

Report to Overview and Scrutiny Committee

Annual Sickness Report 2020/21

The Overview and Scrutiny Committee is asked:

Consider the information provided in this report and advise officers:

1. If the committee would wish to receive a further update in a year's time
 2. If any further information is required
-

Date of O&S meeting: 14 September 2021

Chair of O&S Committee: Cllr Noel Ovenden

Relevant Portfolio(s): Cllr Alan Pickering – Portfolio Holder Human Resources and Customer Services

Summary: This report provides annual information on sickness absenteeism for 2020/21.

Exempt from Publication: **NO**

Background Papers: none

Contact: **Michelle Pecci**
Head of HR & Customer Services
Tel 01233 330602
Michelle.pecci@ashford.gov.uk

Annual Sickness Report 2020/21

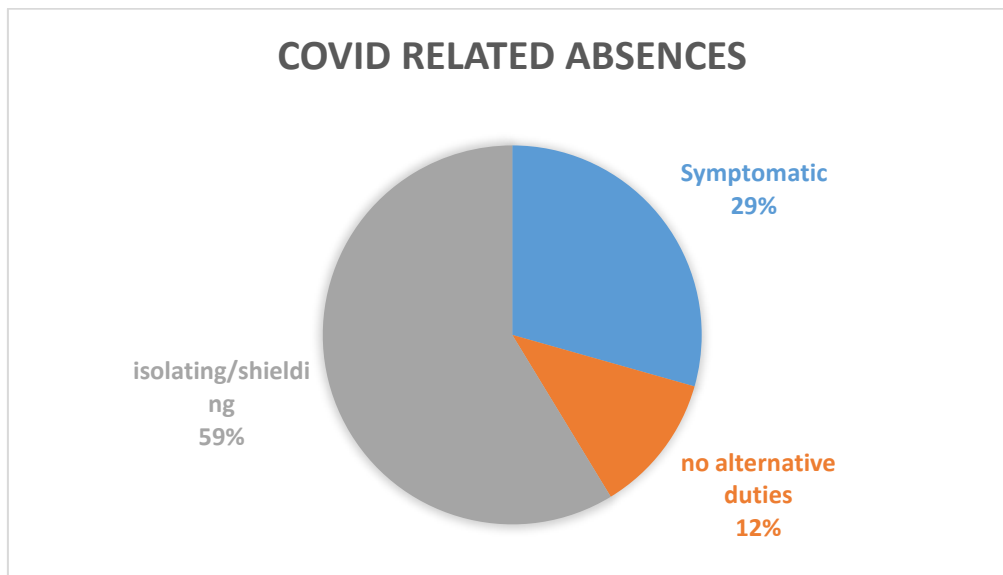
Introduction

1. This report provides members with sickness absence figures for the financial year 2020/21. Similar data is provided to Management Team on a six-monthly basis in order that the Council's senior management team have an up-to-date overview of key HR Metrics.
2. The reported figures for Ashford Borough Council employees are from sickness absences recorded on the iTrent Payroll and HR system. The figures are presented as the average number of working days lost to sickness per Full Time Equivalent (FTE) employee during the year, starting 1 April.
3. This year is unique in that for the whole of 2020/21 we were affected by the Covid-19 pandemic. Early in the pandemic as the various requirements came about to shield, work from home and to self-isolate whether you had symptoms or not, we made the decision that we would record all covid related absence but would not treat it as sickness as it would disproportionately affect vulnerable staff or staff whose role could not be performed remotely. A summary of Covid related absences is included in the report but not included in overall sickness absence numbers.
4. Due to the unique set of circumstances it has been difficult to draw meaningful comparisons and conclusions with previous years. We have not had a year like this ever, and as the report will highlight later the Office for National Statistics (ONS) report that sickness is at the lowest level since they began recording sickness.

Covid related absences

5. A number of our staff were clinically vulnerable and required to shield, some of this group of staff were unable to work from home due to the nature of their role. It was felt that it would be unfair for staff with an underlying health condition to have this absence recorded as sickness when they were not away from work due to ill-health. We have therefore recorded all Covid related absences separately to sickness for all staff. However it is worthwhile highlighting the impact that Covid has had on the council from an attendance perspective.
6. We lost circa 1,014 days due to Covid absences.
 - 29% of these days were because people were symptomatic and unable to work.
 - 12% were where there were no alternative duties as their role could not be carried out remotely and most of this absence was at the very start of the pandemic,
 - 59% of absences were where people were isolating or shielding and there were no alternative duties.

The second two categories are mainly roles such as electrician, civil enforcement officer, CCTV operator, for example.



Sickness absence per employee 2020/21

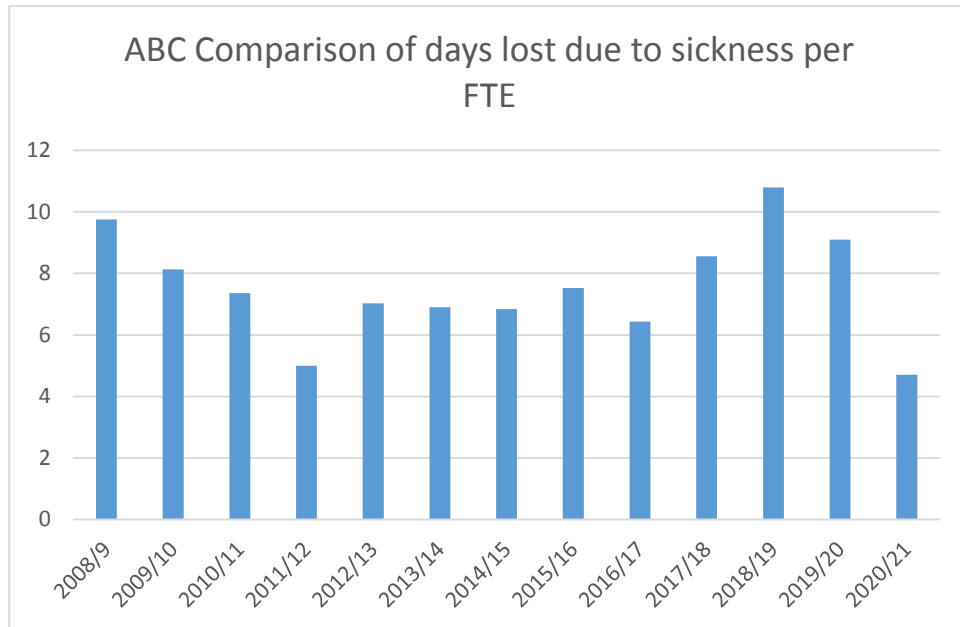
7. 2020/21 was an exceptional year as the majority of our staff worked remotely as per the government's mandate to work from home, and much of the year was impacted by restrictions on social contact. This meant that the transmission of normal seasonal illness was reduced and remote working meant that people were able to continue to work with a minor illness as they did not need to worry about spreading germs, getting to the bathroom, or even having to get dressed and into work. As a result, our overall sickness absence levels for 2020/21 are low.
8. A total of 2,079 days were lost due to sickness absence across the 12-month period from 1st April 2020 to 31st March 2021. Based on the average number of 441 Full Time Equivalent (FTE) employees across the 12-month period, the total amount of working days lost due to sickness in 2020/21 is 4.7 days per FTE. This is an improvement on the previous year, which was 9.1 days per FTE.
9. Had we included Covid related sickness absence (i.e. staff who were unable to work due to symptoms) the days lost would have been 5.6 days of sickness per FTE overall.
10. 227 employees incurred sickness absence periods during the period 2020/21. Therefore approximately 49% employees did not incur any periods of sickness absence during the 12-month period. This figure is an improvement compared to last year's figure of 30%.
11. Of the 2,079 days lost due to sickness absence within the period, 56% of this absence is categorised as short-term absence lasting up to and including 19 days. Therefore 44% of absenteeism is categorised as long-term. The ratio of long-term to short-term is consistent with last year. The longest period of absence was 142 days.

12. The report separates long-term sickness absence and short-term sickness absences as the nature of these two types of sickness absence, and the way in which they are supported, differs. It is therefore useful to consider the average days lost in each category.
- Average days lost due to short-term sickness absence equals 2.6 days per FTE.
 - Average days lost due to long-term sickness absence equals 2.1 days per FTE.

Comparison with previous years

Description	2017-2018	2018-2019	2019-2020	2020-2021
Number of days lost due to sickness absence across the 12 month period from 1 st April to 31 st March	3,495	4,558	3,950	2079
Total number of working days lost due to sickness within the year per FTE	8.56	10.8	9.1	4.7
% of employees taking no time off work due to sickness absence	29%	31%	30%	49%
% of short term absence (under 20 days)	55%	44%	57%	56%
% of long term absence (20 days or more)	45%	56%	43%	44%
Number of cases of long term sickness absence	27	39	34	17

13. The percentage of employees incurring sickness absence has reduced but the split between long term and short term has broadly stayed the same.



Reasons for all sickness

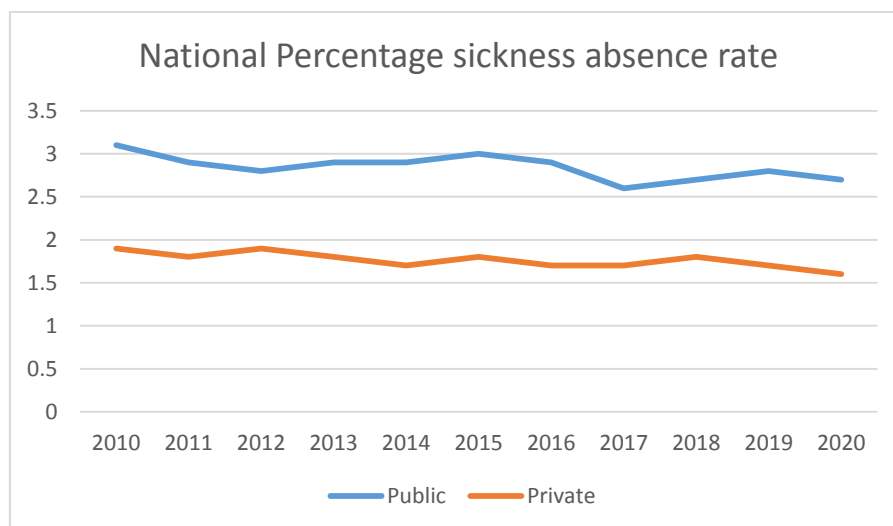
Absence Reason	2019/20 Total days lost	2019/20% overall	2020/21 Total days lost	2020/21 % overall
Allergic reaction, skin condition			19.1	0.9%
Back and neck problems (inc. Sciatica)	304.0	8%	107.1	5%
Benign and malignant tumours, cancers			86.1	4%
Chest, respiratory	209.6	5%	101.0	5%
Cold, Influenza, Fever, Pneumonia	371.7	9%	46.7	2%
Eye, ear, nose, throat, tonsillitis, glandular, mouth/dental problems, sinusitis	173.0	4%	224.8	11%
Fracture, injury, accident outside of work	8.0	0.2%	28.7	1%
Genito-urinary; menstrual problems	13.5	0.3%	17.5	0.8%
Headache, Migraine, Vertigo	89.9	2%	248.1	12%
Heart, blood pressure conditions, circulation	80.6	2%	26.9	1%
Industrial Injury/Accident at work			7.2	0.3%
Infections	48.5	1%	21.6	1%
Other	276.0	7%	94.3	4%
Other musculo-skeletal problems (inc. arthritis)	459.3	12%	50.7	2%
Phased return	176.1	4%	39.9	2%
Pregnancy related	39.0	1%	3.0	0.1%
Stomach, liver, kidney, digestion	198.4	5%	107.8	5%
Stress, depression, anxiety, mental health, fatigue	1068.3	27%	712.4	34%
Surgery, surgery recovery, hospital appointment/procedure	126.0	3%	62.4	3%
Virus (inc. e.g. vomiting, diarrhoea, food poisoning)	238.6	6%	73.9	4%
See Doctors Certificate	51.5	1%		

14. The table above shows that mental ill health accounts for 34% of the council's total absence. In percentage terms this is a worsening picture however the total number of days lost to mental ill health has reduced from 1068 days to 712 days which is an overall improved position.
15. It is difficult to draw conclusions on this figure as a percentage of overall sickness in the unique circumstances of the pandemic, and there is limited external data available on the typical number of days per FTE. An alternative way to compare our position is to consider the instances, or the number of times that the illness occurs. The Office for National Statistics report that in 2020 15% of absence occurrences (i.e. a block of time off rather than the number of days taken), are because of poor mental health. At Ashford 14% of occurrences were due to poor mental health so we are broadly comparable with the national picture in this respect.
16. There are many factors associated with the pandemic that had the potential to impact mental wellbeing. Issues such as loneliness, isolation, the impact of home schooling, worries about job security (especially if family members were furloughed) and the wellbeing of loved ones all had the potential to negatively affect staff. We therefore made a lot of effort from the start of the lockdown to enhance our wellbeing programme to cover the issues that may cause poor mental health. We focused on mental, physical and financial wellbeing by sign-posting and providing access to good quality, credible information. For staff who highlighted that their mental wellbeing was being impacted by being at home we accommodated them in the civic centre on the basis it would be damaging for them to continue to be at home.
17. Another element during the pandemic that has had an impact on some staff is home schooling and lack of wrap around childcare, i.e. breakfast clubs, afterschool clubs and holiday clubs. This group were also impacted by social distancing restricting extended family and friends stepping in to provide support. Even after providing additional flexibility to parents some have found it extremely difficult to juggle work, children and home and, whilst it would be difficult to demonstrate through data, anecdotally this is reflected in our absence figures with staff either stating stress symptoms, or experiencing other illnesses like headaches or exhaustion.
18. However, the flip side of the remote working has also shown us the benefits on wellbeing and mental health. We have surveyed staff during the pandemic to establish how remote working was going for them and a high number of staff cited positive benefits on their mental wellbeing as a result of improved work life balance, reduced commuting times, and the ability to be more productive remotely.
19. Productivity of homeworkers has always been high, with Customer Service and Revenues & Benefits homeworkers being more productive than their colleagues in the office are. The improvements in technology and systems during the pandemic has shown to positively impact productivity across remote workers; staff have told us that being able to focus and manage distractions has had a positive impact on their productivity. As we start to return to the office we will need to be mindful how capacity may be impacted by 'normal' office routines and ensure that expectations are realistic from a manager perspective as well as a staff member perspective in order to avoid increases in sickness absence due to work pressures.

20. Additionally, a number of staff have explained that during the height of the pandemic they have been able to support elderly or vulnerable family as a result of homeworking, and had they been in the office they would have struggled to cope with this additional demand.
21. Throughout the year the HR team have supported staff and managers in managing sickness absence caused by poor mental health and a range of interventions and measures have been deployed such as referral to counselling, occupational health advice, making reasonable adjustments with the aim of supporting the individual in having regular attendance at work. Whilst the days lost are high as a proportion of all absence eight out of nine staff absent for more than 20 days due to poor mental ill health are back at work- showing that the interventions are helping.
22. However, we need to be cautious not to disregard the data from this year. We will be carefully looking at mental ill health as the year goes on as it is possible that a range of factors such as returning to 'normal', the impact on finances as furlough ends, trauma from the pandemic could start to show in sickness levels. In addition returning to the office has the potential to impact productivity gains achieved from remote working which in turn has the potential to impact the wellbeing of staff.
23. During 2021/22 we are hoping to introduce mental health first aiders as an additional layer of support for the organisation. Mental Health first Aiders are trusted colleagues who have had training to provide confidential sign posting to external advice and support, the aim is that talking about mental health becomes the norm and people will seek advice before they become too unwell to work.
24. Looking forward, we need to be prepared for more ill-health due to NHS backlogs. We have recently renegotiated a plan with Benenden Healthcare where staff who join and pay their membership fees through a payroll deduction have a 6-month wait time waived. This will mean that staff can access diagnostics and treatment more quickly. In addition it is reported that short term 'minor' illnesses could peak as social contact increases and this will reflect in our sickness levels.

National and sectoral comparison

25. The Office for National Statistics (ONS) report that sickness is at an all time low since records began in 1995, with the national level being 3.6 days per worker. The ONS attribute this reduction to sickness absence due to measures such as self-isolation, increased homeworking, shielding and furlough- where people were not at work to spread germs in order to protect themselves or others.
26. Furlough will also impact the national picture as some employees were not at work to record their sickness. Furlough did not impact the public sector to the extent of the private sector so a sectoral comparison is helpful to determine how we fare compared to others in the public sector.



27. The chart above shows the private sector percentage sickness absence rate at 1.6% for 2020, and the public sector at 2.7%. Ashford's percentage is circa 2%, which is below the national figure for the public sector for 2020/21.

Reasons for Sickness Absence

28. The CIPD Health and Well-being at Work Survey 2021 reported on the most prevalent reasons for both long-term sickness absence and short-term sickness absence. Minor illnesses (including as colds, flu, stomach upsets, headaches and migraines) being the most common reason for short-term absence, followed by stress depression and other mental ill-health. Mental ill-health is reported to be the top cause of long-term absence, followed by musculoskeletal injuries for long terms absence.

29. The following tables detail the reasons for our long-term and short-term sickness absence.

2020/21 Absence Reason 20 days or more (long-term absence)	Days lost	% of long term sickness
Stress, depression, anxiety, mental health, fatigue	395.74	43%
Eye, ear, nose, throat, tonsillitis, glandular, mouth/dental problems, sinusitis	167	18%
Headache, Migraine, Vertigo	138.52	15%
Back and neck problems (inc. Sciatica)	57	6%
Stomach, liver, kidney, digestion	31.00	3%
Other	22.00	2%
Chest, respiratory	21	2%
Surgery, surgery recovery, hospital appointment/procedure	21.00	2%
Benign and malignant tumours, cancers	68.11	7%

30. The current position in relation to the 17 employees who were long term absent in 2020/21 is as follows:-

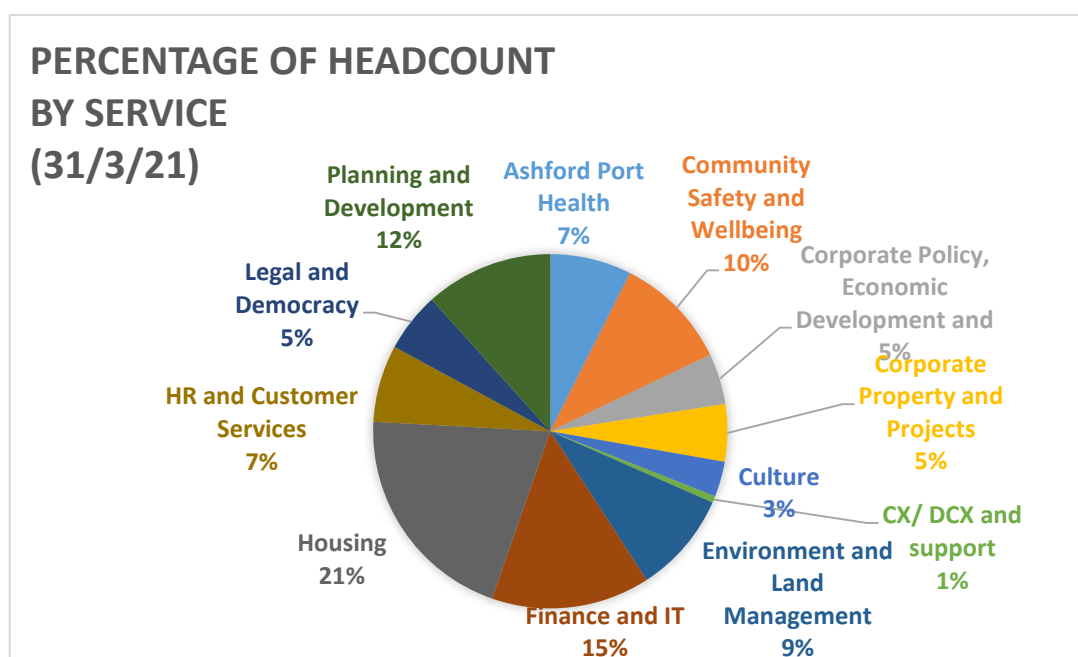
- 15 employees have either returned to work or no longer work at the council

- 2 are currently unable to work due to their long term condition and HR are working closely with them and their managers in line with the sickness absence policy

2020/21 Absence Reason less than 20 days (short-term absence)	Days Lost	% of short term sickness
Stress, depression, anxiety, mental health, fatigue	316.61	27.35%
Headache, Migraine, Vertigo	109.54	9.46%
Chest, respiratory	79.98	6.91%
Stomach, liver, kidney, digestion	76.81	6.63%
Virus (inc. e.g. vomiting, diarrhoea, food poisoning)	73.93	6.39%
Other	72.31	6.25%
Eye, ear, nose, throat, tonsillitis, glandular, mouth/dental problems, sinusitis	57.75	4.99%
Other musculo-skeletal problems (inc. arthritis)	50.7	4.38%
Back and neck problems (inc. Sciatica)	50.1	4.33%
Cold, Influenza, Fever, Pneumonia	46.69	4.03%
Surgery, surgery recovery, hospital appointment/procedure	41.43	3.58%
Phased return	39.91	3.45%
Fracture, injury, accident outside of work	28.7	2.48%
Heart, blood pressure conditions, circulation	26.88	2.32%
Infections	21.56	1.86%
Allergic reaction, skin condition	19.05	1.65%
Benign and malignant tumours, cancers	18	1.55%
Genito-urinary; menstrual problems	17.5	1.51%
Industrial Injury/Accident at work	7.22	0.62%
Pregnancy related	3	0.26%

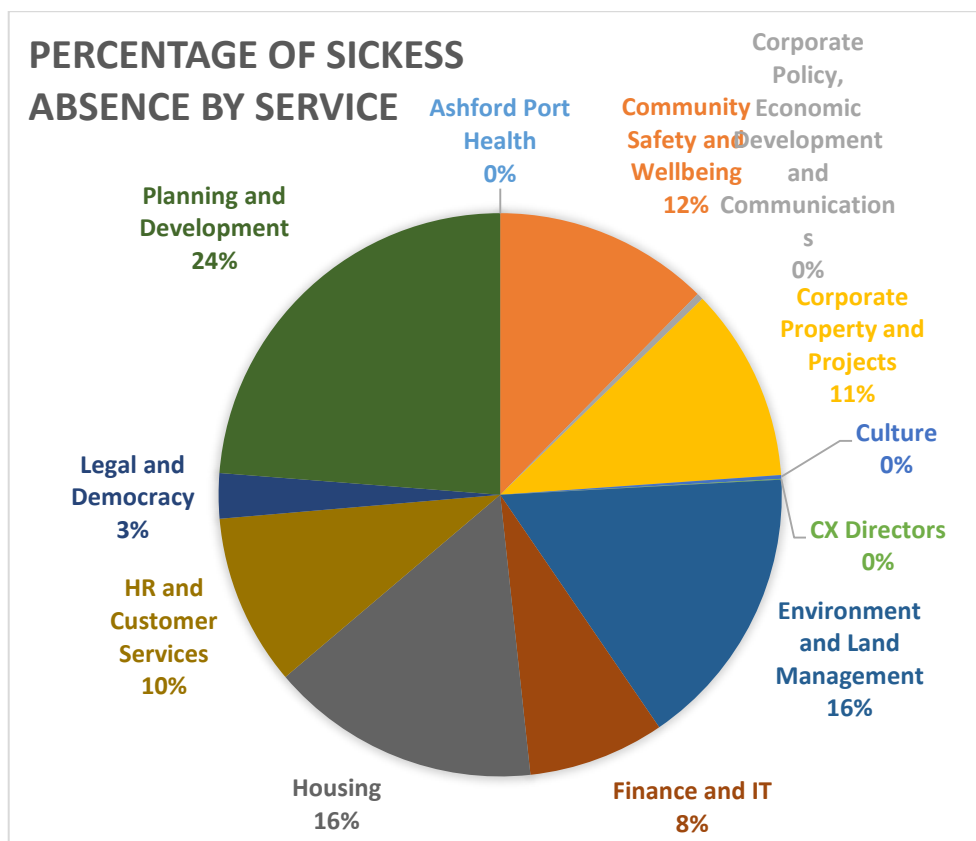
Service Comparison

31. The following charts show how headcount is distributed across the services, and how sickness is distributed by service.



Percentage of sickness by Service

32. The chart below shows the percentage of overall sickness by service. The Ashford Port Health had only been established for less than a month so their figure is zero, and CX/ DCX and support, Culture and the Corporate Policy team are all less than 1%. Planning is the highest service with 24%. Four out of the 17 long-term sick cases were in the planning service which aligns with the overall sickness level.



Conclusions

33. Drawing conclusions and comparisons on sickness absence this year is difficult. Whilst our sickness levels are at an all-time low due to the impact of covid we need to be careful to ensure that long term conditions are being appropriately managed and that we are alert to changes in the coming year or so as we emerge from the pandemic.
34. As well as anticipated NHS backlogs, it is predicted that there will be a surge in other minor illnesses this winter as social contact resumes. We will need to ensure that we manage the spread of minor illnesses by making sure people do not come to the office whilst symptomatic, but also continue to encourage staff to maintain good hygiene to help prevent the spread of illnesses.
35. Poor mental health continues to be a common reason for sickness absence, we are comparable with national trends in this regard but we must ensure that we have measures in place to support staff as the world gets back to normal. We

intend to introduce Mental Health First Aiders this year to provide a further layer of support for staff experiencing poor mental health.

Michelle Pecci
Head of HR & Customer Services
01233 330602
Michelle.pecci@ashford.gov.uk
1 September 2021