

ANNUAL SICKNESS ABSENCE REPORT

1. INTRODUCTION

1.1 This report gives an update on the Councils approach to managing sickness absence and provides trend data for the 2019/20 financial year.

2. BACKGROUND

2.1 Sickness absence continues to be a key performance indicator for the Council.

2.2 During 2019, concerns were raised by employees during the 'Chief Executive & Leader' Briefings regarding levels of absence and impact on colleagues, HR consulted with unions regarding a range of measures to address this. The unions agreed to altering sickness trigger points, and stages within short term sickness management. Further details are given in 4.3 below.

2.3 Also during 2019, technology enabled many office-based workers to work remotely, reducing the spread of common germs.

2.4 It is believed that both of these points above have had a positive impact on the sickness absence figures.

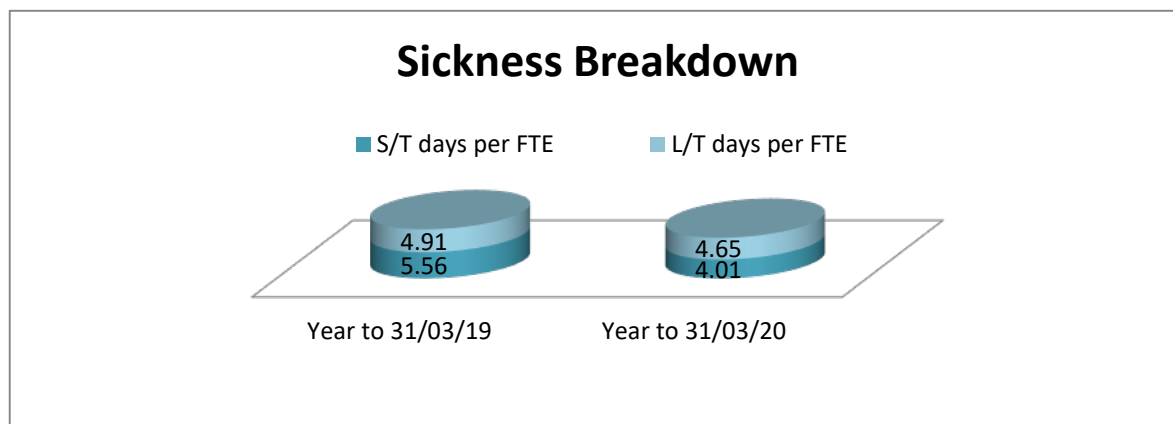
3. SICKNESS ABSENCE DATA

3.1 The table below compares full time equivalent (FTE) working days lost due to sickness for the year to March 19 compared to the year to March 20 and the percentage of working time lost.

Years	Year to 31/03/19	Year to 31/03/20
Total days lost	8157	6567
Average days per FTE	10.47	8.66
% of working time lost	4.02%	3.33

3.2 The absence figure has reduced by 1.81 days per FTE and 0.69% less working days lost compared to last year.

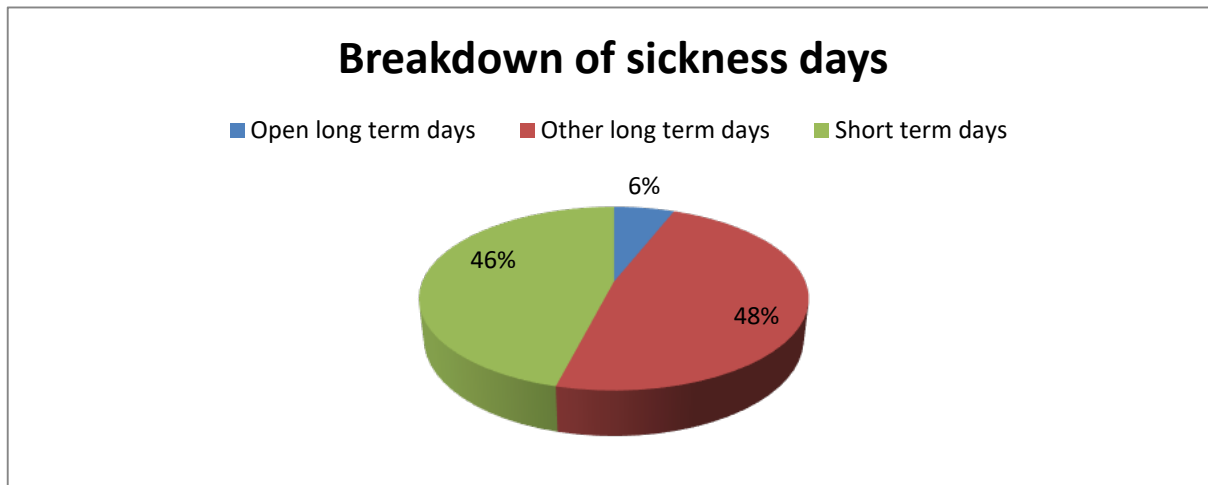
3.3 Short and long term sickness absence days per FTE:



3.4 Long term absence (sickness of 20 days or more) remains high with the majority of the cases in the last year being within our operational service areas. Commonly in long term sickness cases, it can take a protracted length of time to receive correct diagnosis and action, with potential for extended recuperation. At 31st March 2020 there are currently 8 employees off long term sick accounting for a total of 420 days open long term sickness (as opposed to 28 people and over 475 days last year).

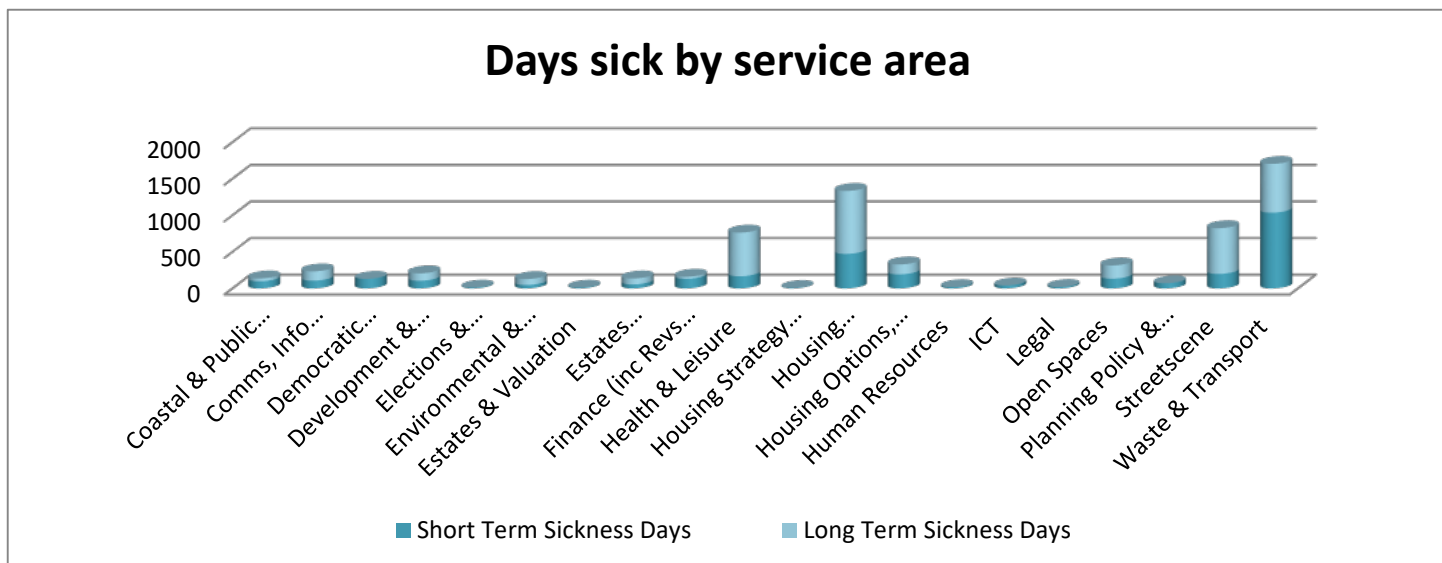
3.5 There has been 1 Sickness Case review dismissal and no ill health retirements this year. This compares to 1 ill health retirement and 2 Case Review dismissals the previous year.

3.6 The chart below shows a breakdown of sickness days over the year to 31st March 20:



3.7 As at 31st March 2020 those off long term, 7 are on full pay, 1 is on half pay plus statutory sick pay.

3.8 The graph below details the sickness days per Service area as at 31/03/2020:



3.9 This shows the same data in table format:

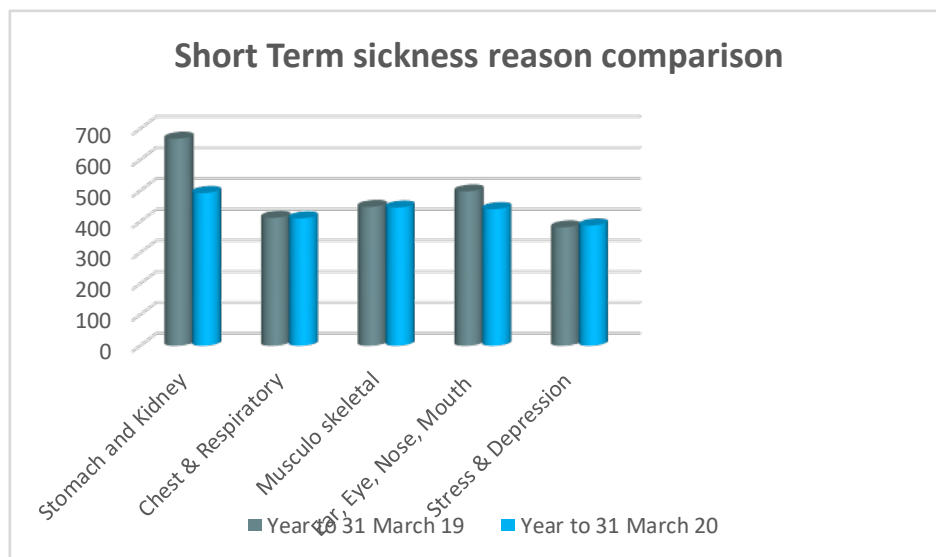
Service Area	Short Term Sickness Days	Long Term Sickness Days
Coastal & Public Facilities	97	39.5
Comms, Info Offices & Customer Services	106	127
Democratic Services	130	0
Development & Building Control & Economic Dev	105	101
Elections & Business Development	10.5	0
Environmental & Regs	46.5	81
Estates & Valuation	10	0
Estates Management & Support	55	81
Finance (inc Revs & Bens)	131	29
Health & Leisure	166	597.5
Housing Strategy & Development	6	0
Housing Maintenance	472	861
Housing Options, Rents	192	136
Human Resources	17	0
ICT	40	0
Legal	19	0
Open Spaces	133	181
Planning Policy & Strategy	70	0
Streetscene	198	626
Waste & Transport	1035	668

3.10 The top five reasons overall for sickness absence across the Council can be broken down as detailed below.

Reasons for sickness	Year to 31/03/2019 (days lost)	Year to 31/03/2020 (days lost)
Musculo skeletal	1052	1238
Stress/Depression	812	1057
Chest & respiratory	321	550
Stomach & Kidney	514	493
Other	5458	3229

Compared across the last two years, the table highlights that musculo skeletal remains the highest reason for sickness. Stress and Depression has increased by over 200 days – mental health is a key area of focus for the Council as we move forward.

3.11 Whilst return to work meetings are carried out for all periods of sickness absence, and more formal meetings are held with those that hit a trigger for short and long term sickness, it is easier to keep track of individual long term sickness matters. Short Term trends are not generally identified outside of formal meetings. To assist with this, data is provided on overall short term sickness trends. The top five reasons for short term sickness remain the same as last year. The graph below shows a breakdown of the highest reason by number of days for Short Term absence:



3.12 The average cost of sickness absence per day is £98.

3.13 The March 2020 CIPD Health & Wellbeing at Work Survey details an average of 5.8 days sickness absence per FTE compared with 8 days average per FTE in the public sector. It states that larger organisations (with over 1000 employees) have significantly higher sickness than those with less than 500 employees. It also details mental health is the 1st highest cause of long term sickness and the 3rd highest cause for short term sickness across sectors, behind minor illnesses and musculoskeletal issues.

4. SICKNESS ABSENCE ACTION PLAN

4.1 Management information is key to effective and proactive sickness absence management. It is a key objective of all Service Managers to ensure sickness is managed effectively. Online sickness absence reports and trend data are available for all managers through the Hub Management Information.

4.2 A robust Sickness Absence procedure is in place, which includes return to work meetings and short & long term triggers.

4.3 During 2019, concerns were raised by employees during the 'Chief Executive & Leader' Briefings regarding levels of absence and impact on colleagues, HR consulted with unions regarding a range of measures to address this. The unions agreed to altering sickness trigger points, and the following changes were agreed:

- Additional trigger – 2 or more unrelated periods of sickness within the same month
- Altered trigger – 3 or more occasions totalling 6 or more days within a rolling 12 month period (from 4 occasions totalling 8 or more days)
- Less review meetings to be held in short term sickness cases

4.4 The HR Advisory Team advise and assist managers through the Sickness Absence procedure. The Team continue to run the Absence Management 'Brief Bite' training session for supervisors and managers at least twice a year to ensure that those new to managing at the Council or those requiring a refresher are fully trained in the Council's formal process.

4.5 The Council is also continuing to take a number of preventative steps in relation to sickness absence:

4.5.1 We offer the Employee Assistance Programme 'Workplace Wellness' through Right Management. It offers a free 24-hour telephone helpline, 365 days a year and covers issues as diverse as emotional/personal, legal, financial, marital/family, work/career and drugs/alcohol. If recommended, there may be a further opportunity to discuss problems

face-to-face with a trained counsellor. This service is regularly promoted and fully funded by the Council.

- 4.5.2 We have continued to run resilience workshops, and have additionally run training on embracing, managing and implementing change linked to smarter working across all services for employees and managers, we have received excellent feedback on these.
- 4.5.3 Flu jabs – As with previous years, Operational staff at the depots were given the opportunity to collect a flu voucher in order to obtain the flu jab at local chemists along with us asking all service managers. In total the Council have purchased 88 flu vouchers this year with the majority now being used. It should be noted that those with medical need are offered free flu jabs by their GP and employees often take up that option.
- 4.5.4 Health checks – Another two full days of Health checks (36 checks) took place in June 2019. These remained free of charge to those on band 4 or below working over 18.5 hours per week, charged to the relevant business unit, to all others there was a £35 charge. The checks included: Height, Weight, BMI, Body Fat, Diabetes, Total Cholesterol, HDL Cholesterol, Blood Pressure, ECG, and are undertaken by a qualified nurse. The situation will be assessed this winter to see if it is feasible to undertake such checks in the following year.

5. Mental Health and Wellbeing

- 5.1 Mental Health and Employee wellbeing continues to be a high priority area for assisting employees; the supportive measures available are:
- We continue to have 12 fully trained mental health first aiders across the council, with contact details on Forestnet. We are looking to source an online programme later in the year to add to this number, up to 25 if possible. This is a 2-day course with many break out activities – providers are looking at how they can provide this moving forward online.
 - Additionally, we have used MIND to run a series of 2-hour manager awareness sessions on mental health.
 - During 2020/21 we will be running Dignity at Work training in June and July via skype.
 - 12 Mindfulness sessions took place during the year, with the maximum 16 spaces filled on 9 out of the 12 sessions (at least 10 spaces were taken on the others). Sessions received very good feedback.
 - Since the pandemic and lockdown, we have offered ‘managing mental health for managers’ sessions, and ‘managing working from home’ 2 hour virtual sessions for employees. Later in the year, the HR team will run twice yearly ‘Managing Homeworking’ brief bites sessions for managers to attend. As with all brief bites at this time, these will be presented using Skype.

5. FINANCIAL IMPLICATIONS

- 5.1 There are direct financial implications related to this report.

6. ENVIRONMENTAL IMPLICATIONS

- 6.1 There are no environmental implications arising from this report.

7. CRIME AND DISORDER IMPLICATIONS

- 7.1 There are no crime and disorder implications arising from this report.

8. EQUALITY AND DIVERSITY IMPLICATIONS

8.1 There are no equality and diversity implications arising from this report.

9. EMT COMMENTS

9.1 It is positive to recognise the improvement in sickness absence days, and the measures that have been taken to assist with this, namely improved technology and remote working capabilities and the changes to the sickness absence procedure.

9.2 Moving forward EMT would like to see three-month sickness figure comparisons year on year to understand the relationship between both remote working and covid and the impact on sickness absence.

10. EMPLOYEE FORUM AND EMPLOYEE SIDE COMMENTS

Employee Forum Comments:

10.1 None received.

Employee Side Comments:

10.4 None received.

11. RECOMMENDATIONS

11.1 That the sickness levels for 2019/20 be noted and the action plan be supported.

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