

**South Lakeland District Council**  
**Human Resources Committee: 10 November 2020**  
**Annual Report on Employee Sickness Absence**  
**1 April 2019 to 31 March 2020**

---

**Portfolio:** Cllr Philip Dixon  
**Report from:** David Sykes, Director of Strategy, Innovation and Resources  
**Report Author:** Charles Officer, HR Specialist  
**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 2019 to 31 March 2020.

**2.0 RECOMMENDATION**

**2.1 It is recommended that Human Resources Committee:-**

- (1) Notes the report with any actions to be taken moving forward.**
- (2) Agrees to the target for sickness absence for 2020/21 of 7.50 days to be maintained.**

**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 2019 to 31 March 2020, the Council had an average full time equivalent (FTE) of 420.3. The Council lost **4572.4** working days through sickness absence, compared to **3852.4** in the previous year (**an increase of 18.7%, 720 days**). This is equivalent to **10.88** days per FTE

employee per annum. This represents an increase of 1.96 days per FTE employee compared to last year (8.92) and an increase of 3.38 days over the target of 7.5 days per FTE employee agreed by the Human Resource Committee.

- 3.3 Of the total number of days lost, **3219.9** 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 70.5% of all sickness absence for the period under review. In the corresponding period in the previous year **2461.8** days were lost which was equivalent to 63.9% of all sickness absence.

In 2019/20 there were 56 incidences of long term absence which were supported by the HR team, compared to 41 incidences last year.

The average duration of a long-term absence was 57.5 days, compared to 62.4 days in the previous year.

- 3.4 For each directorate area the Long Term Sickness figures for 2019/20 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
Strategy, Innovation and Resources	45	3	15
Customer and Commercial Services	3174.8	53	60

- 3.5 Of the total number of days lost, **1352.5** 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 29.5% of all sickness absence for the period under review. In the corresponding period in the previous year **1390.6** days were lost which was equivalent to 36.1% of all sickness absence.

In 2019/20 there were 401 incidences of short term sick, compared to 404 incidences last year.

The average duration of a short-term absence was 3.37 days compared to 2.94 days in the previous year.

- 3.6 For each directorate area the Short Term Sickness figures for 2019/20 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
Strategy, Innovation and Resources	217.5	84	2.59
Customer and Commercial	1135	317	3.58

### **Pro-active Measurement and Actions**

3.7 The Human Resources Service regularly measures days lost through sickness absence and reports are sent to Leadership Team. Managers also have access to run their own team's absence reports. 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 Employee Assistance Programme, occupational health provision, the Pay Care Health cash plan, the launch of the Mental Wellbeing at Work Policy and resilience workshops.

### **Categories for Absence**

3.9 The reason for absence category is taken from the employee directly or fit note and consistently entered onto iTrent.

3.10 The top reasons for absence through sickness, by percentage of days lost, are:

1. Musculoskeletal – non work related (1304.2 days, 28.5%)
2. Stress, depression, anxiety and fatigue (741.7 days, 16.2%)

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:

1. Industrial Injury (1562%, 11 days in 2018/19 compared to 182 days in 2019/20)
2. Stress work related (366%, 86.5 days in 2018/19 compared to 403.6 days in 2019/20)

3.12 The biggest reduction since the previous reporting year has been:

1. Eye, ear, nose, throat, mouth inc dental (-51.2%, 176.2 days in 2018/19 compared to 86 days in 2019/20)
2. Disease, cancer/treatment (- 45.59%, 154.38 days in 2018/19 compared to 84 days in 2019/20)

- 3.14 Absence due to non-work related stress/depression has increased since last year. A total of 563 days was reported last year, however this increased to 741.7 days in 2019/20 (31% increase, 177 days).
- 3.15 Absence due to work related stress has increased since last year. A total of 86 days was reported for last year compared to 403.6 days for this year (an increase of 366%, 317 days).

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

- Active day 1 care through our employee assistance programme. With agreement from the employee a referral is made on day 1 of the absence. A qualified counsellor will arrange a call and agree a programme of activity with the employee. This supports with the identification of Stress incidences on the first day of absence and appropriate support and prompt measures can be taken to deal with any issues leading to or causing stress absence.
- Resilience training provided by a trained psychologist for all staff.
- Occupational Health service which staff can access.
- Our Employee Assistance Programme which provides a multitude of counselling options.
- The introduction of our Wellbeing at Work Policy. This provides useful tools to managers and employees to support with wellbeing activity
- Training on the Wellbeing policy for managers

### **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 2020/21 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. Initial insight into musculoskeletal sickness from 2019/20 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 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 2019/20 of 10.88 days which is higher than that recorded for the UK Public Sector in a xpertHR Survey which was recorded at 9.2 days. Appendix 3 of the report, provides the sickness absence figures between 2004/05 and 2019/20.
- 4.3 Absence comparison data has been produced by XpertHR nationally and has been provided below for comparison.

<b>National Comparative Data</b>	<b>2019</b>	<b>2018</b>	<b>2017</b>	<b>2016</b>	<b>2015</b>	<b>2014</b>	<b>2013</b>
XpertHR National report on Absence-Public Sector	9.2 days	8.4 days	9.7 days	9.8 days	9.08 days	8.2 days	9.1 days
XpertHR National report on Absence-Private Sector	6.4 days	4.4 days	5.6 days	6.5 days	7.8 days	6.6 days	8.8 days
SLDC	10.88 days	8.92 days	7.31 days	8.99 days	8.54 days	7.4 days	6.5 days

- 4.4 The report has been agreed and noted with our union representatives.

## **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 and healthy workforce is embedded into the council plan which shows how essential a motivated workforce is to providing excellent customer services.

## **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 £352,226. 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 2018/19 was £313,923. The increase in days from last year (720) has seen an increased cost of £38,303 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

David Nicholson, Lead HR Specialist, 01539 793299  
[david.nicholson@southlakeland.gov.uk](mailto:david.nicholson@southlakeland.gov.uk)

Charles Officer, Senior Human Resources Advisor, 01539 793188  
[charles.officer@southlakeland.gov.uk](mailto:charles.officer@southlakeland.gov.uk)

## APPENDICES ATTACHED TO THIS REPORT

Appendix No.	
1	Reason for absence by percentage of days lost – 1 April 2019 to 31 March 2020
2	Reason for sickness absence by percentage - 1 April 2019 to 31 March 2020
3	SLDC days lost through sickness absence per full-time equivalent (FTE) employee per annum - 2004/05 to 2019/20

## BACKGROUND DOCUMENTS AVAILABLE

None

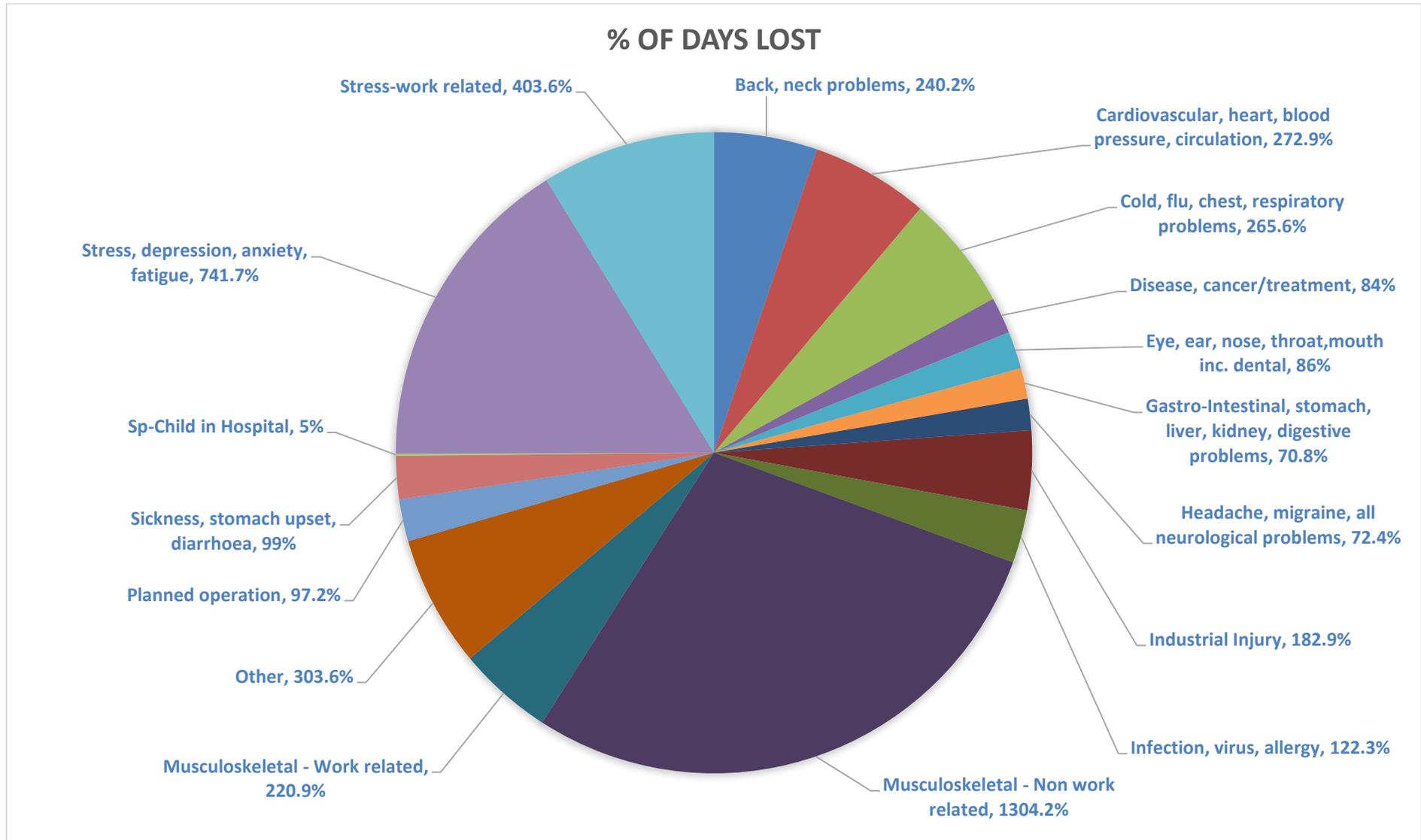
## TRACKING INFORMATION

Signed off by	Date sent
Legal Services	16/10/20
Section 151 Officer	16/10/20
Monitoring Officer	16/10/20
CMT	TBD

Circulated to	Date sent
Lead Specialist	9/10/20
Human Resources Lead Specialist	9/10/20
Communications Team Leader	N/A
Committee Chairman	N/A
Portfolio Holder	20/10/20
Ward Councillor(s)	N/A
Committee	N/A
Executive (Cabinet)	N/A

<b>Circulated to</b>	<b>Date sent</b>
Council	*** or N/A

## Appendix 1



## Reasons for Sickness Absence by Days Lost and Percentage 1 April 2019 to 31 March 2020

Reason for Absence	Days Lost	% of Days Lost
Back, neck problems	240.2	5.25
Cardiovascular, heart, blood pressure, circulation	272.9	5.97
Cold, flu, chest, respiratory problems	265.6	5.81
Disease, cancer/treatment	84	1.84
Eye, ear, nose, throat,mouth inc. dental	86	1.88
Gastro-Intestinal, stomach, liver, kidney, digestive problems	70.8	1.55
Headache, migraine, all neurological problems	72.4	1.58
Industrial Injury	182.9	4.00
Infection, virus, allergy	122.3	2.67
Musculoskeletal - Non work related	1304.2	28.52
Musculoskeletal - Work related	220.9	4.83
Other	303.6	6.64
Planned operation	97.2	2.13
Sickness, stomach upset, diarrhoea	99	2.17
Sp-Child in Hospital	5	0.11
Stress, depression, anxiety, fatigue	741.7	16.22
Stress-work related	403.6	8.83
<b>Total</b>	<b>4572.30</b>	<b>100</b>

