

HR Committee

24th September 2020



Report of: Director of Workforce and Change

Title: Sickness Absence Update Report

Ward: N/A

Officer Presenting Report: Mark Williams, Head of Human Resources

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Recommendation

That the Committee notes the report and provides it views on the work being done to reduce and manage sickness absence.

Summary

The purpose of this report is to update on the latest sickness absence information and to seek the comments and observations of the committee on the report's findings.

The significant issues in the report are:

- Current average working days lost in the council is 8.4 per employee.
- When excluding COVID-19 from sickness calculations average working days lost (8.1) has dropped below than pre-COVID-19 levels and is the lowest it has been in the last 12 months.
- Absence levels continue to be below the published mean average for unitary authorities.
- We are currently commissioning a new service provider to supply integrated occupational health, employee assistance and physiotherapy provision to support our employee health and well-being priorities.
- Continuing to reduce sickness absence remains a priority, both corporately and for Directorates.
- The Council continues to take preventative measures to reduce sickness absence through our Health and Wellbeing Plan and revised Workforce Strategy.

Policy

1. An engaged, healthy and supported workforce will have an impact on the quality of service that we provide to citizens and help achieve the corporate strategy priorities.

Consultation

3. Internal

Not required because this report is for information only.

4. External

Not required because this report is for information only.

Context

5. This report provides the HR Committee with an update on sickness absence levels across the Council and ongoing and developing activity to reduce and manage sickness absence and improve workforce wellbeing.

6. The attached report (Appendix A) covers the following areas:

- Current sickness (including absence reasons)
- LGA Benchmarking
- Sickness trend (last 12 months)
- Sickness breakdown by Equalities Categories (including against workforce proportions)
- Sickness breakdown by pay grade and deprivation
- COVID-19 related sickness
- Sickness excluding COVID-19 related
- Bradford Factor Calculation
- Sickness Absence Casework

7. This report provides an update on absence trends for the Council and its Directorates over the last twelve months (1st September 2019 to 31st August 2020). It also presents an overview of the policies and practice in place to improve attendance, with a particular focus on supporting managers in this area, and ongoing and strengthened work on employee wellbeing.

Key Findings

8. Current average working days lost in the council is 8.4 per employee. Stress, Anxiety and Depression (29.2%), Musculoskeletal (13.3%) and Cold / Flu / Cough (9%) account for over 50% of the total days lost in the council. This data includes COVID-19 related sickness.

- Average working days lost are consistent with 12 months ago (8.6).
- BAME employees account for 13.4% of all working days lost which is above the workforce representation of 12.6%. BAME employees account for 14.9% of the working days lost for COVID-19 sickness.

- Disabled employees account for 14.1% of all working days lost above the workforce representation of 9.5%.
- Female employees account for 64.1% of all working days lost which is above the workforce representation of 60.1%.
- Male employees account for 35.9% of all working days lost which is below the workforce representation which is 39.9%.
- LGBTQ employees account for 3.8% of all working days lost below the workforce representation of 5.1%.
- Employees aged 16 – 24 account for 2.6% of all working days lost below the workforce representation of 3.5%.
- COVID-19 related sickness is only 2.6% of all working days lost.

9. When excluding COVID-19 from sickness calculations average working days lost (8.1) has dropped lower than pre-covid levels and is the lowest it has been in the last 12 months. This suggests that working from home has had an impact on regular sickness rates.

Managing Attendance

10. We have seen a sharp increase in absence in recent months due to absence related to COVID-19. Covid related absence is not considered as part of any formal action through our sickness absence policy.

11. HR have been working pro-actively with managers to support them at this time in managing all absence cases and contacting managers where staff are self-isolating, shielding, vulnerable or highly vulnerable.

12. Absence levels continue to be below the mean average published benchmarks for unitary authorities.

13. We continue to take preventative measures to reduce sickness absence through our Health and Wellbeing Plan and revised Workforce Strategy. We are actively monitoring sickness absence patterns for services relating to COVID-19 to ensure we act swiftly to any areas of increased risk.

14. We have made organisational health and wellbeing one of our major priorities (Workforce Strategy). In February 2019 the Council became Time to Change employer pledge as part of our commitment to tackling the stigma of mental ill health. Our major focus for the year ahead is ensuring our leaders continue to develop their skills to support colleagues reporting health and wellbeing concerns. We are also an employer who is a signatory to the TUC dying at work charter which means that employees and their families are supported in the event of terminal illness and they are not dismissed on health grounds.

15. We are currently commissioning a new service provider to supply integrated occupational health, employee assistance and physiotherapy provision to support our requirements. A new provider will be in place in early 2021.

Proposal

16. That the Committee notes this report

Other Options Considered

17. None

Risk Assessment

18. Not required because this report is for information only.

Public Sector Equality Duties

15a) Before making a decision, section 149 Equality Act 2010 requires that each decision-maker considers the need to promote equality for persons with the following “protected characteristics”: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. Each decision-maker must, therefore, have due regard to the need to:

- i) Eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act 2010.
- ii) Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to --
 - remove or minimise disadvantage suffered by persons who share a relevant protected characteristic;
 - take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of people who do not share it (in relation to disabled people, this includes, in particular, steps to take account of disabled persons' disabilities);
 - encourage persons who share a protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
- iii) Foster good relations between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to –
 - tackle prejudice; and
 - promote understanding.

15b) The report provides analysis of the impact of sickness absence in relation to age, gender, sexual orientation, race and pregnancy and maternity related absence.

Legal and Resource Implications

Legal

Not required because this report is for information only.

Financial

(a) Revenue

(b) Capital

Not required because this report is for information only.

Land

Not applicable.

Personnel

Personnel

Not required because this report is for information only.

Appendices:

A Sickness Absence Thematic Report

LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985

Background Papers:

None.