

## London Borough of Enfield

**Committee:**  
**Finance & Performance Scrutiny Panel**

**Meeting Date:**  
**11 January 2023**

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**Subject:** Performance Monitoring – average sickness days  
**Cabinet Member:** Cllr Caliskan  
**Executive Director:** Ian Davis/Tinu Olowe

**Key Decision:** No

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### **Purpose of Report**

1. The Finance and Performance Scrutiny Panel have requested an update on sickness absence following the quarterly monitoring report presented on 19 October 2022.

### **Proposal(s)**

2. This report is for noting and to provide an update on actions taken to address sickness absence and interventions to support staff back to work or to remain at work.

### **Relevance to the Council Plan**

3. Enfield Council is a large and diverse organisation providing a range of statutory and other services to a local community with a population of c333,000. The Enfield Council Plan 2020-2022 states the organisation will:
  - a. Enable managers to develop strong leadership skills and create an environment where staff can do their best.
  - b. Inspire, protect and promote equality and diversity within our workforce and reduce the ethnicity pay gap.
  - c. Support our staff to adapt to new ways of working
  - d. A place where everyone is treated with dignity and respect. This means having due regard for a person's feelings, wishes and rights.
  - e. A place where residents have the same opportunities regardless of their protected characteristics or socio-economic background. This not only requires the Council to treat all residents and staff equally, but also to accept the need to sometimes move beyond "equal treatment" towards providing extra support.
  - f. The Council recognises all employees are different and may need varying support through their employment journey.
4. Managing a large and diverse workforce requires robust policies and guidance to manage different situations in a fair and consistent way to ensure the Council's workforce can effectively meet the challenges and opportunities that will enable it to meet the needs of the local communities.

## Background

5. Over the last 4 financial years the Council's workforce has steadily increased. The reasons for this increase include the insourcing of the Council cleaning contract from Norse Enfield (April 2020), the return of adult social care enablement services from IWE (June 2020), insourcing of Council Housing repairs and maintenance services (from April 2020).

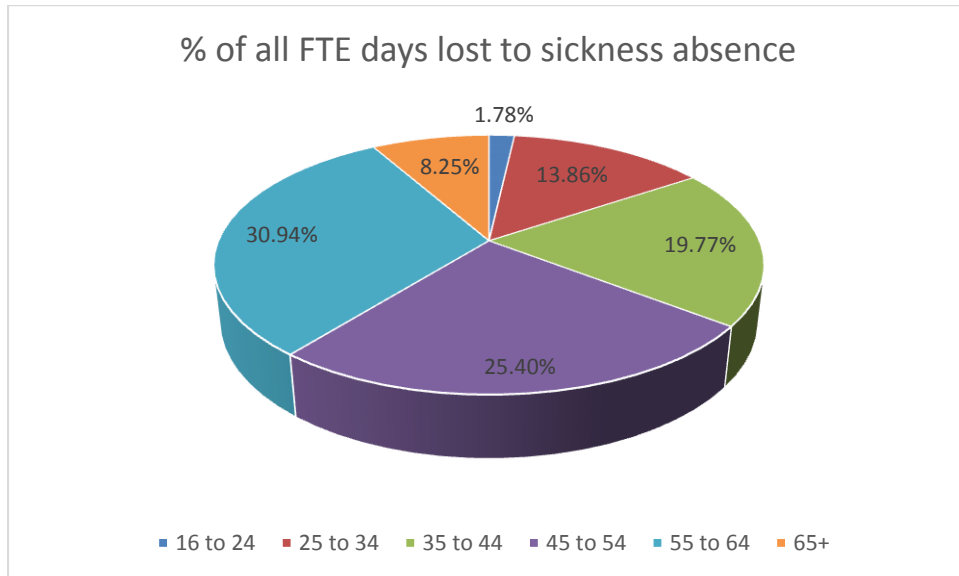
Year Ending	Headcount	Difference year on year	FTE	Difference year on year
31 March 2022	3730	35	3319.00	53
31 March 2021	3695	566	3266.00	445.13
31 March 2020	3129	136	2820.87	149.80
31 March 2019	2993	50	2671.07	55.13

6. During this same period overall days lost due to sickness absence has also increased as can be seen in the following table.

Year Ending	Average Annual Days Lost per FTE*	FTE Days Lost*
31 March 2022	10.90 days per FTE	35,713
31 March 2021	10.32 days per FTE	32,370
31 March 2020	9.40 days per FTE	25,730
31 March 2019	9.03 days per FTE	23,979

7. Sickness absence saw a considerable increase from March 2020 that can be attributed to sickness absence within the larger services that transferred to the Council (Cleaning Services in April 2020 and IWE in June 2020). This included high volumes of manual workers where sickness absence is typically higher.
8. Sickness absence includes sickness relating to Covid-19 and has contributed to higher levels of sickness absence since March 2020. This was particularly prevalent in the People, Place and Resources directorates that all have high numbers of front-line and manual workers who were at greater risk of contracting Covid-19 and unable to work if they tested positive.
9. For the most recent year ending March 2022, 44% of all absence (4.82 average days lost per FTE) were due to short-term sickness and 56% (6.08 average days lost) were due to long-term sickness.

10. The Corporate target is 7.96 days and all departments, with the exception of the Chief Executive department, exceeded this target.
11. A recent benchmark that compares Enfield's data against other London councils for the period 2020/21 and highlights similar reporting figures. The highest average days lost is 16.09 within one particular borough and ten boroughs reporting higher levels of long-term sickness absence than Enfield's for the same reporting period.
12. Over 39% of all days lost are for staff aged 55 or over.



13. This report will compare detailed data for the most recent reporting periods from January 2022, Q4 2021/22, Q1 and Q2 2022/23, to consider the continuing sickness absence trends and will explain what the Council is doing to address and reduce sickness absence.

## Main Considerations for the Council

### Analysis of Sickness Absence

14. The following table shows average annual days lost per FTE at the end of each quarterly reporting period from Q2 2021/22 through to Q2 2022/23.

Indicator	Q4 2021/22	Q1 2022/23	Q2 2022/23	
	Value	Value	Value	Annual Target
BV012a Average Sick Days - Council Staff (rolling 4 quarters)	10.81	10.67	10.28	7.96
BV012b Average Sick Days: SHORT TERM ABSENCE - Council Staff (rolling 4 quarters)	4.48	4.64	4.46	2.80
BV012c Average Sick Days: LONG TERM ABSENCE - Council Staff (rolling 4 quarters)	6.32	6.02	5.82	5.16

15. Both overall sickness levels and long-term sickness have gradually declined since Q3 2021/22. Short-term sickness absence has remained relatively static over the same period.
16. The following table shows the detailed breakdown by directorate for the same period.

Indicator	Q4 2021/22	Q1 2022/23	Q2 2022/23		Annual Target
	Value	Value	Value	Quarterly Target	
HR0008a Average Sick Days per FTE per Month - Chief Executive's	1.85	0.95	0.94	1.98	7.96
HR0008bb Average Sick Days per FTE per Month - Resources	1.88	1.48	1.65	1.98	7.96
HR0008cc Average Sick Days per FTE per Month - People	2.98	2.29	2.73	1.98	7.96
HR0008dd Average Sick Days per FTE per Month - Place	3.18	2.35	2.74	1.98	7.96

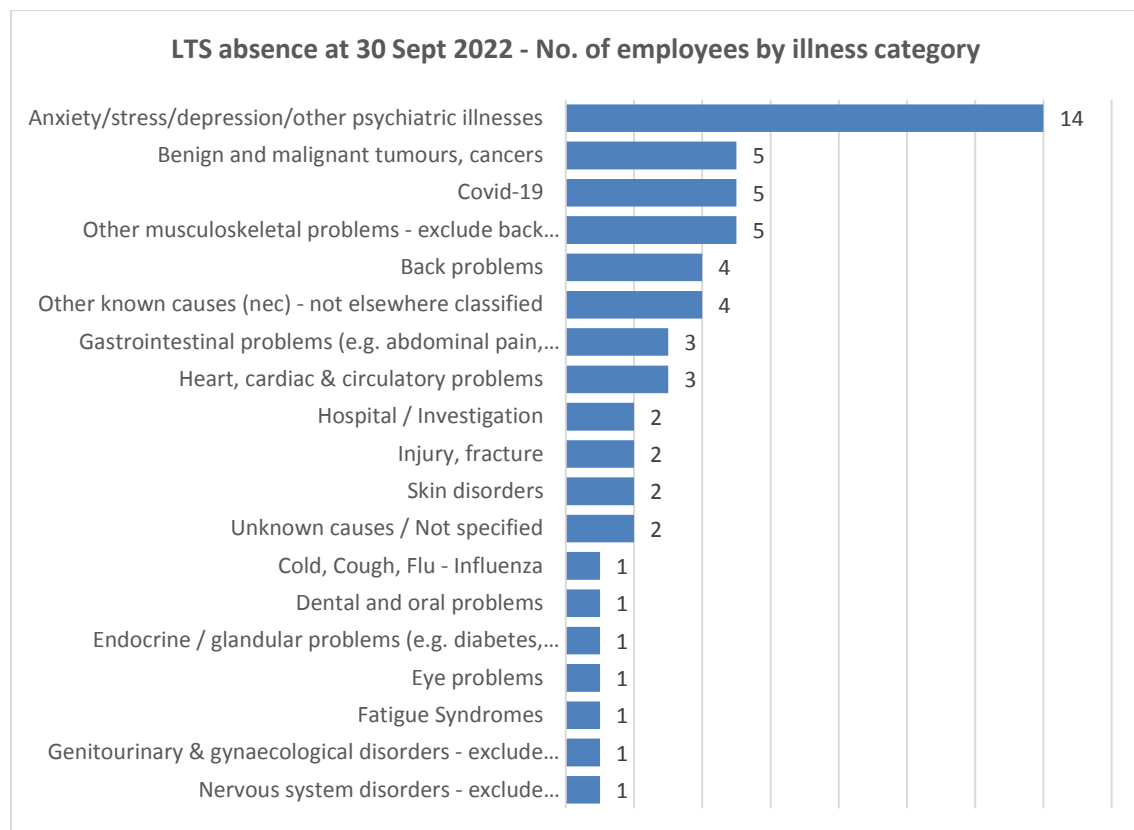
17. Both the CEX and Resources directorates are below the corporate target whilst the People and Place directorates are above the corporate targets.
18. The following table shows a breakdown of long-term sickness absence cases and days lost for each quarter since January 2022:

Indicator	Q4 2021/22	Q1 2022/23	Q2 2022/23
	Value	Value	Value
Long Term - Still Absent": Number of employees who have a sickness absence of 28 days or more and is still absent	59	56	58
Total calendar days lost	9845	7729	5782
Average days lost per case	166.86	137.02	99.69
Long Term cases closed	44	25	59

19. During this period the overall days lost due to long-term sickness absence has reduced significantly by 41.2%. The average number of days lost per case has reduced from 166.86 days in Q4 2021/22 to 99.69 days in Q2 2022/23, a reduction of 40.3%.
20. Over the same period a total of 128 long-term sickness cases have been brought to a successful conclusion and the employee has either returned to

work or left the organisation due to voluntary resignation, ill health retirement or dismissal due to capability.

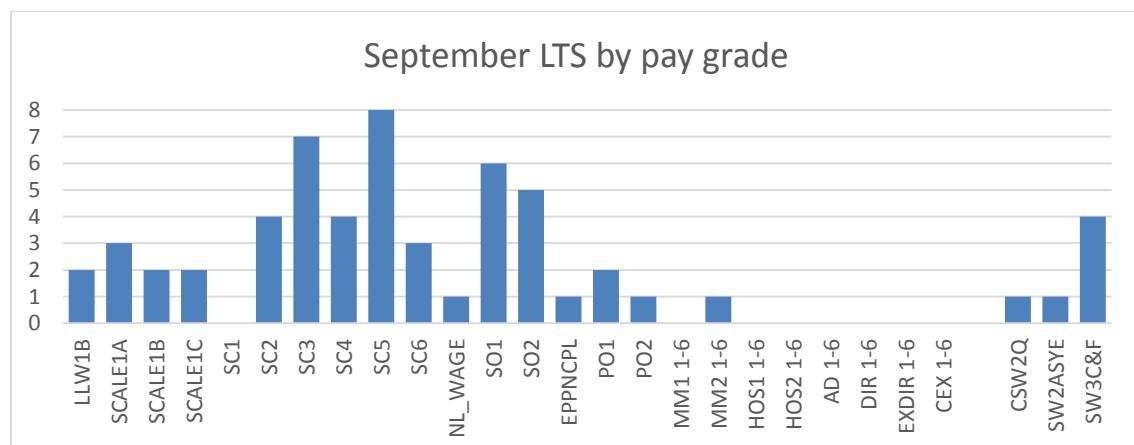
21. The following table shows the reasons for long-term sickness absence



22. Anxiety, stress and other mental health conditions is the most common cause of sickness absence followed by cancer, Covid-19 and musculoskeletal and back problems. With the exception of cancer, this pattern is similar to most recorded sickness absence across the UK (ONS, 2021).

23. Across both long and short-term absence Anxiety, stress and other mental health conditions is the most common cause of sickness absence followed by Covid-19, back and musculoskeletal problems and colds, coughs, flu and gastrointestinal problems.

24. The following table shows a breakdown of long-term sickness absence by pay grade based on September 2022 data:



25. 83% of all long-term sickness absence were staff on pay scale 6 and below and 46% of cases related to staff in physical/manual occupations. As mentioned in paragraph 7 above, it should be noted that the Council has a large manual workforce that further increased following the insourcing of cleaning services and IWE. Sickness absence levels tend to be higher for manual workers (a trend typical across most organisations).

### **Interventions to Manage Sickness Absence**

26. The following actions have been taken and interventions put in place to ensure sickness absence is managed and staff are supported to return to work or remain at work:
- a. All long-term sickness cases and frequent short-term sickness cases are subject to regular review to ensure they are proactively managed and appropriate action is taken.
  - b. Larger services in each directorate hold regular sickness absence boards chaired by the service director to review cases.
  - c. The Council's Absence & Attendance policy has been reviewed and benchmarked against other similar employees. As a result, a number of changes have been put in place to ensure managers are equipped with guidance and support to proactively manage sickness absence.
  - d. Absence & Attendance training has been reviewed and updated and has been delivered to new and existing managers. Further regular face to face or virtual sessions will be available from January 2023.
  - e. Individual managers have been supported to effectively manage sickness absence.
  - f. Bespoke training has been delivered to managers at Bridgewood House, Morson Road depot and in the Council Homes Homelessness team where absence levels are typically higher.
  - g. Regular review meetings take place with HR and Medigold (the Council's occupational health provider) to review cases, address any bottlenecks and discuss potential interventions, for example be-spoke training and support for mental health.
  - h. A cohort of Mental Health First Aiders have been trained and this initiative has been widely promoted to support staff who may be struggling with mental health.
  - i. Mental health awareness training has been rolled out for managers and staff and has been well attended.
  - j. The staff Disability Working Group and Mental Health & Wellbeing Network Group have delivered sessions and rolled out information to support staff.

### **Safeguarding Implications**

27. There are no safeguarding implications.

### **Public Health Implications**

28. London Borough of Enfield is a large local employer (approximately 60% of local residents employed). By ensuring the organisation supports and promotes the wellbeing of staff we are making a significant contribution to the general public health of the borough.

### **Equalities Impact of the Proposal**

29. This report is for noting and there are no direct equality implications. The support noted in this report will have a positive impact for employees.

### **Environmental and Climate Change Considerations**

30. No environmental and climate change implications have been identified.

### **Risks that may arise if the proposed decision and related work is not taken**

31. This report is for noting and does not require a decision. The actions identified in this report have supported the proactive management of sickness absence.

### **Risks that may arise if the proposed decision is taken and actions that will be taken to manage these risks**

32. This report is for noting and does not require a decision. The actions identified in this report have supported the proactive management of sickness absence.

### **Financial Implications**

33. There is a significant financial cost to staff time lost through sickness. It must however be noted that this is a notional cost, since staff will be paid in full for short term sickness and to varying degrees for longer term sickness based on established rules and policies.
34. Most recent statistics (as at March 2022) show average sickness absence per FTE of 10.9 days per year. This is split 4.82 days lost to short term sickness and 6.08 days lost to long term sickness.
35. Sickness absence is higher in lower grades, which make up the majority of the Council's workforce, so median pay rates have been used to calculate an approximate financial cost of £160k per month for short term sickness, with a further £210k per month for long term sickness, giving an estimated monthly cost of £370k.

### **Legal Implications**

36. Due to the time constraints this report has not been shared with Legal Services, however the Council will be obliged to manage all sickness

absence in line with best practise, the Council's policies and procedures, employment legislation and ACAS guidelines.

### **Workforce Implications**

37. The effective management of sickness absence and the support available for both staff and managers is an important aspect of managing productivity, attendance and the health and wellbeing of the Council's workforce.
38. The Council has a duty of care to support the health and wellbeing of its workforce. Promoting positive health and wellbeing will support employees, reduce sickness absence, and improve productivity.

### **Property Implications**

39. No property implications have been identified.

### **Other Implications**

40. No other implications have been identified,

### **Options Considered**

41. N/A

### **Conclusions**

42. Days lost to sickness absence has been consistently above the corporate target for some years. Following more recent interventions long-term sickness absence is starting to reduce.
43. Cases will continue to be monitored to ensure this trend continues to improve.

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**Date of report** 28 December 2022

### **Appendices**

None.

### **Background Papers**

None



