

Agenda Item No:



Report to Overview and Scrutiny Committee

Annual Sickness Report 2021/22

The Overview and Scrutiny Committee is asked to :

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
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Date of O&S meeting: 13 September 2022

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 2021/22.

Exempt from Publication: **NO**

Background Papers: **none**

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Annual Sickness Report 2020/21

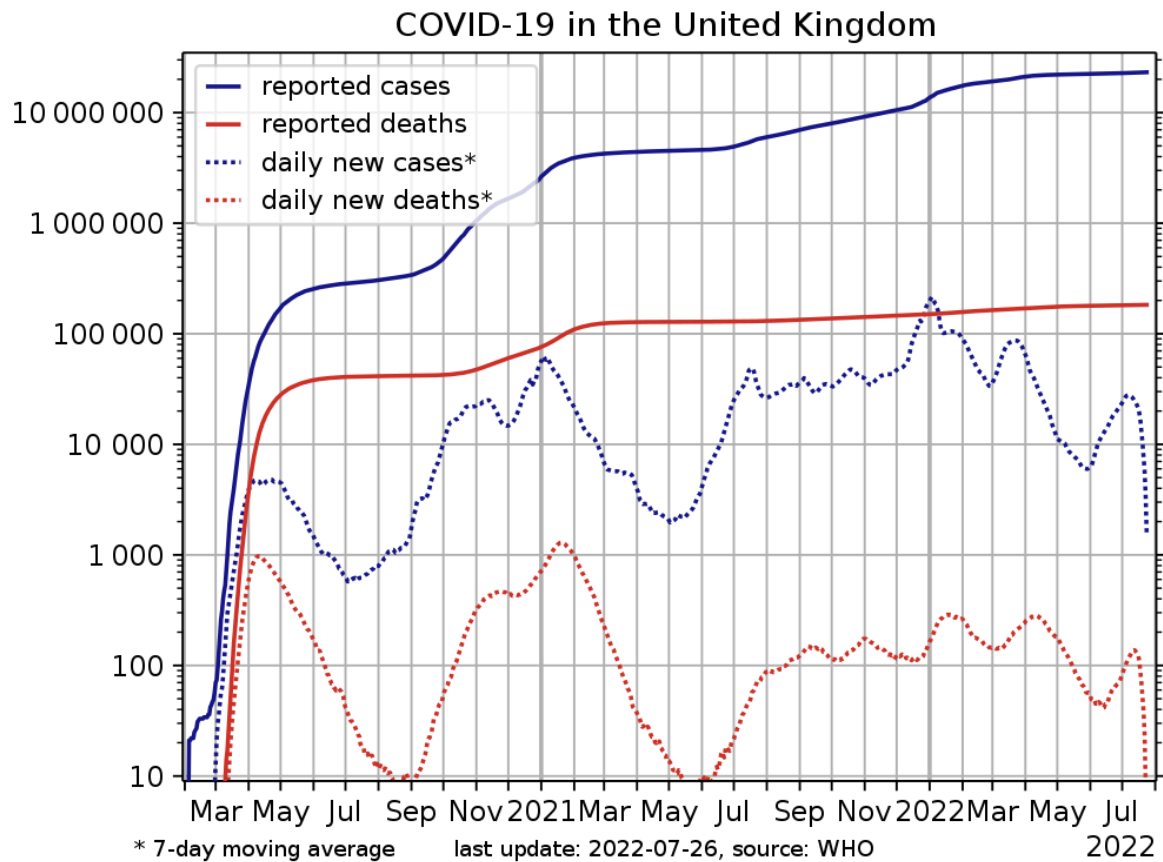
Introduction

1. This report provides members with sickness absence figures for the financial year 2021/22 (01 April 21 to 31 March 22). 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 due to sickness absence per Full Time Equivalent (FTE) employee during the year, starting 1 April 2021.
3. This year is unusual in that throughout this period (1 April 2021 to 31 March 2022) we continued to be affected by the Covid-19 pandemic, albeit not as significantly as in the previous year.
4. Broadly speaking the figures within the report demonstrate a return to pre-pandemic sickness levels as we return to the new normal.
5. However, it is clear that absences due to Covid 19 have had a proportionate impact on attendance levels.

Covid 19

6. To provide some context to the report a short covid history for the period is detailed below:
 - April 2021 outdoor pubs, restaurants and non-essential shops are re-opened
 - July 2021 the Delta variant, a more transmissible strain, became the dominant strain in the UK and drove a third wave of infections.
 - July 2021 most restrictions were lifted in England including facemasks and social distancing measures.
 - August 2021 75% of adults were vaccinated and mass vaccination was rolled out to 16-17 year olds.
 - September 2021 vaccinations for 12-15 year olds were approved and booster vaccines for the over 50s, vulnerable and health workers were introduced.
 - November 2021 booster vaccinations were expanded to the over 40s. Omicron variant emerged.
 - December 2021 Covid 19 cases were at 100,000 per day for the first time in the pandemic. Plan B restrictions were announced (remote work recommendations and mandatory face masks in indoor public venues).
 - January 2022 Plan B restrictions were relaxed.
 - February 2022 the legal requirement in England to self isolate if testing positive ended.

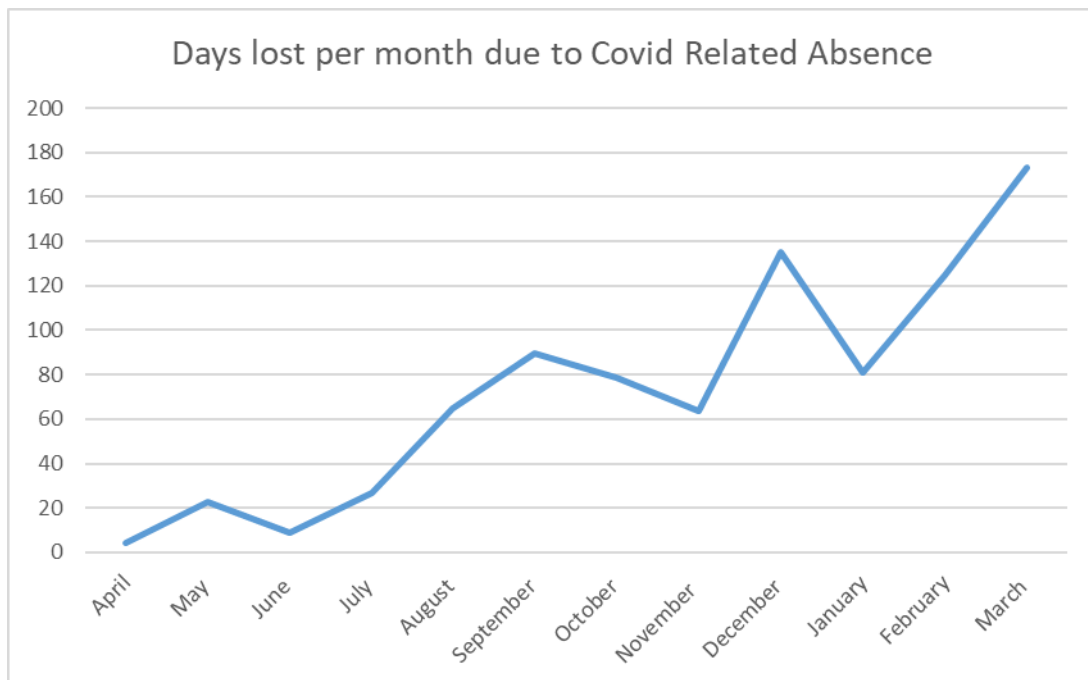
- The World Health Organisation reports the following data regarding Covid19 cases and deaths.



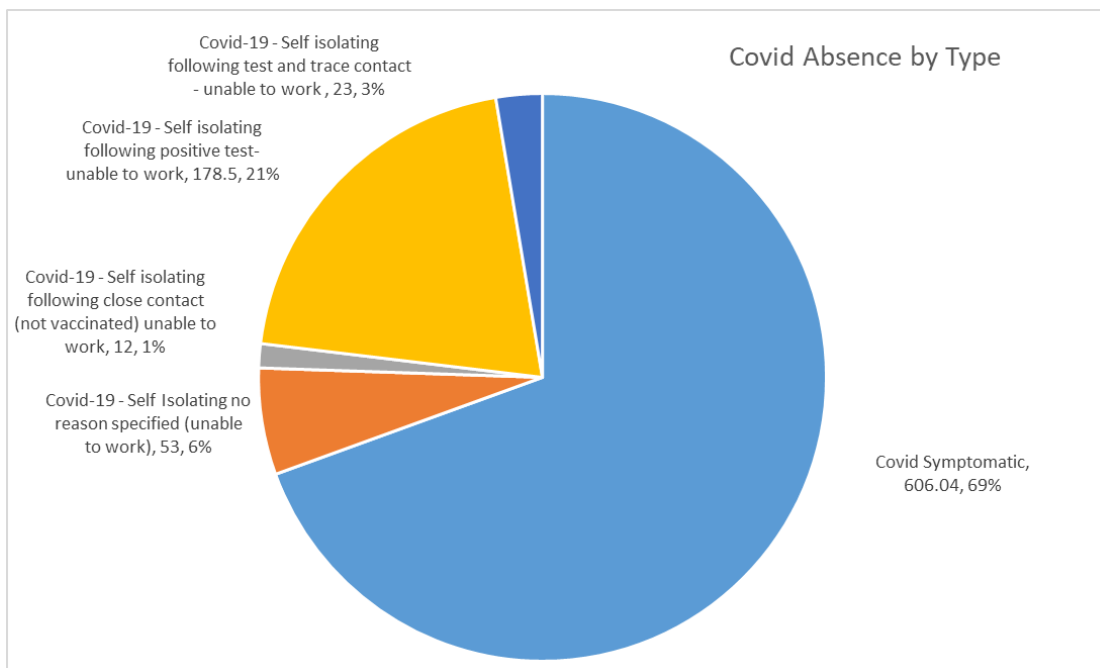
Covid 19 related absences

- Early in the pandemic in 2020 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 19 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 19 related absences is included in the report but not included in overall sickness absence numbers.
- With effect from 1 April 2022 it was decided to incorporate covid 19 related absence within 'normal' sickness absence as we all 'learn to live' with covid 19. From the next O&S report, covid related absence will be shown within general sickness; as a sickness absence reason rather than a separate absence type.
- The next O&S report will also show a revised set of sickness absence reasons which were amended in April 2022 to bring them up to date (including categories related to gender transitioning and menopause) and also to provide more clarity which will make improve data analysis in this area. See Appendix 1.
- For the period 01 April 2021 to 31 March 2022 we lost 872.54 days due to covid related absences down 13.9% from the 1,014 days the previous year.

12. Covid related absence at ABC peaked from December 21 to March 22. This is a similar trend to that shown above in the WHO table where new reported cases also peaked in the winter of 2022.

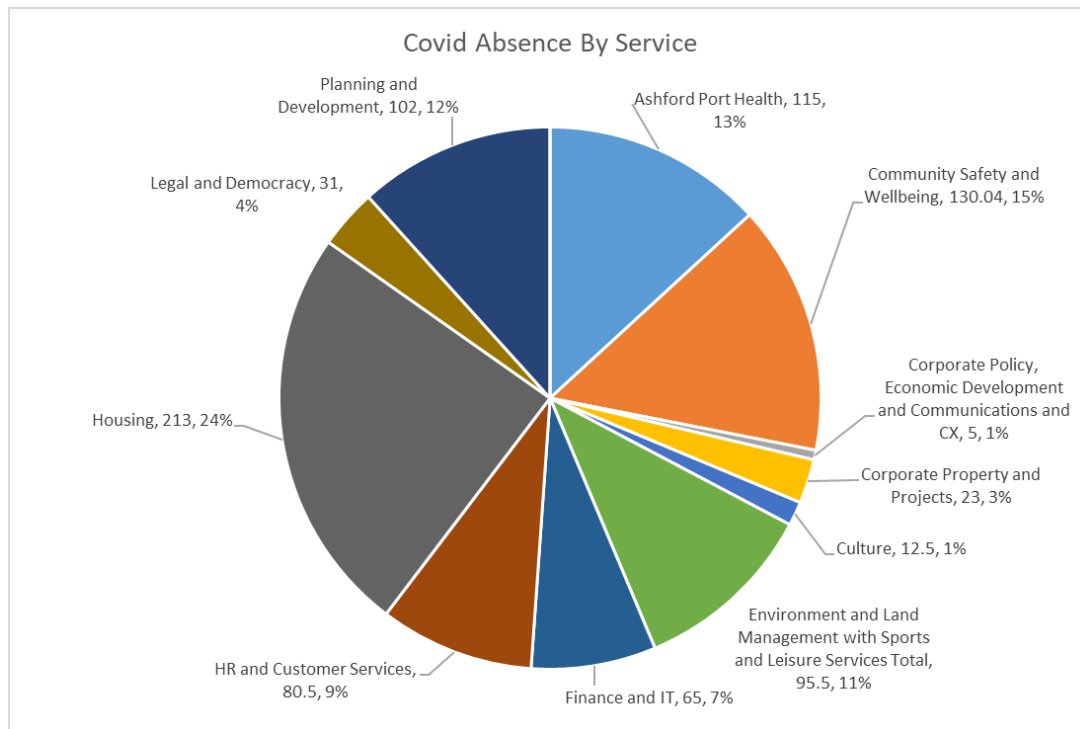


13. 69% of covid related absence was because people were symptomatic and unable to work whereas this figure was 29% in the previous period. Absence related to individuals actually having Covid and being unwell has overtaken absence related to self-isolation.



14. Covid related absence was proportionately distributed amongst services noting that some services have a higher proportion of employees whose work can not be

completed when self-isolating (e.g. Civil Enforcement Officers, Aspire Operatives and Electricians etc)



Sickness absence per employee 2021/22

15. A total of **3,225 days** were lost due to sickness absence across the 12-month period from 1st April 2021 to 31st March 2022. Based on the number of Full Time Equivalent (FTE) employees at 31 March 2022, 509.29 FTE, **the total amount of working days lost due to sickness in 2021/22 is 6.33 days per FTE**. This is an increase from the previous year when the number of days was 4.7 days per FTE or 2,079 days
16. Had we included Covid related sickness absence in these figures (i.e. staff who were unable to work due to being symptomatic or self isolating and unable to work) the days lost would have been **8.04 days of absence per FTE** overall.
17. Our total headcount on 31 March 2022 was 549. **235 employees** incurred sickness absence periods during the period 2021/22. Therefore 314 employees or 57% of 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 49%. In previous years this figure has sat at around 30% and therefore continues to improve.
18. Of the 3,225 days lost due to sickness absence within the period, 1353 days (42%) of this absence is categorised as short-term absence lasting up to and including 19 days; down from 56% last year. Therefore 1872 days (58%) of absenteeism is categorised as long-term; up from 44% last year. The longest period of absence was 261 days.

19. 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 2.65 days per FTE.
 - Average days lost due to long-term sickness absence equals 3.67 days per FTE.

Chronological Comparison

20. The following chart shows the number of days' sickness absence per employee (FTE) for each financial year since 2017/2018.

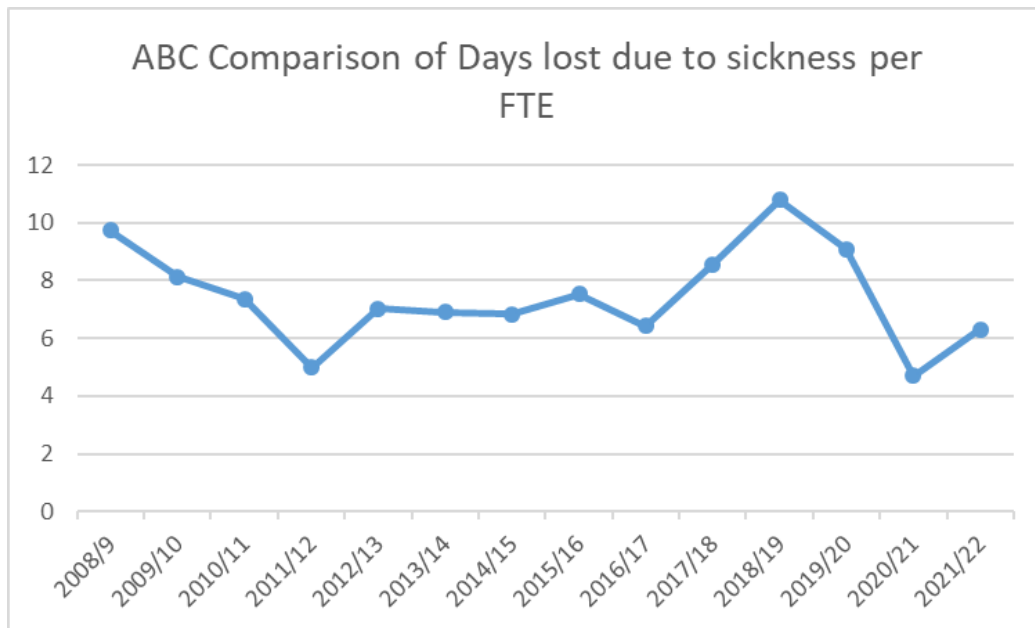
Description	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Number of days lost due to sickness absence across the 12 month period from 1 st April to 31 st March	3,495	4,558	3,950	2,079	3,225
Total number of working days lost due to sickness within the year per FTE	8.56	10.8	9.1	4.7	6.3
% of employees taking no time off work due to sickness absence	29%	31%	30%	49%	57%
% of short term absence (under 20 days)	55%	44%	57%	56%	42%
% of long term absence (20 days or more)	45%	56%	43%	44%	58%
Number of cases of long term sickness absence	27	39	34	17	39

21. The period 2020-21, the year chiefly impacted by lockdowns, shows a notable dip in absenteeism. As reported in the previous year's O&S report, general sickness absence levels were reduced due to the unusual circumstances associated with that period; namely, reduced social interaction and spread of minor illnesses, reduced sporting activities, reduced planned surgeries, ability to work from home and accommodate minor ailments without absence etc. However, as this year was so unprecedented, data comparisons are difficult to make and perhaps it is more sensible to refer to the year before 2019/20.

22. Number of days lost due to sickness absence is down 18% from 3,950 in the period 2019-2020 to 3,225 in this period.

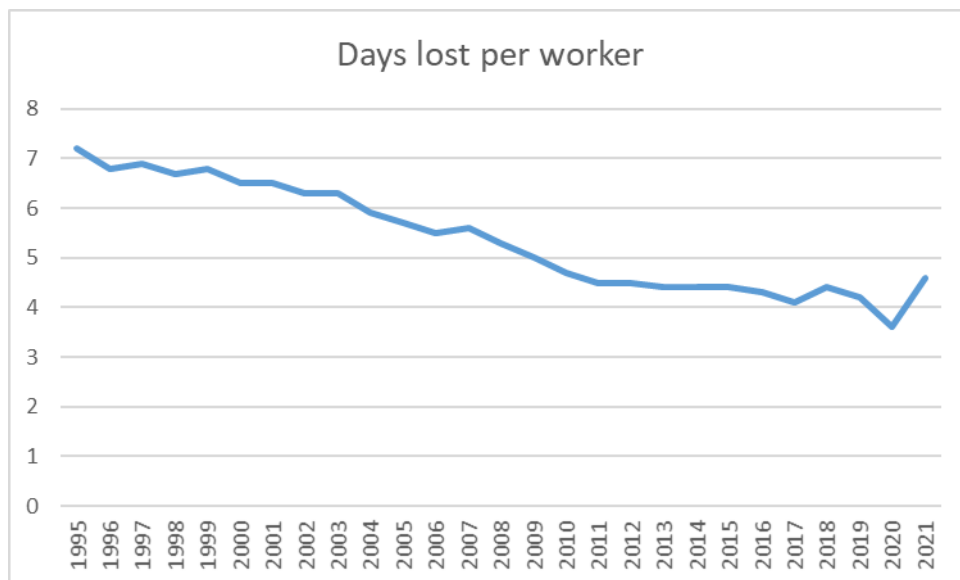
23. Total number of working days lost due to sickness per FTE is down 30.7% from 9.1 in the period 2019-20 to 6.33 in this period.

24. The number of long term sickness cases sits at 39% a figure more comparable with previous years and around 7% of overall headcount.

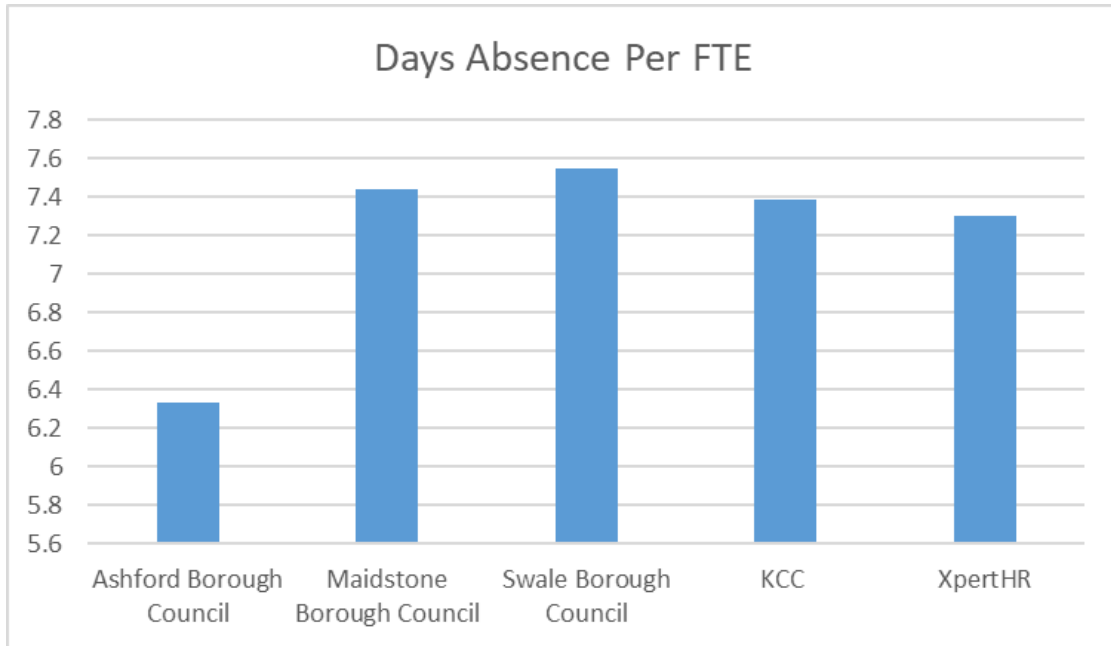


National and sectoral comparison

25. The Office for National Statistics (ONS) report that sickness is still at a low level with the national level being 4.6 days per worker.



26. The chart below shows how the council compares with some of our neighboring authorities and also includes a national average for sickness absence as reported by professional resource and benchmarking organisation, XpertHR.



Reasons for Sickness Absence

27. The table below compares the total days lost according to the reason for the sickness absence in 2021/22 with 2020/21 and also 2019/20. However, as the period 2020/21 was so unusual detailed comparisons have only been made with 2019/20 as this period is more comparable.

Absence Reason	2019/20 Total days lost	% of overall absence	2020/21 Total days lost	% of overall absence	2021/22 Total days lost	% of overall absence
Allergic reaction, skin condition			19.1	0.9%	6	0.19%
Back and neck problems (inc. Sciatica)	304.0	8%	107.1	5%	131	4.06%
Benign and malignant tumours, cancers			86.1	4%	68	2.11%
Chest, respiratory	209.6	5%	101.0	5%	105.5	3.27%
Cold, Influenza, Fever, Pneumonia	371.7	9%	46.7	2%	n/a	n/a
Eye, ear, nose, throat, tonsillitis, glandular, mouth/dental problems, sinusitis	173.0	4%	224.8	11%	347	10.76%
Fracture, injury, accident outside of work	8.0	0.2%	28.7	1%	11	0.34%
Genito-urinary; menstrual problems	13.5	0.3%	17.5	0.8%	41.5	1.29%
Headache, Migraine, Vertigo	89.9	2%	248.1	12%	84.47	2.62%
Heart, blood pressure conditions, circulation	80.6	2%	26.9	1%	74	2.29%
Industrial Injury/Accident at work			7.2	0.3%	2.5	0.08%
Infections	48.5	1%	21.6	1%	32.5	1.01%

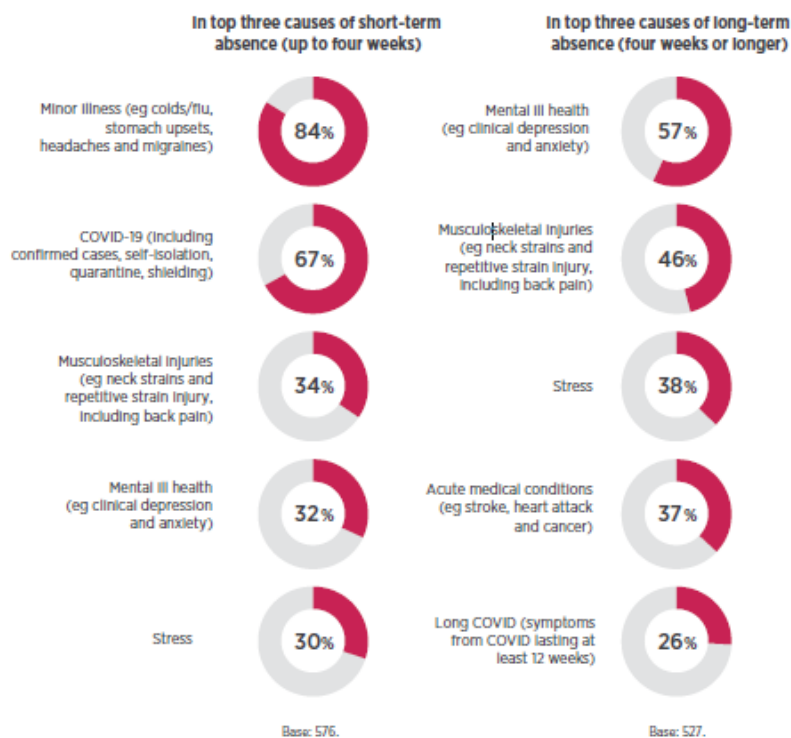
Other	276.0	7%	94.3	4%	212.54	6.59%
Other musculo-skeletal problems (inc. arthritis)	459.3	12%	50.7	2%	295.35	9.16%
Phased return	176.1	4%	39.9	2%	132.5	4.11%
Pregnancy related	39.0	1%	3.0	0.1%	25.5	0.79%
Stomach, liver, kidney, digestion	198.4	5%	107.8	5%	155.36	4.82%
Stress, depression, anxiety, mental health, fatigue	1068.3	27%	712.4	34%	1290.48	40%
Surgery, surgery recovery, hospital appointment/procedure	126.0	3%		3%	103.5	3.21%
Virus (inc. e.g. vomiting, diarrhoea, food poisoning)	238.6	6%		4%	106.54	3.30%

28. Absence reasons that have resulted in more total days lost this period compared with 2019/20 are year on year are Benign and malignant tumours/cancers, Genito-urinary; menstrual problems Fracture/injury/ accident outside of work, Headache/Migraine/Vertigo, Stress, depression, anxiety, mental health, fatigue

29. The CIPD Health and Well-being at Work Survey 2022 reported on the following most prevalent reasons for both long-term sickness absence and short-term sickness absence. The table below, taken from the report shows that mental ill health and stress feature amongst the most common causes of long term sickness.

Health and wellbeing at work 2022

Figure 26: The most common causes of absence (% of respondents who include in their top three causes)



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

2021/22 Absence Reason 19 days or less (short term absence)	Days lost	% of long term sickness
Stress, depression, anxiety, mental health, fatigue	352.48	26.05
Other	164.54	12.16
Stomach, liver, kidney, digestion	128.36	9.49
Virus (inc. e.g. vomiting, diarrhoea, food poisoning)	106.54	7.87
Phased return	91.5	6.76
Eye, ear, nose, throat, tonsillitis, glandular, mouth/dental problems, sinusitis	86	6.36
Headache, migraine, vertigo	84.47	6.24
Chest, respiratory, lung, asthma	80.5	5.95
Back and neck problems (inc. Sciatica)	58	4.29
Surgery, surgery recovery, hospital appointment/procedure	55.5	4.10
Musculo-skeletal problems (inc. arthritis)	49.35	3.65
Infections	32.5	2.40
Heart, blood pressure conditions, circulation	17	1.26
Genito-urinary; menstrual problems	14.5	1.07
Fracture, injury, accident outside of work	11	0.81
Benign and malignant tumours, cancers	9	0.67
Allergic reaction, skin condition	6	0.44
Pregnancy related	3.5	0.26
Industrial Injury/Accident at work	2.5	0.18

2020/21 Absence Reason 20 days or more (long-term absence)	Days Lost	% of short term sickness
Stress, depression, anxiety, mental health, fatigue	938	50.11
Eye, ear, nose, throat, tonsillitis, glandular, mouth/dental problems, sinusitis	261	13.94
Musculo-skeletal problems (inc. arthritis)	246	13.14
Back and neck problems (inc. Sciatica)	73	3.90
Benign and malignant tumours, cancers	59	3.15
Heart, blood pressure conditions, circulation	57	3.04
Other	48	2.56
Surgery, surgery recovery, hospital appointment/procedure	48	2.56
Phased return	41	2.19
Genito-urinary; menstrual problems	27	1.44
Stomach, liver, kidney, digestion	27	1.44
Chest, respiratory, lung, asthma	25	1.34
Pregnancy related	22	1.18

31. The current position in relation to the 39 employees who were long term absent in 2021/22 is as follows:-

- 28 employees have returned to work
- 9 employees 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.

Mental Ill health

32. Mental ill health accounted for 40% of the council's total sickness absence, compared to 34% last year. Although high, this figure follows national trends as reported by the CIPD.

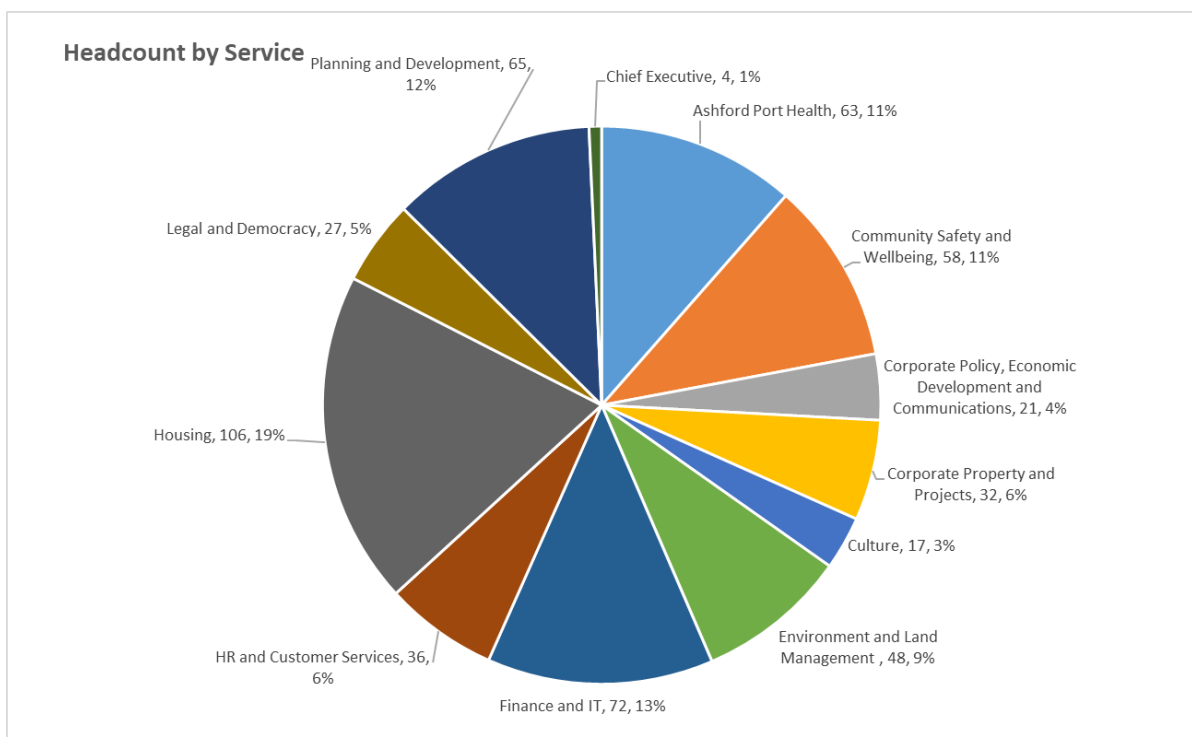
	CIPD national trend - % of respondents who report mental ill health in their top three causes	ABC - % of overall sickness absence (excluding covid) due to mental ill health
Long Term sickness absence	57%	26.05%
Short Term sickness absence	32%	50.11%

33. Mental ill health related absence remains a serious matter and one which the HR team are focused on.
- Mental ill health affected 49 employees in 2021/2022, approximately 9% of the workforce.
 - 18 instances of mental ill health related absence, affecting 16 employees, made up 72% of all mental ill health related absence and 29% of all absence overall.
 - Of these 16 employees 10 have now returned to work, 4 have left and 2 remain on long term sick leave being supported by their manager and the HR team.
34. Causes of mental ill health can vary and are often overlapping. There are many factors associated with the pandemic and the new normal that have the potential to impact mental wellbeing. Issues such as social anxiety, relationship breakdowns, bereavements, financial difficulties and family members' ill health have all affected the mental health of our employees over the review period.
35. Our wellbeing offering continues to be very strong for employees and we have continued to focus mental wellbeing together with physical, financial and cyber wellbeing. Our wellbeing communications are frequent as we continue to signpost employees to credible and accurate information. Our employee assistance programme is well publicised and well used, it is also open to partners and adult children who live at the same address.
36. This year we have introduced structured wellbeing sections in our one to one process which focus on mental health and self care routines. This monthly mental health check in from a manager ensures that employees have the opportunity to discuss any issues inside or outside of work and also focus on maintaining good mental health through positive activities.

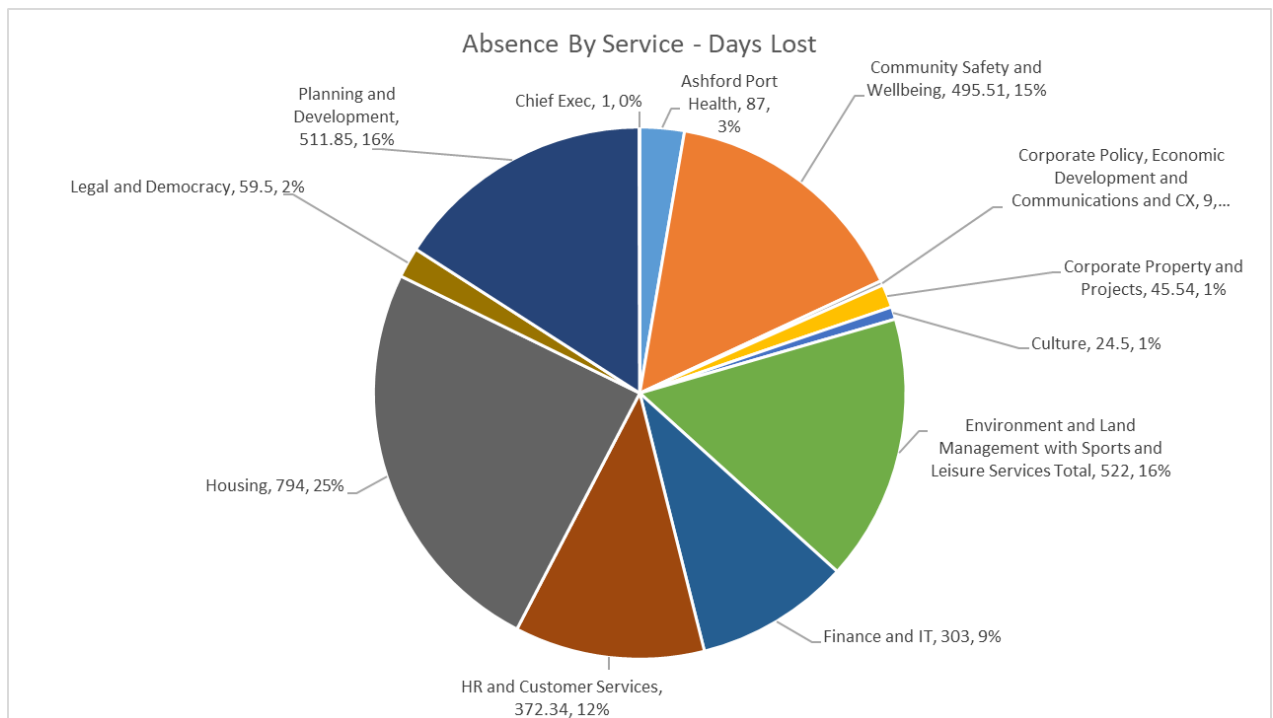
37. Throughout the year the HR team have supported staff and managers in managing sickness absence caused by poor mental health and a range of interventions and measures have been deployed such as referral to counselling, occupational health advice, making reasonable adjustments with the aim of supporting the individual in having regular attendance at work.
38. We are working with the Health and Safety team to introduce mental health first aiders as an additional layer of support for the organisation. The first Mental Health First Aiders have been trained and we hope to announce further Mental Health First Aiders in the autumn.
39. We also plan to work with the Able Futures group, an organisation similar to Access to Work, who focus on supporting employees who have mental ill health and helping them to remain in work.
40. 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 year 78 employees joined Benenden, 152 in total with family/friends. We hope this will mean that staff can access diagnostics and treatment more quickly.

Service Comparison

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



42. The chart below shows the percentage of overall sickness by service. Housing is the highest service with 19%. Followed by Environment and Land Management and Planning, both at 16%. Broadly speaking the distribution of absence is in line with the distribution of headcount.



Conclusions

43. **The total amount of working days lost due to sickness in 2021/22 is 6.33 days per FTE.** If covid related absence was added to this figure, days lost would be 8.04 per FTE
44. Although sickness levels are returning to pre-pandemic norms they continue to be impacted by covid 19 and this is an area which need to continue to closely monitor. Numbers of employees directly affected by covid 19 have increased but this is in line with national trends.
45. Mental ill health is still our most common reason for sickness absence but this is comparable with national trends and affecting a relatively small group of employees who are well supported by our HR team.
46. We trained the first tranche of Mental Health First Aiders this year and intend to roll this out more widely to provide a further layer of support for staff experiencing poor mental health. Employees continue to benefit from the support of our well utilised employee assistance programme plus our new Benenden healthcare benefit.

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05 September 2022

Appendix 1

2021/22 absence reasons	2022/23 absence reasons
Allergic reaction, skin condition	Allergic reaction, skin condition
Back and neck problems (inc. Sciatica)	Back and neck problems (inc. Sciatica)
Benign and malignant tumours, cancers	Benign and malignant tumours, cancers
Chest, respiratory	Chest, respiratory, lung, asthma
Cold, Influenza, Fever, Pneumonia	Cold, Influenza, Fever, Pneumonia
n/a	Covid-19 – Self isolating following close contact (not vaccinated)
n/a	Covid-19 – Self isolating following positive test – unable to work
n/a	Covid-19 – Symptomatic
Ear, nose, throat, tonsillitis, glandular, mouth/dental problems, sinusitis	Ear, nose, throat, tonsillitis, glandular, sinusitis
	Mouth, dental
	Eye, vision
Fracture, injury, accident outside of work	Fracture, injury, accident outside of work
Genito-urinary; menstrual problems	Genital / urinary / kidney
	Gender transitioning
	Menopausal, menstrual
Headache, Migraine, Vertigo	Headache, Migraine, Vertigo
Heart, blood pressure conditions, circulation	Heart, blood pressure conditions, circulation
Industrial Injury/Accident at work	Industrial Injury/Accident at work
Infections	Infections
	IVF
Other	
Other musculo-skeletal problems (inc. arthritis)	Musculo-skeletal problems (inc. arthritis)
	Neurological (e.g.Epilepsy, fibromyalgia)
Phased return	Phased return
Pregnancy related	Pregnancy related
Stomach, liver, kidney, digestion	Stomach, digestion (eg IBS)
	Liver
Stress, depression, anxiety, mental health, fatigue	Stress, depression, anxiety, mental health, fatigue
Surgery, surgery recovery, hospital appointment/procedure	Surgery, surgery recovery, hospital appointment/procedure
Virus (inc e.g. vomiting, diarrhoea, food poisoning)	Vomiting, diarrhoea, food poisoning