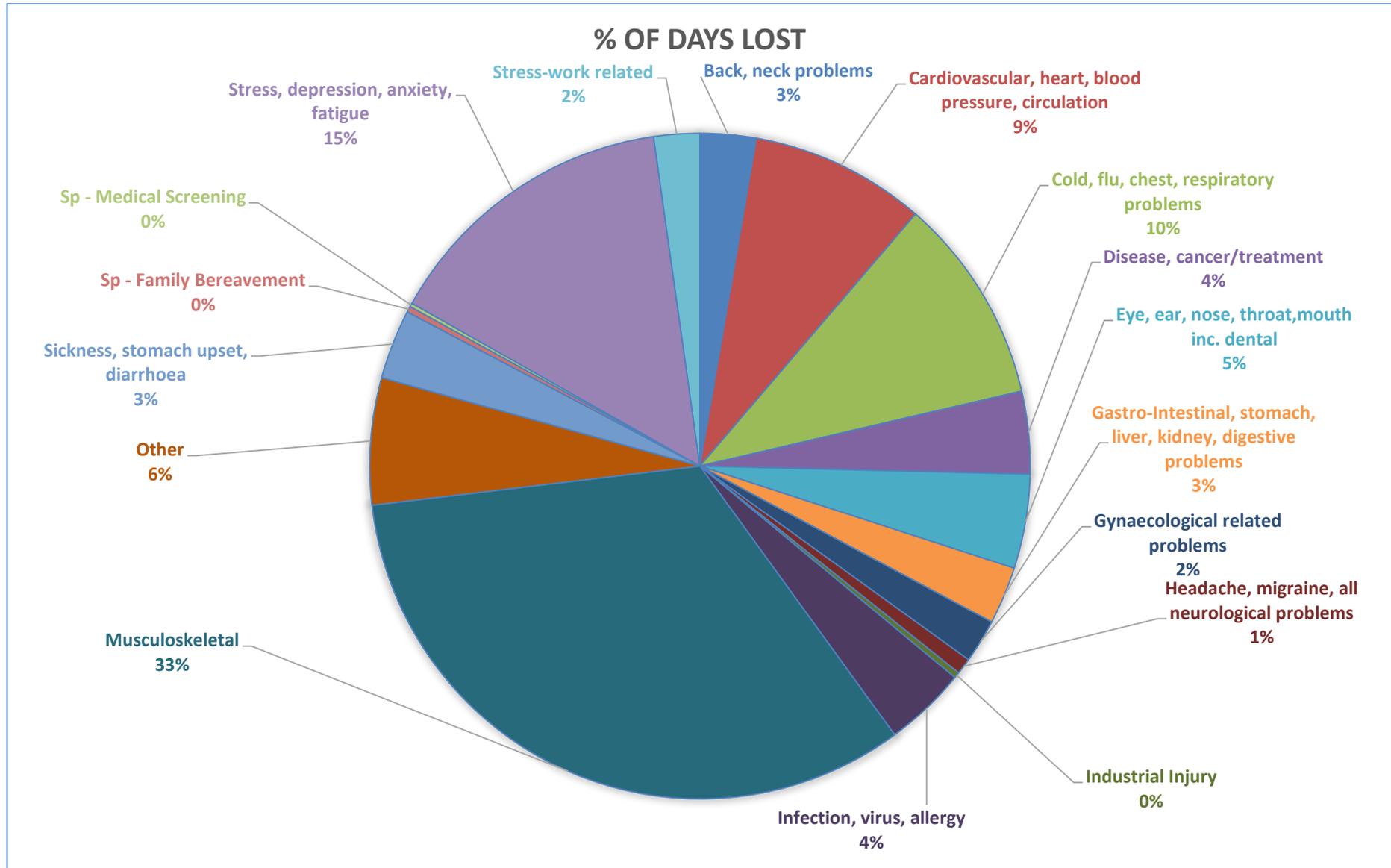
TRACKING INFORMATION

Signed off by	Date sent
Legal Services	5/8/19
Section 151 Officer	5/8/19
Monitoring Officer	5/8/19
CMT	N/A

Circulated to	Date sent
Lead Specialist	5/8/19
Human Resources Lead Specialist	5/8/19
Communications Team	N/A
Leader	N/A
Committee Chairman	29/8/19

Circulated to	Date sent
Portfolio Holder	29/8/19
Ward Councillor(s)	N/A
Committee	N/A
Executive (Cabinet)	N/A
Council	N/A

Appendix 1



Reason for Sickness Absence by Days Lost and Percentage 1 April 2018 to 31 March 2019

Reason for Absence	Days Lost	% of Days Lost
Back, neck problems	105.38	2.74
Cardiovascular, heart, blood pressure, circulation	330.9	8.59
Cold, flu, chest, respiratory problems	387.38	10.06
Disease, cancer/treatment	154.38	4.01
Eye, ear, nose, throat,mouth inc. dental	176.29	4.58
Gastro-Intestinal, stomach, liver, kidney, digestive problems	107.73	2.80
Gynaecological related problems	81.7	2.12
Headache, migraine, all neurological problems	30.28	0.79
Industrial Injury	11	0.29
Infection, virus, allergy	154.31	4.01
Musculoskeletal	1277.28	33.16
Other	237.32	6.16
Sickness, stomach upset, diarrhoea	130.44	3.39
Sp - Family Bereavement	11	0.29
Sp - Medical Screening	7.04	0.18
Stress, depression, anxiety, fatigue	563.14	14.62
Stress-work related	86.5	2.25
Total	3852.07	100

